

THE COUNCIL OF THE CITY OF NEW YORK

Hon. Melissa Mark-Viverito
Speaker of the Council

Hon. Corey Johnson
Chair, Committee on Health



Report of the Finance Division on the
Fiscal 2018 Preliminary Budget and the
Fiscal 2017 Preliminary Mayor's Management Report for the
Department of Health and Mental Hygiene

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Department of Health and Mental Hygiene Overview

The Department of Health and Mental Hygiene (DOHMH or the Department) protects and promotes the health and well-being 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—available, 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 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's Early Intervention Program serves infants and toddlers with developmental delays. Direct services are provided 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 child care centers, and protects public safety through immediate response to emergent public health threats. The Department's three District Public Health Offices work to reduce health disparities in the City's highest need neighborhoods.

Report Structure

This report reviews the Department of Health and Mental Hygiene's \$1.5 billion Fiscal 2018 Preliminary Budget. The report presents the expense budget highlights and the miscellaneous revenue budget followed by a review of Council-funded initiatives and relevant New York State budget actions. The report then analyzes the public health program areas—including new needs in public health funding—and reviews relevant sections of the Fiscal 2017 Preliminary Mayor's Management Report. The report then analyzes the Fiscal 2018 Contract Budget for DOHMH, and the Department's proposed capital budget, including an analysis of the Preliminary Ten-Year Capital Strategy for the Department, including significant changes proposed to the City's \$64 billion Capital Plan for Fiscal 2017-2020. Finally, Appendix A outlines the Budget Actions in the November and Preliminary Plans.

Fiscal 2018 Preliminary Plan Highlights

Expense Budget

The City's Fiscal 2018 Preliminary Budget totals \$86.45 billion, an increase of \$2.57 billion, or approximately three percent, when compared to the \$83.88 billion Fiscal 2017 Adopted Budget. The Department of Health and Mental Hygiene's Fiscal 2018 Preliminary Budget totals \$1.51 billion (including City and non-City funds), a decrease of \$13.3 million, or less than one percent, when compared to the \$1.52 billion Fiscal 2017 Adopted Budget. At \$459 million, spending for Personal Services (PS) accounts for 30 percent of the Department's Fiscal 2018 operating budget, and at \$1.1 billion, Other Than Personal Services (OTPS) accounts for 70 percent.

DOHMH Expense Budget						
<i>Dollars in Thousands</i>	2015 Actual	2016 Actual	2017 Adopted	Preliminary Plan		*Difference 2017 - 2018
				2017	2018	
DOHMH Spending						
Personal Services	\$389,963	\$400,873	\$445,233	\$458,459	\$459,034	\$13,801
Other Than Personal Services	1,105,584	1,049,801	1,079,050	1,139,160	1,051,938	(27,112)
TOTAL	\$1,495,547	\$1,450,674	\$1,524,283	\$1,597,619	\$1,510,972	(\$13,311)
Public Health						
Personal Services	\$261,398	\$264,673	\$284,934	\$297,104	\$289,590	\$4,656
Other Than Personal Services	483,551	372,796	393,084	407,349	345,291	(47,793)
Subtotal, Division of Public Health	\$744,950	\$637,469	\$678,018	\$704,453	\$634,880	(\$43,137)
Mental Hygiene						
Personal Services	\$37,905	\$39,869	\$58,777	\$54,217	\$63,307	\$4,530
Other Than Personal Services	523,782	578,032	593,854	628,792	617,391	23,537
Subtotal, Division of Mental Hygiene	\$561,687	\$617,901	\$652,631	\$683,009	\$680,698	\$28,067
OCME						
Personal Services	\$47,104	\$48,977	\$52,457	\$54,209	\$52,527	\$70
Other Than Personal Services	19,436	19,602	16,465	20,146	15,851	(614)
Subtotal, OCME	\$66,539	\$68,579	\$68,922	\$74,355	\$68,378	(\$544)
General Administration						
Personal Services	\$43,555	\$47,354	\$49,066	\$52,930	\$53,610	\$4,544
Other Than Personal Services	78,815	79,371	75,647	82,873	73,406	(2,241)
Subtotal, Admin	\$122,370	\$126,725	\$124,713	\$135,802	\$127,016	\$2,303
DOHMH Total	\$1,495,547	\$1,450,674	\$1,524,283	\$1,597,619	\$1,510,972	(\$13,311)

*The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.

Excluding general administration costs, DOHMH's Fiscal 2018 operating budget for public health services totals \$634.8 million, a decrease of \$43 million or six percent, when compared to the Fiscal 2017 Adopted budget of \$678 million. Public health spending accounts for approximately 42 percent of the Department's total Fiscal 2018 spending of \$1.5 billion. Due to the breadth of services DOHMH provides, public health spending represents a variety of PS and OTPS costs. The PS budget accounts for 46 percent, or \$290 million, of the public health sector's overall budget, and the OTPS budget accounts for 54 percent, or \$345 million.

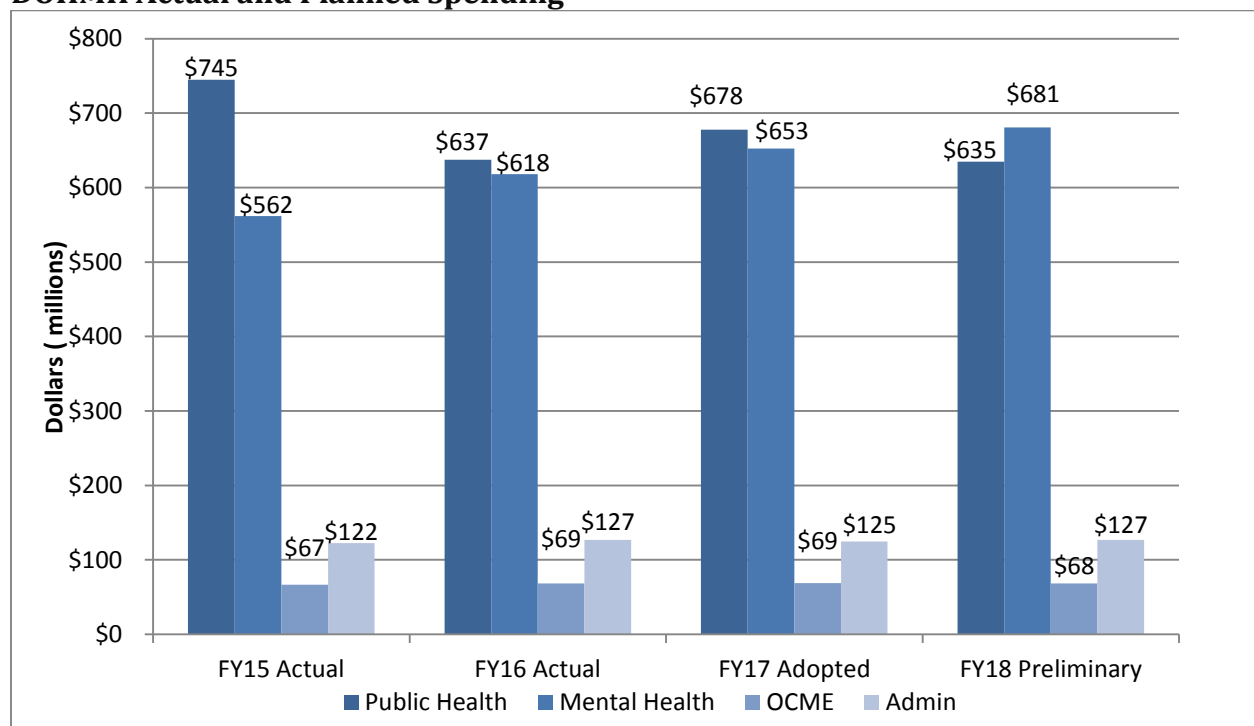
Some public health program areas prove more staff intensive, such as the Environmental Health Program, which requires an internal staff of credentialed public health inspectors and sanitarians to conduct inspections of child care facilities and food service establishments—resulting in high PS costs. 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 high OTPS costs.

The Division of Mental Hygiene (DMH or the Division) Fiscal 2018 operating budget totals \$681 million, an increase of \$28 million, or four percent, when compared to the budget at adoption. The Division relies heavily on private service providers; therefore, the OTPS budget accounts for 91 percent, or \$617 million, of the Division’s overall \$681 million budget.

The Fiscal 2018 budget includes more than \$68 million for the Office of the Chief Medical Examiner (OCME); Personal Services comprise 77 percent of these funds. Overall, OCME accounts for less than five percent of the Department’s Fiscal 2018 budget.

DOHMH Actual and Planned Spending



The Department’s Fiscal 2018 Preliminary Plan includes \$4.75 million in new needs, primarily allocated to the Cure Violence Expansion. Other adjustments in DOHMH funding introduced since the Fiscal 2017 Adopted Budget result in a \$2.6 million funding decrease in Fiscal 2018, predominantly the result of vacancy reductions and funding shifts.

Changes made to the Public Health budget during the course of Fiscal 2017 are summarized in Appendix A, with all changes to DOHMH’s budget summarized in Appendix B. Fluctuations in non-City grant funding, collective bargaining costs, and other technical adjustments contribute to the changes in DOHMH spending.

While the Fiscal 2017 Adopted Budget added more than 400 positions and nearly \$90 million for DOHMH projects—including Ending the Epidemic and ThriveNYC: A Mental Health Roadmap—the Fiscal 2018 Preliminary Plan includes minimal new funding and a headcount reduction of 174 positions.

Key Public Health actions in the Preliminary Plan include:

- **Cure Violence Expansion.** The Preliminary Plan includes \$4.5 million in Fiscal 2018 and in the outyears to enhance the Cure Violence Program. The funding will enable the cure violence providers to hire additional staff across 17 neighborhoods with the highest rates of gun violence. (See page 32 for additional information).

Financial Summary

<i>Dollars in Thousands</i>	2015 Actual	2016 Actual	2017 Adopted	Preliminary Plan		*Difference 2017 - 2018
				2017	2018	
Budget by Program Area						
<u>Public Health</u>						
Center for Health Equity	\$10,280	\$11,977	\$12,657	\$15,650	\$14,447	\$1,790
Disease Prevention & Treatment	62,265	75,469	78,201	94,339	68,442	(9,759)
Disease Prevention & Treat - HIV/AIDS	169,284	165,075	196,097	183,790	190,628	(5,469)
Emergency Preparedness & Response	19,082	24,149	17,484	21,455	15,036	(2,448)
Environmental Dis & Injury Prevent	12,029	14,584	14,593	15,972	14,548	(45)
Environmental Health	68,778	71,597	91,342	90,989	81,112	(10,230)
Epidemiology	13,857	15,694	15,302	15,752	15,613	311
Family & Child Health	128,133	140,794	148,161	158,292	144,318	(3,843)
Prevention & Primary Care	231,887	85,938	71,071	74,199	58,070	(13,001)
World Trade Center Related Programs	29,356	32,192	33,110	34,016	32,664	(446)
Subtotal, Public Health	\$744,950	\$637,469	\$678,018	\$704,453	\$634,880	(\$43,137)
<u>DOHMH, Other</u>						
Division of Mental Hygiene	\$561,687	\$617,901	\$652,631	\$683,009	\$680,698	\$28,067
Administration - General	122,370	126,725	124,713	135,802	127,016	2,303
Office of Chief Medical Examiner	66,539	68,579	68,922	74,355	68,378	(544)
Subtotal, DOHMH, Other	\$750,597	\$813,205	\$846,266	\$893,166	\$876,092	\$29,826
TOTAL	\$1,495,547	\$1,450,674	\$1,524,283	\$1,597,619	\$1,510,972	(\$13,311)
Funding						
<u>Public Health</u>						
City Funds			\$310,909	\$295,900	\$276,249	(\$34,660)
Other Categorical			1,260	19,368	1,246	(14)
State			131,196	141,653	125,353	(5,843)
Federal - Other			232,089	236,354	229,465	(2,624)
Intra City			2,564	11,177	2,567	4
Subtotal, Public Health			\$678,018	\$704,453	\$634,880	(\$43,137)
<u>DOHMH, Other</u>						
City Funds			\$386,327	\$369,147	\$386,393	\$66
Other Categorical			0	1,997	1	1
State			403,397	447,029	428,384	24,986
Federal - Other			56,408	70,948	59,015	2,607
Intra City			133	4,045	2,299	2,166
Subtotal, DOHMH, Other			\$846,266	\$893,166	\$876,092	\$29,826
TOTAL	\$1,495,547	\$1,450,674	\$1,524,283	\$1,597,619	\$1,510,972	(\$13,311)
Budgeted Headcount						
Public Health	2,672	2,682	3,279	3,309	3,150	(129)
Division of Mental Hygiene	530	620	879	837	867	(12)
Office of Chief Medical Examiner	569	565	668	640	643	(25)
General Administration	578	641	685	764	677	(8)
TOTAL	4,349	4,508	5,511	5,550	5,337	(174)

*The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.

