

THE COUNCIL OF THE CITY OF NEW YORK

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Speaker of the Council

Hon. Mark Levine
Chair, Committee on Health



Report of the Finance Division on the
Fiscal 2020 Preliminary Plan and the Fiscal 2019 Capital Commitment Plan the
Fiscal 2019 Preliminary Mayor's Management Report for the
Department of Health and Mental Hygiene

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Department of Health and Mental Hygiene Overview

The Department of Health and Mental Hygiene (DOHMH or the Department) protects and promotes the health and wellbeing of all New Yorkers. The Department develops and implements robust public health education activities and policy recommendations, enforces health regulations, and provides limited direct health services. The Department works to ensure that conditions for good health – accessible, sustainable, high-quality services and efficient, effective systems – flourish in New York City.

DOHMH seeks to reduce death and disability from chronic diseases, such as heart disease and cancer, by reducing smoking and consumption of unhealthy foods and by promoting physical activity. It contracts for mental health, developmental disability, and alcohol and substance use disorder treatment services. The Department works with healthcare providers to increase the use of preventive services, such as immunizations, and to improve healthcare delivery generally. It also collaborates with community-based organizations to prevent, detect, and treat HIV infection.

The Department provides direct services at four tuberculosis clinics, eight sexually transmitted disease clinics, one immunization clinic, and more than 1,200 public schools. DOHMH issues birth and death certificates, inspects restaurants and childcare centers, and protects public safety through immediate response to emergent public health threats. The Department's three Action Health Centers work to reduce health disparities in the City's highest need neighborhoods.

New York City Board of Health

As the overseer of New York City's Health Code, the 11-member NYC Board of Health has enacted countless measures to improve the wellbeing of New Yorkers, such as a ban on interior lead paint, modern tuberculosis control provisions, and a plan for eliminating trans-fat from restaurants. Most members – appointed by the Mayor with the consent of the City Council – serve six-year terms. Each member is a recognized expert, and the group represents a broad range of health and medical disciplines. They serve without pay and cannot be dismissed without cause.

Report Structure

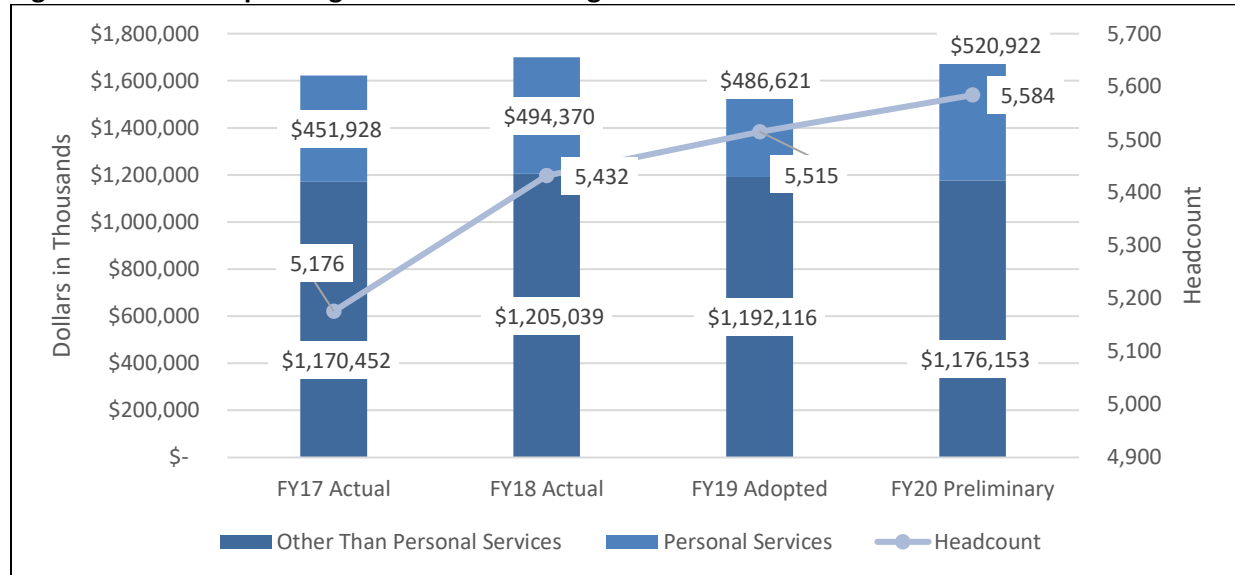
This report reviews the Department of Health and Mental Hygiene's \$1.7 billion Fiscal 2020 Preliminary Budget, focusing on funding that supports public health programming. The report presents the expense budget highlights, relevant New York State budget actions and reviews the Council-funded initiatives. The report then analyzes the public health program areas – including new needs in public health funding – and reviews relevant sections of the Fiscal 2020 Preliminary Mayor's Management Report. The report then analyzes the Department's Preliminary Ten-Year Capital Strategy for Fiscal 2020-2023 and the Capital Commitment Plan for Fiscal 2019-2023. Finally, Appendix A outlines the Budget Actions in the November and Preliminary Plans, followed by DOHMH's expense budget, financial summary, contract budget, and program area budgets.

Fiscal 2020 Preliminary Plan Highlights

Expense Budget

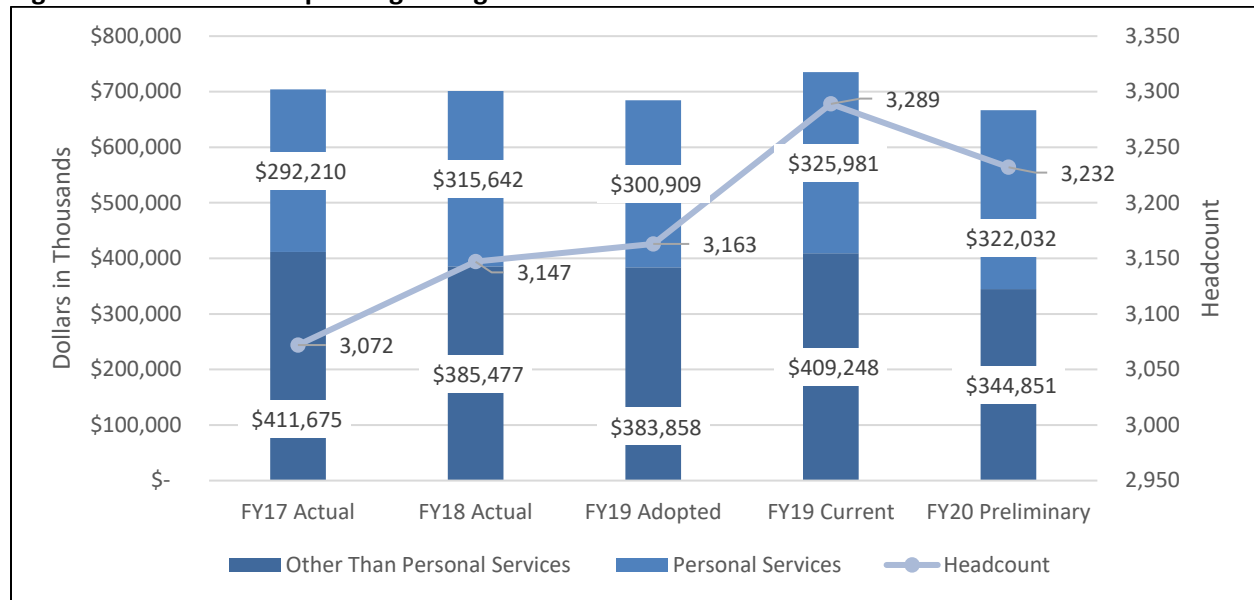
The Department of Health and Mental Hygiene's Fiscal 2020 Preliminary Budget totals \$1.7 billion (including City and non-City funds), an increase of \$18.3 million or 1.1 percent, when compared to the Fiscal 2019 Adopted Budget. DOHMH funding represents 1.8 percent of the City's \$92.2 billion Fiscal 2020 Preliminary Budget. The following chart shows DOHMH's actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget.

Figure 1: DOHMH Spending and headcount Budget Overview



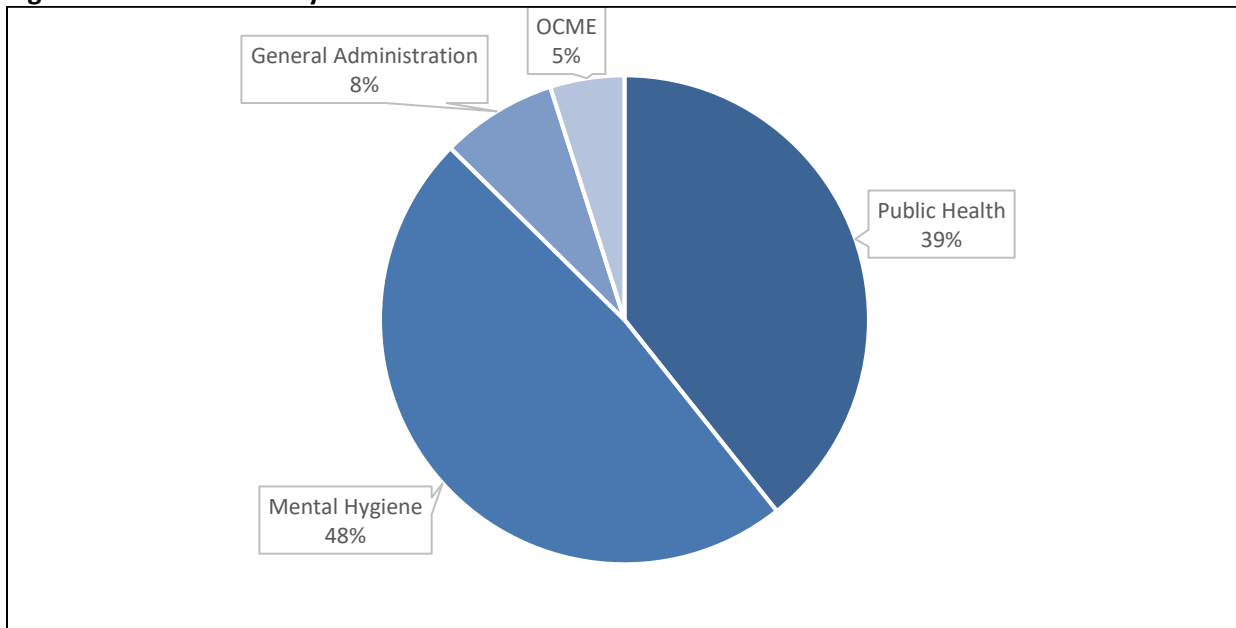
At \$521.6 million, spending for Personal Services (PS) accounts for 31 percent of the DOHMH's Fiscal 2020 operating budget, and at \$1.2 billion, Other Than Personal Services (OTPS) spending accounts for the remaining 69 percent. DOHMH's PS spending increased by more than \$34 million, or seven percent, in the Fiscal 2020 Preliminary Budget, when compared to the Fiscal 2019 Adopted Budget, while OTPS spending decreased by approximately half that amount, a decrease of \$15 million. The Department's PS spending in the Fiscal 2020 Preliminary Budget represents a seven percent increase, or \$34.3 million, when compared to Fiscal 2019 Adopted. However, the headcount increased by only 1.3 percent when compared to Fiscal 2018 Adopted. See Appendix B: DOHMH Expense Budget for more information.

Half of the Department's funding comes from City tax-levy (CTL), which totals \$846.9 million in the Fiscal 2020 Preliminary Budget. State funding constitutes the second largest funding source at \$555.7 million, or 33 percent of the Budget, followed by federal funding at \$287.6 million, or 17 percent. Intra-city and other categorical funding at \$6.9 million comprises the remaining funding which accounts for less than one percent of the Department's total. See Appendix C - Financial Summary for additional information.

Figure 2: Public Health Spending - Budget Overview

The above chart depicts actual and planned spending and headcount in the Department's public health sector. Excluding General Administration costs, Office of Chief Medical Examiner (OCME), Early Intervention and the Division of Mental Hygiene (DMH or the Division). DOHMH's Fiscal 2020 operating budget for public health services totals \$667 million, a decrease of \$17.8 million, or two percent, when compared to the Fiscal 2019 Adopted Budget of \$685 million. Public health spending accounts for approximately 39 percent of the Department's total Fiscal 2020 Preliminary Budget. Due to the breadth of services DOHMH provides, public health spending represents a variety of PS and OTPS costs. The PS budget accounts for 48 percent, or \$322 million, of the public health sector's overall budget, and the OTPS budget accounts for 52 percent, or \$345 million.

Some public health program areas prove more staff intensive, such as the Environmental Health Program, which requires an internal staff of credentialed public health inspectors and sanitarians to conduct inspections of childcare facilities and food service establishments – resulting in greater PS costs. In other programs, such as Disease Prevention and Treatment for HIV/AIDS, the Department typically contracts with local community-based organizations and health providers with the requisite expertise and capacity to provide effective services – resulting in greater OTPS costs. See Appendix B - DOHMH Expense Budget for additional information.

Figure 3: DOHMH FY20 by Area

The above graph depicts DOHMH's Fiscal 2020 Preliminary Budget broken down by Public Health, General Administration, DMH, and the OCME. DMH's Fiscal 2020 Preliminary Budget totals \$816 million, an increase of \$28 million, or four percent, when compared to the Fiscal 2019 Adopted Budget. DMH relies heavily on outside service providers; therefore, the OTPS budget accounts for 91 percent, or \$740 million, of the Division's overall budget.

DOHMH's Fiscal 2020 Preliminary Budget includes more than \$83 million for OCME. PS spending comprises 79 percent of these funds. Overall, OCME accounts for about five percent of the Department's Fiscal 2020 Preliminary Budget.

Financial Summary

The Department's Fiscal 2020 Preliminary Budget includes \$99.2 million in new needs, including \$2.5 million in the public health sector, \$500,000 in DMH, and \$370,000 in OCME.

Financial Summary <i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference
				FY19	FY20	FY19-FY20
Spending						
Personal Services	\$451,928	\$494,370	\$486,621	\$521,638	\$520,922	\$34,301
Other Than Personal Services	1,170,452	1,205,039	1,192,116	1,255,424	1,176,153	(15,963)
TOTAL	\$1,622,380	\$1,699,409	\$1,678,737	\$1,777,062	\$1,697,075	\$18,338
Personal Services						
Additional Gross Pay	\$23,509	\$24,254	\$9,922	\$11,491	\$10,124	\$203
Full-Time Salaried - Civilian	340,073	379,921	399,317	422,720	429,258	29,941
Other Salaried & Unsalaries	76,266	77,850	71,065	76,971	75,471	4,407
Overtime - Civilian	10,938	10,983	5,851	7,595	5,405	(446)
P.S. Other	(81)	(59)	0	6	0	0
Fringe Benefits	1,222	1,420	467	2,854	664	197
Subtotal	\$451,928	\$494,370	\$486,621	\$521,638	\$520,922	\$34,301
Other Than Personal Services						
Contractual Services	\$813,002	\$858,366	\$892,736	\$900,254	\$889,516	(\$3,220)
Fixed & Misc. Charges	1,199	298	76	96	76	0
Other Services & Charges	270,131	265,222	221,879	276,606	209,939	(11,941)
Property & Equipment	12,429	6,250	4,562	6,749	3,586	(976)
Social Services	49,694	53,851	46,333	45,957	45,958	
Supplies & Materials	23,996	21,053	26,531	25,763	27,079	548
SUBTOTAL	\$1,170,452	\$1,205,039	\$1,192,116	\$1,255,424	\$1,176,153	(\$15,589)
TOTAL	\$1,622,380	\$1,699,409	\$1,678,737	\$1,777,062	\$1,697,075	\$18,712
Funding						
City Funds	\$0	\$0	\$838,923	\$829,563	\$846,867	\$7,944
Other Categorical			2,392	31,162	1,534	(858)
Capital- IFA						0
State			548,546	584,702	555,692	7,146
Federal - Community Development						0
Federal - Other			283,650	314,143	287,622	3,972
Intra City			5,225	17,492	5,359	134
TOTAL	\$1,622,380	\$1,699,409	\$1,678,737	\$1,777,062	\$1,697,075	\$18,338
Budgeted Headcount						
Full-Time Positions - Civilian	5,176	5,432	5,515	5,780	5,584	69
TOTAL	5,176	5,432	5,515	5,780	5,584	69

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Other adjustments introduced since the Fiscal 2019 Adopted Budget – including a \$25.8 million increase in the Fiscal 2019 November Plan. This resulted in a net increase of \$13.3 million in Fiscal 2020, when combined with the new needs funding. DOHMH's Fiscal 2020 Budget, therefore, increases from \$1.68 billion in the Fiscal 2019 Adopted Budget to \$1.69 billion in the Fiscal 2020 Preliminary Budget. See Appendix A: DOHMH Budget Actions in the November and the Preliminary Plans for more information. Fluctuations in non-City grant funding, collective bargaining costs, and other technical adjustments contribute to the changes in DOHMH spending.

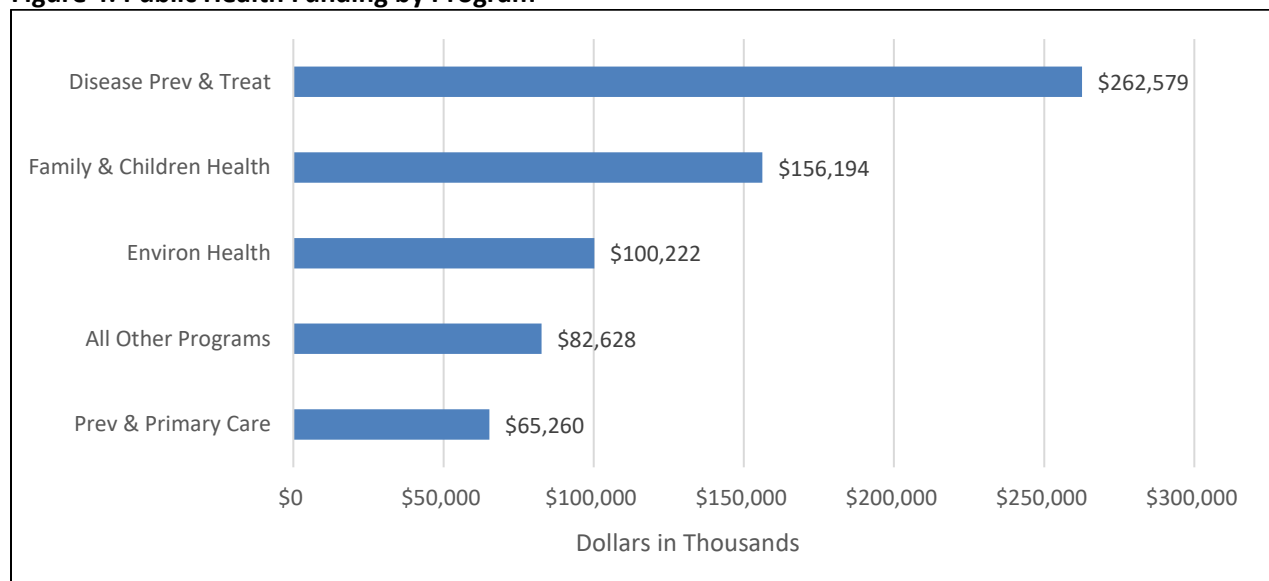
New expense funding in the Preliminary Plan includes the following

- **Neighborhood Rat Reduction Plan.** The Preliminary Plan allocates \$164,000 to DOHMH in Fiscal 2019 and \$271,000 in Fiscal 2020, and \$271,000 in the outyears to implement the Neighborhood Rat Reduction Plan.
- **Lead Free NYC.** The Fiscal 2020 Preliminary Plan allocates \$2.3 million in Fiscal 2020, and \$2.3 million in the outyears to support Lead Free NYC. The majority of this new funding, 84 percent or \$1.9 million, is for Coordinated Care for Elevated Blood Lead Test (EBL) Cases. The remainder of the funding, 14 percent or \$354,000, is assigned for improvements to citywide immunization registry for lead-related notifications.

Program Areas

The graph below identifies the Fiscal 2020 Public Health funding by program area, as of the Fiscal 2020 Preliminary Budget. Public health funding spans numerous program areas, including the Center for Health Equity, Disease Prevention and Treatment, HIV/AIDS Prevention and Treatment, Emergency Preparedness and Response, Environmental Disease and Injury Prevention, Environmental Health, Epidemiology, Family and Child Health, Prevention and Primary Care, and the World Trade Center Health Program.

Figure 4: Public Health Funding by Program



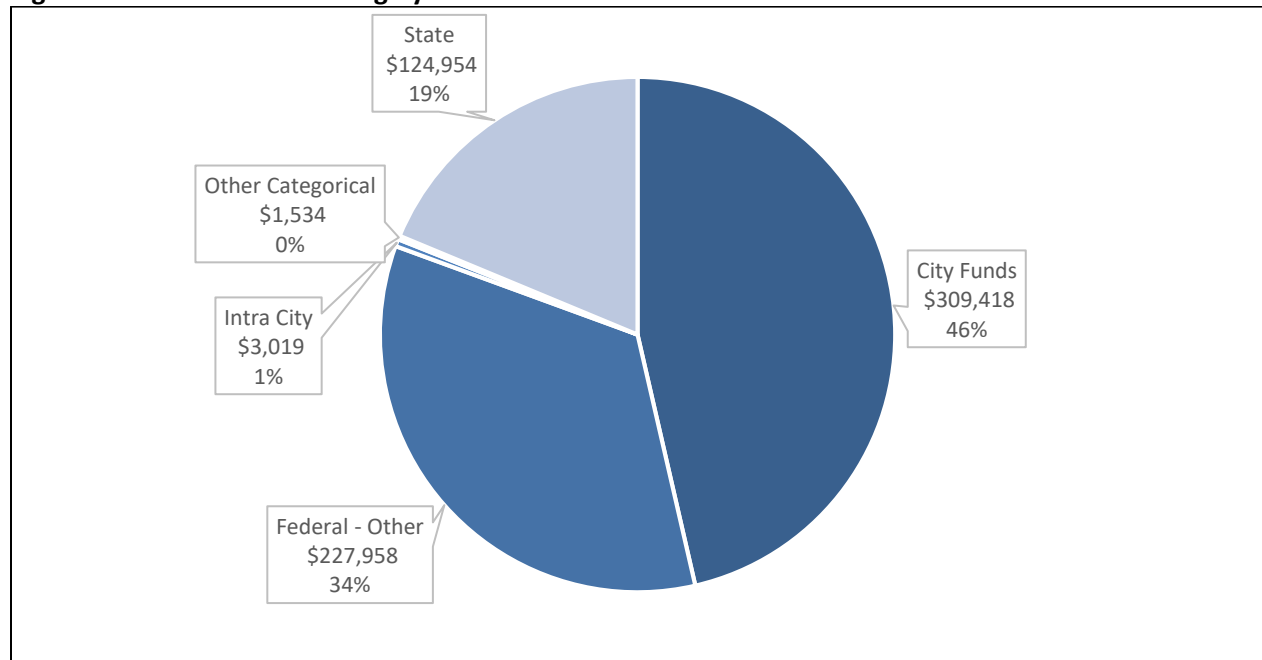
Nearly every program area in the Fiscal 2020 Preliminary Budget experienced a net decrease in funding when compared to the Fiscal 2019 Adopted Budget. Disease Prevention and Treatment experienced the largest net decrease at \$12 million, followed by Prevention and Primary Care at \$4.6 million and Environmental Health at \$4 million. The Adopted Budget includes the City Council's discretionary funding, grouped into the administrative program areas, but the Fiscal 2020 Preliminary Budget does not include this funding – contributing to the decreases. See Appendix C: Financial Summary for additional information.

