



Department Of Health (DOH) - HCO

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Central Purpose

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

Key Facts

- DOH-HEPRA reviews the health, medical and safety plans for every special event permitted to take place in the District of Columbia. An analytical review of the event is conducted to determine the required EMS support, to ensure the safety and well-being of residents and visitors of the District.
- DOH-HEPRA certifies and inspects EMS agencies, educational facilities, ambulances (air & ground), fire engines, and ladder trucks. Of note, in FY14' over 400 ambulances were inspected.
- DOH-HEPRA conducts regular drills and exercises to strengthen coordination and responsibilities of capabilities that would be utilized during real-world emergencies, in partnership with the National Capitol Region (NCR) and Federal partners.
- DOH HEPRA partners with several district agencies and community partners (e.g. Department of Human Services, Mayor Office on Volunteerism- Serve DC, Department of Youth Rehabilitation, universities etc.) to conduct community preparedness and community resilience training for District staff, providers and volunteers. The trained team can assist with sheltering, evacuation, patient tracking, and transportation of those with access and functional needs. Over 500 residents, staff, youth, and volunteers have completed training.

- A detailed analysis of 40,000 births revealed four areas of high impact that aim to reduce infant mortality and health outcome disparities among our citizens: 1) early and continuous prenatal care; 2) obesity prevention and weight loss; 3) smoking cessation and 4) infant sleep safety.
- Through outreach and engagement efforts, the goal of the Stronger Together campaign is to reduce the District's infant mortality rate from 7.4 to 5.5 deaths per 1000 births.

Goals/Performance Measures

The agency's goals and performance measures are as follows:

- Train DOH employees on quality improvement (QI) tools and principles.
- Achieve national public health accreditation.
- Improve Administrative Services with Customer and Stakeholder Feedback/Satisfaction Surveys.
- Improve and sustain public health emergency preparedness and response efforts within HEPRA.
- Expand the District's medication distribution capabilities by establishing two new programs that serve to increase ease of access to pharmaceuticals and improve knowledge and counseling for those who have multiple chronic illnesses.
- Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.
- Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of, care and support services as part of the District's adoption of the National HIV/AIDS Strategy, with targets to be accomplished by 2015.

- Conduct annual licensure and federal certification inspections of health care facilities that Health Care Facilities Division (HCFD) regulates.
 - Conduct annual licensure for all facilities under the purview of Intermediate Care Facilities Division (ICFD) and federal certification inspections of Intermediate Care Facilities for the Intellectually Disabled (formerly referred to as Mental Retardation), as well as conduct monitoring inspections of community residential facilities, homecare agencies, and child placing agencies.
 - Protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and protect the food supply through inspections.
 - To ensure that 100 percent of x-ray machines are safe for use and are free of defects that may cause harm to the public.
 - Conduct timely animal surveillance and disease control to protect residents and visitors.
 - Protect the health and safety of residents and visitors through the reduction of rodent activity.
 - Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas.
 - Process vital records in a timely manner to ensure quality customer service.
 - Conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS).
 - Maintain the delivery of safety-net services provided to low-income, uninsured residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.
 - Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate.
 - Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.
 - Increase the number of home visitations for pregnant women and newborn infants for an evidenced reduction in the infant mortality rate.
 - Improve immunization rates among children enrolled in District of Columbia Public Schools and District of Columbia Public Charter Schools.
- Increase the number of young children in the District who are ready for school.
- Performance Measures:
- Percent of managers trained on QI
 - Percent of non-managers trained on QI
 - Percent of PHAB examples collected
 - Number of survey reports that are sent out to stakeholders and customers
 - Percent of applicable staff trained on NIMS is 100, 200, 700 and 800
 - Number of pharmacy providers in the DC Specialty Care Pharmacy Network
 - Number of District agencies receiving procurement/distribution services via the DOH Pharmaceutical Warehouse
 - Number of new HIV/AIDS cases reported within the fiscal year
 - Number of publicly supported HIV tests reported
 - Number of needles off the streets through DC NEX Program
 - Number of condoms (female and male) distributed by DC DOH Condom Program
 - Percent of clients linked to care within months of diagnosis
 - Number of youth (15-19 years) screened for STDs through youth outreach programs
 - Number of inspections completed by the HCFD
 - Number of inspections completed by the ICFD
 - Number of inspections of food establishments generated by complaints/food borne illness reports
 - Number of food establishment closures
 - Number of x-ray tubes inspected for compliance with radiation protection standards
 - Number of rabies- suspect animals submitted for testing within the required timeframe for notification
 - Number of premises inspected for rodent activity
 - Performance Measures
 - Percent of HPLRP participants that are practicing primary care

- Number of Certificates of Need (CONs) reviewed
- Percent of TSF-funded health center and hospital projects operational and serving the public
- Percent of vital records processed within 30 minutes
- Number of BRFSS surveys completed
- Community Health Administration (CHA)