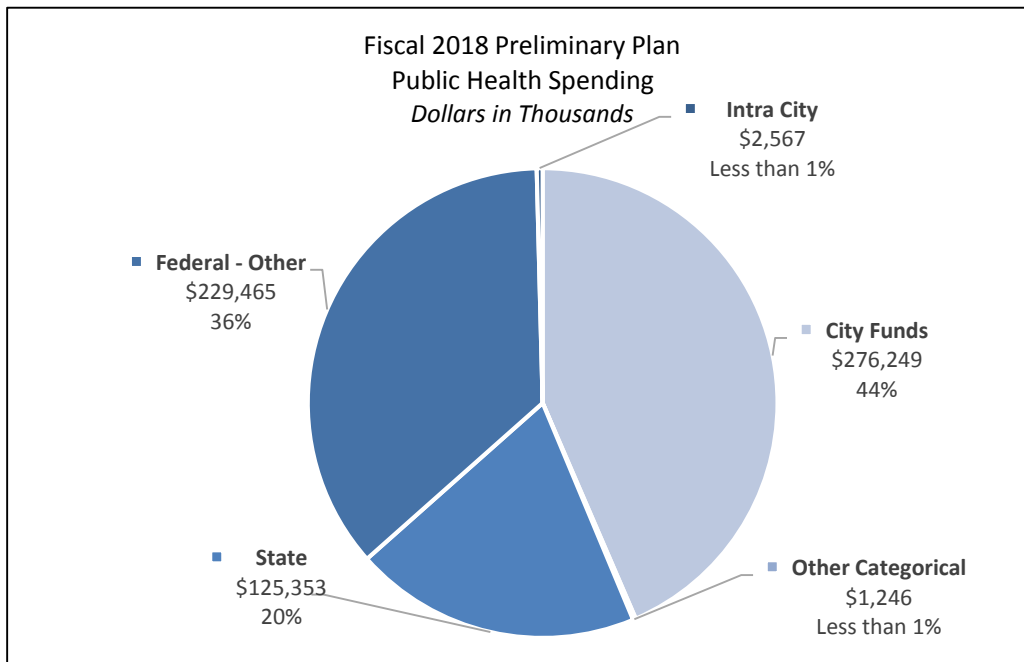
Excluding general administration costs, the Department intends to spend approximately \$634.8 million on public health-related services in Fiscal 2018, representing 42 percent of

the Department's overall \$1.5 billion budget. Public health funding spans numerous program areas, including the Center for Health Equity; Disease Prevention & Treatment; Emergency Preparedness & Response; Environmental Disease & Injury Prevention; Environmental Health; Epidemiology; Family & Child Health; Prevention & Primary Care; and World Trade Center-Related Programs.

Funding Sources

City tax-levy (CTL) accounts for approximately 44 percent of public health spending in the Fiscal 2018 Preliminary Budget. Federal funding constitutes the second largest source, comprising 36 percent of the Department's public health budget. The Department typically receives federal money in the form of categorical block grants allocated for specific public health purposes, as directed by the federal government.

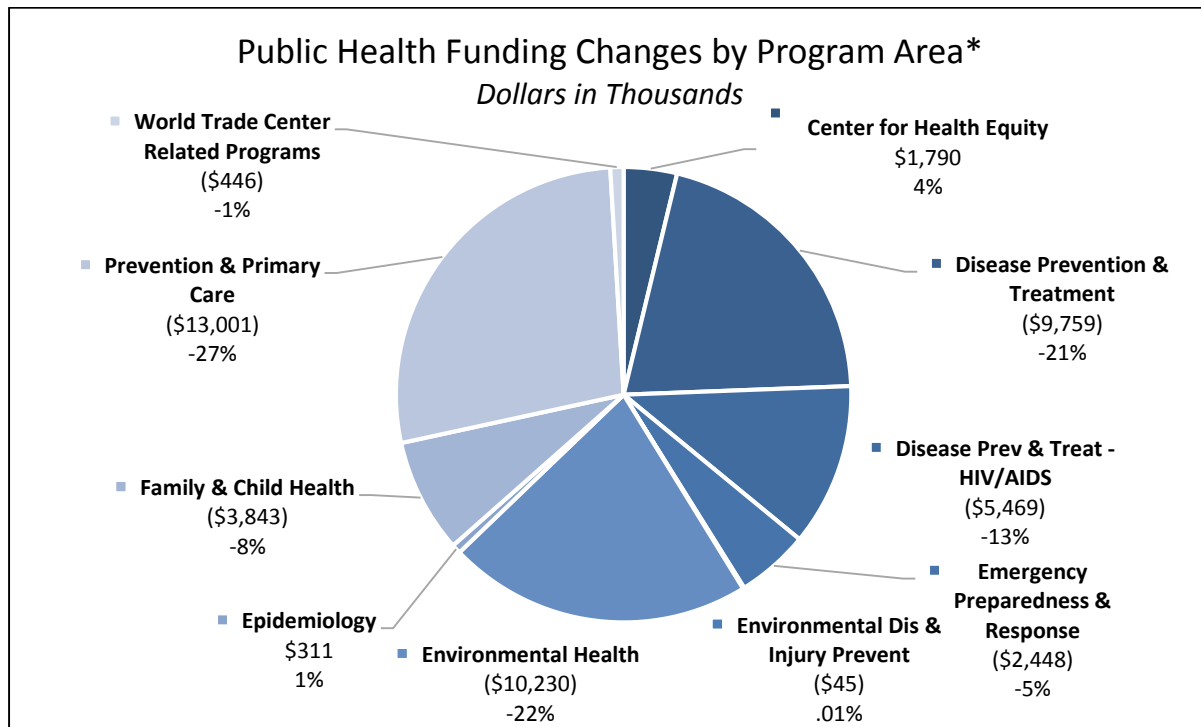
State aid accounts for approximately 20 percent of the Department's public health funding in the Fiscal 2018 Preliminary Budget. The State's public health local assistance provision, also known as the General Public Health Work Program and commonly referred to as Article 6 matching grants, provides the majority of this funding. Article 6 of the State's Public Health Law provides matching aid to localities for the local provision of specified public health services. Due to the matching nature of these grants, State aid fluctuates with changes in CTL. The State Executive Budget Highlights section, on page 10, addresses the program in greater detail.



Program Areas

The \$43 million decrease in Fiscal 2018 public health funding—compared to the Fiscal 2017 Adopted Budget—affects nearly every program area. Fiscal 2018 funding for Disease Prevention & Treatment decreases in nearly every sector when compared to the Fiscal 2017

Adopted Budget, producing a net decrease of \$9.7 million. While Fiscal 2018 funding for Sexually Transmitted Diseases increased by approximately \$849,000 to \$25.7 million, funding for Administration, Communicable Diseases, Immunization, Laboratories, and Tuberculosis all decreased. Funding for HIV/AIDS also decreased—by nearly \$5.5 million compared to the Fiscal 2017 Adopted Budget.



*The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.

Family & Child Health funding showed a net decrease of \$3.8 million between the Fiscal 2018 Preliminary Budget and the budget at adoption, gaining nearly \$4 million in School Health funding but losing more than \$1.6 million for Maternal and Child Health programming and losing more than \$6 million for administrative services.

Environmental Health funding experienced a net decrease of more than \$10 million between the Fiscal 2018 Preliminary Budget and the budget at adoption. Funding for Animal Control, Day Care, Poison Control, and Surveillance remained relatively flat, but funding for Administration, Food Safety, Pest Control, Science/Engineering, and West Nile all decreased.

Prevention & Primary Care funding experienced a \$13 million net decrease between the Fiscal 2018 Preliminary Budget and the budget at adoption. Funding for Tobacco Control, Chronic Diseases, Primary Care Access & Planning (PCAP), and Primary Care Information Project (PCIP) remained relatively flat, but Correctional Health funding decreased by nearly \$1.6 million and Administration funding decreased by more than \$11 million.

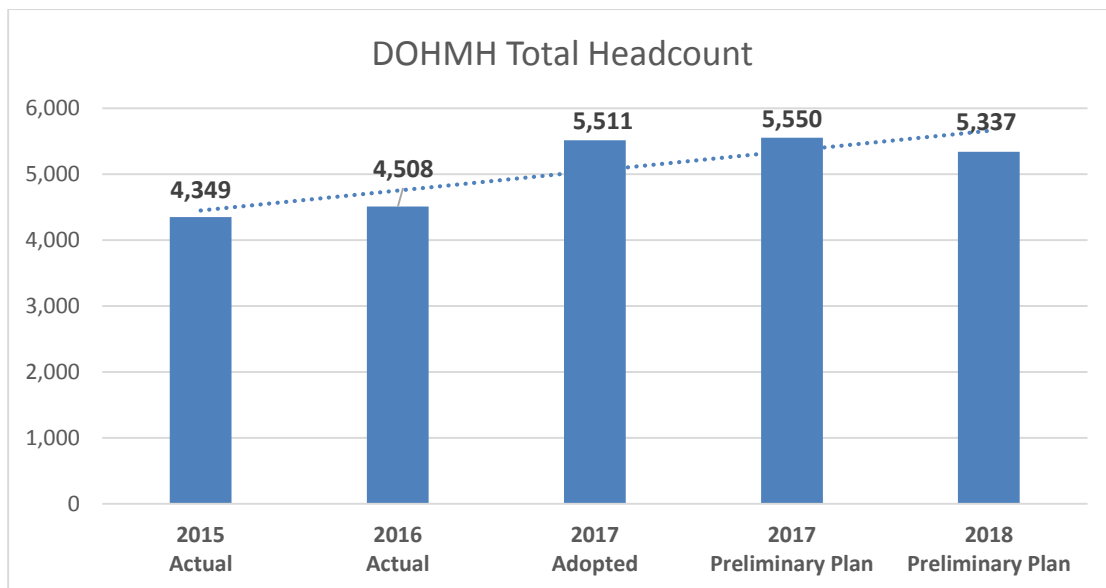
Funding for Emergency Preparedness & Response decreased by nearly \$2.5 million in the Fiscal 2018 Preliminary Budget when compared to the Fiscal 2017 Adopted Budget. Funding

for Environmental Disease & Injury Prevention, Epidemiology, and World Trade Center-Related Programs remained relatively flat. The Center for Health Equity experienced the only significant net increase in the Fiscal 2018 Preliminary Budget, adding \$1.8 million, or 12 percent, when compared to the budget at adoption.

Headcount

The Department's headcount decreased by 174 positions between the Fiscal 2018 Preliminary Budget and the Fiscal 2017 Adopted Budget, with Public Health, Mental Hygiene, General Administration, and the Office of the Chief Medical Examiner all experiencing reductions. The Disease Prevention & Treatment headcount—including the HIV/AIDS program area—decreased by nearly 50 positions; Family & Child Health experienced a decrease of 40 positions, and Environmental Health reported a decrease of 56 positions—including 50 positions in Pest Control. The Center for Health Equity experienced the largest gain in headcount between the Fiscal 2018 Preliminary Budget and the budget at adoption, gaining 31 positions. The Department has continued the budgeting practice of shifting program-specific administrative funding to General Administration.

Notably, the DOHMH headcount grew by nearly 1,000 positions between Fiscal 2014 to Fiscal 2018—the first term of the de Blasio Administration.



The Fiscal 2017 Current Modified Budget

Regarding the current fiscal year, the Department's Fiscal 2017 Budget, including OCME funding, stands at \$1.59 billion. The Department's Fiscal 2017 Budget at Adoption totaled \$1.52 billion, indicating a net increase of \$73.3 million since June 2016. While City funds decreased by more than \$32 million during this period, State funding increased by more than \$54 million; federal funding increased by nearly \$19 million; and intracity and other categorical funding provided an additional \$32 million.

The Department typically does not include federal and State funding in its preliminary appropriations but rather modifies the budget over the course of the fiscal year as it receives

the funding. The non-City funding is generally in the form of grants. The midyear increase, therefore, proves typical for the Department. In addition, Financial Plan headcount adjustments in the Fiscal 2018 Preliminary Budget led to a net decrease of 95 City-funded positions in Fiscal 2017.

The Citywide Savings Program

The Department identified \$8.8 million in savings in the Fiscal 2018 Preliminary Plan, including \$5 million annually by shifting eligible CTL expenses and maximizing State funding. The agency also reassessed departmental needs, leading to vacancy reductions and funding shifts that resulted in \$1.5 million in annual savings and the reduction of 35 civilian positions. Eliminating the fiscal agent for contracts and performing contract management functions internally generated an additional \$1.6 million in annual savings. Finally, reducing contractual spending on CPA audits, re-estimating a cleaning contract, and reducing general administrative (OTPS) costs resulted in annual savings of \$177,000, \$68,000, and \$471,000, respectively.

Public Health New Needs

The Department's Fiscal 2018 Preliminary Plan includes \$4.75 million in new needs, with \$4.5 million of this funding supporting public health services and \$250,000 attributed to General Administration. The \$4.5 million in public health funding supports an expansion of Cure Violence, an evidence-based violence prevention program. The Fiscal 2018 funding, comprised of \$3.1 million in CTL and \$1.4 million in State funding, will enable cure violence providers to hire additional staff across 17 neighborhoods with the highest rates of gun violence. The City will fund the entirety of the \$4.5 million expansion in the outyears.