Funding Sources

The graph below depicts the Fiscal 2020 Public Health funding, as of the Fiscal 2020 Preliminary Budget, by source. CTL accounts for 47 percent of planned Fiscal 2020 spending at \$309 million. Federal funding constitutes the second largest source of funding at 34 percent. State funding

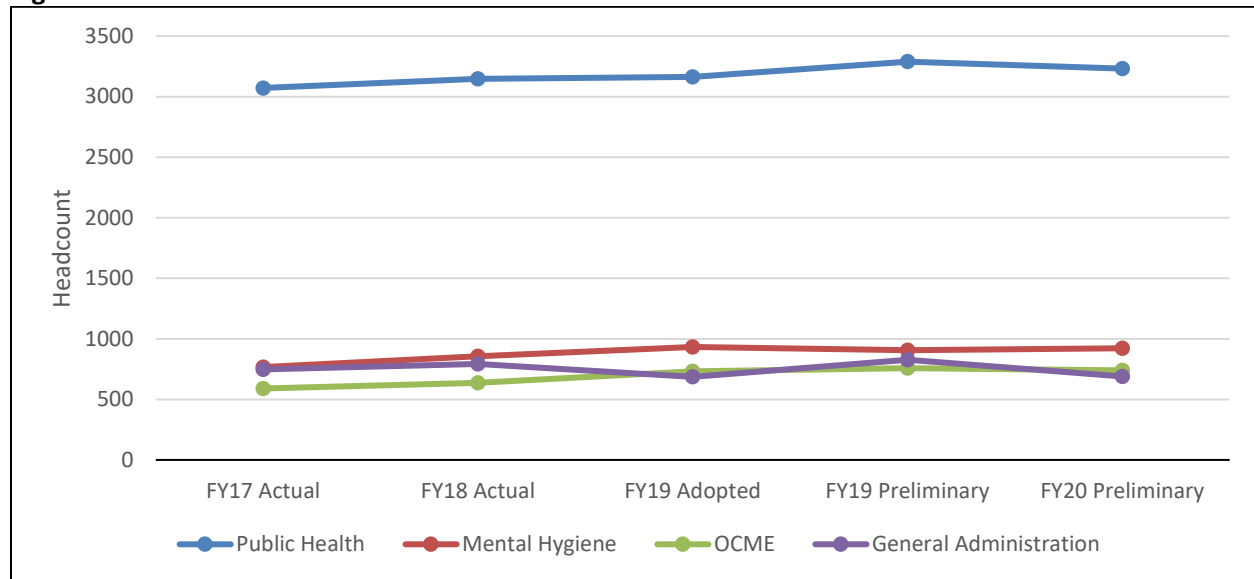
constitutes the third largest source of public health spending, representing 18 percent of the Budget at \$125 million. The State's public health local assistance provision, also known as the General Public Health Work Program and commonly referred to as Article 6 matching grants, provides the majority of this funding. Article 6 of the State's Public Health Law provides matching aid to localities for the local provision of specified public health services. Due to the matching nature of these grants, State aid fluctuates with changes in CTL. See Appendix C: Financial Summary for additional information.

Figure 5: Public Health Funding by Source

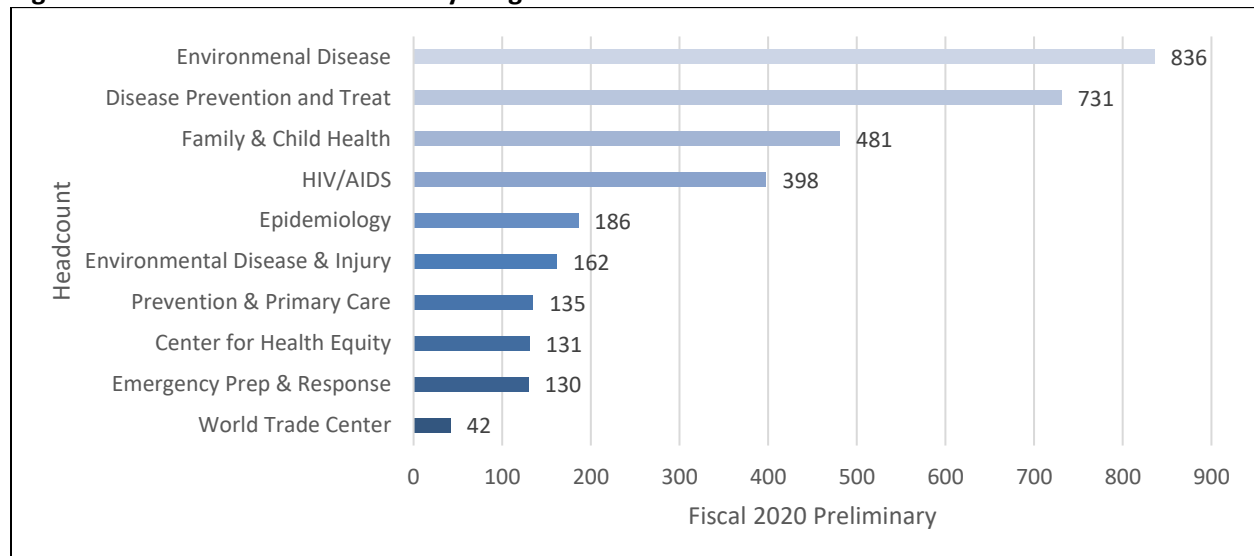


Headcount

The Preliminary Plan decreased the Department's headcount by a net 66 positions in Fiscal 2020 for a total city-funded headcount of 4,895 positions. The Plan increases the headcount in the Mental Hygiene sector by seven positions, but the Public Health Sector lost 65 positions. In addition, OCME lost eight positions and General Administration lost three positions. The Department has continued the budgeting practice of shifting program-specific administrative funding to General Administration. See Appendix C: Financial Summary for additional information. The following graph shows the Department's headcount broken down by Public Health, Mental Hygiene, OCME, and General Administration.

Figure 6: DOHMH Headcount

DOHMH's headcount had increased by nearly 1,000 positions between Fiscal 2014 and Fiscal 2019. The following graph depicts the Fiscal 2020 headcount by Public Health program area, as of the Fiscal 2020 Preliminary Budget.

Figure 7: Public Health Headcount by Program Area

The Fiscal 2019 Current Modified Budget

Regarding the current fiscal year, DOHMH's Fiscal 2019 Budget, including OCME funding, stands at \$1.8 billion – a net decrease of \$98.3 million since June 2017. This includes the \$286,000 in new needs funding added in the Fiscal 2019 Preliminary Budget. The Department's Fiscal 2019 Adopted Budget totaled \$1.7 billion. While City funds decreased by more than \$93 million since adoption, other categorical funding provided more than \$28.8 million, federal funding added more than \$30.5 million, State funding provided \$36 million, and intra-city funding added \$12

million – for a total non-City funding addition of \$132.7 million in Fiscal 2019. See Appendix A: DOHMH Budget Actions in the November and the Preliminary Plans for additional information.

The Department modifies its budget over the course of the fiscal year as it receives federal and State grant funding, and – because this non-City funding varies each year – the headcount and dollars are not baselined in the Adopted Budget. The \$98.3 million midyear increase in the Fiscal 2020 Preliminary Budget is typical for the Department.

Financial Plan headcount adjustments in the Fiscal 2020 Preliminary Budget led to a net increase of 271 City-funded full-time positions in Fiscal 2019, for a total headcount of 4,925 positions in the current fiscal year. This includes a 62-position increase of Facilitated Enrollers and a 26-position increase in Child Health Development and Special Programs.

Fiscal 2019-2020 State Executive Budget

The New York State Department of Health (DOH) manages comprehensive healthcare and long-term care coverage for low- and middle-income individuals and families through the Medicaid, Child Health Plus (CHP), and Elderly Pharmaceutical Insurance Coverage (EPIC) programs. In addition to health insurance programs, DOH supervises public health activities throughout the State and operates and regulates healthcare facilities.

New York's Medicaid program remains the State's largest payer of healthcare and long-term care. More than six million individuals receive Medicaid-eligible services through a network of more than 80,000 healthcare providers 75 managed care plans. Total federal, State and local Medicaid spending is expected to total \$73.9 billion in Fiscal 2020, a five percent increase over what the State spent this year. The Fiscal 2019-2020 State Executive Budget adheres to the Medicaid spending cap, a provision that ties Medicaid growth to the 10-year rolling average of the Medical Consumer Price Index – currently estimated at 3.2 percent.

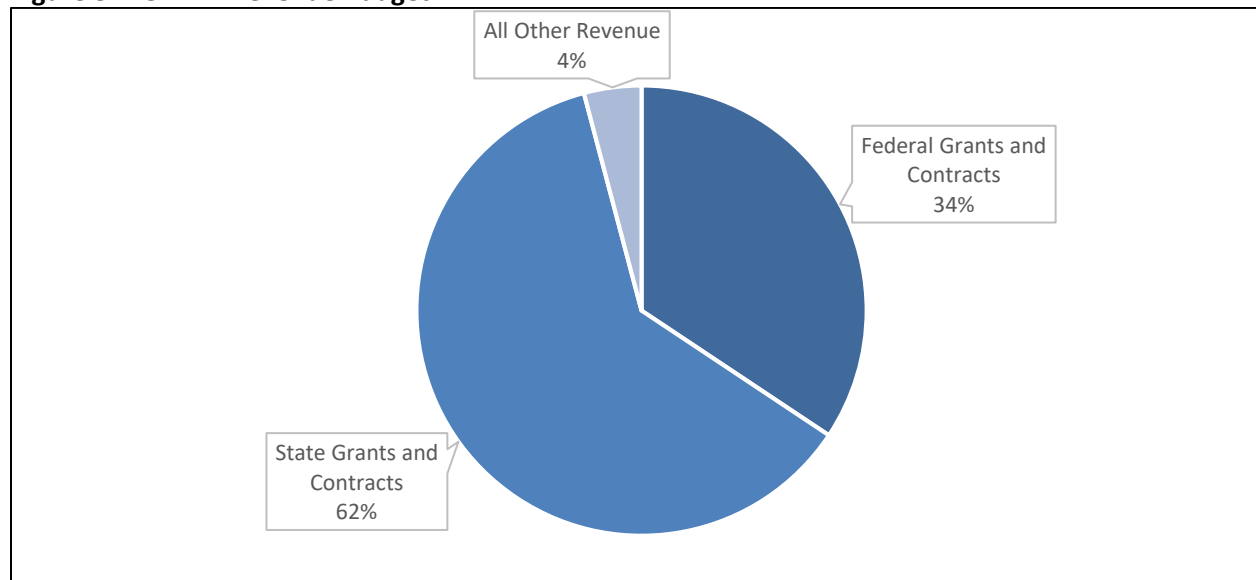
The 30 day state amendment calls for major funding reduction in health programs. First, the State plans to implement a \$550 million cut. This will be completed in three parts. First, reimbursements will be cut to the State's Indigent Care Pool, which reimburses hospitals that provide a large percentage of Medicaid and uninsured patients. The goal is to save the state \$138 million and this funding will not be reallocated to Health and Hospitals but rather to the general budget. Second, there will be a less than one percent cut to all Medicaid providers totaling \$190 million. Thirdly, the State will rescind the Medicaid Rate increases of 2 percent for hospitals and 1.5 percent for nursing homes.

In addition, there are proposed cuts to the Consumer Directed Personal Assistance Program of \$75 million. Cutting funding to this program will in the end cost the State and City more as patients who could have stayed at home will now be forced into care. Lastly, the State proposed a reduction in the Department of Public Health Work Program reimbursement rate from 36 percent to 20 percent. This reduction would lead to a \$59 million cut in health services to mothers and their children.

Revenue Budget

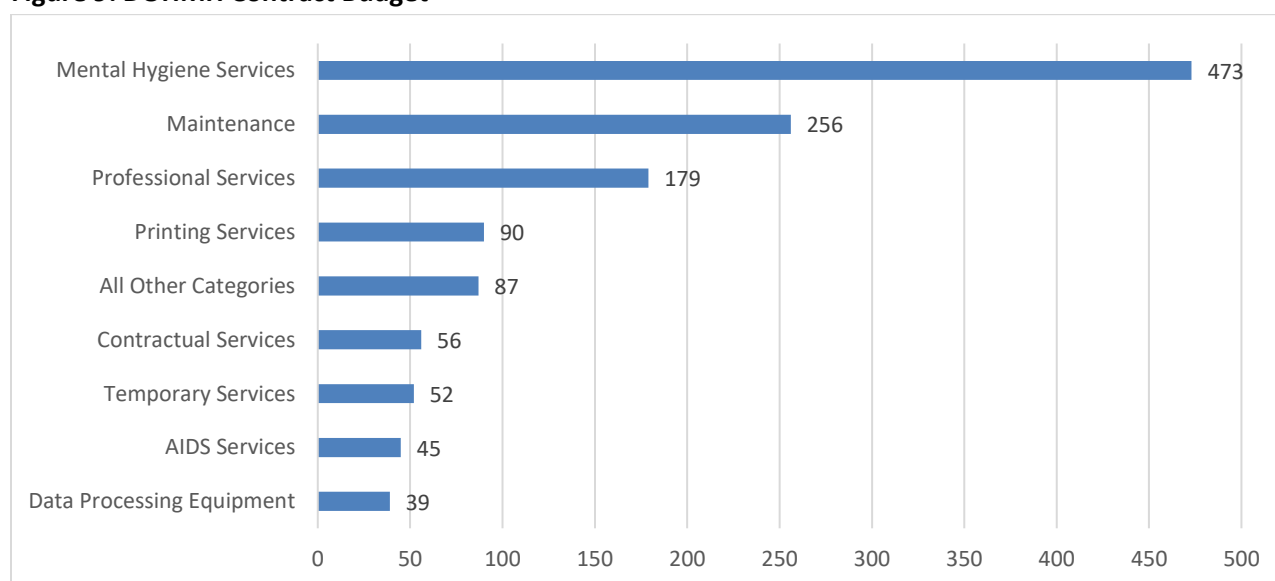
In addition to State and federal grants, the Department generates a modest amount of revenue, with \$27.3 million planned for Fiscal 2020. The largest sources of revenue include birth and death certificates at \$9 million, or 33 percent of the revenue budget, restaurants and vendors at \$8.8 million, or 32 percent of the budget, and pest control fees at \$3.7 million, or 13 percent of the budget. In addition to these miscellaneous revenue sources, the Office of Administration Trials and Hearings (OATH) collects revenue from DOHMH tribunal fines. Challenges to Notices of Violations that pertain to the City's Health Code and other public health-related laws fall under the Office's Health Hearings Unit. The following graph shows the Department's Fiscal 2020 revenue sources.

Figure 8: DOHMH Revenue Budget



Contract Budget

The New York City Charter mandates the preparation of a contract budget in order to identify expenditures for contractual services – defined as any technical, consultant, or personal service provided to the City by means of a contract. The Administration prepares a contract budget – a subset of the OTPS portion of the City's expense budget – twice each fiscal year. In January, the Administration prepares the contract budget with departmental estimates, and in late April it submits the contract budget to the City Council with the executive budget. The following graph shows the Department's Fiscal 2020 contract budget broken down by category.

Figure 9: DOHMH Contract Budget

The City's Contract Budget, as proposed, totals \$15.9 billion in Fiscal 2020 and includes 17,655 contracts. The Department's Fiscal 2020 Contract Budget totals \$890 million and includes 1,277 contracts. Contracts for mental hygiene services total \$653 million, representing 73 percent of the Department's total spending on contracts. Contracts for Maintenance services represent the second largest source of DOHMH contract spending at \$12.8 million, or approximately 14 percent of the total. See Appendix D: Contract Budget for additional information.

Council Initiatives

The Department's Fiscal 2019 Budget includes approximately \$40.2 million in City Council discretionary funding, including \$18.6 million for public health initiatives, \$16.8 million for mental health initiatives, and \$4.8 million for local and other initiatives. City Council discretionary funding accounts for approximately two percent of the Department's \$1.6 billion Fiscal 2019 budget.

The Health Services initiatives funded by the Council in Fiscal 2019 demonstrate the Council's commitment to reducing health disparities and to promoting health equity throughout the five boroughs. The initiatives support a spectrum of health services and programs delivered in a culturally and linguistically responsive manner to our most vulnerable and marginalized citizens, including children living in medically underserved communities and immigrants lacking access to healthcare services.

Major investments in Fiscal 2019 include \$6.7 million for Ending the Epidemic, a statewide plan to reduce the number of new HIV infections annually from 3,000 incidents to 750 incidents and,

FY19 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
Council Initiatives	
Access Health Initiative	\$2,500
Beating Hearts	350
Cancer Services	600
Child Health and Wellness	646
Dedicated Contraceptive Fund	418
Ending the Epidemic	6,694
HIV/AIDS Faith Based Initiative	1,131
Immigrant Health Initiative	1,565
Maternal and Child Health Services	1,693
Reproductive and Sexual Health Services	345
Trans Equity Programs	775
Viral Hepatitis Prevention	1,924
Subtotal	\$18,639
<i>Mental Health Initiatives</i>	<i>16,856</i>
<i>Local Initiatives</i>	<i>4,760</i>
TOTAL	\$40,255

subsequently, to end the AIDS epidemic in New York by 2020. The programs and services funded under this initiative address various unmet needs in the HIV/AIDS community, including HIV prevention and literacy for seniors and HIV prevention and education for communities of color. Additional funding supports efforts to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use.

The following section describes each public health Council initiative funded in Fiscal 2019.

Access Health. The \$2.5 million allocation enables culturally and linguistically competent community-based organizations in all five boroughs to conduct outreach and education efforts regarding healthcare access and coverage, including issues pertaining to Medicare, Medicaid, the Pregnant Women/Prenatal Care Assistance Program (PCAP), the Family Planning Extension Program (FPEP), the AIDS Drug Assistance Program (ADAP) and the Children's Health Insurance Program (CHIP).

Beating Hearts. The \$350,000 allocation provides automated external defibrillators (AEDs) to non-profit organizations that primarily serve youth and aging populations. An AED is a portable device that delivers an electric shock through the chest to the heart, stopping an irregular heart rhythm and allowing a normal rhythm to resume following sudden cardiac arrest.

Cancer Services. The \$600,000 allocation supports various education and supportive services for breast, colon and ovarian cancer.

Child Health and Wellness. The \$646,000 allocation supports child health and wellness through various programs and services, including obesity prevention and nutrition education programs, oral health services, and asthma screening, education, and care coordination projects.

Dedicated Contraceptive Fund. The \$600,000 allocation supports various education and supportive services for breast, colon and ovarian cancer.

Ending the Epidemic. The \$6.7 million allocation supports prevention, education, outreach, and support services that align with the Ending the Epidemic (ETE) framework and serve special populations, including seniors, communities of color, and people with mental health and/or substance abuse disorders. ETE, a statewide plan to decrease new HIV infections to 750 by the year 2020, strives to identify diagnosed and undiagnosed HIV-positive New Yorkers and connect them to healthcare and medication, including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

HIV/AIDS Faith Based Initiative. The \$1.1 million allocation supports HIV/AIDS prevention, education, outreach, advocacy, and support services in local religious institutions and community-based organizations that engage vulnerable populations.

Immigrant Health Initiative. The \$1.6 million supports programs that decrease health disparities among foreign-born New Yorkers by: improving access to health care, addressing cultural and language barriers, and targeting resources and interventions. The initiative will also support mental health services for vulnerable immigrants.

Maternal and Child Health Services. The \$1.7 million allocation supports a range of maternal and child health services that aid expectant mothers and women of childbearing age by promoting women's health before, during, and after pregnancy. The services strive to improve maternal and

child health outcomes and to reduce infant mortality rates and may include doula care or home-visiting programs.

Reproductive and Sexual Health Services. The \$345,000 allocation supports a range of reproductive and sexual health services, including treatment, prevention, and education on topics ranging from sexually transmitted infections and HIV/AIDS to teen pregnancy and healthy relationships.

Trans Equity Programs. The \$775,000 supports a range of services to help empower the transgender and gender non-conforming community, including education programs, employment services, workforce development, healthcare navigation, legal guidance, community workshops, and academic research.

