

# THE COUNCIL OF THE CITY OF NEW YORK

Hon. Corey Johnson  
Speaker of the Council

Hon. Mark Levine  
Chair, Committee on Health



Report of the Finance Division on the  
Fiscal 2019 Preliminary Budget and the  
Fiscal 2018 Preliminary Mayor's Management Report for the  
**Department of Health and Mental Hygiene**

March 20, 2018

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## Department of Health and Mental Hygiene Overview

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

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

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

### New York City Board of Health

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

### Report Structure

This report reviews the Department of Health and Mental Hygiene's \$1.6 billion Fiscal 2019 Preliminary Budget. The report presents the expense budget highlights, relevant New York State budget actions and reviews the Council-funded initiatives. The report then analyzes the public health program areas – including new needs in public health funding – and reviews relevant sections of the Fiscal 2018 Preliminary Mayor's Management Report. The report then analyzes the Department's Preliminary Capital Budget and Capital Commitment Plan for Fiscal 2018-2021. Finally, Appendix A outlines the Budget Actions in the November and Preliminary Plans, followed by DOHMH's expense budget, financial summary, contract budget, and program area budgets.

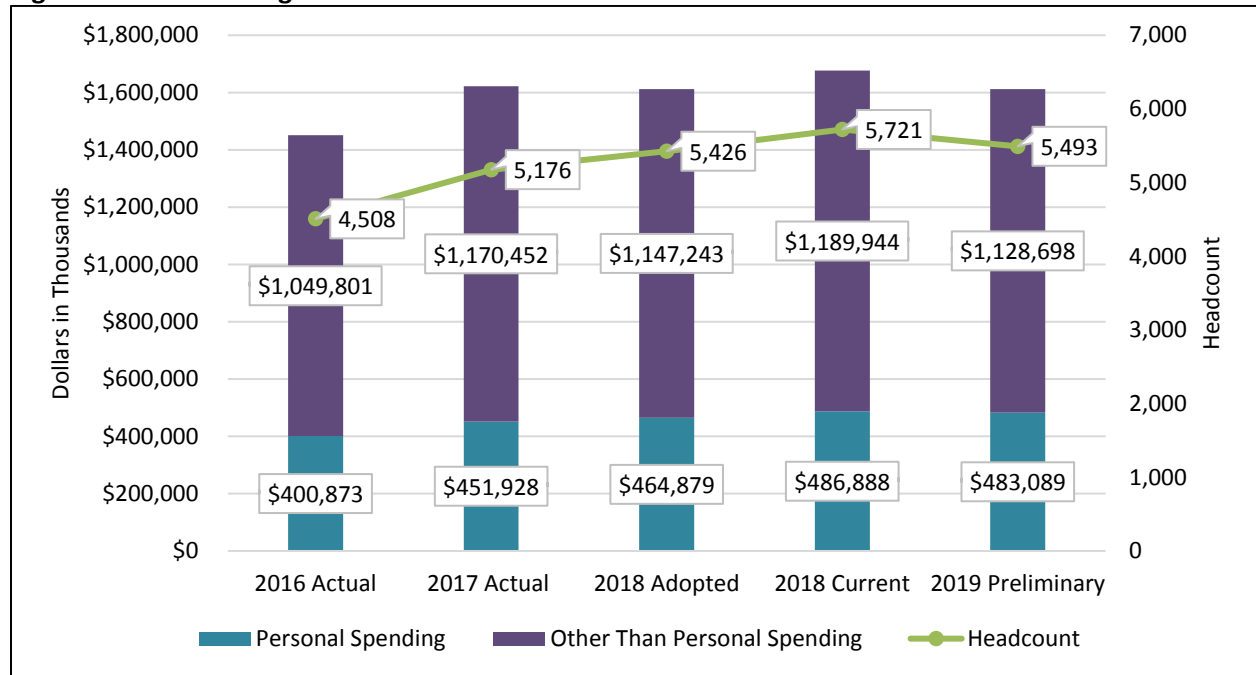
## Fiscal 2019 Preliminary Plan Highlights

### Expense Budget

The Department of Health and Mental Hygiene's Fiscal 2019 Preliminary Budget totals \$1.6 billion (including City and non-City funds), a decrease of less than \$1 million or less than one percent, when compared to the Fiscal 2018 Adopted Budget. DOHMH funding represents nearly two

percent of the City’s \$88.67 billion Fiscal 2019 Preliminary Budget. The following chart shows DOHMH’s actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget.

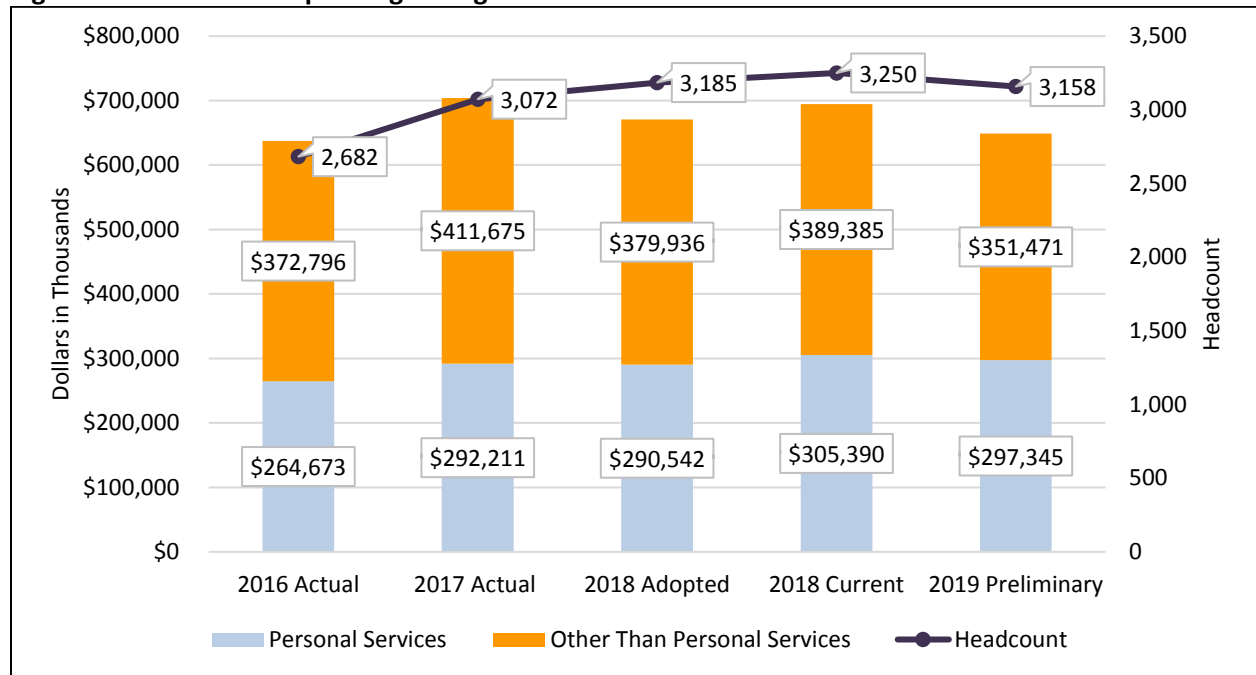
**Figure 1: DOHMH Budget Overview**



At \$483 million, spending for Personal Services (PS) accounts for 30 percent of the DOHMH’s Fiscal 2019 operating budget, and at \$1.1 billion, Other Than Personal Services (OTPS) spending accounts for 70 percent. DOHMH’s PS spending increased by more than \$18 million, or four percent, in the Fiscal 2019 Preliminary Budget, when compared to the Fiscal 2018 Adopted Budget, while OTPS spending decreased by approximately the same amount. The Department’s PS spending in the Fiscal 2019 Preliminary Budget represents a 21 percent increase, or \$82 million, when compared to Fiscal 2016 Actuals. (See Appendix B: DOHMH Expense Budget for more information).

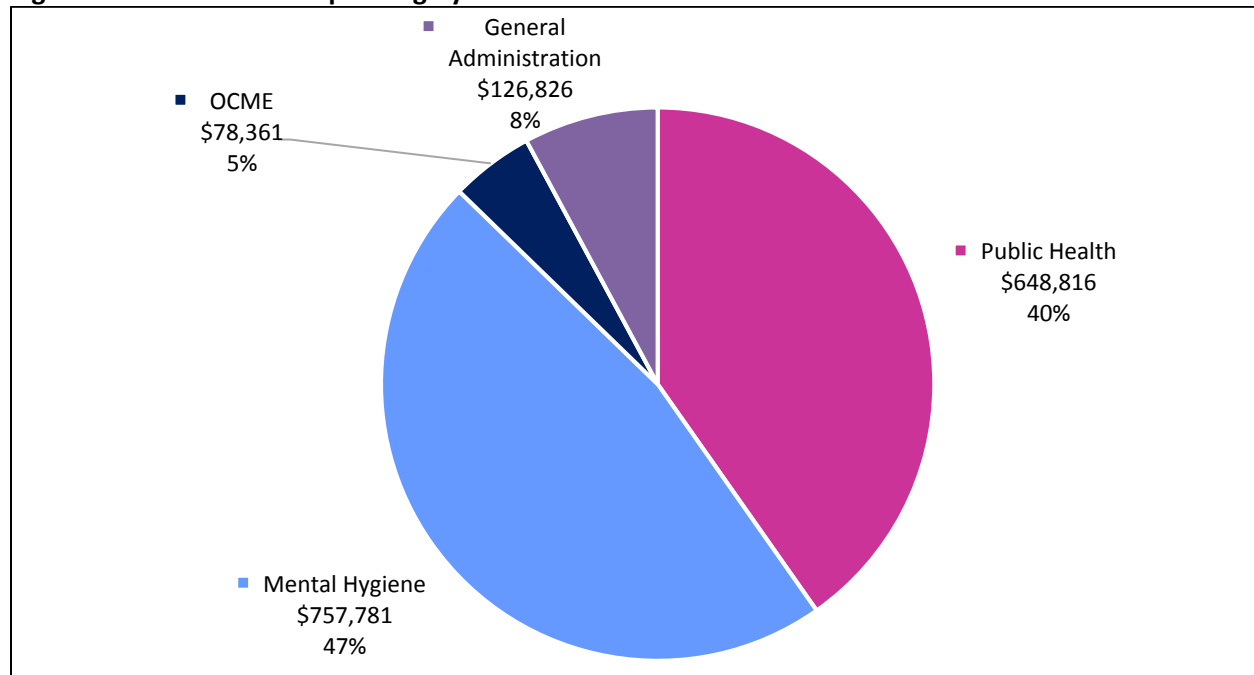
Regarding funding sources, City tax-levy (CTL) totals \$777.5 million in the Department’s Fiscal 2019 Preliminary Budget, comprising 48 of the total Budget. State funding constitutes the second largest source at \$539.4 million, or 33 percent of the Budget, followed by federal funding at \$288.2 million, or 18 percent of the Budget. Intracity and other categorical funding comprises the remaining one percent at \$6.6 million. See Appendix C - Financial Summary for additional information.

**Figure 2: Public Health Spending - Budget Overview**



The above chart depicts actual and planned spending and headcount in the Department’s public health sector. Excluding General Administration costs, DOHMH’s Fiscal 2019 operating budget for public health services totals \$648.8 million, a decrease of \$21.7 million, or three percent, when compared to the Fiscal 2018 Adopted Budget of \$670.5 million. Public health spending accounts for approximately 40 percent of the Department’s total Fiscal 2019 spending of \$1.6 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 \$297.3 million, of the public health sector’s overall budget, and the OTPS budget accounts for 54 percent, or \$351.5 million.

Some public health program areas prove more staff intensive, such as Environmental Health Program, which requires an internal staff of credentialed public health inspectors and sanitarians to conduct inspections of childcare facilities and food service establishments – resulting in 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. See Appendix B - DOHMH Expense Budget for additional information.

**Figure 3: DOHMH's FY19 Spending by Area**

The above graph depicts DOHMH's Fiscal 2019 Preliminary Budget segmented by Public Health, General Administration, the Division of Mental Hygiene (DMH or the Division), and the Office of the Chief Medical Examiner (OCME). DMH's Fiscal 2019 Preliminary Budget totals \$757.8 million, an increase of \$14.6 million, or two percent, when compared to the Fiscal 2018 Adopted Budget. DMH relies heavily on outside service providers; therefore, the OTPS budget accounts for 91 percent, or \$687 million, of the Division's overall budget.

DOHMH's Fiscal 2019 Preliminary Budget includes more than \$78 million for OCME. PS spending comprises 77 percent of these funds. Overall, OCME accounts for about five percent of the Department's Fiscal 2019 Preliminary Budget. See Appendix B - DOHMH Expense Budget for additional information.

### Financial Summary

The Department's Fiscal 2019 Preliminary Budget includes \$7.5 million in new needs, including \$1 million in the public health sector, \$4.7 million in DMH, and \$1.8 million in OCME. The State provides \$113,000 annually for the Neighborhood Rat Reduction Plan; CTL comprises the remaining funding.

Other adjustments introduced since the Fiscal 2018 Adopted Budget – including a \$4 million reduction in the Fiscal 2018 November Plan – led to a \$5 million decrease in Fiscal 2019. This resulted in a net increase of \$2.5 million in Fiscal 2019, when combined with the new needs funding. DOHMH's Fiscal 2019 Budget, therefore, increased from \$1.609 billion in the Fiscal 2018 Adopted Budget to \$1.612 in the Fiscal 2019 Preliminary Budget. (See Appendix A: DOHMH Budget Actions in the November and the Preliminary Plans for more information). Fluctuations in non-City grant funding, collective bargaining costs, and other technical adjustments contribute to the changes in DOHMH spending.