The additional funding includes \$175,000 annually, starting in Fiscal 2017, for a lease adjustment, and \$335,000 in Fiscal 2017 for Housing and Urban Development Continuum of Care. Funding transfers from the Office of Labor Relations and NYC Health + Hospitals—for chronic disease services and HIV services—comprise the remaining \$2.6 million in new Fiscal 2017 funding.

Revenue Budget

DOHMH Miscellaneous Revenue Budget Overview						
<i>Dollars in Thousands</i>						
Revenue Sources	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Restaurant, Vendor, & Other	\$9,457	\$9,636	\$8,816	\$8,816	\$8,816	\$0
Death Disposition Permits	2,147	2,163	2,080	2,080	2,080	0
Birth & Death Certificates	9,179	9,353	9,000	9,500	9,000	0
Health Academy Courses	1,569	1,604	1,531	1,531	1,531	0
Radiation Materials & Equip.	596	572	650	650	650	0
Correction & Amendment Fees	651	642	644	757	644	0
Pest Control Fees	3,341	3,770	3,700	3,700	3,700	0
TOTAL	\$26,941	\$27,741	\$26,421	\$27,034	\$26,421	\$0

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

In addition to State and federal grants, the Department generates a modest amount of revenue, with \$26.4 million planned for Fiscal 2018. The major sources of revenue include: Restaurants & Vendors; Death Disposition Permits; Birth & Death Certificates; Health Academy Courses; Radiation Materials & Equipment; Correction & Amendment Fees; and Pest Control Fees.

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/or other public health-related laws fall under the Office's Health Hearings Unit. Approximately 90 percent of the DOHMH cases OATH receives relate to food service establishments. OATH collected \$27.3 million in DOHMH fines in Fiscal 2016, a decrease of \$26.3 million since the Fiscal 2012 collection of \$53.6 million. The City Council's efforts to reform the City's restaurant grading system is largely responsible for this 49 percent decrease.

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 Council with the Executive Budget.

The following table provides DOHMH's Preliminary Contract Budget for Fiscal 2018.

DOHMH Fiscal 2018 Preliminary Contract Budget				
<i>Dollars in Thousands</i>				
Category	Fiscal 2017 Adopted	Number of Contracts	Fiscal 2018 Preliminary	Number of Contracts
AIDS Services	\$93,958	45	\$93,958	45
Cleaning Services	\$432	36	\$370	36
Contractual Services - General	\$171,046	58	\$124,537	56
Data Processing Equipment Maintenance	\$2,290	40	\$1,666	40
Economic Development	\$295	12	\$317	12
Hospitals Contracts	\$25,451	2	\$25,792	2
Maintenance and Operation of Infrastructure	\$934	59	\$1,037	58
Maintenance and Repairs - General	\$2,381	95	\$2,365	97
Maintenance and Repairs - Motor Vehicle Equip	\$191	12	\$191	12
Mental Hygiene Services	\$518,270	473	\$545,267	473
Office Equipment Maintenance	\$145	62	\$125	61
Printing Services	\$1,790	90	\$1,391	90
Prof. Services - Accounting Services	\$541	2	\$541	2
Prof. Services - Computer Services	\$449	7	\$484	8
Prof. Services - Other	\$47,495	169	\$45,008	169
Security Services	\$1,488	4	\$1,488	4
Telecommunications Maintenance	\$40	27	\$39	28
Temporary Services	\$964	52	\$869	52
Training Program for City Employees	\$865	31	\$771	32
TOTAL	\$869,025	1,276	\$846,217	1,277

The City's Contract Budget, as proposed, totals \$14.4 billion in Fiscal 2018, a decrease of \$598 million, or four percent when compared to the \$14.9 billion Fiscal 2017 Adopted Budget. The Department's Fiscal 2018 Contract Budget totals \$846 million, a decrease of \$22.8 million, or three percent, when compared to the budget at adoption. The Fiscal 2018 Contract Budget includes 473 contracts for Mental Hygiene services valued at more than \$545 million, as well as 45 contracts for AIDS Services valued at \$94 million.

Public Health State and Federal Grants

State and federal public health grants decreased slightly in the Fiscal 2018 Preliminary Plan when compared to the Fiscal 2017 Adopted Budget. State funding totals \$125.4 million in the Fiscal 2018 Budget, a decrease of \$5.8 million when compared to the budget at adoption, and federal funding totals \$229.5 million in the Fiscal 2018 Budget, a decrease of \$2.6 million when compared to the budget at adoption.

Public Health State and Federal Grants

<i>Dollars in Thousands</i>	2017 Adopted		2018 Preliminary	
Program Area	Federal	State	Federal	State
Center for Health Equity	\$27	\$4,546	\$0	\$5,200
Disease Prevention & Treatment	25,153	21,461	23,421	20,079
Disease Prevention & Treatment: HIV/AIDS	165,615	9,328	164,318	8,077
Emergency Preparedness & Response	12,837	903	12,634	868
Environmental Disease & Injury Prevention	1,960	3,156	2,137	3,031
Environmental Health	8,526	10,161	9,164	7,558
Epidemiology	0	2,474	69	2,629
Family & Child Health	9,984	57,633	10,108	58,748
Prevention & Primary Care	2,306	21,532	2,380	19,164
World Trade Center Related Programs	5,681	0	5,235	0
Public Health Total	\$232,089	\$131,196	\$229,465	\$125,353

Council Initiatives

The Department of Health and Mental Hygiene's Fiscal 2017 Budget includes \$30.7 million in City Council discretionary funding, including \$14.9 million for public health initiatives, \$12.8 million for mental health initiatives, and \$3 million for local initiatives. City Council discretionary funding accounts for approximately two percent of the Department's current \$1.6 billion Fiscal 2017 budget.

The Council's public health initiatives support a variety of program areas—including Disease Control & Treatment; Prevention & Primary Care; and Family & Child Health—and demonstrate a strong commitment to vulnerable and marginalized populations, including intravenous drug users, LGBTQ youth, and

Fiscal 2017 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
Council Initiatives	
Access Health	\$1,070
Beating Hearts	\$350
Cancer Initiative	\$791
Child Health and Wellness	\$646
Ending the Epidemic	\$5,595
HIV/AIDS Faith Based Initiative	\$1,560
Maternal Health Services	\$1,430
Nurse Family Partnership	\$2,000
Reproductive and Sexual Health Services	\$260
Viral Hepatitis Prevention	\$1,186
Subtotal, Public Health Initiatives	\$14,888
DOHMH, Mental Health Initiatives	\$12,777
Local Initiatives	\$2,983
TOTAL	\$30,648

people living with HIV/AIDS. The initiatives support the Council's efforts to reduce health disparities and promote health equity throughout the five boroughs.

Major investments in Fiscal 2017 include \$5.6 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 2020. The programs and services funded under this initiative address various unmet needs in the HIV/AIDS community, including HIV prevention and literacy for seniors and HIV prevention and education for communities of color. Additional funding will support efforts to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use.

Fiscal 2017 funding also includes a \$2 million investment in the Nurse Family Partnership (NFP), an evidence-based nurse home visiting program that provides support to low-income first-time mothers. The Administration also directed \$2 million in Council baselined funds to NFP in Fiscal 2017, for a total investment of \$4 million in Fiscal 2017. The Reproductive and Sexual Health Services Initiative and the Maternal Health Services Initiative bolster this commitment to reducing infant mortality and promoting health wellness, while the Child Health and Wellness Initiative supports nutrition, dental, and asthma programs for our City's children.

In addition, the Fiscal 2017 Budget includes funding for numerous public health programs historically funded by the Council that have been baselined.

The following section describes each public health Council initiative funded in Fiscal 2017.

Access Health. The \$1.1 million allocation enables culturally and linguistically competent community-based organizations in all five boroughs to conduct outreach and education efforts regarding healthcare access and coverage, including issues pertaining to Medicare, Medicaid, the Pregnant Women/Prenatal Care Assistance Program (PCAP), the Family Planning Extension Program (FPEP), the AIDS Drug Assistance Program (ADAP) and the Children's Health Insurance Program (CHIP).

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

Cancer Services. The \$791,000 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.

Ending the Epidemic. The \$5.6 million allocation supports prevention, education, outreach, and support services that align with the Ending the Epidemic (ETE) framework and serve special populations, including seniors, communities of color, and people with mental health and/or substance abuse disorders. ETE, a statewide plan to decrease new HIV infections to 750 by the year 2020, strives to identify diagnosed and undiagnosed HIV-positive New

Yorkers and connect them to healthcare and medication, including Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

HIV/AIDS Faith Based Initiative. The \$1.6 million allocation supports HIV/AIDS prevention, education, outreach, advocacy, and support services in local religious institutions and community-based organizations that engage vulnerable populations.

Maternal and Child Health Services. The \$1.4 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 in an effort to improve maternal and child health outcomes and to reduce infant mortality rates. Services may include doula care or home-visiting programs.

Nurse Family Partnership. The \$2 million allocation supports the expansion of the Nurse Family Partnership (NFP), an evidence-based maternal and early childhood health program that fosters long-term success for first-time mothers, their babies and society. The funding supports low-income and high-risk women living in the NYC community districts with the highest average infant mortality rates.

Reproductive and Sexual Health Services. The \$260,000 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. The funded organizations serve a variety of high-risk populations, including youth of color, LGBTQ individuals, and the uninsured, in a culturally responsive manner in order to empower patients and promote health wellness.

Viral Hepatitis Prevention. The \$1.2 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.

Fiscal 2017-2018 State Executive Budget

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

New York's Medicaid program remains the State's largest payer of healthcare and long-term care. More than six million individuals receive Medicaid-eligible services through a network of more than 80,000 healthcare providers and more than 90 managed care plans. Total federal, State and local Medicaid spending is expected to total \$65 billion in Fiscal 2018.

The Fiscal 2017-2018 State Executive Budget adheres to the Medicaid spending cap, a provision that ties Medicaid growth to the 10-year rolling average of the Medical Consumer Price Index—currently estimated at 3.2 percent.

Proposals to keep overall Medicaid spending within capped levels include price ceilings for certain high-cost prescription drugs reimbursed under the Medicaid program; monthly

premiums and higher copays for certain beneficiaries of the Essential Plan program; and more robust Medicaid claiming for NYC School Supportive Health Services, among others. The Budget also achieves modest savings from public health and aging programs through program reforms, enterprise-wide efficiency measures, and general cost-control efforts.

Medicaid Waiver

The Federal Centers for Medicare & Medicaid Services (CMS) and the State reached an agreement authorizing up to \$8 billion in new federal funding, over several years, to transform New York's healthcare system and ensure access to quality care for all Medicaid beneficiaries. This funding, provided through an amendment to the State's Partnership Plan 1115 Medicaid waiver, is divided among the Interim Access Assurance Fund (IAAF), the Delivery System Reform Incentive Payment (DSRIP) Program, Health Homes, and various other Medicaid redesign initiatives.

In the first three years, \$3.3 billion has been awarded under the waiver. This includes \$2.1 billion to 25 Performing Provider Systems (PPSs) statewide so that these consortiums of regional providers can implement approved DSRIP program transformation projects; \$401 million for Health Homes and other reform initiatives; and \$500 million for financially distressed safety net hospitals whose viability is critical to achieving ongoing reforms. The 1115 waiver will run through March 31, 2021.

General Public Health Work

The Department of Health's General Public Health Work (GPHW) program, also known as the Public Health Local Assistance provision or Article 6 matching grants, reimburses local health departments for providing core public health services, individually tailored to the needs of their communities. These core services fall into six categories: Family Health, Communicable Disease Control, Chronic Disease Prevention, Community Health Assessment, Emergency Preparedness, and Environmental Health. Local governments bear the service costs and file claims with the GPHW program. Each locality receives a base grant up to an amount based upon the county's population and the level of services provided: full service counties receive up to the greater of \$650,000 or 65 cents per resident. The remainder of local government non-emergency claims are then reimbursed at the rate of 36 percent.

A Fiscal 2017-2018 State Executive Budget bill would reduce the reimbursement rate for the non-emergency claims above the base grant to New York City from 36 to 29 percent. The State claims that New York City, unlike other counties, has direct access to other public health funding sources, such as the Centers for Disease Control. Over the past three grant periods, grant funding for New York City has been, on average, 22 percent higher than the grant funding directed to New York State. The State determined that enactment of the bill would achieve a total net savings of \$11 million in Fiscal 2018 and \$22 million when fully annualized; however, the Administration identified \$32.5 million in potential lost revenue resulting from the enactment of the bill.

Healthcare Resources and Funding

The New York State Health Care Reform Act (HCRA) was established in 1996 to help fund a portion of State healthcare activities. Extensions and modifications to HCRA have financed

new health care programs, including Family Health Plus (FHP) and Child Health Plus (CHP). HCRA receipts include surcharges and assessments on hospital revenues, a “covered lives” assessment paid by insurance carriers, and a portion of cigarette tax revenues. In total, HCRA resources are used to fund roughly 25 percent of the State share of Medicaid.