Objectives:

- Performance Measures
- Number of SNAP-Ed participants receiving education
- Number of residents participating in a Live Well DC event
- Number of home visits provided to pregnant women and newborns to reduce infant mortality
- Number of women receiving breast exams and mammograms
- Number of women receiving pelvic and cervical exams and/or PAP-tests
- Percent of parents receiving educational counseling for newborn hearing loss
- Percent of infants that receive documented follow-up care after the first referral
- Percent of children with up-to-date immunizations
- Number of families in the DC Home Visiting program, early childhood visits

Programs/Services

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

awareness, and (3) public health systems enhancement. The Department is organized around the following five (5) Administrations:

- Health Emergency Preparedness and Response Administration (HEPRA) – provides regulatory oversight of Emergency Medical Services; ensures that DOH and its partners are prepared to respond to citywide medical and public health emergencies, such as those resulting from terrorist attacks, large accidents, or natural events such as weather-related emergencies; and conducts disease surveillance and outbreak investigation.

This division contains the following 5 activities:

- Public Health Emergency Preparedness – provides the District’s response to the emergency medical needs of its visitors and residents. The responsibilities cover a wide range of activities, including the development and training of emergency response plans, coordination of medical response with Federal regional and local partners across the healthcare system, and coordination of volunteers through the Medical Reserve Corps;
- Public Health Emergency Operations – supports government and private partners with the development of their health and safety plans, emergency operation plans, and training exercises. The program also provides a public health command and control element that coordinates all DOH assets and operations during incidents, special events, and national special security events;
- Community Resilience—HEPRA works with community and community organizations to withstand and bounce back from natural and man-made disasters. Resilient communities leverage community connections, relationships and resources to ensure optimal health and security for individuals and families in both routine and emergency situations.
- Emergency Medical Services Regulation – provides oversight and regulation of Emergency Medical Services (EMS), including certification and

regulation of District of Columbia EMS providers, ambulance agencies, and EMS educational institutions. The program monitors training standards, certifies instructional programs, and instructors. In addition, it provides inspection and certification of all ambulances operated in the District whether they are governmental, private, or volunteer;

- **Pharmaceutical Procurement and Distribution** – acquires and distributes life-saving medications for the DOH programs that will allow as many District residents as possible access to medications. It also provides clinical support formulary management and quality assurance monitoring to address the needs of all DOH programs that utilize or distribute pharmaceuticals. The Bureau also maintains the Strategic National Stockpile (SNS) of drugs for the Washington, D.C. region in the event of a declared national emergency.

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

This division contains the following 10 activities:

- **HIV/AIDS Support Services** – provides overall management, planning, direction and support for the HIV/AIDS, STD, TB and adult hepatitis surveillance, prevention, treatment, care, and control programs. It also provides HIV/AIDS information to individuals and community organizations, coordinates HAHSTA participation in public events, prepares written and other resources for public distribution, and manages special projects;
- **HIV/AIDS Policy and Planning** – provides community capacity to more effectively respond to the HIV/AIDS and STD epidemics through the Effie Barry Program, which provides training and technical assistance to small, Ward-based community organizations, a social marketing program aiming to promote health behavior to reduce risk of disease, and a free condom distribution program. It writes reports and creates other written materials for public distribution; and it provides HIV/AIDS, STD, TB, and hepatitis information to government agencies, community organizations, media, and individuals. It also coordinates participation in public events;
- **HIV Health and Support Services** – provides a comprehensive range of primary medical care and supportive services for persons living with HIV and AIDS;
- **HIV/AIDS Data and Research** – provides a comprehensive picture of the HIV/AIDS epidemic in the District of Columbia for purposes of ensuring that the needs of people infected with HIV, or at risk of infection, are met. It collaborates with health care providers and laboratories to collect and maintain comprehensive HIV/AIDS data in a confidential and secure manner; analyzes, interprets, and distributes epidemiologic information for use in developing public policy, planning, and evaluating prevention intervention and health care services; and supports funding requests;
- **Prevention and Intervention Services** – provides comprehensive HIV prevention programs and services through community organizations to the residents of the District of Columbia. Prevention programs include health education, HIV testing and counseling services, science-based

prevention programs, and other support services, including condom distribution. In addition, the program monitors organizations to ensure that quality prevention services are being delivered through program evaluation and quality assurance activities as well as through the provision of capacity building, training, and technical assistance to sub-grantees;