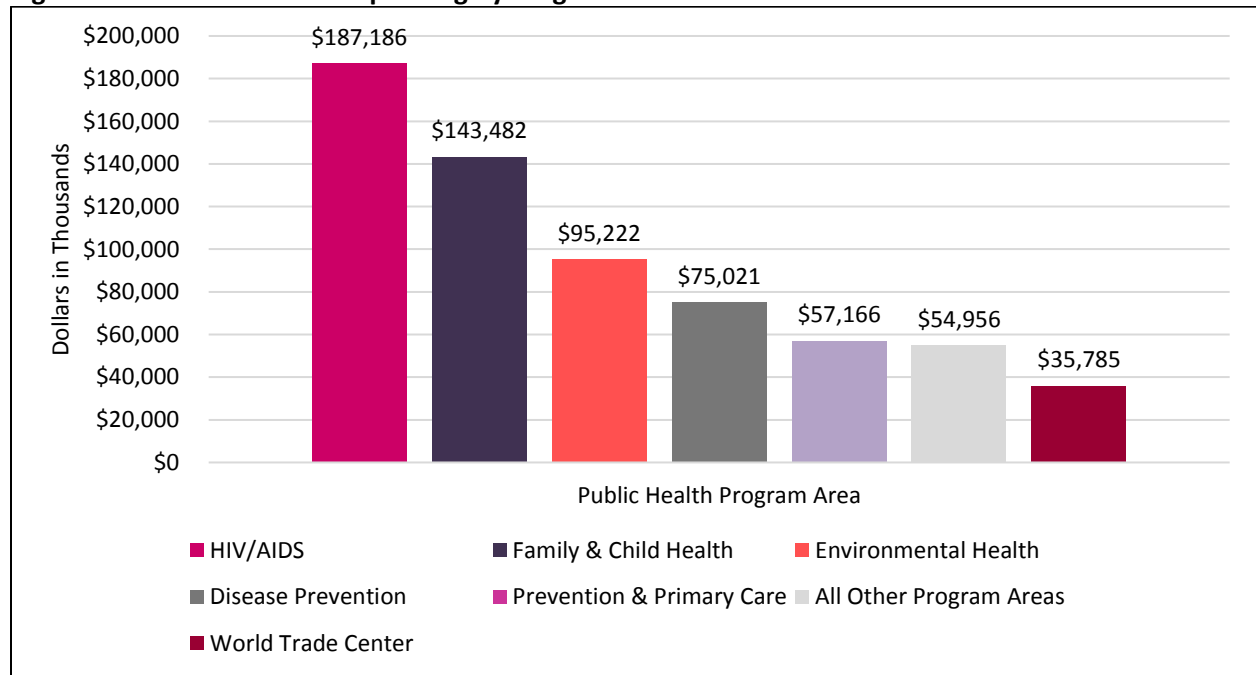
New expense funding in the Preliminary Plan includes

- Neighborhood Rat Reduction Plan.** The Preliminary Plan allocates \$1.5 million to DOHMH in Fiscal 2018 and \$1 million in Fiscal 2019 and in Fiscal 2020, and \$876,000 in the outyears to implement the Neighborhood Rat Reduction Plan. As part of this multi-agency initiative, DOHMH will purchase BigBelly compactors, staff a rat stoppage team, and lead outreach campaigns. The Fiscal 2019 Preliminary Plan adds eight positions to DOHMH for the Rat Reduction Plan, starting this fiscal year. (See page 34 for additional information).

### Program Areas

The graph below identifies the Fiscal 2019 Public Health funding by program area, as of the Fiscal 2019 Preliminary Budget. Public health funding spans numerous program areas, including the Center for Health Equity, Disease Prevention and Treatment, HIV/AIDS Prevention and Treatment, Emergency Preparedness and Response, Environmental Disease and Injury Prevention, Environmental Health, Epidemiology, Family and Child Health, Prevention and Primary Care, and the World Trade Center Health Program.

**Figure 4: FY19 Public Health Spending by Program Area**



Nearly every program area in the Fiscal 2019 Preliminary Budget experienced a net decrease in funding when compared to the Fiscal 2018 Adopted Budget. Family and Child Health experienced the largest net decrease at \$9.8 million, followed by Disease Control and Prevention at \$8.8 million, and Prevention and Primary Care at \$3.9 million. The Adopted Budget includes the City Council’s discretionary funding, grouped into the administrative program areas, but the Preliminary Budget does not include this funding – contributing to the decreases. (See Appendix C: Financial Summary for additional information).

It appears that the Environmental Health sector experienced a net increase of \$9.6 million, driven by the \$8.8 million increase in Administration; however, the NYC Office of Management and

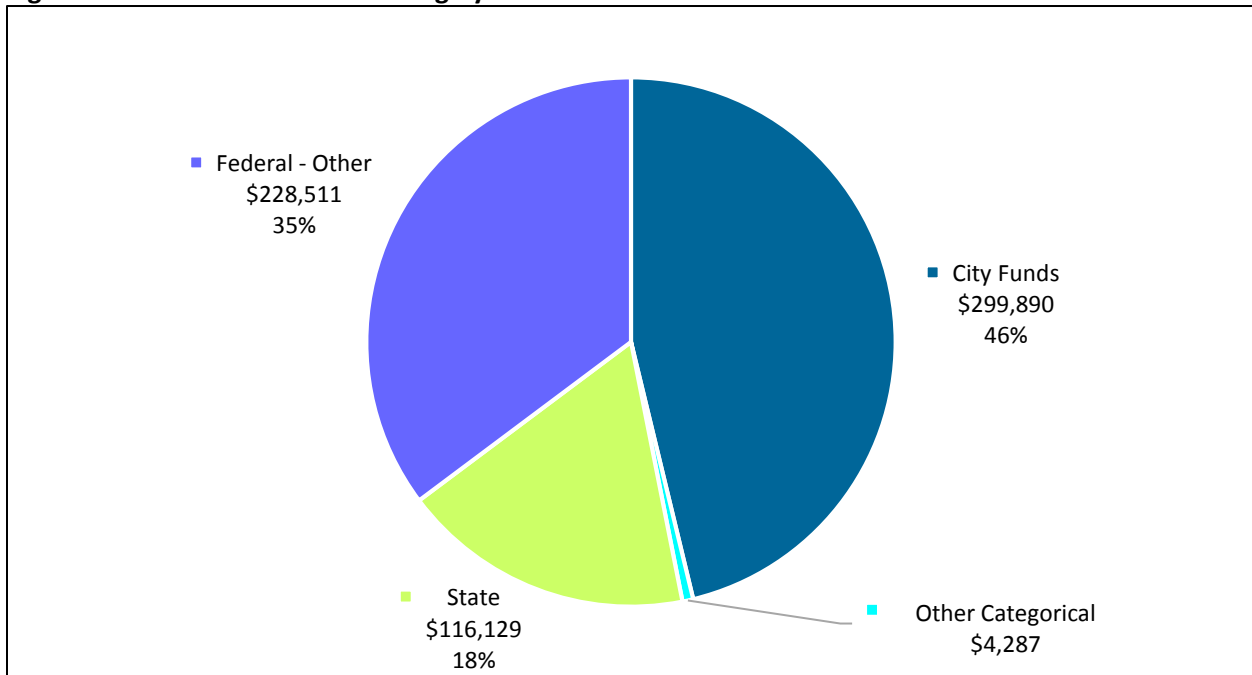


Budget (OMB) used the Environmental Health Administration’s code as a placeholder for funding added from hiring plan adjustments and cost-of-living adjustments (COLAs). DOHMH will determine how to distribute these funds within the agency.

**Funding Sources**

The graph below depicts the Fiscal 2019 Public Health funding, as of the Fiscal 2019 Preliminary Budget, by source. CTL accounts for 46 percent of planned Fiscal 2019 spending at nearly \$300 million. Federal funding constitutes the second largest source of public health spending, representing 35 percent of the Budget at \$228.5 million. 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.

**Figure 5: FY19 Public Health Funding by Source**



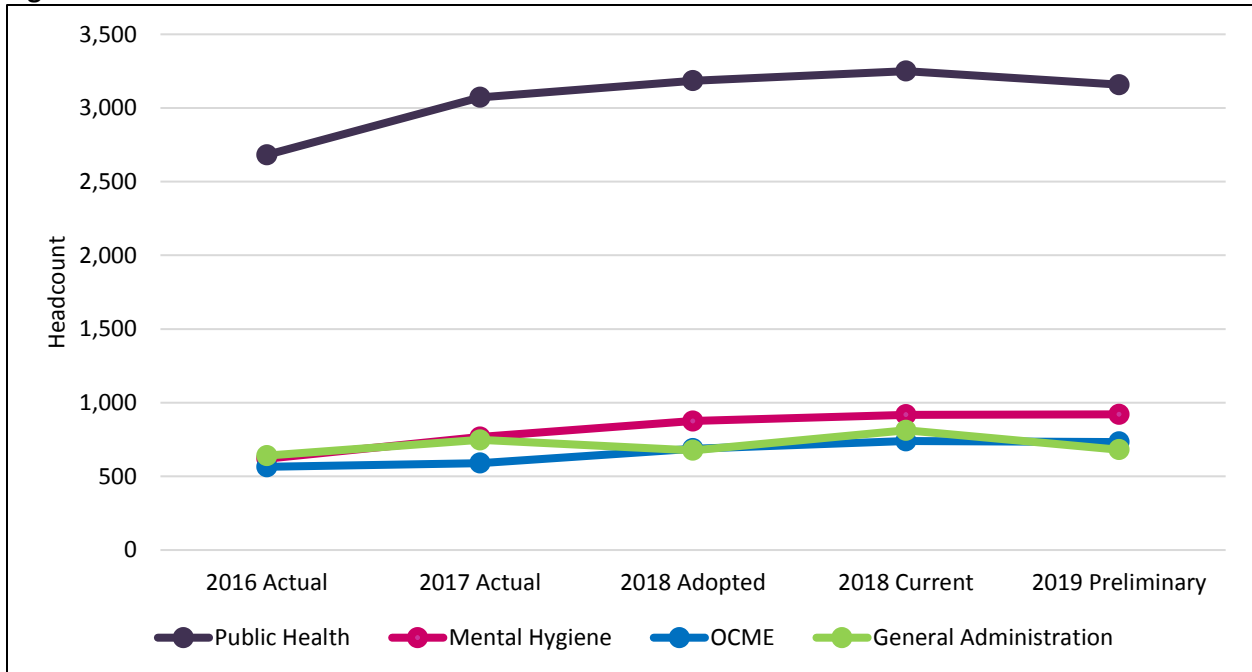
State aid accounts for approximately 18 percent of public health funding, providing \$116.1 million in the Fiscal 2019 Preliminary Budget. The State’s public health local assistance provision, also known as the General Public Health Work Program and commonly referred to as Article 6 matching grants, 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. (See Appendix C: Financial Summary for additional information).

**Headcount**

The Preliminary Plan increases the Department’s headcount by a net 67 positions in Fiscal 2019 for a total city-funded headcount of 5,493 positions. The Plan decreases the headcount in the public health sector by 27 positions, but the DMH and OCME each gain 45 positions and General Administration adds four positions. The Fiscal 2019 Preliminary Plan also increases the Department’s headcount in the current fiscal year by 295 positions, or five percent, when compared to the budget at adoption. The Department has continued the budgeting practice of

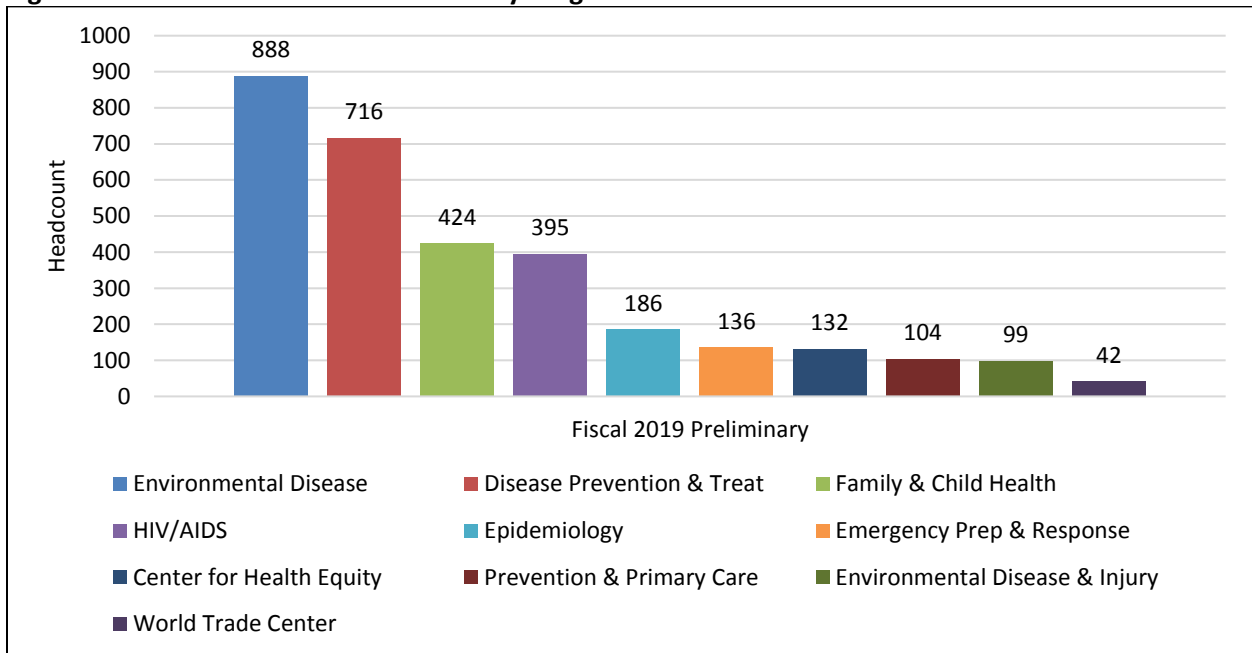
shifting program-specific administrative funding to General Administration. See Appendix C: Financial Summary for additional information. The following graph shows the Department’s headcount broken down by Public Health, Mental Hygiene, OCME, and General Administration.

**Figure 6: DOHMH Headcount**



The Department’s headcount, like the City’s headcount, continues to grow under the de Blasio Administration. DOHMH’s headcount has increased by nearly 1,000 positions between Fiscal 2014 and Fiscal 2019. The following graph depicts the Fiscal 2019 headcount by Public Health program area, as of the Fiscal 2019 Preliminary Budget.

**Figure 7: FY19 Public Health Headcount by Program Area**



### The Fiscal 2018 Current Modified Budget

Regarding the current fiscal year, DOHMH's Fiscal 2018 Budget, including OCME funding, stands at \$1.68 billion – a net increase of \$64.7 million since June 2017. This includes the \$2.7 million in new needs funding added in the Fiscal 2019 Preliminary Budget. The Department's Fiscal 2018 Adopted Budget totaled \$1.61 billion. While City funds decreased by more than \$70 million since adoption, other categorical funding provided more than \$69 million, federal funding added more than \$31 million, State funding provided \$20 million, and intracity funding added nearly \$13 million – for a non-City funding addition of \$132.7 million in Fiscal 2018. (See Appendix A: DOHMH Budget Actions in the November and the Preliminary Plans for additional information).

The Department modifies its budget over the course of the fiscal year as it receives federal and State grant funding, and – because this non-City funding varies each year – the headcount and dollars are not baselined in the Adopted Budget. The \$64.7 million midyear increase in the Fiscal 2019 Preliminary Budget proves typical for the Department.

