

Department of Health

<http://www.dchealth.dc.gov/index.asp>

Description	FY 2004 Actual	FY 2005 Approved	FY 2006 Proposed	% Change from FY 2005
Operating Budget	\$1,564,146,540	\$1,637,183,303	\$1,721,305,272	5.1
FTEs	1,468	1,457	1,338	-8.1
Community Investments	\$0	\$0	\$800,000	N/A
FTEs	0	0	4	N/A
Residents Dividends	\$0	\$0	\$510,900	N/A

The mission of the Department of Health is to provide health risk identification, public education, prevention and control of diseases, injuries and exposure to environmental hazards, effective community collaborations, and optimal equitable access to community resources, to residents, visitors and those doing business in the District of Columbia so that they can be healthy and safe and maintain the highest quality of life.

The Department of Health (DOH) is a vital element in ensuring that District residents are healthy and maintain a high quality of life. To meet the needs of the District of Columbia residents, the Department of Health must be known for proactive innovation in implementing leading-edge practices and strategies; delivering benchmark clinical results for comparable populations based on nationally recognized performance metrics; and, being recognized for unquestioned and absolute fiscal and ethical integrity in the oversight of clinical programs and in the management of Federal grants.

Through the FY 2006 budget, the department will implement five strategies designed to improve public health outcomes. These strategies include:

- 1) Outstanding Neighborhood Outreach and Prevention;
- 2) Quality, Safe and Coordinated Health Delivery System;
- 3) Effective Community Preparedness;
- 4) Healthy Environment;
- 5) Making Government Work.

Through the FY 2006 budget, DOH will provide neighborhood-based, culturally sensitive, and patient-centered, outreach and prevention which will include basic health education and health literacy; violence and abuse prevention; the creation of healthy homes, work and school environments; screenings and immunizations; and the promotion of healthy lifestyles and related behavioral changes. Special attention will be directed to our high-risk populations such as

children, senior citizens, and individuals afflicted with serious chronic diseases and in need of special services.

The provision of quality, safe and coordinated healthcare will require DOH private-public sector partnerships that integrate all of the critical system components: health care financing; public health services; and healthcare delivery system. A solid, sustainable and community-based system should include medical homes, unique waiver programs, cutting-edge case management, and innovations in information processing.

DOH views disaster preparedness as a basic component of public health. Therefore, emergency preparedness is our core responsibility and operating principle. The Department will continue with its preparedness activities while building upon the strong partnerships within local, state, regional and federal government jurisdictions generated while planning for the recent Presidential inaugural. Expanded community involvement and planning with local hospitals, clinics, churches and community members will be a goal for FY 2006.

To create and maintain a healthy environment at home, work and school, the DOH will continue with its monitoring and regulatory functions over the air, water and other environments, while engaging in greater community involvement so that all environmental hazards are addressed comprehensively and with clear communication.

To meet all its goals, the DOH must be a leader in using national measures of health care quality and safety as the centerpiece of our strategic plans. In FY 2006, DOH will turn information into insight, whereby data-driven, informed decisions can be made. This will allow DOH to best utilize our resources and maximize the public health. Fiscal and ethical integrity with respect to grants and contracts management is critical to our success and credibility.

The budget lays the groundwork for implementing these strategies by reorganizing several programs to align functions, reduce duplication and clarify missions; clarifying resources available for all programs; and establishing key support functions that support service delivery.

The agency plans to fulfill its mission by achieving the following strategic result goals:

- Increasing the number of HIV positive individuals identified through counseling and testing (by programs funded through the HIV/AIDS Administration and the CDC) by 2.5 percent
- Investigating reported critical outbreak cases investigated within 48 hours
- Ensuring that 80 percent of District students receive health services through the school health program.
- Reducing disparities in health status due to ethnicity, income and geographic location so that:
 - By the end of FY 2006, 85 percent of all residents of DC shall have access to necessary healthcare (H.P.2010 Target = 100 percent).
 - There will be enhanced rapid response capacity that will coordinate with other District agencies and surrounding jurisdictions to respond quickly and effectively to emergencies especially bio-terrorism, natural disasters and health-related situations so that:
 - The Health Alert Network (HAN) will be fully operational and regularly updated to ensure that the Department has the ability to disseminate pertinent information to our partners throughout the District and surrounding jurisdictions in real time.

Funding by Source

Tables HC0-1 and 2 show the sources of funding and FTEs by fund type for the Department of Health.

Table HC0-1

FY 2006 Proposed Operating Budget, by Revenue Type

(dollars in thousands)

Appropriated Fund	Actual FY 2003	Actual FY 2004	Approved FY 2005	Proposed FY 2006	Change from FY 2005	Percent Change
Local Fund	479,853	459,438	513,938	541,594	27,657	5.4
Special Purpose Revenue Funds	13,696	12,944	17,891	25,059	7,168	40.1
Total for General Fund	493,549	472,382	531,828	566,653	34,825	6.5
Federal Payments	31,362	18,442	0	0	0	0.0
Federal Grant Fund	142,804	135,787	146,347	154,977	8,629	5.9
Federal Medicaid Payments	703,619	927,581	951,289	990,739	39,449	4.1
Total for Federal Resources	877,784	1,081,810	1,097,637	1,145,716	48,079	4.4
Private Grant Fund	2,106	518	150	95	-55	-36.9
Total for Private Funds	2,106	518	150	95	-55	-36.9
Intra-District Funds	8,207	9,437	7,568	8,842	1,274	16.8
Total for Intra-District Funds	8,207	9,437	7,568	8,842	1,274	16.8
Gross Funds	1,381,646	1,564,147	1,637,183	1,721,305	84,122	5.1

Table HC0-2

FY 2006 Full-Time Equivalent Employment Levels

Appropriated Fund	Actual FY 2003	Actual FY 2004	Approved FY 2005	Proposed FY 2006	Change from FY 2005	Percent Change
General Fund						
Local Fund	436	298	393	357	-35	-9.0
Special Purpose Revenue Funds	69	102	129	154	25	19.1
Total for General Fund	505	400	522	511	-11	-2.1
Federal Resources						
Federal Grant Fund	648	652	847	750	-97	-11.4
Federal Medicaid Payments	0	71	76	63	-13	-16.8
Total for Federal Resources	648	723	923	813	-110	-11.9
Private Funds						
Private Grant Fund	4	0	4	1	-3	-75.0
Total for Private Funds	4	0	4	1	-3	-75.0
Intra-District Funds						
Intra-District Funds	11	6	7	12	5	74.3
Total for Intra-District Funds	11	6	7	12	5	74.3
Total Proposed FTEs	1,168	1,130	1,456	1,338	-118	-8.1

Expenditures by Comptroller Source Group

Table HC0-3 shows the FY 2006 proposed budget for the agency at the Comptroller Source Group level (Object Class level).

