

- Q1: Please provide the current organizational chart for DC Health and each administration, with information to the cost center level. In addition, please identify the number of full-time equivalents (FTEs) at each organizational level and the employee responsible for the management of each program and cost center.**
- a. Please provide a narrative explanation of any organizational changes made during FY 2025 and FY 2026, to date.**

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q1*.

Q2: Please provide a list of all FY 2026 full-time equivalent positions for DC Health, broken down by department and title. In addition, for each position please note whether the position is filled (and if filled, the name of the employee) or vacant.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q2*.

- Q3: Please provide a complete, up-to-date list of contract workers working directly for DC Health, by program and cost center, including the following information for each position:**
- a. Title of position;**
 - b. Indication that the position is filled or vacant;**
 - c. Date employee began in the position;**
 - d. If applicable, the federal or local law that requires the position be filled;**
 - e. The entity from which they are contracted; and**
 - f. Annual cost of contract worker.**

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q3*.

- Q4: Please provide a list of all FTE positions detailed to DC Health, broken down by program and cost center for FY 2025 and FY 2026, to date. Describe the specific role the detailed staff took at DC Health during their detail. In addition, please provide which agency the employee originated from and how long they were detailed to DC Health.**
- a. Please provide a list of all FTE positions detailed from DC Health to another agency in FY 2025 and in FY 2026, to date. Please provide which agency the employee was detailed to, what work they took on, and for how long.**

Response:

Full Time Equivalents (FTEs) Detailed to DC Health:

FY25				
Position	Title	Name	Cost Center	Program
00048105	Supervisory Environmental Protection	Ri'Chard, Amanda	60068	600301
00048109	Public Health Analyst (Bilingual)	Shah, Karen	60068	600301
00048111	Environmental Protection Specialist	Ofoche, Emmanuel C	60068	600301
00048116	Public Health Analyst	Unanka, Constantine	60068	600301
00071725	Public Health Analyst	Dike, Gloria C.	60068	600301
00078051	Epidemiologist	Lamb, Sean	60068	600301
00082058	Public Health Analyst	Smith, Derrick	60068	600301
00104658	Program Analyst	Villanyi, Eric	60068	600301

These staff members were detailed from the Department of Energy and Environment (DOEE) to DC Health for 1 year from 10/1/2024 to 09/30/2025. Effective the start of FY 2026, they became DC Health staff members. They remained in the same role as they had at DOEE, which involved administering the Childhood Lead Prevention and Health Homes Programs.

Full Time Equivalents (FTEs) Detailed from DC Health:

FY25				
Position	Title	Name	Cost Center	Program
00077461	Public Affairs Specialist	Whetstone, Darren Renee	70091	100003

* Detailed from DC Health to the Homeland Security and Emergency Management Agency (HSEMA) for 60 days from 01/16/2025 to 3/15/2025.

At HSEMA, this staff member was detailed to help ensure the public receives clear, accurate, and timely information before, during, and after emergencies. The staff member developed and distributed alerts, press releases, and social media updates, coordinated messaging with partner agencies, and served on the Joint Information Center (JIC) staff to promote preparedness and resilience.

Q5: What was the vacancy rate for DC Health for FY 2025 and FY 2026 to date, broken down by administration? What was the average time to fill vacant positions in each administration?

Response:

FY 2025				
Administration	Vacancy Rate	Time (In days) to Fill Vacancies	Total of FTE's	Total Vacancies
Community Health Administration	57.50%	45	355	204
Center for Policy, Planning, and Evaluations	16.70%	116	84	14
HIV/AIDS, Hepatitis, STD and TB Administration	31.30%	140	134	42
Health and Emergency Preparedness & Response Administration	41.70%	161	24	10
Health Regulation and Licensing Administration	19.60%	124	163	32
Office of the Director	37.70%	80	77	29

FY 2026 as of 1/13/2026				
Administration	Vacancy Rate	Time (In days) to Fill Vacancies	Total of FTE's	Total Vacancies
Community Health Administration	14.45%	75	353	51
Center for Policy, Planning, and Evaluations	15.73%	52	89	14
HIV/AIDS, Hepatitis, STD and TB Administration	22.95%	125	183	42
Health and Emergency Preparedness & Response Administration	26.47%	109	34	9
Health Regulation and Licensing Administration	16.18%	82	204	33
Office of the Director	39.47%	59	76	30

A hiring freeze across District government in FY25 prevented timely backfilling of positions lost through normal attrition, resulting in an accumulation of vacancies. Additionally, the expiration of

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federal grant and COVID-19 relief funding required the elimination of time-limited positions that were never intended to be permanent. Further, the authorization of more than 200 new FTEs to support transitioned and expanded School Health services represents a significant programmatic expansion. These newly created positions were approved and mostly filled or in active recruitment but not yet fully onboarded for high schools and clinics. This resulted in higher-than-normal vacancy rates for the Community Health Administration and the HIV/AIDS, Hepatitis, STD and TB Administration.

Q6: Please provide a list of employees who received bonuses, special pay, additional compensation, or hiring incentives in FY 2025 and FY 2026, to date, including the amount and reason.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q6*.

- Q7: Please provide the names of the primary and alternative sexual harassment officers (“SHO”).**
- a. List and describe any allegations of sexual harassment or misconduct committed by or against its employees received by the agency in FY 2025 and FY 2026, to date, and whether those allegations were resolved.**
 - b. Has DC Health received any requests from staff in an otherwise prohibited dating, romantic, or sexual relationship for a waiver of provisions of the Sexual Harassment Order?**
 - i. What was the resolution of each request?**
 - ii. If a request was granted, are there limitations on the scope of the waiver?**

Response:

The primary and alternative sexual harassment officers for DC Health are as followed:

- Primary: Katrina Mitchell
- Alternative: Mildred Anderson

There have been 1 allegation of sexual harassment or misconduct received by DC Health in FY2025 and FY2026, to date. Please see the information for each allegation below:

FY2025

- Supervisor verbally described to co-workers his purported sex life with an employee. Sexual harassment was found and the allegation was resolved.

FY2026

- DC Health has not received any allegations of sexual harassment or misconduct committed by or against its employee to date for FY26.

DC Health has not received any requests from staff in an otherwise prohibited dating, romantic, or sexual relationship for a waiver of provisions of the Sexual Harassment Order.

Q8: How many performance evaluations did the agency complete in FY 2025? How many performance improvement plans were issued in FY 2025? How many employees have submitted performance plans in FY 2026? For each question, provide the total number and the percentage of total employees.

Response:

- For FY 2025, 520 of 554, or 94%, of eligible staff members created fully completed Performance Evaluations.
- For FY 2025, Five (5) Performance Improvement Plans were issued.
- For FY 2026, 727 of 766 or 95% of employees have completed plans to date.

- Q9: Please provide in Microsoft Excel, the amount budgeted and actually spent for FY 2025 and FY 2026, to date, for the agency. In addition, please describe any significant variance between the amount budgeted and actually spent.**
- a. At the agency level, please provide information broken out by source of funds and by Account Group and Account;**
 - b. At the program level, please provide the information broken out by source of funds and by Account Group and Account; and,**
 - c. At the cost center level, please provide the information broken out by source of funds and by Account Group.**

Response:

Please see the following attachment titled:

- *Attachment FY25 Performance Oversight AMP Q9_a*
- *Attachment FY25 Performance Oversight AMP Q9_b*
- *Attachment FY25 Performance Oversight AMP Q9_c*

Within FY25, DC Health did not experience any significant variance between the total amount budgeted and total actually spent.

Q10: Please provide a complete accounting of all reprogrammings between DC Health and another agency and all significant reprogrammings within the agency in FY 2025 and FY 2026, to date. For each, please provide a narrative description as to the purpose of the transfer and which fund detail, programs, cost center, and account within the agency the reprogramming affected.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q10*.

Q11: Please identify the source, purpose, and amount of any funds, received by or transmitted by DC Health in FY 2025 and FY 2026, to date, including any interagency projects in which DC Health is the buyer or seller agency.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q11*.

Q12: Please provide the following information for grants/sub-grants awarded by the agency or received by the agency in FY 2025 and FY 2026, to date, broken down by program and cost center:

- a. Grant Number/Title;**
- b. Approved Budget Authority;**
- c. Funding source;**
- d. Expenditures (including encumbrances and pre-encumbrances);**
- e. Purpose of the grant;**
- f. Organization or agency that received the grant;**
- g. Grant amount;**
- h. Grant deliverables;**
- i. Grant outcomes, including grantee/subgrantee performance;**
- j. Any corrective actions taken or technical assistance provided;**
- k. Agency program and activity supported by the grant;**
- l. Agency employee responsible for grant deliverables; and**
- m. Any grants where the funds have been reduced or zeroed out in FY 2026, and the amount of the reduction; and**
- n. For grants/subgrants over \$2M in local dollars awarded by the agency in FY 2025 or FY 2026, please provide the grant agreement to the Committee.**

Response:

Please see attachments titled *Attachment FY25 Performance Oversight AMP Q12_a* for the grant and sub-grant information and *FY25 Performance Oversight AMP Q12_b* for the grant agreements.

Q13: Please provide a complete accounting of all grant lapses in FY 2025, including a detailed description of why the lapse occurred and any variance exceeding 5%. Please indicate if the funds can still be used and/or whether they carried over into FY 2026.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q13*.

- Q14: Please provide the following information for all contracts, including modifications, active during FY 2025 and FY 2026, to date, broken down by program and cost center:**
- a. Contract number;**
 - b. Approved Budget Authority;**
 - c. Funding source;**
 - d. Expenditures (including encumbrances and pre-encumbrances);**
 - e. Purpose of the contract;**
 - f. Name of the vendor;**
 - g. Original contract value;**
 - h. Modified contract value (if applicable);**
 - i. Whether it was competitively bid or sole sourced;**
 - j. Final deliverables for completed contracts;**
 - k. Any corrective actions taken or technical assistance provided; and**
 - l. Agency employee(s) serving as Contract Administrator; and**
 - m. Any contracts where the funds have been reduced or zeroed out in FY 2026, and the amount of the reduction.**

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q14*.

No contracts have been reduced or zeroed out in FY 2026.

- Q15: Please provide a complete accounting of all DC Health’s Special Purpose Revenue Funds for FY 2025 and FY 2026, to date. Please include the following:**
- a. Revenue source and code;**
 - b. Source of the revenue for each special purpose revenue fund;**
 - c. Description of how funds are required to be spent;**
 - d. Total amount of funds generated by each source or program in FY 2025 and in FY 2026, to date;**
 - e. FY 2025 and FY 2026, to date, expenditure of funds, including purpose of expenditure; and**
 - f. Fund balance at the end of FY 2025 and FY 2026, to date.**

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q15*.

Q16: Please provide the DC Health capital budgets for FY 2025 and FY 2026, to date, including the amount budgeted and actually spent. In addition, please provide an update on all capital projects undertaken in FY 2025 and FY 2026, to date.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q16*.

Q17: Please provide the following information for all human care agreements and task orders issues during FY 2025 and FY 2026, to date, broken down by DC Health program and cost center:

- 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:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q17*.

Q18: 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 uses the space. If the property is leased, please provide the terms of the lease. For all properties, please provide an accounting of annual costs (i.e., rent, security, janitorial services).

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q18*.

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Q19: Please provide a list of all Department of General Services work orders submitted in FY 2025 and FY 2026, to date, for facilities operated by DC Health. Please include the date the work order was submitted, whether the work order is completed or still open, and the date of completion (if completed).

Response:

Action	Work Order Number	Building	Building Address	Issue	Main Status	Date Requested
Open	846470	IAB/IAD	64 NEW YORK AVENUE NE	Cooling	Issued and in Process	12/19/2025
Open	844709	DC Health RSS Site	3335 V STREET NE	Toilet	Approved	12/4/2025
Open	844567	DC Health RSS Site	3335 V STREET NE	Leak	Approved	12/3/2025
Open	844572	IAB/IAD	64 NEW YORK AVENUE NE	Lighting	Approved	12/3/2025

There was one Department of General Services (DGS) work order that was requested and completed in FY26. Work order # 844572 was for an electrical issue at 64 New York Avenue and was requested on January 16, 2026.

Q20: Please identify potential areas where spending pressures may exist in FY 2026. Please provide a detailed narrative of the spending pressure, including any steps that are being taken to minimize the impact on the FY 2026 budget.

Response:

Due to expected federal and local funding cuts, the agency is working to scale back services in areas that include the following core public health functions and find funding for the scaled back services: HIV Prevention, Disease Investigation Surveillance (DIS), Healthcare Acquired Infection (HAI), Tobacco Control, and Emergency Preparedness. The recent federal funding bill appears to fund some of these potential cuts, but the extent of the funding, and the timing of disbursement are not clear. As a result of this uncertainty, DC Health is planning for a potential federal funding cut in the amount of \$9.1 million dollars in FY26. This potential funding cut creates a local spend pressure of \$2.3 million dollars in separation costs for staff whose position would be affected by the cuts.

For FY26, unfunded IT costs in the amount of \$6,584,469 are funded by FY25 fund balance. DC Health is working on utilizing anticipated fund balance for FY26 to support IT costs in FY27, and moving forward will work on getting expanded budget authority for this purpose. Any reduction in fund balance available to the agency would challenge its ability to fund IT in FY27 and in future fiscal years.

Q21: Please provide the following for each collective bargaining agreement that is currently in effect for agency employees. If there are no changes to this response since FY 2024, please indicate that there were no changes and do not provide further documentation.

- a. The bargaining unit (name and local number);**
- b. The start and end date of each agreement;**
- c. The number of employees covered;**
- d. Whether the agency is currently bargaining;**
 - e. If currently bargaining, anticipated completion date;**
- f. For each agreement, the union leader's name title and contact information; and**
- g. A copy of the ratified collective bargaining agreement.**

Response:

Please see the information below for each collective bargaining agreement that is currently in effect for DC Health employees:

Labor Union and Local Number	Start and End Date	Name, Title	E-mail	Phone Number	Union Codes	# of Active Members
AFGE 2978	FY 2017 – FY 2021	Aisha Williams, President	Aisha.williams@dc.gov	202-538-5993	BAA-BAG-BAF	429
AFGE 2725	FY 2017 – FY 2021	Countee Gilliam, President	Countee.gilliam@dc.gov	202-442-9369	BIB-BIC-BID	153
AFGE 383	April 1, 2013 – FY 2017	Kenneth Pitts, President	kenneth.pitts@dc.gov	(202) 680-2617	BBF-BBO	18
SEIU 1199	FY 2017 – FY 2019	Daniel Mendoza, Administrative Organizer	daniel.mendoza@1199.org		DBA	20
Doctors Council of DC	FY 2010 – FY 2016	Jean-Joel Villier, President	jean.villier@dc.gov		CIA	1
DCNA	FY 2018 – FY 2020	Edward Smith, Executive Director	esmith@dcna.org		CAA, CAC	47
AFGE 1403	FY 2024 – FY 2026	Aaron J. Finkhousen, President	afge1403president@gmail.com	(202) 627-0334	BQA	14

There are no changes to the previously submitted Collective Bargaining Agreements (CBA) except for the following: AFGE Local 1403, AFL-CIO (Compensation Unit 33) – Approved 2025. For the ratified collective bargaining agreement for AFGE 1403, please see attachment titled *Attachment FY25 Performance Oversight AMP Q21*. For other ratified collective bargaining agreements, please refer to DC Health's FY2024 Performance Oversight responses. DC Health is not currently bargaining with any of the Labor Unions referenced above.

Q22: Did DC Health meet its Key Performance Indicators for FY 2025? Please provide a narrative description of what actions DC Health undertook to meet its KPIs and why any indicators were not met.

a. Please indicate which FY 2025 KPIs have been extended, amended, or removed in FY 2026.

Response:

<i>Section</i>	<i>Description</i>	<i># of Targets Met</i>	<i># of Targets not Met</i>	<i>Targets with Data Pending</i>	<i># of New Targets</i>
4.1	Environmental Health Administration (EHA)	8	2	0	4
4.2	Office of Health Equity (OHE)	0	0	0	0
4.3	Policy Planning and Evaluation (CPPE)	2	1	0	1
4.4	Community Health Administration (CHA)	4	3	4	3
4.5	HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)	4	3	0	0
4.6	Health System & Preparedness Administration (HSPA)	9	7	0	0
4.7	Efficient, Transparent, and Responsive Government (HR)	1	3	2	0
	(TOTAL)	28	19	6	8

Targets Met: Successfully met **60%** of performance targets across core objectives. This highlights effective execution and successful outcomes in key areas.

Targets Not Met: The remaining **40%** represent targets that were not met, providing clear direction for focused improvement and strategic attention moving forward.

Explanation

- **Performance Drivers:** The successful achievement of over half of our KPIs was primarily driven by our focus on continuous process improvement, systematic identification of performance gaps, and the real-time implementation of mitigation strategies. This proactive approach ensures our internal processes are agile and responsive to the needs of the District.
- **Areas for Improvement:** The indicators that were not met are largely associated with data outcomes where DC Health exercises proxy influence rather than direct control. We recognize the complexity of these metrics and are currently re-evaluating our strategic approach to maximize our influence and achieve better results in these critical areas.

We remain committed to transparency and are developing robust action plans to address these challenges and ensure sustained progress towards our strategic objectives.

a. Please indicate which FY 2025 KPIs have been extended, amended, or removed in FY 2026.

DC Health has maintained a high level of continuity in its performance framework for the upcoming fiscal year. For FY 2026, the agency has extended the majority of its FY 2025 KPIs to ensure consistent tracking of long-term strategic goals. Following a comprehensive internal review, we have amended five specific indicators¹ to better align with current operational capabilities. Importantly, no KPIs have been eliminated, reflecting our ongoing commitment to accountability across all established public health priority areas. Please see the revised indicators below:

<i>Administration</i>	<i>Old Indicator</i>	<i>Revised Indicator</i>	<i>Rationale</i>
CHA	Percent of WIC enrollees breastfeeding at six months	Percent of WIC enrollee infants who are receiving human/breast milk at six months	More inclusive/specific medical definition.
	Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of receipt of line list of exposed contacts	Percentage of vaccine preventable disease cases with contact tracing initiated within 24 hours of report	Changes the trigger for the 24-hour clock from "receipt of line list" to "receipt of report."
EHA	Percent of confirmed foodborne illness cases by DC Health epidemiologists investigated within three (3) business days of notification to HRLA	Percent of confirmed foodborne illness complaints investigated within three (3) business days of notification from DC Health epidemiologists to EHA	Changes the workflow and starting point of the investigation timeline between departments.
HSPA	Percent of closed points of distribution (CPOD) partners meeting all program requirements	Percent of closed points of dispensing (CPOD) partners with active MOAs	Changes the success criteria from "meeting all program requirements" to specifically "having active MOAs."
	Average number of days to respond to EMS patient care complaints	Average number of business days to respond to EMS patient care complaints	Metric is focused on business days as opposed to all days.

Q23: Please provide copies of any investigations, reviews or program/fiscal audits completed on programs and activities within DC Health during FY 2025 and FY 2026, 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:

In FY 25, two findings were issued to DC Health were a part of the FY24 DC Single Annual Audit:

- HIV Care Formula Grants:
 - Finding 2024-032 is for compliance requirement for Eligibility of program participation with the AIDS Drug Assistance Program (ADAP). DC Health concurred with the finding and successfully completed the items of the corrective action plan by October 2025.
 - Finding 2024-033 is material weakness of internal control over compliance for Matching, Level of Effort, and Earmarking. DC Health concurs with the finding and is currently under a corrective action plan. DC Health has a final draft of the SOP that is being routed for the necessary approvals prior to publication.

The detailed audit report and DC Health management response are also located in the District's FY23 Single Annual Audit Report available at: <https://cfo.dc.gov/page/single-audit-reports>. The corrective action plan was approved by the Office of Risk Management (ORM). It is being monitored via ORM's E-Risk system.

The following reports (which can be found at the links below) were issued by the Office of the District of Columbia Auditor related to DC Health in FY25 and FY26, to date:

- [*DOH Office of Health Equity Initiated Programs to Reduce Health Disparities*](#) - November 27, 2024
 - All nine voting members have been appointed to the Commission on Health Equity.
- [*DC Health Did Not Adequately Monitor Animal Shelter Contract*](#) - August 20, 2025
 - DC Health received nine recommendations through this report. Several of them have been implemented, including ensuring required data transmittal and defining appropriate exercise and cleanliness standards. DC Health fully supports all nine recommendations and continues implementation efforts for those still in progress.

Q24: Please list and explain any Memos of Understanding entered into by DC Health during FY 2025 and FY 2026, to date.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q24*.

Q25: Please provide data on the racial diversity among leadership and at all staff grade levels. How does retention differ by race across levels? How does pay differ by race within levels?

Response:

White, not of Hispanic origin			
Staffing Level	Count	% of Agency	Average Salary
Executive	0	0	\$0.00
Excepted	1	0.12%	\$175,000
Management	24	2.81%	\$134,080
Legal	6	0.70%	\$176,192
Career	36	4.22%	\$108,534
Total	67	7.85%	\$118,761

Black/African American			
Staffing Level	Count	% of Agency	Average Salary
Executive	1	0.12%	\$275,000
Excepted	0	0	\$0.00
Management	71	8.31%	\$132,883
Legal	4	0.47%	\$188,294
Career	314	36.77%	\$98,336
Total	390	45.67%	\$173,628

Asian or Pacific Islander			
Staffing Level	Count	% of Agency	Average Salary
Executive	0	0	\$0.00
Excepted	0	0	\$0.00
Management	4	0.47%	\$133,069
Legal	1	0.12%	\$178,335
Career	22	2.58%	\$102,875
Total	27	3.16%	\$138,585

Hispanic			
Staffing Level	Count	% of Agency	Average Salary
Executive	0	0	\$0.00
Excepted	0	0	\$0.00
Management	4	0.47%	\$125,358
Legal	2	0.23%	\$129,059
Career	25	2.93%	\$105,178
Total	31	3.63%	\$119,865

American Indian/Alaskan Native			
Staffing Level	Count	% of Agency	Average Salary
Executive	0	0	\$0.00
Excepted	0	0	\$0.00
Management	0	0	\$0.00
Legal	0	0	\$0.00
Career	2	0.23%	\$110,047
Total	2	0.23%	\$110,047

Not Reported			
Staffing Level	Count	% of Agency	Average Salary
Executive	0	0	\$0.00
Excepted	0	0	\$0.00
Management	62	7.26%	\$129,023
Legal	1	0.12%	\$207,194
Career	274	32.08%	\$83,016
Total	337	39.46%	\$139,744

DC Health does not have data to suggest that race has an impact on employee retention.

Q26: For each Mayoral Board, Advisory Board, or Commission overseen by DC Health, please provide:

- a. An updated list of members, including when their term started and ends;**
- b. A list of any vacant positions;**
- c. Race/ethnicity and gender breakdown of current members;**
- d. Dates of meetings held in FY 2025 and scheduled for FY 2026, including links to publicly available minutes; and**
- e. Name and contact information of DC Health staff person who is point of contact/oversees the Board/Commission.**

Response:

Statewide Health Coordinating Council

First Name	Last Name	Seat Designation (specific role)	Appointment Status	Term Start	Term End
Denise	St. Jean	Consumer of Health Care Services in the District who are not affiliated with any Health Care provider or facility	Active	12/17/2024	12/17/2024
		Consumer of Health Care Services in the District who are not affiliated with any Health Care provider or facility	Vacant		
Dock	Winston	Physician Representing an Incorporated Association of Professional Physicians	New member appointment in progress		2/11/2026
Shelia	Holt	Public Member	Active	12/17/2024	2/11/2027
Judy	Brinckerhoff	Public Member	Active	12/17/2024	2/11/2026
Reid	D'Amico	Public Member	New member appointment in progress		2/11/2028
Ruth	Fisher Pollard	Representative of Incorporated Associations of Health Care Facilities	Active	12/17/2024	2/11/2026

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First Name	Last Name	Seat Designation (specific role)	Appointment Status	Term Start	Term End
Jacqueline	Bowens	Representative of an incorporated association of hospitals in the District	New member appointment in progress		2/11/2028
		Nurse representing an incorporated association of professional nurses in the District	Vacant		
Barbara	Bazron	The Director of the Department of Mental Health, or his or her designee		10/03/2022	

The State Health Planning and Development Agency (SHDA) does not collect demographic data related to SHCC members.

FY25 Meetings:

- 10-Oct-24
- 14-Nov-24
- 12-Dec-24
- 13-Feb-25
- 13-Mar-25
- 10-Apr-25
- 09-May-25
- 12-Jun-25
- 10-Jul-25
- 14-Aug-25
- 11-Sep-25

FY26 Meetings:

- 09-Oct-25
- 13-Nov-25
- 11-Dec-25
- 12-Feb-26
- 12-Mar-26
- 09-Apr-26
- 14-May-26
- 11-Jun-26
- 09-Jul-26
- 13-Aug-26
- 10-Sep-2

Point of Contact:

- Dana L. Mitchener
- Dana.mitchener@dc.gov
- 202-442-9385

Meeting minutes are available to the public at the following link: <https://dc-state.community.highbond.com/home/documents/public/09bfc60e-5f2a-471a-befd-15872fff684d>.

Commission on Health Equity:

Board Name	List of Members (with term dates)	Race/ethnicity & gender breakdown	Vacant Positions	Board Meetings and Minutes
Commission on Health Equity (CHE)	<u>Voting Members – Mayor’s Appointments:</u> ▪ Cara V. James, Ph.D. (03/22/2024 – 02/01/2026) ▪ Linda Elam, Ph.D, MPH. (02/01/2017 – 02/01/2026) ▪ Mighty Fine, MPH, CHES (06/11/2024 – 02/01/2028) ▪ Suyana Linhales Barker, DrPH. (06/11/2024 – 02/01/2028) ▪ Nicole E. Stratchan, MS (06/11/2024 - 02/01/2026)	Data on member race or ethnicity is not collected by DC Health.	▪ Hospital Representative Advisory Member (1)	For minutes, please refer to the following link: Commission on Health Equity Webpage <u>FY25:</u> Meeting 1: Wednesday, January 15, 2025 • CHE 2025 Training Retreat – Special Meeting – Commissioners & Staff only -- Held Offsite @ DC CareFirst UCP Meeting 2: Wednesday, May 7, 2025

	- Ana Lopez van Balen, MSW (06/11/2024 – 02/01/2028) <u>Voting Members – Council</u> <u>Appointments:</u> - Delia Housel, Ph.D., MPH (11/26/2024 – 07/07/2027) - Kimberly Burrowes (11/26/2024 – 07/07/2027) - Nakeisha Neal Jones (11/26/2024 – 07/07/2027) <u>Advisory Members:</u> - Councilmember Christina Henderson (No term dates) - Austin Chikwendu (Starting 12/17/2024) - Simone Ellis, MD (Starting 11/4/2025) - Nura Green Lane (Starting 11/26/2024) - Colette Chichester (End date of 02/01/2027)			CHE Regularly Scheduled Meeting (<i>in person only</i>)- @ DC Health HQ -- 2201 Shannon Place SE - 4th Floor - Room 411 Meeting 3: Wednesday, August 13, 2025 CHE Regularly Scheduled Meeting – (<i>Virtual only, via WebEx</i>) – recording available. Meeting 4: Wednesday, October 15, 2025 CHE Regularly Scheduled Meeting (<i>in person only</i>) @ DC Health HQ -- 2201 Shannon Place SE - 4th Floor - Room 411 <u>FY26:</u> No meetings have occurred thus far.

	Gregory J. Argyros, MD, MACP, FCCP (Start 8/30/2024) <i>NOTE: I will have to check on these missing dates – and send along as soon as they are available.</i>			

Health Professional Licensing Boards

The Office of Health Professional Licensing Boards (OHPLB) only has race/ethnicity & gender data for the licensed professionals on the Boards. We don't have data for consumer members or Director designees, or other non-licensed board members. Here is a link to EOM-MOTA's Dashboard: <https://octo.quickbase.com/nav/app/bjngwr9nv/action/appoverview>

Board Name	List of Members (with term dates)	Race / ethnicity & gender breakdown	Vacant Positions	Board Meetings and Minutes	Point of Contact
Board of Chiropractic	Dr. Keita Vanterpool (02/07/2010-10/23/2023) Dr. Stephanie Johnson (07/13/2019-10/23/2023)	1 Black or African American 1 White or Caucasian 2 Female	Board dissolved in FY 2025 and was replaced with the Board of Acupuncture, Chiropractor, and Naturopathic Physicians.	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/node/749292	Name: Dr. Vito DelVento Email Address: vito.delvento@dc.gov Phone: 202-724-8813

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Board of Dentistry	Dr. Michelle Latortue (07/03/2021– 11/30/2026)	6 Black or African American	1 Consumer Member	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/event/board-dentistry-monthly-meeting-and-open-session-board-agenda-and-minutes	Name: Ericka L. Walker, MSW Email Address: Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
	Brittany Harris (12/20/2023 – 11/30/2026)	4 Female 2 Male		FY26 Scheduled Meeting Dates: • October 15, 2025 • November 19, 2025 • December 17, 2025 • January 21, 2026 • February 18, 2026 • March 18, 2026 • April 15, 2026 • May 20, 2026 • June 17, 2026 • July 15, 2026 • September 16, 2026	
	Dr. Imani Lewis (06/25/2024– 11/30/2025)				
	Chanelle Roberts (06/25/2024 –11/30/2025)				
	Eric Bradshaw (11/17/2024– 11/30/2026)				
	Dr. Jonelle Anamelechi Grant (09/17/2024 – 11/30/2027)				

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Board of Dietetics and Nutrition	Dr. DeAnna Nara (06/22/2019–03/12/2028) Ms. Njeri Jarvis (03/12/2019–03/12/2025) Ms. Emily Arkin (09/17/2024–03/12/2028)	1 Black or African American 2 White or Caucasian 3 Female	1 Licensed Dietitian/Nutritionist 1 Consumer Members	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/page/board-agendas-Dietetics%20and%20Nutrition FY26 Scheduled Meeting Dates: - December 9, 2025 (Rescheduled to January 20, 2026) - March 10, 2026 - June 9, 2026 - September 8, 2026	Name: Ericka L. Walker, MSW Email Address: Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
Board of Acupuncture, Chiropractor, and Naturopathic	Board established in FY 2025. Keita Vanterpool (7/8/2025-7/19/2028) Stephanie Johnson (7/8/2025-7/19/2027) Nancy Aboulmouna	3 White or Caucasian 2 Black or African American 2 Males 3 Females	1 Acupuncturist member 1 Naturopathic physician members	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/node/749292 FY26 Scheduled Meeting Dates: - January 13, 2026 - March 10, 2026 - May 12, 2026 - July 14, 2026 - September 8, 2026	Name: Dr. Vito DelVento Email Address: vito.delvento@dc.gov Phone: 202-724-8813

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	7/8/2025-7/19/2028) William « Gavin » Elliot (7/8/2025-7/19/2026) Terrance Hunter (7/8/2025-7/19/2027)				
Board of Massage Therapy	Johanna Brooks (06.30.2018 - 10.29.2026) Maisha Goss- Johns (06/06/2023 - 10/29/2025) Hope Carisle (10/17/2024 - 10/29/2025)	1 White or Caucasian 1 African American 2 Female 1 Consumer Member	2 Massage Therapist	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/event/board-massage-therapy-agendas-and-minutes FY26 Scheduled Meeting Dates: • November 20, 2025 • January 15, 2026 • March 12, 2026 • May 14, 2026 • July 9, 2026 • September 10, 2026	Name: Ericka L. Walker, MSW Email Address: Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
Board of Medicine	Dr. Andrea Anderson (06/02/2012 - 08/03/2026)	2 Asian/South Asian 5 Black or African	1 Physician Member 2 Physician Assistant Members 1 Consumer Member	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/node/389772 FY26 Scheduled Meeting Dates: • October 29, 2025 • December 10, 2025	Name: Emilia Moran Email Address: Emilia.moran@dc.gov Work Cell: 202-380-6605 Office: 202-724-7125

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	Dr. Bernard Arons (11/26/2024-08/03/2025) Dr. Amr Madkour (06/11/2024-08/03/2026) Dr. William Strudwick (02/24/2018-08/03/2026) Dr. Konrad Dawson (02/09/2019-08/03/2027) Mr. Harry Barbee (06/11/2024-08/03/2025) Dr. Padmaja Pavuluri (10/03/2023-08/03/2026)	American (non-Hispanic) 3 White or Caucasian (non-Hispanic) 5 Female 4 Males		• January 28, 2026 • February 25, 2026 • March 25, 2026 • April 29, 2026 • May 27, 2026 • June 24, 2026 • July 29, 2026 • September 30, 2026	

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	Dr. Carolyn Gorman (10/03/2023–08/03/2025)				
	Dr. Miriam Michael (06/11/2024–08/03/2027)				
	Daanisha Jones (10/03/2023–08/05/2025)				
	Dr. Bethany Fosu (DC Health Designee)				
Board of Nursing	Ms. Laverne Plater, RN (07/21/2021 - 07/21/2026) Mr. Enrique “Rick” Garcia, RN (07/21/2022 - 07/21/2027)	5 Black/ African American 1 Latino 5 Females 1 Male	(1) RN (1) LPN (1) Nurse Assistive Personnel (1) Long Term Care Administrator (2) Consumer Members	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/event/board-nursing-monthly-meeting-agendas-and-minutes FY26 Scheduled Meeting Dates: • January 7, 2026 • March 4, 2026 • May 6, 2026 • July 1, 2026 • September 2, 2026	Name: Camesha “Cam” Thompson, BSS BSN RN ACRN CPH Email Address: camesha.thompson@dc.gov Office – 202.724.8800 Work cell – 240.934.3750

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	Ms. Patricia Howard-Chittams (07/21/2021 - 07/21/2026) Ms. Tiffany Simmons (07/20/2021- 07/21/2026) Dr. Kami Cooper (07/21/2023- 07/21/2028) Anne Ford, LPN (10/01/2024 - 07/21/2026)		(5) Total BON vacancies		
Board of Optometry	Dr. Lisa Johnson (11/07/2023– 03/12/2026) (10/18/2002– 03/12/2025) Dr. Gregory Foley	1 Black or African American 1 White or Caucasian 1 Female 1 Male	2 Optometrist 1 Consumer Member	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/event/board-optometry-open-session-agenda-and-minutes FY26 Scheduled Meeting Dates: • October 16, 2025 • January 15, 2026 • April 16, 2026 • July 16, 2026	Name: Dr. Vito DelVento Email: vito.delvento@dc.gov Phone: 202-724-8813

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	(04/22/2024–11/10/2027)				
Board of Pharmacy	Dr. Jamila Jorden (11/26/2024–03/12/2026) Mr. Rodrick McGill (05/21/2024–03/12/2027) Dr. Benjamin Miles (03/12/2018–03/12/2027) Dr. Allison Hill- Chair (12/19/2019–03/12/2025)	3 Black or African American 1 White or Caucasian 2 Females 2 Males 3 Pharmacists 1 Consumer Member	2 Pharmacist Members 1 Pharmacy Technician Member	FY25 Meeting Dates and Minutes: https://www.open-dc.gov/public-bodies/meetings FY26 Scheduled Meeting Dates: • February 6, 2026 • April 3, 2026 • June 5, 2026 • August 7, 2026 • October 2, 2026 • December 4, 2026	Name: Dr. Monai Lowe Email Address: monai.lowe@dc.gov Office: 202-570-9505
Board of Podiatry	Dr. Teresa Hilliard (07/11/2024–04/16/2027) Kevin Bradshaw (10/01/2024–04/16/2026)	2 Black or African American 1 Female 1 Male	1 Consumer Member	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/page/board-podiatry-open-session-agendas FY26 Scheduled Meeting Dates: • January 7, 2026 • April 1, 2026 • July 8, 2026 • October 7, 2026	Name: Dr. Vito DelVento Email: vito.delvento@dc.gov Phone: 202-724-8813

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Board of Professional Counseling	Ms. Victoria Sherk (12/02/2017–07/01/2026) Ms. Rhonda Pope-Brown (06/08/2024 - 07/01/2027) Ms. Laura Golojuch (11/26/2024–07/01/2027)	2 White 1 Black or African American 3 Female	1 Professional Counselor 1 Professional Counselor/Art Therapist 1 Licensed Professional Counselor Educator 1 Consumer Member	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/page/board-professional-counseling-open-session-agendas-and-minutes FY26 Scheduled Meeting Dates: • September 19, 2025 • October 17, 2025 • November 21, 2025 • December 19, 2025 • January 23, 2026 • February 20, 2026 • March 20, 2026 • April 17, 2026 • May 15, 2026 • June 26, 2026 • July 17, 2026 • September 18, 2026	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660
Board of Psychology	Dr. Jeremy Kozne (11/07/2023–11/30/2027) Dr. Patrick Canavan (09/26/2024–11/30/2027)	2 White 2 Male	2 Licensed Psychologist 1 Consumer Member 1 Behavior Analyst	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/page/board-psychology-meeting-agendas-and-minutes FY26 Scheduled Meeting Dates: • November 14, 2025 • January 9, 2026 • March 13, 2026 • May 8, 2026 • July 10, 2026 • September 11, 2026	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

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Board of Rehabilitative Therapies	Dr. Angela Grice (10/26/2017–09/15/2024) Dr. Gillian Rai (04/28/2019–07/19/2027) Mr. Charles Bond (06/05/2010–07/19/2027) Mr. Omololu Majekodunmi (06/08/2024–07/19/2027) Dr. Bernardine Evans (05/29/2017–07/19/2026) Dr. Nicholas Caylor	6 Black or African American 1 White 4 Female 3 Male	1 Audiologists. Audiology Assistant or Speech-language pathologists, or Speech-Language Pathology Assistant 1 Audiologist or Audiology Assistant 2 Consumer Members	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/publication/board-rehabilitative-therapies-open-session-agendas-and-minutes FY26 Scheduled Meeting Dates: • October 8, 2025 • November 12, 2025 • December 10, 2025 • January 14, 2026 • March 11, 2026 • April 8, 2026 • May 13, 2026 • June 10, 2026 • July 8, 2026 • September 9, 2026	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934-0660

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	(09/29/2018– 07/19/2028) Rayan Hagona- Wordie (05/26/2024– 07/19/2027)				
Board of Respiratory Care	Ms. Betty Akpan (05/15/2017– 07/17/2025) Ms. Carla Seals (10/29/2024– 07/17/2026)	2 Black or African American 2 Females	1 Respiratory Care Practitioner 1 Physician or Respiratory Care Practitioner 1 Consumer Member	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/node/117177 FY26 Scheduled Meeting Dates: - December 8, 2025 - March 9, 2026 - June 8, 2026 - September 14, 2026	Ericka L. Walker, MSW Ericka.walker@dc.gov Office: 202-724-8801 Work Cell: 202-834-6325
Board of Social Work	Ms. Wanda Wheeler (03/01/2018– 03/03/2027) Ms. Selerya Moore (05/01/2017– 03/03/2027) Tracy Hamilton	4 Black/Africa n American 4 Females	1 Licensed Independent Social Worker	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/publication/board-social-work-agendas-and-minutes FY26 Scheduled Meeting Dates: - October 27, 2025 - November 24, - December 17, 2025 - January 26, 2026 - February 23, 2026 - March 30, 2026	Name: LaTrice Herndon, MS Email Address: latrice.herndon@dc.gov Phone Number: 202-934- 0660

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	Angela Hardiman			• April 27, 2026 • June 22, 2026 • July 27, 2026 • September 28, 2026	
Board of Veterinary Medicine	Dr. Dan Teich (02/07/2023 - 05/17/2025) Dr. Sophie Stenner (02/07/2023 - 04/16/2026) Ms. Amy Haywood (02/07/2023 - 04/12/2025) Mr. Blair Zervos (03/02/2024 - 03/01/2027)	4 White 2 Male 2 Female	1 Veterinarian	FY25 Meeting Dates and Minutes: https://dchealth.dc.gov/node/1136882 FY26 Scheduled Meeting Dates: • September 11, 2025 • November 20, 2025 • January 15, 2026 • March 19, 2026 • May 21, 2026 • July 16, 2026 • September 17, 2026	Name: Dr. Vito DelVento Email: vito.delvento@dc.gov Phone: 202-724-8813

Q27: Please provide a list of all vehicles owned or leased by the agency, the purpose of the vehicle, the division the vehicle is assigned to, if applicable; and whether the vehicle is assigned to an individual employee.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight AMP Q27*.

Vehicles within the DC Health fleet are not assigned to any individual employee. DC Health employees who are authorized to operate District Government vehicles may utilize any within the DC Health fleet.

Q28: Please list all pending lawsuits in which the agency, or its officers or employees acting in their official capacities, are named as defendants, and for each case provide the following:

- a. The case name;**
- b. Court where the suit was filed;**
- c. Case docket number;**
- d. Case status; and**
- e. A brief description of the case.**

Response:

Case Name	Court Where Suit was Filed	Case Docket Number	Case Status	Brief Description of the Case
Valerie Dorsey et al. v. District of Columbia Department of Health	United States District Court for the District of Columbia	1:25-cv-04045	Pending	Two former DC Health employees filed a discrimination complaint with the Equal Employment Opportunity Commission (EEOC), alleging retaliation and discrimination based on age. The employees filed suit in Superior Court after receiving a Right To Sue letter from the EEOC. The case was removed to the United States District Court for the District of Columbia on 11/20/2025.
Olubukunola Alao v. DC Department of Health et al.	Superior Court of the District of Columbia	2023-CAB-005861	Remote status hearing scheduled for March 20, 2026	Former DC Health employee filed charge of discrimination with the Office of Human Rights (OHR) alleging discrimination based on disability, national origin, and race. Employee appealing the final agency decision of OHR.
Clarence Stanback, Jr. v. D.C. Department of Health	Office of Employee Appeals	OEA Matter No. 1601-0023-18-C23	Agency filed brief asserting that the agency complied with the Office of Employee	Employee appealed his termination in the Office of Employee Appeals (OEA), which reversed the removal. DC Health filed a Petition for Review with the District of Columbia Superior Court.

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			Appeal's January 18, 2020 Initial Decision.	Superior Court found and Court of Appeals affirmed that DC Health violated the Performance Improvement Plan (PIP) regulatory timeframe when terminating Employee for failing the PIP. DC Health was ordered to pay backpay and reinstate Employee. Compliance with the Order is pending before OEA.
Yaida O. Ford v. District of Columbia	United States District Court for the District of Columbia	25-4238	Pending	Constituent alleges that the District violated her rights to procedural and substantive due process when DC Health ordered that she get rid of the chickens she was keeping in her backyard. Removed from Superior Court to the United States District Court for the District of Columbia on December 5, 2025.
Elizabeth Brokamp v. District of Columbia	United States District Court for the District of Columbia	1:20-cv-3574	Pending. Court held a hearing April 2025 on the parties' cross-motions for summary judgment.	Professional counselor licensed in Virginia sued the District alleging the professional counseling licensure requirement in DC infringes on her First Amendment right to free speech
William Boston v. D.C. Board of Professional Counseling	District of Columbia Court of Appeals	25-AA-0895	Order filed 1/13/2026 directing petitioner within 15 days to further perfect petition for review.	A former licensed professional counselor is appealing the Board's determination that he did not demonstrate fitness to resume practice after the 2014 revocation of his license. He withdrew his application and appealed the Board's decision.

Q29: In its FY 2024 Performance Oversight pre-hearing responses, DC Health stated that the Healthy Opportunities Index (HOI) project was delayed but would be completed in Q3 of FY 2025. Please provide an update on DC Health’s efforts to advance this project, and if available, an updated timeline for its completion.

Response:

The DC Health Opportunity Index (DC-HOI) is an analytic tool grounded in a health equity framework, designed to identify the root causes of health inequities in DC. It highlights the complex interplay of social and structural determinants of health. With internal pilot testing the tool was found to be best suited for internal use rather than public dissemination, as its detailed methodology is not easily translated into formats to meet public data needs. The composite HOI index itself will be used internally and not be publicly available due to its complexity and limited practical use for most stakeholders.

To better serve the community and advance our data-sharing goals, we are prioritizing an upgrade to the DC Health Matters website. This enhanced platform in addition to DC Health website will provide access to many subcomponents included in DC-HOI, presented in a format that is easier to navigate and interpret for public use.

The upgraded DC Health Matters site will include simplified subcomponents that break down health and social determinants into clear, actionable insights. In addition, the platform will serve as the central hub for all dashboards, including burden of disease data and intervention metrics such as immunization coverage and impact evaluations. This approach aligns with our shared vision of improving data accessibility and fostering collaboration across agencies and community partners.

This initiative will be led by the Chief Data Office under the Office of the Director (OD), which replaces the former Chief Health Informatics function. This change reflects our shared vision for advancing data sharing and community engagement through a more integrated and strategic approach. By consolidating resources and prioritizing simplicity, DC Health aims to create a more inclusive and transparent data sharing environment, one that supports informed action and strengthens our collective efforts to improve health outcomes across the District.

Q30: In DC Health's FY 2024 Performance Oversight responses, the agency reported that it would publish a formal update on the *Framework for Improving Community Health* and progress towards 2026 targets in Q2 FY 2025. Please provide that update, and any more recent data available on the District's progress to meet the 2026 targets.

Response:

Over the past fiscal year, significant leadership changes and other programmatic priorities have extended the timeline for publishing an update to the *Framework for Improving Community Health*, including change in administration leadership and transitioning the School Health Services program. DC Health is currently drafting an update to the *Framework*, as we approach the five-year cycle end in 2026. We aim to publish an updated *Framework* in Q1 FY 2027.

The table on the following pages show the most recently available data on the indicators in the *Framework* report. Some indicators are missing because of normal data lags (for example, the cancer registry), because data points are not collected every year (for example, in the Behavioral Risk Factor Surveillance System), and because of disruptions in data processing at the CDC (for example, in indicators that come from the Pregnancy Risk Assessment Monitoring System). Progress toward targets was made on many but not all indicators.

Summarizing key trends:

- **Access to primary care and preventive health services:** The COVID-19 pandemic caused disruptions in access to and utilization of primary care in 2020-21. These disruptions have generally been resolved by 2022-24, leading to increases in these years in primary care visits (from 52% to 61%), dental visits (from 68% to 72%), blood pressure control (from 57% to 64%), diabetes control (high A1c from 38% to 36%), use of statins (from 72% to 81%), and influenza immunization (from 56% to 60%).
- **Maternal health:** There have been important reductions in birth to teens and in smoking during pregnancy. However, there have been increases in severe maternal morbidity (from 260 to 419 per 10,000 deliveries) and in marijuana use in pregnancy (7.3%), and slight increases in preterm births (to 11.8%).
- **Care for young children:** Breastfeeding (increasing from 75% to 82%) and developmental screening of young children (increasing from 28% to 40%) are improving.
- **Preventive services for children and adolescents:** Immunization coverage for school-aged children is improving, with the percent of Kindergartners having received two doses of MMR vaccine increasing from 79% in 2020 to 92% in 2024.
- **Tobacco and substance use:** The prevalence of smoking is declining in both adults (9%) and teenagers (6%), and use of marijuana by teenagers has been stable from 2021 to 2023.
- **Nutrition, physical activity, and weight status:** Tracking of these risk factors is limited by the data that are available. There have been no meaningful changes in these indicators in recent years for which we have data.

CHA Framework Objective Updates (last revised 1/2026)

<u>Outcome Area</u>	<u>Objectives</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2026 Target</u>	<u>Movement Towards Target</u>
Access to health services	Increase % of residents age 40 - 64 with primary care visit in 12 months	60%	58%	52%	52%	60%	61%	-	66%	Yes
	African American Males	51%	49%	42%	44%	51%	52%	-	55%	Yes
	Increase % of adults who visited dental provider in 12 months	74%	-	68%	-	70%	-	72%	78%	Yes
	African Americans	65%	-	65%	-	64%	-	63%	71%	No
	Reduce use of emergency department for dental emergencies (/100,000)	384	338	271	384	368	374	396	350	No
Clinical preventive services for adults	Increase % of residents with hypertension who have blood	-	64%	55%	57%	60%	62%	64%	75%	Yes

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	pressure control*									
	African Americans	-	64%	54%	56%	59%	60%	62%	75%	Yes
	Hispanic/Latinx	-	63%	56%	56%	59%	62%	65%	75%	Yes
	Patients in FQHCs	62%	64%	49%	52%	60%	62%	63%	69%	Yes
	Reduce % of adults' diabetes with A1c >9.0%	-	26%	38%	38%	34%	34%	36%	29%	Yes
	Patients in FQHCs	38%	33%	45%	36%	29%	32%	33%	28%	Yes
	Increase % of residents with high cholesterol on statin therapy	-	-	65%	70%	82%	81%	81%	80%	Yes
	Patients in FQHCs	-	73%	73%	73%	80%	77%	77%	80%	Yes
	Increase % of adults receiving colorectal cancer screening	-	-	79%		71%* *	-	-	86%	No
	African American Males	-	-	71%		71%* *	-	-	79%	No
	Patients in FQHCs	-	-	41%	43%	47%	36%	40%	55%	No

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	Decrease % of colorectal cancer diagnosed at distant stage	26%	24%	26%	23%	25%	-	-	-	Metric revised***
	Decrease % of breast cancer diagnosed at distant stage	6.5%	7.4%	4.7%	8.3%	8.5%	-	-	-	Metric revised***
	African American women	8.9%	8.3%	^	11.8%	12.4%	-	-	-	Metric revised***
	Increase % of residents 18+ with influenza immunization	-	-	49%	56%	62%	60%	60%	65%	Yes
	African Americans	-	-	44%	46%	51%	49%	49%	58%	Yes
<u>Outcome Area</u>	<u>Objectives</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2026 Target</u>	<u>Movement Towards Target</u>
Maternal & reproductive health services	Increase % of women age 18-44 with primary care visit in 12 months	64%	60%	54%	54%	61%	63%	-	70%	Yes
	Increase % of pregnant women who initiate prenatal care in 1st trimester	68%	69%	70%	72%	65%	70%	69%	75%	No

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	African Americans	54%	56%	59%	64%	54%	61%	62%	62%	No
	Reduce severe maternal morbidity (/10,000 deliveries)	260	259	298	314	351	424	419	233	Moving away
	African Americans	346	323	308	410	-	500	-	290	Moving away
	Reduce preterm births	10.1 %	10.4 %	9.8%	10.1 %	10.2%	10.7 %	11.8 %	9.4%	No
	African Americans	13.4 %	13.8 %	12.4 %	13.4 %	13.6%	14.8 %	15.1 %	11.4%	No
	Reduce births to teens aged 15-19 (/1,000)	18.9	16.2	15.2	13.4	14.3	13.9	14.4	10.4	Yes
	African Americans	28.6	22.9	23.1	17.9	18.4	20.6	19.3	15.5	Yes
	Hispanic/Latinx	35	34.7	27.7	31.1	30.7	23.5	31.3	21.1	Yes
	Reduce % of births that are unintended	39%	38%	36%	36%	40%	39%	-	28%	No
	African Americans	66%	60%	53%	60%	59%	58%	-	40%	Yes
	Reduce smoking in pregnancy (last 3 months)	2.2%	3.5%	1.9%	3.4%	1.1%	1.7%	-	1.5%	Yes
	African Americans	4.7%	7.4%	4.4%	9%	1.4%	2.7%	-	3.0%	Yes

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	Reduce marijuana use during pregnancy	4.2%	5.4%	4.8%	5.7%	6.4%	7.3%	-	2.5%	Moving away
	African Americans	9.1%	10.5%	8.6%	13%	10.8%	15.2%	-	5.0%	Moving away
<u>Outcome Area</u>	<u>Objectives</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2026 Target</u>	<u>Movement Towards Target</u>
Care for young children	Increase % mothers breastfeeding at 8 weeks	79%	75%	78%	83%	80%	82%	-	82%	Target met
	African Americans	66%	58%	63%	70%	68%	74%	-	75%	Yes
	Increase % of children <3 screened for development using standardized tools	29%	28%	32%	34%	42%	40%	-	45%	Yes
Preventive services for children and adolescents	Reduce emergency department visits for asthma in children (/100,000)	2686	2452	927	1543	1949	1767	1503	1962	Yes

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	Increase % of children up-to-date vaccinations at 2 years of age	70%	69%	69%	74%	^^	^^	^^	80%	Yes
	Increase % of children in Kindergarten with two doses MMR vaccine	81%	80%	79%	79%	82%	88%	92%	95%	Yes
	Increase % of children 6 months - 17 years with 2+ doses influenza vaccine in the most recent influenza season	69%	75%	75%	69%	70%	77%	71%	78%	No
	Increase % of adolescents 10-18 with preventive medical visit in 12 months	58%	60%	46%	52%	50%	47%	-	63%	No
	Reduce % high school students seriously considering	-	19%	-	18%	-	17%	-	15%	Yes

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	attempting suicide									
<u>Outcome Area</u>	<u>Objectives</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2026 Target</u>	<u>Movement Towards Target</u>
Tobacco & substance use	Reduce smoking in adults	14%	13%	11%	10%	11%	10%	9%	6%	Yes
	African Americans	22%	20%	18%	16%	17%	16%	14%	11%	Yes
	Reduce smoking or use of smokeless tobacco in high school students	-	10%	-	5%	-	6%	-	6%	Yes
	Reduce marijuana use in high school students	-	29%	-	20%	-	21%	-	23%	Yes
Nutrition, physical activity, and weight status	Increase % of adults who report eating vegetables 1+ times per day	-	84%	-	83%	-	****	-	87%	No
	African Americans	-	77%	-	77%	-	****	-	83%	No
	Hispanic/Latinx	-	76%	-	79%	-	****	-	82%	No
	Reduce % of high school students	-	15%	-	14%	-	16%	-	10%	No

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	consuming soda 1+ times per day									
	Stop increase in obesity in adults	25%	24%	25%	25%	24%	24%	26%	25%	<i>No</i>
	African Americans	37%	40%	40%	36%	39%	36%	37%	40%	<i>Yes</i>
	Reduce obesity in high school students	-	17%	-	20%	-	19%	-	14.5%	<i>Moving away</i>
	Increase participation in WIC	45%	-	58%	-	47%	-	-	60%	<i>No</i>
	Reduce obesity in 2- to 4-year- olds in WIC	13%	-	13%	-	13%	-	-	10%	<i>No</i>

* Targets for Million Hearts hypertension control revised in January 2026 with larger number of clinic sites and better data systems.

** Colon cancer screening rate calculated in the expanded eligible age group of (45-75yrs)

^ Data points suppressed because of small numbers

*** Metrics for stage at cancer diagnosis changed to meet national practices; target not established

^^ Data in immunization tracked by birth year. Most recently available data is for infants born in 2021

**** Vegetable consumption not included in BRFSS

Q31: Please provide an overview of DC Health’s efforts to address chronic disease disparities in the District in FY 2025 and FY 2026, to date, including an update on the 4 areas of focus DC Health identified in its FY 2024 responses:

- a. Finalizing an update and publish a Chronic Disease Data dashboard along with a set of chronic disease fact sheets across diabetes, heart disease, stroke, obesity, asthma, chronic lung disease, and Alzheimer’s disease and dementia.**
- b. Leading an agency strategic initiative to improve hypertension control among the group with poorest outcomes through enhanced data surveillance, targeted community outreach, and enhanced clinical care.**
- c. Establishing a Pharmacy Wellness Hub to expand access to diabetes, heart disease, and stroke prevention and management services in independent pharmacy settings.**
- d. Leading a pilot to integrate hypertension management services into colorectal cancer screening and navigation at two health centers to expand navigation services and provide social resources and clinical adherence support to colorectal cancer screening-eligible patients with persistent uncontrolled hypertension**

Response:

In FY25–FY26 to date, DC Health advanced four integrated strategies to reduce chronic disease disparities, reaching approximately 73,000 residents, improving disease surveillance, hypertension control rates, access to evidence based chronic disease self-management education, and social determinants of health (SDOH) referral capacity. DC Health also launched the scalable Pharmacy Wellness Hub and an agencywide Blood Pressure Strategic Initiative that prioritized Black men in Wards 7 and 8. Key gains include an 3% improvement in hypertension control from 64% in FY24 and 67% in FY25 across partner health systems, 384% increase in SDOH screenings, engagement of 9 health systems covering 37% of District residents with hypertension, and 5,770 patients enrolled in Blood Pressure Self-Monitoring Programs.

DC Health continued to make progress across the four areas of focus identified in FY24:

- a. Finalized internal Chronic Disease Data Dashboard to track diabetes, hypertension and cholesterol management Key Performance Indicators (KPIs) in 9 partner Federally Qualified Health Centers (FQHCs) and hospitals, monitor quarterly program performance of funded community and clinical programs, and guide program and policy decision making. DC Health also finalized and published to DChealth.gov, 16 chronic disease “fact sheets” that feature easy to understand information about cancer and chronic disease risk factors, management, and local health promotion resources.
- b. Implemented a Blood Pressure Control Strategic Initiative (BPCSI) that prioritized Black men in Wards 7 and 8 at high risk for poor cardiovascular disease outcomes.
 - i. Identified and trained 10 Community Influencers who engaged 490 Black men with or are at-risk for hypertension via 8 outreach events. DC Health also conducted 2 feedback sessions with 40 participants to inform development of Community Influencer Model and Messaging Toolkit.

- ii. Engaged 9 health systems serving 37% of District residents with hypertension. Identified 15,617 Black men with hypertension for inclusion in funded health system intervention.
- iii. Implemented Lean transformation with 2 FQHCs to improve primary care clinic workflows and processes. Next steps include business case development and payment incentive planning in FY26.
- c. Expanded Access to Evidence-Based Chronic Disease Self-Management Programs under the Pharmacy Wellness Hub: Onboarded 4 independent pharmacies and 1 pharmacist-led Community Based Organization (CBO) to the Pharmacy Wellness Hub.
 - i. Enrolled and reached 71 residents with diabetes self-management education and support, 14 residents with diabetes prevention education, and 85 residents with self-monitoring blood pressure education and devices.
 - ii. Finalized Pharmacy Wellness Hub Toolkit and a 6-part Pharmacy Wellness Hub Training Series, developed in partnership with the National Pharmaceutical Association (NPhA) and National Community Pharmacists Association and to be published to livingwell.gov in FY26.
- d. Completed a Patient Navigation Pilot: Collaborated with 2 FQHCs to adapt existing colorectal cancer screening patient navigation (PN) models to include patients living with hypertension. The pilot produced a novel, model workflow to improve the identification of patients with poor care adherence, enhance the use of PNs to facilitate community-clinical linkages, and increase the proportion of navigated patients achieving improved blood pressure control. It also produced insight into implementation challenges and the operational support needed to sustain and expand PN models in other clinical settings.
 - i. The pilot identified 107 patients with history of persistent hypertension for inclusion in PN services. Of those, 17% were navigated to address clinical and social barriers to care plan adherence.
 - ii. DC Health leveraged insights from the pilot to deliver six workshops to 102 members of the Heart Disease and Stroke Prevention Learning Collaborative (HDSPLC). Trainings were tailored to Patient Navigators (PNs), Community Health Workers (CHWs) or CHW-lookalikes that support chronic care management in clinical care teams.

In collaboration with multisectoral partners, DC Health advanced efforts across four strategic areas in FY25:

- (1) Epidemiology and Surveillance: Collect, monitor, and report on chronic disease indicators through surveillance systems including Vital Records birth and death data, Behavioral Risk Factor Surveillance System (BRFSS) data, Emergency Medical Service (EMS) encounter and hospital discharge data, and health system chronic disease management data. FY25 activities included:
 - Produced data products to support over 100 multisectoral partners and agency staff, including:
 - Quarterly Grantee Performance Snapshot Reports: Tailored to each of the nine health systems with quality improvement (QI) recommendations.

- “Framing the Topic in Data” Modules: PowerPoint presentations using multiple surveillance sources shared monthly with 102 Heart Disease and Stroke Prevention Learning Collaborative (HDSPLC) and 23 Diabetes Prevention and Management Community of Practice (DPMP CoP) members and published to livingwell.dc.gov.
- (2) Health Care System Interventions: Lead health systems and clinic-level continuous quality improvement to improve identification and treatment of patients with and are at risk for chronic disease. FY25 activities included:
- Multisectoral Learning Collaboratives: DC Health doubled engagement to 102 members in the monthly Heart Disease and Stroke Prevention Learning Collaborative. The Diabetes Prevention and Management Community of Practice also saw an increase in participation which is largely attributed to the curriculum that DC Health codesigned with stakeholders.
 - Expanded Clinical Quality Improvement Partnerships: Increased health system partnerships to 9 by onboarding two large health system grantees to design, implement and evaluate QI strategies to improve the identification and management of diabetes, hypertension, and high cholesterol. The addition of these partners increased DC Health’s reach to patients with hypertension from 60,512 in FY24 to 67,610 in FY25 and patients with diabetes from 25,644 in FY24 to 28,555 in FY25.
 - Electronic Health Record (EHR) Optimization Support: Supported DC Primary Care Association (DCPCA) to develop and deploy an EHR Optimization Toolkit to health systems that are funded. Partnered with QI Consultant Health Management Associates to deliver five workshops on Health Information Technology (HIT)-supported care management that were shared with 102 members of the HDSPLC. All funded health systems adopted new policies and procedures to leverage EHR/HIT for chronic care management across clinical care teams.
- (3) Community & Clinical Linkages: Build and sustain referral systems to link community-based health promotion and disease self-management resources to health systems and providers. FY25 activities included:
- LinkU/EHR Integration and Single Sign-on Pilot: Partnered with the Department of Health Care Finance (DHCF), CRISP DC and Findhelp to finalize integration of LinkU with CRISP DC, allowing single sign-on access to LinkU through health system EHRs. All nine funded health systems adopted policies to standardize workflows and structured social determinants of health (SDOH) screening/referral data through the EHR.
 - Six of the nine health systems now actively exchanging SDOH data with community organizations via LinkU.
 - SDOH screenings and referrals conducted across funded health system partners increased by 384%.
 - DC Health LinkU Trusted Network: Finalized DC Health Trusted Network infrastructure and outreach plan. DC Health began developing the CBO Trusted Network with validated contact information and trained workflows and capacity for closed-loop referrals within LinkU.

- Identified 40 social service organizations for onboarding to the Network
- 156% increase in social service programs claimed on LinkU
- Community Health Workers (CHWs) for SDOH Care Coordination: Collaborated with the Institute for Public Health Innovation to publish CHW learning series on SDOH resource navigation, offered bimonthly through the CHW Academy. 108 CHWs have been trained on SDOH resource navigation.
- Increased number of CHWs within funded health systems from 6 to 34. CHWs referred 878 patients with hypertension to evidence-based lifestyle change programs.

(4) Improving Health Literacy: Enhance organizational and individual ability to find, understand, and use health information. FY25 activities included:

- Expanded Access to Evidence-Based Chronic Disease Self-Management Programs in Clinical Settings: Supported two funded health systems to plan and execute the development of accredited diabetes self-management education and support (DSMES) and complementary diabetes support programs (DSP). Supported nine health systems to expand access to self-monitoring blood pressure (SMBP) devices and develop complementary workflows for clinical support.
 - 517 residents living with diabetes received education and support
 - Health systems engaged 5,770 patients in self-monitoring blood pressure education
- GoGoDC Multimedia (radio, tv, bus ad, digital live board) Campaign promoted five health behaviors (healthy eating, physical activity, sleep hygiene, primary care utilization, and smoking cessation) that reached 68.5% of priority households, generating 7.7 million impressions across media platforms.

Q32: Please provide an overview of DC Health’s efforts to implement the Cancer Action Plan in FY 2025 and FY 2026, to date, including updated metrics indicating progress on the 2026 goals.

Response:

Cancer is the second leading cause of death in the District and significantly impacts the social and economic well-being of communities. Disparities persist with the burden of cancer disproportionately impacting communities with lower income and marginalized racial and ethnic communities. The [Cancer Control Plan](#) is developed every five years to address disparities in cancer screening, incidence, and mortality. In FY25, DC Health prioritized elements of the plan relating to clinical care best practices, evidence-based community interventions, and modifiable risk factors including healthy eating, physical activity, alcohol and tobacco. An overview of the goals for which DC Health focused its efforts in FY25 and FY26 (to date) is included below. Comments and strategies to address trends that are not moving in the desired direction are also included.

GOAL 1: Improve Nutrition & Physical Activity among all DC Residents					
		Baseline (2019)	Current	Target (2026)	Moving toward target (Y/N)
1.1	Increase fruit consumption among adults to one or more times per day	64.4%	Current data unavailable.	68.7%	Y
1.2	Increase vegetable consumption among adults to one or more times per day	83.5%	Current data unavailable.	87.5%	N
	Comment: These measures were not included in the BRFSS core questions in 2023. 2021 data is the most recent data available from BRFSS/CDC. The 2021 data reflect the impact of the COVID-19 pandemic when household dietary patterns were significantly impacted due to economic and food supply chain factors and may have contributed to a slight decrease in self-reported vegetable consumption. Strategy: Q34, 35, and 37 share strategies being led by DC Health and partners to increase access and consumption of vegetables across communities.				
1.4	Stop the increase in the proportion of adults who are considered obese	24%	26% (2024)	24%	N
1.5	Increase the percentage of adults reporting physical activity within the	81%	84.8% (2023)	85.6%	Y

		Baseline (2019)	Current	Target (2026)	Moving toward target (Y/N)
	previous 30 days other than their regular job				
1.6	Decrease percentage of high schoolers who are obese	17.1%	18.8% (2023)	13.5%	N
	Comment: 2023 is the latest data available for Youth Risk Behavior Surveillance System (YRBSS). The CDC BRFSS dashboard was used to estimate the 2024 measures, when available, for DC. There were delays in receiving the raw 2024 BRFSS state specific data from CDC, a final analysis of the data will be provided later. Strategy: Due to federal government funding ending, DC SNAP-Ed programming ended in December 2025. DC Health is conducting an obesity needs assessment in FY26 to inform updated strategies for obesity prevention.				
1.7	Increase the percentage of high schoolers who report physical activity at least 60 minutes per day on five or more of the past seven days	27.9%	34.6% (2023)	32.6%	Y
	Comment: 2023 YRBSS data (reported in FY24 Oversight responses) is the latest data currently available.				

GOAL 2: Reduce Tobacco Use Prevalence and Consumption

		Baseline (2019)	Current	Target (2026)	Moving toward target (Y/N)
2.1	Decrease the percentage of adults who are current smokers.	12.7%	8.5% (2024)	8.3%	Y
2.2.1	Decrease percentage of Black/African American adults who smoke	20.4%	13.7% (2024)	14.3%	Y
2.2.2	Decrease percentage of Hispanic adults who smoke	7.8%	5.3% (2024)	5%	Y
2.3	Decrease percentage of current smokers among middle schoolers	2.5%	1.7% (2023) Source: YRBSS	1.5%	Y

2.4	Decrease the percentage of middle school students who report current use of “e-cigarettes” (vaping)	5.3%	6.2% (2023) Source: YRBSS	3%	N
	<u>Comment:</u> The CDC BRFSS dashboard was used to estimate the 2024 measures, when available, for DC. There were delays in receiving the raw 2024 BRFSS state specific data from CDC, a final analysis of the data will be provided later. <u>Strategies to Reduce Youth Tobacco Use:</u> • DC Health is utilizing JUUL settlement funding to supplement federal and local funds and lead a portfolio of initiatives to reduce access and use of vaping products among youth in the District. • DC Health is collaborating with DCPS to support health education initiatives in schools to prevent and empower youth to quit vaping. • DC Health will launch in early summer a counter marketing campaign including social media campaign featuring DC youth influencers to prevent and empower youth to quit vaping. • DC Health supports cessation efforts through a partnership with Truth Initiative to promote the text-based EX vape cessation program to youth and young adults. • DC Health is partnering with Young Women’s Project to engage more young people as tobacco control advocates and peer leaders through the Next Gen Action initiative.				
2.5	Decrease the percentage of high school students who report use of “e-cigarettes” (vaping)	13%	9.6% (2023)	9.8%	Y

GOAL 4: Prevent HPV Infections

		Baseline (2019)	Current (2024)	Target (2026)	Moving toward target (Y/N)
4	Increase up-to-date vaccination coverage for the human papillomavirus (HPV) of adolescents aged 13 to 17 years				
	<i>Female</i>	73%	75%	77.3%	Y
	<i>Male</i>	78%	77%	81.8%	N
<u>Comment:</u> In 2024, compared to baseline HPV vaccine coverage among male adolescents has varied with annual increases and decreases. Amongst female adolescents, it has gradually increased with similar year over year variability.					

	<u>Strategy:</u> • DC Health is partnering with the local immunization coalition to survey the community about knowledge and attitudes pertaining to HPV vaccination with the goal of developed targeted education resources to improve vaccination coverage. • DC Health is providing technical assistance to providers to increase utilization of assessment and feedback (IQIP) interventions to identify missed opportunities for vaccination. • DC Health is providing technical assistance to providers to utilize practice-focused strategies, including clinic-based client education, client reminder and recall systems, provider reminders, and standing orders, to increase HPV vaccination rates. • DC Health will partner with Teen Health Centers to promote and administer HPV vaccines in middle and middle-high schools. • DC Health is developing education materials for providers to promote HPV vaccination starting at age 9.

GOAL 6. Reduce Late-Stage Diagnosis of Cancer for Which Screening is Available

		Baseline (2018)	Current	Target (2026)	Moving toward target (Y/N)
6.1	Increase the percentage of women aged 50-74 who have had a mammogram within the past two years	79.9%	77.4% (2022)	84.8%	N
	<u>Comment:</u> 2024 BRFSS data is currently not available for this measure. There were delays in CDC processing the 2024 BRFSS data which delayed analysis. The 2022 data reflect the significant challenges posed by the COVID-19 pandemic, during which health care delivery was disrupted and cancer screening services declined both nationwide and in the District. Contributing factors included temporary suspension of routine services and severe workforce shortages affecting key roles such as radiologists, technicians, and medical assistants. Health systems are now in a recovery phase, working to rebuild capacity, address screening backlogs, and restore preventive care services to pre-pandemic levels. <u>Strategy:</u> • DC Health is covering the costs of screening and diagnostic tests for uninsured and underinsured residents. • DC Health is supporting funding for patient navigators to help patients complete screening and follow-up tests by addressing social determinants of health barriers.				

		Baseline (2018)	Current	Target (2026)	Moving toward target (Y/N)
	- DC Health is working with health system partners to enhance clinical workflows and electronic medical record (EMR) systems to effectively identify and refer those due or overdue for breast cancer screening. - DC Health is collaborating with health system partners to provide educational webinars for clinical staff on screening guidelines and best practices. - DC Health is collaborating with DHCF and CRISP to support health systems in transmitting screening data to the Health Information Exchange (HIE) and to effectively use the HIE in patient care.				
6.2	Decrease the proportion of breast cancer cases diagnosed at distant stage among Black/African American women Female	9.5%	12.4% (2022)	8.4%	N
	<u>Comments:</u> Disruptions in early cancer detection efforts during the COVID-19 pandemic may have contributed to delays in timely breast cancer diagnosis. These delays likely resulted in an increased proportion of cases being diagnosed at distant stages, as observed in recent data. <u>Strategy:</u> - DC Health implements a patient navigation program at FQHCs and community clinics that addresses patient's barriers to breast cancer screening (including transportation services) and provides timely follow-up for patients with abnormal results. - DC Health is providing funds for uninsured and underinsured residents to complete breast cancer screening and diagnostic tests, increasing access to screening and eliminating the burden of financial cost.				
6.3	Increase the percentage of women aged 21-65 who have had a Pap test in the past three years	81.3%	Current data unavailable.	82.9%	Due to trend break, will need additional years to determine

		Baseline (2018)		Current	Target (2026)	Moving toward target (Y/N)
	<u>Comments:</u> The latest cervical cancer screening BRFSS data available are from 2020. The 2020 data reflect disruptions in health care delivery and cancer screening services which resulted in decreased nationwide and in the District during the COVID-19 pandemic. <u>Strategy:</u> • DC Health is providing funds for uninsured and underinsured residents to complete cervical cancer screening and diagnostic tests, increasing access to screening and eliminating the burden of financial cost. • DC Health is working with health care partners to enhance clinical workflows and EMR systems to effectively identify those due or overdue for cervical cancer screening and offer PAP tests at the time of their medical visit. • DC Health is working with health care partners to lead educational webinars for clinical staff on screening guidelines and best practices.					
6.5	Increase percentage of adults eligible for colorectal cancer screening who have met the U.S. Preventive Services Task Force (USPSTF) recommendation for colorectal cancer (CRC) screening.	73.8% (2018)	78.6 % (2020)	73.8%* (2022) (screening age 50-75)	82.9% (Target)	N
	<u>Comments:</u> The 2024 BRFSS data to update this measure are currently being analyzed. *The U.S. Preventive Services Task Force issued a new recommendation that colorectal cancer screening for people at average risk should be screened starting at 45 years – expanding the screening eligibility from 50-75 to 45-75 years. The CRC screening rate for 2022 is based on adults aged <u>50 to 75</u> years. Using the updated guidelines for adults to be screened between ages 45 to 75 years, 70.3% were screening for colorectal cancer screening in 2022 and 72.6% in 2024. The increase in CRC screening rate in 2020 may be attributed to health centers and hospitals using innovative strategies, such as leveraging COVID vaccination appointments and events to provide CRC stool-based test kits to patients. In 2022, the decrease in CRC screening rate may be attributed to the significant disruption in health care delivery and cancer screening services due to ongoing workforce shortages (radiologists,					

		Baseline (2018)	Current	Target (2026)	Moving toward target (Y/N)
	technicians, medical assistants etc.). In addition, the new U.S. Preventive Services Task Force recommendation that colorectal cancer screening for people at average risk should be screened starting at 45 years expanded screening eligibility from 50-75 to 45-75 years. Strategy: • DC Health partnered with 9 health systems (6 FQHCs, 2 Hospital systems, 1 University Based) in DC to implement evidence-based interventions (EBIs) to increase cancer screening among vulnerable populations. • DC Health expanded access to several screening options by partnering with the Colorectal Cancer Alliance and Exact Sciences to provide free Cologuard kits, that helped clinics increase CRC uptake. • DC Health supported clinics in building infrastructure to address gaps in clinic's capacity to follow-up on abnormal cancer screening (stool-test) results in a timely manner. • DC Health provided funds to healthcare partners for patient navigators to help patients complete screening and follow-up tests by addressing social determinants of health (SDOH) barriers and linking them to resources. • DC Health provided 394 chaperones and 102 Uber rides to colonoscopies for residents with transportation barriers. • DC Health has collaborated externally with DHCF to support hospitals' EHR connectivity, facilitate provider use of DC HIE (CRISP DC), provide training webinars, develop guides and fact sheets to improve cancer data sharing and reporting.				
6.6	Decrease the proportion of colorectal cancer cases diagnosed at distant stage	25.8%	24.5% (2022)	21.6%	Y
	Strategy: • DC Health is providing funds for uninsured and underinsured residents to complete colonoscopy tests. • DC Health is providing training to clinical staff to educate and create awareness on the new guidelines. • DC Health is partnering with community organizations on outreach and awareness campaigns to educate the public on new guidelines.				

		Baseline (2018)	Current	Target (2026)	Moving toward target (Y/N)
	- DC Health is working with health systems to enhance clinical workflows and EMR systems to effectively identify and refer those due or overdue for breast cancer screening. - DC Health is providing funds to health care partners for patient navigators to help patients complete screening and follow-up tests by addressing SDOH barriers and linking to resources. - DC Health is providing chaperone rides to address barrier of transportation to complete colonoscopies.				
6.7	Increase percentage of adults age 50-80 who meet the eligibility requirements for screening and have been screened for Lung Cancer	24.4% (2024)	Crude prevalence numbers are low to report for 2022. Baseline estimate is for 2024. Changed recommended age from 55-80 to 50-80.	28.8%	Will determine with additional years of data
	Comment: The recommended age for lung cancer screening was lowered from 55 to 50 years old in March 2021 by the U.S. Preventative Services Taskforce (USPSTF), thus 2022 data are used as the new baseline. More recent data is not available at this time.				
6.8	Decrease the proportion of lung cancer cases diagnosed at distant stage	45.5 %	42.4% (2022)	40.6%	Y
	Strategy: - DC Health is partnering with health systems to enhance the EMR to systematically screen for smoking history that will enable clinicians identify eligible patients and refer them to lung cancer screening. - DC Health is collaborating with health care partners to educate clinicians on new guidelines through a series of webinars through a partnership with MedStar Georgetown Cancer Institute at Washington Hospital Center. - DC Health is collaborating with health care partners to educate the community on lung cancer screening guidelines by partnering with national organizations.				
6.9	Decrease the rate (per 100,000) prostate cancer cases	135.4	132.1 (2022)	121.9	Y

Q33: Please provide the current top ten causes of death in the District, including number of deaths and deaths per 100,000 people. Please describe any disparities in causes of death related to race, ethnicity, gender, or LGBTQ status.

Response:

The table below shows the number of deaths for the leading causes overall and by sex and race/ethnicity. Graphs on the following pages show death rates for these leading causes and highlight disparities. Breakdowns are not available by LGBTQ status.

Top Ten Leading Causes of Death, District of Columbia, 2024

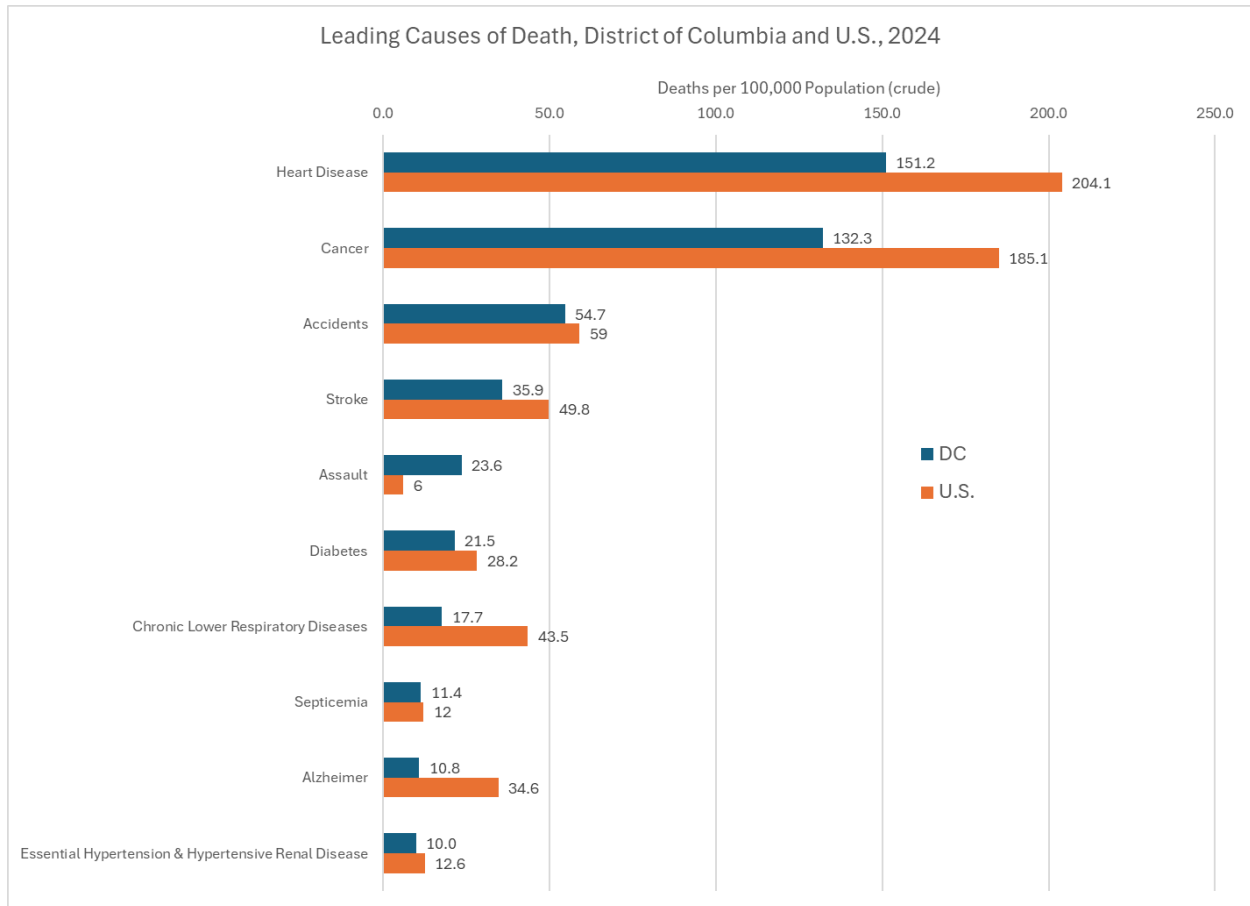
Rank	Cause of Death ¹	Overall # Deaths	# Deaths by Sex		# Deaths by Race/Ethnicity		
			Male	Female	Non-Hispanic White	Non-Hispanic Black	Hispanic
1	Heart Disease	1,062	572	489	204	810	28
2	Cancer	929	437	492	209	649	40
3	Accidents	384	271	113	56	290	30
4	Stroke	252	106	146	54	181	7
5	Assault	166	151			160	
6	Diabetes	151	81	70	11	128	6
7	Chronic Lower Respiratory Diseases	124	55	69	22	95	
8	Septicemia	80	30	50		69	
9	Alzheimer	76		54	23	48	
10	Essential Hypertension & Hypertensive Renal Disease	70	28	42		57	

Data Sources: 2024 DC Mortality File, Vital Records Division, Center for Policy, Planning and Evaluation, D.C. Department of Health; Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2022 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2026, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

ICD-10 codes for causes: Diseases of heart (heart disease) (I00-I09,I11,I13,I20-I51); Malignant neoplasms (cancer) (C00-C97); Accidents (unintentional injuries) (V01-X59,Y85-Y86); Cerebrovascular diseases (stroke) (I60-I69); Diabetes mellitus (diabetes) (E10-E14); Chronic lower respiratory diseases (J40-J47); Alzheimer's disease (G30); Assault (homicide) (X85-Y09,Y87.1,U01-U02); Influenza and pneumonia (J09-J18); Essential

hypertension and hypertensive renal disease (hypertension) (I10,I12,I15); Nephritis, nephrotic syndrome and nephrosis (kidney disease) (N00-N07,N17-N19,N25-N27); COVID-19 (U07.1).

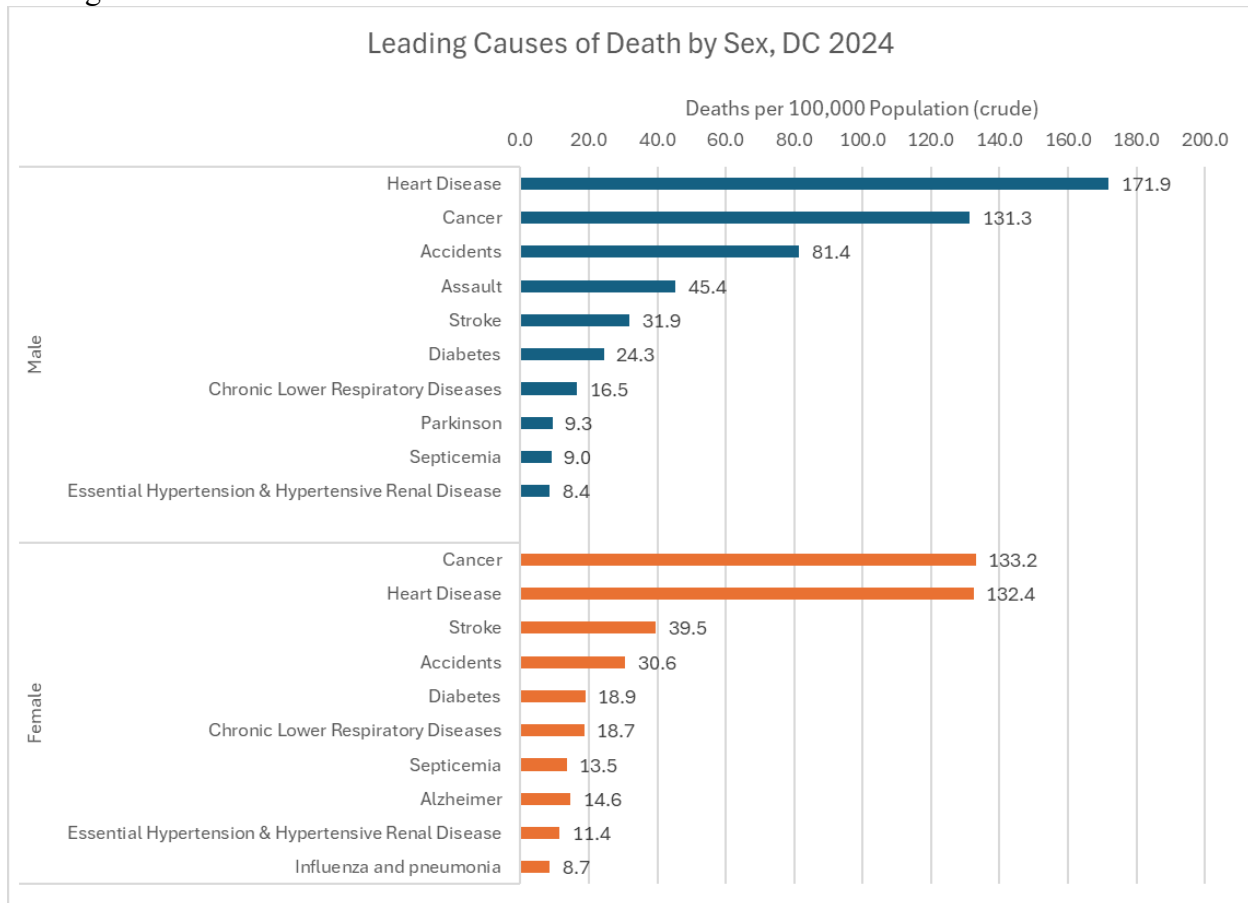
The graph below shows mortality rates for the leading causes of death in the District of Columbia, alongside rates for the U.S., as a whole. For most of these causes, mortality rates are about 20-25% lower in DC than in the U.S., however, mortality rates from assault are nearly four times higher.



Data Sources: 2024 DC Mortality File, Vital Records Division, Center for Policy, Planning and Evaluation, D.C. Department of Health; Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2018-2022 on CDC WONDER Online Database, released in 2021. Data are from the Multiple Cause of Death Files, 2018-2026, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.

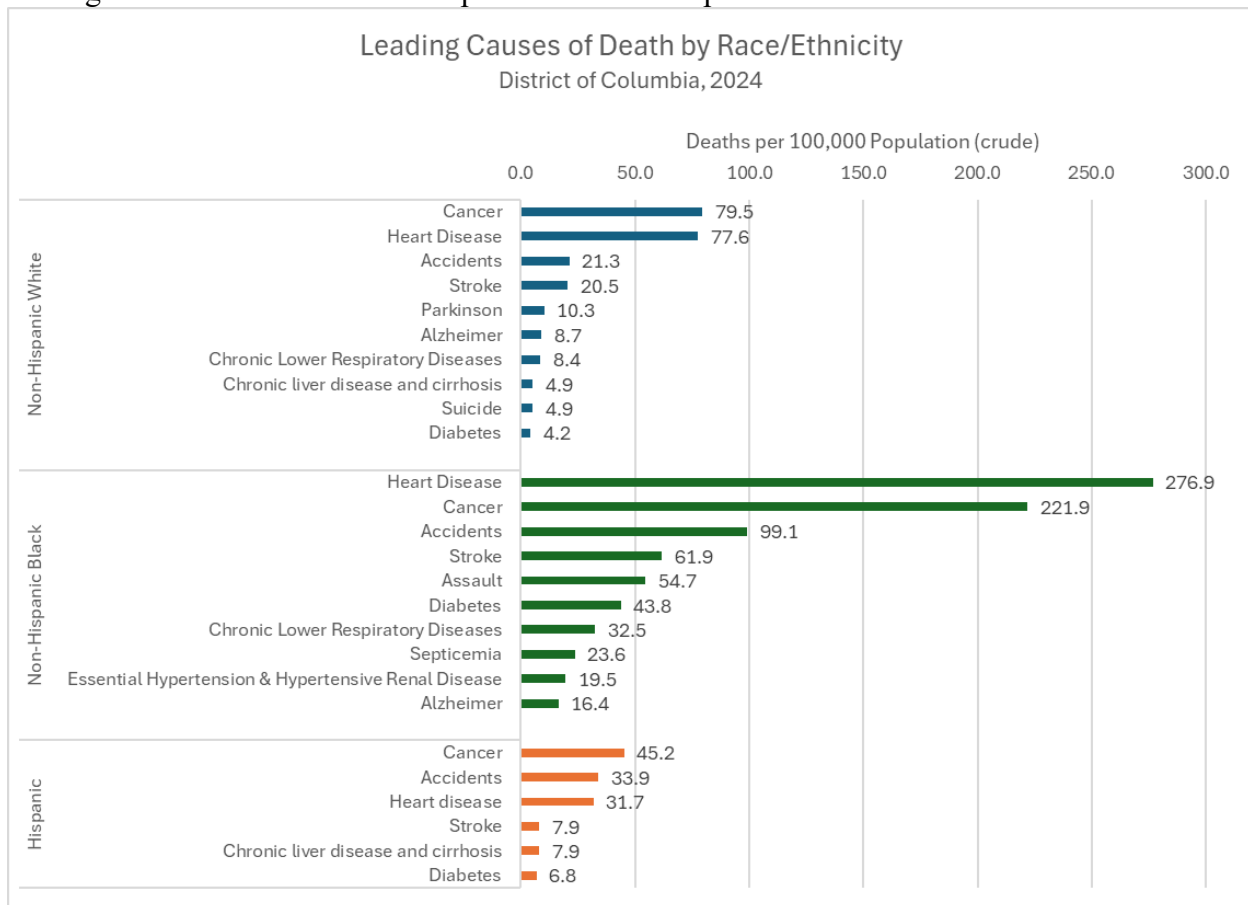
ICD-10 codes for causes: Diseases of heart (heart disease) (I00-I09,I11,I13,I20-I51); Malignant neoplasms (cancer) (C00-C97); Accidents (unintentional injuries) (V01-X59,Y85-Y86); Cerebrovascular diseases (stroke) (I60-I69); Diabetes mellitus (diabetes) (E10-E14); Chronic lower respiratory diseases (J40-J47); Alzheimer's disease (G30); Assault (homicide) (X85-Y09,Y87.1,U01-U02); Influenza and pneumonia (J09-J18); Essential hypertension and hypertensive renal disease (hypertension) (I10,I12,I15); Nephritis, nephrotic syndrome and nephrosis (kidney disease) (N00-N07,N17-N19,N25-N27); COVID-19 (U07.1).

There are many disparities by sex. Mortality rates for accidents are more than twice as high in males vs. females (81.4 vs. 30.6), and mortality rates for heart disease are approximately 30% higher in males vs. females (171.9 vs. 132.4). Assault and Parkinson's disease appear as leading causes of death for males but not females. Alzheimer disease and influenza/pneumonia appear as leading causes of death for females but not males.



Data Source: 2024 DC Mortality File, Vital Records Division, Data Management and Analysis Division, Center for Policy, Planning and Evaluation, D.C. Health. Cause of death is based on the International Classification of Diseases, Tenth Revision (ICD-10). 2024 DC mortality data are preliminary as of 07/11/2025 and subject to change.

There are large disparities in mortality rates for nearly all causes by race and ethnicity, with Black/African American residents having highest rates by far. For example, mortality rates for heart disease are more than three times as high in Black/African American residents as White residents (276.9 vs 77.6), mortality rates for cancer are nearly three times as high (221.9 vs. 79.5). Mortality rates from diabetes are more than 10 times as high in Black/African American as White residents (43.8 vs 4.2). Mortality rates for chronic lower respiratory diseases are nearly four times as high in Black/African American vs. White residents (32.5 vs. 8.4). Assault and hypertension are leading causes of death for Black/African American residents but do not appear on the list of leading causes of death for non-Hispanic White or Hispanic residents.



Data Source: 2024 DC Mortality File, Vital Records Division, Data Management and Analysis Division, Center for Policy, Planning and Evaluation, D.C. Health. Cause of death is based on the International Classification of Diseases, Tenth Revision (ICD-10). 2024 DC mortality data are preliminary as of 07/11/2025 and subject to change.

Q34: Please provide the following information for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC):

- a. An updated list of all certified WIC Program Sites, broken down by Ward, indicating any sites added or removed in FY 2025 and FY 2026, to date;
- b. An updated list and map of all certified retailers that accept DC WIC, broken down by Ward, indicating any stores added or removed in FY 2025 and FY 2026, to date;
- c. The number and percentage of eligible District residents, including adults and children, who were enrolled and participating in WIC in FYs 2023, 2024, and 2025; and
- d. What has DC Health observed as barriers to WIC enrollment in the District? What are additional strategies the District could take to increase enrollment?

Response:

- a. An updated list of all certified WIC Program Sites, broken down by Ward, indicating any sites added or removed in FY 2025 and FY 2026, to date;

DC Health maintained all program sites from FY2024 into FY2025.