The Plan includes an initiative to consolidate approximately \$52 million in HCRA-funded programs with other public health programs within the General Fund. The initiative would combine 39 duplicative appropriations into four pools and reduce overall funding by 20 percent in order to achieve annual savings of \$25 million. The Plan also contains a bill to reauthorize HCRA for three years. The Cuomo Administration believes the proposal would consolidate outdated and duplicative appropriations in order to direct more resources to health-care priorities, shifting spending from diseases such as polio and tuberculosis to cancer and diabetes.

Capital Support

A statewide Health Care Facility Transformation Program would provide funding to support capital projects, debt retirement, working capital, and other non-capital projects that facilitate health care transformation and expand access to health care services.

A minimum of \$30 million would be made available to community-based healthcare providers in order to fulfill a healthcare need for acute inpatient, outpatient, primary, home care, or residential healthcare services in a community. These providers include diagnostic and treatment centers, mental health clinics, alcohol and substance abuse treatment clinics, primary care providers, and home care providers. Funding in the amount of \$500 million would be made available to eligible healthcare systems statewide, including \$50 million specifically awarded to Montefiore Medical Center.

The Budget also includes a \$1.4 billion revitalization plan aimed at improving health, safety and opportunity in the Central Brooklyn. This “Vital Brooklyn” initiative would include \$700 million to replace Brookdale Medical Center with a new hospital and anchor a new health system in the area.

Federal Concerns

The repeal or diminishment of the Affordable Care Act (ACA) would result in substantial financial losses to New York City and New York State. Should the federal government reduce its federal matching for Medicaid expansion and undo the New York State of Health’s Essential Plan, it would result in a near \$4 billion loss in federal funding in the State budget. New York City alone stands to lose more than \$433 million in federal Medicaid funding following a repeal of the law.

The human toll also looms large. The ACA has proven invaluable in expanding access to healthcare coverage and services, cutting the State’s uninsured rate in half. Based on current enrollment levels, more than 1.6 million New York City residents would stand to lose health coverage if the federal government were to repeal the ACA, including some of our most vulnerable citizens who would no longer qualify for Medicaid.

The Department of Health estimates that the House Republicans’ plan to replace the ACA could cost the State and its hospitals more than \$4.5 billion in federal funding over the next four years, starting with \$240 million in the State’s next fiscal year and ramping up to \$2.4

billion by 2021. In addition to capping federal Medicaid reimbursements to states and removing income-based tax credits, the plan would eliminate the State's Essential Plan—a low-cost health insurance program that covers more than 665,000 New Yorkers. Ultimately, about one million New Yorkers would experience a significant reduction or loss of their health coverage under the plan—dubbed the American Health Care Act.

Program Areas

Center for Health Equity

The Center for Health Equity addresses health disparities in New York City's communities of color that engender 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 interagency collaboration to address the root causes of health disparities; and (3) Making services more accessible in neighborhoods with the worst health outcomes.

The Center strengthens the efforts of the District Public Health Offices (DPHOs). DPHOs 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 and reduce health inequalities across New York City. DPHOs develop innovative programs to improve community health; work with community organizations, faith-based organizations, government agencies, local leaders, residents, and elected officials to promote public health policies; and conduct local research to better understand public health.

Center for Health Equity						
<i>Dollars in Thousands</i>						
	2015 Actual	2016 Actual	2017 Adopted	Preliminary Plan		*Difference 2017 - 2018
				2017	2018	
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$5,484	\$7,508	\$8,086	\$9,696	\$9,697	\$1,611
Other Salaried and Unsalaries	56	43	215	121	215	0
Additional Gross Pay	258	367	111	112	111	0
Overtime - Civilian	(2)	26	5	12	6	0
Fringe Benefits	1	3	2	2	2	0
Subtotal	\$5,797	\$7,947	\$8,420	\$9,944	\$10,031	\$1,611
Other Than Personal Services						
Supplies and Materials	\$109	\$78	\$488	\$265	\$480	(\$8)
Other Services and Charges	1,028	1,302	232	1,072	186	(46)
Property and Equipment	96	20	65	117	65	0
Contractual Services	3,249	2,629	3,453	4,252	3,685	233
Subtotal	\$4,483	\$4,029	\$4,237	\$5,706	\$4,416	\$179
TOTAL	\$10,280	\$11,977	\$12,657	\$15,650	\$14,447	\$1,790
Funding						
City Funds			\$8,084	\$9,627	\$9,247	\$1,163
State			4,546	5,052	5,200	654
Federal - Other			27	940	0	(27)
Other Categorical, Intracity			0	30	0	0
TOTAL	\$10,280	\$11,977	\$12,657	\$15,650	\$14,447	\$1,790
Budgeted Headcount						
Full-Time Positions - Civilian	79	102	101	149	132	31
TOTAL	79	102	101	149	132	31

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$14.4 million to the Center for Health Equity, an increase of \$1.8 million, or 14.3 percent, when compared to the budget at adoption—a

change largely attributable to increased CTL. The Center's funding represents approximately two percent of Public Health spending and less than one percent of the Department's total budget. The Fiscal 2018 Preliminary Budget includes \$5 million in State Public Health Local Assistance funding.

According to the Fiscal 2016 DOHMH District Resource Statement, the DPHO Community Districts distributed more than 185,000 Health Bucks between 2015 and 2016. Health Bucks constitute paper vouchers that participants can use to purchase fresh fruits and vegetables at participating farmers markets. Specifically, East and Central Harlem issued 55,327 Health Bucks; the Bronx issued 74,765 Health Bucks, and Brooklyn issued 55,109 Health Bucks.

Disease Prevention & Treatment

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

The Bureau of Communicable Diseases performs a range of activities, from investigating disease outbreaks and individual cases of disease, 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 2018 Preliminary Budget allocates approximately \$7 million to Communicable Disease programs, a decrease of \$1.7 million, or 20 percent, when compared to the Fiscal 2017 Adopted Budget.

In addition to \$1 million in State Public Health Local Assistance funding, the Bureau receives a \$1.7 million federal Affordable Care Act grant for Epidemiology and a \$1.8 million federal CDC grant for Investigation and Technical Assistance.

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 2018 Preliminary Budget allocates nearly \$26 million for STD Control, a slight increase of \$849,000, or three percent when compared to the Fiscal 2017 Adopted Budget. Major sources of federal funding for STD Control include a \$4.8 million Venereal Disease Control grant and a \$1.3 million Medicaid grant. State funding includes \$1.3 million for HIV Partner Notification, \$6.1 million for Public Health Local Assistance, and \$1.3 million for Medicaid.

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 and confidential and anonymous 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 2018 Preliminary Budget allocates nearly \$11 million for the Laboratory, a decrease of nearly \$3.5 million, or 19 percent when compared to the Fiscal 2017 Adopted Budget. The Laboratory receives \$3.9 million in State Public Health Local Assistance funding.

The Bureau of Tuberculosis Control provides direct patient care, education, surveillance, and outreach to reduce the incidence of tuberculosis (TB). The Bureau offers free evaluation and treatment for tuberculosis 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 partners with

community stakeholders in high-risk immigrant populations to promote TB awareness and accessibility to City chest centers.

Funding to the Bureau of Tuberculosis Control remains fairly steady at \$14.2 million in the Fiscal 2018 Preliminary Budget. Major sources of federal funding include a \$3.7 million TB Control Program grant and a \$2 million Medicaid grant. State funding includes a \$1.9 million TB Control and Prevention grant, as well as \$2 million in Medicaid funding and \$1.6 million in Public Health Local Assistance funding.

The Bureau of Immunization promotes the immunization of children and adults in order to prevent the occurrence and transmission of diseases. The Fiscal 2018 Preliminary Budget allocates \$9.3 million to the Bureau of Immunization to promote the timely vaccination of children, adolescents, and adults through vaccine distribution, clinical services, public communication, provider outreach and support, and the monitoring of coverage rates. This represents a decrease of nearly \$1.5 million, or 14 percent, when compared to the budget at adoption. The Bureau receives a \$7.4 million federal Immunization grant and \$345,000 in State Public Health Local Assistance funding.

Disease Prevention & Treatment						
<i>Dollars in Thousands</i>						
	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Budget by Program Area						
Dis Prev & Treat - Administration	\$6,816	\$21,336	\$5,338	\$15,899	\$1,461	(\$3,877)
Dis Prev & Treat- Communicable Dis	8,712	7,133	8,650	13,811	6,927	(1,723)
Disease Prev & Treat - Immunization	9,999	9,432	10,713	11,950	9,266	(1,448)
Disease Prev & Treat - Laboratories	8,049	7,705	14,324	13,102	10,859	(3,465)
Disease Prev & Treat - Sexually Trans Dis	14,246	15,526	24,850	25,522	25,700	849
Disease Prev & Treat - Tuberculosis	14,443	14,337	14,326	14,055	14,229	(97)
TOTAL	\$62,265	\$75,468	\$78,202	\$94,339	\$68,443	(\$9,760)
Spending						
Personal Services						
Full-Time Salaried	\$32,236	\$33,394	\$37,685	\$45,903	\$44,347	\$6,662
Other Salaried and Unsalaries	5,515	5,633	6,639	6,918	6,450	(189)
Additional Gross Pay	2,980	2,799	1,941	1,658	1,708	(232)
Overtime - Civilian	1,993	1,251	306	790	123	(183)
Fringe Benefits	39	40	16	24	22	6
Subtotal	\$42,764	\$43,116	\$46,586	\$55,293	\$52,651	\$6,064
Other Than Personal Services						
Supplies and Materials	\$2,561	\$2,886	\$5,808	\$6,965	\$3,481	(\$2,327)
Other Services and Charges	6,053	3,932	6,038	7,095	5,449	(589)
Social Services	67	77	67	67	67	0
Property and Equipment	452	1,041	214	603	214	0
Contractual Services	10,368	24,415	19,488	24,317	6,580	(12,908)
Subtotal	\$19,501	\$32,352	\$31,616	\$39,046	\$15,792	(\$15,824)
TOTAL	\$62,265	\$75,468	\$78,202	\$94,339	\$68,443	(\$9,760)
Funding						
City Funds			\$30,712	\$35,262	\$24,062	(\$6,650)
State			21,461	26,337	20,079	(1,382)
Federal - Other			25,153	31,262	23,421	(1,732)
Other Categorical, Intracity			876	1,478	880	5
TOTAL	\$62,265	\$75,468	\$78,202	\$94,339	\$68,443	(\$9,760)
Budgeted Headcount						
Dis Prev & Treat - Administration	13	13	16	22	15	(1)
Dis Prev & Treat- Communicable Dis	41	56	74	72	67	(7)
Disease Prev & Treat - Immunization	94	86	99	94	88	(11)
Disease Prev & Treat - Laboratories	76	83	120	119	114	(6)
Disease Prev & Treat - Sexually Trans Dis	153	184	265	253	260	(5)
Disease Prev & Treat - Tuberculosis	178	168	174	164	173	(1)
TOTAL	555	590	748	724	717	(31)

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

Excluding HIV/AIDS funding, the Fiscal 2018 Preliminary Budget allocates \$68 million to Disease Prevention & Treatment, a decrease of nearly \$10 million, or 13 percent, when compared to the \$78 million budget at adoption. City funds increased by nearly \$6.7 million; State funding decreased by nearly \$1.4 million; and federal funding decreased by more than \$1.7 million. The Disease Prevention & Treatment headcount also decreases by 31 full-time positions between the Fiscal 2017 Adopted Budget and Fiscal 2018 Preliminary Plan. Disease Control & Prevention funding represents 11 percent of the Department's public health spending and nearly five percent of DOHMH's total budget. (These figures exclude Disease Control & Prevention funding for HIV/AIDS—detailed on page 22).

Performance Indicators

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
New tuberculosis cases (CY)	656	585	575	↓	↓	182	202
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	66.8%	64.2%	65.5%	68.0%	68.0%	NA	NA
Children aged 19-35 months with up-to-date immunizations (%)	72.1%	73.0%	74.7%	75.0%	76.0%	73.3%	74.6%
Children in the public schools who are in compliance with required immunizations (%)	99.2%	99.0%	98.8%	99.0%	99.0%	88.6%	92.4%

Tuberculosis Control

The Department assesses its ability to effectively detect and control infectious diseases, including TB and the flu. The number of new tuberculosis cases decreased slightly between Fiscal 2015 and Fiscal 2016, dropping from 585 cases to 575 cases. The Department reported 159 new cases of TB during the first four months of Fiscal 2017 compared to 196 cases during the same period in Fiscal 2016, representing a 19 percent decrease.

During Directly Observed Therapy (DOT), the standard of care for tuberculosis, a trained staff member observes 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 remotely conduct DOT, reducing the number of patient clinic visits. The video technology has contributed to a decrease in clinic volume; however, the clinic has experienced a dramatic increase in patient visits for newly arrived immigrant and refugees with overseas medical diagnosis of inactive TB.