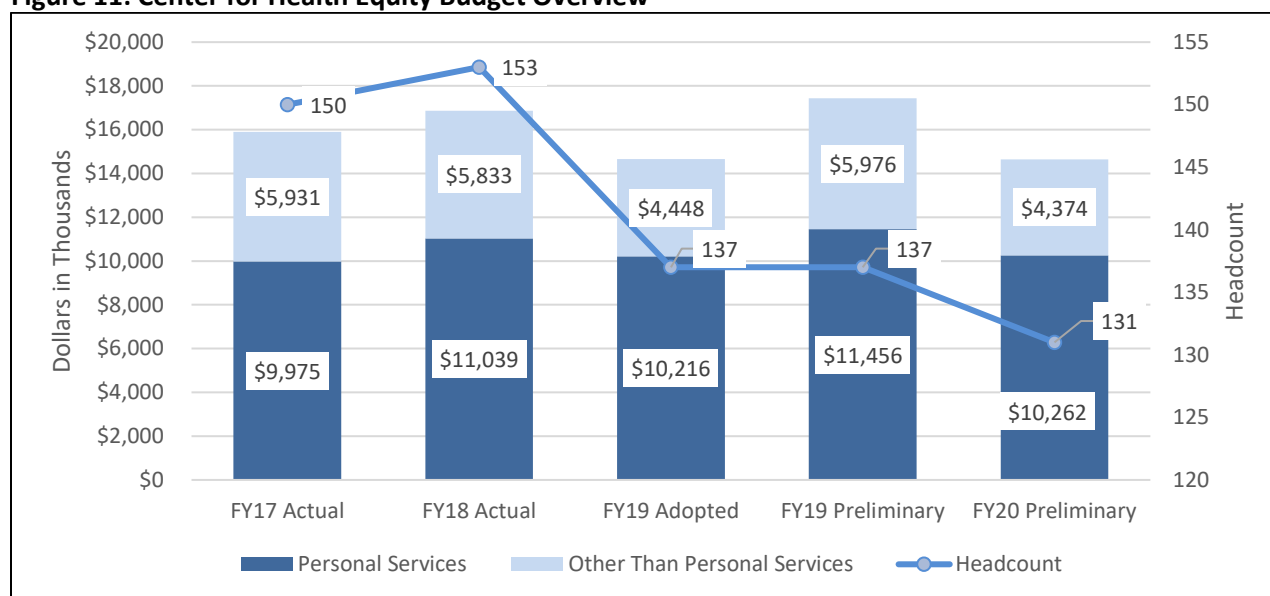
Viral Hepatitis Prevention. The \$1.9 million allocation supports a range of programs and services intended to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use. In addition to Hep B/C testing, services may include addiction treatment, care coordination, overdose prevention, mental health assessments, and sterile syringe access.

Program Areas

Center for Health Equity

The Center for Health Equity addresses health disparities in New York City's communities of color that cause an excess burden of ill health and premature mortality, including obesity, diabetes, and maternal mortality. Three principles drive the Center's work: (1) leveraging policy changes to better integrate primary care and public health and to serve the health needs of communities; (2) building inter-agency collaboration to address the root causes of health disparities; and (3) making services more accessible in neighborhoods with the worst health outcomes.

The Center supports the revitalization of the City's District Public Health Offices (DPHO) through the Health Action Center Initiative. The Health Action Centers target resources, programs, and attention to high-need neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn in an effort to promote health equity. The Centers also support Take Care New York 2019 – the City's blueprint for promoting healthy childhoods, creating healthier neighborhoods, supporting healthy living, and increasing access to quality caregiving.

Figure 11: Center for Health Equity Budget Overview

The above chart shows the Center for Health Equity's actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. Funding in the current fiscal year increased to \$17.4 million, an increase of \$2.7 million, or 19 percent, when compared to budget at adoption. The Center's funding represents approximately two percent of public health spending and less than one percent of the Department's total budget.

PS spending accounts for the majority (70 percent) of the Center's Fiscal 2020 Preliminary Budget funding at \$10 million, which supports 131 positions. The Preliminary Budget funding for Fiscal 2020 remains the same as the amount of adoption, however, funding increased by 19 percent in the current year. Almost half of the increased funding in Fiscal 2019 coming from a Federal Teenage Pregnancy Prevention program and funding from Health Research Inc. The Fiscal 2020 Preliminary funding includes \$5.3 million in State Public Health Local Assistance funding. See Appendix E1: Center for Health Equity for more information.

Funding for Center for Health Equity services represents approximately two percent of total public health spending in Fiscal 2020 and one percent of the Department's total budget. See Appendix E7: Environmental Health for additional information.

Disease Prevention and Treatment

The Department's Disease Prevention and Treatment services safeguard the health of New Yorkers through the identification, surveillance, treatment, control, and prevention of infectious diseases and protect the health of citizens during emergencies. Communicable Diseases, HIV/AIDS, Immunization, Laboratories, Sexually Transmitted Diseases, and Tuberculosis Control comprise the Disease Prevention and Treatment program areas.

The Bureau of Communicable Diseases performs a range of activities, from investigating disease outbreaks to monitoring drug resistance patterns for select diseases. In cooperation with other emergency response agencies, the Bureau operates a comprehensive surveillance system to improve the City's ability to detect and respond to the release of a biological agent. The Fiscal

2020 Preliminary Budget allocates \$10.7 million to Communicable Disease programs, an increase of \$2.2 million, or 26 percent, when compared to the Fiscal 2019 Adopted Budget. Funding in the current fiscal year totals \$14 million, an increase of \$5.5 million or 64 percent, when compared to the budget at adoption.

PS spending represents the majority (78 percent) of the Bureau's Fiscal 2020 funding at \$8.4 million. In addition to \$1 million in State Public Health Local Assistance funding in Fiscal 2020, the Bureau receives a \$1.3 million federal Affordable Care Act grant for Epidemiology and a \$6.2 million federal CDC grant for Investigation and Technical Assistance, a 46 percent increase from Fiscal 2019 Budget at time of adoption.

The Bureau of Sexually Transmitted Disease Control promotes healthy sexual behavior to reduce the impact of sexually transmitted diseases (STDs) in New York City. The Fiscal 2020 Preliminary Budget allocates nearly \$25.7 million for STD Control, an increase of \$366,964, or three percent, when compared to the Fiscal 2019 Adopted Budget. Funding in the current fiscal year totals \$24.6 million, a decrease of \$658,000 or two percent, when compared to the budget at adoption.

Major sources of federal funding for STD Control include a \$4.6 million Venereal Disease Control grant and a \$240,000 Medicaid grant. Fiscal 2020 State funding includes \$1.7 million for HIV Partner Notification and \$6.1 million for Public Health Local Assistance. PS spending represents the majority (81 percent) of the Bureau's Fiscal 2020 funding at \$20 million.

In addition to conducting research, developing policy, and promoting education, the Bureau maintains eight full service STD clinics throughout the five boroughs. The clinics provide free and confidential STD testing and treatment as well as HIV testing and counseling. The Bureau also monitors STD cases citywide to ensure appropriate follow up and treatment, including outreach efforts that seek to identify other individuals infected with or incubating STDs.

The Public Health Laboratory provides state-of-the-art laboratory services to identify and investigate infectious diseases, including rapid testing for bioterrorist agents. The Laboratory performs tests for conditions such as rabies, West Nile virus, and certain environmental exposures not offered by commercial laboratories. It also serves as the City's largest HIV testing laboratory. The Fiscal 2020 Preliminary Budget allocates \$10.9 million for the Laboratory, comparable to the funding allocated in the Fiscal 2019 Adopted Budget. Funding in the current fiscal year also remains steady at \$10.9 million. PS spending represents the majority (69 percent) of the Laboratory's Fiscal 2020 funding at \$7.4 million. The Laboratory receives \$3.9 million in Fiscal 2020 State Public Health Local Assistance funding.

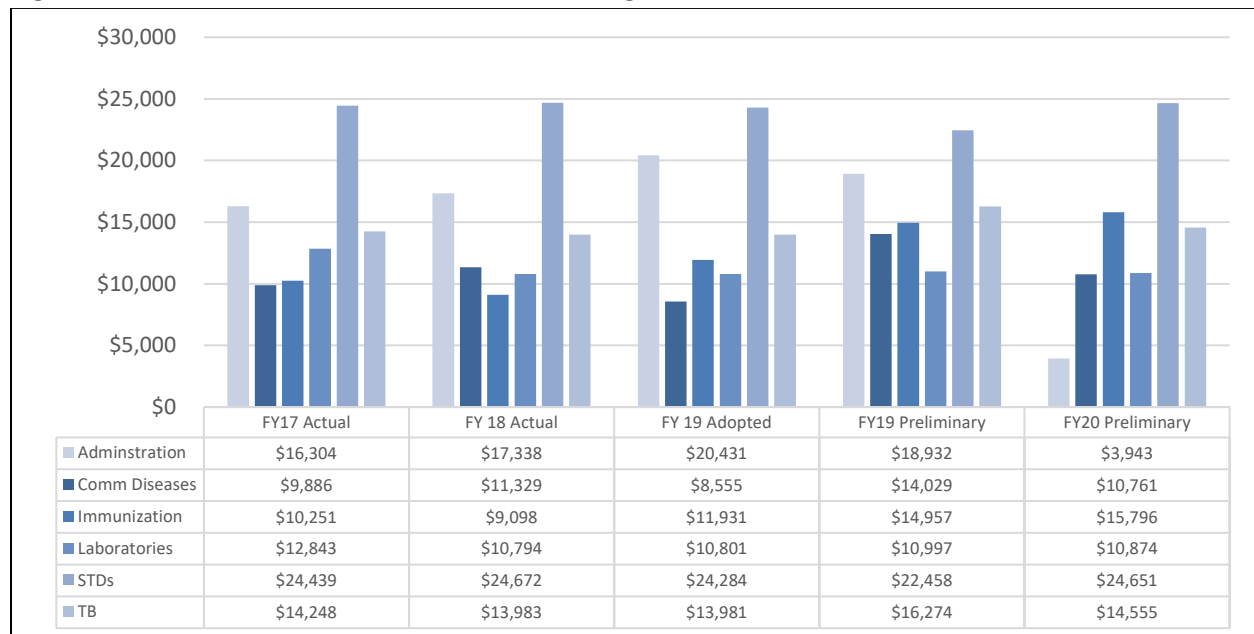
The Bureau of Tuberculosis Control provides direct patient care, education, surveillance, and outreach to reduce the incidence of tuberculosis (TB). The Bureau offers free evaluation and treatment for TB at five separate chest center locations. Furthermore, the Bureau identifies individuals who remain at high risk of progressing from latent infection to active disease in order to ensure they receive treatment. The Bureau also collaborates with community stakeholders in high-risk immigrant populations to promote TB awareness and accessibility to City chest centers.

Funding to the Bureau of Tuberculosis Control remains steady at \$14.6 million in the Fiscal 2020 Preliminary Budget, when compared to the Fiscal 2019 Adopted Budget. Funding in the current year Preliminary Budget was \$2.3 million more than adopted. PS spending represents the

majority (84 percent) of the Bureau's Fiscal 2020 funding at \$12.2 million. The Bureau receives federal and State grant funding in Fiscal 2020 for TB prevention and control totaling \$5.6 million as well as \$2.9 million in State Public Health Local Assistance funding.

The Bureau of Immunization promotes the immunization of children and adults in order to prevent the occurrence and transmission of diseases. The Fiscal 2020 Preliminary Budget allocates \$15.8 million to the Bureau to promote the timely vaccination of children, adolescents, and adults through vaccine distribution, clinical services, public communication, provider outreach and support and to monitor coverage rates. The funding is \$3.9 million more than funding allocated at adoption. PS spending represents the majority (77 percent) of the Bureau's Fiscal 2020 funding at \$12.1 million. The Bureau receives an \$8.5 million federal immunization grant, which is 80 percent higher than Fiscal 2019 budget at time of adoption, and \$6 million in State Public Health Local Assistance funding in Fiscal 2020.

Figure 12: Disease Prevention and Treatment- Budget Overview



The above chart shows the Disease Prevention and Treatment actual and planned spending by program area as of the Fiscal 2020 Preliminary Budget. Excluding HIV/AIDS funding, the Fiscal 2020 Preliminary Budget allocates \$80.6 million to Disease Prevention and Treatment, a decrease of nearly \$9 million, or 12 percent, when compared to the \$90 million Fiscal 2019 Adopted Budget. A \$16.5 million reduction in City funding for Disease Prevention and Treatment Administration drove the decrease. Funding in the current fiscal year, however, increased by \$9.7 million or four percent, when compared to the budget at adoption, to \$88.6 million.

Between the Fiscal 2019 Adopted Budget and Fiscal 2020 Preliminary Budget, the Disease Prevention and Treatment headcount increased by 16 full-time City-funded positions. Overall, PS spending accounts 35 percent of Disease Control and Prevention funding in Fiscal 2020 at \$92 million. The funding supports 1,129 positions. See Appendix E2: Disease Prevention and Treatment for additional information.

Disease Control and Prevention funding represents nearly 29 percent of the Department's public health spending and nearly 15 percent of DOHMH's total budget.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
New tuberculosis cases (CY)	575	565	613	↓	↓	195	187
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	65.50%	65.40%	66.10%	68.00%	68.00%	NA	NA
Children aged 19-35 months with up-to-date immunizations (%)	74.70%	75.10%	74.10%	77.00%	77.00%	74.70%	73.00%
Children in the public schools who are in compliance with required immunizations (%)	98.80%	98.80%	99%	99%	99%	93.60%	92.80%
HPV vaccine series completion (%)	44.20%	56.60%	61.10%	64.00%	67.00%	58.50%	62.50%

Tuberculosis Control

The Department assesses its ability to effectively detect and control infectious diseases, including TB and the flu. The number of new TB cases increased slightly between Fiscal 2017 and Fiscal 2018. However, the City experienced a 4 percent decrease in TB cases in the first four months of Calendar Year 2019 when compared to the same period in Calendar Year 2018.

During directly observed therapy (DOT), the standard of care for TB, a trained staff member watches the patient ingest each dose of medication for part or all of the treatment duration. Since 2013, the Bureau has increasingly expanded the use of video technology to conduct DOT remotely, reducing the number of patient clinic visits. The video technology has contributed to a decrease in clinic volume; however, the clinic has experienced a dramatic increase in patient visits for newly arrived immigrant and refugees with overseas medical diagnosis of inactive TB.

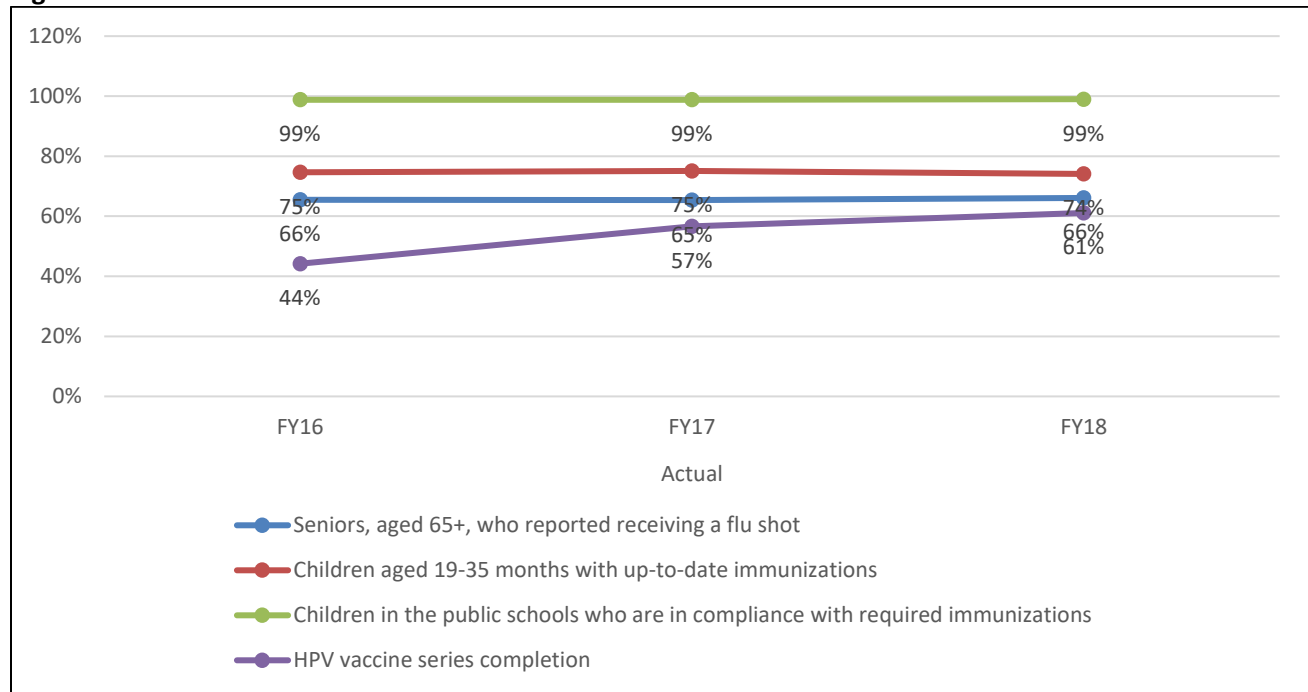
Immunization

The number of seniors who reported receiving a flu shot in the last 12 months increased marginally between Fiscal 2017 and Fiscal 2018 at 66.1 percent, an increase of less than one percent. The Fiscal 2020 target for the number of seniors who receive a flu shot stands at 68 percent. The Bureau provides vaccination services to the public at one walk-in clinic in Brooklyn.

The number of children aged 19-35 months with up-to-date immunizations decreased slightly in Fiscal 2018 to 74.1 percent – down from 75.1 percent in Fiscal 2017. The Department Fiscal 2020 target for the number of immunized children remains 77 percent. The number of children in the public schools who are in compliance with required immunizations increased marginally in Fiscal 2018 at 99 percent.

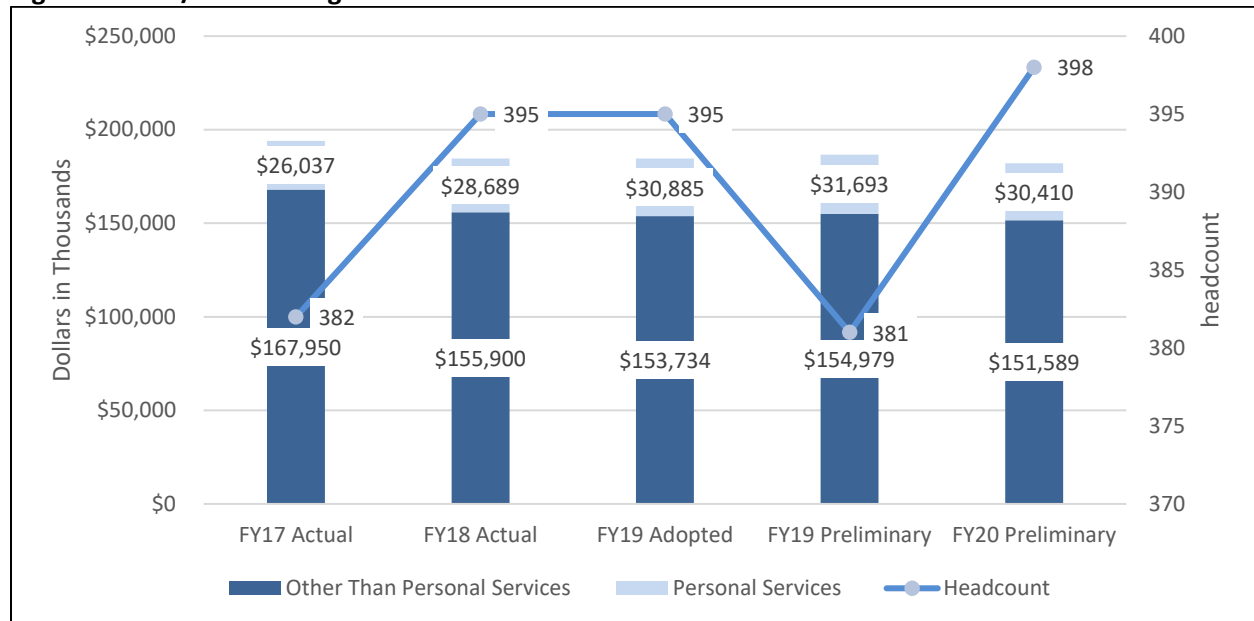
The percentage of HPV vaccine series completed increased by 4.5 percent between Fiscal 2017 and Fiscal 2018 to 61.1 percent. In October 2016, the Advisory Committee on Immunization Practices' (ACIP) changed the recommendation for completing the HPV series from three to two doses if the patient initiated the series prior to age 15 and the two doses were spaced by at least five months. As a result, many patients can now complete the HPV vaccination series with only two doses. The Fiscal 2019 target for HIV vaccine series completion is 60 percent, increasing to 64 percent in Fiscal 2020.

The following graph shows the aforementioned immunization rates from Fiscal 2016 to Fiscal 2018, as a percentage of the relevant NYC population.

Figure 13: Immunization Rate FY16-FY18

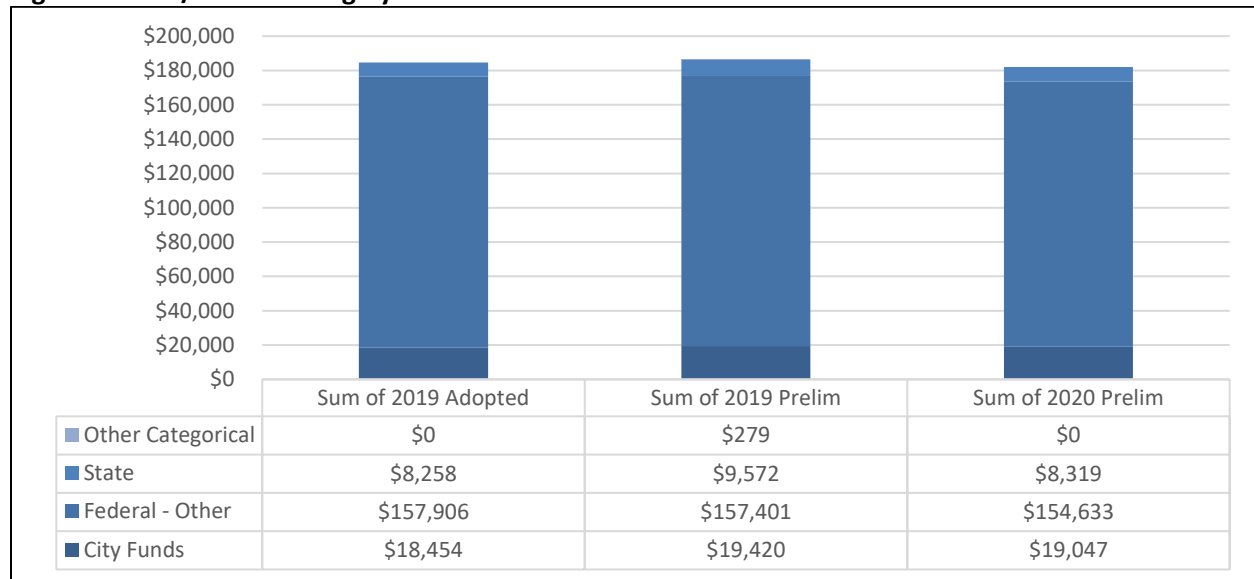
Disease Prevention and Treatment—HIV/AIDS

The Department's Bureau of HIV/AIDS aims to control the HIV epidemic and minimize its impact on New Yorkers by preventing new HIV infections. The Department promotes HIV testing, conducts HIV/AIDS surveillance, monitors trends in the HIV epidemic, allocates prevention resources within DOHMH and NYC communities, and promotes access to medical care, treatment, and support of HIV-infected persons. The Bureau participates in community planning through the New York City HIV Prevention Planning Group and the HIV Planning Council and oversees contracts for HIV prevention, care, and housing in the City. New York City remains the epicenter of HIV/AIDS in the United States, with nearly 120,000 New Yorkers living with the infection.