Ward 1		
Children's at Shaw 641 S Street, NW Washington, DC 202-476-5594 Mon.-Fri. 8:00 a.m.-4:30 p.m.		Unity Health Care Upper Cardozo 3020 14 th St., NW Washington, DC 20009 202-938-3688 Mon.-Fri. 8:30 a.m.-5:00 p.m.
Mary's Center at Ontario Rd. 2333 Ontario Rd. NW Washington, DC 20009 202-232-6679 Mon.-Fri. 8:30 a.m.-5:00 p.m.		Children's at Marie Reed 2175 Champlain St. NW Washington, DC 20009 202-476-6986 Mon. & Tues. 8:00 a.m.- 4:30 p.m.
Ward 2 and 3		
N/A		
Ward 4		
Mary's Center at Georgia Avenue 3912 Georgia Avenue, NW Washington, DC 20011 202-232-6679 Mon.-Fri. 8:30 a.m.-5:00 p.m.		
Ward 5		
Mary's Center at Brentwood 1060 Brentwood Road, NE 20018 Washington, DC 20018 202-232-6679	Mary's Center at Ft. Totten 100 Gallatin St. NE 20018 Washington, DC 20018 202-232-6679 Mon. – Fri. 8:30am – 5:00 pm	Community of Hope Family Health and Birth Center 2120 Bladensburg Rd. NE Washington, DC. 20018 202-470-3074

Thurs. 8:30 a.m.-5:00 p.m.		Mon.-Fri. 8:30 a.m.-4:30 p.m.
Ward 6		
N/A		
Ward 7		
Unity Health Care Parkside 765 Kenilworth Terrace, NE Washington, DC 20019 202-938-3688 Mon.-Fri. 8:30 a.m.-5:00 p.m.		Unity Health Care East of the River 123 45th St. NE, 20019 Washington, DC 20019 202-938-3688 Mon.-Fri. 8:30 a.m.-5:00 p.m.
Ward 8		
Unity Health Care Anacostia Satellite 1500 Galen Street, SE Washington DC 20020 202-938-3688 Mon.-Fri. 8:30 a.m.-5:00 p.m.		Children's at THEARC 1801 Mississippi Ave SE Washington, DC 20020 202-791-1617 Fridays 8:00am-4:30pm
Children's at Martin Luther King Jr. Avenue, SE "The Big Chair" 2101 MLK, Jr. Avenue, SE 20020 Washington, DC 20020 202-476-6994 Mon.-Fri. 8:00 a.m.-4:30 p.m.		Community of Hope at Conway 4 Atlantic St. SW Washington, DC 20032 202.470.3074 Mondays 8:30 am to 4:30 pm
Community of Hope at Stanton Commons 2375 Elvans Road SE Washington DC 20020. 202-470-3074 Wednesdays 8:30 am to 4:30 pm		

b. An updated list and map of all certified retailers that accept DC WIC, broken down by Ward, indicating any stores added or removed in FY 2025 and FY 2026, to date

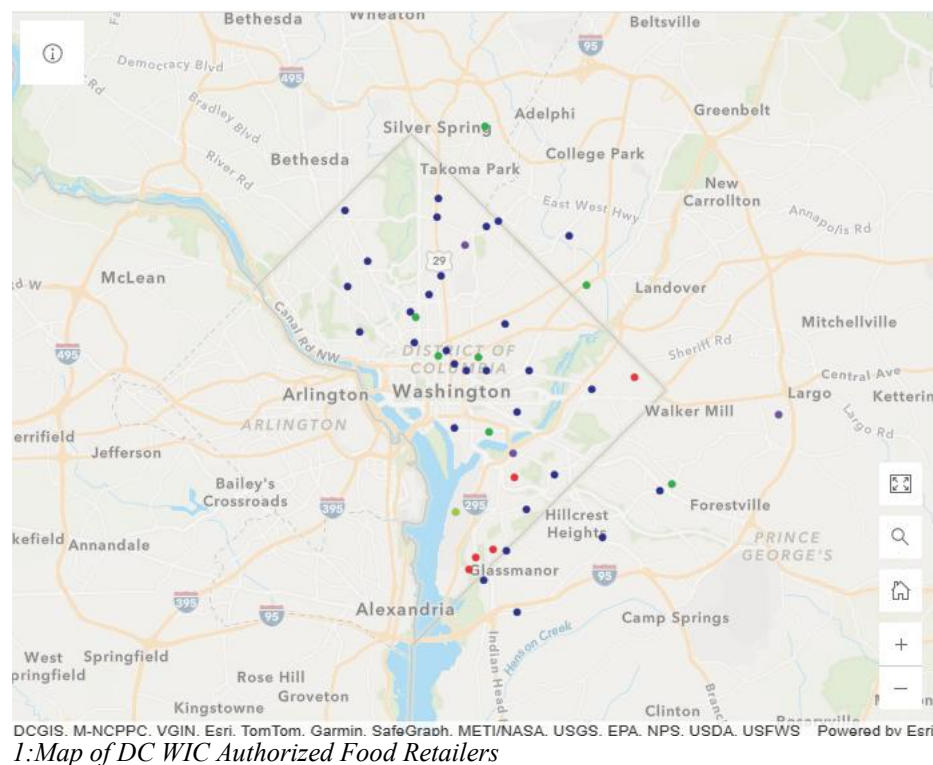
In FY 2025, DC did not approve any new vendors. All vendors operated under a three-year agreement cycle that began in FY 2023 and concluded at the end of FY 2025. In late FY 2025, DC reauthorized all existing vendors for the next agreement cycle starting in FY 2026. During FY 2025, four vendors were removed from the program due to not meeting program requirements, vendor withdrawals, and store closures:

- Newton Food Mart (small vendor) – removed in Q1 for not meeting program requirements
- Circle Seven (small vendor) – removed in Q2 after vendor withdrawal
- BestWorld Supermarket (large vendor) – removed in Q4 due to store closure
- Compare Foods Colmar Manor (medium vendor) – removed in Q4 due to store closure

Two small vendors, Wheeler Market and Holiday Market, chose not to go through the reauthorization process in FY 2025 due to low WIC sales. DC Health provided extensive technical

assistance and outreach support during their participation and will work to identify new small vendors to meet community needs. Additionally, one Shoppers location in Maryland was removed during Q1 due to store closure.

A significant discussion in FY 2026 involved Aldi, which submitted an application to participate in the WIC program in response to the District's Supermarket Incentive Tax requirement. DC Health collaborated with the Deputy Mayor for Economic Development (DMPED) and engaged in multiple conversations with Aldi regarding WIC participation. Ultimately, Aldi's DC locations are not ready to meet program requirements and accept WIC at this time, as Aldi does not currently accept WIC nationally. Implementing WIC would require substantial updates to their Point-of-Sale systems and adjustments to store efficiency protocols, which they are unable to support at present. However, Aldi expressed strong interest in participating in the future.



Currently there are 47 authorized vendors in DC, categorized as follows:

- 6 Small Vendors (<10,000 square feet, at least \$5,000 in WIC sales)
- 3 Medium Vendors (10-20,000 square feet, at least \$20,000 in WIC sales)
- 35 Large Vendors (>20,000 square feet, at least \$100,000 in WIC sales)
- 3 Independent Pharmacies (at least \$1,000 in WIC sales)

NORTHEAST DC		
Store Name	Address	Ward
A-1 Grocery	615 Division Avenue NE	7

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Safeway	1601 Maryland Avenue NE	5
	322 40th Street NE	7
Giant Foods	1050 Brentwood Road NE	5
	300 H Street NE	6
Harris Teeter	1201 First Street NE	6
Wal-Mart Supercenters	310 Riggs Road NE	4

NORTHWEST DC		
Store Name	Address	Ward
Wegmans	41 Ridge Square NW	3
Safeway	1701 Corcoran Street NW	2
	1747 Columbia Road NW	1
	3830 Georgia Avenue NW	4
	6500 Piney Branch Road NW	4
	5545 Connecticut Avenue NW	3
	1855 Wisconsin Avenue NW	2
	490 L Street NW	6
Giant Foods	1345 Park Road NW	1
	4303 Connecticut Avenue NW	3
	1400 7th Street NW	2
	3336 Wisconsin Avenue NW	3
Harris Teeter	1631 Kalorama Road NW	1
New Hampshire Medical Supply (<i>Walk-In & Home Delivery Services</i>)	5005 New Hampshire Avenue NW	4
Wal-Mart Supercenters	5929 Georgia Avenue NW	4
Capitol Super Market	1231 11th Street NW	2

SOUTHWEST DC		
Store Name	Address	Ward
Elmira Market	4401 S Capitol Street SW	8
Fort Drum Market	4686 Martin Luther King Jr Avenue SW	8
Bolling Air Force Base (<i>Military Families Only</i>)	185 Chappie James Boulevard SW	8
Safeway	1101 4th Street SW	6

SOUTHEAST DC		
Store Name	Address	Ward
Chesapeake Big Market	601 Chesapeake Street SE	8
Giant Foods	1535 Alabama Avenue SE	8
Grubbs SE Pharmacy & Mini-Mart	1800 Martin Luther King Jr Avenue SE	8
Harris Teeter	401 M Street SE	8
Safeway	2845 Alabama Avenue SE	7
	415 14th Street SE	6
Stanton Supermarket	1453 Howard Road SE	8

Shipley Super Market	2283 Savannah St SE	8

MARYLAND	
Store Name	Address
Bestway	8540 Piney Branch Road, Silver Spring
	3511 Hamilton Street, W. Hyattsville
Giant Foods	5815 Eastern Avenue, Hyattsville
	20 Audrey Lane, Oxon Hill
	5500 Silver Hill Road, District Heights
Safeway	6235 Oxon Hill Road, Oxon Hill
	4119 Branch Avenue, Temple Hills
Shopper's Food Warehouse	5820 Silver Hill Road, Forestville
	7051 Marith Luther King Jr. Hwy, Landover
Tiger Market	823 Southern Avenue, Oxon Hill
	5800 Silver Hill Road. District Height
Tricare Medical Health & Supplies (<i>Provides Home Delivery</i>)	505 Hampton Park Boulevard, Capitol Heights

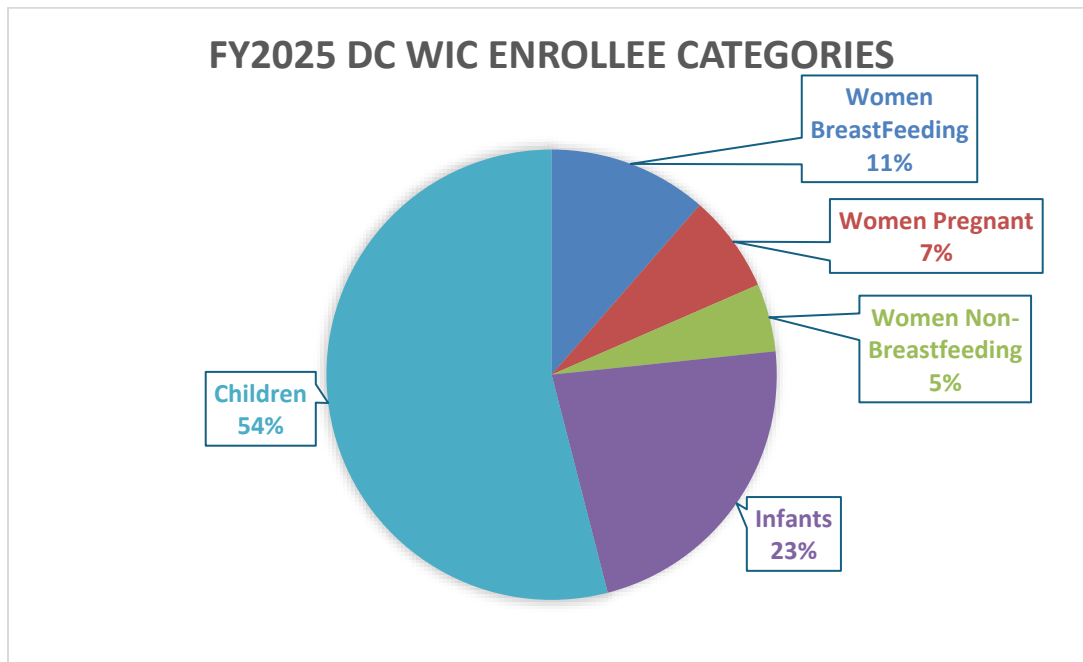
c. The number and percentage of eligible District residents, including adults and children, who were enrolled and participating in WIC in FYs 2023, 2024, and 2025

In FY2024, DC Health collaborated with DC Department of Health Care Finance (DHCF) to carry out a one-time data dump of 2020 WIC and DHCF beneficiary data. DHCF estimated that 32,400 beneficiaries enrolled in Medicaid, DC Healthcare Alliance, and the Immigrant Children's Program may have been eligible for WIC. 13,100 WIC participants could be matched to a DHCF beneficiary, implying a 40% WIC coverage rate. DC Health finalized a data sharing agreement with DHCF in Q1 FY2026 that will allow DC Health to begin calculating District-wide WIC coverage.

To help close the gap between families who are not utilizing the program, the DC WIC State agency has been collaborating with other DC Government agencies to streamline enrollment into WIC and reduce barriers to access for families who already qualify for WIC due to their enrollment in other public benefit programs. The resulting outreach activities will support the early enrollment into WIC for all categories with special emphasis on early trimester enrollment for pregnant women and retention for families with children.

	DC WIC - Average Monthly Enrollment	Infants	Children	Women (Pregnant)	Women (Breastfeeding)	Women (Non-Breastfeeding)
FY2023	13,189	3,292	6,631	990	1,503	737

FY2024	14,098	3,384	7,267	1,026	1,691	730
FY2025	13,975	3,161	7,538	982	1,594	682



d. What has DC Health observed as barriers to WIC enrollment in the District? What are additional strategies the District could take to increase enrollment?

Post COVID, the landscape of the WIC Program changed to allow for more remote services, better response to emergencies, and enhance shopping experience. DC WIC needed to accelerate modernization efforts to improve and make the program more convenient for families in DC. As a result, the Program is taking advantage of all U.S. Department of Agriculture (USDA) modernization grants described below to achieve this goal.

- ***Streamlined Enrollment and Data Matching***

Barrier: Programs like WIC can use data and technology to facilitate the enrollment of families. However, programmatic challenges such as data sharing requirements, legal hurdles, and outdated technology systems that do not have the ability to be integrated prevent the implementation of cross program enrollment.

Broad Strategies:

Cross-Agency Data Matching and Outreach: DC WIC is working to be part of the unified public benefit application process on District Direct. As such, the program is leveraging USDA Modernization grants such as the Matching, Outreach, Referral, and Enrollment (MORE) WIC Grant and the WIC MIS Modernization grant to make progress towards integration. In continuation of the three year MORE WIC grant from USDA through John Hopkins University, the DC WIC State agency collaborated with the DC Department of Health Care

Finance (DHCF) and Temporary Assistance for Needy Families (TANF), Medicaid, and SNAP programs in FY2025 to plan and launch automatic WIC referrals into the District's unified public benefit application platform, District Direct. This is the first phase of a long-term initiative to better identify and reach out to eligible families using information from other federal assistance programs. In addition, DC WIC will start receiving monthly and quarterly data matches in FY2026 which will be used for targeted outreach to eligible families. To ensure DC residents have a role in the implementation of these changes, several community feedback sessions were held in FY2025 with WIC families, WIC staff, and community partners.

- ***WIC Technology Modernization***

Barrier: The previous iteration of the DC WIC management information system (MIS) lacked a user-friendly participant interface and did not provide participants with autonomy in managing appointments. Additionally, accessibility for non-English speakers was limited, and the system offered insufficient tools for program monitoring and evaluation.

Broad Strategies:

MIS updates and improvements: DC WIC has upgraded its management information system to improve participant usability and streamline participant document uploads. DC WIC families can now utilize online appointment scheduling. Spanish-speaking clients can receive language-based appointment and program reminders via text. Reporting capabilities have been strengthened to support program integrity and evaluation.

- ***Expanding Virtual Services***

Barrier: Transportation is a persistent barrier described by current and past WIC families to attending in-person WIC appointments. Additionally, participant feedback indicated a need for online shopping.

Broad Strategies:

Federal Waivers: DC WIC continues to use American Rescue Plan Act waivers and enable remote and hybrid service delivery for some WIC services.

Technology: DC WIC also leverages technology to continually improve its online presence and reach younger residents. DC WIC maintains a robust online nutrition education platform that allows participants to access many WIC-related nutrition education requirements in the comfort of their home at their own convenience, reducing the barrier of transportation and childcare to access WIC services. The DC WIC Participant Portal has been fully integrated, allowing WIC applicants to upload documents and schedule appointments for WIC. DC WIC staff continues to use linkudmv.org to make secure referrals for health-related social needs. DC Health is exploring how to collaborate with DHCF and CRISP DC to expand access to health data, enabling future remote certifications.

- ***Staff Recruitment and Retention***

Barrier: Recruiting and retaining skilled, culturally competent staff has continued to be a challenge for the WIC program in DC and nationally. DC WIC has worked to improve

previously limited career advancement opportunities for WIC personnel, and the existing gaps in the workforce pipeline for Registered Dietitian and lactation credentialing.

Broad Strategies:

Innovative Workforce Development: In continuation of the five year USDA WIC Workforce Development grant, DC WIC created education and career pathways to build upward mobility in the WIC workforce. DC WIC is providing current DC WIC staff with tuition assistance and training to support advancement within the WIC program. The framework also supports paid dietetic and public health internships. DC WIC has supported three frontline staff in pursuing undergraduate and graduate level degrees through tuition reimbursement and provided mentorship to staff working toward the Registered Dietitian credential. In June 2025, DC WIC's first staff member completed the DC/MD/VA dietetic internship program. The first annual DC WIC Leadership Conference was held in FY2025 for DC WIC staff, providing sessions to enhance skills in clinic management and program leadership.

- ***Shopping Experience:***

Barrier: The WIC shopping experience is also a key determinant of long-term WIC retention to ensure families remain engaged until a child reaches five years of age. Providing a high-quality shopping experience is critical to eliminate stigma and empower WIC families to redeem benefits. Through annual surveys and feedback sessions, families voice the importance of choice, variety, and culturally diverse foods.

Broader Strategies:

Expanding Food Choice: DC WIC implemented the [USDA's Final Food Rule](#) in FY2025. Changes include adding more varieties and package sizes of plant based dairy products, yogurts, and whole grain foods. All children will receive canned fish, and nuts and seed butters will be added as a substitute for peanut butter. The changes are intended to provide WIC participants with a wider variety of foods that align with the latest nutritional science, provide WIC programs with greater flexibility to tailor food packages that accommodate participants' special dietary needs and cultural food preferences, and address key nutritional needs to support healthy dietary patterns.

Online Retail Shopping: In FY2025, DC WIC completed phase one of the WIC Online Shopping Sub-Grant from the Center for Nutrition and Health Impact. DC WIC led a planning project to complete a comprehensive evaluation of logistical, technological, operational, and regulatory aspects involved in bringing online shopping to DC WIC. The assessment included thorough landscape research, stakeholder consultations, and feasibility analysis to ensure the proposed online shopping solution aligns with the unique needs and requirements of small, medium, and large retail stores and WIC participants in the District. Subsequently, DC WIC created an implementation plan to bring online shopping to DC WIC, working closely with WIC participants, WIC grantees, retail stores, technology partners, and other District agency partners. DC WIC aims to launch online shopping in Q1 of FY2027.

Q35: Please provide the following information for FY 2025 for each of the Equitable Food Access Programs:

- a. Description of program, including goals and target audience;**
- b. Current grantee organization(s);**
- c. Amount of grant award and grant term;**
- d. Number of residents served;**
- e. Average amount of funding or food received by each resident served;**
- f. Describe any excess demand or unmet need for each program; and**
- g. Any available data or information on outcomes of program.**

Response:

Please note, DC Health will be recompeting local funding for Medically Tailored Home Delivered Meals, Healthy Corner Stores, Joyful Food Markets, and Produce Plus in Spring 2026. Grants will be awarded for a start date of October 1, 2026.

USDA Commodity Supplemental Food Program (Grocery Plus)

a. Description of program, including goals and target audience

The Commodity Supplemental Food Program (CSFP) is designed to improve the health of people with low-income who are at least 60 years of age, by supplementing their diets with nutritious USDA Foods. CSFP is locally known in DC as Grocery Plus, and provides eligible residents with monthly, shelf-stable boxes of healthy foods.

b. Current grantee organization

The USDA Commodity Supplemental Food Program is managed by the Capital Area Food Bank (CAFB), a nonprofit organization working with partners across the food system, providing more than 45 million meals to people in communities across D.C., Maryland, and Virginia.

c. Amount of grant award and grant term

	FY25	FY26
Total Amount of Grant Award <i>*estimate, federal award to grantee has not been finalized</i>	\$1,163,007	\$981,906*
Grant Term	October 1, 2024, to September 30, 2025	October 1, 2025, to September 30, 2026

d. Number of Residents Served <i>*Maximum caseload that</i>	5,634	5,691

states can serve is set by the USDA.		

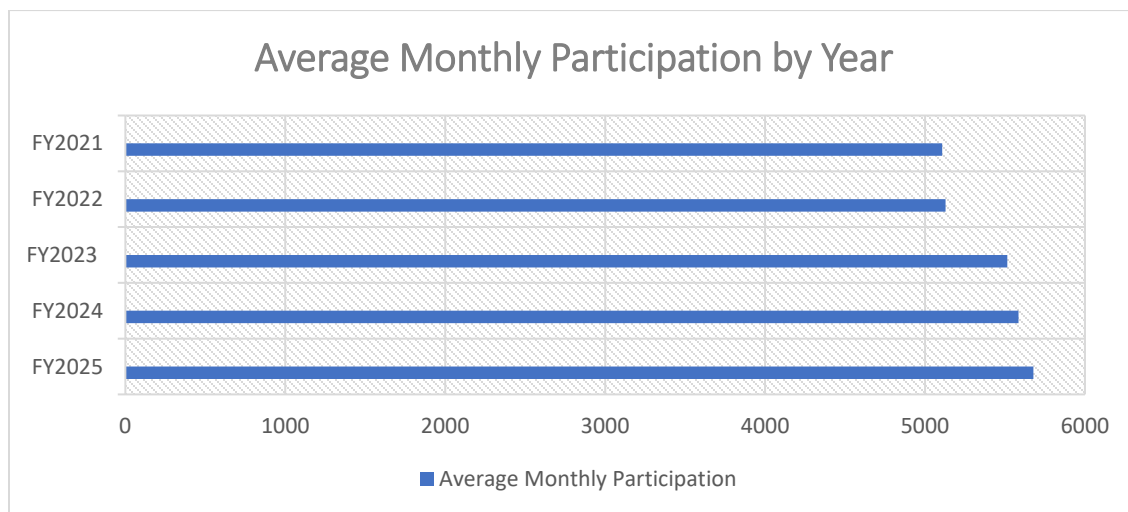
e. Average amount of funding or food received by each resident served

Monthly boxes contain shelf-stable milk, plant-based proteins such as dry or canned beans and lentils, grains, cheese, canned fruits and vegetables, and juice. Food items are set by the USDA. Boxes are valued at approximately \$50-\$60 per month.

f. Describe any excess demand or unmet need for each program

Grocery Plus has a current waitlist of 1,807 residents. Waitlisted residents are served intermittently to meet the maximum caseload and participants are rotated so the same individuals are not served every month.

g. Any available data or information on outcomes of program



Monthly participation has increased over the last five fiscal years resulting in three caseload increases from the USDA. The average monthly participation has continually increased from 5,115 in FY23 to 5,585 in FY24 to 5,678 in FY25. In addition, Grocery Plus supported local agriculture by leveraging funding through the USDA's Local Food Purchasing Agreement to partner with Dreaming Out Loud and provide fresh, local fruits and vegetables to participants in FY25.

The Emergency Food Assistance Program (TEFAP)

a. Description of program, including goals and target audience

TEFAP is a federal program that helps supplement the diets of people with low income by providing them with emergency food assistance at no cost. The USDA purchases a variety of nutritious, high-quality USDA foods, and makes those foods available to state distributing agencies. DC Health is the state agency for DC and provides the food to Capital Area Food

Bank (CAFB), who serves as the Local Agency. CAFB then distributes the food to local organizations, such as soup kitchens and food pantries that directly serve DC residents.

b. Current grantee organization

TEFAP is managed by the Capital Area Food Bank (CAFB), a nonprofit organization that stores and distributes food to partners across the food system in D.C., Maryland, and Virginia. Their food assistance network includes faith-based organizations, food pantries, soup kitchens, emergency shelters, senior programs, daycare centers, and other nonprofits that provide food directly to the people.

c. Amount of grant award and grant term

	FY25	FY26
Total Amount of Administrative Funding	\$206,308	\$191,041
Grant Term	October 1, 2024, to September 30, 2025	October 1, 2025, to September 30, 2025

d. Number of Residents Served <i>*count is duplicated, based on number of site visits</i>	2,197,588*	603,144*

e. Average amount of funding or food received by each resident served

USDA Foods include fresh, frozen and canned meats, vegetables, fruits, juices, beans, cereals, grains, and nuts. Distribution varies by sites with pre-packaged bags at some locations and market style distributions at others. TEFAP also supports congregate meal sites with food for meal preparation.

f. Describe any excess demand or unmet need for each program

Through TEFAP, the USDA authorizes each state with a “state share.” The state share determines how much food a state is able to order through USDA. Typically, DC orders the full allotment of the state share, indicating a need for the food.

Medically Tailored Home Delivered Meals

a. Description of program, including goals and target audience

The Medically Tailored Home Delivered Meals program provides home delivered meals, groceries, and medical nutrition therapy to DC residents and their caregivers living with serious illnesses like cancer, diabetes, and heart disease, who cannot shop or prepare food for themselves due to their illness. All meals and services are free of charge to the client.

b. Current grantee organization(s)

The Medically Tailored Home Delivered Meals program is currently managed by Food & Friends, a non-profit in D.C. who provides home-delivered medically tailored meals, medically tailored groceries and medical nutrition therapy to residents living with serious illnesses.

c. Amount of grant award and grant term

	FY25	FY26
Total Amount of Grant Award	\$1,335,000	\$1,335,000
Grant Term	October 1, 2024, to September 30, 2025	October 1, 2025, to September 30, 2026

d.

	FY25	FY26 *as of 12/31/25
Number of Residents Served	3,039	1,489
Number of Meals Served	1,054,584	331,761

e. Average amount of funding or food received by each resident served

Residents receive up to 18 meals per week depending on client type. Approximately 347 meals were received annually per resident participating in the program.

f. Describe any excess demand or unmet need for each program

After a period of expansion, Food & Friends is at near capacity and limited large-scale outreach efforts, and the number of referrals any one provider can make per month. Food & Friends will accept three referrals per provider facility each month.

g. Any available data or information on outcomes of program

- *Food Security:* Food & Friends continue to see an increase in reported food security for new clients.
 - Per the FY25 Food & Friends Client Survey, Food & Friends is the only source of food for 41% of clients.
 - Before starting services, 71% of clients worried about food running out, but since starting services 39% of clients worry about food running out
- *FY25 Client Satisfaction Survey Results:*
 - 90% of respondents agree that receiving services helped improve health outcomes.
 - 92% of respondents reported they were Very Satisfied or Satisfied with Food & Friends Services overall.
 - 75% of respondents say Food & Friends services help them improve their mental health.

- *Impact of Medically Tailored Meals:*
 - In September of 2025, Food & Friends co-released a study on the impact of medically tailored meals (MTM) on reductions in hospitalizations in Maryland. The study reviewed three years of client data from two agencies against patient data found in CRISP. Comparing each client’s data six months prior to and six-months post receiving MTM services, findings show:
 - 37% reduction in healthcare charges (average of \$9,020 savings per client);
 - 45% reduction in potentially avoidable utilization; and
 - 34% reduction in Emergency Department (ED) visits or inpatient hospitalizations.
 - *Client feedback:*
 - “Food & Friends delivers more than meals. They deliver hope, healing, and life itself—one meal at a time”

Healthy Corner Stores

a. Description of program, including goals and target audience

DC Central Kitchen’s (DCK) Healthy Corner Store Program (HCSP) delivers fresh produce and minimally processed healthy food at or below cost to 56 small independent stores Wards 1, 4, 5, 6, 7, and 8, with an emphasis on 5, 7, and 8. The partnership provides technical assistance on food storage, display and capital equipment such as small refrigeration units. In addition, DC Central Kitchen received the Gus Schumacher Nutrition Incentive Program grant through the USDA to provide a \$5 SNAP coupon to any SNAP customer purchasing one or more produce items in 34 of their stores.

- b. Current grantee organization(s):** The Healthy Corner Stores program is currently managed by DC Central Kitchen, a non-profit organization that delivers improving built environment, job training, and job creation. scratch-cooked farm-to-school meals to DC schools, provides fresh, affordable produce in corner stores , and operatesoperating fast-casual cafes throughout the District of Columbia.

c. Amount of grant award and grant term

	FY25	FY26
Total Amount of Grant Award	\$750,000	\$750,000
Grant Term	October 1, 2024, to September 30, 2025	October 1, 2025, to September 30, 2026

- d. Number of residents served:** 56 corner stores participate in the program. Approximately 27,000 unique SNAP customers shopped at the SNAP Match locations in FY25, which is an increase of 23% compared to FY24.

	FY25	FY26 *as of 12/31/25
Number of Healthy Corner Stores	56	56
Number of SNAP Match Stores	34	34

Number of SNAP Match Customers	27,000	8,073

e. **Average amount of funding or food received by each resident served:** N/A

f. **Describe any excess demand or unmet need for each program**

- DC Central Kitchen saw a 4% increase in overall units sold despite reductions in shopper SNAP benefits and other inflationary pressures.
- The District continues to experience disparities in food access, particularly in Wards 5, 7, and 8 where geographic location significantly influences access to nutritious food. Per the 2025 *Customer Intercept Survey Results*, participants reported an increase in food insecurity in 2025 (65% versus 55% in 2024). This in combination with the increase in shoppers reported receiving SNAP benefits (75% up from 61% in 2024) demonstrates an increased need for investing in access points to affordable and healthy foods.

g. **Available data or information on outcomes of program**

- Sales: DC Central Kitchen saw an increase in sales of healthy food across participating Healthy Corner Stores from 454,000 units and \$446,182 in sales in FY24 to 464,578 units and \$500,064 in sales in FY25. 10.7% of units and 17.6% of sales were derived from local products, trending highest in Q4.
- Success Story: In September of 2025 DC Central Kitchen supported a renovation at Stanton Supermarket to open a full produce section, increasing access to fresh, frozen, and canned produce in Ward 8. The new store design features a seven-unit cold storage design.

Joyful Food Markets

a. **Description of program, including goals:** Joyful Food Markets are pop-up, monthly markets in 56 Elementary, Middle, and High School schools in Ward 7 and 8. The program has focused on the following strategies: 1) School-based and summer community markets to increase healthy food access; 2) Nutrition education through interactive cooking demonstrations and healthy recipes; 3) Community engagement to improve the food environment through multi-sector partnerships, volunteers, and supporters of the program.

b. **Current grantee organization(s):** The Joyful Food Market program is currently managed by Martha's Table, a non-profit organization that leads programming across four areas: early childhood and older youth, family supports, health and wellenss, and community investments. Martha's Table distributed over 1.8 million meals annually through their food access programs.

c. **Amount of grant award and grant term**

	FY25	FY26
Total Amount of Grant Award	\$1,825,000	\$1,825,000

Grant Term	October 1, 2024, to September 30, 2025.	October 1, 2025, to September 30, 2026.

d. Number of residents served:

	FY25	FY26* as of 12/31/25
# Unique First Time Shoppers	9,016	7,429

e. Average amount of funding or food received by each resident served:

Each participant receives a monthly bag of approximately 17 pounds of produce and healthy, shelf stable grocery items. The average value of each grocery bag was \$19.68.

f. Describe any excess demand or unmet need for each program:

Disparities continue to exist for families with school-aged children living in Wards 7 and 8. From the *Joyful Food Market (JFM) SY24-25 Evaluation Report* at the beginning of the school year, 57% of participants reported that they experienced food running out before the end of the month, this reduced to 54% by the end of the year. This remains higher than the 10.6% of District residents experiencing food insecurity. When asked for recommendations on how to improve the program, participants suggested more protein options, flexible portions, better promotion of the program, and expanded access to the program. Specifically, one participant said, “some of us are grandparents raising kids. One bag for one child isn’t enough when I’m feeding three.”

g. Any available data or information on outcomes of programs.

Participation:

	FY25	FY26 *as of 12/31/25
# of Markets	418	147
# of Grocery Bags Distributed	46,166	15,541
# of Meals Distributed	654,023	209,691

Client feedback:

- 100% of clients agree or strongly agree that “The JFM program is making a contribution to the greater good of my school’s community”
- 100% of clients agree or strongly agree that “Produce (fruits and vegetables) offered at the market are high-quality.”

FY2025 Participant Feedback:

- “It looked better than what I find at the grocery store. The apples weren’t bruised, and everything looked like someone cared about it.”

- "Everything's fresh, and it lasts a while. Even the herbs! You don't always get that in our neighborhood."
- "It feels like someone is looking out for you. Like you matter. That's rare around here."
- "Thanksgiving would've been real bare if not for that bag of veggies."

Produce Plus

a. Description of program, including goals and target audience:

Produce Plus is a nutrition incentive program that provides eligible residents with \$40 per month to spend on local produce with over 60 farmers across more than 50 DC farmers markets from June through November. Produce Plus increases access to fresh fruits and vegetables and generates income for local farmers, many of which are first-generation and BIPOC farmers. The Produce Plus target audience is District residents 16 years or older who are eligible for one or more of the following programs: Medicaid, TANF, SNAP, WIC or WIC Farmers' Market Nutrition Program (FMNP), SSI Disability, Commodity Supplemental Food Program, or Senior FMNP.

- b. Current grantee organization(s):** Produce Plus is currently administered by FRESHFARM. FRESHFARM is a non-profit organization that focuses on hands-on education, farmers markets, and food distribution programs to strengthen the food system in the Mid-Atlantic region.

c. Amount of grant award and grant term:

	FY25	FY26
Total Amount of Grant Award	\$2,100,000	\$2,100,000
Grant Term	October 1, 2024, to September 30, 2025.	October 1, 2025, to September 30, 2026.

d. Number of residents served:

	FY25	FY26
Number of Residents Redeeming Benefits	7,743	<i>Data are not yet available as market season hasn't started.</i>

e. Average amount of funding or food received by each resident served:

Participants received \$40 monthly allotments from June through November for a total of \$240. Participants were enrolled into the program on a rolling basis as funding allowed.

f. Describe any excess demand or unmet need:

In FY2025, 13,135 participants applied and were eligible to participate in the program (3% increase over 2024). Due to additional funding allocated in FY2025, 11,100 of these participants were enrolled (39% increase over 2024) and 8,232 activated a card to receive benefits (35% increase over 2024). The number of waitlisted individuals was reduced by half, from 4,717 (37% gap) in 2024 to 2,035 (15% gap) in 2025.

g. Any available data or information on outcomes of program

- FY2025 Redemption Results:
 - 94% of Produce Plus participants that activated their Produce Pass card made purchases.
 - 72% of Produce Plus participants spent over half of their monthly benefit each month.
- FY2025 End of Season Survey Results:
 - Nearly all respondents reported positive changes in their health and lives because of their participation in Produce Plus with 98% of participants agreeing that they bought and ate more local fruits and vegetables and because they participated in Produce Plus. (n=2,589)
 - Farmers participating in the Produce Plus program reported positive changes to their farming operations including increased varieties of crops (30%), farm profit (30%), and staff or the number of markets attended (25%). (n=19)
- FY2025 Participant Feedback:
 - When asked, “What do you like best about the Produce Plus program?” participants mentioned many factors including produce quality, choice, cost savings, health benefits, convenience, and the people/community:
 - “What I like best about the Produce Plus program is I can use the card to buy [the] freshest vegetables and fruits.”
 - “Produce Plus program allows me to have a choice and variety of fruits and vegetables to eat.”
 - “I can shop at different markets on different days according to my schedule that changes from week to week.”
 - “Thanks for giving me the chance to eat a little bit better because of my income.”
 - “It was an easy process that led to better eating habits.”
 - “The customer service, the communication, and the friendships made with the staff!”
- FY2025 Produce Plus Participant Demographic Data: Please note that the data below is self-reported.

FY2025 Produce Plus Enrollment by Ward of Residence		
Ward 1	960	9%
Ward 2	808	7%
Ward 3	788	7%
Ward 4	796	7%
Ward 5	2,783	25%
Ward 6	896	8%
Ward 7	2,322	21%
Ward 8	1,748	16%

FY2025 Produce Plus Enrollment by Age Range		
16-18	124	1%
19-25	407	4%
26-35	1,706	15%
36-45	1,798	16%
45-59	1,736	16%
60 and above	5,329	48%

FY2025 Produce Plus Enrollment by Racial/Ethnic Background		
American Indian or Alaska Native	167	2%
Asian	507	5%
Black or African American	7,762	70%
Hispanic, Latino/a/x, and/or Spanish	1,730	16%
Native Hawaiian	15	0%
Other Pacific Islander	30	0%
White	438	4%
Don't know/not sure	88	1%
Prefer not to answer	783	7%

FY2025 Produce Plus Participant Self-Reported Chronic Conditions		
Alzheimer's Related Dementia	112	1%
Arthritis	3,308	30%
Cancer/Cancer Survivor	810	7%
Diabetes (High Blood Sugar)	2,358	21%
Prediabetes (High Blood Sugar)	1,496	13%
High Cholesterol	3,147	28%
Heart Disease	950	9%
Hypertension	4,122	37%
Obesity	2,055	19%
None of the above	3,389	31%
Prefer not to answer	274	2%

FY2025 Produce Plus Enrollment by Qualifying Program		
EBT/SNAP	5,149	46%
Medicaid	5,592	50%
CSFP/Grocery Plus or SFMNP	1,791	16%
Supplemental Security Income or SSDI	2,397	22%
SUN Bucks	639	6%
TANF	725	7%
WIC of WIC FMNP	1,466	13%

USDA Senior Farmers Market Nutrition Program (SFMNP)

a. Description of program, including goals and target audience:

The Senior Farmers Market Nutrition Program (SFMNP) is a USDA funded farmers' market incentive program that provides low-income District residents over the age of 60 with \$50 to purchase fresh fruits and vegetables at authorized farmers' markets in DC from June through November. In FY23, DC Health received additional funding for two years through the American

Rescue Plan Act (ARPA) to expand program reach and transition to a digital benefit solution. In FY24, USDA approved a one-year no cost extension for FY25.

b. Current grantee organization(s):

DC Health, FRESHFARM, Capital Area Food Bank

c. Amount of grant award and grant term:

Program	FY25 Award	FY26 Award	Grant Term
SFMNP	\$172,907	Award information is not yet available from USDA.	October 1, 2024 – September 30, 2025
SFMNP-ARPA	Carryover food funds only: \$172,826.68	Funding ended in FY25.	October 1, 2022 – September 30, 2025

d. Number of residents served:

Program	FY25 Number of Residents redeeming benefits	FY26 Number of Residents redeeming benefits
SFMNP	4,174	<i>Data are not yet available as market season hasn't started.</i>
SFMNP-ARPA	1,389	<i>Funding ended in FY25. No residents will be served.</i>

e. Average amount of funding or food received by each resident served:

\$100. \$50 is funded through SFMNP and \$50 is funded through the Federal Local Food Purchasing Agreement (LFPA). During the 2025 season, LFPA funding provided a District-wide WIC FMNP and Senior FMNP match for all program participants.

f. Describe any excess demand or unmet need for each program

Through American Rescue Plan Act (ARPA) funding from the USDA, DC Health reached an additional 4,545 residents in FY23 and 3,758 in FY24. Through a no-cost extension, DC Health provided an additional 2,424 seniors with SFMNP ARPA funds during FY25. With ARPA funding expiring, SFMNP reach will be reduced by approximately 2,400 seniors in FY26, reducing the overall reach from approximately 5,500 seniors to 3,100.

g. Any available data or information on outcomes of program.

- In FY25, for the third year in a row, 100% of federally allocated SFMNP funds were redeemed by program participants. Additional residents were served with SFMNP ARPA funds.
- In FY25, USDA approved DC Health to implement its first bulk purchasing waiver to purchase produce from local farmers in bulk and deliver to program participants' homes in pre-packed produce boxes. DC Health collaborated with FRESHFARM, Capital Area Food Bank, and We Are Family to deliver over 19,000 pounds of fresh, locally grown produce to 430 SFMNP participants from July through November.
- For the first time in program history, DC Health partnered with FRESHFARM to provide a District-wide match for SFMNP participants. The match was added to each SFMNP participant's card which reduced redemption barriers and increased equity across farmers' markets. During the 2025 season (June – November), SFMNP participants spent \$206,386 of SFMNP matching benefits.

USDA Women, Infants, and Children (WIC) Farmers Market Nutrition Program (FMNP)

a. Description of program, including goals and target audience

The WIC Farmers Market Nutrition Program (FMNP) is a USDA funded farmers' market incentive program associated with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Eligible WIC participants receive \$30 on a digital QR code to purchase fresh fruits and vegetables at authorized farmers' markets in DC from June through November.

b. Current grantee organization(s):

The program is managed by DC Health's WIC Program.

c. Amount of grant award and grant term:

Program	FY25 Award	FY26 Award	Grant Term
WIC FMNP	\$166,060	Award information is not yet available from USDA.	October 1, 2024 – September 30, 2025

d. Number of residents served:

Program	FY25 Number of Residents redeeming benefits	FY26 Number of Residents redeeming benefits
FMNP	3,820	Data is not yet available as market season hasn't started.

e. Average amount of funding or food received by each resident served:

\$60. \$30 is funded through FMNP and \$30 funded through LFPA. During the 2025 season, LFPA funding provided a District-wide WIC FMNP and Senior FMNP match for all program participants.

f. Describe any excess demand or unmet need for each program:

In FY25, 78% of food funds were utilized. Since FY24, FMNP food funds were reduced by 48% due to a reduction in national funding. In total, 11,060 participants received benefits; however, reach may be impacted in FY26 as federal funding for FMNP may continue to decline.

g. Any available data or information on outcomes of program:

- For the first time in program history, the DC Health WIC program provided a District-wide match for FMNP participants. The match was added to each FMNP participant's QR code which reduced redemption barriers and increased equity across farmers' markets. During the 2025 season (June – November), FMNP participants spent \$62,739 in FMNP matching benefits.
- The DC Health WIC program continued their partnership with Dreaming Out Loud to offer Home Delivery to FMNP participants. The 2025 FMNP Home Delivery season almost doubled in length, from 9 weeks in 2024 to 15 weeks in 2025. Due to the increased season length, there was a 68% increase in orders placed in 2025 (1,293) compared to 2024 (768) and a 25% increase in the number of unique program participants placing orders—820 in 2025 compared to 659 in 2024.

Q36: Please provide the following for the SNAP-Ed Program:

- a. FY 2025 grantee organizations and description of each program;**
- b. Amount of grant awards and grant terms in FY 2025;**
- c. Participation in FY 2025, broken down separately by ward, age, race, and gender; and**
- d. Description of transition plan for grantee activities, considering SNAP-Ed is not funded in H.R. 1.**

Response:

In FY25, DC Health provided funding support to nine organizations to implement SNAP-Ed programming across all eight Wards.

FY25 Grantee Organizations: (Grant Term: October 1, 2024 – September 30, 2025*)

*DC Health was able to use carryover funding from FY25 SNAP-Ed funds to extend subgrantee budget periods from September 30, 2025, until December 31, 2025. This extension was intended to provide subgrantees time to wind down programming to allow for a smoother transition for participants and staff funded through SNAP-Ed. In FY25, DC SNAP-Ed onboarded four new grantees. The number of unknown participants in gender, age, Ward, race, and ethnicity is from new subgrantees learning the SNAP-Ed reporting system in FY25.

Organization	Amount of Grant Award	Description of Program
University of the District of Columbia (UDC)	\$460,000	UDC SNAP-Ed targeted toddlers, school-age children, parents/caregivers, teachers, and staff by leading monthly nutrition education workshops and healthy food demonstrations at childcare centers and elementary schools. UDC also delivered series-based and one-time direct education events to families, adults and seniors in public housing and homeless shelters, adult education and job training sites, supermarkets and Healthy Corner Stores, public recreation centers, schools, healthcare centers, farmers' markets, faith-based organizations, senior wellness centers and apartments. Policy, systems, and environmental interventions included strategies to enhance food environments at childcare centers, schools, and corner stores.
American University (AU)	\$150,000	AU provided point-of-purchase nutrition education in grocery stores with high SNAP redemption to change shoppers' food

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		knowledge, skills, and purchasing behaviors. AU also led series-based nutrition education in community locations informed by resulting data in the point-of-purchase education and the SNAP-Ed Toolkit. AU also conducted a food retail assessment across the District to assess disparities in healthy food access. The assessment measured availability, quality, and price of selected food items in small food/corner stores, convenience stores, grocery stores, supermarkets, and superstores. Results will be used to inform future food access strategies and initiatives.
DC Greens	\$150,000	DC Greens is a non-profit organization with a mission to advance health equity by building a just and resilient food system. DC Greens focused on community engagement initiatives, urban gardening, community education, and Produce Rx. Through SNAP-Ed, DC Greens leveraged their nationally acclaimed Produce Prescription program to provide direct and indirect nutrition education to SNAP-eligible residents across the District.
FRESHFARM	\$150,000	FRESHFARM SNAP-Ed provided direct nutrition education in early childcare and education centers, elementary schools, and farmer's markets. FRESHFARM's curriculum, FoodPrints, integrates gardening, cooking, and nutrition education through hands-on lessons and garden-based education.
Sorogi, Inc.	\$150,000	Sorogi, Inc. is a wellness company that provides health and wellness support services to diverse and underserved residents with chronic health conditions and their healthcare providers in the District of Columbia since 2010. Sorogi leads diabetes self-management education, diabetes prevention education, and remote monitoring of patients with uncontrolled hypertension and includes chronic care management and healthcare provider training. Through the partnership with DC SNAP-Ed, Sorogi implemented a multi-level, culturally competent evidence-based family intervention including

		nutrition education and physical activity for SNAP eligible residents in Wards 7 and 8.
Washington Youth Garden (WYG)	\$150,000	WYG SNAP-Ed leads a Summer Institute for Garden Based Learning where teachers learn how to deliver outdoor lessons, build gardening skills, and plan their garden programs for the school year. Throughout the academic year, school teams work with WYG staff to set goals for their garden programs and receive technical assistance with the goal of increasing the number of students per school who receive over 10 hours per year of garden-based education.
YMCA of Metropolitan Washington (YMCA)	\$150,000	YMCA provides series-based nutrition education and culinary instruction to adults and seniors using the Simple Cooking with Heart curriculum. In addition, YMCA focuses on developing community-clinical linkages to increase referrals and enrollment in SNAP-Ed programs by partnering with health centers and managed care organizations.

c. Participation in FY2025, broken down separately by Ward, age, race, and gender

Due to federal funding losses, SNAP-Ed subgrantees began decreasing programming in July 2025, leading to a decreased reach from FY24 to FY25.

	FY24	FY25
Under 5 years old	1,014	1,204
5 to 17 years	2,475	1,608
18 to 59 years	2,693	843
Over 60 years	2,840	1,442
Unknown	N/A	1,285

	FY24	FY25
Hispanic	1,292	839
Non-Hispanic	6,528	3,309

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Unknown	N/A	2,234

	FY24	FY25
American Indian	9	0
Asian	259	25
Black	7,825	3,736
Hawaiian Pacific Islander	157	0
White	1,246	604
Unknown	N/A	2,028

	FY24	FY25
Female	5,691	3,120
Male	3,749	1,321
Unknown	N/A	1,941

	FY24	FY25
Ward 1	695	659
Ward 2	297	281
Ward 3	396	227
Ward 4	892	410
Ward 5	2,381	1,183
Ward 6	595	243
Ward 7	2,480	1,147
Ward 8	3,247	938
Unknown	N/A	1,294

d. Description of transition plan for grantee activities, considering SNAP-Ed is not funded in H.R. 1

DC Health was able to use carryover funding from FY25 SNAP-Ed funds to extend subgrantee budget periods from September 30, 2025, until December 31, 2025. This extension was intended to provide subgrantees time to wind down programming to allow for a smoother transition for participants and staff funded through SNAP-Ed.

American University (AU) will pause SNAP-Ed Programming in all forms after December 31, 2025. AU will continue to seek external funding sources to restart programming. Partners have been provided with a resource packet to share with community members in lieu of programming ending.

FRESHFARM will continue all SNAP-Ed funded activities using external funding sources. FRESHFARM is hoping to use fundraising to fill gaps with monetary support for FoodPrints.

DC Greens will continue to implement classes at the Well at Oxon Run that were originally funded by SNAP-Ed. The loss of funding has led to a reduction in staff, which will reduce the number of sessions offered.

Sorogi, Inc. will continue to offer virtual cooking demonstrations and will transition in-person events from monthly to quarterly.

The University of the District of Columbia shut down all SNAP-Ed-funded services and laid off staff in November 2025. UDC will continue delivering other federally funded nutrition education activities not overseen by DC Health.

Washington Youth Garden will continue the educator coaching program and has lowered the total number of schools they reach. WYG will continue to apply for external funding to fill the SNAP-Ed funding gap.

YMCA of Metropolitan Washington is working to use fundraising and external fundings to continue implementing nutrition education classes.

Q37: Please provide the following information on the implementation of the *Grocery Access Pilot Program*, which the Committee funded in FY 2025 and FY 2026 to provide free grocery delivery to 1,000 low-income residents:

- a. Number of participants who received the benefit in FY 2025 and FY 2026, to date;**
- b. Demographics of participants, including Ward, age, gender, race, and whether there are children in the household;**
- c. Given the delay in FY 2025 in releasing the funds, a description of how the FY 2025 funds were fully spent; and**
- d. Any other measures DC Health is using to understand the impact of the program.**

Response:

a. Number of participants who received the benefit in FY 2025 and FY 2026, to date

Martha's Table received 1,000 Instacart memberships in September 2025. They have distributed 63 memberships to date, through classes at community-based organizations from October to March, and are on track to distribute the remaining 937 by April 2026. Membership distribution is lower than expected because 1) participation in classes historically dips from November to January due to the holidays, which makes it more difficult to find participants to distribute membership codes to, and 2) memberships were intended to be distributed through DC SNAP-Ed classes according to the legislation this benefit is funded under. DC SNAP-Ed was in the process of winding down programming between October and December due to the loss of funding, so there were less classes available than normal. All 1,000 memberships will be distributed by April 2026.

DC Health is continuing to work with Instacart for the FY2026 Grocery Access Pilot. Contract amendments will be finalized by March 1, 2026. DC Health will work with Martha's Table, two health centers, and the Deputy Mayor for Planning and Economic Development (DMPED) to implement the FY2026 Grocery Access Pilot. Participation data will be available in Q4 FY2026. Martha's Table will receive another 1,000 Instacart memberships in March 2026. They will distribute those 1,000 memberships by September 2026.

b. Demographics of participants, including Ward, age, gender, race, and whether there are children in the household

FY2025 Participant Demographics:

Reach by Ward	
Ward 1	3
Ward 2	2
Ward 3	0
Ward 4	5

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Ward 5	2
Ward 6	0
Ward 7	7
Ward 8	19
Unknown	25

Reach by Age	
Under 5 years old	0
5 to 17 years	0
18 to 59 years	23
Over 60 years	23
Unknown	17

Reach of Households with Children	
Household with Children	N/A
Unknown	63

Reach by Race	
American Indian	0
Asian	0
Black	41
Hawaiian Pacific Islander	0
White	1
Other	4
Unknown	17

Reach by Ethnicity	
Non-Hispanic/Latino	44

Hispanic/Latino	2
Unknown	17

Reach by Gender	
Female	44
Male	2
Unknown	17

c. Given the delay in FY 2025 in releasing the funds, a description of how the FY 2025 funds were fully spent

DC Health had a 100% spend rate for the Grocery Access Pilot in FY2025.

d. Any other measures DC Health is using to understand the impact of the program.

DC Health's evaluation plan for the Grocery Access Pilot will use pre- and post-surveys, shopping data, and redemption data to assess program impact. Survey data will measure self-reported food insecurity, dietary and shopping behaviors, chronic conditions, and online grocery delivery satisfaction. Shopping and redemption data will provide insight into dietary habits beyond the surveys. Redemption data measures utilization of benefits. DC Health has received Institutional Review Board (IRB) approval for the Grocery Access Pilot evaluation plan. DC Health anticipates preliminary results to be available by November 2026 and final results by April 2027.

Q38: Please provide an update on the implementation of B26-0109, the Farmers Market Support Amendment Act of 2025, which the Council fully funded in the FY 2026 budget. Please include:

- a. Hiring status of the 1 FTE public health analyst to administer the Farmers Market Support program;**
- b. Spending plan for \$100K of marketing and program supplies for FY 2026;**
- c. Spending plan for \$250K in grant funding in FY 2026; and**
- d. Update on interagency coordination efforts to support markets and establish a centralized application system.**

Response:

a. Hiring status of the 1 FTE public health analyst to administer the Farmers Market Support program

Interviews for the 1 FTE Public Health Analyst position were conducted in December 2025. A candidate has been selected and is currently working with HR to complete pre-employment activities. DC Health expects the position to be filled in February 2026.

b. Spending plan for \$100K of marketing and program supplies for FY 2026

Throughout Q1 FY2026 DC Health drafted a Scope of Work (SOW) and completed a market research report. DC Health plans to release the contract solicitation in Q2 and select a vendor in time for the farmers market season. Activities for the selected vendor will include mass media design and buys to promote farmers' markets, farm stands, and mobile markets operating within the District.

c. Spending plan for \$250K in grant funding in FY 2026

For FY2026, DC Health received \$143,155 for the Farmers and Retail Market Support (FARMS) grant program; however, by reallocating \$106,845 in additional funding, DC Health increased the total FARMS grant funding to \$250,000.

The Request for Application (RFA) was released in October 2025 with ten organizations submitting applications in November. DC Health will onboard six (6) new grantees in March 2026 with four (4) receiving \$50,000 to promote and maintain existing farmers' markets in low food access areas and two (2) receiving \$25,000 to build capacity for new farmers' markets in low food access areas. Pre-award negotiations and grantee onboarding will occur in February 2026 and spending will begin in March. All six organizations completed spend plans to utilize 100% of funds by September 30, 2026.

d. Update on interagency coordination efforts to support markets and establish a centralized application system.

In Q1 FY2026, DC Health met with the Department of Licensing and Consumer Protection (DLCP) and the Food Policy Council to review the current farmers' market licensing process. DC Health, DLCP, the Department of Small and Local Business Development (DSLBD), the Office of Planning (OP), the Department of Parks and Recreation (DPR), and the District Department of

Transportation (DDOT) plan to meet in Q2 to review the legislation and create a project work plan and timeline.

Q39: Please provide for the Healthy Hospital grant for FY 2025 and FY 2026, to date:

- a. Deliverables required under the grant;**
- b. Outcomes on those deliverables; and**
- c. Budget breakdown for grant allotment**

Response:

a. Deliverables required under the grant

The DC Hospital Association (DCHA) partners with 13 member hospitals to implement the Healthy Hospital Initiative (HHI), aiming to reduce availability and consumption of sugar sweetened beverages and promote healthier choices in District Hospitals. The intended deliverables for this grant include:

1. At least 80% of participating hospitals adhere to the 60/20/20 guideline for sugar for serving sugar-sweetened beverages. (See Table 1).
2. At least 80% of participating hospitals adhere to the 60/20/20 guideline for sodium content in meals, entrees, and sides. (See Table 2).
3. At least 80% of participating hospitals in the District initiate the process for collecting and reporting data on the saturated fat content of menu items.

Table 1. HHI Nutrition Standard Categories - Beverages

Green Beverage	Yellow Beverage	Red Beverage
Percentage of beverages under 25 calories per 12 fluid ounces; skim/low fat milk is considered Green. <i>Goal=60%</i>	Percentage of beverages between 26-100 calories per 12 fluid ounces: 100% juice is considered Yellow. <i>Goal=20%</i>	Percentage of beverages over 100 calories per 12 fluid ounces is considered Red. <i>Goal=20%</i>

Table 2: HHI Nutrition Standard Categories-Sodium

Goals	Entrée Per Serving	Side Per Serving	Meal Per Serving
Average 60%	Percentage of food items less than 600mg	Percentage of food items less than 230mg	Percentage of food items less than 800 mg
Average 20%	Percentage of food items between 600-800mg	Percentage of food items between 230-400mg	Percentage of food items between 800-1000mg
Average 20%	Percentage of food items over 800mg	Percentage of food items over 400mg	Percentage of food items over 1000mg

b. Outcomes on deliverables:

As of 2024, 100% of hospital CEOs committed to the pledge to promote healthy choices within their hospital by:

- Educating employees about healthy eating and promoting healthier choices.
- Providing more fruits, vegetables, and fiber-rich whole grain foods to patients and employees.

- Reducing and ultimately eliminating sugar-sweetened beverages, chips, candy, and other less nutritious, high-sugar foods.
- Reducing sodium, added sugars, saturated fat, and trans-fat in foods and beverages.
- Nutrition standard outcomes during FY 2025 include:
 - Sugar: The percentage of low sugar beverages served at 10 hospitals decreased by 7% from 60% in FY24 to 53% in FY25.
 - Sodium: Data not collected in FY25 due to grantee capacity; collection will resume in FY26.
 - Saturated Fats: Data not collected in FY25 due to grantee capacity; collection will resume in FY26.
- Partner hospital engagement outcomes during FY 2025 include:
 - Food and Nutrition Policies Interviews: DCHA contracted with Hanover Research to conduct in-depth interviews with food service directors and executives in HHI partner hospitals. DCHA will implement recommendations across participating hospitals. Recommendations for improving the food environment in HHI partner hospitals included:
 - 1) Enhance collaboration through regular interdisciplinary meetings and training sessions to align goals across food and nutrition teams.
 - 2) Invest in nutrition education for patients and staff through clear, accessible resources about the nutritional value of foods.
 - 3) Address logistical challenges to maintain a steady supply of nutritious food, including diversifying suppliers and increasing local sourcing.
 - 4) Enhance procurement strategies through a vendor evaluation system including audits, feedback, and compliance checks.
 - Food Service Guideline Survey: DCHA interviewed food service staff at partner hospitals to establish a baseline of healthy food and beverage offerings at each location. Results indicate the District's hospitals are meeting the [CDC's Food Service Guidelines for Federal Facilities](#).
- Environmental scan results from FY 2025 have prompted the following FY 2026 priorities:
 - **HHI Committee Expansion:** Through quarterly meetings with all partner hospitals, DCHA will enhance collaboration between and among interdisciplinary food and nutrition staff.
 - **Nutrition Education Resources:** DCHA will design and disseminate nutrition education resources for hospital staff and patients in all partner hospitals.
 - **Pop Up Farmers Markets:** DCHA will incentivize and support pop up mobile markets at hospitals to increase the purchasing of fresh, local foods with at least two partner hospitals.
 - **Explore Local Procurement:** DCHA will pilot local procurement efforts through a contract change with at least one partner hospital.

c. Budget breakdown for grant allotment:

	FY25	FY26
Personnel	\$35,679.72	\$35,518.81
Occupancy	\$2,208.00	\$2,608.00
Travel	\$451.27	\$400.00

*Department of Health
FY25
Oversight Questions
Community Health Administration*

Communication	\$0.00	\$6,147.11
Supplies & Other Direct	\$16,207.00	\$7,500.00
Indirect	\$5,454.01	\$7,826.08
Total Grant Award	\$60,000.00	\$60,000.00

Q40: Please provide an update on CHA's physical activity related projects in FY 2025 and FY 2026, to date, including any available deliverables.

Response:

DC Health worked on the following physical activity related projects in FY25 and FY26, to date:

Community Engagement

In FY 2025, DC Health was awarded a grant through the DC Department of Transportation, Office of Highway Safety to utilize resident centered data collection and inform a social marketing campaign promoting safe forms of active transportation. DC Health onboarded a new grantee, the Washington Area Bicyclist Association (WABA), to implement community engagement activities in high priority areas in the city, with a focus on neighborhoods in Wards 7 and 8. Community engagement activities included bike rides, walk audits and safety walks, yoga events, and listening sessions. WABA collected feedback from residents in low food and transportation access areas about their preferences and concerns around active transportation (public transit, walking, cycling, etc.). In FY 2025, WABA engaged with over 13,000 District residents through digital outreach and event attendance at 16 community engagement events. In FY 2026, WABA will continue to implement community engagement activities in Wards 7 and 8. In partnership with DC Health, WABA will develop a training to empower community members to engage in decision making and feedback sessions that impact their built environment.

Social Marketing Campaign

In FY 2025, DC Health utilized feedback collected from community members during community engagement activities to develop and disseminate a social marketing campaign to promote physical activity and safe forms of active transportation. DC Health will continue to utilize feedback in FY26 and will launch the campaign in Q3.

Physical Activity and Data Surveillance Framework

The feedback and data collected during FY25 and FY26 will also inform a physical activity and data surveillance framework to monitor and coordinate physical activity indicators across the District.

In FY 2025, DC Health completed a landscape review of physical activity frameworks. In FY 2026, DC Health will convene relevant sister agencies, such as the Department of Parks and Recreation (DPR), Department of Energy and the Environment (DOEE), DC Department of Transportation (DDOT), and Office of Planning (OP) to identify data surveillance sources. DC Health will develop and use the physical activity and data surveillance framework to monitor physical activity trends in the District over time, set District goals and objectives regarding physical activity, and understand which populations are most at risk because of low physical activity levels and related health outcomes. The framework will also include a comprehensive set of initiatives and policies led by DC Health and sister agencies that support physical activity across the District.

Q41: Please provide the following information for the Preterm Birth Reduction Initiative grants in FY 2025 and FY 2026, to date:

- a. The organizations awarded grants, amount of each grant, and expenditures for each grant;
- b. Description of grant project and key highlight or accomplishment;
- c. Number of patients served by each grantee; and
- d. For each grantee, provide the following information:
 - # of pregnant women classified as high risk for pre-term birth
 - # of women that received a specific intervention (i.e., preterm birth-specific education, enhanced monitoring regime, etc.)
 - # of women receiving intervention that delivered preterm (< 37 weeks)
 - # of women that did not receive intervention and delivered preterm (< 37 weeks)

Response:

- a. The organizations awarded grants, amount of each grant, and expenditures for each grant

Organization	FY25 Award	FY25 Expenditures	FY26 Award
Community of Hope	\$ 350,000.00	\$ 346,360.77	\$350,000.00
Howard University Hospital	\$ 350,000.00	\$ 314,875.83	\$ 0.00*
MedStar Washington Hospital Center	\$ 350,000.00	\$ 325,558.00	\$ 350,000.00
Unity Healthcare, Inc.	\$ 345,960.80	\$ 336,012.85	\$350,000.00

*FY26 - Organization was unable to meet grant requirements and are no longer funded in FY26.

- b. Description of grant project and key highlight or accomplishment

Services provided through the Preterm Birth Reduction Grant include:

- Early preterm birth high-risk screening, educational material and targeted interventions;
- Centering Pregnancy, perinatal navigation and coordination services; and midwife support;
- Behavioral improved connectivity using designated Connectivity Coordinators and use of applications such as Mahmee and BabyScripts;
- Referral to high-risk specialty care (Maternal Fetal Medicine);
- Behavioral health and substance use screenings and referrals;
- Social determinant of health screening and assessment and referral (i.e., WIC, housing, transportation), and postpartum resources.

Training and education on delivery of care, screening and assessment, service coordination, and quality improvement are also provided to providers and staff.

Key Accomplishment: COH has seen positive outcomes for preterm birth rates for their patients, decreasing from 15% in 2021 to 12% in 2025..

c. Number of patients served by each grantee

Grantee	Medstar Washington Hospital Center	Community of Hope	Unity	Howard University Hospital
Number of patients served in FY25 & to date in 2026	450	408	2,015	83 (only FY25)

d. For each grantee, provide the following information:

- **# of pregnant women classified as high risk for pre-term birth**
- **# of women that received a specific intervention (i.e., preterm birth-specific education, enhanced monitoring regime, etc.)**
- **# of women receiving intervention that delivered preterm (< 37 weeks)**
- **# of women that did not receive intervention and delivered preterm (< 37 weeks)**

As it relates to the number of women that did not receive an intervention and delivered preterm, the initiative is not structured to follow outcomes of patients not enrolled in the program.

Community of Hope (COH)

The primary target population served by Community of Hope were DC residents in Wards 4, 5, 7, and 8.

FY 2025 Performance Metrics:

- 357 patients delivered and had an OB high risk assessment completed.
- 178 (50%) patients entered prenatal care within the first trimester.
- 45 (12%) patients delivered preterm (< 37 weeks).
- 311 (82%) delivered patients were classified as high risk for preterm birth.
- 133 (43%) high-risk for preterm birth entered prenatal care with the first trimester.
- 35 high-risk patients receiving intervention delivered preterm (<37 weeks).
- 93 patients were enrolled in Centering Pregnancy. Six patients (6%) delivered preterm.

FY 2026 (October 2025 through November 2025) Performance Metrics:

- 51 patients entered care, received their first prenatal appointment, and had their OB high risk assessment completed.
- Delivery data is received quarterly given the nature of birth and 9-month pregnancy term.

Howard University Hospital

The primary target population served by Howard University Hospital were DC resident, minority women Wards 4, 5, 7, and 8

FY 2025 Performance Metrics:

- 83 (100%) patients had an OB high risk assessment completed, received prenatal care at the Women's Wellness Clinic, and delivered at Howard University Hospital.
- 70 (84%) patients were classified as *high risk* for preterm birth.
- 24 (29%) patients received a specific intervention (i.e., preterm birth-specific education, enhanced monitoring regime, etc.).
- 38 (46%) patients entered care during the first trimester.
- 17 (20%) patients delivered preterm.
- 46 patients enrolled in Mahmee.

FY26 Updates:

In December 2024, DC Health issued Howard University a Corrective Action Plan (CAP). The CAP was issued due to several areas of noncompliance related to late submissions of monthly invoices and budget related requests, progress reports, staff recruitment and retention, patient recruitment and enrollment and underspending. Howard was unable to meet the requirements of the CAP and is no longer funded in FY2026.

MedStar Washington Hospital Center

The primary target population served by MedStar Washington Hospital Center were pregnant individuals.

FY 2025 Performance Metrics:

- 415 patients had an OB high risk assessment completed.
- 16 (11%) of patients delivered preterm (< 37 weeks).
- 130 (88%) patients entered prenatal care within the first trimester.
- 229 (55%) patients were classified as high-risk for preterm birth.
- 229 (100%) high-risk patients received a specific intervention (i.e., preterm birth-specific education, enhanced monitoring regime, etc.).
- 227 (99%) patients engaged in Nurse Navigation services. Medstar utilizes Nurse Navigation services for patients who are at high risk for preterm birth. The navigation services involve weekly follow-up and more intense tracking/surveillance.
- 42 patients were enrolled in Centering Pregnancy.

FY 2026 (October 2025 through November 2025) Performance Metrics:

- 35 patients entered care, received their first prenatal appointment, and had their OB high risk assessment completed.
- Delivery data is received quarterly given the nature of birth and 9-month pregnancy term.

Unity Healthcare, Inc.

The primary target population served by Unity Healthcare were pregnant patients.

FY 2025 Performance Metrics:

- There were 1,865 active pregnancies.
- 100% of pregnant women received specific intervention (i.e., preterm birth-specific education, enhanced monitoring regime, etc.).
- The OB RN Coordinator conducted 1,245 initial intake visits.
- There were 504 participants enrolled in Centering Pregnancy.

FY 2026 (October 2025) Performance Metrics:

- So far, there have been 150 active pregnancies.
- Previously, data collection and analysis have been a challenge for Unity. Unity's previous Electronic Medical Records (EMR) System was unable to provide DC Health with requested data indicators. In November 2025, Unity Health Care transitioned their electronic medical system (EMR) from E-Clinical Works to Epic and are working to mitigate the previous data challenges.

Q42: Please provide the following information on the Perinatal Quality Collaborative in FY 2025 and FY 2026, to date:

- a. Funding allocated to the grantee;
- b. Rates of hypertension, pre-eclampsia, and maternal morbidity and mortality for every hospital participating in the PQC for FY 2024, 2025, and 2026, to date;
- c. Description of programs administered through the collaborative and number of healthcare professionals reached by each one; and
- d. Other program outcomes of the PQC in FY 2025 and planned activities in FY 2026.

Response:

a. Funding allocated to the grantee

Funding allocated in FY25 was \$424,600 inclusive of one-time funding (\$74,600) to support implementation of Count the Kicks.

b. Rates of hypertension, pre-eclampsia, and maternal morbidity and mortality for every hospital participating in the PQC for FY 2024, 2025, and 2026, to date

Severe Maternal Morbidity (SMM):

- 1.5% of birth admissions experiencing SMM shows a slight decrease from the 1.7% observed in calendar year 2023.
- Although the largest decline in SMM was seen in those identified as non-Hispanic Black, moving from 2.6% in 2023 to 1.9% in 2024, disparities persist with Black mothers remaining above the overall SMM rate in the District.

Year	Overall			Black			White			All Other Races		
	N	D	Rate (Per 10,000 deliveries)	N	D	Rate (Per 10,000 deliveries)	N	D	Rate (Per 10,000 deliveries)	N	D	Rate (Per 10,000 deliveries)
2019	128	13170	97	73	5158	142	37	4650	80	18	3362	54
2020	146	12204	103	60	4678	128	39	4378	89	47	3148	149
2021	143	11863	121	85	4290	198	26	4348	59	32	3225	99
2022	151	11331	133	82	4080	201	30	3922	76	39	3329	117
2023	188	11106	169	104	3935	264	33	3710	89	51	3461	147
2024	154	10554	146	722	3794	190	33	3599	92	49	3161	155

Data Source: DC Hospitals Discharge Data (2019-2024)

Maternal Mortality:

The District maternal mortality rate (MMR) for 2020–2024 is calculated as the number of maternal deaths among DC residents during calendar years 2020–2024 divided by the total number of live births to DC residents in the same period. The District pregnancy-related mortality rate (PRMR) for 2020–2024 is calculated as the number pregnancy-related deaths among DC residents during calendar years 2020-2024 divided by the total number of live births to DC residents in the same period.

Table 2. Maternal and pregnancy-related mortality, District of Columbia, 2020-2024		
Characteristic	N	Rate (per 100,000 live births)
Maternal mortality	8	19.5
Pregnancy related mortality	13	31.6
Data Source: Birth and Death data, Vital Records Division, DC Health, 2020-2024.		

Rates of hypertension, pre-eclampsia, and maternal morbidity and mortality for every hospital participating in the PQC (to date):

**George Washington University Hospital
Fiscal Year 2025 (October 1, 2024 – September 30, 2025)**

Measure	Total	Birth Admit	Rates Per 10,000
Gestational Hypertension	193	1,617	1,194
Severe Hypertension	136	1,617	841
Preeclampsia	134	1,617	829
Severe Maternal Morbidity	33	1,617	204

**Howard University Hospital
Fiscal Year 2025 (October 1, 2024 – September 30, 2025)**

Measure	Total	Birth Admit	Rates Per 10,000
Gestational Hypertension	106	690	1,536
Severe Hypertension	67	690	971
Preeclampsia	65	690	942
Severe Maternal Morbidity	10	690	145

MedStar Georgetown University Hospital

Fiscal Year 2025 (October 1, 2024 – September 30, 2025)

Measure	Total	Birth Admit	Rates Per 10,000
Gestational Hypertension	131	1,028	1,274
Severe Hypertension	105	1,028	1,021
Preeclampsia	100	1,028	973
Severe Maternal Morbidity	19	1,028	185

**MedStar Washington Hospital Center
Fiscal Year 2025 (October 1, 2024 – September 30, 2025)**

Measure	Total	Birth Admit	Rates Per 10,000
Gestational Hypertension	272	3,448	789
Severe Hypertension	184	3,448	534
Preeclampsia	181	3,448	525
Severe Maternal Morbidity	35	3,448	102

**Sibley Memorial Hospital
Fiscal Year 2025 (October 1, 2024 – September 30, 2025)**

Measure	Total	Birth Admit	Rates Per 10,000
Gestational Hypertension	431	3,324	1,297
Severe Hypertension	384	3,324	1,155
Preeclampsia	375	3,324	1,128
Severe Maternal Morbidity	62	3,324	187

c. Description of education and training programs and number of healthcare professionals reached by each one;

The District of Columbia's Perinatal Quality Collaborative is a network of clinical teams, public health experts and other community stakeholders who come together to participate in data-driven, clinical quality improvement initiatives to improve maternal and infant health outcomes. Core activities include communities of learning, technical assistance, and provider education.

Respectful Care Training

- The DC PQC continued to implement racial equity, respectful care, and implicit bias trainings for clinical teams through the Alliance for Innovation on Maternal Health (AIM) composed of staff and providers at 100% of the birthing hospitals (Howard University Hospital, Medstar Washington Hospital Center, Sibley Memorial Hospital, Georgetown University Hospital, and the George Washington (GW) University Hospital).
- During FY25, hospital based respectful care training completion among nursing staff remained high, with a slight decrease from 95% to 93%.
- In contrast, provider training showed substantial improvement, rising from 83% to 93% over the course of the year—effectively closing a ten-point gap.

Severe Hypertension in Pregnancy Patient Safety Bundle

- The DC PQC transitioned into a sustainability phase for the Alliance for Innovation (AIM) Severe Hypertension Patient Safety Bundle. Sustainability efforts emphasize ongoing data tracking, continuous provider education, and robust patient engagement strategies to sustain momentum and improve maternal health outcomes over time.
- District birthing hospitals continue to actively implement the severe hypertension bundle, with five of six hospitals currently participating. Five of six birthing hospitals completed a hypertension sustainability plan in 2024 and continue to actively implement and monitor sustainability metrics.
- In addition, Cedar Hill Regional Medical Center has been formally onboarded to the DC PQC and is actively implementing the Severe Hypertension in Pregnancy and the Obstetric Hemorrhage bundles.

Severe Hypertension (HTN) Provider Education Measures (Alliance for Innovation on Maternal Health)

Severe Hypertension (HTN) Bundle	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025
SHTN P3 Provider Education on Severe Hypertension and Preeclampsia	85.0%	87.5%	95.0%	93.0%	80.0%*
SHTN P4 Nursing Education on Severe Hypertension and Preeclampsia	95.0%	95.0%	95.0%	95.0%	95.0%

*Cedar Hill began submitting data for Q3. Typically, it takes a few quarters for organizations to get up to date. The DC PQC is working with Cedar Hill to provide trainings and guidance on provider trainings.

Obstetric Hemorrhage Patient Safety Bundle Progress Quantified Blood Loss (QBL): A structured Community of Learning (COL) focused on best practices for measuring accurate blood loss via quantifiable methods and implementation of associated improvement activities to transition from estimated to quantified blood loss was conducted. This community of learning included sharing successful approaches and barriers, instruction on instituting rapid cycle improvement methodology with a focus on data driven action steps and supported technical assistance. Documentation rates increased from 69.8% in Q4 2023 to 92.7% in Q2 2025. Use of cumulative QBL techniques has improved teams' ability to identify hemorrhage events earlier and initiate appropriate management and care.

Patient Event Debriefs and Provider Education: Current efforts have increasingly focused on patient event debriefs, which are designed to address both the physical and emotional needs of patients and their families through transparent, empathetic communication with care teams. Focus has expanded to include trauma-informed care and improving provider-patient communication following hemorrhage events. One key metric is provider and nursing education on respectful and equitable care. From Q4 2023 to Q2 2025, provider education increased from 58% to 81%, while nursing education increased from 65% to 95%.

Obstetric Hemorrhage Community of Learning: In 2025, the Collaborative launched a structured Community of Learning (COL) supported by a detailed curriculum for participating hospital teams. These sessions emphasized improving data collection related to patient debriefs, incorporating patient voice and lived experience, implementing new tools such as standardized checklists and debriefing scripts, and integrating equity-focused assessments (e.g. Mother's Autonomy in Decision Making (MADM) Assessment) to evaluate patient engagement and shared decision-making. This assessment was adopted by one birthing hospital (MedStar Georgetown) this year. With support from the DC PQC Postpartum Workgroup, patient advocates, and doulas, the DC PQC developed tailored resources (e.g. patient debrief checklists and scripts) to help hospitals strengthen and standardize patient event debrief practices. These tools, created collaboratively and refined through feedback, have been widely adopted across birthing hospitals. In addition, patient education materials on postpartum hemorrhage and recovery, along with resources from peer state PQCs, were shared to support consistent patient communication and education.

Hemorrhage Risk Assessment: DC PQC provided evidence-based resources to District birthing hospitals to address obstetric hemorrhage. These tools were utilized to implement hospital-based improvement activities. Birthing hospitals were responsible for development of specific activities to address rates of hemorrhage. The DC PQC supported provision of links to resources. Measures of hemorrhage risk assessment improved from 98.8% in Q4 2023 to 99.6% in Q2 2025.

Obstetric Hemorrhage Provider Education Measures (Alliance for Innovation on Maternal Health)

Hemorrhage Measures	Q4 (2023)	Q1 (2024)	Q2 (2024)	Q3 (2024)	Q4 (2024)	Q1 (2025)	Q2 (2025)	Q3 (2025)
ALL P1. Provider Education on Respectful and Equitable Care	77.5%	63.0%	77.5%	79.0%	79.0%	83.0%	81.0%	93.3%
ALL P2. Nursing Education on Respectful and Equitable Care	83.0%	77.0%	83.0%	83.0%	75.0%	95.0%	95.0%	93.3%
HEM P1. Provider Education on Obstetric Hemorrhage	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	77.0%
HEM P2. Nursing Education on Obstetric Hemorrhage *	95.0%	95.0%	95.0%	95.0%	91.0%	95.0%	95.0%	95.0%

d. Other program outcomes of the PQC in FY 2025 and planned activities in FY 2026

The DC PQC has continued to deepen its partnership with the Department of Health Care Finance (DHCF), ensuring that patient safety bundle implementation aligns with the agency’s priorities including, the Transforming Maternal Health (TMaH) Model.

The DC PQC also continued collaboration with DHCF and CRISP DC to support improvements to the alert and notification functionality aimed at strengthening postpartum care coordination. Building on prior planning, hospitals, Federally Qualified Health Center (FQHCs), and Managed Care Organization (MCO) partners provided input on the usability and clinical relevance of alerts designed to support follow-up appointments and flag priority conditions requiring provider attention.

Patient Family Action Network:

- Currently, four patient partners and three patient advocates actively support and shape our initiatives. Their reflections highlighted critical opportunities to improve management and treatment, including gaps in communication, empathy, and care coordination during traumatic events.
- The Mothers Autonomy in Decision Making (MADM) tool, which was adopted by one of our birthing hospitals early this year, sought to improve patient experience scores. The DC PQC supported the effort by engaging patient advocates and conducting a focus group to guide refinements.
- The PQC leveraged foundation-based funding to bring in national experts on perinatal mental health and birth trauma to lead in-person simulations at one of the District’s birthing hospitals.

DC PQC Data:

- In FY25, the DC PQC dashboard remains a central tool for visualizing hospital-level maternal health data, including AIM-aligned measures, and continues to support stratification by race,

ethnicity, and other key demographic factors as data availability allows. This data is used to monitor trends, identify gaps in care, and inform targeted quality improvement efforts across patient safety bundles.

- The Data Workgroup convenes hospital data representatives, government partners, and technical experts to review dashboard findings, address data quality and reporting challenges, and guide refinements to measures and data collection processes. In FY25, the Workgroup placed increased emphasis on data accuracy, standardization, and sustainability, particularly as hospitals navigated EHR limitations, and reporting transitions.

Count the Kicks (CTK):

- In July 2025, DC PQC hosted a webinar to kick off implementation of Count the Kicks in the District. A subsequent webinar was hosted for the DC PQC Full Committee in September 2025. To date, the project has generated ten educational materials orders (brochures, posters, palm cards), engaged 225 app users, and recorded 697 website visits on stillbirth prevention. Since the project's launch in May 2025, DC has shown the strongest growth across all states implementing CTK, with an 83% increase in engagement among registered users as of the December 2025 report.

Planned Activities in FY26:

- Launch an Institute for Healthcare Improvement Breakthrough collaborative to improve perinatal mental health screening. Through this series, participation in implementing quality improvement activities will expand beyond birthing hospitals to include community members, outpatient behavioral health providers, and doulas.
- Expansion of communities of learning to address neonatal and substance use disorders and maternal health populations through data-driven quality improvement activities.
- Continue to work with Count the Kicks to implement a stillbirth prevention initiative across birthing facilities in the District, including additional webinars and dissemination of educational resources and materials.
- Implement patient-centered care training to provide practical tools to improve patient experiences and support clinical teams in providing compassionate, effective communication with patients and families following adverse events.
- Promote sustainability and alignment efforts focused on supporting long-term adoption of evidence-based practices, aligning PQC activities with hospital priorities, and strengthening partnerships with local and national stakeholders to reduce maternal and neonatal disparities in the District.

Q43: Please provide the following information for Help Me Grow DC’s activities in FY 2025 and FY 2026, to date:

- a. How DC Health has improved the Help Me Grow program in FY 2025 and FY 2026, to date, including integrating it with home visiting programs;**
- b. The number of individuals served in FY 2025 and FY 2026, to date, including the number of children receiving a developmental screening through this program and number of children referred to home visiting programs;**
- c. The current service capacity of the program and whether there is a waitlist for the program; and**
- d. The amount budgeted and actually spent on the program. Please include a breakdown of the amount of local, federal, private, and special purpose revenue funding.**

Response:

- a. How DC Health has improved the Help Me Grow program in FY 2025 and FY 2026, to date, including integrating it with home visiting programs;**

Program Capacity: A core component of Help Me Grow is to promote healthy child development and connect families with local resources. DC Health’s Help Me Grow DC (HMG DC) improved by hiring a Program Manager and two additional staff members, which allowed HMG DC to broaden its outreach capacity and deepen collaboration with home visiting programs. These efforts included forging new partnerships to host Parent Cafés, expanding fatherhood initiatives, and working closely with the Home Visiting Public Health Advisor to align strategies and increase family awareness of available services.

Outreach Events: HMG DC participated in 162 community outreach events in FY 2025, reaching over 2,445 participants. This included 51 Parent Cafés hosted in partnership with the Georgia Avenue Family Support Collaborative and East River Family Strengthening Collaborative, engaging 667 parents in small group conversations designed to build community, promote healing, and strengthen protective factors.

Fatherhood Initiatives: Fatherhood initiatives were integrated into HMG DC’s work in FY 2025, with 23 fatherhood-focused events reaching over 200 participants, including 192 fathers. These events, such as “Dads Night Out” and the evidence-based “24/7 Dad” program, provided safe spaces for fathers to connect, share experiences, and strengthen their involvement in family life. In FY 2026 to date, HMG DC has continued these efforts by hosting 28 outreach events that engaged 487 participants and introduced an outreach survey to collect feedback from attendees. Of these events, 10 were father-focused, generating positive community feedback.

Home Visiting Integration: To integrate HMG DC with home visiting programs, DC Health implemented a multi-step outreach strategy aimed at increasing enrollment among at-risk families with children under age five. These efforts addressed barriers such as limited awareness and historical mistrust by building relationships and partnering with trusted community organizations.

Additionally, DC Health introduced and began marketing a new evidence-based home visiting model, SafeCare Augmented, which will launch in FY 2026 to serve families in priority areas identified in the 2020 Needs Assessment. This model is expected to support up to 120 families annually, representing a significant step toward expanding access to home visiting services.

These improvements reflect DC Health's commitment to strengthening the early childhood system through cross-sector collaboration, robust community engagement, and integrated service delivery. By expanding outreach, deepening partnerships, and introducing new evidence-based models, HMG DC continues to bridge gaps between services and ensure families are connected to the resources they need for healthy development.

b. The number of individuals served in FY 2025 and FY 2026, to date, including the number of children receiving a developmental screening through this program and number of children referred to home visiting programs;

Residents Served:

In FY 2025, the HMG DC system served 514 children within 459 families, and 300 perinatal women. To date in FY 2026, HMG DC has served 137 children, 132 families, and 100 perinatal women, reflecting continued outreach and support for these populations.

Developmental Screenings:

During FY 2025, through the HMG DC system, a total of 12,386 developmental and social-emotional screenings were administered in partnership with DC-funded Home Visiting Programs, HealthySteps programs, and the DC Office of the State Superintendent of Education (OSSE). This included 5,229 screenings conducted through OSSE, 6,931 screenings across the four HealthySteps programs, 167 screenings completed by Home Visiting Programs, and 59 screenings administered directly by HMG DC through its referral and intake processes.

For FY 2026 to date, 5,061 developmental screenings were conducted through OSSE by various programs through the ASQ Online initiative. HMG DC has not yet conducted any screenings, and while Home Visiting Programs have reported 12 screenings, HealthySteps programs will not report data until January 15. Comprehensive FY 2026 screening figures will be updated as partner data becomes available.

Home Visiting Referrals:

- 29 referrals to home visiting programs were made through HMG DC in FY 2025, in partnership with community organizations, childcare centers, health care providers, and agencies such as the Department of Human Services (DHS), DC Care Connections, HealthySteps, WIC, and OSSE.
- To date in FY 2026, seven referrals have been made to home visiting programs, including Georgetown Center for Child & Human Development, Healthy Babies Project, MamaToto Village, and Rosemount Center.

- DC Health and OSSE continue to edit and finalize a memorandum of understanding (MOU), which has delayed full implementation and data sharing.
- The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is currently onboarding the new SafeCare Augmented model, and recruitment of families will begin once completed.

c. The current service capacity of the program and whether there is a waitlist for the program;

Help Me Grow DC (HMG DC) does not maintain a waitlist. Families are connected to resources through the system's Centralized Access Line. While HMG DC facilitates these connections, some referred programs, such as home visiting services or other community-based supports, may have their own waitlists, which are managed independently by those agencies.

d. The amount budgeted and actually spent on the program. Please include a breakdown of the amount of local, federal, private, and special purpose revenue funding.

The following table displays budgeted award amounts and expenditures for HMG DC for FY 2025 and FY 2026 (YTD) including federal and local revenue funding. Due to extraordinary measures to address congressionally imposed cuts in FY 2025, HMG DC was not able to fill vacant positions, attend HMG system conferences and other trainings/workshops, purchase certain supplies and marketing materials for community outreach, or use funds allocated for technology (i.e., referral/database enhancements, centralized intake) this resulted in significantly decreased expenditures.

Funding Entity	FY25 Award	FY25 Expenditures	FY26 Award	FY26 Expenditures (YTD)
Department of Health Care Finance (DHCF)	\$657,541.35	\$340,197.45	\$483,428.70	\$72,118.27
Local Funds (Personnel Services only)	\$341,781.08	\$341,781.08	\$355,290.00	\$112,243.28
Total	\$999,322.43	\$681,978.53	\$838,718.70	\$184,361.55

- Q44: Please provide the following information for home visiting in FY 2025 and FY 2026, including:**
- a. Total amount of local funding and MIECHV funding received by DC Health;**
 - b. List of each home visiting program funded by DC Health, including the amount of local and federal funding allocated to each program;**
 - c. The starting, average, and maximum salary for each program;**
 - d. The number of residents served by each program, including the average number of visits per resident;**
 - e. The metrics and outcomes showing program efficacy for each program;**
 - f. Whether any of the programs reached full capacity and had a waitlist, and if so, how many families were in the waitlist;**
 - g. An update on the rollout of the centralized intake initiative for home visiting scheduled to begin in FY 2025; and**
 - h. All HRSA reports evaluating MIECHV home visiting programs in the District in FYs 2024, 2025, and 2026, to date.**

Response:

a. Total amount of local funding and MIECHV funding received by DC Health;

In FY2025, DC Health received \$1,618,397 in local funding and \$2,478,028 (PS/NPS) in federal MIECHV funding. The federal MIECHV funding was to be spent over the span of two fiscal years with \$1,226,903.21 allocated for FY2025 and \$1,355,465.25 available from the FY2024 MIECHV award. The total available MIECHV combined funding available for FY2025 was \$2,582,368.46 (PS/NPS).

In FY2026, DC Health was awarded \$2,799,055 in federal MIECHV funding. The federal MIECHV funding is to be spent over the span of two fiscal years with \$1,389,942 allocated for FY2025 and \$2,412,335 available from the FY2025 MIECHV award. The total available MIECHV combined funding available for FY2026 is \$3,802,277.

b. List of each home visiting program funded by DC Health, including the amount of local and federal funding allocated to each program;

Grantee	FY25 Award	FY 25 Expenditures	FY 26 Award	FY 26 Expenditures (To Date)
Locally Funded				

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Community of Hope (PAT)	\$300,000.00	\$283,206.93	\$300,000.00	\$34,442.94
Georgetown Parent Support Program (PSP)	\$299,999.62	\$286,791.01	\$300,000.00	\$31,548.20
Mamatoto's Village Evaluation Programs	\$310,000.00	\$306,647.02	\$310,000.00	\$9,043.53
Federally Funded				
Mary's Center MIECHV (Healthy Families America and Parents As Teachers)	\$1,531,824.00	\$1,284,719.14	---	---
DC Health (Safe Care Augmented)*	\$767,409.21	\$63,281.04	\$882,123.92	\$86,227.72
Community of Hope (PAT)**	\$50,000.00	\$0.00	\$300,000.00	\$24,861.24
Mamatoto Village (Training)**	\$28,000.00	\$0.00	\$116,123.30	\$2,410.55
Georgetown University Evaluation	\$154,596.29	\$139,530.72	---	---
Georgetown University Parents As Teachers- Early Intervention***	---	---	\$415,000.00	\$0.00
Lutheran Social Services***	---	---	\$415,000.00	\$0.00
United Planning Organization***	---	---	\$415,000.00	\$0.00

**Program completing implementation activities (i.e. service and licensing agreements, staff hiring, etc.)*

***Request for applications published in June 2025. Grantees began implementation activities in August 2025. Grantees submitted \$0.00 invoices for August 2025 and September 2025.*

***New grantees for FY 2026. Grantees onboarded in January 2026.

c. The starting, average, and maximum salary for each program;

Grantee	Starting Salary	Maximum Salary	Average Salary
Community of Hope (PAT)	\$55,000.00	\$57,702.00	\$56,012.67
Georgetown Parent Support Program (PSP)	\$56,314.00	\$61,412.00	\$58,863.00
Mamatoto's Village Evaluation Programs	N/A	N/A	N/A
Mary's Center, Healthy Families America (HFA) MIECHV (Local and Federal)	\$46,000.00	\$48,300.00	\$47,000.00
Mary's Center, Parents as Teachers (PAT) MIECHV (Local and Federal)	\$44,083.00	\$46,000.00	\$45,000.00

d. The number of residents served by each program, including the average number of visits per resident;

Grantee	Number of Residents Served		Average Number of Visits Per Resident	
	FY 25	FY26 (YTD)	FY25	FY26 (YTD)
Community of Hope (PAT)	71 caregivers 109 children	15 caregivers 37 children	22 visits per family	< 1 Visit per family

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Georgetown Parent Support Program (PSP)	27 caregivers 52 children	58 caregivers 36 children	27 visits per family	2 Visits per family
Mamatoto's Village (Workforce and Home Visiting)	26 individuals trained 185 clients served	0 Families (MR program) trained	2,385 total visits	0 (MR program) registered
Mary's Center, Healthy Families America (HFA) MIECHV	75 caregivers 106 children	N/A	20 visits per resident	N/A
Mary's Center, Parents as Teachers (PAT) MIECHV	70 caregivers 85 children	N/A	10 visits per resident	N/A
Mamatoto's Village (Professional Development) MIECHV	N/A	N/A	N/A	N/A
Lutheran Parents as Teachers (PAT) MIECHV	N/A	N/A	N/A	N/A
United Planning Organization Parents as Teachers (PAT) MIECHV	N/A	N/A	N/A	N/A

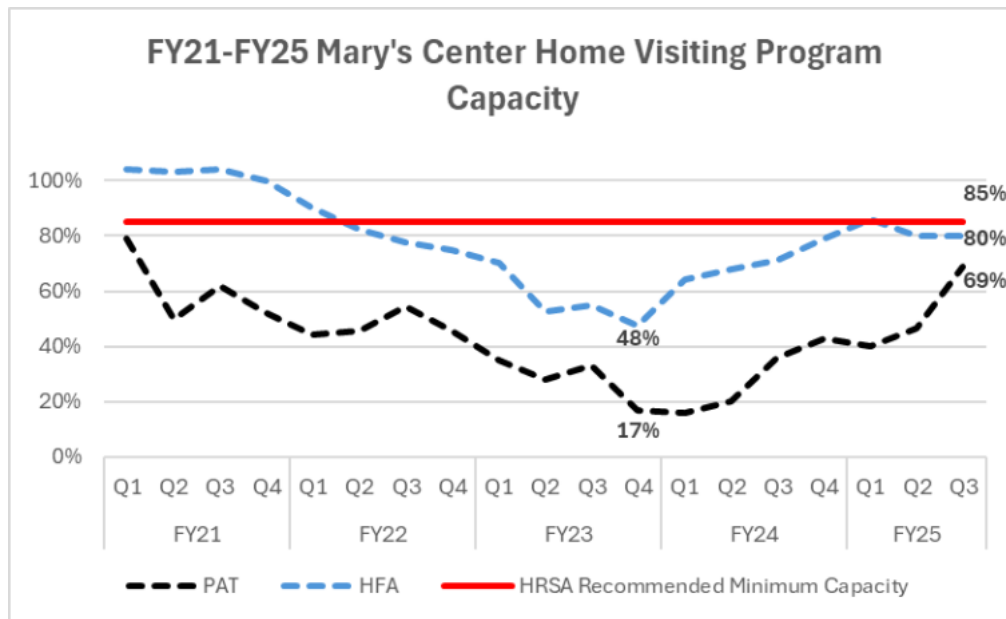
Georgetown University Early Intervention Parents as Teachers (PAT) MIECHV	N/A	N/A	N/A	N/A
Community of Hope Healthy Families America (HFA) MIECHV	N/A	N/A	N/A	N/A

e. The metrics and outcomes showing program efficacy for each program;

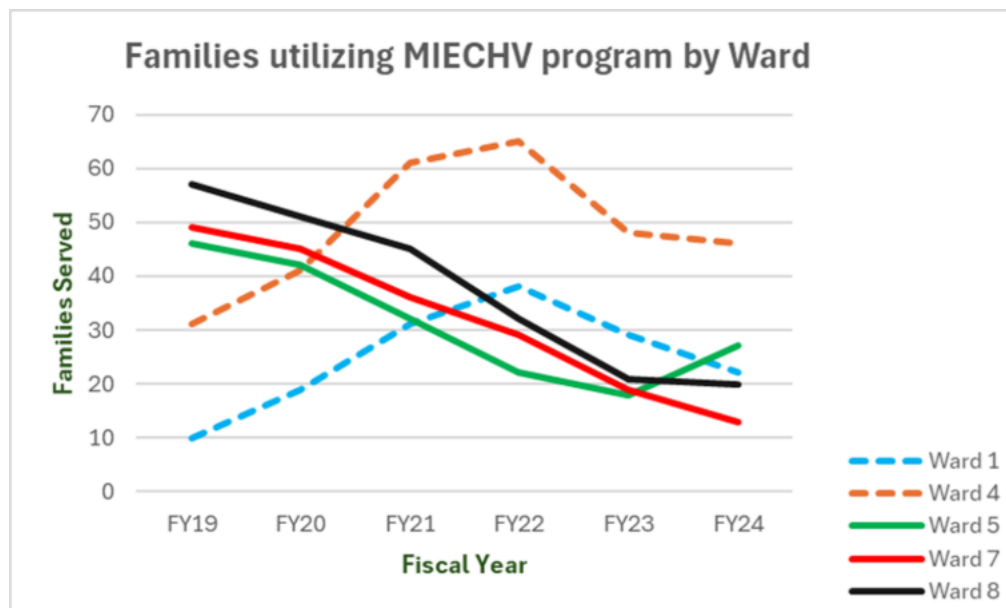
Metrics reported by the grantees below vary due to different program models across federal and locally funded programs.

Mary's Center

- **Metric:** Recruit and serve a minimum of 85% of funded home visiting families (n=171) at any given moment.
 - **Outcome:** Home visiting programs at the Mary's Center consistently were unable to reach and recruit HRSA's minimum recommended capacity numbers. See the figure below:



- **Metric:** Recruit and serve District residents in high-risk DC Health Planning Neighborhoods most of which are in Wards 5, 7, and 8.
- **Outcome:** Home visiting programs at the Mary's Center mostly recruited families from Health Planning Neighborhoods in close proximity to their offices. In FY19, most of the families utilizing home visiting programs at the Mary's Center resided in Wards 7 and 8. By FY24, the Mary's Center had shifted their focus and were mostly serving families residing in neighborhood clusters in Ward 4. See below:



- **Outcomes per Household**

- o 83% of households served by the Mary's Center home visiting program are below 100% of federal poverty guidelines
- o 8 % of households served had a history of child abuse and neglect
- o 4 % of households served had a history of substance abuse or needed substance abuse treatment
- o 85 % of households served had a child who had attained a low-student achievement
- o 19 % of the households served had a child with developmental delays or disability.
- **Health Insurance and Medical Care**
 - o 93% of children had a usual source of medical care
 - o 91% of children had 6+ months of continuous health insurance coverage
 - o 88% of women who gave birth to a baby in FY24 received postpartum care within 56 days of delivery
- **Caregiver Screenings and Service Linkages**
 - o 84% of female caregivers received screening for intimate partner violence (IPV)
 - o 100% of female caregivers who screened positive for IPV were given referrals to services addressing IPV
 - o 66% of women in the home visiting program received timely screening for depression
 - o 17% of women screening positive for depression were successfully linked to services
- **Education**
 - o 12% of caregivers who enrolled in home visiting with less than a high school level of education re-enrolled in a GED/high school program after enrollment in the home visiting program
- **Child Health and Development**
 - o 77% of children attended well-child visits
 - o 88% of children were breastfed any amount at 6 months of age
 - o 63% of parents with children less than 12 months old were always used infant safe sleep practices
 - o 43% of children had a timely screening for developmental delay within the American Academy of Pediatrics (AAP) recommended guidelines of screening at 9-months, 18 months, and 30 months of age.
 - o 90% of children who screened positive for developmental delay were referred for additional supports and services and were successfully linked to services

- o 90% of households in home visiting engaged in early language and literacy activities with their children.