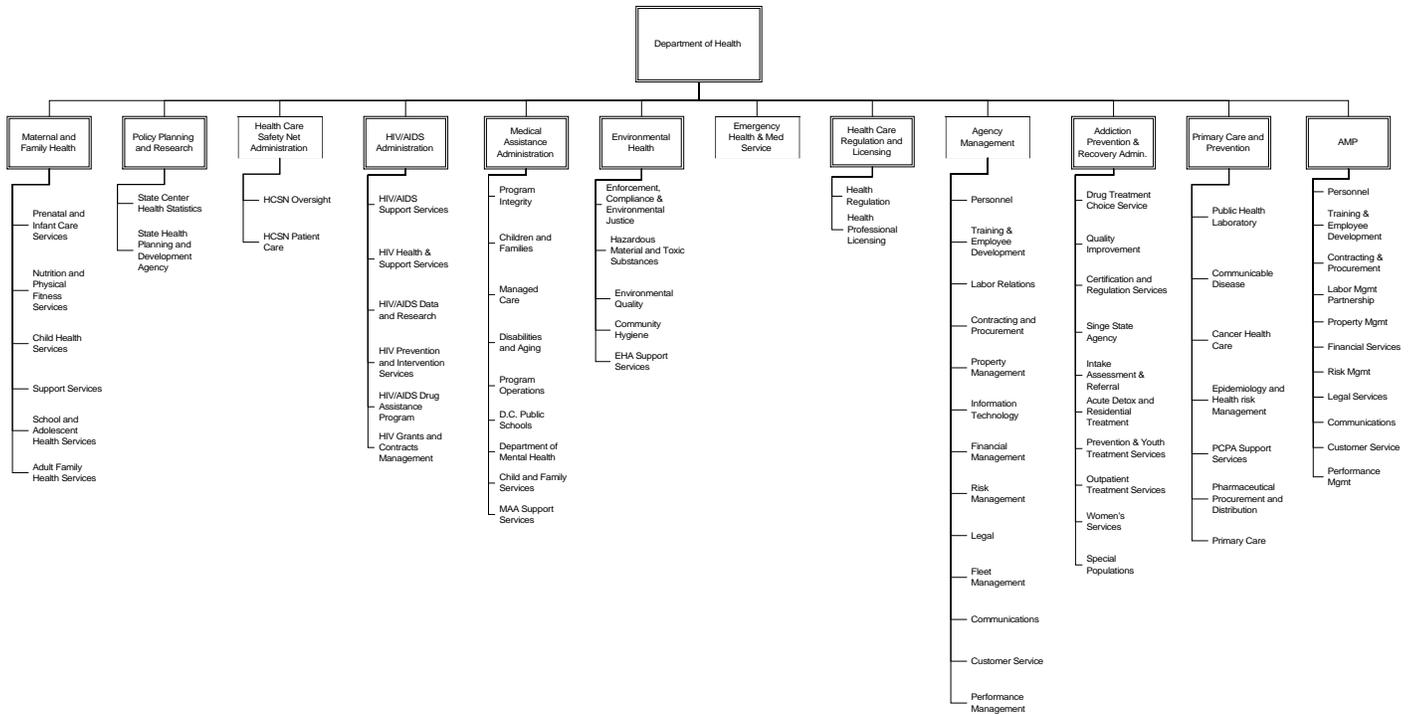
Table HC0-3

FY 2006 Proposed Operating Budget, by Comptroller Source Group

(dollars in thousands)

Comptroller Source Group	Actual FY 2003	Actual FY 2004	Approved FY 2005	Proposed FY 2006	Change from FY 2005	Percent Change
11 Regular Pay - Cont Full Time	56,025	35,421	36,392	53,561	17,169	47.2
12 Regular Pay - Other	5,802	27,903	37,076	22,802	-14,274	-38.5
13 Additional Gross Pay	553	587	663	106	-557	-84.0
14 Fringe Benefits - Curr Personnel	10,756	11,553	13,011	14,152	1,140	8.8
15 Overtime Pay	759	576	147	844	697	474.5
Subtotal Personal Services (PS)	73,896	76,040	87,289	91,465	4,176	4.8
20 Supplies and Materials	3,563	2,727	2,776	14,365	11,589	417.4
30 Energy, Comm. And Bldg Rentals	3,122	367	375	937	562	149.6
31 Telephone, Telegraph, Telegram, Etc	1,868	2,513	2,509	2,265	-244	-9.7
32 Rentals - Land And Structures	11,637	12,349	11,682	14,923	3,242	27.8
33 Janitorial Services	45	13	28	173	145	512.9
34 Security Services	2,302	2,692	2,720	2,251	-470	-17.3
40 Other Services And Charges	22,030	10,506	8,675	8,742	68	0.8
41 Contractual Services - Other	236,457	213,680	220,479	161,940	-58,539	-26.6
50 Subsidies And Transfers	1,020,705	1,236,648	1,297,247	1,420,914	123,667	9.5
70 Equipment & Equipment Rental	6,021	5,703	3,403	3,329	-74	-2.2
80 Debt Service	0	377	0	0	0	0.0
91 Expense Not Budgeted Others	0	532	0	0	0	0.0
Subtotal Nonpersonal Services (NPS)	1,307,750	1,488,107	1,549,894	1,629,840	79,946	5.2
Total Proposed Operating Budget	1,381,646	1,564,147	1,637,183	1,721,305	84,122	5.1

**Figure HC0-1
Department of Health**



Gross Funds

The proposed budget is \$1,721,305,272, representing an increase of \$84,121,969 or 5.1 percent over the FY 2005 approved budget of \$1,637,183,303. There are 1,338 operating FTEs for the agency, a decrease of 118.1 FTEs or 8.1 percent, from FY 2005.

Community Investments

The Mayor proposes additional community investment funding in the amount of \$800,000 and 4 FTEs for the Health Care Regulation and Licensing Administration and Medical Assistance Administration programs.

Resident Dividends

The Mayor proposes additional resident dividend funding in the amount of \$510,900 for the Primary Care and Prevention Administration program. Resident dividend funding is non-recurring.

General Funds

Local Funds. The proposed budget is \$541,594,425, representing an increase of \$27,656,670 or 5.4 percent over the FY 2005 approved budget of \$513,937,755. There are 357.2 operating FTEs for the agency, a decrease of 35.5 FTEs or 9.0 percent from the FY 2005 approved level.

Significant changes from the FY 2005 approved budget are:

- A decrease of \$316,420 in personal services to reflect funding support for all Local-funded FTEs.
- An increase of \$18,637,636 in nonpersonal services for increased program and service costs for the District's Medicaid program.
- An increase of \$3,503,917 in nonpersonal services for agency fixed costs, consistent with the estimates provided by the Office of Property Management.
- An increase of \$2,260,000 in nonpersonal services for the "Ticket-to-Work" program in the HIV/AIDS Administration.
- An increase of \$1,800,000 in nonpersonal services for health nursing services in the District's schools.
- An increase of \$450,000 in nonpersonal services for the Bureau for Communicable Disease.
- An increase of \$78,000 in nonpersonal services for contractual increases in the Animal Shelter program.
- A net increase of \$1,243,537 in nonpersonal services to reflect funding support for the remaining Local-funded programs across the agency.

In addition, the Mayor proposes additional local funding in the amount of \$800,000 and 4 FTEs for community investments, and \$510,900 for resident dividend initiatives. For more information on the Department of Health community investment and resident dividend initiatives, please refer to the end of this chapter.

Special Purpose Revenue Funds. The proposed budget is \$25,058,757, representing an increase of \$7,168,109 or 40.1 percent over the FY 2005 approved budget of \$17,890,648. There are 154.2 operating FTEs for the agency, an increase of 24.7 FTEs or 19.4 percent over FY 2005. Changes from the FY 2005 approved budget reflect significant increases in special purpose revenues including the Storm Water Permit Review (MS4), Pesticide Product Registration and Food Handler Certification.

Federal Funds

Federal Grants. The proposed budget is \$154,976,618, representing an increase of \$8,629,275 or 5.9 percent over the FY 2005 approved budget of \$146,347,343. There are 750.1 operating FTEs for the agency, a decrease of 96.9 FTEs or 11.4 percent from FY 2005. Changes from the FY 2005 approved budget reflects increases in the Maternal and Child Block Grant, the Preventive Health Block Grant, and the Bio-Terrorism Preparedness grant

Federal Medicaid Payments. The proposed budget is \$990,738,902, representing an increase of \$39,449,480 or 4.1 percent over the FY 2005 approved budget of \$951,289,422. There are 63.3 operating FTEs for the agency, a decrease of 12.8 FTEs or 16.8 percent from FY 2005. Changes from the FY 2005 approved budget are parallel with increases in the Local Funds to match these Federal funds.