- AIDS Drug Assistance Program (ADAP) – provides assistance with deductibles, co-payments, and health insurance/Medicare Part D premiums. DC ADAP also provides an entry point for other District health programs available to people living with HIV/AIDS;
- Grants and Contracts Management – provides fiscal and administrative monitoring of District and federally appropriated funds in the form of over 100 grants and sub-grants to more than 50 providers. Fiscal monitoring includes ensuring that grant funds are expended in accordance with federal and local grant regulations, conducting site visits, providing technical assistance to our grantees and sub-grantees, and providing continued analysis of grant spending to program counterparts;
- Sexually Transmitted Disease (STD) Control – provides assistance to prevent and control sexually transmitted diseases in the District of Columbia through the provision of clinical services, partnerships with local community providers, and promotion of healthy sexual behavior. The program also conducts surveillance for statistical purposes to track diseases and partner notification;
- Tuberculosis Control – provides direct care services to District residents, including clinical follow-up for active and/or suspected tuberculosis cases, directly observed therapy, preventive therapy, chest x-rays, contact investigations, and case management; and
- HIV/AIDS Housing and Supportive Services – provides housing support, emergency shelter, and other related services to help persons living with HIV and AIDS and their families achieve independent living.

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

This office contains the following 4 activities:

- Office of Health Professional License Administration – licenses and regulates health care professionals across 22 boards. The program serves as the administrative unit of the boards for processing more than 70,000 health care professionals licenses while providing administrative support on disciplinary hearings, investigations, community outreach, and proposed legislation;
- Office of Health Care Facilities Regulation – regulates and licenses group homes, intermediate care facilities for the mentally challenged, assisted living facilities, child placing agencies, home care agencies, community residence facilities, hospitals, nursing homes, home health agencies, end stage dialysis renal disease facilities, laboratories, ambulatory surgical centers, maternity centers, tissue banks, community residence facilities, and assisted living and child placement agencies;
- Office of Food, Drug, Radiation and Community Hygiene Regulation – provides varied inspection and regulatory services. The Food Safety and Hygiene Inspection Services regulates smoking bans in establishments and food services that are provided in boarding homes, commission merchants, dairies, delicatessens, bakeries, candy and ice cream manufacturers, grocery stores, retail markets, restaurants, wholesale markets, mobile vendors, and hotels. The Division of Community Hygiene provides abatement notices, inspection of premises, code enforcement, premises baited, catch basin larvicided, community education and outreach, investigation of bite cases, issuance of dog and cat licenses, vaccinations, animal adoptions, spay and neutering, dead animal pick-up, and dangerous dog control services in the District. The Division of

Radiation seeks to eliminate radiation overexposure of persons from naturally-occurring and man-made radiation by the inspection of dental X-ray tubes, medical X-rays, and the regulation of health physicists, suppliers, and radioactive-material users in the District of Columbia; and

- Office of Support Services – directs, oversees, and establishes the division’s goals, initiatives, and performance measures.
- Center for Policy, Planning, and Evaluation (CPPE) – is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis, and direction setting for department programs; health policy, health planning and development; health research and analysis; vital records; and planning, directing, coordinating, administering, and supervising a comprehensive Epidemiology and Health Risk Assessment program, which involves federal, state, county, and municipal functions.

This division contains the following 3 activities:

- Research, Evaluation, and Measurement – The division is responsible for planning and coordinating epidemiologic studies, outbreak investigations, defining the health status of residents, and assisting with tracking of health events. This includes planning, development and coordination of appropriate methodologies to collect and process data as well as for the monitoring & evaluation of health and social issues. The division responds to internal and external inquiries about various health events, and provides reports on health risk behaviors to both internal and external entities.
- State Center for Health Statistics – collects, processes, analyzes, and disseminates birth and death record information and other vital statistics data and information. It is responsible for the statistical analyses of the data generated from birth, death, and other vital records information. In addition, it develops comprehensive statistical

and epidemiologic reports on District residents’ health status; and

- State Health Planning and Development – develops the District’s State Health Plan and Annual Implementation, and reviews and approves Certificate of Need applications that allow health care providers to establish new services, make certain capital expenditures, or take other actions as specified in the law. The program is also responsible for monitoring free care requirements of hospitals and other health care providers.
- Community Health Administration (CHA) – provides programs designed to improve health outcomes for all residents of the District of Columbia, with an emphasis on women, infants, children (including children with special health care needs), and other vulnerable groups such as those with a disproportionate burden of chronic disease and disability. The administration provides programs and services that promote coordination among the health care systems and enhance access to effective prevention, primary and specialty medical care in the District. CHA collaborates with public and private organizations to provide support services to ameliorate the social determinants of health status for these groups.

