

THE COUNCIL OF THE CITY OF NEW YORK

Hon. Corey Johnson
Speaker of the Council

Hon. Mark Levine
Chair, Committee on Health



Report of the Finance Division on the
Fiscal 2021 Preliminary Plan and the Fiscal 2021 Capital Commitment Plan, the Fiscal 2021
Capital Budget and the Fiscal 2020 Preliminary Mayor's Management Report for the

Department of Health and Mental Hygiene

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Finance Division

Lauren Hunt, Financial Analyst
Crielhien R. Francisco, Unit Head

Latonia McKinney, Director
Regina Poreda Ryan, Deputy Director

Nathan Toth, Deputy Director
Paul Scimone, Deputy Director

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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

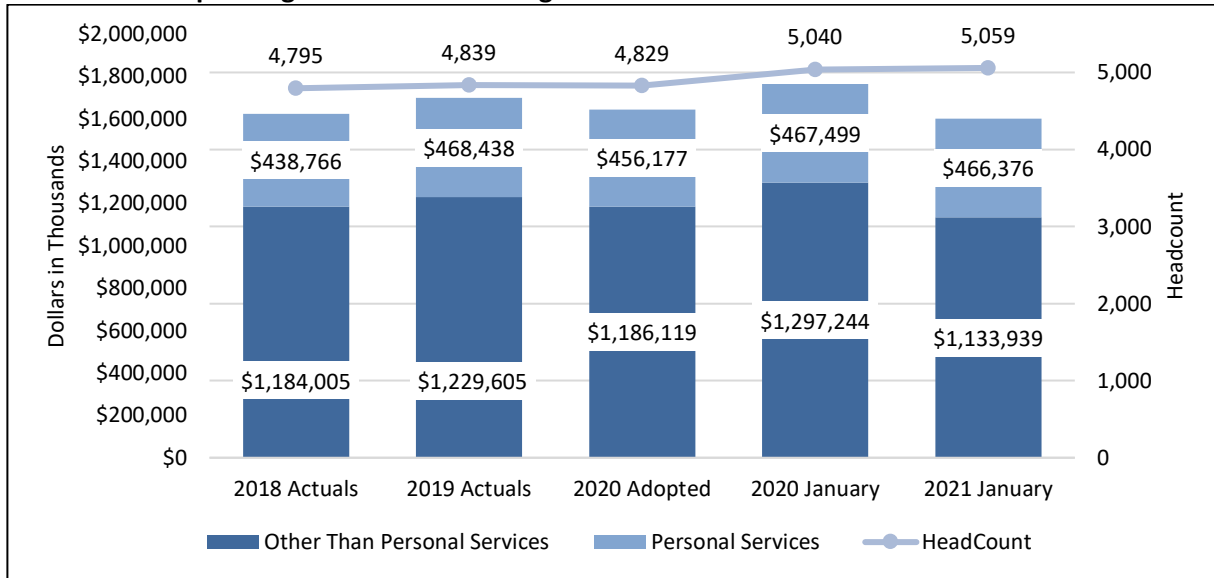
This report reviews the Department of Health and Mental Hygiene's \$1.6 billion Fiscal 2021 Preliminary Budget, focusing on funding that supports public health programming. This report presents the expense budget highlights, relevant New York State budget actions and reviews the Council-funded initiatives. The report then analyzes the public health program areas and reviews relevant sections of the Fiscal 2020 Preliminary Mayor's Management Report. The report also analyzes the Capital Commitment Plan for Fiscal 2021-2024. 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 2021 Preliminary Plan Highlights

Expense Budget

The Department of Health and Mental Hygiene’s Fiscal 2021 Preliminary Budget totals \$1.6 billion (including City and non-City funds), a decrease of \$42 million, or 2.6 percent, when compared to the Fiscal 2020 Adopted Budget. DOHMH funding represents less than two percent of the City’s \$97.2 billion Fiscal 2021 Preliminary Budget. The following chart shows DOHMH’s actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget.

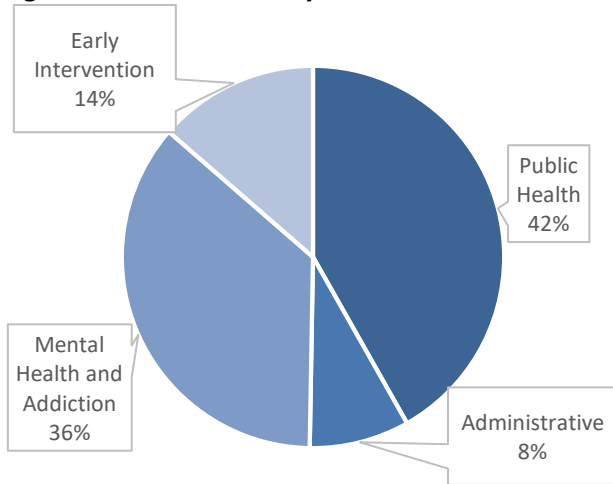
Figure 1: DOHMH Spending and headcount Budget Overview



The Department’s \$466.4 million of Personal Services (PS) funding accounts for 29.1 percent, of the DOHMH’s Fiscal 2021 operating budget, and at \$1.1 billion, Other Than Personal Services (OTPS) spending accounts for the remaining 70.9 percent. DOHMH’s PS spending increased by \$10.2 million, or 2.2 percent, in the Fiscal 2021 Preliminary Budget, when compared to the Fiscal 2020 Adopted Budget, while OTPS spending decreased by \$52.2 million, or 4.4 percent. However, the headcount increased by 4.8 percent when compared to Fiscal 2020 Adopted. See Appendix B: DOHMH Expense Budget for more information.

More than half of the Department’s funding comes from City Tax-Levy (CTL), which totals \$827.7 million in the Fiscal 2021 Preliminary Budget. State funding constitutes the second largest funding source at \$498.1 million, or 31.1 percent of the Budget, followed by federal funding at \$268.1 million, or 16.8 percent. Intra-city and other categorical funding at \$6.4 million make up the remaining funding which accounts for less than one percent of the Department’s total. See Appendix C - Financial Summary for additional information.

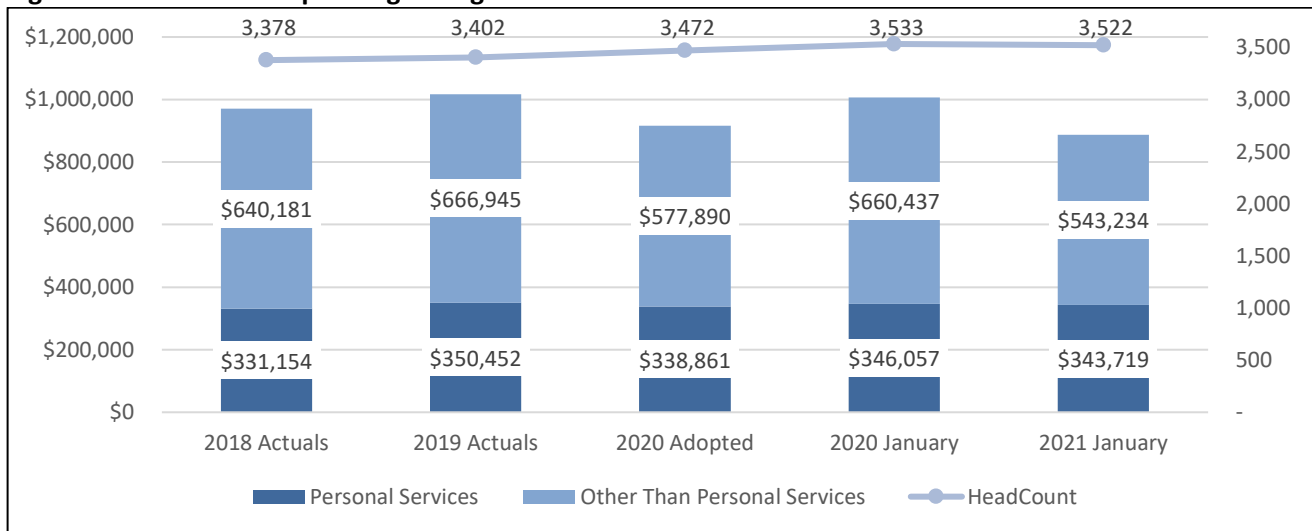
Figure 2: DOHMH FY21 by Area



The graph to the left depicts DOHMH’s Fiscal 2021 Preliminary Budget broken down by Public Health, Early Intervention (EI), the Division of Mental Health (DMH or the Division) and the Administrative section. DOHMH’s Fiscal 2021 Preliminary Budget totals \$1.6 billion, a decrease of \$42 million or nearly three percent, when compared to the Fiscal 2020 Adopted Budget of \$1.64 billion. DOHMH relies heavily on outside service providers; therefore, the OTPS budget accounts for 71 percent, or \$1.1 billion, of the Division’s overall budget. PS spending comprises 29 percent of these funds, totaling \$466 million.

The Fiscal 2021 Budget includes more than \$217.9 million for Early Intervention, or 13 percent of the Department’s Budget; with 93 percent of that funding dedicated to OTPS. Fiscal 2021 budget includes \$578 million for DMH, or 36 percent of the Department’s Budget, with 89 percent of the funding in OTPS. Lastly, Fiscal 2021 includes \$135.5 million for General Administration, or eight percent of the Departments Budget; 57 percent of funding is OTPS.

Figure 3: Public Health Spending - Budget Overview



The above chart depicts actual and planned spending and headcount in the Department’s public health sector. For the purpose of this report, Public health excludes General Administration, Office of Chief Medical Examiner, and the Division of Mental Hygiene costs. OCME budget information, in detail, can be found in the Council’s Committee on Health’s OCME Report. Even though the funding for the Early Intervention program is located under the public health program Family and Child Health EI will be reported on with the Division of Mental Hygiene, Addiction and Developmental Disability through the Council’s Committee on Mental Health, Disability, and Addiction Report.

DOHMH’s Fiscal 2021 operating budget for public health services totals \$887 million, a decrease of \$29.9 million, or three percent, when compared to the Fiscal 2020 Adopted Budget of \$916.8 million. Public health spending accounts for approximately 55 percent of the Department’s total Fiscal 2021 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 38.8 percent, or \$344 million, of the public health sector's overall budget, and the OTPS budget accounts for 61 percent, or \$543 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.

Financial Summary for Public Health

DOHMH Public Health Financial Summary						
	FY18	FY19	FY20	Preliminary Plan		Difference
<i>Dollars in Thousands</i>	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services	\$331,154	\$350,452	\$338,861	\$346,057	\$343,719	\$4,858
Other Than Personal Services	640,181	666,945	577,890	660,437	543,234	(34,656)
TOTAL	\$971,335	\$1,017,397	\$916,751	\$1,006,493	\$886,953	(\$29,798)
Personal Services						
Additional Gross Pay	\$18,874	\$19,805	\$7,266	\$7,107	\$7,101	(\$164)
Additional Gross Pay - Labor Reserve	351	596	31	548	31	0
Fringe Benefits	665	686	139	137	139	(1)
Fringe Benefits - SWB	240	246	0	271	0	0
Full-Time Salaried - Civilian	232,866	243,032	258,856	260,712	261,963	3,107
Overtime - Civilian	4,076	5,362	1,552	5,565	1,557	4
Unsalaries	74,083	80,725	71,017	71,717	72,929	1,912
SUBTOTAL, PS	\$331,154	\$350,452	\$338,861	\$346,057	\$343,719	\$4,858
Other Than Personal Services						
Contractual Services	\$108,341	\$113,032	\$124,770	\$119,479	\$88,085	(\$36,684)
Contractual Services - Professional Services	49,783	39,665	41,605	47,336	44,863	3,258
Contractual Services - Social Services	328,221	350,388	269,893	330,927	269,893	0
Fixed & Misc. Charges	29	72	0	25	0	0
Other Services & Charges	141,401	150,484	127,023	149,131	125,803	(1,220)
Property & Equipment	3,159	3,103	2,072	2,303	1,921	(151)
Social Services	2	4	160	67	160	0
Supplies & Materials	9,245	10,197	12,367	11,170	12,508	141
SUBTOTAL, OTPS	\$640,181	\$666,945	\$577,890	\$660,437	\$543,234	(\$34,656)
TOTAL	\$971,335	\$1,017,397	\$916,751	\$1,006,493	\$886,953	(\$29,798)
Funding						
City Funds			\$464,677	\$456,496	\$453,023	(\$26,748)
Federal - Other			238,764	248,793	238,367	(13)
Intra City			3,019	5,916	2,557	(2,249)
Other Categorical			1,538	19,467	1,525	(405)
State			208,754	275,822	191,482	(462)
TOTAL	\$971,335	\$1,017,397	\$916,751	\$1,006,493	\$886,953	(\$29,877)
Budgeted Headcount						
Full-Time Positions - Civilian	3,378	3,402	3,472	3,533	3,522	50
TOTAL	3,378	3,402	3,472	3,533	3,522	50

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

The Department's Fiscal 2021 Preliminary Budget includes \$13 million in new needs for Fiscal 2020, growing to \$24 million in Fiscal 2021 since the Fiscal 2020 Adopted Budget. Other adjustments introduced since the Fiscal 2020 Adopted Budget include a decrease of \$3 million in Fiscal 2020 and an increase of nearly \$2 million in Fiscal 2021. This includes \$16.8 million in new needs and a \$50.8 million increase in other adjustments in the November 2019 Plan and \$68.2 million increase in other adjustments from the Fiscal 2021 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 Needs

- **Brooklyn Rapid Assessment and Response.** The November 2019 Plan included \$457,600 to DOHMH in Fiscal 2020 and \$1.1 million in Fiscal 2021 and in the outyears to increase the capacity of the Brooklyn Neighborhood Action Center. Neighborhood Health Action Centers, which DOHMH operates in Brownsville, East Harlem, and Tremont, provide a variety of resources and programs to serve residents' health needs.
- **Crisis Prevention and Response.** The November 2019 Plan allocates \$8.1 million in Fiscal 2020, and \$18.4 million in the outyears to support DOHMH's \$37 million investment to address serious mental illness. In 2019, the City voted to close Rikers Island Detention Center. Part of this agreement was the expansion of services for seriously mentally ill. DOHMH increased its budget to include funding for additional HEAT teams to address frequent 911 calls, additional co-respond teams in the 25th and 47th precincts, increased number of mobile crisis teams and create a network of local organizations to provide community based mental health assistance to individual's post-psychiatric hospitalization.
- **Indirect Cost Rate Initiative.** The November 2019 Plan allocates \$4.7 million to support indirect cost rates for human service providers.

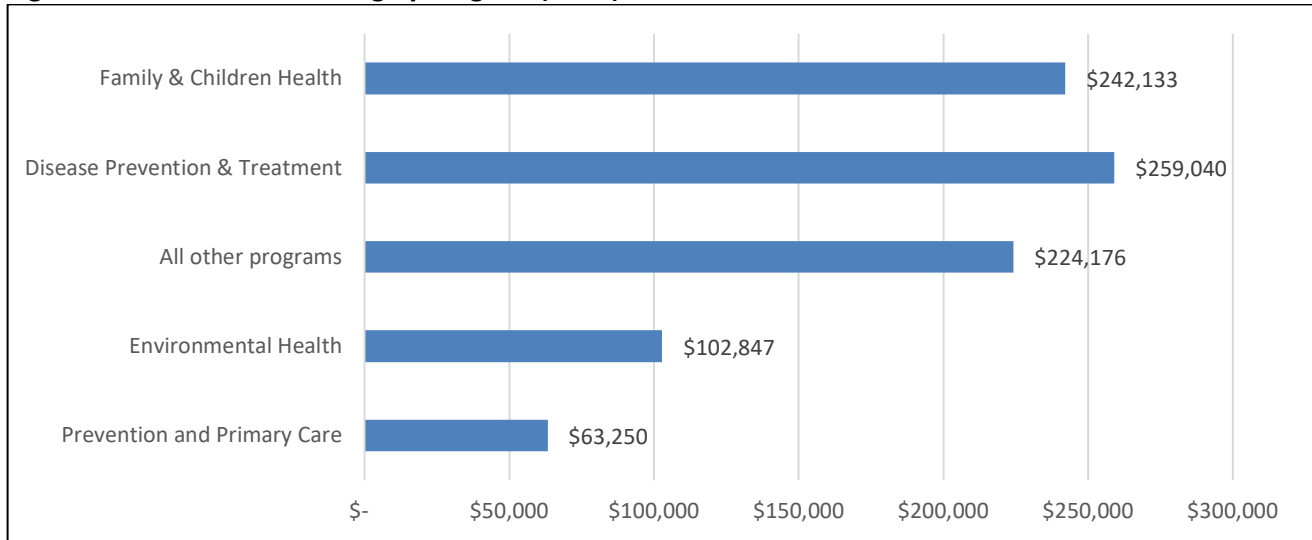
Other Adjustments

- **Comprehensive HIV Prevention Programs PS.** Due to underspending in PS, there was a shift to OTPS. Funding of \$1.9 million was redirected to purchase condoms and conduct social marketing activities on a one-time basis.

Program Areas

The graph below identifies the Fiscal 2021 Public Health funding by program area, as of the Fiscal 2021 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 (excluding Early Intervention), Prevention and Primary Care, and the World Trade Center Health Program.

Figure 4: Public Health Funding by Program ('000s)

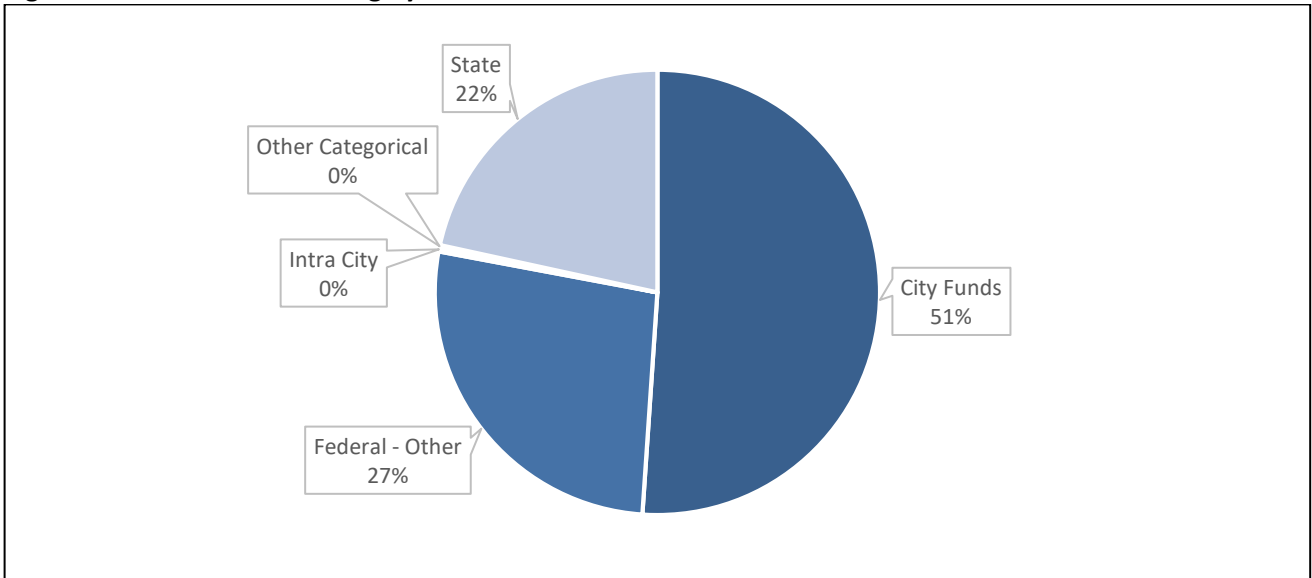


Nearly every program area in the Fiscal 2021 Preliminary Budget experienced a net decrease in funding when compared to the Fiscal 2020 Adopted Budget. Disease Prevention and Treatment experienced the largest net decrease at \$14.9 million, followed by Prevention and Primary Care at \$7.9 million, Environmental Health at \$5.9 million and Family and Child Health at \$5.3 million. Emergency Preparedness and Responds experienced an increase of \$3.8 million. The Adopted Budget includes the City Council’s discretionary funding, grouped into the administrative program areas, but the Fiscal 2021 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 2021 Public Health funding, as of the Fiscal 2021 Preliminary Budget, by source. CTL accounts for 51 percent of planned Fiscal 2021 funding at \$453 million. Federal funding constitutes the second largest source of funding at 27 percent or \$238.4 million. State funding is the third largest source of public health funding, representing 22 percent of the Budget at \$191.5 million. In past years, 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, provided 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. In Fiscal 2020, the State reduced the reimbursement rate from 36 percent to 20 percent reducing the revenue to the Department by \$59 million. See Appendix C: Financial Summary for additional information.