Financial Plan headcount adjustments in the Fiscal 2019 Preliminary Budget led to a net increase of 295 City-funded full-time positions in Fiscal 2018, for a total headcount of 5,721 positions in the current fiscal year. This includes a 136-position increase in General Administration due to the aforementioned grant-funded positions as well as positions added in the current fiscal year for the new expense needs.

### Citywide Re-Estimates

The Department identified \$62.9 million in re-estimates in the Fiscal 2019 Preliminary Plan. PS accruals due to hiring delays resulted in \$2.9 million in re-estimates in Fiscal 2018, including \$400,000 from OCME and \$2.5 million from DOHMH. One-time revenue settlements for prior year claims provided an additional \$60 million in Fiscal 2018 re-estimates.

### Fiscal 2018-2019 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 \$70.2 billion in Fiscal 2019, a 2.5 percent increase over what the State spent this year. The Fiscal 2018-2019 State Executive Budget adheres to the Medicaid spending cap, a provision that ties Medicaid growth to the 10-year rolling average of the Medical Consumer Price Index – currently estimated at 3.2 percent.

The State Budget also continues to advance the State's Medicaid Redesign Team agenda, implementing initiatives to improve health outcomes, control health costs, and streamline administrative processes. A new proposal in the Budget would establish a First 1,000 Days on Medicaid initiative, a 10-point plan to improve access to services for all children covered by

Medicaid. The State's Medicaid program, which provides coverage to nearly 60 percent of children aged 0-3 in the State, would fund the initiative.

In addition, the State Budget includes legislation that advances the Governor Cuomo's Women's Agenda to support women's equality, expand access to health care, and combat sexual assault. Specifically, the Budget seeks to codify Roe v. Wade into State Law to ensure that women can make personal healthcare decisions; ensure comprehensive contraceptive coverage; and establish the Maternal Mortality Review Board to Save Lives.

### **Federal Concerns**

The State Budget assumes the continuation of the Affordable Care Act (ACA) and includes \$694 million in total funding for the operation of the New York State of Health. As of February 2018, 4.3 million New Yorkers have received insurance coverage through the New York State of Health marketplace, an increase of 700,000 people from 2017.

Despite the withholding of federal Cost Sharing Reduction (CSR) payments, the State also continues to support the Essential Plan, a facet of the ACA's Basic Health Program. The Essential Plan provides low- or no-cost healthcare for New Yorkers making up to twice the poverty level – more than the limit allowed by Medicaid. More than 700,000 New Yorkers have enrolled in the Essential Plan. Through this plan, the federal government pays the State 95 percent of the amount it would have paid in premium subsidies and CSR payments on the marketplace for these enrollees; however, in December 2017, the federal Department of Health and Human Services (HHS) stopped paying the CSR subsidies. In January 2018, NY Attorney General Eric Schneiderman filed suit to restore the federal funding.

### **Healthcare Shortfall Fund**

The State Budget creates a new fund to ensure the continued availability and expansion of funding for health services and to mitigate risks associated with the loss of federal healthcare funding, such as the cuts to the CSR program. To populate the fund, the Budget modifies a conversion statute related to for-profit health insurers assuming ownership of the assets of not-for-profit health insurers.

The Financial Plan includes \$750 million annually over four years (\$3 billion total) from these conversions, acquisitions, and related transactions. Of the \$750 million, the State would use \$500 million to fund Medicaid and to offset General Fund spending and would deposit \$250 million into a new NY State Health Care Reform (HCRA) account called the Healthcare Reserve Shortfall Account. However, the Budget does not specify the method for estimating the revenue these conversions would generate.

### **Healthcare Insurance Windfall Profit Fee**

The federal tax plan gives healthcare companies a 40 percent cut on their corporate taxes while also transferring healthcare costs to the State. The Fiscal 2018-2019 State Executive Budget imposes a 14 percent surcharge on health insurer gains in order to recapture \$140 million in corporate tax savings and reinvest it in healthcare services.

### **Health Tax on Vapor Products**

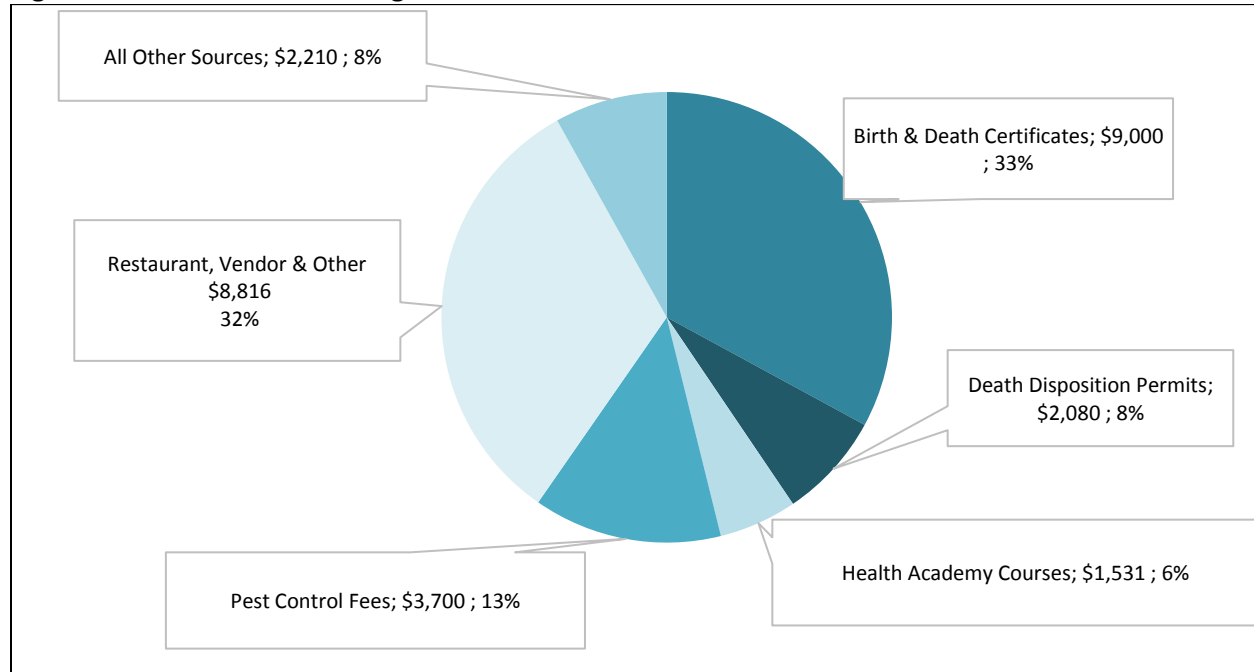
The State Budget imposes an excise tax of 10 cents per fluid milliliter on vapor products at the distributor level, equalizing the tax treatment of tobacco products and the equivalent products

used in e-cigarettes. Last year's executive budget included the tax, but it was not included in the final agreement.

### Revenue Budget

In addition to State and federal grants, the Department generates a modest amount of revenue, with \$27.3 million planned for Fiscal 2019. The largest sources of revenue include birth and death certificates at \$9 million, or 33 percent of the revenue budget, restaurants and vendors at \$8.8 million, or 32 percent of the budget, and pest control fees at \$3.7 million, or 13 percent of the budget. In addition to these miscellaneous revenue sources, the Office of Administration Trials and Hearings (OATH) collects revenue from DOHMH tribunal fines. Challenges to Notices of Violations that pertain to the City's Health Code and other public health-related laws fall under the Office's Health Hearings Unit. The following graph shows the Department's Fiscal 2019 revenue sources.

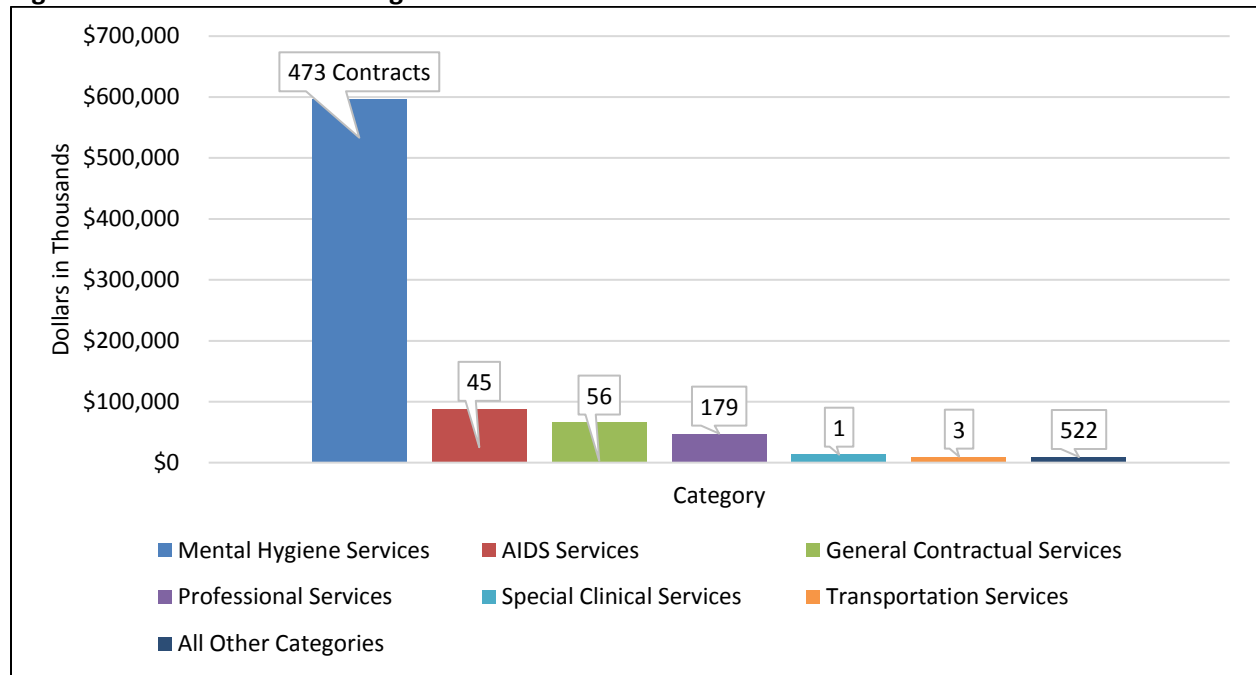
**Figure 8: DOHMH Revenue Budget**



### Contract Budget

The New York City Charter mandates the preparation of a contract budget in order to identify expenditures for contractual services – defined as any technical, consultant, or personal service provided to the City by means of a contract. The Administration prepares a contract budget – a subset of the OTPS portion of the City's expense budget – twice each fiscal year. In January, the Administration prepares the contract budget with departmental estimates, and in late April it submits the contract budget to the City Council with the executive budget. The following graph shows the Department's Fiscal 2019 contract budget broken down by category.

**Figure 9: DOHMH Contract Budget**

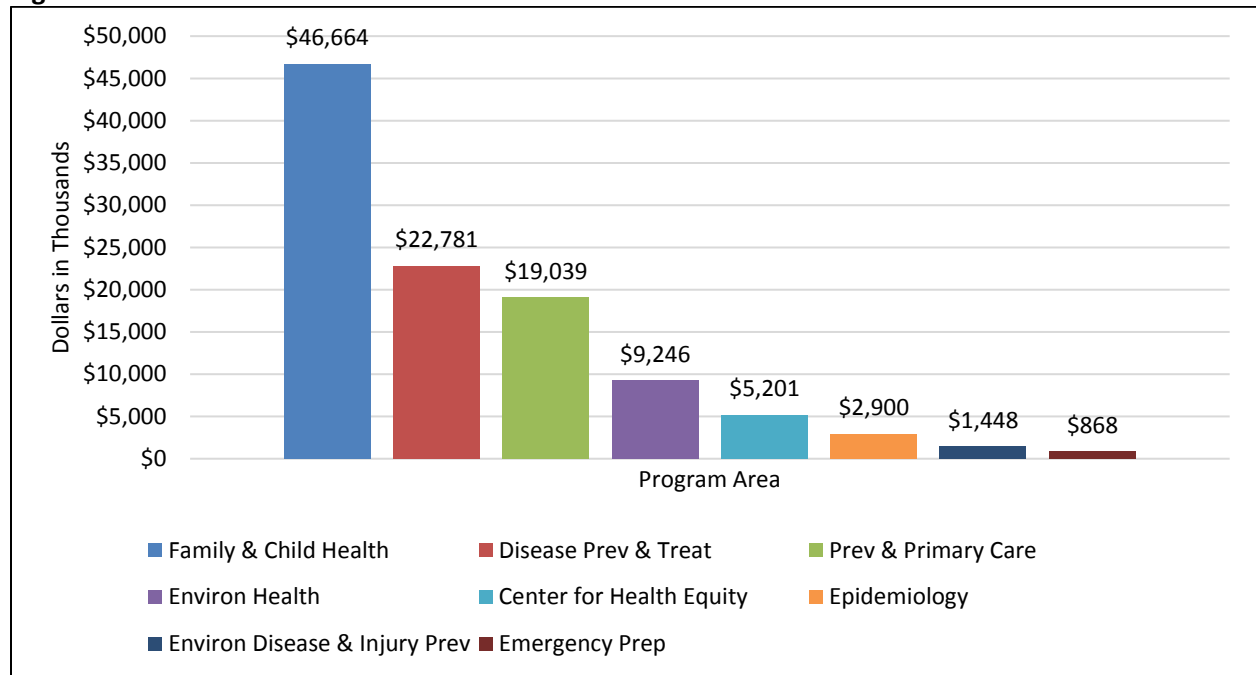


The City’s Contract Budget, as proposed, totals \$15.6 billion in Fiscal 2019 and includes 17,684 contracts. The Department’s Fiscal 2019 Contract Budget totals \$830.3 million and includes nearly 1,300 contracts. Contracts for mental hygiene services total \$596.4 million, representing 72 percent of the Department’s total spending on contracts. Contracts for AIDS services represent the second largest source of DOHMH contract spending at \$88.3 million, or approximately 11 percent of the total. (See Appendix D: Contract Budget for additional information).

**Public Health State and Federal Grants**

State, federal, and other categorical funding totals \$346.5 million in the public health sector’s Fiscal 2019 Preliminary Budget, including \$228.5 million in federal aid and \$116.1 million in State aid. The Disease Prevention and Treatment – HIV/AIDS program area receives the most federal funding in Fiscal 2019 at \$161.3 million, and the Family and Child Health program area receives the most State funding at \$50.2 million. The aforementioned Public Health Local Assistance funding constitutes the largest source of State funding. The following chart shows the Fiscal 2019 Public Health Local Assistance funding by program area.