This division contains the following 6 activities:

- Cancer and Chronic Disease Prevention – provides cancer control and prevention initiatives to reduce the rates of cancer-related mortality among District residents by focusing on treatable or preventable cancers such as breast and cervical, lung, prostate, and colorectal malignancies. The program defines and seeks to reduce the burden of diabetes mellitus and cardiovascular disease on residents of the District of Columbia, and builds part-nerships that help strengthen and increase the scope of the infrastructure for care, interventions, and population-based strategies to promote health within the District. Furthermore, the Bureau implements a citywide asthma plan that includes

data collection, public education, and access to appropriate care for asthma and related allergies, in addition to developing and implementing policy changes and delivery systems, including preventive measures for asthma control;

- Primary Care – identifies health professional shortage and medically underserved areas for primary care, dental, and mental health care services, and administers programs to improve access to primary care services for District residents regardless of their ability to pay for services;
- Support Services – coordinates CHA’s efforts to help develop an integrated community-based health delivery system, ensures access to preventive and primary health care, and fosters citizen and community participation toward improving the health outcomes of women, infants, children (including children with special health care needs), and other family members in the District of Columbia;
- Perinatal and Infant Health – provides comprehensive services to improve perinatal outcomes for high-risk pregnant and parenting women, the health and development of their infants into early childhood, as well as the health outcomes for children with special healthcare needs by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations. The overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach;
- Nutrition and Physical Fitness – provides increased access to healthy food, promotes physical activity as a means to reduce morbidity, supports services that offer specialized nutrition intervention and maintains an extensive referral network available to District families, infants,

children, and seniors. The goal of activities performed within the Nutrition and Physical Fitness Bureau is to positively impact dietary habits, foster physical activity, and decrease overweight and obesity rates, thus improving health outcomes among the population; and

- Children, Adolescent and School Health – provides improvement for the health and well-being of all District pre-school and school-age children and adolescents by enhancing access to preventive, dental, primary and specialty care services and contributing to the development of a coordinated, culturally competent, family centered health care delivery system. The program seeks to promote age-appropriate immunizations and increase health education and outreach to District residents.

- Agency Management – provides centralized administrative support and the required tools to achieve operational and programmatic results. The Office of the Director provides leadership and public health management through fiscal oversight; human resource management; grants and contracts management; information technology; government and legislative affairs; risk management; communication and community relations; legal oversight; and facilities management.

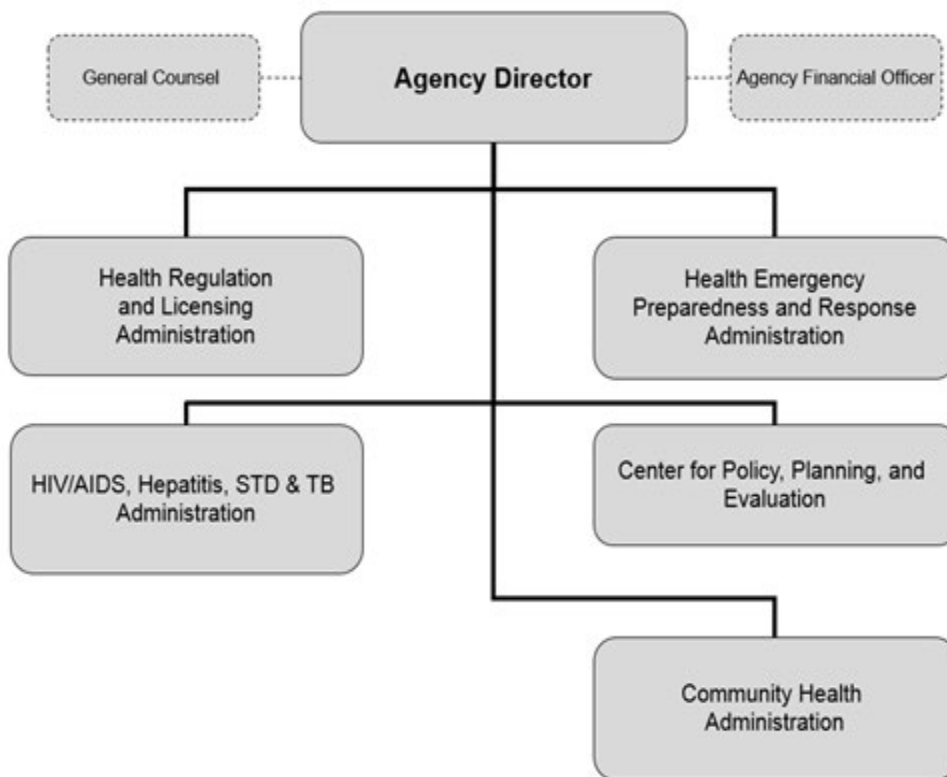
First Quarter CY2015 Hot Button Issue(s)

- Closeout of the DC Healthy Start Program due to loss in federal funding.
- Health emergency preparedness and planning for Ebola
- Commencement of the DC’s Stronger Together Infant Mortality Reduction Initiative
- Public Health Accreditation Board site visit November 19th and 20th.