Community of Hope Parents as Teachers

- **Caregiver Screenings and Referrals**
 - o 90% of caregivers participating in home visiting were screened for depression
 - o 100% of caregivers who screened positive for depression were referred for services
- **Maternal and Child Health**
 - o 90% of mothers enrolled in home visiting prenatally or within 30 days of giving birth received a postpartum visit with health provider within 8 weeks (56 days) following birth.
 - o 25% of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) were born preterm following program enrollment
 - o 70% of parents with infants enrolled in home visiting always used infant safe sleep practices
- **Developmental Screenings and Referral**
 - o 87% of children enrolled in home visiting were screened for developmental delays using the ASQ-3
 - o 89% of children enrolled in home visiting were screened for developmental delays using the ASQ-SE
- **Pediatric Preventive Health Care**
 - o 48% of children enrolled in home visiting received their last/most current recommended visit based on the AAP Bright Futures schedule
- **Tobacco Use and Referral**
 - o 100% of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment were referred to tobacco cessation counseling or services within 3 months of enrollment.
- **Breastfeeding**
 - o 67% of infants (among mothers who enrolled in home visiting prenatally) were breastfed any amount at 6 months of age

Mamatoto Village

- **Workforce Development**
 - o Mamatoto Village trained 26 women across two training pathways (90-hour Lactation Specialist and Community Birth Worker)
 - o 91% of trainees are currently employed
 - o 74% are employed in the Maternal and Child Health (MCH) field
- **Mother's Rising Home Visiting Program**
 - o 185 clients served through the Mothers Rising Home Visiting (MRHV) program
 - o 737 client referrals received

- o 2,385 home visits were completed
- o 100% Medicaid eligible participants were served; 87% Black; average enrollment at 25 weeks gestation
- o 0% maternal mortality
- o 93% breastfeeding initiation
- o 11% preterm birth rate

Georgetown Parenting Support Program

- 90% of caregivers participating in home visiting were screened for depression.
- 100% of parents testing positive for depression were referred for services.
- 65% of children enrolled in home visiting were screened for developmental delays.

f. Whether any of the programs reached full capacity and had a waitlist, and if so, how many families were in the waitlist;

During FY25, none of the DC Health funded programs met full capacity or had a waitlist.

g. An update on the rollout of the centralized intake initiative for home visiting scheduled to begin in FY 2025; and

In FY2025, DC Health advanced this work by engaging in focused conversations between DC Health IT and DataKeeper Technologies regarding the potential use of their VisitTracker data system to manage DC Health's home visiting data and host the DC Centralized Intake System (C-intake). As part of this process, DC Health is ensuring that the platform can meet programmatic and technical needs and that the agency retains full ownership and control of all data associated with its use.

Several meetings have been held between DC Health and Data Keeper Technologies towards this end. The discovery portion of the project is complete. It involved the transfer of functional requirements needed for the development of the proposed C-intake system from DC Health to DataKeeper Technologies. The buildout portion of the C-intake system is, however, not complete. DataKeeper Technologies gave DC Health a guided walk-through of their developed coordinated intake system but some fields that are essential for DC Health's C-intake needs were missing.

Additional customization of VisitTracker is required for the system to be able to meet DC Health's C-intake needs. DC Health IT's goal is to consolidate multiple data systems to achieve cost-efficiency. Given the complexity of consolidating multiple systems with lots of datasets, we are currently, under guidance from DC Health IT, exploring ways of moving forward with attaining a minimally viable product that is ready for use. DC Health will continue to work with Data Keeper Technologies to complete the build to include the additional customization with a goal of completion prior to the end of FY 2026 (September) with an estimated launch in October 2026.

h. All HRSA reports evaluating MIECHV home visiting programs in the District in FYs 2024, 2025, and 2026, to date.

See attachment labeled *Attachment FY25 Performance Oversight CHA Q44* with all HRSA reports evaluating Maternal MIECHV home visiting programs in the District in FYs 2024, 2025, and 2026, to date.

Q45: Given funding changes made in the FY 2026 budget, 127 families lost access to their home visiting program. Please provide details on how DC Health and grantees ensured continuity of appropriate care for these families.

Response:

On March 19, 2021, DC Health's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program published a four-year competitive Request for Applications (RFA) to provide home visiting services in the District of Columbia from October 1, 2021, through September 30, 2025. Over the course of this period, the MIECHV program identified a critical need to expand services within neighborhood clusters across all Wards.

During this time, Congress extended authorization for all MIECHV programs, enabling states to receive additional funding. With these additional resources provided by the Health Resources and Services Administration (HRSA), DC Health initiated a competitive bid process in FY25 for all eligible organizations. This effort aimed to expand the home visiting portfolio within the District by awarding multiple organizations with a portion of the total funding allocated by HRSA. As a result of the decision, funding did not change but rather was reorchestrated to support multiple programs.

In preparation for this transition, DC Health collaborated closely with the local implementing agency, the Mary's Center, to develop a contingency transition plan. This plan supported the sustainability of services and outlined procedures for transferring families to existing home visiting programs across the District or allowing them to remain with their current agency based on internal funding availability.

By September 30, 2025, of the 127 families served, 53 successfully graduated from the program, and 11 were offered the option to transfer internally to either the Nurse-Family Partnership Program or the Father-Child Attachment Program. With the onboarding of four new MIECHV grantees as of FY26 Q2, the 63 families that have not yet secured placement will be prioritized for services.

Q46: Please provide an update on the Newborn Screening Program, including the registry, database, and regulations, in FY 2025 and FY 2026, to date.

Response:

The DC Newborn Screening (DC NBS) Program aims to ensure early identification of health conditions that can adversely impact an infant's health and development. DC NBS is made up of three screening programs, including:

- **DC Early Hearing Detection and Intervention (newborn hearing screening) Program (DC EHDI)**
 - o Goal: To ensure all deaf or hard of hearing (DHH) infants and children up to age three are identified in a timely manner and patient-centered, culturally-tailored follow-up services are received to optimize language, literacy, cognitive, social, and emotional development.
- **DC Newborn Metabolic Screening Program (DC NMS)**
 - o Goal: To ensure all newborns born in the District are screened at birth for 45 inherited metabolic and genetic disorders that are treatable by diet, vitamins and/or medication, or by anticipatory measures to prevent attacks.
- **DC Newborn Critical Congenital Heart Disease Screening Program (DC CCHD)**
 - o Goal: To ensure all newborns born in the District are screened at birth for CCHD and any infants with abnormal results receive timely and appropriate follow-up and services.

DC NBS oversees the Newborn Screening Database (Revvity OZ eScreener Plus), which currently receives and helps track newborn hearing screening results and follow-up information. Soon the database will also do the same for metabolic/genetic (dried blood spot) and critical congenital heart disease (CCHD) screenings. In FY25 the Phase 2 OZ Newborn Screening Database Expansion took place and was focused on the Dried Blood Spot (DBS)/metabolic component first (to be followed by the Critical Congenital Heart Disease (CCHD) screening component next). Revvity completed running final testing and internal DBS implementation, in collaboration with the DC contracted Revvity Omics newborn screening laboratory. Once complete, the DC OZ team began to work with each of the hospitals and birthing facilities to form kick-off teams. Kick-off meetings are underway. DC NMS also purchased DBS label printers and label printing paper for each facility to conduct the new e-filter paper process. Once finalized, the database will create a single, streamlined profile for each baby, including all newborn screening results and follow up information for newborn hearing, metabolic/genetic and heart screenings.

Lastly, DC Health is leading efforts to complete the DC Hospital Discharge regulations, which will enhance the procedures that birthing hospitals and facilities must follow to ensure compliance with comprehensive newborn screening and hospital discharge requirements. The new regulations also aim to improve the quality of care for newborns delivered or cared for in hospitals and facilities across the District of Columbia. The team worked with the Office of the General Counsel on final edits and posted the regulations in the *DC Register* for public comment. DC Health has

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incorporated the recommendations received from the public comment period and those edits are currently being reviewed by the Office of the General Counsel. As of last week, the DC Health Perinatal and Infant Health Division (PIHD) and the Office of the General Counsel continued to refine the edits in the most recent version of the regulations. Once this updated version is finalized, DC Health can move forward with the publication of the Hospital Discharge regulations.

Q47: In FY 2024 performance oversight responses, DC Health reported that it had developed an application for the SMHI Maternal Health Task Force. What is the status of the Task Force?

Response:

DC Health launched the Maternal Health Taskforce in August 2024. The Maternal Health taskforce consists of key District stakeholders, including representatives from the DC Perinatal Quality Collaborative (DC PQC), the Maternal Mortality Review Committee (MMRC), Department of Health Care Finance (DHCF), WIC, District Federally Qualified Health Centers (FQHCs) and birthing hospital providers, payors, the George Washington University (GWU) Maternal and Child Health Centers of Excellence, Title V, doulas, and community members with lived experiences. The Maternal Health Taskforce convenes quarterly.

In October 2024, the District Health Symposium, “Breaking the Silos: Unified Strategies to Improve Maternal and Infant Health in the District,” brought together 30 Maternal Health Taskforce stakeholders to discuss unified strategies for addressing ongoing challenges and disparities in maternal and infant health in the District. Members were tasked with developing five-year action commitments centered on community-engagement, policy, and data and surveillance. Examples include efforts to improve HIE data quality, maternal health workforce training, and expansion of high-risk obstetric and ultrasound care to more patients in wards 7 and 8. In follow-up, DC Health developed a reporting template to track quarterly and annual progress.

DC Health, in collaboration with the taskforce, developed a five-year DC Health Maternal Health Strategic plan completed in September 2025. DC Health, in collaboration with MetaConsulting and Community of Hope implemented a series of three evidence-based co-design sessions, as well as six focus groups, and key informant interviews with six providers. Findings and insights were utilized in the finalization of the strategic plan and development of key recommendations. Recommendations include expansion of postpartum care and increasing public education and awareness of existing resources such as transportation support and community childcare services. Additional recommendations highlighted the need for father and caregiver support and the enhancement of mental health services and support.

Q48: Please provide the following information for each of DC Health’s place-based and clinical-based programs for FY 2025 and FY 2026, to date:

- a. Description of each program, including target audience;**
- b. Current grantee organization(s);**
- c. Amount of grant awards and amount actually spent;**
- d. Number of residents served, by Ward;**
- e. Describe any excess demand for each program; and**
- f. Data provided by the grantee to show program outcomes.**

Response:

a. Description of each program, including target audience

DC Health’s place-based and clinic-based programming includes Smart from the Start (place-based) and Healthy Steps (clinic-based) as described below:

Smart from the Start ensures that multi-generational children and families have access to a continuum of comprehensive, high-quality early childhood programs and services that promote child well-being, school readiness, and achievement and ensures that all children are healthy, ready to learn, and have a safe journey through their developmental years. Smart from the Start serves children aged 0-5 and their families in at-risk communities in Ward 8, specifically focusing on the Woodland/Fort Stanton, Garfield Heights, and Knox Hill neighborhoods.

HealthySteps (Children’s National, Community of Hope, and Unity) is an evidence-based, interdisciplinary pediatric primary care program that aims to provide infants and toddlers with social-emotional and developmental support by strengthening family engagement with the Medical Home. DC Health funds three grantees that implement the Healthy Steps 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.

HealthySteps (HS) at MedStar Georgetown University Hospital (MGUH) KIDS Mobile Medical Clinic (KMMC) seeks to expand the capacity of existing HS services and implements performance enhancing information technology (IT) integrations to deliver the HS program to patient families residing in Wards 4, 7, and 8. KMMC has the unique capability of providing mobile health services on-site to families in these neighborhoods.

b. Current grantee organization(s);

The current grantee for place-based programming is Smart from the Start (SMART) and current grantees of clinic-based programming, Healthy Steps, include Unity Healthcare, Children’s National, Community of Hope, and Georgetown Medstar.

c. Amount of grant awards and amount actually spent;

Grantee	FY 2025		FY 2026	
	Award Total	Spent	Award Total	Spent To Date

Smart from the Start (SMART)	\$215,243.78	\$215,243.78	\$215,243.78	\$17,951.00
HealthySteps – Unity Healthcare	\$640,000.00	\$619,495.89	\$640,000.00	\$60,220.00
HealthySteps – Children's National	\$210,000.00	\$209,681.71	\$210,000.00	\$0.00*
HealthySteps – Georgetown Med Star	\$298,608.00	\$258,603.60	\$298,608.00	\$17,737.00
HealthySteps – Community of Hope	\$200,000.00	\$133,601.86	\$200,000.00	\$15,624.00

*Programs with \$0 FY26 dollars spent are currently on Quarterly billing. Invoices have not been submitted.

d. Number of residents served, by Ward

The following table shows the number of residents served by Ward, including percentage of those enrolled in Medicaid, by grantee for clinic-based programming.

	HS Unity Healthcare		HS Children's National		HS MedStar GU		HS Commu Hope	
Ward	# Served	% Medicaid Enrolled	#Served	% Medicaid Enrolled	#Served	% Medicaid Enrolled	#Served	% Medicaid Enrolled
1	11	100%	10	100%	2	50%	24	96%
2	5	100%	3	100%	2	100%	25	96%
3	12	100%	0	0%	2	50%	6	83%
4	26	92%	32	88%	12	67%	54	78%
5	88	95%	91	82%	14	71%	260	88%
6	63	95%	105	80%	20	55%	24	83%
7	481	93%	236	90%	17	100%	149	93%
8	299	94%	728	84%	37	86%	161	89%

e. Describe any excess demand for each program

Unity Healthcare has communicated that there is an unmet need for an additional HealthySteps site in Ward 1, Upper Cardozo, as most of their pediatric population resides in that area. However, per DC Code § 7-858.54 Birth-to-Three for All DC Amendment Act of 2018, services are to be delivered in Wards 5, 7, and 8.

f. Data provided by the grantee to show program outcomes

Place-based Programming

Smart from the Start

- Maintained 105 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 11 new partnerships with organizations that serve the Woodland Terrace community.
- 83% of children whose families have been involved with Smart continuously, for more than one year, were on track in physical health and development, cognitive and language development, and social-emotional development, as reported by their families.
- 132 adult participants attended at least two activities/workshops
- 239 participants were referred to other services (job training, GED, material assistance, substance, Domestic Violence, court advocacy, behavioral health, DCPS advocacy, etc.)

Clinic-Based Programming

Unity Health Care, Inc.'s HealthySteps Program

- 76% of patients 0-3 years of age were screened for developmental concerns. Last year it was 69%.
- 76% of patients 0-3 years of age were screened for behavioral/social emotional concerns. Last year it was 68%.
- 91% of Healthy Steps children referred to early interventions within 45 days. Last year it was 42%.
- 66% of caregivers of patients aged 2-6 months were screened for post-partum depression. Last year it was 74%.
- 501 patients 0-3 years of age were newly enrolled in Tiers II or III. Last year it was 144.

Children's National Medical Center's HealthySteps Program

- 32% of patients 0-3 years of age were screened for developmental concerns. Last year it was 28%.
- 29% of patients 0-3 years of age were screened for behavioral/social emotional concerns. Last year it was 14%.
- 75% of HealthySteps children referred to early intervention were connected within 45 days. Last year it was 32%.
- 64% of caregivers of patients aged 0-6 months are receiving Tier 1-Universal screening for post-partum depression. Last year it was 65%.
- 157 patients 0-3 years of age were newly enrolled in Tiers II or III. Last year it was 381 patients. No new families have been enrolled in Tier II or III since the HealthySteps Specialist left on July 11, 2025.

Georgetown MedStar HealthySteps Program

- 66% of patients 0-3 years of age were screened for developmental concerns. Last year it was 54%.
- 66% of patients 0-3 years of age were screened for behavioral/social emotional concerns. Last year it was 43%.
- 85% of Healthy Steps children referred to early intervention were connected within 45 days. Last year it was 91%.
- 95% of caregivers were screened for post-partum depression. Last year it was 92%.

- 130 patients 0-3 years of age were newly enrolled in HealthySteps. Last year it was 77 patients.

Community of Hope HealthySteps Program

- Please note that this program was in the implementation phase from Q1-Q3.
- 27% of patients 0-3 years of age were screened for developmental concerns.
- 8% of patients 0-3 years of age were screened for behavioral/social emotional concerns.
- The percentage of Healthy Steps children referred to early intervention were connected within 45 days is unknown. Seven children were referred to early intervention, we are refining and developing a system to better track this to have better data for FY 2026.
- 87% of caregivers were screened for post-partum depression.
- 779 patients 0-3 years of age were newly enrolled in HealthySteps.

Q49: For all public and public charter schools, please provide an update on current School Health Services Program (SHSP) services, including:

- a. A list of school health suite clusters, indicating the type of health professional assigned to each school in the cluster, and whether those positions are filled;
- b. An updated list, by school and Ward, of hours/week of health suite coverage for each school, including the type of health professional assigned to each school;
- c. Number and percentage of days in the 2024-25 and 2025-2026, to date, school year each campus has not had in-person health suite staff coverage; and
- d. Number of school personnel, by school, *not including the designated health tech/RN/LPN*, with up-to-date training/certification in Administration of Medication (AOM).

Response:

- a. A list of school health suite clusters, indicating the type of health professional assigned to each school in the cluster, and whether those positions are filled;
- b. An updated list, by school and Ward, of hours/week of health suite coverage for each school, including the type of health professional assigned to each school;

*Cluster nurses may not always be assigned to a school within the cluster they oversee. However, there are sufficient cluster nurses to ensure coverage for every cluster.

Health Suite Clusters and Coverage, Including Assigned Health Professionals, Position Status, and Weekly Hours by School and Ward								
School Name	LEA	Cluster	Ward	Actual RN	Actual LPN	Actual HT	Total Health Suite Staff Assigned	Total In-Person Staffing Hours
H.D. Cooke Elementary School*	DCPS	1	Ward 1			1	1	40
Lincoln Middle School (CHEC)*	DCPS	1	Ward 1	1			1	40

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Marie Reed Elementary School*	DCPS	1	Ward 1			1	1	32
Oyster-Adams Bilingual EC (Adams Campus)*	DCPS	1	Ward 1			1	1	24
Oyster-Adams Bilingual EC (Oyster Campus)*	DCPS	1	Ward 3			1	1	24
Bancroft Elementary School	DCPS	2	Ward 1			1	1	20
Bancroft Pre-K School	DCPS	2	Ward 1			1	1	20
Bruce-Monroe Elementary School at Park View	DCPS	2	Ward 1			1	1	32
Raymond Elementary School	DCPS	2	Ward 4	1			1	40
Brent Elementary School	DCPS	3	Ward 6	1			1	40
E.L. Haynes PCS - Middle School	PCS	3	Ward 1	1			1	40
Meridian PCS Elementary School	PCS	3	Ward 1			1	1	32
Meridian PCS Middle School	PCS	3	Ward 1			1	1	32
Tubman Elementary School	DCPS	3	Ward 1		1		1	40
Cleveland Elementary School	DCPS	4	Ward 1			1	1	24
Garrison Elementary School	DCPS	4	Ward 2			1	1	40
Peabody Elementary School (Capitol Hill Cluster)	DCPS	4	Ward 6			1	1	24

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School-Within-School at Goding	DCPS	4	Ward 6	1			1	40
Seaton Elementary School	DCPS	4	Ward 6			1	1	24
Capitol Hill Montessori School at Logan*	DCPS	5	Ward 6	1			1	40
Girls Global Academy PCS*	PCS	5	Ward 2			1	1	24
Ludlow-Taylor Elementary School*	DCPS	5	Ward 6			1	1	40
Stuart-Hobson Middle School (Capitol Hill Cluster)*	DCPS	5	Ward 6			1	1	24
Thomson Elementary School*	DCPS	5	Ward 2			1	1	24
KIPP DC - College Preparatory PCS	PCS	6	Ward 5	1			1	40
KIPP DC - (Connect, Spring & Northeast) PCS	PCS	6	Ward 5		1		1	40
Two Rivers PCS- 4th Street	PCS	6	Ward 6			1	1	24
Wheatley Education Campus	DCPS	6	Ward 5			1	1	24
Elsie Whitlow Stokes Community Freedom PCS - Brookland	PCS	7	Ward 5	1			1	40
Friendship PCS - Woodridge International Elementary and Middle	PCS	7	Ward 5	1			1	40
Langdon Elementary School	DCPS	7	Ward 5		1		1	40
Noyes Elementary School	DCPS	7	Ward 5		1		1	40

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The Children's Guild DC PCS	PCS	7	Ward 5		1		1	40
Friendship PCS - Armstrong Elementary and Middle	PCS	8	Ward 5			1	1	40
KIPP DC - (Will, Grow & Lead) PCS	PCS	8	Ward 6	1			1	40/40* This school has multiple sites and each site received 40 hours of coverage.
Langley Elementary School	DCPS	8	Ward 5			1	1	40
McKinley Technology Middle School	DCPS	8	Ward 5			1	1	40
Walker-Jones Education Campus	DCPS	8	Ward 6	1			1	40
Bridges PCS*	PCS	9	Ward 5		1		1	40
DC Bilingual PCS*	PCS	9	Ward 5			1	1	32
LaSalle-Backus Elementary School*	DCPS	9	Ward 4		1		1	40
Rocketship PCS – Infinity*	PCS	9	Ward 5			1	1	40
Social Justice PCS*	PCS	9	Ward 5				1	N/A
Hardy Middle School*	DCPS	10	Ward 2			1	1	24
Hyde-Addison Elementary School*	DCPS	10	Ward 2			1	1	24
John Francis Education Campus*	DCPS	10	Ward 2			1	1	32

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Ross Elementary School*	DCPS	10	Ward 2			1	1	24
Thaddeus Stevens Early Learning Center*	DCPS	10	Ward 2			1	1	24
Amidon-Bowen Elementary School	DCPS	11	Ward 6			1	1	24
Apple Tree PCS - Southwest	PCS	11	Ward 6			1	1	20
Apple Tree PCS - Waterfront	PCS	11	Ward 6			1	1	24
Jefferson Middle School Academy	DCPS	11	Ward 6	1			1	40
Washington Global PCS	PCS	11	Ward 6			1	1	20
Apple Tree PCS - Spring Valley	PCS	12	Ward 3				1	N/A
Eaton Elementary School	DCPS	12	Ward 3			1	1	32
Key Elementary School	DCPS	12	Ward 3			1	1	24
Mann Elementary School	DCPS	12	Ward 3			1	1	40
Stoddert Elementary School	DCPS	12	Ward 3	1			1	40
Deal Middle School	DCPS	13	Ward 3	1			1	40
Hearst Elementary School	DCPS	13	Ward 3			1	1	32
Janney Elementary School	DCPS	13	Ward 3			1	1	40

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Lafayette Elementary School	DCPS	13	Ward 4		1		1	40
Murch Elementary School	DCPS	13	Ward 3		1		1	40
Barnard Elementary School	DCPS	14	Ward 4		1		1	40
E.L. Haynes PCS - High School (Kansas Ave, also Elementary)	PCS	14	Ward 4	1			1	40
MacFarland Middle School	DCPS	14	Ward 4			1	1	32
Powell Elementary School	DCPS	14	Ward 4			1	1	24
Washington Latin PCS - (Middle, Upper)	PCS	14	Ward 4			1	1	32
Capital City PCS (Middle, Lower, High)*	PCS	15	Ward 4			1	1	32
Friendship PCS - Ideal Elementary and Middle*	PCS	15	Ward 4			1	1	24
Paul PCS - Middle & High School*	PCS	15	Ward 4			1	1	32
Sela PCS*	PCS	15	Ward 4			1	1	24
Whittier Elementary School*	DCPS	15	Ward 4			1	1	32
Brightwood Elementary School*	DCPS	16	Ward 4		1		1	40
Dorothy Height Elementary School*	DCPS	16	Ward 4		1		1	32
John Lewis Elementary School*	DCPS	16	Ward 4		1		1	32

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Latin American Montessori Bilingual PCS*	PCS	16	Ward 4			1	1	32
Truesdell Elementary School*	DCPS	16	Ward 4			1	1	40
Center City PCS - Petworth	PCS	17	Ward 4			1	1	24
District of Columbia International School PCS	PCS	17	Ward 4	1			1	40
Military Road Early Learning Center	DCPS	17	Ward 4			1	1	24
Shepherd Elementary School	DCPS	17	Ward 4		1		1	40
Takoma Elementary School	DCPS	17	Ward 4			1	1	32
Brookland Middle School	DCPS	18	Ward 5	1			1	40
Bunker Hill Elementary School	DCPS	18	Ward 5			1	1	40
Burroughs Elementary School	DCPS	18	Ward 5			1	1	40
Mundo Verde Calle Ocho PCS	PCS	18	Ward 5			1	1	40
Browne Education Campus ES and Middle School	DCPS	19	Ward 5		1		1	40
Friendship PCS - Blow Pierce	PCS	19	Ward 7	1			1	32
J.O. Wilson Elementary School	DCPS	19	Ward 6		1		1	40
Miner Elementary School	DCPS	19	Ward 6		1		1	40

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Two Rivers PCS - Young (Elementary, Middle)	PCS	19	Ward 5	1			1	40
Creative Minds International PCS	PCS	20	Ward 5		1		1	40
Inspired Teaching Demonstration PCS	PCS	20	Ward 5	1			1	40
Lee Montessori PCS-Brookland and Washington Leadership Academy	PCS	20	Ward 5			1	1	40
Washington Latin PCS - Cooper Campus	PCS	20	Ward 5			1	1	32
Washington Yu Ying PCS	PCS	20	Ward 5			1	1	40
Capital Village PCS	PCS	21	Ward 5	1			1	40
DC Prep PCS - Edgewood Elementary School	PCS	21	Ward 5			1	1	40
DC Prep PCS - Edgewood Middle School	PCS	21	Ward 5			1	1	40
Perry Street Preparatory PCS	PCS	21	Ward 5			1	1	40
The Sojourner Truth School PCS	PCS	21	Ward 5			1	1	32
Friendship PCS - Chamberlain Elementary	PCS	22	Ward 6			1	1	40
Payne Elementary School	DCPS	22	Ward 6			1	1	32
Shirley Chisolm Elementary School	DCPS	22	Ward 6			1	1	40
Van Ness Elementary School	DCPS	22	Ward 6	1			1	40

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Watkins Elementary School (Capitol Hill Cluster)	DCPS	22	Ward 6			1	1	32
Excel Academy	DCPS	23	Ward 8	1			1	40
Moten Elementary School	DCPS	23	Ward 8			1	1	40
Savoy Elementary School	DCPS	23	Ward 8			1	1	40
Thurgood Marshall Academy PCS	PCS	23	Ward 8			1	1	40
Apple Tree Early Learning Center PCS - Oklahoma Ave.*	PCS	24	Ward 7			1	1	24
Center City PCS - Capitol Hill*	PCS	24	Ward 6			1	1	24
Eliot-Hine Middle School*	DCPS	24	Ward 6			1	1	32
Kingsman Academy PCS*	PCS	24	Ward 6			1	1	24
Maury Elementary School*	DCPS	24	Ward 6			1	1	24
Beers Elementary School	DCPS	25	Ward 7			1	1	40
Randle Highlands Elementary School	DCPS	25	Ward 7		1		1	40
Rocketship PCS - Legacy	PCS	25	Ward 7	1			1	24
Ketcham Elementary School*	DCPS	26	Ward 8			1	1	40
Kramer Middle School*	DCPS	26	Ward 8			1	1	40

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Lawrence E. Boone Elementary School*	DCPS	26	Ward 8			1	1	20
Lee Montessori PCS-East End*	PCS	26	Ward 8			1	1	24
DC Scholars PCS	PCS	27	Ward 7			1	1	24
Drew Elementary School	DCPS	27	Ward 7	1			1	40
Elsie Whitlow Stokes Community Freedom PCS - East End	PCS	27	Ward 7			1	1	32
KIPP DC - (Arts & Technology, Quest & Valor) PCS	PCS	27	Ward 7		1		1	40
Maya Angelou PCS - High School	PCS	27	Ward 7			1	1	40
DC Prep PCS - Benning (Elementary/Middle)	PCS	28	Ward 7	1			1	40/40
Kimball Elementary School	DCPS	28	Ward 7			1	1	40
Sousa Middle School	DCPS	28	Ward 7		1		1	40
Burrville Elementary School*	DCPS	29	Ward 7			1	1	40
Kelly Miller Middle School*	DCPS	29	Ward 7			1	1	40
Lorraine H. Whitlock Elementary School*	DCPS	29	Ward 7			1	1	40
Smothers Elementary School*	DCPS	29	Ward 7			1	1	40
C.W. Harris Elementary School	DCPS	30	Ward 7		1		1	40

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Nalle Elementary School	DCPS	30	Ward 7		1		1	40
Plummer Elementary School	DCPS	30	Ward 7			1	1	32
Friendship PCS - Collegiate Academy*	PCS	31	Ward 7			1	1	32
Houston Elementary School*	DCPS	31	Ward 7			1	1	32
IDEA PCS*	PCS	31	Ward 7			1	1	32
Thomas Elementary School*	DCPS	31	Ward 7			1	1	24
Hendley Elementary School	DCPS	32	Ward 8			1	1	24
Leckie Elementary School	DCPS	32	Ward 8		1		1	40
Patterson Elementary School	DCPS	32	Ward 8			1	1	32
Digital Pioneers PCS	PCS	33	Ward 6			1	1	24
Early Childhood Academy PCS	PCS	33	Ward 8			1	1	40
KIPP DC - Legacy PCS	PCS	33	Ward 8			1	1	24
Simon Elementary School	DCPS	33	Ward 8	1			1	40
Garfield Elementary School	DCPS	34	Ward 8			1	1	24
Johnson Middle School	DCPS	34	Ward 8			1	1	40

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Rocketship PCS - Rise Academy/Apple Tree at Rocketship	PCS	34	Ward 8			1	1	40
Stanton Elementary	DCPS	34	Ward 8	1			1	40
Apple Tree PCS - Douglas Knoll	PCS	35	Ward 8			1	1	24
Friendship PCS - Southeast (Elementary, Middle)	PCS	35	Ward 8		1		1	40
Friendship PCS - Technology Preparatory High School	PCS	35	Ward 8	1			1	40
Turner Elementary School	DCPS	35	Ward 8			1	1	40
Hart Middle School	DCPS	36	Ward 8			1	1	40
King Elementary School	DCPS	36	Ward 8			1	1	32
KIPP DC - (Honor, Inspire & Pride) - Wheeler Campus PCS	PCS	36	Ward 8	1			1	40
Malcolm X Elementary School	DCPS	36	Ward 8	1			1	40
Anacostia High School	DCPS	HS	Ward 8			1	1	40
Ballou High School / Ballou STAY High School	DCPS	HS	Ward 8			1	1	40
Bard High School Early College DC (Bard DC)	DCPS	HS	Ward 8			1	1	20
Bell Multicultural High School (CHEC)	DCPS	HS	Ward 1			1	1	24
Benjamin Banneker High School	DCPS	HS	Ward 1			1	1	24

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Cardozo Education Campus	DCPS	HS	Ward 1		1		1	40
Coolidge High School with Ida B Wells Middle School	DCPS	HS	Ward 4	1			1	40
Duke Ellington School of the Arts	DCPS	HS	Ward 2			1	1	32
Dunbar High School	DCPS	HS	Ward 5		1		1	40
Eastern High School	DCPS	HS	Ward 6	1			1	40
H. D. Woodson High School	DCPS	HS	Ward 7			1	1	40
Jackson-Reed High School	DCPS	HS	Ward 3			1	1	24
John Francis High School (Formerly School Without Walls)	DCPS	HS	Ward 2	1			1	40
Luke C. Moore High School	DCPS	HS	Ward 5	1			1	40
MacArthur High School	DCPS	HS	Ward 3	1			1	40
Mckinley Technology High School	DCPS	HS	Ward 5			1	1	40
Phelps Architecture, Construction and Engineering High School	DCPS	HS	Ward 5			1	1	24
Ron Brown College Preparatory High School	DCPS	HS	Ward 7			1	1	40
Roosevelt High School	DCPS	HS	Ward 4		1			40

c. Number and percentage of days in the 2024-25 and 2025-26, to date, school year each campus has not had in person health suite staff coverage

Please see attachment titled *Attachment FY25 Performance Oversight CHA Q49c*.

All campuses receive telephone coverage from DC Health when their assigned health suite staff is on leave. To report each campus's percentage of days with no in-person coverage, 180 in-person instructional days was used as the denominator. Between school-year 2024-2025 and school-year 2025-2026, to date, there has been a reduction in the percentage of days without in-person coverage from 7% to 4%. This reduction is reflective of increased staffing and administrative improvements.

d. Number of school personnel. By school, not including the designated health tech/RN/LPN, with up-to-date training/certification in Administration of Medication (AOM).

Number of school personnel, by school with up-to-date training/certification in Administration of Medication (AOM), as of December 23 rd , 2025			
School Name	LEA	Ward	Number of AOM Staff
Achievement Preparatory Academy PCS - Wahler Place Elementary School	PCS	8	3
Amidon-Bowen Elementary School	DCPS	6	4
Anacostia High School	DCPS	8	2
AppleTree PCS	PCS	-	7*
AppleTree - Achievement Prep	PCS	8	1

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AppleTree Early Learning Center PCS - Columbia Heights	PCS	1	5
AppleTree Early Learning Center PCS - Douglas Knoll	PCS	8	3
AppleTree Early Learning Center PCS - Lincoln Park	PCS	1	3
AppleTree Early Learning Center PCS - Oklahoma Avenue	PCS	7	1
AppleTree Early Learning Center PCS - Parklands at THEARC	PCS	6	2
AppleTree Early Learning Center PCS - Southwest	PCS	6	1
AppleTree Early Learning Center PCS - Spring Valley	PCS	3	3
AppleTree Early Learning Center PCS - Waterfront Station	PCS	6	1
AppleTree PCS – Rise	PCS	8	3
AppleTree PCS - Rocketship Infinity Prep	PCS	5	1
AppleTree PCS - Rocketship Legacy Prep	PCS	7	1
Ballou High School / Ballou STAY High School	DCPS	8	5
Bancroft Elementary School	DCPS	1	11
Bard High School Early College DC (Bard DC)	DCPS	8	2
Barnard Elementary School	DCPS	4	6
BASIS DC PCS	PCS	2	14

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Beers Elementary School	DCPS	7	2
Benjamin Banneker High School	DCPS	2	2
Breakthrough Montessori PCS	PCS	4	3
Brent Elementary School	DCPS	6	9
Bridges PCS	PCS	5	4
Brightwood Elementary School	DCPS	4	5
Briya PCS	PCS	5	3
Brookland Middle School	DCPS	5	1
Browne Education Campus ES and Middle School	DCPS	5	4
Bruce-Monroe Elementary School at Park View	DCPS	1	3
Bunker Hill Elementary School	DCPS	5	5
Burroughs Elementary School	DCPS	5	2
Burrville Elementary School	DCPS	7	3
C.W. Harris Elementary School	DCPS	7	2
Capital City PCS (Middle, Lower, High)	PCS	4	5
Capitol Hill Montessori School at Logan	DCPS	6	2

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Capital Village	PCS	5	1
Cardozo Education Campus	DCPS	1	5
Carlos Rosario International PCS	PCS	5	2
Cedar Tree Academy PCS	PCS	8	8
Center City PCS – Brightwood	PCS	4	1
Center City PCS - Capitol Hill	PCS	7	3
Center City PCS - Congress Heights	PCS	8	2
Center City PCS – NoMa	PCS	5	1
Center City PCS - Petworth	PCS	4	1
Center City PCS - Shaw	PCS	2	1
Cesar Chavez PCS for Public Policy	PCS	7	2
Cleveland Elementary School	DCPS	1	6
Columbia Heights-Bell Multicultural High School and Lincoln Middle School	DCPS	1	3
Coolidge High School with Ida B Wells Middle School	DCPS	4	6
Creative Minds International PCS	PCS	5	6

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DC Bilingual PCS	PCS	5	3
DC Prep PCS - Benning (Elementary, Middle)	PCS	7	3
DC Prep PCS - Edgewood (Elementary, Middle) School	PCS	5	8
DC Prep PCS - Anacostia School (Elementary and Middle)	PCS	8	4
DC Scholars PCS	PCS	7	4
DC Wildflower PCS	PCS	7	4
Deal Middle School	DCPS	3	6
Digital Pioneers Academy PCS	DCPS	8	2
Discover Champions (After Care)	DCPS	-	2
District of Columbia International School	PCS	4	8
Dorothy Height Elementary School	DCPS	4	4
Drew Elementary School	DCPS	7	2
Duke Ellington School of the Arts	DCPS	2	1
Dunbar High School	DCPS	5	3
E.L. Haynes PCS*	PCS	-	4
E.L. Haynes PCS – Elementary and High School	PCS	4	4

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E.L. Haynes PCS-Middle School	PCS	1	2
Early Childhood Academy PCS	PCS	8	1
Eastern High School	DCPS	7	3
Eaton Elementary School	DCPS	3	2
Eliot-Hine Middle School	DCPS	7	6
Elsie Whitlow Stokes Community Freedom PCS*	PCS	-	3
Elsie Whitlow Stokes Community Freedom PCS - Brookland	PCS	5	2
Elsie Whitlow Stokes Community Freedom PCS - East End	PCS	7	6
Excel Academy	DCPS	8	3
Friendship PCS*	PCS	-	6
Friendship PCS - Armstrong Elementary and Middle	PCS	5	4
Friendship PCS - Blow Pierce Elementary and Middle	PCS	7	3
Friendship PCS - Chamberlain Elementary and Middle	PCS	6	5
Friendship PCS - Collegiate Academy	PCS	7	3
Friendship PCS - Ideal Elementary and Middle	PCS	4	4
Friendship PCS - Online Academy	PCS	4	1

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Friendship PCS - Southeast Elementary	PCS	8	6
Friendship PCS - Technology Preparatory High School	PCS	8	4
Friendship PCS - Woodridge International Elementary and Middle	PCS	5	3
Garfield Elementary School	DCPS	8	3
Garnet-Patterson STAY	DCPS	1	3
Garrison Elementary School	DCPS	2	5
Girls Global Academy PCS	PCS	2	3
Global Citizens PCS	PCS	7	3
Goodwill Excel Center PCS	PCS	2	4
H. D. Woodson High School	DCPS	7	5
H.D. Cooke Elementary School	DCPS	1	2
Hardy Middle School	DCPS	2	1
Harmony DC PCS - School of Excellence	PCS	5	4
Hart Middle School	DCPS	8	6
Hearst Elementary School	DCPS	3	6
Hendley Elementary School	DCPS	8	4

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Houston Elementary School	DCPS	7	6
Howard University Middle School of Mathematics and Science PCS	PCS	1	1
Hyde-Addison Elementary School	DCPS	2	7
Hyde-Addison Elementary School (Aftercare Partner)	DCPS	6	2
IDEA PCS	PCS	7	5
Ingenuity Prep PCS	PCS	8	6
Inspired Teaching Demonstration PCS	PCS	5	5
J.O. Wilson Elementary School	DCPS	6	3
Jackson-Reed High School	DCPS	3	3
Janney Elementary School	DCPS	3	8
Jefferson Middle School Academy	DCPS	6	1
John Francis Education Campus	DCPS	2	7
John Francis High School (Formerly School Without Walls)	DCPS	2	2
John Lewis Elementary School	DCPS	4	5
Johnson Middle School	DCPS	8	3
Kelly Miller Middle School	DCPS	7	2

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Ketcham Elementary School	DCPS	8	6
Key Elementary School	DCPS	3	5
Kimball Elementary School	DCPS	7	4
King Elementary School	DCPS	8	3
Kingsman Academy PCS	PCS	6	3
KIPP DC*	PCS	-	4
KIPP DC - Benning Campus (Key, Leap, Promise)	PCS	7	8
KIPP DC - College Preparatory PCS	PCS	5	5
KIPP DC - Douglass Campus (Aim, Discover, Heights)	PCS	8	6
KIPP DC - (Arts & Technology, Quest & Valor)	PCS	7	4
KIPP DC - (Connect, Spring & Northeast)	PCS	5	7
KIPP DC - (Honor, Inspire & Pride)-Wheeler Campus	PCS	8	5
KIPP DC - (Will, Grow & Lead)	PCS	8	7
KIPP DC - Legacy College Preparatory PCS	PCS	8	7
Kramer Middle School	DCPS	8	0
Lafayette Elementary School	DCPS	4	14

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Langdon Elementary School	DCPS	5	7
Langley Elementary School	DCPS	5	4
LaSalle-Backus Elementary School	DCPS	4	4
Latin American Montessori Bilingual PCS	PCS	4	8
Lawrence E. Boone Elementary School	DCPS	8	2
LAYC Career Academy PCS	PCS	1	5
LEARN DC PCS	PCS	8	3
Leckie Elementary School	DCPS	8	2
Lee Montessori PCS-Brookland and Washington Leadership Academy	PCS	5	1
Lee Montessori PCS-East End	PCS	8	3
Lorraine H. Whitlock Elementary School	DCPS	7	2
Ludlow-Taylor Elementary School	DCPS	6	5
Luke C. Moore High School	DCPS	5	3
MacArthur High School	DCPS	3	3
MacFarland Middle School	DCPS	4	5
Malcolm X Elementary School	DCPS	8	3

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Mann Elementary School	DCPS	3	3
Marie Reed Elementary School	DCPS	1	5
Mary McLeod Bethune Day Academy PCS	PCS	5	5
Maury Elementary School	DCPS	6	3
Maya Angelou PCS - High School and Youth Adult Learning Center	PCS	7	7
Mckinley Technology High School	DCPS	5	4
McKinley Technology Middle School	DCPS	5	3
Meridian PCS Elementary and Middle School	PCS	1	5
Military Road Early Learning Center	DCPS	4	3
Miner Elementary School	DCPS	7	5
Monument Academy PCS	PCS	7	6
Moten Elementary School	DCPS	8	1
Mundo Verde Bilingual PCS*	PCS	-	3
Mundo Verde Bilingual PCS - Calle Ocho	PCS	5	8
Mundo Verde Bilingual PCS - J.F. Cook	PCS	5	10
Murch ES	DCPS	3	10

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Nalle Elementary School	DCPS	7	4
The Next Step/El Proximo Paso PCS	PCS	1	2
Noyes Elementary School	DCPS	5	4
Office of Operations	DCPS – Central Office	-	1
Office of School Improvement and Supports	DCPS – Central Office	-	2
Office of Social Emotional and Academic Development	DCPS – Central Office	-	10
Office of Teaching and Learning	DCPS – Central Office	-	9
Oyster-Adams Bilingual EC	DCPS	3	6
Patterson Elementary School	DCPS	8	4
Paul PCS - International High School	PCS	4	7
Payne Elementary School	DCPS	6	3
Peabody Elementary School (Capitol Hill Cluster)	DCPS	6	3
Perry Street Preparatory PCS	PCS	5	2

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Phelps High School	DCPS	5	2
Plummer Elementary School	DCPS	7	2
Powell Elementary School	DCPS	4	7
Randle Highlands Elementary School	DCPS	7	3
Raymond Elementary School	DCPS	4	2
Richard Wright PCS for Journalism and Media Arts	PCS	6	1
River Terrace Education Center	DCPS	7	4
Rocketship PCS - Infinity Community Prep	PCS	5	3
Rocketship PCS - Legacy Prep	PCS	7	4
Rocketship PCS-Rise Academy/Apple Tree at Rocketship	PCS	8	4
Ron Brown College Preparatory High School	DCPS	7	0
Roosevelt High School	DCPS	4	3
Roots PCS	PCS	4	3
Ross Elementary School	DCPS	2	4
Savoy Elementary School	DCPS	8	4
School-Within-School at Goding	DCPS	6	3

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SEED PCS	PCS	7	8
Seaton Elementary School	DCPS	2	3
Sela PCS	PCS	4	3
Shepherd Elementary School	DCPS	4	2
Shining Stars Montessori Academy PCS	PCS	5	1
Shirley Chisolm Elementary School	DCPS	6	4
Shirley Chisolm Elementary School (Aftercare Partner)	DCPS	6	2
Simon Elementary School	DCPS	8	5
Smothers Elementary School	DCPS	7	1
Social Justice	PCS	5	5
Sousa Middle School	DCPS	7	3
St. Coletta Special Education PCS	PCS	7	2
Stanton Elementary	DCPS	8	2
Statesmen College Preparatory Academy for Boys PCS	PCS	8	5
Stevens ELC	DCPS	2	2
Stoddert Elementary School	DCPS	3	5

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Stuart-Hobson Middle School (Capitol Hill Cluster)	DCPS	6	3
Substitute Teacher	DCPS	-	1
Takoma Elementary School	DCPS	4	3
The Children's Guild DC PCS	PCS	5	0
The Sojourner Truth School PCS	PCS	5	3
Thomas Elementary School	DCPS	7	6
Thomson Elementary School	DCPS	2	2
Thurgood Marshall Academy PCS	PCS	8	2
Truesdell Elementary School	DCPS	4	3
Tubman Elementary School	DCPS	1	12
Turner Elementary School	DCPS	8	5
Two Rivers PCS*	PCS	-	5
Two Rivers PCS - Young (Elementary, Middle)	PCS	5	5
Two Rivers PCS- 4th Street	PCS	6	1
Van Ness Elementary School	DCPS	8	2
Walker-Jones Education Campus	DCPS	6	1

Washington Global PCS	PCS	6	2
Washington Latin Cooper Campus	PCS	5	0
Washington Latin PCS (Middle, Upper)	PCS	4	5
Washington Leadership Academy PCS	PCS	5	2
Washington Yu Ying PCS	PCS	5	7
Watkins Elementary School (Capitol Hill Cluster)	DCPS	6	1
Wheatley Education Campus	DCPS	5	3
Whittier Elementary School	DCPS	4	3
YouthBuild DC PCS	PCS	1	1

*** AOM Participant did not specify which location they are serving**

DCPS has reviewed and approved the above table provided as the response. Kramer Middle School has 0 AOMs because the certificate has expired. At this time, DC Health is not sure if DCPS asked for recertification. In addition, Kramer Middle School and Ron Brown College Preparatory High School are working on getting school personnel that are certified in AOM.

Q50: Please provide the current number of RN, LPN, and health technician positions included in the SHSP, including those employed by Children’s School Services and DC Health, and indicate which positions are vacant.

Response:

Currently, the school health services program is 89% staffed with 41 RNs, 31 LPNs, and 91 School Health Technician positions filled and all are employed by DC Health. DC Health is currently finalizing hiring and onboarding of LPN and health technician candidates selected during the recent Winter Hiring Event. The Department is aiming to fill all positions by Q2. In addition, DC Health has onboarded five staffing contract staff, including four school health technicians, and one LPN, to help address current staffing gaps.

Position	Total Planned	Total Hired	% Hired	Total Vacant	% Vacant
Administrative RN	11	10	91%	1	9%
Total Nurses (RN + LPN)	86	72	84%	14	16%
RN	50	41	82%	9	18%
LPN	36	31	86%	5	14%
School Health Technician (SHT)	107	99	86%	8	14%
Total	204	181	89%	23	11%

Q51: Please provide the updated percentages for FY 2025 and FY 2026, to date, on how many:

- a. Students with asthma had a current asthma action plan on file;**
- b. Students with diabetes had a current diabetes management plan on file;**
- c. Students with diabetes had a current anaphylaxis action plan on file; and**
- d. Students had a current Universal Health Certificate on file.**

Response:

- a. Students with asthma had a current asthma action plan on file;**
- b. Students with diabetes had a current diabetes management plan on file;**
- c. Students with diabetes had a current anaphylaxis action plan on file; and**

In FY25, assessment methods were refined to count only valid action plans. A valid action plan is defined as one that falls within 365 days of the most recent medical check or the documented start date of the plan. This refinement improved accuracy but resulted in lower counts compared to previous years, where action plans older than 365 were which had included nurse indicated plans without full date validation.

Additional refinements are underway to further strengthen data quality, including:

- Adding fields to in the current HR to require a valid plan
- Modifying the EHR so incomplete or outdated plans are not counted
- Providing targeted training to ensure nurses consistently enter required dates for action plans

Percentages of Students With Current Asthma, Diabetes, and Anaphylaxis Management Plans on File for FY 2025 and FY 2026, to date						
Question	Total Students with Condition FY 2025	Total Students with Action Plan FY 2025	Percent of Students with Action Plan FY 2025	Total Students with Condition FY 2026	Total Students with Action Plan FY 2026	Percent of Students with Action Plan FY 2026

Students with asthma	11,781	1,023	9%	11,110	1,372	12%
Students with diabetes	262	83	32%	242	78	32%
Students with anaphylaxis	6,343	285	5%	5,761	481	8%

d. Students had a current Universal Health Certificate on file.

During the FY24 Performance Oversight period, partial Q1 counts for FY25 reflected only new UHC submissions rather than all valid UHCs on file within the previous 365 days. This limitation contributed to the early FY25 reported rate of less than 1%. In contrast, full FY25 reporting includes all valid UHCs on file through the end of the fiscal year, using the last physical exam date as the reference point, providing a more accurate picture of UHC compliance. Further system refinements are underway to:

- Use UHC-specific dates (submission, effective, and expiration) for reporting instead of physical exam dates
- Improve EHR validation to ensure UHC records are complete and current
- Provide targeted training to ensure consistent and accurate data entry by health suite staff

Students with Universal Health Certificate on file:				
Question	Total Program Reach FY25	Total Students with UHC on file FY25	Total Program Reach FY26	Total Students with new UHC Submitted for FY26 Year-to-Date
Students that have an updated UHC on file	84,865	23,676 (28%)	84,641	11,349 (13%)

- Q52: Please provide the number of students, broken down by school and Ward, that received services in FY 2025 and FY 2026, to date, from the School Based Oral Health Program.**
- a. Please detail any increase in services to high schools affected by the reduction in services at the School Based Health Centers.**

Response:

In FY2025, 3,510 students were served through the School Based Oral Health Program. In FY 2026, to date, 787 students have been served through the School Based Oral Health Program.

Students Served by School Based Oral Health Program in FY 2025 (October 1, 2024 – September 30, 2025) By Ward and School					
Ward	Facility Name	# Students Received Services	Fluoride Varnish	Sealants	Teeth Cleaning
1	AppleTree Early Learning Center PCS - Columbia Heights	19	19	0	19
	Columbia Heights Education Campus	14	13	8	13
	H.D. Cooke Elementary School	70	67	18	67
2	Edward C. Mazique at Tyler House	5	5	0	5
	Edward C Mazique Parent And Child Center	38	38	0	38
	Kiddie Academy Of DC-West End	30	30	0	30
	Milestones Enrichment Center, Inc.	38	38	0	38
	Summer Health HUB at Hardy Middle School	20	9	2	9
4	Centronia at Upshur Street	18	18	0	18
	Friendship PCS - Ideal Elementary	10	1	1	1
	Gap Community Cc Ctr, Inc	20	19	0	20
	Ida B. Wells Middle School	13	9	6	9
	Loving Care Day Nursery -114 Kenn	22	22	0	22
	Mary Mcleod Bethune Day Academy PCS (16 th Street)	33	24	8	24
	Powell Elementary School	55	41	5	42
	Spanish Education Dev. Ctr #1 & B&A	122	116	0	116

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Students Served by School Based Oral Health Program in FY 2025 (October 1, 2024 – September 30, 2025) By Ward and School					
Ward	Facility Name	# Students Received Services	Fluoride Varnish	Sealants	Teeth Cleaning
	Summer Health Hub at Ida B Wells Middle School	21	9	5	10
5	Browne Education Campus	33	23	8	23
	Friendship PCS - Woodridge International Middle	7	7	3	7
	Friendship Public Charter School at Armstrong Campus	21	18	5	18
	Israel Baptist Church CDC & B&A	14	12	0	12
	Langley Elementary School	105	83	14	84
	Loving Care Day Nursery - 1818 Ny	124	121	0	122
	Mary Mcleod Bethune Day Academy PCS Slowe	10	8	1	8
	Wheatley Education Campus	62	46	16	46
6	AppleTree Early Learning Center PCS - Southwest	7	7	0	7
	Friendship Public Charter School at Chamberlain	12	11	7	11
	Miner Elementary School	101	87	28	87
	Summer Health Hub at Jefferson Middle School	32	12	1	12
	Thurgood Marshall Child Dev Ctr	6	4	2	4
	UPO at Azeeze Bates	24	13	0	23
	UPO at Edgewood Child Development Center	7	7	0	7
	SBHC HD Woodson HS	5	0	1	0
	Waterfront Academy Inc	28	28	0	28
7	AppleTree Early Learning Center PCS - Oklahoma Avenue	13	13	0	13
	Beers Elementary School	59	47	16	47
	C.W. Harris Elementary School	90	79	11	79
	Drew Elementary School	108	81	18	81
	Educare DC- IDEA	25	25	0	25
	Educare Of Washington	23	23	0	23
	First Rock Baptist CDC - H St	28	27	0	27

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Students Served by School Based Oral Health Program in FY 2025 (October 1, 2024 – September 30, 2025) By Ward and School					
Ward	Facility Name	# Students Received Services	Fluoride Varnish	Sealants	Teeth Cleaning
	Friendship PCS - Collegiate Academy	18	10	6	10
	Friendship Public Charter School at Blow Pierce Campus	9	7	2	7
	Kimball Elementary School	128	115	18	116
	Manley Science and Technology Center	12	12	0	12
	Randle Highlands Elementary School	101	86	15	86
	Rocketship Legacy Prep	69	55	14	55
	Shining Star 2 Early Learning Ctr	58	43	0	43
8	Apple Tree Early Learning PCS - Douglas Knoll Campus	20	20	0	20
	Apple Tree Early PCS at Parkland	34	25	0	25
	Bethel Christian Fellowship Early Childhood Development Center	54	52	3	52
	Big Mama's Children's Center & B&A	21	20	6	20
	Bright Beginnings, Inc.	91	89	0	88
	Community Edu Research Group Inc	57	56	0	56
	Dawn To Dusk Child Development Center	44	42	0	42
	Emergent Preparatory Academy	47	47	0	47
	Early Childhood Academy PCS	56	43	9	43
	Friendship PCS - Technology Preparatory High School	16	12	8	12
	Hart Middle School	55	48	15	48
	Hendley Elementary School	48	36	7	38
	House of Ruth's Kidspace Child and Family Development Center	15	15	0	15
	Jewel's New Beginning Learning Center II	21	21	0	21
	Jewel's New Beginning Learning Center, LLC	28	24	0	24
	Ketcham Elementary School	103	87	22	87
	Kiddies Kollege & B&A	48	47	0	47

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Students Served by School Based Oral Health Program in FY 2025 (October 1, 2024 – September 30, 2025) By Ward and School					
Ward	Facility Name	# Students Received Services	Fluoride Varnish	Sealants	Teeth Cleaning
	Lawrence E. Boone Elementary School	47	45	14	45
	Leckie Education Campus	69	55	20	55
	Martin Luther King Elementary School	132	113	10	113
	Moten Elementary School	69	66	12	66
	National Children's Center	39	39	0	39
	Patterson Elementary School	53	42	6	42
	Savoy Elementary School	46	39	7	39
	Simon Elementary School	68	61	9	61
	St. Philip's Child Development Center	15	15	0	15
	Stanton Elementary School	144	128	22	129
	Sunshine Early Learning Center, Inc	48	48	0	48
	The Learning Curve CDC	26	23	0	23
	Thurgood Marshall Academy PCS	9	7	3	8
	Tucker DC	17	17	0	17
	Turner Elementary School	37	26	11	27
	UPO at Anacostia High School	3	3	0	3
	UPO at Ballou High School	13	13	0	13
	UPO at Frederick Douglass	21	20	0	20
	UPO at Ketcham Elementary School	9	9	0	9
Grand Total		3,510	3,041	423	3,061

FY 2026

Students Served by School Based Oral Health Program in FY 2026 (as of November 30th, 2025) by Ward and School					
Ward	Facility Name	# Students Received Services	Fluoride Varnish	Sealants	Teeth Cleaning
1	AppleTree Early Learning Center PCS - Columbia Heights	39	38	0	39
	H.D. Cooke Elementary School	58	58	17	58
	UPO at Marie Reed Elementary School	7	7	0	7
4	Coolidge High School	10	9	0	9
	Ida B. Wells Middle School	14	13	7	13
	Powell Elementary School	119	88	22	88
6	UPO at Edgewood Child Development Center	9	7	0	8
	Waterfront Academy Inc	31	31	0	31
7	Kimball Elementary School	107	90	25	90
8	Apple Tree Early Learning PCS - Douglas Knoll Campus	11	11	0	11
	AppleTree Early Learning Center PCS - Parklands at THEARC	47	47	0	47
	Bethel Christian Fellowship Early Childhood Development Center	26	25	0	25
	Cedar Tree Academy PCS	47	41	0	42
	Leckie Education Campus	64	60	8	60
	Martin Luther King Elementary School	18	17	2	17
	Moten Elementary School	64	59	8	61
	National Children's Center	44	42	0	42
	Stanton Elementary School	56	54	7	54
	The Learning Curve CDC	5	5	0	5

Students Served by School Based Oral Health Program in FY 2026 (as of November 30 th , 2025) by Ward and School					
Ward	Facility Name	# Students Received Services	Fluoride Varnish	Sealants	Teeth Cleaning
	UPO at Anacostia High School	4	3	0	3
	UPO at Ketcham Elementary School	7	7	0	7
Grand Total		787	712	96	717

Table 2: Total Students Served by School Based Oral Health Program FY 2025 and FY 2026 (as of November 30, 2025), by Ward		
Location	FY 2025 # students received services	FY 2026 # students received services
Ward 1	103	104
Ward 2	131	0
Ward 3	0	0
Ward 4	314	143
Ward 5	376	0
Ward 6	222	40
Ward 7	741	107
Ward 8	1,623	393
Grand Total	3,510	787

a. Please detail any increase in services to high schools affected by the reduction in services at the School Based Health Centers.

DC Health continues to work with two vendors to recruit and onboard high schools to deliver oral health services to students. Delivery

of oral health services to high schools has not been significantly impacted by operational hours at School Based Health Centers. While implementation in high schools has been slower than anticipated, DC Health continues build vendor capacity to engage schools and set up scheduling and operational infrastructure.

- Q53: Please provide the following utilization data for all school health suites, broken down by school and Ward:**
- Number of student encounters in FY 2025 and FY 2026, to date;**
 - Number of services provided broken down by type; and**
 - Occasions when EMT or 911 was called for a medical emergency.**

Response:

FY25 District of Columbia Public and Chartered Schools Health Service Utilization, SY24 - SY25 By Ward and School Level													
Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
1	Bancroft Elementary School	1,508	1,184	3	0	294	13	0	0	8	0	0	0
1	Bell Multicultural Hs	1,032	488	3	0	206	33	295	0	0	1	0	7
1	Bruce-Monroe Elementary School at Park View	629	344	0	0	277	6	0	0	2	0	0	0
1	Cardozo Education Campus	189	117	0	0	39	5	25	0	3	0	0	5
1	Cleveland Elementary School	140	128	0	0	0	6	0	0	0	0	0	0

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FY25 District of Columbia Public and Chartered Schools Health Service Utilization, SY24 - SY25 By Ward and School Level													
Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
1	E.L. Haynes PCS - Middle School	132	21	0	0	111	0	0	0	0	0	0	0
1	H.D. Cooke Elementary School	928	592	0	0	287	12	35	0	2	0	0	0
1	Lincoln Multicultural Ms	1,003	766	4	0	66	48	113	0	0	0	0	3
1	Marie Reed Elementary School	672	636	0	0	28	8	0	0	0	0	0	0
1	Meridian Es PCS	327	125	2	0	192	3	0	0	0	5	0	2
1	Meridian Ms PCS	725	605	0	0	93	27	0	0	0	0	0	0
1	Oyster Adams Bilingual - Adams Campus	651	258	0	0	100	287	0	0	1	5	0	0
1	Tubman Elementary School	1,179	872	0	0	185	18	82	0	4	2	0	0

Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Community Health Administration	Telehealth Service	Virtual Service	Oversight Questions 911/EMT
2	Benjamin Banneker High School	405	352	0	0	4	21	0	0	3	0	0	0	2
2	Duke Ellington School of The Arts	1,199	556	21	0	308	169	132	0	0	1	1	1	5
2	Garrison Elementary School	1,549	855	0	0	496	15	175	0	4	0	0	0	0
2	Girls Global Academy PCS	235	177	1	0	7	50	0	0	0	0	0	0	0
2	Hardy Middle School	929	766	9	0	77	8	41	0	0	0	0	0	3
2	Hyde-Addison Elementary School	940	660	0	0	201	6	0	0	72	0	0	0	0
2	Kipp DC - Grow	239	90	0	0	138	2	0	0	0	0	0	0	4

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
	Academy PCS												
2	Kipp DC - Lead Academy PCS	1,120	576	0	0	409	8	111	0	8	0	0	0
2	Kipp DC - Will Academy PCS	496	224	2	0	126	9	118	0	1	0	0	3
2	Ross Elementary School	407	393	0	0	11	3	0	0	0	0	0	0
2	School Without Walls At Francis-Stevens	2,036	1423	0	0	419	21	145	0	2	0	0	0
2	School Without Walls High School	616	451	5	0	71	19	43	0	2	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
2	Seaton Elementary School	890	834	2	0	30	11	0	0	11	2	0	0
2	Thaddeus Stevens Early Learning Center	137	123	0	0	8	4	0	0	1	0	0	0
2	Thomson Elementary School	528	407	0	0	113	3	0	0	0	0	0	0

Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
3	Deal Middle School	1,908	1,399	5	0	243	70	87	1	0	0	0	8
3	Eaton Elementary School	1,597	1,224	3	0	217	43	60	0	2	5	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
3	Hearst Elementary School	173	126	0	0	37	8	0	0	0	0	0	0
3	Jackson-Reed High School	969	498	2	0	393	70	0	0	2	0	0	14
3	Janney Elementary School	890	619	0	0	255	3	0	0	0	0	0	1
3	Key Elementary School	724	676	0	0	42	3	0	0	0	1	0	0
3	Macarthur High School	456	261	1	0	84	35	72	0	0	0	0	0
3	Mann Elementary School	829	718	0	0	41	17	51	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
3	Murch Elementary School	1,978	1,183	2	0	607	17	122	0	0	8	0	0
3	Oyster Adams Bilingual - Oyster Campus	239	161	0	0	77	1	0	0	0	0	0	0
3	Stoddert Elementary School	660	534	2	0	118	3	0	0	3	0	0	0

Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
4	Barnard Elementary School	785	505	0	0	216	20	30	0	3	0	0	0
4	Brightwood Elementary School	2,347	1,659	0	0	461	38	134	0	15	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
4	Capital City PCS - High School	19	19	0	0	0	0	0	0	0	0	0	0
4	Capital City PCS - Lower School	145	97	0	0	24	0	22	0	0	0	0	0
4	Capital City PCS - Middle School	66	53	0	0	10	1	0	0	1	0	0	0
4	Center City PCS - Petworth	94	87	0	0	7	0	0	0	0	0	0	0
4	Coolidge High School	1,428	1,125	15	1	8	140	118	0	6	3	0	5
4	District Of Columbia International School PCS	1,642	1,305	2	0	57	68	144	0	0	0	0	2
4	Dorothy I. Height Elementary School	744	381	0	0	166	34	138	0	1	0	0	0
4	E.L. Haynes PCS -	1,127	701	0	0	233	21	162	0	1	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
	Elementary School												
4	E.L. Haynes PCS - High School	142	105	0	0	0	5	21	0	0	0	0	0
4	Friendship PCS - Ideal Elementary	387	298	0	0	67	20	0	0	0	0	0	0
4	Friendship PCS - Ideal Middle	201	183	0	0	0	13	0	0	0	0	0	0
4	Ida B. Wells Middle School	1,863	1,637	19	0	50	124	0	0	12	6	0	1
4	John Lewis Elementary School	1,084	671	1	0	327	30	38	0	0	4	0	1
4	Lafayette Elementary School	2,070	1,452	0	0	470	4	136	0	0	0	0	0
4	Lasalle-Backus Elementary School	786	479	2	0	196	3	93	0	7	4	0	1

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
4	Latin American Montessori Bilingual PCS	1,390	1,059	0	0	174	3	0	0	153	0	0	6
4	Macfarland Middle School	1,920	1,293	22	0	238	211	78	0	3	3	0	2
4	Military Road Early Learning Center	217	215	0	0	0	0	0	0	0	0	0	0
4	Paul PCS - International High School	270	211	1	0	26	6	26	0	0	0	0	0
4	Paul PCS - Middle School	368	281	4	0	43	10	28	0	0	0	0	2
4	Powell Elementary School	759	622	0	0	115	11	0	0	3	2	0	0
4	Raymond Elementary School	1,045	821	0	0	100	11	100	0	9	0	0	2
4	Roosevelt High School	674	361	10	0	65	15	215	0	0	3	0	3

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Ward	School	Total Events	Acute Care Manage	Behavior al Health	Counseli ng Session	Chronic Disease Manage	Health Maintena nce	Procedur es	Reprodu ctive Health	Preventa tive Care	Telehealt h Services	Virtual Services	911/EMS
4	Sela PCS	408	259	0	0	137	11	0	0	0	0	0	0
4	Shepherd Elementary School	1,842	1,620	0	0	221	1	0	0	0	0	0	1
4	Takoma Elementary School	528	375	1	0	146	6	0	0	0	0	0	2
4	Truesdell Elementary School	678	555	0	0	98	5	20	0	0	0	0	0
4	Washington Latin PCS - Middle School	518	355	3	0	148	11	0	0	0	0	0	1
4	Washington Latin PCS - Upper School	205	123	0	0	77	5	0	0	0	0	0	0
4	Whittier Elementary School	842	534	0	0	211	13	41	0	1	0	0	2

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
5	Bridges PCS	1,306	400	0	0	769	5	130	0	0	2	0	1
5	Brookland Middle School	1,012	812	0	0	141	27	31	0	0	0	0	0
5	Browne Education Campus Es	602	460	0	0	117	0	6	0	0	8	0	1
5	Browne Education Campus Ms	432	215	0	0	159	8	44	0	0	2	0	0
5	Bunker Hill Elementary School	209	175	0	0	7	8	0	0	2	8	0	0
5	Burroughs Elementary School	839	495	0	0	164	38	109	0	1	0	0	1
5	Capital Village PCS	269	215	0	0	4	15	0	0	0	0	0	0
5	Creative Minds International PCS	1,755	1,021	0	0	425	33	212	0	0	41	0	1
5	Dc Bilingual PCS	548	413	0	0	106	3	0	0	0	0	0	3
5	Dc Prep PCS - Edgewood	648	412	0	0	188	41	0	0	2	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
	Elementary School												
5	Dc Prep PCS - Edgewood Middle School	1,440	565	0	0	716	7	150	0	0	0	0	4
5	Dunbar High School	683	504	3	0	11	119	0	9	1	1	0	3
5	Elsie Whitlow Stokes Community Freedom PCS – Brookland	747	565	0	0	75	4	98	0	0	3	0	0
5	Friendship PCS - Armstrong Elementary	647	413	0	0	167	13	0	0	45	0	0	1
5	Friendship PCS - Armstrong Middle	524	485	0	0	3	30	0	0	0	0	0	2
5	Friendship PCS - Woodridge International Elementary	579	503	0	0	44	13	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
5	Friendship PCS - Woodridge International Middle	429	299	0	0	113	13	0	0	0	2	0	0
5	Inspired Teaching Demonstration PCS	1,131	870	0	0	142	30	53	0	0	0	0	0
5	Kipp DC - College Preparatory PCS	1,299	1,011	2	0	157	76	42	2	2	0	0	0
5	Kipp DC - Connect Academy PCS	222	184	0	0	18	2	0	0	0	0	0	0
5	Kipp DC - Northeast Academy PCS	1,039	762	2	0	105	82	55	1	1	0	0	5
5	Kipp DC - Spring Academy PCS	1,125	757	2	0	289	7	48	0	0	0	0	0
5	Langdon Elementary School	1,126	574	0	0	235	195	120	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
5	Langley Elementary School	829	787	0	0	1	39	0	0	0	1	0	0
5	Lee Montessori PCS - Brookland	1,239	1,026	0	0	194	9	0	0	0	2	0	0
5	Luke C. Moore High School	319	132	0	0	38	54	30	6	2	0	0	3
5	Mckinley Middle School	1,087	900	2	0	94	61	25	0	2	0	0	1
5	Mckinley Technology High School	780	518	6	0	66	149	32	0	0	0	0	0
5	Mundo Verde Bilingual PCS - Calle Ocho	2,019	1,864	0	0	125	30	0	0	0	0	0	0
5	Noyes Elementary School	1,502	1,061	0	0	336	34	61	0	5	2	0	0
5	Perry Street Preparatory PCS	348	229	1	0	112	5	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
5	Phelps Architecture, Construction And Engineering High School	770	560	0	0	4	95	0	0	2	0	0	1
5	Rocketship PCS - Infinity Community Prep	522	86	0	0	385	1	49	0	0	1	0	0
5	Social Justice PCS	0	0	0	0	0	0	0	0	0	0	0	0
5	The Children's Guild DC PCS	1,530	845	3	0	240	142	162	0	0	0	0	1
5	The Sojourner Truth School PCS	20	14	0	0	0	2	0	0	0	0	0	0
5	Two Rivers PCS - Young Elementary School	736	511	0	0	190	7	0	0	0	1	0	0
5	Two Rivers PCS - Young Middle School	268	70	3	0	138	6	44	0	0	0	0	1

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
5	Washington Latin PCS - Cooper Campus	1,014	483	0	0	381	90	57	0	0	0	0	1
5	Washington Leadership Academy PCS	385	317	0	0	28	14	22	0	0	0	0	0
5	Washington Yu Ying PCS	819	683	1	0	44	1	85	0	0	0	0	0
5	Wheatley Education Campus	110	102	0	0	5	1	0	0	0	0	0	1

Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
6	Amidon-Bowen Elementary School	1,615	1,229	0	0	321	46	0	0	1	2	0	0
6	Appletree Early Learning Center PCS - Southwest	86	27	0	0	12	42	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
6	Brent Elementary School	1,421	1,014	0	0	179	148	0	0	4	0	0	0
6	CAPITOL HILL MONTESSORI SCHOOL At LOGAN	302	215	0	0	83	2	0	0	0	0	0	0
6	Friendship PCS - Blow Pierce Elementary	960	612	0	0	268	0	80	0	0	0	0	0
6	Friendship PCS - Chamberlain Elementary	90	62	0	0	27	1	0	0	0	0	0	1
6	Friendship PCS - Chamberlain Middle	121	51	0	0	66	1	0	0	0	0	0	0
6	J. O. Wilson Elementary School	1,443	1,079	4	0	184	29	73	0	0	46	0	1
6	Jefferson Middle School Academy	803	685	1	0	67	1	21	0	0	0	0	2
6	Kingsman Academy PCS	20	8	0	0	12	0	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
6	Ludlow-Taylor Elementary School	1,340	845	2	0	178	71	0	0	95	6	0	0
6	Maury Elementary School	452	196	0	0	251	0	0	0	5	0	0	0
6	Payne Elementary School	640	480	0	0	91	68	0	0	0	0	0	0
6	Peabody Elementary School (Capitol Hill Cluster)	469	338	0	0	127	2	0	0	0	0	0	0
6	SCHOOL-WITHIN-SCHOOL At GODING	871	397	0	0	384	5	76	0	3	2	0	1
6	Shirley Chisolm Elementary School	851	577	0	0	78	13	159	0	0	0	0	0
6	Stuart-Hobson Middle School (Capitol Hill Cluster)	791	597	2	0	80	60	0	0	5	0	0	1

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
6	Two Rivers PCS - 4th Street	328	240	0	0	40	1	0	0	1	0	0	0
6	Walker-Jones Education Campus	2,345	1,685	4	2	337	83	73	0	0	4	0	8
6	Washington Global PCS	182	158	0	0	9	11	0	0	1	2	0	0
6	Watkins Elementary School (Capitol Hill Cluster)	731	328	0	0	374	18	0	0	11	0	0	0

Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Appletree Early Learning Center PCS - Oklahoma Avenue	135	132	0	0	0	3	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Beers Elementary School	408	232	0	0	154	11	0	0	1	2	0	0
7	Burrville Elementary School	475	393	0	0	8	13	0	0	0	6	0	0
7	C. W. Harris Elementary School	1,125	653	0	0	322	15	129	0	0	0	0	3
7	Dc Prep PCS - Benning Elementary School	913	546	0	0	246	0	117	0	0	3	0	0
7	Dc Prep PCS - Benning Middle School	990	619	1	0	311	15	36	0	0	4	0	0
7	Dc Scholars PCS	630	542	2	0	54	25	0	0	1	3	0	0
7	Drew Elementary School	985	658	0	0	225	18	55	0	2	0	0	3

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Eastern High School	225	154	5	0	35	23	0	0	3	2	0	5
7	Eliot-Hine Middle School	831	649	1	1	124	47	0	0	3	2	0	1
7	Elsie Whitlow Stokes Community Freedom PCS - East End	463	422	0	0	35	6	0	0	0	0	0	0
7	Friendship PCS - Blow Pierce Middle	424	351	2	0	37	16	16	0	0	0	0	3
7	Friendship PCS - Collegiate Academy	463	399	1	0	4	50	3	0	0	0	0	4
7	H. D. Woodson High School	476	265	0	0	55	146	8	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Houston Elementary School	932	756	2	0	159	10	0	0	3	2	0	0
7	I Dream PCS	418	335	0	0	75	3	0	0	0	0	0	0
7	Idea PCS	125	61	0	0	35	2	20	1	0	0	0	0
7	Kelly Miller Middle School	772	503	0	0	145	73	38	0	0	0	0	2
7	Kimball Elementary School	487	473	0	0	0	11	0	0	1	0	0	0
7	Kipp DC - Arts And Technology Academy PCS	202	164	0	0	33	2	0	0	1	0	0	0
7	Kipp DC - Key Academy PCS	279	172	0	0	98	7	0	0	0	0	0	0
7	Kipp DC - Leap Academy PCS	171	43	0	0	84	2	42	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Kipp DC - Promise Academy PCS	758	358	0	0	397	3	0	0	0	0	0	0
7	Kipp DC - Quest Academy PCS	930	786	0	0	139	3	0	0	2	0	0	0
7	Kipp DC - Valor Academy PCS	513	451	0	0	57	2	3	0	0	0	0	3
7	Lorraine H. Whitlock Elementary School	99	96	0	0	0	0	0	0	1	2	0	0
7	Maya Angelou PCS - High School	1,029	581	0	0	280	165	0	0	0	0	0	0
7	Miner Elementary School	1,494	885	0	0	473	14	71	0	20	2	0	5
7	Nalle Elementary School	770	457	0	0	176	1	133	0	1	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Plummer Elementary School	600	515	3	0	58	3	0	0	8	2	0	1
7	Randle Highlands Elementary School	1,375	818	0	0	327	89	97	0	0	0	0	0
7	River Terrace Education Center	665	205	2	0	251	26	139	0	0	0	0	3
7	Rocketship PCS - Legacy Prep	1,118	968	0	0	73	11	0	0	1	0	0	2
7	Ron Brown College Preparatory High School	127	107	0	0	8	0	8	0	4	0	0	2
7	Smothers Elementary School	748	693	0	0	27	7	0	0	2	0	0	0
7	Sousa Middle School	1,057	805	4	0	160	10	60	0	4	9	0	1

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
7	Thomas Elementary School	675	544	0	0	118	9	0	0	0	0	0	0

Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
8	Anacostia High School	36	2	0	0	31	0	0	0	3	0	0	0
8	Appletree Early Learning Center PCS - Douglas Knoll	230	187	2	0	21	12	0	0	0	0	0	0
8	Ballou High School	215	112	0	0	57	5	40	0	1	0	0	2
8	Ballou Stay High School	4	3	0	0	1	0	0	0	0	0	0	0
8	Bard High School Early College DC (Bard DC)	89	80	0	0	0	7	0	1	0	0	0	3
8	Center City PCS - Capitol Hill	762	656	0	0	55	12	36	0	0	3	0	1

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
8	Dc Prep PCS - Anacostia Elementary School	1,256	1,029	0	0	187	1	34	0	2	1	0	1
8	Dc Prep PCS - Anacostia Middle School	748	298	0	0	158	11	281	0	0	0	0	1
8	Digital Pioneers Academy PCS - Johenning	283	261	0	0	6	13	0	0	1	0	0	0
8	Early Childhood Academy PCS	1,269	613	0	0	540	82	0	0	0	17	0	3
8	Excel Academy	1,666	1,260	1	0	205	69	92	0	17	2	0	4
8	Friendship PCS - Southeast Elementary	747	575	1	0	114	29	17	0	4	0	0	0
8	Friendship PCS - Southeast Middle	502	282	0	0	134	36	49	0	1	0	0	0
8	Friendship PCS - Technology Preparatory High School	117	99	0	0	5	13	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
8	Garfield Elementary School	464	221	0	0	31	11	0	0	63	0	0	1
8	Hart Middle School	1,253	452	5	0	644	26	103	0	2	2	0	0
8	Hendley Elementary School	581	335	0	0	71	46	109	0	1	0	0	0
8	Ingenuity Prep PCS	1,429	935	10	0	331	32	61	0	3	0	0	1
8	Johnson Middle School	329	279	0	0	18	9	19	0	1	0	0	0
8	Ketcham Elementary School	123	112	0	0	0	0	0	0	8	3	0	0
8	King Elementary School	310	92	0	0	212	6	0	0	0	0	0	0
8	Kipp DC - Aim Academy PCS	353	211	0	0	87	8	37	0	0	0	0	0
8	Kipp DC - Discover Academy PCS	113	68	0	0	40	0	0	0	0	0	0	1
8	Kipp DC - Heights Academy PCS	517	296	0	0	194	20	0	0	0	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
8	Kipp DC - Honor Academy PCS	1,007	771	1	0	132	29	70	0	0	0	0	0
8	Kipp DC - Inspire Academy PCS	525	348	0	0	123	2	49	0	0	0	0	1
8	Kipp DC - Pride Academy PCS	143	60	0	0	79	1	0	0	0	0	0	0
8	Kipp DC PCS - Legacy College Preparatory PCS	271	151	0	0	84	35	0	1	0	0	0	6
8	Kramer Middle School	289	193	12	0	1	15	57	0	0	0	0	2
8	Lawrence E. Boone Elementary School	1,281	1,209	0	0	28	27	0	0	3	0	0	0
8	Leckie Elementary School	74	33	0	0	24	0	9	0	0	0	0	0
8	Lee Montessori PCS - East End	498	409	0	0	0	4	0	0	7	0	0	0
8	Malcolm X Elementary School at Green	486	333	0	0	144	6	0	0	0	2	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
8	Moten Elementary School	615	341	0	0	96	68	87	0	0	0	0	1
8	Patterson Elementary School	1,187	659	0	0	280	33	6	0	168	14	0	1
8	Rocketship Rise PCS	1,319	548	0	0	531	48	106	0	4	12	0	5
8	Savoy Elementary School	589	438	0	0	119	5	0	0	1	9	0	2
8	Simon Elementary School	331	270	0	0	26	6	24	0	0	0	0	0
8	Stanton Elementary School	385	179	1	0	134	2	68	0	0	0	0	3
8	Statesmen College Preparatory Academy For Boys PCS	814	579	0	0	131	14	43	0	1	0	0	0

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Ward	School	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
8	Thurgood Marshall Academy PCS	132	122	0	0	0	10	0	0	0	0	0	0
8	Turner Elementary School	1,586	1,302	2	0	225	11	27	0	2	5	0	0
8	Van Ness Elementary School	863	556	2	0	245	1	56	0	1	0	0	0

FY26 District of Columbia Public and Chartered Schools Health Service Utilization, SY25-26 To Date By Ward and School Level													
Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventive Care	Telehealth Services	Virtual Services	911/EMS
1	Bancroft Elementary School	254	223	0	0	30	1	0	0	0	0	0	0
1	Bruce-Monroe Elementary School at Park View	867	125	0	0	329	1	0	0	412	0	0	0
1	Cardozo Education Campus	363	213	1	0	60	33	55	1	0	0	0	1
1	Cleveland Elementary School	191	156	0	0	28	2	0	0	5	0	0	0
1	Columbia Heights-Bell Multicultural Hs	957	426	3	0	204	66	231	0	27	0	0	0
1	Columbia Heights-Lincoln Multicultural Ms	547	405	3	0	70	30	34	0	5	0	0	2
1	E.L. Haynes PCS - Middle School	888	465	0	0	140	46	221	0	16	0	0	4

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FY26 District of Columbia Public and Chartered Schools Health Service Utilization, SY25-26 To Date By Ward and School Level													
Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
1	H.D. Cooke Elementary School	887	456	0	0	336	21	68	0	5	1	0	1
1	Marie Reed Elementary School	145	112	0	0	33	0	0	0	0	0	0	0
1	Meridian Es PCS	535	224	0	0	301	7	0	0	3	0	0	0
1	Meridian Ms PCS	321	307	0	0	0	13	0	0	1	0	0	0
1	Oyster Adams Bilingual - Adams Campus	187	41	0	0	145	1	0	0	0	0	0	0
1	Tubman Elementary School	1,029	526	0	0	336	2	126	0	39	0	0	0

Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive	Preventative Care	Telehealth Services	Virtual Services	911/EMS
2	Benjamin Banneker High School	129	110	0	0	3	3	0	0	13	0	0	2
2	Duke Ellington School Of The Arts	768	283	5	0	265	94	116	0	4	0	1	1
2	Garrison Elementary School	882	270	0	0	552	2	9	0	49	0	0	0
2	Girls Global Academy PCS	51	39	0	0	3	6	0	1	2	0	0	2
2	Hardy Middle School	272	213	0	0	7	14	0	0	38	0	0	1
2	Hyde-Addison Elementary School	321	272	0	0	47	0	0	0	2	0	0	0
2	John Francis Education Campus	473	259	0	0	143	5	52	0	14	0	0	0
2	John Francis High School	496	196	0	0	33	6	0	0	261	0	0	2
2	Kipp DC - Grow Academy PCS	166	74	0	0	50	0	0	0	42	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive	Preventative Care	Telehealth Services	Virtual Services	911/EMS
2	Kipp DC - Lead Academy PCS	1,035	317	1	0	674	1	0	0	42	0	0	2
2	Kipp DC - Will Academy PCS	530	201	2	0	134	4	178	0	11	0	0	1
2	Ross Elementary School	130	93	0	0	33	1	0	0	3	0	0	0
2	Seaton Elementary School	207	135	0	0	67	0	0	0	4	0	1	0
2	Thaddeus Stevens Early Learning Center	212	49	0	0	0	1	0	0	162	0	0	0
2	Thomson Elementary School	342	225	1	0	112	1	0	0	3	0	0	0

Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
3	Deal Middle School	1,631	749	7	0	640	27	203	0	5	0	0	1
3	Eaton Elementary School	888	809	1	0	64	10	0	0	4	0	0	1
3	Hearst Elementary School	364	129	0	0	233	2	0	0	0	0	0	0
3	Jackson-Reed High School	441	213	13	0	182	24	0	0	9	0	0	1
3	Janney Elementary School	522	284	0	0	229	5	0	0	4	0	0	0
3	Key Elementary School	413	381	0	0	29	3	0	0	0	0	0	0

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3	Macarthur High School	268	52	0	0	18	4	56	0	138	0	0	1
3	Mann Elementary School	532	389	0	0	65	4	69	0	5	0	0	0
3	Murch Elementary School	1,076	623	0	0	193	11	246	0	3	0	0	0
3	Oyster Adams Bilingual - Oyster Campus	74	44	0	0	30	0	0	0	0	0	0	0
3	Stoddert Elementary School	825	408	0	0	237	6	0	0	174	0	0	0

Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
4	Barnard Elementary School	442	298	0	0	67	1	59	0	17	0	0	0
4	Brightwood Elementary School	1083	493	0	0	267	2	208	0	113	0	0	1
4	Capital City PCS - High School	40	39	0	0	1	0	0	0	0	0	0	0
4	Capital City PCS - Lower School	144	142	0	0	2	0	0	0	0	0	0	1
4	Capital City PCS - Middle School	171	168	0	0	2	0	0	0	1	0	0	0
4	Center City PCS - Petworth	121	109	0	0	11	0	0	0	1	0	0	0
4	Coolidge High School	1302	863	12	0	75	93	242	2	15	0	0	8

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
4	District Of Columbia International School PCS	946	571	1	0	154	17	203	0	0	0	0	2
4	Dorothy I. Height Elementary School	394	187	0	0	153	1	48	0	5	0	0	1
4	E.L. Haynes PCS - Elementary School	397	287	0	0	98	10	0	0	2	0	0	0
4	E.L. Haynes PCS - High School	427	72	0	0	163	4	187	0	1	0	0	1
4	Friendship PCS - Ideal Elementary	117	107	0	0	0	3	0	0	7	0	0	0
4	Friendship PCS - Ideal Middle	114	94	0	0	8	3	0	0	9	0	0	0
4	Ida B. Wells Middle School	1632	957	10	0	376	50	202	0	37	0	0	7
4	John Lewis Elementary School	833	508	0	0	292	2	19	0	11	1	0	0
4	Lafayette Elementary School	1082	422	0	0	503	3	138	0	16	0	0	2
4	Lasalle-Backus Elementary School	633	169	0	0	98	1	133	0	232	0	0	1
4	Latin American Montessori Bilingual Pcs	653	424	0	0	214	0	0	0	15	0	0	2
4	Macfarland Middle School	439	300	3	0	69	65	0	0	2	0	0	1
4	Military Road Early Learning Center	24	21	0	0	2	1	0	0	0	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
4	Paul Pcs - International High School	106	64	0	0	1	0	38	3	0	0	0	1
4	Paul Pcs - Middle School	527	75	2	0	260	3	184	0	3	0	0	0
4	Powell Elementary School	394	256	0	0	116	2	0	0	20	0	0	0
4	Raymond Elementary School	855	454	0	0	80	18	159	0	144	0	0	0
4	Roosevelt High School	777	268	3	0	109	13	345	2	37	0	0	7
4	Sela Pcs	172	165	0	0	0	1	0	0	6	0	0	0
4	Shepherd Elementary School	534	159	0	0	369	0	0	0	6	0	0	0
4	Takoma Elementary School	203	178	1	0	9	2	0	0	13	0	0	0
4	Truesdell Elementary School	790	524	0	0	222	4	36	0	4	0	0	0
4	Washington Latin PCS - Middle School	370	248	0	0	119	3	0	0	0	0	0	2
4	Washington Latin PCS - Upper School	224	65	0	0	157	2	0	0	0	0	0	0
4	Whittier Elementary School	571	441	0	0	124	3	0	0	3	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth	Virtual Services	911/EMS
5	Bridges PCS	1,558	218	0	0	710	1	445	0	184	0	0	0
5	Brookland Middle School	549	241	0	0	185	11	110	0	2	0	0	0
5	Browne Education Campus ES	538	345	0	0	104	1	0	0	88	0	0	1
5	Browne Education Campus MS	407	235	0	0	162	10	0	0	0	0	0	0
5	Bunker Hill Elementary School	82	69	0	0	1	3	0	0	9	0	0	0
5	Burroughs Elementary School	766	60	2	0	388	6	310	0	0	0	0	0
5	Capital Village PCS	26	21	0	0	0	2	0	0	3	0	0	0
5	Creative Minds International PCS	770	316	1	0	290	8	154	0	1	0	0	2
5	Dc Bilingual PCS	543	236	0	0	225	6	59	0	17	0	0	0
5	Dc Prep PCS - Edgewood Elementary School	288	151	0	0	110	19	0	0	8	0	0	0
5	Dc Prep PCS - Edgewood Middle School	819	332	0	0	356	5	119	0	7	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth	Virtual Services	911/EMS
5	Dunbar High School	726	604	7	0	0	97	0	5	13	0	0	1
5	Elsie Whitlow Stokes Community Freedom PCS - Brookland	657	292	0	0	79	4	155	0	127	0	0	1
5	Friendship PCS - Armstrong Elementary	363	239	0	0	124	0	0	0	0	0	0	0
5	Friendship Pcs - Armstrong Middle	364	285	0	0	72	7	0	0	0	0	0	2
5	Friendship Pcs - Woodridge International Elementary	449	208	0	0	95	0	0	0	146	0	0	0
5	Friendship Pcs - Woodridge International Middle	346	231	0	0	57	5	0	0	53	0	0	0
5	Inspired Teaching Demonstration Pcs	115	72	0	0	35	1	7	0	0	0	0	0
5	Kipp Dc - College Preparatory Pcs	781	553	1	0	211	15	0	0	1	0	0	6

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth	Virtual Services	911/EMS
5	Kipp Dc - Connect Academy Pcs	172	127	0	0	42	0	0	0	3	0	0	0
5	Kipp Dc - Northeast Academy Pcs	699	431	0	0	127	21	115	0	5	0	0	0
5	Kipp Dc - Spring Academy Pcs	541	472	0	0	16	3	48	0	2	0	0	0
5	Langdon Elementary School	842	261	0	0	520	0	11	0	50	0	0	1
5	Langley Elementary School	303	144	0	0	126	11	21	0	0	0	1	0
5	Lee Montessori Pcs - Brookland	781	670	0	0	109	2	0	0	0	0	0	0
5	Luke C. Moore High School	206	91	0	0	0	21	94	0	0	0	0	0
5	Mckinley Middle School	670	613	1	0	14	33	0	0	6	0	3	1
5	Mckinley Technology High School	608	360	3	0	78	102	58	0	5	0	2	4
5	Mundo Verde Bilingual Pcs - Calle Ocho	714	546	0	0	165	2	0	0	1	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth	Virtual Services	911/EMS
5	Noyes Elementary School	1008	563	0	0	392	0	0	0	53	0	0	0
5	Perry Street Preparatory Pcs	458	307	0	0	114	32	0	0	5	0	0	3
5	Phelps Architecture, Construction And Engineering High School	111	87	2	0	17	5	0	0	0	0	0	3
5	Rocketship Pcs - Infinity Community Prep	407	189	0	0	140	0	0	0	78	0	0	0
5	Social Justice Pcs	4	4	0	0	0	0	0	0	0	0	0	0
5	The Children's Guild Dc Pcs	1427	321	13	0	541	37	330	0	185	0	0	0
5	The Sojourner Truth School Pcs	75	43	0	0	27	5	0	0	0	0	0	0
5	Two Rivers Pcs - Young Elementary School	615	356	0	0	252	3	0	0	4	0	0	0
5	Two Rivers Pcs - Young Middle School	339	96	0	0	180	0	58	0	5	0	0	2

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth	Virtual Services	911/EMS
5	Washington Latin Pcs - Cooper Campus	906	268	0	0	472	120	43	0	3	0	0	0
5	Washington Leadership Academy Pcs	415	320	0	0	43	14	37	1	0	0	0	3
5	Washington Yu Ying Pcs	801	633	0	0	109	4	53	0	2	0	0	3
5	Wheatley Education Campus	144	90	0	0	52	2	0	0	0	0	0	0

Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
6	Amidon-Bowen Elementary School	628	514	0	0	90	2	6	0	16	0	0	1
6	Appletree Early Learning Center Pcs - Southwest	73	45	0	0	24	0	0	0	4	0	0	0
6	Appletree Early Learning Center Pcs - Waterfront	3	3	0	0	0	0	0	0	0	0	0	0
6	Brent Elementary School	1111	527	2	0	313	2	44	0	223	0	0	0
6	Capitol Hill Montessori School at Logan	1018	875	0	0	57	27	59	0	0	0	0	2
6	Friendship Pcs - Chamberlain Elementary	271	32	0	0	239	0	0	0	0	0	0	1
6	Friendship Pcs - Chamberlain Middle	81	23	0	0	57	1	0	0	0	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
6	J. O. Wilson Elementary School	976	477	0	0	234	12	239	0	14	0	0	0
6	Jefferson Middle School Academy	733	394	0	0	233	13	0	0	93	0	0	1
6	Kingsman Academy Pcs	46	43	1	0	0	2	0	0	0	0	0	0
6	Ludlow-Taylor Elementary School	373	226	0	0	142	3	0	0	2	0	0	0
6	Maury Elementary School	351	306	0	0	44	0	0	0	1	0	0	1
6	Payne Elementary School	197	152	0	0	38	6	0	0	1	0	0	2
6	Peabody Elementary School (Capitol Hill Cluster)	129	50	0	0	78	1	0	0	0	0	0	1
6	SCHOOL-WITHIN-SCHOOL At GODING	777	361	0	0	237	1	0	0	178	0	0	0
6	Shirley Chisolm Elementary School	683	251	0	0	359	3	57	0	13	0	0	3
6	Stuart-Hobson Middle School (Capitol Hill Cluster)	132	115	1	0	12	3	0	0	1	0	0	0
6	Two Rivers Pcs - 4th Street	49	34	0	0	14	1	0	0	0	0	0	0
6	Walker-Jones Education Campus	1503	803	0	19	492	21	118	0	50	0	0	3
6	Washington Global Pcs	118	95	0	0	12	6	1	0	4	0	0	0
6	Watkins Elementary School (Capitol Hill Cluster)	570	172	0	0	360	2	0	0	36	0	0	1

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
7	Appletree Early Learning Center Pcs - Oklahoma Avenue	71	34	1	0	32	3	0	0	1	0	0	0
7	Beers Elementary School	339	185	1	0	69	1	0	0	83	0	0	1
7	Burrville Elementary School	207	187	0	0	1	8	0	0	11	0	0	1
7	C. W. Harris Elementary School	1063	333	0	0	318	7	0	0	405	0	0	1
7	Center City Pcs - Capitol Hill	349	142	0	0	160	4	43	0	0	0	0	0
7	Dc Prep Pcs - Benning Elementary School	646	198	0	0	321	0	113	0	14	0	0	1
7	Dc Prep Pcs - Benning Middle School	999	220	0	0	646	7	121	0	5	0	0	0
7	Dc Scholars Pcs	327	203	0	0	52	6	61	0	5	0	0	1
7	Drew Elementary School	468	179	0	0	233	3	46	0	7	0	0	1
7	Eastern High School	314	226	0	0	0	55	0	0	33	0	0	2
7	Eliot-Hine Middle School	684	286	1	0	265	26	87	0	18	1	0	0
7	Elsie Whitlow Stokes Community Freedom PCS - East End	366	197	0	0	90	2	0	0	77	0	0	0
7	Friendship PCS - Blow Pierce Elementary	560	210	0	0	227	0	121	0	2	0	0	1

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
7	Friendship PCS - Blow Pierce Middle	390	217	0	0	136	11	24	0	2	0	0	0
7	Friendship PCS - Collegiate Academy	280	219	4	0	37	15	0	0	5	0	0	2
7	H. D. Woodson High School	387	322	0	0	41	23	0	1	0	0	0	0
7	Houston Elementary School	637	335	0	0	285	3	0	0	14	0	0	0
7	Idea Pcs	255	84	0	0	88	8	67	0	8	0	0	3
7	Kelly Miller Middle School	490	104	1	0	160	11	117	1	96	0	0	1
7	Kimball Elementary School	308	229	0	0	30	9	0	0	40	0	0	0
7	Kipp Dc - Arts And Technology Academy Pcs	214	117	0	0	97	0	0	0	0	0	0	0
7	Kipp Dc - Key Academy Pcs	560	287	0	0	50	16	204	0	3	0	0	0
7	Kipp Dc - Leap Academy Pcs	115	46	0	0	67	0	0	0	2	0	0	0
7	Kipp Dc - Promise Academy Pcs	947	322	0	0	448	3	173	0	1	0	0	1
7	Kipp Dc - Quest Academy Pcs	683	443	0	0	163	1	76	0	0	0	0	0

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7	Kipp Dc - Valor Academy Pcs	482	277	1	0	143	5	56	0	0	0	0	0
7	Lorraine H. Whitlock Elementary School	381	94	0	0	171	1	106	0	9	0	0	0
7	Maya Angelou Pcs - High School	867	466	0	0	218	116	64	0	3	0	0	0
7	Miner Elementary School	1433	445	1	0	544	0	174	0	269	0	0	1
7	Nalle Elementary School	887	206	0	0	390	0	254	0	37	0	0	1
7	Plummer Elementary School	298	189	0	0	97	4	0	0	8	0	0	1
7	Randle Highlands Elementary School	823	330	0	0	337	2	144	0	10	0	0	0
7	River Terrace Education Center	785	103	1	0	380	7	293	0	1	0	0	2
7	Rocketship Pcs - Legacy Prep	603	551	0	0	37	0	0	0	15	0	0	1
7	Ron Brown College Preparatory High School	37	25	0	0	1	1	0	0	10	0	0	0
7	Smothers Elementary School	398	190	0	0	89	0	80	0	39	0	0	1
7	Sousa Middle School	584	352	0	0	148	7	45	0	32	0	0	1
7	Thomas Elementary School	238	201	0	0	34	2	0	0	1	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
8	Anacostia High School	160	38	0	0	94	6	0	1	21	0	0	0
8	Appletree Early Learning Center Pcs - Douglas Knoll	35	34	0	0	0	0	0	0	1	0	0	0
8	Ballou High School	275	100	0	0	91	11	61	1	11	0	0	1
8	Ballou Stay High School	79	12	0	0	34	0	32	0	1	0	0	0
8	Bard High School Early College Dc (Bard Dc)	193	135	0	0	0	22	0	0	36	0	0	0
8	Dc Prep Pcs - Anacostia Elementary School	1,019	375	0	0	564	2	72	0	6	0	0	2
8	Dc Prep Pcs - Anacostia Middle School	884	171	1	1	300	2	408	0	1	0	0	3
8	Digital Pioneers Academy Pcs - Johenning	114	76	0	0	20	18	0	0	0	0	0	1
8	Early Childhood Academy Pcs	1,375	293	0	0	689	64	0	0	329	0	0	0
8	Excel Academy	810	547	0	0	212	17	0	0	34	0	0	1
8	Friendship Pcs - Southeast Elementary	364	363	0	0	0	0	0	0	1	0	0	1
8	Friendship Pcs - Southeast Middle	712	320	2	0	181	14	195	0	0	0	0	0

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
8	Friendship Pcs - Technology Preparatory High School	537	251	4	0	112	28	141	0	1	0	0	3
8	Garfield Elementary School	221	144	0	0	59	12	0	0	6	0	0	0
8	Hart Middle School	1,089	330	3	0	562	14	163	0	17	0	0	2
8	Hendley Elementary School	174	58	0	0	110	0	0	0	6	0	0	0
8	Ingenuity Prep Pcs	2,076	855	0	0	917	6	111	0	187	0	0	2
8	Johnson Middle School	252	188	1	0	4	1	0	0	58	0	0	2
8	Ketcham Elementary School	123	47	0	0	52	0	0	0	24	0	0	0
8	King Elementary School	429	156	0	0	242	1	0	0	30	0	0	0
8	Kipp Dc - Aim Academy Pcs	655	404	2	0	189	21	36	0	3	0	0	1
8	Kipp Dc - Discover Academy Pcs	330	126	0	0	143	0	61	0	0	0	0	2
8	Kipp Dc - Heights Academy Pcs	1,372	555	0	0	753	11	48	0	5	0	0	1
8	Kipp Dc - Honor Academy Pcs	894	522	0	0	238	16	118	0	0	0	0	0
8	Kipp Dc - Inspire Academy Pcs	463	227	0	0	235	1	0	0	0	0	0	0
8	Kipp Dc - Pride Academy Pcs	129	65	0	0	63	0	0	0	1	0	0	0
8	Kipp Dc Pcs - Legacy College Prepary Pcs	144	85	0	0	2	56	1	0	0	0	0	1
8	Kramer Middle School	337	305	7	0	9	10	0	2	4	0	0	1

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Ward	School Name	Total Events	Acute Care Management	Behavioral Health	Counseling Session	Chronic Disease Management	Health Maintenance	Procedures	Reproductive Health	Preventative Care	Telehealth Services	Virtual Services	911/EMS
8	Lawrence E. Boone Elementary School	262	115	0	0	101	1	0	0	45	0	0	0
8	Leckie Elementary School	511	292	0	0	102	3	102	0	12	0	0	2
8	Lee Montessori Pcs - East End	136	89	0	0	0	5	0	0	42	0	0	0
8	MALCOLM X ELEMENTARY SCHOOL At GREEN	638	218	0	0	319	2	82	0	17	0	0	1
8	Moten Elementary School	168	97	0	0	64	7	0	0	0	0	0	0
8	Patterson Elementary School	507	294	0	0	207	1	0	0	5	0	0	2
8	Rocketship Rise Pcs	1,752	261	0	0	1125	106	252	0	8	0	0	2
8	Savoy Elementary School	483	272	1	0	137	8	7	0	58	0	0	0
8	Simon Elementary School	692	245	0	0	347	1	84	0	15	0	0	1
8	Stanton Elementary School	615	207	0	0	351	3	35	0	19	0	0	0
8	Statesmen College Preparatory Academy For Boys Pcs	786	443	0	0	235	0	65	0	43	0	0	0
8	Thurgood Marshall Academy Pcs	396	253	2	0	46	61	31	0	3	0	0	3
8	Turner Elementary School	125	117	0	0	4	3	0	0	1	0	0	0
8	Van Ness Elementary School	862	440	2	0	287	15	79	0	39	0	0	2

Q54: Please provide the dates of all Administration of Medication (AOM) trainings provided by DC Health in FY 2025 and FY 2026, to date, and scheduled trainings for the remainder of FY 2026. Please include how many spaces were available for each training, how many individuals signed up for the training, and the number of people on a waitlist for each training.