**Figure 10: FY19 Public Health Local Assistance**



Public Health Local Assistance funding provides approximately \$108 million in Fiscal 2019 as planned in the Fiscal 2019 Preliminary Budget. The Family and Child Health program area receives the most Public Health Local Assistance funding in Fiscal 2019 at \$46.7 million; the Office of School Health receives the majority (82 percent) of this funding at \$38.5 million. The Disease Prevention & Treatment program area receives the next largest allocation of Public Health Local Assistance Funding at \$22.8 million in Fiscal 2019, including \$8 million for HIV/AIDS and \$6 million for Sexually Transmitted Diseases. Other program areas that receive Fiscal 2019 Public Health Local Assistance funding include: Prevention and Primary Care, Environmental Health, the Center for Health Equity, Epidemiology, Environmental Disease and Injury Prevention, and Emergency Preparedness and Response.

**Council Initiatives**

The Department’s Fiscal 2018 Budget includes approximately \$34.8 million in City Council discretionary funding, including \$15.6 million for public health initiatives, \$13.3 million for mental health initiatives, and \$5.9 million for local and other initiatives. City Council discretionary funding accounts for approximately two percent of the Department’s \$1.6 billion Fiscal 2018 budget.

The Health Services initiatives funded by the Council in Fiscal 2018 demonstrate the Council’s commitment to reducing health disparities and to promoting health equity throughout the five boroughs. The initiatives support a spectrum of health services and programs delivered in a culturally and linguistically responsive manner to our most vulnerable and marginalized citizens, including children living in medically underserved communities and immigrants lacking access to healthcare services.

<b>Fiscal 2018 Council Changes at Adoption</b>	
<i>Dollars in Thousands</i>	
<b>Council Initiatives</b>	
Access Health	\$1,187
Beating Hearts	\$350
Cancer Initiative	\$791
Child Health and Wellness	\$646
Ending the Epidemic	\$6,295
HIV/AIDS Faith Based Initiative	\$1,360
Maternal Health Services	\$1,193
Nurse Family Partnership	\$2,000
Reproductive and Sexual Health Services	\$345
Viral Hepatitis Prevention	\$1,424
<b>Subtotal, Public Health Initiatives</b>	<b>\$15,590</b>
<b>DOHMH, Mental Health Initiatives</b>	<b>\$13,292</b>
<b>Local Initiatives</b>	<b>\$5,933</b>
<b>TOTAL</b>	<b>\$34,815</b>

Major investments in Fiscal 2018 include \$6.3 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 supports efforts to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use.

In Fiscal 2018, the Council continues its support of the Nurse Family Partnership (NFP), an evidence-based nurse home visiting program that provides support to low-income first-time mothers, with a \$2 million investment. The Administration also contributed \$2 million to NFP in Fiscal 2018. Programs and services funded under the Reproductive and Sexual Health Services Initiative and the Maternal Health Services Initiative bolster the commitment to reducing infant mortality and promoting the health and wellness of women and babies. The Child Health and Wellness Initiative supports nutrition, dental, and asthma programs for our City’s children.

The following section describes each public health Council initiative funded in Fiscal 2018.

**Access Health.** The \$1.2 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 \$6.3 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 \$1.4 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 \$1.2 million allocation supports a range of maternal and child health services that aid expectant mothers and women of childbearing age by promoting women's health before, during, and after pregnancy. The services strive to improve maternal and child health outcomes and to reduce infant mortality rates and may include doula care or home-visiting programs.

**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. This initiative serves teens in foster care, women and teens in homeless shelters, women at Rikers Island, and teens involved in the juvenile justice system.

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

**Viral Hepatitis Prevention.** The \$1.4 million allocation supports a range of programs and services intended to combat the spread of Hepatitis B/C and HIV as passed through intravenous drug use. In addition to Hep B/C testing, services may include addiction treatment, care coordination, overdose prevention, mental health assessments, and sterile syringe access.

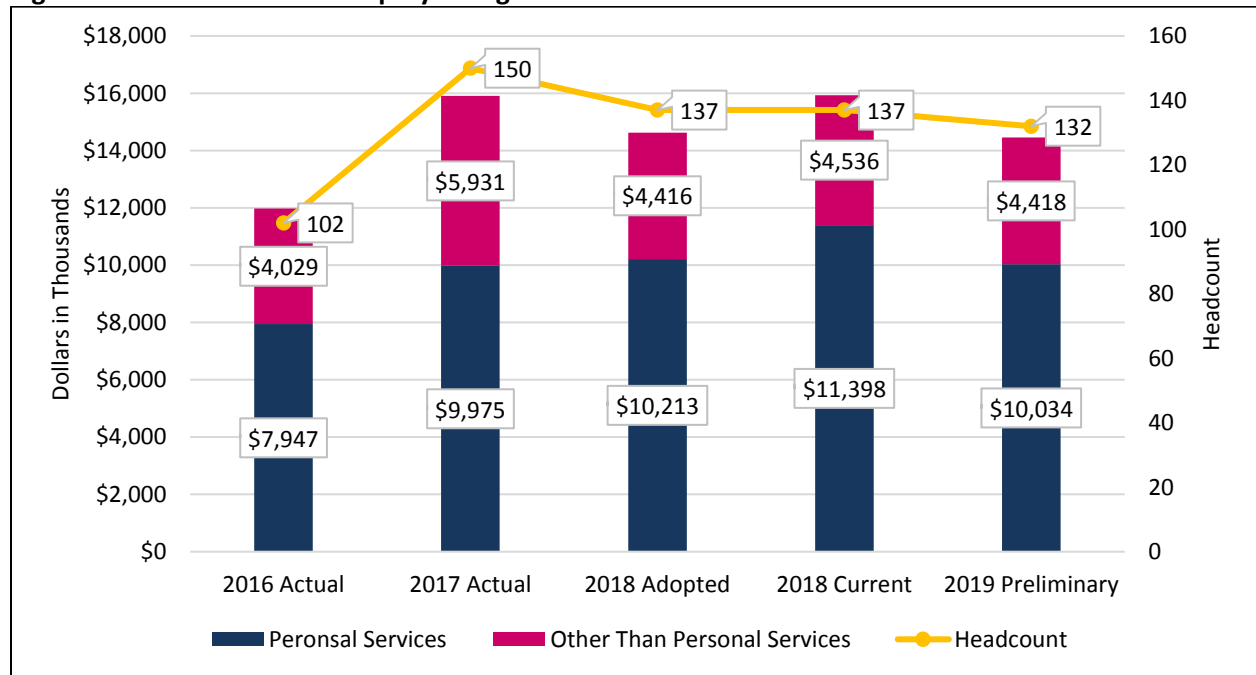
## Program Areas

### Center for Health Equity

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

The Center supports the revitalization of the City’s District Public Health Offices (DPHO) through the Health Action Center Initiative. The Health Action Centers target resources, programs, and attention to high-need neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn in an effort to promote health equity. The Centers also support Take Care New York 2020 – the City’s blueprint for promoting healthy childhoods, creating healthier neighborhoods, supporting healthy living, and increasing access to quality caregiving.

**Figure 11: Center for Health Equity- Budget Overview**



The above chart shows the Center for Health Equity’s actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$14.5 million to the Center for Health Equity, comparable to the funding allocated at adoption. The Center’s funding represents approximately two percent of public health spending and less than one percent of the Department’s total budget. Funding in the current fiscal year increased to \$15.9 million, an increase of \$1.3 million, or nine percent, when compared to the budget at adoption.

PS spending accounts for the majority (69 percent) of the Center’s Fiscal 2019 Preliminary Budget funding at \$10 million. The funding supports 132 positions, including 50 positions at the Center, 26 positions at the Harlem DPHO, 25 positions at the Bronx DPHO, and 23 positions at the

Brooklyn DPHO. The Fiscal 2019 Preliminary Budget includes \$5.2 million in State Public Health Local Assistance funding. (See Appendix E1: Center for Health Equity for more information).

According to the Fiscal 2017 DOHMH District Resource Statement, the DPHO Community Districts distributed more than 138,000 Health Bucks between 2016 and 2017. 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 37,200 Health Bucks; the Bronx issued 55,600 Health Bucks, and Brooklyn issued 45,250 Health Bucks.

### Disease Prevention and Treatment

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

**The Bureau of Communicable Diseases** performs a range of activities, from investigating disease outbreaks to monitoring drug resistance patterns for select diseases. In cooperation with other emergency response agencies, the Bureau operates a comprehensive surveillance system to improve the City's ability to detect and respond to the release of a biological agent. The Fiscal 2019 Preliminary Budget allocates \$8.6 million to Communicable Disease programs, an increase of \$1 million, or 14 percent, when compared to the Fiscal 2018 Adopted Budget. Funding in the current fiscal year totals \$13.3 million, an increase of \$5.8 million or 77 percent, when compared to the budget at adoption.

PS spending represents the majority (78 percent) of the Bureau's Fiscal 2019 funding at \$6.7 million. In addition to \$1 million in State Public Health Local Assistance funding in Fiscal 2019, the Bureau receives a \$1.3 million federal Affordable Care Act grant for Epidemiology and a \$4.3 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 2019 Preliminary Budget allocates nearly \$24.5 million for STD Control, a decrease of \$770,000, or three percent, when compared to the Fiscal 2018 Adopted Budget. Funding in the current fiscal year totals \$24.6 million, a decrease of \$658,000 or three percent, when compared to the budget at adoption.

Major sources of federal funding for STD Control include a \$5.1 million Venereal Disease Control grant and a \$240,000 Medicaid grant. Fiscal 2019 State funding includes \$1.3 million for HIV Partner Notification and \$6 million for Public Health Local Assistance. PS spending represents the majority (79 percent) of the Bureau's Fiscal 2019 funding at \$19.4 million.

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

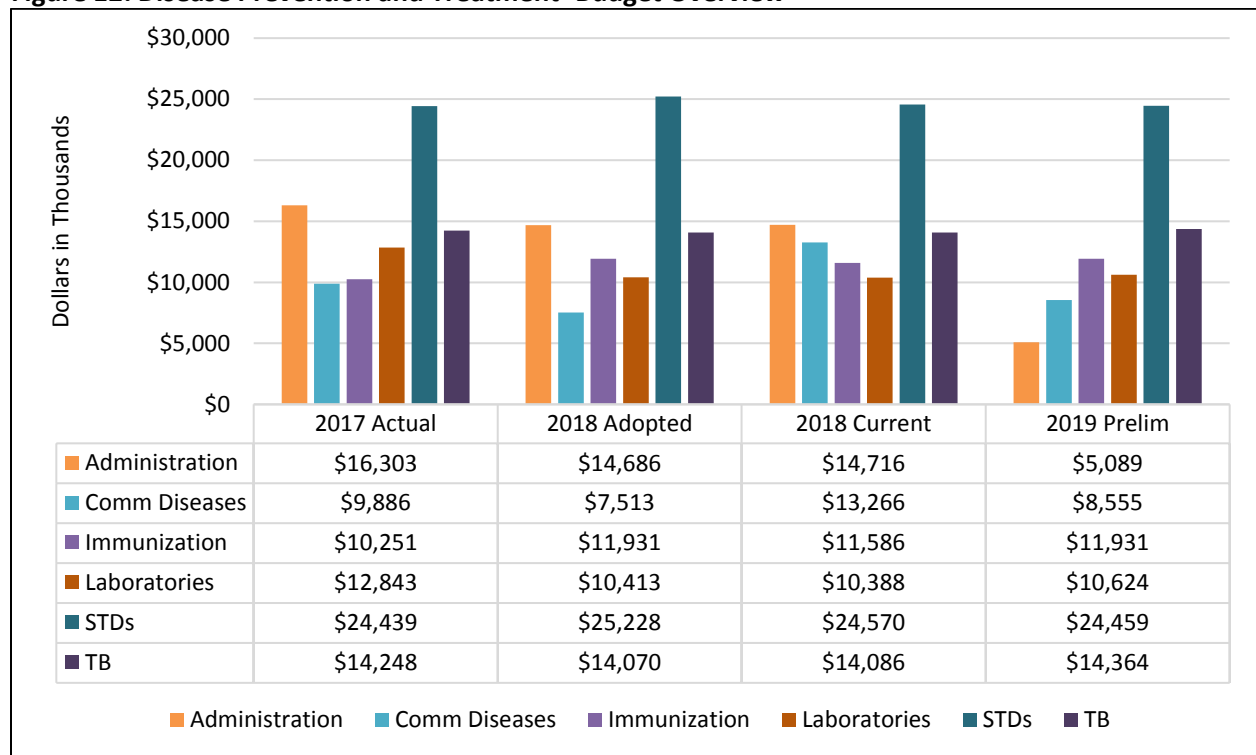
**The Public Health Laboratory** provides state-of-the-art laboratory services to identify and investigate infectious diseases, including rapid testing for bioterrorist agents. The Laboratory performs tests for conditions such as rabies, West Nile virus, and certain environmental exposures not offered by commercial laboratories. It also serves as the City's largest HIV testing laboratory. The Fiscal 2019 Preliminary Budget allocates \$10.6 million for the Laboratory, comparable to the funding allocated in the Fiscal 2018 Adopted Budget. Funding in the current fiscal year also remains steady at \$10.4 million. PS spending represents the majority (68 percent) of the Laboratory's Fiscal 2019 funding at \$7.2 million. The Laboratory receives \$3.8 million in Fiscal 2019 State Public Health Local Assistance funding.

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

Funding to the Bureau of Tuberculosis Control remains steady at \$14.4 million in the Fiscal 2019 Preliminary Budget, as does funding in the current fiscal year. PS spending represents the majority (83 percent) of the Bureau's Fiscal 2019 funding at \$12 million. The Bureau receives federal and State grant funding in Fiscal 2019 for TB prevention and control totaling \$5.7 million as well as \$2.7 million in State Public Health Local Assistance funding.

**The Bureau of Immunization** promotes the immunization of children and adults in order to prevent the occurrence and transmission of diseases. The Fiscal 2019 Preliminary Budget allocates \$11.9 million to the Bureau to promote the timely vaccination of children, adolescents, and adults through vaccine distribution, clinical services, public communication, provider outreach and support and to monitor coverage rates. The funding is consistent with funding allocated at adoption, as is funding in the current fiscal year. PS spending represents the majority (77 percent) of the Bureau's Fiscal 2019 funding at \$9 million. The Bureau receives a \$4.8 million federal immunization grant and \$5.4 million in State Public Health Local Assistance funding in Fiscal 2019.