Figure 14: HIV/AIDS – Budget Overview

The above chart shows the HIV/AIDS actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$18.1 million to HIV/AIDS Prevention and Treatment, a decrease of nearly \$2.6 million, or one percent, when compared to the Fiscal 2019 Adopted Budget. A reduction in federal aid drove the decrease. Funding in the current fiscal year, however, increased by \$2 million or one percent, when compared to the budget at adoption, to \$182 million.

The Fiscal 2020 Preliminary Budget also increases the HIV/AIDS Prevention and Treatment headcount by 3 full-time City-funded positions. HIV/AIDS funding represents approximately 69 percent of all public health spending and nearly 18 percent of the Department's total budget. OTPS spending represents the majority (83 percent) of HIV/AIDS Fiscal 2020 funding at \$152 million. See Appendix E3: Disease Prevention and Treatment: HIV/AIDS for additional information.

Figure 15: HIV/AIDS Funding By Source

Federal and State Funding

The above chart breaks down the HIV/AIDS Prevention and Treatment funding by source. Federal funding represents 85 percent of the program area's Fiscal 2020 Budget at \$15.5 million. CTL provides approximately 10 percent of the funding at \$19 million, and the State contributes the remaining four percent with \$8.3 million. The Fiscal 2020 Preliminary Budget includes \$31.1 million in federal funding for AIDS Prevention Surveillance, \$94 million for Ryan White HIV Emergency Relief, \$22.2 million for Housing Opportunities for People with AIDS (HOPWA), and \$1.6 million for non-governmental HIV prevention activities. The Bureau of HIV/AIDS also receives \$8 million in State Public Health Local Assistance funding.

Ending the Epidemic

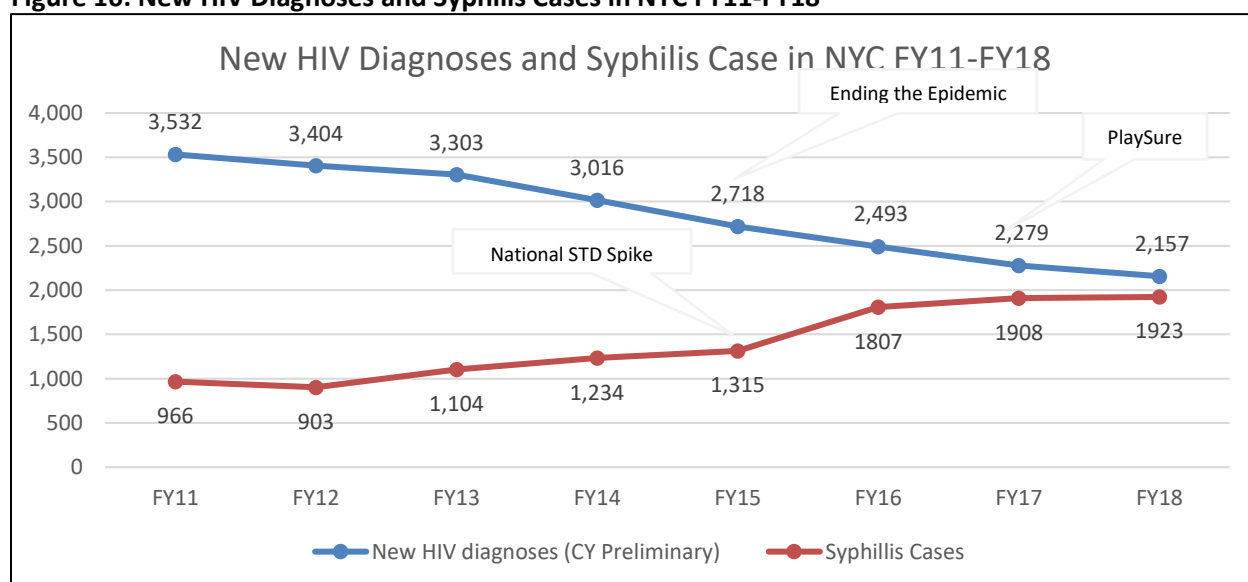
In June 2014, Governor Andrew Cuomo announced a three-point plan to end the AIDS epidemic in New York State by the year 2020 – the first pledge of its kind in the country. An Ending the Epidemic Take Force was charged with advising the New York State Department of Health on strategies to achieve the goals outlined in the Governor's plan. The plan aims to reduce new HIV infections and to improve the health of all HIV-infected New Yorkers by identifying persons with HIV, linking and retaining persons diagnosed with HIV in healthcare, and facilitating access to pre-Exposure Prophylaxis (PrEP) for high-risk persons in order to keep them HIV negative. The Fiscal 2019-2020 State Executive Budget continues the \$200 million multi-year commitment towards the prevention and care for individuals with HIV/AIDS.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
New HIV diagnoses (CY Preliminary)	2,493	2,279	2,157	↓	↓	573	513
Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment	86.2%	90.1%	95.6%	94.0%	96.0%	95.2%	94.9%
Male condoms distributed (000)	35,666	35,220	20,917	37,828	34,045	8,838	6,577

HIV Diagnoses

The annual number of new HIV diagnoses in New York City has reached an all-time low under New York's Ending the Epidemic initiative. The Department has seen even greater reduction in new diagnoses with its prevention strategy, #PlaySure – launched on December 1st, 2016, World AIDS Day – which promotes the use of condoms in combination with other biomedical prevention strategies like pre- and post-exposure prophylaxis for HIV negative individuals, as well as effective antiretroviral therapy for people living with HIV.

Figure 16: New HIV Diagnoses and Syphilis Cases in NYC FY11-FY18



The Department monitors and assesses its ability to reduce new cases of HIV and other sexually transmitted diseases. The above graph shows the number of new HIV diagnoses and syphilis cases in NYC from Fiscal 2011 to Fiscal 2018. The number of new HIV diagnoses decreased by 122 diagnoses, or six percent, between Fiscal 2017 and Fiscal 2018 to 2,157 diagnoses. This represents a 26 percent decrease when compared to the number of Fiscal 2015 diagnoses. The number of patients enrolled in Ryan White with current antiretroviral (ARV) prescription increased from 90.1 percent in Fiscal 2016 to 95.6 percent in Fiscal 2018, and the Fiscal 2019 four-month actual shows a robust enrollment of 94.9 percent.

The NYC Condom Availability Program distributes condoms to more than 3,500 venues, including Neighborhood Health Action Centers and traditional and non-traditional community sites citywide. The number of male condoms distributed during the first four months of Fiscal 2019 declined by 34 percent compared to the same period last year.

Syphilis Cases

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY18	FY19	FY18	FY19
Syphilis cases	1,807	1,908	1,923	↓	↓	658	638

The number of reported primary and secondary syphilis cases decreased to 638 cases in the first quarter of Fiscal 2019 from 658 cases in the first quarter of Fiscal 2018;

The Department continues to monitor reports of syphilis and works to prevent ongoing syphilis transmission via: (1) notifying, testing, and treating the partners of individuals diagnosed with syphilis; (2) prioritizing HIV-infected primary and secondary syphilis cases for intervention; and (3) educating medical providers about disease burden in their communities and ways to recognize syphilis symptoms. DOHMH also re-launched a Syphilis Advisory Group in January 2016 to bring together practitioners and advocates from across the City to discuss ways to reduce the incidence of this disease.

Family and Child Health

The Bureau of Maternal, Infant and Reproductive Health (BMIRH) promotes sexual, reproductive, maternal, perinatal, and infant health. BMIRH educates and empowers New Yorkers, particularly at-risk populations, to make informed, responsible, and healthy choices in their sexual and reproductive lives through programs designed to (1) increase access to high-quality reproductive health care; (2) increase breastfeeding rates by encouraging maternity hospitals to implement breastfeeding-promoting practices; and (3) implement the NYC Nurse-Family Partnership (NFP) to support new mothers and their families.

Through the NFP program, public health nurses provide frequent home visits to low-income first-time mothers throughout the five boroughs, providing maternal and infant health education. NFP's Targeted Citywide Initiative (TCI) partners with the Administration for Children's Services, the Department of Correction, and the Department of Homeless Services (DHS) to reach New York City's most vulnerable populations, including teens in foster care, women and teens in homeless shelters, and women and teens at Rikers Island. In the Fiscal 2018 Budget, the City Council and the Administration each committed \$2 million to expand the program.

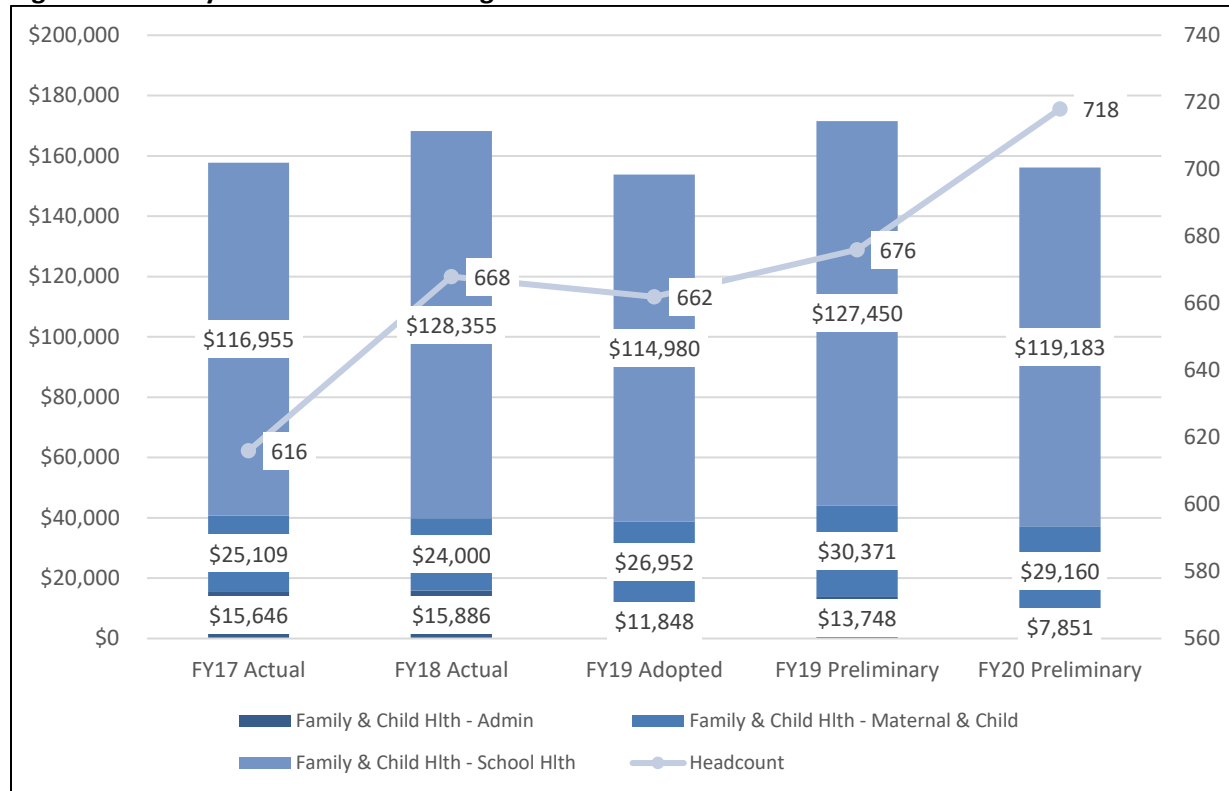
The Bureau's Newborn Home Visiting Program (NHVP) conducts home visits to new mothers who live in neighborhoods burdened by health disparities and poor health outcomes and families residing in DHS shelters with an infant 0-2 months of age. Currently, NHVP enlists mothers at seven hospitals within the Neighborhood Health Action Center areas and receives a daily client listing of eligible families from DHS.

The Bureau's Sexual and Reproductive Health Unit works to increase access to contraception, including IUDs and contraceptive implants, emphasizing the promotion of immediate post-abortion and post-partum contraception, the dissemination of best clinical practices, provider education, and public awareness.

The Office of School Health (OSH) a joint program of the Department of Education and DOHMH, promotes the physical, emotional, social, and environmental health of the 1.3 million school children enrolled in approximately 1,800 public and non-public schools in New York City. Services to students include case management of chronic health problems – including asthma, preventive

health screenings and counseling, urgent care, medication administration, health education, and referral for care.

Figure 17: Family and Child Health Budget Overview



The above graph shows the Family and Child Health actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. Excluding the Early Intervention program area, the Fiscal 2020 Preliminary Budget allocates \$156 million to Family and Child Health programs, an increase of \$2.4 million, or two percent, when compared to the Fiscal 2019 Adopted Budget. Fiscal 2020 Preliminary Budget funding increased by \$2.5 million to \$374 million. Federal Funding from the Affordable Care Act- Maternal program more than doubled to \$2.1 million. However, the funding from Health Research Inc., was nulled.

PS spending represents 32 percent of Family and Child Health (including Early Intervention Program) funding in Fiscal 2020 at \$120.7 million, supporting 718 positions. Funding for Family and Child Health represents approximately 41 percent of total public health spending and about 22 percent of the Department's total budget. OSH receives the bulk of the Family and Child Health funding at \$114.8 million, or 80 percent of the program area budget. Funding to the Office decreased slightly between the Fiscal 2019 Adopted Budget and the Fiscal 2020 Preliminary Budget adoption, while funding to BMIRH increased slightly. The Family and Child Health Administration program experienced a near \$10 million decline between the Fiscal 2020 Preliminary Budget and the budget at adoption. See Appendix E4: Family and Child Health for additional information.

Federal and State Funding

Major sources of federal funding for Maternal, Infant and Reproductive Health in the Fiscal 2020 Preliminary Budget include a \$1.9 million Affordable Care Act grant and a \$2.9 million Temporary Assistance for Needy Families (TANF) grant. The State provides an additional \$49.2 million in Public Health Local Assistance in Fiscal 2020. OSH receives \$10.1 million in federal and State funding through Medicaid. Funding for Family and Child Health services represents approximately 43 percent of total public health spending in Fiscal 2020 and 22 percent of the Department's total budget. See Appendix E7: Environmental Health for additional information.

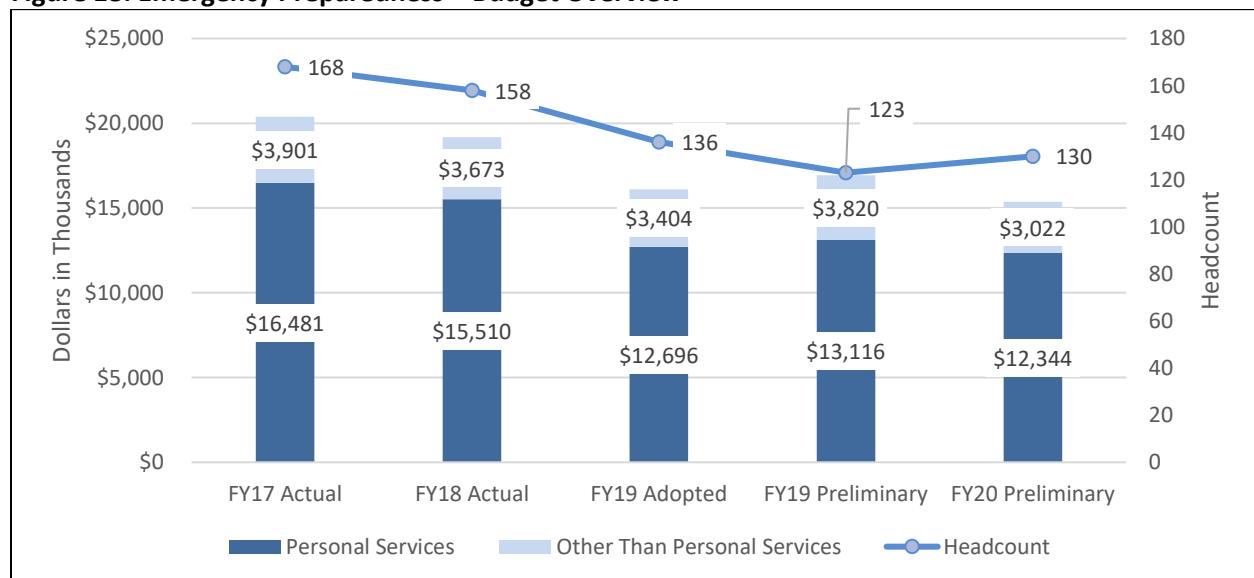
In December 2017 (Calendar Year), the State Legislature and Governor Cuomo reached an agreement to carve school-based health centers out of Medicaid managed care until 2021 in order to give the programs more time to implement care coordination strategies.

Emergency Preparedness and Response

The Office of Emergency Preparedness and Response collaborates with other agencies to prepare for the detection of – and establish a response plan to – a bioterrorist event, defined as the intentional use of infectious biological agents, or germs, to cause illness in New York City. The Office has established a comprehensive surveillance system to improve its ability to detect and respond to the release of a biological agent. The Office also works with healthcare providers in order to monitor the City for unusual disease clusters and indications of bioterrorism.

The Office employs additional surveillance systems to quickly detect an increase in unusual illnesses, including the monitoring of 911-ambulance calls and emergency department visits. The response plan includes coordinating with other City, State, and federal agencies, alerting hospitals and the medical care community, communicating with the public, and ensuring the provision of appropriate medical care and prevention services.

Figure 18: Emergency Preparedness – Budget Overview



The above chart depicts the Emergency Preparedness and Response actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$13.4 million to Emergency Preparedness and Response, a decrease of \$735,000, or five percent, when compared

to the budget at adoption. Funding in Fiscal 2020 decreases by almost \$735,000, or five percent, when compared to the budget at adoption of \$16.3 million.

PS spending represents the majority (80 percent) of Emergency Preparedness funding in Fiscal 2020 at \$12.3 million. The funding supports 130 positions. Emergency Preparedness funding represents approximately two percent of total public health spending and less than one percent of the Department's total budget. In Fiscal 2020, the Office receives a \$12.8 million federal Hospital Preparedness Program grant, as well as \$878,236 in State Public Health Local Assistance funding.

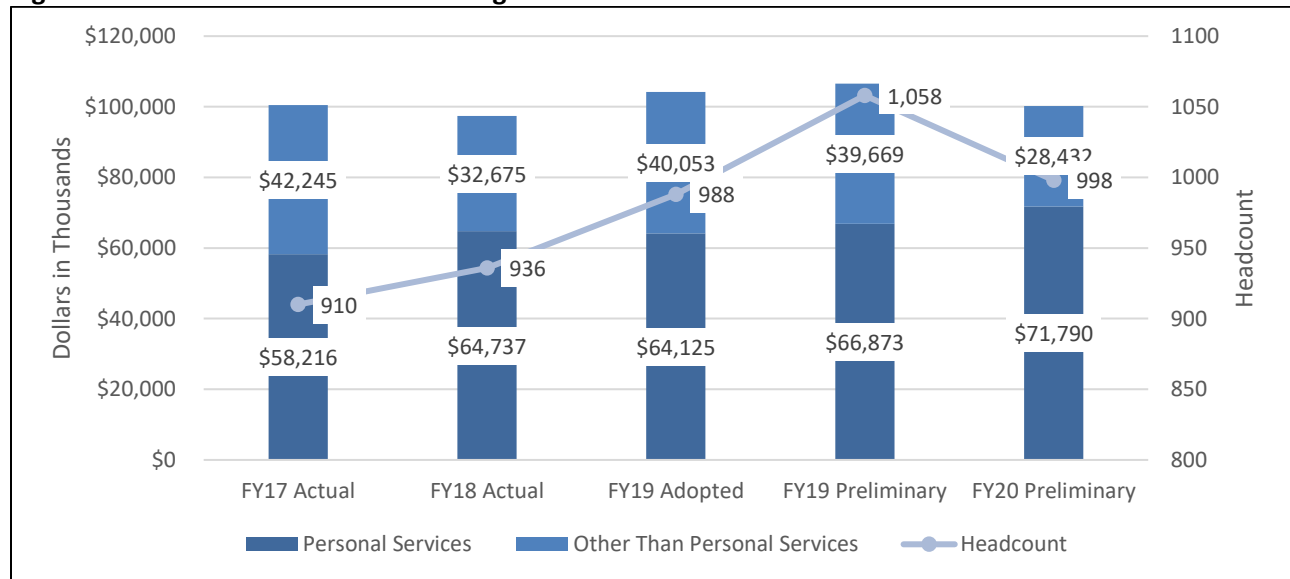
Funding for Emergency Preparedness and Responds services represents approximately two percent of total public health spending in Fiscal 2020 and one percent of the Department's total budget. See Appendix E7: Environmental Health for additional information. See Appendix E5: Emergency Preparedness and Response for additional information.