Response:

FY 2025 Administration of Medication (AOM) Trainings Provided by DC Health				
Date	Available Spaces	Number of Participants Registered	Number of Participants Attended	Waitlist
May 29 th , 2025	15	9	13	0
June 26 th , 2025	15	9	7	0
July 15 th , 2025	15	19	18	0
July 31 st , 2025	15	15	22	0
Aug 7 th , 2025	15	32	23	0
Aug 20 th , 2025	15	29	24	0
Sept 18 th , 2025	15	43	36	0
Sept 23 rd , 2025	15	15	22	0
Sept 30 th , 2025	15	15	15	0
Total	135	186	180	0

FY 2026 Administration of Medication (AOM) Trainings Provided by DC Health				
Date	Available Spaces	Number of Participants Registered	Number of Participants Attended	Waitlist
Oct 8 th , 2025	15	15	9	0
Oct 16 th , 2025	15	15	9	0
Oct 20 th , 2025	15	15	15	0
Oct 29 th , 2025	15	15	9	0

FY 2026 Administration of Medication (AOM) Trainings Provided by DC Health				
Date	Available Spaces	Number of Participants Registered	Number of Participants Attended	Waitlist
Nov 7 th , 2025	15	16	16	0
Nov 13 th , 2025	15	15	14	0
Nov 19 th , 2025	15	15	15	0
Nov 21 st , 2025	15	15	12	0
Dec 1 st , 2025	15	15	14	0
Dec 5 th , 2025	15	15	9	0
Dec 9 th , 2025	15	15	15	0
Dec 17 th , 2025	15	15	15	0
Dec 19 th , 2025	15	15	4	0
Jan 6 th , 2026	15	15	22	0
Jan 14 th , 2026	15	15	16	0
Jan 22 nd , 2026	15	15	15	0
Jan 26 th , 2026	15	15	15	0
Feb 3 rd , 2026	15	0	5	0
Feb 5 th , 2026	15	0	14	0
Feb 10 th , 2026	15	0	1	0
Feb 13 th , 2026	15	0	3	0
Feb 17 th , 2026	15	0	0	0
Feb 25 th , 2026	15	0	0	0
Mar 5 th , 2026	15	0	0	0
Mar 13 th , 2026	15	0	0	0
Mar 20 th , 2026	15	0	0	0
Mar 26 th , 2026	15	0	0	0
April 1 st , 2026	15	0	0	0
April 7 th , 2026	15	0	0	0

FY 2026 Administration of Medication (AOM) Trainings Provided by DC Health				
Date	Available Spaces	Number of Participants Registered	Number of Participants Attended	Waitlist
April 9 th , 2026	15	0	0	0
April 13 th , 2026	15	0	0	0
April 20 th , 2026	15	0	0	0
April 28 th , 2026	15	0	0	0
May 6 th , 2026	15	0	0	0
May 14 th , 2026	15	0	0	0
May 22 nd , 2026	15	0	0	0
May 28 th , 2026	15	0	0	0
June 3 rd , 2026	15	0	0	0
June 9 th , 2026	15	0	0	0
Total			247	

- Q55: Please provide the following information on each school-based health center in FY 2025 and FY 2026, to date:**
- a. Hours and days of operation;
 - b. The number of students who utilized each center;
 - c. The number of students who sought care for each offered service, disaggregated by health center;
 - d. The number of health care staff at each school, including their professions, and whether the position is vacant; and
 - e. The amount of funding allocated to each health center that is grantee-led.

Response:

a. Hours and days of operation

FY 2025 Hours and Days of Operation for School Based-Health Centers		
School-Based Health Center	Hours of Operation	Days of Operation:
Anacostia HS	8:00 am-4:30pm	Monday, Thursday, and 1 st /3 rd Wednesday
Ballou HS	8:00 am-4:30pm	Monday, Tuesday
Cardozo EC	8:00 am-4:30pm	Tuesday, Wednesday, Friday
Coolidge HS/Ida B Wells MS	8:00 am-4:30pm	Monday, Friday
Dunbar HS	8:00 am-4:30pm	Wednesday, Friday
Roosevelt HS	8:00 am-4:30pm	Tuesday, Friday, and 2 nd /4 th Wednesday
Woodson HS	8:00 am-4:30pm	Tuesday, Wednesday, Thursday

b. The number of students who utilized each center

FY 25 Number of Unduplicated Student Visits by School	
School	FY 25 (SY 2024 – 2025)
Anacostia	228

Ballou	176
Cardozo	646
Coolidge	62
Dunbar	151
Roosevelt	244
Woodson	674
Total	2181

c. The number of students who sought care for each offered service, disaggregated by health center

FY 25 School-Based Health Centers Utilization by Service and School (SY 2024 – 2025)							
	Anacostia	Ballou	Cardozo	Coolidge	Dunbar	Roosevelt	Woodson
Total Visits	253	198	849	64	180	262	1106
Total number of students who visited SBHC (unduplicated count number as seen above)	228	176	646	62	151	244	674
Well Child Visits	52	113	185	57	98	55	198
Mental/ Behavioral Health Visits	19	26	835	68	118	23	1096
Sexual Health Visits	193	97	193	4	97	68	214
Asthma Care Visits	8	1	17	0	1	4	38
Immunizations	40	299	489	0	217	299	341

- Children’s National Hospital (CNH) took over the Coolidge/Ida B. Wells SBHC site in January of 2025, after the departure of the Mary’s Center team at the beginning of FY25, and services did not resume at that site until March of 2025.
 - Coolidge SBHC Data Range: March 2025 – August 2025
- CNH stopped services in August of 2025 and the data above does not include September data points as the sites were no longer in operation.
 - Dunbar & Ballou Data Range: October 2024 – August 2025
- Medstar locations stopped services at the end of August as well.
 - Anacostia & Roosevelt Data Range: October 2024 – August 2025
- Unity locations stopped services at the end of September.
 - Cardozo & Woodson Data Range: October 2024 – September 2025

d. The number of health care staff at each school, including their professions, and whether the position is vacant

FY 25 Health Care Staff and Positions			
School-Based Health Center	Number of Staff	Profession	Number of Vacancies
Anacostia HS*	7	• Medical Director/Pediatrician • Nurse Practitioner • Nurse Midwife • Medical Assistant • Lead Patient Services Coordinator/Data Coordinator • Licensed Clinical Social Worker	0
Ballou HS	6	• Medical Director/Co-Principal Investigator • Co- Principal Investigator • Nurse Practitioner • Reproductive Health Coordinator • Clinical Operations Representative • Data Analyst	0

FY 25 Health Care Staff and Positions			
School-Based Health Center	Number of Staff	Profession	Number of Vacancies
Cardozo EC	5	• Medical Director • Nurse Practitioner • Medical Assistant • Care Coordinator • Mental Health Provider	0
Coolidge HS/Ida B Wells MS	7	• Medical Director/Co-Principal Investigator • Co-Principal Investigator • Nurse Practitioner • Reproductive Health Coordinator • Clinical Operations Representative • Data Analyst • Social Worker, Contractual	2 vacancies were filled in March 2025 and April 2025.
Dunbar HS	6	• Medical Director/Co-Principal Investigator • Co- Principal Investigator • Nurse Practitioner • Reproductive Health Coordinator • Clinical Operations Representative • Data Analyst	0
Roosevelt HS*	7	• Medical Director/Pediatrician • Nurse Practitioner • Nurse Midwife • Medical Assistant • Lead Patient Services Coordinator/Data Coordinator	0

FY 25 Health Care Staff and Positions			
School-Based Health Center	Number of Staff	Profession	Number of Vacancies
		Licensed Clinical Social Worker	
Woodson HS	5	- Medical Director - Nurse Practitioner Medical Assistant - Care Coordinator - Mental Health Provider	0
* Staff were shared amongst both schools and alternated service locations.			

e. The amount of funding allocated to each health center that is grantee-led

School-Based Health Center	FY 25 Funding Allocation
Anacostia High School	\$207,799
Ballou High School	\$86,843.47
Cardozo Education Campus	\$284,688.09
Coolidge High School	\$191,257.00
Dunbar High School	\$100,974.54
Roosevelt High School	\$206,339
Woodson High School	\$284,688.09
Total	\$1,362,562.19

Q56: Please provide an update on implementation of the *Access to Emergency Medications Amendment Act of 2023*, which DC Health stated in its FY 2026 budget oversight responses would be fully implemented in SY 2025-26.

- a. Are the provisions of the law now being fully implemented?**
- b. Have the 2 FTEs that the Council funded to meet the OCFO's financial impact statement for this bill been hired and onboarded (Public Health Analyst (CS12) and Program Coordinator (CS13))?**

Response:

a. Are the provisions of the law now being fully implemented?

DC Health expects to have implemented all required program components of the Act by the end of school year 2025-2026.

- **UEMA Plan:** DC Health, in collaboration with OSSE, has made the Undesignated Emergency Medication Action (UEMA) plan public on its website and implemented standing orders for epinephrine, albuterol, and glucagon. <https://dchealth.dc.gov/page/undesignated-emergency-medications-uem-program>
- **Procurement and Distribution:** Deployment of the Undesignated Emergency Medications (UEMs) across DC Public and Public Charter Schools was completed by September 1, 2025.
- **Standing order:** DC Health has issued three (3) standing orders authorizing trained employees at District public and public charter schools to administer undesignated albuterol, glucagon, or epinephrine in emergency circumstances.
- **Removal and Replacement:** DC Health utilizes existing resources to manage the replacement of used Undesignated Emergency Medications (UEMs). Replacement of administered UEMs, including epinephrine, is typically completed within 24 to 48 hours of receiving a refill request. DC Health also continues to use Bioridge's program as a long-term epinephrine restock option to help maintain stable program costs from year to year. Instructions for the disposal of used and expired medications are outlined in the published UEMA plan <https://dchealth.dc.gov/page/undesignated-emergency-medications-uem-program>.
- **Monitoring Supply and Record Keeping:** DC Health maintains comprehensive oversight and monitoring of Undesignated Emergency Medications (UEMs) by requiring all schools to submit monthly inventory reports. These reports verify that each school has the appropriate quantities of UEMs on hand and confirm no medications are expired, ensuring readiness to respond to emergencies throughout the year. DC Health keeps a standing record of all reported administration events involving undesignated medications. DC Health has received 72 incident reports in the first half of school year 2025-2026, with schools receiving replacements within our 24 to 48 hour turnaround time.
- **Notification:** Written protocols have been established for schools to notify a student's guardian and health suite personnel after a certified staff member administers an undesignated emergency medication. Program staff are also required to submit an incident report following each administration, after which a replacement request is

- initiated. As more schools complete their school-level UEMA Plans in coordination with OSSE, DC Health will work to expand direct communication with school liaisons to support consistent implementation of these notification requirements.
- **Staff Training:** DC Health has incorporated Undesignated Emergency Medication (UEM) training into the Administration of Medication (AOM) curriculum to ensure that all AOM-certified staff remain up to date with current standards. All school staff who completed AOM training at the start of school year 2025-2026 received the updated UEM administration component. An additional training pathway for staff who currently hold AOM certifications but have not yet completed the updated UEM training is expected to be available by February 2026.
- b. Have the 2 FTEs that the Council funded to meet the OCFO's financial impact statement for this bill been hired and onboarded (Public Health Analyst (CS12) and Program Coordinator (CS13))?**

Hiring for the Program Coordinator (Grade 13, Step 1) and the Public Health Analyst (Grade 9, Step 5) was paused in FY2025 due to federal and local impacts on District government hiring. While this staffing challenge resulted in a delay, given the transition to move the school health services program in-house, we have integrated these responsibilities into our existing logistics and inventory capacity.

- Q57: Please provide an update on the Health Professional Loan Repayment Program, including:**
- a. The total number of current participants, including profession;**
 - b. Service location and terms of current participants; and**
 - c. FY 2025 and FY 2026 funding and expenditures, broken down by source.**

Response:

a. Total number of current participants, including profession:

a. 41 Total Participants

i. Primary Care – 20 Total

1. 9 Physicians
2. 1 Physicians Assistant
3. 5 Pediatricians (Specialty Providers)
4. 4 Certified Nurse Practitioners (NP)
5. 1 Registered Nurse (RN)

ii. Dental – 6 Total

1. 4 Dentists
2. 2 Registered Dental Hygienists

iii. Mental Health – 15 Total

1. 2 Licensed Professional Counselor
2. 8 Certified Nurse Practitioners (NP)
3. 3 Psychologists
4. 2 Licensed Clinical Social Workers

b. FY25 Service location and terms of current participants:

Term	Participant Provider Type	Related Active Site - Site Name	Ward
2 Years	Certified Nurse	Hillcrest Child and Family	Ward 8
2 Years	Dentist	Anacostia Health Center-	Ward 8
4 Years	Primary Care Physician	Anacostia Health Center-	Ward 8
2 Years	Primary Care Physician	Brentwood Health Center-	Ward 5
4 Years	Primary Care Physician	Brentwood Health Center-	Ward 5
2 Years	Certified Nurse	Central Detention	Ward 7
2 Years	Certified Nurse	Central Detention	Ward 7
4 Years	Certified Nurse Practitioner (NP)	Central Detention Facility-UHC	Ward 7

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Term	Participant Provider Type	Related Active Site - Site Name	Ward
2 Years	Pediatrician	Children's Health Center - Columbia Heights	Ward 1
2 Years	Pediatrician	Children's National Town Hall Education Arts and Recreation Campus (THE	Ward 8
2 Years	Pediatrician	Children's National Town Hall Education Arts and Recreation Campus (THE	Ward 8
2 Years	Pediatrician	Children's National Town Hall Education Arts and Recreation Campus (THE	Ward 8
3 Years	Pediatrician	Children's National Town Hall Education Arts and Recreation Campus (THE	Ward 8
2 Years	Licensed Professional Counselor	Community Wellness Ventures	Ward 8
3 Years	Certified Nurse Practitioner	Confidential Care Medical, LLC	Ward 7
4 Years	Dentist	Conway Health and Resource Center	Ward 8
2 Years	Certified Nurse Practitioner	Correctional Treatment Facility-UHC	Ward 7
2 Years	Certified Nurse Practitioner	Correctional Treatment Facility-UHC	Ward 7
4 Years	Licensed Clinical Social Worker	DBH - Malcolm X School Health Center	Ward 8
2 Years	Primary Care Physician	East of the River Health Center-UHC	Ward 7
2 Years	Certified Nurse Practitioner	East of the River Health Center-UHC	Ward 7
4 Years	Primary Care Physician	Family and Medical Counseling Services, Inc	Ward 8
2 Years	Registered Nurse	Family Health and Birth Center-COH	Ward 5
2 Years	Licensed Clinical Social Worker	Family Health and Birth Center-COH	Ward 5

Term	Participant Provider Type	Related Active Site - Site Name	Ward
2 Years	Certified Nurse Practitioner	Family Health and Birth Center-COH	Ward 5
2 Years	Certified Nurse Practitioner	Hillcrest Child and Family Center	Ward 8
4 Years	Certified Nurse Practitioner	Hope Has A Home-UHC	Ward 8
2 Years	Primary Care Physician	HUH -OB/GYN Women's Wellness Center	Ward 1
2 Years	Primary Care Physician	HUH -OB/GYN Women's Wellness Center	Ward 1
3 Years	Certified Nurse Practitioner	Life Enhancement Services, LLC	Ward 7
4 Years	Dentist	Mary's Center - Gallatin Street	Ward 5
4 Years	Primary Care Physician	Mary's Center - Ontario Rd	Ward 1
2 Years	Certified Nurse Practitioner	Prestige Healthcare Resources, Inc	Ward 8
2 Years	Licensed Professional Counselor	Prestige Healthcare Resources, Inc	Ward 8
2 Years	Primary Care Physician	St. Elizabeth's Hospital	Ward 8
4 Years	Health Service Psychologist	St. Elizabeth's Hospital	Ward 8
4 Years	Health Service Psychologist	St. Elizabeth's Hospital	Ward 8
4 Years	Health Service Psychologist	St. Elizabeth's Hospital	Ward 8
2 Years	Registered Dental Hygienist	Whitman Walker - 1525	Ward 2
4 Years	Registered Dental Hygienist	Whitman Walker - 1525	Ward 2
4 Years	Physician Assistant	Whitman Walker - 1525	Ward 2

c. FY 2025 and FY 2026 funding and expenditures, broken down by source

Term	Participant Provider Type	Related Active Site - Site Name	Ward
Source	Funding	Expenditures	
FY2025 Federal	\$814,342	\$814,232	
FY2025 State	\$206,000	\$243,244	
Personnel	\$135,992	\$135,992	
Loan Repayment	\$70,078	\$107,252	
<i>Total</i>	\$884,232	\$921,594	
FY2026 Federal Funds (Projected)	\$170,000		
FY2026 State	\$170,000		
<i>Total</i>	\$340,000		

The reduction in FY26 federal funding is reflective of federal allocation rather than a change in program demand or effectiveness. FY25 federal funding was elevated due to COVID-era grant support and the absence of a required state match. In FY26, federal funding for loan repayment has returned to historical levels and now requires a one-to-one state match; DC Health has applied for FY26 federal funds and expects to receive an award in June 2026. DC Health will continue to support primary health care workforce retention by directing employers to other federal loan repayment programs and providing technical assistance to facilitate the employer's participation, helping ensure health care workers have support to repay educational loans, regardless of funding source.

Q58: Please provide the most recent data regarding compliance with the school immunization mandate for students in pre-school through 12th grade, grouped by school type (DCPS, charter, parochial, and private). Please include disaggregated data by race, age, and Ward.

- a. Please summarize DC Health’s efforts to promote child immunizations for SY 2025-26. Please include any metrics used to determine success of initiatives.**

Response:

Tables on the following pages summarize immunization rates in the District. The first group of tables shows compliance with the school immunization for students in pre-school through 12th grade, grouped by school type (DCPS, charter, parochial, and private). The second group of tables shows coverage for individual vaccines by race, ethnicity, and Ward for school children ages 5 and 12. Children are compliant when they are vaccinated prior to entering school up to 5th grade. Beginning in 6th grade, children are considered non-compliant as they are outside of the vaccination window.

Vaccine Compliance by School Type

DCPS					
GRADE	Non-Compliant	% Non-Compliant	Compliant	% Compliant	Total Enrolled
Pre-K3	189	7.9%	2,203	92.1%	2,392
Pre-K4	1,017	30.5%	2,313	69.5%	3,330
KG	263	6.5%	3,805	93.5%	4,068
01	462	11.3%	3,633	88.7%	4,094
02	466	11.5%	3,594	88.5%	4,060
03	596	14.7%	3,461	85.3%	4,057
04	526	13.2%	3,471	86.9%	3,996
05	1,232	33.8%	2,417	66.3%	3,648
06	524	18.4%	2,330	81.6%	2,854
07	267	9.3%	2,601	90.7%	2,868
08	638	22.4%	2,213	77.6%	2,851
09	907	23.6%	2,943	76.4%	3,850
10	906	25.8%	2,601	74.2%	3,506
11	374	12.3%	2,679	87.8%	3,052
12	687	24.8%	2,087	75.2%	2,774
Total	9,054	17.6%	42,351	82.4%	51,400

CHARTER SCHOOLS					
GRADE	Non-Compliant	% Non-Compliant	Compliant	% Compliant	Total Enrolled

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Pre-K3	161	5.6%	2,705	94.4%	2,866
Pre-K4	1,000	32.4%	2,087	67.6%	3,087
KG	132	4.2%	3,028	95.8%	3,160
01	256	8.5%	2,764	91.5%	3,020
02	233	8.2%	2,596	91.8%	2,829
03	302	10.6%	2,550	89.4%	2,852
04	287	10.5%	2,442	89.5%	2,729
05	834	29.0%	2,041	71.0%	2,875
06	387	12.2%	2,780	87.8%	3,167
07	193	6.2%	2,905	93.8%	3,098
08	496	16.4%	2,530	83.6%	3,026
09	441	16.5%	2,233	83.5%	2,674
10	333	15.6%	1,799	84.4%	2,132
11	166	8.6%	1,764	91.4%	1,930
12	349	20.6%	1,345	79.4%	1,694
Total	5,570	13.5%	35,569	86.5%	41,139

PRIVATE SCHOOLS					
GRADE	Non-Compliant	% Non-Compliant	Compliant	% Compliant	Total Enrolled
Pre-S	25	26.3%	70	73.7%	95
Pre-K	114	45.6%	136	54.4%	250
K	170	40.1%	254	59.9%	424
01	98	25.1%	293	74.9%	391
02	72	16.7%	358	83.3%	430
03	58	14.1%	352	85.9%	410
04	62	16.1%	324	83.9%	386
05	168	39.2%	261	60.8%	429
06	108	20.9%	409	79.1%	517
07	175	36.1%	310	63.9%	485
08	141	28.4%	356	71.6%	497
09	177	36.6%	306	63.4%	483
10	150	29.8%	354	70.4%	503
11	181	37.1%	307	62.9%	488
12	163	32.3%	342	67.7%	505

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Total	1,862	29.6%	4,432	70.4%	6,293

PAROCHIAL SCHOOLS					
GRADE	Non-Compliant	% Non-Compliant	Compliant	% Compliant	Total Enrolled
Pre-S	15	42.9%	20	57.1%	35
Pre-K	31	43.1%	41	56.9%	72
KG	86	50.3%	85	49.7%	171
01	44	28.8%	109	71.2%	153
02	31	18.6%	136	81.4%	167
03	35	19.6%	144	80.4%	179
04	38	17.4%	180	82.6%	218
05	96	42.1%	132	57.9%	228
06	56	19.2%	235	80.8%	291
07	104	36.1%	184	63.9%	288
08	122	41.4%	173	58.6%	295
09	92	22.7%	313	77.3%	405
10	106	26.5%	294	73.5%	400
11	150	38.0%	245	62.0%	395
12	232	59.3%	159	40.7%	391
Total	1,238	33.6%	2,450	66.4%	3,688

Vaccine Coverage by Race, Ethnicity, and Ward – Age 5 years

Population Count by Race: Age 5 (Including Age 5)					
Asian	Black or African American	Other/multi-race	Unknown	White	Total
122	4188	539	470	2121	7440

Vaccine Coverage by Race: Age 5						
	Asian	Black or African American	Other/multi-race	Unknown	White	Total
5+ Dtap%	87%	79%	88%	59%	93%	83%
2+ MMR%	93%	87%	93%	64%	97%	89%
4+ Polio%	94%	86%	91%	68%	96%	88%
2+ Varicella%	89%	87%	92%	62%	96%	88%
2+ HepA%	95%	91%	94%	73%	97%	92%

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3+ HepB%	96%	93%	95%	75%	98%	93%
2+ COVID-19%	43%	9%	45%	43%	59%	29%

Population Count by Ethnicity: Age 5			
Hispanic / Latino	Not Hispanic / Latino	Unknown	Total
1268	5702	470	7440

Vaccine Coverage by Ethnicity: Age 5				
	Hispanic / Latino	Not Hispanic / Latino	Unknown	Total
5+ Dtap%	88%	83%	59%	83%
2+ MMR%	94%	90%	64%	89%
4+ Polio%	93%	89%	68%	88%
2+ Varicella%	93%	89%	62%	88%
2+ HepA%	95%	93%	73%	92%
3+ HepB%	96%	94%	75%	93%
2+ COVID-19%	29%	27%	44%	29%

Population Count by Ward: Age 5								
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
597	282	587	1238	1140	699	1300	1380	7223

Vaccine Coverage by Ward: Age 5									
	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
5+ Dtap%	86%	86%	87%	88%	86%	85%	80%	79%	84%
2+ MMR%	91%	90%	94%	92%	91%	90%	88%	89%	90%
4+ Polio%	91%	92%	94%	92%	90%	90%	87%	87%	90%
2+ Varicella%	91%	88%	91%	92%	90%	90%	88%	89%	90%
2+ HepA%	94%	93%	95%	94%	93%	95%	91%	92%	93%
3+ HepB%	95%	96%	96%	96%	94%	95%	93%	94%	95%
2+ COVID-19%	35%	32%	58%	41%	33%	42%	13%	8%	29%

Vaccine Coverage by Race, Ethnicity, and Ward – Age 12 years

Population Count by Race: Age 12					
Asian	Black or African American	Other/multi-race	Unknown	White	Total
82	3912	432	735	1419	6580

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Vaccine Coverage by Race: Age 12						
	Asian	Black or African American	Other/multi-race	Unknown	White	Total
1+ Tdap%	87%	82%	85%	73%	91%	83%
1+ HPV %	80%	76%	81%	62%	87%	77%
2+ HPV %	50%	37%	48%	36%	54%	41%
1+ Mening ACWY %	90%	84%	87%	73%	93%	85%
2+ COVID-19%	68%	29%	65%	64%	74%	45%

Population Count by Ethnicity: Age 12			
Hispanic / Latino	Not Hispanic / Latino	Unknown	Total
1103	4731	746	6580

Vaccine Coverage by Ethnicity: Age 12				
	Hispanic / Latino	Not Hispanic / Latino	Unknown	Total
1+ Tdap%	89%	84%	73%	83%
1+ HPV %	88%	77%	62%	77%
2+ HPV %	51%	40%	36%	41%
1+ Mening ACWY %	91%	85%	73%	85%
2+ COVID-19%	59%	39%	64%	45%

Population Count by Ward: Age 12								
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
498	200	583	1066	919	505	1238	1277	6286

Vaccine Coverage by Ward: Age 12									
	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	Total
1+ Tdap%	87%	84%	85%	88%	86%	85%	83%	84%	85%
1+ HPV %	82%	77%	77%	84%	78%	80%	77%	77%	79%
2+ HPV %	47%	51%	47%	46%	44%	44%	37%	37%	42%
1+ Mening ACWY %	88%	86%	88%	89%	87%	87%	84%	85%	86%

- b. Please summarize DC Health’s efforts to promote child immunizations for SY 2025-26. Please include any metrics used to determine success of initiatives.**

The Immunization Division aims to increase and sustain immunization coverage to prevent vaccine preventable diseases across the lifespan. The Immunization Division engages several strategies to achieve this, including:

- Maintaining and strengthening a DC Immunization Information System (DOCIIS) so that health care providers are aware of all vaccinations administered to residents and can administer additional vaccinations based on this information.
- Engaging vaccine providers to inform them about immunization practices and assist them in maintaining a high level of vaccination coverage of their patients.
- Enhancing access to vaccination for populations that are especially vulnerable or have low vaccination coverage.
- Community listening and engagement.
- Empowering residents by providing accessible vaccine information and promoting vaccine opportunities.
- Analyzing immunization data to evaluate ongoing vaccination efforts, assess the impact of initiatives, and identify populations in need of special attention; and
- Supporting school leaders' efforts to improve and sustain high vaccination coverage of students.

Key FY 2025 Milestones and Initiatives

- **Continuous Improvement of the Immunization Registry.** The Immunization Division maintains the DC Immunization Information System (DOCIIS), which supports vaccine supply management, data quality, and data completeness, and allows greater population-level immunization efforts. Additional interfaces built to bidirectionally exchange DOCIIS data and the electronic health records of health care providers ensure records are complete and current.
- **Digital Connections to Providers and Other Immunization Registries.** The District maintains bidirectional digital connections with vaccine providers and the immunization registries of other jurisdictions such as Maryland. A similar connection with Virginia is expected in FY 2026, however routine data exchanges occurred in FY25.
- **Immunization Record App.** The Immunization Division procured and developed Docket, a free mobile and web application that provides residents secure access to immunization records stored in DOCIIS. Docket is available for Apple and Android devices and can also be accessed via web browser. Key features include viewing personal and child immunization records, generating a DC Health Patient Vaccine Record, and receiving vaccination reminders through push notifications.
- **Resident Website.** The Immunization Division launched the Resident Website to enhance access to vaccine information and services. The site provides key resources, including details about Docket, vaccine clinic locations, a child immunization guide, and immunization forms. The website can be found at <https://vaccines.dc.gov>.
- **Enhanced Immunization Compliance Portal.** This user-friendly web-based tool was developed with the input of the education sector and school nurses and facilitates reporting

of compliance with and enforcement of the school immunization mandate. In FY25, it was enhanced to include additional compliance reports and user support documentation.

- **School Immunization Compliance Support.** In the fall of 2025, DC schools continued to enforce the school immunization mandate, including temporary exclusion of students in the key grades of PreK 3, kindergarten, 7th grade, and 11th grade. In FY23, these grades were selected since most students in these grades will not age into non-compliance during the school year and each of these grades occurs soon after ages in which various vaccines are first recommended. DC Health provided school partners with extensive support for this enforcement, including training school staff and immunization points of contact, data support for schools, exemption processing, and enhanced vaccination clinic access. While immunization compliance and enforcement are an ongoing activity, significant progress has been made with student immunization compliance in School Year 25-26 to date.
 - o For DCPS and Public Charter schools from October 2025 to January 2026, immunization compliance of all students improved from 80.6% (18,065 noncompliant students) to 84.2% (14,624 noncompliant students).
 - o Among the key grades for DCPS and Public Charter schools, immunization compliance had greater improvement during that same period. In these grades, the compliance percentage climbed from 78% (5,146 noncompliant students) to 95% (1,132 noncompliant students).

Q59: Please provide the most updated data on the number and percentage of DC residents who have received the flu vaccine, RSV vaccine (among eligible population), and COVID booster in the summer/fall of 2025. Please include disaggregated data by race, age, and Ward.

- Please summarize DC Health’s efforts to promote vaccines for winter respiratory diseases in FY 2025 and FY 2026, to date. Please include any metrics used to determine success of initiatives.
- Please provide an update on policy and program efforts taken by DC Health to ensure ongoing access to vaccines, in particular among vulnerable populations.

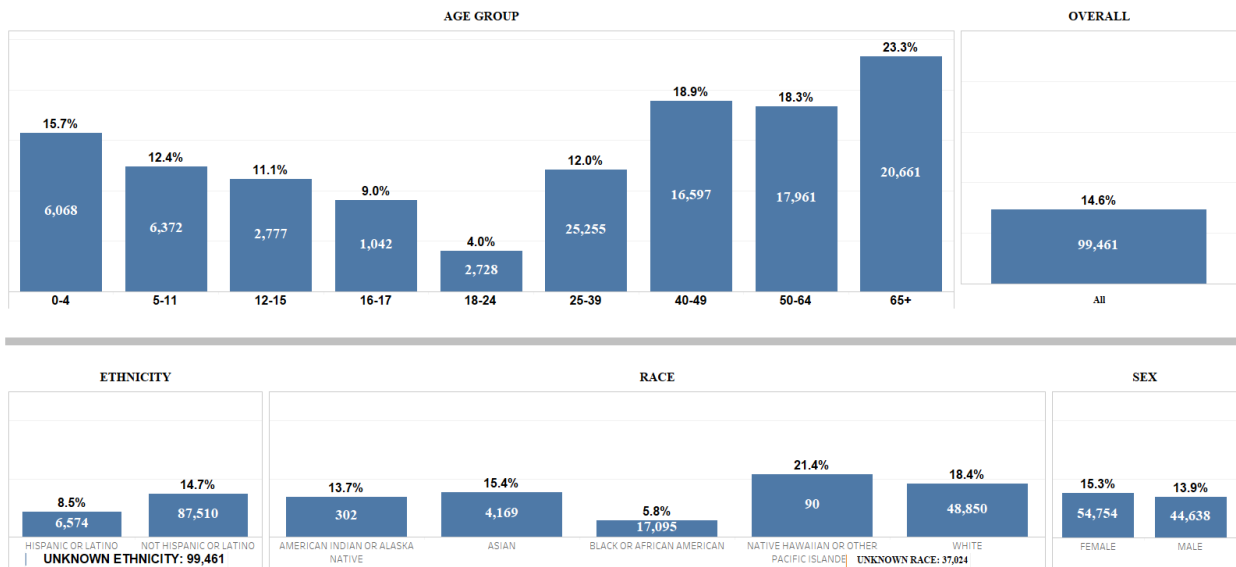
Response:

Data:

Figure 1

*Updated 2025-2026 COVID-19 Vaccine Coverage (%) by Age Group/Race/Sex/Ethnicity – DC Residents**

Updated 2025-2026 COVID-19 Vaccine Coverage (%) by Age Group / Race / Sex / Ethnicity - DC Residents



Source: DC Health DOCHS 2.0

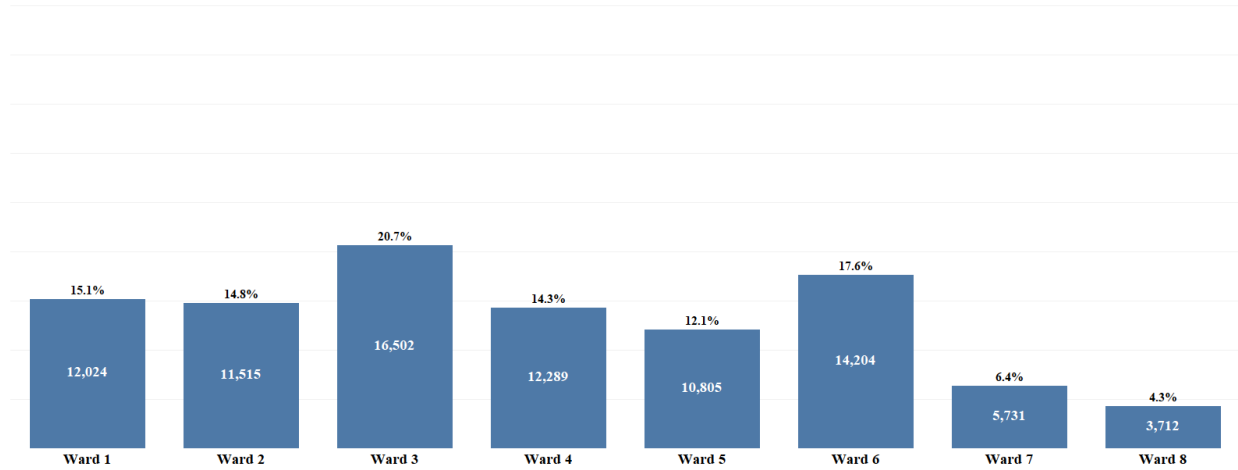
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state and by a federal entity. Vaccine coverage is calculated by considering census population estimates (2022-2023) as the denominator and numerator is the total vaccine dose administered per age group.

Data up to: 12/31/2025

Figure 2

Updated 2025-2026 COVID-19 Vaccine Coverage (%) by Ward (DC Residents)

Updated 2025-2026 COVID-19 Vaccine Coverage (%) by Ward - DC Residents - August - December



Source: DC Health DOCIIS 2.0

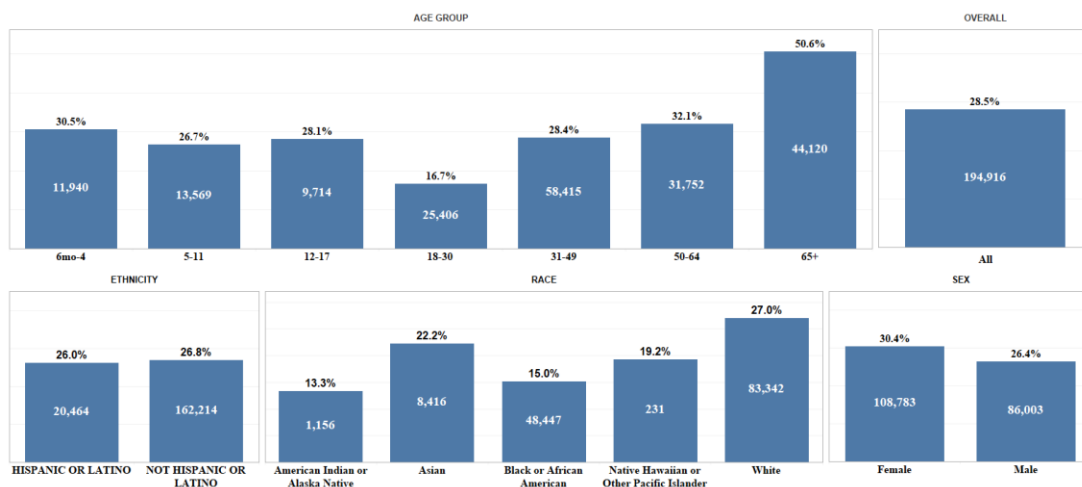
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state and by a federal entity. Vaccine coverage is calculated by considering census population estimates (2022-2023) as the denominator and numerator is the total vaccine dose administered per age group.

Data up to: 12/31/2025

Figure 3

Summary Report – Influenza Vaccine Administrations for DC Residents in 2025-2026

Influenza Vaccine Coverage (%) by Age Group / Race / Sex / Ethnicity - DC Residents



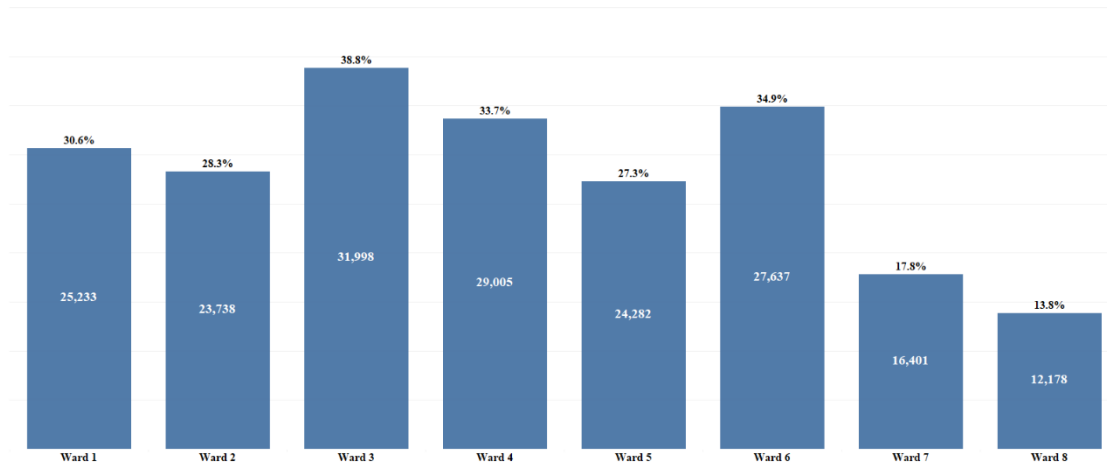
Source: DC Health DOCIIS 2.0

Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. Influenza coverage is calculated by considering census population as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 4
Influenza Vaccine Coverage (%) by Ward (DC Residents)

Influenza Vaccine Coverage (%) by Ward - DC Residents



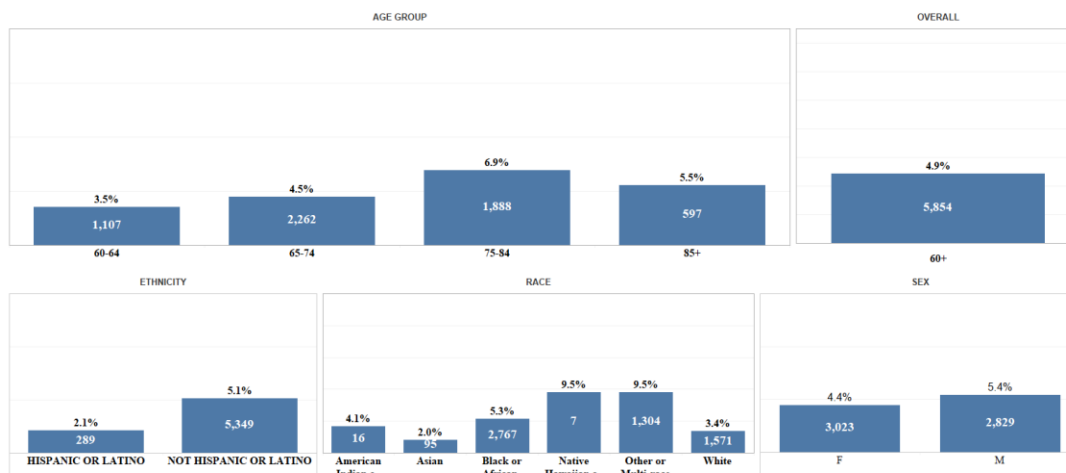
Source: DC Health DOCIIS 2.0

Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. Influenza coverage is calculated by considering census population as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 5
RSV Vaccinations by Age Group / Race / Sex / Ethnicity (DC Residents) – Age 60+ Years

RSV Vaccine Coverage (%) by Age Group / Race / Sex / Ethnicity - Over 60 years (DC Residents) - January to December 2025



Source: DC Health DOCIIS 2.0

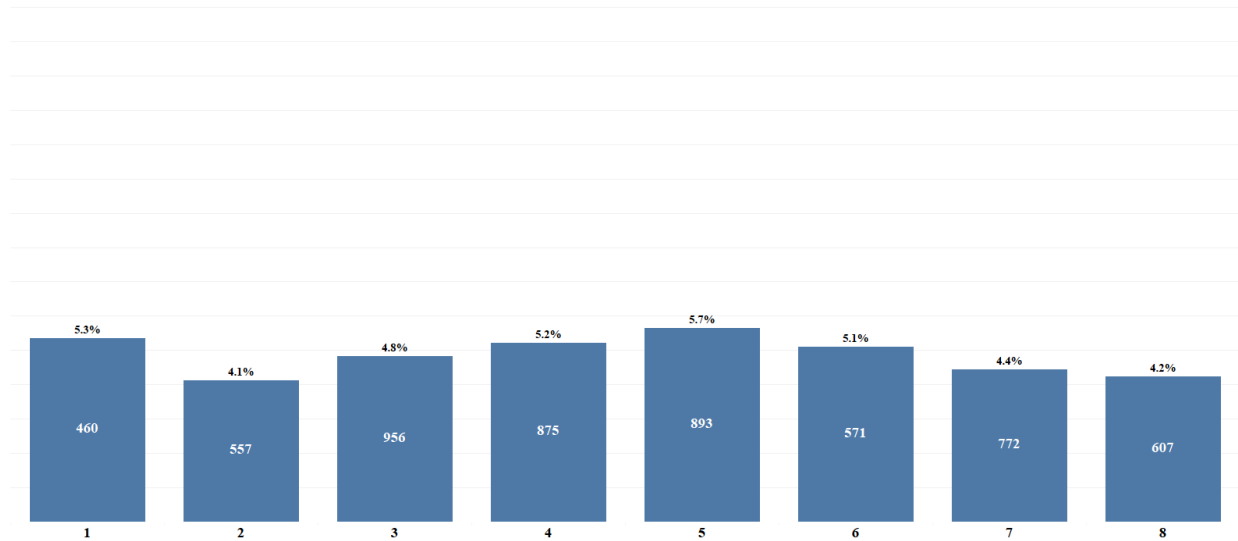
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. RSV coverage is calculated by considering census population as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 6

RSV Vaccinations by Ward (DC Residents) – Age 60+ Years

RSV Vaccine Coverage (%) by Ward - Over 60 years (DC Residents) - January to December 2025



Source: DC Health DCIIS 2.0

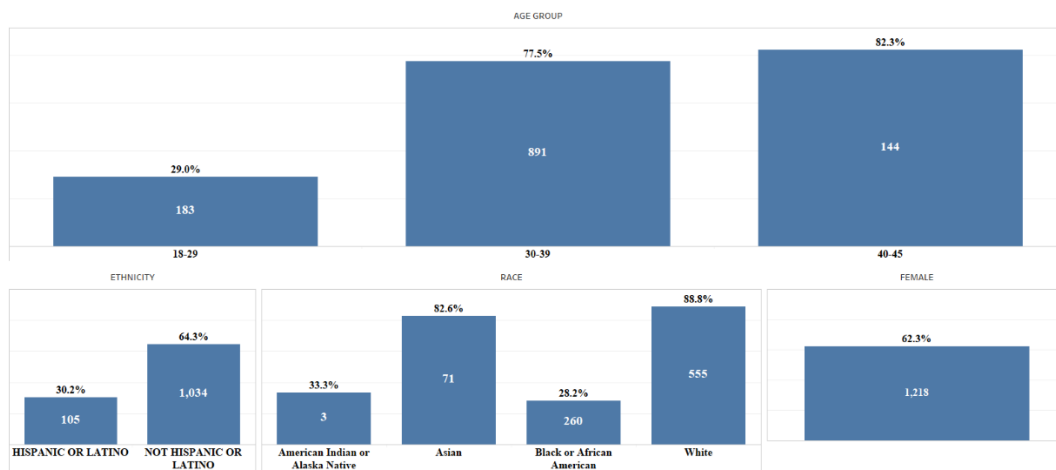
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. RSV coverage is calculated by considering census population as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 7

RSV Vaccinations by Age Group, Race, Ethnicity (DC Residents) – Females Aged 18-45 Based on Population Pregnancy Estimates

RSV Vaccine Coverage (%) by Age Group / Race / Ethnicity (DC Residents) - Females Aged 18-45 Based on Population Pregnancy Estimates



Source: DC Health DCIIS 2.0 and Vital Records

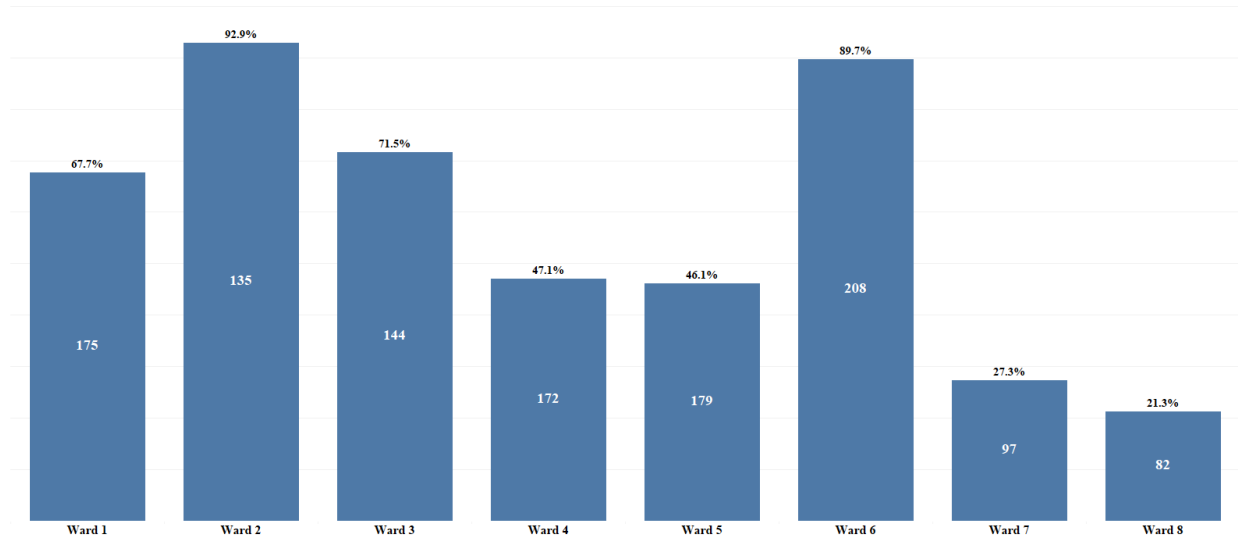
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. RSV coverage is calculated by considering number of births from November 2022 to January 2023 as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 8

RSV Vaccinations by Ward (DC Residents) – Females Aged 18-45 Based on Population Pregnancy Estimates

RSV Vaccine Coverage (%) by Ward (DC Residents) - Females Aged 18-45 Based on Population Pregnancy Estimates



Source: DC Health DCIIS 2.0 and Vital Records

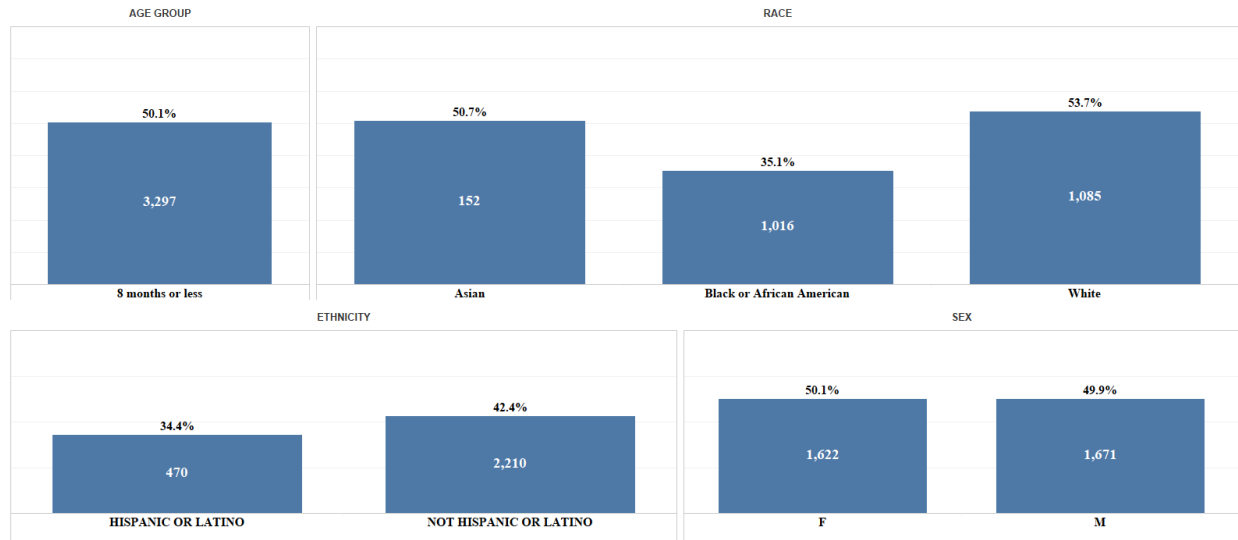
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. RSV coverage is calculated by considering number of births from November 2022 to January 2023 as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 9

RSV Vaccinations by Race / Ethnicity / Sex (DC Residents) – Age 8 Months or Less

RSV Vaccine Coverage (%) by Age Group / Race / Ethnicity (DC Residents) - Age 8 Months or Less - August to December 2025



Source: DC Health DOCIIS 2.0 and Vital Records

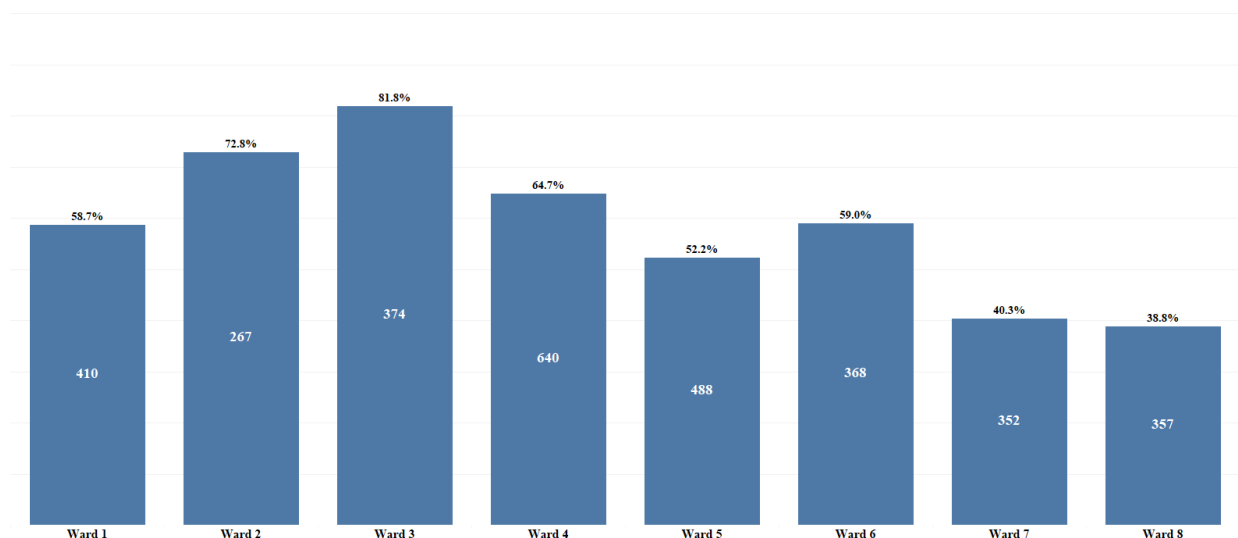
Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. RSV coverage is calculated by considering number of 8 months or younger population as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

Figure 10

RSV Vaccinations by Ward (DC Residents) – Age 8 Months or Less

RSV Vaccine Coverage (%) by Ward (DC Residents) - Age 8 months or less - August to December 2025



Source: DC Health DOCIIS 2.0 and Vital Records

Data Consideration: Age group coverage includes DC Residents vaccinated within DC, out-of-state data for DC Residents. RSV coverage is calculated by considering number of 8 months or younger population as the denominator and numerator is the total vaccine doses administered per age group.

Data up to: 12/31/2025

a. Please summarize DC Health’s efforts to promote vaccines for winter respiratory diseases in FY 2025 and FY 2026, to date. Please include any metrics used to determine success of initiatives.

DC Health continued an enterprise-wide approach to the prevention of respiratory viruses in winter FY25 and to date, in FY26. The agency collaborated to refresh the Plan to Address Fall/Winter Surge of Respiratory Illness which included updated strategies for surveillance of respiratory illness, mitigation of illness (including vaccination), communications, community engagement and outreach, as well as policy to prevent and mitigate respiratory disease this season.

The strategies to promote the flu vaccine, RSV immunization, and the annual COVID vaccine included:

- Information-sharing, technical assistance, and coordination with District healthcare providers
- Communications with the largest health systems, FQHCs, and pharmacies in the District to monitor vaccine supply in the District
- Traditional and social media marketing
- Grantee technical assistance with health communications, health education and health behavior change strategies, such as methods for countering vaccine misinformation
- Regular outreach to and engagement with community partners.

Community Engagement: DC Health continued to support the reach of our community partners to address the 2025 respiratory virus season. During winter 2024-2025, DC Health supported direct, in person community engagement activities such as educational and promotional tabling by staff and administrative support during city-wide immunization clinics. Through in-person or virtual presentations, the Immunization Division offered or participated in 65 community engagement events sharing information on the fall and winter virus season and COVID-19, influenza, and RSV immunizations, and an additional 30 tabling events.

Vaccine Access: DC Health continued its partnership with one grantee to promote COVID-19 vaccine uptake and improve vaccine confidence among under and unvaccinated priority populations (i.e. residents who are home-bound or have limited mobility; newly arrived immigrants, undocumented residents, and asylees; racial/ethnic groups who are consistently under-vaccinated; individuals experiencing homelessness; residents in neighborhoods with particularly low COVID vaccination rates; and residents who are over age 65). The grantee successfully linked 4,834 individuals to vaccination services; of that, 1,796 individuals were vaccinated directly by the grantee community collaborator. In addition, the grantee surpassed their outreach goal and served 11,929 individuals through engagement during the project period.

Due to the termination of supplemental immunization funding, the partnership with the grantee ended at the end of the project period, May 2025. As a result, DC Health did not have sufficient resources or capacity to conduct community engagement initiatives beyond social media promotion during the 2025-2026 respiratory season. In parallel, a shifting federal landscape

brought confusion and delays in promoting the importance of and access to respiratory vaccines. Demand has waned and social media marketing metrics reflect low interest.

b. Please provide an update on policy and program efforts taken by DC Health to ensure ongoing access to vaccines, in particular among vulnerable populations.

In the wake of the shifting federal landscape pertaining to vaccinations, DC Health has taken significant policy and programmatic measures to ensure ongoing access to vaccines, particularly for vulnerable populations through legislation and widespread community messaging.

- DC Health drafted the **Community Health Amendment Act of 2025** which authorized pharmacists and pharmacy technicians to administer vaccines recommended by a competent medical or public health organization as designated by the Director. A public notice was added to our web page designating the American Academy of Pediatricians (AAP), the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG) as the organizations of reference.
- In addition, DC Health also developed legislation, the **Vaccine Administration Protection Act of 2026**, to protect District healthcare providers from being held liable for any injury caused by making available or administering vaccines to residents that may be removed from protection of the National Vaccine Injury Compensation Program.
- DC Health is currently developing a Vaccine Messaging Toolkit and enhanced provider guidance resources to address recent federal changes to recommended childhood vaccines. The toolkit will include resources to increase vaccine confidence in the community and a recommended vaccine schedule aligned with scientific, evidence-based recommendations for childhood vaccines. Enhanced provider guidance for how to have difficult conversations with residents and families who are vaccine hesitant or confused about federal changes is necessary to ensure continued vaccine uptake and disease protection in the District. DC Health aims to release both resources to stakeholders and partners for distribution in Q3 FY2026.
- DC Health maintains a list of current and previously enrolled immunization providers in public vaccination programs who serve vulnerable populations. By expanding engagement in non-traditional provider settings, access to public respiratory vaccines, although under limited availability, could be widespread.

- Q60: In 2025, the FEMS Mobile Integrated Health team took over the home vaccination program from DC Health. Please provide the following data for that program:**
- Number of each type of vaccine DC Health administered in FY 2024 and FY 2025 until FEMS took over the program;**
 - Number of home vaccination appointments made in each Ward in FY 2024 and FY 2025 until FEMS took over the program; and**
 - Average amount of time in FY 2024 and FY 2025 until FEMS took over the program, from when a resident requested a home vaccine to when FEMS administered the vaccine.**

Response:

In FY24 and FY25, DC Health continued to operate the Home Vaccination program and administered high-dose flu and COVID-19 vaccines to residents who were 65 and older, experienced difficulty leaving their home, had Medicaid insurance, or for whom English was not their primary language. In anticipation of reduced funding to successfully operate the program, DC Health partnered with DC Fire & EMS to pilot the integration of vaccination with FEMS Mobile Integrated Health program. Upon execution of a Memorandum of Understanding (MOU) where DC Health provided grant funding for labor and vaccine supply, FEMS administered COVID-19 vaccines in the community as a pilot. As a result of the success, DC Health supported FEMS with additional grant funding to administer a larger amount of high-dose flu and COVID-19 vaccines beginning November 2025.

- Number of each type of vaccine DC Health administered in FY 2024 and FY 2025 until FEMS took over the program**

FY2024 Vaccines Administered by DC Health:

	# Vaccines Administered	%
Flu	236	43%
COVID-19	314	57%
Total	550	100%

FY2025: 0 administered by DC Health

FY2025: 40 COVID-19 vaccines administered by FEMS during Spring 2025 pilot program

- Number of home vaccination appointments made in each Ward in FY 2024 and FY 2025 until FEMS took over the program**

FY2024 DC Health Home Vaccination Appointments by Ward:

Ward	# Appointments	% Appointments
1	38	7%
2	27	5%
3	56	10%
4	118	21%
5	118	21%
6	31	6%
7	104	19%
8	58	11%
Total	550	100%

FY2025: 0 DC Health Appointments

c. Average amount of time in FY 2024 and FY 2025 until FEMS took over the program, from when a resident requested a home vaccine to when FEMS administered the vaccine.

Both DC Health and FEMS responded to resident phone requests for vaccination appointments within two business days. Based on vaccine availability and program operational capacity, residents were either scheduled for an appointment immediately or informed that they had been placed on a waitlist and would be contacted once vaccines became available. During peak respiratory season in FY 2024 when vaccines were available, from Oct 1, 2023, to February 28, 2024, appointments were consistently scheduled within 1–3 weeks of requests. When a vaccine was unavailable, resident requests were waitlisted and scheduling delayed by several months.

DC Health made numerous attempts in FY 2024 and FY2025 to secure COVID and influenza vaccines despite seasonal product updates and logistical challenges. From September 2024 to March 2025, DC Health maintained a waitlist of residents seeking a home vaccination appointment while establishing the transition to FEMS. After working through internal logistics, FEMS contacted 30% of waitlisted individuals in April 2025 and vaccinated everyone possible within 30 days. FEMS utilized 100% of provided vaccines in FY2025.

Q61: Regarding sickle cell disease (SCD) among District residents:

- a. Please provide the District’s current estimate for the prevalence of SCD;**
- b. Please provide an update on DC Health’s efforts to improve surveillance and treatment of SCD in FY 2025 and FY 2026, to date.**

Response:

a. Please provide the District’s current estimate for the prevalence of SCD;

According to the Centers for Disease Control and Prevention, sickle cell disease (SCD) affects about 100,000 people in the United States. More than 90% are non-Hispanic Black or African American, and an estimated 3%–9% are Hispanic or Latino. Using national prevalence estimates and the 2023 American Community Survey Population Estimates, *752 District residents* have sickle cell disease. As the current measure of new sickle cell cases, DC Health's Newborn Metabolic Screening (NMS) Program collects presumptive positive, not confirmed, SCD cases annually from our designated newborn screening laboratory, Revvity Omics, based on newborn metabolic (dried blood spot) screenings performed on infants at birth. In FY 2024, there were 16 presumptive positive HGBDNA (Hemoglobinopathies) results among babies who were born to mothers living in the District out of a total of 11,175 births in the District (7,695 babies were born to mothers living in the District and 3,480 were born to mothers living outside of the District).

b. Please provide an update on DC Health’s efforts to improve surveillance and treatment of SCD in FY 2025 and FY 2026, to date.

- **Howard University’s Sickle Cell Disease Wellness Center:** To support continued success achieved from FY2020 through FY2024 while collaborating with Howard University Hospital’s Sickle Cell Disease (SCD) Center of Excellence, DC Health collaborated with Howard University’s Sickle Cell Disease Wellness Center in FY25 and FY26. In FY25, DC Health and Howard University Hospital led planning activities to increase community outreach and promote the new SCD Wellness Center. Howard also strengthened partnerships with Medicaid MCOs AmeriGroup and Medstar Family Choice to increase referrals for SCD treatment. In FY26, DC Health is supporting Howard University Hospital to launch a Community Outreach Plan and conduct community outreach and education to promote the new center and its specialty services to patients, healthcare providers, and healthcare systems in the District. Howard University Hospital aims to increase the number of patients living with SCD receiving chronic disease modifying therapy via the Sickle Cell Wellness Center and reduce the number of SCD related ED visits and in-patient admissions.

	Target	FY24	FY25	FY26 To Date
# Patient Visits	934	1,094	1,481	242

# Patients receiving Disease Modifying Therapy	74	262	186	33

- **Diagnosis of Newborn Cases:** The DC Newborn Metabolic Screening (NMS) Program facilitates efficient communication of presumptive positive and other abnormal screening results to an infant's provider(s) to recommend further actions and ensure timely management of the case. The DC NMS Program's follow-up team coordinates with each infant's primary care provider (PCP) to follow-up and refer all infants with abnormal (presumptive positive) SCD results to specialty care (i.e. Children's National Hospital (CNH), Howard University Hospital, and Washington Hospital Center). DC NMS records and tracks all abnormal results and follow-up activities in an internal database management system. In addition to CNH, Howard University Hospital and Washington Hospital Center provide specialty SCD services through the newly opened Sickle Cell Wellness Center.
- **Surveillance and Tracking:** The DC NMS Program has continued to collaborate with the Association of Public Health Laboratories' Newborn Screening Technical Assistance and Evaluation Program (NewSTEPS) Program. DC Health and NewSTEPS have a Memorandum of Understanding for the DC NMS Program to share data with the data repository for tracking and surveillance of de-identified case data for all newborn disorders DC screens for, including SCD. The DC NMS Program has implemented a process with PCPs and specialty providers to regularly collect updates on District infants regarding their specialized care, treatment, and confirmation of diagnoses. These efforts have created a streamlined approach and are bringing us closer to tracking annual prevalence of screening disorders to enhance surveillance and follow-up efforts (including SCD data).

Q62: What steps has DC Health taken in FY 2025 and FY 2026, to date, to implement the DC Plan on Alzheimer's & Related Dementia 2024-2028? What steps does DC Health anticipate taking in the balance of FY 2026?

- a. Please provide current data on the following measures of Subjective Cognitive Decline (SCD):**
 - Percentage of DC residents over the age of 45, by Ward, race, and gender, reported experiencing SCD;
 - Percentage of those affected with SCD who have discussed their symptoms with a healthcare provider;
 - Percentage of District residents who are caregivers for individuals with Alzheimer's Disease and Related Dementias (ADRD); and
 - Mortality rates in the District for ADRD, provided by Vital Records, For FYs 2024, 2025, and 2026, to date.
- b. Please provide a link to the data dashboard DC Health reported it was building out in FY 2025 to monitor ADRD trends in the District over time.**
- c. Please provide the amount of federal funding DC Health has received and spent in FY 2025 and FY 2026, to date, to support activities relating to Alzheimer's & Related Dementia, broken down by category of spending.**

Response:

The District of Columbia Plan on Alzheimer's Disease and Related Dementias 2024–2028 (Brain Health State Plan) was finalized and disseminated in April 2024. The Plan outlines goals, objectives, and strategies to 1) increase the proportion of older adults with subjective cognitive decline who have talked about their symptoms with a provider and 2) increase the proportion of residents diagnosed with Alzheimer's Disease and Related Dementias (ADRD) receiving social and other support services. The Plan was developed from feedback received during the 2020 Brain Health Needs Assessment and from Brain Health Advisory Coalition partners and community members. Strategies focus on 1) improving organizational and individual dementia literacy, 2) building multisectoral partnerships, 3) strengthening the workforce to treat people with ADRD, 4) enhancing data collection and surveillance, and 5) creating community-clinical linkages.

FY25 and FY26 Implementation Efforts:

Educate and Empower

- DC Health developed and officially launched the Dementia Training for Direct Care Workers in December 2024. The training ensures direct care workers have access to required trainings to comply with the *Dementia Training for Direct Care Workers Act of 2019* (D.C. Law 23-201). Since launching, the program surpassed the initial goal of 300 trained professionals, received over 1,500 course enrollments, and there was over 1300 course completions.
- DC Health provided education and information on the Brain Health Initiative to partners and community members, delivering 30 presentations to diverse audiences, including the

Commission on Aging, Department of Aging and Community Living (DACL), and Alzheimer's Association, to increase awareness of dementia and brain health initiatives.

- DC Health disseminated the quarterly Brain Health Connection newsletter to over 100 stakeholders, sharing brain health, Alzheimer's Disease, and dementia education, resources and partner highlights.

Mobilize Partnerships

- Brain Health Advisory Coalition (BHAC) engagement more than quadrupled from August 2024 to November 2025, adding more than 10 new partners, bringing us to a total of 84 partners, including the Department of Aging and Community Living (DACL), Alzheimer's Association, Institute for Public Health Innovation, and others.
- Three BHAC workgroups were formed (Engage and Educate, Build a Diverse and Skilled Workforce, and Measure, Utilize, and Evaluate Data), co-leads designated, and action plans developed to advance implementation of the Brain Health State Plan.
- DC Health developed new relationships with DC Fire and Emergency Medical Services (FEMS) and DACL's Adult Protective Services (APS) to strengthen cross-agency strategy alignment supporting older adults and persons living with dementia.

Monitor and Evaluate

- DC Health expanded the number and types of data collected and utilized by the DC Brain Health Initiative to include Behavioral Risk Factor Surveillance System (BRFSS) data, Brain Health Advisory Coalition (BHAC) activities data, LinkU reports, electronic health records data from CRISP DC, media campaign metrics, and dementia training data to monitor progress.
- The DC Brain Health Initiative was spotlighted nationally for its successful use of the Healthy Brain Initiative Roadmap Tool, presenting to 42 other CDC BOLD-funded states.

Anticipated Steps for Balance of FY26

- **The Connection, Assistance, Resources and Education Grant (CARE-DC):** By March 2026, DC Health will execute two grant awards to two community-based organizations who are already providing care support services to develop and implement caregiver navigation services to increase awareness, access, and utilization of resources among caregivers of persons living with dementia (PLWD).
- **Caregiver/Care Partner Resource Fair:** DC Health will collaborate with Department of Aging and Community Living along with other BHAC members to host a community Caregiver Resource Fair to connect at least 100 caregivers with tools, education, and local services by September 29, 2026.
- **Data and Surveillance:** DC Health will establish a brain health surveillance plan and dashboard framework. By September 30, 2026, DC Health will identify data sources and

metrics and develop indicators. DC Health aims to finalize a brain health dashboard in early FY2027.

a. Please provide current data on the following measures of Subjective Cognitive Decline (SCD):

- **Percentage of DC residents over the age of 45, by Ward, race, and gender, reported experiencing SCD;**
- **Percentage of those affected with SCD who have discussed their symptoms with a healthcare provider;**
- **Percentage of District residents who are caregivers for individuals with Alzheimer’s Disease and Related Dementias (ADRD); and**
- **Mortality rates in the District for ADRD, provided by Vital Records, For FYs 2024, 2025, and 2026, to date.**

Percentage of DC residents over the age of 45, by Ward, race, and gender, reported experiencing SCD

Based on DC BRFSS data from 2019–2023, **11.2%** of District residents aged 45 and older reported experiencing confusion or memory loss that is happening more often or getting worse.

- **By gender:**
 - Male: **10.9%**
 - Female: **11.6%**
- **By race/ethnicity:**
 - White, Non-Hispanic: **8.2%**
 - Black/African American, Non-Hispanic: **13.7%**
 - Other, Non-Hispanic: **9.7%**
 - Hispanic: **8.2%**
- **By Ward (2019–2021 combined; note boundary changes in 2022):**
 - Ward 1: **9.0%**
 - Ward 2: **10.8%**
 - Ward 3: **9.7%**
 - Ward 4: **9.0%**
 - Ward 5: **12.2%**
 - Ward 6: **9.7%**
 - Ward 7: **18.1%**
 - Ward 8: **21.0%**

Percentage of those affected with SCD who have discussed their symptoms with a healthcare provider

Among residents reporting SCD, **43.2%** discussed their symptoms with a healthcare provider, while **56.8%** did not.

Percentage of District residents who are caregivers for individuals with Alzheimer’s Disease and Related Dementias (ADRD) Overall caregiver prevalence (any condition):

22.7% of DC adults reported providing regular care or assistance in the past 30 days.

- **Among caregivers:**
 - 11.6% reported caring for Alzheimer's disease as the main condition.
 - 14.1% reported the care recipient with other diseases also has Alzheimer's disease or dementia.
- **Estimated share of DC adults who are ADRD caregivers:** Approximately 5.8% (derived from overall caregiver prevalence and ADRD-specific caregiving proportions).

Mortality Rates for ADRD (Calendar Years)

Fiscal-year breakdowns are not available; calendar-year data are provided as a proxy:

Year	Deaths	Rate per 100,000 (Age 45+)
2019	260	113.07
2020	309	133.14
2021	218	96.80
2022	276	123.19
2023	332	148.48

b. Please provide a link to the data dashboard DC Health reported it was building out in FY 2025 to monitor ADRD trends in the District over time.

DC Health adjusted its timeline to publish an ADRD data dashboard as we focused on establishing a foundation to better understand available ADRD data and surveillance sources. These steps will position DC Health to develop a centralized ADRD data dashboard in early FY2027.

Activities included:

- Identifying necessary data points through surveys disseminated to Brain Health Advisory Coalition members during quarterly meetings and through clinical feedback surveys to providers across the District.
- Collecting community feedback during collaborative educational sessions to ensure the dashboard reflects community priorities and supports meaningful engagement.
- Collaborating with Department of Health Care Finance (DHCF) and other partners to expand and refine relevant data elements for inclusion in a centralized dashboard.
- Engaging with other states to learn best practices, workflows and processes for building accurate and comprehensive dashboards to monitor ADRD trends.
- Leveraging internal programs with existing dashboards, such as the Million Hearts program, to understand dashboard architecture and incorporate risk factor data that informs the Brain Health program.

c. Please provide the amount of federal funding DC Health has received and spent in FY 2025 and FY 2026, to date, to support activities relating to Alzheimer's & Related Dementia, broken down by category of spending.

*Department of Health
FY25
Oversight Questions
Community Health Administration*

In FY25, DC Health experienced challenges with grant making and procurement due to local and federal spending constraints. DC Health is in the process of getting federal approval to budget unspent FY25 funds. DC Health is on track to fully expend all federal Brain Health funds in FY26.

Budget Category	FY25 Budget	FY25 Actual	FY26 Budget	FY26 Actual
Salary & Wages	\$ 107,096.54	\$ 122,518.82	\$ 130,229.32	\$ 32,551.37
Fringe	\$ 22,709.00	\$ 26,521.61	\$ 29,822.51	\$ 8,979.29
Supplies	\$ 2,086.80	\$ 786.99		
Grants & Contracts	\$ 216,495.19	\$ 120,232.00	\$ 209,922.25	\$0
Marketing	\$ 4,041.00	\$ 4,041.00	\$0	\$0
Printing	\$ 15,000.00	\$ 3,445.07	\$0	\$0
Indirect	\$ 82,571.00	\$ 62,965.00	\$ 80,025.92	\$ 20,765.33
Total	\$ 450,000.00	\$ 340,510.49	\$ 450,000.00	\$ 62,295.99

- Q63: How many individuals have completed the Dementia Care Training for Direct Care Workers in FY 2025 and FY 2026, to date?**
- a. What percentage of eligible staff members at facilities or programs covered under *D.C. Law 23-0201- Dementia Training for Direct Care Workers Act of 2019* have complied with the 8-hour initial training requirement? The 2-4 hour continuing education requirement?
 - b. What enforcement mechanisms has DC Health used, to date, to ensure compliance with this law?

Response:

Since initial launch in December 2024, the Dementia Training for Direct Care Workers has reached 573 enrolled direct service staff workers and other professionals as of December 2025. Specifically, 140 and 152 unique learners completed all 6 courses in FY25 and FY26, respectively.

	December 2024 – September 2025	FY25 Target	October 2025 – December 2025	FY26 Target
New Learner Registrations <i>Total number of unique learners registered in learning management system.</i>	292	300	273	300
Total # of individual learners who completed the training	140	Not established	152	300

- a. What percentage of eligible staff members at facilities or programs covered under *D.C. Law 23-0201- Dementia Training for Direct Care Workers Act of 2019* have complied with the 8-hour initial training requirement? The 2-4 hour continuing education requirement?

The exact percentage of eligible staff data is unavailable as there is no current mechanism in place for DC Health to track unlicensed staff. The continuing education requirement will begin after the final rulemaking is fully implemented. DC Health will submit a second proposed rulemaking which will add a method to collect the number of eligible staff who have completed the training annually from each facility.

As of December 2025, a total of 565 unique learners registered for the Dementia Training for Direct Care Workers. As of December 2025, of the 343 new learners registered for the Dementia

Training for Direct Care Workers, 211 were direct services staff workers. Certified nursing assistants make up the majority of course registrants, followed by registered nurses and home health or personal care aides.

b. What enforcement mechanisms has DC Health used, to date, to ensure compliance with this law?

To date, the effective date of enforcement has not been set as the regulations have yet to be finalized. Once final rulemaking to fully implement the statute has been published, the requirement will be enforced by the Department's Office of Health Facilities through the usual survey process. Facilities found to be non-compliant will be issued a Notice of Infraction (NOI) in accordance with the Civil Infractions Act. The proposed rulemaking, which was published in the *D.C. Register* on February 7, 2025, is pending revision and re-publication in light of comments received from stakeholders and the Department's programmatic needs. We anticipate the adoption of final rulemaking within the next six (6) months. Upon adoption of the rules, DC Health will inspect facilities adherence with this law and the applicable rules during the annual licensure surveys for the provider types covered by these requirements. Compliance with dementia care training requirements will be reviewed as part of staff education. DC Health will submit a second proposed rulemaking which will add a method to collect the number of eligible staff who have completed the training annually from each facility.

Community Health Administration

Q64: DC Health’s Tobacco Control Program has experienced federal and local funding cuts in FY 2025 and FY 2026. Please identify the funding streams for this program, the level of funding received and expended from each stream in FY 2024, 2025, and 2026, to date, and the impact of the funding losses on staffing and programs.

Response:

An effective state tobacco control program is modeled on a comprehensive, multi-prong framework. Reduced funding will limit capacity of DC Health to implement evidence-based interventions that change perceptions of and reduce tobacco use across the District:

- Staffing will be reduced from 5 FTEs to approximately 1.5 FTEs.
- Diverse subject matter expertise and capacity will be reduced and limited for tobacco control knowledge and skill development, researching emerging trends, and networking with specialists.
- Program impact reduced as initiatives scaled back or eliminated:
 - Smaller footprint health communications campaigns
 - Limits on distribution of nicotine replacement therapy and/or counseling support available through DCQuitNow
 - Reduced community engagement through partnerships and collaborations
 - Reduced youth education and engagement initiatives
 - Reduced data analysis and assessment of emerging trends in tobacco use

	FY2024			FY2025			FY2026		
	Allocation	Spent	Unspent	Allocation	Spent	Unspent	Allocation	Spent	Unspent
Local Budget Support Act	\$1,000,000	\$1,000,000	\$0	\$1,000,000	\$1,000,000	\$0	\$374,060	\$374,060	\$0
Tax Revenue	\$900,000	\$900,000	\$0	\$900,000	\$900,000	\$0	\$800,000	\$600,000	\$200,000
CDC Grant	\$1,031,660	\$1,031,660	\$0	\$1,031,660	\$1,031,660	\$0	\$1,031,660	\$535,809	\$495,190
JUUL Settlement	-	-	-	\$1,624,945	\$1,624,945	\$0	\$853,753	\$753,745	\$100,039

Q65: Please provide brief descriptions and links to all reports or dashboards developed or maintained by CPPE during FY 2025 and FY 2026, to date.

Response:

DC Health utilizes data from multiple sources, including birth and death data, to create comprehensive reports. These reports provide insights into population health trends, such as birth rates, mortality rates, causes of death, and other public health indicators.

To enhance transparency and accessibility, DC Health published updated interactive dashboards in FY 2025. These dashboards are tools that visually present key health statistics, trends, and analyses. They allow users, including policymakers, researchers, and the general public, to explore the data and gain valuable insights easily. Please find below the reports and dashboards that have currently been released.

[COVID-19 Key Metrics](#) (March 2022-Present)

The COVID-19 Key Metrics are a subset of key metrics, aligned with CDC's Community Levels, that can be used in conjunction with wider public health messaging to support residents in personal risk decision-making. They include case rate and hospitalization-related metrics.

[Influenza Dashboard 2025-2026](#)

This dashboard provides weekly updates to current influenza trends throughout the disease season, generally October-May. It includes the current case summary as well as trends in testing with the flexibility for the user to view data by key demographics.

[DC Firearm Injury Surveillance Dashboard](#)

Via the Firearm Injury Surveillance Through Emergency Rooms (FASTER) grant from the CDC, the District regularized surveillance of firearm injury visits to the city's seven emergency departments. DC-FASTER helps address important gaps in timely data availability for firearm injuries. Timely reporting at the city level allows the District to detect surges in gun violence, monitor the victimization of at-risk groups, and understand trends in firearm injury. Data provided on the dashboard are updated monthly and represent the number of emergency department visits for firearm injury. All seven of the District's Emergency rooms report to DC Health daily.

[DC Overdose/Live Long DC Dashboard](#)

This dashboard is a collaborative effort between DC Health, the Office of the Chief Medical Examiner, and the Department of Behavioral Health. It contains the overwhelming majority of the data points for the Live Long DC strategy and is the most reliable source for updates on fatal and non-fatal overdoses. It includes data on ambulance transports for overdoses, fatalities, naloxone distribution, harm reduction efforts and the results of our used syringe testing. Data are aggregated at the neighborhood and ward levels.

[DC State Unintentional Drug Overdose Reporting System \(SUDORS\) Dashboard](#)

This dashboard contains extensive information on fatal overdoses from 2017 to 2023. It includes demographics, toxicology and circumstantial information, and is aggregated at the neighborhood and ward levels.

[*DC Violent Death Reporting System \(Homicides/Suicides\)*](#)

This dashboard contains extensive information on the District's homicides and suicides from 2017 to 2023. The District has been a participant in the National Violent Death Reporting System since 2016, and this data was captured as part of this nationwide effort. It includes demographics, toxicology and circumstantial information, and is aggregated at the neighborhood and ward levels (suicides).

[*DC Homicide Comparison Dashboard*](#)

This dashboard compares the District of Columbia's homicide rate to the 34 biggest cities in the country. The dashboard also stratifies by population, population density, segregation levels and poverty.

[*Pre-term Birth Dashboard, 2014-2024*](#)

This dashboard provides interactive visualizations of preterm births in DC by key demographics including age, race/ethnicity, residential ward, and prenatal care initiation. Visualizations by key maternal characteristics including gestational hypertension and diabetes are also available. Additionally, the dashboard contains a comprehensive analysis of DC Health's Preterm Birth Reduction Initiative through which DC Health supports partner clinics to implement evidence-based strategies for high-risk pregnant women including perinatal care coordination and group prenatal care.

[*BRFSS Dashboard, 2019-2023*](#)

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide landline and cellular phone health surveillance system designed by the Centers for Disease Control and Prevention (CDC) and coordinated by all 50 states, the District of Columbia, and territories. The BRFSS provides health data on chronic health conditions, preventive screenings, health care coverage, risk behaviors, societal and environmental factors that impact an individual's health and quality of life. The DC BRFSS is conducted to 4,000-4,800 residents annually in all eight city wards.

[*DC PRAMS Data Dashboard 2018-2023*](#)

PRAMS is an ongoing survey that aims to capture the experience and behavior of pregnant individuals. The public dashboard presents a comprehensive list of all PRAMS questions and results for years 2018-2023. Users can query by topic and/or indicator. They can also stratify by different demographic groups. The dashboard helps facilitate a better understanding of the experience and behavior of persons recently giving birth in the District of Columbia.

[*Mortality Dashboard, 2016-2024*](#)

The dashboards provide interactive data visualizations on: Overall Mortality Metrics, Mortality Metrics by Cause of Death, Overall Mortality, Leading Causes of Death, Leading Causes of Death

by Gender, Leading Causes of Death by Race/Ethnicity, and Leading Causes of Death by Ward for DC residents. The dashboards include these measures/metrics: age-adjusted mortality rate per 100,000 U.S. standard population, crude mortality rates, number of deaths and percents of death by overall, top ten leading causes of death, ranks of death, years/year ranges, sex, race/ethnicity, and age groups in the District of Columbia.

[*Perinatal Health Data and Records \(2019-2023\)*](#)

This report is a summary of the District's Perinatal Health Agenda and descriptive analyses of DC live births, birth outcomes, and infant mortality.

[*Nativity Report \(2019-2023\)*](#)

In addition to analyzing the most recent (2019-2023) birth counts, this report contextualizes birth trends within this period. These analyses provide insights into the factors contributing to the overall changes in District's residents' birth and delivery outcomes.

**Reported Pregnancies and Pregnancy Rates in the District of Columbia, 2019– 2023*

This report provides a statistical summary of pregnancy outcomes among the District of Columbia (DC) residents during the five years of 2019-2023. Data in these summaries were reported to the DC Department of Health (DC Health). The pregnancy outcomes described in this report include live births, induced termination of pregnancy (ITOP) (i.e., abortions), and fetal deaths of at least 20 weeks gestation or weighing at least 350 grams. ITOP reporting was voluntary to DC Health from 2019 to 2023. Additionally, DC Health does not receive reports on ITOPs performed in private physicians' offices. ITOPs performed on District residents outside of DC are included; however, demographic information on ITOPs performed for DC residents outside of DC is limited. Fetal deaths of less than 20 weeks of gestation or less than 350 grams are not available.

[*2025 Lesbian, Gay, Bisexual, Transgender, and Questioning \(LGBTQ+\) Community Health Report, 2018-2023*](#)

This report provides a comprehensive assessment of the health and well-being of Lesbian, Gay, Bisexual, and Questioning (LGBQ+) youth and adults living in the District of Columbia. It draws on data from multiple surveillance systems, including the DC Behavioral Risk Factor Surveillance System (BRFSS) from 2018–2023, the DC Youth Risk Behavior Survey (YRBS), 2021, and the DC Department of Health's HIV, AIDS, Hepatitis, STD, and Tuberculosis (HAHSTA) Surveillance Report, 2023. Together, these sources offer a detailed overview of health conditions, risk factors, and outcomes among LGBTQ+ residents.

*Pending final approval, dashboards should be live before the end of February.

Q66: Please provide a list of all outbreaks and other epidemiological investigations conducted by DC Health in FY 2025 and FY 2026, to date.

Response:

Epidemiological efforts are categorized into five different disease areas; foodborne/waterborne, healthcare acquired, vaccine preventable, and vector-borne/zoonotic. The table below indicates the number of outbreaks and total number of investigations for each disease during FY25 and FY26 to current.

Disease Area	FY 2025		FY 2026, To date	
	Number of Outbreaks	Number of Investigations	Number of Outbreaks	Number of Investigations
Zoonotic and Vector-borne				
Lyme Disease	0	234	0	40
Rickettsia	0	0	0	0
West Nile Virus	0	13	0	3
Dengue Fever	0	5	0	3
Malaria	0	20	0	5
Chikungunya	0	0	0	0
Babesiosis	0	2	0	0
Leptospirosis	0	2	0	0
Ehrlichiosis	0	2	0	0
Bartonellosis	0	0	0	0
California Encephalitis	0	1	0	0
Eastern Equine Encephalitis	0	0	0	0
St. Louis Encephalitis	0	0	0	0
Western Equine Encephalitis	0	0	0	0
Lymphocytic Choriomeningitis	0	0	0	0
Tularemia	0	0	0	0
Zika	0	0	0	0
Total	0	279	0	51
Healthcare Acquired Infections				
Candida Auris	2	94	1	48
CRE	148	148	75	75
COVID*	10	310	3	29
Norovirus	2	2	2	103
Yarrowia (Candida) lipolytica	1	26	1	6
Mycobacterium abscessus	1	1	0	0

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Burkholderia mallei	1	1	0	0
Hospital onset mold (multiple organisms)	0	0	0	0
Cochliomyia hominivorax	0	0	0	0
Total	165	582	82	261
Vaccine Preventable Diseases				
Haemophilus influenzae, invasive disease (e.g. Hib)	0	7	0	3
Hepatitis A	0	15	0	1
Measles (Rubeola)	0	20	0	0
Meningitis (aseptic or viral, fungal, and bacterial)	0	25	0	2
Meningitis (Neisseria meningitides)	0	2	0	1
Mumps	0	1	0	0
Pertussis (Whooping cough)	0	30	0	5
Streptococcus pneumonia (Pneumococcal Invasive Disease)	0	34	0	4
Varicella - Chickenpox (morbidity, pediatric mortality)	0	22	0	2
Varicella - Shingles	0	72	0	22
Total	0	228	0	40
Foodborne/Waterborne				
Campylobacteriosis	0	250	0	52
Cryptosporidiosis	0	45	0	23
Cyclosporiasis	0	6	0	0
Enterohemorrhagic Escherichia coli (EHEC)	0	5	0	0
Giardiasis	0	131	0	35
Hepatitis A	0	15	0	1
Legionella/ Legionellosis	2	36	0	6
Listeriosis (Listeria)	0	2	0	0
Salmonellosis	0	44	0	14
Shiga toxin-producing Escherichia coli (STEC, e.g. E.coli O157:H7)	0	77	0	19
Shigellosis (Shigella)	0	153	0	37
Typhoid fever (Salmonella typhi)	0	1	0	0
Vibriosis (non-cholera Vibrio species infections)	0	3	0	2
Total	2	768	0	189
Total (all categories)	167	1857	82	541

Q67: Please provide a list of federal funding subgrants transferred to the Public Health Laboratory in FY 2025 and FY 2026, to date, including the dollar amount and brief description. Please include the amount of time between when DC Health received the funds and when they were transferred to the PHL.

Response:

For established grants carried forward into a new fiscal year, DFS benefits from a pre-load funding mechanism. This mechanism allows immediate access to funds at the start of the fiscal year while the formal reconciliation and MOU processes are completed. This approach ensures that critical programming can begin without delay, providing continuity and operational efficiency.

DC Health draws federal funding related to Epidemiology and Laboratory Capacity (ELC) Grant from the Centers for Disease Control and Prevention (CDC) on a quarterly cadence, though disbursements may occasionally be delayed due to the necessity of accurate and current reporting.