**Figure 12: Disease Prevention and Treatment- Budget Overview**



The above chart shows the Disease Prevention and Treatment actual and planned spending by program area as of the Fiscal 2019 Preliminary Budget. Excluding HIV/AIDS funding, the Fiscal 2019 Preliminary Budget allocates \$75 million to Disease Prevention and Treatment, a decrease of nearly \$9 million, or 11 percent, when compared to the \$83.8 million Fiscal 2018 Adopted Budget. A \$9.6 million reduction in City funding for Disease Prevention and Treatment Administration drove the decrease. Funding in the current fiscal year, however, increased by \$4.8 million or six percent, when compared to the budget at adoption, to \$88.6 million.

Between the Fiscal 2018 Adopted Budget and Fiscal 2019 Preliminary Budget, the Disease Prevention and Treatment headcount decreases by 10 full-time City-funded positions. Overall, PS spending accounts for the majority (75 percent) of Disease Control and Prevention funding in Fiscal 2019 at \$56 million. The funding supports 716 positions. (See Appendix E2: Disease Prevention and Treatment for additional information).

Disease Control and Prevention funding represents nearly 12 percent of the Department’s public health spending and nearly five percent of DOHMH’s total budget. These figures exclude Disease Control and Prevention funding for HIV/AIDS – detailed on page 22.

## Performance Indicators

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
New tuberculosis cases (CY)	585	575	565	↓	↓	159	195
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	64.2%	65.5%	65.4%	68.0%	68.0%	NA	NA
Children aged 19-35 months with up-to-date immunizations (%)	73.0%	74.7%	75.1%	76.0%	77.0%	73.3%	74.6%
Children in the public schools who are in compliance with required immunizations (%)	99.0%	98.8%	98.8%	99.0%	99.0%	88.6%	92.4%
HPV vaccine series completion (%)	38.5%	44.2%	56.6%	60.0%	64.0%	52.2%	58.5%

## Tuberculosis Control

The Department assesses its ability to effectively detect and control infectious diseases, including TB and the flu. The number of new TB cases decreased slightly between Fiscal 2016 and Fiscal 2017; however, the City experienced a 23 percent increase in TB cases in the first four months of Calendar Year 2018 when compared to the same period in Calendar Year 2017. The Department has observed increases in multidrug-resistant TB, with 14 cases reported in Calendar Year 2017. The Department continues to monitor surveillance data and provide case management to all TB patients and their contacts in New York City. Case management services ensure that providers follow TB care standards and that patients remain in care and adhere to treatment. The Department also screens and treats individuals at high risk for TB disease progression.

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

## Immunization

The number of seniors who reported receiving a flu shot in the last 12 months remained flat between Fiscal 2016 and Fiscal 2017 at about 65 percent. The Fiscal 2018 target for the number of seniors who receive a flu shot stands at 68 percent. The Bureau provides vaccination services to the public at one walk-in clinic in Brooklyn.

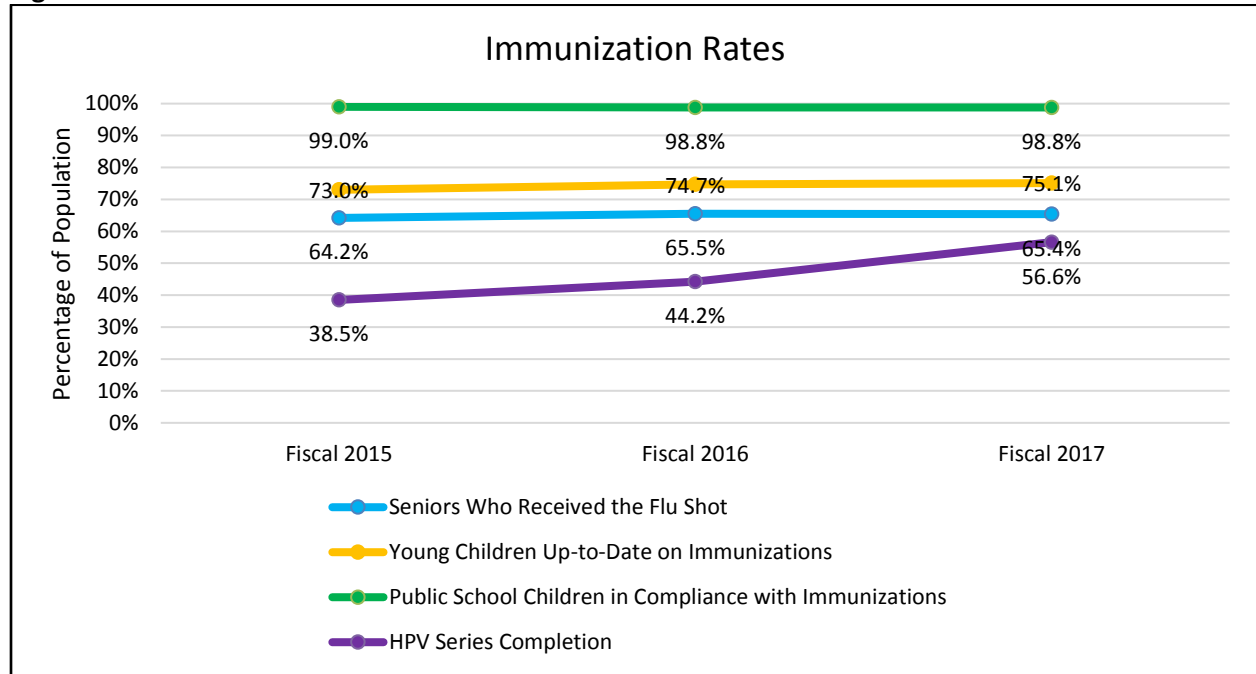
The number of children aged 19-35 months with up-to-date immunizations increased slightly in Fiscal 2017 to 75.1 percent – up from 74.7 percent in Fiscal 2016. The Department increased its Fiscal 2019 target for the number of immunized children increased to 77 percent. The number of children in the public schools who are in compliance with required immunizations remained flat in Fiscal 2017 at 98.8 percent.

The percentage of HPV vaccine series completed increased by 12.4 percent between Fiscal 2017 and Fiscal 2016 to 56.6 percent. In October 2016, the Advisory Committee on Immunization Practices' (ACIP) changed the recommendation for completing the HPV series from three to two doses if the patient initiated the series prior to age 15 and the two doses were spaced by at least five months. As a result, many patients can now complete the HPV vaccination series with only

two doses. The Fiscal 2018 target for HIV vaccine series completion is 60 percent, increasing to 64 percent in Fiscal 2019.

The following graph shows the aforementioned immunization rates from Fiscal 2015 to Fiscal 2017, as a percentage of the relevant NYC population.

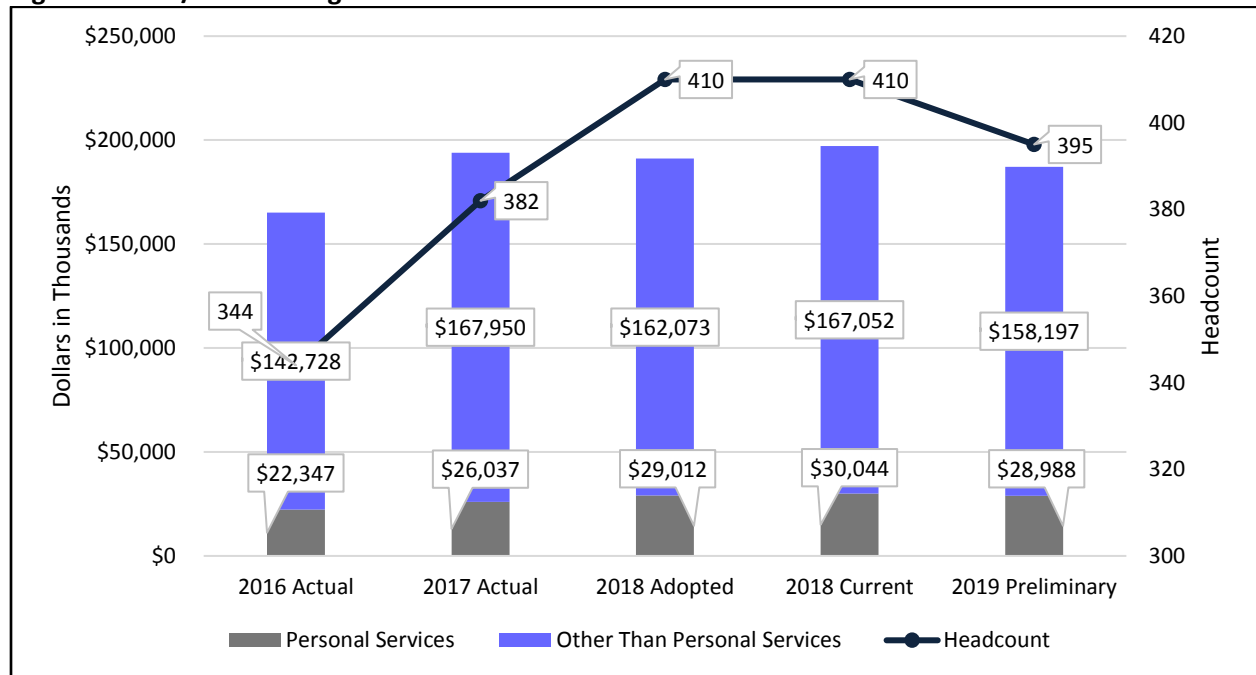
**Figure 13: Immunization Rates – FY15 to FY17**



### Disease Prevention and Treatment—HIV/AIDS

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

**Figure 14: HIV/AIDS – Budget Overview**

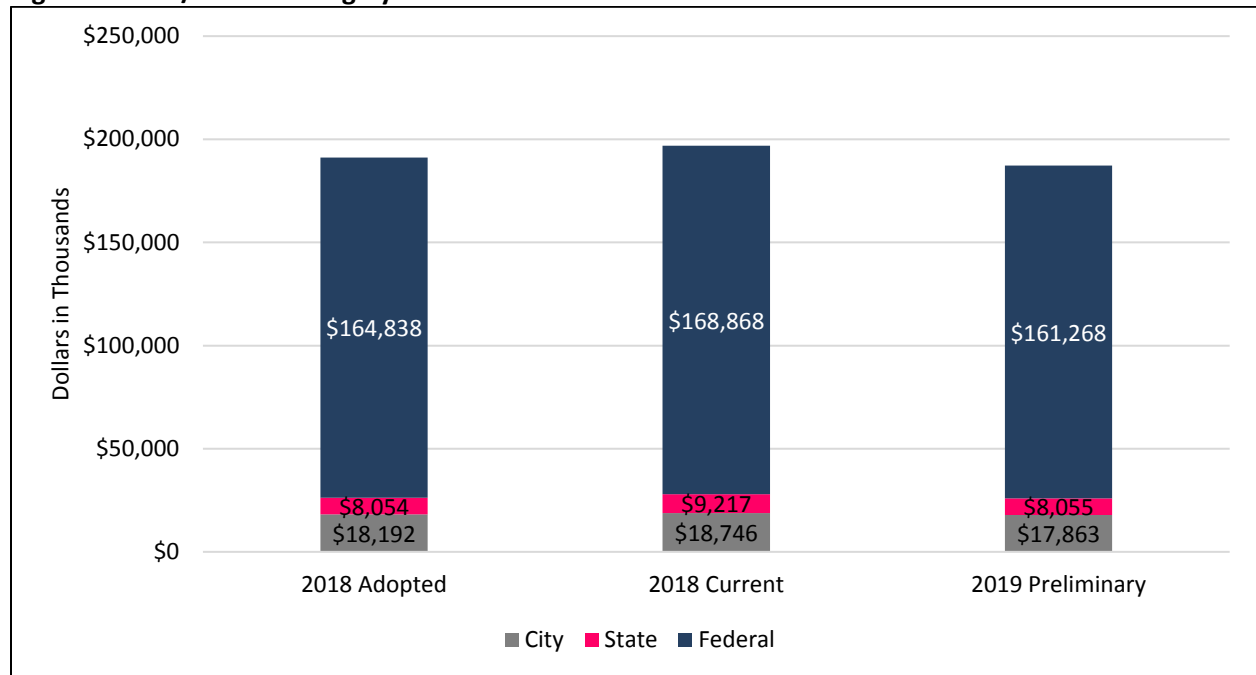


The above chart shows the HIV/AIDS actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$187.2 million to HIV/AIDS Prevention and Treatment, a decrease of nearly \$4 million, or two percent, when compared to the Fiscal 2018 Adopted Budget. A reduction in federal aid drove the decrease. Funding in the current fiscal year, however, increased by \$6 million or three percent, when compared to the budget at adoption, to \$197.1 million.

The Fiscal 2019 Preliminary Budget also reduces the HIV/AIDS Prevention and Treatment headcount by 15 full-time City-funded positions. HIV/AIDS funding represents approximately 29 percent of all public health spending and nearly 12 percent of the Department’s total budget. OTPS spending represents the majority (85 percent) of HIV/AIDS Fiscal 2019 funding at \$158.2 million. Contractual services account for 91 percent, or \$144.4 million, of the Fiscal 2019 OTPS spending. See Appendix E3: Disease Prevention and Treatment: HIV/AIDS for additional information.



**Figure 15: HIV/AIDS Funding By Source**



**Federal and State Funding**

The above chart breaks down the HIV/AIDS Prevention and Treatment funding by source. Federal funding represents 86 percent of the program area’s Fiscal 2019 Budget at \$161.3 million. CTL provides approximately 10 percent of the funding at \$17.9 million, and the State contributes the remaining four percent at \$8.1 million. The Fiscal 2019 Preliminary Budget includes \$40.5 million in federal funding for AIDS Prevention Surveillance, \$96.6 million for Ryan White HIV Emergency Relief, \$22.3 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.

**Ending the Epidemic**

In June 2014, Governor Andrew Cuomo announced a three-point plan to end the AIDS epidemic in New York State by the year 2020 – the first pledge of its kind in the country. An Ending the Epidemic Take Force was charged with advising the New York State Department of Health on strategies to achieve the goals outlined in the Governor’s plan. The plan aims to reduce new HIV infections and to improve the health of all HIV-infected New Yorkers by identifying persons with HIV, linking and retaining persons diagnosed with HIV in healthcare, and facilitating access to pre-Exposure Prophylaxis (PrEP) for high-risk persons in order to keep them HIV negative. The Fiscal 2018-2019 State Executive Budget continues the \$200 million multi-year commitment towards the prevention and care for individuals with HIV/AIDS.