Immunization

In Fiscal 2016, the Bureau provided vaccination services to the public at one walk-in clinic in Brooklyn, administering 67,230 vaccinations between July 2015 and June 2016. The number of seniors who reported receiving a flu shot in the last 12 months increased slightly between Fiscal 2015 and Fiscal 2016, increasing from 64.2 percent to 65.5 percent. The Fiscal 2017 target for the number of seniors who reported receiving a flu shot stands at 68 percent.

The number of children aged 19-35 months with up-to-date immunizations increased from 73 percent in Fiscal 2015 to 74.7 percent in Fiscal 2016. The Fiscal 2017 target for the number of immunized children stands at 75 percent. The number of children in the public schools who are in compliance with required immunizations fell slightly to 98.8 percent in Fiscal 2016, and the four-month actual report indicates a 92.4 percent compliance rate in Fiscal 2017. The Department has attributed the drop in compliance in part to the new, more stringent school immunization requirements implemented for the 2015-16 school year, including changes to the number of vaccine doses and the spacing interval between doses required for a child to be considered up-to-date.

Disease Prevention & Treatment—HIV/AIDS

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

Disease Prevention & Treatment - HIV/AIDS						
<i>Dollars in Thousands</i>						
	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$20,090	\$21,152	\$27,283	\$22,757	\$27,538	\$255
Other Salaried and Unsalaries	337	273	369	375	375	6
Additional Gross Pay	1,057	793	691	514	766	75
Overtime - Civilian	92	122	163	114	175	12
Fringe Benefits	6	7	6	9	11	5
Subtotal	\$21,582	\$22,347	\$28,512	\$23,770	\$28,865	\$353
Other Than Personal Services						
Supplies and Materials	\$2,832	\$3,224	\$2,700	\$2,443	\$2,712	\$12
Other Services and Charges	5,664	8,693	9,021	12,668	10,081	1,061
Contractual Services	139,206	130,811	155,863	144,909	148,969	(6,894)
Subtotal	\$147,702	\$142,728	\$167,584	\$160,020	\$161,763	(\$5,821)
TOTAL	\$169,284	\$165,075	\$196,097	\$183,790	\$190,628	(\$5,469)
Funding						
City Funds			\$21,154	\$18,825	\$18,233	(\$2,921)
Other Categorical			0	257	0	0
State			9,328	9,199	8,077	(1,251)
Federal - Other			165,615	155,508	164,318	(1,297)
TOTAL	\$169,284	\$165,075	\$196,097	\$183,790	\$190,628	(\$5,469)
Budgeted Headcount						
Full-Time Positions - Civilian	316	344	413	387	395	(18)

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$191 million to HIV/AIDS Prevention & Treatment, a decrease of nearly \$5.5 million, or three percent when compared to the \$196 million budget at adoption. City funds decreased by nearly \$3 million and State and federal funding each decreased by more than \$1 million. The Preliminary Plan also reduces the HIV/AIDS Prevention & Treatment headcount by 18 full-time positions between the Fiscal 2017 Adopted Budget and the Fiscal 2018 Preliminary Plan. HIV/AIDS funding represents approximately 74 percent of all Disease Control & Prevention spending and nearly 13 percent of the Department's total budget. The funding supports efforts to increase routine HIV testing, connect HIV-infected New Yorkers to HIV primary care, provide early antiretroviral treatment to persons living with HIV, and promote and normalize consistent safer sex product use.

Ending the Epidemic

In June 2014, Governor Andrew Cuomo announced a three-point plan to end the AIDS epidemic in New York State by the year 2020—the first pledge of its kind in the country. An Ending the Epidemic Task 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.

HIV/AIDS in New York

In the early 1990s, nearly 15,000 persons were diagnosed with HIV annually. In 2013, there were approximately 3,300 newly diagnosed HIV cases in New York—a number the State must decrease to 750 by the end of 2020, representing an 80 percent reduction. Nationally the epidemic has remained stagnant, with about 50,000 new infections each year.

While New York has experienced declines in *new* HIV diagnoses over time, the total number of people living with diagnosed HIV infection (PLWDHI) has increased from 110,000 in 2002 to more than 132,000 in 2012. The success of ETE hinges, in part, on achieving viral suppression among a greater proportion of PLWDHI. Persons who are virally suppressed are much less likely to transmit HIV than persons with detectable virus. Fifty-one percent of New Yorkers with diagnosed HIV infection were virally suppressed in 2012, higher than the US rate of 30 percent, but short of the 2015 viral suppression goal in the National HIV/AIDS Strategy (NHAS) of 56 percent for New York State.

HIV/AIDS Council Initiatives

The Ending the Epidemic Initiative constitutes the largest initiative in the Council’s Health portfolio, totaling \$5.6 million in Fiscal 2017. The Initiative supports prevention, education, outreach, and support services that align with the ETE framework and serves special populations, including seniors, communities of color, and people with mental health and/or substance abuse disorders.

Federal and State Funding

The Fiscal 2018 Preliminary Budget includes \$40.5 million in federal funding for AIDS Prevention Surveillance, including \$1.5 million for General Administration. Other major sources of federal funding include \$101 million for Ryan White HIV Emergency Relief, \$34 million for Housing Opportunities for People with AIDS (HOPWA), and \$1.4 million for non-governmental HIV prevention activities. The Bureau of HIV/AIDS also receives \$8 million in State Public Health Local Assistance funding. The Fiscal 2017-2018 State Executive Budget continues the \$200 million multi-year commitment towards the prevention and care for individuals with HIV/AIDS.

Performance Indicators

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
New HIV diagnoses (CY Preliminary)	3,016	2,718	2,493	↓	↓	629	594
Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment	87.0%	87.7%	86.4%	92.0%	92.0%	88.9%	89.7%
Male condoms distributed (000)	38,146	36,604	35,666	37,828	37,828	11,769	12,644

HIV/AIDS

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.

The Department monitors and assesses its ability to reduce new cases of HIV and other sexually transmitted diseases. New HIV diagnoses decreased significantly between Fiscal 2015 and Fiscal 2016, dropping from more than 2,700 diagnoses to less than 2,500 diagnoses—an eight percent decrease. The number of patients enrolled in Ryan White with current antiretroviral (ARV) prescription decreased from 87.7 percent in Fiscal 2015 to 86.4 percent in Fiscal 2016, but the Fiscal 2017 four-month actual shows a more robust enrollment at 89.7 percent. The Fiscal 2017 target stands at 92 percent.

The number of male condoms the Department distributed decreased by nearly 1 million condoms between Fiscal 2015 and Fiscal 2016 to 35.7 million condoms. However, in the first quarter of Fiscal 2017, male condom distribution increased by 875,000 condoms, or 7.4 percent, compared to the same period last year. The Department's #PlaySure campaign and Zika-related outreach contributed to the increased distribution.

Syphilis

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Syphilis cases	1,234	1,315	1,753	↓	↓	564	559

The number of syphilis cases continues to rise, increasing by more than 33 percent between Fiscal 2015 and Fiscal 2016 to 1,753 cases. The Department has attributed the increase to continued unprotected sex among some men who have sex with men, reporting increases across most age groups, with the largest increases among men aged 25 to 39 years. DOHMH has observed marked increases among non-Hispanic white and black men and in Manhattan and the Bronx.

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 how to recognize syphilis symptoms. DOHMH also re-launched a Syphilis Advisory Group in January 2016 to bring together practitioners and advocates from across the City to discuss ways to reduce the incidence of this disease.

Family & 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. In addition, the program'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 2017 Budget, the City Council committed \$2 million to expand NFP and the Administration directed \$2 million in Council baselined funds to 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 Unit's efforts align with the City Council Speaker's Young Women's Initiative—a long-term investment in the future of young women and girls of color in New York City.

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

Family & Child Health						
<i>Dollars in Thousands</i>						
	2015 Actual	2016 Actual	2017 Adopted	Preliminary Plan		*Difference
				2017	2018	2017 - 2018
Budget by Program Area						
Family & Child Health - Admin	\$5,090	\$15,684	\$17,428	\$15,840	\$11,291	(\$6,137)
Family & Child Health - MCH	18,512	16,466	20,385	24,607	18,721	(1,664)
Family & Child Health - School	104,531	108,644	110,348	117,845	114,306	3,958
TOTAL	\$128,133	\$140,795	\$148,161	\$158,291	\$144,319	(\$3,842)
Spending						
Personal Services						
Full-Time Salaried	\$18,790	\$21,567	\$35,908	\$37,745	\$35,245	(\$663)
Other Salaried and Unsalaries	53,702	58,973	56,681	60,604	56,787	107
Additional Gross Pay	13,097	11,970	1,410	1,330	1,410	0
Overtime - Civilian	623	865	298	1,163	301	3
Fringe Benefits	626	701	104	278	104	0
Subtotal	\$86,839	\$94,076	\$94,402	\$101,119	\$93,848	(\$554)
Other Than Personal Services						
Supplies and Materials	\$392	\$362	\$2,140	\$1,265	\$2,024	(\$116)
Other Services and Charges	23,008	23,504	21,549	24,749	22,476	928
Property and Equipment	956	525	1,021	1,172	1,021	0
Contractual Services	16,937	22,327	29,050	29,986	24,949	(4,101)
Subtotal	\$41,294	\$46,718	\$53,759	\$57,173	\$50,470	(\$3,289)
TOTAL	\$128,133	\$140,795	\$148,161	\$158,291	\$144,319	(\$3,842)
Funding						
City Funds			\$80,463	\$76,678	\$75,396	(\$5,066)
State			57,633	62,457	58,748	1,115
Federal - Other			9,984	11,172	10,108	123
Other Categorical, Intracity			82	7,985	67	(15)
TOTAL	\$128,133	\$140,795	\$148,161	\$158,291	\$144,319	(\$3,842)
Budgeted Headcount						
Family & Child Health - Admin	32	41	82	49	45	(37)
Family & Child Health - MCH	86	114	134	143	131	(3)
Family & Child Health - School	160	177	240	248	240	0
TOTAL	278	332	456	440	416	(40)

*The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.

Excluding the Early Intervention program area, the Fiscal 2018 Preliminary Budget allocates \$144 million to Family & Child Health programs, a decrease of nearly \$4 million, or three percent, when compared to the Fiscal 2017 Adopted Budget. State funding increased by more than \$1 million and federal funding remained steady, but City funding decreased by more than \$5 million. Funding for Family & Child Health represents nearly 23 percent of total public health spending and nearly 10 percent of the Department's total budget.

OSH received the bulk of the Family & Child Health funding at \$114 million, or 79 percent of the program budget. The Office experienced an increase of nearly \$4 million between the Fiscal 2018 Preliminary Budget and the budget at adoption, including more than \$3 million in CTL.

Federal and State Funding

Major sources of federal funding in the Fiscal 2018 Preliminary Budget for Maternal, Infant and Reproductive Health include a \$1 million Affordable Care Act grant and a \$1.5 million Temporary Assistance for Needy Families (TANF) grant. The State provides an additional

\$5.1 million in Public Health Local Assistance. School Health receives \$14.5 million in federal and State funding through Medicaid and \$42.5 million in State Public Health Local Assistance funding.

In an effort to lower State and New York City Medicaid costs, a proposal in the Fiscal 2017-2018 State Executive Budget would require the City, in consultation with DOH, to improve the Medicaid claiming of School Supportive Health Services (SSHS) and to identify opportunities to enhance federal funding for SSHS. Should the plan fail to generate the required savings, DOH would have the authority to reduce Medicaid Administration payments to the City by \$50 million.

Emergency Preparedness & 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 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 any 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.

Emergency Preparedness & Response						
<i>Dollars in Thousands</i>						
	2015 Actual	2016 Actual	2017 Adopted	Preliminary Plan		*Difference
				2017	2018	2017 - 2018
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$12,273	\$13,498	\$11,503	\$12,832	\$11,525	\$22
Other Salaried and Unsalaries	560	726	308	572	336	28
Additional Gross Pay	393	329	0	218	182	182
Overtime - Civilian	218	552	42	666	30	(13)
Fringe Benefits	4	3	0	0	0	0
Subtotal	\$13,448	\$15,108	\$11,854	\$14,288	\$12,073	\$219
Other Than Personal Services						
Supplies and Materials	\$382	\$1,623	\$5	\$1,151	\$5	\$0
Other Services and Charges	1,180	1,527	1,858	1,956	1,841	(17)
Property and Equipment	439	2,425	6	1,080	0	(6)
Contractual Services	3,632	3,465	3,760	2,979	1,117	(2,643)
Subtotal	\$5,634	\$9,041	\$5,630	\$7,167	\$2,963	(\$2,667)
TOTAL	\$19,082	\$24,149	\$17,484	\$21,455	\$15,036	(\$2,447)
Funding						
City Funds			\$3,743	\$4,765	\$1,535	(\$2,208)
State			903	1,478	868	(36)
Federal - Other			12,837	15,211	12,634	(203)
TOTAL	\$19,082	\$24,149	\$17,484	\$21,455	\$15,036	(\$2,447)
Budgeted Headcount						
Full-Time Positions - Civilian	151	152	134	171	136	2
TOTAL	151	152	134	171	136	2

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$15 million to Emergency Preparedness & Response, a decrease of nearly \$2.5 million, or 14 percent, when compared to the budget at adoption—a change attributable to a substantial decrease in CTL. Emergency Preparedness funding represents approximately two percent of total Public Health spending and less than one percent of the Department's total budget. The Office receives a \$12.6 million federal Hospital Preparedness Program grant, as well as \$868,000 in State Public Health Local Assistance funding.