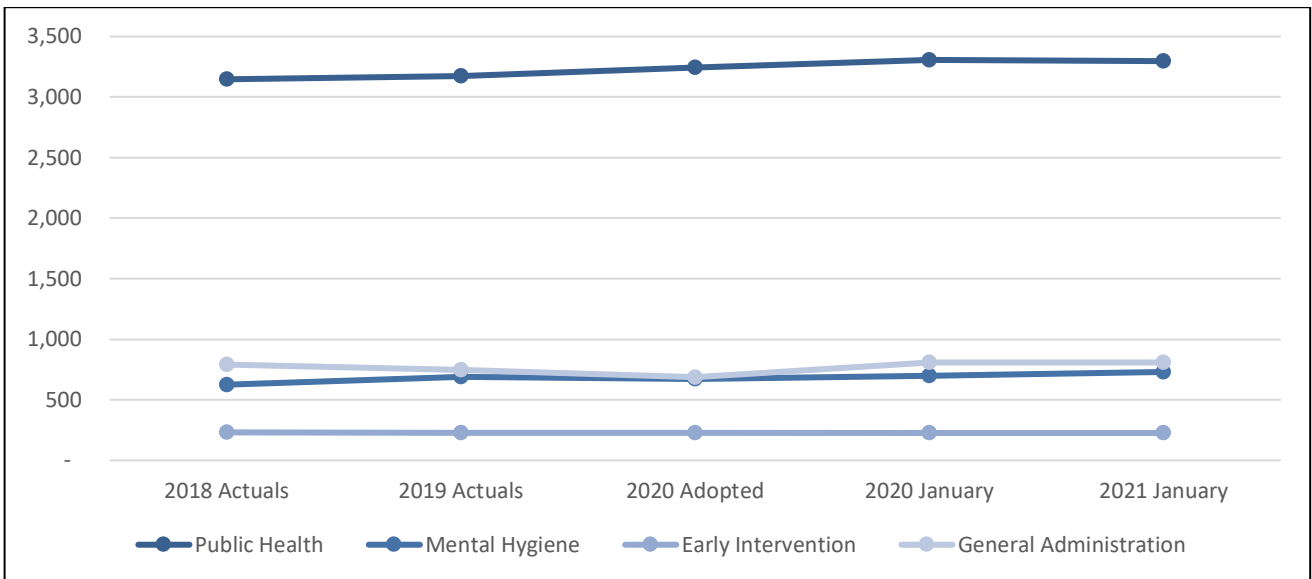
Figure 5: Public Health Funding by Source



Headcount

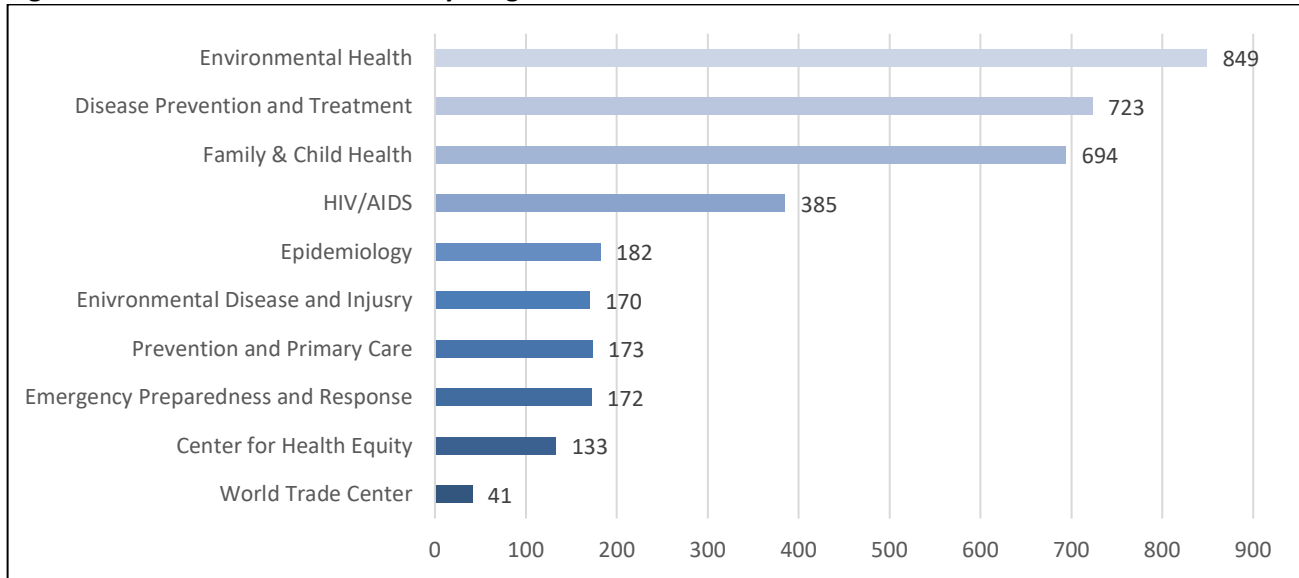
The Preliminary Plan increased the Department headcount by a net 230 positions in Fiscal 2021 for a total city-funded headcount of 5,059 positions. The Plan increases the headcount in the Mental Hygiene sector by 60 positions, the Public Health Sector by 50 positions, and General Administration gained 120 positions. The following graph shows the Department’s headcount broken down by Public Health, Mental Hygiene, Early Intervention and General Administration.

Figure 6: DOHMH Headcount



DOHMH’s headcount had increased by nearly 1,000 positions between Fiscal 2014 and Fiscal 2020. The following graph depicts the Fiscal 2021 headcount by Public Health program area, as of the Fiscal 2021 Preliminary Budget.

Figure 7: Public Health Headcount by Program Area



The Fiscal 2020 Current Modified Budget

Regarding the current fiscal year, DOHMH’s Fiscal 2020 Budget, stands at \$1.8 billion – a net increase of \$122.4 million since June 2019. This includes the \$13.3 million in new needs and \$40.3 million in other adjustments funding added in the November 2019 Plan, as well as the \$68.8 million in other adjustments from the Fiscal 2021 Preliminary Budget. The Department’s Fiscal 2020 Adopted Budget totaled \$1.6 billion. City funds increased by \$10 million since adoption, other categorical funding increased by \$18.7 million, federal funding added \$2.7 million, State funding provided \$89.4 million, and intra-city funding added \$4.6 million – for a total non-City funding addition of \$112.4 million in Fiscal 2020. 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 \$122.4 million midyear increase in the Fiscal 2021 Preliminary Budget is typical for the Department.

Financial Plan headcount adjustments in the Fiscal 2021 Preliminary Budget led to a net increase of 211 City-funded full-time positions in Fiscal 2020, for a total headcount of 5,040 positions in the current fiscal year.

Fiscal 2020-2021 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 Country’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 and 75 managed care plans. In State Fiscal Year 2019 Medicaid began facing a deficit, which added to the \$6 billion budget gap faced by the State in Fiscal 2021. In the State

Executive Budget, the governor announced that there would be a \$2 billion Medicaid gap for State Fiscal 2021. The first step in closing the gap was an across the board one percent cut to Medicaid spending that will go into effect retroactively to January 1, 2020 and continue into the outyears. Second, the governor re-convened the Medicaid Redesign Team (MRT) and tasked them with the responsibility of finding \$2.5 billion in savings.

Lastly, the Governor created a financial incentive to control the rising cost of Medicaid by shifting the costs back to localities. The State provided three scenarios for localities. First, localities within the two percent property tax growth cap and within the three percent Medicaid growth cap would not be required to pay anything additional to the State. Second, localities within the two percent property tax growth cap but exceeding the three percent Medicaid growth cap would only be required to pay the State for the growth amount in excess of the three percent cap. Thirdly, and the scenario NYC falls into, localities exceeding both the two percent property growth cap and the three percent Medicaid growth cap will be required to pay for all growth amounts over the prior year expenditures. The NYC Office of Management and Budget (OMB) anticipates that the local share will be \$518 million in Fiscal 2021. In addition, the State is no longer paying localities for the Federal Medical Assistance Percentage (FMAP). This would lead to an additional cost to the City of \$587 million in Fiscal 2021. The total cost to the City for the State Medicaid changes will amount to \$1.1 billion in Fiscal 2021 and will continue to compound each year.

The 30-day state amendment clarified the language around the localities percentages. The amendment changed the rate for each locality to be based on the localities rate of Medicaid growth for Fiscal 2020. In Fiscal 2019, the City's Medicaid growth was seven percent and OMB anticipates that the rate of growth will remain the same in Fiscal 2020, if not increase. Besides tying the growth rate to the Fiscal 2020 rate, the changes in the 30-day state amendments don't apply to the City.

In addition, the State Executive Budget added a new \$8 billion 1115 Medicaid waiver that is intended to improve health outcomes and patient experiences, improve efficiency of delivery systems by addressing social determinants of health, and incentivize MCOs and providers through value-based care and building new workflows. The \$8 billion will be broken up into: \$5 billion in Value Driving Entities, \$1 billion for workforce development, \$1.5 billion Developing Social Determinants of Health Networks, and \$500 million in Interim Access Assurance Fund (supporting distressed hospitals).

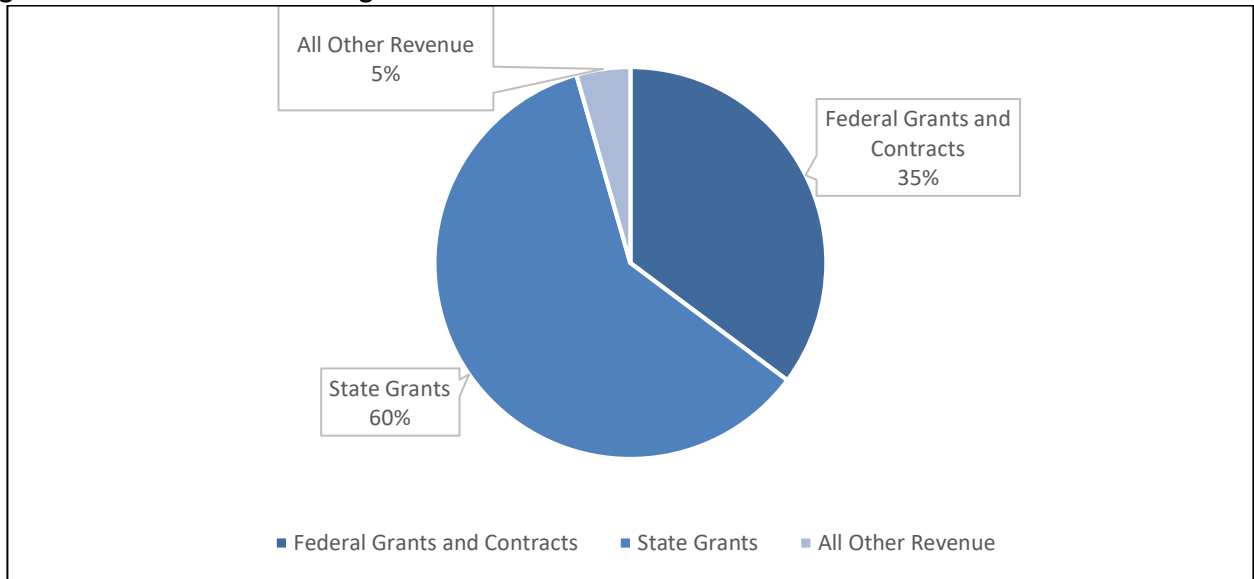
The State Executive Budget also includes \$14.2 million in funding to counter the loss of the Title X funding after the federal government implemented a gag rule on reproductive health providers providing information on abortions. The budget also includes \$8 million to improve maternal health outcomes and continue to review each maternal death in New York State. The State Executive Budget also proposed legislation to reauthorize the Health Care Reform Act (HCRA), regulated prescription drug pricing and create tobacco control policies.

Revenue Budget

In addition to State and federal grants, the Department generates a modest amount of revenue, with \$29.5 million planned for Fiscal 2021. The largest sources of revenue include birth and death certificates at \$9 million, or 30.5 percent, restaurants and vendors' licenses and permits at \$8.8 million, or 29.9 percent, pest control fees at \$3.7 million, or 12.5 percent and death disposition permits at \$2.1 million, or 7.1 percent. 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 2021 revenue sources.

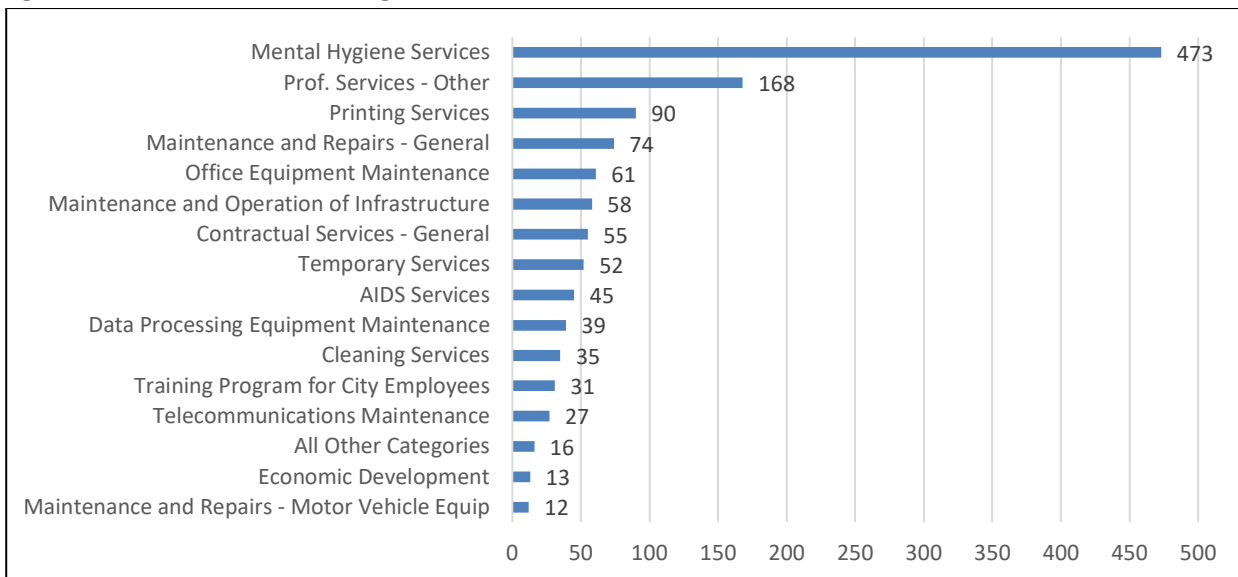
Figure 8: DOHMH Revenue Budget



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 2021 contract budget broken down by category.

Figure 9: DOHMH Contract Budget



The City’s Contract Budget, as proposed, totals \$16.9 billion in Fiscal 2021 and includes 17,873 contracts. The Department’s Fiscal 2021 Contract Budget totals \$855 million and includes 1,249

contracts. Contracts for mental hygiene services total \$626 million, representing 73 percent of the Department’s total spending on contracts. Contracts for AIDS services represent the second largest source of DOHMH contract spending at \$83.1 million, or approximately 10 percent of the total. See Appendix D: Contract Budget for additional information.

Council Initiatives

The Health Services initiatives funded by the Council in Fiscal 2020 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.

The Department’s Fiscal 2020 Budget includes approximately \$48.2 million in City Council discretionary funding, including \$26.2 million for public health initiatives, \$19.6 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 2020 budget.

Major investments in Fiscal 2020 include \$7.7 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, subsequently, to end the AIDS epidemic in New York by 2021. 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 2020.

Access Health. The \$3 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), the Children’s Health Insurance Program (CHIP) and an additional \$500,000 was added in Fiscal 2020 to reinstate the Managed Care Consumer Assistance Program (MCCAP).

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.

FY20 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
Council Initiatives	
Access Health Initiative	\$3,000
Beating Hearts	350
Cancer Services	600
Child Health and Wellness	646
Dedicated Contraceptive Fund	781
Ending the Epidemic	7,735
HIV/AIDS Faith Based Initiative	1,131
Immigrant Health Initiative	1,565
Maternal and Child Health Services	2,193
Public Health Funding Backfill	5,155
Reproductive and Sexual Health Services	445
Trans Equity Programs	1,175
Viral Hepatitis Prevention	1,924
Subtotal	\$26,699
<i>Mental Health Initiatives</i>	<i>19,348</i>
<i>Local Initiatives</i>	<i>2,193</i>
TOTAL	\$48,240

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 \$781,000 allocation supports provider's access to contraception, including Long-Acting Reversible Contraception (LARC) and trainings, patient counseling and care, or the purchasing of non-LARC contraceptives.

Ending the Epidemic. The \$7.74 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 2021, 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 \$2.2 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 \$445,000 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. Additionally, the Speaker added \$250,000 to fund the Abortion Access Fund to support New Yorkers in being able to pay for and obtain abortions.