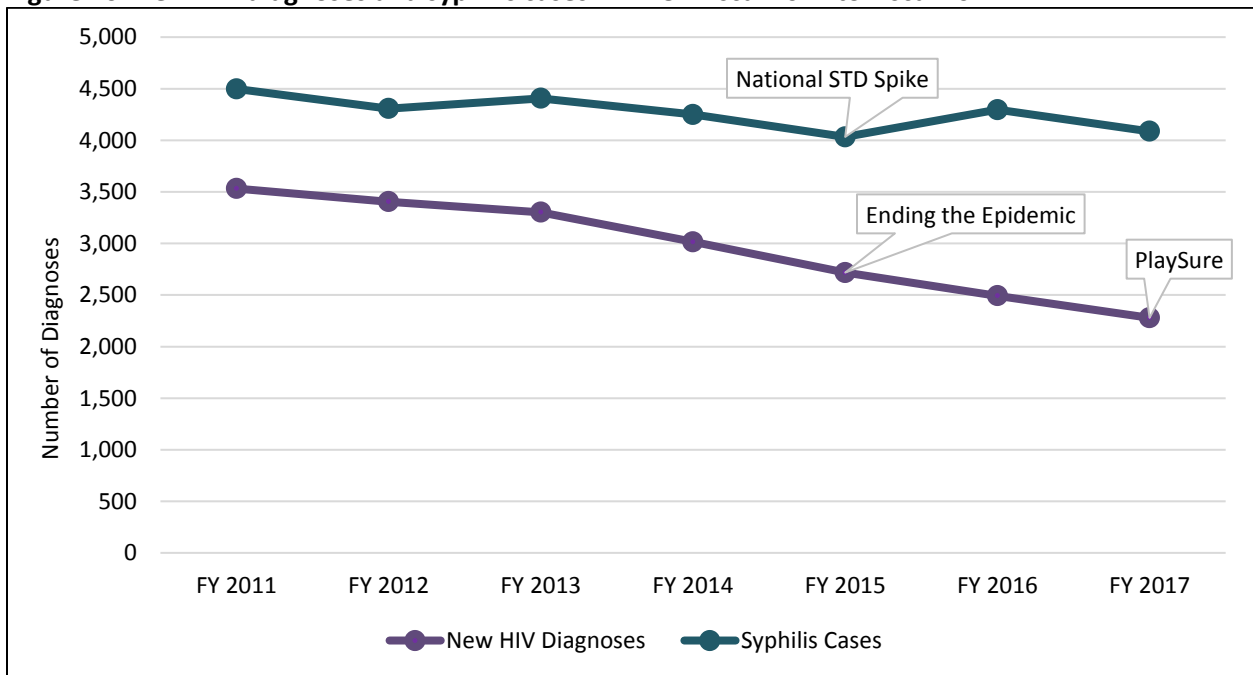
**Performance Indicators**

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
New HIV diagnoses (CY Preliminary)	2,718	2,493	2,279	↓	↓	584	569
Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment	87.7%	86.2%	90.1%	93.0%	93.0%	90.0%	95.2%
Male condoms distributed (000)	36,604	35,666	35,220	37,828	37,828	12,644	8,838

**HIV Diagnoses**

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

**Figure 16: New HIV diagnoses and syphilis cases in NYC - Fiscal 2011 to Fiscal 2017**



The Department monitors and assesses its ability to reduce new cases of HIV and other sexually transmitted diseases. The above graph shows the number of new HIV diagnoses and syphilis cases in NYC from Fiscal 2011 to Fiscal 2017. The number of new HIV diagnoses decreased by more than 200 diagnoses, or nearly nine percent, between Fiscal 2016 and Fiscal 2017 to 2,279 diagnoses. This represents a 16 percent decrease when compared to the number of Fiscal 2015 diagnoses. The number of patients enrolled in Ryan White with current antiretroviral (ARV) prescription increased from 86 percent in Fiscal 2016 to 90 percent in Fiscal 2017, and the Fiscal 2018 four-month actual shows a robust enrollment at 95.2 percent.

The NYC Condom Availability Program distributes condoms to more than 3,500 venues, including Neighborhood Health Action Centers and traditional and non-traditional community sites

citywide. The number of male condoms distributed during the first four months of Fiscal 2018 declined by 30 percent compared to the same period last year. The Department reports that condom demand was lower during the July-October 2017 period than it was in recent years. In addition, DOHMH distributed more condoms during the July-October 2016 reporting period as part of the Zika prevention initiative. The Department expects annual condom distribution levels to remain consistent with prior years moving forward.

### Syphilis Cases

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY18	FY19
Syphilis cases	1,315	1,804	1,808	↓	↓	584	569

The number of reported primary and secondary syphilis cases decreased to 590 cases in the first quarter of Fiscal 2018 from 684 cases in the first quarter of Fiscal 2017; however, the Department cautions that this decline may be due, in part, to delays in reporting and classifying syphilis cases, as well as to true decreases in syphilis transmission. The City has experienced an increase in syphilis cases in recent years due to continued unprotected sex among some men who have sex with men, especially non-Hispanic white and black men and men 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 ways to recognize syphilis symptoms. DOHMH also re-launched a Syphilis Advisory Group in January 2016 to bring together practitioners and advocates from across the City to discuss ways to reduce the incidence of this disease.

### Family and Child Health

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

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

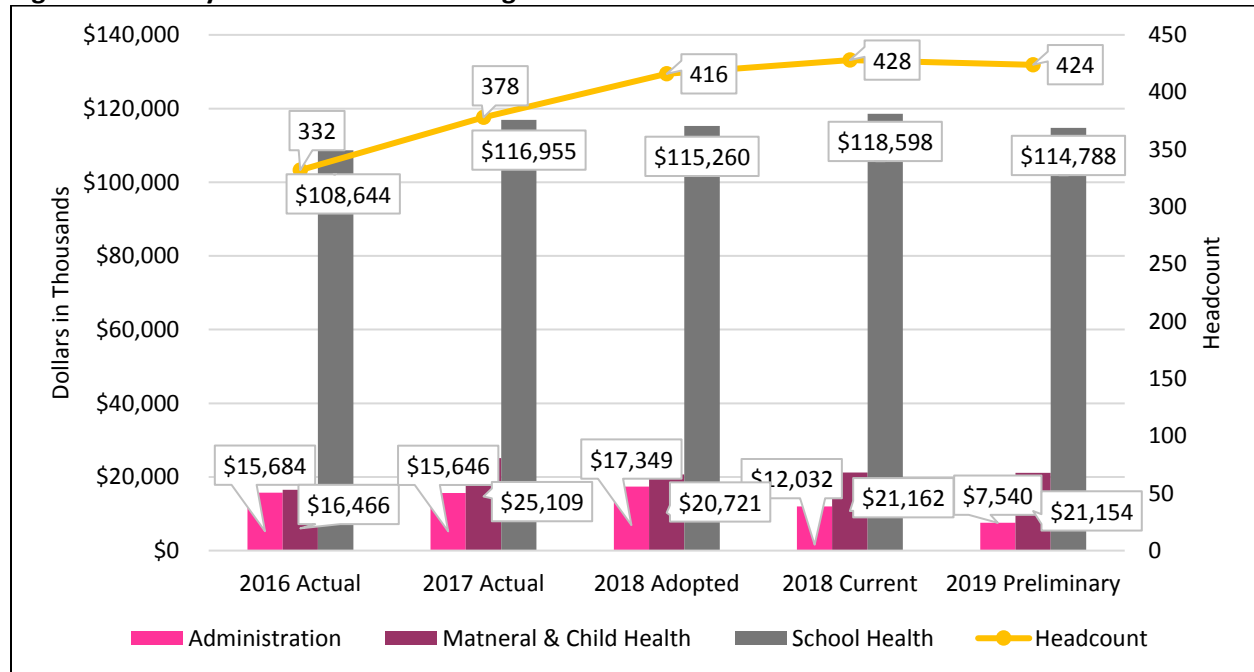
The Bureau's Newborn Home Visiting Program (NHVP) conducts home visits to new mothers who live in neighborhoods burdened by health disparities and poor health outcomes and families residing in DHS shelters with an infant 0-2 months of age. Currently, NHVP enlists mothers at

seven hospitals within the Neighborhood Health Action Center areas and receives a daily client listing of eligible families from DHS.

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

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

**Figure 17: Family and Child Health – Budget Overview**



The above graph shows the Family and Child Health actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. Excluding the Early Intervention program area, the Fiscal 2019 Preliminary Budget allocates \$143.5 million to Family and Child Health programs, a decrease of nearly \$10 million, or six percent, when compared to the Fiscal 2018 Adopted Budget. Federal funding increased by \$1.3 million, but City funding decreased by \$3.7 million and State funding decreased by \$7.5 million. Overall, Family and Child Health funding also decreased in the current fiscal year to \$151.8 million, a one percent decline when compared to the budget at adoption. OSH funding increased by nearly \$3.3 million in the current fiscal year, but Family and Child Health Administration funding decreased by \$9.8 million when compared to the adopted budget.

PS spending represents the majority (66 percent) of Family and Child Health funding in Fiscal 2019 at \$95.4 million, supporting 424 positions. Funding for Family and Child Health represents approximately 22 percent of total public health spending and about nine percent of the

Department's total budget. OSH receives the bulk of the Family and Child Health funding at \$114.8 million, or 80 percent of the program area budget. Funding to the Office decreased slightly between the Fiscal 2018 Adopted Budget and the Fiscal 2019 Preliminary Budget adoption, while funding to BMIRH increased slightly. The Family and Child Health Administration program experienced a near \$10 million decline between the Fiscal 2019 Preliminary Budget and the budget at adoption. (See Appendix E4: Family and Child Health for additional information).

### **Federal and State Funding**

Major sources of federal funding for Maternal, Infant and Reproductive Health in the Fiscal 2019 Preliminary Budget include a \$1 million Affordable Care Act grant and a \$2.9 million Temporary Assistance for Needy Families (TANF) grant. The State provides an additional \$5.5 million in Public Health Local Assistance in Fiscal 2019. OSH receives \$14.5 million in federal and State funding through Medicaid and \$42.5 million in State Public Health Local Assistance funding in Fiscal 2019.

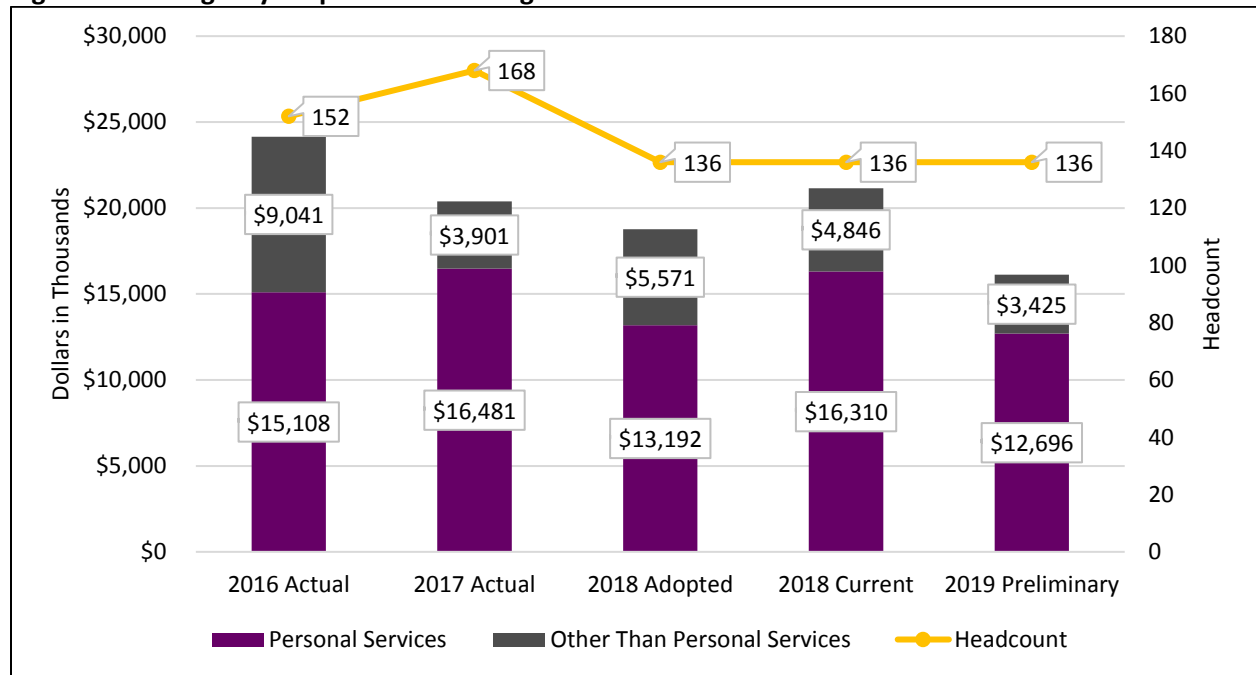
In December 2017 (Calendar Year), the state Legislature and Governor Cuomo reached an agreement to carve school-based health centers out of Medicaid managed care until 2021 in order to give the programs more time to implement care coordination strategies.

### **Emergency Preparedness and Response**

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

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

**Figure 18: Emergency Preparedness – Budget Overview**



The above chart depicts the Emergency Preparedness and Response actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$16.1 million to Emergency Preparedness and Response, a decrease of \$2.6 million, or 14 percent, when compared to the budget at adoption. Funding in the current fiscal year, however, increased by \$3.1 million or 24 percent, when compared to the budget at adoption to \$16.3 million.

PS spending represents the majority (79 percent) of Emergency Preparedness funding in Fiscal 2019 at \$12.7 million. The funding supports 136 positions. Emergency Preparedness funding represents approximately two percent of total public health spending and less than one percent of the Department’s total budget. In Fiscal 2019, the Office receives a \$12.5 million federal Hospital Preparedness Program grant, as well as \$868,000 in State Public Health Local Assistance funding. (See Appendix E5: Emergency Preparedness and Response for additional information).