Upon receipt of funds, the process of establishing a MOU and transferring funds to the Department of Forensic Sciences (DFS), which houses the Public Health Laboratory (PHL), generally averages 60 days. This timeframe includes critical steps such as programmatic and fiscal review by both DC Health and DFS to ensure alignment with the specific requirements, expectations, and allowability criteria for the funding. The MOU process itself may take up to 21 days, during which the award undergoes thorough reviews for legal and fiscal sufficiency. Once the MOU is finalized, the execution and distribution of funds may require an additional 21 days to process through the various payment systems. Additional factors, such as end-of-fiscal-year reconciliation, encumbrances, and accruals, can also influence the overall timeline.

This fiscal year, DC Health worked in collaboration with DFS to modernize the MOU process by including language that allows for the MOU to serve over the entire performance period. This strategy, if successful, will reduce the number of MOU's that need to be completed.

Award Name	Award Description	FY25 Amount	FY25 Time Between Receipt and Transfer (Days)	FY26 Amount	FY26 Time Between Receipt and Transfer (Days)
ELC Core (FY25-FY26 BP2)	Epidemiology and Laboratory Capacity. Supports foundational epidemiology and laboratory capacity to detect, monitor,	N/A	N/A	\$385,235.00	96

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	and respond to infectious diseases.				
ELC Core (FY24-FY25 BP1)	Epidemiology and Laboratory Capacity. Supports foundational epidemiology and laboratory capacity to detect, monitor, and respond to infectious diseases.	\$1,594,913.00	88	\$1,160,714.67	22
Project E: AMD Sequencing & Analytics	Advanced Molecular Detection (AMD) Sequencing & Analytics. 1 Time non-recurring Covid Supplemental. Enhances advanced molecular detection and genomic sequencing capabilities for pathogen surveillance	\$459,093.04	46	\$459,093.04	10
Strengthening Lab Preparedness	Strengthening Laboratory Preparedness - Laboratory Response Network (LRN). 1 Time non-recurring Covid Supplemental. Improves laboratory readiness for emerging infectious threats through training, equipment, and protocols.	\$129,918.90	46	\$79,294.94	10
ELC ED Expansion	Epidemiology and Laboratory Capacity for Enhanced Detection Expansion (EDX). 1 Time non-recurring Covid Supplemental Expands epidemiology and data systems to	\$1,806,239.35	66	N/A	N/A

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	strengthen disease detection and reporting.				
Program F: NWSS	National Wastewater Surveillance System (NWSS) Laboratory Analysis. Partnership between DCWater-PHL-DCH. 1 Time non-recurring Covid Supplemental implements National Wastewater Surveillance System activities to monitor community-level pathogen trends.	\$211,636.19	46	\$84,059.90	10
SHARP (HAI/AR)	Strengthening HAI/AR Program Capacity. 1 Time non-recurring Covid Supplemental. Supports strategies to prevent healthcare-associated infections and combat antimicrobial resistance.	\$288,570.47	46	\$263,333.83	10
Laboratory Data Exchange (LDX)	Laboratory Data Exchange (LDX). 1 Time non-recurring Covid Supplemental Facilitates secure, standardized data sharing between public health laboratories and partners.	\$505,670.00	46	\$286,503.00	10
Advanced Molecular Detection (AMD) 2	Advanced Molecular Detection (AMD) Sequencing & Analytics. 1 Time non-recurring Covid Supplemental. Advances genomic technologies and bioinformatics for pathogen	\$2,575,140.07	57	\$1,908,257.59	10

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	identification and outbreak response.				
Data Modernization (DM) 2	Data Modernization grant to lead and coordinate data modernization efforts in DC. 1 Time non-recurring Covid Supplemental. Invests in modernizing public health data systems for interoperability and real-time analytics.	\$489,525.96	57	\$435,880.70	10
Wastewater (NWSS) 2	National Wastewater Surveillance System (NWSS) Laboratory Analysis. Partnership between DCWater-PHL-DCH. 1 Time non-recurring Covid Supplemental. Expands wastewater surveillance to track infectious disease trends and inform public health action.	\$2,759,608.28	57	\$2,219,890.55	10
SHARP (HAI/AR) 2	Strengthening HAI/AR Program Capacity. 1 Time non-recurring Covid Supplemental. Continues efforts to reduce healthcare-associated infections and antimicrobial resistance through prevention programs.	\$536,156.53	57	\$418,399.09	10
OD2A	Reduces opioid-related overdoses and deaths through data-driven prevention, harm reduction, and linkage to care.	\$566,109.00	183	\$594,379.00	69

Q68: How many individuals requested vital records in FY 2025 and FY 2026, to date? Please provide a breakdown by type of record requested (including fetal death and stillborn commemorative certificates), request method (i.e., website, counter) and average length of time to complete the request.

During FY 2025, the DC Vital Records Division continued to serve its customers in the most efficient way possible. The Division has invested in further improvements in the customer service as well as infrastructure so that staff will have better tools to serve the Division's customers. The Division has made gains in the reduction of both processing time for walk-in customers and shipping timeline for phone/web customers. These improvements are credited to the continued focus on customer service training, internal organization realignment, continuous feedback loop from the customer surveys, and further investments in the infrastructure, such as new signage, updated ticketing system, and new customer service kiosks.

Number of Customers Served			
Request Method	Certificate Type	FY 2025	FY 2026
Web	Birth	21,564	4,617
	Death	800	229
Mail	Birth	3,524	538
	Death	231	75
Phone	Birth	3,373	589
	Death	204	38
Funeral Portal	Death	2,485	575
Counter	Birth	22,270	4932
	Death	2,238	597
	Modifications	2,401	764
	Fetal Death Certificate	2	0
	Stillbirth Commemorative Certificates	0	0

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Average Processing Time				
Request Method	Cert Type	FY 2025	FY 2026	% Improvement
Web	Birth	17.07 days	10.2 days	40.2%
	Death			
Mail	Birth	16.74 days	9.9 days	40.8%
	Death			
Phone	Birth	17.06 days	10.1 days	40.8%
	Death			
Funeral Portal	Death	1.2 days	.9 days	25.0%
Counter	Birth	25.3 minutes	14.7 minutes	41.9%
	Death	25.6 minutes	15.8 minutes	38.3%
	Modifications	28.3 minutes	21.7 minutes	23.3%
	Fetal Death Certificate	3 days	N/A	N/A
	Stillbirth Commemorative Certificates	N/A	N/A	

Q69: Please provide the number of amendment requests to birth certificates submitted, and the number accepted, in FY 2025 and FY 2026, to date, broken down by type of request. Please include the average length of time for an application to be processed.

Since the enactment of the Vital Records Modernization Amendment Act of 2018, clients requesting to amend their birth and death certificates must submit a completed application, provide the required documentation, and submit payment. The processing time required to complete the amendment is the result of the review of these documents, as well as confirmation of payment from the client. The Division is in the process of updating its system to allow for the creation of an online amendment portal so that customers can submit their amendments online without having to mail or walk in their applications. This should result in a reduction of the processing time and better communication with the customers about the status of the amendment requests and delivery of the filing evidence.

DCVRD has established the amendment team and elevated the Team Lead to the Manager position. The manager has established clear objectives that include reduced turnaround time for the application review and provided team training to the staff assigned to the Amendment team. The manager is also handling the complicated amendment filings and provides day-to-day support for the routine amendment filing process. These changes contributed to the reduction of the processing time for the amendment applicants. Notably, the average processing time for amendment requests decreased from 16.2 days in FY 2025 to 11.3 days in FY 26 to date, reflecting the improvements in oversight and processing efficiency.

FY 2025 (10/01/2024 – 09/30/2025)		
Amendment Request	Total orders	Avg. Days
Acknowledgement of Paternity	301	16.2
Domestic Partnership	314	
Gender Designation	215	
Legal name Change	533	
Death	1053	
Presumption of Parentage	56	
Minor Amendment	1096	
Adoptions	206	
CPJ	408	
FY 2026 (10/01/2025 - 01/01/2026)		
Amendment Request	Total orders	Avg. Days
Acknowledgement of Paternity	64	11.3 days
Domestic Partnership	110	
Gender Designation	13	
Legal name Change	128	

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Death	252	
Presumption of Parentage	4	
Minor Amendment	271	
Adoptions	55	
CPJ	47	

Q70: Please provide the following information regarding the Vital Records Division in FY 2025 and FY 2026, to date:

- a. Number and percentage of customer survey results that indicated Satisfied, Dissatisfied, or Neutral;**
- b. Number of times DC Health deployed a Secret Shopper, and any outcomes of the deployment;**
- c. Number of customer service or language access trainings required for staff; and**
- d. Any other customer service improvements the Division has made in FY 2025 or FY 2026, to date, or plans to make in the remainder of FY 2026.**

Response:

The DCVRD serves over 67,000 customers annually. Among those, roughly .001% result in a complaint. Customer complaints are received directly from the public and through the DCVRD Customer Service Survey. Walk-in customers have the opportunity to provide their feedback through the survey by scanning a QR code within the DCVRD lobby. Online/telephone customers can provide their feedback through the survey by clicking a link received via email with their order confirmation. The survey results are monitored on a routine basis and used as opportunities for both immediate trainings and strategic trainings.

From October 1, 2024- January 1, 2026 there were 488 responses collected via the customer service survey in the DCVRD. Of these responses, 71.5% were satisfied, 14.8% were dissatisfied, and 15.6% were neutral. This reflects a 24% increase in customers satisfied in FY 2025 compared with FY2024. Additionally, the proportion dissatisfied decreased by 44% between FY2024 and FY2025. These results continue to highlight the impacts of the customer service experience improvements made in the DCVRD.

FY 2025 (10/01/2024 – 9/30/2025)						
Satisfied	% total	Dissatisfied	% total	Neutral	% total	Total
287	70.0%	92	22.3%	33	8.0%	412

FY 2026, to date (10/01/2025 - 1/1/2026)						
Satisfied	% total	Dissatisfied	% total	Neutral	% total	Total
55	72.3%	16	21.1%	7	9.2%	76

The secret shopper program, initiated in FY 2024, was intended to be for information gathering to guide planning and was not continued in FY 2025. The changes listed below are based on the results of that program and may be repeated if implemented solutions do not increase satisfaction.

In an effort to maintain the significant customer service experience growth in the DCVRD, all staff are required to attend at least one customer service and one language access training annually.

Other improvements to customer experience include:

- **Installed New KIOSK:** The older kiosks, manufactured in 2016 and installed in 2018, were replaced with newer kiosks in August 2025. These kiosks, manufactured in 2024, have improved customer experience by reducing wait times and providing an additional checkpoint to ensure customers have the needed documentation for their requests. This allows customers with missing documents to be addressed and assisted sooner in the process and preventing them from spending unnecessary time waiting.
- **Installing New Signage:** Updates to the Customer Service Center signage were completed in January 2026. The new signage aims to improve visibility and guidance for customers around required documents for eligibility. This signage provides an additional supportive layer to assist customers in receiving their records efficiently by identifying and supporting those without the necessary documents to support eligibility sooner.
- **Upgrade Ticketing System:** In January 2026, improvements to the Customer Service Center were completed with the upgrading of the ticketing system. These improvements allow for more efficient management of wait times and queuing for customers
- **Module Improvements and System Enhancements:** During FY 2026, the DCVRD is planning to conduct data system enhancement to improve the registration process for facilities, easing known challenges impeding the timely registration of records. Additionally, improvements to the reporting capabilities in the data system will enhance the DCVRD ability to effectively monitor and audit facilities and processes for compliance.

Q71: Please provide the most recent Uncompensated Care Data Report, including for all CON holders where data was collected in FYs 2024, 2025, and 2026, to date.

Response:

Uncompensated Care is retrospectively reported by providers that hold a certificate of need (“CON-holders”). Uncompensated care data for FY 2024 is reported in “*Attachment FY25 Performance Oversight CPPE Q71*”. Uncompensated care data for FY 2025 and FY 2026 are not yet available; FY 2025 data is due by the end of March 2026.

Additionally, the SHPDA began requesting Uncompensated Care Data Reports from all CON-holders during Fiscal Year 2023 and is working with non-hospital CON-holders to compile this uncompensated care data.

D.C. Law 26-0007, the “*Certificate of Need Improvement Amendment Act of 2025*”, which amended The Health Services Planning Program Re-establishment Act of 1996, excluded from the definition of a health care facility (D.C. Official Code § 44–401(10)(B)), including private office facilities, clinics, or other establishments with no operating room where one or more health professionals provide primary care services, specialty care services, or dental services; virtual providers; and, federally qualified health centers and federally qualified health center look-alikes (“FQHC”). Thus, these facilities are no longer required to provide uncompensated care or report on the level of uncompensated care provided. The SHPDA is working with the remaining facilities to ensure compliance with uncompensated care requirements.

The Uncompensated Care Data Reports for District hospitals and other CON-holders include values for uncompensated care that are self-reported; that information has not been verified by the SHPDA. The following CON-holders have not met their Uncompensated Care Obligation for FY 2024:

General Hospitals	Children's National Medical Center
	Sibley Memorial Hospital
	George Washington University Hospital
Specialty Hospitals	MedStar National Rehabilitation Hospital
	Hospital for Sick Children
	BridgePoint Capitol Hill
	BridgePoint National Harbor
Ambulatory Care Facilities	DispatchHealth
	Medics USA - Columbia Heights
	Medics USA - DuPont
	MedStar - Primary Care - 4225 6th Street SE
	One Medical - Adams Morgan
	One Medical - DuPont Circle
	One Medical - Farragut Square
	One Medical - Metro Center

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	One Medical - Thomas Circle
	One Medical - Union Station
	Paul G. Ruff IV, MD PLLC d/b/a West End Plastic Surgery
	Pivot Physical Therapy - 18th Street NW (Closed)
	Pivot Physical Therapy - L'Enfant SW
	SkinSpirit
	Washington Radiology - Foxhall
	Washington Radiology - K Street
Home Health Agencies	Amedisys Home Health Care
	LINAC Services
	MedStar Health Visiting Nurse Assoc.
	Potomac Home Health Agency

Compliance plans have been submitted by each of the hospitals to bring the facilities into compliance.

- Q72: How many letters of intent to submit a CON application were filed during FY 2025 and FY 2026, to date? How many CON applications were submitted in FY 2025 and FY 2026, to date? For each CON application, please provide the following:**
- a. Date the letter of intent was filed;**
 - b. Date the CON application was submitted;**
 - c. Brief description of proposed project; and**
 - d. Status of application (i.e., Reviewed, Approved, Denied, etc.)**

Response:

The SHPDA received 39 letters of intent (LOI) to submit a Certificate of Need (CON) application during Fiscal Year 2025, and 6 between October 1, 2025, and January 5, 2026.

There were 14 CON applications received during FY 2025, and 2 during FY 2026 between October 1, 2025, and January 5, 2026. Additionally, there were 14 Notices of Change of Effective Control submitted, 11 submitted in FY 2025 and 3 submitted in FY 2026 through January 5, 2026.

The “Status of Application” in the attached chart of CON Applications includes Approved, Denied, Closed (no CON application submitted), Pending (awaiting action), and Withdrawn. The applications with the status of pending are awaiting action by the applicant.

Fiscal Year	Number of Letters of Intent (LOIs)	Notice of Change of Effective Control	Number of Certificate of Need (CONs) Applications
2025	39	11	14
2026	6	3	2

Registration Number	Project Description	CON Applicant Name	Letter of Intent/ Ad Proof Received	CON Application Received	Status of Application
2024-0-03	Establishment of Home Health Care Services	Elevine Health Care Solutions, LLC	5/16/2024	3/31/2025	Withdrawn
2024-2-05	Establishment of Home Health Care Services	By His Grace Home Health Agency	6/28/2024	12/24/2024	Denied 6/25/2025
2024-3-02	Establishment of Behavioral Health Emergency Department	The Lucy Webb Hayes National Training School for Deaconesses and Missionaries, d/b/a Sibley Memorial Hospital	9/16/2024	12/9/2024	Approved 5/8/2025
2024-5-05	Addition of Home Hemo Dialysis to the Existing Dialysis Unit	Bio-Medical Applications of Columbia Heights, Inc. d/b/a Fresenius Columbia Heights	5/17/2024	3/7/2025	Approved 8/6/2025

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2024-7-02	Establishment of Dialysis Services at the Nursing Facility at 5000 Nannie Helen Burroughs Road, NE	Grant Park SNF, LLC d/b/a Deanwood Rehab and Wellness Center	4/24/2024	9/4/2025	Approved 11/25/2025
2024-6-02	Establishment of Home Health Care Services	Sarah's Peace and Love Home Healthcare	10/9/2024	None Submitted	Closed
2024-0-10	Establishment of Home Health Care Services	Mandele Therapeutic Solutions, LLC	11/18/2024	None Submitted	Closed
2024-3-03	Establishment of Rehabilitation Services - Outpatient Physical, Occupational, and Speech Therapy Services	MedStar Rehabilitation Hospital, Inc. d/b/a MedStar National Rehabilitation Hospital	11/25/2024	4/21/2025	Approved 7/31/2025
2024-4-05	Establishment of Home Health Care Services	New Hope Support Agency, Inc.	12/19/2024	None Submitted	Closed
2024-7-03	Establishment of Ambulatory Care Services/Clinic - Primary Care Services at 3730 Minnesota Avenue, NE	NYA Health Services, Inc.	10/31/2024	None Submitted	Closed
2024-7-04	Establishment of Ambulatory Care Services/Clinic - Primary Care Services at 3849 Pennsylvania Avenue, S.E.	Dervan Healthcare Services, LLC	11/18/2024	None Submitted	Closed
2025-1-01	Renovation and Expansion of Howard University Hospital	Howard University Hospital Corporation	1/8/2025	None Submitted	Closed
2025-3-01	Change of Effective Control of Thrive Healthcare Services	Thrive DC Healthcare Services, LLC	1/22/2025	1/22/2025	Approved 3/19/2025
2025-4-01	Addition of 7 Skilled Nursing Beds	Army Distaff Foundation d/b/a Knollwood Life Plan Community	1/29/2025	None Submitted	Closed
2025-3-02	Change of Effective Control of Capital Healthcare, LLC d/b/a AllCare Family Medicine and Primary Care - 4340 Connecticut Avenue, N.W.	CareFirst Blue Choice, Inc.	2/14/2025	2/14/2025	Approved 4/15/2025
2025-6-01	Change of Effective Control of Capital Healthcare, LLC d/b/a AllCare Family Medicine and Primary Care - 315 H Street, N.E.	CareFirst Blue Choice, Inc.	2/14/2025	2/14/2025	Approved 4/15/2025
2025-8-01	Change of Effective Control of Capital Healthcare, LLC d/b/a AllCare Family Medicine and Primary Care - 811 2nd Street, S.E.	CareFirst Blue Choice, Inc.	2/14/2025	2/14/2025	Approved 4/15/2025

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2025-2-01	Change of Effective Control of Capital Healthcare, LLC d/b/a AllCare Family Medicine and Primary Care - 1710 Rhode Island Avenue, N.W.	CareFirst Blue Choice, Inc.	2/14/2025	2/14/2025	Approved 4/15/2025
2025-3-03	Change of Effective Control of Capital Healthcare, LLC d/b/a AllCare Family Medicine and Primary Care - 3500 Wisconsin Avenue, N.W.	CareFirst Blue Choice, Inc.	2/14/2025	2/14/2025	Approved 4/15/2025
2025-6-02	Establishment of Home Health Care Services	BM-Rapha Healthcare Co.	2/18/2025	None Submitted	Closed
2025-2-02	Establishment of an Ambulatory Surgery Center	Advanced Plastic Surgery, LLC d/b/a Somenek + PittmanMD Surgical Suite	2/19/2025	4/22/2025	Approved 7/25/2025
2025-5-01	Renovation and Expansion of OR Rooms	Washington Hospital Center Corporation d/b/a MedStar Washington Hospital Center	2/20/2025	4/21/2025	Approved 8/28/2025
2025-2-03	Establishment of an Ambulatory Surgery Center	Capital Center for Surgery, PLLC d/b/a Capital Center for Oral and Maxillofacial Surgery	3/4/2025	4/7/2025	Approved 10/3/2025
2025-5-02	Provision of On-Site Emergency Medical Services at Mass Gathering Events	ParaDocs Worldwide, Inc.	3/7/2025	4/8/2025	Approved 5/15/2025
2025-0-01	Establishment of Home Health Care Services	Gentle Care Services	3/26/2025	None Submitted	Closed
2025-8-02	Establishment of Home Health Care Services	Life Care, Inc.	3/21/2025	None Submitted	Closed
2025-2-04	Establishment of Home Health Care Services	Goshen Care Services	3/27/2025	None Submitted	Closed
2025-0-02	Establishment of Non-Emergency Ambulance Service	TBM Ambulance Services	4/7/2025	5/12/2025	Approved 8/27/2025
2025-2-05	Establishment of Home Health Care Services	New Level Home Care	4/8/2025	None Submitted	Closed

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2025-8-03	Establishment of Urgent Care Services	District Health Care Services, LLC	4/10/2025	None Submitted	Closed
2025-8-04	Establishment of Home Health Care Services	Caring Heart Home Health Agency	4/18/2025	None Submitted	Closed
2025-0-03	Change of Effective Control of WRA Management, Inc.	Solis Mammography Buyer, Inc.	4/21/2025	4/21/2025	Approved 9/18/2025
2025-0-04	Establishment of Home Health Care Services	Heritage Healthcare Services, LLC	5/1/2025	None Submitted	Closed
2025-0-05	Establishment of Non-Emergency Ambulance Service	Ready Response Medical Transport, LLC	5/5/2025	None Submitted	Closed
2025-7-01	Establishment of a Women's Health Clinic	Mamatoto Village	5/12/2025	None Submitted	Closed
2025-2-06	Establishment of Home Health Care Services	Caravan Healthcare Services, Inc.	5/27/2025	9/23/2025	Denied 12/24/2025
2025-4-02	Establishment of Home Health Care Services	KMA Health Services	5/29/2025	9/22/2025	Denied 12/24/2025
2025-2-08	Renovation of Orthopedics, Endoscopy and Gastrointestinal Departments at MGUH	The MedStar-Georgetown Medical Center, Inc. d/b/a MedStar Georgetown University Hospital	6/3/2025	None Submitted	Closed
2025-0-06	Establishment of Home Health Care Services	Home, Inc.	6/4/2025	None Submitted	Closed
2025-2-07	Establishment of an IV Therapy Wellness Spa	Holt Holdings, LLC d/b/a The DripBar D.C.	6/4/2025	8/8/2025	Approved 9/15/2025
2025-6-03	Establishment of an Urgent Care Facility at 1240 3 rd Street, NE	MedStar Urgent Care, LLC	6/16/2025	8/20/2025	Approved 11/25/2025
2025-5-03	Establishment of an Outpatient Kidney Dialysis Center at 1730 Hamlin Street, NE	RenaLife Center, LLC	6/20/2025	None Submitted	Closed
2025-1-02	Construction of a Freestanding Hospital Pavilion & Relocation of	Howard University and Howard University Hospital Corp.	7/21/2025	Pending	

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	Certain Outpatient Services to 641 S Street, NW				
2025-4-03	Establishment of Outpatient Ambulatory Care Services on Walter Reed Army Medical Center Site	Howard University	7/25/2025	Pending	
2025-6-04	Change of Effective Control of DCA Capitol Hill LTAC, LLC d/b/a BridgePoint Continuing Care Hospital Capitol Hill	Capitol Hill LTAC Operations LLC	8/4/2025	8/4/2025	Approved 10/2/2025
2025-6-05	Change of Effective Control of DCA Capitol Hill SNF, LLC d/b/a BridgePoint Sub-Acute and Rehabilitation Capitol Hill	Capitol Hill SNF Operations LLC	8/4/2025	8/4/2025	Approved 10/2/2025
2025-8-05	Change of Effective Control of DCA Hadley SNF LLC d/b/a BridgePoint Sub-acute and Rehabilitation National Harborside	National Harborside SNF Operations LLC and 4601 MLK Ave SNF Operations LLC	8/4/2025	8/4/2025	Approved 10/2/2025
2025-8-06	Change of Effective Control of DCA Hadley LTAC LLC d/b/a BridgePoint Continuing Care Hospital National Harborside	National Harborside LTAC Operations LLC and 4601 MLK Ave SNF Operations LLC	8/4/2025	8/4/2025	Approved 10/2/2025
2025-0-07	Establishment of Non-Emergency Ambulance Service	Ride24, LLC	8/4/2025	Pending	
2025-5-04	Establishment of Home Health Care Services	EZZCARESERVICE, LLC	8/5/2025	Pending	
2025-2-10	Establishment of a Peritoneal Dialysis Home Training Program at 11 Dupont Circle, NW	Bio-Medical Applications of the District of Columbia, Inc.	8/11/2025	Pending	
2025-2-09	Addition of Outpatient Services for Patients with Hand, Peripheral Nerve, and Musculoskeletal Conditions	Nerve Bone & Joint Institute	8/12/2025	Pending	
2025-0-08	Establishment of Hospice Care Services	Montgomery Hospice, Inc. d/b/a Montgomery Hospice & Prince George's Hospice	8/18/2025	10/27/2025	Under Review

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2025-2-11	Establishment of Home Health Care Services	Remedium Healthcare Services, LLC	8/26/2025	Pending	
2025-0-09	Establishment of Non-Emergency Ambulance Service	Premier Providers, Inc.	9/18/2025	Pending	
2025-3-04	Establishment of an Urgent Care Facility	MedStar Urgent Care, LLC d/b/a MedStar Health Urgent Care	10/17/2025	12/19/2025	Under Review
2025-2-12	Change of Effective Control of Ambulatory TopCo, LLC	Ascension	10/20/2025	10/20/2025	Pending
2025-3-05	Change of Effective Control of Sibley-Suburban Home Health Agency, Inc. d/b/a Potomac Home Health	Johns Hopkins Home Health Services, Inc.	10/20/2025	10/20/2025	Under Review
2025-2-13	Establishment of Urgent Care Services	Mericare Health and Wellness	11/12/2025	Pending	
2025-8-07	Establishment of Home Health Care Services	Kolapieh Incorporated	11/14/2025	Pending	
2025-2-14	Change of Effective Control of Open Systems Healthcare, Inc.	Home Recovery-Home Aid, LLC	11/26/2025	11/26/2025	Under Review
2025-2-15	Establishment of a Diagnostic Imaging Facility	Connexus Health Network	12/2/2025	Pending	
2025-5-05	Establishment of Intermediate Care Facility	Ad Modum Solutions	12/8/2025	Pending	
2025-8-08	Establishment of a Residential Substance Use Treatment Facility for Seniors	Prestige Healthcare Resources	12/17/2025	Pending	

Q73: Please provide the average, shortest, and longest application times experienced by CON applicants in FY 2024, FY 2025, and FY 2026, to date.

Response:

In accordance with Title 22-B of the D.C. Municipal Regulations, Section 4202, the regular review cycle for an application shall be determined by the day on which the Certificate of Need (CON) application is complete or deemed complete by the State Health Planning and Development Agency (SHPDA). The review cycle for a CON application begins on the twentieth (20th) day of each month and, generally ends ninety (90) days after the beginning of the review cycle. Home Health Agencies (HHA) and Renal Disease Services are reviewed in batches twice a year in accordance with D.C. Mun. Regs. 22B-4300.3. Therefore, the review cycle for HHAs begins on the 20th of April and October and the review cycle for Renal Disease Services (e.g. dialysis) begins on the 20th of March and September.

During Fiscal Year 2025, the State Health Planning and Development Agency (SHPDA) developed and implemented a process to document the complete Certificate of Need (CON) review cycle from application submission to final decision. The process includes recording key milestones and identifying reasons for any “pauses” or delays. This documentation established a baseline for performance tracking, enabling data-informed workflow refinement and greater transparency across the review process.

The average, shortest, and longest application times for CON applications approved in FY 2024, FY 2025, and FY 2026 was determined by subtracting the date the complete CON application was accepted by the SHPDA from the date the decision was issued. The calculation does not include the time periods during which the review is paused to await additional information from, or an extension is granted to the CON applicant.

	APPLICATION REVIEW PERIOD			
	Number of Applications	Average	Shortest	Longest
FY 2024	12	76	43	108
FY2025	22	65	36	93
FY2026	10	71	59	97

Q74: Please provide an update on the implementation of *D.C. Law 26-0007, the Certificate of Need Improvement Amendment Act of 2025*, including:

- a. Are the exemptions for certain healthcare facilities, increased thresholds for capital expenditures, and other changes that did not incur additional costs already in effect?**
- b. Please provide a hiring update on the 2 FTEs funded by the Council to administer the new registration process.**
- c. Please provide a timeline of the rollout of the new registration process for primary, dental, and specialty care and telehealth providers.**

Response:

The State Health Planning and Development Agency (“SHPDA”) has fully implemented D.C. Law 26-0007, *the Certificate of Need Improvement Amendment Act of 2025*, and is currently updating the implementing regulations to align with the amended statute.

- a. Are the exemptions for certain healthcare facilities, increased thresholds for capital expenditures, and other changes that did not incur additional costs already in effect?**

Under the amended law, several facility types are now excluded from the definition of a health care facility and no longer require SHPDA review, including private office facilities, clinics, or other establishments with no operating room where one or more health professionals provide primary care services, specialty care services, or dental services; virtual providers; and, federally qualified health centers and federally qualified health center look-alikes (“FQHC”). The SHPDA will also no longer review capital expenditures that are less than the newly established thresholds or are excluded from review in accordance with the amendment to § 44–401(3)(C). As a result, updates such as renovation projects that do not alter bed counts or change service types will not require a Certificate of Need (CON) review. For example, the recent change of control involving Providence Health Services Perry Family Health Center and the proposed sale of certain real estate assets of Mary’s Center will not be reviewed by the SHPDA.

- b. Please provide a hiring update on the 2 FTEs funded by the Council to administer the new registration process.**

The Office of Health Facilities is developing the position descriptions for both FTEs. Once finalized, they will be routed for review and approval and posted for recruitment. We anticipate these positions will be filled during Quarter 2 of FY 2026.

- c. Please provide a timeline of the rollout of the new registration process for primary, dental, and specialty care and telehealth providers.**

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The proposed regulations are currently under internal review as we seek input from all Administrations in DC Health on necessary data that should be collected through this process. We anticipate that the regulations should be submitted to EOM no later than the end of Quarter 2 of FY 2026.

Q75: Please provide an updated timeline on the publication of the State Health Systems Plan, which was last updated in 2017. DC Health reported in its FY 2024 performance oversight questions that the updated plan would be available in February 2025.

Response:

The State Health Planning and Development Agency finalized and transmitted the Health Systems Plan (HSP) to Council in December 2025. The updated plan required a more extensive internal review and cross-agency coordination process than initially anticipated, which contributed to the revised timeline. Please see the following [link](#) for the report.

Q76: Please provide an update on the District's current status for each of the CDC's Ending the HIV Epidemic (EHE) Goals: 95% of people living with HIV in the District know their HIV status, 95% of District residents living with HIV are in treatment, 95% of District residents in treatment are virally suppressed, a 90% reduction in new HIV cases, and at least 50% of the eligible population of District residents are on PrEP.

Response:

Ending the HIV Epidemic Plan Goal Update, 2024

Ending the HIV Epidemic Measures	2020	2021	2022	2023	2024*	2030 Goal
Goal #1: 95% of HIV-positive District residents know their status	94%	94%	95%	95%	N/A	95%
Goal #2: 95% of District Residents living with HIV are in treatment	76%	78%	81%	80%	79%	95%
Goal #3: 95% of District residents living with HIV who are in treatment reach viral suppression	87%	86%	85%	88%	89%	95%
Goal #4: Reduction in new HIV diagnoses	217	226	223	193	192	21
Goal #5: Increase PrEP coverage to 50%**	46.6%	52.8%	59.8%	67.6%	68.0%	50%

*2024 estimate not available at the time of publication for the number of persons with undiagnosed HIV infection. This figure is estimated by subtracting cumulative diagnoses from cumulative infections using a standardized CD4-Based Model developed by CDC.

**AIDSVu. Sullivan PS, Woodyatt C, Koski C, Pembleton E, McGuinness P, Taussig J, Ricca A, Luisi N, Mokotoff E, Benbow N, Castel AD. A data visualization and dissemination resource to support HIV prevention and care at the local level: analysis and uses of the AIDSVu Public Data Resource. Journal of medical Internet research. 2020;22(10):e23173.

Sources:

[Core Indicators for Monitoring the Ending the HIV Epidemic Initiative](#) (CDC Report)
[AIDSVu: PrEP Utilization Datasets at National and State level](#)

PrEP Update

The District of Columbia has made substantial progress toward the Centers for Disease Control and Prevention's (CDC) Ending the HIV Epidemic (EHE) goal of having at least 50% of the eligible population on Pre-Exposure Prophylaxis (PrEP).

Eligibility indications for PrEP:

- Condomless vaginal or anal sex with a partner of unknown HIV status
- HIV-positive sex partner (especially if partner's HIV viral load is detectable or unknown)
- A recent bacterial sexually transmitted infection (STI) (gonorrhea/chlamydia/syphilis)
- Injection drug use with sharing of needles/equipment
- Any survival/transactional sex
- Desire to conceive with a partner who is HIV-positive

DC Health does not have total local PrEP coverage data for DC, but below are numbers for the DC Health and Wellness Center. Additionally, we have provided the most recent estimates from a CDC publication on EHE indicators. According to the data below, DC has met the 50% mark every year since 2021.

Calendar Year	Oral PrEP, count of unique patients prescribed	Injectable PrEP, count of unique patients prescribed
2019	590	NA
2020	543	NA
2021	708	NA
2022	674	NA
2023	779	40
2024	790	72

Q77: How many new diagnoses of HIV occurred in the District in FYs 2024, 2025, and 2026, to date? Please disaggregate data by age, gender, and race.

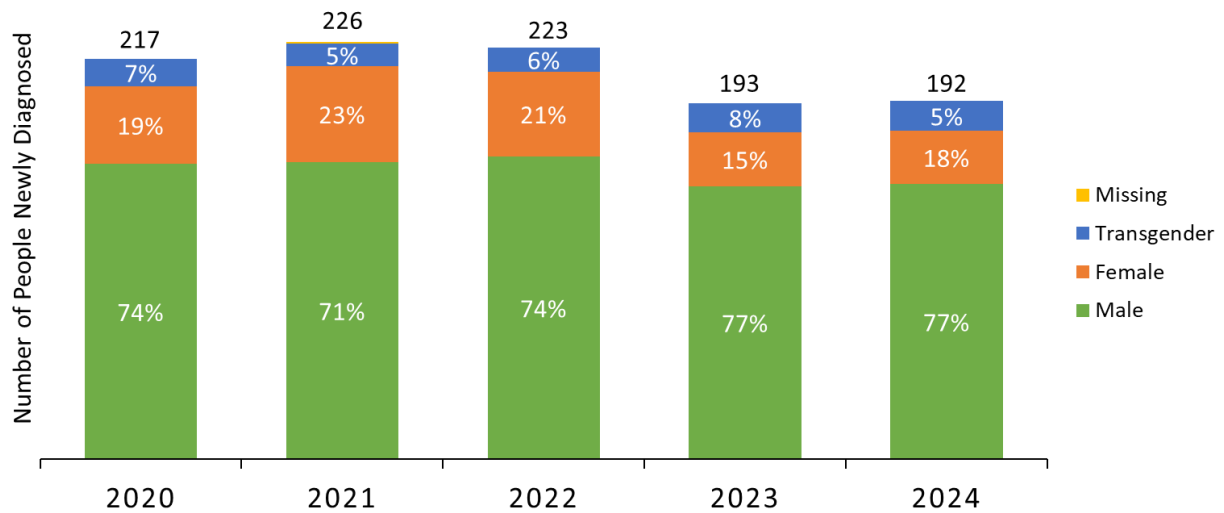
Response:

	FY24 Oct 1, 2023 - Sep 30, 2024		FY25 Oct 1, 2024 - Sep 30, 2025		FY26, to date* Oct 1, 2025 - Dec 13, 2025	
	N	%	N	%	N	%
Gender Identity						
Male	138	74.2	165	85.1	46	88.5
Female	38	20.4	23	11.9	4	7.7
Transgender	10	5.4	6	3.1	2	3.8
Missing	0	0.0	0	0.0	0	0.0
Total	186	100	194	100	52	100
Race/Ethnicity**						
White	17	9.1	20	10.3	11	21.2
Black	134	72.0	131	67.5	33	63.5
Latine	28	15.1	34	17.5	4	7.7
NHAAPI***	1	0.5	0	0.0	2	3.9
American Indian/Alaskan Native	0	0.0	0	0.0	0	0.0
Multi-race	3	1.6	5	2.6	0	0.0
Missing	3	1.6	4	2.1	2	3.9
Total	186	100	194	100	52	100
Age at Diagnosis						
<13	0	0.0	1	0.5	0	0.0
13-19	12	6.5	8	4.1	2	3.9
20-24	22	11.8	29	15.0	7	13.5
25-29	32	17.2	38	19.6	7	13.5
30-39	62	33.3	64	33.0	18	34.6
40-49	33	17.7	20	10.3	11	21.2
50-59	13	7.0	19	9.8	3	5.8
60 and older	12	6.5	15	7.7	4	7.7
Missing	0	0.0	0	0.0	0	0.0
Total	186	100	194	100	52	100

*Data as of December 13, 2025. This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year. Overall, small numbers should be interpreted with caution and should not be judged year by year. Of note, data for the 2025 calendar year is still undergoing a rigorous routine of review and validation to ensure accuracy. The total number of cases for FY25 and FY26 may be inflated as many cases may be from other jurisdictions or not new cases. As a result, the final numbers of FY25 and FY26 new diagnoses are subject to change.

** Race and ethnicity are combined for this report into mutually exclusive categories. Individuals who identified as Hispanic, Latinx, Latina, or Latino are included in the Latine group. White, Black, NHAAPI and American Indian/Alaskan native do not include Latine individuals, so if multiple races were collected, the race/ethnicity was not double counted, If Latine was selected, the individual was put into the Latina category. "Latine" is a gender-inclusive term to refer to people of Latin American origin or descent. It includes men, women, and all gender expansive and nonbinary people.

***NHAAPI includes Native Hawaiian, Asian, Asian American, and Pacific Islander.



Q78: Please provide a ranked list of the most prevalent sexually transmitted diseases and infections in the District, including how many residents experienced each disease/infection in FY 2025 and FY 2026, to date. Please disaggregate data by race, age, gender, and Ward.

Response:

The most prevalent sexually transmitted infection is chlamydia, followed by gonorrhea and syphilis. Please refer to the tables below for FY2024, FY2025, and FY2026 data.

Chlamydia	Oct 1, 2023-Sep 30, 2024		Oct 1, 2024-Sep 30, 2025		Oct 1, 2025 - Dec 13, 2025*	
	N	%	N	%	N	%
Gender Identity						
Male	3,638	50.3	2,825	44.8	539	42.5
Female	3,530	48.8	3,438	54.5	720	56.7
Transgender	41	0.6	23	0.4	4	0.3
Missing	21	0.3	21	0.3	6	0.5
Total	7,230	100.0	6,307	100.0	1,269	100.0
Race/Ethnicity						
White	714	9.9	620	9.8	89	7.0
Black	3,255	45.0	3,604	57.1	777	61.2
Latine	495	6.8	353	5.6	41	3.2
American Indian/Alaskan Native	9	0.1	17	0.3	5	0.4
NHAAPI	96	1.3	60	1.0	12	0.9
Multi-race	180	2.5	179	2.8	15	1.2
Missing	2,481	34.3	1,474	23.4	330	26.0
Total	7,230	100.0	6,307	100.0	1,269	100.0
Age at Diagnosis						
<13	5	0.1	3	0.0	0	0.0
13-17	819	11.3	734	11.6	221	17.4
18-19	796	11.0	798	12.7	211	16.6
20-24	1,774	24.5	1,596	25.3	297	23.4
25-29	1,454	20.1	1,172	18.6	198	15.6
30-39	1,672	23.1	1,395	22.1	233	18.4
40-49	477	6.6	412	6.5	77	6.1
50-59	150	2.1	147	2.3	22	1.7

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60 and older	83	1.1	50	0.8	10	0.8
Missing	0	0.0	0	0.0	0	0.0%
Total	7,230	100.0	6,307	100	1,269	100.0%

Chlamydia cases by Ward, Fiscal Years 2024-2026

	FY2024		FY2025		FY2026*	
Ward	N	%	N	%	N	%
Ward 1	900	12.4	692	11.0	100	7.9
Ward 2	574	7.9	393	6.2	61	4.8
Ward 3	216	3.0	169	2.7	31	2.4
Ward 4	622	8.6	585	9.3	90	7.1
Ward 5	975	13.5	885	14.0	148	11.7
Ward 6	658	9.1	544	8.6	92	7.2
Ward 7	1,369	18.9	1,338	21.2	243	19.1
Ward 8	1,465	20.3	1,408	22.3	274	21.6
Missing	451	6.2	293	4.6	230	18.1
Total	7,230	100.0	6,307	100.0	1,269	100.0

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

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Gonorrhea	Oct 1, 2023-Sep 30, 2024		Oct 1, 2024-Sep 30, 2025		Oct 1, 2025 - Dec 13, 2025*	
	N	%	N	%	N	%
Gender Identity						
Male	4,266	73.6	4,011	78.1	728	78.9
Female	1,465	25.3	1,049	20.4	178	19.3
Transgender	53	0.9	60	1.2	12	1.3
Missing	10	0.2	16	0.3	5	0.5
Total	5,794	100.0	5,136	100.0	923	100.0
Race/Ethnicity						
White	1,159	20.0	1,218	23.7	223	24.2
Black	2,826	48.8	2,573	50.1	450	48.8
Latine	522	9.0	480	9.3	74	8.0
American Indian/Alaskan Native	13	0.2	9	0.2	0	0.0
NHAAPI	89	1.5	91	1.8	16	1.7
Multi-race	240	4.1	259	5.0	40	4.3
Missing	945	16.3	506	9.9	120	13.0
Total	5,794	100.0	5,136	100.0	923	100.0
Age at Diagnosis						
<13	5	0.1	2	0.0	0	0.0
13-17	373	6.4	237	4.6	52	5.6
18-19	337	5.8	266	5.2	43	4.7
20-24	902	15.6	700	13.6	134	14.5
25-29	1,220	21.1	1,002	19.5	163	17.7
30-39	2,072	35.8	1,997	38.9	341	36.9
40-49	600	10.4	635	12.4	119	12.9
50-59	208	3.6	196	3.8	49	5.3
60 and older	77	1.3	101	2.0	22	2.4
Missing	0	0.0	0	0.0	0	0.0
Total	5,794	100.0	5,136	100.0	923	100.0

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Gonorrhea cases by Ward, Fiscal Years 2024-2026

Ward	FY2024		FY2025		FY2026*	
	N	%	N	%	N	%
Ward 1	828	14.3	797	15.5	129	14.0
Ward 2	679	11.7	629	12.2	84	9.1
Ward 3	153	2.6	165	3.2	21	2.3
Ward 4	378	6.5	340	6.6	46	5.0
Ward 5	795	13.7	800	15.6	122	13.2
Ward 6	554	9.6	568	11.1	96	10.4
Ward 7	1,013	17.5	780	15.2	125	13.5
Ward 8	1,098	19.0	888	17.3	152	16.5
Missing	296	5.1	169	3.3	148	16.0
Total	5,794	100.0	5,136	100.0	923	100.0

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

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Primary, Secondary and Early Syphilis	Oct 1, 2023-Sep 30, 2024		Oct 1, 2024-Sep 30, 2025		Oct 1, 2025 - Dec 13, 2025*	
	N	%	N	%	N	%
Gender Identity						
Male	510	81.2	332	76.5	39	72.2
Female	80	12.7	73	16.8	12	22.2
Transgender	38	6.1	29	6.7	3	5.6
Missing	0	0.0	0	0.0	0	0.0
Total	628	100.0	434	100.0	54	100.0
Race/Ethnicity						
White	106	16.9	48	11.1	10	18.5
Black	354	56.4	290	66.8	34	63.0
Latine	83	13.2	50	11.5	8	14.8
American Indian/Alaskan Native	1	0.2	0	0.0	0	0.0
NHAAPI	10	1.6	4	0.9	0	0.0
Multi-race	57	9.1	32	7.4	2	3.7
Missing	17	2.7	10	2.3	0	0.0
Total	628	100.0	434	100.0	54	100.0
Age at Diagnosis						
<13	0	0.0	1	0.2	0	0.0
13-17	3	0.5	3	0.7	1	1.9
18-19	9	1.4	12	2.8	1	1.9
20-24	43	6.8	30	6.9	4	7.4
25-29	97	15.4	54	12.4	4	7.4
30-39	244	38.9	163	37.6	23	42.6
40-49	123	19.6	91	21.0	10	18.5
50-59	76	12.1	44	10.1	6	11.1
60 and older	33	5.3	36	8.3	5	9.3
Missing	0	0.0	0	0.0	0	0.0
Total	628	100.0	434	100.0	54	100.0

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Primary, secondary, and early syphilis cases by Ward, Fiscal Years 2024-2026

	FY2024		FY2025		FY2026*	
Ward	N	%	N	%	N	%
Ward 1	96	15.3	35	8.1	7	13.0
Ward 2	64	10.2	41	9.4	3	5.6
Ward 3	19	3.0	16	3.7	0	0.0
Ward 4	47	7.5	47	10.8	5	9.3
Ward 5	96	15.3	64	14.7	2	3.7
Ward 6	65	10.4	41	9.4	6	11.1
Ward 7	93	14.8	84	19.4	10	18.5
Ward 8	107	17.0	84	19.4	13	24.1
Missing	41	6.5	22	5.1	8	14.8
Total	628	100.0	434	100.0	54	100.0

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Q79: Please provide the total amount of Ryan White funding awarded to the District in FY 2025 and FY 2026, to date. Please indicate how much was distributed to each jurisdiction within the Eligible Metropolitan Area (EMA).

Response:

Ryan White CARE Act:

The District receives two Ryan White CARE Act grants from the Health Resources and Services Administration (HRSA). Ryan White Part A is for Eligible Metropolitan Areas (EMA). The Washington EMA consists of the District of Columbia, five counties in Maryland, 11 counties and six independent cities in Northern Virginia, and two counties in West Virginia. The Part B grant is exclusively for District Residents.

HRSA has revised the formula they use to calculate the Ryan White Parts A and B grants, moving from address at time of diagnosis to current address of residence. The result of this formula revision will be a reduction to both grants, which will be phased in over the next five years. The Part A grant will receive an approximate 1% reduction (~\$325,000) and the Part B grant will receive a 9% reduction (~\$1.3M). Award reductions will begin in the coming grant year. The award period for Ryan White Part A is March through February. The award period for Part B is April through March. Both grants cross the District's fiscal year. As such, data for both Ryan White Grant Years 34 and 35 are presented in the responses below.

While HAHSTA delivers some services directly, most Ryan White funded services are awarded via a competitive process called a request for applications (RFA). HAHSTA disseminates a funding announcement requesting applications to deliver a prescribed set of services to residents of the respective jurisdictions. Each application is evaluated. Successful applicants become subrecipients that constitute the Ryan White Provider Network.

The Ryan White Program released two requests for applications (RFAs) that cover services funded in FY2025 and FY2026, one Part A RFA in the fall of 2024 and one Part B RFA in the fall of 2022. Grant Year 34 is a continuation grant year for Ryan White Part A and B funded services. For Ryan White Part A, Grant Year 35 was a hybrid year. There was a continuation period for the first three months, due to funding uncertainties, followed by a nine-month initial implementation period for the newly funded Part A programs. For Ryan White Part B grant funded services, Grant Year 35 was a continuation year.

The subrecipient names, services, and award amounts for Grant Year 34 and 35 to date are detailed in the responses below.

Ryan White Part A GY 34 (WDC, EMA)

	Services	Administration	Quality Management	Total
Washington, DC	\$22,062,710	\$3,332,675	\$1,359,579	\$26,754,964
West Virginia	\$452,699	N/A	N/A	\$452,699
Northern Virginia	\$2,248,355	N/A	N/A	\$2,248,355
Suburban Maryland	\$3,870,734	N/A	N/A	\$3,870,734
TOTAL	\$28,634,498	\$3,332,675	\$1,359,579	\$33,326,752

Ryan White Part A GY 35 (WDC, EMA)

	Services	Administration	Quality Management	Total
Washington, DC	\$21,223,017	\$3,204,448	\$1,602,224	\$26,029,689
West Virginia	\$557,674	N/A	N/A	\$557,674
Northern Virginia	\$2,148,801	N/A	N/A	\$2,148,801
Suburban Maryland	\$4,520,924	N/A	N/A	\$4,520,924
TOTAL	\$28,450,416	\$3,204,448	\$1,602,224	\$33,257,088

Ryan White Part B GY34 – District of Columbia only

Program	Amount
AIDS Drug Assistance Program (ADAP)	\$10,565,270
Minority AIDS Initiative (MAI)	\$194,022
Formula - Services	\$3,419,187

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TOTAL	\$14,178,479

Ryan White Part B GY35 – District of Columbia only

Program	Amount
AIDS Drug Assistance Program (ADAP)	\$10,352,623
AIDS Drug Assistance Program (ADAP) - Supplemental	\$1,992,064
Minority AIDS Initiative (MAI)	\$181,260
Formula - Services	\$3,351,304
TOTAL	\$15,877,251

Q80: 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 FY 2025 and FY 2026, 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 and the grant amount;**
- b. Dollar amount budgeted for each category in FY 2025 and FY 2026;**
- c. Total program cost in FY 2025 and FY 2026, to date;**
- d. Number of people the program/funding served in FY 2025 and FY 2026, to date; and**
- e. Number of FTEs provided administering this program, including any changes in staffing levels from FY 2024-2026.**

Response:

- a. The name of all programs funded under each service category and the grant amount;**

Ryan White Part A

Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
Outpatient/Ambulatory Health Services	AIDS Healthcare Foundation	\$513,580	\$437,575
Outpatient/Ambulatory Health Services	Charles County DOH	\$0	\$136,364
Outpatient/Ambulatory Health Services	Children's National Hospital	\$250,431	\$284,189
Outpatient/Ambulatory Health Services	District of Columbia	\$495,784	\$214,980
Outpatient/Ambulatory Health Services	Family and Medical Counseling Services	\$117,951	\$144,989
Outpatient/Ambulatory Health Services	Heart to Hand	\$255,621	\$243,151
Outpatient/Ambulatory Health Services	(The) Howard University	\$425,000	\$335,226
Outpatient/Ambulatory Health Services	La Clinica del Pueblo	\$223,495	\$255,339
Outpatient/Ambulatory Health Services	Montgomery County Health Dept.	\$593,653	\$627,192
Outpatient/Ambulatory Health Services	Neighborhood Health	\$147,852	\$158,413
Outpatient/Ambulatory Health	Unity Health Care		

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
Services		\$457,353	\$285,762
Outpatient/Ambulatory Health Services	Us Helping Us	\$0	\$119,318
Outpatient/Ambulatory Health Services	VHO	\$152,290	\$120,975
Outpatient/Ambulatory Health Services	Whitman-Walker Health	\$1,264,161*	\$138,463
Outpatient/Ambulatory Health Services - MAI	Children's National Hospital	\$96,384	\$108,269
Outpatient/Ambulatory Health Services - MAI	(The) Howard University	\$218,095	\$249,566
Outpatient/Ambulatory Health Services - MAI	Us Helping Us	\$50,000	\$71,364
Outpatient/Ambulatory Health Services - MAI	Whitman-Walker Health	\$147,000	\$124,318
Outpatient/Ambulatory Health Services-MAI	Neighborhood Health	\$43,408	\$54,213
Oral Health Care	District of Columbia	\$100,000	\$137,500
Oral Health Care	Greater Baden Medical Services	\$32,836	\$30,190
Oral Health Care	Montgomery County Health Dept.	\$700,000	\$659,361
Oral Health Care	Neighborhood Health	\$60,720	\$72,891
Oral Health Care	Unity Health Care	\$300,000	\$295,455
Oral Health Care	Whitman-Walker Health	\$450,000	\$511,364
Early Intervention Services	AIDS Healthcare Foundation	\$500,000	\$352,272
Early Intervention Services	Children's National Hospital	\$255,000	\$262,500
Early Intervention Services	Damien Ministries	\$0	\$102,273
Early Intervention Services	District of Columbia	\$654,208	\$227,116
Early Intervention Services	Family & Medical Counseling Service	\$300,000	\$340,909
Early Intervention Services	FAHASS	\$140,000	\$31,818**
Early Intervention Services	Heart to Hand	\$256,824	\$262,500
Early Intervention Services	(The) Howard	\$125,000	\$104,072

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
	University		
Early Intervention Services	Inova Health (Juniper) Services	\$180,000	\$0
Early Intervention Services	La Clinica del Pueblo	\$260,000	\$194,951
Early Intervention Services	MedStar	\$185,000	\$264,772
Early Intervention Services	Metro Health	\$180,000	\$0
Early Intervention Services	Neighborhood Health	\$260,000	\$165,633
Early Intervention Services	NovaSalud	\$195,000	\$85,227
Early Intervention Services	Terrific, Inc	\$120,000	\$27,273**
Early Intervention Services	The Women's Collective	\$190,000	\$179,546
Early Intervention Services	Us Helping Us	\$255,000	\$262,500
Early Intervention Services	Washington Health Institute	\$160,000	\$275,000
Early Intervention Services	Whitman-Walker Health	\$395,000	\$407,955
Early Intervention Services - MAI	Children's National Hospital	\$79,331	\$95,622
Early Intervention Services - MAI	(The) Howard University	\$57,579	\$26,117
Early Intervention Services - MAI	Neighborhood Health	\$84,028	\$16,825
Early Intervention Services - MAI	NovaSalud	\$0	\$165,272
Early Intervention Services - MAI	Us Helping Us	\$70,000	\$70,454
Early Intervention Services - MAI	Whitman Walker Health	\$150,000	\$34,091
Health Insurance Premium Cost Sharing Assistance	Heart to Hand	\$28,449	\$27,272
Health Insurance Premium Cost Sharing Assistance	Shenandoah Valley Medical System	\$33,721	\$50,045
Home & Community Based Health	Joseph's House	\$0	\$63,636
Home & Community Based Health	MedStar	\$130,667	\$88,788
Housing Services	Community Family Life Services	\$80,266	\$72,969
Housing Services	Housing Counseling Services	\$160,00	\$145,455
Mental Health Services	Children's National Hospital	\$80,000	\$63,637
Mental Health Services	Hillcrest Child &	\$0	\$109,091

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
	Family Services		
Mental Health Services	Medstar	\$85,000	\$19,318
Mental Health Services	Unity Health Care	\$50,632	\$11,506
Mental Health Services	VHO	\$42,000	\$29,192
Mental Health Services	Washington Health Institute	\$95,000	\$135,227
Mental Health Services	Whitman-Walker Health	\$185,000	\$123,863
Mental Health Services - MAI	Children's National Hospital	\$74,246	\$107,403
Mental Health Services - MAI	(The) Howard University	\$19,867	\$4,517
Mental Health Services - MAI	Neighborhood Health	\$3,869	\$0
Mental Health Services - MAI	NovaSalud	\$0	\$24,791
Mental Health Services - MAI	Us Helping Us	\$47,000	\$82,273
Mental Health Services - MAI	Whitman-Walker Health	\$143,000	\$32,500
Medical Nutrition Therapy	Children's National Hospital	\$59,720	\$77,210
Medical Nutrition Therapy	Food and Friends	\$62,000	\$72,046
Medical Nutrition Therapy	Greater Baden Medical Services	\$30,979	\$25,223
Medical Nutrition Therapy	Damien Ministries	\$53,229	\$37,304
Medical Nutrition Therapy	Shenandoah Valley Medical Systems	\$2,226	\$4,415
Medical Nutrition Therapy	Whitman-Walker Health	\$131,833	\$57,235
Medical Case Management	AIDS Healthcare Foundation	\$341,723	\$265,164
Medical Case Management	Charles County DOH	\$73,903	\$210,267
Medical Case Management	Children's National Hospital	\$241,343	\$236,669
Medical Case Management	Damien Ministries	\$190,157	\$43,217
Medical Case Management	District of Columbia	\$222,558	\$460,866
Medical Case Management	Greater Baden Medical Services	\$381,671	\$245,834
Medical Case Management	Heart to Hand	\$265,159	\$266,730
Medical Case Management	(The) Howard University	\$140,679	\$121,263

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
Medical Case Management	La Clinica del Pueblo	\$89,007	\$111,643
Medical Case Management	Montgomery County	\$404,474	\$423,941
Medical Case Management	Shenandoah Valley Medical Systems	\$138,465	\$145,105
Medical Case Management	Terrific, Inc	\$123,458	\$28,059**
Medical Case Management	The Women's Collective	\$185,000	\$232,954
Medical Case Management	Unity Health Care	\$433,516	\$416,708
Medical Case Management	Us Helping Us	\$80,825	\$126,894
Medical Case Management	VHO	\$130,459	\$113,287
Medical Case Management	Whitman-Walker Health	\$569,197	\$280,368
Medical Case Management - MAI	Children's National Hospital	\$115,000	\$92,077
Medical Case Management - MAI	(The) Howard University	\$65,095	\$68,508
Medical Case Management - MAI	Neighborhood Health	\$17,682	\$41,989
Medical Case Management - MAI	Us Helping Us	\$69,000	\$87,273
Medical Case Management - MAI	Whitman-Walker Health	\$115,000	\$94,318
Non-Medical Case Management	AIDS Healthcare Foundation	\$136,647	\$162,874
Non-Medical Case Management	Charles County DOH	\$0	\$78,409
Non-Medical Case Management	Children's National Hospital	\$165,877	\$151,335
Non-Medical Case Management	Damien Ministries	\$252,496	\$57,386
Non-Medical Case Management	District of Columbia	\$121,140	\$200,797
Non-Medical Case Management	Family Medical & Counseling Service	\$67,136	\$133,440
Non-Medical Case Management	Greater Baden Medical Systems	\$324,100	\$232,750
Non-Medical Case Management	Heart to Hand	\$193,213	\$232,636
Non-Medical Case Management	Homes for Hope	\$150,720	\$156,655
Non-Medical Case Management	(The) Howard University	\$100,564	\$87,630
Non-Medical Case Management	La Clinica del Pueblo	\$94,362	\$86,219
Non-Medical Case Management	Montgomery County	\$75,535	\$119,745
Non-Medical Case Management	Neighborhood Health	\$88,112	\$102,627
Non-Medical Case Management	Terrific, Inc.	\$112,579	\$25,586**

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
Non-Medical Case Management	The Women's Collective	\$190,000	\$213,427
Non-Medical Case Management	Us Helping Us	\$193,998	\$163,408
Non-Medical Case Management	Unity Health Care	\$133,115	\$151,163
Non-Medical Case Management	VHO	\$76,164	\$77,537
Non-Medical Case Management	Whitman-Walker Health	\$822,780*	\$355,507
Non-Medical Case Management - MAI	Children's National Hospital	\$0	\$70,914
Non-Medical Case Management - MAI	Neighborhood Health	\$0	\$39,290
Non-Medical Case Management – MAI	NovaSalud	\$0	\$56,560
Non-Medical Case Management – MAI	Us Helping Us	\$0	\$51,136
Non-Medical Case Management – MAI	Whitman-Walker Health	\$0	\$61,364
Substance Use Services – Outpatient	Children's National Hospital	\$14,000	\$16,353
Substance Use Services – Outpatient	Hillcrest Child & Family Services	\$0	\$65,825
Substance Use Services – Outpatient	Medstar	\$25,000	\$5,682
Substance Use Services – Outpatient	Unity Health Care	\$14,668	\$3,334
Substance Use Services – Outpatient	VHO	\$40,000	\$28,738
Substance Use Services – Outpatient	Washington Health Institute	\$35,000	\$89,773
Substance Use Services – Outpatient	Whitman-Walker Health	\$185,000	\$110,227
Substance Use Services – Outpatient - MAI	Children's National Hospital	\$24,889	\$29,644
Substance Use Services – Outpatient - MAI	(The) Howard University	\$38,456	\$0
Substance Use Services – Outpatient - MAI	Us Helping Us	\$42,000	\$40,227
Substance Use Services – Outpatient – MAI	Whitman-Walker Health	\$70,000	\$0
Emergency Financial Assistance	Children's National	\$15,000	\$17,159

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
	Hospital		
Emergency Financial Assistance	Housing Counseling Services, Inc.	\$2,897,740	\$3,359,681
Emergency Financial Assistance	Shenandoah Valley Medical System	\$219,574	\$228,414
Food Bank, Home Delivered Meals	AIDS Healthcare Foundation	\$0	\$204,545
Food Bank, Home Delivered Meals	Damien Ministries	\$294,447	\$209,998
Food Bank, Home Delivered Meals	Family and Medical Counseling Services	\$474,157	\$439,759
Food Bank, Home Delivered Meals	Food and Friends	\$1,182,727	\$1,018,802
Other Professional Services	Whitman-Walker Health	\$425,090	\$201,136
Medical Transportation Services	AIDS Healthcare Foundation	\$24,500	\$28,295
Medical Transportation Services	Children's National Hospital	\$14,000	\$14,546
Medical Transportation Services	Family and Medical Counseling Services	\$18,000	\$16,818
Medical Transportation Services	Greater Baden Medical Services	\$39,545	\$26,137
Medical Transportation Services	Heart to Hand	\$27,500	\$21,591
Medical Transportation Services	Homes for Hope	\$5,000	\$1,136
Medical Transportation Services	La Clinica del Pueblo	\$7,700	\$10,841
Medical Transportation Services	Medstar	\$10,000	\$19,318
Medical Transportation Services	Neighborhood Health	\$3,200	\$21,204
Medical Transportation Services	Shenandoah Valley Medical System	\$47,127	\$64,363
Medical Transportation Services	(The) Howard University	\$10,000	\$6,705
Medical Transportation Services	The Women's Collective	\$7,000	\$9,773
Medical Transportation Services	Us Helping Us	\$24,000	\$22,499
Medical Transportation Services	VHO	\$4,500	\$14,659
Medical Transportation Services	Washington Health Institute	\$22,000	\$25,455
Medical Transportation Services	Whitman-Walker Health	\$18,000	\$35,090

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
Medical Transportation Services – MAI	Neighborhood Health	\$0	\$9,091
Medical Transportation Services – MAI	NovaSalud	\$0	\$13,636
Medical Transportation Services – MAI	Us Helping Us	\$0	\$6,818
Outreach Services	District of Columbia	\$0	\$44,735
Outreach Services	Heart to Hand	\$65,000	\$69,318
Outreach Services	Greater Baden Medical Services	\$100,000	\$81,818
Outreach Services	Medstar	\$50,000	\$60,139
Outreach Services	Shenandoah Valley Medical Systems	\$11,586	\$14,633
Psychosocial Support Services	AIDS Healthcare Foundation	\$44,262	\$50,969
Psychosocial Support Services	Children's National Med Center	\$145,000	\$165,909
Psychosocial Support Services	FAHASS	\$35,000	\$7,955
Psychosocial Support Services	Family and Medical Counseling Services	\$80,000	\$72,727
Psychosocial Support Services	Heart to Hand	\$96,175	\$89,773
Psychosocial Support Services –	(The) Howard University	\$80,000	\$103,409
Psychosocial Support Services	La Clinica del Pueblo	\$110,000	\$89,773
Psychosocial Support Services	Medstar	\$175,000	\$180,069
Psychosocial Support Services	Neighborhood Health	\$5,000	\$1,136
Psychosocial Support Services	Nova Salud	\$95,000	\$112,950
Psychosocial Support Services	The Women's Collective	\$105,000	\$81,819
Psychosocial Support Services	Terrific, Inc	\$90,000	\$20,455**
Psychosocial Support Services	Unity Health	\$95,000	\$21,591
Psychosocial Support Services	Us Helping Us	\$50,000	\$70,455
Psychosocial Support Services	VHO	\$65,000	\$92,046
Psychosocial Support Services	Washington Health Institute	\$205,000	\$155,681
Psychosocial Support Services	Whitman-Walker Health	\$180,000	113636
Psychosocial Support Services – MAI	Children's National Hospital	\$103,903	\$99,573

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Service	Subrecipients	Part A Grant Year 34	Part A Grant Year 35
Psychosocial Support Services – MAI	(The) Howard University	\$13,787	\$12,297
Psychosocial Support Services – MAI	Neighborhood Health	\$102,464	\$21,015
Psychosocial Support Services – MAI	NovaSalud	\$0	\$77,273
Psychosocial Support Services – MAI	Us Helping Us	\$47,000	\$68,637
Psychosocial Support Services – MAI	Whitman-Walker Health	\$60,000	\$13,636

*Reflects one-time award of carryover funds with the purpose of supporting new care access points East of the River expansion

**Funded for 3 months of GY 35 (March 1, 2025-May 31, 2025)

Ryan White Part B

Service	Subrecipients	Part B Grant Year 34	Part B Grant Year 35
Early Intervention Services	District of Columbia	\$100,000	\$127,344
Outpatient Ambulatory Health Services	Children’s National Hospital	\$55,736	\$55,736
Outpatient Ambulatory Health Services	(The) Howard University	\$100,777	\$106,420
Outpatient Ambulatory Health Services	Unity Health Care	\$88,891	\$100,891
Outpatient Ambulatory Health Services	Us Helping Us	\$85,089	\$85,089
Outpatient Ambulatory Health Services	Washington Health Institute	\$130,000	\$171,667
Outpatient Ambulatory Health Services	Whitman-Walker Health	\$117,000	\$262,000

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Medical Case Management	Children's National Hospital	\$82,557	\$82,557
Medical Case Management	District of Columbia	\$447,668	\$348,129
Medical Case Management	Family and Medical Counseling Services	\$211,250	\$211,250
Medical Case Management	(The) Howard University	\$126,497	\$126,711
Medical Case Management	Unity Health Care	\$74,445	\$124,046
Medical Case Management	Us Helping Us	\$57,642	\$57,641
Medical Case Management	Washington Health Institute	\$65,000	\$106,667
Medical Case Management	Whitman-Walker Health	\$117,000	\$198,859
Mental Health Services	Children's National Hospital	\$27,245	\$27,245
Mental Health Services	(The) Howard University	\$16,770	\$17,023
Mental Health Services	Us Helping Us	\$25,458	\$25,459
Mental Health Services	Whitman-Walker Health	\$74,750	\$149,750
Health Education/Risk Reduction	Children's National Hospital	\$51,870	\$51,870
Health Education/Risk Reduction	(The) Howard University	\$65,000	\$65,000
Health Education/Risk Reduction	Us Helping Us	\$28,098	\$28,098
Health Education/Risk Reduction	Whitman-Walker Health	\$74,750	\$149,750
Non-Medical Case Management	Children's National Health	\$73,537	\$73,537

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Non-Medical Case Management	Family and Medical Counseling Service	\$65,000	\$65,000
Non-Medical Case Management	(The) Howard University	\$64,179	\$64,591
Non-Medical Case Management	Unity Health Care	\$96,664	\$96,664
Non-Medical Case Management	Us Helping Us	\$72,298	\$72,298
Non-Medical Case Management	Washington Health Institute	\$81,250	\$106,667
Non-Medical Case Management	Whitman-Walker Health	\$117,000	\$202,000
Medical Transportation Services	Children's National Hospital	\$1,716	\$1,716
Medical Transportation Services	Family & Medical Counseling Services	\$3,952	\$3,952
Medical Transportation Services	(The) Howard University	\$4,550	\$4,549
Medical Transportation Services	Whitman-Walker Health	\$9,750	\$9,750
Psychosocial Support Services	Children's National Hospital	\$32,338	\$32,338
Psychosocial Support Services	(The) Howard University	\$44,727	\$47,775
Psychosocial Support Services	Us Helping Us	\$23,915	\$23,915
Psychosocial Support Services	Whitman-Walker Health	\$74,750	\$74,750

b. 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, in addition to the District. The Part B financial table below represents all budgeted costs for the District of Columbia exclusively.

Ryan White Services Categories	<i>Part A Grant</i> GY 34	<i>Part A Grant</i> GY 35
Outpatient Ambulatory Health Services	\$4,787,122	\$3,836,794
Outpatient Ambulatory Health Services - MAI	\$558,935	\$607,730
Oral Health Care	\$1,541,529	\$1,756,491
Early Intervention Services	\$4,601,709	\$3,546,316
Early Intervention Services – MAI	\$450,138	\$408,381
Health Insurance Premium Payment	\$99,803	\$77,317
Home & Community Based Health	\$130,667	\$152,424
Mental Health Services	\$593,312	\$510,720
Mental Health Services – MAI	\$287,589	\$251,484
Medical Nutrition Therapy	\$361,781	\$327,978
Medical Case Management	\$3,731,010	\$4,366,967
Medical Case Management MAI	\$354,970	\$384,165
Substance Use Services – Outpatient	\$358,347	\$319,932
Substance Use Services – Outpatient – MAI	\$178,792	\$69,871
Emergency Financial Assistance	\$2,665,021	\$3,605,254
Food Bank, Home Delivered Meals	\$1,992,261	\$1,873,104
Other Professional Services	\$411,454	\$201,136

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Ryan White Services Categories	<i>Part A Grant</i> <i>GY 34</i>	<i>Part A Grant</i> <i>GY 35</i>
Linguistic Services	\$0	\$0
Medical Transportation Services	\$302,205	\$364,930
Medical Transportation Services - MAI	\$0	\$31,818
Non-Medical Case Management	\$3,345,157	\$2,966,403
Non-Medical Case Management - MAI	\$0	\$369,570
Outreach Services	\$281,310	\$326,325
Psychosocial Support Services	\$2,150,525	\$1,446,948
Psychosocial Support Services – MAI	\$342,153	\$292,431
Housing Services	\$0	\$355,924
Direct Services MAI Total	\$2,375,257	\$ 2,415,450
Direct Services Subtotal	\$26,268,241	\$26,034,966
Part A and MAI - Direct Services Total	\$28,643,498	\$28,450,416

Ryan White Part B

Ryan White Services Categories	<i>Part B Grant</i> <i>Year 34</i>	<i>Part B Grant</i> <i>Year 35</i>
Outpatient Ambulatory Health Services	\$612,076	\$524,994
Medical Case Management	\$779,415	\$1,015,756
Early Intervention Services	\$100,000	\$116,927
Mental Health	\$171,878	\$131,113
Non-Medical Case Management	\$613,990	\$518,117
Health Education/Risk Reduction	\$219,718	\$199,745
Medical Transportation Services	\$19,968	\$18,153
Psychosocial Support Services	\$219,606	\$159,756

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Formula Services Total	\$2,736,651	\$2,684,561
Outreach Services – MAI Total	\$97,011	\$90,630
Health Education/Risk Reduction – MAI Total	\$97,011	\$90,630
ADAP Total	\$10,565,270	\$10,352,623
Part B – Direct Services Total	\$13,495,943	\$13,218,444

c. Total program cost in FY2025 and FY 2026, to date:

TOTAL GY34	Part A	\$28,630,340.00
Year to Date GY35	Part A	\$15,614,636.00
TOTAL GY34	Part B	\$13,310,250.47
Year to Date GY35	Part B	\$7,087,493.61

d. Number of people the program/funding served in FY 2025 and FY 2026, to date:

Part A Service Utilization

Service Category	Clients Served in GY34	Clients Served in GY35
Early Intervention Services	7,360	14,996
Non-Medical Case Management Services	1,841	2,693
Medical Case Management	1,620	2,592
Outpatient/Ambulatory Health Services	1,722	4,601
Emergency Financial Assistance	1,484	2,185
Medical Transportation Services	900	1,614
Oral Health Care	707	1,608
Psychosocial Support Services	792	1,170
Food Bank/Home-Delivered Meals	645	862
Medical Nutrition Therapy	445	549
Mental Health Services	346	554
Outreach Services	193	922
Substance Abuse Outpatient Care	404	194

Health Insurance Program (HIP)	56	83
Other Professional Services	35	119
Home & Community-Based Health Services	10	29
Housing Services	0	10

Part A MAI Youth Reach

Service Category	Clients Served GY 34	Clients Served GY 35
Early Intervention Services	951	1,226
Medical Case Management	215	206
Mental Health Services	163	113
Outpatient/Ambulatory Health Services	205	392
Psychosocial Support Services	219	155
Substance Abuse Outpatient Care	188	48
Non-Medical Case Management	105	133
Medical Transportation Services	N/A	205

Part B Service Utilization

Service Category	Clients Served GY34	Clients Served GY35
Early Intervention Services	30	20
Non-Medical Case Management Services	666	916
Medical Case Management	578	782
Outpatient/Ambulatory Health Services	675	851
Health Education/Risk Reduction	373	1,710
Medical Transportation Services	226	215
Psychosocial Support Services	161	472
Mental Health Services	148	66
Outreach Services – MAI	60	62
Health Education/Risk Reduction - MAI	240	153

Variations in service utilization are a result of the following program impacts.

1. Grant Year 35 Implementation year - changes in providers and service categories awarded by the new Part A RFA referenced in the introduction.

2. Funding reductions in EMA – Virginia unexpectedly and drastically reduced the amount of Ryan White Part B funding to providers in the Washington, DC Eligible Metropolitan Area (EMA). The Part A program directed additional funds to providers in that area to support the continuity of services to Virginia Residents within the EMA.
3. For Ryan White Part B, the program added Health Education/Risk Reduction as an available service category in late Grant Year 34. The variation for GY35 reflects one year of full implementation for that service category.

e. Number of FTEs provided administering this program, including any changes in staffing levels from FY 2024-2026.

FY24 – 35.36

FY25 – 36.89

FY26 – 37.49

Q81: Please provide the following information for all programs funded by DC Health under the Minority AIDS Initiative Youth Outreach Program in FY 2025 and FY 2026, to date:

- a. Name of organization;**
- b. Amount of funding;**
- c. Number of units provided and number of individuals served; and**
- d. Differences in focus populations, Wards served, or services provided by each organization.**

Response:

- a. Name of organization; and b. Amount of funding**

	GY34 (3/1/2024-2/29/2025)	GY35 (3/1/2025-2/28/2026)
Howard University	\$ 484,423	\$453,584
Neighborhood Health	\$251,451	\$182,423
Children’s National Hospital	\$ 450,696	\$603,502
Us Helping Us	\$325,000	\$478,182
Whitman Walker	\$685,000	\$306,227
NovaSalud	\$0	\$337,532

- c. Number of units provided, and number of individuals served; and**

Part A MAI Youth Reach

Service Category	Clients Served GY 34	Clients Served GY 35
Early Intervention Services	951	3,033
Medical Case Management	215	1,705
Mental Health Services	163	166
Outpatient/Ambulatory Health Services	205	1,705

Psychosocial Support Services	219	289
Substance Abuse Outpatient Care	188	18
Non-Medical Case Management	105	1,768
Medical Transportation Services	0	205

d. Differences in focus populations, Wards served, or services provided by each organization.

The Washington, DC, Eligible Metropolitan Area (EMA) supports six providers through the Minority AIDS Initiative (MAI) Youth Reach Program. These providers deliver a comprehensive range of services, including Outpatient/Ambulatory Health Services, Early Intervention Services, Mental Health Services, Medical Case Management, Non-Medical Case Management, Substance Abuse Outpatient Care, Medical Transportation, and Psychosocial Support Services. Collectively, these programs are designed to expand access, strengthen retention in care, and improve the overall quality of services for youth and young adults affected by HIV.

Children’s National Hospital (CNH), based in Washington, DC, delivers MAI services to youth and young adults ages 12 to 24 across the District of Columbia and Suburban Northern Maryland. CNH operates two specialized clinics: the Special Immunology Services Clinic, which provides care for children and adolescents with perinatally acquired HIV, and the Burgess Clinic, part of the Adolescent Health Center, which offers primary and specialty care for youth living with HIV. CNH also continues its valued practice of sending care packages to clients, which remains a meaningful source of support and connection for youth.

Howard University Hospital – Center for Infectious Disease Management and Research (CIDMAR), located in Washington, DC, operates as a multi-specialty clinic that manages complex infectious disease cases while coordinating specialty care. Its Youth Program focuses on treatment adherence, retention in care, and enhanced preventive and supportive services for individuals aged 17 to 30. The program collaborates with the Howard University Student Center to provide on-site testing, counseling, referrals, and case management, while maintaining strong partnerships with HUH’s Ryan White Parts B and C programs and other organizations to ensure comprehensive wraparound services.

Neighborhood Health, based in Northern Virginia with clinics in Alexandria, Arlington, Annandale, and Fairfax, continues to provide MAI services to youth of color living with HIV between the ages of 17 and 30. These services included routine assessments, peer support groups,

telemedicine visits, individual counseling, and personalized check-ins to ensure consistent access to appropriate HIV care and treatment.

NovaSalud, Inc., based in Falls Church, Virginia, plays a vital role in strengthening community health through culturally competent and language-appropriate HIV/AIDS services. The organization provides free, confidential HIV and STI testing, prevention education, and compassionate care. Its Ryan White Program ensures smooth transitions into medical care with infectious disease specialists, certified providers, and case managers, while offering referrals for mental health, food assistance, and transportation support. NovaSalud also operates a Comprehensive Harm Reduction Program, which includes overdose treatment, fentanyl testing strip distribution, and referrals for substance use treatment, further addressing the needs of vulnerable youth and young adults in Northern Virginia.

Us Helping Us (UHU), with locations in Washington, DC and Maryland, implemented the DENIM Collection, a community-based medical home model that emphasizes co-located clinical, behavioral, and essential support services for young men who have sex with men (MSM) and transgender women of color living with HIV/AIDS, ages 17 to 30. This innovative approach ensures integrated, wraparound care tailored to the unique needs of these populations across the DC EMA.

Whitman-Walker Health (WWH), with locations throughout Washington, DC, is a non-profit community health center serving the DC EMA and widely recognized for its expertise in HIV/AIDS care and LGBTQ+ health services. Through its Retention and Engagement Department, WWH continues to employ community health workers to connect with youth, provide education and prevention resources, and support linkage to medical care. These staff members play a vital role in helping young people remain engaged in treatment, particularly those at risk of falling out of care. To further meet the needs of youth, WWH offered flexible appointment options and community-based services, ensuring care remained accessible and responsive to individual schedules and priorities.

Q82: Please provide information on the grantees or sub-grantees in FY 2025 and FY 2026, to date, to support HIV testing and prevention services (including Pre-Exposure Prophylaxis or PrEP), including:

- a. Name of vendor;
- b. Amount of grant and grant term;
- c. Focus population;
- d. Number of residents served; and
- e. Differences in focus populations, Wards served, or services provided by each organization.

Response:

Vendor	Grant Amount & Award Period	Population	Services	Differences in Focus Populations	Residents Served FY25 and FY26 to date	Wards Served
Family and Medical Counseling Service, Inc.	\$91,667 Syndemic Grant period 1/1/25-5/31/25 extension 5/31/25-10/31/25	African American/Black men and women residing in the District who inject drugs (PWID), MSM, LGBTQ, Transgender Health individuals, People experiencing	Syndemic Approach HIV/STI/Hepatitis Prevention (PWIDs) within Syringe Services Programs Harm Reduction Vending Machines	Family and Medical Counseling Services founded in 1976, comprehensive community health center that addresses health disparities specifically in	HIV Screenings-2,118 HCV Screenings-593 HRVM products	6,7,8

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	\$100,000 HRVM Grant period 10/1/24- 9/30/25 \$150,000 (vending machines new award) 1/1/26-9/30/26	homelessness (PEH)		the Black community. Conducts a needs assessment every 3 years focusing on the vulnerable and hard to reach Black populations in Wards 7-8, identifying barriers to care.	distributed- 21,198 (FY25) HRVM transactions- 6,165 (FY25) HRVM products distributed- 3,753 (FY26) HRVM transactions- 1,064 (FY26)	1,2,6,7,8
Hepatitis B Initiative of Washington, DC	\$17,568 1/1/25 through 5/31/25*	PWID/PWUD, Asian Pacific Islander, MSM Black and	Syndemic Approach Comprehensive HIV/STI/HCV/HBV Testing	HBI - DC was founded in 2006 to mobilize	HIV Screenings- 210	1,3,7,8

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	*Federal funding ended on 5/31/25. No award for FY26.	Hispanic, African descent, youth, Latinx population		communities and health disparities. They reach MSM-gender loving Non-Hispanic Blacks, MSM-gender loving Hispanic individuals, African women and immigrants, adolescents, and young adults 16-25, and individuals with substance use disorders	HCV Screenings- 243 STI Screenings- 167 1,3,7,8	
HIPS	\$304,464 1/1/25-5/31/25 \$100,000 (vending	African American, Latinx, Persons who Inject Drugs, Transgender	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing	HIPS has been in operation for 30 years. They offer comprehensive harm reduction	HIV screened – 268 HCV screened- 214	1,4,5,6,7,8

	machines) 10/1/24-9/30/25 \$250,000 (vending machines new award) 1/1/26-9/30/26	women of color, commercial sex workers	Drop-In Center Services focused on People who use Drugs PrEP Services HIV, STI, and Hepatitis Prevention for PWIDs within Syringe Services Programs Harm Reduction Vending Machines	services with a focus on people who use drugs and commercial sex workers.	STI screened - 190 PrEP education- 229 HRVM data 98,270 products (FY25 HRVM transactions 19,182 HRVM data TBD products (FY26) HRVM transactions TBD (FY26)	2,4,5,8
La Clinica del Pueblo	\$30,744 – 1/1/25 through 5/31/25*	High Risk Heterosexual, Men and Women, Latino MSM, and	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV)	La Clínica del Pueblo was founded in 1983 to serve the Latinx	HIV screened- 390	1,2,4

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	*Federal funding ended on 5/31/25. No award for FY26.	Transgender Women		community through linguistically and culturally appropriate LGBTQ-friendly health services.	HCV screened – 64 STI screened – 83	
Latin American Youth Center	\$17,568 1/1/25-5/31/25* *Federal funding ended on 5/31/25. No award for FY26.	Latino, Latinx, and Black Youth 13-24	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing PrEP Services	Latin American Youth Center, Incorporated was founded in 1974. It is a nationally recognized, community-based, multicultural and multilingual youth development organization that serves thousands of youths in	HIV screened – 66 STI screened - 58 PrEP education- 83	1,2,3,4,5,6,7,8

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				Washington, DC.		
The Women's Collective	\$32,940 1/1/25-5/31/25* *Federal funding ended on 5/31/25. No award for FY26.	Low-income Black women	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing PrEP Services	The Women's Collective has been in the community for 30 years offering support to black women throughout HIV epidemic. The Women's Collective continue to meet the needs of low-income Black Women in DC, impacted by poverty and low barrier health care.	HIV screened- 134 HCV Screenings- 77 PrEP Education- 121	5,6,7,8
Washington Health Institute	\$15,372.00 1/1/25-5/31/25* *Federal funding ended on 5/31/25. No	African American MSM same gender loving men aged 18-39, cis-	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing	Washington Health Institute serves Black/African American men	HIV screened- 594	4,5,7,8

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	award for FY26.	gender Black women, transgender, and gender non-conforming individuals over the age of 16	PrEP Services	and women, Latino men who have sex with men (MSM), transgender individuals, people who use drugs, undomiciled individuals, and transitional aged youth in prioritized high incidence neighborhoods.	HCV screened – 301 STI screened - 309 PrEP education- 612	
Whitman Walker Health	\$21,960.00 – 1/1/25-5/31/25* *Federal funding ended on 5/31/25. No award for FY26.	All Populations include LGBTQ, PLWHA, Youth, and PWUD	Syndemic Approach Comprehensive (HIV/STI/HCV/HBV) Testing PrEP/PEP Services	Whitman-Walker Health has been in the DC community for 50 years, serving a diverse urban community. They meet the health needs of	HIV screened- 160 HCV screened- 73	1,2,3,4,5, 6, 7, 8

				different ethnicities and address a multitude of health disparities.	STI screened-134 PrEP education-113	

DC Health supports the Overdose Prevention Response Vending Machine program (formerly Harm Reduction Vending Machines) through its partnership with Family and Medical Counseling Service, Inc., (FMCS) and Honoring Individual Power and Strength (HIPS). There are 14 machines located throughout the District, at the following locations:

PROVIDER	LOCATION	WARD	ACTIVATION
FMCS	500 F St. NW, Washington, DC 20001	2	July 2023
	1101 Half St. SW, Washington, DC 20024	6	April 2023

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	400-A Atlantic Street SE, Washington, DC 20032 <i>*(former location 4201 Minnesota Ave. NE, Washington, DC 20019; activated April 2023)</i>	8	November 2025
	101 Atlantic St. SE, Washington, DC 20032	8	April 2023
	765 Kenilworth Terrace NE, Washington, DC 20019	7	March 2025
	1500 Galen St SE, Washington, DC 20020	8	April 2025
	3020 14th St NW, Washington, DC 20009	1	September 2025
	2225 5th St NE, Washington, DC 20002	5	January 2026

	1340 Rhode Island Ave NE, Washington, DC 20018	5	January 2026
HIPS	1201 Sycamore Dr SE, Washington, DC 20032	8	October 2023
	1700 Good Hope Rd. SE, Washington, DC 20020	8	May 2023
	1525 7th St. NW, Washington, DC 20001	2	August 2023
	1355 New York Ave NE, Washington, DC 20002	5	September 2025
	3720 14th St NW, Washington, DC 20010	4	September 2025

The machines are stocked with various overdose prevention products (i.e., Narcan and fentanyl test strips) as well as health and wellness supplies, such as condoms, hygiene kits and wound care kits. In FY25, 119,468 products were dispensed, and 25,347 machine transactions occurred.

Q83: How many HIV tests were administered in clinical settings and non-clinical/community outreach settings during FY 2025 and FY 2026, to date?

Response:

The total number of HIV tests is representative of those performed by our former Syndemic Approach providers, Expanded Testing Program, GetCheckedDC's Labcorp testing, and DC Health and Wellness Center (DCHWC) – with all confirmed data as of 1/7/2026

Program Type	Number of Screenings
Syndemic	3893
DCHWC	8763
GetCheckedDC Labcorp	1795
Expanded Testing	616
Grand Total	15,067

Syndemic Approach providers included: Family and Medical Counseling Services, HBI-DC, HIPS, La Clinica del Pueblo, Latin American Youth Center, The Womens Collective, Washington Health Institute and Whitman Walker Health.

Expanded Testing Providers are non-grant funded providers who have been provided rapid HIV test kits. This includes: C3 Cares, Comprehensive Psychiatric Emergency Room (DBH), Damien Ministries, So Others Might Eat (SOME), Gallaudet Student Health Center, and One Tent Health.

Setting Type	Total of Setting
Clinical	10,535
Nonclinical	4,532
Grand Total	15,067

Q84: How many diagnoses of Hepatitis B and C were reported in the District in FY 2024, FY 2025, and FY 2026, to date? Please disaggregate data by age, race, and gender.

Response:

Hepatitis C	Oct 1, 2023-Sep 30, 2024		Oct 1, 2024-Sep 30, 2025		Oct 1, 2025 - Dec 13, 2025*	
	N	%	N	%	N	%
Gender Identity						
Male	113	66.5	156	70.6	35	68.6
Female	55	32.3	64	28.9	16	31.4
Transgender	2	1.2	1	0.5	0	0.0
Missing	0	0	0	0.0	0	5.3
Total	170	100	221	100	51	100
Race/Ethnicity						
White	34	20.0	23	10.4	6	11.8
Black	110	64.7	135	61.1	30	58.8
Latine	6	3.5	8	3.6	1	2.0
NHA-API	3	1.7	5	2.3	1	2.0
A. Indian/Alaskan Native	2	1.2	0	0	0	0.0
Multi-Race	2	1.2	6	2.7	1	2.0
Missing	13	7.7	44	19.9	12	23.5
Total	170	100	221	100	51	100
Age at Diagnosis						
<13	1	0.6	0	0.0	0	0.0
13-17	1	0.6	0	0.0	0	0.0
18-19	0	0.0	1	0.5	0	0.0
20-24	8	4.7	5	2.3	2	3.9
25-29	9	5.3	23	10.4	3	5.9
30-39	38	22.3	56	25.3	10	19.6
40-49	28	16.5	36	16.3	9	17.7
50-59	187	10.6	22	9.9	6	11.8
60 and older	66	38.8	74	33.5	20	39.2
Missing	1	0.6	4	1.8	1	1.9
Total	170	100	221	100	51	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

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Hepatitis B	Oct 1, 2023-Sep 30, 2024		Oct 1, 2024-Sep 30, 2025		Oct 1, 2025 - Dec 13, 2025*	
	N	%	N	%	N	%
Gender Identity						
Male	69	62.2	78	59.5	16	84.2
Female	39	35.1	52	39.7	2	10.5
Transgender	1	0.9	1	0.8	0	0.0
Missing	2	1.8	0	0.0	1	5.3
Total	111	100	131	100	19	100
Race/Ethnicity						
White	8	7.2	12	9.2	3	15.8
Black	57	51.3	51	38.9	7	36.8
Latine	7	6.3	6	4.6	2	10.5
NHAAPI	21	18.9	16	12.2	0	0.0
A. Indian/Alaskan Native	2	1.8	9	6.9	0	0.0
Multi-Race	1	1.0	8	6.1	0	0.0
Missing	15	13.5	37	28.3	7	36.8
Total	111	100	131	100	19	100
Age at Diagnosis						
<13	0	0.0	0	0.0	0	0.0
13-17	1	0.9	0	0.0	0	0.0
18-19	1	0.9	1	0.8	0	0.0
20-24	2	1.8	9	6.9	0	0.0
25-29	12	10.8	12	9.2	1	5.3
30-39	30	27.0	32	24.4	3	15.8
40-49	29	26.1	34	25.9	8	42.1
50-59	17	15.3	22	16.8	2	10.5
60 and older	19	17.1	21	16.0	5	26.3
Missing	0	0.0	0	0.0	0	0.0
Total	111	100	131	100	19	100

*This data is not comprehensive and reflects only a small sample, as it includes only two months of the new fiscal year.

Q85: In its FY 2024 oversight responses, DC Health explained that the updated Hepatitis Surveillance and Elimination Plan had been delayed from its original summer 2024 publication date, but would be available in Q3 of FY 2025. Please provide the Plan to the Committee, if available, and a timeline for completion if not yet published.

Response:

DC Health continued its work to complete the Hepatitis Elimination Plan and its engagement with the Hepatitis Collaborative. However, the program experienced some staffing and funding issues this fiscal year, causing severe delays to plan completion. The plan is, however, on target for completion in February 2026 and will be released by the end of April 2026. The Collaborative includes the DC Health public health team (nursing, epidemiology, peers with lived experience), providers from the DC Correctional Treatment facility; DC Health Care Finance (DC Medicaid); hepatology and infectious disease providers from Washington Hospital Center and Unity Health Care; community-based organizations such as HIPS (<https://www.hips.org/>); non-profit/advocacy participants from the Hepatitis B Initiative of Washington, DC (HBI-DC <https://hbi-dc.org/>); and one representative from the National Viral Hepatitis Roundtable.

The Collaborative developed a draft plan that still requires final edits. The five strategic goals remained: (1) Prevent New Infections; (2) Improve Hepatitis Related Outcomes; (3) Reduce Hepatitis-Related Disparities; (4) Improve Surveillance and Data Usage; and (5) Improve Advocacy, Coordination and Policy Planning. Each group was tasked with identifying process and outcome objectives. Additionally, based on changes at the federal level related to vaccinations, DC Health will update the plan to include DC's vaccination recommendations.

Q86: Please provide the following information regarding Hepatitis in FY 2025 and FY 2026, to date:

- a. Number of perinatal Hepatitis B infections;**
- b. Hepatitis B vaccination rate for infants at each of the 5 birthing hospitals;**
- c. Hepatitis B vaccination coverage for school-age children within the District;**
- d. Number of Hepatitis B and C tests, positive tests, and linkages to care through subgrantees in FY 2025 and FY 2026, to date.**

Response:

- a. The state Perinatal Hepatitis B (PHB) Prevention coordinator identified 25 births from 10/1/2024-9/30/2025 to HBsAg positive individuals (including 7 transferred to other jurisdictions). 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.
- b. Data from the District of Columbia (DC) Vital Records indicates that 85.7% rate of Hepatitis B birth dose administration were in hospitals and 14.3% were in non-hospital settings among District residents in 2024.

Hepatitis B birth dose given to District Residents within the hospital in 2025 by hospital are as follows*:

- **George Washington University Hospital: 91.3%**
- **Georgetown University Hospital: 93.2%**
- **Howard University Hospital: 94.9%**
- **Medstar Washington Hospital Center: 91.7%**
- **Sibley Memorial Hospital: 96.6%**

*Data source: DC immunization Registry and Vital Records. Age group included above includes Residents born in the District of Columbia and vaccinated within in the district or out-of-state. Additionally, data may be incomplete due to missing or unduplicated records.

- c. Hepatitis B vaccination coverage for school-age children within the District;**

Year	Coverage
2022	93.0%
2023	96.0%
2024	93.8%
2025	93.5%
2026	94.3%

* Denominator is based on total kindergarteners enrolled

d. Number of Hepatitis B and C tests, positive tests, and linkages to care through subgrantees in FY 2025 and FY 2026, to date.

DC Health supported a syndemic approach that included hepatitis screening until May 31, 2025. Due to federal funding cuts, HAHSTA terminated all syndemic programs. As such, there was a decrease in the number of hepatitis tests conducted during the reporting period. The results of integrated hepatitis screening conducted by providers funded by DC Health are detailed in the table below:

Hepatitis B and C Test Results (FY25 and FY26, to date)

FY 2025 (Oct 1, 2024 - Sept 30, 2025) and FY 2026 To Date	Total
Hepatitis B	
Total # of tests	2
Total # of positive tests	0
Link to care	N/A
Hepatitis C	
Total # of tests	1,623
Total # of positive tests	33
Link to care	6

Q87: Please provide the amount of funding and number of residents housed in FY 2025 and FY 2026, to date, for the following programs. Please include the focus population and average wait time for an eligible resident to participate in each program:

- a. Housing Opportunities for People With AIDS program;**
- b. Transitional Opportunity Program (TOP) Program;**
- c. Senior Transitional Opportunity Program (S-TOP);**
- d. Housing Independence Through Employment (HITE) Program;**
- e. Sustainable Housing Assistance Rental Program (SHARP);**
- f. PrEP Housing; and**
- g. Total number of residents served by all programs.**

Response:

a. Housing Opportunities for People With AIDS program;

To provide resources and support services for long-term housing strategies for people living with HIV/AIDS.