Private Grant Funds

Private Grants Funds. The proposed budget is \$94,716, representing a decrease of \$55,284 or 36.9 percent from the FY 2005 approved budget of \$150,000. This change reflects the only anticipated grant of \$94,716 in FY 2006 from Howard University for the Epidemiology Program. There is 1 operating FTE for the agency, a decrease of 3 FTEs or 75 percent from FY 2005.

Intra-District

Intra-District Funds. The proposed budget is \$8,841,854, representing an increase of \$1,273,719 or 16.8 percent over the FY 2005 approved budget of \$7,568,135. There are 12.2 operating FTEs for the agency, an increase of 5.2 FTEs or 74.3 percent over FY 2005. Changes from the FY 2005 approved budget reflect projected Intra-District agreements with six agencies in FY 2006.

Programs

The Department of Health is committed to the following programs:

Addiction Prevention and Recovery Administration (APRA)

	FY 2005	FY 2006
Budget	\$33,410,109	\$34,324,629
FTEs	188.0	184.8

Program Description

The **Addiction, Prevention and Recovery Administration** provides the highest quality regulatory standards for the delivery of prevention and treatment services to the citizens of the District of Columbia who are addicted or who are at risk of becoming addicted to alcohol, tobacco and other drugs.

Program Budget Summary

The proposed gross funds budget is \$34,324,629, an increase of \$914,520 or 2.74 percent over the FY 2005 approved budget of \$33,410,109. This change includes a Local funds decrease of \$1,016,442, a Federal grants funds decrease of \$411,038, Special Purpose Revenue funds increase of \$1,850,000, and Intra-District Funds increase of \$492,000. This change is primarily due to increased funding to support the following activities: Prevention & Youth Treatment Services, Intake Assessment & Referral, Adult Treatment Service, Acute Detox & Residential Treatment Services, Special Population, and Quality Improvement. The gross budget supports 184.8 FTEs, a decrease of 3.2 FTEs from the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- A decrease of \$1,016,442 in Local funds to reflect reductions in grant maintenance of effort requirements.
- A decrease of \$411,038 and 6 FTEs in Federal Grant funds to align budget to reductions in the Ryan White Title I grant and the Substance Abuse Block grant
- An increase of \$1,850,000 in Special Purpose Revenues due to an increase of Drug Interdiction funding and Medicaid reimbursement collections

- An increase of \$492,000 in Intra-District funding reflecting a new Intra-District Agreement with the Department of Employment Services (DOES) for the Youth Offenders Re-entry Initiative.

This program has 10 activities

- **Choice in Drug Treatment** - provides increased access to substance abuse treatment to residents of the District so that they can receive appropriate services from the provider of their choice.
- **Quality Improvement** - ensures a continuous performance improvement process that increases the quality of services to District residents and ensures that evidence based "best practices" are replicated throughout the substance abuse treatment system.
- **Certification and Regulation** - provides certification standards and certification under those standards to providers of substance abuse and addiction services so that they can provide a level of care that meets substance abuse regulations.
- **APRA Support Services** - provides programmatic and administrative direction to the Addiction Prevention and Recovery Administration.
- **Intake, Assessment, and Referral** - provides assessment and referral services to District residents seeking or remanded to substance abuse treatment in an effort to obtain appropriate least restrictive services.
- **Acute Detoxification and Residential Treatment Services** - provides acute detoxification and residential treatment services to District residents who are abusing substances or alcohol and other drugs in an effort to achieve harm reduction and abstinence.
- **Prevention and Youth Treatment Services** - provides substance abuse prevention information, education, alternative activities, community-based programs and early identification services to children, youth, families and neighborhoods in the District of Columbia.

- **Adult Treatment Services** - provides treatment services to those District of Columbia adult residents who are addicted to or abusing drugs, including opiates. Services include outpatient and inpatient services.
- **Women's Services** - provides substance abuse treatment, services to women, women with children and pregnant women that meet the needs of women and their families.
- **Special Population Services** - provides substance abuse services to special populations so that they can access treatment services specific to their special needs.

Key Result Measures

Program 1: Addiction Prevention and Recovery Administration (APRA)

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families, and Elders
Manager(s): Robert Johnson, Senior Deputy Director
Supervisor(s): Dr. Gregg Pane, Director

Measure 1.1: Percent of patients receiving outpatient substance abuse treatment services with negative urine topologies

	Fiscal Year			
	2004	2005	2006	2007
Target	70	70	70	70
Actual	N/A	-	-	-

Note: Measure wording changed at the request of the agency (5/2004).

Measure 1.2: Percent of addicted youth population that will receive treatment services

	Fiscal Year			
	2004	2005	2006	2007
Target	10	10	12	12
Actual	N/A	-	-	-

Note: Measure appeared as measure 1.4 in FY 2005 March budget.

Emergency Medical Health Services Administration (EHMSA)

	FY 2005	FY 2006
Budget	\$12,956,416	\$8,271,058
FTEs	58.5	35.0

Program Description

The **Emergency Health and Medical Services Administration** plans and coordinates the timely delivery of emergency medical health services and provides all-hazards response to public health emergencies within the District. It functions to provide assurance for timely and appropriate emergency medical services and information to District residents, healthcare providers, visitors and other stakeholders so that they can be prepared for pre-and post emergency events, and receive standard-of-care public health interventions. The program has no activities.

Program Budget Summary

The proposed gross funds budget is \$8,271,058, a decrease of \$4,685,358 or 36.2 percent from the FY 2005 approved budget of \$12,956,416. This change includes a Local funds decrease of \$14,136, a Federal grants funds decrease of \$4,726,222, and an Intra-District funds increase of \$55,000. This change is primarily due to projected reductions in expenditures for the Office of Emergency Health & Medical Services activity reflecting a reduction of \$1,820,449 in personal services and \$2,864,909 in nonpersonal services. The gross budget supports 35 FTEs, a decrease of 23.5 FTEs from the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- Transfer of 24 bio-terrorism grant funded positions to the Primary Care and Prevention Administration and Agency Management Program (Information Technology and Communication activities).

Key Result Measures

Program 2: Emergency Health and Medical Services (EHMSA)

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families, and Elders
Manager(s): Roderick K. Blair, Interim Senior Deputy Director, Emergency Health and Medical Services Administration
Supervisor(s): Dr. Gregg Pane, Director

Measure 2.1: Percent of basic life support ambulances that pass inspection

	Fiscal Year			
	2004	2005	2006	2007
Target	80	85	90	90
Actual	N/A	-	-	-

Measure 2.2: Percent of advanced life support ambulances that pass inspection

	Fiscal Year			
	2004	2005	2006	2007
Target	80	85	90	90
Actual	N/A	-	-	-

Measure 2.3: Percent of healthcare providers trained in emergency response

	Fiscal Year			
	2004	2005	2006	2007
Target	60	75	80	90
Actual	N/A	-	-	-

Measure 2.4: Percent of institutions with updated bio-terrorism plans

	Fiscal Year			
	2004	2005	2006	2007
Target	90	90	90	90
Actual	N/A	-	-	-

HIV/AIDS Administration (HAA)

	FY 2005	FY 2006
Budget	\$80,912,903	\$77,025,348
FTEs	145.5	115.3

Program Description

The mission of the **HIV/AIDS Administration** program is to reduce the HIV/AIDS morbidity and mortality of residents of the District of Columbia by the application of sound public health practices and initiatives, through HIV disease surveillance, tracking and monitoring and Intervention. The program provides a comprehensive seamless system of care to persons living in the District and the Washington Eligible Area so that they can minimize their chance of infection and live healthier lives.