Organization Chart



Department of Health
OFFICE OF THE DIRECTOR



Boards and Commissions relevant to the agency (if any)

Board Name	Name of Chairperson	No. of Members
Board of Nursing	Cathy A. Borris-Hale	11
Board of Medicine (Note: Board of Medicine also has 6 Advisory Committees)	Dr. Janis M. Orlowski	15
Board of Chiropractic	Keita Vanterpool	5
Board of Veterinarian	Dr. Noon Kampani	4
Board of Dentistry	Dr. Renee McCoy-Collins	5
Board of Audiology and Speech-Language Pathology	Gabriele Nicolet	3
Board of Diabetics and Nutrition	Melissa Emily Muskier	3
Board of Marriage and Family Therapy	Shelia A. Holt	4
Board of Massage Therapy	Cary Bland	5
Board of Long Term Care Administration	Keysha Kathleen Dale	3
Board of Occupational Therapy	Frank E. Gainer	4
Board of Optometry	Dr. Jeffery L. Kraskin	4
Board of Physical Therapy	Senora D. Simpson	3
Board of Podiatry	Dr. Stuart B. Sibel	3
Board of Professional Counseling	Dr. Victoria A. Sardi-Brown	5
Board of Psychology	Maia Coleman King	1
Board of Respiratory Care	Carolyn A. Williams	3
Board of Social Work	Dr. Cathleen Gray	5
Board of Pharmacy	Dr. Daphne Bernard	6

Budget FY2015

Total Budget	\$ 272,700,826
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No. of Employees

Current No. of FTEs	629.60
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Union Representation

Union(s)	Union Representative	No. of Members
American Federation of Government Employees (AFGE)- 2978		183
American Federation of Government Employees (AFGE)- 2725		119
American Federation of Government Employees (AFGE)- 383		14
American Federation of Government Employees (AFGE)-Local- 1403		9
American Federation of State, Council, and Municipal Employees- 2743		1
SEIU Healthcare Workers East		11
DC Nurses Association		29
Doctors Council		0

Facility Location(s)

Facility Name / ID	Address	Zip Code	Ward	Main Phone No.
Department of Health (Main Office)	899 North Capital St. NE	20002	06	(202) 442-5955
DOH Warehouse	3330 V STREET NE	20018	05	(202) 442.9205
Congress Heights Alliance-Unity Clinic	3720 Martin Luther King Jr. Ave. SE	20032	08	(202) 442.9332
Washington Humane Society	1201 New York Ave NE	20002	05	(202) 724.8801
DC DOH - Pharmacy, Unity Healthcare – Core Bldg.	1900 Mass. Ave. SE	20003	06	(202) 442.9332
DCGH BUILDING NO 15	1900 Mass Ave. SE Bldg. 15	20003	06	(202) 698-4040
Immunization Clinic	6623 Georgia Ave. NW	20011	04	(202) 576.9336
Pharmacy Warehouse	7 DC Village Lane SW	20032	08	(202) 671.4222
Southwest Health Center	850 Delaware Ave. SW	20024	06	(202) 442.9332
HEPRA	55 M. St SE	20003	06	(202) 671.4222

Key Projects/Initiatives

Project/Initiative Name	Brief Description	Delivery Date
Healthy Start Grant Transition	Federal Healthy Start funds will expire on January 30, 2015. DOH is currently implementing a transition plan to gradually ramp down direct services, transition clients to available community projects, fulfill Federal reporting requirements, and administer necessary personnel actions for staff covered by the expiring grant funds.	January 2015
L2K Upgrade	Upgrade HRLA's licensing software	March – 2015
Administrative Realignment	HRLA seeks to improve operational and fiscal efficiencies	March– 2015
HAN (Health Alert Network)	Increases & streamlines communications between our public health and EMS partners.	Ongoing
Patient Tracking	To identify and track our populations during emergencies	Ongoing
Evacuation Planning	Coordinating Emergency Operations with access and functional needs.	June 2015

Project/Initiative Name	Brief Description	Delivery Date
Stronger Together	Public-private partnership created to help lower the District of Columbia's infant mortality rate (IMR) by a third over the next year. A detailed analysis of 40,000 births revealed four areas of high impact that aim to reduce infant mortality and health outcome disparities among our citizens: 1) early and continuous prenatal care; 2) obesity prevention and weight loss; 3) smoking cessation and 4) infant sleep safety. Through outreach and engagement efforts, the campaign's goal is to reduce the District's infant mortality rate from 7.4 to 5.5 deaths per 1000 births.	On-going through FY2018
Establish the Office of Health Equity	Implement office within DOH responsible for examining how the social determinants of health influence health disparities across the life course and collaborate within DOH and partner agencies to design data-driven strategies to promote health equity and eliminate disparities.	February 2015
New business process	HAHSTA is redesigning its business process for improved accountability and efficiency with funding, developing fee for service/unit costs and performance-based provisions to incentive improved program outcomes	September 2015
Community Health Strategic Plan	Develop a 3-5 year Strategic Plan to set priorities, strengthen operations, and align strategic direction based on the changing healthcare environment resulting from the implementation of the Affordable Care Act.	June 2015