Trans Equity Programs. The \$1,175,000 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

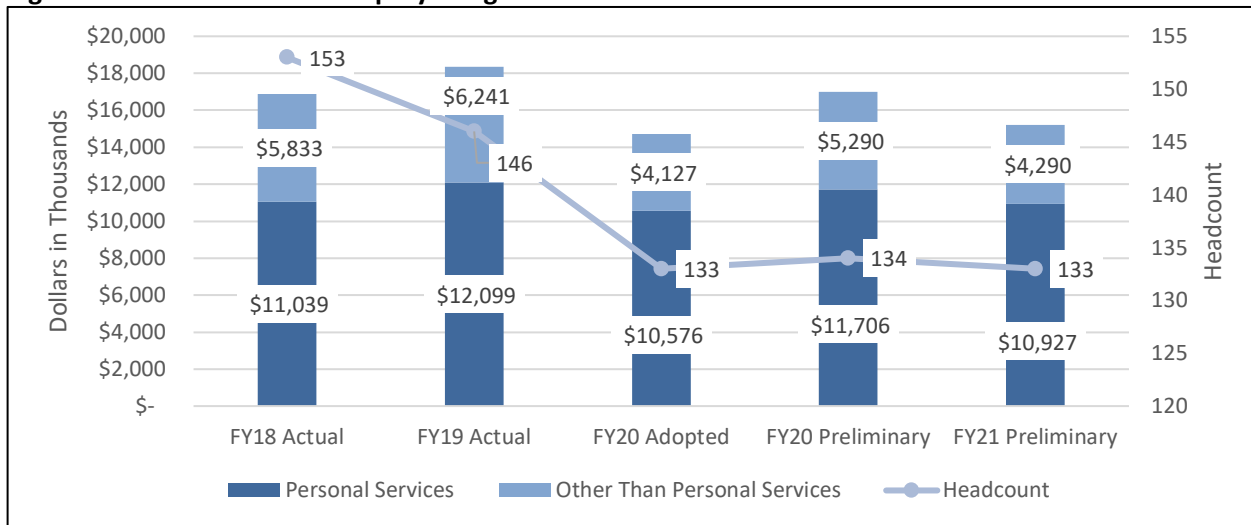
Center for Health Equity

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 2020 – the City’s blueprint for promoting healthy childhoods, creating healthier neighborhoods, supporting healthy living, and increasing access to quality caregiving.

The Department has consolidated staff and funds from the Center for Health Equity and Prevention and Primary Care to form the new Center for Health Equity and Community Wellness (CHECW). This will be included in the release of the Fiscal 2021 Executive Budget. For Fiscal 2021 Preliminary budget, the two programs will be reported on separately.

Figure 10: 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 2021 Preliminary Budget. Funding in the current fiscal year increased by \$351,411, when compared to budget at adoption.

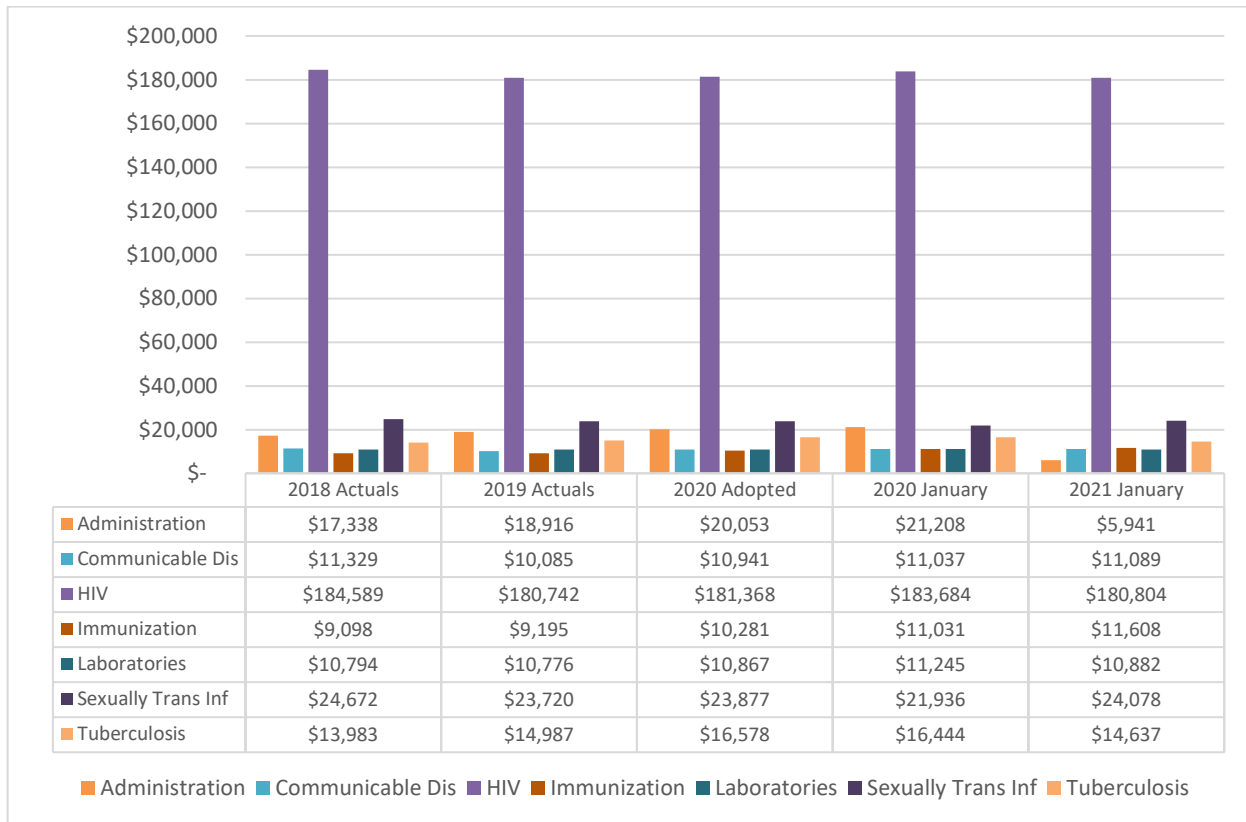
PS spending accounts for the majority (72 percent) of the Center’s Fiscal 2021 Preliminary Budget funding of \$10.9 million, which supports 133 positions. The Preliminary Budget funding for Fiscal 2021 increased slightly to \$15.2 million from the amount of at adoption. However, funding increased by 13 percent in the current year. More than half of the increase in funding in the current fiscal year comes from a Federal Teenage Pregnancy Prevention program that added \$1.3 million. The Fiscal 2021 preliminary funding includes \$2.7 million in State Public Health Local Assistance funding.

Funding for Center for Health Equity’s represents less than two percent of total public health spending in Fiscal 2021 and one percent of the Department’s total budget. See Appendix E1: Center for Health Equity for more 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.

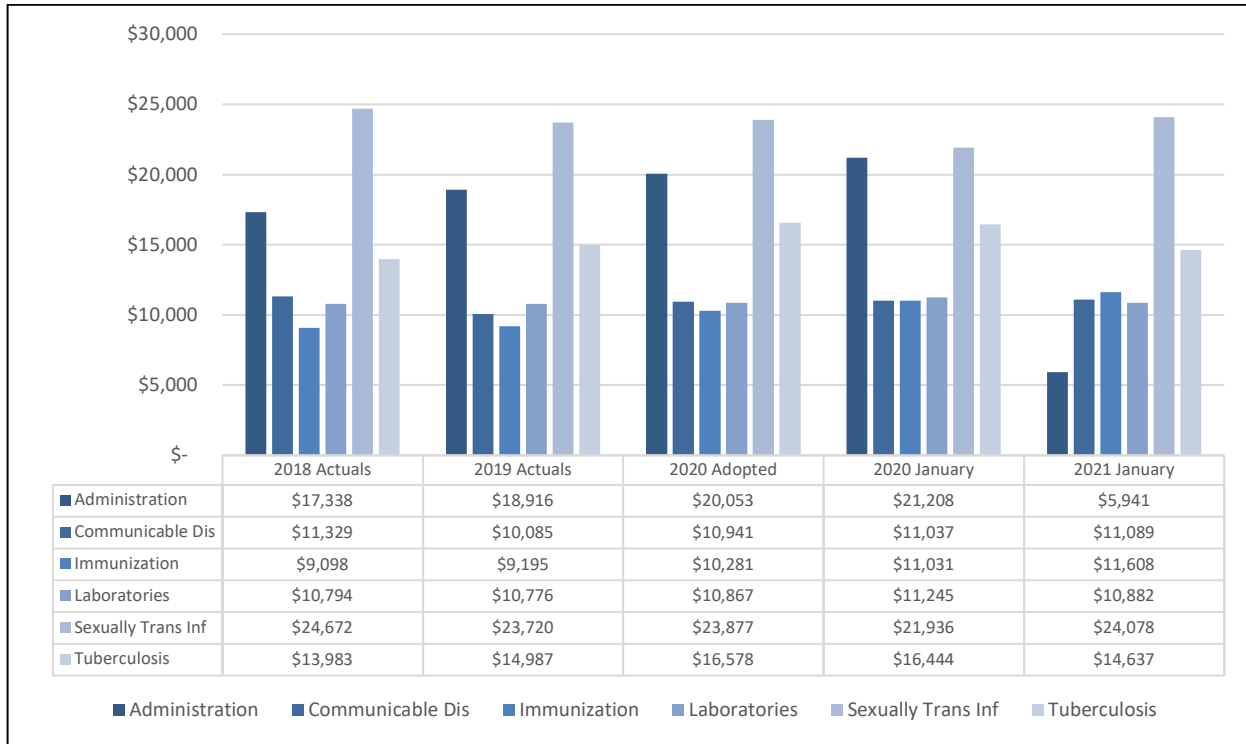
Figure 11: Disease Prevention and Treatment- Budget Overview



The above chart shows the Disease Prevention and Treatment actual and planned spending by program area as of the Fiscal 2021 Preliminary Budget. The Fiscal 2021 Preliminary Budget allocates \$259.1 million to Disease Prevention and Treatment, a decrease of nearly \$14.9 million, or five percent, when compared to the \$274 million Fiscal 2020 Adopted Budget, the majority of the reduction was in Administration.

Between the Fiscal 2020 Adopted Budget and Fiscal 2021 Preliminary Budget, the Disease Prevention and Treatment headcount decreased by 22 full-time City-funded positions. Overall, PS spending accounts 65 percent of Disease Control and Prevention funding in Fiscal 2021 at \$90.6 million and the funding supports 1,108 positions. See Appendix E2: Disease Prevention and Treatment for additional information.

Figure 12: Disease Prevention and Treatment- Budget Overview excluding HIV/AIDS

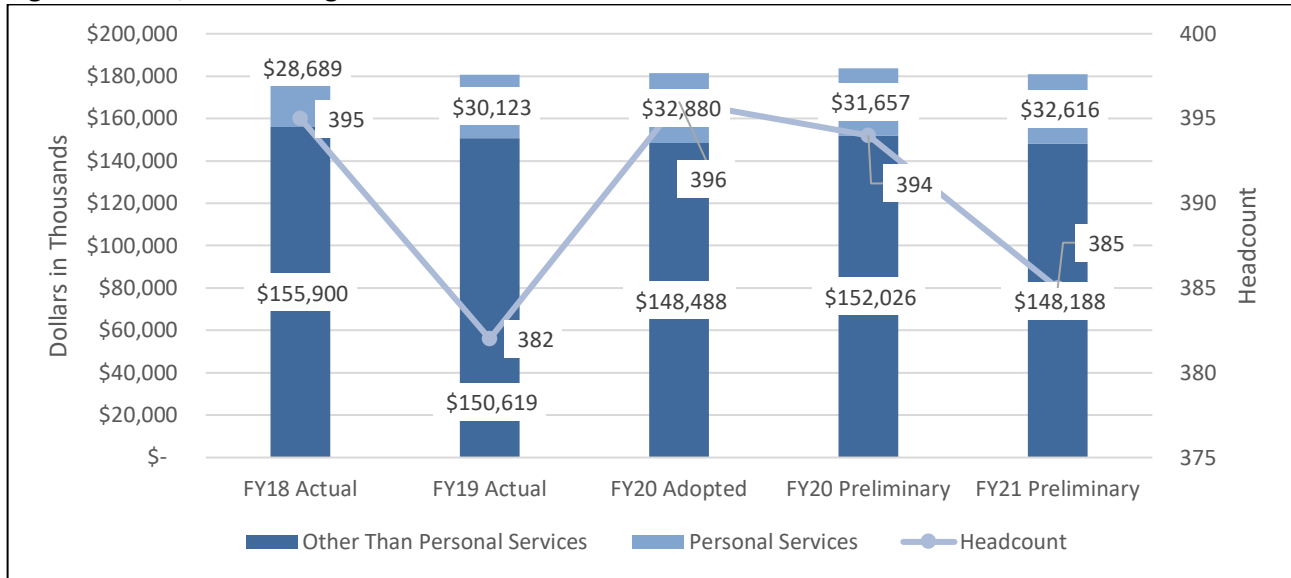


The above chart shows the Disease Prevention and Treatment, excluding HIV/AIDS funding, actual and planned spending by program area as of the Fiscal 2021 Preliminary Budget. The Fiscal 2021 Preliminary Budget allocates \$78.2 million to Disease Prevention and Treatment, a decrease of nearly \$14.4 million, or 18.4 percent, when compared to the \$92.6 million Fiscal 2020 Adopted Budget. The \$12.7 million reduction in City funding for Disease Prevention and Treatment Administration drove the decrease.

Between the Fiscal 2020 Adopted Budget and Fiscal 2021 Preliminary Budget, the Disease Prevention and Treatment headcount decreased by 11 full-time City-funded positions. Overall, PS spending accounts 74 percent of Disease Control and Prevention funding in Fiscal 2021 at \$58 million and the funding supports 723 positions. See Appendix E2: Disease Prevention and Treatment for additional information.

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.

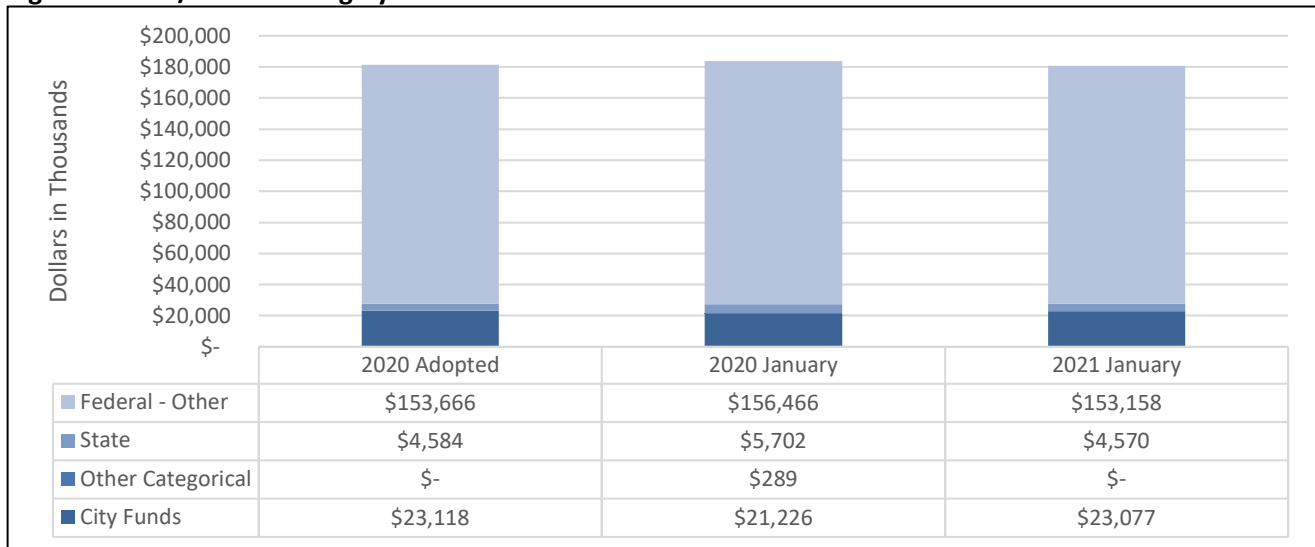
Figure 13: HIV/AIDS – Budget Overview



The above chart shows the HIV/AIDS actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget. The Budget allocates \$180.8 million to HIV/AIDS Prevention and Treatment, a decrease of little over \$500,000, or less than one percent, when compared to the Fiscal 2020 Adopted Budget. A reduction in federal aid drove this decrease. Funding in the current fiscal year, however, increased by \$2.3 million or one percent, when compared to the budget at adoption, to \$183 million.

The Fiscal 2021 Preliminary Budget also decreases the HIV/AIDS Prevention and Treatment headcount by 11 full-time City-funded positions. OTPS spending represents the majority (82 percent) of HIV/AIDS Fiscal 2021 funding at \$148 million. HIV/AIDS funding represents approximately 20.4 percent of all public health spending and 11.3 percent of the Department’s total budget. See Appendix E3: Disease Prevention and Treatment: HIV/AIDS for additional information.

Figure 14: HIV/AIDS Funding By Source



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 2021 Budget at \$153.2 million. CTL provides 13 percent of the funding at \$23 million, and the State contributes the remaining three percent, \$4.5 million. The Fiscal 2021 Preliminary Budget includes \$31.6 million in federal funding for

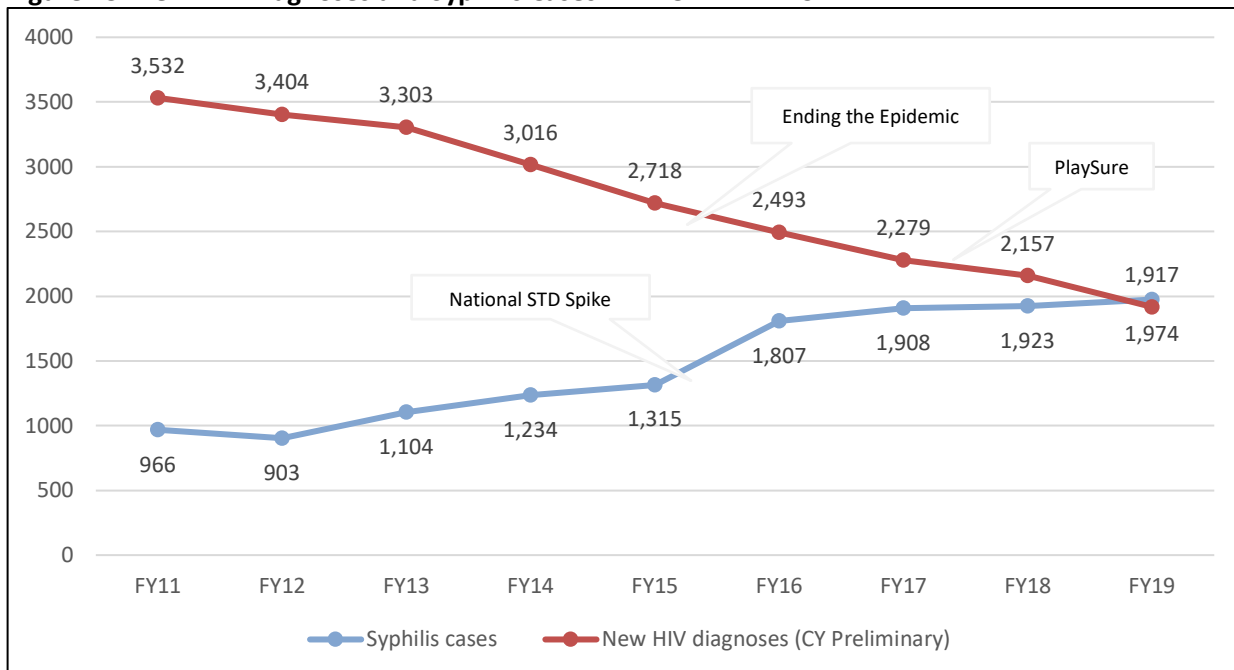
AIDS Prevention Surveillance, \$92.1 million for Ryan White HIV Emergency Relief, \$22.3 million for Housing Opportunities for People with AIDS (HOPWA), and \$1.1 million for non-governmental HIV prevention activities. The Bureau of HIV/AIDS also receives \$4.3 million in State Public Health Local Assistance funding.