- Tenant-Based Rental Assistance (TBRA) A longer-term rental subsidy used to help participants obtain permanent housing in the private rental housing market that meets housing quality/habitability standards and is “rent reasonable.” - Participants pay the greater of 10% of gross income or 30% of adjusted income for rent. - HOPWA pays the balance directly to the landlord/property manager. - Participants are required to apply for other available housing resources
- Short-Term Rent, Mortgage, and Utility Assistance (STRMU) A needs-based, time-limited housing assistance for households already in permanent housing, designed to prevent homelessness or maintain stability due to illness or income loss. - Available for up to 21 weeks in any 52-week period, subject to HAHSTA funding caps and HUD approval. - Amount varies depending on client needs, available funding, and program guidelines.
- Facility Base Housing (FBH) provides stable housing with onsite support services in a congregate or structured environment.

b. Transitional Opportunity Program (TOP) Program;

This program is designated for single adults; it includes a rental subsidy and a requirement to engage in 40 hours/week of productive activity for up to 24 months.

c. Senior Transitional Opportunity Program (S-TOP);

This program is for seniors (58+) or disabled individuals; it includes a rental subsidy, intensive case management, and a requirement to demonstrate productive activity for up to 24 months.

d. Housing Independence Through Employment (HITE) Program;

This program focuses on economic and housing independence for highly motivated individuals. Includes rent subsidy, case management, and support for career advancement

for up to 24 months.

e. Sustainable Housing Assistance Rental Program (SHARP);

Flat rate rent subsidies (equal to 40% of HUD Fair Market Rent) for employed individuals with HIV. Promotes savings and housing stability. Not eligible for HOPWA/RW emergency rental assistance while enrolled for up to 12 months.

f. PrEP Housing;

This program is CDC-funded, transitional housing for MSM of color (ages 25–35) at risk for HIV. Shared units, grocery and transportation stipends, PrEP adherence case management, and life skills training. Enrolled for 18–24 months. No cost to clients; must save 30% of monthly income toward future housing.

The waiting time for an eligible resident depends on the number of available beds at any given point in time, however, it could be up to 30 to 60 days. Our Tenant-Based Rental Assistance wait list has been discontinued for several years to ensure that the number of individuals living with HIV currently in the system can be supported, since most individuals are living longer.

The total number of residents served by all programs. Below is a chart of FY2025 and FY2026 clients served in Washington, DC.

Funding and Number of Individuals Served by Program								
<i>Program</i>	<i>TBRA</i>	<i>STRMU</i>	<i>TOP</i>	<i>S-TOP</i>	<i>HITE</i>	<i>SHARP</i>	<i>PrEP Housing</i>	<i>FBH</i>
<i>FY25 Clients*</i>	273	125	14	11	12	15	7	37
<i>FY25 Funding</i>	\$6,727,320	\$200,000	\$600,000	\$625,000	\$500,000	\$600,000	\$350,000	\$1,800,000
<i>FY26 Clients*</i>	270	140	12	10	12	12	8	45
<i>FY26 Funding</i>	\$6,727,320	\$200,000	\$600,000	\$625,000	\$500,000	\$600,000	\$350,000	\$1,800,000

* Clients are unduplicated in the program counts.

Q88: Please provide the following information for the DC Health and Wellness Center for FY 2025 and FY 2026, to date:

- a. The number of individuals seen;**
- b. The number of individuals who tested positive for each STI;**
- c. The number and percentage 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 Center;**
- e. The number of individuals who received TB health services;**
- f. The number of individuals who received pre-exposure prophylaxis (PrEP); and**
- g. What DC Health sees as the biggest barriers to increasing access to testing and treatment at the Wellness Center.**

Response:

The number of individuals seen:

STD Clinic: FY25 = 4,113 patients (8,069 visits)

STD Clinic: FY26 through 12/31/2025 = 1,390 patients (1,932 visits)

The number of individuals who tested positive for each STI:

Gonorrhea (all sites): FY25 = 388; FY26 through 12/31/2025 = 87

Chlamydia (all sites): FY25 = 250; FY26 through 12/31/2025 = 55

Syphilis: FY25 = 159; FY26 through 12/31/2025 = 38

The number and percentage of individuals who received follow-up and were connected with care following a positive test result:

Gonorrhea: FY25 = 371/388 (95.62%); FY26 through 12/31/2025 = 79/87 (90.8%)

Chlamydia: FY25 = 243/250 (97.2%); FY26 through 12/31/2025 = 48/55 (87.27%)

Syphilis: FY25 = 159/159 (100%); FY26 through 12/31/2025 = 37/38 (97.37%)

The educational, outreach, and other services provided by the clinic:

The DC Health and Wellness Center (DCHWC) offers Express Clinic hours 4 days per week. The Express Clinic allows asymptomatic patients to come to DCHWC for HIV/STI testing only. The visits are provider-less, meaning that patients self-collect samples for STI testing and/or have blood drawn for HIV/syphilis testing—since these visits don't require face-to-face contact with a provider, the total time spent in clinic by patients is typically <20 minutes. In FY25, DCHWC provided Express Clinic services to 886 patients (1,109 visits). To date, DCHWC continues to provide Express Clinic services to approximately 80-90 individuals each month. If a patient attends an Express Clinic appointment and describes a pressing need that requires clinician attention, we make every effort to respond promptly and schedule patients for same day appointments.

DCHWC participated in several community events in FY25, including DC Black Pride, Capital Pride, and Mid-Atlantic Leather where we administered MPox vaccines and provided doxycycline post-exposure prophylaxis (DoxyPEP) to eligible individuals. DCHWC provided

STI/HIV prevention services at these community events to 694 patients in FY25. To date, the Mid-Atlantic Leather event is our most productive effort each year. In FY25 we distributed DoxyPEP starter packs to 390 patrons at MAL who expressed interest in reducing the chance they would be infected with syphilis or chlamydia. Following the successful expansion of access and uptake of DoxyPEP for STI prevention at community events, DCHWC received the DC Health Director's Award.

DCHWC continues to serve as the clinical lead for the GetCheckedDC program. This program allows DC residents to access home-based STI/HIV testing by requesting HIV/STI testing kits that are mailed to their homes or by requesting HIV/STI testing that is accomplished by walking into any LabCorp draw site. Positive results are followed up by disease investigators (DIS) and clinical staff at DCHWC. While some patients with a positive result choose to get treated with their own primary care provider, many come to DCHWC for treatment. Patients who come to DCHWC are automatically screened for HIV PrEP eligibility and providers can prescribe and dispense PrEP medication same day. We also provide education about STI/HIV prevention and other sexual health services available at our clinic.

DCHWC also continues to administer the DC PEP Hotline in conjunction with our contractual partner. The hotline provides 24-hour, 7 days/week access to a healthcare provider for DC residents who have had a recent non-occupational high risk HIV exposure. DCHWC provided HIV testing and PEP medication to 334 patients in FY2025, up from 294 in FY2024, and 81 patients so far in FY2026. Since implementing the PEP Hotline, DCHWC has screened all callers for HIV PrEP knowledge, awareness and access to medication. Patients who are not on PrEP receive a referral to DCHWC's PrEP Coordinator and DIS to assist with application to patient assistance programs and for help with navigating insurance coverage of PrEP medications. To further reduce barriers to PrEP adherence, DCHWC began offering long-acting injectable PrEP (LAIP) to eligible patients in May 2023. Through FY2025, DCHWC provided LAIP to 87 patients. In FY2025, DCHWC enrolled 32 new patients and provided LAIP to an average of 25 patients each month.

DCHWC also provides HIV treatment and care to persons living with HIV (PLWH) who are newly diagnosed or reengaging in care. DCHWC employs an HIV Case Manager who provides linkage to care and assists uninsured patients with application for ADAP, Medicaid, and other patient assistance programs that help with insurance premiums and copay costs. In FY25, 98 PLWH received case management services at DCHWC relating to health insurance, housing assistance, and referrals to other social services. Our Case Manager and Infectious Disease clinicians also screen all PLWH for treatment adherence barriers and offer referrals wherever possible to improve treatment adherence over time. Since beginning to offer long-acting injectable ART in 2024, the clinic has enrolled 71 new patients, and 50 are retained in care at DCHWC.

In FY25 DCHWC continued to participate in DC Health's efforts to provide testing and treatment services for mpox cases, Jynneos immunizations for mpox contacts and other at-risk patients, and technical assistance for multiple community providers. In addition, our clinicians

screened all PLWH for mpox vaccine need during exams. In total, DCHWC administered 323 Jynneos vaccines to 253 patients in FY25. We also offer other immunization services at DCHWC, such as HPV, hepatitis A, hepatitis B, meningococcal ACWY and B, pneumococcal, Tdap, and flu vaccines to PLWH.

In FY25 DCHWC continued its efforts to provide TB testing and treatment services to populations displaced from Ukraine, Cuba, Haiti, Venezuela, and several Central American countries. We conducted targeted outreach to refugees and provided TB testing —as a result of these efforts, we identified and treated numerous cases of latent TB infection. In FY25, the DC TB Program continued its long-standing participation in a workgroup with the regional Council of Governments (COG) that includes DC, Maryland, and Virginia health department TB controllers who meet regularly to discuss programmatic challenges, share best practices, and encourage collaborations.

In FY25, clinicians at DCHWC provided education and training on STI/HIV and TB. DCHWC served as a clinical training site for residents, NP students, and nursing students from a variety of DC Universities and residency programs, including Howard University Hospital, Howard University School of Nursing, MedStar Georgetown University Hospital, and Unity Health Care. Our Supervisory Medical Officer also participated in Grand Rounds at the Veterans Administration Medical Center on World Aids Day. DCHWC presented an abstract on the impact of DC Health’s PEP Hotline at the 2025 Conference on Retroviruses and Opportunistic Infections. DCHWC clinicians also developed a CME course for pharmacists, physicians, nurse practitioners, physician assistants, nurses, and other healthcare professionals involved in sexual health, HIV prevention, and primary care in partnership with the DC Center for Rational Prescribing. Our Supervisory Medical Officer also continued to participate in the Pharmacy Committee on ADAP in partnership with Clinical Pharmacy Association, and in FY26, our Division Deputy Chief participated in the Interfaith Leadership Forum in Washington, D.C. to promote engagement and participation with religious stakeholders in the District.

The number of individuals who received TB health services:

FY25: 1036 patients (2,573 visits)

FY26 through 12/31/2025: 307 patients (593 visits)

The number of individuals who received pre-exposure prophylaxis (PrEP):

FY25: 812 patients (2,330 visits)

FY26 through 12/31/2025: 391 patients (573 visits)

What DC Health sees as the biggest barriers to increasing access to testing and treatment at the Wellness Center:

The lack of affordable and reliable transportation solutions continues to be a barrier for patients who don’t live within proximity to the metro line or within short walking distance. Due to the increased presence and visibility of law enforcement officers, many patients also face the added barrier of risks to their physical safety when traveling to the clinic.

Q89: The Council invested \$410,681 in the FY 2026 budget to expand operating hours for the DC Health and Wellness Center to one evening per week and two Saturdays per month. Please provide an update on whether the hours have been extended, and if not, a timeline for when operating hours will be extended with the new funding.

Response:

During the first quarter of FY 2026, the DC Health and Wellness Center (DCHWC) hired three clinical staff (one APRN, one RN, and one Health Tech) and adjusted clinical supplies and medications in anticipation of implementing expanded clinic hours. Arrangements for security guard services during expanded hours are in progress and will be finalized by the end of January 2026. The target start date for expanded hours is Tuesday, February 3, 2026.

Q90: The Council partially restored \$1,270,599 in recurring funding for HIV prevention and surveillance grants, previously funded by the U.S. Centers for Disease Control and Prevention. Please provide the list and amount of each grant this money supported in FY 2026, and a timeline for disbursing these funds.

Response:

The funding will support a limited number of community-based providers who focus on specific prevention-related interventions, including, but not limited to, testing, health education, PrEP/PEP awareness and access, and linkage to care. Along with these providers, this funding will support a limited number of positions, including a testing/condom coordinator, epidemiologists, and investigators, in a smaller-scale staffing pattern. The plan is to continue currently funded grants on a smaller scale and fund salaries during the gap period from when the HIV prevention and surveillance grant ends and the end of the fiscal year. DC Health anticipates needing to utilize these funds effective April 1, 2026.

Q91: Please provide the following information for the non-occupational post-exposure prophylaxis (nPEP) hotline in FY 2025 and FY 2026, to date:

- a. Number of callers;**
- b. Number of callers referred for nPEP initiation; and**
- c. Number of callers with bridge prescriptions called in.**

Response:

Number of callers:

FY25 = 446

FY26 through 12/31/2025 = 133

Number of callers referred for nPEP initiation:

FY25 = 334

FY26 through 12/31/2025 = 81

Number of callers with bridge prescriptions called in:

FY25 = 296

FY26 through 12/31/2025 = 80

Q92: Please provide the following information for the School-Based and Youth STD Screening Programs in FY 2025 and FY 2026, to date:

- a. List of schools and screening sites, by Ward;**
- b. The number of students screened; and**
- c. The number of students who received follow-up care after a positive test.**

Response:

DCPS -FY25	Screening Date	Ward	Total Screened	Total Positive	Treatment
IDEA PCS	10/07/2024	7	34	3	3+(1EPT)
Eastern HS	10/28/2024	7	110	3	3+(1EPT)
DC Doors	11/06/2024	5	3	0	0
Potomac Jobcorps Center	11/13/2024	8	13	0	0
Woodson HS	11/18/2024	7	39	5	4+(1EPT)
Ballou STAY	12/10/2024	8	14	2	1
McKinley Tech PCS	01/22/- 01/24/2025	5	60	7	6
Luke C Moore	02/04/2025	5	8	0	0
Garnet-Patterson STAY	02/06/2025	1	10	1	1
Ballou HS	03/04- 03/06/2025	8	11	0	0
Washington Leadership Academy	03/12 – 03/14/2025	5	12	4	4+(2EPT)
Phelps HS	04/29 – 05/01/2025	5	20	1	1
Roosevelt HS	05/06 – 05/09/2025	4	48	0	0
Cardozo HS	05/20 – 05/21/2025	1	17	2	2
Columbia Heights Education Campus	05/22/2025	1	46	0	0
River Terrace	06/04/2025	6	52	0	0
FY26					
Luke C Moore	10/8/2025	5	14	3	2+(2EPT)

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Roosevelt HS	10/21/2025- 10/22/2025	4	10	1	1
Sojourner Truth	10/27/2025	5	44	0	0
Eastern HS	11/4/2025- 11/5/2025	7	71	2	2
Washington Leadership Academy	11/12/2025	5	11	0	0
Phelps HS	11/18/2025- 11/19/2025	7	6	2	2
McKinley Tech HS	12/1/2025	5	45	2	2
Woodson HS	12/2/2025- 12/03/025	7	45	2	2
Columbia Heights Education Campus	12/9/2025- 12/10/2025	1	25	7	7
Ballou STAY	12/16/2025- 12/17/2025	8	10	1	0

Q93: Please provide the following information regarding youth-oriented sexual health outreach grants:

- a. List of grantee organizations;**
- b. Amount of funding per organizations;**
- c. Number of youth reached;**
- d. Specific projects, goals, and outcomes of funding.**

Response:

Grantee Organization: Latin American Youth Center

Funded Organization: Only 1 Organization

Number Reached: 90 Youth Reach

The goal of this program is to provide gender inclusive curricula that will reduce the instances of teen pregnancies, increase knowledge of healthy relationships, reduce the instances of toxic masculinity, and set and accomplish goals. LAYC aims to reach 50 youth to complete their SWAT/Gender Inclusive curricula to incorporate and educate young people.

Q94: The Committee invested \$150,000 in both FY 2025 and FY 2026 to implement the Sexual Health Peer Educators Grant Budget Support Act subtitle. Please provide a narrative of the services being provided by the grantee, how DC Health is measuring success of this pilot, and any outcomes data that has been reported thus far.

Response:

The Peer-Based Sexual Health and Risky Behavior Education Grant Program was launched in January 2025, with the Latin American Youth Center (LAYC) serving as the grantee. Through this initiative, LAYC trained peer educators to provide HIV screening, sexual health education, and linkages to PrEP and PEP for youth enrolled in the LAYC Career Academy and Drop-In Center.

LAYC has successfully implemented a peer outreach model that operates directly within communities most in need of preventative care. This model emphasizes confidentiality, trust-building, and culturally competent service delivery. Currently, LAYC has four trained peer educators who have participated in more than six outreach events, reaching over 100 participants.

DC Health measures program success through key performance indicators, including the number of peers reached, outreach events conducted, and linkages and referrals made. To date, the program has resulted in over 40 referrals to additional services.

Q95: Please provide a status update on the implementation of B25-0759, the Child Behavioral Health Services Dashboard Amendment Act of 2024, including:

- a. The hiring status of the 1 FTE the Committee funded to implement this law;**
- b. Description of how DC Health and DBH are coordinating to implement this law.**

Response:

a. Hiring Status of the 1.0 FTE Funded to Implement the Law

The 1.0 FTE funded by the Committee is in the process of being onboarded. The anticipated start date is mid-February 2026.

b. Coordination Between DC Health and DBH

DC Health and the Department of Behavioral Health (DBH) are coordinating closely to implement the requirements of the Act. This coordination includes regular meetings each month, data sharing, alignment on key indicators, and leveraging existing resources to accelerate implementation.

This coordinated approach is intended to strengthen platform visibility, improve service navigation, and support data-informed decision-making across agencies, consistent with the intent of B25-0759.

During FY25, LinkU implemented several platform enhancements to strengthen service navigation, referral coordination, and operational workflows. Updates include the integration of additional school-based behavioral health programs in partnership with DBH; activation of a two-way text messaging feature to support direct communication between clients and providers; improved case management tools to better assist clients; and the addition of call-center workflow functionality to support referral intake and follow-up.

In addition, LinkU benefited from FY25 Findhelp platform enhancements, including streamlined referral and search functionality that surfaces a broader range of service types (such as nursing homes, group homes, dialysis centers, and other care settings), automated resource expansion as new agencies join the platform, and fulfillment capabilities that support ordering and tracking of social care goods and services. These enhancements also allow for eligibility screening, authorization tracking, outcome documentation, invoicing, and claims submission in alignment with state and federal requirements.

Q96: Please provide the following data regarding the LinkU platform in FY 2025 and FY 2026, to date:

- a. Top ten searches;**
- b. Most critical gaps in services offered on the platform;**
- c. Number of successful closed loop referrals and unsuccessful closed loop referrals; and**
- d. Description of challenges for closed loop referrals.**

Response:

FY 2025

Top ten searches;

1. HIV testing
2. Housing
3. Rent
4. Food pantry
5. Food (general)
6. Help finding housing
7. Deanwood Family Success Center
8. STD testing
9. Help paying for utilities
10. HIV treatment

Most critical gaps in services offered on the platform;

LinkU analytics, provider feedback, and community usage trends reveal persistent gaps in the following areas:

- Affordable housing and long-term housing placements
- Real-time shelter availability for families and single adults
- Behavioral health services, especially Medicaid-accepting and culturally specific providers
- Employment and vocational support for returning citizens
- Immediate financial assistance (rent, utilities, transportation)
- Youth-specific services, including housing and mental health supports

These gaps reflect broader capacity challenges across the District—not deficiencies within the LinkU platform itself.

Number of successful closed loop referrals and unsuccessful closed loop referrals; and

- Total Referrals: 14,402
- Referrals with Responses: 10,344
- Successful closed loop referrals: 9,792
- Seekers that Got Help: 5,661

Description of challenges for closed loop referrals.

While LinkU provides the technical infrastructure to support closed-loop referrals, several system-level challenges limit the consistent completion of referrals across the platform.

- **Provider Participation and Enrollment:**

A significant challenge is that not all community-based organizations have claimed their program listings or enabled referral functionality. Without provider participation, referrals cannot be acknowledged, accepted, or closed in the system.

- **Limited Organizational Capacity:**

Many service providers operate with limited staffing and resources, making it difficult to monitor and respond to referrals in real time. As a result, referrals may go unacknowledged or remain open even when services are unavailable.

- **Service Availability Constraints:**

High-demand services, particularly housing, behavioral health, food assistance, and financial support—often have waitlists or limited capacity. Referrals may be declined or closed unsuccessfully due to lack of openings rather than system failure.

- **Non-Standardized Workflows:**

Organizations vary widely in how they manage referrals. Some rely on internal databases, email, or phone-based processes and have not fully integrated LinkU into their existing workflows, reducing closed-loop completion rates.

- **Training and Adoption Gaps:**

Ongoing training is needed for case managers, navigators, and providers to consistently use referral tools, document outcomes, and close referrals properly within the platform.

- **Client-Level Barriers:**

Clients may disengage due to changing circumstances, transportation issues, eligibility barriers, or competing priorities, leading to unsuccessful referral outcomes that are unrelated to provider performance.

Addressing these challenges requires continued provider outreach, training, system integration, and investment in service capacity—particularly in high-need areas such as housing, behavioral health, and financial stabilization.

FY 2026

Top ten searches;

1. Food Pantry
2. HIV testing
3. Food
4. Rent
5. Help pay for housing
6. Housing
7. Help pay for utilities
8. Emergency Food
9. STD testing
10. Help find housing

Most critical gaps in services offered on the platform;

LinkU analytics, provider feedback, and community usage trends reveal persistent gaps in the following areas:

- Affordable housing and long-term housing placements
- Real-time shelter availability for families and single adults
- Behavioral health services, especially Medicaid-accepting and culturally specific providers
- Employment and vocational support for returning citizens
- Immediate financial assistance (rent, utilities, transportation)
- Youth-specific services, including housing and mental health supports

These gaps reflect broader capacity challenges across the District—not deficiencies within the LinkU platform itself.

Number of successful closed loop referrals and unsuccessful closed loop referrals; and

- Total Referrals: 685
- Referrals with Responses: 284
- Successful closed loop referrals: 430
- Seekers that Got Help: 309

Description of challenges for closed loop referrals.

While LinkU provides the technical infrastructure to support closed-loop referrals, several system-level challenges limit the consistent completion of referrals across the platform.

- **Provider Participation and Enrollment:**

A significant challenge is that not all community-based organizations have claimed their program listings or enabled referral functionality. Without provider participation, referrals cannot be acknowledged, accepted, or closed in the system.

- **Limited Organizational Capacity:**

Many service providers operate with limited staffing and resources, making it difficult to monitor and respond to referrals in real time. As a result, referrals may go unacknowledged or remain open even when services are unavailable.

- **Service Availability Constraints:**

High-demand services—particularly housing, behavioral health, food assistance, and financial support—often have waitlists or limited capacity. Referrals may be declined or closed unsuccessfully due to lack of openings rather than system failure.

- **Non-Standardized Workflows:**

Organizations vary widely in how they manage referrals. Some rely on internal databases, email, or phone-based processes and have not fully integrated LinkU into their existing workflows, reducing closed-loop completion rates.

- **Training and Adoption Gaps:**

Ongoing training is needed for case managers, navigators, and providers to consistently use referral tools, document outcomes, and close referrals properly within the platform.

- **Client-Level Barriers:**

Clients may disengage due to changing circumstances, transportation issues, eligibility barriers, or competing priorities, resulting in unsuccessful referral outcomes that are unrelated to the provider's performance.

Addressing these challenges requires continued provider outreach, training, system integration, and investment in service capacity—particularly in high-need areas such as housing, behavioral health, and financial stabilization.

Q97: Please provide the link to any dashboards developed or updated in FY 2025 or 2026, to date, for integrating EMS and trauma data with other health records. Please include how often these dashboards are updated.

Response:

DC Health uses a combination of public-facing and internal dashboards that incorporate Emergency Medical Services (EMS) data to support injury surveillance, environmental health monitoring, and EMS operations. Public-facing EMS dashboards include overdose and environmental exposure events and are designed to inform prevention, preparedness, and public awareness efforts. Our internal dashboard is shared with hospital partners to improve patient movement from ambulances into the hospital system. The following table contains each dashboard:

Dashboard	Program / Owner	Description	Update Frequency	Link
Post-Crash Care Dashboard	DC Health – EMS Program	Internal Tableau dashboard under development to explore linkage of EMS, MPD crash records, and trauma registry data.	Not yet updated	Internal (under development)
LiveLong DC–Opioid Overdose Dashboard	DC Health – EMS Program	Public Facing - Provides EMS opioid overdose response trends to support overdose surveillance and prevention activities.	Monthly	Public link: LiveLong DC
Heat-Related Response Dashboard	DC Health – EMS Program	Public Facing - Tracks heat-related EMS responses by date, demographics, and location.	Weekly during heat season (May–September), with the ability to increase update frequency during periods of extreme heat or elevated EMS response volume.	Public link: https://dchealth.dc.gov/page/heat-related-responses-emergency-medical-services-ems
Cold-Related EMS	DC Health –	Public Facing - Tracks cold-related EMS	Weekly during cold season (November–	Pending publication, awaiting public link.

Responses Dashboard	EMS Program	responses by date, demographics, and location.	February), with the ability to increase update frequency during periods of extreme cold or elevated EMS response volume.	
APOT Dashboard	DC Health – EMS Program	Shared across DC Health and hospital ER partners. This dashboard tracks Ambulance Patient Offload Times (APOT). Targets set across the system for throughput improvements and improvements in patient care.	Weekly	Automated email distribution.

DC Health has developed a prototype Post-Crash Care Dashboard and continues to refine it as part of our broader effort to integrate EMS and trauma data. The EMS program is currently focused on validating data in the dashboard and advancing the integration of Post-Crash Care data with the District's public health surveillance platform, Biospatial, which is currently in use. At this time, the Post-Crash Care Dashboard remains an internal product due to limitations in existing data connections and relies on manual data feeds which are still being validated before exploring automation. Further integration of trauma data with EMS data has been delayed as DC Health and the District's trauma centers continue prioritizing updates to their data systems to meet new American College of Surgeons requirements, which impacts the availability and validity of trauma data. In addition, specific data transfer integrations that would move the prototype Post-Crash Care Dashboard forward requires technical expertise beyond current staffing capacity.

As part of the initiative to move the Post-Crash Care Dashboard forward, DC Health intended to use Highway Safety Office (HSO) grant funding to support this work; however, the grant amount awarded was insufficient to fully implement and sustain the project. As a result, DC Health prioritized internal analytics and surveillance improvements while maintaining data quality. DC Health remains committed to enhancing data availability through the Post-Crash Care Dashboard.

Q98: In the FY 2024 performance oversight responses, DC Health reported that the 2024 Trauma Registry Report would be published by the end of calendar year 2025. Please provide a link to the updated Report, if available, or an updated timeline for publication.

a. Describe DC Health’s efforts to support coordination of the trauma system in the District.

Response:

During FY 2025, DC Health fully onboarded the new EMS Data Analyst. The new team member has been diligently working to familiarize themselves with the data and data systems, as well as ensuring the validity and reliability of the data to complete the 2024 Trauma Registry Report. Due to the onboarding and data validation processes associated with ensuring accurate data is presented in the report, DC Health is delayed in publishing the report. However, it is anticipated that publishing of the 2024 Trauma report will be completed by the end of the first quarter of calendar year 2026. Upon publication, DC Health will share the link with the Council and post it on DC Health’s website for public review.

DC Health supports the coordination of the District’s trauma system through oversight of the DC Trauma Registry, ongoing collaboration with trauma centers and EMS partners, and data-driven initiatives aimed at improving system performance and equity. Through the Office of Emergency Preparedness and Response (OEPR) and the EMS Program, DC Health works with the District’s four (4) Level I trauma centers to ensure standardized data reporting, monitoring injury trends and disparities, and to assist in informing trauma system planning and quality improvement. DC Health has also reestablished regular quarterly coordination meetings with the designated trauma centers to support shared planning, communication, and continuous system improvement.

DC Health collaborates closely with DC Fire and EMS, hospital leadership, and regional partners to support the effective prehospital triage, care, and transport of patients, as well as collaboration with trauma centers. Trauma Registry findings inform these efforts, including system-level improvements related to emergency department throughput, injury severity monitoring, and alignment of field operations with hospital capacity. Notably, DC Health has approved protocols for DC Fire and EMS related to the delivery of whole blood. Over the fifteen (15) month (April 10, 2024, through July 6, 2025) pilot project period, DC Fire and EMS administered whole blood products to 313 patients.

Q99: Please provide the following data based on the Trauma Registry for 2023, 2024, and 2025, disaggregated by race/ethnicity, gender, and zip code:

- a. Total number of firearm-related injuries; and**
- b. Total number of traffic injuries, broken down by driver, bike, pedestrian.**

Response:

The tables below present finalized Trauma Registry data for calendar years 2022, 2023, and 2024. With Trauma Registry data there is data lag time and validation processes that both the District's Trauma Centers and DC Health collaboratively work through to ensure data reliability and validity. The 2025 data requested as part of this question will not be ready for publication until it is fully validated with hospital partners. We anticipate the process of validation of this data to be finalized by late 2026. Additionally, the data will be utilized to frame the annual trauma reports published by DC Health.

a. Firearm-related injuries

Annual Count(s)		
2022	2023	2024
880	992	679

By Race/Ethnicity			
Patient Race/Ethnicity	2022	2023	2024
Black or African American	790	890	597
Hispanic or Latino	40	49	58
White	25	23	14
Two or more races	9	12	9
Other Race	14	15	8
Asian	<5	<5	<5
Native Hawaiian or Other Pacific Islander	0	<5	<5

By Sex			
Patient Sex	2022	2023	2024
Male	778	874	583
Female	102	118	96

By Zip Code (injury location)			
Injury Location	2022	2023	2024

20001	86	82	43
20002	84	85	60
20003	15	24	16
20004	0	<5	<5
20005	<5	<5	<5
20006	0	<5	0
20007	<5	<5	0
20008	5	<5	0
20009	24	21	10
20010	34	36	20
20011	38	29	40
20012	<5	5	<5
20015	<5	0	<5
20016	0	<5	0
20017	9	8	8
20018	24	21	11
20019	112	127	106
20020	102	133	90
20024	17	18	13
20032	100	107	65
20036	<5	<5	7
20037	0	<5	0
20057	<5	0	0
20059	0	<5	0
20060	19	26	23
20064	0	<5	0
20373	<5	0	0
20422	0	<5	0
20590	0	<5	0

Note: For patient privacy reasons, counts fewer than five (5) are suppressed and reported as <5.

Note: Only ZIP codes with one or more reported injuries are shown. ZIP codes not included had zero injury events in 2022, 2023, and 2024.

By Zip Code (residence location)			
Residence Location	2022	2023	2024
20001	47	36	30
20002	59	63	38
20003	12	13	19

20004	0	<5	<5
20005	<5	<5	<5
20006	0	<5	<5
20007	<5	0	<5
20008	<5	<5	<5
20009	18	14	11
20010	51	55	41
20011	42	34	39
20012	<5	6	5
20015	<5	<5	<5
20016	0	<5	<5
20017	11	15	9
20019	106	131	106
20020	111	152	80
20018	17	17	17
20022	0	<5	0
20023	0	<5	0
20024	11	19	19
20027	0	<5	0
20032	95	99	52
20033	0	<5	0
20037	5	9	8
20060	11	9	9
20064	0	<5	0
20073	<5	0	<5
20090	0	<5	0
20220	0	<5	0
Null	9	28	0

Note: For patient privacy reasons, counts fewer than five (5) are suppressed and reported as <5.

Note: Only ZIP codes with one or more injured residents are shown. ZIP codes not included had zero injured residents in 2022, 2023, and 2024.

b. Traffic injuries

MVC-Related Injuries			
	2022	2023	2024
MVC – Vehicle Driver or Occupant	886	862	878

MVC – Pedal Cyclist	234	244	172
MVC – Pedestrian	320	423	309

By Race/Ethnicity				
	Patient Race/Ethnicity	2022	2023	2024
MVC - Vehicle Driver or Occupant	Black or African American	556	563	439
	Hispanic or Latino	132	134	208
	White	144	107	203
	2 or more races	12	7	0
	Other Race	29	34	<5
	Asian	13	14	27
	Native Hawaiian or Other Pacific Islander	0	<5	0
	American Indian/Alaska Native	0	<5	0
MVC - Pedal Cyclist	Black or African American	81	89	56
	Hispanic or Latino	32	39	24
	White	104	91	81
	2 or more races	0	<5	0
	Other Race	9	14	10
	Asian	7	8	<5
	Native Hawaiian or Other Pacific Islander	0	<5	<5
	American Indian/Alaska Native	<5	<5	<5
MVC - Pedestrian	Black or African American	191	240	159
	Hispanic or Latino	48	79	75
	White	44	79	45
	2 or more races	<5	<5	<5

	Other Race	26	15	30
	Asian	7	7	0
	Native Hawaiian or Other Pacific Islander	<5	<5	0

By Patient Sex				
	Patient Sex	2022	2023	2024
MVC – Vehicle Driver or Occupant	Male	489	479	515
	Female	397	383	363
MVC – Pedal Cyclist	Male	185	193	134
	Female	49	51	38
MVC – Pedestrian	Male	196	265	206
	Female	124	158	103

By Injury Location (DC-only)				
	Injury Location	2022	2023	2024
MVC - Vehicle Driver or Occupant	20001	32	40	24
	20002	30	38	43
	20003	18	27	15
	20004	15	12	17
	20005	9	9	7
	20006	<5	<5	<5
	20007	<5	7	6
	20008	8	14	10
	20009	<5	8	13
	20010	13	14	8

	20011	17	21	13
	20012	6	6	<5
	20015	0	<5	0
	20016	5	<5	5
	20017	6	7	9
	20018	15	13	14
	20019	66	62	20
	20020	60	49	16
	20024	11	10	<5
	20032	26	40	5
	20036	<5	<5	0
	20037	6	<5	14
	20060	29	12	<5
	20242	0	<5	<5
	20373	<5	<5	0
	20374	<5	<5	0
	20415	0	<5	0
	20520	<5	0	0
	20543	<5	0	0
	20565	0	<5	24
MVC - Pedal Cyclist	20001	24	27	13
	20002	18	24	13
	20003	7	5	8
	20004	10	<5	<5

Department of Health
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Oversight Questions

Health Systems and Preparedness Administration

20005	<5	5	<5
20006	<5	<5	<5
20007	<5	7	<5
20008	6	<5	<5
20009	12	8	12
20010	6	5	5
20011	7	9	<5
20012	<5	<5	<5
20015	<5	<5	0
20016	<5	<5	<5
20017	<5	6	<5
20018	<5	<5	<5
20019	8	6	9
20020	8	10	<5
20024	5	<5	6
20032	<5	<5	6
20036	<5	<5	<5
20037	8	6	<5
20052	0	<5	0
20057	<5	<5	0
20060	6	7	6
20240	<5	0	0
20415	<5	0	0
20422	0	<5	0

MVC - Pedestrian	20565	0	<5	0
	20566	<5	0	0
	20001	37	40	27
	20002	32	42	21
	20003	12	8	6
	20004	0	8	7
	20005	8	7	6
	20006	<5	<5	<5
	20007	0	6	5
	20008	<5	5	<5
	20009	6	19	8
	20010	8	18	17
	20011	13	21	10
	20012	<5	10	<5
	20015	7	0	<5
	20016	<5	<5	5
	20017	<5	<5	<5
	20018	5	15	5
	20019	31	19	30
	20020	13	21	25
	20024	<5	6	<5
	20032	19	15	16
	20036	<5	<5	<5
	20037	<5	7	<5

20052	0	<5	0
20059	0	0	<5
20060	6	7	<5
20064	0	<5	<5
20242	0	<5	0
20373	0	<5	0
20374	0	0	27
20408	0	<5	21
20441	<5	0	6

Note: For patient privacy reasons, counts fewer than five (5) are suppressed and reported as <5.

Note: Only ZIP codes with one or more reported injuries are shown. ZIP codes not included had zero injury events in 2022, 2023, and 2024.

By Residence Location (DC-only)				
	Residence Location	2022	2023	2024
MVC - Vehicle Driver or Occupant	Null	9	17	14
	20001	17	19	17
	20002	27	30	26
	20003	7	9	14
	20005	0	<5	<5
	20007	<5	<5	<5
	20008	<5	<5	6
	20009	6	11	14
	20010	32	25	28
	20011	23	21	20

	20012	6	7	<5
	20013	<5	0	0
	20015	<5	<5	<5
	20016	0	<5	<5
	20017	5	6	10
	20018	9	5	10
	20019	57	52	38
	20020	53	48	42
	20024	8	7	9
	20027	<5	0	0
	20032	32	37	29
	20036	<5	0	<5
	20037	<5	<5	5
	20060	<5	<5	<5
	20242	0	<5	0
	20270	0	<5	0
MVC - Pedal Cyclist	Null	<5	5	0
	20001	18	18	10
	20002	14	16	17
	20003	5	6	<5
	20005	<5	<5	5
	20007	<5	<5	<5
	20008	<5	<5	<5
	20009	14	14	10

	20010	10	6	12
	20011	8	16	9
	20012	<5	<5	<5
	20015	<5	0	<5
	20016	5	<5	0
	20017	0	5	<5
	20018	<5	<5	<5
	20019	6	8	9
	20020	8	12	5
	20023	<5	0	0
	20024	5	<5	<5
	20032	7	<5	5
	20036	0	<5	<5
	20037	5	<5	<5
	20060	<5	<5	0
	20090	0	<5	0
MVC - Pedestrian	Null	7	18	12
	20001	15	16	12
	20002	21	34	11
	20003	5	8	7
	20004	<5	0	0
	20005	<5	<5	<5
	20006	<5	0	0
	20007	0	<5	<5

20008	<5	<5	<5
20009	<5	15	15
20010	17	23	17
20011	16	27	14
20012	<5	6	<5
20015	<5	0	<5
20016	<5	<5	<5
20017	6	<5	6
20018	5	10	7
20019	33	19	26
20020	25	30	18
20021	0	<5	0
20024	<5	5	5
20032	11	16	18
20036	0	<5	<5
20037	<5	9	<5
20040	<5	0	0
20052	0	<5	0
20060	<5	7	<5
20242	0	<5	0

Note: For patient privacy reasons, counts fewer than five (5) are suppressed and reported as <5.

Note: Only ZIP codes with one or more injured residents are shown. ZIP codes not included had zero injured residents in 2022, 2023, and 2024.

Q100: Please provide a list of all real-world events and tabletop exercises HSPA engaged in during FY 2025 and FY 2026, to date. Please describe the goal, action, and outcome of each activity.

Response:

Events and Exercises	Date	Goal	Action	Outcome
District Civil Unrest Tabletop Exercise	October 31, 2024	The purpose of this exercise was to strengthen preparedness, enhance communication and coordination, improve response capabilities, and review and revise safety plans.	DC Health was responsible for identifying health resources and personnel who would be available to assist with potential injuries, discussing how hospitals would prepare for an influx of patients, addressing protocols in place to address public health concerns related to large gatherings, and discussing recovery efforts.	DC Health identified plans and actions that would be taken in the event of large-scale civil unrest within the District.
Election Day 2025	November 5, 2024	The primary operational focus of DC Health was to provide a District-wide common operating picture through emergency liaison officers (ELOs) at the District's Emergency Operations Center (EOC) and the Joint Information Center (JIC), with in-person coordination taking place within the Health Emergency Coordination Center (HECC).	DC Health not only deployed ELOs and maintained in-person coordination within the HECC but also ensured situational awareness of the healthcare system's capacity in the event of an unplanned incident resulting in a surge.	DC Health maintained situational awareness of the healthcare system throughout the event.
District Winter Weather TTX	November 12, 2024	The purpose of this exercise was to strengthen preparedness, enhance communication and	DC Health reviewed plans for health risk communications, Incident Management Team (IMT) capabilities, support	DC Health identified plans and actions that would be taken should an extreme winter weather

		coordination, improve response capabilities, and review and revise safety plans.	to sheltering, and health system capability tracking.	event occur within the District.
Ward 7 Boil Water Advisory	December 3, 2024	The primary goals included identifying and supporting healthcare facilities impacted by a large-scale boil water advisory.	Collaborated with the healthcare facilities team to provide outreach to all facilities in the footprint to assess capabilities and outstanding needs. In addition, a Health and Medical Coalition (HMC) call was facilitated during this event to promote information sharing.	DC Health successfully utilized components of the information-sharing plan to provide messaging to impacted healthcare facilities.
BioWatch Functional Exercise	December 16, 2024	DC Health participated in a cross-jurisdictional exercise with federal partners simulating an activation of a BioWatch Detector.	DC Health engaged with regional BioWatch partners to receive notification of an event and explore the pathways for operational notification in alignment with DC Health plans. During this exercise, pathways for additional improvements were identified	DC Health identified areas for improvement that would allow for enhanced information sharing during an actionable BioWatch alert.
DC PIC Leadership Tabletop Exercise	December 17, 2024	The purpose of this exercise was to strengthen preparedness, enhance communication and coordination, improve response capabilities, and review and revise safety plans for the 60th Presidential Inauguration.	DC Health was responsible for identifying health resources, medical aid stations, personnel, and volunteers who would be available to assist with planned and unplanned events, discussing how hospitals would prepare for a potential influx of patients, addressing protocols in place to address public health	DC Health identified plans, assets, and communication pathways to support a successful presidential inauguration.

			concerns, and discussing recovery efforts.	
Consequence Management TTX, 2025 Counting and Certification of the Electoral Vote and Presidential Inauguration	December 20, 2024	The purpose of this exercise was to strengthen preparedness, enhance communication and coordination, improve response capabilities, and review and revise safety plans for the 60th Presidential Inauguration and the Certification of the Electoral Vote.	DC Health was responsible for identifying health resources, medical aid stations, personnel, and volunteers who would be available to assist with planned and unplanned events, discussing how hospitals would prepare for a potential influx of patients, addressing protocols in place to address public health concerns, and discussing recovery efforts.	DC Health identified plans and communication pathways to support a successful presidential inauguration and certification of the electoral vote.
Counting and Certification of the Electoral Vote	January 6, 2025	The primary operational focus of DC Health was to provide a District-wide common operating picture by means of emergency liaison officers (ELOs) at the District's Emergency Operations Center (EOC) and the Joint Information Center (JIC), and with in-person coordination taking place within the Health Emergency Coordination Center (HECC).	DC Health not only deployed ELOs and maintained in-person coordination in the HECC but also maintained situational awareness of the healthcare system's capacity should an unplanned incident resulting in a surge occur.	DC Health maintained situational awareness of the healthcare system throughout the event.

State Funeral for President Jimmy Carter	January 7-9, 2025	The primary operational focus of DC Health was to provide a District-wide common operating picture by means of emergency liaison officers (ELOs) at the District's Emergency Operations Center (EOC), and the Joint Information Center (JIC), as well as overnight support at the DC Fusion Center, and with in-person coordination taking place within the Health Emergency Coordination Center (HECC).	DC Health not only deployed ELOs and maintained in-person coordination within the HECC but also ensured situational awareness of the healthcare system's capacity in the event of an unplanned incident resulting in a surge.	DC Health maintained situational awareness of the healthcare system throughout the event.
District Inauguration ROC Drill	January 15, 2025	The primary goal of this functional exercise was to bring District executive and senior leaders together with federal partners to prepare for, respond to, and recover from incidents that may have impacted the 2025 Inauguration ceremonies	DC Health participated in months of planning efforts and exercises to prepare for the 60th Presidential Inauguration. DC Health quickly pivoted operations when the decision was made to cancel all outdoor events associated with the inauguration. DC Health identified alternate medical aid stations and coordinated efforts with HHS and the Secret Service to approve and operationalize the new locations. In addition, DC Health deployed Medical Reserve Corps (MRC) volunteers to the	DC Health identified areas of strength and improvement through engaging with federal and District partners to explore potential impacts of the presidential inauguration.

			inaugural balls to support patient tracking efforts. Finally, DC Health deployed and recovered assets that were used at medical aid stations throughout the District.	
60th Presidential Inauguration	January 18-21, 2025	The primary goals of DC Health included supporting HHS in the establishment of medical aid stations, providing food and animal inspections, and maintaining situational awareness of the healthcare system through in-person coordination in the HECC and the deployment of ELOs	DC Health participated in months of planning efforts and exercises to prepare for the 60th Presidential Inauguration. DC Health quickly pivoted operations when the decision was made to cancel all outdoor events associated with the inauguration. DC Health identified alternate medical aid stations and coordinated efforts with HHS and the Secret Service to approve and operationalize the new locations. In addition, DC Health deployed Medical Reserve Corps (MRC) volunteers to the inaugural balls to support patient tracking efforts. Finally, DC Health deployed and recovered assets that were used at medical aid stations throughout the District.	DC Health successfully executed operational objectives through the event and maintained situational awareness of the healthcare system.

Potomac Mid-Air Collision	January 29-31, 2025	The primary goal was to notify the healthcare system of a mass casualty event, collect system capacity information, and convey updates to the Health and Medical Coalition (HMC). Secondary goals included asset deployment and recovery, behavioral health support to the District and first responders, and support to OCME.	DC Health activated the Health Emergency Command Center (HECC), sent a notification to the healthcare system, and collected hospital bed capacity and blood products on hand by 10:00 pm. DC Health deployed tents to the crash site to support recovery efforts. Upon notification that the incident would be recovery only, rather than rescue, DC Health notified the healthcare system that hospital command centers could "turn off," and no patient surge was expected. DC Health collaborated with the hospitals to develop messaging for families contacting the facilities. In addition, DC Health collaborated with DBH to schedule and advertise mental health support services to the community and first responders immediately after the incident and through the following week.	DC Health successfully activated the HECC and supported coordination across multiple government agencies within the District.
Joint Address to Congress	March 4, 2025	The primary operational focus of DC Health was to provide a District-wide common operating picture by means of emergency liaison officers (ELOs) at the	DC Health not only deployed ELOs and maintained in-person coordination in the HECC but also maintained situational awareness of the healthcare system's capacity should an	DC Health maintained situational awareness of the healthcare system throughout the event.

		District's Emergency Operations Center (EOC), with in-person coordination taking place within the Health Emergency Coordination Center (HECC).	unplanned incident resulting in a surge occur.	
Emergency Preparedness Council	Spring 2025	The purpose of this monthly meeting was to participate in an ongoing exercise centered around a forest fire at Rock Creek Park.	DC Health was an active participant, engaging in conversations regarding the state of the healthcare system and the support it would be able to provide during this type of event.	DC Health identified plans and actions to take should this event occur, and assessed the impacts it would have on the healthcare system regarding patient surge.
Medical Response Surge Exercise	April 4, 2025	The primary goal was to effectively simulate a real-world incident that resulted in a 350-patient surge in the District. Additionally, a goal of this exercise was to test a wide variety of plans across the Health and Medical Coalition (HMC) membership, including healthcare facilities and other District government agencies.	On April 4, DC Health simulated a mass casualty event occurring at World Pride. During this exercise, 16 different organizations participated, including healthcare trade associations, hospitals, skilled nursing facilities, and District government agencies.	DC Health identified areas of strength and areas of improvement to be addressed in future plans and exercises. Overall, participant feedback was strong, and participants generally thought the exercise was well thought out. Feedback specifically mentioned accurate patient transport times from the scene of the incident to the healthcare facility.
World Pride Table Top Exercise	April 10, 2025	The purpose of this exercise was to strengthen preparedness, enhance communication and coordination,	DC Health was responsible for identifying health resources and personnel who would be available to assist with potential injuries	DC Health identified plans and actions that would be taken during Pride, including planned

		improve response capabilities, and review and revise safety plans.	should a patient surge occur. This included discussing how hospitals would prepare for an influx of patients in the event of a surge, addressing protocols in place to address public health concerns related to large gatherings, and coordinating recovery efforts.	and potential unplanned events.
United Medical Center Closure	April 1-15, 2025	Safely and successfully implement the United Medical Center (UMC) closure plan, including hospital capacity decompression and EMS diversion.	DC Health facilitated daily calls with UMC to ensure patient decompression was occurring at a rate that aligned with the closure timeline. In addition, DC Health created the EMS diversion rotation schedule based on patient type and receiving hospital capability and effectively communicated the diversion schedules across all receiving hospitals.	On April 15, UMC successfully closed. Patient decompression was a smooth process, and hospitals throughout the district were able to safely accept patients that would have typically been transported to UMC.
Cedar Hill Regional Medical Center Opening	April 15, 2025	Safely and successfully coordinated the opening of the Cedar Hill Regional Medical Center.	As part of the closure and opening process of Cedar Hill Regional Medical Center – DC Health coordinated Health and Medical Coalition (HMC) calls to ensure a safe transition of patients and the successful opening of Cedar Hill Regional Medical Center to EMS patients.	On April 15, 2025 Cedar Hill Regional Medical Center successfully opened and was able to receive EMS patients through the coordinated efforts of DC Health and health systems partners.

World Pride	June 6 -7, 2025	The primary operational focus of DC Health is to support a city-wide common operational picture by placing emergency liaison officers (ELOs) at the District's HSEMA command vehicle, Medical Aid Stations, and Event Operations Center, with in-person coordination occurring in the Health Emergency Coordination Center (HECC).	GW MFA operated multiple Medical Aid Stations (MAS) during the event proceedings. Other medical complements included DC Fire and Emergency Medical Services (DC Fire) ALS units, transport teams, and bike teams. DC Health deployed Medical Reserve Corps (MRC) volunteers and ELOs to support patient tracking efforts as well as event spotters throughout the large footprint of the parade. In addition, DC Health also maintained situational awareness of the healthcare system's capacity should an unplanned incident occurred resulting in a patient surge.	DC Health maintained situational awareness of the healthcare system throughout the event, through capacity monitoring systems and the deployment of the MRC and ELOs.
Communication Drill	June 13, 2025	The primary goal of this exercise was to test all communication channels that would be utilized during the Army 250 Parade.	DC Health participated in the drill by testing coordination channels.	Coordination channels were functional during the exercise and maintained functionality during the event.
Army 250	June 14, 2025	The primary operational focus of DC Health was to provide a District-wide common operating picture by means of emergency liaison officers (ELOs) at the District's Emergency Operations Center (EOC), with in-person coordination taking place within	DC Health not only deployed ELOs and maintained in-person coordination in the HECC but also maintained situational awareness of the healthcare system's capacity should an unplanned incident resulting in a surge occur.	DC Health maintained situational awareness of the healthcare system throughout the event.

		the Health Emergency Coordination Center (HECC).		
Heat Plan Table Top Exercise	June 16, 2025	The primary goal was to discuss the operationalization of the District Heat Plan with key partners. The exercise included evaluating warning thresholds and resource activations throughout the District.	DC Health identified a threshold for notifications to healthcare facilities. In addition, DC Health discussed the heat-related illness dashboard.	DC Health successfully identified components of plans that would be activated should a prolonged extreme heat event occur in the District.
Tranquil Passport Full Scale	June 24 - 25, 2025	The primary goal was to facilitate the safe repatriation of a patient who is confirmed to need treatment at one of the two district hospitals capable of treating highly infectious diseases.	The DC Health Duty Officer participated in the exercise to support communications between federal and District partners and the hospitals impacted by receiving a patient.	DC Health successfully identified components of plans that would be activated should a patient presenting with a highly infectious disease need to be treated within the District's healthcare system. Additionally, DC Health continued to foster strong working relationships with our healthcare system partners.
Deanwood Rehabilitation Center Critical Infrastructure Failure	June 25, 2025	On June 25, DC Health was notified that Dean Wood Rehabilitation Center was experiencing a critical infrastructure failure of the HVAC system resulting in increasing interior temperatures within the building. DC	DC Health maintained regular communication with the facility and PEPCO. In addition, DC Health deployed spot coolers to the facility to support temperature maintenance in patient care areas.	DC Health was successful in supporting the facility during this event and recovered deployed assets. The facility expressed gratitude for DC Health's support

		Health's goal was to provide support through additional communication with PEPCO and through the deployment of assets to ensure patient safety and compliance.	Finally, DC Health facilitated discussions related to horizontal evacuation within the facility.	during the critical infrastructure failure.
Independence Day	July 4, 2025	The primary operational focus of DC Health was to provide a District-wide common operating picture by means of emergency liaison officers (ELOs) at the District's Emergency Operations Center (EOC), with in-person coordination taking place within the Health Emergency Coordination Center (HECC).	DC Health not only deployed ELOs and maintained in-person coordination in the HECC but also maintained situational awareness of the healthcare system's capacity should an unplanned incident resulting in a patient surge occur.	DC Health maintained situational awareness of the healthcare system throughout the event.
Emergency Preparedness Council	Fall 2025	The purpose of this monthly meeting was to participate in an ongoing exercise centered around an earthquake in Southern Maryland.	DC Health was an active participant, engaging in conversations about the state of the healthcare system and the support it would provide during such events.	DC Health identified plans and actions to take in the event of this occurrence and assessed the impacts it would have on the healthcare system, including patient surge and potential critical infrastructure failure.

DC WIC Emergency Preparedness Training	August 28, 2025	The purpose of this tabletop exercise was to evaluate and enhance the DC Health WIC program's capacity to maintain essential services during and immediately after a major natural disaster. The goal of the exercise was to validate the WIC program's continuity plans, policies, and procedures for disaster events.	During this exercise, we assessed WIC's ability to communicate with staff and participants during a widespread natural disaster and identified how WIC services can be maintained or modified to meet the needs of displaced or sheltering families. In this exercise, DC Health also explored how WIC can support staff safety, accountability, and mental wellness during a disaster and identified coordination points with DC Health, local agencies (hospitals, FQHCs), and other partners (schools, daycare, etc.).	As a result of this exercise, both the WIC program and clinic staff successfully modeled their ability to prepare for, respond to, and recover from a major natural disaster and identified strengths and immediate areas for improvement in their continuity plans for ensuring the successful continuity of operations of their program and clinic.
HSEMA Functional Exercise	September 17, 2025	The primary goal of this exercise was to test the ability to successfully escalate from a Level 4 (Watch) to a Level 1 (full operation), in accordance with plans, policies, and procedures.	DC Health deployed an ELO to the exercise to maintain situational awareness and facilitate information sharing between the EOC and the healthcare system.	DC Health successfully simulated ELO responsibilities during an activation of the EOC.
50th Marine Corps Marathon	October 26, 2025	The primary operational focus of DC Health was to provide a District-wide common operating picture by means of deploying a command vehicle to support in-person coordination of DC Health IMT.	Deployed DC Health command vehicle to the race course and maintained situational awareness of the healthcare system's capacity should an unplanned incident resulting in a patient surge occur.	DC Health maintained situational awareness of the healthcare system throughout the event.

Hurricane/ Extreme Weather Table Top Exercise	November 5, 2025	The purpose of this exercise was to strengthen preparedness, enhance communication and coordination, improve response capabilities, and review and revise safety plans.	DC Health reviewed plans for health risk communications, Incident Management Team (IMT) capabilities, support to sheltering, and health system capability tracking.	DC Health identified plans and actions that would be taken should an extreme weather event occur within the District.
MedStar- Children's - DC Health Special Pathogen Table Top Exercise	December 10, 2025	The primary goal of this exercise was to discuss the identification, transport, and treatment of a patient with a highly infectious disease.	DC Health shared epidemiological plans with exercise participants and outlined procedures and communication pathways that would be followed in the event of such an incident. Additionally, this exercise included an extra layer of communication with the State Department and surrounding jurisdictions.	DC Health identified areas of strength and areas of improvement to be addressed in future plans and exercises.
NCR Burn Exercise	January 9, 2026	The goal of this exercise was to discuss the impact on the healthcare system and how the region would respond to an incident that resulted in a surge of burn patients	DC Health discussed notification and information-sharing pathways that would support load balancing the system during critical points throughout the incident. DC Health also discussed hospital decompression to support an influx of patients to the District.	DC Health identified areas of strength and areas of improvement to be addressed in future plans and exercises.
Everbridge Drills	Ongoing	DC Health conducts periodic tests of the Everbridge emergency alert system to ensure up-to-date contacts and	DC Health conducted multiple Everbridge drills during FY24 with the Health and Medical Coalition (HMC).	Drill results allowed coordinators the opportunity to review and update contact lists. The DC HMC saw

		effective system communication.		consistent alert responses across all drills.

Q101: Please provide the amount of federal money the District received in FY2025 and FY2026, to date, for public health preparedness activities, including a brief description of how HSPA has used each funding stream and risk levels for any potential future losses or reductions.

Response:

Grant	FY25	FY26, to date	Program Description and Risk Level
Hospital Preparedness Program (HPP)	\$1,841,190.00	\$1,263,516.00	The Hospital Preparedness Program (HPP) is for states, territories, and eligible metropolitan areas to improve the capacity of the healthcare system to plan for and respond to large-scale emergencies and disasters. In addition, the grant supports the development and sustainment of regional healthcare coalitions for healthcare preparedness and response through training and exercises and other preparedness and response activities. The grant builds and sustains the following capabilities and activities necessary for the healthcare systems to respond to large-scale emergencies and disasters: • Foundation for Health Care and Medical Readiness • Health Care and Medical Response Coordination • Continuity of Health Care Service Delivery • Medical Surge 2025: The Hospital Preparedness Program (HPP) is for states, territories, and eligible metropolitan areas to improve the capacity of the healthcare system to plan for and respond to large-scale emergencies and disasters. The grant supported the development and sustainment of regional healthcare coalitions for healthcare preparedness and response through training and exercises and other preparedness and response activities. The grant built and sustained the following capabilities and activities necessary for the healthcare systems to respond to large-scale emergencies and disasters:

			• Foundation for Health Care and Medical Readiness • Health Care and Medical Response Coordination • Continuity of Health Care Service Delivery • Medical Surge Risk Level: High - There is a concern that the HPP grant may be terminated early in its five-year grant cycle, at the end of the next budget period, June 30, 2026. This grant is essential to our healthcare system's emergency response function. If discontinued, it will create a funding shortfall for six (6) FTEs. These team members support essential work across the District to engage healthcare systems in readiness and response activities. The funding also supports the development and execution of exercises that rigorously test the District's healthcare system's emergency plans and response procedures. This includes the key performance requirements for hospital preparedness activities outlined by the US Department of Health and Human Services. Without these resources, the District's ability to meet federal preparedness recommendations and maintain healthcare system resilience during emergencies may be severely compromised.
Public Health Emergency Program (PHEP)	\$6,550,546.00	\$6,550,546.00	The Public Health Emergency Preparedness (PHEP) Program enhances emergency 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). The grant builds and sustains the following capabilities and activities necessary for public health emergency preparedness and response: 1. Community Preparedness 2. Community Recovery 3. Emergency Operations Coordination 4. Emergency Public Information and Warning 5. Fatality Management 6. Information Sharing 7. Mass Care

		8. Medical Countermeasure Dispensing and Administration 9. Medical Materiel Management and Distribution 10. Medical Surge 11. Nonpharmaceutical Interventions 12. Public Health Laboratory Testing 13. Public Health Surveillance and Epidemiological Investigation 14. Responder Safety and Health 15. Volunteer Management 2025: PHEP funding has improved health equity efforts across the District by investing in programs and staff within HSPA’s Office of Emergency Preparedness and Resilience (OEPR) for years that resulted in the rapid escalation and effective management of public health emergency response actions during activations including delivery of testing, exercises, presentations, vaccines, public information and other outreach efforts across the jurisdiction. Specifically, PHEP funded large-scale biological incident exercises; heat resiliency plan development; Continuity of Operations Plan (COOP) planning efforts; and Receipt, Store, Stage (RSS) Warehouse inventory management, including the implementation of the BarCloud inventory management system. In addition, PHEP funding supported various exercises, drills, and simulated activations of our Strategic National Stockpile (SNS) Point of Dispensing (POD) plan as well as a series of exercises culminating in a POD activation drill. The District’s PHEP funding has been utilized to sustain critical public health emergency preparedness and response capable staff who are critical to DC Health’s vision of being the healthiest city in America. These key public health emergency preparedness and response staff have established and maintained relationships with community-based organizations (CBOs), other District government agencies such as the Department of Forensic Science’s (DFS) Public Health Lab (PHL), and DC Fire and EMS (DC FEMS). Through these partnerships, the OEPR team has pre-identified locations within the District where public health disparities exist and has

		actively worked with governmental and non-governmental partners to advance public health capabilities in these areas. Specifically, these investments in planning, response, and resilience efforts are designed to support the District's healthcare systems, the entire community, and public health resilience across the District. Risk Level: Moderate – In the last funding cycle, the District was initially informed that this grant would be reduced by 30%; however, the grant has been restored to its original funding levels for this award period. In recent discussions with federal partners, there has been an increasing trend recommending that funding to support emergency response and preparedness activities be shifted from federal to local funding. A key example of this is the federal government's divestment of assets associated with the Strategic National Stockpile's federal medical stations and other personal protective equipment. While there has been no change communicated about this particular grant yet, the grant-funded work could be threatened if the current thoughts and potential plans of moving to local responsibility are employed by the federal government with regard to this grant program and the associated activities.

Medical Reserve Corps (MRC STTRONG)*	\$1,500,000.00	\$0* No-cost extension through May 31, 2026	The MRC STTRONG grant is a newly acquired grant awarded to DC Health to support the two-year project to improve the capacity and capability of the District of Columbia's Medical Reserve Corps (DC MRC) program. The goal of this project is to create a cadre of trained DC MRC volunteers and District staff to support the delivery of lay-responder medical training to community members, such as Stop the Bleed, CPR/AED, and Naloxone training, thereby improving and promoting community resilience among District residents. The District of Columbia's MRC program is designed to augment DC Health emergency response needs. The MRC STTRONG grant work plan includes activities to improve plans and conduct training. The key objectives are: • To have a robust medically oriented number of DC MRC volunteers. • Update and create plans and job aids based on defined response roles. • Create training materials to include training videos and provide training for all DC MRC roles. • Partner with Serve DC to provide needed medically oriented train-the-trainer training and services within the community. • DC MRC and District government staff will provide life-safety training to underserved populations. • Pilot a Stop the Bleed program implementation across the District in public buildings in all eight Wards. 2025: DC Health continuously supports the two-year project to improve the capacity and capability of the District of Columbia's Medical Reserve Corps (DC MRC) program. The goal is to create a cadre of trained DC MRC volunteers and District staff to support the delivery of lay-responder medical trainings for community members, such as Stop the Bleed, CPR/AED, and Naloxone training, thereby improving and promoting community resilience among district residents. The

			District of Columbia's MRC program is designed to augment DC Health emergency response needs. The MRC STTRONG grant workplan includes activities to improve plans and conduct training. The key objectives are: • To have a robust medically oriented number of DC MRC volunteers. • Update and create plans and job aids based on defined response roles. • Create training materials to include training videos and provide training for all DC MRC roles. • Partner with Serve DC to provide medically oriented train-the-trainer trainings and services within the community. Risk Level: High – The MRCSTTRONG grant is completing its no-cost extension period on May 31, 2026. It supports three (3) FTEs and several contracts for MRC activities. Funding for the FTEs has been determined through the PHEP grant.
Public Health Crisis Response Cooperative Agreement: H5N1	\$1,339,555.00	\$0* No-cost extension through January 16, 2027	The Health System and Preparedness Administration (HSPA) supports the execution of DC Health's mission to promote and build a disaster-resilient District that empowers and protects residents and visitors by coordinating public health/healthcare preparedness, response, and recovery activities. This grant focuses on emergency funds to surge its capabilities when a crisis strikes. In this case, the grant focuses on the H5N1 Crisis Response. This emergency funding enables DC Health, in coordination with key Emergency Support Function (ESF) #8 partners, to enhance the District's overall ability to prepare for, respond to, and recover from public health and healthcare emergencies/ incidents. With current hazard vulnerability analysis (HVA) priorities in mind, DC Health has identified specific focus areas to improve readiness for public health emergency preparedness investments in personnel, training, and community partnerships, to overcome potential hindrances to executing ESF#8 responsibilities in the response. The key objectives for this project are:

			• Strengthen incident management for early crisis response • Strengthen community resilience • Strengthen information management • Strengthen countermeasures and mitigation • Strengthen bio surveillance • Strengthen surge management The expected outcome is: • To enhance DC Health's overall PHEP program. The application demonstrates alignment of six domain strategies and includes many outcomes/outputs - some requiring synchronization with this department's HPP program - and further alignment of two of the DC Health Director's five strategic priorities: Strengthen Public-Private Partnerships and Implement Data Driven and Outcome-Oriented Approaches to Program and Policy Development. Risk Level: Moderate – The H5N1 grant is on a no-cost extension ending January 16, 2027. It is a one-time competitive grant awarded for respiratory preparedness. Funding is being used to purchase essential supplies, equipment, and critical services across the agency. No personnel are funded by this grant.

Q102: Please provide information on the number of ambulance inspections, certifications and corrective actions issued by HSPA during FY 2025 and FY 2026, to date.

Response:

DC Health's EMS Program regulates and inspects all emergency medical service (EMS) vehicles in the District of Columbia, including ambulances, helicopters, fire engines, watercraft, and other emergency response vehicles. In FY25, DC Health's EMS Program conducted 445 EMS vehicle inspections; 305 of those vehicles were ambulances, and the remaining 140 were rotary-wing helicopters, fire apparatuses equipped with medical equipment, EMS supervisor vehicles, boats, and other related EMS-response vehicles. These inspection totals comprised initial, renewal, re-inspections, and unannounced compliance inspections. It is essential to note that not all inspections result in the issuance of a certification, as some inspections are unannounced and intended to ensure ongoing compliance with DC Health regulations and policies. While some vehicles were issued notices of deficiency, all deficiencies were resolved upon re-inspection and, therefore, no corrective actions were issued during this period.

Fiscal Period	Regulatory Activity	EMS Vehicle Type			Total
		Ground Transporting Ambulance (Basic Life Support and Advanced Life Support)	Air Ambulance (Helicopter)	Non-Transporting EMS Response Vehicle (i.e., Fire Apparatus, Supervisor Vehicle, Boat, etc.)	
FY25	Inspections	305	7	133	445
	Certifications	226	7	120	353
	Notices of Deficiency	77	0	15	92
FY26 to Date	Inspections	28	0	29	57
	Certifications	21	0	19	40
	Notices of Deficiency	7	0	10	17

Q103: Please provide, by hospital, the average wait times each month for ambulance drop-off in FY 2025 and FY 2026, to date.

Response:

DC Health's EMS Program monitors ambulance patient offload times (APOT), or the interval between an ambulance's arrival at an emergency department and the hospital's assumption of patient care, as a core indicator of emergency care system performance. APOT is evaluated using the 90th percentile rather than the average, as it provides a more accurate picture of emergency department conditions while minimizing the influence of isolated outliers that are not representative of overall operations. Since 2024, DC Health, DC Fire and EMS, the DC Hospital Association, and leadership from each District emergency department have partnered through bi-weekly, data-driven work sessions focused on identifying barriers, testing improvement strategies, and sharing best practices. This collaborative approach is reinforced through weekly performance reports from DC Health to the emergency department and hospital leadership, which include recent APOT results, identification of outliers, and longitudinal trends to assess the impact of operational changes over time.

This sustained, system-wide effort has produced measurable progress. In 2025, the District's aggregate 90th percentile APOT remained under one hour for six consecutive months, from July through December, reflecting meaningful improvement in patient flow and handoff processes across the system. While the formal initiative was launched in October 2024, analysis of data from January 2023 through December 2025 (shown in the figure titled *Ambulance Patient Offload Time by Emergency Department*) demonstrates a clear trajectory of system-level improvements. As we add more years of data to the trend (although not depicted), seasonal patterns emerge as one might expect. Seasonal behaviors and illnesses continue to influence emergency department demand, with higher volumes typically observed during winter months due to respiratory illness and during summer months due to heat-related illness and increased injury rates when people are outside. APOT data may also be influenced by major events, public health emergencies, staffing shortages or callouts, and other operational disruptions that affect emergency department throughput and EMS availability.

APOT data reflects only ambulance transports conducted by DC Health-licensed EMS agencies operating within the District of Columbia. Transports originating from Maryland or Virginia, as well as patients arriving by private vehicle, public transit, walk-in, or other means, are not captured. As a result, APOT represents a relatively small subset of total emergency department arrivals and should be interpreted as a focused measure of EMS-to-hospital transfer efficiency rather than an overall emergency department wait-time metric. However, we believe that it is a valuable tool in understanding overall throughput of patients throughout the hospital in many situations.

APOT performance varies across emergency departments based on patient populations, service mix, and transport volume. Three emergency departments, MedStar Washington Hospital Center's Trauma Service, and the District's two pediatric emergency departments (Children's National Hospital and Cedar Hill Regional Medical Center) consistently demonstrate lower offload times, reflecting their specialized roles and lower ambulance transport volumes. The Washington

Veterans Affairs Medical Center has demonstrated substantial improvement, reducing its 90th percentile APOT from approximately 90 minutes at the end of 2024 to approximately 40 minutes by the end of 2025. The District's six primary adult emergency departments typically experience greater month-to-month variability, with 90th percentile APOTs generally ranging from approximately 45 to 90 minutes. These facilities remain active participants in the bi-weekly collaborative reviews that emphasize shared accountability and system-level improvement.

For context on the tables and figures that follow, Cedar Hill Regional Medical Center began accepting patients on April 15, 2025. For analytic clarity, its offload time data is presented separately for adult and pediatric emergency departments as they have distinct triage pathways and are separate units. United Medical Center was excluded from this analysis due to its closure on April 15, 2025.

DC Health will continue to work collaboratively with system partners to monitor APOT trends, improve data accuracy, increase transparency, and advance coordinated operational changes.

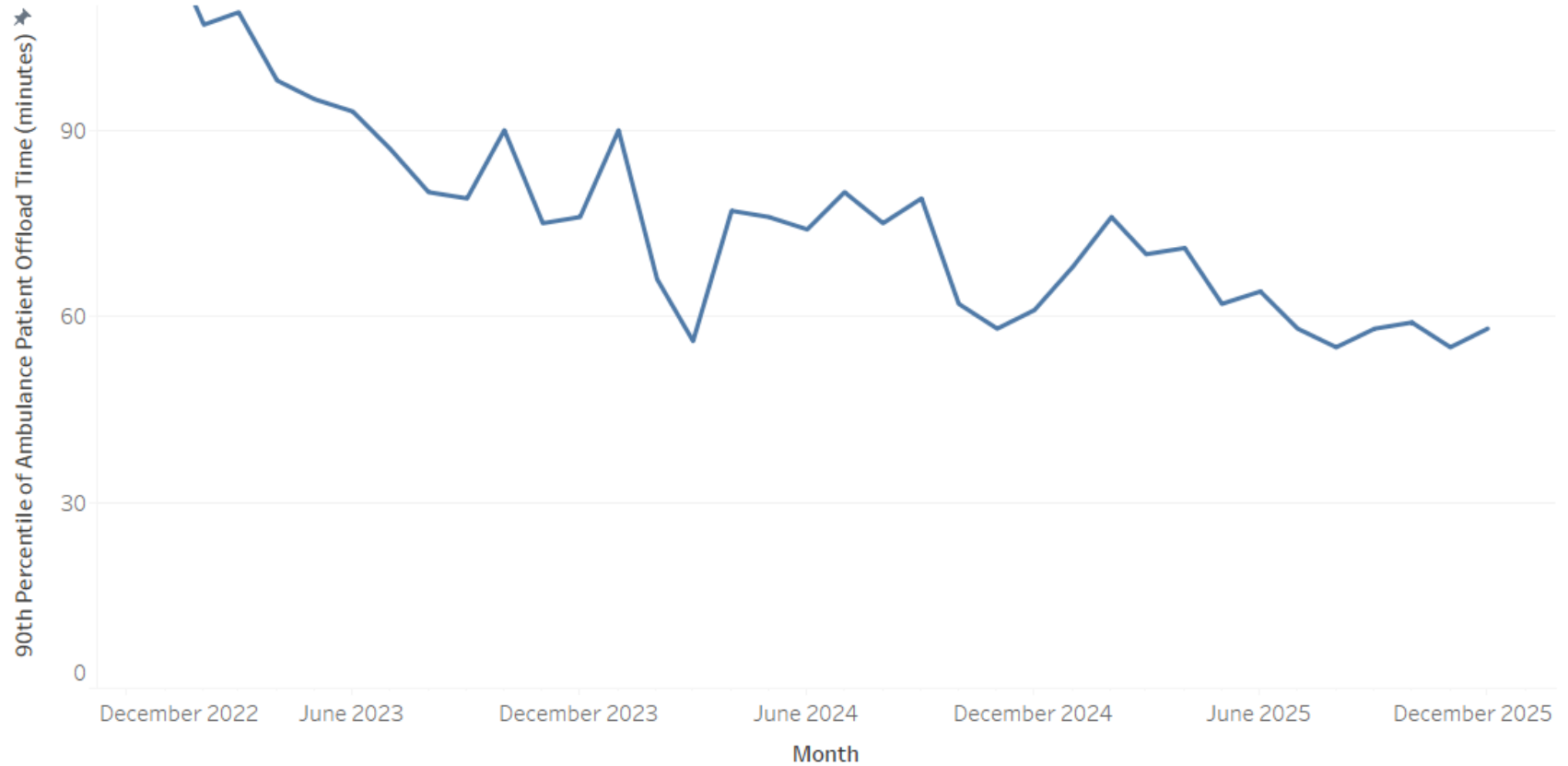
Time format for the table below is hours:minutes:seconds.

*Department of Health
FY25
Oversight Questions
Health Systems and Preparedness Administration*

Facility	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Children's National	0:37:36	0:38:47	0:32:57	0:31:43	0:32:43	0:35:54	0:34:54	0:34:56	0:35:50	0:28:39	0:32:33	0:36:25	0:38:31	0:34:21	0:39:05
Cedar Hill (Pediatric ED)	N/A						0:25:07	0:24:54	0:36:00	0:23:59	0:30:08	0:23:24	0:31:50	0:32:02	0:29:37
Cedar Hill (Adult ED)	N/A						1:10:49	1:07:12	0:54:15	0:59:29	0:52:00	0:49:46	0:53:21	1:05:48	1:16:16
Georgetown University Hospital	1:22:04	1:03:53	1:04:21	1:07:15	1:13:43	1:04:04	1:07:05	1:01:34	1:01:57	1:05:06	0:55:55	0:54:50	0:58:27	0:57:49	1:02:33
GW University Hospital	1:04:00	1:08:17	1:10:56	1:11:50	1:34:49	1:27:33	1:25:00	1:16:00	1:23:21	1:08:46	1:01:01	1:17:05	1:12:38	0:53:35	0:58:17
Howard University Hospital	1:10:19	0:57:46	1:06:47	1:25:24	1:25:42	1:19:34	1:30:43	1:19:27	1:16:18	1:01:37	1:03:21	1:09:47	1:19:27	1:09:41	1:08:21
Sibley Memorial Hospital	1:00:40	0:59:48	1:17:06	1:14:07	1:27:59	1:17:18	1:11:00	0:59:33	0:59:29	0:52:12	0:45:53	0:50:30	0:49:02	0:46:58	0:45:55
Veteran's Affairs Hospital	1:03:47	1:14:14	1:15:50	1:35:27	1:33:02	1:29:20	0:46:12	0:41:54	0:52:58	0:52:00	0:58:57	0:50:19	0:46:56	0:41:18	0:43:24
Washington Hospital Center	0:56:46	0:50:13	0:50:17	0:55:44	1:00:39	0:48:29	0:57:47	0:47:20	0:58:04	0:52:21	0:51:49	0:52:24	0:47:42	0:46:59	0:52:22
Washington Hospital Center (Trauma)*	0:30:36	0:31:00	0:27:17	0:25:33	0:28:21	0:29:00	0:26:02	0:30:00	0:30:34	0:29:09	0:29:22	0:27:16	0:46:03	0:31:48	0:21:00

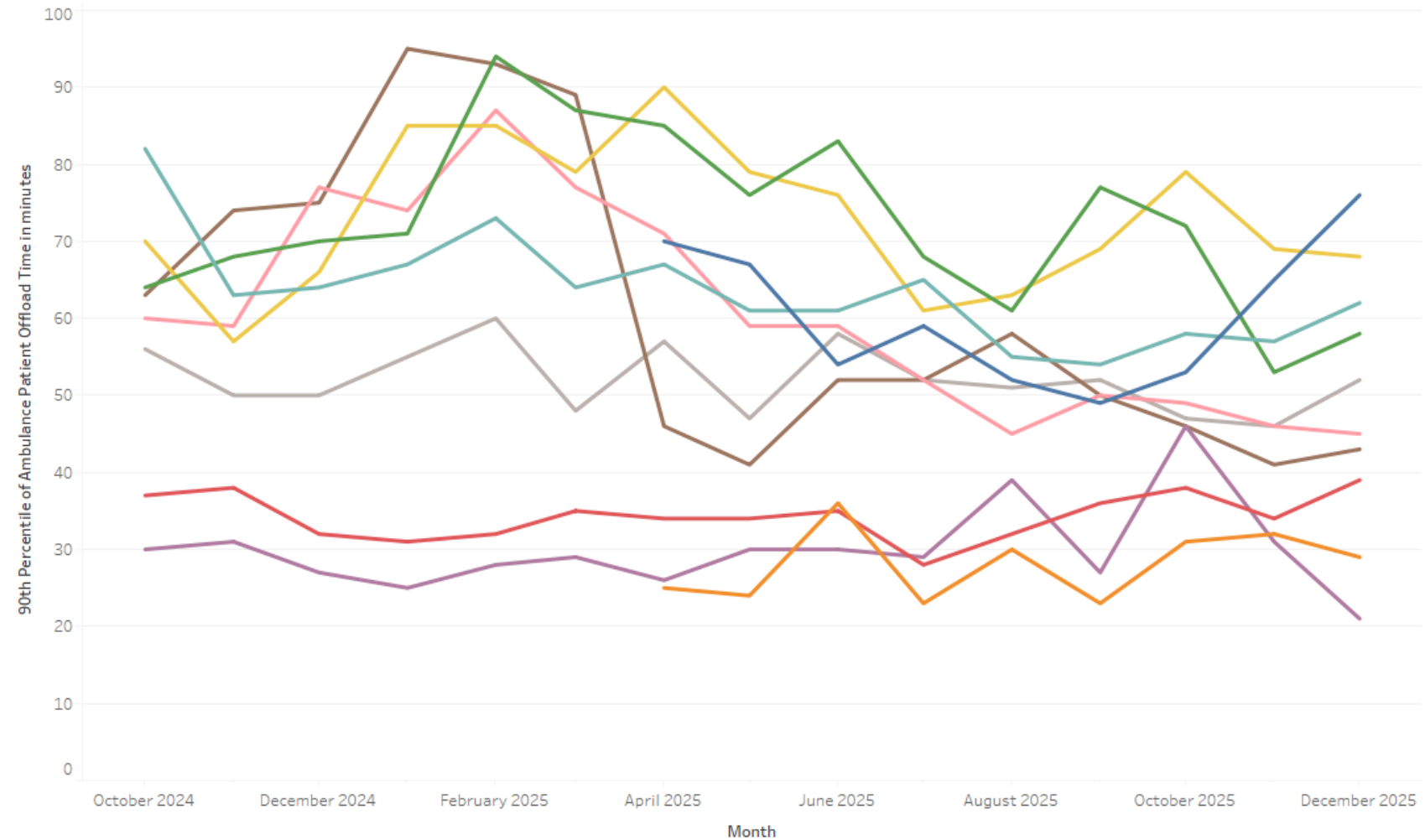
*Washington Hospital Center appears twice in the table because the facility operates two separate emergency entrances – one dedicated to general emergency patients and a second dedicated solely to trauma patients. For reporting purposes, these are shown as two sites.

Ambulance Patient Offload Time by Emergency Department, January 2023 to December 2025 (combined)



Department of Health
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Oversight Questions
Health Systems and Preparedness Administration

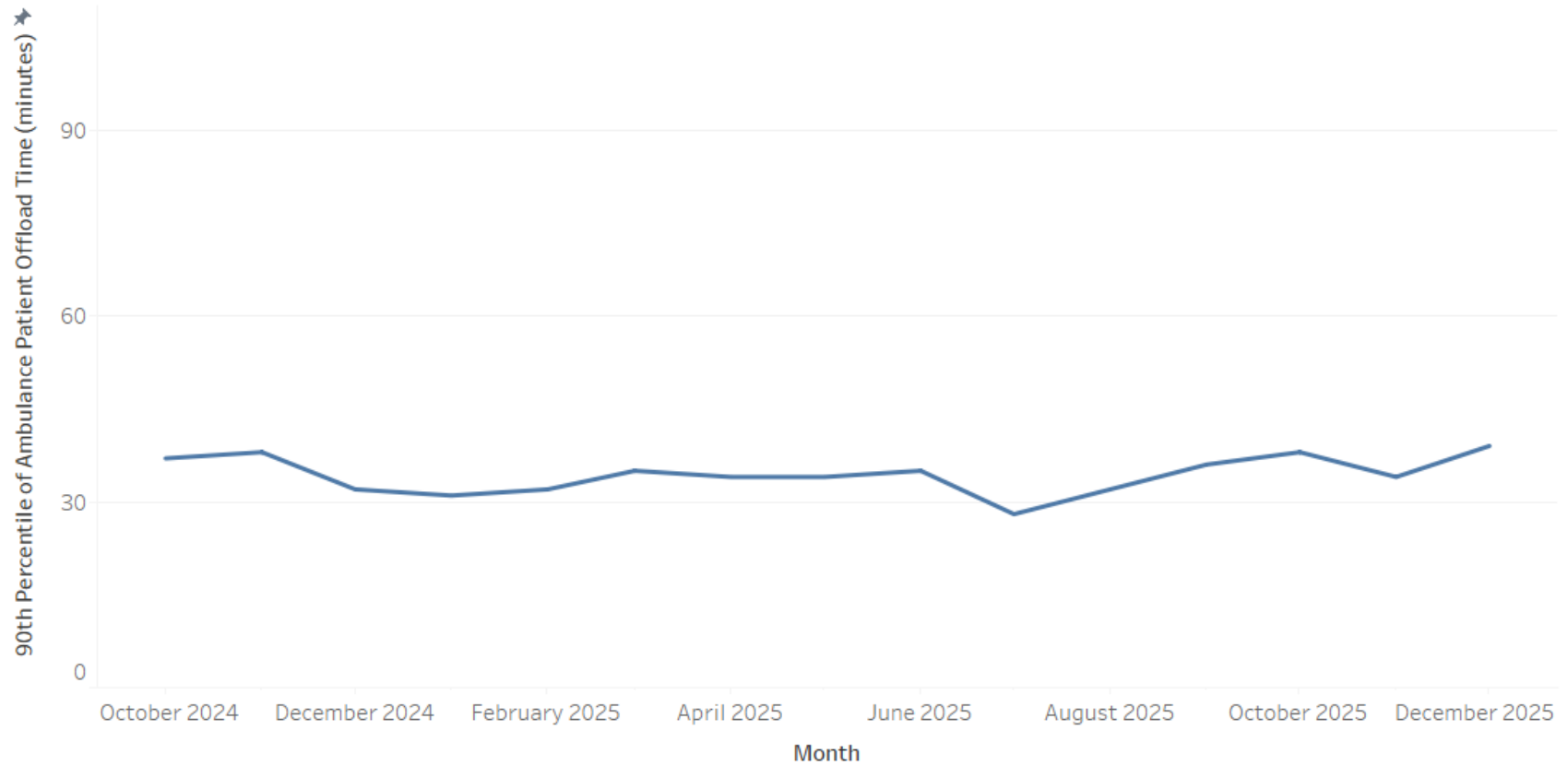
Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025



Facility

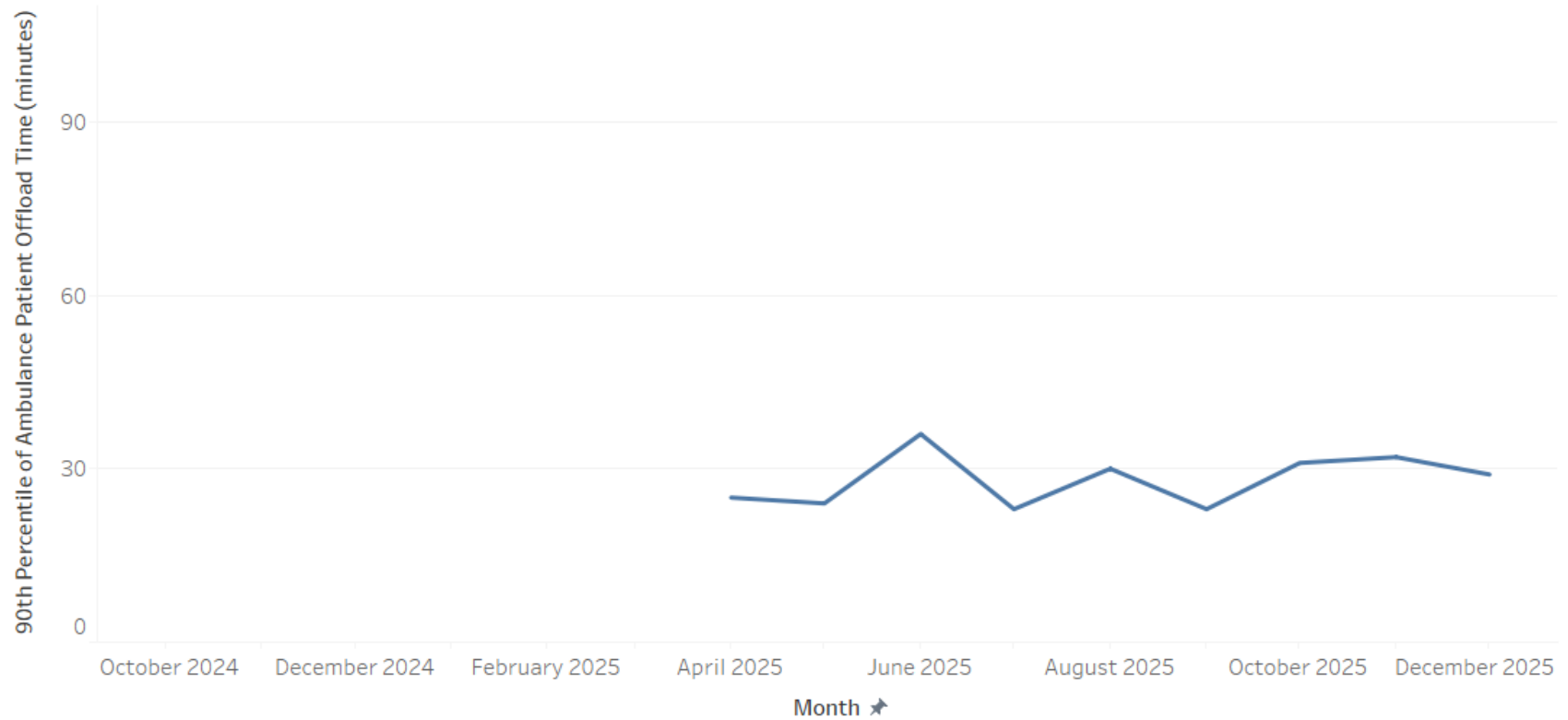
- Cedar Hill (Adult ED)
- Cedar Hill (Pediatric ED)
- Children's National
- Georgetown University Hospital
- GW University Hospital
- Howard University Hospital
- Medstar Trauma
- Sibley Memorial Hospital
- Veteran's Affairs Hospital
- Washington Hospital Center

Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Children's National)



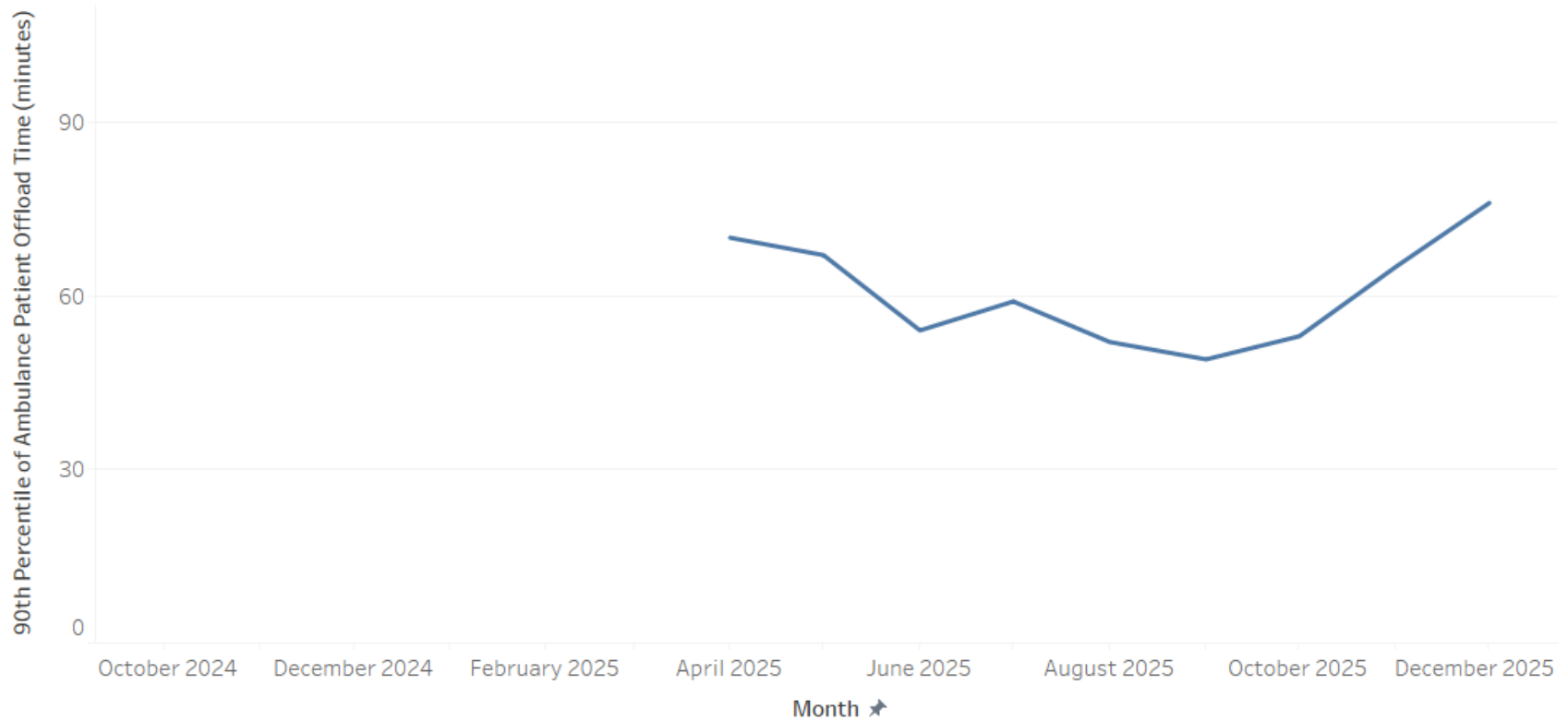
This graph combines all facility Ambulance Patient Offload Times (APOT) to depict reductions across the DC system. The graph has an expanded view back to January of 2023 reflecting system improvements.

Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Cedar Hill (Pediatric ED))



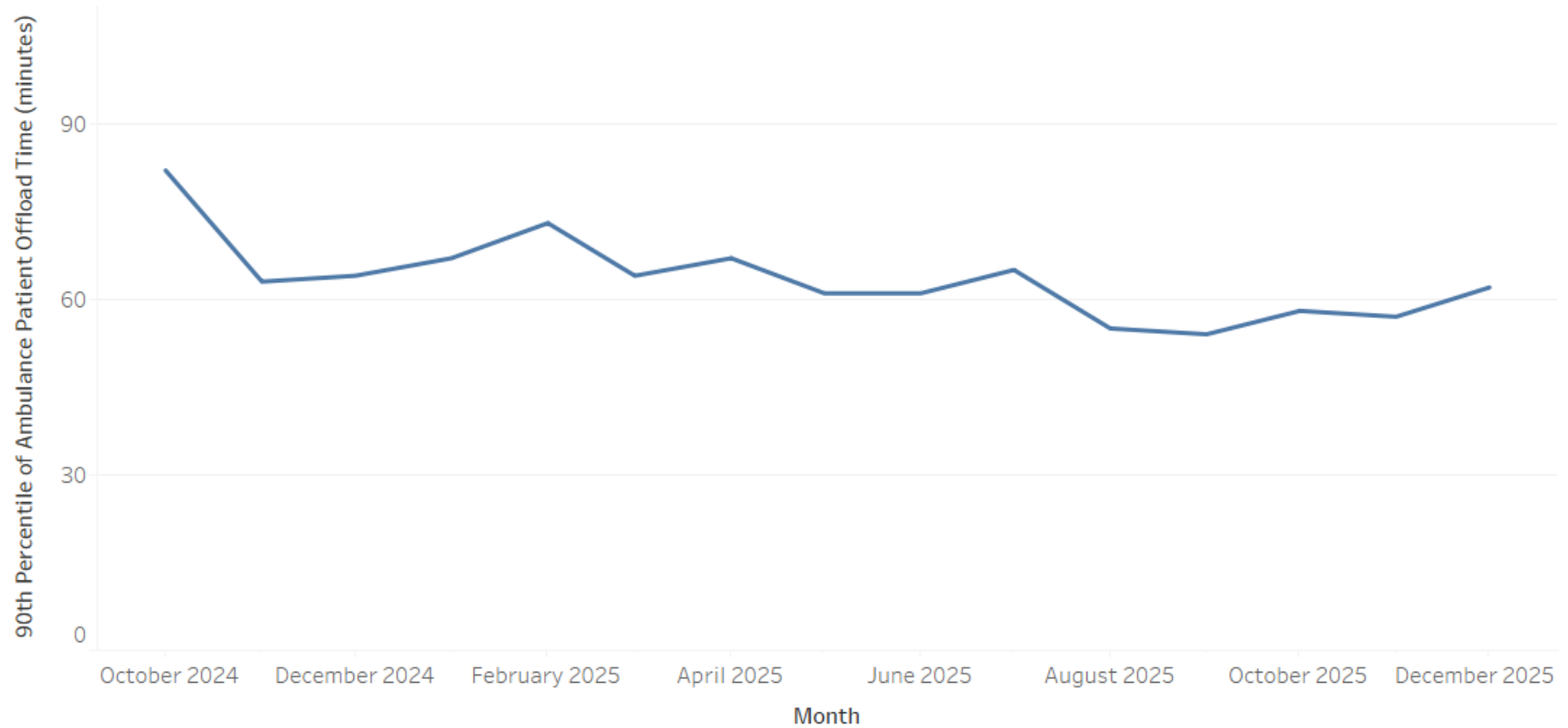
*Cedar Hill Regional Medical Center opened in April 2025.

Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Cedar Hill (Adult ED))

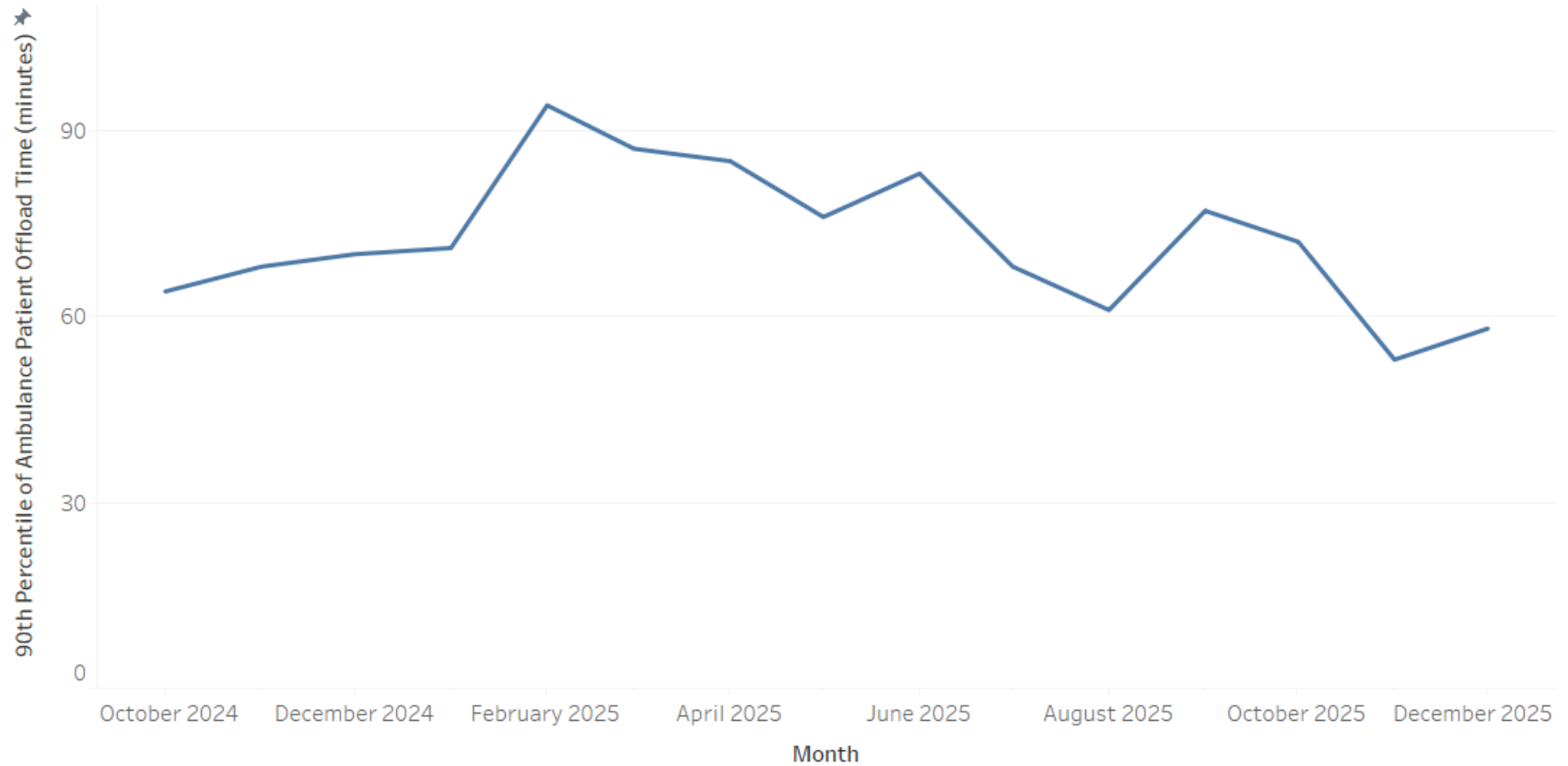


*Cedar Hill Regional Medical Center opened in April 2025.

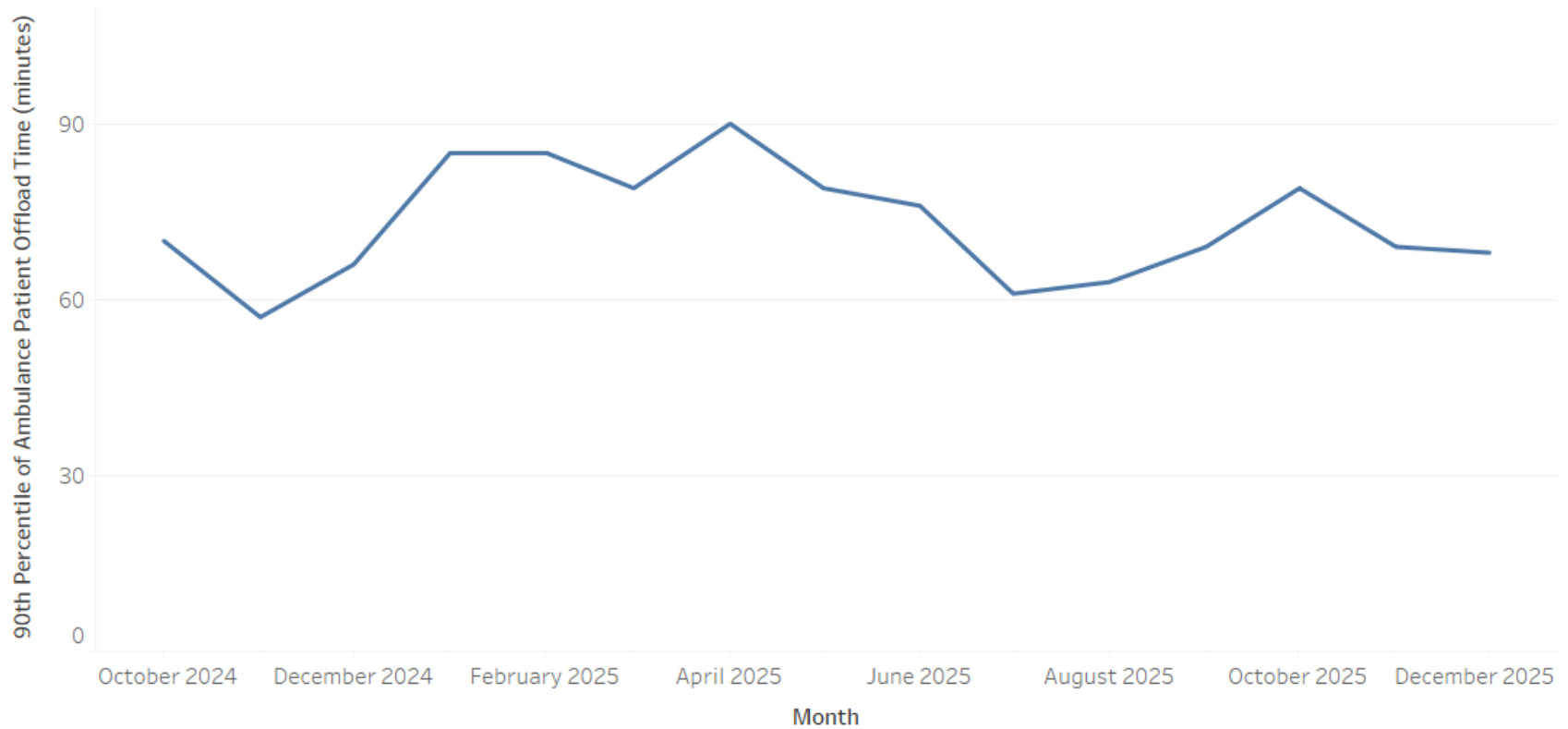
Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Georgetown University Hospital)



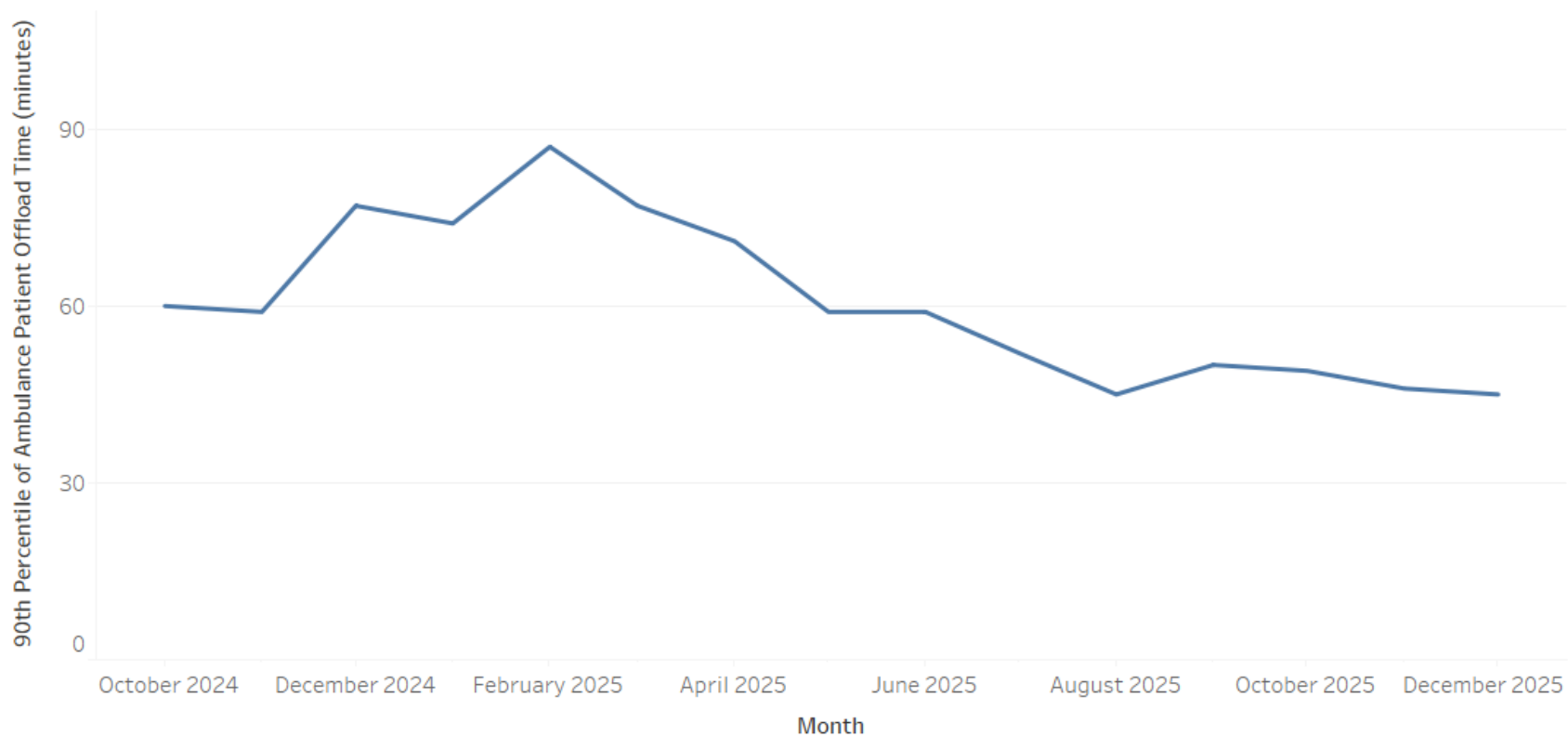
Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (GW University Hospital)



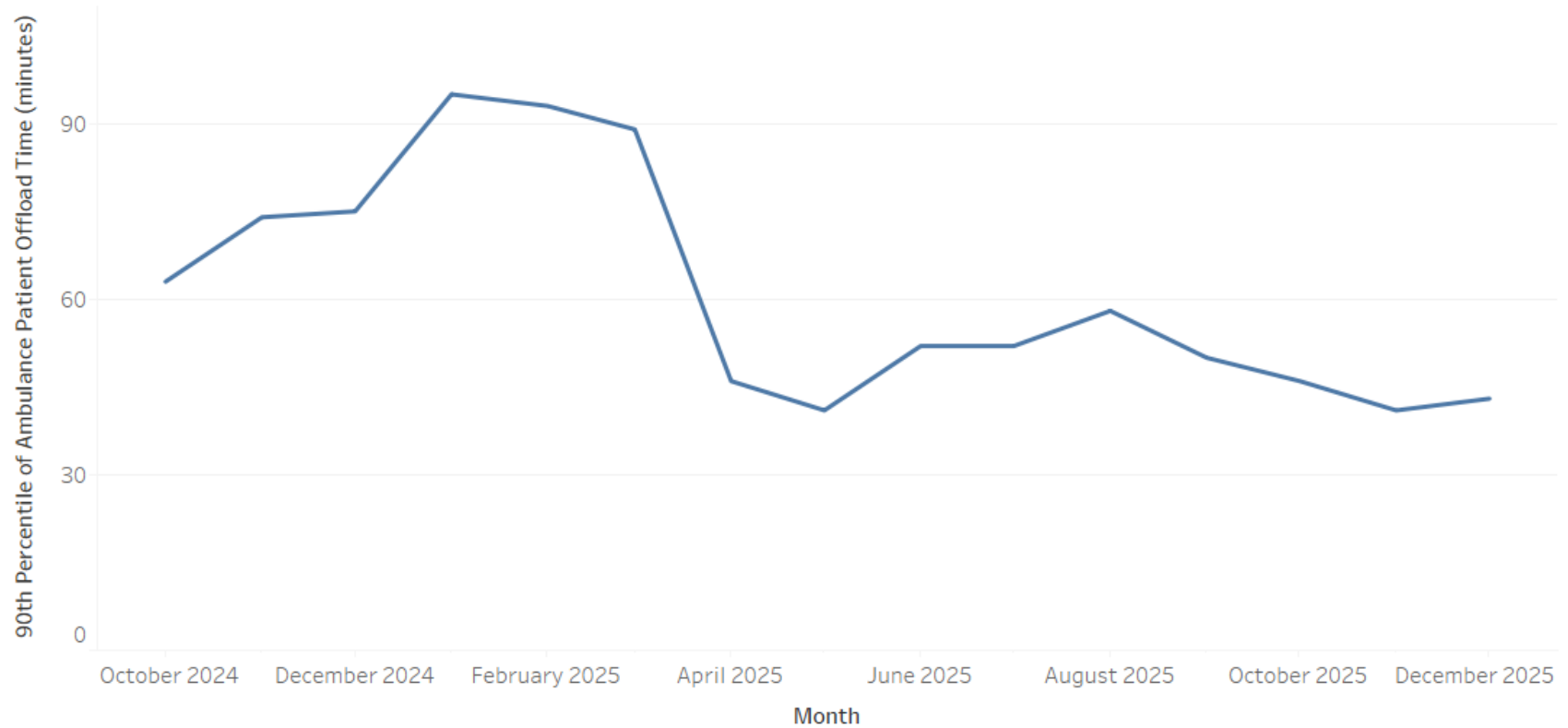
Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Howard University Hospital)



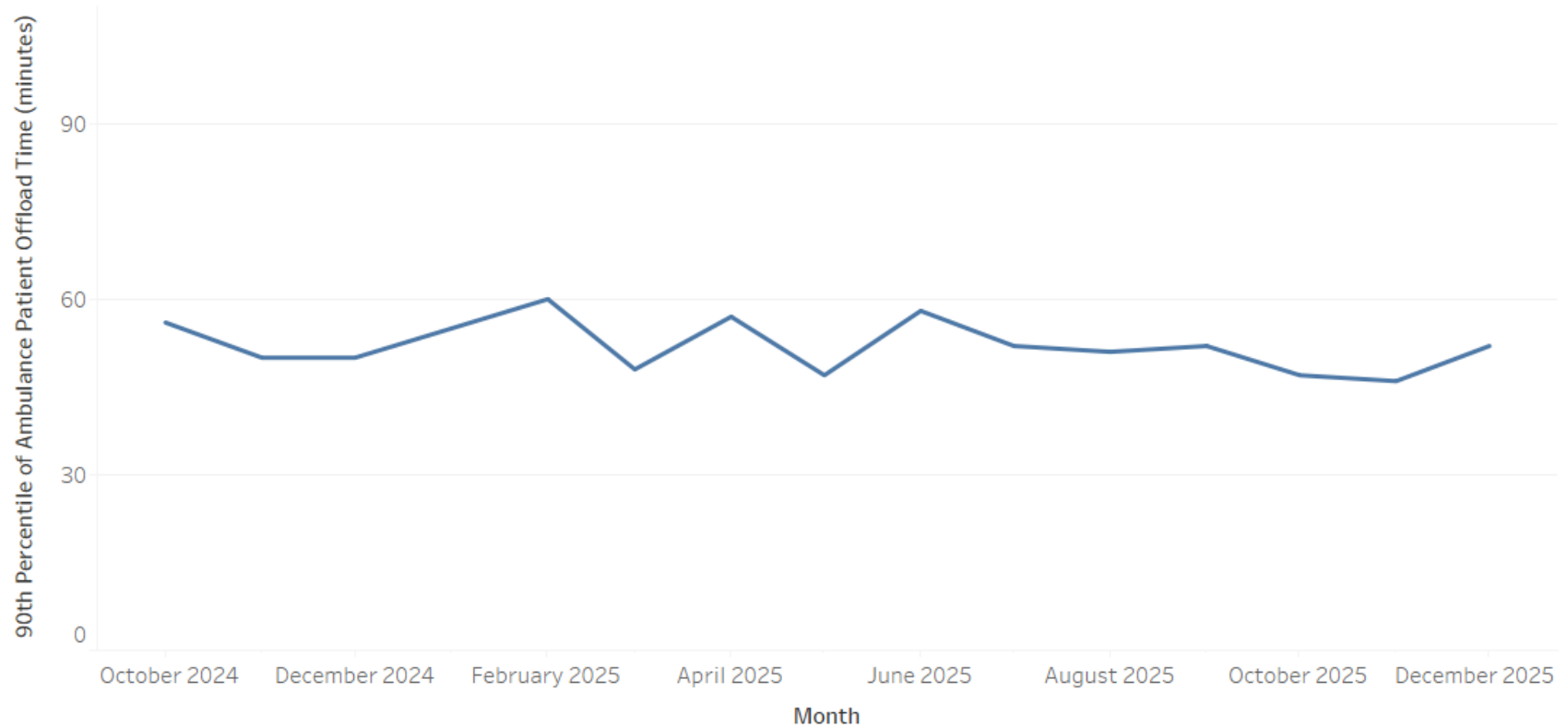
Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Sibley Memorial Hospital)



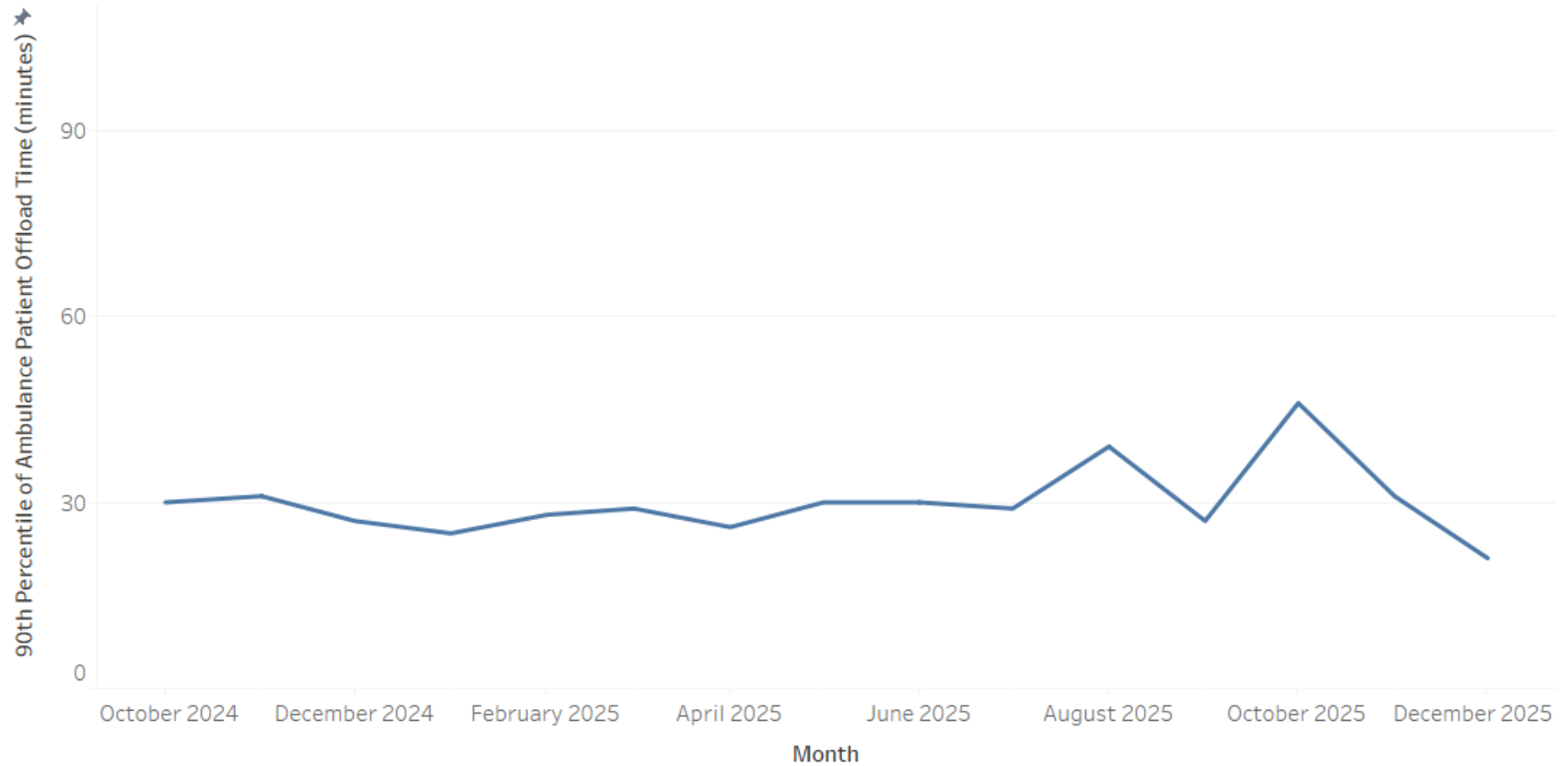
Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Veteran's Affairs Hospital)



Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Washington Hospital Center)



Ambulance Patient Offload Time by Emergency Department, October 2024 to December 2025 (Medstar Trauma)



Q104: Please provide the following information for EMT Educational Institutions in the District for FY 2025 and FY 2026, to date:

- a. Name of each institution;**
- b. Total number of individuals who attempted the exam;**
- c. 1st attempt pass rate; and**
- d. Overall pass rate.**

Response:

There are seven (7) certified EMS Educational Institutions in the District of Columbia. Six (6) EMS education training centers provide Basic Life Support (BLS) education through Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) programs. One (1) EMS education training center provides education at the Advanced Life Support (ALS) level with the paramedic program. The GW Medical Faculty Associates added a Paramedic training course in 2024 and graduated their first cohort in January 2025. Children's National Hospital, while it holds an Educational Institute credential, only provides continuing education and does not offer initial EMS education courses.

DC Health is actively supporting the Advanced Technical Centers (ATCs) in Wards 5 and 8 as they build EMS Education programs to provide additional opportunities for students to explore healthcare-related professions. This partnership with OSSE and the ATCs aims to grow programs to support the needs of our students and the public health workforce.

EMS courses taught within the District must comply with the National EMS Education Standards. Performance is evaluated by the DC Health Basic Life Support Psychomotor Exam and the National Registry of Emergency Medical Technicians (NREMT) EMR, EMT, and paramedic Computer-Based Test (CBT). The NREMT CBT can be taken at any time up to two years after completing the psychomotor exam. As a result, outcomes may not accurately reflect the period during which the student took the coursework. Satisfactory performance on both the psychomotor and NREMT CBT qualifies candidates for certification as an NREMT and subsequent state-level certification.

The NREMT CBT allows candidates to attempt the exam up to three times before requiring them to complete remedial training. The pass rate on the third attempt is considered a benchmark for the course's success. However, candidates who receive remedial training are permitted to retake the exam an additional three times (a total of six attempts).

FY25

Organization	No. Attempted	1st Attempt Pass Rate	Cumulative 3rd Attempt Pass Rate	Cumulative 6th Attempt Pass Rate
Community College Preparatory Academy*	0	N/A	N/A	N/A
DC Fire and EMS	84	70% (59)	95% (80)	95% (80)
Eastern High School – EMR**	2	0% (0)	0% (0)	0% (0)

GW Medical Faculty Associates – EMT	106	91% (96)	94% (100)	94% (100)
GW Medical Faculty Associates – Paramedic	23	83% (19)	91% (21)	96% (22)
George Washington University	93	72% (67)	85% (79)	85% (79)
Georgetown	64	80% (51)	92% (59)	92% (59)
Total	373	79% (293)	91% (340)	91% (340)

Source: The National Registry of Emergency Medical Technicians

FY26 (Through 12/31/2025, some students may sit for additional attempts)

Organization	No. Attempted	1 st Attempt Pass Rate	Cumulative 3 rd Attempt Pass Rate	Cumulative 6 th Attempt Pass Rate
Community College Preparatory Academy*	0	N/A	N/A	N/A
DC Fire and EMS	0	N/A	N/A	N/A
Eastern High School – EMR**	0	N/A	N/A	N/A
GW Medical Faculty Associates – EMR	6	67% (4)	67% (4)	67% (4)
GW Medical Faculty Associates – EMT	33	79% (26)	85% (28)	85% (28)
George Washington University	15	93.3% (14)	85% (79)	85% (79)
Georgetown	11	82% (9)	91% (10)	91% (10)
Total	67	79% (53)	85% (57)	85% (57)

Source: The National Registry of Emergency Medical Technicians

*While approved as an EMR/EMT educational institute, Community College Preparatory Academy has not identified any EMR or EMT candidates eligible to take the national training programs in either FY 2024 or FY 2025, to date.

** DC Health continues to work with Eastern High School’s EMR/EMT Program; however, they currently do not have a cohort of EMS students as they have not identified a clinical location for the students to obtain their requisite clinical interactions. The EMS Program has offered and continues to offer technical assistance to support them as a training facility to make EMS a viable career pathway for young people participating in the high school-based training facility.

Q105: Please provide a status update on digitizing the health professional complaint form to align with the online facilities complaint form.

Response:

DC Health has launched a [digital complaint form](#) on its website, allowing for streamlined and convenient submission of complaints. Individuals can still access the fillable PDF version ([Complaint Form](#)), should they wish to submit it in hard copy or to handwrite their responses. We have also made additional improvements to streamline the process and facilitate greater accessibility for all our community members, such as:

- **Dedicated Complaint Email Box:** A new email address (ohplb.complaints@dc.gov) has been established, allowing members of the public to submit complaints directly via email instead of mailing them.
- **Phone Submission Option:** Community members now have the option to submit complaints over the phone, as complaint lines are integrated into the Health Systems and Preparedness Administration (HSPA) phone tree.

Q106: Please provide the following for the High Need Healthcare Career Scholarship Program:

- a. For each training center, the total grant award, amount of funding dispersed, number of scholarships disbursed, and types of health care career tracks for each scholarship participant.
- b. Number of each covered health professional type to receive a scholarship in FY 2025 and FY 2026, to date.

Response:

Please see the responses to both a and b in the tables below:

FY 25 High Need Healthcare Career Scholarship Program Data				
Training Center Name	Health Care Career Type	Total Grant Award	Amount of Funding Dispersed	# of Scholarships Awarded
Trinity College*	CNA Certified Nurse Aide	\$598,906 - Federal	\$45,034.74	5 Students
		\$19,360 - Local		
		\$618,266 - Total Award		
Carlos Rosario International Public School Charter School	CNA Certified Nurse Aide	\$183,678 - Federal	\$179,610.84	30 Students
The George Washington University Medical Faculty Associates	EMT Emergency Medical Technician	\$332,862 - Local	\$332,862	17 Students
Time for Change	EMT Emergency Medical Technician	\$150,768 - Local	\$118,878.67	8 Students
	CNA Certified Nurse Aide	\$142,186 - Federal	\$109,661.40	11 Students
HealthWrite Training Academy**	HHA Home Health Aide	\$145,630 - Federal	\$10,413.65	4 Students

George Washington University	Paramedic	\$107,722.02 - Local	\$104,353.62	14 Students

* Involvement in the scholarship program was changed after the award was made, resulting in a lower number of participating students.

** Expenditures were lower than expected due to reduced spending timeline.

FY 26 High Need Healthcare Career Scholarship Program Data, to date				
Training Center Name	Health Care Career Type	Total Grant Award	Amount of Funding Dispersed	# of Scholarships Awarded
Carlos Rosario International Public School Charter School	CNA Certified Nurse Aide	\$507,579.27 - Federal	\$517,644.27	60 Students
		\$10,065 - Local		
		\$517,644.27 - Total Award		
The George Washington University Medical Faculty Associates	EMT Emergency Medical Technician	\$361,162.96 - Local	\$361,163	50 Students
HealthWrite Training Academy	HHA Home Health Aide	\$36,740 - Local	\$384,692.00	50 Students
		\$347,952 - Federal		
		\$384,692 - Total Award		

Numbers in the FY25 table reflect delivered scholarships versus the FY26 table that outlines expected outcomes for the year.

In FY25, the High-Needs Healthcare Career Scholarship Program funding has yielded 20 newly licensed CNAs and HHAs and 18 EMTs to date. Students have begun to find employment (we know of at least 13 who have obtained full-time employment) at the following:

- MedStar Washington Hospital Center
- Stoddard Baptist Nursing Home
- Serenity Rehabilitation and Health Center
- Unique Rehabilitation and Health Center
- Inspir Embassy Row (Assisted Living Residence)

Additionally, four (4) students have enrolled in BS Nursing programs in the District.

We are still working to obtain outcome information regarding the EMS training programs that

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were funded.

In FY26, to date, George Washington Medical Faculty Associates has partnered with Community College (CC) Prep Academy in Ward 8 to offer EMS education in their school. There appears to be significant interest and enrollment from students at CC Prep in the EMT program, and the school has expressed its enthusiasm about this partnership and the opportunities it affords the students. There is evidence of increased interest in the scholarship program, based on its success last year, as more applications are being received as the year progresses.

Q107: Please provide for each health professional category in FY 2025 and FY 2026, to date:

- a. Number of complaints received, broken down by type of complaint;**
- b. Number of investigations initiated; and**
- c. The average time between when a complaint is received, an investigation is started, and a disciplinary decision is made.**

Response:

Please note that for item a, the number of complaints may vary from the number of complaint types, as an individual complaint may constitute multiple types of complaints (e.g., drug diversion, felony conviction, and fraud).

Number of Complaints Received and Investigations Initiated by Board

	FY 2025		FY 2026	
BOARDS	COMPLAINTS RECEIVED	INVESTIGATIONS REQUESTED	COMPLAINTS RECEIVED	INVESTIGATIONS REQUESTED
Board of Acupuncture, Chiropractic, and Naturopathic Physicians	0	0	0	0
Board of Dentistry	27	31	14	11
Board of Dietetics and Nutrition	1	1	0	0
Board of Massage Therapy	4	0	0	0
Board of Medicine	146	91	43	35
Board of Nursing	54	23	17	9
Board of Optometry	2	2	0	0
Board of Pharmacy	10	8	2	0
Board of Podiatry	2	4	0	0
Board of Professional Counseling	6	3	3	0
Board of Psychology	12	5	4	1
Board of Respiratory Care	1	0	0	0
Board of Rehabilitative Therapies-Audiology & Speech, Occupational Therapy, and Physical Therapy	3	5	0	1
Board of Social Work	12	9	2	0
Board of Veterinary Medicine	4	4	1	2
Marriage and Family	2	0	0	0
Total	286	186	86	59

Number of Complaints by Type

Complaint Type	FY 2025	FY 2026
Abusive Behavior	6	11
Boundaries (Inappropriate relationship w/ patient)	0	1
Denial of Treatment/Refusal to Treat	1	2
Discrimination	2	0
Drug Diversion	4	3
Felony Conviction	1	0
Fraud	16	10
Fraudulent Application/Forgery	1	7
HIPAA	5	0
IMLCC Violation	0	1
Impairment	4	0
Inappropriate Billing/Fraudulent Billing	13	0
Mandated Reporter Violation	1	1
Neglect/Patient Abandonment	6	4
Prescribing Issues	9	5
Records (Record Keeping/Refusing to provide records)	4	1
Sexual Misconduct	1	1
Standard of Care	119	33
Telemedicine Violations	18	2
Termination from Employment	27	6
Unlicensed Practice	21	5
Unprofessional Conduct	40	17
Blank	16	0
Total	315	110

Average Processing Time for Completed Investigations

Professional Board Investigations	FY 2025		
	Investigations Initiated	Investigations Completed	Average Processing Time
Unlicensed Health Professionals	12	10	73 days
Licensed Health Professionals	165	144	59 days
Total	177	154	60 days

Professional Board Investigations	FY 2026		
	Investigations Initiated	Investigations Completed	Average Processing Time
Unlicensed Health Professionals	0	0	N/A
Licensed Health Professionals	59	8	18 days
Total	59	8	18 days

Q108: How many fines were assessed against health professionals in FY 2025 and FY 2026, to date? Please indicate:

- a. The total amount of all fines/assessment fees;**
- b. The number and amount of fines/assessment fees for each Board; and**
- c. The number of fines by offense type.**

Response:

FY 2025 Fines

BOARD	NO. OF FINES	TOTAL AMOUNT	DESCRIPTION
Dentistry	23	\$26,300	Unlicensed practice/unregistered practice; aiding unregistered dental assistants (DENAs) in practice; supervision of unregistered dental assistants, failure to disclose arrest, convictions, or discipline.
Massage Therapy	1	\$2,000	Unlicensed practice
Medicine	22	\$14,720	Failure to disclose a previous, arrest/conviction, malpractice, other state action, investigation, discipline during training; practice with no license or expired license; telehealth violations.
Nursing	142	\$32,625	Failure to disclose a previous arrest/conviction, other state action, investigations, other state action, failure to enroll in the Prescription Drug Monitoring Program (PDMP)
Rehabilitative Therapy- OT, PT and SLP	1	\$11,500	Unlicensed or unregistered practice.
Pharmacy	33	\$6,750	Failure to disclose; misinformation to the Board; Prescribing. Dispensing or administering violations.
Professional Counseling	23	\$83,600	Unlicensed or unregistered practice, supervision of unlicensed or unregistered practice, or practicing with an expired license or registration; Failure to disclose; Misrepresentation of credentials.
Psychology	2	\$5,250	Failure to complete required CEs; Unlicensed or unregistered practice, supervision of unlicensed or unregistered practice, or practicing with an expired license or registration.
Social Work	7	\$9,400	Unlicensed or unregistered practice, supervision of unlicensed or unregistered practice, or practicing with an expired license or registration.
Total	254	\$192,145	N/A

FY 2026 Fines

BOARD	NUMBER OF FINES	TOTAL AMOUNT	DESCRIPTION
Dentistry	9	\$27,700	Unlicensed practice, supervision of unlicensed individuals; failure to disclose; violation of an order; fraudulent application.
Medicine	12	\$8,050	Failure to disclose; impairment; telemedicine violations; unlicensed practice.
Nursing	25	\$2,250	Failure to disclose a previous arrest/conviction, malpractice, other state action, investigation by a licensing board
Pharmacy	5	\$1,100	Failure to disclose previous arrest/conviction.
Professional Counseling	2	\$1,600	Unlicensed practice; aiding and abetting unlicensed practice.
Psychology	1	\$5,250	Unlicensed practice/practice with an expired license.
Social Work	5	\$2,565	Failure to complete CEs.
Total	59	\$48,515	N/A

Fines by Offense Type

Offense Type	FY 2025	FY 2026
Unlicensed/Unregistered practice, aiding or supervising unlicensed practice.	44	8
Failure to Disclose (arrests, convictions, malpractice, discipline).	203	43
Telehealth Violations	1	0
Prescribing/Dispensing/Administering Violations	2	0
Practice without a Delegation Agreement	0	1
Misrepresentation (of credentials, services, etc.)	1	0
Failure to complete CEs	1	6
Fraud	1	1
Arrest/Conviction	1	0
Total	254	59

Q109: Please provide a list of the types of health licenses, certifications, or registrations issued by DC Health, including:

- a. Number of health professionals currently licensed/certified/registered under each category;**
- b. The costs for initial application, renewal, and reinstatement; and**
- c. Disaggregated data by race/ethnicity and gender.**

Response:

a. Number of health professionals currently licensed/certified/registered under each category

BOARD	PROFESSION	INITIAL FEE	RENEWAL FEE	REINSTATEMENT FEE	LICENSE(L) REGISTRATION(R) CERTIFICATION(C) AUTHORITY/PRIVILEGE(A/P)	CENSUS
Board of Acupuncture, Chiropractor and Naturopathic Physicians	Acupuncture	\$230	\$145	\$229	L	153
	Chinese Herbology	\$0	\$0	\$0	A/P	34
	Chiropractor	\$556	\$300	\$507	L	103
	Ancillary Procedures- Acupuncture	\$271	\$153	\$271	A/P	4
	Ancillary Procedures- Physiotherapy	\$271	\$153	\$271	A/P	77
	Naturopathic Physicians	\$230	\$145	\$229	L	68
	Dentist	\$430	\$254	\$370	L	1,114

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Board of Dentistry	Dental Hygienist	\$245	\$136	\$221	L	459
	Local Anesthesia and Nitrous Oxide	\$25	\$25	\$25	C	91
	Nitrous Oxide	\$25	\$25	\$25	C	2
	Local Anesthesia	\$25	\$25	\$25	C	115
	Dental Assistant Level 1	\$190	\$75	\$160	R	189
	Dental Assistant Level II	\$190	\$75	\$160	R	598
	Dental Assistant Level III	\$190	\$75	\$160	R	1
	Dental Teaching License	\$430	\$254	\$370	L	3
	Dental Hygiene Teaching License	\$245	\$136	\$221	L	0
Board of Dietetics & Nutrition	Dietitians	\$229	\$177	\$229	L	845
	Nutritionists	\$229	\$177	\$229	L	82
Board of Massage Therapy	Massage Therapist	\$262	\$177	\$262	L	664
	Physician ((MD & DO)	\$805	\$500	\$805	L	14,611

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Board of Medicine	Physician Assistant	\$230	\$145	\$229	L	1,464
	Anesthesiologist Assistant	\$230	\$145	\$229	L	150
	Athletic Trainer	\$264	\$179	\$264	L	171
	Surgical Assistant	\$230	\$145	\$229	L	121
	Polysomnographic Technologist	\$100	\$50	\$100	L	66
	Polysomnographic Technician	\$100	N/A	\$100	R	1
	Polysomnographic Trainee	\$100	\$50	N/A	R	5
	Medical Training License I (A)	\$100	\$50	N/A	L	1,149
	Medical Training License I (B)	\$100	\$50	N/A	L	344
	Medical Training License II	\$100	\$50	N/A	L	25
	Medical Training Registrant	N/A	N/A	N/A	R	243

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	Trauma Technologist	\$230	\$145	\$229	L	4
Board of Nursing	Licensed Practical Nurse	\$187	\$145	\$229	L	1,720
	Registered Nurse	\$187/\$230	\$145	\$229	L	39,179
	Certified Registered Nurse Anesthetist	\$230	\$263	\$348	L	175
	Nurse Practitioner	\$230	\$263	\$348	L	5,110
	Certified Nurse Midwife	\$230	\$263	\$348	L	172
	Clinical Nurse Specialist	\$230	\$263	\$348	L	42
	Trained Medication Employee	\$50	\$50	\$70	C	1,385
	Home Health Aide	\$59	\$59	\$79	C	8,496
	Certified Nursing Aide	\$50	\$50	\$70	C	36
	Nursing Home Administrator	\$322	\$375	\$288	L	62
	Assisted Living Administrator	\$322	\$375	\$288	L	0
Board of Optometry	Optometrist without DPA or TPA	\$288	\$203	\$288	L	228

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	Optometrist with DPA or TPA	\$433	\$203	\$432	L	212
	DPA & TPA	\$145	\$145	\$145	L	N/A
Board of Pharmacy	Pharmacist	\$280	\$310	\$280	L	2212
	Pharmacy Intern	\$50	N/A	N/A	R	313
	Pharmacy Technician	\$50	\$50	\$135	R	1,345
	Pharmacy Technician Trainee	\$0	N/A	N/A	R	170
	Pharmaceutical Detailers	\$175	\$165	\$240	L	959
	Vaccination and Immunization Agent	\$50	\$50	\$50	C	885
	Controlled Substance	\$130	\$130	N/A	R	10,230
	Controlled Substance-NP	\$130	\$130	N/A	R	2,773
	Controlled Substance-PA	\$130	\$130	N/A	R	1,055
	Yellow Fever Stamp Permit	\$0	\$0	N/A	R	49
Board of Podiatry	Podiatrist	\$264	\$179	\$229	L	145

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Board of Professional Counseling	Licensed Professional Counselor	\$230	\$145	\$229	L	2,051
	Licensed Graduate Professional Counselor	\$230	\$145	N/A	L	472
	Marriage and Family Therapist	\$262	\$177	\$262	L	286
	Certified Addiction Counselor I	\$190	\$75	\$189	C	84
	Certified Addiction Counselor II	\$190	\$75	\$189	C	170
	Professional Art Therapist	\$230	\$145	\$229	L	24
	Licensed Graduate Professional Art Therapist	\$230	\$145	N/A	L	5
	Dance Therapist	\$230	\$145	\$229	R	5
Board of Psychology	Psychologist	\$321	\$203	\$288	L	1,572
	Psychology Associate	\$230	\$115	\$226	R	223
Board of Respiratory Care	Respiratory Therapist	\$254	\$160	\$254	L	871
	Audiologist	\$264	\$179	\$264	L	130

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Board of Rehabilitative Therapies	Audiology Assistant	\$210	\$125	\$210	R	0
	Speech-Language Pathologist	\$264	\$179	\$264	L	999
	Speech-Language Pathology Assistants	\$210	\$125	\$210	R	16
	Speech-Language Pathology Clinical Fellow	\$210	N/A	N/A	R	39
	Occupational Therapist	\$264	\$179	\$263	L	840
	Occupational Therapy Assistant	\$264	\$179	\$263	L	52
	Recreation Therapist	\$230	\$145	\$229	L	35
	Physical Therapist	\$264	\$179	\$263	L	1,433
	Physical Therapist Assistant	\$264	\$179	\$263	L	76
Board of Social Work	Licensed Social Work Associate	\$230	\$185	\$229	L	42
	Licensed Graduate Social Worker	\$230	\$185	\$229	L	1,632

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	Licensed Independent Social Worker	\$230	\$185	\$229	L	34
	License Independent Clinical Social Worker	\$230	\$185	\$229	L	5,281
Board of Veterinary Medicine	Veterinarian	\$215	\$135	\$245	L	4,72
	Veterinarian Technicians	\$50	\$50	\$70	L	0
	Veterinarian Euthanasia Technicians	\$50	\$50	\$70	L	0

b. Disaggregated data by race/ethnicity and gender

License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Acupuncturist	101	49	2	1	153
Asian - South Asian	31	22	0	1	54
Black Or African American	5	1	0	0	6
Do Not Want To Disclose	12	5	1	0	18
Hispanic or Latino	1	2	0	0	3
White Or Caucasian	52	19	1	0	72

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Ancillary Procedures - Acupuncture	1	3	0	0	4
Asian - South Asian	0	1	0	0	1
Hispanic or Latino	0	1	0	0	1
White Or Caucasian	1	1	0	0	2
Ancillary Procedures - Physiotherapy	25	47	1	0	73
Asian - South Asian	1	6	0	0	7
Black Or African American	11	15	1	0	27
Do Not Want To Disclose	1	4	0	0	5
Hispanic or Latino	3	4	0	0	7
White Or Caucasian	9	18	0	0	27
Ancillary Procedures - Pt	1	2	0	0	3
White Or Caucasian	1	2	0	0	3
Anesthesiologist Assistant	95	55	0	0	150
Asian - South Asian	34	15	0	0	49
Black Or African American	9	4	0	0	13
Do Not Want To Disclose	9	5	0	0	14
Hispanic or Latino	5	6	0	0	11
White Or Caucasian	38	25	0	0	63
Athletic Trainer	109	62	0	0	171
Asian - South Asian	5	5	0	0	10

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	36	19	0	0	55
Do Not Want To Disclose	4	2	0	0	6
Native American	2	0	0	0	2
Native Hawaiian Or Pacific Islander	0	1	0	0	1
Hispanic or Latino	5	7	0	0	12
White Or Caucasian	57	28	0	0	85
Audiologist	112	17	0	1	130
Asian - South Asian	9	5	0	0	14
Black Or African American	13	0	0	0	13
Do Not Want To Disclose	7	1	0	1	9
Hispanic or Latino	3	4	0	0	7
White Or Caucasian	80	7	0	0	87
Certified Addiction Counselor I	46	38	0	0	84
Black Or African American	29	31	0	0	60
Do Not Want To Disclose	0	0	0	0	0
White Or Caucasian	13	4	0	0	17
Hispanic or Latino	4	3	0	0	7
Certified Addiction Counselor II	99	71	0	0	170
Asian - South Asian	5	0	0	0	5
Black Or African American	72	50	0	0	122

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Do Not Want To Disclose	0	2	0	0	2
Native American	0	0	0	0	0
Hispanic or Latino	10	5	0	0	15
White Or Caucasian	12	14	0	0	26
Certified Nurse Midwife	171	0	1	0	172
Asian - South Asian	2	0	0	0	2
Black Or African American	42	0	0	0	42
Do Not Want To Disclose	3	0	0	0	3
Hispanic Or Latino	12	0	0	0	12
Native American	1	0	0	0	1
White Or Caucasian	111	0	1	0	112
Certified Registered Nurse Anesthetist	126	49	0	0	175
Asian - South Asian	18	2	0	0	20
Black Or African American	36	12	0	0	48
Do Not Want To Disclose	16	4	0	0	20
Hispanic Or Latino	3	3	0	0	6
White Or Caucasian	53	28	0	0	81
Chinese Herbology	27	6	1	0	34
Asian - South Asian	9	1	0	0	10
Black Or African American	1	0	0	0	1

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Do Not Want To Disclose	2	2	1	0	5
Hispanic Or Latino	1	0	0	0	1
White Or Caucasian	14	3	0	0	17
Chiropractor	39	63	1	0	103
Asian - South Asian	1	7	0	0	8
Black Or African American	13	18	1	0	32
Do Not Want To Disclose	3	4	0	0	7
Native American	0	1	0	0	1
Hispanic Or Latino	4	6	0	0	10
White Or Caucasian	18	27	0	0	45
Clinical Nurse Specialist	38	4	0	0	42
Asian - South Asian	1	0	0	0	1
Black Or African American	5	0	0	0	5
Do Not Want To Disclose	2	0	0	0	2
White Or Caucasian	30	4	0	0	34
Controlled Substance	5,379	4,822	3	26	10,230
Asian - South Asian	1,278	1,033	1	4	2,316
Black Or African American	1,216	709	1	7	1,933
Do Not Want To Disclose	531	547	1	12	1,091
Hispanic Or Latino	263	222	0	0	485

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Native American	5	3	0	0	8
Native Hawaiian Or Pacific Islander	1	2	0	0	3
White Or Caucasian	2,087	2,306	0	3	4,394
Controlled Substance - NP	2,473	296	1	3	2,773
Asian - South Asian	179	24	0	0	203
Black Or African American	1,106	155	0	0	1,261
Do Not Want To Disclose	127	11	0	3	141
Hispanic or Latino	87	15	0	0	102
Native American	4	1	0	0	5
Native Hawaiian Or Pacific Islander	2	0	0	0	2
White Or Caucasian	968	90	1	0	1,059
Controlled Substance - PA	838	211	1	4	1,054
Asian - South Asian	112	19	0	0	131
Black Or African American	112	37	0	0	149
Do Not Want To Disclose	44	19	0	4	67
Native American	0	0	0	0	0
Native Hawaiian Or Pacific Islander	0	1	0	0	1
Hispanic or Latino	39	14	0	0	53
White Or Caucasian	531	121	1	0	653
Dance Therapist	5	0	0	0	5

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	4	0	0	0	4
White Or Caucasian	1	0	0	0	1
Dental Assistant - Level I	161	27	0	1	189
Asian - South Asian	12	1	0	0	13
Black Or African American	69	11	0	1	81
Do Not Want To Disclose	7	0	0	0	7
Hispanic Or Latino	59	11	0	0	70
Native American	0	0	0	0	0
Native Hawaiian Or Pacific Islander	0	0	0	0	0
Other	0	0	0	0	0
White Or Caucasian	14	4	0	0	18
Dental Assistant- Level II	543	55	0	0	598
Asian - South Asian	34	4	0	0	38
Black Or African American	305	23	0	0	328
Do Not Want To Disclose	22	3	0	0	25
Hispanic Or Latino	157	20	0	0	177
Native American	2	0	0	0	2
Native Hawaiian Or Pacific Islander	1	0	0	0	1
White Or Caucasian	22	5	0	0	27
Dental Assistant- Level III	1	0	0	0	1

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Hispanic Or Latino	1	0	0	0	1
Dental Hygienist	409	40	0	10	459
Asian - South Asian	55	5	0	0	60
Black Or African American	151	15	0	1	167
Do Not Want To Disclose	34	7	0	8	49
Hispanic Or Latino	42	6	0	0	48
White Or Caucasian	127	7	0	1	135
Dentist	553	560	0	1	1,114
Asian - South Asian	136	92	0	0	228
Black Or African American	173	118	0	0	291
Do Not Want To Disclose	57	52	0	1	110
Hispanic Or Latino	22	28	0	0	50
Native Hawaiian Or Pacific Islander	0	1	0	0	1
White Or Caucasian	165	269	0	0	434
Dentistry Teaching License	2	1	0	0	3
Asian - South Asian	0	0	0	0	0
Black Or African American	2	0	0	0	2
Do Not Want To Disclose	0	1	0	0	1
White Or Caucasian	0	0	0	0	0
Diagnostic Pharmacy Agent	2	0	0	0	2

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	1	0	0	0	1
White Or Caucasian	1	0	0	0	1
Dietitian	805	37	1	2	845
Asian – South Asian	63	4	0	0	67
Black Or African American	107	6	0	1	114
Do Not Want To Disclose	47	1	0	0	48
Hispanic Or Latino	55	2	0	0	57
Native American - Alaskan Native	3	0	0	0	3
Native Hawaiian Or Pacific Islander	1	0	0	0	1
White Or Caucasian	529	24	1	1	555
Graduate Social Worker	1,365	252	9	6	1,632
Asian - South Asian	50	9	1	0	60
Black Or African American	809	160	1	1	971
Do Not Want To Disclose	37	4	0	1	42
Hispanic Or Latino	102	17	1	0	120
Native American - Alaskan Native	4	0	0	0	4
Native Hawaiian Or Pacific Islander	1	0	0	0	1
White Or Caucasian	362	62	6	4	434
Home Health Aide	7,130	1,363	1	2	8,496
Asian	24	4	0	0	28

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	6,603	1,281	1	1	7,886
Do Not Want To Disclose	230	38	0	1	269
Hispanic Or Latino	239	34	0	0	273
Native Hawaiian Or Pacific Islander	8	1	0	0	9
Native American	8	4	0	0	12
White Or Caucasian	18	1	0	0	19
Ind Clinical Social Worker	4,571	684	24	0	5,279
Asian	157	22	0	0	179
Black Or African American	1,769	273	5	0	2,047
Do Not Want To Disclose	205	29	0	0	234
Hispanic Or Latino	300	52	5	0	357
Native American	5	0	0	0	5
Native Hawaiian Or Pacific Islander	4	0	0	0	4
White Or Caucasian	2,131	308	14	0	2,453
Independent Social Worker	30	3	0	0	33
Asian	1	0	0	0	1
Black Or African American	18	3	0	0	21
White Or Caucasian	10	0	0	0	10
Do Not Want To Disclose	1	0	0	0	1
Licensed Graduate Art Therapist	4	1	0	0	5

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Oversight Questions
Health Systems and Preparedness Administration

License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	2	0	0	0	2
White Or Caucasian	2	0	0	0	2
Hispanic or Latino	0	1	0	0	1
Licensed Graduate Professional Counselor	386	73	8	5	472
Asian	33	8	0	0	41
Black Or African American	145	25	4	1	175
Do Not Want To Disclose	16	2	0	2	20
Hispanic Or Latino	50	8	1	0	59
Native American	1	0	0	0	1
White Or Caucasian	141	30	3	1	175
Licensed Marriage And Family Therapist	237	48	0	1	286
Asian	12	1	0	0	13
Black Or African American	69	13	0	0	82
Do Not Want To Disclose	16	0	0	1	17
Hispanic or Latino	14	0	0	0	14
White Or Caucasian	126	34	0	0	160
Licensed Practical Nurse	1,457	263	0	0	1,720
Asian	24	7	0	0	31
Black Or African American	1,273	237	0	0	1,510
Do Not Want To Disclose	46	5	0	0	51

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Oversight Questions
Health Systems and Preparedness Administration

License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Hispanic Or Latino	41	2	0	0	43
Native American	6	0	0	0	6
Native Hawaiian Or Pacific Islander	1	0	0	0	1
White Or Caucasian	66	12	0	0	78
Licensed Professional Counselor	1,681	349	9	12	2,051
Asian	86	10	1	1	98
Black Or African American	698	155	3	4	860
Do Not Want To Disclose	63	16	0	4	83
Native American	2	1	0	0	3
Hispanic or Latino	146	30	1	0	177
Native Hawaiian Or Pacific Islander	2	0	0	0	2
White Or Caucasian	684	137	4	3	828
Local Anesthesia	102	11	0	2	115
Asian	15	2	0	0	17
Black Or African American	44	4	0	0	48
Do Not Want To Disclose	9	3	0	2	14
Hispanic Or Latino	8	1	0	0	9
White Or Caucasian	26	1	0	0	27
Local Anesthesia And Nitrous Oxide	84	5	0	2	91
Asian - South Asian	12	0	0	0	12

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Oversight Questions
Health Systems and Preparedness Administration

License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	22	1	0	0	23
Do Not Want To Disclose	6	0	0	2	8
Hispanic Or Latino	16	2	0	0	18
White Or Caucasian	28	2	0	0	30
Massage Therapist	438	217	5	4	664
Asian	102	34	0	0	136
Black Or African American	139	60	1	1	201
Do Not Want To Disclose	44	16	1	1	62
Hispanic Or Latino	26	24	1	0	51
Native American	5	0	0	0	5
Native Hawaiian Or Pacific Islander	1	1	0	0	2
White Or Caucasian	121	82	2	2	207
Medical Training License I(A)	683	465	2	1	1,151
Asian	186	118	0	0	304
Black Or African American	142	52	1	0	195
Do Not Want To Disclose	32	27	0	1	60
Native American	2	1	0	0	3
Hispanic or Latino	47	46	0	0	93
Native Hawaiian or Pacific Islander	1	0	0	0	1
White Or Caucasian	271	221	1	0	493

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Medical Training License I(B)	179	165	0	0	344
Asian	52	45	0	0	97
Black Or African American	49	36	0	0	85
Do Not Want To Disclose	20	14	0	0	34
Hispanic or Latino	17	10	0	0	27
White Or Caucasian	41	60	0	0	101
Medical Training License II	10	15	0	0	25
Asian	4	5	0	0	9
Black Or African American	0	1	0	0	1
Do Not Want To Disclose	1	1	0	0	2
Hispanic or Latino	2	2	0	0	4
White Or Caucasian	3	6	0	0	9
Medical Training Registrant	95	147	0	1	243
Asian	24	18	0	0	42
Black Or African American	8	15	0	0	23
Do Not Want To Disclose	7	22	0	1	30
Hispanic or Latino	3	4	0	0	7
Native Hawaiian or Pacific Islander	0	1	0	0	1
White Or Caucasian	53	87	0	0	140
Medicine And Surgery	6,850	6,696	3	34	13,583

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Asian - South Asian	1,512	1,303	1	3	2,819
Black Or African American	1,358	796	1	8	2,163
Do Not Want To Disclose	1,192	1,283	1	21	2,497
Hispanic Or Latino	310	309	0	0	619
Native American - Alaskan Native	5	4	0	0	9
Native Hawaiian Or Pacific Islander	4	2	0	0	6
White Or Caucasian	2,469	2,999	0	2	5,470
Naturopath Physician	57	11	0	0	68
Asian - South Asian	4	2	0	0	6
Black Or African American	15	1	0	0	16
Do Not Want To Disclose	11	1	0	0	12
Hispanic or Latino	3	0	0	0	3
White Or Caucasian	24	7	0	0	31
Nitrous Oxide	1	1	0	0	2
Black Or African American	0	0	0	0	0
Hispanic Or Latino	0	1	0	0	1
White Or Caucasian	1	0	0	0	1
Nurse Practitioner	4,575	527	4	4	5,110
Asian - South Asian	342	51	0	0	393
Black Or African American	1,850	230	1	1	2,082

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Do Not Want To Disclose	221	23	0	3	247
Hispanic Or Latino	218	36	0	0	254
Native American	9	1	1	0	11
Native Hawaiian Or Pacific Islander	4	1	2	0	7
White Or Caucasian	1,931	185	0	0	2,116
Nursing Home Administrator	42	20	0	0	62
Asian - South Asian	3	1	0	0	4
Black Or African American	26	14	0	0	40
Do Not Want To Disclose	1	0	0	0	1
Hispanic Or Latino	1	0	0	0	1
White Or Caucasian	11	5	0	0	16
Nutritionist	78	3	0	1	82
Asian	3	0	0	0	3
Black Or African American	16	3	0	0	19
Do Not Want To Disclose	7	0	0	1	8
Hispanic Or Latino	5	0	0	0	5
White Or Caucasian	47	0	0	0	47
Occupational Therapist	771	65	3	1	840
Asian	66	8	1	0	75
Black Or African American	221	28	0	0	249

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Do Not Want To Disclose	30	5	0	0	35
Hispanic Or Latino	36	4	0	0	40
Native American	0	1	0	0	1
White Or Caucasian	418	19	2	1	440
Occupational Therapy Assistant	40	12	0	0	52
Asian - South Asian	1	0	0	0	1
Black Or African American	16	7	0	0	23
Do Not Want To Disclose	4	2	0	0	6
Hispanic Or Latino	3	0	0	0	3
White Or Caucasian	16	3	0	0	19
Optometrist	137	91	0	0	228
Asian	48	14	0	0	62
Black Or African American	28	8	0	0	36
Do Not Want To Disclose	14	7	0	0	21
Hispanic Or Latino	8	3	0	0	11
Native Hawaiian Or Pacific Islander	1	0	0	0	1
White Or Caucasian	38	59	0	0	97
Osteopathy And Surgery	535	492	0	1	1,028
Asian	111	88	0	1	200
Black Or African American	63	20	0	0	83

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Do Not Want To Disclose	137	171	0	0	308
Native American	1	0	0	0	1
Native Hawaiian Or Pacific Islander	0	1	0	0	1
Hispanic or Latino	13	9	0	0	22
White Or Caucasian	210	203	0	0	413
Pharmaceutical Detailers	599	359	0	1	959
Asian	33	16	0	0	49
Black Or African American	133	112	0	0	245
Do Not Want To Disclose	41	27	0	1	69
Hispanic Or Latino	21	22	0	0	43
Native American	1	1	0	0	2
Native Hawaiian or Pacific	1	0	0	0	1
White Or Caucasian	369	181	0	0	550
Pharmacist	1,401	806	2	3	2,212
Asian	325	127	1	0	453
Black Or African American	577	343	0	1	921
Do Not Want To Disclose	105	57	1	2	165
Hispanic Or Latino	46	20	0	0	66
Native American	0	1	0	0	1
Native Hawaiian Or Pacific Islander	2	1	0	0	3

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
White Or Caucasian	346	257	0	0	603
Pharmacy Intern	226	82	1	4	313
Asian	29	12	1	0	42
Black Or African American	113	46	0	0	159
Do Not Want To Disclose	20	2	0	4	26
Hispanic Or Latino	21	5	0	0	26
White Or Caucasian	43	17	0	0	60
Pharmacy Technician	1,022	311	5	7	1,345
Asian - South Asian	60	39	1	0	100
Black Or African American	731	187	2	1	921
Do Not Want To Disclose	57	10	0	4	71
Hispanic Or Latino	101	36	0	0	137
Native American	5	1	0	0	6
Native Hawaiian Or Pacific Islander	2	0	0	0	2
White Or Caucasian	66	38	2	2	108
Pharmacy Technician Trainee	127	42	1	0	170
Asian	7	8	0	0	15
Black Or African American	102	25	1	0	128
Do Not Want To Disclose	2	0	0	0	2
Hispanic or Latino	10	8	0	0	18

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
White Or Caucasian	6	1	0	0	7
Physical Therapist	1,014	412	3	4	1,433
Asian	115	56	0	0	171
Black Or African American	184	71	1	0	256
Do Not Want To Disclose	166	63	0	4	233
Hispanic Or Latino	47	26	0	0	73
Native American	2	1	0	0	3
Native Hawaiian Or Pacific Islander	0	1	0	0	1
White Or Caucasian	500	194	2	0	696
Physical Therapist Assistant	53	23	0	0	76
Asian	13	3	0	0	16
Black Or African American	15	6	0	0	21
Do Not Want To Disclose	11	4	0	0	15
Hispanic or Latino	5	3	0	0	8
White Or Caucasian	9	7	0	0	16
Physician Assistant	1,159	300	1	4	1,464
Asian - South Asian	156	29	0	0	185
Black Or African American	181	61	0	0	242
Do Not Want To Disclose	61	24	0	4	89
Hispanic or Latino	52	20	0	0	72

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Native Hawaiian Or Pacific Islander	0	1	0	0	1
White Or Caucasian	709	165	1	0	875
Podiatrist	60	85	0	0	145
Asian	12	8	0	0	20
Black Or African American	27	18	0	0	45
Do Not Want To Disclose	7	8	0	0	15
Hispanic or Latino	1	1	0	0	2
White Or Caucasian	13	50	0	0	63
Polysomnographic Technician	1	0	0	0	1
Black Or African American	1	0	0	0	1
Polysomnographic Technologist	34	32	0	0	66
Asian	3	6	0	0	9
Black Or African American	16	14	0	0	30
Do Not Want To Disclose	2	0	0	0	2
Hispanic or Latino	3	0	0	0	3
White Or Caucasian	10	12	0	0	22
Professional Art Therapist	21	2	1	0	24
Asian	1	0	0	0	1
Black Or African American	3	0	0	0	3
Hispanic Or Latino	3	0	0	0	3

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
White Or Caucasian	14	2	1	0	17
Psychologist	1,175	386	6	5	1,572
Asian	90	18	1	0	109
Black Or African American	230	53	1	1	285
Do Not Want To Disclose	65	18	0	2	85
Hispanic Or Latino	67	22	0	0	89
Native American	1	1	0	0	2
Native Hawaiian Or Pacific Islander	0	1	0	0	1
White Or Caucasian	722	273	4	2	1,001
Psychology Associate	187	32	2	2	223
Asian	15	6	0	0	21
Black Or African American	93	12	1	0	106
Do Not Want To Disclose	9	2	0	1	12
Hispanic Or Latino	28	0	0	0	28
White Or Caucasian	42	12	1	1	56
Recreation Therapist	23	12	0	0	35
Black Or African American	11	10	0	0	21
White Or Caucasian	12	0	0	0	12
Hispanic or Latino	0	1	0	0	1
Do Not Want to Disclose	0	1	0	0	1

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Registered Nurse	35,090	4,008	21	60	39,179
Asian	3,548	660	1	3	4,212
Black Or African American	13,045	1,531	8	2	14,586
Do Not Want To Disclose	1,493	167	1	46	1,707
Hispanic Or Latino	2,377	300	0	1	2,678
Native American	95	13	0	0	108
Native Hawaiian Or Pacific Islander	48	7	0	0	55
White Or Caucasian	14,484	1,330	11	8	15,833
Registered Nurse Anesthetist	4	0	0	0	4
Black Or African American	2	0	0	0	2
White Or Caucasian	2	0	0	0	2
Respiratory Care Practitioner	571	300	0	0	871
Asian - South Asian	36	29	0	0	65
Black Or African American	387	188	0	0	575
Do Not Want To Disclose	22	12	0	0	34
Hispanic Or Latino	27	24	0	0	51
Native American	2	2	0	0	4
White Or Caucasian	97	45	0	0	142
SLP Clinical Fellow	36	2	1	0	39
Asian - South Asian	3	0	0	0	3

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Black Or African American	4	0	1	0	5
Hispanic or Latino	7	1	0	0	8
White Or Caucasian	22	1	0	0	23
Social Work Associate	37	5	0	0	42
Asian	0	1	0	0	1
Black Or African American	30	4	0	0	34
Do Not Want To Disclose	1	0	0	0	1
Hispanic Or Latino	2	0	0	0	2
White Or Caucasian	4	0	0	0	4
Speech-Language Pathologist	949	46	2	2	999
Asian	57	0	0	0	57
Black Or African American	265	12	1	0	278
Do Not Want To Disclose	46	2	0	1	49
Hispanic or Latino	82	6	0	0	88
Native American	1	0	0	0	1
White Or Caucasian	498	26	1	1	526
Speech-Language Pathology Assistant	14	1	0	1	16
Black Or African American	7	1	0	0	8
Do Not Want To Disclose	1	0	0	0	1
Hispanic or Latino	4	0	0	0	4

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
White Or Caucasian	2	0	0	1	3
Surgical Assistant	34	87	0	0	121
Asian	0	24	0	0	24
Black Or African American	12	33	0	0	45
Do Not Want To Disclose	3	3	0	0	6
Hispanic or Latino	8	11	0	0	19
Native American	2	0	0	0	2
White Or Caucasian	9	16	0	0	25
Therapeutic Pharmaceutical Agent	128	82	0	0	210
Asian	48	13	0	0	61
Black Or African American	22	7	0	0	29
Do Not Want To Disclose	14	7	0	0	21
Hispanic Or Latino	8	2	0	0	10
Native Hawaiian Or Pacific Islander	1	0	0	0	1
White Or Caucasian	35	53	0	0	88
Trained Medication Employee	888	496	0	1	1,385
Asian	3	4	0	0	7
Black Or African American	857	472	0	1	1,330
Do Not Want To Disclose	11	8	0	0	19
Hispanic Or Latino	9	9	0	0	18

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License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Native American	1	1	0	0	2
Native Hawaiian or Pacific Islander	1	0	0	0	1
White Or Caucasian	6	2	0	0	8
Trauma Technologist	1	3	0	0	4
Black Or African American	0	3	0	0	3
Hispanic or Latino	1	0	0	0	1
Vaccination And Immunization Agent	493	389	2	1	885
Asian	94	50	1	0	145
Black Or African American	249	193	0	1	443
Do Not Want To Disclose	26	29	1	0	56
Hispanic Or Latino	25	9	0	0	34
Native American	0	1	0	0	1
Native Hawaiian Or Pacific Islander	2	0	0	0	2
White Or Caucasian	97	107	0	0	204
Veterinarian	367	104	0	1	472
Asian	32	6	0	0	38
Black Or African American	46	10	0	0	56
Do Not Want To Disclose	23	9	0	0	32
Hispanic Or Latino	26	3	0	0	29
White Or Caucasian	240	76	0	1	317

License/Certification/Registration Type	Female	Male	Non-Binary/X	Prefer Not To Disclose	Total
Yellow Fever Stamp Permit	28	21	0	0	49
Asian	6	3	0	0	9
Black Or African American	9	5	0	0	14
Do Not Want To Disclose	2	0	0	0	2
Hispanic or Latino	2	2	0	0	4
White Or Caucasian	9	11	0	0	20
Total¹	89,620	27,087	128	222	117,057

¹ Disaggregated data by race/ethnicity and gender is not available for Certified Nurse Aide (CNA) applicants, as their licensure process is currently managed by a third-party vendor. This vendor does not collect or report demographic information as part of the licensing process.

Q110: For each professional license, certification, or registration for healthcare professionals in FY 2025 and FY 2026, to date, please indicate the following:

- a. Number of applications, including percentage that were approved;
- b. Number of applications abandoned;
- c. Number of applicants based on endorsements from other jurisdictions;
- d. Average length of time to process applications;
- e. Percentage change in length of processing times from FY 2024 to FY 2025;
- f. Number of inquiries and/or complaints from a licensee or applicant, and average number of days until DC Health's response; and
- g. Number of staff that support the processing of applications for licensure per Board.

Response:

a. Number of applications

License / Certification / Registration Type	FY25		FY26	
	Number of Applications Submitted	Percentage Approved	Number of Applications Submitted**	Percentage Approved**
Acupuncturist	144	100%	6	100%
Ancillary Procedures - Physiotherapy	74	100%	0	-
Anesthesiologist Assistant	139	100%	6	100%
Athletic Trainer	154	99.4%	10	50%
Audiologist	103	100%	9	66.7%
Certified Addiction Counselor I	70	98.6%	3	33.3%
Certified Addiction Counselor II	159	88.7%	16	50%
Certified Nurse Midwife	22	86.4%	6	16.7%
Certified Nursing Aide	Certification was managed by Credentia for almost all of FY25. 21 applications were received by DC Health at the end of FY25, but were not reviewed until FY26.		90	28.9%
Certified Registered Nurse Anesthetist	40	72.5%	7	14.3%
Chinese Herbology	33	100%	1	100%
Chiropractor	105	99.1%	3	0%

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Clinical Nurse Specialist	2	100%	2	0%
Controlled Substance	8,863	99.8%	1,238	90.6%
Controlled Substance - NP	513	98.6%	120	80%
Controlled Substance - PA	951	99.1%	78	69.2%
Dance Therapist	0	-	1	100%
Dental Assistant - Level III	2	50%	1	0.00%
Dental Assistant - Level II	143	88.1%	471	93%
Dental Assistant- Level I	81	97.5%	108	88%
Dental Hygienist	52	100%	125	92.5%
Dentist	162	97.6%	963	91.4%
Dentistry Teaching License	0	-	1	100%
Diagnostic Pharmacy Agent	0	-	0	-
Dietitian	383	98.4%	417	94%
Graduate Social Worker	1,327	96.8%	200	36%
Home Health Aide	4,401	98.6%	3,586	96.4%
Ind Clinical Social Worker	5,071	98.2%	179	34.6%
Independent Social Worker	34	97.1%	5	0%
Licensed Graduate Art Therapist	6	66.7%	1	0%
Licensed Graduate Professional Counselor	429	88.8%	59	32.2%
Licensed Marriage and Family Therapist	246	95.1%	25	28%
Licensed Practical Nurse	1,592	98.4%	112	54.5%

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Licensed Professional Counselor	1,744	96.9%	149	37.9%
Local Anesthesia	16	100%	100	97%
Local Anesthesia and Nitrous oxide	12	100%	80	88.8%
Massage Therapist	587	99%	39	56.4%
Medical Training License I(A)	1,156	100%	2	50%
Medical Training License I(B)	350	100%	3	33.3%
Medical Training License II	27	96.3%	0	-
Medical Training Registrant	471	98.9%	109	66.1%
Medicine and Surgery	11,911	99.8%	759	82%
Naturopath Physician	66	100%	2	100%
Nitrous Oxide	0	-	3	66.7%
Nurse Practitioner	1,172	85.5%	389	34.2%
Nursing Home Administrator	10	20%	4	0%
Nutritionist	36	100%	42	95.2%
Occupational Therapist	730	99.5%	42	66.7%
Occupational Therapy Assistant	36	100%	4	50%
Optometrist	25	100%	5	40%
Osteopathy and Surgery	743	100%	71	83.1%
Pharmaceutical Detailers	220	98.6%	153	85%
Pharmacist	2,155	98.1%	58	56.9%
Pharmacy Intern	103	98.1%	17	52.9%
Pharmacy Technician	1,225	99%	94	56.4%
Pharmacy Technician Trainee	178	90.5%	46	54.4%
Physical Therapist	1,208	99.8%	48	75%

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Physical Therapist Assistant	67	100%	2	50%
Physician Assistant	1,310	99.4%	118	72%
Podiatrist	13	61.5%	3	33.3%
Polysomnographic Technician	1	100%	0	-
Polysomnographic Trainee	4	100%	0	-
Polysomnographic Technologist	62	96.8%	3	66.7%
Professional Art Therapist	23	87%	4	25%
Psychologist	138	93.5%	1,425	97.1%
Psychology Associate	90	92.2%	127	91.3%
Recreation Therapist	2	100%	7	28.6%
Registered Nurse	8,067	95.5%	2,051	52.7%
Registered Nurse Anesthetist	2	100%	0	-
Respiratory Care Practitioner	806	99.8%	40	57.5%
Speech-Language Pathologist Clinical Fellow	44	100%	0	-
Social Work Associate	39	94.9%	3	33.3%
Speech-Language Pathologist	830	99.6%	52	69.2%
Speech-Language Pathology Assistant	11	100%	2	0%
Surgical Assistant	120	100%	3	33.33%
Therapeutic Pharmaceutical Agent	26	92.3%	5	40 %
Trained Medication Employee	692	91.9%	699	86%
Trauma Technologist	4	100%	0	-
Vaccination and Immunization Agent	848	98.6%	29	79.3%
Veterinarian	129	100%	342	91.5%

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Veterinarian Technician	0	-	62	48.39%
Yellow Fever Stamp Permit	23	91.3%	1	100%
Grand Total	72,854	92%	15,046	53%

**Applications received and approved as of January 4, 2026, in FY26

b. Abandoned Applications:

In accordance with DCMR Chapter 40, section 4001.5, “If the applicant fails to correct the deficiency within the required period, the application shall lapse.” Health professional license applications that remain incomplete for 120 days or more from the date of submission are deemed abandoned and are closed by the Board. Once an application is closed as abandoned, the applicant must submit a new application, meet all current licensure requirements and pay all applicable fees again. Applications may be abandoned for reasons such as:

- The applicant received a temporary license for a short-term position in the District of Columbia and no longer requires a full license
- Changes in business or personal circumstances
- Abandonment as part of a settlement agreement
- Situations where the candidate determines that they are ineligible
- Failure to submit missing documents
- Failure to upload non-expired documents
- Issue moved to Board review with no further action taken by the applicant

License/Certification/Registration Type	FY 2025	FY 2026
Acupuncturist	1	0
Ancillary Procedures - Physiotherapy	0	0
Anesthesiologist Assistant	0	0
Athletic Trainer	0	0
Audiologist	1	0
Certified Addiction Counselor I	1	0
Certified Addiction Counselor II	4	0
Certified Nurse Midwife	4	0
Certified Registered Nurse Anesthetist	4	0
Chiropractor	0	0
Controlled Substance	24	0

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Controlled Substance - NP	20	0
Controlled Substance - PA	10	0
Dental Assistant-Level III	3	0
Dental Assistant - Level II	19	0
Dental Assistant- Level I	10	0
Dental Hygienist	5	0
Dentist	9	0
Dietitian	11	0
Graduate Social Worker	93	0
Home Health Aide	77	0
Ind Clinical Social Worker	154	0
Ind Social Worker	2	0
Licensed Graduate Art Therapist	1	0
Licensed Graduate Professional Counselor	22	0
Licensed Marriage and Family Therapist	15	0
Licensed Practical Nurse	60	1
Licensed Professional Counselor	105	0
Local Anesthesia	2	0
Local Anesthesia and Nitrous Oxide	0	0
Massage Therapist	9	0
Medical Training License I(A)	25	0
Medical Training License I(B)	15	0
Medical Training License II	8	0
Medical Training Registrant	25	2
Medicine and Surgery	65	1
Naturopath Physician	1	0
Nitrous Oxide	0	0
Nurse Practitioner	93	0
Nursing Home Administrator	2	0
Nutritionist	4	0
Occupational Therapist	14	0
Occupational Therapy Assistant	2	0
Optometry	1	0
Osteopathy and Surgery	7	0
Pharmaceutical Detailers	20	0
Pharmacist	16	0

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Pharmacy Intern	9	0
Pharmacy Technician	43	0
Pharmacy Technician Trainee	39	0
Physical Therapist	12	0
Physical Therapist Assistant	2	0
Physician Assistant	21	1
Podiatrist	0	0
Polysomnographic Technician	1	0
Polysomnographic Technologist	5	0
Polysomnographic Trainee	2	0
Psychologist	19	0
Psychology Associate	7	0
Recreation Therapist	1	0
Registered Nurse	558	7
Respiratory Care Practitioner	10	0
Social Work Associate	3	0
Speech-Language Pathologist	10	0
Speech-Language Pathology Assistant	1	0
Speech-Language Clinical Fellow	1	0
Surgical Assistant	5	0
Trained Medication Employee	50	0
Vaccination and Immunization Agent	9	0
Veterinarian	1	0
Grand Total	1,774	12

c. Applications by Endorsement

License/Certification/Registration Type	FY 2025	FY 2026
Audiologist	9	3
Certified Addiction Counselor I	1	0
Certified Addiction Counselor II	4	0
Certified Nurse Midwife	15	1
Certified Nursing Aide	0	15
Certified Registered Nurse Anesthetist	15	1
Clinical Nurse Specialist	1	0
Dental Assistant - Level I	2	1
Dental Assistant - Level II	0	0
Dental Hygienist	33	7

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Dentist	118	9
Dietitian	157	22
Graduate Social Worker	144	10
Home Health Aide	705	163
Ind Clinical Social Worker	396	29
Ind Social Worker	2	0
Licensed Graduate Professional Counselor	17	2
Licensed Marriage and Family Therapist	44	0
Licensed Practical Nurse	212	35
Licensed Professional Counselor	153	4
Local Anesthesia	9	4
Local Anesthesia and Nitrous Oxide	8	0
Massage Therapist	32	8
Medicine and Surgery	354	61
Nurse Practitioner	682	75
Nursing Home Administrator	1	0
Nutritionist	11	0
Occupational Therapist	69	9
Occupational Therapy Assistant	4	0
Optometrist	18	1
Osteopathy and Surgery	37	8
Pharmacist	78	15
Pharmacy Technician	133	17
Physical Therapist	76	3
Physical Therapist Assistant	3	0
Podiatrist	8	1
Professional Art Therapist	10	0
Psychologist	88	16
Psychology Associate	6	2
Recreation Therapist	0	1
Registered Nurse	6,151	705
Respiratory Care Practitioner	91	6
Social Work Associate	4	1
Speech-Language Pathologist	82	3
Speech-Language Pathology Assistant	0	0
Trained Medication Employee	221	50
Veterinarian	59	1

Veterinarian Technician	0	1
Grand Total	10,263	1,290

d. Approval Time:

The average length of time to process applications, as currently calculated, does not accurately reflect the period during which DC Health is actively working on an application. Our existing system measures approval times from the date of initial submission of the license application to the date of final approval, whether through delegated authority granted to staff or by the respective professional board itself. The system and this calculation include, sometimes significant periods of time, that are outside the Office of Health Professional Licensing (OHPL) control, such as:

- Applicants submitting applications without all the necessary information or erroneous file uploads
- Waiting for required documents (e.g., transcripts) that must be sent directly from issuing institutions.
- Board review schedules.
- Office of Attorney General settlement offers.
- Waiting periods for eligibility to sit for required examinations.

Given the impact these factors can have on application processing time, applications that took longer than 120 days were identified as outliers.

The current methodology begins calculating the time when the application is submitted, but that doesn't necessarily mean that it is complete and ready for review by DC Health. We consider an application complete when all of the required documents and supporting materials have been received, but this cannot be verified at the time of submission on the online platform. The digital application process only allows applicants to pay fees, enter demographic information, list education and experience, complete disclosures, and agree to fingerprinting. Supporting documents, such as transcripts, often require additional time to be sourced from third parties.

For FY25, the average time from a complete application to approval was approximately 2 days. Outliers were removed from these calculations, and the rationale for exclusions will be provided later in the response. These figures demonstrate that the actual processing time attributable to OHPL is significantly shorter than the overall submission-to-approval timeframe currently reported.

License/Certification/Registration Type	Average Processing Time (Days)

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	FY 2025	Excluding Outliers	FY 2026	Excluding Outliers
Acupuncturist	16.5	14.4	9.3	9.3
Anesthesiologist Assistant	11.9	12.0	2.7	2.7
Athletic trainer	15.9	15.8	4.6	4.6
Audiologist	22.3	15.5	21.3	21.3
Certified Addiction Counselor I	19.2	17.2	2	2
Certified Addiction Counselor II	30.3	18.8	6	6
Certified Nurse Midwife	84.8	52.7	21	21
Certified Nursing Aide ²	-	-	8	8
Certified Registered Nurse Anesthetist	80	60.5	1	1
Chinese Herbology	11.5	11.5	7	7
Chiropractor	19	17.6	-	-
Clinical Nurse Specialist	66	66	-	-
Controlled Substance	16.1	15.6	4.17	4.17
Controlled Substance - NP	26.3	19.9	9.1	9.1
Controlled Substance - PA	16	14.3	14.5	14.5
Dance Therapist	-	-	1	1
Dental Assistant - Level III	114	114	-	-
Dental Assistant - Level II	55.8	38.6	4.0	4.0
Dental Assistant- Level I	69.4	53	3.1	3.1
Dental Hygienist	45.5	40.4	3.2	3.2
Dentist	50.8	38.7	4	4
Dentistry Teaching License	-	-	18	18
Diagnostic Pharmacy Agent	-	-	-	-
Dietitian	30.7	22.7	4.4	4.4
Graduate Social Worker	24.1	14.6	35.3	35.3
Home Health Aide	13.4	10.1	4.6	4.6
Ind Clinical Social Worker	13.4	8.8	22.6	22.6
Independent Social Worker	6.7	6.7	-	-
Licensed Graduate Art Therapist	199	-	-	-
Licensed Graduate Professional Counselor	43.8	26.9	7.2	7.2
Licensed Marriage and Family Therapist	33.6	18.1	2.7	2.7
Licensed Practical Nurse	13.2	11.1	17.5	17.5
Licensed Professional Counselor	24.5	14.5	8	8
Local Anesthesia	34.2	19.5	3.8	3.8
Local Anesthesia and Nitrous Oxide	57.3	42	3	3
Massage Therapist	10.9	9.3	9.3	9.3
Medical Training License I(A)	28.9	28.3	58	58

² Applications were processed by third party vendor during FY2025.

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Medical Training License I(B)	35	33.3	11	11
Medical Training License II	49.8	46.5	-	-
Medical Training Registrant	35.9	33.5	22.6	22.6
Medicine and Surgery	16.2	15.12	5.4	5.4
Naturopath Physician	18.9	18.9	5	5
Nitrous Oxide	-	-	6.5	6.5
Nurse Practitioner	81.5	60.13	28.3	28.3
Nursing Home Administrator	217.5	104	-	-
Nutritionist	26.4	26.4	3.4	3.4
Occupational Therapist	13.8	10.3	21.3	21.3
Occupational Therapy Assistant	10.8	10.7	4	4
Optometrist	63.5	55.6	32.5	32.5
Osteopathy and Surgery	17.6	15.9	3.8	3.8
Pharmaceutical Detailers	29	25.5	5	5
Pharmacist	8.3	5.5	13.2	13.2
Pharmacy Intern	34.9	27	13.4	13.4
Pharmacy Technician	11.5	10	14	14
Pharmacy Technician Trainee	32.2	29.5	14.3	14.3
Physical Therapist	9.7	7.7	4.1	4.1
Physical Therapist Assistant	9.9	7.9	-	-
Physician Assistant	19	16.4	13.7	13.7
Podiatrist	41.1	41.1	35	35
Polysomnographic Trainee	78.8	55.6	-	-
Polysomnographic Technician	44	44	-	-
Polysomnographic Technologist	20	18	28	28
Professional Art Therapist	134.6	65.8	-	-
Psychologist	87.8	62.8	3.2	3.2
Psychology Associate	63	50.8	4.6	4.6
Recreation Therapist	46.5	46.5	11.5	11.5
Registered Nurse	45.5	38.18	18.6	18.6
Registered Nurse Anesthetist	37	37	-	-
Respiratory Care Practitioner	9.6	8.3	9.4	9.4
Speech-Language Pathology Clinical Fellow	53.1	46	-	-
Speech-Language Pathologist	17.1	15	7.7	7.7
Speech-Language Pathology Assistant	21.9	21.9	-	-
Social Work Associate	8.8	8.7	27	27
Surgical Assistant	24.7	21.7	65	65
Therapeutic Pharmaceutical Agent	65.3	50.7	32.5	32.5
Trained Medication Employee	30.5	19.4	5.8	5.8
Trauma Technologist	9.3	9.2	-	-

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Vaccination and Immunization Agent	7.3	5.9	11.1	11.1
Veterinarian	29.7	28	2.9	2.9
Veterinarian Technician	-	-	19.6	19.6
Yellow Fever Stamp Permit	32.5	12.2	-	-
Average	39.7	31.3	12.9	12.9

e. Percentage change in length of processing times from FY 2024 to FY 2025

As noted in the previous response, the measures here offer limited value for oversight and performance of the Office of Health Professional Licensing (OHPL) because they include processes that are largely outside the Department's span of control. To avoid peaks and valleys in our work processes and renewal volume, we have been slowly transitioning each profession to our new renewal schedule, under which healthcare professionals will renew their license, certification, and/or registration biennially on the last day of their birth month. With the transition to this new renewal model, variance in processing time should no longer be a factor as individuals will be relatively evenly distributed over the two-year period.

The table below presents processing times for FY24 and FY25 with outliers removed. These outliers were removed to provide a more accurate representation of the difference in processing time between fiscal years.

License/Certification/Registration Type	Processing Time		
	FY 2024 Processing Days (Excluding outliers)	FY 2025 Processing Days (Excluding outliers)	Percentage Change
Acupuncturist	48.25	14.4	-70.2%
Anesthesiologist Assistant	32.73	12	-63.3%
Athletic Trainer	30.07	15.8	-47.5%
Audiologist	50.86	15.5	-69.5%
Certified Addiction Counselor II	45	17.2	-61.8%
Certified Nurse Midwife	19.97	18.8	-5.9%
Certified Registered Nurse Anesthetist	13.48	60.5	348.8%†
Chinese Herbology	26	11.5	-55.8%
Chiropractor	71.5	17.6	-75.4%
Clinical Nurse Specialist	20.87	66	216.2%†

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Controlled Substance	20.92	15.6	-25.4%
Controlled Substance - Np	10.72	19.9	85.6%
Controlled Substance - Pa	24.29	14.3	-41.1%
Dance Therapist	12.5	0	-
Dental Assistant - Level Ii	14.33	38.6	169.4%†
Dental Assistant- Level I	26.55	53	99.6%†
Dental Hygienist	13.36	40.4	202.4%†
Dentist	16.11	38.7	140.2%†
Dentistry Teaching License	54.5	-	-
Diagnostic Pharmacy Agent	6.5	-	-
Dietitian	21.87	22.7	3.8%
Graduate Social Worker	55.23	14.6	-73.6%
Home Health Aide	27.56	10.1	-63.4%
Ind Clinical Social Worker	58.15	8.8	-84.9%
Independent Social Worker	118	6.7	-94.3%
Licensed Graduate Professional Counselor	46.98	26.9	-42.7%
Licensed Marriage And Family Therapist	71.5	18.1	-74.7%
Licensed Practical Nurse	39.58	11.1	-72.0%
Licensed Professional Counselor	62.08	14.5	-76.6%
Local Anesthesia	13.57	19.5	43.7%
Local Anesthesia And Nitrous Oxide	14.18	42	196.2%†
Massage Therapist	39.85	9.3	-76.7%
Medical Training License I(A)	21	28.3	34.8%
Medical Training License I(B)	22.85	33.3	45.7%
Medical Training License Ii	29.29	46.5	58.8%
Medical Training Registrant	34.12	33.5	-1.8%
Medicine And Surgery	23.1	15.1	-34.6%
Naturopath Physician	-	18.9	-
Nitrous Oxide	24	-	-
Nurse Practitioner	22.91	60.13	162.5%

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Nursing Home Administrator	5.76	104	1,705.6%†
Nutritionist	22.05	26.4	19.7%
Occupational Therapist	38.58	10.7	-72.3%
Occupational Therapy Assistant	28.91	32.5	12.4%
Optometrist	10.56	55.6	426.5%†
Osteopathy And Surgery	13.24	15.9	20.1%
Pharmaceutical Detailers	15.95	25.5	59.9%
Pharmacist	45.92	5.5	-88.0%
Pharmacy Intern	29.88	27	-9.6%
Pharmacy Technician	30.51	10	-67.2%
Pharmacy Technician Trainee	31.32	29.5	-5.8%
Physical Therapist	20.22	7.7	-61.9%
Physical Therapist Assistant	21.88	7.9	-63.9%
Physician Assistant	38.06	16.4	-56.9%
Podiatrist	9.25	41.1	344.3%†
Polysomnographic Technologist	32.67	55.6	70.2%
Professional Art Therapist	95	65.8	-30.7%
Psychologist	15.19	62.8	313.4%†
Psychology Associate	23.67	50.8	114.6%
Recreation Therapist	11.7	46.5	297.4%†
Registered Nurse	12.42	38.18	207.4%†
Registered Nurse Anesthetist	32	37	15.6%
Respiratory Care Practitioner	29.23	8.3	-71.6%
Speech-Language Pathology Clinical Fellow	34	46	35.3%
Social Work Associate	54.5	15	-72.5%
Speech-Language Pathologist	39.64	21.9	-44.8%
Speech-Language Pathology Assistant	17	8.7	-48.8%
Surgical Assistant	16.5	21.7	31.5%

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Therapeutic Pharmaceutical Agent	11.03	50.7	359.7%†
Trained Medication Employee	33.79	19.4	-42.6%
Vaccination And Immunization Agent	31.73	5.9	-81.4%
Veterinarian	16.08	28	74.1%
Yellow Fever Stamp Permit	39	12.2	-68.7%
Average	17	17.9	5.3%

*** Negative values represent reduced processing times, while positive values represent increased processing times.**

†Will be addressed in response to Q111.

f. Number of inquiries and/or complaints from a licensee or applicant, and average number of days until DC Health’s response:

The Office of Government Relations tracks complaints escalated to the Executive Office of the Mayor (EOM), Council, Advisory Neighborhood Commissions (ANC), or federal agencies or their jurisdictions.

- **Number of inquiries for FY25:** 28
- **Average time to resolve for FY25:** 3 days
- **Number of inquiries for FY26 (to date):** 9
- **Average time to resolve for FY26 (to date):** 6 days

HSPA’s Office of Health Professional Licensing (OHPL) does not currently maintain formal tracking metrics for the number of inquiries or complaints received from licensees or applicants, nor for the average response time. However, OHPL is committed to adhering to DC Health’s Customer Service Standard Operating Procedure (240.500), which requires responding to all voicemails and emails within 24 hours or by the next business day after receipt. While this remains our goal, we acknowledge that there have been instances where OHPL was unable to meet this standard.

Several factors have contributed to these delays, including staffing constraints, inaccurate contact information provided by inquirers, and unclear or incomplete email and voicemail messages. Despite these challenges, OHPL continues to strive toward meeting DC Health’s customer service standards.

To improve responsiveness and customer experience, OHPL has implemented the following measures:

1. Enhanced Customer Service Training: Conducted during staff meetings and one-on-one sessions to reinforce best practices and ensure consistent, high-quality interactions.
2. Improved Communication Processes: Including clearer guidance as to how to connect applicants and licensees with the resources that they need through a more in-depth HSPA Phone Directory that includes staff emails, contact numbers, assigned work areas, and answers to frequently asked questions, enabling staff to access information and assist licensees or applicants quickly.
3. Automated Call Routing System: Implementation of a phone tree that directs callers to the appropriate resource, improving communication efficiency and reducing delays.

While applicants and licensees have multiple avenues to submit inquiries or concerns, such as contacting support, emailing the director, emailing the boards, or visiting in person, OHPL does not currently have a formal mechanism to track all these interactions. OHPL does have information regarding the in-person visits to the Licensing Processing Center in FY25. There were 4,736 visits, 40 of which were complaints. All of these were resolved on the day of the visit. Establishing such a system remains a priority for future process improvements.

g. Number of staff that support the processing of applications for licensure per Board.

Board	Staffing	
	FY 2025	FY 2026
Board of Acupuncture, Chiropractor, and Naturopathic Physicians	4*	4*
Board of Dentistry	2	2
Board of Dietetics and Nutrition	1*	1*
Board of Massage Therapy	1*	1*
Board of Medicine	7*	5*
Board of Nursing	9	9
Board of Optometry	4*	4*
Board of Pharmacy	2	2
Board of Podiatry	4*	4*

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Board of Professional Counseling	6*	5*
Board of Psychology	6*	5*
Board of Rehabilitative Therapy	6*	5*
Board of Respiratory Care	1*	1*
Board of Social Work	6*	5*
Board of Veterinary Medicine	4*	4*
Floating Team	3	3

The asterisk () next to the number indicates that a full FTE (Full-Time Employee) is not exclusively assigned to a Board. This signifies that a Health Licensing Specialist may also be assigned to other Boards. Additionally, we experienced staff attrition, and due to the spending freeze, we were unable to acquire new team members.

Q111: Please describe efforts DC Health has taken to shorten processing times. Please include any additional staffing needs to further shorten processing times for professional licenses for healthcare professionals.

Response:

DC Health is implementing a systemwide solution to reduce delays and manage high application volumes across all license types. This is paired with targeted interventions for high-priority professions to address critical staffing shortages and accelerate licensure where it is needed most.

Processing Time Trend (All Professions)

- Over the past several years, processing times have trended downwards, including, as of early 2026, which has seen a significant reduction in processing time.
- Extended timelines remain isolated to specific disciplines impacted by external regulatory requirements and the transition to the new birth-month renewal system, which is designed to prevent future volume spikes

Systematic Operational Improvements

- **Staggered Renewal Cycles:** Implemented a birth-month and birth-year renewal system to distribute the workload evenly across the 24-month cycle. This eliminates "renewal spikes" by transitioning from mass biennial deadlines—where 24,000 individuals might renew at once—to a manageable flow that allows for better attention to high need cases.
- **Legislative Changes:** Advanced updates to the Health Occupations Revision Act (HORA) to clarify regulatory requirements, remove outdated barriers, and enhance licensing efficiency.
- **Workflow Automation:** Integrated IT enhancements to automate task assignments, generate digital board packets, and provide real-time applicant status updates, reducing manual routing time.
- **Enhanced Applicant Communication:** Revised application forms and developed profession-specific checklists and proactive notifications to reduce errors and the need for administrative resubmissions.
- **Standardized Quality Assurance:** Streamlined the internal review process to eliminate redundant approval steps while maintaining rigorous quality checks.
- **Cross-Training:** Expanded staff cross-training to ensure the team can manage multiple professional disciplines, effectively eliminating bottlenecks caused by specialized vacancies.

Targeted Workforce Interventions

- **RN/LPN endorsement pathway improvements,** including clarified procedures for applicants holding multistate licenses, standardized document lists, and guidance to reduce back-and-forth. **Nursing (RN/LPN) Endorsement:** Optimized endorsement pathway, by clarifying procedures for multistate license holders, and standardizing document requirements to minimize administrative friction.
- **Social Work Education Pathway:** Implemented via legislative change to allow licensees to substitute observed practice in place of testing, to increase social worker capacity, and advance racial equity within the profession.

- **Data Insight:** Since inception, 285 licenses have been issued through the education pathway. 52% of those entering the LGSW profession via the traditional examination identify as Black or African American and 87% of those entering through the education and training pathway identify as Black or African American.
 - **Community Impact:** This initiative directly diversifies the workforce and expands access to culturally informed mental health care across the District.
- **Professional Counseling Efficiency:** Reduced the exam eligibility from 120 to 45 days. This administrative adjustment decouples candidate-led exam scheduling from DC Health's internal processing metrics, providing a more accurate reflection of departmental speed.
- **Art Therapy licensure:** Resolved a critical bottleneck by securing approval from the Art Therapy Credentials Board (ATCB), authorizing DC Health as a recognized approving institution.
- **Strategic Partnerships (Cedar Hill Initiative):** Collaborated with the DC Hospital Association and employers to facilitate "batch" processing for new facilities.
 - **Example:** During the opening of Cedar Hill Regional Medical Center, the licensing float team proactively processed staff lists to ensure a seamless transition from United Medical Center without service interruptions.

Next Steps & Future Interventions

To sustain the downward trend in processing times and further modernize the licensing experience, DC Health will execute the following initiatives:

- **Rule-Based Automation:** Deploy automated approval workflows for routine, non-complex applications that meet predetermined criteria.
- **Real-Time Status Tracking:** This upgrade includes real-time status updates and automated alerts for pending third-party verifications, providing full transparency throughout the review process.
- **Intelligent Online Submissions:** Enhance online submission with direct document uploads and system flagging for missing items. Upgrade the online application system to include mandatory document uploads and real-time flagging of missing items to prevent the submission of incomplete files.
- **Workforce Elasticity:** Scale cross-training to ensure staff can pivot to specialized areas during predictable surge periods, such as the summer peak for new resident physicians.
- **Proactive Applicant Education:** Launch a series of ~~via~~ webinars, updated digital guides, and professional-specific FAQs to improve the "first-time right" submission rate.
- **Escalation Protocols:** Formalize timelines and communication protocols with external partners—including national exam boards and credentialing bodies—to resolve third-party dependencies more rapidly.
- Address staffing gaps by advocating for additional positions in high volume and specialized areas to ensure consistent processing speeds and long-term system stability.
- **Data-Driven Oversight:** Implement internal performance dashboards to monitor cycle times in real-time, enabling leadership to identify and resolve bottlenecks as they emerge.