Environmental Disease and Injury Prevention

The Bureau of Environmental Disease and Injury Prevention prevents and controls environmentally and occupationally related diseases, including lead poisoning. The Bureau also promotes health and safety information issued by the federal Occupational Safety and Health Administration (OSHA), the Food and Drug Administration (FDA), and the New York State Department of Health.

The Department's Healthy Homes Program (HHP) strives to reduce environmental hazards in the home associated with injuries and disease, especially asthma. Specific to its lead poisoning prevention activities, the HHP focuses on preventing and controlling childhood lead poisoning by: (1) promoting early detection of lead poisoning through screening; (2) providing services for lead-poisoned children, their families, and their healthcare providers; and (3) promoting public and private action to prevent lead poisoning by reducing children's exposure to lead hazards in the environment.

For children with blood lead levels at or above the threshold for environmental intervention, HHP provides care coordination for families and medical providers and conducts environmental assessments to identify sources of lead exposure from paint and non-paint sources associated with the children's homes and other places where they spend time (e.g. daycare centers). New legislation lowers the blood lead reference level to 5mcg/dL from 15mcg/dL. When lead-based paint hazards are identified, HHP orders building owners to remediate hazards and monitors the work to enforce safety regulations. HHP also provides grant-supported, non-mandated prevention services for children with lower blood lead levels.

Figure 19: Environmental Disease – Budget Overview

The above chart shows Environmental Disease and Injury Prevention actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$100 million to the Bureau of Environmental Disease and Injury Prevention, a \$4 million decrease when compared to the Fiscal 2019 Adopted Budget.

PS spending represents the majority (72 percent) of Environmental Disease funding in Fiscal 2020 at \$7.2 million. The funding supports 998 positions. The Fiscal 2020 Budget has a 50% increase in funding, raising the total to \$13 million. The funding consists of 47 percent city funds, 35 percent State and 18 percent federal funding, this funding includes a \$2.4 million federal grant and a \$1.5 million State grant for Lead Poisoning Control, as well as \$3 million in State Public Health Local Assistance funding.

Funding for Environmental Disease and Injury Prevention services represents approximately one percent of total public health spending in Fiscal 2020 and one percent of the Department's total budget. See Appendix E7: Environmental Health for additional information. See Appendix E6: Environmental Disease and Injury Prevention for additional information.

Performance Indicators

The Department assesses its ability to reduce hazards to children in homes and childcare programs, tracking the incidence of blood poisoning among the City's children. Historically, lead poisoning has disproportionately affected low-income families of color, and some disparities remain today, particularly among children living in high-poverty neighborhoods and among South-Asian children. Dust from peeling paint constitutes the most common cause of lead poisoning in children.

The total number of cases of children aged under 18 years old with blood lead levels greater than or equal to 5 micrograms per deciliter decreased by nearly 18 percent between Fiscal 2017 and Fiscal 2018 to 5317 cases. The total number of cases of children under the age of 6 with blood levels of 5 micrograms per deciliter decreased by 16% to 4,261 cases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Childhood blood lead levels- number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	6,734	6,274	5,317	↓	↓	1,441	1,306
Childhood blood lead levels- number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	5,371	4,928	4,261	↓	↓	1,086	1,032

Environmental Health

The Environmental Health Program is comprised of Veterinary Public Health Services, the Bureau of Day Care, the Bureau of Food Safety and Community Sanitation, the Bureau of Pest Control Services, the Poison Control Center, the Bureau of Environmental Sciences and Engineering Programs, and the Bureau of Environmental Surveillance and Policy. These services enable the Department to (1) conduct surveillance of environmental-related disease; (2) assess risk from exposure to potential environmental and occupational hazards; (3) inspect childcare facilities, food service establishments, and other permitted entities to ensure compliance with regulations; (4) respond to complaints of environmental and occupational exposures; and (5) educate the public and healthcare providers on environmental and occupational illnesses.

The Bureau of Food Safety and Community Sanitation conducts inspections of food service establishments, mobile food vending operations, senior centers, public schools, day camps, correctional facilities, single-room occupancy hotels, and window guard installations in multiple family dwellings. It also provides infection control to tattoo businesses and issues permits to food services in agency-funded mental health facilities, senior centers, soup kitchens, and private schools.

The Fiscal 2020 Preliminary Budget allocates more than \$17.9 million to Food Safety, an increase of nearly \$1 million, or six percent, when compared to the budget at adoption. PS spending represents the majority (91 percent) of Food Safety funding in Fiscal 2020 at \$16.4 million. The funding supports 268 positions in Fiscal 2020. Funding in Fiscal 2020 increased when compared to the Fiscal 2019 Adopted Budget by \$1 million or six percent, to \$18 million. This increase is due to a new Federal grant for Building Resiliency against CL of \$12,628.

DOHMH inspects approximately 25,000 food service establishments each year in order to monitor compliance with food safety regulations, including the New York State Public Health Law and Sanitary Code and the New York City Health Code.

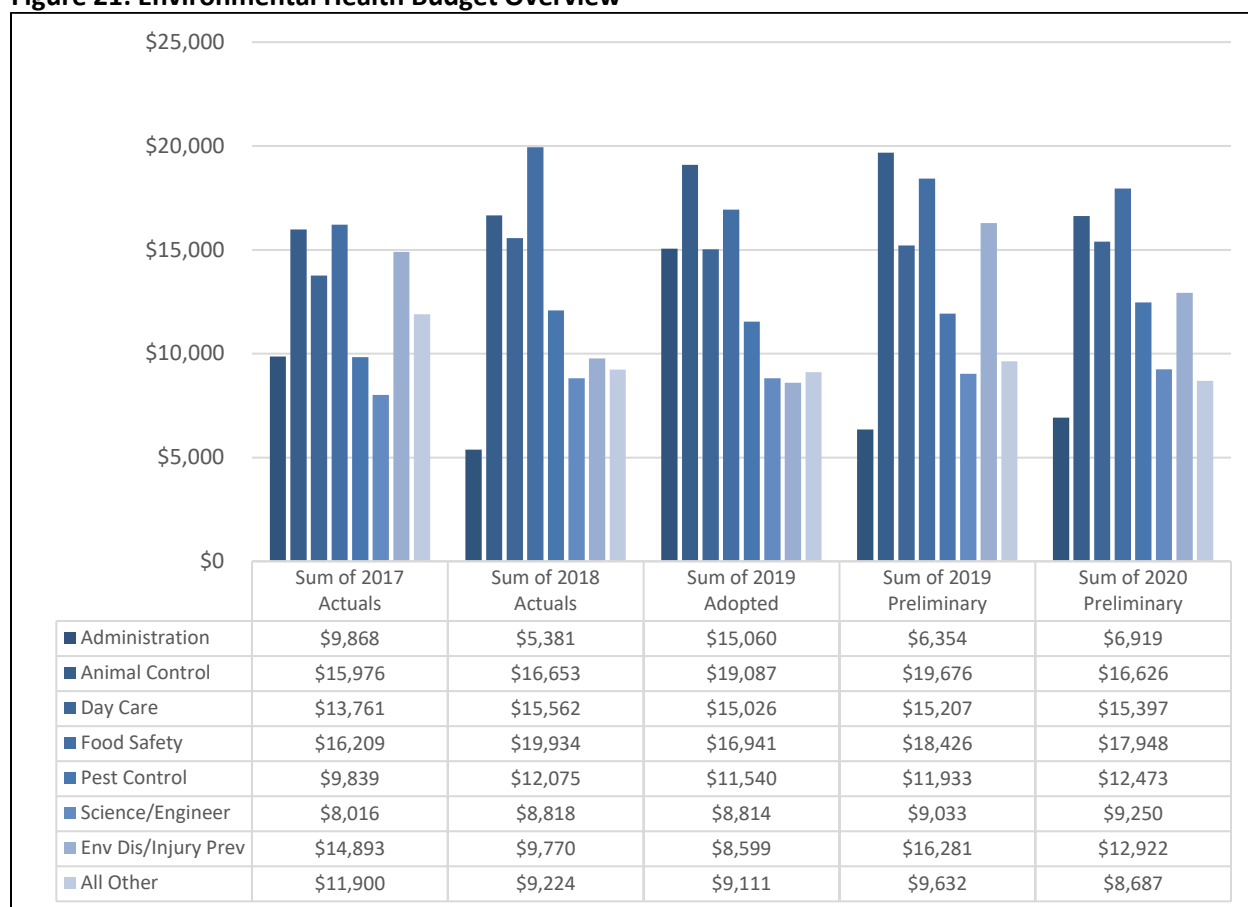
The Poison Control Center provides emergency toxicology services to emergency departments, doctors, and households and provides comprehensive services for poison prevention and treatment 24 hours-a-day, seven days-a-week. The Fiscal 2020 Preliminary Budget allocates nearly \$1.8 million to Poison Control, consistent with Fiscal 2019 Adopted Budget funding. Funding in the current fiscal year also remained steady. PS spending represents nearly all of the Poison Control funding and supports 18 positions in Fiscal 2020.

The Bureau of Environmental Sciences and Engineering investigates, assesses, and prevents public health threats from toxic and hazardous materials, ionizing radiation, foodborne illness, and mosquitoes and monitors the quality and safety of drinking water and recreational water. The Fiscal 2020 Preliminary Budget allocates \$9.3 million to Sciences and Engineering, a slight increase when compared to the budget at adoption. PS spending represents the majority (81 percent) of Sciences and Engineering funding in Fiscal 2020 at \$7.4 million. The funding supports 102 positions. Federal funding decreases by three percent for Fiscal 2020. However, total Fiscal 2020 funding increases by five percent to \$9.2 million. The Bureau receives \$3 million in State Public Health Local Assistance funding in Fiscal 2020 and an increase in City and Intra City funding.

The Bureau of Environmental Surveillance and Policy reviews and analyzes scientific and administrative data in order to improve the environmental health of all New Yorkers. The Fiscal 2020 Preliminary Budget allocates \$3.4 million to the Bureau, consistent with Fiscal 2019 Adopted Budget funding. Funding in the current fiscal year also remained steady. PS spending represents the majority (60 percent) of Surveillance and Policy funding in Fiscal 2020 at \$2.1 million. The funding supports 22 positions in Fiscal 2020. The Bureau receives \$891,587 in State Public Health Local Assistance funding in Fiscal 2020.

The Bureau, in partnership with Queens College, conducts the New York City Community Air Survey (NYCCAS), the largest ongoing urban air-monitoring program of any U.S. city. NYCCAS evaluates how pollutants from traffic, buildings (boilers and furnaces), and other sources affect air quality in different neighborhoods, tracking changes in air quality over time. The data informs local air pollution policies and provides exposure estimates for health research.

The Office of Vector Surveillance and Control conducts Citywide, multi-agency prevention, surveillance, and control efforts in order to prevent diseases transmitted by mosquitos and other vectors. The West Nile Virus program monitors humans, birds, mammals, and mosquitoes for the presence of the virus and performs larval and mosquito control in order to prevent the spread of the virus. The Office's funding totals \$337,000 in the Fiscal 2020 Preliminary Budget, consistent with funding at adoption and the current fiscal year. The Fiscal 2020 funding is comprised entirely of OTPS; the Office does not have any City-funded, full-time staff

Figure 21: Environmental Health Budget Overview

The above graph shows Environmental Health actual and planned spending and headcount, broken out by program area, as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$87.3 million to Environmental Health, a decrease of \$4 million, or four percent, when compared to the Fiscal 2019 Adopted Budget.

Funding for Environmental Health services represents approximately 10 percent of total public health spending in Fiscal 2020 and five percent of the Department's total budget. See Appendix E7: Environmental Health for additional information.

Veterinary Public Health Services – Animal Control

Animal Control funding decreased slightly in the Fiscal 2020 Preliminary Budget, when compared to the budget at adoption, to \$16.6 million. The funding enables Veterinary Public Health Services to control and regulate animals and to protect the public from animal-borne diseases, hazards, and nuisances. Funding in the current fiscal year remained consistent, when compared to the budget at adoption. OTPS spending represents the majority (89 percent) of Animal Control funding in Fiscal 2020 at \$14.8 million. Animal Control receives \$146,707 in State Public Health Local Assistance in Fiscal 2020.

Animal Care and Control of New York City, Inc. (AC&C), a non-profit corporation, operates the City's municipal animal shelter system under a five-year, \$51.9 million contract with DOHMH. The contract requires AC&C to rescue homeless and abandoned animals in the City and to provide

shelter and care to seize animals. AC&C operates three full-service animal shelters in Manhattan, Brooklyn, and Staten Island and two receiving centers in Queens and the Bronx. AC&C shelters approximately 30,000 animals annually.

Bureau of Day Care

The Bureau of Day Care serves as the regulatory agency for public and private childcare services operating within New York City. The Bureau regulates group childcare, defined as any program providing childcare to three or more children under six years of age for five or more hours per week, for more than 30 days in a 12-month period, pursuant to Article 47 of the City Health Code. The Bureau also provides licensing and registration services for school and after-school childcare programs, summer camps, and home-based daycare. Each daycare provider must obtain a permit from DOHMH and undergo an annual inspection in order to operate. The Bureau uses the Child Care Activity Tracking System (CCATS) throughout the permit process to track and record all related events for day care providers.

The Fiscal 2020 Preliminary Budget allocates nearly \$16 million to the Bureau of Day Care, a decrease of more than \$1 million, or six percent, when compared to the budget at adoption. The Department shifted about \$500,000 from the Bureau of Day Care to the Family and Child Health program area for the Quality Child Care Initiative – a systematic approach to assessing childcare quality and supporting providers through training and technical assistance. A reduction in OTPS funding for Child Care Enhanced Risk-Based Inspections, added in the Fiscal 2017 Budget, also contributed to the decrease. DOHMH determined that the project required less funding for IT development than they had initially budgeted.

Funding in the current fiscal year decreased by nearly \$1 million, or five percent, when compared to the budget at adoption, to \$16.1 million. PS spending represents the majority (92 percent) of Day Care funding in Fiscal 2020 at \$14.1 million. The funding supports 212 positions. The Bureau receives \$9.2 million in federal funding for Day Care Inspections and \$178,016 in State funding through Public Health Local Assistance in Fiscal 2020.

Performance Indicators

To ensure a safe and healthy environment for all children in childcare, the Department assesses its ability to reduce hazards to children in homes and childcare programs. Total daycare inspections increased in each of the last three fiscal years, and the Department expects the Fiscal 2019 total to exceed the Fiscal 2018 total. The Department reports, however, that the need to train new staff has resulted in fewer inspections, as has the launch of new technical assistance initiatives for childcare programs to support compliance.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Child care center full inspections	7,764	6,732	9,286	-	-	2,125	2,908
Child care inspections that do not require a compliance inspection (%)	63.7%	50.7%	64.3%	↑	↑	58.6%	72.7%

DOHMH conducted 2,554 more daycare site inspections in Fiscal 2018 than in Fiscal 2017, representing a 38 percent increase. During the first four months of Fiscal 2019, the Department conducted 2,908 inspections, an increase of 783 during the same period in Fiscal 2017. In addition, as of February 2019, the percentage of group childcare programs that do not require a

compliance inspection increased to 64.3 percent from 50.7 percent in the same period last year due to better compliance among programs.

Bureau of Pest Control Services

The Fiscal 2020 Preliminary Budget Funding allocates nearly \$12.5 million to the Bureau of Pest Control Services, an increase a little less than \$1 million or eight percent, when compared to the budget at adoption. PS spending represents the majority (89 percent) of Pest Control funding in Fiscal 2020 at \$11 million. The funding supports 191 positions. Funding in the current fiscal year also nearly \$1 million or 8 percent, when compared to the budget at adoption, to \$12.5 million. Pest Control receives \$2.5 million in State Public Health Local Assistance funding in Fiscal 2020.

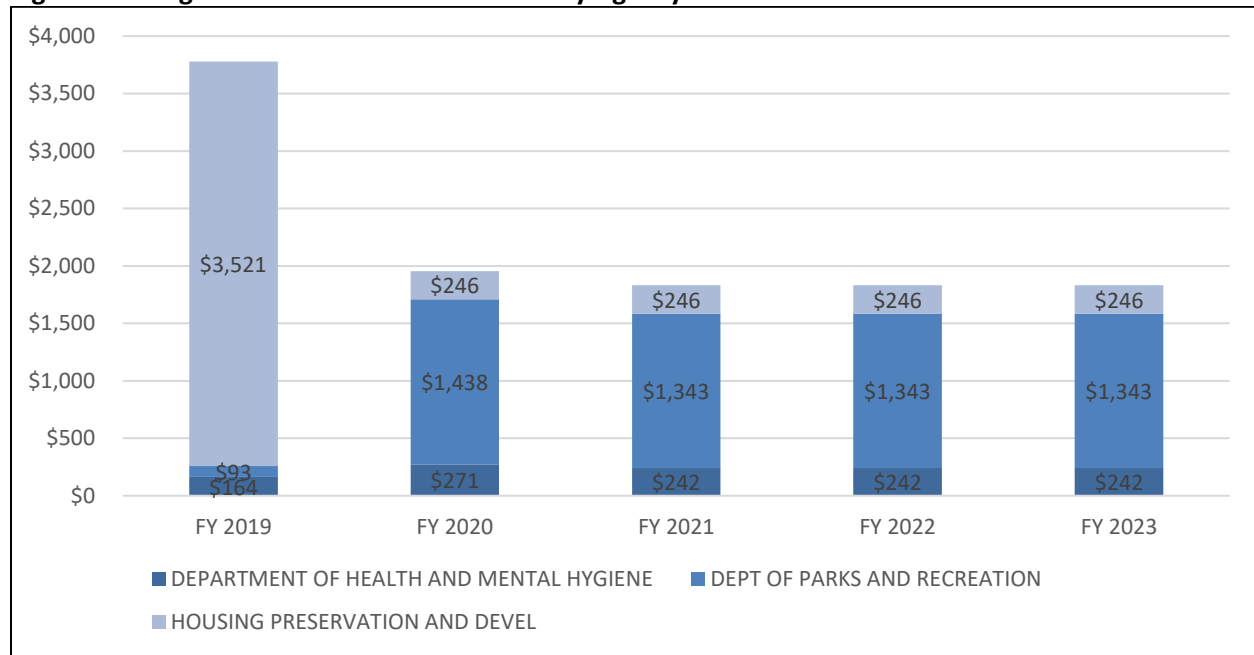
The Bureau conducts inspections, enforcement, clean up, and education efforts to prevent rodent-borne diseases and to improve the quality of life. The Department's Pest Control Services (PCS) receives rodent complaints via NYC 311, and PCS inspectors are required to attempt an initial inspection within ten business days. The Bureau utilizes Rodent Indexing, a multi-agency initiative to inspect all properties in three neighborhoods with widespread rodent problems.

The Fiscal 2020 Preliminary Plan: Neighborhood Rat Reduction Plan

In July 2017, the Administration announced a \$32 million, multi-agency plan to reduce the City's rat population. The Neighborhood Rat Reduction Plan targets the three most rat-infested parts of City: the Grand Concourse area, Chinatown/East Village/Lower East Side, and Bushwick/Bedford-Stuyvesant. The initiative aims to reduce rat activity by up to 70 percent in the targeted zones by minimizing food sources and available habitats.

The Preliminary Plan allocates \$164,000 to DOHMH in Fiscal 2019, \$271,000 in Fiscal 2020, and \$242,000 in the outyears to implement the Neighborhood Rat Reduction Plan. As part of this multi-agency initiative, DOHMH will purchase BigBelly compactors, staff a rat stoppage team, and lead outreach campaigns. The Fiscal 2020 Preliminary Plan adds eight positions to DOHMH for the Rat Reduction Plan, starting this fiscal year.

The Department of Education (DOE), the Department of Sanitation (DSNY), and the Department of Parks and Recreation (NYC Parks) also participate in the Plan. The City allocates the most funding (\$7.5 million) to the Plan in the current fiscal year and provides approximately \$5 million each subsequent year. The following graph shows the Neighborhood Rat Reduction Plan funding by agency.

Figure 23: Neighborhood Rat Reduction Plan by Agency

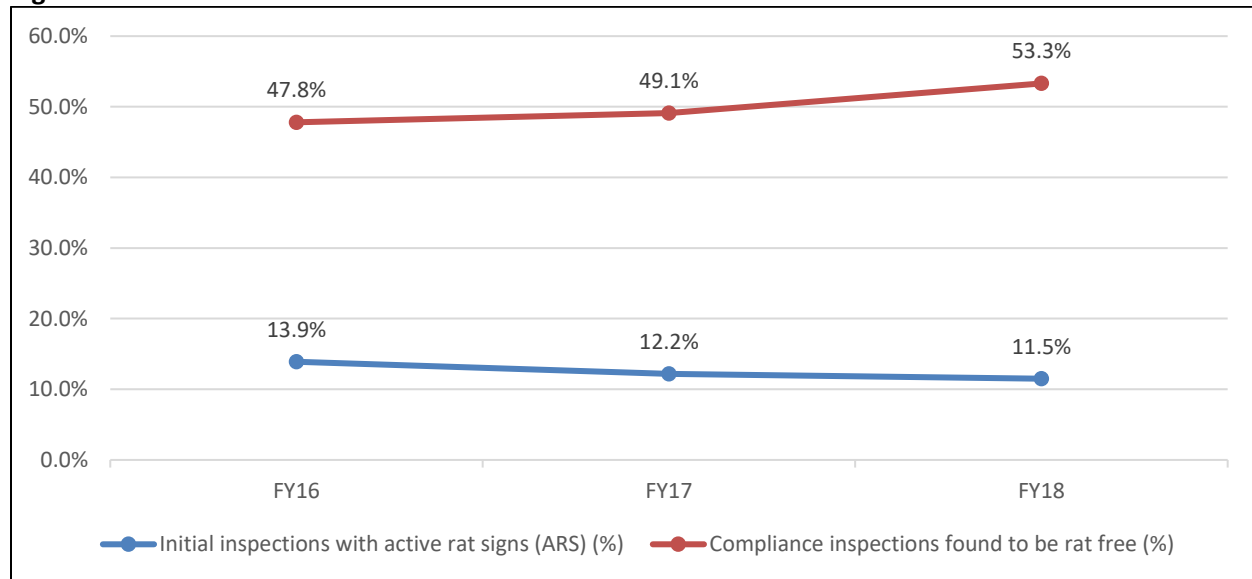
Performance Indicators

The Department monitors the number of pest control inspections it conducts as part of its efforts to reduce animal-related risks to human health. The Department conducted 175,000 initial pest control inspections in Fiscal 2018, an increase of 28,000 inspections, or 20 percent, when compared to the number of Fiscal 2017 inspections.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Initial pest control inspections (000)	98	146	175	-	-	55	53
Initial inspections with active rat signs (ARS) (%)	13.9%	12.2%	11.5%	-	-	12.1%	12.6%
Compliance inspections found to be rat free (%)	47.8%	49.1%	53.3%	↑	↑	52.4%	49.9%

In addition, the rate of compliance inspections found to be rat free decreased by three percentage points in the first four months of Fiscal 2019, when compared to the first four months of Fiscal 2018, to 49.9 percent. The Department attributes the improvement to the Rat Reservoir program, specifically the emphasis on case management of properties with the most severe problems. The program enables highly trained inspectors to work directly with property owners and staff to help them comply with rodent abatement orders. The Department also performs repeat rounds of inspections in problematic areas and offers free Rat Academy training to communities.