In June 2014, Governor Andrew Cuomo announced a three-point plan to end the AIDS epidemic in New York State by the year 2021 – 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 2020-2021 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	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
New HIV diagnoses (CY Preliminary)	2,279	2,157	1,917	↓	↓	494	430
Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment	90.10%	95.60%	96.10%	94.00%	96.00%	94.90%	96.00%
Male condoms distributed (000)	35,220	20,917	19,076	34,045	25,000	6,577	9,356

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 15: New HIV Diagnoses and Syphilis Cases in NYC FY11-FY19



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 2019. The number of new HIV diagnoses decreased by 240 diagnoses, or 11 percent, between Fiscal 2018 and Fiscal 2019 to 1,917 diagnoses. This represents a 29 percent decrease when compared to the number of Fiscal 2015 diagnoses.

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 2020 increased by 29 percent compared to the same period last year.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Syphilis cases	1,908	1,923	1,974	↓	↓	716	598

The number of reported primary and secondary syphilis cases decreased to 598 cases in the first quarter of Fiscal 2020 from 716 cases in the first quarter of Fiscal 2019.

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.

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 2021 Preliminary Budget allocates \$11.1 million to Communicable Disease programs, an increase of \$148,000, or 1.3 percent, when compared to the Fiscal 2020 Adopted Budget. Funding in the current fiscal year totals \$11.1 million, an increase of \$96,000, or less than one percent, when compared to the budget at adoption.

PS spending represents the majority (76 percent) of the Bureau's Fiscal 2021 funding at \$8.4 million. The remaining 24 percent, or \$2.6 million, is OTPS spending. In Fiscal 2021, the Bureau will no longer receive the Federal grant for the Affordable Care Act- Epidemiology for a reduction in funding of \$1.3 million. However, there was an 18 percent increase to the federal CDC grant for Investigation and Technical Assistance, for a total of \$7.3 million and a 346 percent increase to the federal improving hepatitis B and C grant for a total of \$601,746 when compared to the budget at Fiscal 2020 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 2021 Preliminary Budget allocates nearly \$24.1 million for STD Control, an increase of \$201,953, or less than one percent, when compared to the Fiscal 2020 Adopted Budget. Funding in the current fiscal year totals \$21.9 million, a decrease of \$1.9 million, or 8 percent, when compared to the budget at adoption. PS spending represents the majority (81 percent) of the Bureau's Fiscal 2021 funding at \$20 million.

Major sources of federal funding for STD Control include a \$4.6 million Venereal Disease Control grant and a \$240,000 Medicaid grant. Fiscal 2021 State funding includes \$1.4 million for HIV Partner Notification and \$3.4 million for Public Health Local Assistance.

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 2021 Preliminary Budget allocates \$10.9 million for the Laboratory, comparable to the funding allocated in the Fiscal 2020 Adopted Budget. Funding in the current fiscal year increased to \$11.2 million, or three percent. PS spending represents the majority (69 percent) of the Laboratory's Fiscal 2021 funding at \$7.5 million. In Fiscal 2021 State funding for the Laboratory includes \$2.2 million in Public Health Local Assistance funding and \$625,000 in Medicaid- Health and Medical Care grant.

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.

The Fiscal 2021 Preliminary Budget allocates \$14.6 million to the Bureau of Tuberculosis Control, a decrease of \$1.9 million, or 13.3 percent, when compared to the Fiscal 2020 Adopted Budget. While funding in the current year Preliminary Budget only decreased marginally by \$134,416 less than adopted. PS spending represents the majority (84 percent) of the Bureau's Fiscal 2021 funding at \$12.3 million. The Bureau receives federal and State grant funding in Fiscal 2021 for TB prevention and control totaling \$5.6 million as well as \$1.6 million in State Public Health Local Assistance funding.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
New tuberculosis cases (CY)	565	613	559	↓	↓	186	169
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	65.40%	66.10%	62.80%	68.00%	68.00%	NA	NA
Children aged 19-35 months with up-to-date immunizations (%)	75.10%	74.10%	72.90%	77.00%	77.00%	73.00%	73.70%
Children in the public schools who are in compliance with required immunizations (%)	98.80%	99%	98.90%	99%	99%	93.90%	95.2
HPV vaccine series completion (%)	56.60%	61.10%	53.20%	64.00%	70.00%	62.50%	64.70%

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 decreased between Fiscal 2018 and Fiscal 2019 by 54 cases. The City continues to experience a decrease in TB cases in the first four months of Calendar Year 2020 when compared to the same period in Calendar Year 2019 by 17 cases, or 9 percent.

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.

The Bureau of Immunization promotes the immunization of children and adults in order to prevent the occurrence and transmission of diseases. The Fiscal 2021 Preliminary Budget allocates \$11.6 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 \$1.3 million more than funding allocated at adoption. PS spending represents the majority (69 percent) of the Bureau's Fiscal 2021 funding at \$8 million. The Bureau receives a \$9.9 million federal immunization grant, which is 13 percent higher than Fiscal 2020 budget at time of adoption, and \$308,918 in State Public Health Local Assistance funding in Fiscal 2021.

Immunization

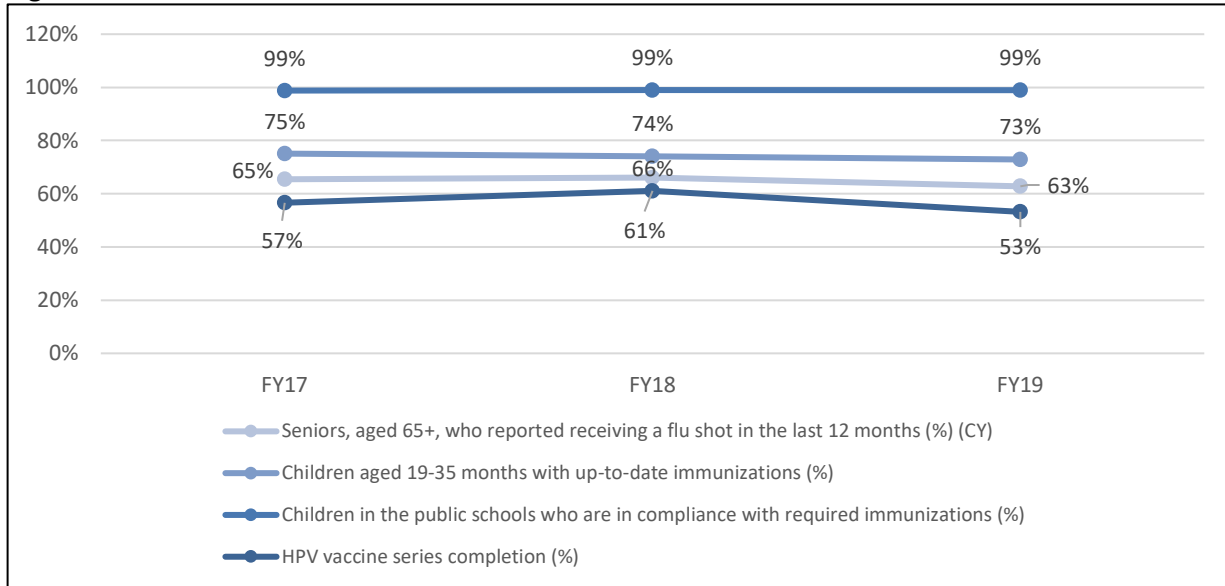
The number of seniors who reported receiving a flu shot in the last 12 months decreased between Fiscal 2018 and Fiscal 2019 to 62.8 percent, a decrease of four percent. The Fiscal 2021 target for the number of seniors who receive a flu shot stands at 68 percent. The Bureau provides vaccination services to the public at one walk-in clinic in Brooklyn.

The number of children aged 19-35 months with up-to-date immunizations decreased in Fiscal 2019 to 72.9 percent – down from 74.1 percent in Fiscal 2018. The Department Fiscal 2021 target for the number of immunized children remains 77 percent. The number of children in the public schools who comply with required immunizations decreased marginally in Fiscal 2019 to 98.9 percent.

The percentage of HPV vaccine series completed decreased by 12.9 percent between Fiscal 2018 and Fiscal 2019 to 53.2 percent. However, in the first four months of Fiscal 2020 the percentage of HPV vaccine series completed increased by 3.4 percent, to 64.7 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 2020 target for HIV vaccine series completion is 67 percent, increasing to 70 percent in Fiscal 2021.

The following graph shows the aforementioned immunization rates from Fiscal 2017 to Fiscal 2019, as a percentage of the relevant NYC population.

Figure 16: Immunization Rate FY17-FY19



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.

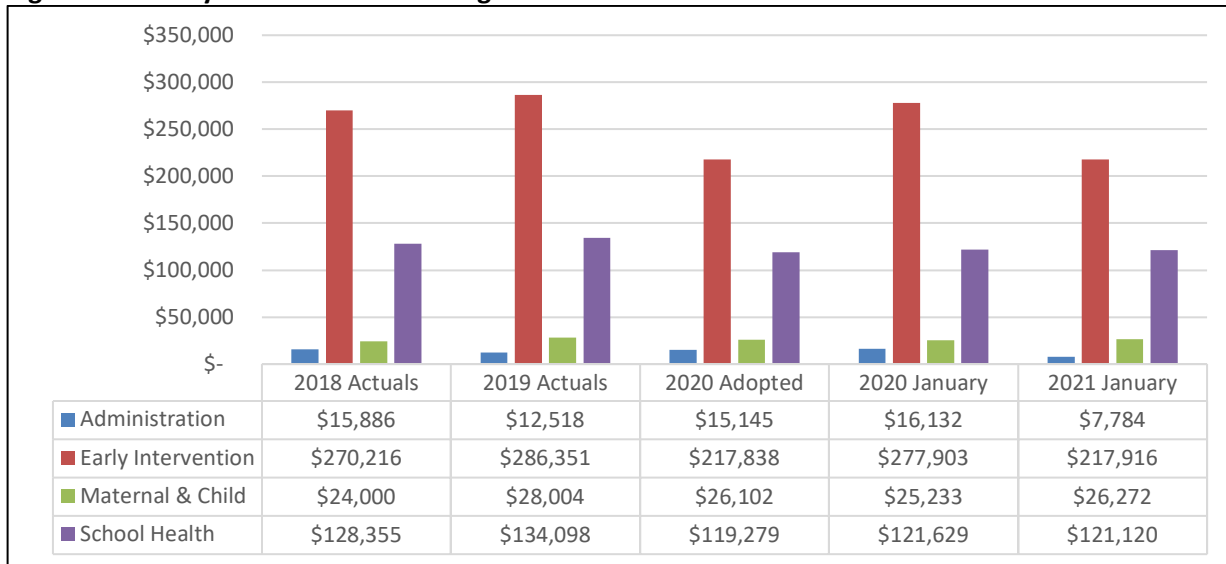
The Bureau’s Sexual and Reproductive Health Unit works to increase access to contraception, including IUDs and contraceptive implants, emphasizing the promotion of immediate post-abortion and post-partum contraception, the dissemination of best clinical practices, provider education, and public awareness.

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 schoolchildren 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.

The Early Intervention (EI) program provides a comprehensive array of therapeutic and support services to children under the age of three with confirmed developmental delays or disabilities, such as autism, cerebral palsy, or mental retardation. The program, jointly financed by federal, State and local governments, serves approximately 69,000 children in New York State annually. In the New York City budget, the EI program falls under the Family and Child Health program area. The program serves all eligible New York families at no cost regardless of race, ethnicity, income, or immigration status.

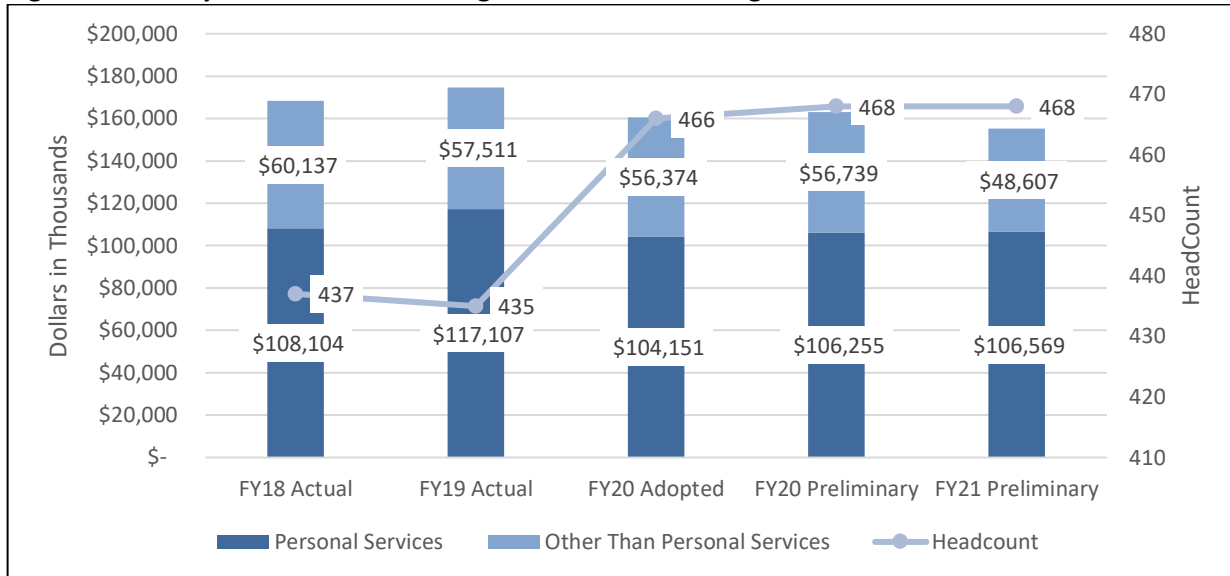
Figure 17: Family and Child Health Budget Overview



The above graph shows the Family and Child Health actual and planned spending by program area as of the Fiscal 2021 Preliminary Budget. The Fiscal 2021 Preliminary Budget allocates \$373.1 million to Family and Child Health programs, a decrease of \$5.2 million, or 1.4 percent, when compared to the Fiscal 2020 Adopted Budget.

PS spending represents 33 percent of Family and Child Health funding in Fiscal 2021 at \$122.8 million. This funding supports 694 positions. Funding for Family and Child Health represents approximately 22.1 percent of the Department’s total budget. Early Intervention receives more than half of the funding from Family and Child Health, because of the developmental nature of the work provided through the Early Intervention program. The details on the budget will be included in the Fiscal 2021 Committee on Mental Health, Disabilities and Addiction report. OSH receives the next highest amount of the Family and Child Health funding at \$121.1 million, or 32 percent of the program area budget. The Office’s funding increased by \$1.8 million between the Fiscal 2020 Adopted Budget and the Fiscal 2021 Preliminary Budget, while funding to Family and Child Health administration decreased by \$7.4 million. The next section will examine the funding for the Public Health Portion of Family and Child Health budget. See Appendix E4: Family and Child Health for additional information.

Figure 18: Family and Child Health Budget Overview Excluding EI



The above graph shows the Public Health portion of Family and Child Health, excluding the Early Intervention Program, actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget. Excluding the Early Intervention program area, the Fiscal 2021 Preliminary Budget allocates \$155.2 million to Family and Child Health programs, a decrease of \$5.4 million, or 3.3 percent, when compared to the Fiscal 2020 Adopted Budget. Current fiscal year funding increased by \$2.5 million, to \$163 million. PS spending represents 69 percent of Family and Child Health (excluding Early Intervention Program) funding in Fiscal 2021 at \$106.6 million, supporting 468 positions. Due to vacancies for the Assistant Commissioner of Administration, Administrative Coordinator, and a College Aide the positions were eliminated and existing staff from the Center for Health Equity will be merged to continue the functions of these roles.

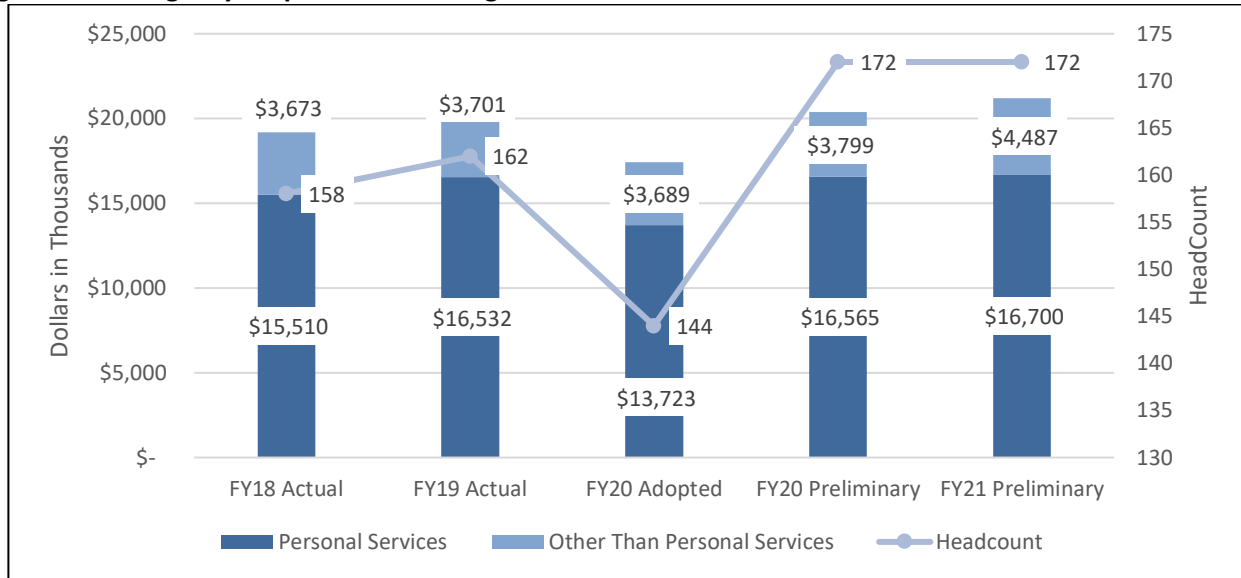
Major sources of federal funding for Maternal, Infant and Reproductive Health in the Fiscal 2021 Preliminary Budget include a \$2.5 million Affordable Care Act grant, \$250,000 Medical Assistance Program funding and a \$117,527 Safe Motherhood and Infant Health grant. The State provides an additional \$4.4 million in Public Health Local Assistance in Fiscal 2021. OSH receives \$7 million in federal and State funding through Medicaid. Funding for Family and Child Health services represents approximately 23.2 percent of total public health spending in Fiscal 2021 and 9.7 percent of the Department’s total budget. See Appendix E5: Family and Child Health for additional information.

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 19: Emergency Preparedness – Budget Overview



The above chart depicts the Emergency Preparedness and Response actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget. The Budget allocates \$21.2 million to Emergency Preparedness and Response, an increase of \$3.7 million, or 18 percent, when compared to the budget at adoption, \$17.4 million.