In March 2016, a coalition of New York congressional representatives announced more than \$60 million in federal grants to support counterterrorism and emergency preparedness activities in counties across New York State. Funding was secured by the Department of Homeland Security (DHS) through its State Homeland Security Program (SHSP) and Emergency Management Performance Grant. New York receives more SHSP funding from DHS than any other state in the nation.

Environmental Disease & Injury Prevention

The Bureau of Environmental Disease & 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 Departments of Health and State.

The Department's Healthy Homes Program (HHP) strives to reduce environmental hazards in the home associated with disease, especially asthma, and injuries. Specific to its lead poisoning prevention activities, the program 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 health-care 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). When lead-based paint hazards are identified, HHP orders building owners to remediate hazards and monitors remediation work to enforce safety regulations. HHP also provides grant-supported, non-mandated prevention services for children with lower blood lead levels.

Environmental Disease & Injury Prevention						
<i>Dollars in Thousands</i>						
	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$5,904	\$6,433	\$6,696	\$7,062	\$6,328	(\$367)
Other Salaried and Unsalariated	251	289	314	358	401	86
Additional Gross Pay	584	516	500	564	502	3
Overtime - Civilian	162	205	80	153	81	1
Fringe Benefits	3	2	1	1	1	0
Subtotal	\$6,905	\$7,444	\$7,590	\$8,137	\$7,313	(\$277)
Other Than Personal Services						
Supplies and Materials	\$28	\$75	\$303	\$135	\$328	\$25
Other Services and Charges	2,698	6,431	4,587	6,382	4,571	(16)
Property and Equipment	8	19	36	253	216	180
Contractual Services	2,390	615	2,076	1,064	2,120	44
Subtotal	\$5,123	\$7,140	\$7,003	\$7,835	\$7,235	\$233
TOTAL	\$12,029	\$14,584	\$14,593	\$15,972	\$14,548	(\$45)
Funding						
City Funds			\$9,477	\$9,454	\$9,380	(\$96)
State			3,156	3,236	3,031	(125)
Federal - Other			1,960	3,282	2,137	177
TOTAL	\$12,029	\$14,584	\$14,593	\$15,972	\$14,548	(\$45)
Budgeted Headcount						
Full-Time Positions - Civilian	89	94	103	111	96	(7)

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$14.5 million to the Bureau of Environmental Disease & Injury Prevention, consistent with funding in the Fiscal 2017 Adopted Budget. Environmental Disease funding represents approximately two percent of total public health spending and less than one percent of the Department's total budget. The Budget includes a \$2.1 million federal grant and a \$1.5 million State grant for Lead Poisoning Control, as well as \$1.5 million in State Public Health Local Assistance funding.

Fiscal 2018 Preliminary Plan

Cure Violence Expansion. The Preliminary Plan includes \$4.5 in Fiscal 2018 and in the outyears to expand Cure Violence, an evidence-based violence prevention program that works with communities that experience high levels of gun violence. The Fiscal 2018 funding, comprised of \$3.1 million in CTL and \$1.4 million in State grant funding, will enable each of the 18 Cure Violence sites to hire three additional staff members, for a total of 54 new members. The City will fund the entirety of the \$4.5 million in the outyears.

On December 21, 2016, the Mayor requested that the City vastly increase the operating budgets of the Cure Violence providers in order to strengthen existing programmatic services. The current budget allocates \$500,000 annually to each provider through the Mayor's Office or the City Council. The new funding will increase each allocation by 50 percent, or \$250,000, to \$750,000 per site.

Performance Indicators

The Department assesses its ability to reduce hazards to children in homes and childcare programs, including 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.

In recent years, the Department has increased lead poisoning prevention activities and improved efforts to reduce lead paint hazards. The number of new cases among children aged six months to less than six years with blood lead levels greater than or equal to 10 micrograms per deciliter decreased by four percent between Fiscal 2015 and Fiscal 2016 to 784 cases. In the first four months of Fiscal 2017, DOHMH reported 301 new cases, a decrease of 72 cases when compared to the same period last year.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Childhood blood lead levels - new cases among children aged 6 months to less than six years with blood lead levels greater than or equal to 10 micrograms per deciliter	772	818	784	↓	↓	373	301

Environmental Health

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

The Bureau of Food Safety and Community Sanitation conducts inspections of food service establishments, mobile food vending operations, senior centers, public schools, day camps, correctional facilities, single-room occupancy hotels, and window guard installations in multiple family dwellings. It also provides infection control to tattoo businesses and issues permits to food services in agency-funded mental health facilities, senior centers, soup kitchens and private schools. The Fiscal 2018 Preliminary Budget allocates more than \$17 million to Food Safety, a decrease of more than \$800,000, or 4.5 percent, when compared to the budget at adoption.

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. A 2015 City Comptroller audit determined that DOHMH needed to strengthen its controls to ensure that food service establishments resolved health code violations in a timely manner. The audit also found that the Bureau's supervisors failed to consistently perform supervisory field inspections at the level established by inspection procedures. However, DOHMH continues to disagree with the recommendations included in the audit.

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 2018 Preliminary Budget allocates nearly \$2 million to Poison Control, a slight increase of \$61,000 when compared to the budget at adoption.

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 2018 Preliminary Budget allocates \$8.5 million to Sciences and Engineering, a decrease of more than \$1 million, or 11 percent, when compared to the budget at adoption. The Bureau receives \$2.6 million in State Public Health Local Assistance funding.

The Bureau of Environmental Surveillance and Policy reviews and analyzes scientific and administrative data in order to improve the environmental health of all New Yorkers. The Fiscal 2018 Preliminary Budget allocates \$3 million for Surveillance, an increase of

\$643,000, or 27 percent, when compared to the budget at adoption. The Bureau receives \$831,000 in State Public Health Local Assistance funding.

The Bureau's West Nile Virus program monitors humans, birds, mammals, and mosquitoes for the presence of the virus and performs larval and mosquito control in an effort to prevent the spread of the virus. West Nile funding totals \$337,000 in the Fiscal 2018 Preliminary Budget, a decrease of more than \$4 million compared to the budget at adoption. In response to the Zika outbreak in the southern hemisphere and uncertainty over local impact, the Administration made additional investments in the program in the Fiscal 2017 Adopted Budget; however, New York City did not experience local transmission of the Zika virus during the 2016 season, so funding has returned to pre-Zika levels.

DOHMH will continue to conduct increased surveillance of mosquitos and to educate New Yorkers regarding the risks associated with traveling to Zika affected countries. The Department remains confident that the City would make appropriate resources available for vector control should the need arise during the upcoming season. State Public Health Local Assistance funding comprises \$121,000 of the program's Fiscal 2018 funding.

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.

Environmental Health						
<i>Dollars in Thousands</i>						
	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Budget by Program Area						
Environmental Health - Administration	\$5,586	\$5,411	\$9,389	\$9,527	\$6,167	(\$3,222)
Environmental Health - Animal Control	14,428	15,447	15,003	15,826	15,013	11
Environmental Health - Day Care	11,276	12,174	14,401	13,889	14,902	501
Environmental Health - Food Safety	18,127	17,703	18,230	17,674	17,429	(801)
Environmental Health - Pest Control	10,883	12,039	15,913	14,765	13,859	(2,054)
Environmental Health - Poison Control	1,920	1,836	1,779	1,799	1,839	61
Environmental Health - Science/Engineer	3,562	3,965	9,621	9,822	8,551	(1,070)
Environmental Health - Surveillance	2,675	2,767	2,373	3,233	3,015	643
Environmental Health - West Nile	321	255	4,633	4,454	337	(4,296)
TOTAL	\$68,778	\$71,597	\$91,342	\$90,989	\$81,114	(\$10,228)
Spending						
Personal Services						
Full-Time Salaried	\$38,481	\$40,188	\$50,535	\$49,448	\$50,616	\$81
Other Salaried and Unsalaries	1,087	962	2,070	2,084	1,198	(872)
Additional Gross Pay	3,735	3,063	2,528	2,268	2,548	20
Overtime - Civilian	1,524	2,089	1,110	1,223	1,121	11
Fringe Benefits	1	1	0	0	0	0
Subtotal	\$44,828	\$46,303	\$56,244	\$55,022	\$55,484	(\$760)
Other Than Personal Services						
Supplies and Materials	\$827	\$1,360	\$4,827	\$3,084	\$1,349	(\$3,478)
Other Services and Charges	5,479	4,957	7,356	9,970	6,554	(802)
Property and Equipment	556	985	523	2,442	465	(57)
Contractual Services	17,088	17,993	22,392	20,470	17,262	(5,130)
Subtotal	\$23,950	\$25,294	\$35,098	\$35,967	\$25,630	(\$9,468)
TOTAL	\$68,778	\$71,597	\$91,342	\$90,989	\$81,114	(\$10,228)
Funding						
City Funds			\$70,088	\$59,333	\$61,826	(\$8,262)
State			10,161	9,767	7,558	(2,604)
Federal - Other			8,526	9,099	9,164	638
Other Categorical, Intracity			2,566	12,791	2,566	0
TOTAL	\$68,778	\$71,597	\$91,342	\$90,989	\$81,114	(\$10,228)
Budgeted Headcount						
Environmental Health - Administration	19	23	27	39	39	12
Environmental Health - Animal Control	15	24	25	25	25	0
Environmental Health - Day Care	170	186	224	207	219	(5)
Environmental Health - Food Safety	243	247	282	277	269	(13)
Environmental Health - Pest Control	137	161	244	242	194	(50)
Environmental Health - Poison Control	17	14	18	16	18	0
Environmental Health - Science/Engineer	40	46	102	106	102	0
Environmental Health - Surveillance	20	18	21	27	21	0
TOTAL	661	719	943	939	887	(56)

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$81 million to Environmental Health, a decrease of more than \$10 million, or 11 percent, when compared to the Fiscal 2017 Adopted Budget. Funding for environmental health services represents 13 percent of total public health spending and five percent of the Department's total budget. The Environmental Health headcount decreased by 56 positions between the Fiscal 2018 Preliminary Budget

and the budget at adoption, with the largest decrease attributable to the Pest Control sector with 50 positions.

Veterinary Public Health Services—Animal Control

Animal Control funding remained steady in the Fiscal 2018 Preliminary Budget, when compared to the budget at adoption, at \$15 million. The funding enables Veterinary Public Health Services to control and regulate animals and to protect the public from animal-borne disease, hazard, and nuisances. Animal Control receives \$53,000 in State Public Health Local Assistance.

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 seized 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. During the Fiscal 2017 budget negotiation process, the City Council advocated for capital funding to support full-service centers in Queens and the Bronx and secured \$10 million for the projects.

A 2015 City Comptroller audit determined that AC&C lacked effective oversight and controls over its inventory of controlled substances and failed to maintain a computerized inventory system of controlled substances, as required by its contract. DOHMH and AC&C have worked to implement the recommendations in the audit concerning controlled substances, as well improvements to shelter infrastructure and financial control practices.

Performance Indicators

In an effort to reduce animal-related risks to human health, the Department monitors the number of dogs licensed in the City. The number of licensed dogs increased from 83,000 in Fiscal 2015 to 85,000 in Fiscal 2016—a 2.4 percent increase. The Fiscal 2017 four-month actual report also indicates growth, reporting 86,500 licensed dogs compared to 85,300 licensed dogs during the same period last year.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Dogs licensed (000)	85.0	83.0	85.0	105.0	105.0	85.3	86.5

Bureau of Day Care

The Bureau of Day Care serves as the regulatory agency for public and private child care services operating within New York City. The Bureau regulates Group Child Care, defined as any program providing child care 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 Child Care Programs; Summer Camps; and Home-Based Day Care.

The Fiscal 2018 Preliminary Budget allocates nearly \$15 million to the Bureau of Day Care, an increase of \$501,000, or 3.5 percent, when compared to the budget at adoption. The

Bureau receives \$7.8 million in federal funding for Day Care Inspections and \$169,000 in State funding through Public Health Local Assistance.

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. A June 2016 City Comptroller audit found weaknesses in the Department's permitting process that raised health and safety concerns. Specifically, DOHMH did not ensure that all day care centers had tested the water at their facilities for lead as required by the City Health Code. DOHMH has acknowledged deficiencies in the system and continues to improve their permitting process.