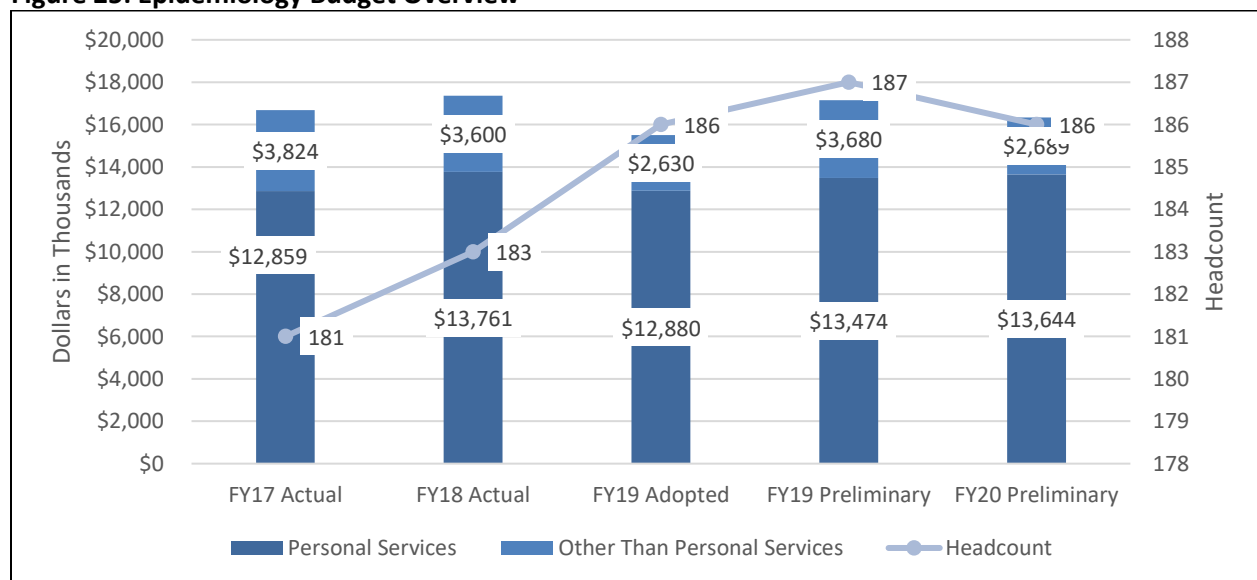
The following graph shows the number of initial pest control inspections in NYC from Fiscal 2016 to Fiscal 2018, as well as the percentage of compliance inspections found to be rat free.

Figure 24: Pest Control and Rat Abatement – FY16 to FY18 Performance

Epidemiology

The Bureau of Epidemiology Services provides timely, systematic, and ongoing data collection, analysis, and dissemination in order to monitor health trends and assist in the development of appropriate health policies and interventions. The Bureau also registers, processes, certifies, analyzes, and issues reports of births, deaths, and spontaneous and induced terminations of pregnancy and coordinates public health training and education initiatives for agency staff and health professionals throughout the City.

The Bureau also conducts the New York City Community Health Survey (CHS), a telephone survey that provides robust data on the health of New Yorkers, including neighborhood, borough, and citywide estimates on a broad range of chronic diseases and behavioral risk factors.

Figure 25: Epidemiology Budget Overview

The above graph depicts the Epidemiology actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$16.3 million to Epidemiology, consistent with funding in the Fiscal 2019 Adopted Budget. Funding in the current fiscal year increased by \$502,045 or three percent, when compared to the budget at adoption, to \$16.3 million. PS spending represents the majority (84 percent) of Epidemiology funding in Fiscal 2020 at \$13.6 million. The funding supports 186 positions. The Division receives \$2.9 million in State Public Health Local Assistance funding in Fiscal 2020.

Funding for Epidemiology services represents approximately four percent of total public health spending in Fiscal 2020 and two percent of the Department's total budget. See Appendix E7: Environmental Health for additional information. See Appendix E8: Epidemiology for additional information.

Prevention and Primary Care

The Prevention and Primary Care Program, comprised of Chronic Disease Prevention and Control, the Bureau of Correctional Health Services, the Bureau of Primary Care Access and Planning (PCAP), the Bureau of Primary Care Information Project (PCIP), and Tobacco Control, strives to promote health, prevent disease, and advance health equity among the people of New York City.

The Chronic Disease Prevention and Control Program develops and implements public health interventions and identifies and advocates for policies and regulatory initiatives that can reduce the risk of chronic diseases. The Program works with community-based and voluntary organizations, as well as private companies, to promote healthy lifestyle choices, chronic disease management, and effective healthcare systems.

Funding for Chronic Disease Prevention and Control in the Fiscal 2020 Preliminary Budget increased by nearly \$300,000 or three percent, when compared to the budget at adoption, to \$10.5 million. Funding in the current fiscal year increased by more than \$7.4 million or 73 percent, when compared to the Fiscal 2019 Adopted Budget, to \$17.6 million.

OTPS funding represents the majority (59 percent) of Chronic Disease funding in Fiscal 2020 at \$6.2 million. The \$4.3 million in PS spending in Fiscal 2020 supports 47 positions, a decrease of nine positions. The Fiscal 2020 Budget includes a 19 percent increase in a federal Supplemental Nutrition to \$1.5 million grant, and \$2.6 million in State Public Health Local Assistance funding.

The Bureau of Correctional Health Services provides medical and mental health care to inmates and detainees in the City's correctional facilities. NYC Health + Hospitals assumed management of Correctional Health Services from DOHMH at the end of August 2015. The Fiscal 2020 Preliminary Budget remains flat at \$31.4 million to Correctional Health. OTPS spending represents nearly all of the Bureau's funding in Fiscal 2020. The Bureau receives \$11.3 million in State Public Health Local Assistance funding in Fiscal 2020.

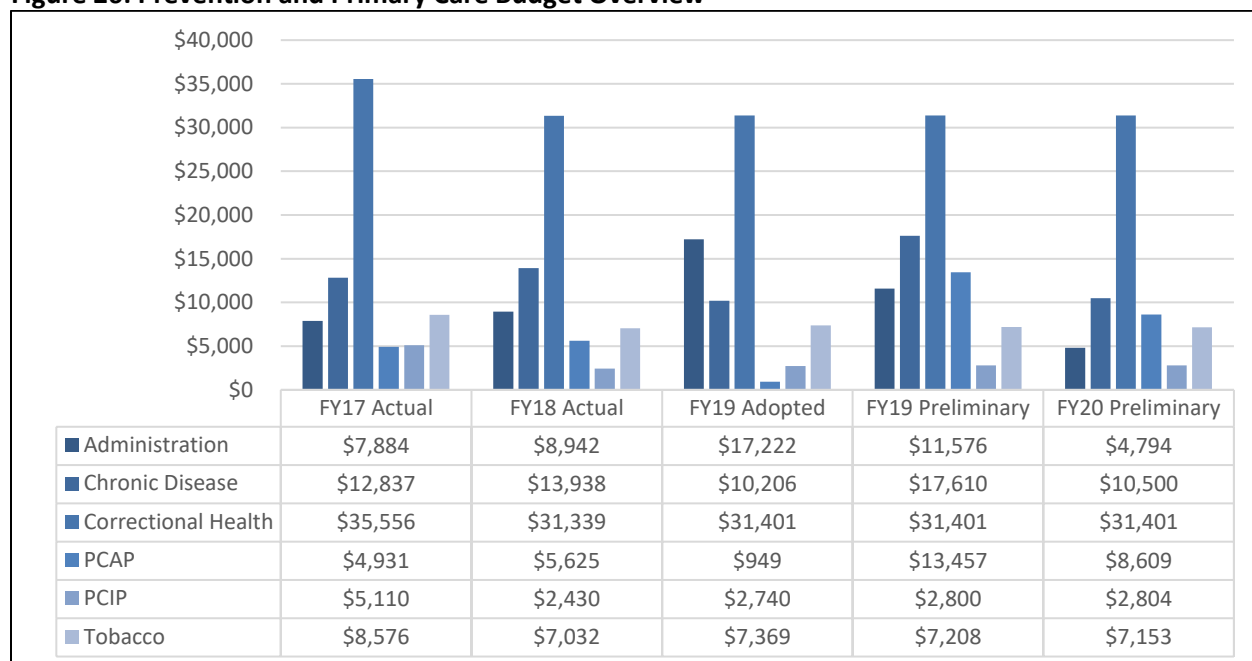
The Bureau of Primary Care Access and Planning (PCAP) sets and implements policy, program, and research initiatives aimed at maximizing the impact of primary care on population health, including increasing health insurance coverage and reducing access barriers experienced by the City's underserved populations. The Fiscal 2020 Preliminary Budget allocates \$8.6 million to PCAP, a \$7 million increase from Fiscal 2019 adopted budget. 60 percent of the increase is due to an additional \$7.6 million in city funding. In addition, both new State and Federal programs

funded \$2.3 million each. The headcount also increased by 65 positions in the current fiscal year, however, the allocated headcount is only 9 full time positions. PS spending represents nearly all of the PCAP funding in Fiscal 2020. Additionally, PCAP receives \$293,000 in State Public Health Local Assistance funding in Fiscal 2020.

The Bureau of Primary Care Information Project (PCIP) improves population health in medically underserved areas through health information technology and data exchange. The Bureau functions as a technical assistance provider and subject matter expert, helping primary care practices implement prevention-oriented electronic health records. The Fiscal 2020 Preliminary Budget allocates \$2.8 million to PCIP, an increase of \$64,000, or two percent, when compared to the budget at adoption. PS spending represents the majority (87 percent) of PCIP funding in Fiscal 2020 at \$2.4 million. The funding supports 26 positions. PCIP receives nearly \$1 million in State Public Health Local Assistance funding in Fiscal 2020. During the current fiscal year the Bureau received \$50,000 from Health Research Inc.

The Tobacco Control Program implements New York City's Five-Point Tobacco Control Plan, (1) advocating for cigarette tax increases to reduce tobacco consumption; (2) supporting the enforcement of anti-smoking laws enacted to protect the health of NYC residents from the harmful effects of smoking and second-hand smoke; (3) implementing programs to expand the number and reach of cessation (quitting) sites throughout the five boroughs in order to increase the use of effective tobacco cessation treatment in healthcare and community settings; (4) educating the public about the health consequences of tobacco usage through media and public outreach campaigns; and (5) evaluating the prevalence of smoking and related behaviors on an on-going basis to assess effectiveness.

Funding for the Tobacco Control Program decreased slightly in the Fiscal 2020 Preliminary Budget compared to the budget at adoption to \$7.2 million. Funding in the current fiscal year also decreased when compared to funding in the adopted budget, decreasing \$160,909 to \$7.2 million. The Program receives \$2.3 million in State Public Health Local Assistance funding in Fiscal 2020. Legislation passed through council that raised the legal age of purchase from 18 years old to 21 years old.

Figure 26: Prevention and Primary Care Budget Overview

The above chart shows Prevention and Primary Care actual and planned spending, broken out by program area, as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$65.3 million to Prevention and Primary Care, a decrease of \$4.6 million, or seven percent, when compared to the Fiscal 2019 Adopted Budget. The change includes a \$12.4 million decrease in administrative services. Funding in the current fiscal year, however, increased by \$14.2 million or 20 percent, when compared to the budget at adoption, to \$84.1 million. OTPS spending represents the majority (79 percent) of Prevention and Primary Care Fiscal 2020 funding at \$51.8 million.

Funding for Prevention and Primary Care services represents approximately seven percent of total public health spending in Fiscal 2020 and four percent of the Department's total budget. See Appendix E9: Prevention and Primary Care for additional information.

Performance Indicators

DOHMH employs a variety of performance metrics in order to measure the Chronic Disease Prevention and Control Program's ability to promote healthy behaviors and preventive healthcare and to prevent chronic diseases in New York City. Between Fiscal 2017 and Fiscal 2018, the percentage of adults who are obese increased from 23.6 percent to 25.1 percent. The percentage of adults who consume one or more sugar-sweetened beverages per day also increased during this period, to 23 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Adults who are obese (%) (CY)	24.1%	23.6%	25.1%	23.5%	23.2%	NA	NA
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	23.7%	22.7%	23.0%	21.7%	20.4%	NA	NA

Other performance metrics in preventative healthcare concern health insurance, blood pressure, colonoscopies, and infant mortality. The number of New Yorkers who lack health insurance

increased, to 11.8 percent in Fiscal 2018 compared to 10.9 percent in Fiscal 2017. The percentage of adult patients with controlled blood pressure only increased slightly between Fiscal 2017 and Fiscal 2018 to 67.3 percent, while the percentage of adults aged 50 and older who received a colonoscopy in the past ten years increased to 69.9 percent, the same as Fiscal 2016. The infant mortality rate increased slightly to 4.13 deaths per every 1,000 live births in Fiscal 2018 compared to 4.1 deaths in Fiscal 2017.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Adult New Yorkers without health insurance (%) (CY)	12.6%	10.9%	11.8%	9.5%	10.0%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.2%	67.1%	67.3%	70.0%	70.0%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.9%	68.5%	69.9%	71.4%	71.4%	NA	NA
Infant mortality rate (per 1,000 live births) (CY)	4.3	4.1	4.3	4.2	4.2	NA	NA

Performance Indicators

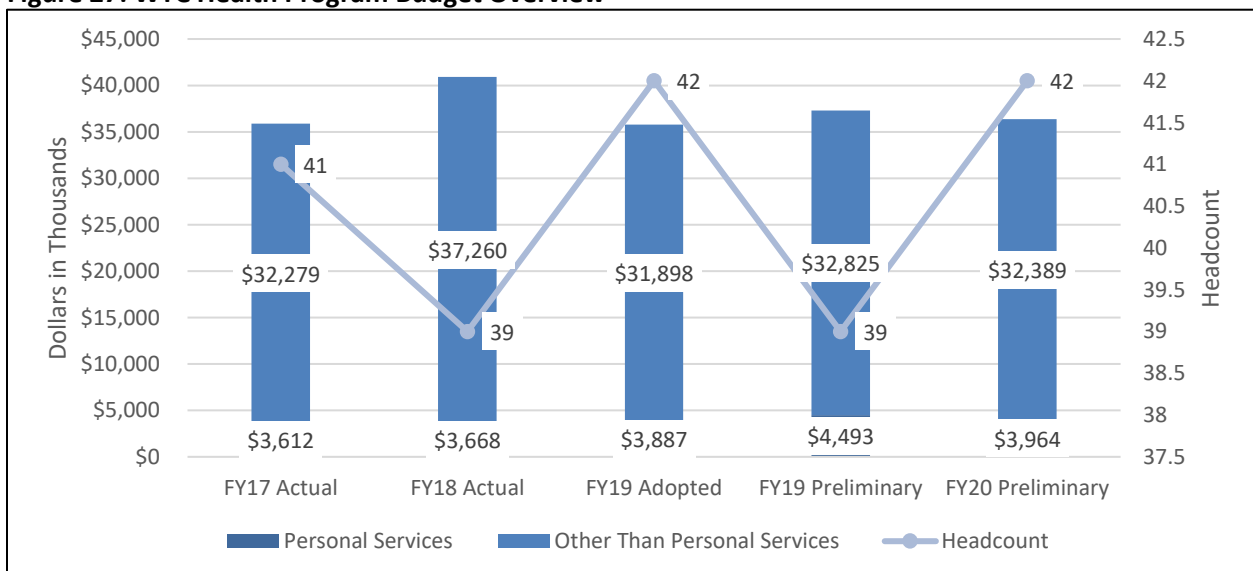
In accordance with the fifth point of the Tobacco Control Plan, the Department measures the percentage of adult New Yorkers who smoke. The percentage of adults who smoke increased by less than one percent between Fiscal 2017 and Fiscal 2018 to 13.4 percent. The Fiscal 2019 target is 12.6 percent of adults who smoke, decreasing to 12.3 percent in Fiscal 2020.

Performance Indicators	Actual			Target		4-Month Actual	
	FY16	FY17	FY18	FY19	FY20	FY18	FY19
Adults who smoke (%) (CY)	14.3%	13.1%	13.4%	12.6%	12.3%	NA	NA

World Trade Center Health Program

The World Trade Center Health Program, a broad network of post-September 11th clinics and organizations, provides monitoring and treatment to 83,000 first responders and survivors who became ill after working at Ground Zero. The Program includes the World Trade Center Health Registry, a comprehensive and confidential health survey of individuals directly exposed to the events of September 11th. The Registry enables health professionals to compare the health of people most exposed to the disaster to the health of the general population.

Figure 27: WTC Health Program Budget Overview



The above chart depicts World Trade Center actual and planned spending and headcount as of the Fiscal 2020 Preliminary Budget. The Budget allocates \$36.4 million to World Trade Center Related Programs, a slight increase when compared to the Fiscal 2019 Adopted Budget. OTPS spending represents the majority (89 percent) of World Trade Center funding in Fiscal 2020 at \$32.4 million. City funding in the current fiscal year remains the same. The World Trade Center Health Program receives an 11 percent increase in the federal grant from the National Institute for Occupational Safety and Health in Fiscal 2020 for an amount of \$5.8 million.

Funding for World Trade Center Related Programs services represents approximately four percent of total public health spending in Fiscal 2020 and two percent of the Department's total budget. See Appendix E10: World Trade Center Health Program for additional information.

Capital Plan Overview

On February 7, 2019, the Administration released the Preliminary Ten-Year Capital Strategy for Fiscal Years 2020-2029 (the Ten-Year Strategy), the Capital Commitment Plan for Fiscal 2019-2023 (the Commitment Plan) and the Fiscal 2020 Preliminary Capital Budget (the Capital Budget).

This section will provide an overview of the Preliminary Ten-Year Strategy, Commitment Plan and Capital Budget for Department of Health and Mental Hygiene. Each one of these documents should support and be well integrated with one another to properly execute the City's capital projects as well as meet its infrastructure goals. We will examine to what extent this is occurring, where improvements need to be made, and the overall feasibility of the DOHMH capital program.

Preliminary Ten-Year Capital Strategy Fiscal 2020-2029

The Ten-Year Strategy is the City's long-term capital planning document which provides a framework for capital spending by agency. The Strategy is released every two years as mandated by the City Charter.

Strategy Guiding Principles

By its own description the Ten-Year Strategy document: "provides a venue for the City to demonstrate the comprehensive infrastructure planning that the City undertakes as part of its responsibility to all New Yorkers, across all neighborhoods, and explain the connections between capital investment and strategic priorities." It strives to do this through four guiding principles:

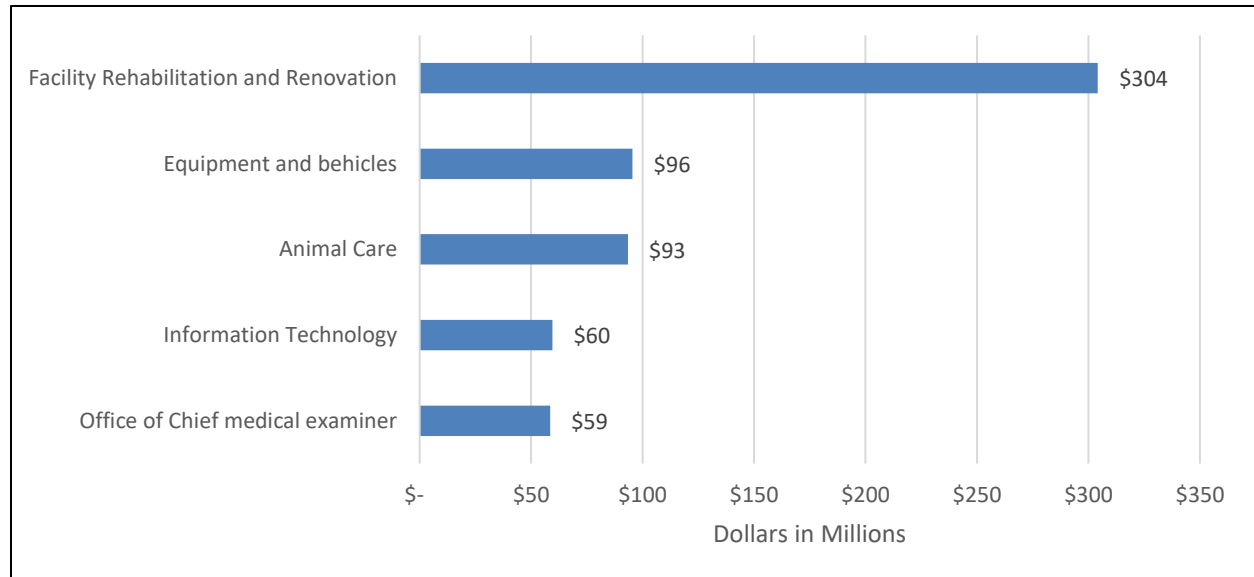
1. Maintain New York City's financial responsibility;
2. Promote forward-looking, holistic capital planning that anticipates neighborhood needs of tomorrow;
3. Advance a more equitable New York City through capital investment; and
4. Consider community perspectives in capital planning and decision-making

Using these principles we will assess DOHMH's Strategy, and how well it is integrated with DOHMH's Capital Commitment Plan and Capital Budget.