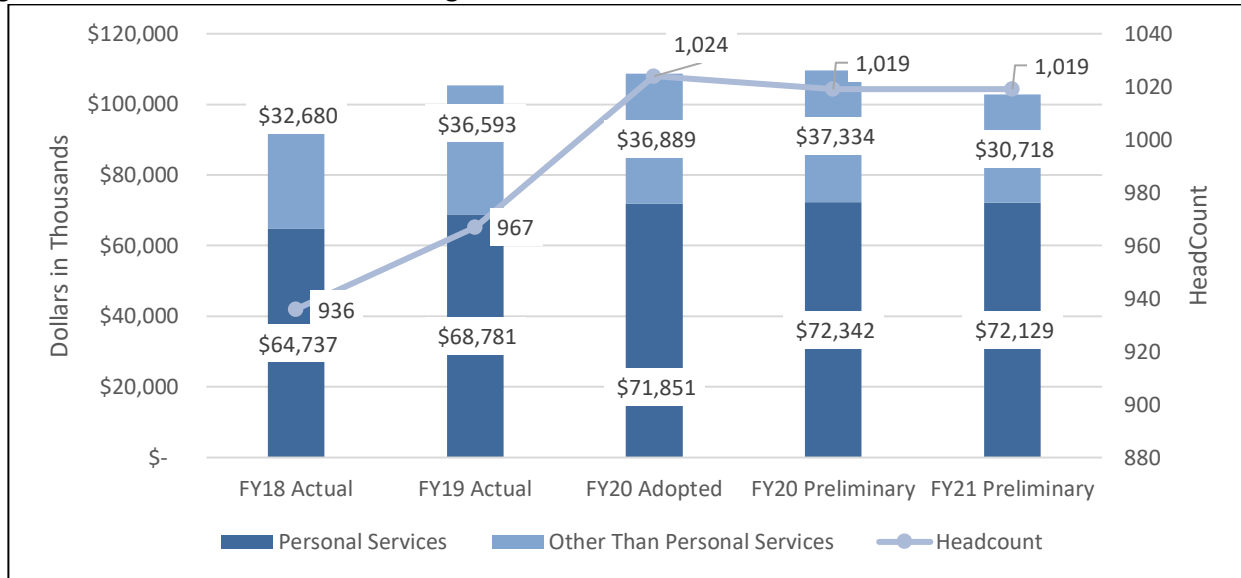
PS spending represents the majority (79 percent) of Emergency Preparedness funding in Fiscal 2021 at \$16.7 million. The funding supports 172 positions. In Fiscal 2021, the Office received a \$13.2 million federal Hospital Preparedness Program grant, as well as \$1.4 million in State Public Health Local Assistance funding.

Funding for Emergency Preparedness and Responds services represents approximately 2.4 percent of total public health spending in Fiscal 2021 and 1.3 percent of the Department’s total budget. See Appendix E5: Emergency Preparedness and Response for additional information.

Environmental Health

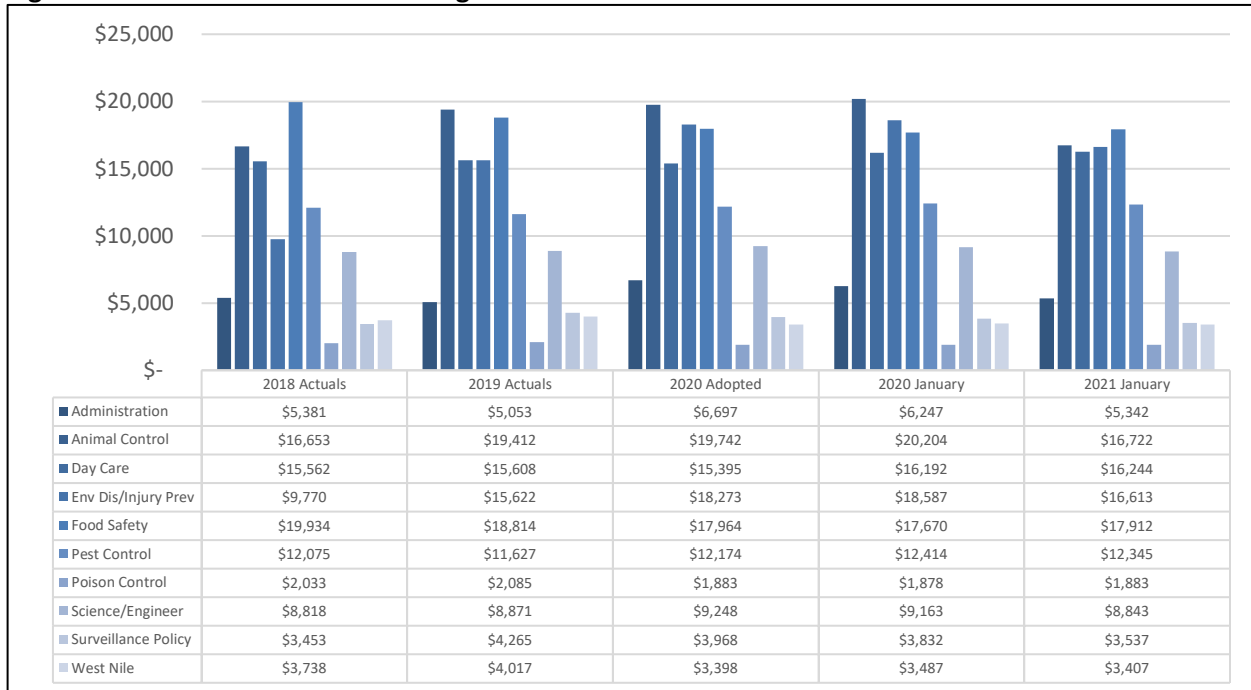
The Environmental Health Program is comprised of Veterinary Public Health Services, the Bureau of Day Care, the Bureau of Food Safety and Community Sanitation, the Bureau of Pest Control Services, the Poison Control Center, the Bureau of Environmental Sciences and Engineering Programs, and the Bureau of Environmental Surveillance and Policy. These services enable the Department to (1) conduct surveillance of environmental-related diseases; (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.

Figure 20: Environmental Health – Budget Overview



The above chart shows Environmental Disease and Injury Prevention actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget. The Budget allocates \$102 million to the Bureau of Environmental Disease and Injury Prevention, a \$5.9 million decrease when compared to the Fiscal 2020 Adopted Budget. However, current fiscal year increased by nearly a million dollars. PS spending represents the majority (70 percent) of Environmental Disease funding in Fiscal 2021 at \$72.1 million. The funding supports 1,019 positions.

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 2021 Preliminary Budget. The Budget allocates \$102.8 million to Environmental Health, a decrease of \$5.9 million, or 5.7 percent, when compared to the Fiscal 2020 Adopted Budget.

Funding for Environmental Health services represents 11.6 percent of total public health spending in Fiscal 2021 and 6.4 percent of the Department's total budget. See Appendix E7: Environmental Health for additional information.

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.

The Fiscal 2021 Preliminary Budget allocates \$16.6 million to Environmental Disease and Injury Prevention, a decrease of \$1.7 million, or ten percent, when compared to the budget at adoption. PS spending represents the majority (77 percent) of Disease and Injury Prevention funding in Fiscal 2021 at \$12.8 million. The funding supports 170 positions in Fiscal 2021. Funding in Fiscal 2021 decreased by nine percent, the decrease is due to a \$1.8 million reduction in City Funds. The Bureau also receives a federal grant of \$2.4 million for Lead Poison Control and a state grant of \$1.7 million for NYS-NYC Lead Poisoning. In addition, the Bureau receives \$2.2 million from Public Health –Local Assistance. 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 11 percent between Fiscal 2018 and Fiscal 2019 to 4,717 cases. The total number of cases of children under the age of six with blood levels of 5 micrograms per deciliter decreased by nine percent, to 3,866 cases.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Childhood blood lead levels- number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	6,274	5,317	4,717	↓	↓	1,289	1,135
Childhood blood lead levels- number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	4,928	4,261	3,866	↓	↓	1,033	908

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 2021 Preliminary Budget allocates more than \$17.9 million to Food Safety, a slight decrease of nearly \$51,688, or less than one percent, when compared to the budget at adoption. PS spending represents the majority (92 percent) of Food Safety funding in Fiscal 2021 at \$16.4 million. The funding supports 263 positions in Fiscal 2021, a decrease of four positions when compared to Fiscal 2020 Adopted budget. The majority of funding for the Bureau is through City Funds. In addition to City Funds, the Bureau receives a grant of \$134,084 to provide summer food services program for children.

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 2021 Preliminary Budget allocates nearly \$1.9 million to Poison Control, consistent with Fiscal 2020 Adopted Budget funding. PS spending represents nearly all of the Poison Control funding and supports 18 positions in Fiscal 2021.

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 2021 Preliminary Budget allocates \$8.8 million to Sciences and Engineering, a slight decrease of \$405,189, when compared to the budget at adoption. PS spending represents the majority (81 percent) of Sciences and Engineering funding in Fiscal 2021 at \$7.2 million. The funding supports 101 positions. The Bureau receives \$654,001 in State Public Health Local Assistance funding and \$361,310 in a Federal grant for Mammography Quality Standards in Fiscal 2021

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 2021 Preliminary Budget allocates \$3.5 million to the Bureau, a slight decrease of \$431,346, when compared with Fiscal 2020 Adopted Budget. However, Current Fiscal Years spending has decreased by three percent, to \$3.8 million, from \$4 million. PS spending represents the majority (71 percent) of Surveillance and Policy funding in Fiscal 2021 at \$2.5 million. The funding supports 24 positions in Fiscal 2021. The Bureau receives \$389,628 in State Public Health Local Assistance funding and \$665,521 in Federal National Environmental Public Health Tracking funding in Fiscal 2021.

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 \$3.4 million in the Fiscal 2021 Preliminary Budget, consistent with funding at adoption and the current fiscal year. The majority of Fiscal 2021 funding is OTPS, 67 percent, at \$2.3 million.

Veterinary Public Health Services – Animal Control

The funding for Animal Control enables Veterinary Public Health Services to control and regulate animals and to protect the public from animal-borne diseases, hazards, and nuisances. Animal Control funding decreased in the Fiscal 2021 Preliminary Budget by 18 percent, when compared to the budget at adoption, to \$16.7 million. However, the current year funding increased by two percent, to \$20.2 million. OTPS spending represents the majority (89 percent) of Animal Control funding in Fiscal 2021 at \$14.9 million.

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 2021 Preliminary Budget allocates \$16.2 million to the Bureau of Day Care, an increase of \$849,104, or 5.3 percent, when compared to the budget at adoption. Funding in the current fiscal year increased by \$797,005, or five percent, when compared to the budget at adoption, to \$16.2 million. PS spending represents the majority (87 percent) of Day Care funding in Fiscal 2021 at \$14.1 million. The funding supports 211 positions. The Bureau receives \$9.2 million in federal funding for Day Care Inspections and \$99,678 in State funding through Public Health Local Assistance in Fiscal 2021.

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 previous three fiscal years, however, Fiscal 2019 showed a decrease.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Child care center full inspections	6,732	9,286	8,624	-	-	2,908	2,626
Child care inspections that do not require a compliance inspection (%)	50.70%	64.30%	72.50%	↑	↑	72.70%	75.20%

DOHMH conducted 662 fewer daycare site inspections in Fiscal 2019 than in Fiscal 2017, representing a seven percent decrease. During the first four months of Fiscal 2020, the Department conducted 2,626 inspections, a decrease of 282 during the same period in Fiscal 2019. In addition, as of February 2020, the percentage of group childcare programs that do not require a compliance inspection increased to 72.5 percent from 64.3 percent in the same period last year due to better compliance among programs.

Bureau of Pest Control Services

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 2021 Preliminary Budget Funding allocates \$12.3 million to the Bureau of Pest Control Services, a slight increase of \$170,653, or 1.4 percent, when compared to the budget at adoption. PS spending represents the majority (93 percent) of Pest Control funding in Fiscal 2021 at \$11.4 million. The funding supports 188 positions. Pest Control receives \$1.3 million in State Public Health Local Assistance funding in Fiscal 2021.

Performance Indicators

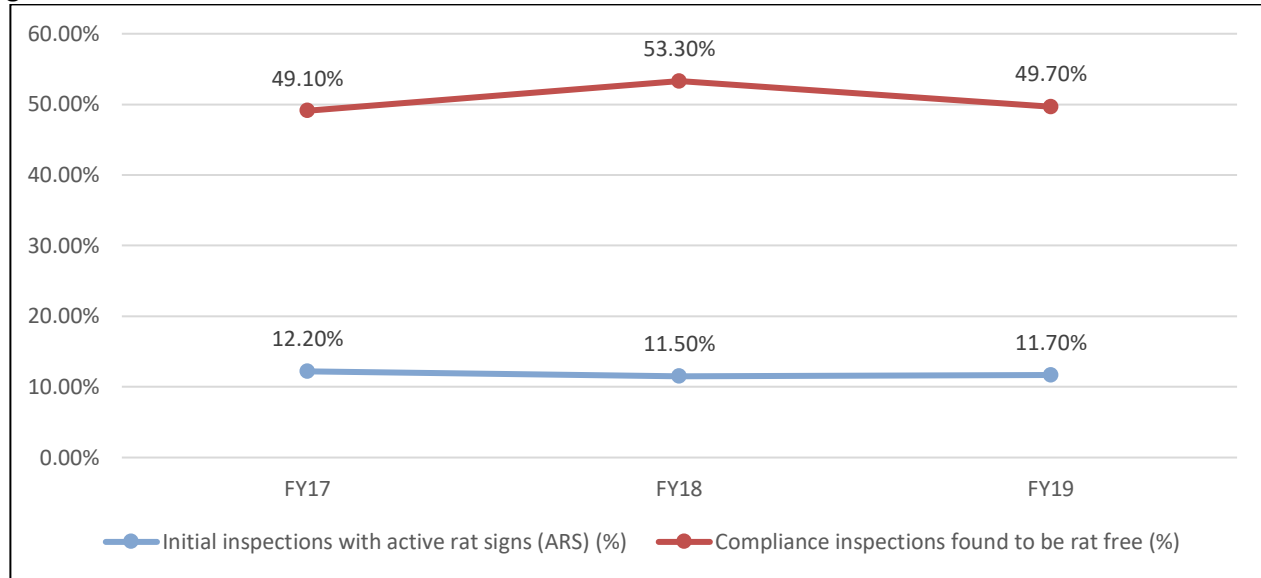
The Department monitors the number of pest control inspections it conducts as part of its efforts to reduce animal-related risks to human health. The Department conducted 178,000 initial pest control inspections in Fiscal 2019, an increase of 3,000 inspections, or two percent, when compared to the number of Fiscal 2018 inspections.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Initial pest control inspections (000)	146	175	178	-	-	53	47
Initial inspections with active rat signs (ARS) (%)	12.20%	11.50%	11.70%	-	-	12.60%	16.00%
Compliance inspections found to be rat free (%)	49.10%	53.30%	49.70%	↑	↑	49.90%	48.20%
Dogs licensed (000)	84.6	89.2	85.8	105	105	84.8	92.2

In addition, the rate of compliance inspections found to be rat free decreased by seven percent in Fiscal 2019, when compared to Fiscal 2018, to 49.7 percent.

The following graph shows the number of initial pest control inspections in NYC from Fiscal 2017 to Fiscal 2019, as well as the percentage of compliance inspections found to be rat free.

Figure 22: Pest Control and Rat Abatement – FY17 to FY19 Performance

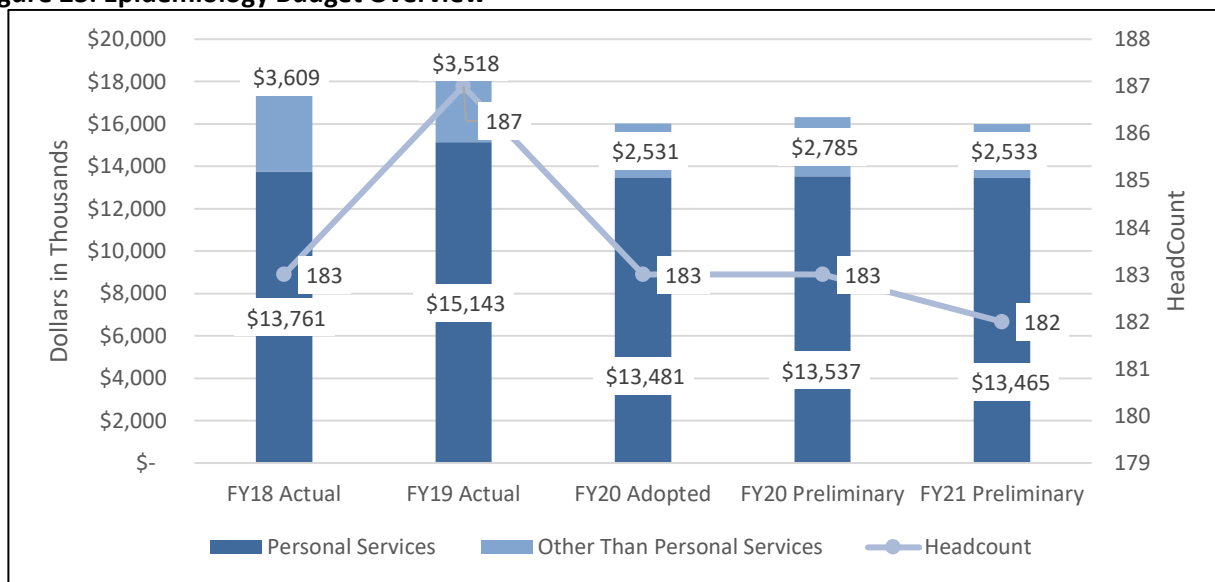


Epidemiology

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 23: Epidemiology Budget Overview



The above graph depicts the Epidemiology actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget. The Budget allocates \$15.9 million to Epidemiology, a minimal decrease from the Fiscal 2020 Adopted Budget. Epidemiology funding in Fiscal Year 2021 decreased by \$13,820 or less than one percent, when compared to the budget at adoption. PS spending represents the majority (84 percent) of Epidemiology funding in Fiscal 2021 at \$13.5 million. The funding supports 182 positions. The Division receives \$1.7 million in State Public Health Local Assistance funding, \$69,000 Federal Occupational Safety and Health Program, and \$91,666 from American Cancer Society in Fiscal 2021.

Funding for Epidemiology services represents 1.8 percent of total public health spending in Fiscal 2021 and one percent of the Department's total budget. 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 2021 Preliminary Budget decreased by \$116,603, or 1.1 percent, when compared to the budget at adoption, to \$10.6 million. However, funding in the current fiscal year increased by more than \$3.1 million or 29 percent, when compared to the Fiscal 2020 Adopted Budget, to \$13.9 million.