Project/Initiative Name	Brief Description	Delivery Date
Expansion of sexual and respiratory health services	HAHSTA is redesigning its STD and TB program into a comprehensive sexual/respiratory health and wellness program. HAHSTA will be implementing an Electronic Medical Records (EMR) and third party billing system. HAHSTA is also relocating the clinics into a single site in an accessible location in the District.	September 2015
HIV Housing Program	HAHSTA is redesigning its HIV Housing Program (primarily supported through federal Housing Opportunities for People with AIDS funding) with primarily a vocational focus for persons living with HIV to tie housing assistance to employment opportunities and self-sufficiency.	September 2015

Capital Program(s)

Project Name	Budget ID	Funding Source	Project Budget	Current Balance	Delivery Date
N/A					

Important/Significant Dates

Event	Brief Description	Delivery Date
N/A		

Key Contracts

Project Name	Vendor Name	Total Contract Value	Contract Term
School Health Nursing Contract	Children's National Medical Center	\$ 19,703,800	July -2014 to June-2015
Electronic Birth and Death System	Gold Systems	\$100,000	October-2014 to September-2015
Scanning, Preservation, and Conservation of Legacy Records and Books	SourceCorp BPS, Inc.	\$230,000	September-2014 to September-2015
Adverse Events Reporting	TBD	\$150,000	Date of Award to September-2015
Nutrition Services to WIC Clients	Children's Hospital Unity Health Care, Inc. Mary's Center Howard University Hospital	\$725,000 \$1,257,000 \$537,500 \$387,000	October-2014 to September-2015

Project Name	Vendor Name	Total Contract Value	Contract Term
Nutri. Educ. Svcs. for Early Childhood Development & Preschool Programs	University of the District of Columbia	\$465,000	October-2014 to September-2015
Professional Nursing Services	Godwin Corporation Magnificus Corporation	\$733,000 \$2,000,000	March-2013 to March-2015 March-2013 to March-2015
DC Asthma Partnership	Alston Marketing Group, LLC	\$130,000	February-2014 to February 2015
Implementation of Patient Protection and Affordable Care Act (ACA)	George Washington University	\$126,000	September-2014 to September-2015
Business Plan for Electronic Medical Records System	SciMetrika, LLC	\$200,000	September-2014 to September-2015
Logistical Support	Bazilio Cobb & Associates (BCA)	\$800,000	November-2013 to November 2014
STD and TB Testing	Center for Disease Detection	\$165,000	May -2013 to May-2015
Quality Management Program Services	Clinical Pharmacy Associates, Inc.	\$714,900	April-2014 to April-2015
Social Marketing and Public Education	Octane Public Relations	\$798,000	September-2014 to September-2015
Youth Social Marketing and Public Education	Octane Public Relations	\$479,900	September-2014 to September-2015
Electronic Medical Records System	E-Clinical Works	\$167,000	September-2014 to September-2015
Housing Stability of Clients Receiving HOPWA Assistance	Enterprise Community Partners	\$167,000	September-2014 to September-2015
Pharmaceutical Drugs for Multiple Agencies	Defense Logistics Agency (DLA)	\$114,332,292	October-2012 to March-2015
Indirect Cost Proposal	ICS	\$85,000	October-2014 to September-2015
HIV Data Collection and Analysis	George Washington	\$945,000	September-2014 to September-2015
Animal Shelter	Washington Humane Society	\$3,280,000	December 2012 to August-2015
Patient Tracking	Global Emergency Response (GER)	\$544,646	September-2014 to September-2015
Pharmacy Benefit Manager	Xerox State Healthcare	\$420,000	October-2014 to June-2015
Medical Reserve Corp (MRC)	George Washington Medical Faculty Asso.	\$108,000	June-2014 to May-2015

Project Name	Vendor Name	Total Contract Value	Contract Term
Expert Technical Information Technology Support	Synergetic Information System, Inc.	\$457,291	November-2013 to November-2014
Immunization Registry for CHA	Synergetic Information System, Inc.	\$599,985	July-2013 to July-2015
Inventory Maintenance for Emergency Supplies and Equipment	Diogenec Group, LLP	\$187,000	August-2013-January-2015