Program Budget Summary

The proposed gross funds budget is \$77,025,348, a decrease of \$3,887,555, or 4.8 percent from the FY 2005 approved budget of

\$80,912,903. This change includes a Local funds increase of \$2,237,513, a Federal grants funds decrease of \$5,825,068, and an Intra-District funds decrease of \$300,000. This change is primarily due to a redirection of funding to the following activities: HIV Health & Support Services, HIV/AIDS Support Services, and Prevention & Intervention Services. The redirected funds came from the Grants and Contracts Management activity and the Drug Assistance Program (ADAP) activity. The gross budget supports 115.3 FTEs, a decrease of 33.2 FTEs from the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- An increase in Local funds of \$2,260,000 for the "Ticket to Work" Program.
- A decrease of \$5,825,068 in Federal grants funds to reflect transfer of positions working in the sexually transmitted disease clinic to the Primary Care and Prevention Administration, and transfer of the Drug Pharmacy Warehouse staff to the new Pharmaceutical Procurement and Distribution activity.

This program has 6 activities:

- **HIV/AIDS Support Services** - provides programmatic and administrative direction to the Addiction Prevention and Recovery Administration.
- **HIV Health and Support Services** - provides a community-based continuum of care that provides medical support services to the residents of the District of Columbia and the residents of the Eligible Metropolitan Area (EMA). Facilitates the funding of community based-providers (CBOs), oversees the implementation of comprehensive planning with stakeholder involvement and develops the capacity of the service delivery system to meet the needs of providers, consumers and other key stakeholders; and oversees the development of the Comprehensive Plan and funding application on behalf of the entire Eligible Metropolitan Area and in conjunction with the Community Planning Body.

- HIV/AIDS Data and Research** - collects data primarily through reporting of cases and other systems developed to supplement HIV/AIDS case reporting including but not limited to analyzing data, evaluating data and surveillance systems, assessing the burden of HIV-related disease, providing accurate information on HIV and AIDS incidence and prevalence trends, disseminating data analysis and interpretation, and providing a framework for a variety of prevention and health care measures. The activity also supports the other programs by facilitating data driven strategic planning, policy development and various research functions related to the overall mission of the agency.
- HIV Prevention and Intervention Services** - provides HIV/AIDS prevention programs and services including, counseling, testing and referral services to the residents of the District of Columbia in order to prevent the transmission of new HIV infection and re-infection.
- HIV AIDS Drug Assistance Program (ADAP)** - provides access to HIV/AIDS-related FDA-approved medications to medium to low-income District residents with HIV/AIDS who have limited or no coverage from private insurance so that they can have access to life sustaining medication.
- HIV Grants and Contracts Management** - provides oversight and monitoring services to sub grants and contracts to ensure that subgrantees and contractors are in compliance with their terms and conditions and scopes of services for their award for the delivery of HIV/AIDS services to District residents and the Washington Eligible Metropolitan Area.

Key Result Measures

Program 3: HIV/AIDS Administration

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families, and Elders

Manager(s): Lydia L. Watts, Senior Deputy Director

Supervisor(s): Dr. Gregg Pane, Director

Measure 3.1: Percent increase in the number HIV positive individuals identified through counseling and testing (by programs funded through the HIV/AIDS Administration and the CDC)

	Fiscal Year			
	2004	2005	2006	2007
Target	2.5	2.5	2.5	3.5
Actual	N/A	-	-	-

Measure 3.2: Percent increase in number of newly diagnosed AIDS cases as a result of active case finding

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	0.5	0.5	1
Actual	N/A	-	-	-

Note: New measure in FY 2005. The FY 2005 target was erroneously published as 5% instead of 0.5%. (3/8/05)

Measure 3.3: Percent increase in number of HIV positive individuals who receive Housing Assistance services (e.g. rental subsidy, purchasing subsidy, multiple families dwelling, etc.) through the HOPWA grant

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	25	30	35
Actual	N/A	-	-	-

Note: New measure in FY 2005. FY2006 target is TBD.

Environmental Health Administration (EHA)

	FY 2005	FY 2006
Budget	\$36,601,260	\$29,013,601
FTEs	398.1	218.5

Program Description

The Environmental Health Administration program provides oversight and management on environmental health issues through planning and policy guidance, direct services, and regulatory enforcement and compliance assistance to enable District residents, businesses and visitors to live healthy lives.

Program Budget Summary

The proposed gross funds budget is \$29,013,601, a decrease of \$7,587,659 or 20.7 percent from the FY 2005 approved budget of \$36,601,260. This change includes a Local

funds decrease of \$3,911,401, a Federal grants funds decrease of \$2,322,030, a Special Purpose Revenue funds decrease of \$1,328,736, and an Intra-District Funds decrease of \$25,492.

The changes, which includes a personal services reduction of \$8,162,230 and a nonpersonal services increase of \$574,571, are primarily due to program restructuring in FY 2006, reflecting a reduction of FTEs from the following activities:

- Enforcement, Compliance & Environmental Justice (1 FTE);
- EHA Support Services (12 FTEs);
- Food, Drug & Radiation (34.7 FTEs); Health Regulation Administration (90 FTEs); and,
- Health Professional Licensing Administration (31 FTEs).

In addition, 100 FTEs are reallocated to the newly created "Health Care Regulation & Licensing" program. All of the 19.5 FTEs in the Public Health Laboratory activity are reallocated to the new "Primary Care & Prevention Administration" program. This change also includes 4 additional FTEs to the Environmental Quality activity in FY 2006 due to an additional \$250,000 Maintenance of Effort (MOE) local funding for the Air Quality grant.

The gross budget supports 218.5 FTEs, a decrease of 179.6 FTEs from the FY 2005 approved level.

This program has 5 activities:

- **Enforcement, Compliance & Environmental Justice** - provides enforcement support to environmental health programs by performing legal reviews and providing advice; developing rules and legislation; providing effective coordinated enforcement approaches and strategies; responding to federal and other enforcement requests on joint efforts and targeting; and providing coordinated environmental reviews and environmental assessment reports so that environmental health programs can effectively enforce and comply with mandates under federal and local laws and regulations and so that community members' concerns regarding environmental justice are addressed.

- **EHA Support Services** - provides programmatic and administrative direction to the Environmental Health Administration.
- **Hazardous Material and Toxic Substances** - provides source reduction and environmental enhancement services to District residents, visitors and other stakeholders so that they can minimize disease and dysfunction from environmental exposures. The activity works to minimize and/or reduce the exposure to hazardous material and toxic substances, including radiological products and services to prevent disease, dysfunction and premature death that may be caused by exposure to hazardous materials.
- **Environmental Quality** - provides monitoring, inspections, enforcement, compliance and education outreach services to District residents, the regulated community, and other stakeholders so that they can enjoy clean air, safe water and an abundance of fish and wildlife. The activity responsible for protecting the quality of the air, surface, ground and drinking water and managing the soil, fish and wildlife resources of the District.
- **Community Hygiene** - provides community hygiene, food protection, and animal disease prevention and protection services to residents, visitors and other stakeholders to minimize their chances of illness and disease and enable them to live healthier lives. Enforcement activities include rodent prevention and abatement; regulation of beauty and barbershops, swimming pools, spas and food establishments; and animal disease prevention and protection.

Key Result Measures

Program 4: Environmental Health Science and Regulation

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families, and Elders

Manager(s): Marie Sansone, Interim Senior

Deputy Director

Supervisor(s): Dr. Gregg Pane, Director

Measure 4.1: Percent of children between the ages of six months to six years screened for elevated blood lead levels

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	33.5	33.5	33.5
Actual	N/A	-	-	-

Note: New measure in FY 2005 changed from number to percent.

Measure 4.2: Number of premises abated for rodent activity

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	3,225	3,225	N/A
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Measure 4.3: Percent of complaints received by the Health Regulation Administration that are responded to within 48 hours

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	100	100	100
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Measure 4.4: Percent of applications for professional licenses processed within 5 business days

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	60	60	N/A
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Primary Care and Prevention Administration (PCPA)

	FY 2005	FY 2006
Budget	\$15,030,693	\$31,287,854
FTEs	189.8	192.5

Program Description

The **Primary Care and Prevention Administration** program provides communicable disease prevention and control, community-based forums and grants, expert medical advice, laboratory services, health assessment reports, pharmaceutical procurement, disease investigations and disease control services to District residents, workers and visitors so that their health status is improved.