OTPS funding represents the majority (59 percent) of Chronic Disease funding in Fiscal 2021 at \$5.8 million. The \$4.8 million in PS spending in Fiscal 2021 supports 49 positions. The Fiscal 2021 Budget includes a federal State Admin Match grant for Supplemental Nutrition to \$1.5 million grant and \$1.1 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 2021 Preliminary Budget remains flat at \$31.4 million to Correctional Health. OTPS spending represents nearly all of the Bureau's funding in Fiscal 2021. The Bureau receives \$6.3 million in State Public Health Local Assistance funding in Fiscal 2021.

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 2021 Preliminary Budget allocates \$7.5 million to PCAP, a \$34,677 increase from Fiscal 2020 adopted budget. OTPS spending represents nearly all of the PCAP funding in Fiscal 2021. The headcount increased by 61 positions in the current fiscal year and in Fiscal 2021. PCAP receives \$1.3 million in State Public Health Local Assistance funding in Fiscal 2021. In

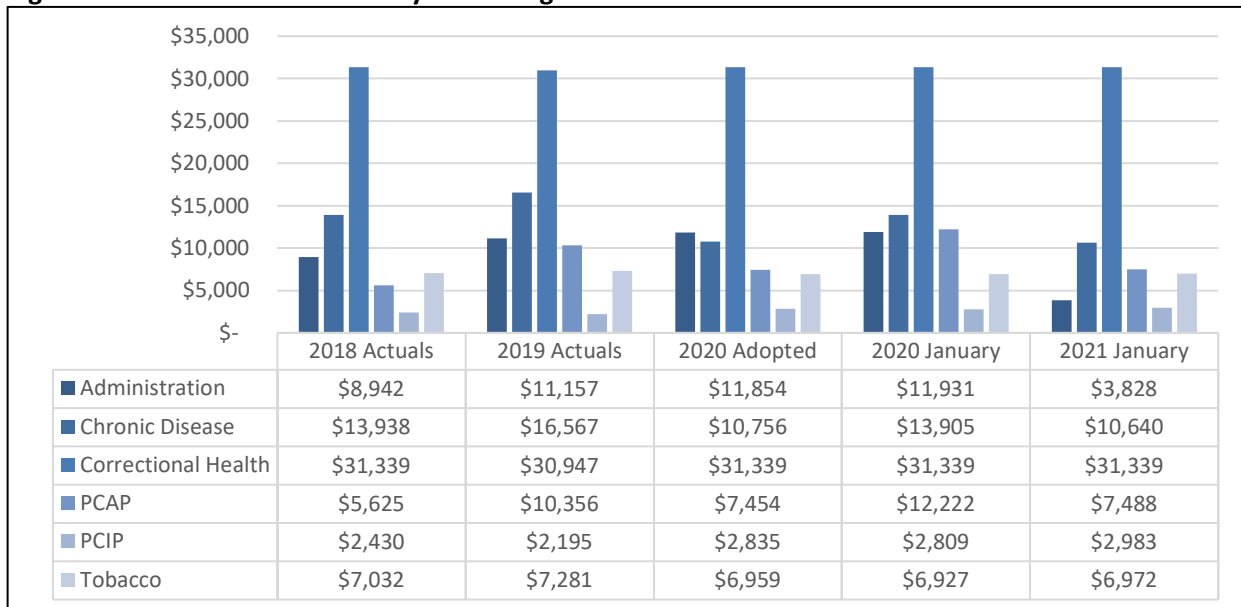
addition, during the current fiscal year PCAP received \$2.4 million in Federal Medical Assistance Program funding.

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 2021 Preliminary Budget allocates \$3 million to PCIP, an increase of \$147,545, or five percent, when compared to the budget at adoption. PS spending represents the majority (88 percent) of PCIP funding in Fiscal 2021 at \$2.6 million. The funding supports 26 positions. PCIP receives nearly \$588,857 in State Public Health Local Assistance funding in Fiscal 2021. At Fiscal 2020 Adoption and during the current fiscal year the Bureau received funding for 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 increased slightly in the Fiscal 2021 Preliminary Budget compared to the budget at adoption to \$7 million. Funding in the current fiscal year also decreased when compared to funding in the adopted budget, decreasing \$32,075 to \$6.9 million. The Program receives \$1.2 million in State Public Health Local Assistance funding in Fiscal 2021.

Figure 24: 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 2021 Preliminary Budget. The Budget allocates \$63.3 million to Prevention and Primary Care, a decrease of \$7.9 million, or 12.6 percent, when compared to the Fiscal 2020 Adopted Budget. Funding in the current fiscal year, however, increased by \$7.9 million or 11

percent, when compared to the budget at adoption, to \$79.2 million. OTPS spending represents the majority (80 percent) of Prevention and Primary Care Fiscal 2021 funding at \$50.4 million.

Funding for Prevention and Primary Care services represents approximately 7.1 percent of total public health spending in Fiscal 2021 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 2018 and Fiscal 2019, the percentage of adults who are obese increased from 25.1 percent to 25.7 percent. The percentage of adults who consume one or more sugar-sweetened beverages per day also increased during this period, to 23.6 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Adults who are obese (%) (CY)	23.60%	25.10%	25.70%	24.40%	23.00%	NA	NA
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	22.70%	23.00%	23.60%	21.30%	19.00%	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 decreased, to 11.6 percent in Fiscal 2019 compared to 11.8 percent in Fiscal 2018. The percentage of adult patients with controlled blood pressure only increased slightly between Fiscal 2018 and Fiscal 2019 to 67.7 percent, while the percentage of adults aged 50 and older who received a colonoscopy in the past ten years decreased to 69.1 percent. The infant mortality rate decreased slightly to 4.0 deaths per every 1,000 live births in Fiscal 2019 compared to 4.3 deaths in Fiscal 2018.

Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Adult New Yorkers without health insurance (%) (CY)	10.90%	11.80%	11.60%	10.00%	10.50%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.10%	67.30%	67.70%	68.20%	68.70%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	68.50%	69.90%	69.10%	71.40%	71.40%	NA	NA
Infant mortality rate (per 1,000 live births) (CY)	4.1	4.3	4	4.1	4	NA	NA

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 decreased by less than one percent between Fiscal 2018 and Fiscal 2019 to 12.8 percent. The Fiscal 2020 target is 12.4 percent of adults who smoke, decreasing to 12.0 percent in Fiscal 2021.

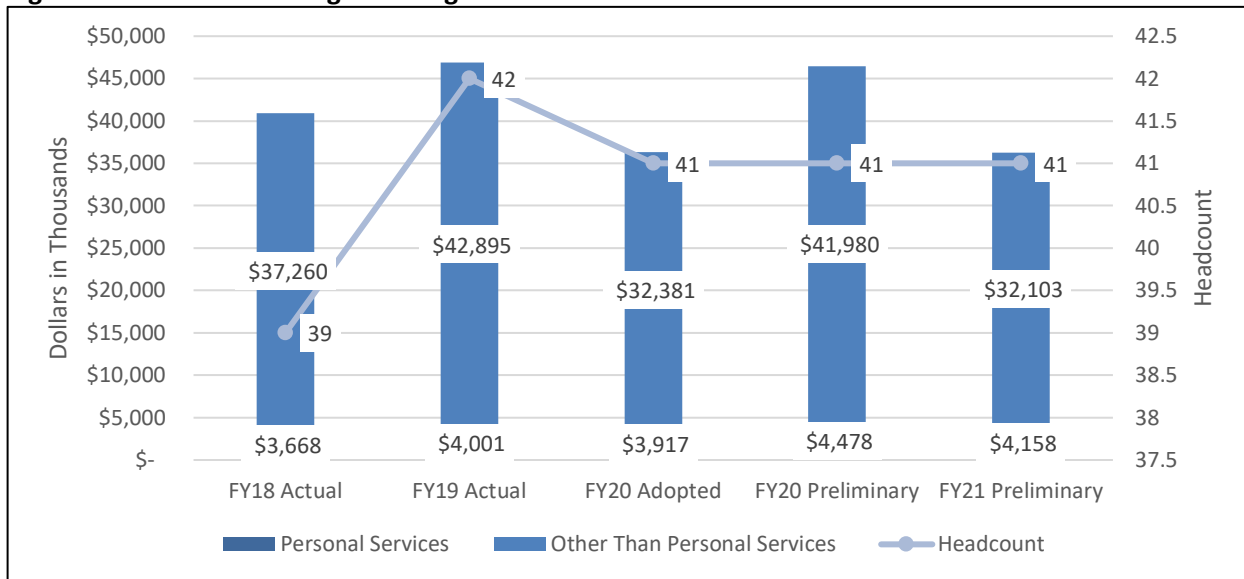
Performance Indicators	Actual			Target		4-Month Actual	
	FY17	FY18	FY19	FY20	FY21	FY19	FY20
Adults who smoke (%) (CY)	13.10%	13.40%	12.80%	12.40%	12.00%	NA	NA

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 25: WTC Health Program Budget Overview



The above chart depicts World Trade Center actual and planned spending and headcount as of the Fiscal 2021 Preliminary Budget. The Budget allocates \$36.2 million to World Trade Center Related Programs, a slight decrease when compared to the Fiscal 2020 Adopted Budget. OTPS spending represents the majority (89 percent) of World Trade Center funding in Fiscal 2021 at \$32.1 million. The World Trade Center Health Program received a one percent decrease in the federal grant from the National Institute for Occupational Safety and Health in Fiscal 2021 for an amount of \$5.7 million.

Funding for World Trade Center Related Programs services represents 4.1 percent of total public health spending in Fiscal 2021 and 2.3 percent of the Department’s total budget. See Appendix E10: World Trade Center Health Program for additional information.

Capital Plan Overview

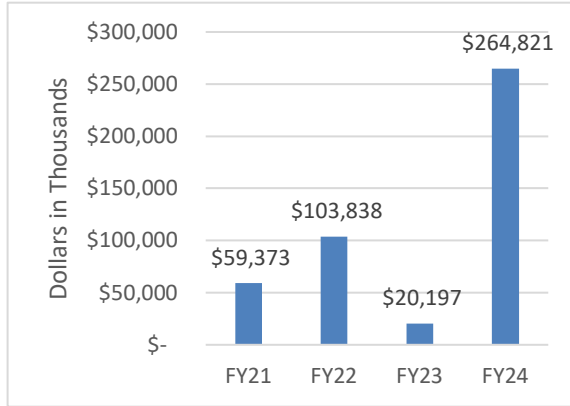
On January 16, 2020, Mayor Bill de Blasio released the Preliminary Capital Commitment Plan for Fiscal 2020-2024 (the Commitment Plan) and the Fiscal 2021-2024 Preliminary Capital Budget (the Capital Budget).

The following section will provide an overview of the Preliminary Capital Budget and the Preliminary Capital Commitment Plan for DOHMH. 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. Below we will examine to what extent this is occurring, where improvements need to be made, and the overall feasibility of DOHMH’s capital program.

Preliminary Capital Budget for Fiscal 2021-2024

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 26: Preliminary Capital Budget



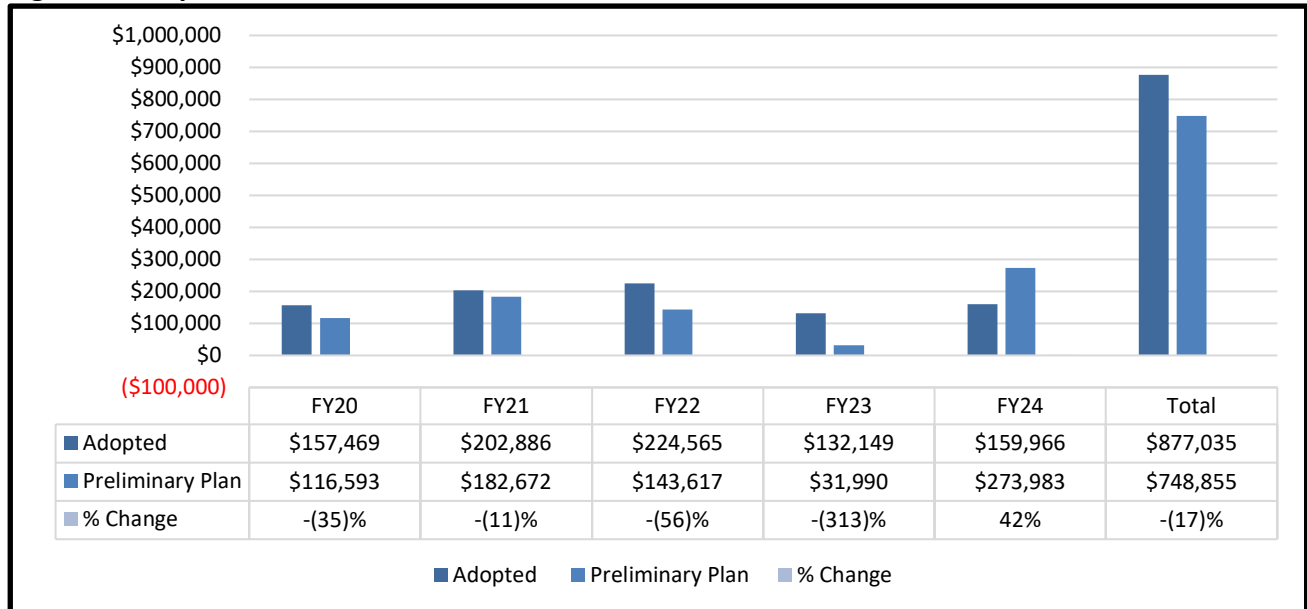
As shown in the chart to the left, the Department of Health and Mental Hygiene’s Fiscal 2021 Preliminary Capital Budget includes \$448.2 million in Fiscal 2021-2024. This represents less than one percent of the City’s total \$56.1 billion Capital Budget for 2021-2024.

Preliminary Capital Commitment Plan for Fiscal 2020-2024

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 an estimate of expenditure dates. It is through this document that we gain insight into a project’s estimated cost, start date and time to completion.

The DOHMH Preliminary Commitment Plan includes \$748.9 million in Fiscal 2020-2024. This represents less than one percent of the City’s total \$85.5 billion Preliminary Commitment Plan. The Capital Commitment Plan is significantly higher than the Capital Budget because it includes the current fiscal year. The amount of uncommitted appropriations for Fiscal 2020 forms the amount that will be re-appropriated or rolled into Fiscal 2021 in the Executive and Adopted Budgets.

Figure 27: Capital Commitment Plan



The Preliminary Capital Plan for the Department for Fiscal 20-2024 has decreased by more than \$128.2 million to a total of \$748.9 million, demonstrating a 17 percent reduction when compared to the Department’s Adopted Commitment Plan.

The total appropriations for DOHMH in Fiscal 2020 are \$321.6 million against planned commitments totaling \$157.5 million.¹ This excess balance of \$164.2 million in appropriations gives the Administration considerable flexibility within the capital plan. However, as the commitments 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 has 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 continued urging that practice has largely ceased. Beginning with the Fiscal 2020 Executive Commitment Plan, agencies' Commitment Plans are now more accurate, reflecting more evenly distributed planned spending across all years of the plan.

A natural result of more realistic timelines is capital projects extending beyond the Commitment Plan's five-year time frame. To address this the Administration has added Section VII titled "Redistribution of the City's Capital Plan" to the Commitment Plan. What this section does is increase the transparency of the Commitment Plan by showing the distribution of funding beyond the required five years to ten years (Fiscal 2020 -2029). This extension allows the Council and the public to better differentiate between movement beyond the years of the Commitment Plan and a simple elimination of funding. DOHMH's ten-year total is \$1.2 billion, which is \$418.1 million greater than DOHMH's five-year plan. What this increase shows is the City's commitment to continuing many of its current projects beyond the time frame of the Capital Commitment Plan.

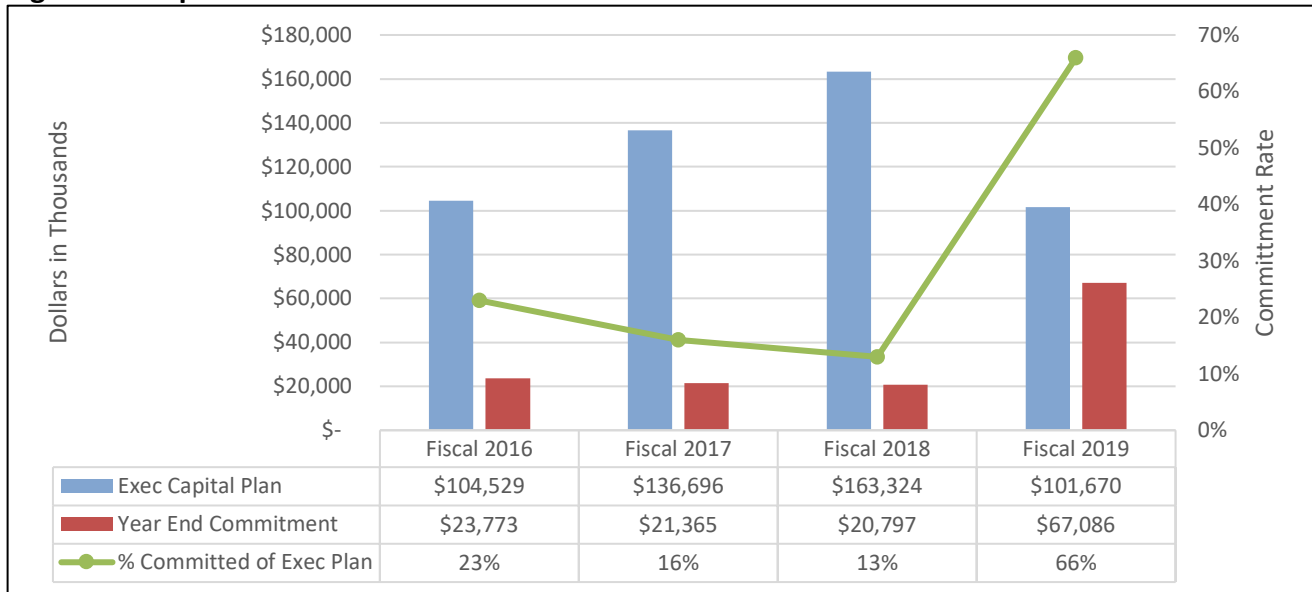
DOHMH had actual commitments of \$67.1 million in Fiscal 2019, a commitment rate of 66 percent. The Department's history of commitments is shown in the chart below. Given this performance history, it is likely that DOHMH will end this year with some unmet commitment targets and uncommitted appropriations available to roll into Fiscal 2021 and the outyears.

The chart below displays the Department's capital commitment plan as of the Fiscal 2016-2019 Executive Budget and the actual commitments in the corresponding fiscal year. The chart also shows the capital commitment rate: the percentage of the capital plan committed per fiscal year.²

¹ Appropriations for Fiscal 2020 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 2020. 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.

² 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.

Figure 28: Capital Commitment Rate



The DOHMH Commitment Plan includes 143 budget lines and 462 project IDs. As shown in the graphs below, though the majority of the funding is through the Administration, there are a higher number of Council funded projects than either from the Mayor or the Borough Presidents. Manhattan has the largest amount of projects in the DOHMH Capital Plan.