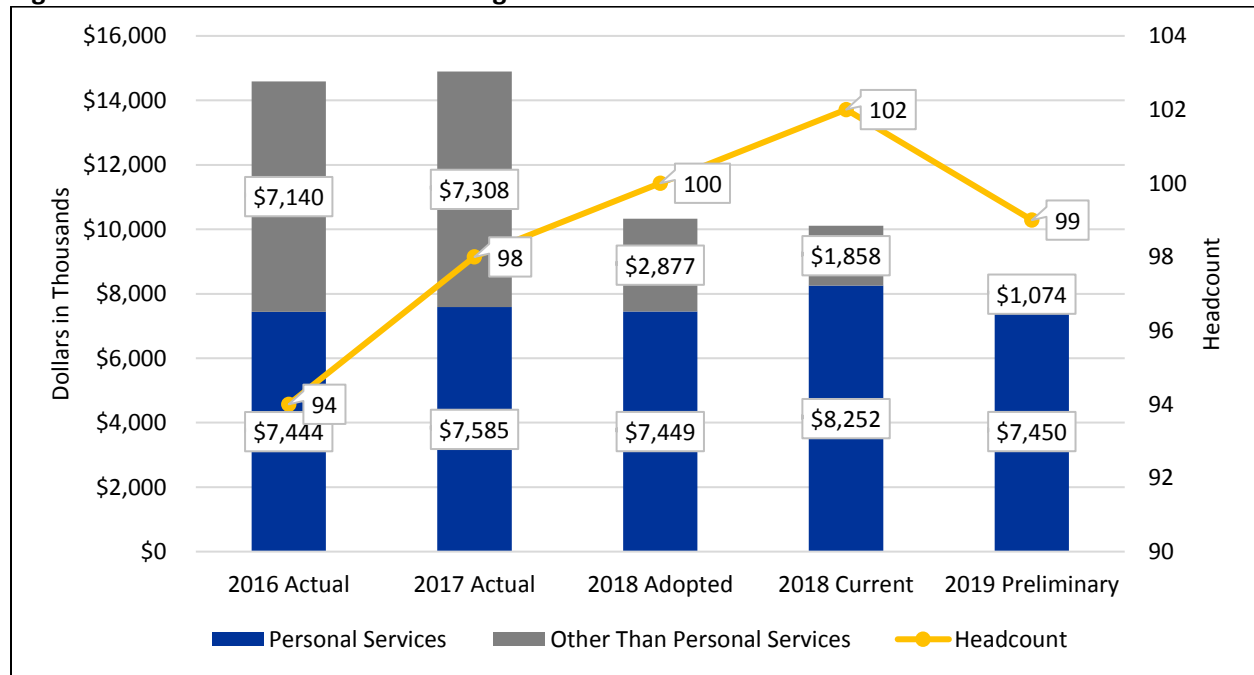
**Environmental Disease and Injury Prevention**

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

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

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

**Figure 19: Environmental Disease – Budget Overview**



The above chart shows Environmental Disease and Injury Prevention actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$8.5 million to the Bureau of Environmental Disease and Injury Prevention, a \$1.8 million decrease when compared to the Fiscal 2018 Adopted Budget. The 17 percent funding reduction is attributable to a decrease in CTL. Funding in the current fiscal year, however, remained consistent with funding at adoption at \$10.1 million.

PS spending represents the majority (88 percent) of Environmental Disease funding in Fiscal 2019 at \$7.5 million. The funding supports 99 positions. Environmental Disease funding represents approximately one percent of total public health spending and less than one percent of the Department’s total budget. The Fiscal 2019 Budget includes a \$2 million federal grant and a \$1.5 million State grant for Lead Poisoning Control, as well as \$1.4 million in State Public Health Local Assistance funding. (See Appendix E6: Environmental Disease and Injury Prevention for additional information).

**Performance Indicators**

The Department assesses its ability to reduce hazards to children in homes and childcare programs, tracking the incidence of blood poisoning among the City’s children. Historically, lead poisoning has disproportionately affected low-income families of color, and some disparities

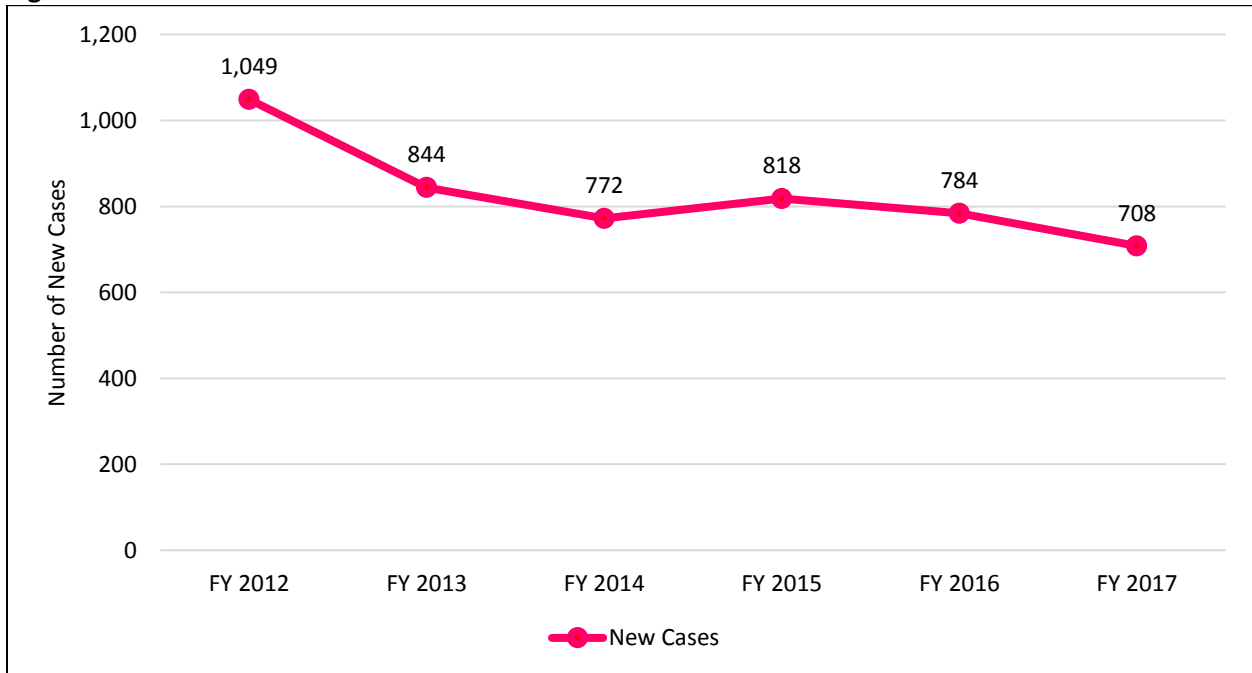
remain today, particularly among children living in high-poverty neighborhoods and among South-Asian children. Dust from peeling paint constitutes the most common cause of lead poisoning in children.

The 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 nearly 10 percent between Fiscal 2016 and Fiscal 2017 to 708 cases. In the first four months of Fiscal 2018, DOHMH reported 253 new cases, a decrease of nearly 15 percent when compared to the same period last year. The Department attributes the improvement to the continued reduction of lead paint hazards in housing, as well as other primary prevention efforts and other factors.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY18	FY17	FY18
Childhood blood lead levels - 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	818	784	708	↓	↓	297	253

The following graph shows 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 from Fiscal 2012 to Fiscal 2017.

**Figure 20: Childhood Blood Lead Levels – FY12 to FY17**



**Environmental Health**

The Environmental Health Program is comprised of Veterinary Public Health Services, the Bureau of Day Care, the Bureau of Food Safety and Community Sanitation, the Bureau of Pest Control Services, the Poison Control Center, the Bureau of Environmental Sciences and Engineering Programs, and the Bureau of Environmental Surveillance and Policy. These services enable the



Department to (1) conduct surveillance of environmental-related disease; (2) assess risk from exposure to potential environmental and occupational hazards; (3) inspect childcare facilities, food service establishments, and other permitted entities to ensure compliance with regulations; (4) respond to complaints of environmental and occupational exposures; and (5) educate the public and healthcare providers on environmental and occupational illnesses.

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

The Fiscal 2019 Preliminary Budget allocates more than \$17 million to Food Safety, an increase of nearly \$1 million, or six percent, when compared to the budget at adoption. Funding in the current fiscal year also increased when compared to the Fiscal 2018 Adopted Budget by \$1.7 million or 11 percent, to \$18 million. PS spending represents the majority (92 percent) of Food Safety funding in Fiscal 2019 at \$15.7 million. The funding supports 268 positions in Fiscal 2019.

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

**The Poison Control Center** provides emergency toxicology services to emergency departments, doctors, and households and provides comprehensive services for poison prevention and treatment 24 hours-a-day, seven days-a-week. The Fiscal 2019 Preliminary Budget allocates nearly \$2 million to Poison Control, consistent with Fiscal 2018 Adopted Budget funding. Funding in the current fiscal year also remained steady. PS spending represents nearly all of the Poison Control funding and supports 18 positions in Fiscal 2019.

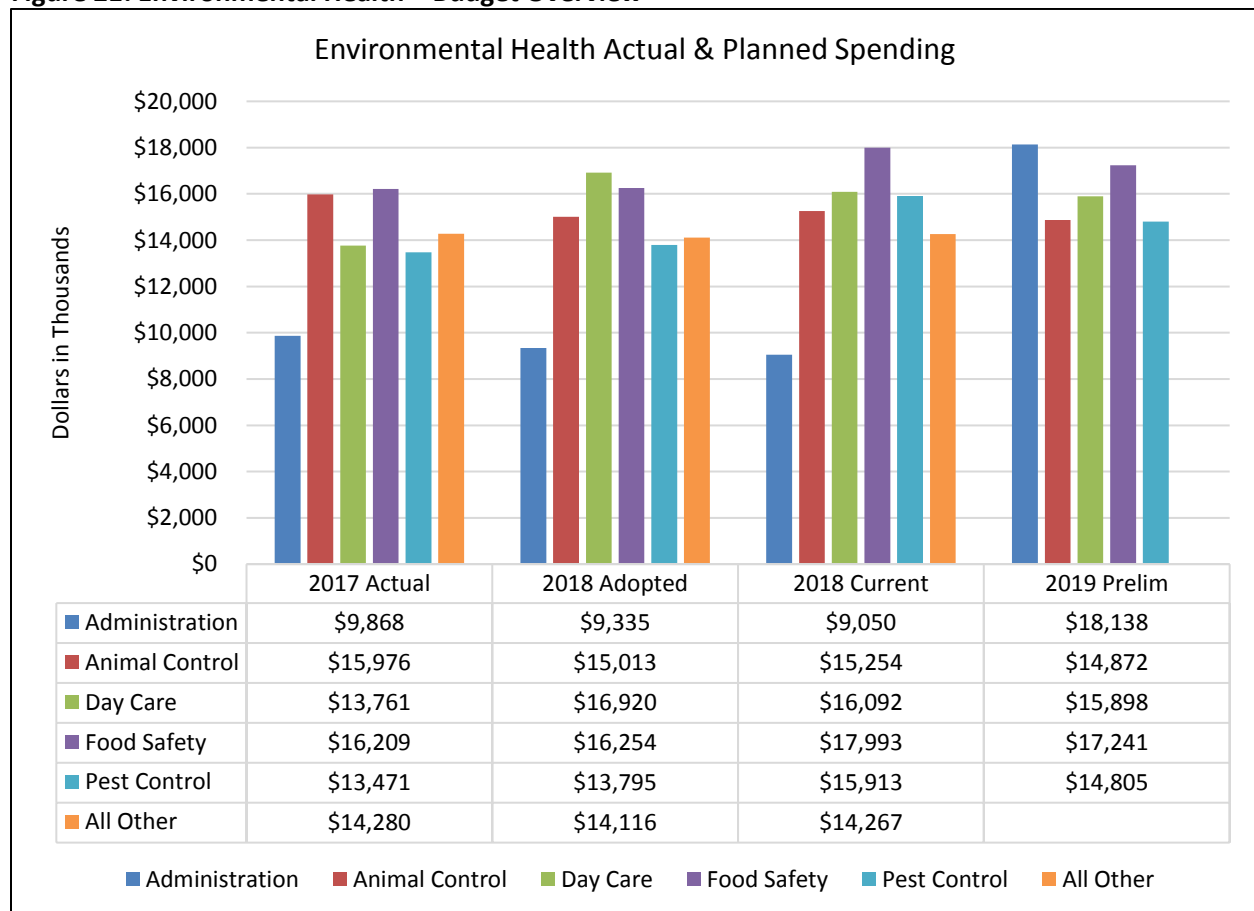
**The Bureau of Environmental Sciences and Engineering** investigates, assesses, and prevents public health threats from toxic and hazardous materials, ionizing radiation, foodborne illness, and mosquitoes and monitors the quality and safety of drinking water and recreational water. The Fiscal 2019 Preliminary Budget allocates \$8.4 million to Sciences and Engineering, a slight decrease when compared to the budget at adoption. Funding in the current fiscal year also shows a slight decrease when compared to the budget at adoption. PS spending represents the majority (79 percent) of Sciences and Engineering funding in Fiscal 2019 at \$6.6 million. The funding supports 102 positions. The Bureau receives \$2.6 million in State Public Health Local Assistance funding in Fiscal 2019.

**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 2019 Preliminary Budget allocates \$3.6 million to the Bureau, consistent with Fiscal 2018 Adopted Budget funding. Funding in the current fiscal year also remained steady. PS spending represents the majority (56 percent) of Surveillance and Policy funding in Fiscal 2019 at \$2 million. The funding supports 22 positions in Fiscal 2019. The Bureau receives \$860,000 in State Public Health Local Assistance funding in Fiscal 2019.

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

**The Office of Vector Surveillance and Control** conducts Citywide, multi-agency prevention, surveillance, and control efforts in order to prevent diseases transmitted by mosquitos and other vectors. The West Nile Virus program monitors humans, birds, mammals, and mosquitoes for the presence of the virus and performs larval and mosquito control in order to prevent the spread of the virus. The Office’s funding totals \$337,000 in the Fiscal 2019 Preliminary Budget, consistent with funding at adoption and the current fiscal year. The Fiscal 2019 funding is comprised entirely of OTPS; the Office does not have any City-funded, fulltime staff. State Public Health Local Assistance funding comprises \$121,000 of the program’s Fiscal 2019 funding.