Program Budget Summary

The proposed gross funds budget is \$31,287,854, an increase of \$16,257,161, or 108.16 percent over the FY 2005 approved budget of \$15,030,693. This change includes a Local funds increase of \$848,116, a Federal Grants funds increase of \$15,023,373, a Federal Medicaid Payments increase of \$146,054, a Private Grants funds decrease of \$55,284, a Special Purpose Revenue funds increase of \$103,362, and an Intra-District funds increase of \$191,540. This change, which includes a personal services increase of \$3,621,964 and a non-personal increase of \$12,635,197, is primarily due to reallocation of funds involved in the realignment of existing programs to create this program in FY 2006.

Funding supports projected expenditure increases in the following activities:

- Pharmaceutical Procurement & Distribution,
- Primary Care and,
- Communicable Disease.

The gross budget supports 192.5 FTEs, an increase of 2.7 FTEs over the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- An increase of \$848,116 and 9 FTEs in local funds to reflect the transfer of the Bureau of Public Health Laboratory from the former Public Health Laboratory Service Regulation Administration and an additional \$450,000 in FY 2006 for the Bureau of Communicable Disease.
- A federal grant fund increase of \$15,023,373 due to reallocation of the bio-terrorism grant funding from the Emergency Health Services Administration, the Pharmaceutical Procurement and Distribution Services from the HIV/AIDS Administration program, the Sexually Transmitted Disease Clinic from the HIV/AIDS Administration, the Environmental Tracking Grant from the former Environmental Health Service Regulation Administration, and the Asthma Program from the former Health Promotion Administration. The increase in Federal Grants funds also includes increases in federal funding for the Bureau of Communicable

Disease and the Bureau of Epidemiology and Health Risk Assessment.

- An increase of \$191,540 in Intra-District funds to support a Memorandum of Understanding (MOU) with the Department of Mental Health to provide assistance in the development of a health risk assessment tool and data collection procedures. This increase also supports an MOU with the Howard University to provide data regarding injury prevention in the District of Columbia.

This program has 7 activities:

- **Public Health Laboratory** - functions as a state and local laboratory, providing analytical and diagnostic support services for programs within the Department of Health (DOH), and the community, including free and non profit clinics and other entities within the District. The laboratory conducts a wide range of clinical tests, conducts limited environmental testing, supports emergency preparedness testing and training functions, and issues the Pre-marital Blue Card (DHS-366) for couples marrying in the District of Columbia.
- **Communicable Disease** - responsible for controlling and preventing the spread of Communicable Diseases in the District of Columbia through both active and passive surveillance, timely investigations of cases and outbreaks and providing intervention such as prophylactic medications and vaccines.
- **Cancer Health Care** - responsible for integration and coordination of various cancer programs activities including Breast and Cervical Cancer Early Detection Program (BCCEDP), Cancer Registry; the Comprehensive Cancer Control Program; and the Cancer Prevention / Tobacco Control Program to reduce and prevent the incidence of cancer in the District.
- **Epidemiology and Health Risk Assessment** - provides health risk assessment services to program managers, healthcare providers, and District residents so steps can be taken to reduce or arrest mortality and morbidity.

- **PCPA Support Services** - provides programmatic and administrative direction to the Primary Care and Prevention Administration.
- **Pharmaceutical Procurement and Distribution** - provides medication acquisition and drug information support services to District residents and eligible pharmacies so that they can have timely access to life saving medications. Services include: medication acquisition services, medication distribution services, formulary management services, drug information support services and medication storage services.
- **Primary Care** - coordinates service areas positively impacted by the provision of primary care and preventive health services to District residents including, but not limited to, diabetes control, cardiovascular health, primary health services, DC Courts health services, UDC health services, preventive health services block grant and asthma control.

Key Result Measures

Program 5: Primary Care and Prevention Administration

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families, and Elders

Manager(s): Karyh Berry, MD, Interim Senior Deputy Director, Primary Care and Prevention Administration

Supervisor(s): Dr. Gregg Pane, Director

Measure 5.1: Percent of designated provider slots filled in medically underserved areas through the J-1 Visa Waiver Program

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	23	25	25
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Measure 5.2: Percent of Medicaid eligible children identified with developmental delays and disabilities and referred to the Maternal and Family Health Administration

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	10	38	40
Actual	N/A	-	-	-

Note: New measure in FY 2005. Reworded from original wording, "Percent of children identified and assessed for developmental delays and disabilities," for clarity.

Measure 5.3: Percent of reported critical outbreak cases investigated within 48 hours (3/8/05)

	Fiscal Year			
	2004	2005	2006	2007
Target	95	95	100	100
Actual	100	-	-	-

Measure 5.4: Percent of poison exposures in children (5-years-old and under) who will be managed without healthcare facility intervention

	Fiscal Year			
	2004	2005	2006	2007
Target	95	97	83	85
Actual	100	-	-	-

Note: Measure 5.4 was reworded from "Percent of emergency department (ED) visits for poisonings (non bio-terrorism) among children five and under that receive technical consultations." FY 2004-2005 targets reflect procedures measured in original wording. FY 2006-07 targets reflect the updated wording. (3/8/05)

Measure 5.5: Percent of uninsured or underinsured women aged 50 to 64 screened for Breast and Cervical Cancer

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	18	24	24
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Measure 5.6: Percent of clients receiving abnormal screening results that will receive timely and appropriate case management services

	Fiscal Year			
	2004	2005	2006	2007
Target	40	80	55	N/A
Actual	13.38	-	-	-

Note: Measure wording changed at the request of the agency (5/2004). Measure formerly appeared as measure 5.7 in FY 2005 March budget.

Medical Assistance Administration (MAA)

	FY 2005	FY 2006
Budget	\$1,318,333,285	\$1,375,350,657
FTEs	136.0	109.0

Program Description

The Medical Assistance program develops, finances and implements the Medicaid health care service delivery system that meets the health needs of uninsured and under-insured residents of the District of Columbia; develops policy and

provides fiscal management oversight of the State Medicaid Program, State Children's Health Insurance Program (SCHIP), the Immigrant Child Program, and other programs designed to expand access to care, and to advance excellence in health promotion, disease management, and quality of life for uninsured and under-insured residents.

Program Budget Summary

The proposed gross funds budget is \$1,375,350,657, an increase of \$57,017,372 or 4.3 percent over the FY 2005 approved budget of \$1,318,333,285. This change includes a Local funds increase of \$18,442,030, a Federal Grants funds decrease of \$1,449,248, a Federal Medicaid Payments increase of \$39,171,590, and a Special Purpose Revenue funds increase of \$853,000. Increases in MAA's gross budget occur in following activities:

- \$28,861,675 for the Disabilities and Aging activity reflecting projected expenditures for long term and institutionalized care i.e. nursing homes and intermediate care facilities for the mentally retarded (ICF/MR). This change includes an additional \$1,000,000 for increased reimbursement rate paid to outpatient community based clinics and other selected primary care providers consistent with the Medical Homes initiatives.
- \$12,957,153 for the Managed Care activity reflecting increased enrollment and increased rates of reimbursement to healthcare providers.
- \$5,913,494 for the Quality Management activity, reflecting increased operational costs.
- \$5,237,428 for the MAA Support Services activity, which includes an additional \$1,480,000 in FY 2006 for Medicaid contractual services.
- \$3,661,409 for the Children and Families activity reflecting increased funding for payments to health care providers. This activity oversees the 50-64 Childless Adults Waiver program.
- A net increase of \$386,213 in other activities.