The City's Ten-Year Strategy totals \$104.1 billion (all funds), which is \$14.5 billion larger than the \$89.6 billion Fiscal 2018-2028 Ten-Year Strategy. DOHMH's Ten-Year Capital Strategy totals \$611.1 million, or less than one percent of the City's total Strategy.

Each agency's Ten-Year Strategy is broken down into categories which describe the general type of capital work being done. The chart below shows how the DOHMH Ten-Year Strategy is distributed among these categories.

Figure 28: DOHMH Ten-Year Strategy by Category



Facility Rehabilitation and Renovation

The Department's ten-year strategy for Facility and Rehabilitation and Renovation category has been broken up into three sections: Administration; Laboratories; and Clinic Renovations and Rehabilitation. A total of \$1 million has been provided for laboratory improvements and renovations, all funding has been assigned to Fiscal 2020. DOHMH has also provided \$7.5 million for administration. The majority (97 percent) of funding is provided for Clinic Renovations and Rehabilitation totaling \$295.6 million spread out between ten years. A total of 70 percent of the funding is assigned to the first five years, Fiscal 2020 to Fiscal 2024.

Equipment and Vehicles

Funding of \$95.5 million has been provided to purchase equipment and vehicles. A total of 98 percent of the funding will be provided by the City and two percent will come from State funding. Funding is front loaded with almost 50 percent in Fiscal 2020 and zero planned for Fiscal 2028 or 2029.

Animal Care

The ten-year strategy provides funding of \$93.4 million to improve animal welfare. This funding includes the plan for two new animal care centers in the Bronx and Queens and upgrades to Brooklyn's center and other investments. The funding is only designated for Fiscal 2020 through Fiscal 2022. A little over half of this funding is assigned to Fiscal 2022.

Information Technology

The ten-year strategy provides \$59.5 million to purchase technology to maintain and improve services. A total of \$33.2 million, or 59 percent, is included to gradually replace the agency's personal computers and network servers. 28 percent of funding comes from the State and \$16.8

million, the majority (72 percent), comes from city funding. The Department has not provided funding for Fiscal 2028 or 2029.

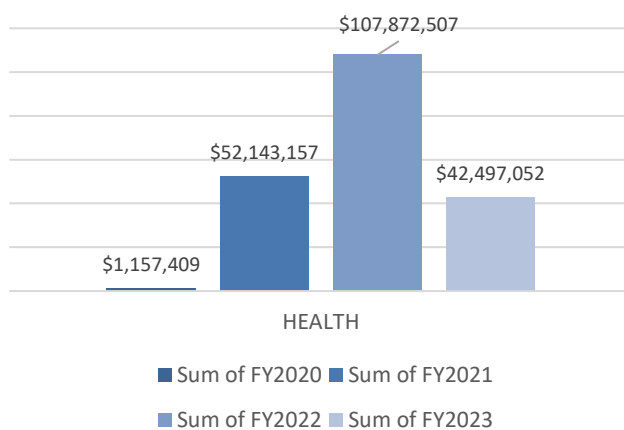
Office of Chief Medical Examiner

The ten-year strategy provides \$58.5 million for OCME projects. These projects include IT upgrades and laboratory equipment. Over half of this funding (52 percent) is planned for Fiscal 2020 through Fiscal 2022.

Fiscal 2019 Preliminary Capital Budget for Fiscal 2020-2023

The Capital Budget provides the estimated need for new appropriations for Fiscal 2020, along with projections for the subsequent three-year capital program. Appropriations represent the legal authority to spend capital dollars and are what the Council votes on at budget adoption.

Figure 29: DOHMH Preliminary Capital Budget



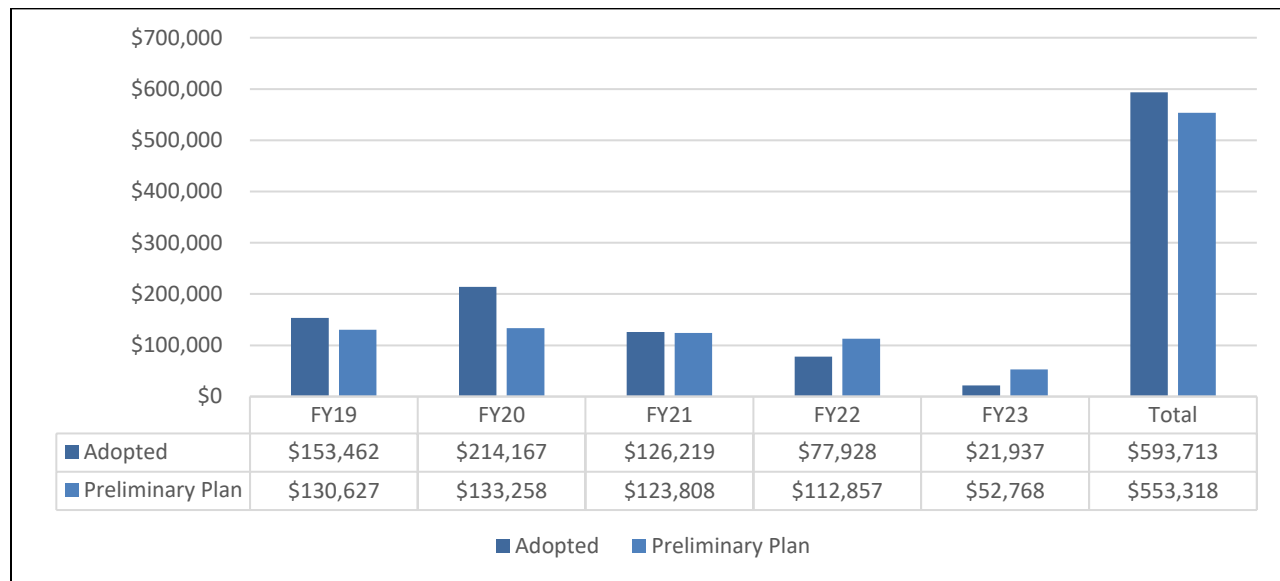
As shown in the chart at left, the Department of Health and Mental Hygiene Fiscal 2020 Preliminary Capital Budget includes \$203 million in Fiscal 2020-2023. This represents approximately less than one percent of the City's total \$52.8 billion Capital Budget for 2020-2023. Appropriations for Fiscal 2019 total \$383.4 million. This includes \$357.2 million in reauthorized prior appropriations and \$26.2 million in authorized Fiscal 2019 appropriations.¹

Fiscal 2019 Preliminary Capital Commitment Plan for Fiscal 2019-2023

The City's Capital Commitment Plan details the Administration's plan to spend the appropriations voted on by the City Council at Adoption. The Commitment Plan provides project-level funding detail as well as an estimate of expenditure dates. It is through this document that we gain insight into a project's estimated start date and time to completion.

The DOHMH Preliminary Commitment Plan includes \$553 million in Fiscal 2019-2023. This represents less than one percent of the City's total \$83.8 billion Preliminary Commitment Plan.

¹ See footnote 1 regarding the calculation of Fiscal 2019 capital appropriations.

Figure 30: DOHMH FY19-FY23 Commitment Plan (000's)

The Preliminary Capital Plan for the Department for Fiscal 2019-2023 has decreased by more than \$40 million to a total of \$553.7 million, demonstrating a seven percent decrease when compared to the Department's Adopted Commitment Plan.

The total appropriations for DOHMH in Fiscal 2019 are \$367 million against planned commitments totaling \$130.6 million². This excess balance of \$236.4 million in appropriations gives the Administration considerable flexibility within the capital plan. However, as the commitment of appropriations are legally bound to their budget line descriptions this flexibility is more limited than it appears from this variance alone.

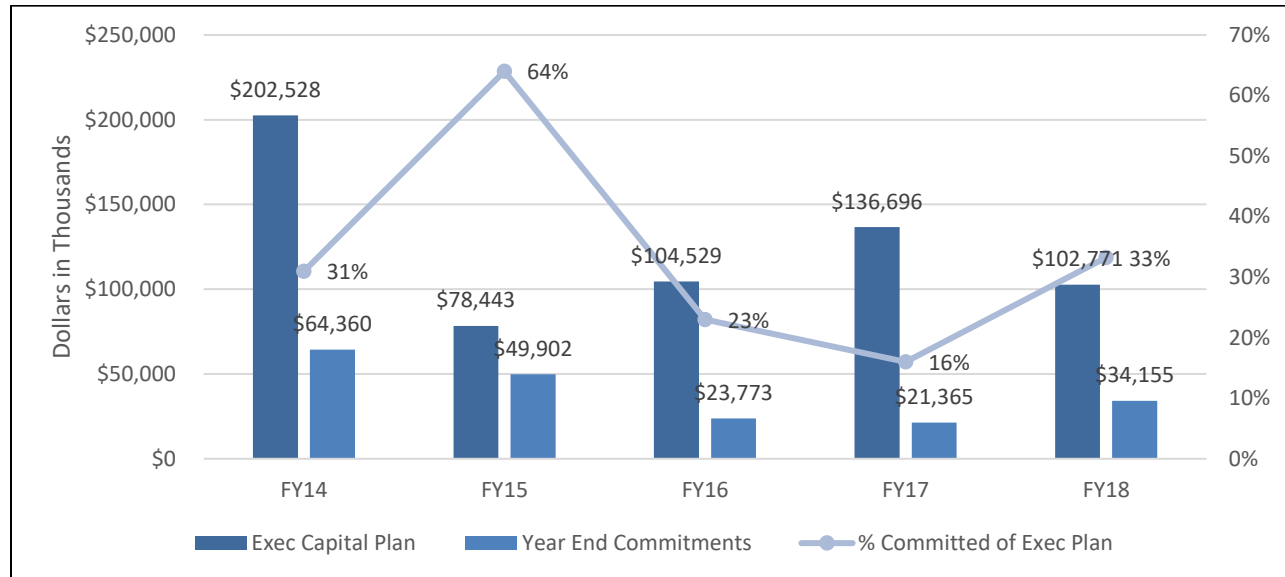
Historically, the Commitment Plan frontloaded planned commitments for capital projects in the first year or two of the plan, and included unrealistically high planned commitments. At the Council's request that practice has been coming to an end. Agencies' Commitment Plans have been more accurate, including more evenly distributed planned spending across all years of the plan, beginning with the last Executive Commitment Plan. The Council is working with the Administration to ensure that this practice continues.

DOHMH's actual commitment rate for Fiscal 2018 was 33 percent of all commitments in the first year. This is an improvement from the Fiscal 2017 commitment rate of 16 percent. The Department's history of commitments is shown below. Given this performance history, it is likely that DOHMH will end this year with unmet commitment targets and significant appropriations available to roll into Fiscal 2020 and in the outyears.

² Appropriations for Fiscal 2019 are calculated by summing the available appropriations listed in the commitment plan with actual commitments to-date. Because commitments to-date excludes inter-fund agreements (IFA), this figure may be slightly lower than the total appropriations for Fiscal 2019. In addition, a very small portion of the difference between appropriations and planned commitments are necessary to fund IFA, which are excluded from this planned commitments figure.

The chart below displays the Department's capital commitment plan as of the Fiscal 2015-2018 Executive Budget and the actual commitments in the corresponding fiscal year. The chart shows also shows the capital commitment rate: the percentage of the capital plan committed per fiscal year.³

Figure 31: DOHMH Capital Commitment Rate



The low commitment rate for larger intensive capital projects, particularly ones managed by DDC, could be a significant reason for the Department's decreasing commitment rate over the years.

The DOHMH's Commitment Plan includes 135 budget lines and 419 project IDs.

2019 Preliminary Capital Commitment Plan Highlights

Major capital projects included in the Preliminary Capital Plan for Fiscal 2019-2023 include the following.

- **Improvements to Health Facilities, Citywide.** Fiscal 2020 has provided \$1.1 million for improvements in health facilities citywide. The amount increases in the outyears \$52 million in Fiscal 2021 and \$107 million in Fiscal 2022.
- **Maimonides Medical Center.** Fiscal 2020 does not include any funding for the Maimonides Medical Center, however, \$178,000 in Fiscal 2021 and then does not have any future funding.
- **New York and Presbyterian Hospital.** Fiscal 2020 includes \$195,000 for the final year of funding for the New York and Presbyterian Hospital.

³ Note planned commitments are higher than the agency's "target commitments." Target commitments are a management tool used by OMB; they are "the actual aggregate levels that the managing agencies are expected to commit and against which their performance will be measured at the end of the fiscal year," and are not broken out between City and non-City funds.

- **Planned Parenthood of New York City.** Fiscal 2020 includes \$211,000 for the final year of funding for the New York and Presbyterian Hospital.
- **Staten Island University Hospital.** The Fiscal 2020 Preliminary Capital budget does not include any funding for the Staten Island University Hospital until Fiscal 2023, which allocates \$1.1 million.

Appendices

A. DOHMH Budget Actions in the November and the Preliminary Plans

<i>Dollars in Thousands</i>	Fiscal 2019			Fiscal 2020		
	City	Non-City	Total	City	Non-City	Total
DOHMH Budget as of the Fiscal 2019 Adopted Budget	\$838,923	\$839,814	\$1,678,737	\$826,390	\$827,988	\$1,654,378
New Needs						
LeadFreeNYC: Coordinated Care for EBLI Cases	\$0	\$0	\$0	\$1,231	\$692	1,924
LeadFreeNYC: Improvements to Citywide Immunization Registry for Lead-related Notifications	0	0	0	227	127	354
Neighborhood Rat Reduction Plan	105	59	164	174	98	271
NYC Well Quality Assurance	0	0	0	500	0	500
Serology Testing	123	0	123	370	0	370
Lead Inspections and Outreach	1,460	821	2,281	2,804	1,577	4,381
Subtotal, New Needs	\$1,687	\$880	\$2,567	\$5,305	\$2,495	\$7,799
Other Adjustments						
\$15 Minimum Wage Collective Bargaining (IC)	\$3	\$0	\$3	\$5	\$0	\$5
1509 Brooklyn HIV Prevention	0	1,253	1,253	0	1,584	1,584
AIDS/HIV RYAN WHITE PROJECT	0	(4,515)	(4,515)	0	(2,610)	(2,610)
CAT. HEALTH STAT	0	2,692	2,692	0	0	0
CAT. HOPWA	0	(4,300)	(4,300)	0	0	0
CAT. WTC REGISTRY	0	1,645	1,645	0	0	0
CC Adjustments	0	4,910	4,910	0	0	0
CC Member Item Reallocation	(81)	0	(81)	0	0	0
Collective Bargaining Transfer from DEP to DOHMH	7	0	7	13	0	13
DC 37 Collective Bargaining	8,190	0	8,190	14,034	0	14,034
DC 37 Collective Bargaining	3,107	0	3,107	5,382	0	5,382
DC 37 Collective Bargaining (IC)	9	0	9	16	0	16
DC 37 Collective Bargaining IC	51	0	51	87	0	87
DC 37 Collective Bargaining IC with HPD.	3	0	3	5	0	5
DC 37 Collective Bargaining IC.	9	0	9	15	0	15
ENDING THE EPIDEMIC	0	1,043	1,043	0	0	0
Federal Salary Sharing	(900)	0	(900)	(900)	0	(900)
Food and Incentives	(300)	0	(300)	(300)	0	(300)
FY19 COPS NFC Intra-City Mod	0	2,800	2,800	0	0	0
FY'19 LAW/DOHMH AGREEMENT	0	1,130	1,130	0	0	0
GreeNYC Transfer from DOHMH to DEP	(150)	0	(150)	0	0	0
H+H DOHMH Transfer	2,495	0	2,495	0	0	0
Homeland Security Swap	1,017	0	1,017	1,017	0	1,017
HOPWA	0	4,300	4,300	0	0	0
I/C DOHMH FY19	0	3,394	3,394	0	0	0
I/C DOHMH FY19	0	1,655	1,655	0	0	0
IMMUNIZATION	0	3,898	3,898	0	3,812	3,812
IT Gap	0	2,991	2,991	0	0	0
Medical Examiner Collective Bargaining	1,535	0	1,535	1,776	0	1,776
Mental Health Service Corps Adjustment	0	0	0	(1,900)	0	(1,900)
MOCJ Transfer	(20)	0	(20)	0	0	0
NFP Transfer	(1,016)	0	(1,016)	0	0	0
NON-PPHF ELC	0	2,375	2,375	0	1,966	1,966
NYC TEENS CONNECTION	0	1,206	1,206	0	0	0
OCME Stationary Engineers	(127)	0	(127)	(127)	0	(127)
OMH 09/17/2018 SAL FY19	0	5,533	5,533	0	0	0
OMH State Aid Letter 12-22-17	0	3,583	3,583	0	3,583	3,583
OMH State Aid Letter 3-14-18	0	3,012	3,012	0	3,012	3,012
OMH State Aid Letter 6-12-18	0	302	302	0	302	302
OMH State Aid Letter 7-2-18	0	1,250	1,250	0	(319)	(319)
OMH State Aid Letter 8-3-18	0	8	8	0	15	15
OPWDD FY19 SAL 08-21-18	0	400	400	0	400	400
Other Adjustments	0	32,257	32,257	0	6,747	6,747
OTPS Shifts	0	1,329	1,329	0	0	0

<i>Dollars in Thousands</i>	Fiscal 2019			Fiscal 2020		
	City	Non-City	Total	City	Non-City	Total
Phase-out of Mental Health Innovation Lab	\$0	\$0	\$0	(\$1,600)	\$0	(\$1,600)
Phase-out of Thrive Learning Center	0	0	0	(600)	0	(600)
Prior-Year Medicaid Revenue	(16,300)	0	(16,300)	0	0	0
Prior-Year Medicaid Revenue	0	16,300	16,300	0	0	0
Prior-Year Revenue	(9,340)	0	(9,340)	0	0	0
Prior-Year Revenue	0	9,340	9,340	0	0	0
PS / OTPS Shifts	0	1,280	1,280	0	935	935
Roll from FY18 to FY19	0	3,549	3,549	0	0	0
Syringe Service Program Enhancement	561	0	561	561	0	561
TB Elimination Program	0	2,187	2,187	0	297	297
Vacancy Reductions	0	0	0	(2,512)	0	(2,512)
YMI transfer for Men Teach Media.	200	0	200	200	0	200
Subtotal, Other Adjustments	(\$11,048)	\$106,805	\$95,757	\$15,172	\$19,724	\$34,897
TOTAL, All Changes	(\$9,360)	\$107,685	\$98,325	\$20,477	\$22,219	\$15,798
DOHMH Budget as of Fiscal 2020 Preliminary Budget	\$829,563	\$947,499	\$1,777,062	\$846,867	\$850,207	\$1,697,075

*Continuation from previous page

B. DOHMH Expense Budget

DOHMH Expense Budget						
<i>Dollars in Thousands</i>	2016	2017	2019	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2019	2020	2019 - 2020
DOHMH Spending						
Personal Services	\$451,928	\$494,370	\$486,621	\$521,638	\$520,922	\$15,963
Other Than Personal Services	1,170,452	1,205,039	1,192,116	1,255,424	1,176,153	(34,301)
TOTAL	\$1,622,380	\$1,699,409	\$1,678,737	\$1,777,062	\$1,697,075	(\$18,338)
Public Health						
Personal Services	\$292,211	\$315,642	\$300,909	\$325,981	\$322,032	\$39,007
Other Than Personal Services	411,675	385,477	383,858	409,248	344,851	(21,124)
Subtotal, Public Health	\$703,885	\$971,335	\$902,937	\$953,621	\$885,182	\$17,884
Mental Hygiene						
Personal Services	\$51,118	\$61,302	\$70,786	\$72,718	\$76,609	(\$5,824)
Other Than Personal Services	644,868	697,475	716,996	730,474	739,653	(22,657)
Subtotal, Mental Hygiene	\$695,986	\$758,777	\$787,781	\$803,192	\$816,262	(\$28,481)
OCME						
Personal Services	\$53,142	\$55,604	\$60,443	\$66,305	\$65,500	\$805
Other Than Personal Services	18,774	21,035	18,229	26,302	17,810	8,492
Subtotal, OCME	\$71,916	\$76,638	\$78,672	\$92,607	\$83,310	\$9,297
General Administration						
Personal Services	\$55,458	\$61,822	\$54,484	\$56,633	\$56,780	(\$147)
Other Than Personal Services	95,135	101,053	73,033	89,400	73,838	15,562
Subtotal, Administration	\$126,725	\$150,593	\$125,443	\$140,650	\$126,826	\$1,383

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

C. Financial Summary

<i>Dollars in Thousands</i>	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference 2019 - 2020
				2019	2020	
Budget by Program Area						
<u>Public Health</u>						
Center for Health Equity	\$15,906	\$16,872	\$14,664	\$17,432	\$14,636	\$28
Disease Prevention & Treatment	87,971	87,214	89,983	97,647	80,580	9,403
Disease Prevention & Treat - HIV/AIDS	193,987	184,589	184,618	186,672	181,999	2,619
Emergency Preparedness & Response	20,382	19,182	16,100	16,936	15,365	735
Environmental Disease & Injury Prevent	14,893	9,770	8,599	16,281	12,922	(4,323)
Environmental Health	85,569	87,647	95,579	90,261	87,300	8,279
Epidemiology	16,683	17,370	15,771	17,063	16,273	(502)
Family & Child Health	418,966	857,423	1,229,374	1,619,334	1,993,827	(764,453)
Prevention & Primary Care	74,894	69,306	69,887	84,052	65,260	4,627
World Trade Center Related Programs	35,891	40,928	35,785	37,318	36,354	(569)
Subtotal, Public Health	\$965,142	\$1,390,301	\$1,760,360	\$2,182,995	\$2,504,516	(\$744,156)
<u>DOHMH, Other</u>						
Division of Mental Hygiene	\$434,729	\$488,561	\$569,611	\$584,800	\$597,964	(\$28,353)
Administration - General	150,593	162,875	127,517	146,033	130,619	(3,102)
Office of Chief Medical Examiner	71,916	76,638	78,672	92,607	83,310	(4,638)
Subtotal, DOHMH, Other	\$657,238	\$728,074	\$775,800	\$823,440	\$811,893	(\$36,093)
TOTAL	\$1,622,380	\$2,118,375	\$2,536,160	\$3,006,436	\$3,316,409	(\$780,248)
Funding						
<u>Public Health</u>						
City Funds			\$410,989	\$397,355	\$391,229	\$19,760
Federal - Other			241,963	259,917	245,371	(3,408)
Intra City			2,949	10,003	3,019	(70)
Other Categorical			2,392	30,071	1,534	858
State			244,643	256,275	244,028	615
Subtotal, Public Health			\$902,936	\$953,621	\$885,182	\$17,755
<u>DOHMH, Other</u>						
City Funds			\$427,934	\$432,208	\$455,638	(27,704)
Other Categorical			41,687	54,225	42,251	(564)
State			2,276	7,489	2,340	(64)
Federal - Other			0	1,092	0	0
Intra City			303,903	328,426	311,664	7,761
Subtotal, DOHMH, Other			\$775,800	\$823,440	\$811,893	(36,093)
TOTAL	\$1,622,380	\$2,118,375	\$1,678,737	\$1,777,062	\$1,697,075	(\$18,338)
Budgeted Headcount						
Public Health	3,072	3,147	3,163	3,283	3,232	(69)
Division of Mental Hygiene	767	856	933	906	922	11
Office of Chief Medical Examiner	590	637	733	758	741	(8)
General Administration	747	792	686	827	689	(3)
TOTAL	5,176	5,432	5,515	5,774	5,584	(69)

*The difference of Fiscal 2019 Adopted compared to Fiscal 2020 Preliminary Budget.