Key Agreement(s) / Memorandum(s) of Understanding

Project Name	Brief Description	Agreement Term
D.C. Linkage and Tracking	MOU with the Dept. of Healthcare Finance to improve health outcomes for children between the ages of birth to eight years old who are at risk for development delays and disabilities.	October-2014 to September-2015
Pharmaceutical 1115 Waiver Admin.	MOU with the Dept. of Health Care Finance provides administrative funds to support the staff within the Bureau.	October-2014 to September-2015
DHCF-Pharmaceutical Procurement	MOU with the Dept. of Health Care Finance for pharmaceutical procurement and formulary services to various program within DOH and DHCF.	October-2014 to September-2015
OAG- Child Support	MOU with the Office of Attorney General to maintain birth, death, paternity, and other vital records for the district.	October-2014 to September-2015
DOC-Pharmaceutical Procurement	MOU with the Dept. of Corrections to provide funding for medication acquisition, formulary management, clinical, and drug information services	October-2014 to September-2015
DCPS- Medical Supplies	MOU with the DC Public Schools to provide medical supplies and equipment for health suites located at all DC Public Schools	October-2014 to September-2015
FEMS- Pharmaceutical Procurement	MOU with the Fire and Emergency Medical Services to provide pharmaceutical procurement and medication management services.	October-2014 to September-2015
DOH-Fixed Cost	MOU with the Office of Finance and Resource Management for telephone and RTS Cost	October-2014 to September-2015
Single Audit	MOU with the Office of Chief Financial Officer for single audit	October-2014 to September-2015
Armored Car Services	MOU with the Office of Chief Financial Officer for armored car services	October-2014 to September-2015
Inspect Special Health Care Facilities	MOU with the Fire and Emergency Medical Services to inspect special health care facilities	October-2014 to September-2015
Fleet Services	MOU with the Dept. of Public Works for fleet services	October-2014 to September-2015
Jail Inspections	MOU with the Department of Corrections for jail inspections	October-2014 to September-2015

Project Name	Brief Description	Agreement Term
Criminal Background Checks	MOU with the Metropolitan Police Department for criminal background check	October-2014 to September-2015
Customer Service Operations	MOU with Unified Communications for customer service operations	October-2014 to September-2015
Fixed Cost	MOU with the Dept. of General Services for fixed costs	October-2014 to September-2015
Public Health Lab	MOU with the Dept. of Forensic Sciences for public health lab services	October-2014 to September-2015
Sign Language	MOU with the office of Disability Rights for sign language	October-2014 to September-2015
Disaster Behavioral Health Training	MOU with the Dept. of Behavioral Health for health emergency preparedness training	October-2014 to September -2015
DHS - First Responder Training	MOU with Dept. of Human Services for first responder training	October-2014 to September -2015
Serve DC- First Responder Training	MOU with Serve DC for first responder training	October-2014 to September -2015
Health Care Coalition Development	MOU with Serve DC for vulnerable population community and healthcare coalition development	October-2014 to September -2015
DCOA- First Responder Training	MOU with the DC Office of Aging for first responder training	October-2014 to September -2015
Dental and Physical Health Services	MOA between DCPS, DHCF, and DOH to coordinate and share data in an effort to identify disparities in utilization of Early and Periodic Screening, Diagnosis, and Treatment services for children attending public schools.	January-2014 to December-2019
Georgetown Nursing Students	MOA between DOH and Georgetown University School of Nursing for student nurses to obtain credit thru practical application of public health initiatives	September-2014 to September-2015
Support Trauma Centers	MOU with Office of Chief Medical Examiner to support surge requirements for level 1 trauma centers in the District	[October-2014 to Septebmer-2015]

Grant(s) Awarded (or Pending Award) to Agency

Grant Name	Name of Grantor	Total Grant Amount	Current Grant Balance	Grant Expiration
Adult Viral Hepatitis	Centers for Disease Control	\$ 89,093	\$ 10,967	October-2014
Adult Viral Hepatitis	Centers for Disease Control	\$ 89,093	\$ 48,595	October-2015
Behavioral Risk Factor Surveillance	Centers for Disease Control	\$ 268,473	\$ 324,440	March- 2015
Behavioral Risk Factor Surveillance	Centers for Disease Control	\$ 268,473	\$ 154,403	March - 2016
BioSense	Centers for Disease Control	\$ 152,402	\$ 108,566	August - 2015