A portion of the Department of Health Federal Medicaid Payments includes funds for the public provider agencies. The Child and Family Services Agency, the Department of Mental Health, and the D.C. Public Schools provide Medicaid related services as public provider agencies through Intra-District budget funds. The following Federal Medicaid funding levels have been certified for these agencies:

Agency	FY 2005 Certified Level
Child and Family Services	\$40,787,623
DC Public Schools	\$21,047,933
Department of Mental Health	\$39,131,078
Total	\$100,966,634

The gross budget supports 109 FTEs, a decrease of 27 FTEs from the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- A local funds increase of \$18,442,030 for match to Medicaid provider payments and a federal Medicaid funds increase of \$38,594,527 in anticipated federal reimbursement on healthcare provider payments.

This program has 9 activities:

- **MAA Support Services** - provides programmatic and administrative direction to the Medical Assistance Administration.
- **Program Integrity** - identifies, detects and prevents fraud, abuse, and waste in the Medicaid Program of the District of Columbia Government. Program Integrity is also responsible for the identification of flaws in Medicaid policies and procedures, the Medicaid Management Information System (MMIS), and the provision of corrective recommendations. Quality Management - performs quality assurance functions for the Program, and makes recommendations to improve the quality and value of health care services provided to Medicaid recipients in the District of Columbia. The principal goal of Quality Management is to ensure continued improvement in the quality and cost-effectiveness of health care services delivery to

Medicaid recipients of the District of Columbia. Divisional responsibilities include pharmacy benefits management for the District's Medicaid fee-for-service (non-managed care) recipients.

- **Children & Families** - provides care services to all Medicaid, eligible children, and childless, adult Medicaid beneficiaries who are, otherwise, ineligible for Medicaid services. Children & Families work closely with both the Title XIX Medicaid Program and the Title XXI State Children's Health Insurance Program and provides outreach and enrollment services to children who are Medicaid recipients, and related health care providers to improve access to health care services in the District of Columbia. The Office oversees the 50-64 year old waiver and reviews claims data to recognize patterns of care and works on making appropriate changes, where possible, to enhance the quality of care and the cost effectiveness of the care.
- **Managed Care** - responsible for implementing and monitoring the District of Columbia Government's Medicaid managed care program and a program for children with special needs. The Office monitors the participating Managed Care Operations (MCOs) obligation to provide appropriate, timely, and quality care to managed care eligible persons. The Managed Care Office ensures compliance with quality standards for the MCO's and works closely with the MAA Office of Quality Assurance to ensure that Quality Assurance activities for this population meet the quality needs of the entire Medicaid program.
- **Disability and Aging** - responsible for funding and monitoring long term care, home and community-based services (HCBS) to adult Medical Assistance enrollees with disabilities, including individuals with physical disabilities, mental retardation, a developmental disability, HIV/AIDS and who are aged.
- **Program Operations** - provides oversight of claims processing services to enrolled medical assistance providers so that they can provide medical assistance services to eligible medical

assistance clients. Program Operations ensures that tasks related to Claims Processing, Electronic Claims Submission, Project Management, Provider Enrollment and Relations, and Application Software Support are conducted according to the terms of the District of Columbia MMIS contract.

- **DC Public Schools Medicaid** - facilitates the provision of school based health services through assistance with program modeling, rate setting and State Plan amendment language to ensure that children have access to all care required in an Individual Education Plan and that the schools are able to obtain reimbursement for those services.
- **Mental Health Medicaid** - provides programmatic oversight with respect to the Medicaid State Plan Amendment and rules development, rate setting and annual cost report audit services so that the Department of Mental Health can claim Medicaid reimbursement accurately and appropriately.
- **Child & Family Services Medicaid** - ensures that children in foster care have access to all preventative and other appropriate services as deemed necessary for their health and well-being.

Key Result Measures

Program 6: Medical Assistance

Administration

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families, and Elders

Manager(s): Robert Maruca, Senior Deputy Director, Medical Assistance Administration

Supervisor(s): Dr. Gregg Pane, Director

Measure 6.1: Percent of targeted population involved in a disease management program to improve health indicators

	Fiscal Year			
	2004	2005	2006	2007
Target	4	4	4	4
Actual	9.19	-	-	-

Note: Measure formerly appeared as measure 6.2 in FY 2005 March budget. Targets revised to one percent per quarter (four percent annually) at the request of the agency (5/2004).

Measure 6.2: Percent increase on fee-for-service Health Check participation rate

	Fiscal Year			
	2004	2005	2006	2007
Target	3	3	3	3
Actual	20	-	-	-

Note: Measure formerly appeared as measure 6.3 in FY 2005 March budget. Target changed to three percent per year at the request of the agency (5/2004).

Measure 6.3: Increase Health Check participation ratios for managed care plans

	Fiscal Year			
	2004	2005	2006	2007
Target	75	75	75	75
Actual	80	-	-	-

Note: Measure formerly appeared as measure 6.4 in FY 2005 March budget.

Measure 6.4: Percent change in the number of persons enrolled in the home and community based elderly and physical disabilities waiver

	Fiscal Year			
	2004	2005	2006	2007
Target	40	40	50	10
Actual	N/A	-	-	-

Note: Measure wording changed at the request of the agency (5/2004). Measure formerly appeared as measure 6.5 in FY 2005 March budget.

Measure 6.5: Percent of individuals diverted from institutional care to home and community based settings as a result of waiver enrollments (elderly and disabled waiver)

	Fiscal Year			
	2004	2005	2006	2007
Target	5	5	7	7
Actual	N/A	-	-	-

Note: Measure formerly appeared as measure 6.10 in FY 2005 March budget.

Health Care Safety Net Administration (HCSNA)

	FY 2005	FY 2006
Budget	\$92,351,525	\$94,836,520
FTEs	17.0	15.3

Program Description

The mission of the Health Care Safety Net Administration program is to ensure that eligible uninsured residents of the District of Columbia are provided open access to appropriate, quality

health care with an emphasis on disease prevention and community-based primary care through an integrated, cost-efficient, and culturally appropriate system.

Program Budget Summary

The proposed gross funds budget is \$94,836,520, a net increase of \$2,484,995, or 2.7 percent over the FY 2005 approved budget of \$92,351,525. This includes a Local funds increase of \$2,917,823, Special Purpose Revenue funds increase of \$742,900, and Intra-District funds decrease of \$1,175,728. This change, which includes a personal services reduction of \$171,119 and a nonpersonal services increase of \$2,656,114, is primarily due to a projected increase in funding to support the Health Care Safety Net Oversight activity. The gross budget supports 15 FTEs, a decrease of 1.7 FTEs from the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- An increase of \$3,000,000 in Local Funds to reflect the addition of contingency funds that were not part of the FY 2005 approved budget. This program has 2 activities:
 - **Health Care Safety Net Oversight** - monitors the DC Alliance contract with respect to its mission to provide care to "eligible uninsured" residents of the District. This includes the enrollment and eligibility functions, as well as the clinical and fiscal monitoring of the program.
 - **Health Care Safety Net Patient Care** - provides comprehensive quality health care through its partnerships with area hospitals and several group practices and individual providers. The DC Alliance program serves approximately 25,000 members on an annual basis.

Key Result Measures

Program 7: Health Care Safety Net

Administration

Citywide Strategic Priority Area(s): Strengthening

Children, Youth, Families, and Elders

Manager(s): Emil Parker, Interim Deputy

Director

Supervisor(s): Dr. Gregg Pane, Director

Measure 7.1: Percent of invoices reviewed and approved within three days from receipt of a valid invoice

	Fiscal Year			
	2004	2005	2006	2007
Target	100	100	100	100
Actual	100	-	-	-

Measure 7.2: Percent of all contractual requirements that are reviewed on a monthly basis to ensure that contract terms are adhered to

	Fiscal Year			
	2004	2005	2006	2007
Target	80	80	80	90
Actual	42.22	-	-	-

Note: Measure formerly appeared as measure 7.5 in FY 2005 March budget.