- **Enhanced Support Channels:** In addition to the Health Professional Customer Service Center, DC Health will launch "Licensing Office Hours." This resource will provide one-on-one assistance both in-person and virtually, to help candidates navigate application requirements.

Additional Staffing Needs

While process improvements have yielded significant gains, operational capacity in FY25 was impacted by citywide fiscal constraints and federal funding uncertainties. These external factors moderated the pace of personnel onboarding, challenging the department's ability to sustain peak processing speeds during high-volume application surges.

To mitigate these challenges, DC Health is prioritizing workforce flexibility and cross-training to ensure consistent licensure timelines and responsive support.

With optimized staffing levels, DC Health will further enhance its service delivery by:

- **Accelerating Reviews:** Decreasing turnaround times for specialized and high-priority professions.
- **Sustaining Efficiency:** Maintaining reduced processing times even during peak seasonal surges.
- **Expanding Direct Support:** Launching enhanced applicant services, including dedicated "office hours" and personalized virtual assistance.
- **Operational Resilience:** Strengthening the system's ability to meet the District's growing demand for qualified healthcare professionals.

DC Health remains steadfast in its commitment to advancing operational excellence and providing a seamless licensing experience for the district's healthcare workforce.

Contributing Factor(s) Delays

- **Exam Scheduling Delays**
Professions requiring examinations face delays when applicants postpone scheduling or require retakes—factors largely outside DC Health's control.
- **Administrative Approvals**
 - Art Therapy Licenses: Experienced significant delays while awaiting authorization from the Art Therapy Credentials Board (ATCB), the national credentialing body for art therapists, for DC Health to be designated as an approving institution. These delays were further compounded by a substantial backlog of applications that resulted from the initial authorization delay.
 - Long-Term Care Administrators: The sunset of the Board of Long-Term Care Administrators and its transition under the Board of Nursing created administrative challenges.

- Certified Nursing Aide (CNA): The application process transitioned in-house from Credentia. The transition required migrating information, cross-training of staff, and communication with licensees and partners.
- Advanced Practice Registered Nurses: The increase in the FY25 APRN processing time is largely attributed to FY24 being a renewal year. The review of renewal applications is much faster, and so there was a lower overall processing time for FY24 because initial and renewal application processing times are not differentiated. Additionally, the Certified Nurse Specialist (CNS), Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), and Certified Nurse Midwife (CNM) require additional specialty verification from their respective credentialing bodies; delays in receipt of those verifications contribute to increased processing times.
- Optometrists: Experienced delays due to additional verification requirements for therapeutic pharmaceutical agent certification and coordination with external credentialing bodies. These steps, while necessary for patient safety, have extended processing timelines for optometry-related applications.
- **Incomplete Applications**
 - Missing documentation necessitates follow-up and resubmissions, prolonging review.
- **Background Check Findings**
 - Applications with positive findings require additional investigation, extending processing times.
 - Dental Assistant Level I: Experienced delays due to complicated criminal background checks (CBC) from other jurisdictions.
 - Certified Nurse Aide (CNA): Experienced delays due to supporting information requested for CBC review (court documents, personal statements).
- **Renewals**

The processing of rolling renewals based on birthdays and the fixed renewal cycles occurred during the same period.

Q112: Please provide an update on the implementation of the FY 2026 Budget Support Act subtitle Health Occupation Criminal Background Checks Amendment Act of 2025, including:

- a. Has DC Health started using the Rap Back program in FY 2026, and if so, how many renewals have been processed using Rap Back?**
- b. Has the cost of background checks for renewals either increased or decreased since DC Health started using Rap Back?**

Response:

- a. Has DC Health started using the Rap Back program in FY 2026, and if so, how many renewals have been processed using Rap Back?**

DC Health has been working collaboratively with partners at the Metropolitan Police Department (MPD) as they begin building the Rap Back Program. While we are actively working with MPD on this project, we cannot begin using the service until it is fully implemented. We are also working on additional statutory updates that will help facilitate our participation in the program; however, we must have the program implemented or near implementation to ensure our statutory changes accommodate the structure of MPD's new system.

- b. Has the cost of background checks for renewals either increased or decreased since DC Health started using Rap Back?**

While we anticipate a decrease in fees for applicants following the implementation of Rap Back, MPD has not finalized fees as they are still in early stages of implementation.

Q113: Please provide an update on the implementation of the FY 2026 Budget Support Act subtitle Department of Health Licensure Pathways Program Amendment Act of 2025, including:

- a. Hiring status of the 1 FTE the Committee funded to implement this program; and**
- b. Number of individuals who have received support, or if this has not started yet, timeline for starting to offer services;**
- c. Types of language support resources and exam preparation resources given to program participants; and**
- d. Plans for outreach to community organizations to increase awareness of this new resource.**

Response:

- a. Hiring status of the 1 FTE the Committee funded to implement this program; and**

DC Health posted the Program Coordinator role during the winter hiring event and we are in the process of scheduling interviews to hire this position. We anticipate onboarding the Program Coordinator by the end of Q2 FY26.

- b. Number of individuals who have received support, or if this has not started yet, timeline for starting to offer services;**

The Foreign-Trained Healthcare Professional Welcome Center is still in formation and has not been finalized yet. We anticipate beginning services in the fourth quarter of FY26.

- c. Types of language support resources and exam preparation resources given to program participants; and**

In our current vision for the program, it will offer the following services:

- a. Intake and Triage:** Virtual and in-person sessions, facilitating the intake and triage of individual foreign-trained healthcare professionals interested in pursuing licensure in DC.
- b. Licensure Road-Mapping:** Provision of profession-specific pathway guidance to assist foreign-trained healthcare professionals in transitioning their foreign medical credentials to DC.
- c. Credential Screening:** Conduct a basic review of the candidate's documentation to ensure completeness before submitting it to the specific licensing boards, thereby reducing errors and unnecessary resubmission.
- d. Board Liaison:** Support contact across all health professional boards at DC Health to provide resources, input, guidance, and assistance when support foreign-trained healthcare professionals.

- e. **Employer Referral:** Connect individuals at various stages in the licensure process with employers in the District who elect to enter into Memorandums of Agreement with DC Health to receive the information.
- f. **Data Tracking:** Data tracking within the program to create and maintain key performance indicators (KPIs) and case outcomes that can be used to leverage support for ongoing sustainability of the program.
- g. **Resource Curation:** Maintain a listing of resources that can be shared with foreign-trained healthcare professionals to support the applicant's success (e.g., language training, clinical opportunities, etc.).
- h. **Policy Feedback Loop:** Support the identification of recurring regulatory barriers that foreign-trained healthcare professionals face when applying in the District and help to implement changes across existing processes.

Unfortunately, DC Health doesn't have the bandwidth or fiscal resources to support language support services and exam preparation services for individuals because of the breadth of professions and foreign-trained professionals that may be seeking licensure within the District. We wholly anticipate having a listing of resources to make available to individuals that will support them with language resources and exam preparation.

d. Plans for outreach to community organizations to increase awareness of this new resource.

We have developed materials that help to summarize the program, its anticipated capabilities, target populations, operating model, performance metrics, and scoping of the program based on the capacity with a single full-time team member. Once we have onboarded the new team member, we will work to publicize the Welcome Center and its capacity with community partners, including our healthcare partners, Mayor's Office on African Affairs, Mayor's Office on Asian & Pacific Islander Affairs, Mayor's Office on Latino Affairs, and other community-based immigrant service organizations that assist immigrants who are coming to live within the District of Columbia (e.g., Ayuda, Carecen DC, Catholic Charities DC, Amica Center, Lutheran Social Services of the National Capital Area, etc.).

Q114: Please describe the implementation of the new Board of Social Work regulations, including the number of licenses issued for applicants who have not yet taken the exam.

- a. The Committee has received complaints about expiration dates for these licenses of less than 2 years. What is the rationale for these shorter time periods?**

Response:

DC Health officially launched the Education Pathway for Licensed Graduate Social Workers (LGSWs), effective September 17, 2025. This pathway was launched following data published by the Association of Social Work Boards (ASWB) indicating significant racial and age-based disparities in licensing exam pass rates, thereby creating an inequitable barrier to licensure for persons of color. DC Health prioritized eliminating this barrier as we continue to see an increasing demand for mental health professionals, including qualified social workers.

The Education Pathway provides a structured route for individuals who have met the academic requirements for licensure and who do not wish to take the current exam, which has been determined to be inequitable. By allowing these candidates to obtain supervised experience hours, this licensure pathway ensures that licensees can begin practicing under appropriate supervision, gain clinical experience, maintain the license, and help meet the clinical demand. This approach accelerates workforce entry and helps address critical staffing shortages in social work positions in the District.

Since its implementation, the pathway has demonstrated substantial impact. To date, 285 licenses have been issued to qualified applicants. Additionally, over 70 applications are currently under review, signaling continued interest and engagement from aspiring social workers. These numbers reflect the pathway's success in creating opportunities for professionals to enter the field more quickly while maintaining regulatory oversight and quality standards.

By expanding the options available to applicants seeking licensure, the Education Pathway represents a strategic effort to strengthen the social work workforce, reduce inequities, and enhance service delivery for vulnerable populations in the District of Columbia.

- a. The Committee has received complaints about expiration dates for these licenses of less than 2 years. What is the rationale for these shorter time periods?**

We acknowledge that certain initial licenses were issued with expiration dates of less than two years. This discrepancy was not intentional and resulted from aligning the education pathway with the same renewal cadence as the other 70+ professional license types. Candidates obtaining licensure through this pathway must have sufficient time to complete the required clinical hours (1,500) over a two-year period. Since identifying this issue, our Information Technology (IT) team has taken corrective action to update license expiration dates, ensuring that all newly issued licenses reflect the full two-year term as originally intended. Furthermore, for individuals whose

initial licenses were affected by this error, adjustments will be made to extend those licenses to a complete two-year term by the end of February 2026. This extension ensures that license holders have sufficient time to complete the required practice hours for license maintenance. Following the initial term, all licenses will transition to the standard renewal schedule, which aligns with the birth month/year renewal cadence. We will communicate all of this to impacted license holders in the near future.

Q115: Please provide a status update on the implementation of D.C. Law 25-0238 - Counseling Compact Approval Act of 2024, including whether professional counselors in the District can currently be licensed through the compact in other compact states.

Response:

The District of Columbia Board of Professional Counseling is working with the Counseling Compact to complete the next phase of implementation, which includes establishing data-sharing agreements and related processes. These steps must be finalized before compact privileges can be issued. Currently, the Counseling Compact does not offer privileges in the District, and DC licensees are unable to practice in other Compact states without separate licensure.

Nationally, the compact is live in Arizona, Minnesota, and Ohio, with 36 additional jurisdictions, including DC, progressing toward implementation. DC Health aims to complete all the technical requirements for participation by the end of FY26. This will include finalizing data-sharing agreements, transferring compact-privileged information between DC Health and the Counseling Compact, and creating a new application for those who can use the Compact.

- Q116: Please provide an update on implementation of the Certified Nurse Aide Amendment Act of 2024, including:**
- a. DC Health's efforts to collaborate with OSSE, DOES, the WIC or other agencies to identify strategies to increasing training opportunities for CNAs; and**
 - b. The timeline for combining the HHA and CNA credentials.**

Response:

Overview & Clarification

The Certified Nurse Aide Amendment Act of 2024 was designed to unify and streamline certain nurse-assistive personnel credentials. DC Health has worked diligently to implement the law while avoiding potential operational, workforce, and patient-safety risks. Immediately merging the CNA and HHA licenses could create licensure lapses for CNAs who had not received all the necessary training for practicing in the home environment, including additional clinical skills. To prevent disruption of clinical care, DC Health and the Board of Nursing have adopted a phased implementation strategy through rulemaking that preserves current licensure, simplifies conversion pathways, ensures patient safety, and maintains quality as we merge the CNA and HHA credentials.

Priorities

- 1. Protect Patient Safety:** Ensure that all healthcare professionals who hold a license have receive the requisite training associated with their scope of practice to perform all the clinical and non-clinical activities associated with the role competently and safely.
- 2. Protect the Existing Workforce:** Ensure no CNA or HHA inadvertently loses the ability to work during the transition by implementing a phased approach to transition licenses and ensuring they gain the requisite knowledge to function in home settings.
- 3. Maintaining a Straightforward Conversion Process:** We have proposed regulations that will create multiple pathways for CNA-Inpatient (CNA-IN) licenses to convert to the unified CNA license. This includes an attestation of a clinical competency evaluation pathway and the opportunity to complete a 16-hour continuing medical education (CME) course that will count towards their existing licensure renewal obligations. These pathways are coupled with a four-year transitional period in which individuals can complete the process.
- 4. Improve Portability:** Merge HHA and CNA into a single, flexible CNA designation backed by a combined curriculum that covers inpatient and home-based competencies, improving portability and patient safety.

5. **Expand Training Access & Pipeline Capacity:** Partner with OSSE, DOES, and community-based educational programs to increase training opportunities and increase the workforce, including leveraging the High-Needs Healthcare Career Scholarship Program, which includes both federal and local dollars.

Key Regulatory Details & Practical Supports

- **Effective Transition Date: July 1, 2026**
 - All HHAs convert to CNAs; all CNAs convert to CNA-IN (inpatient-only until completing conversion steps, unless they already hold an HHA license too).
 - **Conversion Pathways:**
 - Attestation of clinical competency evaluation by an RN, or
 - 16 hours of CME/CE that count toward existing license renewal obligations, in which they are required to complete 24 hours biennially.
 - **Expiration:** CNA-IN certifications expire Dec 31, 2030, with no additional renewals of this subtype after that date.
 - **Curriculum:** All training programs will have to transition to a singular CNA curriculum for courses starting on or after August 1, 2026.
 - **Temporary Certification:** DC Health has established a pathway for licensed Maryland and Virginia CNAs who submit completed applications following receipt of their CBC results to receive a temporary certification that is valid for up to 90 days until their full application can be reviewed and approved.
 - **Regulatory Alignment:** The necessary adjustments are being made to municipal regulations to reflect the merger, including repealing Chapter 93 covering HHAs and the amendments to Chapter 96 to reflect the new structure and the transition process.
 - **Intended Supports:**
 - Multiple, simple pathways for conversion.
 - Extended runway through 2030 with proactive reminders.
 - Unified application and clear instructions on the website.
 - Clear communication with all partners, including licensees, training centers, and employers, once the regulations have been adopted
- a. **DC Health's efforts to collaborate with OSSE, DOES, the WIC or other agencies to identify strategies to increasing training opportunities for CNAs; and**

DC Health actively collaborates with partner agencies and organizations to expand access to CNA training and certification opportunities, focusing on removing barriers and increasing workforce capacity:

- **Partnership with OSSE:** DC Health works closely with the DC Office of the State Superintendent of Education (OSSE) to review and approve nursing schools and educational programs. In FY25, DC Health partnered with OSSE through the High Needs Healthcare Career Scholarship Program (HNH-CSP) to support students preparing for CNA training. For FY26, this partnership will continue, with a focus on increasing CNA training opportunities in Wards 5 and 8 at their Advanced Technical Centers (ATCs).
- **Collaboration with Workforce Development Programs:** DC Health engages with the Department of Employment Services (DOES) and community-based organizations to connect residents to CNA training programs. For example, through events like Books & Blocks, DC Health linked attendees to CNA programs supported by workforce development initiatives, including partnerships with Academy of Hope Adult Public Charter School.
- **Advisory Committee on Certified Nurse Aides:** Established in April 2025, this committee brings together educators, providers, and home health aides to identify strategies for strengthening CNA training programs and workforce readiness.

Through these partnerships and initiatives, DC Health continues to prioritize expanding access to CNA training and certification opportunities, supporting residents in entering the healthcare workforce and meeting the District’s growing healthcare needs.

b. The timeline for combining the HHA and CNA credentials.

DC Health is implementing a phased approach to merge Certified Nurse Aide (CNA) and Home Health Aide (HHA) credentials into a unified CNA designation:

Phase 1 — Jan–Feb 2026: Regulatory Finalization & Prep (Completed)

- Finalized internal review of Notice of Proposed Rulemaking (NPR).
- Developed communications plan for conversion pathways.
- Updated licensing platform toward a single, unified CNA application.
- Began development of competency evaluation and posted RN attestation form.
- Continuing education requirement set at 16 hours for CNA-IN → CNA conversion (counts toward renewal; offered as CME/CE credit).

Phase 2 — Apr 2026: Regulation Publication & Initial Conversions (Current Phase)

- Publish final rule in the D.C. Register.
- Begin licensing platform conversion logic:
 - HHA → CNA (automatic conversion).
 - CNA → CNA-IN (inpatient-limited designation pending conversion).

- Start processing attestations and competency evaluations.
- Notify training programs of curriculum changes.

Phase 3 — July 1, 2026: Transition Milestone

- All HHAs convert to CNAs.
- All CNAs convert to CNA-IN (to preserve work continuity while completing home-care competencies).
- Implement unified CNA curriculum, replacing separate CNA and HHA programs.

Phase 4 — Aug 2026: First Graduates Under New Curriculum

- First graduating cohorts receive unified CNA designation, qualified for both inpatient and home-based settings.

Phase 5 — Sept–Dec 2026: Stabilization & Quality Assurance

- Monitor conversion accuracy, CE compliance, and processing times.
- Conduct licensure audits and issue clarifying communications.
- Collect stakeholder feedback and refine guidance.
- Publish free, asynchronous training module that can be utilized by candidates who do not pursue the attestation pathway.

Phase 6 — July 2026–July 2028: Sustainment

- Track remaining CNAIN conversions ahead of the Dec 31, 2030 expiration date.
- Conduct annual curriculum reviews aligned with changes in the profession and public health priorities.
- Maintain registry quality and ongoing licensure compliance audits.

Q117: How many applications for expedited temporary licenses for Maryland and Virginia based CNAs and HHAs in good standing did DC Health receive in FY 2025 and FY 2026, to date?

- a. Please include how many of these applications were approved, denied, or are still pending.**
- b. Please provide the average length of time for an application to be approved or denied.**

Response:

- a. Please include how many of these applications were approved, denied, or are still pending.**

DC Health does not have separate applications for candidates pursuing temporary licensure in any profession, including CNAs and HHAs. Instead, candidates complete the standard application, and upon review from the health licensing specialist (HLS), if the candidate has a negative criminal background check and no other outstanding application components, they are issued a full license. However, in situations where they have a negative criminal background check, but other outstanding components of their application are still pending, these candidates are issued temporary licenses.

It is important to note that DC Health has historically used Credentia, an external vendor, to support the licensing of CNAs in the District of Columbia, and we only recently, in August of 2025, transitioned CNAs to our existing licensing system. In FY25, we issued a total of 1,009 CNA and HHA credentials through our system, but the vast majority of CNA licenses were issued within the Credentia platform. During this period, we issued only eight temporary licenses, as most candidates received full approval upon initial review or required additional review due to a non-negative criminal background check. No licensure applications were denied during this period in the DC Health licensing system.

In FY26, we have received a total of 797 applications for CNA (153) and HHA (644) licenses since the beginning of the fiscal year. We have approved 74% (590) of the applications received and issued two temporary licenses for CNAs. There are currently 207 under review and pending, of which 90 are CNA candidates, and 117 are HHA candidates. Upon further inspection of the data, it appears that approximately 100 candidates are currently eligible for temporary licensure but have not received it to date. We are actively working to automate this process to remove any variability in determining eligibility for a temporary license outside of holding a license in good standing from another state, including Maryland and Virginia, and having a negative criminal background check.

- b. Please provide the average length of time for an application to be approved or denied.**

The average time to CNA temporary applications in FY25 was 12.8 days, and in FY26, 20.5 days. It is important to note, as we have reiterated in previous responses, that this time is

calculated from the date of submission to the date the application is approved. During that time, there are actions required of the candidate, such as completing their CBC fingerprinting, that are exclusively within their control. These delays (e.g., a candidate submitting their application to DC Health on Monday and then not having their fingerprinting completed by the external vendor for 10 days during an appointment) ultimately affect the overall processing time displayed here. We are actively working on methods to more clearly identify the time actually incurred by DC Health when processing an application.

Q118: Regarding CNA testing sites, please provide:

- a. The number of mass testing events for CNA licensure DC Health offered in FY 2025 and FY 2026-to date;**
- b. Number of people who attended each event;**
- c. Number of people who passed or failed at each event;**
- d. Narrative of DC Health’s strategy to work with CNA training providers to ensure sufficient and timely testing opportunities.**

Response:

DC Health has organized four psychomotor testing events for CNA candidates, two in FY25 and two in FY26. While the table below provides insight into individual testing events and candidate success, it is important to note a few potential factors that may have influenced these results. Specifically, the foremost concern is the time between completion of the training and testing. Psychomotor skills are perishable; days, weeks, and even months between the training completion and testing date often result in poorer performance on the examination. Once licensed, they actively use these skills, which helps maintain and retain them; however, it is challenging when students are new and lack significant clinical experience. We attempted to provide just-in-time remedial training on the day of the testing events at the testing sites; however, there wasn’t enough staff capacity, nor was it appropriate for us to provide a comprehensive skills training session on topics students may have forgotten over time since completing their coursework through their actual training program. Having eight to twelve candidates with just a few minutes between skills sessions is insufficient to prepare them for any of the 22 skills that they may be asked to complete as part of the examination.

Test Date	Location	Candidates Scheduled	Candidates Tested	Candidates No Showed	Candidates Passed	Candidates Failed	Pass Rate %
08/25/2025	Trinity University	8	8	0	1	7	12.5%
09/18/2025	Trinity University	12	11	1	2	9	18%
10/16/2025	Trinity University	12	10	2	2	8	20%
1/15/2026	Academy of Hope	11	11	0	2	9	18%

DC Health is committed to supporting the CNA educational providers, students, and the system with the training and licensure of CNAs in the District of Columbia. Our current strategy is focused on attempting to get as many people through the testing process as quickly as possible:

- **Testing Events:** We intend to maintain and expand our partnership with local universities and training providers to host CNA psychomotor examinations that are open to students originating from any program. Historically, some testing sites have restricted individuals eligible to test at their facility to those who completed training through their program. By removing barriers to testing, we have reduced the average waiting time for skills exams from six weeks to under three weeks and caused a 20% increase in testing capacity.
- **Testing Resources:** We have worked directly with Credentia, the District's designated psychomotor testing provider, to increase and onboard more DC-licensed nurses and regional partners from Maryland and Virginia as nurse evaluators with the intention of increasing evaluator availability within the District of Columbia.
- **Candidate Support and Visibility:** We have been working closely with Credentia to expand candidate support services, including 24/7 chat availability, call center assistance, and IT support, providing real-time guidance for scheduling and navigating the testing process. Training programs were also given access to performance dashboards showing open-seat availability, pass/fail rates, and content-area deficiencies to assist them in proactive remediation and quality improvement during their course planning.
- **Clinical Opportunities:** We understand that clinical opportunities are critical for these new healthcare professionals to master psychomotor skills. To this end, we issued a clarifying memorandum that expanded clinical opportunities to hospital environments.
- **Data-Driven Oversight:** DC Health conducts weekly data reviews with Credentia to monitor candidate performance, identify remediation needs, and plan evaluator assignments for upcoming testing events. DC Health staff provided day-of testing refreshers during events, and feedback from these sessions informed targeted technical assistance for training programs. A Peer-to-Peer Mentorship Program is being launched to pair high-performing programs with those on corrective action plans, promoting the sharing of best practices.

Next Steps:

Despite extensive work in this space, we understand that there are still significant opportunities for improvement in CNA testing and throughput. We are actively working with our colleagues in other states, CMS, and the National Council of State Boards of Nursing (NCSBN) to develop strategies for transitioning away from the existing psychomotor testing processes. Specifically, we propose transitioning to a psychomotor skills portfolio in the District of Columbia, which will remove the requirement for the traditional skills examination currently used and align the profession with other healthcare professionals in how clinical skills competency is assessed through a portfolio model.

Q119: How many HHA and CNA training programs were fully approved and operational in FY 2024, FY 2025, and FY 2026, to date?

- a. What is the capacity, enrollment, and graduation rate of each training school?
- b. What percentage of graduates from each training program have passed the certification exam?

Response:

- a. What is the capacity, enrollment, and graduation rate of each training school?

Training Program	FY2024	FY2025	FY2026
Certified Nurse Aide (CNA)	10	10	10
Home Health Aide (HHA)	4	3	3

Name of School	Capacity	Enrollment	Graduation Rate
Time for Change CNA Program	5 classes (avg. 5 students/class)	27	52%
Academy of Hope CNA Program	2 classes (avg. 2 students/class)	50	70%
Accessibility Excellence Academy CNA Program	1 class (avg. 4 students/class)	8	50%
Allied Health & Technology CNA	8 classes (avg. 10 students/class)	63	95%
Allied Health & Technology HHA	14 classes (avg. 15 students/class)	210	93%
Carlos Rosario CNA Program	4 classes (avg. 15 students/class)	56	62%
Calvin Coolidge CNA Program	1 class (avg. 8 students/class)	23	78% (ongoing cohort)
HealthWrite CNA Program	5 classes (avg. 14 students/class)	64	77%
HealthWrite HHA Program	5 classes (avg. 14 students/class)	28	77%
University of the District of Columbia CNA Program	3 classes (avg. 8 students/class)	25	96%

Summa Prime CNA Program	3 classes (avg. 12 students/class)	60	100%
Trinity Washington University	2 classes (avg. 12 students/class)	16	56 %
Immaculate HHA Program	5 classes (avg. 6 students/class)	30	97%

b. What percentage of graduates from each training program have passed the certification exam?

The written certification exam pass rates are generally a reliable indicator of the quality and effectiveness of the training programs; however, the psychomotor (skills) exam is less reliable, as we acknowledge that numerous factors influence these metrics. Specifically, we acknowledge that the longer the interval is between course completion and testing, the more the psychomotor skills degrade and the poorer the students' outcome. This has been a significant challenge in the District of Columbia, and students have sometimes had to wait up to 6 months to find a testing date that aligns with their availability.

DC Health and the Board of Nursing have and enforce minimum standards for examination performance as outlined in 17 DCMR § 5600. Programs out of compliance must submit remediation plans, follow corrective actions, and participate in technical assistance initiatives. We are actively working with programs to ensure they meet and/or exceed expectations for terminal competency upon completion of their courses.

As detailed in our previous response, DC Health continues to work to ensure that all candidates have a fair and timely opportunity to demonstrate entry-level competence and that program performance data reflects instructional quality rather than systemic delays in testing availability.

Name of School	Skills Exam	Written Exam
Academy of Hope CNA Program	72%	96%
Accessibility Excellence Academy CNA Program	43%	61%
Allied Health & Technology Institute CNA	71%	70%
Allied Health & Technology Institute HHA	94%	98%
Calvin Coolidge CNA Program	33%	50%
Carlos Rosario CNA Program	72%	83%
Healthwrite CNA Program	42%	68%
Healthwrite HHA Program	44%	93%
Immaculate HHA Program	87%	89%
Time for Change CNA Program	30%	64%
Trinity Washington University CNA	33%	68%
Summa Prime CNA Program	32%	66%
University of the District of Columbia CNA Program	64%	100%

Q120: Please provide the following regarding health facility inspections and licensing:

- a. Current number of licenses per facility type;**
- b. Average application time for each type of facility; and**
- c. Any changes made to licensure process in FY 2025 and FY 2026, to date.**

Response:

Pharmaceutical Control Facilities:

Facility Type	Number of Licenses	Average Application Time	FY 2025 and FY 2026 Changes to The Licensure Process
Community and Hospital Pharmacy	140	3-4 weeks	In FY 2025 to FY 2026, the agency transitioned to a digital application process for facility applications.
Controlled Substance Facility (Subtypes include Teachers/Researcher facilities and Substance Abuse facilities)	80	3-4 weeks	In FY 2025 to FY 2026, the agency transitioned to a digital application process for facility applications.
In-State Wholesaler/Distributor	35	3-4 weeks	In FY 2025 to FY 2026, the agency transitioned to a digital application process for facility applications.

Healthcare Facilities Division:

Facility Type	Number of Licenses	Average Application Time	FY 2025 and FY 2026 Changes to The Licensure Process

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Tissue Banks	7	Upon receipt of all required documents, the license issuance process could take up to 15 business days, if no additional information is needed.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Nursing Homes	16	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required, however it could take up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Hospitals	13	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However, issuance may take up to 30-60 business	There have been no changes to the licensure process for this provider type during FY25 and FY26.

		days after receipt of a complete application.	
Ambulatory Surgical Centers	7	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However, issuance may take up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Maternity Centers	1	Upon receipt of all required documents pertinent to the type of license that is being requested, the license issuance process could take up to 30 business days, if no additional information is needed.	There have been no changes to the licensure process for this provider type during FY25 and FY26.

Intermediate Care Facilities Division:

Facility Type	Number of Licensees	Average Application Time	FY 2025 and FY 2026 Changes to The Licensure Process
Assisted Living Facilities (ALR)	21	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However, issuance may it could take up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Group Homes for Persons with Intellectual Disabilities (GHIID)	56	The license issuance process varies based on the type of license that is	There have been no changes to the licensure process for this provider type during FY25 and FY26.

		being requested and whether an onsite inspection is required. However, issuance may take up to 30-60 business days, after receipt of a complete application.	
Community Residential Facilities (CRF)–Individuals with Intellectual Disabilities (IID)	15	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However issuance may take up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Community Residential Facilities (CRF)–Individuals with Intellectual Disabilities (IID)	0	Upon receipt of all required documents pertinent to the type of license that is being requested, the license issuance process could take up to 30 business days, if no additional information is needed.	There have been no changes to the licensure process for this provider type during FY25 and FY26.

Home Care Agency (HCA)	43	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However, issuance may take up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Home Support Agency (HAS)	18	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However, issuance maytake up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.
Nurse Staffing (NSA)	89	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required.	There have been no changes to the licensure process for this provider type during FY25 and FY26.

		However it could , issuance may take up to 30-60 business days, after receipt of a complete application.	
Child Placement Agency (CPA)	7	The license issuance process varies based on the type of license that is being requested and whether an onsite inspection is required. However, issuance may take up to 30-60 business days, after receipt of a complete application.	There have been no changes to the licensure process for this provider type during FY25 and FY26.

Q121: Please provide a chart of all healthcare entity inspections by HSPA in FY 2025 and FY 2026, to date. Please include the following information:

- a. Type of facility;**
- b. Name of entity;**
- c. Type of inspection;**
- d. Reason for the inspection; and**
- e. Outcomes that resulted from each inspection.**

Response:

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 healthcare professionals (i.e., prescribers), pharmacies, substance use treatment programs, researchers, local wholesalers, distributors, animal clinics, dialysis centers, and ambulatory surgical centers. The Division conducts investigations and inspections of facilities for compliance with federal and local laws and regulations. In FY2025, the Pharmaceutical Control Inspectors conducted 235 inspections throughout the community.

Facility Type/Entities	Type Of Inspection	Reason For The Inspection	Outcomes That Resulted From Each Inspection
In-State Wholesaler/Distributor	Routine unannounced licensure inspection	Annual compliance inspection.	FY 2025: 35 facilities inspected w/ no violations. FY 2026-Q1: No facilities inspected.
Substance Abuse Facility	Routine unannounced licensure inspection	Annual compliance inspection.	FY25: 5 facilities inspected w/ no violations. FY26-Q1: No facilities inspected.

Researchers/Teachers	Routine unannounced licensure inspection	Annual compliance inspection.	FY25: 33 facilities inspected w/ no violations FY26-Q1: 19 facilities inspected w/ no violations
Animal Clinics/Vets	Routine unannounced licensure inspection	Annual compliance inspection.	FY25: 13 facilities inspected w/ 4 violations. FY26-Q1: No facilities inspected.
Medical Examiner/Department of Forensic Sciences/EMS	Routine unannounced licensure inspection	Annual compliance inspection.	FY25: 23 facilities inspected w/ no violations FY26-Q1: No facilities inspected.
Ambulatory Surgery Centers	Routine unannounced licensure inspection	Annual compliance inspection.	FY25: 6 facilities inspected w/ 3 violations FY26-Q1: No facilities inspected.
Community and Hospital Pharmacy	Routine unannounced licensure inspection	Annual compliance inspection, follow-up, or complaint.	FY25: 140 Facilities inspected w/ 20 violations FY26-Q1: 60 facilities inspected w/ 30 violations

Health Care Facilities Division (HCFD)

HCFD inspects, monitors, and investigates healthcare facilities in the District of Columbia. Facilities include hospitals, nursing homes, certified home health agencies, end-stage renal disease facilities, hospice, maternity centers, CLIA laboratories, tissue banks, ambulatory surgical centers, portable x-ray supplies, and outpatient physical therapy or speech pathology providers. HCFD ensures that these sites comply with District licensure health and safety regulations, as well as federal standards for participation in Medicare and Medicaid under Titles XVIII and XIX of the Social Security Act. As a measure to promote the improved delivery of healthcare, the Division conducts regular on-site surveys to evaluate the quality of care delivered to residents/patients in healthcare facilities 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.

Facility Type	Type Of Inspection	Reason For the Inspection	Outcomes That Resulted from Each Inspection
Nursing Homes	Annual Licensure, Federal Recertification, Complaint Investigations, Focused Infection Control Surveys, and Revisit Surveys	Enforcement of Regulations: 42 CFR §483.10 through 483.95 Long Term Facilities and Title 22B DCMR Chapter 32. Nursing Homes	FY25: 10 Recertification/annual licensure surveys: 10 w/ deficiencies. Revisit surveys: 7 revisit surveys; 4 w/ deficiencies. Complaint surveys: 23 complaint surveys; 23 w/ deficiencies. FY26-Q1: Recertification/ Annual Licensure Survey: 1 w/ deficiencies. Complaint Surveys: 6 surveys; 6 w/ deficiencies. Revisit Surveys: 1 w/ no deficiencies.
Hospitals	Annual Licensure, Recertification, and Complaint Investigations	Enforcement of Regulations: 42 CFR §482.1 through 482.62 and Title 22B DCMR Chapter 20 Hospitals	FY25: Initial Licensure Surveys: 1 with deficiencies. Annual Licensure Surveys: 3; 3 w/ deficiencies. Compliant Surveys: 27; 20 w/ deficiencies.

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			Revisit Surveys: 5; 1 w/ deficiencies. FY26-Q1: Annual Licensure Surveys: 2 w/ deficiencies. Complaint Surveys: 10; 8 w/ deficiencies. Revisit surveys: 1 without deficiencies.
Home Health Services	Federal Initial and Recertification Surveys, and Complaint Investigations	Enforcement Regulation: 42 CFR §484.10 through 484.55 Home Health Services	FY25: Initial Certification: 1 w/ no deficiencies. Recertification Surveys: 4; 4 w/ deficiencies. Revisit Surveys: 1 w/ no deficiencies. Complaint Survey: 1 w/ deficiencies. FY26-Q1: Revisit Surveys: 2 w/ no deficiencies.
Hospice Care	Federal Recertification and Complaint Investigations	Enforcement of Regulations: 42 CFR §418.3 through 418.116 Hospice Care	FY25: Initial Certification: None assigned. Complaint Surveys: None assigned FY26-Q1: None at this time.
Portable X-Ray Services	Federal Recertification	Enforcement of Regulations:	FY24: No surveys required

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		42 CFR §486.100 through 486.110 Portable X-Ray Services	FY 25-Q1: None as of this time.
End Stage Renal Disease (ESRD) (Dialysis)	Federal Recertification and Complaint Investigations	Enforcement of Regulations: 42 CFR §494.20 through 494.180 Conditions of Participation for End-Stage Renal Disease Facilities	FY25: Recertification Survey: 8; 8 w/ deficiencies. Initial Certification for addition of Home Hemodialysis: 1 w/ no deficiency. Complaint surveys: 1 w/ deficiencies. FY 26-Q1: Complaint survey: 2 w/ deficiencies. Recertification Survey: none to date.
Tissue Banks	Licensure Inspection	Licensure Inspection to determine compliance	FY25: Licensure Surveys: None required FY 26-Q1: None at this time
Ambulatory Surgical Centers	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	FY25: Initial Licensure surveys: 2 w/ no deficiencies. Recertification Survey: 1 w/ deficiencies. Annual Licensure survey: 5 w/ deficiencies. FY 26-Q1:

			Initial Licensure survey: 1 w/deficiencies.
Maternity Centers	Licensure Inspections	Annual Licensure inspection to determine compliance. Enforcement of Regulations: DCMR Title 22 Chapter 26. Maternity Centers	FY25: Annual Licensure Survey: 1 w/ no deficiencies cited. FY 26-Q1: None at this time

Intermediate Care Facilities

ICFD has the regulatory oversight responsibility for intermediate care facilities for persons with intellectual disabilities (ICF/ID), community residence facilities for individuals with intellectual disabilities, child placing agencies, home care agencies, assisted living residences, community residence facilities for physically and elderly persons, home support agencies, and nurse staffing agencies. The oversight of the aforementioned entities is conducted, at a minimum, on an annual basis, and unscheduled monitoring visits may be conducted when necessary to ensure the health and safety of residents who receive services. The table below describes more detailed information related to the survey activities conducted by the ICFD:

Facility Type	Type of Inspection	Reason For the Inspection	Outcomes That Resulted from Each Inspection
Intermediate Care Facilities for Individuals with Intellectual Disabilities	Licensure, Federal Certification, Investigations and Monitoring Visits	Annual Licensure and Federal Certification, Follow-up and Monitoring Visits, and investigations to ensure compliance.	FY 25: Recertification/Annual Licensure surveys: 56 surveys; 56 w/ deficiencies. Complaint Surveys: 18; 16 w/deficiencies. Revisit Surveys: 1 w/ no deficiencies.

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			FY 26-Q1: Recertification/Annual Licensure surveys: 5 w/ deficiencies. Complaint Surveys: None at this time. Revisit Surveys: None at this time.
Community Residence Facilities (Group Homes for Individuals with Intellectual Disabilities)	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Annual Licensure Surveys: 15 w/ deficiencies. Complaint Surveys: 0. Revisit Surveys: 0. FY26-Q1: Licensure Surveys: 5 w/ deficiencies. Complaint Surveys: 0. Revisit Surveys: 0.
Community Residence Facilities (Group Homes for the elderly, physically disabled)	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Licensure Survey: 1 w/ deficiencies Complaint Surveys: 0.

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			FY26-Q1: None to date.
Home Care Agencies	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Annual Licensure surveys: 44; 42 w/ deficiencies. Initial surveys: 1 w/ deficiencies. Revisit surveys: 1 w/ no deficiencies. Complaint Investigations: 6 w/ deficiencies. FY 26-Q1: Annual Licensure surveys: 6 w/ deficiencies. Initial surveys: 2 w/ deficiencies. Complaint investigations: 2 w/ deficiencies.
Assisted Living Residence	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Licensure Surveys: 10 w/deficiencies. Complaint Investigations: 5 w/ deficiencies. Revisit Surveys: 2 w/ no deficiencies. FY 26-Q1: Licensure surveys: 2 w/deficiencies.

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			Complaint Surveys: 3 w/deficiencies. Revisit Surveys: 0.
Child Placement Agencies	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Annual Licensure surveys: 10; 8 w/ deficiencies. FY 26-Q1: None at this time.
Nurse Staffing Agencies	Investigations and Monitoring Visits	Licensure (as needed), Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Complaint surveys: 0 FY 26-Q1: Complaint surveys: 0
Home Support Agencies	Licensure Inspections, Investigations and Monitoring Visits	Annual Licensure, Follow-up and Monitoring Visits, and investigations to ensure compliance	FY 25: Annual Licensure surveys: 8 w/ deficiencies; Initial surveys: 1 w/ deficiencies. Revisit surveys: 1 w/ no deficiencies. Complaint Investigation: 2 w/ deficiency. FY 26-Q1: Annual Licensure: 2 w/ deficiencies

			Initial surveys: 1 w/ no deficiencies.

Q122: Given concerns about the quality of care and patient safety at in-patient psychiatric hospitals in the District, please describe whether and how DC Health increased its routine inspections, complaint-based inspections, and enforcement authority over these facilities in FY 2025 and FY 2026, to date.

Response:

Although there are 13 licensed hospitals in the District, only two are licensed as specialty hospitals for psychiatric behavioral health care. In FY25, four complaints were received for the Psychiatric Institute of Washington, DC, and two in FY26. In FY25, five complaints were received for Saint Elizabeth's Hospital, and none have been received thus far in FY26.

The Office of Health Facilities strives to maintain an equitable methodology for its oversight processes. While DC Health retains the authority to enter a healthcare facility at any time to ensure compliance, our visits typically serve three primary functions: routine inspections (e.g., annual inspections), complaint-based surveys, on-site revisits, and monitoring visits established following an adverse inspection or survey based on available resources. We typically do not visit healthcare facilities arbitrarily outside of these indications. DC Health has continued to conduct unannounced complaint/incident investigations upon receipt of complaints and upon notification of allegations of non-compliance with District and federal regulations, whenever warranted. It should be noted that at this time, DC Health is actively working to amend its governing legislation to augment DC Health's authority to levy fines when any hospital or other licensed facility fails to protect the health and safety of patients.

In addition, the State Health Planning and Development Agency issued a Notice of Civil Infraction charging Wisconsin Avenue Psychiatric Center, d/b/a Psychiatric Institute of Washington (the Facility) with reallocating its beds without seeking a new Certificate of Need in violation of D.C. Official Code §§44-406(a), 44-416(a), and 22-B DMCR § 4104 and failing to comply with the required allocation of inpatient hospital beds.

DC Health is exploring legislative and regulatory changes to enhance the oversight of psychiatric inpatient services in hospitals licensed in the District of Columbia.

Q123: Please provide a chart of civil fines levied on health care entities in FY 2025 and FY 2026, to date. Please provide the name and type of each entity, a description of the infraction, the amount of the penalty/fine, and the status of payment.

Response:

Pharmaceutical Control Division:

FY 2025				
Name of Facility	Type of Facility	Description of Infraction	Fine Amount	Status
CVS Pharmacy #2378	Pharmacy	-Failure to prominently display sign regarding drug substitution.	\$500	Pending
CVS Pharmacy #2378	Pharmacy	-Failure to keep pharmacy clean and in a sanitary condition; (i.e. dusty shelves, trash on the floor, food lying around on counters).	\$2,000	Pending
VEG (H St)	Veterinarian Clinic	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have accurate records.) -Invoices not properly filed away, missing invoices, missing DEA 222 forms.	\$2,000	Pending
VEG (H St)	Veterinarian Clinic	-Failure to file CSII prescriptions separately from other records. Co-mingling of schedule II and schedule III-V dispensing records.	\$2,000	Pending
VEG (H St)	Veterinarian Clinic	-Failure to execute DEA 222 Forms as required by law. Missing DEA 222 forms.	\$2,000	Pending
VEG (H St)	Veterinarian Clinic	-Selling or dispensing expired drugs or storing expired drugs with currently dated products. 16 Vials of expired Phenobarital 65mg/ml (Exp. 5/25).	\$2,000	Pending

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Veg (M St)	Veterinarian Clinic	-Failure to execute DEA 222 Forms as required by law. Discrepancy noted during change of power for scheduled II controlled substances.	\$2,000	On Hold/ Hearing Requested
Veg (M St)	Veterinarian Clinic	-Failure of registrant to keep records, maintain inventories, and file reports as required by federal law. Failure to have a biennial inventory.	\$2,000	On Hold/ Hearing Requested
CVS Pharmacy #11231	Pharmacy	-Failure to conspicuously post pharmacy license, occupancy permit, DEA or DCCS registrations, pharmacist licenses, or intern registrations.	\$5,00	Pending
CVS Pharmacy #7102	Pharmacy	-Failure of registrant to keep records, maintain inventories, and file reports as required by federal law (Failure to have accurate records).	\$2,000	Pending
Pill Plus Pharmacy	Pharmacy	-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public's safety; and as required by law.	\$500	PAID
Medstar Pharmacy #5	Pharmacy	-Failure of pharmacy to have a goose-neck faucet; hot and cold water; soap or detergent; air driers or single-use towels.	\$1,000	Pending
Walgreens Pharmacy#10071	Pharmacy	-Failure of pharmacy to have a goose-neck faucet; hot and cold water; soap or detergent; air driers or single-use towels.	\$1,000	Pending

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Morton 8th Street Pharmacy	Pharmacy	-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public's safety; and as required by law. -Failure to cancel out CS II prescription by drawing a line through the entire prescription order, with date dispensed and initials of person who dispensed the drug.	\$2500	Pending
Alpha Peoples Drugs	Pharmacy	-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public's safety; and as required by law.	\$500	Pending
Bellevue Pharmacy	Pharmacy	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have accurate records)	\$2,000	Pending
Medstar Pharmacy #10	Pharmacy	-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public's safety; and as required by law. -Failure to keep pharmacy clean and in a sanitary condition; (i.e. dusty shelves, trash on the floor, food lying around on counters). -Storing misbranded drugs with currently dated products.	\$4,500	Pending
CVS Pharmacy #4546	Pharmacy	-Failure of pharmacy to have a goose-neck faucet; hot and cold water; soap or detergent; air driers or single-use towels. -Failure to keep pharmacy clean and in a sanitary condition; (i.e.	\$5,000	Pending

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		dusty shelves, trash on the floor, food lying around on counters). -Failure to keep equipment clean and in good operating condition.		
CVS Pharmacy #10287	Pharmacy	-Failure to keep pharmacy clean and in a sanitary condition; (i.e. dusty shelves, trash on the floor, food lying around on counters). -Failure to remove trash in a timely and sanitary manner. -Selling or dispensing expired drugs; or storing expired drugs with currently dated products.	\$6,000	Pending
CVS Pharmacy #1335	Pharmacy	-Failure to keep pharmacy clean and in a sanitary condition; (i.e. dusty shelves, trash on the floor, food lying around on counters).	\$2,000	Pending
Walgreens Pharmacy #15949	Pharmacy	-Failure to keep equipment clean and in good operating condition. -Failure to remove trash in a timely and sanitary manner.	\$4,000	Pending
Giant Pharmacy	Pharmacy	-Failure to keep pharmacy clean and in a sanitary condition; (i.e. dusty shelves, trash on the floor, food lying around on counters). -Selling or dispensing expired drugs; or storing expired drugs with currently dated products.	\$4,000	PAID
Reliance Pharmacy	Pharmacy	-Failure to maintain required equipment and references consistent with the pharmacy's scope of practice, the public's safety; and as required by law. -Failure to keep pharmacy free of infestation by infested by rodents, birds, insects, or other vermin. -Unregistered Pharmacy Intern on duty.	\$4,500	Pending

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District Vet Hospital Brookland	Veterinarian Clinic	-Failure to execute DEA 222 Forms as required by law. -Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have a biennial inventory).	\$4,000	PAID
Center for Emergency Medicine of Western PA Stat Medevac	Controlled Substance Facility	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have accurate records)	\$2,000	Pending
Small Door Vet 14th St	Veterinarian Clinic	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have accurate records). -Failure to execute DEA 222 Forms as required by law.	\$4,000	Pending
Walgreens Pharmacy #16049	Pharmacy	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have accurate records)	\$2,000	Pending
GW Medical Faculty Associates Operation Medicine	Controlled Substance Facility	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have accurate records)	\$2,000	On Hold/ Hearing Requested
State Pharmacy	Pharmacy	-Failure to maintain pharmacy storage area temperature compatible with the proper storage of drugs with a thermometer to maintain drug storage temperature between 36 and 46 degrees Fahrenheit.	\$3,000	Pending

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		-Failure to maintain written policies and procedures regarding sanitation standards.		
Endoscopy Center of Washington DC	Controlled Substance Facility	-Failure of registrant to keep records, maintain inventories, and file reports as required by federal law. -Failure to have accurate records	\$2,000	Pending
Kaiser Permanente Capitol Hill Pharmacy	Pharmacy	-Failure to execute DEA 222 Forms as required by law. The number of packages and package sizes did not match the actual shipments received.	\$2,000	Pending
Grubb's Care Pharmacy	Pharmacy	-Selling or dispensing expired drugs; or storing expired drugs with currently dated products.	\$2,000	Pending
FY 2026				
Davinci Plastic Surgery	Controlled Substance Facility	Failure of registrant to keep records, maintain inventories and file reports as required by federal law. (Failure to have a biennial inventory). -Storing expired drugs with currently dated products.	\$4,000	Sent
Livewell Animal Hospital at The Parks	Controlled Substance Facility	-Failure of registrant to keep records, maintain inventories and file reports as required by federal law. Failure to have accurate records. -Failure to execute DEA 222 Forms as required by law.	\$4,000	Sent
Giant Pharmacy #375	Pharmacy	-Failure to keep the pharmacy storage area dry and well ventilated (Dusty vent).	\$2,000	Confirmed / Mailing check

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CVS Pharmacy #1351	Pharmacy	Failure to maintain required equipment and references consistent with the pharmacy scope of practice, the public's safety; and as required by law DCRA last calibrated compounding digital scale on 3/11/2025.	\$500	Confirmed
CVS Pharmacy #5674	Pharmacy	-Failure to keep pharmacy clean and in a sanitary condition; (i.e. dusty shelves, trash on the floor, food lying around on counters). -Selling or dispensing expired drugs; or storing expired drugs with currently dated products	\$4,000	Confirmed
CVS Pharmacy #1341	Pharmacy	-Failure to keep pharmacy clean and in a sanitary condition (Dusty OTC shelf) -Failure to keep pharmacy and storage area well ventilated	\$4,000	Confirmed
CVS Pharmacy #2787	Pharmacy	-Failure to remove trash in a timely and sanitary manner. -Storing expired drug with currently dated product.	\$4,000	Confirmed
CVS Pharmacy #1333	Pharmacy	-Failure to conspicuously post pharmacy license, occupancy permit, DEA or DCCS registrations, pharmacist licenses, or intern registrations.	\$500	Confirmed
North Capitol Pharmacy	Pharmacy	-Failure to report thefts, suspected diversions, significant losses of drug inventory or the inability to account for such inventory, to the Director within forty-eight (48) hours after discovery. -Failure of registrant to keep records, maintain inventories and file reports as required by federal	\$4,000	PAID

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		law. (Failure to have accurate records). The pharmacy failed to account for shortages of Buprenorphine 8mg table (-256).		

Office of Health Facilities

Name Of Facility	Type of Facility	Description of Infraction	Fine amount	Status
FY 2025				
Capitol Hill SNF Operations LLC dba Stanton Park Health & Rehabilitation	SNF	-Failure to comply with requirements concerning nursing personnel.	\$1,000	Facility admitted & paid fine in full
Capitol Hill SNF Operations LLC dba Stanton Park Health & Rehabilitation	SNF	-Failure to comply with requirements concerning licenses and administrative records. -Failure to comply with requirements concerning nursing personnel. -Failure to comply with requirements concerning pharmaceutical services and supervision. -Failure to comply with requirements concerning the administration of medication.	\$4,500	Pending Payment
Jeanne Jugan Residence	SNF	-Failure to comply with requirements concerning medical records.	\$500	Facility admitted & paid fine in full

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Sibley Memorial Hospital Renaissance	SNF	-Failure to comply with requirements concerning resident care policies. Failure to comply with requirements concerning dietary services.	\$1,000	Facility admitted & paid fine in full
Stoddard Baptist Nursing Home	SNF	-Failure to comply with requirements concerning licenses and administrative records. -Failure to comply with requirements concerning licensed nursing coverage. -Failure to comply with requirements concerning nursing personnel. -Failure to comply with requirements concerning nursing personnel and required staffing levels. -Failure to comply with requirements concerning general safety and inspection. -Failure to comply with requirements concerning infection control policies. -Failure to comply with requirements concerning dietary services. -Failure to comply with requirements concerning medical records. -Failure to comply with requirements concerning incident reporting. -Failure to comply with requirements concerning residents rights.	\$9,000	Facility admitted & paid fine in full
Washington Center for Aging Services	SNF	-Failure to comply with requirements concerning licensed nursing coverage. -Failure to comply with requirements concerning nursing personnel. -Failure to comply with requirements concerning nursing personnel and	\$6,000	Facility admitted & paid fine in full

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		required staffing levels. -Failure to comply with requirements concerning use of restraints. -Failure to comply with requirements concerning dietary services. -Failure to comply with requirements concerning medical records. -Failure to comply with requirements concerning incident reporting. -Failure to comply with requirements concerning general safety and inspection.		
Nations Home Care	HCA	-Failure to comply with requirements concerning content of patient plan of care. -Failure to comply with requirements concerning skilled nursing services. -Failure to comply with requirements concerning intravenous therapy services.	\$7,000	Pending payment
T & N Reliable Nursing Care	HCA	-Failure to maintain a current contractual agreement for the physical therapist. -Failure to ensure that services were provided in accordance with the plan of care. -Failure to ensure that treatments, care and services were provided in accordance with the plan of care. -Failure to comply with requirements concerning skilled nursing services. Failure to provide occupational therapy services.	\$5,700	Facility admitted and paid fine in full
Pentec Health, Inc	HCA	-Failure to comply with requirements concerning content of patient plan of	\$1,500	Facility admitted

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		care. -Failure to develop and implement policies for documentation of coordination of skilled services.		and paid fine in full
FY 2026 to Date				
Ingleside at Rock Creek	SNF	-Failure to comply with requirements concerning licensed nursing coverage. -Failure to comply with requirements concerning nursing personnel. -Failure to comply with requirements concerning medical records. -Failure to comply with requirements concerning dietary services. -Failure to comply with requirements concerning administration of medication. -Failure to comply with requirements concerning general safety and inspection.	\$6,000	Facility admitted & paid fine in full
National Harborside SNF Operations LLC dba Harborside Health & Rehabilitation	SNF	-Failure to comply with requirements concerning licensed nursing coverage. -Failure to comply with requirements concerning nursing personnel. -Failure to comply with requirements concerning incident reporting.	\$2,500	Pending payment
Direct Care Home Health Services, LLC	HCA	-Failure to comply with requirements concerning contents of patient plan of care. -Failure to comply with requirements concerning skilled nursing services.	\$6,500	Pending payment

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Linac Services, INC.	HCA	-Failure to comply with requirements concerning content of patient plan of care. -Failure to develop and implement policies for documentation of coordination of skilled services.	\$1,500	Pending payment
Nations Home Care		-Failure to comply with requirements concerning clinical records. -Failure to comply with requirements concerning content of patient plan of care. -Failure to comply with requirements concerning skilled nursing services.	\$3,500	Pending payment
Premier Health Services, INC		-Failure to comply with requirements concerning skilled nursing services. -Failure to comply with requirements concerning content of patient plan of care. -Failure to comply with requirements concerning home health aide and personal care side services.	\$5,500	Pending payment
Specialty Home Care LLC	HCA	-Failure to comply with requirements concerning content of patient plan of care. -Failure to comply with requirements concerning patient rights and responsibilities. -Failure to comply with requirements concerning contractor agreements. -Failure to comply with requirements concerning skilled nursing services. -Failure to comply with requirements concerning monitoring services.	\$10,700	Pending payment

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Wellness Health dba The Ark of DC	HCA	-Failure to comply with requirements concerning skilled nursing services. -Failure to comply with requirements concerning content of patient plan of care.	\$7,500	Facility admitted & paid fine in full
The Residences at Kenilworth	ALR	-Failure to document annual communicable disease screening. -Failure to comply with requirements for accommodation of needs. -Failure to comply with fire safety requirements.	\$33,000	Pending Payment

- Q124: Please provide a list of nursing homes, skilled nursing care, and assisted living facilities in the District, broken down by type, Ward, and the number of licensed beds in each facility.**
- a. Please provide a list of any nursing homes or skilled nursing facilities that closed in FY 2025 and FY 2026, to date, and the capacity in each.**

Response:

Nursing Facilities

#	Facility Name	Type	Ward	Licensed Beds
1	Stoddard Baptist Nursing Home	SNF	1	164
2	Inspire Rehabilitation and Health Center	SNF	2	180
3	Forest Hills of DC	SNF	3	55
4	Sibley Memorial Hospital -The Renaissance Unit	SNF	3	45
5	Lisner Louise Hurt Dickson Home	SNF	3	60
6	Ingleside at Rock Creek	SNF	4	34
7	Knollwood HSC	SNF	4	49
8	Jeanne Jugan Residence	NF	5	40
9	Washington Center for Aging Services	SNF	5	259
10	Ascension Living Carroll Manor	SNF	5	240
11	Unique Rehabilitation and Health Center	SNF	6	230
12	Capitol Hill SNF Operations LLC dba Stanton Park Health & Rehabilitation	SNF	6	117
13	Deanwood Rehabilitation and Wellness Center	SNF	7	296
14	National Harborside SNF Operations LLC dba Harborside Health & Rehabilitation	SNF	8	131

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15	Serenity Rehabilitation and Health Center	SNF	8	183
16	Capitol City Rehabilitation and Healthcare Center	SNF	8	360

Assisted Living Residences

#	Facility Name	Type	Ward	Licensed Beds
1	Massachusetts Senior Care, LLC d/b/a The Residences at Thomas Circle	Private	2	55
2	BVM Chevy Chase LLC. d/b/a Chevy Chase House	Private	3	131
3	Inspir at Embassy Row	Private	3	215
4	Lisner Louise Dickson Hurt Home	EPD Waiver	3	45
5	Lucy Webb Hayes d/b/a Grand Oaks Assisted Living	Private	3	200
6	The Fitzgerald at Palisades	Private	3	85
7	The Methodist Home-Forest Hills of DC	Private	3	65
8	Sunrise on Connecticut Avenue	Private	3	120
9	Joye Assisted Living Services	EPD Waiver	4	8
10	Abrams Assisted Living Residences	EPD Waiver	4	54
11	The Army Distaff Foundation, Inc. d/b/a Knollwood	Private	4	45
12	Ingleside At Rock Creek	Private	4	60

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13	Paradise at Georgia Avenue d/b/a Maple Heights Senior Living	Private	4	56
14	The Residences at Benning Metro	EPD Waiver	7	186
15	Pleasure Luxurious living	Private	7	8
16	The Residences at Kenilworth Park	Private	7	185
17	Livingston Place at Southern Ave	EPD Waiver	8	152
18	Mwanzi Assisted Living Residences	EPD Waiver	8	6
19	Arise Assisted Living Residence 3341 Martin Luther King JR. Ave. SE, Wash. DC. 20032	Private	8	6
20	Arise Assisted Living Residence 3343 Martin Luther King Jr. Ave. SE, Wash. DC. 20032	Private	8	6
21	Comfort Senior Care d/b/a Arise Assisted Living Residence 1916 15 th Street, SE. Wash. DC 20020	Private	8	92

a. Please provide a list of any nursing homes or skilled nursing facilities that closed in FY 2025 and FY 2026, to date, and the capacity in each.

There were no nursing home closures in FY'25. In FY'26, there was one nursing home closure: The HSC Pediatric Skilled Facility d/b/a/ Children's National Skilled Nursing Facility; closure date – November 26, 2025; 16 beds.

Q125: Please provide a list of HSPA regulations currently being updated, including a status update (drafting/EOM review) and a timeline for them to be finalized.

Response:

Currently, the following regulations are being updated:

Office of Health Professional Licensing Boards:

Board/Program/Provider Type	Regulation	Status	Timeline	Update or New Regulation
Board of Dentistry	Chapter 90 Dental Assistant	The Board convened subcommittee meetings to review and update regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	Update
Board of Dietetics and Nutrition	Chapter 44 Dietetics Chapter 45 Nutrition	The Board convened subcommittee meetings to review and update regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	Update
Board of Massage Therapy	Chapter 75 Massage Therapy	The Board convened subcommittee meetings to review and update regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	Update
Board of Medicine	Medical Radiation Professionals 17-122 Cardiovascular-Interventional Technologist	The Board convened subcommittee meetings to review and update regulations for alignment with the Health Occupations	June 2026	New

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	17-5900 Advanced Practice Registered Nurse (APRN) 17-6000 Clinical Nurse Specialists (CNS)			
Board of Psychology	17-3-1208.81 Health Services Psychologist	The Board is currently reviewing the proposed regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	New
Board of Psychology	17-3-1208.81 General Applied Psychologist	The Board is currently reviewing the proposed regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	New
Board of Psychology	17-3-1208.81 School Psychologist	The Board is currently reviewing the proposed regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	New
Board of Psychology	17-3-1208.81 Applied Behavioral Analyst	The Board is currently reviewing the proposed regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	New
Board of Rehabilitative Therapies	17-3-1202.23 Audiology 17-3-1202.23 Audiology Assistant 17-3-1202.23 Speech-Language Pathology 17-3-1202.23 Speech-Language Pathology Assistant 17-3-1202.23 Speech-Language Pathology Fellow	The Board convened subcommittee meetings to review and update regulations for alignment with the Health Occupations Revision Act (HORA).	September 2026	Update

Board of Respiratory Care	Chapter 76 Respiratory Care	The Board convened subcommittee meetings to review and update regulations for alignment with the Health Occupations Revision Act (HORA).	June 2026	Update

Office of Health Facilities:

Provider Type	Proposed Regulation	Status	Timeline	Update or New Regulation
Healthcare entities as established by the Certificate of Need Improvement Amendment Act of 2025	Rulemaking to create a new chapter of regulations that will clearly establish the process and requirements for the registration of healthcare entities in accordance with the Certificate of Need Improvement Amendment Act of 2025	Draft completed	Pending internal review and approval	New
Nursing Homes, Assisted Living Residences, Community Residence Facility, Home Care Agency, Hospice, Home Care,	Rulemaking to create a new chapter of rules that will identify approved dementia care courses, establish standards for the approval of non-standard courses, and create a	Proposed rulemaking published in the DC Register on 2/7/25	Pending re-submission to EOM and re-publication. Will be resubmitted in the next 30 days.	New

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and Group Home for Persons with Intellectual Disabilities	mechanism to enforce the training mandate imposed by the Act.			
Hospitals	A rulemaking to clarify requirement for the reporting of unusual incidents, create specific standards for psychiatric services, bolster drug screening requirements in suspected cases of overdose, and amend the schedule of fines for violations.	Draft in progress.	Submission for internal review within 30 days.	Update
Community Residence Facilities for Individuals with Intellectual Disabilities (CRFIID)	Rulemaking to revise a section 3605 of Title 16 to implement fines for violations of Chapter 35 of Title 22-B which governs CRFIID and to make conforming amendments throughout the DCMR to correct nomenclature.	Draft in progress.	Submission for internal review within 60 days.	Update

Q126: Please provide the following regarding facility inspections and licensing under EHA's purview:

- a. Current number of licenses per facility type;
- b. For food facility types, indicate the risk level;
- c. Cost for each type of license;
- d. Average application time for each type of facility; and
- e. Any changes made to licensure process in FY 2025 and FY 2026, to date.

Response:

ANIMAL SERVICES

Facility Type	Current Number of Licenses* (Per DC Health Records)	Cost for Each Type of Licenses	Average Application Time for Each Facility
Veterinary	38	New Facility: \$195 Renewal: \$170	2 weeks for licenses issued by DC Health, Environmental Health Administration

DC Health does not set the license fees for food and community hygiene facilities, but rather those fees are set by the Department of Licensing and Consumer Protection (DLCP). Basic business license fees were modified under the *Business and Entrepreneurship Support to Thrive (BEST) Amendment Act of 2022*, with the following fees for each facility type.

- 6 months: \$49.00
- 2 years: \$99.00
- 4 years: \$198.00

In addition to their DLCP licensing fees, mobile vending facilities must pay a bi-annual fee of \$99.00. Additionally, DC Health issues a separate permit for Body Art facilities, which costs \$250 for two years. Body Art facility permits issued by DC Health take approximately three days once all required information has been submitted and the inspection has been approved.

Given that licenses for food and community hygiene facilities are issued by DLCP, DC Health lacks visibility on the average application time for each type of facility.

FOOD

Facility Type	Current Number of Licenses* (Per DC Health Records)	Risk Level
Bakery	46	2 or 3
Caterer	521	2-5
Delicatessen	1,566	2-5

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Food Products	629	1-2
Grocery Stores	208	2-5
Hotel	92	2-5
Ice Cream Manufacturer	3	2-4
Marine Food (Retail)	2	4
Marine Food (Wholesale)	1	4
Mobile Vending	403	1-3
School Cafeteria	288	2 or 3
Restaurant	2,689	2-5

COMMUNITY HYGIENE

Facility Type	Current Number of Licenses* (Per DC Health Records)
Beauty Shop	346
Barber Shop	183
Braiding	28
Nail Salon	155
Esthetics	43
Swimming Pool	445
Health Spa	14
Bedding and Upholstery Retail	51
Tanning	3
Body Arts	19
Manufacturers	0
Importers	0
Warehouse/Storage Facility	0
Wholesaler	0
Sanitizer	4
Resellers	10
Importer / Manufacturer (Dual Registration)	0
Importer; Warehouse/Storage Facility (Dual Registration)	0
Distributor/Manufacturer (Dual Registration)	0
Manufacturer/Retailer (Dual Registration)	0

RADIATION EMITTING DEVICES

Facility Type	Current Number of Licenses* (Per DC Health Records)	Cost For Each Type Of Licenses	Average Application Time For Each Facility
Veterinary	26	Initial Tube- \$250 Additional Tubes- \$100	2 days
Research	7	Initial Tube- \$250 Additional Tubes- \$100	2 days
Analytical cabinet X-rays	32	Initial Tube- \$250 Additional Tubes- \$100	2 days

e. Any changes made to licensure process in FY 2025 and FY 2026, to date.

There have been no changes made to the licensure process in FY25 or FY26, to date.

Q127: Regarding the Radiation Control Division, please provide the following information for FY 2025 and FY 2026, to date:

- a. Number of licensed radiation producing machines/equipment;**
- b. Number of licensed radiation facilities;**
- c. Percentage of required inspections completed in FY 2025 and FY 2026, to date;**
- d. Number of complaints received and investigations initiated in FY 2025 and FY 2026, to date.**

Response:

**Non-Medical Facilities
FY 2025**

Facility Type	Current Number of Licensed Radiation Facilities	Current Number of Radiation Producing Machines	% of Required Inspections Completed	# of Complaints Received/Investigated
Veterinary	32	56 Tubes	100%	0
Analytical cabinet X-rays	40	85 Tubes	N/A	0
Research	10	31 Tubes	N/A	0

FY 2026 Q1

Facility Type	Current Number Of Licensed Radiation Facilities	Current Number Of Radiation Producing Machines	% Of Required Inspections Completed	# of Complaints Received/Investigated
Veterinary	26	38 Tubes	100%	0
Analytical cabinet X-rays	32	64 Tubes	N/A	0
Research	7	26 Tubes	N/A	0

Inspections of Analytical and Research facilities are not required under current program guidelines. These tasks are outside the scope of both medical and non-medical radiation programs, and historically, the programs didn't procure equipment and meters necessary to conduct these types of inspections.

Medical Facilities

FY 2025

Inspections of radiation producing devices	610
Number of Dental X-ray tubes inspected	412
Number of Medical X-ray tubes inspected	198
Number of licensed radiation producing machines/equipment	1,067
Number of licensed radiation facilities	266
Percentage of required inspections completed	100%
Number of complaints received and investigations initiated	0

FY 2026 Q1

Inspections of radiation producing devices	213
Number of Dental X-ray tubes inspected	198
Number of Medical X-ray tubes inspected	15
Number of licensed radiation producing machines/equipment	844
Number of licensed radiation facilities	152
Percentage of required inspections completed	35%
Number of complaints received and investigations initiated	0

Q128: Please provide the following information for all facility inspections by EHA in FY 2025 and FY 2026, to date:

- a. Type of facility;
- b. Number of facilities;
- c. Number of inspections, broken down by types;
- d. Percentage of required inspections done for each type of facility;
- e. Number of facilities that were cited, fined, or closed within each type of facility.

Response:

Animal Services Facilities

FY 2025

Facility Type	Number of Facilities	Number of Inspections, Broken Down by Types	Percentage of Required Inspections Done for Each Type of Facility	Number of Facilities that were Cited, Fined, or Closed within Each Type of Facility
Veterinary	38	New: 1 Renewal: 38	100%	N/A

FY 2026 Q1

Facility Type	Number of Facilities	Number of Inspections, Broken Down by Types	Percentage of Required Inspections Done for Each Type of Facility	Number of Facilities that were Cited, Fined, or Closed within Each Type of Facility
Veterinary	15	New: 1 Renewal: 14	100%	N/A

Food Facilities

FY 2025

Facility Type	Number of Facilities	Number of Inspections	Percentage of Required Inspections Done	Number of Facilities Cited, Fined or Closed
Bakery	44	77	77%	Fined: 0 Closed: 0
Caterer*	521	156	21%	Fined: 0 Closed: 0

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Commission Merchant	0	0	N/A	Fined: 0 Closed: 0
Delicatessen	1,566	1,874	56%	Fined: 22 Closed: 6
Food Manufacturer	1	0	0%	Fined: 0 Closed: 0
Food Products	629	439	59%	Fined: 5 Closed: 2
Grocery Store	208	217	50%	Fined: 4 Closed: 0
Hotel	92	163	80%	Fined: 0 Closed: 0
Ice Cream Manufacturer	3	2	33%	Fined: 0 Closed: 0
Marine Food (Wholesale)	1	2	100%	Fined: 0 Closed: 0
Marine Food (Retail)	4	9	100%	Fined: 0 Closed: 0
Mobile Vending	387	272	71%	Fined: 0 Closed: 0
Restaurant	2,689	3,617	58%	Fined: 44 Closed: 7
School Cafeteria	287	757	91%	Fined: 0 Closed: 0

FY 2026 Q1

Facility Type	Number of Facilities	Number of Inspections	Percentage of Required Inspections Done	Number of Facilities Cited, Fined, or Closed
Bakery	44	23	40%	Fined: 0 Closed: 0
Caterer	534	61	9%	Fined: 0 Closed: 0

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Commission Merchant	0	0	N/A	Fined: 0 Closed: 0
Delicatessen	1,572	603	26%	Fined: 30 Closed: 6
Food Manufacturer	1	0	0%	Fined: 0 Closed: 0
Food Products	611	181	26%	Fined: 4 Closed: 3
Grocery Store	210	99	28%	Fined: 2 Closed: 1
Hotel	89	45	45%	Fined: 2 Closed: 1
Ice Cream Manufacturer	4	0	0%	Fined: 0 Closed: 0
Marine Food (Wholesale)	1	1	100%	Fined: 0 Closed: 0
Marine Food (Retail)	4	5	75%	Fined: 0 Closed: 0
Mobile Vending	403	43	11%	Fined: 0 Closed: 0
Restaurant	2,699	1151	27%	Fined: 45 Closed: 8
School Cafeteria	281	243	65%	Fined: 0 Closed: 4

*The caterer category does not reflect the number of facilities because majority of caterers use shared kitchens, instead of having a dedicated space for each caterer business.

Radiation Emitting Devices

FY 2025

Facility Type	Number of Facilities	Number of Inspections	Percentage of Required Inspections Done	Number of Facilities Cited, Fined or Closed

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Veterinary	32	Initial: 5 Routine: 12	100%	0
Research	10	0	0%	0
Analytical cabinet X-rays*	40	0	0%	0

FY 2026 Q1

Facility Type	Number of Facilities	Number of Inspections	Percentage of Required Inspections Done	Number of Facilities Cited, Fined or Closed
Veterinary	33	Initial: 1	100%	0
Research	7	0	0%	0
Analytical cabinet X-rays*	32	0	0%	0

**X-ray tubes are required to be inspected once every 2 years.*

Community Hygiene Facilities

FY 2025

Facility Type	Number of Facilities	Number of Inspections	Percentage of Required Inspections Done	Number of Facilities Cited, Fined, or Closed
Pool	413	357	87%	Fined: 0 Closed: 3
Barber Shop	182	74	41%	0
Beauty Shop	328	195	60%	Fined: 0 Closed: 2
Beauty Shop-Braiding	25	19	76%	0

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Beauty Shop-Esthetics	39	36	92%	0
Beauty Shop-Nails	159	143	90%	Fined: 0 Closed: 2
Body Arts	9	9	100%	0
Tanning	3	1	33%	0

FY 2026 Q1

Facility Type	Number of Facilities	Number of Inspections	Percentage of Required Inspections Done	Number of Facilities Cited, Fined, or Closed
Pool	445	47	11%	0
Barber Shop	183	38	21%	0
Beauty Shop	346	116	34%	0
Beauty Shop-Braiding	28	8	29%	0
Beauty Shop-Esthetics	43	15	35%	0
Beauty Shop-Nails	155	77	50%	0
Health Spa	14	2	14%	0
Body Arts	19	1	7%	0
Tanning	3	0	0%	0

Q129: How many times did DC Health inspect the DC Jail culinary facilities in FY 2025 and FY 2026, to date? Please provide a list and description of citations issued during this time frame, and the status of the citation (addressed, pending, etc.).

Response:

Inspection Date	Description of Citations	Status of Citations
8/18/25 – 8/28/25* *Inspections are done over a series of days.	There are three culinary facilities associated with the DC Jail. During the inspection, no citations were issued at the Main Kitchen or the Correctional Treatment Facility (CTF). The Central Detention Facility (CDF) was issued the following citations: 1. Handwashing sink did not contain a sign notifying food employees to wash their hands. 2. Handwashing sink in the dishwashing area was leaking.	1. Corrected during the inspection.

Q130: Please provide in an attached Excel spreadsheet a chart of civil fines levied on facilities by EHA in FY 2025 and FY 2026, to date. Please provide the name and type of each facility, category of fine, the number of notices, and the total amount of fines collected.

a. If a fine is pending OAH action, please indicate how long it has been pending at OAH.

Response:

Please see attachment titled *Attachment FY25 Performance Oversight EHA Q130*.

The Office of Administrative Hearings (OAH) changed the Notice of Infraction (NOI) process in approximately March of 2025. This caused several NOIs that DC Health had previously written to be returned to the respective programs. DC Health is currently in the process of revising the aforementioned NOIs.

DC Health is collaborating with OAH to determine which fines have and have not been paid following adjudication.

As of Q1 of FY26, there are 56 NOIs across the Environmental Health Administration that are pending legal review before they are issued to each facility.

Q131: How many of each of the following food businesses applied for a permit or certification, or a renewal, in FY 2025 and FY 2026, to date? Of these, how many applications were approved? What was the average processing time for each category?

- a. Mobile Vending Certificates;**
- b. Cottage Food Business Certificates;**
- c. Shared Kitchen Use Certificates;**
- d. Microenterprise Home Kitchen Business Certificate.**

Response:

FY 2025

Application Type	Number of Applications Submitted	Number of Applications Approved	Average Processing Time (Initial Submission – Final Review)	Average Approval Time (Complete Submission – Final Approval)
Mobile Vending	299	263	10 days	7 days
Cottage Food Business	21	16	20 days	8 days
Shared Kitchen	81	54	7 days	5 days
Microenterprise Home Kitchen	11	11	5 days	4 days

FY 2026 Q1

Application Type	Number Of Applications Submitted	Number Of Applications Approved	Average Processing Time (Initial Submission – Final Review)	Average Approval Time (Complete Submission – Final Approval)
Mobile Vending	45	25	9 days	4 days
Cottage Food Business	8	2	25 days	1 day

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Shared Kitchen	23	13	4 days	4 days
Microenterprise Home Kitchen	1	1	1 days	0 days

Please note that processing time includes the time it takes for the applicant to resubmit documents.

Q132: Please provide a list of all current cottage food businesses certified to operate in the District.

Response:

Business Name	Approval Date	Approved Products
Winshel's Cake House	2/8/24	Cupcakes
District Pop Gourmet	3/1/24	Popcorn
Kocktail Kakes	3/7/24	Cakes
Honey Bunch Cookies	4/2/25	Cookies
The Cottage Kitchen	4/12/24	Pies, Breads, doughnuts, and scones
Honey Child Bakery	5/5/24	Cookies, bread, brownies, and scones
A Fruitful Place	5/16/24	Dry tea blend, and snack mixes
N'Yum	5/24/24	Pastries
Gmams Enterprises	6/6/24	Cakes, cookies, and pies
Ende' Cacao	6/14/24	Candies
Honeycrust Artisan Breads	6/24/24	Breads, and scones
Female Rage	6/27/24	Flavored Vinegar
The Persian Table	8/1/24	Pastries

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Faisan Chocolates	8/23/24	Candies
JackiCan LLC	8/30/24	Jams and Jellies
Allison Graham Inc.	9/6/24	Cakes
The Federal Lunch	10/11/24	Brownies, cakes, and breads
Capitol Jill Baking	11/12/24	Breads cookies, and cakes
Dramele Gourmet Popcorn Superfood Snacks	11/20/24	Popcorn
G Brownies	11/20/24	Brownies
Tempie Lee's Sweet Potato Cookies	12/19/24	Cookies
Laurel Kate Create	2/7/25	Granola, trail mixes, cakes, cookies, and brownies
District Farmacy	4/2/25	Snack mixes
Flour Circus	4/3/25	Cookies, pretzels, cakes, and pies
Marti Makes Cookies	5/22/25	Cookies
The Little Hearth	5/28/25	Cookies, scones, and nuts
Tartes d'Ici	7/23/25	Tarts, cookies, sweet breads, and scones
Cookies De Fleur	8/12/25	Cookies
Ever and Sweet	8/17/25	Cakes and cupcakes

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Loomcake	10/8/25	Cakes
Emu Kushina	11/21/25	Breads, muffins, cakes, cookies, and donuts
Affordable Luxury TM	12/26/25	Candies

Q133: Please provide the following information on rodent abatement in FY 2025 and FY 2026, to date:

- a. Number of requests for abatement on private property;
- b. Number of requests for abatement on public spaces;
- c. Number of abatements conducted on (a) and (b) above;
- d. Length of time between request and DC Health abatement;
- e. Please provide a list of the 10 most frequent zip codes, neighborhoods, or commercial corridors (however is easiest to report) for rodent abatement requests.

Response:

FY 2025

Number of Abatement Requests on Private Property	Number of Abatements on Private Property	Number of Abatement Requests on Public Spaces	Number of Abatements on Public Spaces	Average Abatement Response Time
34,598	34,598	Less than 100	Less than 100	2.66 days

FY 2026 Q1

Number of Abatement Requests on Private Property	Number of Abatements on Private Property	Number of Abatement Requests on Public Spaces	Number of Abatements on Public Spaces	Average Abatement Response Time
7,836	7,836	Less than 100	Less than 100	2.66 days

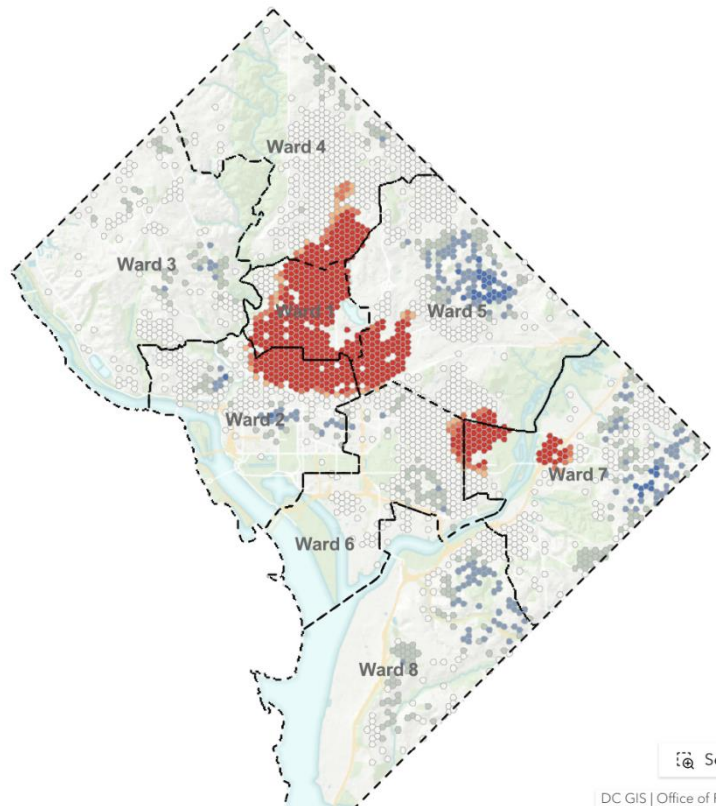
- e. Please provide a list of the 10 most frequent zip codes, neighborhoods, or commercial corridors (however is easiest to report) for rodent abatement requests.

FY 2025

Ranking	Zip Code	Number of Requests
1	20011	3,010
2	20002	2,992
3	20009	2,242

4	20001	2,240
5	20010	1,301
6	20019	1,020
7	20003	752
8	20017	670
9	20007	600
10	20020	545

The map displayed to the right provides a visual representation of the District's hot spots for rodent abatement requests within each Ward. The [dashboard](#) provides 311 data that is geo-mapped and can provide data by Ward.



Q134: For each professional license, certification, or registration for professionals under EHA’s purview in FY 2025 and FY 2026, to date, please indicate the following:

- a. The total number of professionals licensed, certified, or registered;**
- b. The number of applications, including percentage that were approved;**
- c. The number of applicants based on endorsements from other jurisdictions;**
- d. The average length of time to process applications; and**
- e. The number of staff that support the processing of applications for licensure per Board.**

Response:

Professional License/ Certification/ Registration Type	Number of Applications	Number of Professionals	Percentage Approved	Average Processing Time	Number of Staff to Support Processing Application
Certified Food Protection Manager	FY 25: 5,713 FY 26 Q1: 1,151	FY 25: 180 FY 26 Q1: 26	FY 25: 85% FY 26 Q1: 80%	FY 25: 8 days FY 26 Q1: 5 days	1 FTE
Certified Pool Operator (CPO)	FY 25: 180 FY 26 Q1: 25	FY 25: 180 FY 26 Q1: 26	FY 25: 100% FY 26 Q1: 100%	FY 25: 3 business days FY 26 Q1: 3 business days	1 FTE (same FTE as Tanning Manager (TM), Body Art Facility (BAF), and Bedding and Upholstery (BU))
Tanning Manager (TM)	FY 25: 0 FY 26 Q1: 0	FY 25: 1 FY 26 Q1: 0	FY 25: N/A FY 26 Q1: N/A	FY 25: N/A FY 26 Q1: N/A	1 FTE (same FTE as CPO, BAF & BU)
Health Physicist	FY 25: 51 FY 26 Q1: 50	FY 25: 51 FY 26 Q1: 52	FY 25: 100% FY 26 Q1: 100%	FY 25: 2 days FY 26 Q1: 2 days	1 FTE (same FTE that conducts radiation inspections)

Environmental Health professionals do not have an endorsement process with other jurisdictions. Professionals are required to complete application requirements (i.e., completion of national exam) regardless of certification status in another jurisdiction.

Q135: Following the transition of the lead screening program from DOEE to DC Health, please provide an update on the program's main projects and accomplishments in FY 2025 and FY 2026, to date. What, if any, changes to the program have been initiated since it was transferred to DC Health?

a. What partnerships is DC Health leveraging to advance lead screening rates in the District?

Response:

The Department of Energy and Environment (DOEE) transferred the Healthy Housing Branch, which includes the Childhood Lead Poisoning Prevention Program (CLPPP) and Healthy Homes Program, to the DC Department of Health's Office of Environmental Protection's Division of Indoor Environment. The Healthy Housing Branch is now known as the Division of Indoor Environment and continues to work towards reducing and investigating childhood lead poisoning exposure and identifying home environmental health and safety hazards to minimize injury, safety concerns, and respiratory health hazards. The program strives to reduce childhood asthma and respiratory illnesses, reduce blood lead levels in children, and remind physicians of the importance of screening children twice by the age of two in accordance with the District Lead Screening and Reporting Law.

Projects and Accomplishments FY 2025 and 2026:

- Childhood Lead Poisoning Prevention Program:
 - New cases assigned in FY 2025: 148
 - Cases closed in FY 2025: 110
 - Average case management compliance Key Performance Indicator (KPI): 96%
- Healthy Homes Program:
 - New cases assigned in FY 2025: 83
 - Cases closed in FY 2025: 85
 - Site visits completed in FY 2025: 101
- Data-use agreement between DOEE and DC Health has been completed to facilitate collaboration on lead poisoning prevention.
- A public-facing Tableau dashboard focused on childhood lead poisoning prevention that integrates DOEE and DC Health systems for community outreach and surveillance has been completed.
- WIC partnership: Distributed over 1,000 lead poisoning prevention flyers to WIC clinic directors in FY 2025 and FY 2026 to date.
- Carbon Monoxide Monitor Program: Distributed 223 Carbon Monoxide monitors to DC residents in FY 2025 and FY 2026 to date.

Changes to the Program:

- The program was integrated into DC Health’s Environmental Health Administration, Division of Indoor Environment. This enables deeper collaboration with the WIC program and with other teams at DC Health.
 - The Carbon Monoxide Monitor Program was integrated into the Division of Indoor Environment.
 - Program flyers, documents, and letters have all been updated to reflect the new agency and program.
- a. What partnerships is DC Health leveraging to advance lead screening rates in the District?**
- WIC: Information on lead screening requirements was distributed to WIC directors and clinics.
 - DOEE: Lead and Healthy Homes case management teams collaborated with DOEE risk assessors to analyze more information about lead exposure.
 - Relationships with DOEE, the Department of Health Care Finance (DHCF), and DC Water continue to be strong, with several joint informational documents created.
 - Annual transmittal letters to medical providers written by both DC Health and DHCF focused on provider and lab requirements for reporting blood lead results and other resources around lead.
 - Joint DC Water, DOEE, and DC Health flyer for lead poisoning exposure outreach.
 - The [Childhood Lead Poisoning and Prevention Testing Dashboard](#) was released.

Q136: Please provide the number of carbon monoxide detectors distributed by DC Health through the Carbon Monoxide Prevention Program, by Ward, in FY 2025 and FY 2026, to date.

a. How did DC Health conduct outreach to high-risk residents and determine who should receive the free detectors?

Response:

# Carbon Monoxide (CO) Monitors Distributed	FY 2025	FY 2026
Ward 1	0	3
Ward 2	0	2
Ward 3	0	7
Ward 4	1	2
Ward 5	2	27
Ward 6	0	2
Ward 7	16	44
Ward 8	1	116
Total	20	203

a. How did DC Health conduct outreach to high-risk residents and determine who should receive the free detectors?

To assess community needs, data were collected from DC Health hospital discharge records. While discharge numbers were low between 2019 and 2021, carbon monoxide (CO) poisoning led to eight hospital visits during that period. Additional data acquired from FY 2023 from the District of Columbia’s Department of Buildings (DOB) indicated 482 carbon monoxide violations in DC which is a 116% increase from FY 2020 with 223 violations. The highest number of CO violations occurred in Ward 7 (20%), Ward 8 (19%), and Ward 5 (16%). The category of violation most often cited (47%) was “Failure to install an approved CO alarm in the close vicinity of bedrooms in residential units in buildings with fuel-burning equipment or a building with an attached garage.”

Therefore, due to their vulnerabilities, the program focuses on two at risk populations in the District of Columbia: 1) older adults and 2) families with children living in Wards 5, 7, and 8.

Since August 2025, the Division of Indoor Environment has attended five community events in collaboration with DOEE to distribute CO alarms in the community. As part of community education and data analysis, knowledge assessments in the form of surveys were distributed to constituents, who were given immediate feedback on the knowledge assessments before receiving their monitors. The Division of Indoor Environment also hosts monthly tabling events in the DC

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Health lobby (2201 Shannon Place SE) to target constituents who visit Vital Records and DC Infrastructure Academy (DCIA). We have distributed program promotional materials to Martha's Table/Martha's Outfitters who serve over 30,000 clients annually. We are exploring partnerships with the District of Columbia Public Schools (DCPS), the Office of the State Superintendent of Education (OSSE), the Department of Aging and Community Living (DACL), and Veteran's Affairs, in addition to partnerships with the Fire and Emergency Medical Services Department (FEMS) and the Department of Buildings (DOB).

Q137: Please provide a list of EHA regulations currently being updated, including a status update (drafting/EOM review) and a timeline for them to be finalized.

Response:

Regulation	Status	Timeline
Animal Disease Reporting Requirements for Veterinarians	To be drafted	Estimated to be proposed in September 2026 as part of DCMR 22-B201
Commercial Pet Care Facilities	Awaiting statutory authority	Statutory authority is required to issue regulations, expected to be in place by October 2026.
Notice of Final Rulemaking for Microenterprise Home Kitchen Regulations	Completed	Final Rules published in the <i>DC Register</i> on October 17, 2025
Notice of Proposed Rulemaking for Healthy Homes Regulations	Internal agency review completed	Notice of Proposed Rules submitted for review on: December 9, 2025, to EOM December 10, 2025, to OAG
Healthy Homes Infractions and Schedule of Fees	To be drafted	Estimated to be proposed in September 2026
(Revised) Notice of Proposed Rulemaking for Food and Food Operations Regulations (“Food Code Regulations”)	Internal agency review completed	Notice of Proposed Rules has been submitted for review on: November 13, 2025, to EOM December 17, 2025, to OAG
(Revised) Food and Food Operations Infractions	Currently being drafted	Notice of Proposed Rules are to be submitted to OAG and EOM for review after the Food Code Regulations are published in

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		the <i>D.C. Register</i> as Notice of Final Rulemaking.
(Revised) Food and Food Operations Schedule of Fees	Currently being drafted	Notice of Proposed Rules are to be submitted to OAG and EOM for review after the Food Code Regulations are published in the <i>D.C. Register</i> as Notice of Final Rulemaking.
(Revised) Smoking Enforcement Regulations	To be drafted	To be determined
(New) Medical Waste Regulations	To be drafted (The regulations are dependent on the passing of the Environmental Health Clarification Act.)	Notice of Proposed Rules estimated to be submitted to EOM for review: May 31, 2026
(New) Bedding and Upholstery Regulations	To be drafted	To Be Determined
(Revised) Aquatic Facilities Regulations	To be drafted	To Be Determined

Q138: Please provide the following information for the animal control contract in calendar year 2025, to date:

- a. Number of unique complaints to 311 regarding stray animals;**
- b. Number of stray animals housed through the contract;**
- c. Number of reported animal attacks;**
- d. Number of citations and fines issued;**
- e. Number of animals euthanized; and**
- f. Number of neutered and spayed animals through the contract.**
- g. In addition to these metrics, please provide any other metrics that DC Health is monitoring to measure success of the new contract.**

Response:

Calendar Year 2025

Number of Unique Stray Animal Complaints*	Number of Stray Animals Housed	Number of Animal Attacks	Number of Citations or Fines Issued**	Number of Animals Euthanized	Number of Animals Fixed
12,114	2,605	1,084	0	Wildlife: 171 Dog/Cat: 407	5,966

*Complaints for stray animals go directly to Brandywine Valley SCPA and are normally reported through their phone line at (202) 888-PETS.

**The Human Rescue Alliance (HRA) was granted the authority to enforce laws relating to animal cruelty.¹ With this authority humane law enforcement officers investigate reports of animal cruelty and issue fines and citations when violations occur. However, DC Health is not included in this congressionally granted authority thus, the agency does not issue citations and fines, which is reflected in the above table.

¹ U.S. Congress. (1869) *U.S. Statutes at Large, Volume 16 -1871, 41st Congress*. United States, - 1871. [Periodical] Retrieved from the Library of Congress, <https://www.loc.gov/item/lsl-v16/>.

Q139: The August 2025 Office of the D.C. Auditor report *DC Health Did Not Adequately Monitor Animal Shelter Contract* included 9 recommendations for DC Health to improve its oversight and services regarding animal control. In an August 6, 2025, letter, DC Health agreed with all of the recommendations made by the Auditor. Please provide any updates to DC Health's August 6, 2025, responses that demonstrate improved oversight and service delivery.

Response:

At the time that the audit was conducted, DC Health used a different animal control contractor than the one currently delivering services. In addition, the audit was conducted when DC Health was operating the a previous shelter facility. Since then, DC Health has made significant changes, that include collaborating with a new contractor as well as opening a new animal shelter at DC Village. Lastly, the protocols that DC Health previously did not have the authority to enforce have now been codified within the new contract.

#	Recommendation Description	Update
1	DC Health's Contract Administrator (CA) for the Animal Care contract should ensure all contract deliverables are submitted timely with all required information. The Contract Administrator should report noncompliance to the Contract Officer if the contractor fails to comply with contract terms.	DC Health is receiving a monthly report from its animal control contractor, Brandywine Valley SPCA (BVSPCA) that includes all requested information.
2	DC Health should ensure information required in reports from the animal care and control contractor is sufficient to allow the agency to do oversight of all contract deliverables.	Reports are reviewed monthly and at end of the calendar year upon submission and include the selected data that was referenced in report.
3	DC Health should develop an oversight plan for shelters that includes documentation of formal inspections to determine whether shelter animals are receiving adequate care.	DC Health has developed and implemented an oversight plan that consists of 3 components: • Weekly meetings with BVSPCA. • Positioning a DC Health staff member at the DC Village shelter location three times a week to facilitate communication and conduct walk-throughs to ensure contract compliance. • Monthly assessment of metrics and deliverables. This plan is being administered at the new animal shelter located at 4 DC Village Lane SW.

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4	DC Health should define adequate exercise and cleanliness for animals in their care.	Animals are walked and exercised daily with the exception of dangerous dogs. DC Health has also enhanced cleaning to match the industry standard with BVSPCA. This protocol has also been added to the contract with BVSPCA.
5	DC Health should ensure Contract Administrators are properly trained and comply with requirements to review and approve invoices.	The new Contract Administrator is in the process of completing the required training courses, which are offered through the Office of Contracts and Procurement: • Creating Effective Statements of Work (3 hours) • Contract Administrator (12 hours) (scheduled for 2026 as class was waitlisted) • Purchasing Through the Procurement Automated Support (PASS) Buyer (2 Hours)
6	DC Health should develop policies and procedures for issuing Notices of Infraction and start collecting fines from violators of the Animal Care and Control Act.	An NOI policy has been developed and is being refined before implementation.
7	DC Health should establish low-cost spay and neuter clinic services as required in D.C. Code.	Our contractor, BVSPCA, provides low-cost spay and neuter services through their donor base fund and the Animal Education and Outreach fund.
8	DC Health should ensure the \$2 fee on the application, issuance, or renewal of a dog licenses is transferred to the Animal Education and Outreach Fund as required in D.C. Code.	DC Health has been transferring funds from dog licensing revenues on a consistent basis to the Animal Education and Outreach fund
9	DC Health should amend policies and procedures to track dangerous dog cases and establish timeliness goals to reduce the time between a dog attack and notifying the dog's owner of the determination and steps to reduce risk.	Dangerous dog cases require a full investigation including witness statements, veterinary records, bite victim medical records, etc. BVSPCA must assess aggravating factors, mitigating factors, and appropriate recommendations. DC Health is currently updating policies to improve communication and timeliness. BVSPCA has been instrumental in developing policy.