Grant Name	Name of Grantor	Total Grant Amount	Current Grant Balance	Grant Expiration
Clinical Laboratory Surveys	Department of HHHS	61,118	\$ 60,674	September-2015
Comprehensive HIV Prevention	Centers for Disease Control	\$ 6,296,202	\$ 771,491	December-2014
Comprehensive HIV Prevention	Centers for Disease Control	\$ 6,491,190	\$ 2,502,304	December-2015
Criminal Background Check	Center for Medicare & Medicaid Services	\$ 2,674,097	\$ 0.00	December-2014
Epidemiology and Three Leg Stool Grant	Centers for Disease Control	\$ 425,372	\$ 224,945	Juy-2015
Ep. Three Leg Stool	Centers for Disease Control	\$ 425,372	\$ 76,600	July-2016
Farmers Market Program	Department of Agriculture	\$ 283,181	\$ 51,220	September-2015
Food Stamp Nutrition Education Program	Department of Agriculture	\$ 1,312,883	\$ 824,345	September-2015
Grants to States for Loan Repayment	Health Resources & Services Admin.	\$ 325,682	\$ 33,000	August, 2015
Grants to States for Loan Repayment	Health Resources & Services Admin.	\$ 325,682	\$ 292,682	August-2016
HIV Emergency Relief	Health Resources & Services Admin.	\$ 30,228,749	\$ 3,373,472	February-2015
HIV Emergency Relief	Health Resources & Services Admin.	\$ 30,228,749	\$ 16,133,033	Feburary-2016
Housing Opportunities for Persons with Aids	Housing & Urban Development	\$ 13,623,582	\$ 0	September-2016
Housing Opportunities for Persons with Aids	Housing & Urban Development	\$ 12,479,642	\$ 900,000	September-2017
Housing Opportunities for Persons with Aids	Housing & Urban Development	\$ 12,533,696	\$ 12,533,696	September-2018
Maternal and Child Block Grant	Health Resources & Services Admin.	\$ 6,898,324	\$ 557,727	September-2015
Maternal and Child Block Grant	Health Resources & Services Admin.	\$ 6,898,324	\$ 5,046,261	September-2016
Maternal Infant Child Home Visitation Grant	Health Resources & Services Admin.	\$ 1,000,000	\$ 1,004,942	September-2016
Maternal Infant Child Home Visitation Grant 2	Health Resources & Services Admin.	\$ 2,135,250	\$ 496,600	September-2016
National Cancer Prevention and Control	Centers for Disease Control	\$ 1,042,003	\$ 542,966	June-2015
National Cancer Prevention and Control	Centers for Disease Control	\$ 1,073,987	\$ 281,629	June-2016

Grant Name	Name of Grantor	Total Grant Amount	Current Grant Balance	Grant Expiration
National HIV Behavioral Surveillance	Centers for Disease Control	\$ 498,180	\$ 503,328	December-2014
National HIV Behavioral Surveillance	Centers for Disease Control	\$ 439,180	\$ 42,253	December-2015
Occupational Injuries Program	Department of Labor	\$ 157,000	\$ 72,328	September-2015
Prevent & Control & Promote School Health	Centers for Disease Control	\$ 1,216,582	\$ 257,908	June- 2015
Prevent & Control & Promote School Health	Centers for Disease Control	\$ 598,939	\$ 221,404	June- 2016
Prevention Control and Elimination Grant	Centers for Disease Control	\$ 372,209	\$ 111,082	December-2014
Prevention Control and Elimination Grant	Centers for Disease Control	\$ 372,209	\$ 245,365	December-2015
Preventive Health Block Grant	Centers for Disease Control	\$ 1,205,183	\$ 176,098	September-2015
Preventive Health Block Grant	Centers for Disease Control	\$ 1,205,183	\$ 5,595	September-2016
Primary Care Offices	Health Resources & Services Admin.	\$ 160,968	\$ 64,050	March-2015
Primary Care Offices	Health Resources & Services Admin.	\$ 160,968	\$ 64,679	March-2016
Rape Prevention Education Grant	Centers for Disease Control	\$ 90,497	\$ 5,831	January-2015
Rape Prevention Education Grant	Centers for Disease Control	\$ 90,497	\$ 67,057	January-2016
Ryan White Care Act Title II	Health Resources & Services Admin.	\$ 27,331,854	\$ 7,529,105	March-2015
Ryan White Care Act Title II	Health Resources & Services Admin.	\$ 27,331,854	\$ 10,524,184	March-2016
Sexually Transmitted Disease Grant	Centers for Disease Control	\$ 1,134,971	\$ 350,135	December-2014
Sexually Transmitted Disease Grant	Centers for Disease Control	\$ 1,134,971	\$ 735,778	December-2015
Shelter Plus- Sponsor	Housing & Urban Development	\$ 244,679	\$ 184,892	July- 2015
Shelter Plus- Sponsor	Housing & Urban Development	\$ 244,679	\$ 61,630	July- 2016
Shelter Plus- Tenant	Housing & Urban Development	\$ 329,474	\$ 248,672	August- 2015
Shelter Plus- Tenant	Housing & Urban Development	\$ 329,474	\$ 82,891	August- 2016
Special Supp. Nutrition Pgm. WIC	Department of Agriculture	\$ 15,759,564	\$ 11,564,643	September-2015
Title 18	Intra-DHCF (DHSS- CMMS)	\$ 942,000	\$ 800,000	September-2015

Project Name	Brief Description
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

Consent Decree(s)

Project Name	Brief Description	Agreement Term
N/A		