Performance Indicators

To ensure a safe and healthy environment for all children in child care, the Department assesses its ability to reduce hazards to children in homes and child care programs. Total daycare inspections increased in each of the last three fiscal years, and the Department expects the Fiscal 2017 total to exceed the Fiscal 2016 total. The Department reports, however, that the need to train new staff has resulted in fewer inspections, as has the launch of new technical assistance initiatives for child care programs to support compliance.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Daycare initial site inspections	20,091	21,800	22,032	-	-	7,865	7,108
Child care inspections that do not require a compliance inspection (%)	66.9%	65.9%	62.9%	↑	↑	62.2%	56.6%

DOHMH conducted 7,108 daycare site inspections during the first four months of Fiscal 2017, a decline of 9.6 percent compared to 7,865 inspections during the same period in Fiscal 2016. The percentage of child care inspections that do not require a compliance inspection also decreased—the result of more stringent requirements. As of October 2016, a total of 56.6 percent of child care inspections do not require a compliance inspection, a decrease of 5.6 percentage points when compared to the same time period last year.

Bureau of Pest Control Services

The Fiscal 2018 Preliminary Budget Funding allocates nearly \$14 million to the Bureau of Pest Control Services, a decrease of more than \$2 million, or 13 percent, when compared to the budget at adoption. The Bureau conducts inspections, enforcement, clean-up, and education efforts to prevent rodent-borne diseases and to improve the quality of life. The Bureau utilizes Rodent Indexing, a multi-agency initiative to inspect all properties in three neighborhoods with widespread rodent problems. Vacancy reduction efficiencies in the Fiscal 2018 Preliminary Plan led to a decrease of 50 positions in the Bureau of Pest Control, for a total headcount of 194 positions—representing a 20.5 percent decrease compared to the budget at adoption. Pest Control receives \$2.6 million in State Public Health Local Assistance funding.

The Department's Pest Control Services (PCS) receive rodent complaints via NYC 311. Following a complaint, PCS inspectors are required to attempt an initial inspection within

ten business days. However, a 2015 City Comptroller audit determined that DOHMH did not adequately follow its procedures for addressing pest control complaints. Specifically, the audit determined that PCS did not perform initial compliance inspections in a timely manner; PCS inspectors generally did not use their handhelds in the field; and PCS prematurely closed complaints without making the required number of inspection attempts. DOHMH continues to implement the recommendations in the audit.

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. Additional funding and staffing for the Rat Reservoir index program enabled the Department to expand efforts to proactively inspect neighborhoods, leading to an increase of 1,000 initial pest control inspections in Fiscal 2016 compared to Fiscal 2015. Fiscal 2017 four-month actual reports also indicate a 45 percent increase in inspections compared to the same period last year. In addition, the number of compliance inspections found to be rat free increased by one percent between Fiscal 2015 to Fiscal 2016 to 47.8 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Initial pest control inspections (000)	94	97	98	-	-	29	42
Initial inspections with active rat signs (ARS) (%)	10.8%	10.7%	13.9%	-	-	14.9%	11.9%
Compliance inspections found to be rat free (%)	50.9%	46.8%	47.8%	7	7	45.7%	47.5%

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.

Epidemiology						
<i>Dollars in Thousands</i>						
	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$8,845	\$10,393	\$11,210	\$11,240	\$11,711	\$502
Other Salaried and Unsalaries	595	656	509	486	512	4
Additional Gross Pay	615	421	20	128	20	0
Overtime - Civilian	189	154	130	130	134	4
Subtotal	\$10,245	\$11,624	\$11,868	\$11,985	\$12,377	\$509
Other Than Personal Services						
Supplies and Materials	\$107	\$81	\$265	\$156	\$280	\$15
Other Services and Charges	1,701	2,166	1,804	2,478	1,732	(73)
Property and Equipment	151	174	325	130	245	(80)
Contractual Services	1,653	1,648	1,040	1,004	980	(60)
Subtotal	\$3,612	\$4,070	\$3,434	\$3,767	\$3,236	(\$198)
TOTAL	\$13,857	\$15,694	\$15,302	\$15,752	\$15,613	\$311
Funding						
City Funds			\$12,528	\$5,620	\$12,614	\$87
State			2,474	2,706	2,629	155
Federal - Other			0	66	69	69
Other Categorical, Intracity			300	7,360	300	0
TOTAL	\$13,857	\$15,694	\$15,302	\$15,752	\$15,613	\$311
Budgeted Headcount						
Full-Time Positions - Civilian	157	170	184	186	186	2
TOTAL	157	170	184	186	186	2

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$15.6 million to Epidemiology, consistent with funding in the Fiscal 2017 Adopted Budget. The Division receives \$2.6 million in State Public Health Local Assistance funding.

The Bureau of Epidemiology Services 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. A 2015 City Comptroller audit determined that the Survey achieves its contract deliverables; that CHS data exists in a secure environment; and that CHS data contains accurate information sufficiently reliable for health program decisions. The audit determined, however, that greater accuracy regarding neighborhood codes in the CHS data would result in better tracking of public health throughout the City.

Prevention & Primary Care

The Prevention & 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 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 2018 Preliminary Budget allocates \$32 million to Correctional Health, a decrease of more than \$1.5 million, or five percent, when compared to the budget at adoption. The Bureau receives \$11.3 million in State Public Health Local Assistance funding.

The Bureau of Primary Care Access and Planning (PCAP) devises and implements policy, program, and research interventions designed to maximize health insurance coverage and reduce barriers to healthcare access for vulnerable populations in New York City. PCAP is comprised of the Office Health Insurance Services and the Office of Health Planning. The Fiscal 2018 Preliminary Budget allocates more than \$1 million to PCAP, a decrease of \$64,000, or six percent, when compared to the budget at adoption. PCAP receives \$320,000 in State Public Health Local Assistance funding.

The Bureau of Primary Care Information Project (PCIP) utilizes health information technology to improve the quality of care in medically underserved areas. PCIP promotes new models of care focusing on prevention and public health priorities; develops new tools in population health management and monitoring; and provides hands-on assistance to providers seeking to implement health information technology and transform practice workflow. The Bureau's Cancer Prevention Program, for example, implements strategies that reduce the burden of cancer on high-risk communities.

The Fiscal 2018 Preliminary Budget allocates \$5 million to PCIP, a decrease of \$180,000, or three percent, when compared to the budget at adoption. PCIP receives \$1.6 million in State Public Health Local Assistance funding.

Prevention & Primary Care						
<i>Dollars in Thousands</i>						
	2015 Actual	2016 Actual	2017 Adopted	Preliminary Plan		*Difference 2017 - 2018
				2017	2018	
Budget by Program Area						
Prev & Primary Care - Admin	\$6,034	\$7,666	\$15,495	\$15,587	\$4,270	(\$11,225)
Prev & Primary Care - Chronic Dis	13,315	9,207	7,970	11,831	8,034	64
Prev & Primary Care - Correct Health	192,287	51,977	33,593	31,816	31,997	(1,596)
Prev & Primary Care - PCAP	5,803	7,136	1,076	1,873	1,012	(64)
Prev & Primary Care - PCIP	6,946	3,464	5,457	5,793	5,277	(180)
Prev & Primary Care - Tobacco	7,502	6,488	7,480	7,299	7,480	1
TOTAL	\$231,886	\$85,938	\$71,070	\$74,199	\$58,069	(\$13,001)
Spending						
Personal Services						
Full-Time Salaried	\$22,878	\$11,956	\$14,648	\$12,294	\$12,176	(\$2,472)
Other Salaried and Unsalaries	1,255	717	647	654	621	(26)
Additional Gross Pay	1,098	412	342	169	162	(180)
Overtime - Civilian	288	138	45	48	46	1
Fringe Benefits	6	0	4	4	4	0
Subtotal	\$25,525	\$13,222	\$15,686	\$13,168	\$13,009	(\$2,676)
Other Than Personal Services						
Supplies and Materials	\$814	\$307	\$1,196	\$533	\$1,273	\$78
Other Services and Charges	45,177	47,217	20,053	50,942	12,779	(7,274)
Property and Equipment	59	101	146	188	144	(3)
Contractual Services	160,312	25,092	33,989	9,369	30,864	(3,125)
Subtotal	\$206,362	\$72,716	\$55,384	\$61,031	\$45,060	(\$10,325)
TOTAL	\$231,886	\$85,938	\$71,070	\$74,199	\$58,069	(\$13,001)
Funding						
City Funds			\$47,232	\$48,907	\$36,526	(\$10,706)
State			21,532	21,421	19,164	(2,369)
Federal - Other			2,306	3,227	2,380	74
Other Categorical, Intracity			0	644	0	0
TOTAL	\$231,886	\$85,938	\$71,070	\$74,199	\$58,069	(\$13,001)
Budgeted Headcount						
Prev & Primary Care - Admin	64	20	42	40	34	(8)
Prev & Primary Care - Chronic Dis	38	37	51	50	48	(3)
Prev & Primary Care - Correct Health	134	0	0	0	0	0
Prev & Primary Care - PCAP	80	55	12	16	11	(1)
Prev & Primary Care - PCIP	31	22	36	38	34	(2)
Prev & Primary Care - Tobacco	0	7	15	14	14	(1)
TOTAL	347	141	156	158	141	(15)

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$58 million to the Bureau of Prevention & Primary Care, a decrease of \$13 million, or 18 percent, when compared to the Fiscal 2017 Adopted Budget. The change includes an \$11 million decrease in administrative services—attributable in part to the departmental budgeting practice of shifting program-specific administrative funding to general administration.

Chronic Disease Prevention and Control

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 and improved management of chronic diseases. The Bureau also works with healthcare providers to promote changes in the healthcare system and better support patients with chronic illnesses.

Funding for Chronic Disease Prevention and Control remained consistent in the Fiscal 2018 Preliminary Budget, compared to the budget at adoption, at \$8 million. The Budget includes a \$1.5 million federal Supplemental Nutrition grant and \$1.9 million in State Public Health Local Assistance funding.

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 2015 and Fiscal 2016, the percentage of obese adults decreased slightly to 24.1 percent, but the percentage of adults who consume one or more sugar-sweetened beverages per day increased by more than one percentage point to 23.7 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Adults who smoke (%) (CY)	16.1%	13.9%	14.3%	13.8%	13.4%	NA	NA
Adults who are obese (%) (CY)	23.4%	24.7%	24.1%	23.9%	23.0%	NA	NA
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	23.3%	22.5%	23.7%	22.8%	21.8%	NA	NA

Other preventative healthcare performance metrics concern health insurance, blood pressure, colonoscopies, asthma, and infant mortality. The number of New Yorkers who lack health insurance continues to decrease, falling to 12.6 percent in Fiscal 2016 compared to 13.8 percent in Fiscal 2015. The percentage of adults, aged 50+, who received a colonoscopy in the past ten years remained unchanged from Fiscal 2015 to Fiscal 2016 at 69.9 percent, while the percentage of adult patients with controlled blood pressure increased slightly to 67.2 percent. The infant mortality rate increased slightly to 4.3 deaths per every 1,000 live births in Fiscal 2016 compared to 4.2 deaths in Fiscal 2015.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Adult New Yorkers without health insurance (%) (CY)	20.9%	13.8%	12.6%	11.2%	11.0%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.4%	66.8%	67.2%	70.0%	70.0%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.0%	69.9%	69.9%	71.4%	72.4%	NA	NA
Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	232.1	231.6	NA	↓	↓	NA	NA
Infant mortality rate (per 1,000 live births) (CY)	4.6	4.2	4.3	4.2	4.2	NA	NA

Tobacco Control Program

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 to increase the use of effective tobacco cessation treatment in healthcare and community settings; (4) educating the public on the health consequences of tobacco usage through media and public outreach campaigns; and (5) evaluating the prevalence for smoking and related behaviors on an on-going basis to assess effectiveness.

Funding for the Tobacco Control Program remains consistent in the Fiscal 2018 Preliminary Budget, compared to the budget at adoption, at nearly \$7.5 million. The Program receives \$2.3 million in State Public Health Local Assistance funding.

Performance Indicators

In accordance with the fifth point of the Tobacco Control Plan, the Department measures the percentage of adult New Yorkers who smoke. The percentage of adults who smoke increased slightly between Fiscal 2015 and Fiscal 2016 to 14.3 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY14	FY15	FY16	FY17	FY18	FY16	FY17
Adults who smoke (%) (CY)	16.1%	13.9%	14.3%	13.8%	13.4%	NA	NA

World Trade Center Related Programs

The World Trade Center Health Program, a broad network of post-September 11th clinics and organizations, 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 health of the general population.