Figure 29: Plan by Project ID

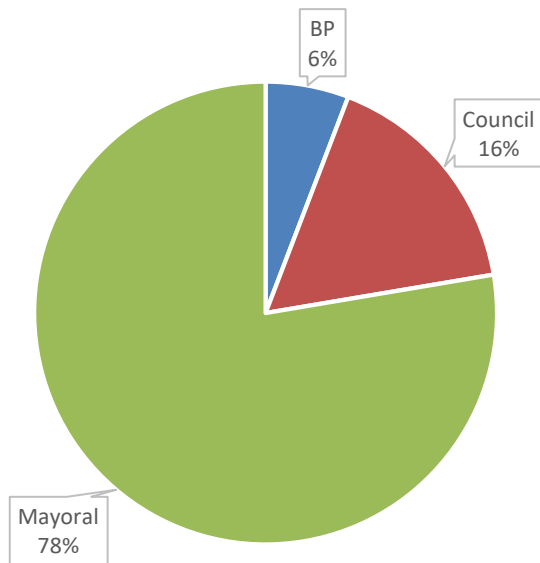
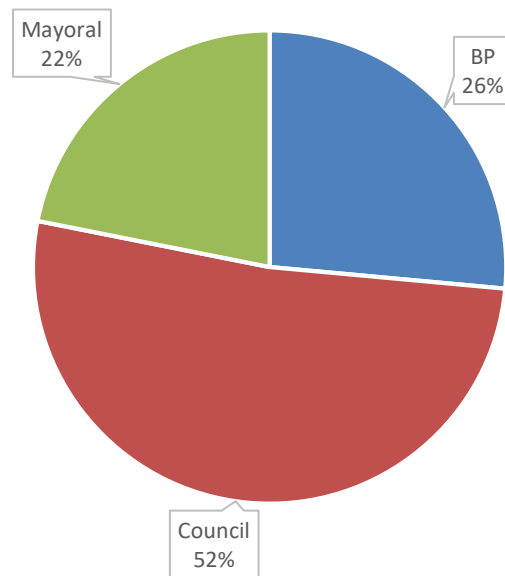


Figure 30: Plan by Funding Source



Fiscal 2021 Preliminary Capital Commitment Plan Highlights

Major capital projects included in the Preliminary Capital Plan for Fiscal 2020-2024 include the following.

- **Lease Space Renovation-1235 Zerega Ave, Bronx, NY.** The Fiscal 2021 includes \$2.9 million to finish the punch list and close the job by March 2021.
- **Crown Heights Express Clinic.** The Fiscal 2021 Capital Commitment plan includes \$70,000 in Fiscal 2021. The Design phase is set to start September 2020 with a construction end date of September 2021.
- **Williamsburg Health Center Interior Renovation.** The Fiscal 2021 Capital Commitment Plan includes \$1.4 million for renovation of the Williamsburg Health Center's interior. Fifty percent of the construction is anticipated to be finished by April 2020.
- **DOHMH Lighting Upgrades.** The Fiscal 2021 Capital Commitment plan Includes \$69,000 to finalize the project by December 2020. The project was delayed due to changes in the scope and design.
- **Manhattan Animal Care Center - Reconstruction of Dog Kennels.** The Fiscal 2021 Capital Commitment plan includes \$250,000 for reconstruction of dog kennels. The construction is anticipated to be completed June 2020.
- **Public Health Laboratory.** The Fiscal 2021 Capital Commitment Plan includes \$35 million for Fiscal 2020 and \$24.5 million in Fiscal 2021 for construction of the public health laboratory. The construction is anticipated to be completed in January 2025. After a re-estimate, the funding was reduced by \$200 million between Fiscal 2020 and 2024.
- **East Harlem Health Hub.** The Fiscal 2021 Capital Commitment Plan includes \$600,000 for last stages of construction. Anticipated completion is set at June 2020.
- **DOHMH Article 28 Electronic Health Record.** The Fiscal 2021 Capital Commitment Plan includes \$3 million in funds for set up of the Article 28 Electronic health record.
- **Rehab of the Staten Island Animal Shelter.** The Fiscal 2021 Capital Commitment Plan includes \$490,000 for completion of construction. The anticipated end date of construction is June 2021.

Completed projects:

- Bergen Building Renovation-1932 Arthur Ave, Bronx NY.
- Brownsville Health Center Renovation of interior space
- Case Management System
- Chelsea HC Interior Rehab

Newly added capital projects in the Preliminary Plan include the following:

- DOHMH Building Management Software (BMS) Upgrade was added to the Fiscal 2021 Capital Commitment Plan for anticipated cost of \$1.4 million in Fiscal 2021.
- The Fiscal 2021 Capital Commitment Plan includes \$4 million for capital investments for the Home visiting Program.

Appendices

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

<i>Dollars in Thousands</i>	Fiscal Year 2020			Fiscal Year 2021		
	City	Non-City	Total	City	Non-City	Total
DOHMH Budget, as of the Adopted 2020 Budget	\$852,060	\$790,236	\$1,642,296	\$801,500	\$767,958	\$1,569,457
New Needs						
Brooklyn Rapid Assessment and Response	\$458	\$0	\$458	\$1,110	\$0	\$1,110
Crisis Prevention and Response	8,085	0	8,085	18,428	0	18,428
Funding for the Indirect Cost Rate Initiative	4,716	0	4,716	4,716	0	4,716
Subtotal, New Needs	\$13,259	\$0	\$13,259	\$24,254	\$0	\$24,254
Other Adjustments						
Agency Phone Plan Review	(\$142)	(\$17)	(\$159)	(\$281)	(\$35)	(\$316)
APHL Botulinum Neurotoxin	0	9	9	0	0	0
APHL GONORRHOEAE	0	8	8	0	0	0
APHL WGS	0	8	8	0	0	0
Billing Project	0	700	700	0	0	0
BIOWATCH LABORATORY SUPPORT	0	31	31	0	0	0
BRONX NEIGHBORHOOD HAC	0	2	2	0	0	0
BROWNSVILLE NHAC	0	2	2	0	0	0
CAT. Animal Population	0	498	498	0	0	0
CAT. CUNY SPH	0	(41)	(41)	0	(41)	(41)
CAT.EVALUATING ART FOR ALL HIV	0	\$43)	(43)	0	(43)	(43)
CBA F390	0	0	0	0	(458)	(458)
CC A6 Adjustment	0	3,296	3,296	0	0	0
CC Member Item Reallocation	(1,532)	0	(1,532)	0	0	0
CDC BRACE CHAMP YEAR 3	0	21	21	0	0	0
CDC EHS-NET FOOD SAFETY	0	38	38	0	12	12
CDC FPHNY Overdose Data	0	425	425	0	87	87
CDC OVERDOSE DATA TO ACTION	0	47	47	0	20	20
CHASE:HEALING COMMUNITY	0	95	95	0	0	0
City Council Adjustment	0	(36)	(36)	0	0	0
CMESARAUP	0	68	68	0	0	0
Collective Bargaining: CSBA Attorneys	160	0	160	176	0	176
Collective Bargaining: L246 Groups	9	0	9	10	0	10
Collective Bargaining: LL56 Special Officers	101	0	101	172	0	172
Collective Bargaining: Non-LL56 Groups	215	0	215	368	0	368
CWSHN	0	9	9	0	6	6
DC37 Equity Panel Award	1,794	0	1,794	1,924	0	1,924
DCAS Demand Response	0	1	1	0	0	0
Division Consolidation	(604)	(138)	(742)	(691)	(158)	(849)
DOB Ad Campaign	0	131	131	0	0	0
DOHMHMOD40X	0	806	806	0	0	0
DOHMN/PARKS Greenthumb Gardens	0	60	60	0	0	0
DR681210022019	0	(200)	(200)	0	0	0
DRINKING WATER ENHANCEMENT	0	0	0	0	(8)	(8)
Early Intervention Admin	0	32	32	0	32	32
Early Intervention Services	0	60,000	60,000	0	0	0
Emergency Shelter Grant	0	119	119	0	0	0
ENDING THE EPIDEMIC	0	1,060	1,060	0	0	0
Energy Personnel	0	135	135	0	0	0
EWPH	0	46	46	0	0	0
EWPH & SFM	0	276	276	0	10	10
ExCEL Projects	0	258	258	0	0	0

<i>Dollars in Thousands</i>	Fiscal Year 2020			Fiscal Year 2021		
	City	Non-City	Total	City	Non-City	Total
FPHNY AOTPS	\$0	\$81	\$81	\$0	\$0	\$0
Fringe Realignment	0	(500)	(500)	0	0	0
FY20 IC DOHMH Vaccine	0	77	77	0	0	0
Grant Reconciliation	0	344	344	0	0	0
Grant Roll	0	695	695	0	0	0
H+H DOHMH Transfer	2,495	624	3,119	0	0	0
Health Stat	0	5,842	5,842	0	0	0
HEALTHY NEIGHBORHOODS PROG	0	183	183	0	0	0
HEALTHY START BROOKLYN	0	285	285	0	0	0
HIV CENTER FOR CLINICAL	0	52	52	0	0	0
HLP Adjustment	(121)	121	0	(121)	121	0
HPP	0	76	76	0	76	76
I/C DOHMH FY20	0	2,490	2,490	0	0	0
IC W/DOHM SHELTER ADS	0	380	380	0	0	0
IIS Sentinel Site Capacity	0	(227)	(227)	0	(256)	(256)
IMMUNIZATION	0	1,770	1,770	0	1,770	1,770
Immunization IIS	0	(206)	(206)	0	(212)	(212)
Improv Prev Sys	0	145	145	0	0	0
Improving Hepatitis B and C	0	443	443	0	363	363
Improving Hepatitis Cascade	0	59	59	0	91	91
Intracity Media Transfer	(135)	0	(135)	0	0	0
Lease Adjustment	1,869	231	2,100	1,898	234	2,132
MAC AIDS	0	28	28	0	0	0
MAMMOGRAPHY INSPECTION PROG	0	11	11	0	23	23
Medical Monitoring Project	0	0	0	0	54	54
MIECHV Nurse Family	0	0	0	0	532	532
Mortality among WTC rescue	0	100	100	0	0	0
Multilevel Determinants of HIV	0	13	13	0	0	0
NACCHO STD Express Data	0	30	30	0	0	0
National Ph Track/Network	0	18	18	0	(53)	(53)
NFP COPS Transfer	(861)	0	(861)	0	0	0
NON-PPHF ELC	0	1,358	1,358	0	1,145	1,145
NY VIOLENT DEATH REPORT SYS	0	118	118	0	24	24
NYC Childhood Lead Poisoning	0	347	347	0	96	96
NYC TEENS CONNECTION	0	1,304	1,304	0	0	0
NYS Expanded Partner Services	0	272	272	0	0	0
NYS Lead Program	0	169	169	0	169	169
NYS Primary Prev Lead Prog	0	0	0	0	262	262
NYU IMPACT	0	183	183	0	0	0
OASAS SAL 07/11 & 9/13/19	0	70	70	0	70	70
OASAS SAL 10/8/19	0	(1,172)	(1,172)	0	(1,229)	(1,229)
OEO Funding Adjustment	114	0	114	0	0	0
OLR & DOHMH MOA FY20	0	250	250	0	0	0
OLR.DOHMH MOU	0	20	20	0	0	0
ONECITY HEALTHY HOMES	0	48	48	0	0	0
OPIOID Public Health Crisis	0	2	2	0	0	0
OPWDD FY20 SAL 7-9-19	0	449	449	0	449	449
Other adjustments	0	1,792	1,792	0	0	0
OTPS/PS SHIFTS	0	257	257	0	(87)	(87)
OUR TOWN	0	50	50	0	50	50
PHEP	0	292	292	0	292	292
PHS AOTPS Linkage to Care	0	21	21	0	0	0

<i>Dollars in Thousands</i>	Fiscal Year 2020			Fiscal Year 2021		
	City	Non-City	Total	City	Non-City	Total
PPHF ELC	\$0	(\$1,327)	(\$1,327)	\$0	(\$1,334)	(\$1,334)
Prior Year Revenue	(16,700)	16,700	0	0	0	0
PROFOUND	0	64	64	0	0	0
PS/OTPS Shifts	0	(109)	(109)	0	(381)	(381)
Reimbursement Checks	0	173	173	0	0	0
Rent Regulation Outreach	1,110	0	1,110	0	0	0
REV6812FUNDS	0	(200)	(200)	0	0	0
Revenue Billing	0	0	0	(1,500)	1,500	(0)
Roll from FY19 to FY20	0	600	600	0	0	0
Rx Stat	0	434	434	0	0	0
SOMH 8/20/19 SAL FY20+	0	2,504	2,504	0	1,260	1,260
SOMH SAL 10/15/19	0	10	10	0	0	0
STD SURVEILLANCE NETWORK	0	103	103	0	99	99
STOP DWI Program	0	49	49	0	0	0
Strategic Partnerships and PI	0	393	393	0	36	36
STRATEGIES TO SCALE UP PREP	0	21	21	0	0	0
TRANSLATING TELEPHONIC DIABETES	0	(67)	(67)	0	(67)	(67)
UASI	0	187	187	0	0	0
UPFY20FELLOWS	0	1	1	0	0	0
USDA FOOD INSECURITY	0	217	217	0	0	0
USE OF MOLECULAR HIV	0	1,098	1,098	0	169	169
VAP	0	2,904	2,904	0	0	0
WTC REGISTRY	0	1,958	1,958	0	(41)	(41)
WTC Zadroga	9,000	0	9,000	0	0	0
Subtotal, Other Adjustments	(\$3,228)	\$112,414	\$109,186	\$1,955	\$4,649	\$6,604
Total, All Changes	\$10,031	\$112,414	\$122,445	\$26,209	\$4,649	\$30,858
DOHMH Budget, as of Preliminary 2021 Budget	\$862,091	\$902,651	\$1,764,742	\$827,708	\$772,607	\$1,600,315

B. DOHMH Expense Budget

<i>Dollars in Thousands</i>	2018	2019	2020	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2020	2021	2020 - 2021
DOHMH Spending						
Personal Services	\$438,766	\$468,438	\$456,177	\$467,499	\$466,376	\$10,199
Other Than Personal Services	1,184,005	1,229,605	1,186,119	1,297,244	1,133,939	(52,180)
TOTAL	\$1,622,771	\$1,698,043	\$1,642,296	\$1,764,742	\$1,600,315	(\$41,981)
Public Health						
Personal Services	\$331,154	\$350,452	\$338,861	\$346,057	\$343,719	\$4,858
Other Than Personal Services	640,181	666,945	577,890	660,437	543,234	(34,656)
Subtotal, Public Health	\$971,335	\$1,017,397	\$916,751	\$1,006,493	\$886,953	(\$29,798)
Mental Hygiene						
Personal Services	\$45,790	\$53,560	\$59,215	\$61,791	\$64,983	\$5,768
Other Than Personal Services	442,770	467,431	537,119	548,655	512,866	(24,253)
Subtotal, Mental Hygiene	\$488,561	\$520,991	\$596,333	\$610,446	\$577,849	(\$18,484)
General Administration						
Personal Services	\$61,822	\$64,425	\$58,101	\$59,651	\$57,673	\$428
Other Than Personal Services	101,053	\$95,230	71,111	88,152	77,839	(6,729)
Subtotal, Administration	\$162,875	\$159,655	\$129,212	\$147,803	\$135,512	(\$6,301)
DOHMH, Total	\$1,622,771	\$1,698,043	\$1,642,296	\$1,764,742	\$1,600,315	(\$54,583)

C. Financial Summary

Financial Summary						
<i>Dollars in Thousands</i>						
	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services	\$438,766	\$468,438	\$456,177	\$467,499	\$466,376	\$10,199
Other Than Personal Services	1,184,005	1,229,605	1,186,119	1,297,244	1,133,939	(52,180)
TOTAL	\$1,622,771	\$1,698,043	\$1,642,296	\$1,764,742	\$1,600,315	(\$41,981)
Public Health						
Center for Health Equity	\$16,872	\$18,340	\$14,702	\$16,995	\$15,217	\$515
Disease Prevention and Treatment	271,802	268,422	273,966	276,585	259,040	(14,926)
Emergency Preparedness and Response	19,182	20,233	17,411	20,364	21,188	3,777
Environmental Health	97,417	105,374	108,740	109,676	102,847	(5,893)
Epidemiology	17,370	18,660	16,012	16,322	15,998	(14)
Family and Child Health	438,457	460,969	378,363	440,897	373,092	(5,271)
Prevention and Primary Care	69,306	78,503	71,259	79,196	63,311	(7,948)
World Trade Center Related Programs	40,928	46,895	36,298	46,458	36,261	(37)
Subtotal, Public Health	\$971,335	\$1,017,397	\$916,751	\$1,006,493	\$886,953	(\$29,797)
DOHMH, Other						
Division of Mental Hygiene	\$488,561	\$520,991	\$596,333	\$610,446	\$577,849	(\$18,484)
Administration- General	162,875	159,655	129,212	147,803	135,512	6,300
Subtotal, DOHMH, other	\$651,436	\$680,646	\$725,545	\$758,249	\$713,361	(\$12,184)
Funding						
City Funds			\$852,060	\$862,092	\$827,708	(\$24,352)
Other Categorical			1,538	20,193	1,525	(13)
State			501,648	588,082	498,112	(3,536)
Federal - Other			281,691	284,410	268,132	(13,559)
Intra City			5,359	9,966	4,838	(521)
TOTAL	\$1,622,771	\$1,698,043	\$1,642,296	\$1,764,742	\$1,600,315	(\$41,981)
Budgeted Headcount						
Public Health	3,378	3,402	3,472	3,533	3,522	50
Division of Mental Hygiene	625	689	670	699	730	60
Administration- General	792	748	687	808	807	120
TOTAL	4,795	4,839	4,829	5,040	5,059	230

**The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.*

D. Contract Budget

Category <i>Dollars in Thousands</i>	FY20 Adopted	Number of Contracts	FY21 Preliminary	Number of Contracts
AIDS Services	\$83,128	45	\$83,128	45
Cleaning Services	412	34	169	35
Contractual Services - General	105,758	57	69,888	55
Data Processing Equipment Maintenance	1,029	39	272	39
Economic Development	386	12	324	13
Maintenance and Operation of Infrastructure	888	60	518	58
Maintenance and Repairs - General	844	72	525	74
Maintenance and Repairs - Motor Vehicle Equip	194	12	89	12
Mental Hygiene Services	649,803	473	626,049	473
Office Equipment Maintenance	827	61	289	61
Printing Services	2,820	90	2,019	90
Prof. Services - Accounting Services	487	2	508	2
Prof. Services - Computer Services	311	7	311	7
Prof. Services - Other	41,679	169	44,784	168
Security Services	131	3	131	3
Special Clinical Services	17,885	1	14,885	1
Telecommunications Maintenance	42	27	37	27
Temporary Services	482	53	793	52
Training Program for City Employees	639	31	534	31
Transportation Services	9,897	3	9,854	3
TOTAL	\$917,641	1251	\$855,107	1249