Maternal and Family Health Administration (MFHA)

	FY 2005	FY 2006
Budget	\$31,367,345	\$37,104,004
FTEs	178.0	191.5

Program Description

The Maternal & Family Health Administration program is to provide health assessments, wellness promotion, nutrition and fitness health education, and information, counseling health screenings, health outreach, interventions, referrals and support services to District of Columbia women, infants, children (including children with special health care needs), adolescents, families and senior citizen residents and visitors so that they can minimize their chances of illness and live healthier lives.

Program Budget Summary

The proposed gross funds budget is \$37,104,004, an increase of \$5,736,659 or 18.29 percent over the FY 2005 approved budget of \$31,367,345. This change includes a Local funds increase of \$1,774,776, and a Federal Grants funds increase of \$2,595,483 and an Intra-District funds increase of \$1,366,400. This change, which includes a personal services increase of \$530,528 and a nonpersonal services increase of \$5,206,131, is primarily due to increased funding to support the following activities: Office of Nutrition Program, MFHA Support Services, School Health, Child Health Services, and Adult & Family Health Services. The gross budget supports 191.5 FTEs, an increase of 13.5 FTEs over the FY 2005 approved level.

Significant changes from the FY 2005 approved budget include:

- An increase of \$1,774,776 in Local funds, which includes an additional \$1,800,000 for the School Health program.
- An increase of \$2,595,483 in Federal Grant funds to reflect projected increases for the USDA Women, Infant and Children's (WIC) grant, and the CSFP Seniors Farmers Market. This change also accounts for the Childhood Lead Screening Grant that was transferred from the Primary Care and Prevention Administration.

This program has six activities:

- **Perinatal and Infant Care Services** - The Perinatal and Child Health Activity seeks to improve the health of high-risk pregnant women and infants along a continuum of optimal development through childhood. The activity strives to reduce the infant mortality rate in the District of Columbia through the enhancement of local service systems, infrastructure development, directing resources and interventions, improved access to quality health care and providing one-on-one health and social support services to women and their families.
- **Child Health Services** - provides oversight and monitoring of health services to children, including those diagnosed with special health

care needs. The activity serves to promote access to primary and specialty care services for children, including special health care needs children and youth. In addition, the activity monitors and serves to ensure advocacy for a quality, integrated, comprehensive, continuous, coordinated, culturally competent, family-centered, and community-based healthcare delivery system for the target population. Service areas include metabolic screening, childhood lead screening and detection, epilepsy awareness, sickle cell disease program, and newborn hearing screening.

- **Nutrition and Physical Fitness Services** - provides health and nutrition assessments, interventions, education, food, and fitness promotion and referral services to District families, infants, children, and seniors so that they can have nutritious foods and nutrition information. Service areas include Special Supplemental Food Program for Women, Infants and Children (WIC), Commodity Supplemental Food Program (CSFP), Farmers' Market Nutrition Program (FMNP), Seniors Farmers' Market Nutrition Program (SFMNP), Loving Support Breast feeding Program, and Food Stamp Nutrition and Education Program.
- **MFHA Support Services** - provides programmatic and administrative direction to the Maternal and Family Health Administration.
- **School and Adolescent Health Services** - The purpose of the School and Adolescent Health activity is to promote the health and well-being of District school students and adolescents so that they may receive health and oral health screenings, immunizations, health education, health assessments, counseling, and treatment or referral services for adolescents at risk of unintentional injury, violence, substance abuse, mental illness, teen age pregnancy, oral health diseases and chronic diseases.
- **Adult and Family Health Services** - The purpose of the Adult & Family Health Services activity is to provide outreach, health assessment, health education, referral and support

services to District women, men, seniors and families so that they can live healthier lives. Service areas include the Men's Health Initiative, Family Planning and Reproductive Health, Violence Prevention, and Employee Wellness.

Key Result Measures

Program 8: Health Promotion

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families, and Elders

Manager(s): Paula Senior-Fisher, Interim Senior Deputy Director

Supervisor(s): Dr. Gregg Pane, Director

Measure 8.1: Percent increase in number of health education encounters provided (health screenings, education, interventions, etc.)

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	10	10	10
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Measure 8.2: Percent of case managed women in Wards 5,6,7 and 8 who entered prenatal care in the first trimester of pregnancy

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	78	75	75
Actual	N/A	-	-	-

Note: New measure in FY 2005. FY 2006-2007 targets are reduced from 78 to 75 percent in anticipation of a possible reduction in the grant funding of this initiative.. (3/8/05)

Measure 8.3: Percent of students receiving health services through the school nurse program

	Fiscal Year			
	2004	2005	2006	2007
Target	80	80	80	80
Actual	N/A	-	-	-

Measure 8.4: Percent of WIC and CSFP-eligible residents participating in nutrition intervention and education sessions

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	95	95	95
Actual	N/A	-	-	-

Measure 8.5: Percent of pharmacy requests for the AIDS Drug Assistance program, Emergency Drug Assistance program, DC Health Alliance program processed within 72 hours

	Fiscal Year			
	2004	2005	2006	2007
Target	97	100	100	100
Actual	99.88	-	-	-

Note: Measure wording changed at the request of the agency (5/2004).

Policy, Planning and Research Administration (PPR)

	FY 2005	FY 2006
Budget	\$4,520,029	\$4,839,464
FTEs	53.0	54.0

Program Description

The mission of the Policy, Planning and Research Administration is to collect and analyze vital statistics data, collect and analyze targeted information on health programs and outcomes, perform state health planning functions, and to develop policies and strategic plans. Responsibilities include: registration of birth and death certificates; registration of other vital records information; developing and issuing monthly statistical reports and analyses; issuing and or reviewing Certificate of Need (CON) applications; and, developing and updating chapters of the DC State Health Plan.

Program Budget Summary

The proposed gross funds budget is \$4,839,464, an increase of \$319,435, or 7.1 percent over the FY 2005 approved budget of \$4,520,029. This change includes a Federal funds increase of \$17,031, and a Special Purpose Revenue funds increase of \$302,404. This change, which includes a personal services increase of \$44,681 and a nonpersonal services increase of \$274,754, is primarily due to increased funding to support the State Health Planning and Development activity. A reduction of \$443,184 in the State Center for Health Statistics activity partially offsets the increases.

The gross budget supports 54 FTEs, an increase of 1 FTE over the FY 2005 approved level.

This program has two activities:

- **State Center for Health Statistics (SCHSA)** - maintains and analyzes statistical data on health and vital events that occur in the District of Columbia; collects, maintains and issues vital records; establishes uniform data collection methodologies and the linkage of health-related databases; serves as a clearing-house and coordinating agency for vital records and health data; and serves as the state agent for providing health data to other state, local, and federal government agencies.
- **State Health Planning and Development Agency (SHPDA)** - develops the State Health Plan for the District of Columbia; administers the Certificate of Need (CON) program which involves reviewing applications for capital expenditures, acquisitions of major medical equipment, and the introduction of new institutional health services; and monitors the provision of free services to medically needy residents.

Key Result Measures

Program 9: Policy, Planning and Research

Citywide Strategic Priority Area(s): Strengthening Children, Youth, Families, and Elders

Manager(s): Brenda Kelly, Senior Deputy

Director for Policy, Planning and Research

Supervisor(s): Dr. Gregg Pane, Director

Measure 9.1: Percent of birth and death certificates issued to walk in customers within 30 minutes

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	90	90	N/A
Actual	N/A	-	-	-

Note: New measure in FY 2005.

Measure 9.2: Percent of State Plan chapter updates completed

	Fiscal Year			
	2004	2005	2006	2007
Target	100	100	100	N/A
Actual	N/A	-	-	-

Note: Measure formerly appeared as measure 9.5 in FY 2005 March budget.