World Trade Center Related Programs						
<i>Dollars in Thousands</i>						
	2015	2016	2017	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2017	2018	2017 - 2018
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$3,174	\$3,344	\$3,708	\$4,309	\$3,913	\$205
Other Salaried and Unsalaries	166	68	53	27	14	(39)
Additional Gross Pay	121	69	0	38	0	0
Overtime - Civilian	6	3	11	4	12	2
Subtotal	\$3,466	\$3,484	\$3,772	\$4,378	\$3,939	\$168
Other Than Personal Services						
Supplies and Materials	\$370	\$269	\$74	\$523	\$228	\$153
Other Services and Charges	24,277	26,915	28,074	27,758	28,075	1
Property and Equipment	17	16	17	163	41	24
Contractual Services	1,225	1,507	1,173	1,193	381	(792)
Subtotal	\$25,890	\$28,707	\$29,338	\$29,637	\$28,725	(\$613)
TOTAL	\$29,356	\$32,192	\$33,110	\$34,016	\$32,664	(\$446)
Funding						
City Funds			\$27,429	\$27,429	\$27,430	\$1
Federal - Other			5,681	6,587	5,235	(446)
TOTAL	\$29,356	\$32,192	\$33,110	\$34,016	\$32,664	(\$446)
Budgeted Headcount						
Full-Time Positions - Civilian	39	38	41	44	44	3
TOTAL	39	38	41	44	44	3

**The difference of Fiscal 2017 Adopted Budget compared to Fiscal 2018 Preliminary Budget.*

The Fiscal 2018 Preliminary Budget allocates \$33 million to World Trade Center Related Programs, a decrease of \$446,000, or one percent, when compared to the Fiscal 2017 Adopted Budget—a change attributable to a decrease in federal funding. The World Trade Center Health Program receives a \$5.2 million federal grant through the National Institute for Occupational Safety and Health.

Capital Program

Capital Budget Summary

The Fiscal 2017 Preliminary Capital Commitment Plan allocates \$393.6 million in Fiscal 2017-2020 to the Department of Health and Mental Hygiene (including City and Non-City funds). This funding represents less than one percent of the City's total \$64 billion Plan for Fiscal 2017-2020. The Department's Preliminary Commitment Plan for Fiscal 2017-2020 is \$600,000 less than the \$394.2 million scheduled in the Fiscal 2017 Adopted Capital Commitment Plan.

DOHMH 2017-2020 Capital Commitment Plan: Adopted and Preliminary Budget					
<i>Dollars in Thousands</i>					
	FY17	FY18	FY19	FY20	Total
Adopted					
Total Capital Plan	\$137,081	\$152,497	\$63,655	\$40,946	\$394,179
Preliminary					
Total Capital Plan	\$136,929	\$152,045	\$63,655	\$40,946	\$393,575
Change					
Level	(\$152)	(\$452)	\$0	\$0	(\$604)

The majority of capital projects span multiple fiscal years; therefore, it remains common practice for an agency to roll unspent capital funds into future fiscal years. Hence, the Department may roll a significant portion of its Fiscal 2017 Capital Plan into Fiscal 2018, increasing the size of the Fiscal 2017-2021 Capital Plan. Since adoption last June, the citywide total Capital Commitment Plan for Fiscal 2017 has increased from \$19.2 billion in the Adopted Capital Commitment Plan to \$20 billion in the Preliminary Capital Commitment Plan, an increase of \$785 million, or four percent.

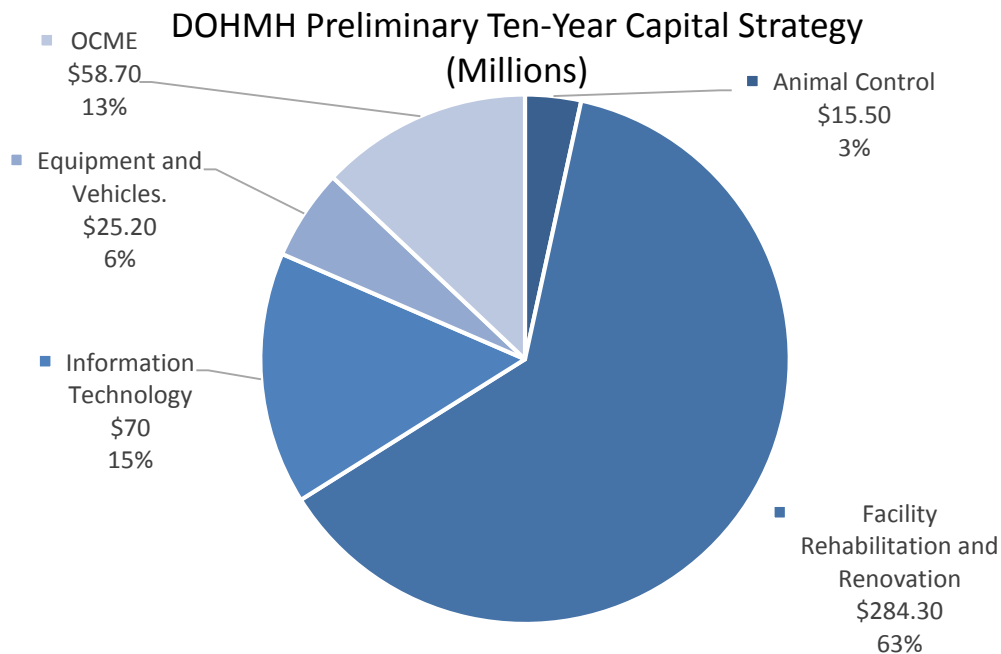
The City funds the vast majority of the Department's capital plan, contributing \$382.4 million of the total \$392.6 million plan. Borough presidents have funded \$36 million, or nine percent, of the City-funded planned commitments, including \$3 million to renovate the Joseph P. Addabbo Family Health Center in Queens. City Council funding for DOHMH capital projects totals \$97.9 million over the Fiscal 2017-20 period, representing 26 percent of the City-funded planned commitments. The largest Council-funded capital project totals \$13.6 million and supports the construction of the Richmond University Medical Center Emergency Room.

The majority of the Department's Fiscal 2018 capital funding supports improvements to healthcare facilities, including \$127.3 million to renovate the Public Health Laboratory. The Laboratory provides a variety of clinical and environmental laboratory testing services in areas including microbiology, virology and immunology, environmental sciences and toxicology and tests more than two hundred thousand specimens each year.

Preliminary Ten-Year Capital Strategy

DOHMH maintains public health facilities in all five boroughs, operates the Public Health Laboratory, and provides community-based services through District Public Health Offices, immunizations clinics, tuberculosis test centers, and sexual health clinics. The Preliminary Ten-Year Capital Strategy aims to identify, prioritize, and support immediate needs for code compliance and other renovations at these public health facilities and to invest in technology essential for providing critical public health services.

The City's Ten-Year Capital Strategy for Fiscal 2018-2027 totals \$89.6 billion in all funds. For the DOHMH, the Preliminary Ten-Year Capital Strategy provides \$453.7 million, including \$284.3 million for Facility Rehabilitation/Renovation; \$70 million for Information Technology; \$25.2 million for Equipment and Vehicles; and \$15.5 million for Animal Control. The Department's Ten-Year Capital Strategy also includes funds for the Office of the Chief Medical Examiner (OCME) totaling \$58.7 million.



Facility Rehabilitation and Renovation. Demonstrating a commitment to assessing, maintaining, and improving conditions through the agency's facilities portfolio, the Preliminary Ten-Year Capital Strategy provides \$177.5 million for laboratory improvement and renovation, including \$95.4 million for the renovation of various City-owned public health facilities.

Information Technology. The Preliminary Ten-Year Capital Strategy provides \$70 million to purchase technology to maintain and improve services, including \$28 million to gradually replace the agency's personal computers and network services.

Equipment and Vehicles. The Preliminary Ten-Year Capital Strategy provides \$25.2 million for the purchase of equipment and vehicles to maintain and improve public health services.

Animal Care and Control. The Preliminary Ten-Year Capital Strategy provides \$15.5 million to improve animal welfare, including \$10 million for land acquisition and the construction of two new full-service animal shelters in the Bronx and Queens.

Office of the Chief Medical Examiner. The Preliminary Ten-Year Capital Strategy provides \$58.7 million for OCME projects, including IT upgrades and laboratory equipment.

DOHMH Ten-Year Capital Strategy by Category

DOHMH <i>Dollars in Thousands</i>	2018	2019	2020	2021	2022
<u>Animal Care</u>					
City	\$11,000	\$0	\$0	\$4,000	\$0
<u>OCME</u>					
City	\$17,614	\$17,099	\$6,518	\$4,463	\$2,010
<u>IT</u>					
City	\$10,177	\$4,779	\$2,589	\$3,500	\$4,060
State	\$2,799	\$1,763	\$967	\$1,500	\$1,740
<u>Equipment, Vehicles</u>					
City	\$13,203	\$6,654	\$1,780	\$700	\$0
State	\$290	\$300	\$0	\$300	\$0
<u>Laboratories</u>					
City	\$75	\$0	\$0	\$0	\$0
<u>Clinic Ren & Rehab</u>					
City	\$96,887	\$33,060	\$29,092	\$24,659	\$30,268
<u>Project by Source</u>					
City	\$148,956	\$61,592	\$39,979	\$37,322	\$36,338
State	\$3,089	\$2,063	\$967	\$1,800	\$1,740
TOTAL	\$152,045	\$63,655	\$40,946	\$39,122	\$38,078

DOHMH <i>Dollars in Thousands</i>	2023	2024	2025	2026	2027	Total
<u>Animal Care</u>						
City	\$500	\$0	\$0	\$0	\$0	\$15,500
<u>OCME</u>						
City	\$2,059	\$2,128	\$2,198	\$2,266	\$2,336	\$58,691
<u>IT</u>						
City	\$3,065	\$4,480	\$4,900	\$6,094	\$6,717	\$50,361
State	\$1,313	\$1,920	\$2,100	\$2,612	\$2,879	\$19,593
<u>Equipment, Vehicles</u>						
City	\$700	\$0	\$700	\$0	\$0	\$23,737
State	\$300	\$0	\$300	\$0	\$0	\$1,490
<u>Laboratories</u>						
City	\$0	\$0	\$0	\$0	\$0	\$75
<u>Clinic Ren & Rehab</u>						
City	\$14,000	\$14,387	\$13,890	\$14,000	\$14,000	\$284,243
<u>Project by Source</u>						
City	\$20,324	\$20,995	\$21,688	\$22,360	\$23,053	\$432,607
State	\$1,613	\$1,920	\$2,400	\$2,612	\$2,879	\$21,083
TOTAL	\$21,937	\$22,915	\$24,088	\$24,972	\$25,932	\$453,690

Appendix A: DOHMH Budget Actions in the November and the Preliminary Plans

<i>Dollars in Thousands</i>	FY 2017			FY 2018		
	City	Non-City	Total	City	Non-City	Total
DOHMH Budget as of the Adopted 2017 Budget	\$697,236	\$827,049	\$1,524,285	\$670,651	\$823,315	\$1,493,966
New Needs						
Cure Violence Expansion	\$0	\$0	\$0	\$3,125	\$1,375	\$4,500
HUD Continuum of Care	335	0	335	0	0	0
Lease Adjustment	175	75	250	175	75	250
Subtotal, New Needs	\$510	\$75	\$585	\$3,300	\$1,450	\$4,750
Other Adjustments						
Fiscal 2017 November Plan	\$667,076	\$909,814	\$1,576,889	\$668,026	\$840,784	\$1,508,810
Admin OTPS Reduction	0	0	0	(471)	(199)	(670)
Article 6 Adjustment	0	233	233	0	0	0
Audit Service Contracts	0	0	0	(177)	(147)	(324)
CC Member Items	(240)	0	(240)	0	0	0
Contract Insourcing	0	0	0	(1,558)	(243)	(1,801)
Eat Well Play Hard	0	282	282	0	158	158
H+H Transfer Chronic Dis	1,979	1,113	3,093	0	0	0
H+H Transfer HIV Services	516	290	806	0	0	0
Health Promotion	75	1,944	2,019	75	772	847
Health Research Transfer	0	2,166	2,166	0	2,166	2,166
Hepatitis	0	61	61	0	93	93
HIV Grants, Other	0	1,050	1,050	0	0	0
HIV/AIDS Surveillance	0	591	591	0	56	56
Mental Health	0	2,516	2,516	0	0	0
Nurse Family Partnership	0	2,732	2,732	0	0	0
OASAS State Aid	0	257	257	0	257	257
OCME	0	48	48	(68)		(68)
OMH State Aid	0	41	41	0	(1,178)	(1,178)
Parachute Grant	0	(497)	(497)	0	(497)	(497)
Project PrIDE	\$0	\$1,832	1,832	\$0	\$192	192
PS/OTPS Shifts	0	475	475	0	560	560
Vacancy Reductions	0	0	0	(1,484)	(703)	(2,187)
Various Federal	0	7	7	0	(191)	(191)
Various Intra City	0	2,674	2,674	0	0	0
Subtotal, Other Adjustments	\$2,330	\$17,816	\$20,146	(\$3,684)	\$1,096	(\$2,588)
TOTAL, All Changes	\$2,840	\$17,891	\$20,731	(\$384)	\$2,546	\$2,162
DOHMH Budget, as of Preliminary 2018 Budget	\$669,915	\$927,705	\$1,597,620	\$667,642	\$843,330	\$1,510,972