D. Contract Budget*Dollars in Thousands*

Category	Fiscal 2020 Preliminary	Number of Contracts
Mental Hygiene Services	\$652,817	473
Prof Serv Other	45,405	169
Maint & Rep General	2,343	97
Office Equipment Maintenance	289	61
Maint & Oper of Infrastructure	518	58
Contractual Services General	70,668	56
Printing Contracts	1,746	90
Temporary Services	803	52
Aids Services	85,667	45
Data Processing Equipment	518	39
Telecommunications Maint	39	28
Training Prgm City Employees	648	32
Cleaning Services	391	36
Maint & Rep Motor Veh Equip	89	12
Economic Development	352	12
Prof Serv Computer Services	586	8
Security Services	1,488	4
Transportation Expenditures	9,852	2
Special Clinical Services	14,781	1
Prof Serv Accting & Auditing	515	2
TOTAL	\$889,515,740	1277

E. Program Areas

Center for Health Equity

Center for Health Equity						
<i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY17	FY18	FY19	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY19	FY20	FY19-FY20
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$9,723	\$10,703	\$9,952	\$11,133	\$9,991	\$40
Other Salaried and Unsalaries	91	215	146	199	152	6
Additional Gross Pay	114	88	111	111	111	0
Overtime - Civilian	44	29	6	11	6	0
Fringe Benefits	3	2	2	2	2	0
Subtotal	\$9,975	\$11,039	\$10,216	\$11,456	\$10,262	\$46
Other Than Personal Services						
Supplies and Materials	\$191	\$246	\$889	\$475	\$391	(\$498)
Fixed and Misc Charges	2	0	0	0	0	0
Property and Equipment	95	127	11	69	65	54
Other Services and Charges	1,647	862	199	750	186	(13)
Contractual Services	3,996	4,598	3,348	4,682	3,732	384
Subtotal	\$5,931	\$5,833	\$4,448	\$5,976	\$4,374	(\$74)
TOTAL	\$15,906	\$16,872	\$14,664	\$17,432	\$14,636	(\$28)
Funding						
City Funds			\$9,456	\$10,375	\$9,354	(\$102)
Other Categorical			0	141	0	0
State			5,208	5,710	5,282	74
Federal - Other			0	1,206	0	0
TOTAL	\$15,906	\$16,872	\$14,664	\$17,432	\$14,636	(\$28)
Budgeted Headcount						
Full-Time Positions - Civilian	150	153	137	137	131	(6)
TOTAL	150	153	137	137	131	(6)

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Disease Prevention and Treatment

Disease Prevention and Treatment						
<i>Dollars in Thousands</i>						
	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference FY19-FY20
				FY19	FY20	
Budget by Program Area						
Communicable Disease	\$9,886	\$11,329	\$8,555	\$14,029	\$10,761	\$2,206
HIV/AIDS	193,987	184,589	184,618	186,672	181,999	(2,619)
Immunization	10,251	9,098	11,931	14,957	15,796	3,865
Laboratories	12,843	10,794	10,801	10,997	10,874	73
Sexually Trans Dis	24,439	24,672	24,284	22,458	24,651	367
Tuberculosis	14,248	13,983	13,981	16,274	14,555	574
Admin	16,304	17,338	20,431	18,932	3,943	(16,488)
Subtotal	\$281,958	\$271,802	\$274,602	\$284,319	\$262,579	(\$12,022)
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$65,364	\$72,684	\$77,146	\$82,314	\$82,179	\$5,033
Other Salaried and Unsalaries	6,238	6,283	6,684	7,175	7,314	630
Additional Gross Pay	3,118	3,371	2,466	3,010	2,577	110
Overtime - Civilian	1,002	700	275	511	258	(17)
Fringe Benefits	60	66	24	23	24	0
Subtotal	\$75,781	\$83,104	\$86,595	\$93,033	\$92,351	\$5,756
Other Than Personal Services						
Supplies and Materials	\$8,238	\$5,874	\$5,643	\$6,048	\$5,299	(\$344)
Fixed and Misc Charges	5	1	0	3	0	0
Property and Equipment	586	363	167	351	119	(49)
Other Services and Charges	19,780	17,230	19,287	18,247	20,342	1,055
Social Services	68	2	67	67	67	
Contractual Services	177,501	165,228	162,843	166,569	144,402	(18,441)
Subtotal	\$206,177	\$188,699	\$188,007	\$191,286	\$170,228	(\$17,779)
TOTAL	\$281,958	\$271,802	\$274,602	\$284,319	\$262,579	(\$12,022)
Funding						
City Funds			\$58,931	\$57,237	\$48,124	(\$10,807)
Other Categorical			1,334	2,252	1,349	15
State			31,297	33,320	27,391	(3,906)
Federal - Other			183,019	191,490	185,695	2,675
Intra City			20	20	20	0
TOTAL	\$281,958	\$271,802	\$274,602	\$284,319	\$262,579	(\$12,022)
Budgeted Headcount						
Full-Time Positions - Civilian	1,066	1,064	1,113	1,102	1,129	16

**The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.*

Disease Prevention & Treatment: HIV/AIDS

Disease Prevention and Treatment						
<i>Dollars in Thousands</i>						
	FY17	FY18	FY19	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY19	FY20	FY19-FY20
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$65,364	\$72,684	\$77,146	\$82,314	\$82,179	\$5,033
Other Salaried and Unsalaries	6,238	6,283	6,684	7,175	7,314	630
Additional Gross Pay	3,118	3,371	2,466	3,010	2,577	110
Overtime - Civilian	1,002	700	275	511	258	(17)
Fringe Benefits	60	66	24	23	24	\$0
Subtotal	\$75,781	\$83,104	\$86,595	\$93,033	\$92,351	\$5,756
Other Than Personal Services						
Supplies and Materials	\$8,238	\$5,874	\$5,643	\$6,048	\$5,299	(\$344)
Fixed and Misc Charges	5	1	0	3	0	0
Property and Equipment	586	363	167	351	119	(49)
Other Services and Charges	19,780	17,230	19,287	18,247	20,342	1,055
Social Services	68	2	67	67	67	
Contractual Services	177,501	165,228	162,843	166,569	144,402	(18,441)
Subtotal	\$206,177	\$188,699	\$188,007	\$191,286	\$170,228	(\$17,779)
TOTAL	\$281,958	\$271,802	\$274,602	\$284,319	\$262,579	(\$12,022)
Funding						
City Funds			\$58,931	\$57,237	\$48,124	(\$10,807)
Other Categorical			1,334	2,252	1,349	15
State			31,297	33,320	27,391	(3,906)
Federal - Other			183,019	191,490	185,695	2,675
Intra City			20	20	20	0
TOTAL	\$281,958	\$271,802	\$274,602	\$284,319	\$262,579	(\$12,022)
Budgeted Headcount						
Full-Time Positions - Civilian	1,066	1064	1113	1102	1129	16
TOTAL	1,066	1,064	1,113	1,102	1,129	16

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Family & Child Health

Family and Child Health <i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference FY19-FY20
				FY19	FY20	
Budget by Program Area						
Family & Child HLth - Admin	\$15,646	\$15,886	\$11,848	\$13,748	\$7,851	(\$3,997)
Family & Child HLth - Early Intervention	261,256	270,216	218,170	218,392	218,299	128
Family & Child HLth - Maternal & Child	25,109	24,000	26,952	30,371	29,160	2,207
Family & Child HLth - School HLth	116,955	128,355	114,980	127,450	119,183	4,204
Subtotal	\$418,966	\$438,457	\$371,951	\$389,960	\$374,493	\$2,542
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$41,002	\$46,335	\$55,213	\$57,707	\$58,434	\$3,221
Other Salaried and Unsalaries	63,109	64,006	56,914	61,466	60,505	3,591
Additional Gross Pay	10,972	10,894	1,412	1,568	1,412	0
Overtime - Civilian	1,143	1,552	267	787	267	0
Fringe Benefits	731	828	104	375	104	0
Subtotal	\$116,956	\$123,616	\$113,911	\$121,902	\$120,723	\$6,812
Other Than Personal Services						
Supplies and Materials	\$711	\$724	\$2,865	\$1,057	\$2,760	(\$105)
Fixed and Misc Charges	18	13	0	2	0	0
Property and Equipment	1,796	686	1,102	565	952	(150)
Other Services and Charges	30,987	34,198	23,149	26,798	20,520	(2,629)
Social Services	2	0	92	72	92	0
Contractual Services	268,495	279,221	230,831	239,564	229,445	(1,386)
Subtotal	\$302,009	\$314,842	\$258,040	\$268,059	\$253,770	(\$4,269)
TOTAL	\$418,966	\$438,457	\$371,951	\$389,960	\$374,493	\$2,542
Funding						
City Funds			\$174,675	\$157,404	\$176,311	\$1,635
Other Categorical			412	26,348	0	(412)
State			171,451	173,172	171,895	444
Federal - Other			25,345	26,589	26,220	875
Intra City			67	6,447	67	0
TOTAL	\$418,966	\$438,457	\$371,951	\$389,960	\$374,493	\$2,542
Budgeted Headcount						
Full-Time Positions - Civilian	616	668	662	676	718	56
TOTAL	616	668	662	676	718	56

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Emergency Preparedness & Response

Emergency Preparedness and Response						
<i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference FY19-FY20
				FY19	FY20	
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$15,073	\$14,709	\$12,390	\$12,634	\$11,970	(\$419)
Other Salaried and Unsalaries	717	473	241	272	224	(17)
Additional Gross Pay	294	243	33	150	130	97
Overtime - Civilian	397	\$84	33	59	20	(13)
Subtotal	\$16,481	\$15,510	\$12,696	\$13,116	\$12,344	(\$352)
Other Than Personal Services						
Supplies and Materials	\$447	\$588	\$12	\$333	\$5	(\$6)
Property and Equipment	879	669	12	286	0	(12)
Other Services and Charges	661	565	1,818	318	1,974	156
Contractual Services	1,915	1,850	1,562	2,884	1,042	(520)
Subtotal	\$3,901	\$3,673	\$3,404	\$3,820	\$3,022	(\$382)
TOTAL	\$20,382	\$19,182	\$16,100	\$16,936	\$15,365	(\$735)
Funding						
City Funds			\$1,535	\$1,437	\$1,647	\$113
State			868	714	878	11
Federal - Other			13,698	14,784	12,840	(858)
TOTAL	\$20,382	\$19,182	\$16,100	\$16,936	\$15,365	(\$735)
Budgeted Headcount						
Full-Time Positions - Civilian	168	158	136	123	130	(6)
TOTAL	168	158	136	123	130	(6)

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Environmental Disease & Injury Prevention

Environmental Disease and Injury Prevention						
<i>Dollars in Thousands</i>						
	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference FY19-FY20
				FY19	FY20	
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$51,947	\$57,940	\$58,489	\$60,477	\$66,139	\$7,650
Other Salaried and Unsalaries	1,497	1,514	1,750	1,747	1,808	59
Additional Gross Pay	3,294	3,839	2,921	3,117	2,912	(9)
Overtime - Civilian	1,470	1,438	965	1,531	930	(34)
Fringe Benefits	6	7	1	1	1	0
Subtotal	\$58,216	\$64,737	\$64,125	\$66,873	\$71,790	\$7,666
Other Than Personal Services						
Supplies and Materials	\$2,180	\$1,249	\$1,634	\$1,675	\$2,027	\$393
Property and Equipment	2,279	981	501	1,417	578	77
Other Services and Charges	17,088	6,941	14,898	7,563	5,856	(9,042)
Contractual Services	20,698	23,504	23,020	29,014	19,971	(3,050)
Subtotal	\$42,245	\$32,675	\$40,053	\$39,669	\$28,432	(\$11,622)
TOTAL	\$100,461	\$97,412	\$104,178	\$106,542	\$100,222	(\$3,956)
Funding						
City Funds			\$76,798	\$75,955	\$70,499	(\$6,299)
Other Categorical			346	1,264	96	(250)
State			11,088	12,091	13,714	2,626
Federal - Other			13,084	14,310	12,981	(103)
Intra City			2,863	2,922	2,932	70
TOTAL	\$100,461	\$97,412	\$104,178	\$106,542	\$100,222	(\$3,956)
Budgeted Headcount						
Full-Time Positions - Civilian	910	936	988	1058	998	10
TOTAL	910	936	988	1,058	998	10

**The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.*

Environmental Health

Environmental Disease and Injury Prevention						
<i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference FY19-FY20
				FY19	FY20	
Environmental Health - Administration	\$9,868	\$5,381	\$15,060	\$6,354	\$6,919	(\$8,141)
Environmental Health - Animal Control	15,976	16,653	19,087	19,676	16,626	(2,461)
Environmental Health - Day Care	13,761	15,562	15,026	15,207	15,397	371
Environmental Health - Food Safety	16,209	19,934	16,941	18,426	17,948	1,007
Environmental Health - Pest Control	9,839	12,075	11,540	11,933	12,473	934
Environmental Health - Poison Control	1,671	2,033	1,880	1,879	1,883	3
Environmental Health - Science/Engineer	8,016	8,818	8,814	9,033	9,250	435
Environmental Health - West Nile	6,801	3,738	3,353	3,567	3,370	17
Environmental Health-Env Dis/Injury Prev	14,893	9,770	8,599	16,281	12,922	4,323
Environmental Health-Surveillance Policy	3,428	3,453	3,879	4,185	3,434	(445)
Subtotal	\$90,594	\$92,036	\$89,118	\$100,188	\$93,303	\$4,185
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$51,947	\$57,940	\$58,489	\$60,477	\$66,139	\$7,650
Other Salaried and Unsalariated	1,497	1,514	1,750	1,747	1,808	59
Additional Gross Pay	3,294	3,839	2,921	3,117	2,912	(9)
Overtime - Civilian	1,470	1,438	965	1,531	930	(34)
Fringe Benefits	6	7	1	1	1	(0)
Subtotal	\$58,216	\$64,737	\$64,125	\$66,873	\$71,790	\$7,666
Other Than Personal Services						
Supplies and Materials	\$2,180	\$1,249	\$1,634	\$1,675	\$2,027	\$393
Property and Equipment	2,279	981	501	1,417	578	77
Other Services and Charges	17,088	6,941	14,898	7,563	5,856	(9,042)
Contractual Services	20,698	23,504	23,020	29,014	19,971	(3,050)
Subtotal	\$42,245	\$32,675	\$40,053	\$39,669	\$28,432	(\$11,622)
TOTAL	\$100,461	\$97,412	\$104,178	\$106,542	\$100,222	(\$3,956)
Funding						
City Funds			\$76,798	\$75,955	\$70,499	(\$6,299)
Other Categorical			346	1,264	96	(250)
State			11,088	12,091	13,714	2,626
Federal - Other			13,084	14,310	12,981	(103)
Intra City			2,863	2,922	2,932	70
TOTAL	\$100,461	\$97,412	\$104,178	\$106,542	\$100,222	(\$3,956)
Budgeted Headcount						
Full-Time Positions - Civilian	910	936	988	1058	998	10
TOTAL	910	936	988	1,058	998	10

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Epidemiology

Epidemiology <i>Dollars in Thousands</i>						
	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference FY19-FY20
				FY19	FY20	
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$11,543	\$12,109	\$12,093	\$12,471	\$12,837	\$744
Other Salaried and Unsalaries	794	954	633	843	653	20
Additional Gross Pay	356	473	20	20	20	0
Overtime - Civilian	165	224	134	140	134	0
Subtotal	\$12,859	\$13,761	\$12,880	\$13,474	\$13,644	\$763
Other Than Personal Services						
Supplies and Materials	\$144	\$164	\$143	\$131	\$280	\$137
Fixed and Misc Charges	31	2	0	3	0	0
Property and Equipment	202	197	91	167	245	154
Other Services and Charges	3,007	2,796	1,956	2,938	1,724	(232)
Contractual Services	441	441	441	441	441	0
Subtotal	\$3,824	\$3,600	\$2,630	\$3,680	\$2,689	\$58
TOTAL	\$16,683	\$17,361	\$15,510	\$17,154	\$16,332	\$822
Funding						
City Funds			\$12,502	\$13,702	\$13,137	\$636
Other Categorical			300	17	89	(211)
State			2,900	3,108	2,977	77
Federal - Other			69	236	69	0
TOTAL	\$16,683	\$17,361	\$15,771	\$17,063	\$16,273	\$502
Budgeted Headcount						
Full-Time Positions - Civilian	181	183	186	187	186	0
TOTAL	181	183	186	187	186	0

*The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.

Prevention & Primary Care

Prevention and Primary Care						
<i>Dollars in Thousands</i>						
	FY17	FY18	FY19	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY19	FY20	FY19-FY20
Budget by Program Area						
Prevention & Primary Care - Admin	\$7,884	\$8,942	\$17,222	\$11,576	\$4,794	(\$12,429)
Prevention & Primary Care - Chronic Dise	12,837	13,938	10,206	17,610	10,500	294
Prevention & Primary Care - Correctional	35,556	31,339	31,401	31,401	31,401	0
Prevention & Primary Care - PCAP	4,931	5,625	949	13,457	8,609	7,659
Prevention & Primary Care - PCIP	5,110	2,430	2,740	2,800	2,804	64
Prevention & Primary Care - Tobacco	8,576	7,032	7,369	7,208	7,153	(216)
Subtotal	\$74,894	\$69,306	\$69,887	\$84,052	\$65,260	(\$4,627)
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$12,603	\$14,840	\$12,159	\$16,925	\$12,612	\$454
Other Salaried and Unsalaries	638	589	588	728	656	68
Additional Gross Pay	259	243	167	260	171	4
Overtime - Civilian	48	48	46	77	46	0
Fringe Benefits	0	1	4	120	4	0
Subtotal	\$13,549	\$15,720	\$12,964	\$18,109	\$13,490	\$527
Other Than Personal Services						
Supplies and Materials	\$277	\$362	\$424	\$535	\$1,020	\$596
Fixed and Misc Charges	14	9	0	9	0	0
Property and Equipment	47	83	108	69	144	36
Other Services and Charges	50,509	41,996	46,182	51,903	45,942	(240)
Social Services	1	0	0	0	0	0
Contractual Services	10,498	11,135	10,210	\$13,427	4,664	(5,546)
Subtotal	\$61,346	\$53,585	\$56,923	\$65,942	\$51,769	(\$5,154)
TOTAL	\$74,894	\$69,306	\$69,887	\$84,052	\$65,260	(\$4,627)
Funding						
City Funds			\$46,535	\$50,622	\$41,599	(\$4,936)
Other Categorical			0	50	0	0
State			21,831	28,160	21,890	59
Federal - Other			1,522	4,605	1,771	249
Intra City			0	614	0	0
TOTAL	\$74,894	\$69,306	\$69,887	\$84,052	\$65,260	(\$4,627)
Budgeted Headcount						
Full-Time Positions - Civilian	178	177	140	204	135	(5)
TOTAL	178	177	140	204	135	(5)

**The difference of Fiscal 2019 Adopted Budget compared to Fiscal 2020 Preliminary Budget.*

World Trade Center Health Program

World Trade Center Health Program						
<i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY17 Actual	FY18 Actual	FY19 Adopted	Preliminary Plan		*Difference
				FY19	FY20	FY19-FY20
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$3,490	\$3,547	\$3,873	\$4,271	\$3,952	\$79
Other Salaried and Unsalaries	48	47	14	102	12	(2)
Additional Gross Pay	69	73	0	69	0	0
Overtime - Civilian	4	0	0	51	0	0
Fringe Benefits	1	1	0	0	0	0
Subtotal	\$3,612	\$3,668	\$3,887	\$4,493	\$3,964	\$77
Other Than Personal Services						
Supplies and Materials	\$260	\$38	\$52	\$236	\$49	(\$2)
Property and Equipment	138	51	66	44	30	(36)
Other Services and Charges	31,170	36,811	31,438	31,939	32,021	583
Contractual Services	712	359	341	605	289	(53)
Subtotal	\$32,279	\$37,260	\$31,898	\$32,825	\$32,389	\$492
TOTAL	\$35,891	\$40,928	\$35,785	\$37,318	\$36,354	\$569
Funding						
City Funds			\$30,558	\$30,621	\$30,558	\$0
Federal - Other			5,227	6,697	5,796	569
TOTAL	\$35,891	\$40,928	\$35,785	\$37,318	\$36,354	\$569
Budgeted Headcount						
Full-Time Positions - Civilian	41	39	42	39	42	0
TOTAL	41	39	42	39	42	0

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