E. Program Areas

Center for Health Equity

Center for Health Equity						
	FY18	FY19	FY20	Preliminary Plan		*Difference
<i>Dollars in Thousands</i>	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						-
Personal Services						-
Additional Gross Pay	\$88	\$121	\$111	\$114	\$111	\$0
Fringe Benefits	2	2	2	2	2	0
Full-Time Salaried - Civilian	10,703	11,729	10,305	11,425	10,656	350
Overtime - Civilian	29	31	6	12	6	0
Unsalaries	215	215	152	152	153	1
Subtotal	\$11,039	\$12,099	\$10,576	\$11,706	\$10,927	\$351
Other Than Personal Services						-
Contractual Services	\$2,130	\$1,954	\$2,036	\$2,832	\$3,623	\$1,588
Contractual Services - Professional Services	2,468	2,959	1,530	1,243	76	(1,454)
Fixed & Misc. Charges	-	4	-	5	-	0
Other Services & Charges	862	1,002	242	841	192	(50)
Property & Equipment	127	96	98	178	83	(15)
Subtotal	\$5,833	\$6,241	\$4,127	\$5,290	\$4,290	(\$1,451)
TOTAL	\$16,872	\$18,340	\$14,702	\$16,995	\$15,217	\$(1,100)
Funding						-
City Funds			\$11,902	\$12,612	\$12,601	\$699
Federal - Other			-	1,354	50	50
Other Categorical			-	178	-	0
State			2,801	2,853	2,566	(234)
TOTAL	\$16,872	\$18,340	\$14,702	\$16,995	\$15,217	\$514
Budgeted Headcount						-
Full-Time Positions - Civilian	153	146	133	134	133	(0)
TOTAL	153	146	133	134	133	(0)

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Disease Prevention and Treatment

Disease Prevention & Treatment						
	FY18	FY19	FY20	Preliminary Plan		*Difference
<i>Dollars in Thousands</i>	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$3,371	\$3,756	\$2,530	\$2,490	\$2,447	(\$84)
Fringe Benefits	66	67	28	24	26	(2)
Full-Time Salaried - Civilian	72,684	74,370	82,162	77,941	81,053	(1,109)
Overtime - Civilian	700	985	125	521	175	50
Unsalariated	6,283	6,610	7,053	6,899	6,875	(178)
Subtotal	\$83,104	\$85,788	\$91,898	\$87,876	\$90,576	(\$1,323)
Other Than Personal Services						
Contractual Services	\$50,028	\$51,264	\$55,794	\$54,305	\$39,720	(\$16,074)
Contractual Services - Professional Services	27,735	15,294	18,082	22,254	18,900	818
Contractual Services - Social Services	87,465	95,524	83,128	84,219	83,128	0
Fixed & Misc. Charges	1	9	0	1	0	0
Other Services & Charges	17,230	13,808	19,322	20,758	21,078	
Property & Equipment	363	316	180	303	140	
Social Services	2	4	67	67	67	
Supplies & Materials	5,874	6,416	5,495	6,801	5,431	(63)
Subtotal	\$188,699	\$182,634	\$182,067	\$188,709	\$168,464	(\$15,319)
TOTAL	\$271,802	\$268,422	\$273,966	\$276,585	\$259,040	(\$16,642)
Funding						
City Funds			\$72,523	\$69,105	\$59,752	(\$12,772)
Federal - Other			181,117	184,798	180,924	(193)
Intra City			20	97	20	0
Other Categorical			1,344	1,762	1,337	(7)
State			18,962	20,824	17,007	(1,954)
TOTAL	\$271,802	\$268,422	\$273,966	\$276,585	\$259,040	(\$14,926)
Budgeted Headcount						
Full-Time Positions - Civilian	1064	1,059	1,130	1,117	1,108	(22)
TOTAL	1,064	1,059	1,130	1,117	1,108	(22)

**The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.*

Disease Prevention & Treatment: HIV/AIDS

Disease Prevention and Treatment						
<i>Dollars in Thousands</i>						
	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$921	\$963	\$778	\$579	\$776	\$2
Fringe Benefits	8	7	8	7	8	0
Full-Time Salaried - Civilian	27,339	28,621	31,614	30,692	31,353	261
Overtime - Civilian	69	70	21	100	19	2
Unsalariated	352	462	459	280	459	0
Subtotal	\$28,689	\$30,123	\$32,880	\$31,657	\$32,616	\$264
Other Than Personal Services						
Contractual Services	\$144,068	\$140,595	\$135,245	\$137,713	\$135,237	\$8
Fixed & Misc. Charges	0	0	0	0	0	0
Other Services & Charges	9,866	8,310	11,666	13,193	11,485	182
Property & Equipment	33	34	2	5	2	0
Supplies & Materials	1,933	1,680	1,575	1,115	1,465	110
Contractual Services	155,900	\$150,619	148,488	152,026	148,188	300
Subtotal	\$144,068	\$140,595	\$135,245	\$137,713	\$135,237	\$8
TOTAL	\$184,589	\$180,742	\$181,368	\$183,684	\$180,804	\$564
Funding						
City Funds			\$23,118	\$21,226	\$23,077	\$41
Other Categorical			0	289	0	0
State			4,584	5,702	4,570	15
Federal - Other			153,666	156,466	153,158	508
TOTAL	\$281,958	\$271,802	\$181,368	\$183,684	\$180,804	\$564
Budgeted Headcount						
Full-Time Positions - Civilian	395	382	396	394	385	11
TOTAL	1,066	1,064	1,113	1,102	1,129	16

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Family and Child Health

Family & Child Health W/ EI						
	FY18	FY19	FY20	Preliminary Plan		*Difference
<i>Dollars in Thousands</i>	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$10,894	\$11,399	\$1,412	\$1,609	\$1,412	\$0
Additional Gross Pay - Labor Reserve	0	0	0	0	0	0
Fringe Benefits	588	606	104	104	104	0
Fringe Benefits - SWB	240	246	0	271	0	0
Full-Time Salaried - Civilian	46,335	47,988	58,002	56,331	58,534	532
Overtime - Civilian	1,552	1,899	267	3,171	267	0
Unsalariated	64,006	70,395	60,497	60,945	62,499	2,002
Subtotal	\$123,616	\$132,533	\$120,283	\$122,431	\$122,817	\$2,534
Other Than Personal Services						
Contractual Services	\$25,115	\$24,866	\$29,810	\$25,538	\$21,417	(\$8,392)
Contractual Services - Professional Services	13,350	15,288	16,594	17,367	20,936	4,342
Contractual Services - Social Services	240,756	254,864	186,765	246,708	186,765	0
Fixed & Misc. Charges	13	22	0	16	0	0
Other Services & Charges	34,198	31,596	21,381	27,150	17,668	(3,713)
Property & Equipment	686	1,033	820	627	786	(34)
Social Services	0	0	92	0	92	0
Supplies & Materials	724	768	2,617	1,061	2,610	(7)
Subtotal	\$314,842	\$328,436	\$258,080	\$318,466	\$250,275	(7,805)
TOTAL	\$438,457	\$460,969	\$378,363	\$440,897	\$373,092	(\$5,271)
Funding						
City Funds			\$189,534	\$171,450	\$199,084	\$9,550
Federal - Other			23,320	23,695	23,452	132
Intra City			67	2,502	67	0
Other Categorical			0	16,700	0	0
State			165,442	226,550	150,489	(14,953)
TOTAL	\$438,457	\$460,969	\$378,363	\$440,897	\$373,092	(\$5,271)
Budgeted Headcount						
Full-Time Positions - Civilian	668	663	693	694	694	1
Full-Time Positions - Uniform		0	0	0	0	0
TOTAL	668	663	693	694	694	1

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Emergency Preparedness & Response

Emergency Preparedness and Response						
<i>Dollars in Thousands</i>	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$243	\$292	\$130	\$125	\$117	(\$13)
Full-Time Salaried - Civilian	14,709	15,463	13,349	16,071	16,351	3,001
Overtime - Civilian	84	260	20	56	3	(17)
Unsalaries	473	517	224	313	230	6
Subtotal	\$15,510	\$16,532	\$13,723	\$16,565	\$16,700	\$2,978
Other Than Personal Services						
Contractual Services	\$1,297	\$1,085	\$1,240	\$2,006	\$1,842	\$602
Contractual Services - Professional Services	553	411	267	391	500	233
Other Services & Charges	565	1,010	1,998	978	2,105	107
Property & Equipment	669	712	3	185	0	(3)
Supplies & Materials	588	484	180	240	40	(140)
Subtotal	\$3,673	\$3,701	\$3,689	\$3,799	\$4,487	\$799
TOTAL	\$19,182	\$20,233	\$17,411	\$20,364	\$21,188	\$3,777
Funding						
City Funds			\$3,020	\$6,214	\$6,571	\$3,552
State			13,637	12,934	13,208	(429)
Federal - Other			755	1,216	1,409	654
TOTAL	\$19,182	\$20,233	\$17,411	\$20,364	\$21,188	\$3,777
Budgeted Headcount						
Full-Time Positions - Civilian	158	162	144	172	172	28
TOTAL	158	162	144	172	172	28

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Environmental Disease & Injury Prevention

Environmental Disease and Injury Prevention						
<i>Dollars in Thousands</i>						
	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$483	\$496	\$494	\$440	\$436	\$58
Fringe Benefits	2	2	1	2	2	(1)
Full-Time Salaried - Civilian	7,009	8,505	11,467	11,991	11,673	(206)
Overtime - Civilian	197	330	181	382	178	3
Unsalariated	333	280	410	417	467	(58)
Subtotal	\$8,023	\$9,613	\$12,552	\$13,231	\$12,756	(204)
Other Than Personal Services						
Contractual Services	\$538	\$2,247	\$3,088	\$1,976	\$2,207	\$881
Contractual Services - Professional Services	173	125	63	45	32	31
Other Services & Charges	914	2,609	999	1,867	934	65
Property & Equipment	33	159	80	218	52	28
Supplies & Materials	88	868	1,491	1,250	632	859
Subtotal	\$1,747	\$6,009	\$5,721	\$5,355	\$3,857	\$1,864
TOTAL	\$9,770	\$15,622	\$18,273	\$18,587	\$16,613	\$1,660
Funding						
City Funds			\$11,830	\$11,070	\$9,993	\$1,837
Federal - Other			2,515	3,548	2,680	(165)
Other Categorical			0	80	0	0
State			3,927	3,889	3,939	(12)
TOTAL	\$9,770	\$15,622	\$18,273	\$18,587	\$16,613	\$1,660
Budgeted Headcount						
Full-Time Positions - Civilian	103	148	170	170	170	(0)
TOTAL	103	148	170	170	170	(0)

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Environmental Health

Environmental Health						
	FY18	FY19	FY20	Preliminary Plan		*Difference
<i>Dollars in Thousands</i>	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Environmental Health - Administration	\$5,381	\$5,053	\$6,697	\$6,247	\$5,342	\$1,355
Environmental Health - Animal Control	16,653	19,412	19,742	20,204	16,722	3,020
Environmental Health - Day Care	15,562	15,608	15,395	16,192	16,244	(849)
Environmental Health - Food Safety	9,770	15,622	18,273	18,587	16,613	1,660
Environmental Health - Pest Control	19,934	18,814	17,964	17,670	17,912	52
Environmental Health - Poison Control	12,075	11,627	12,174	12,414	12,345	(171)
Environmental Health - Science/Engineer	2,033	2,085	1,883	1,878	1,883	(1)
Environmental Health - West Nile	8,818	8,871	9,248	9,163	8,843	405
Environmental Health-Env Dis/Injury Prev	3,453	4,265	3,968	3,832	3,537	431
Environmental Health-Surveillance Policy	3,738	4,017	3,398	3,487	3,407	(10)
Subtotal	\$97,417	\$105,374	\$108,740	\$109,676	\$102,847	\$5,893
Spending						
Personal Services						
Additional Gross Pay	\$3,737	\$3,748	\$2,918	\$2,724	\$2,856	(\$62)
Additional Gross Pay - Labor Reserve	102	157	0	157	0	0
Fringe Benefits	7	9	1	2	2	1
Full-Time Salaried - Civilian	57,940	61,939	66,192	66,167	66,512	319
Overtime - Civilian	1,438	1,477	955	1,549	927	(28)
Unsalariated	1,514	1,451	1,785	1,742	1,833	47
Subtotal	\$64,737	\$68,781	71,851	72,342	\$72,129	\$278
Other Than Personal Services						
Contractual Services	\$20,829	\$23,646	\$25,095	\$23,637	\$18,549	(\$6,546)
Contractual Services - Professional Services	2,675	2,507	2,621	2,333	2,515	(107)
Fixed & Misc. Charges	5	6	0	0	0	0
Other Services & Charges	6,941	7,922	5,346	8,513	6,268	922
Property & Equipment	981	678	667	679	505	(163)
Supplies & Materials	1,249	1,834	3,160	2,170	2,883	(277)
Subtotal	\$32,680	\$36,593	\$36,889	\$37,334	\$30,718	(\$5,894)
TOTAL	\$97,417	\$105,374	\$108,740	\$109,676	\$102,847	(\$5,616)
Funding						
City Funds			\$84,893	\$84,236	\$79,616	\$(5,277)
Federal - Other			13,134	14,220	13,247	113
Intra City			2,932	2,992	2,470	(462)
Other Categorical			96	722	96	0
State			7,686	7,505	7,418	(267)
TOTAL	\$97,417	\$105,374	\$108,740	\$109,676	\$102,847	\$5,893
Budgeted Headcount						
Full-Time Positions - Civilian	936	967	1,024	1,019	1,019	(5)
TOTAL	936	967	1,024	1,019	1,019	(5)

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Epidemiology

Epidemiology						
<i>Dollars in Thousands</i>						
	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$473	\$520	\$20	\$142	\$20	\$0
Fringe Benefits	0	0	0	0	0	0
Full-Time Salaried - Civilian	12,109	13,125	12,696	12,464	12,739	43
Overtime - Civilian	224	656	134	134	134	0
Unsalaries	954	841	632	797	572	(59)
Subtotal	\$13,761	\$15,143	\$13,481	\$13,537	\$13,465	(\$16)
Other Than Personal Services						
Contractual Services	\$313	\$300	\$340	\$223	\$277	(\$63)
Contractual Services - Professional Services	137	56	67	49	97	30
Fixed & Misc. Charges	2	17	0	0	0	0
Other Services & Charges	2,796	2,816	1,785	2,174	1,684	(101)
Property & Equipment	197	210	168	179	245	76
Supplies & Materials	164	120	170	160	230	
Subtotal	\$3,609	\$3,518	\$2,531	\$2,785	\$2,533	(\$58)
TOTAL	\$17,370	\$18,660	\$16,012	\$16,322	\$15,998	(\$74)
Funding						
City Funds			\$14,155	\$14,247	\$14,154	(\$2)
Other Categorical			69	257	69	0
State			0	55	0	0
Federal - Other			89	97	92	2
TOTAL	\$17,370	\$18,660	\$16,012	\$16,322	\$15,998	(\$14)
Budgeted Headcount						
Full-Time Positions - Civilian	183	187	183	183	182	(1)
TOTAL	183	187	183	183	182	(1)

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

Prevention & Primary Care

Prevention and Primary Care						
<i>Dollars in Thousands</i>						
	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Budget by Program Area						
Prevention & Primary Care - Admin	\$8,942	\$11,157	\$11,854	\$11,931	\$3,828	\$8,027
Prevention & Primary Care - Chronic Dise	13,938	16,567	10,756	13,905	10,640	117
Prevention & Primary Care - Correctional	31,339	30,947	31,339	31,339	31,339	0
Prevention & Primary Care - PCAP	5,625	10,356	7,454	12,222	7,488	(35)
Prevention & Primary Care - PCIP	2,430	2,195	2,835	2,809	2,983	(148)
Prevention & Primary Care - Tobacco	7,032	7,281	6,959	6,927	6,972	(13)
Subtotal	\$69,306	\$78,503	\$71,198	\$79,135	\$63,250	\$7,948
Spending						
Personal Services						
Additional Gross Pay	\$243	\$331	\$176	\$292	\$170	(\$6)
Fringe Benefits	1	1	4	4	4	0
Full-Time Salaried - Civilian	14,840	14,587	12,183	15,864	11,934	(249)
Overtime - Civilian	48	52	46	71	46	0
Unsalaries	589	605	663	829	732	69
Subtotal	\$15,720	\$15,575	\$13,072	\$17,060	\$12,886	(\$185)
Other Than Personal Services						
Contractual Services	\$8,364	\$9,750	\$10,276	\$10,513	\$2,443	\$(7,833)
Contractual Services - Professional Services	2,771	3,122	2,334	3,569	1,772	(562)
Fixed & Misc. Charges	9	14	0	0	0	0
Other Services & Charges	41,996	49,680	44,936	47,548	45,052	116
Property & Equipment	83	49	106	126	144	
Supplies & Materials	362	312	475	318	953	478
Subtotal	\$53,585	\$62,927	\$58,126	\$62,075	\$50,364	(\$7,800)
TOTAL	\$69,306	\$78,503	\$71,198	\$79,135	\$63,250	(\$7,986)
Funding						
City Funds			\$58,030	\$59,011	\$50,622	(\$7,408)
Federal - Other			\$1,749	\$4,638	\$1,719	(30)
Intra City			\$0	\$270	\$0	0
Other Categorical			\$8	\$9	\$0	(\$8)
State			\$11,411	\$15,207	\$10,909	(\$502)
TOTAL	\$69,306	\$78,503	\$71,198	\$79,135	\$63,250	(\$7,948)
Budgeted Headcount						
Full-Time Positions - Civilian	177	176	124	173	173	49
TOTAL	177	176	124	173	173	49

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.

World Trade Center Health Program

World Trade Center Health Program						
<i>Dollars in Thousands</i>						
<i>Dollars in Thousands</i>	FY18	FY19	FY20	Preliminary Plan		*Difference
	Actual	Actual	Adopted	FY20	FY21	FY20-FY21
Spending						
Personal Services						
Additional Gross Pay	\$73	\$76	\$0	\$1	\$0	\$0
Fringe Benefits	1	1	0	0	0	0
Full-Time Salaried - Civilian	3,547	3,831	3,905	4,388	4,123	219
Overtime - Civilian	0	2	0	50	0	0
Unsalaries	47	91	12	39	34	22
Subtotal	\$3,668	\$4,001	\$3,917	\$4,478	\$4,158	\$241
Other Than Personal Services						
Contractual Services	\$266	\$168	\$179	\$425	\$214	\$35
Contractual Services - Professional Services	93	28	109	130	69	(41)
Fixed & Misc. Charges	0	0	0	3	0	0
Other Services & Charges	36,811	42,651	32,013	41,169	31,757	(256)
Property & Equipment	51	10	30	26	19	
Supplies & Materials	38	37	49	228	44	(5)
Subtotal	\$37,260	\$42,895	\$32,381	\$41,980	\$32,103	(\$268)
TOTAL	\$40,928	\$46,895	\$36,298	\$46,458	\$36,261	(\$26)
Funding						
City Funds			\$30,558	\$39,560	\$30,562	\$4
Federal - Other			5,740	6,898	5,699	(41)
TOTAL	\$40,928	\$46,895	\$36,298	\$46,458	\$36,261	(\$37)
Budgeted Headcount						
Full-Time Positions - Civilian	39	42	41	41	41	0
TOTAL	39	42	41	41	41	0

*The difference of Fiscal 2020 Adopted Budget compared to Fiscal 2021 Preliminary Budget.