Measure 9.3: Percent of all DOH staff trained on HIPAA privacy and security requirements (receive privacy standards and policy manual)

	Fiscal Year			
	2004	2005	2006	2007
Target	85	90	85	N/A
Actual	N/A	-	-	-

Note: Measure formerly appeared as measure 9.8 in FY 2005 March budget.

Health Care Regulation and Licensing Administration (HCRLA)

	FY 2005	FY 2006
Budget	\$0	\$9,793,741
FTEs	0.0	100.0

Program Description

The mission of the **Health Care Regulation and Licensing** program is to administer all District and Federal laws and regulations governing the licensing, certification and registration of health professionals, health care and human services facilities to ensure the protection of the health and safety of residents and visitors of the District of Columbia who receive services from these facilities and health professionals.

Program Budget Summary

This is a new program as a result of the agency's FY 2006 program restructuring, with gross budget funding of \$9,793,741, due to a redirection of funding from the Environmental Health Science and Regulation program. Funding sources include \$2,655,845 in Local funds, \$2,100,069 in Federal Grants funds, \$4,612,828 in Special Purpose Revenue funds, and \$424,999 in Intra-District funds. From these funding sources, \$6,397,529 supports the projected expenditure budget for the Health Regulation Administration activity and \$3,587,232 supports the Health Professional Licensing Administration activity. The gross budget supports 100 FTEs.

This program has two activities:

- **Health Regulation** - administers all District and Federal laws and regulations governing the licensure, certification and regulation of

all health care and social service facilities, including but not limited to health care, intermediate care, and childcare facilities and pharmacies in the District of Columbia.

- **Health Professional Licensing** - administers the licensure of almost 50,000 health professionals in the District of Columbia; supports 18 health occupation boards and four registration programs that regulate the practice of their respective health profession so that they can provide quality healthcare to District residents and visitors.

Agency Management

	FY 2005	FY 2006
Budget	\$7,940,524	\$15,446,728
FTEs	47.3	88.0

Program Description

The **Agency Management** program provides policy direction and administrative support to all Department of Health programs and activities. Staff are charged with implementing the Director's vision of fiscal integrity, making government work, providing a quality safe and coordinated system of healthcare delivery, community preparedness, healthy environment, and neighborhood outreach intervention and prevention. Services are provided through the following activities:

Program Budget Summary

The proposed gross funds budget is \$15,446,728, an increase of \$7,506,204 or 94.53 percent over the FY 2005 approved budget of \$7,940,524. This change includes a Local funds increase of \$3,684,015, a Federal Grants funds increase of \$3,413,002, a Federal Medicaid Payments increase of \$131,836, and a Special Purpose Revenue funds increase of \$277,351. This change is primarily due to increased funding to support the following activities: Information Technology, Legal, Performance Management, and Communication. The gross budget supports 88 FTEs, an increase of 40.7 FTEs over the FY 2005 approved level.

Key Result Measures

Program 10: Agency Management

Citywide Strategic Priority Area(s): Making Government Work

Manager(s):

Supervisor(s): Dr. Gregg Pane, Director

Measure 10.1 Percent variance of estimate to actual expenditure (over/under)

	Fiscal Year			
	2004	2005	2006	2007
Target	5	5	5	5
Actual	N/A	-	-	-

Note: Agency performance on this measure cannot be reported until after the completion of the CAFR in early February 2005. Final results for this measure will be updated in the FY 2006 Operating Budget and Financial Plan, due to be submitted to Council in late March 2005.

Measure 10.2 Cost of Risk

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	N/A	N/A	N/A
Actual	N/A	-	-	-

Note: This measure replaces "Percent reduction of employee lost work-day injury cases." Agencies established baselines for Cost of Risk in cooperation with the Office of Risk Management during FY 2004. The final baseline figures and FY 2005 targets will be published in the FY 2006 Operating Budget and Financial Plan, due to be submitted to Council in late March 2005. Cost of Risk is a comprehensive measure of a wide range of risks confronting each agency, including but not limited to safety issues, financial risks, and potential litigation.

Measure 10.3 Percent of the Mayor's Customer Service Standards Met

	Fiscal Year			
	2004	2005	2006	2007
Target	N/A	63	63	63
Actual	N/A	-	-	-

Measure 10.4 Percent of Key Result Measures Achieved

	Fiscal Year			
	2004	2005	2006	2007
Target	70	70	70	70
Actual	N/A	-	-	-

Measure 10.5 Percent increase in the amount of grant funds from federal and private sources

	Fiscal Year			
	2004	2005	2006	2007
Target	5	5	5	5
Actual	N/A	-	-	-

Note: This measure formerly appeared as KRM 8.6 in the Health Promotion program.

Agency Financial Operations

	FY 2005	FY 2006
Budget	3,759,214	\$4,011,668
FTEs	45.0	34.0

Program Description

The **Agency Financial Operations** program provides comprehensive and efficient financial management services to and on behalf of District agencies so that the financial integrity of the District of Columbia is maintained. This program is standard for all Performance-Based Budgeting agencies.

Program Budget Summary

The proposed gross funds budget is \$4,011,668, an increase of \$252,454 or 6.7 percent over the FY 2005 approved budget of \$3,759,214. This change includes a Local funds increase of \$38,531, and a Federal Grants funds increase of \$213,923. The gross budget supports 34 FTEs, a decrease of 11 FTEs from the FY 2005 approved level.

There are no significant changes from the FY 2005 approved budget.

For more detailed information regarding the proposed funding for the activities within this agency's programs, please see schedule 30-PBB in the FY 2006 Operating Appendices volume.

Table HC0-4

FY 2006 Proposed Budget and FTEs for Community Investments by Program
 (dollars in thousands)

Program	Proposed FY 2006 Local Funds	Proposed FY 2006 FTEs
4500 Health Care Regulation & Licensing Admin	\$350	4
6000 Medical Assistance Administration	\$450	0
Total for Community Investments	\$800	4

Table HC0-5

FY 2006 Proposed Budget for Community Investments by Comptroller Source
 (dollars in thousands)

Comptroller Source Group	Proposed FY 2006 Local
0011 Regular Pay - Cont Full Time	\$288
0014 Fringe Benefits - Curr Personnel	\$62
Subtotal Personal Services (PS)	\$350
0050 Subsidies and Transfers	\$450
Subtotal Nonpersonal Services (NPS)	\$450
Total for Community Investments	\$800

Community Investments

The Mayor's proposed Budget includes additional Local funds in the amount of \$800,000 and 4 FTEs to provide funding for the following initiatives:

- \$350,000 and 4 FTEs to fund the Health Care Regulation Licensing Administration program. The additional funding for four Human Services licensing specialists responsible for inspecting all childcare facilities in the District.
- \$450,000 to fund the Medical Assistance Administration program. The additional funding for this program supports Medicaid dental rates to ensure an adequate number of dentists serve Medicaid-eligible children.

Table HC0-5

FY 2006 Proposed Budget and FTEs for Resident Dividends by Program

(dollars in thousands)

Program	Proposed FY 2006 Local Funds	Proposed FY 2006 FTEs
5000 Primary Care and Prevention Administration	\$510.9	0
Total for Community Investments	\$510.9	0

Table HC0-6

FY 2006 Proposed Budget for Resident Dividends by Comptroller Source

(dollars in thousands)

Comptroller Source Group	Proposed FY 2006 Local
0041 Contractual Services	\$510.9
Subtotal Nonpersonal Services (NPS)	\$510.9
Total for Resident Dividends	\$510.9

Resident Dividends

The mayor's proposed budget includes additional Local Funds in the amount of \$510,900 to provide funding for the following initiative:

- \$510,900 to fund the Medical Homes leadership, including sub-granting with NY Primary Care Development Corporation.