**Figure 21: Environmental Health – Budget Overview**



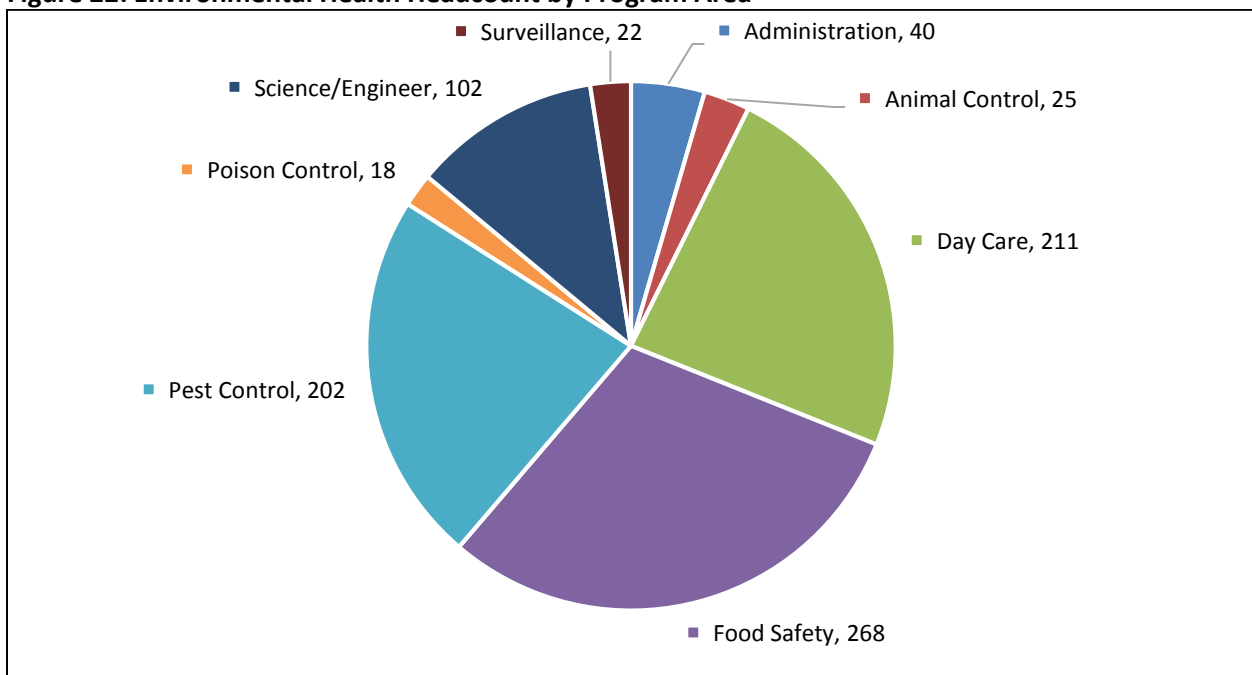
The above graph shows Environmental Health actual and planned spending and headcount, broken out by program area, as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$95.2 million to Environmental Health, an increase of \$9.6 million, or 11 percent, when compared to the Fiscal 2018 Adopted Budget. OMB used the Environmental Health Administration program area code as a placeholder for funding added from hiring plan adjustments and COLAs – leading

to the \$8.8 million increase in Fiscal 2019 when compared to the adopted budget. Funding in the current fiscal year also increased by \$2.8 million or three percent, when compared to the adopted budget, to \$88.4 million.

Funding for Environmental Health services represents approximately 15 percent of total public health spending in Fiscal 2019 and six percent of the Department’s total budget. See Appendix E7: Environmental Health for additional information.

The Environmental Health headcount remained flat at 888 positions between the Fiscal 2019 Preliminary Budget and the budget at adoption, with an eight-position decrease in the Bureau of Daycare offset by the eight-position increase in the Bureau of Pest Control Services. The following graph shows the Fiscal 2019 Environmental Health headcount by program area, as of the Fiscal 2019 Preliminary Budget.

**Figure 22: Environmental Health Headcount by Program Area**



**Veterinary Public Health Services – Animal Control**

Animal Control funding decreased slightly in the Fiscal 2019 Preliminary Budget, when compared to the budget at adoption, to \$14.9 million. The funding enables Veterinary Public Health Services to control and regulate animals and to protect the public from animal-borne diseases, hazards, and nuisances. Funding in the current fiscal year remained consistent, when compared to the budget at adoption. OTPS spending represents the majority (91 percent) of Animal Control funding in Fiscal 2019 at \$13.5 million. Animal Control receives \$130,000 in State Public Health Local Assistance in Fiscal 2019.

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.

### **Bureau of Day Care**

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

The Fiscal 2019 Preliminary Budget allocates nearly \$16 million to the Bureau of Day Care, a decrease of more than \$1 million, or six percent, when compared to the budget at adoption. The Department shifted about \$500,000 from the Bureau of Day Care to the Family and Child Health program area for the Quality Child Care Initiative – a systematic approach to assessing childcare quality and supporting providers through training and technical assistance. A reduction in OTPS funding for Child Care Enhanced Risk-Based Inspections, added in the Fiscal 2017 Budget, also contributed to the decrease. DOHMH determined that the project required less funding for IT development than they had initially budgeted.

Funding in the current fiscal year decreased by nearly \$1 million, or five percent, when compared to the budget at adoption, to \$16.1 million. PS spending represents the majority (85 percent) of Day Care funding in Fiscal 2019 at \$13.6 million. The funding supports 211 positions. The Bureau receives \$9.9 million in federal funding for Day Care Inspections and \$169,000 in State funding through Public Health Local Assistance in Fiscal 2019.

### **Performance Indicators**

To ensure a safe and healthy environment for all children in childcare, the Department assesses its ability to reduce hazards to children in homes and childcare programs. Total daycare inspections increased in each of the last three fiscal years, and the Department expects the Fiscal 2018 total to exceed the Fiscal 2017 total. The Department reports, however, that the need to train new staff has resulted in fewer inspections, as has the launch of new technical assistance initiatives for childcare programs to support compliance.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Daycare initial site inspections	21,800	22,032	21,478	-	-	7,108	6,557
Child care inspections that do not require a compliance inspection (%)	65.9%	62.0%	57.4%	↑	↑	56.6%	63.1%

DOHMH conducted 554 fewer daycare site inspections in Fiscal 2017 than in Fiscal 2016, representing a 2.5 percent decrease. During the first four months of Fiscal 2018, the Department conducted 6,557 inspections, a near-eight percent decrease when compared to the 7,108 inspections it conducted during the same period in Fiscal 2017. DOHMH attributes the decrease

in the number of inspections to improved performance by childcare providers, resulting in fewer inspection cycles, as well as a slight decrease in the number of home-based childcare providers. In addition, as of October 2017, the percentage of group childcare programs that do not require a compliance inspection increased to 63.1 percent from 56.6 percent in the same period last year due to better compliance among programs.

### **Bureau of Pest Control Services**

The Fiscal 2019 Preliminary Budget Funding allocates nearly \$14.8 million to the Bureau of Pest Control Services, an increase of more than \$1 million or seven percent, when compared to the budget at adoption. Funding in the current fiscal year also increased by \$2.1 million or 15 percent, when compared to the budget at adoption, to \$15.9 million. PS spending represents the majority (77 percent) of Pest Control funding in Fiscal 2019 at \$11.4 million. The funding supports 202 positions. Pest Control receives \$2.7 million in State Public Health Local Assistance funding in Fiscal 2019.

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

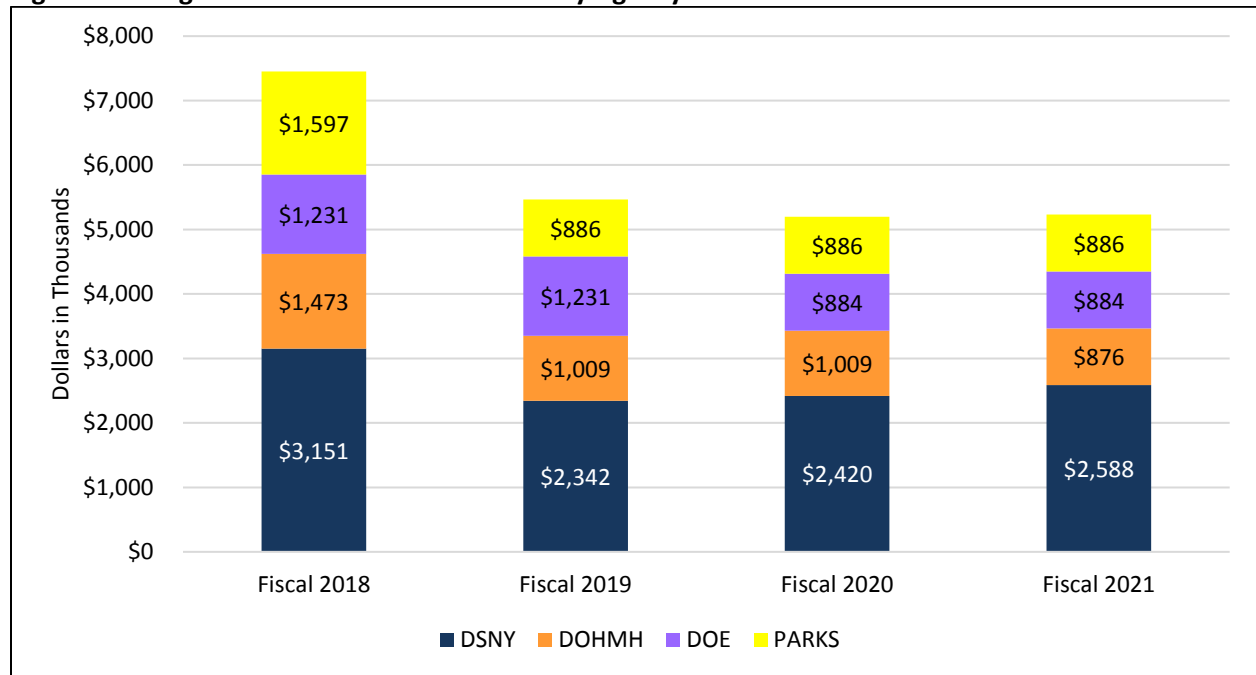
### **The Fiscal 2019 Preliminary Plan: Neighborhood Rat Reduction Plan**

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

The Preliminary Plan allocates \$1.5 million to DOHMH in Fiscal 2018, \$1 million in Fiscal 2019 and in Fiscal 2020, and \$876,000 in the outyears to implement the Neighborhood Rat Reduction Plan. As part of this multi-agency initiative, DOHMH will purchase BigBelly compactors, staff a rat stoppage team, and lead outreach campaigns. The Fiscal 2019 Preliminary Plan adds eight positions to DOHMH for the Rat Reduction Plan, starting this fiscal year.

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

**Figure 23: Neighborhood Rat Reduction Plan by Agency**



DOHMH used \$671,000 of the Fiscal 2018 funding to purchase 157 BigBelly compactors, including 118 compactors for the Chinatown Partnership, 29 compactors for Fordham Road, and 10 compactors for Bed-Stuyvesant. DOHMH also allocated \$250,000 to the outreach campaign – launched with the installation of the Big Bellies. Each compactor includes a wrap design with the campaign message “A Little Litter Can Lead to Big Problems.” The Department will expand the campaign to bus shelters in April 2018 and will allocate additional funding for resident engagement at NYCHA developments in the zone.

DOHMH directs \$235,000 to the rat stoppage team, which consists of six professionals trained to seal structural rat holes in City infrastructure. These professionals work in two-person teams in each rat reduction zone and (1) conduct burrow harassment of earthen burrows in community gardens, playgrounds, tree pits, and parks; (2) seal structural holes in sidewalks, retaining walls, and curbs that abut City-owned properties (schools, NYCHA, parks etc.); and (3) assist DOHMH extermination staff wherever necessary.

**Performance Indicators**

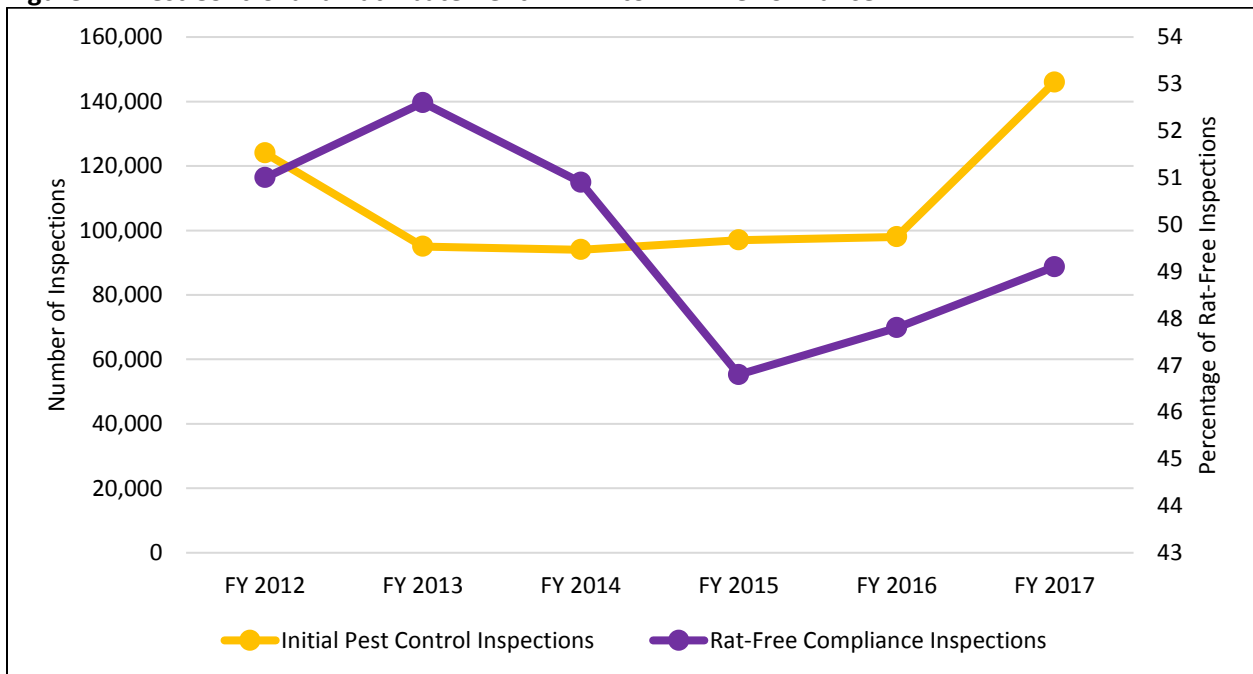
The Department monitors the number of pest control inspections it conducts as part of its efforts to reduce animal-related risks to human health. The Department conducted 146,000 initial pest control inspections in Fiscal 2017, an increase of 48,000 inspections, or 49 percent, when compared to the number of Fiscal 2016 inspections. Due to revised requirements under the Neighborhood Rat Reduction Plan, the Department conducted 31 percent more inspections during the first four months of Fiscal 2018 than it conducted during the same period in Fiscal 2017.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Initial pest control inspections (000)	97	98	146	-	-	42	55
Initial inspections with active rat signs (ARS) (%)	10.7%	13.9%	12.2%	-	-	11.9%	12.1%
Compliance inspections found to be rat free (%)	46.8%	47.8%	49.1%	↑	↑	47.5%	52.4%

In addition, the rate of compliance inspections found to be rat free increased by five percentage points in the first four months of Fiscal 2018, when compared to the first four months of Fiscal 2017, to 52.4 percent. The Department attributes the improvement to the Rat Reservoir program, specifically the emphasis on case management of properties with the most severe problems. The program enables highly trained inspectors to work directly with property owners and staff to help them comply with rodent abatement orders. The Department also performs repeat rounds of inspections in problematic areas and offers free Rat Academy training to communities.

The following graph shows the number of initial pest control inspections in NYC from Fiscal 2012 to Fiscal 2017, as well as the percentage of compliance inspections found to be rat free.

**Figure 24: Pest Control and Rat Abatement – FY12 to FY17 Performance**

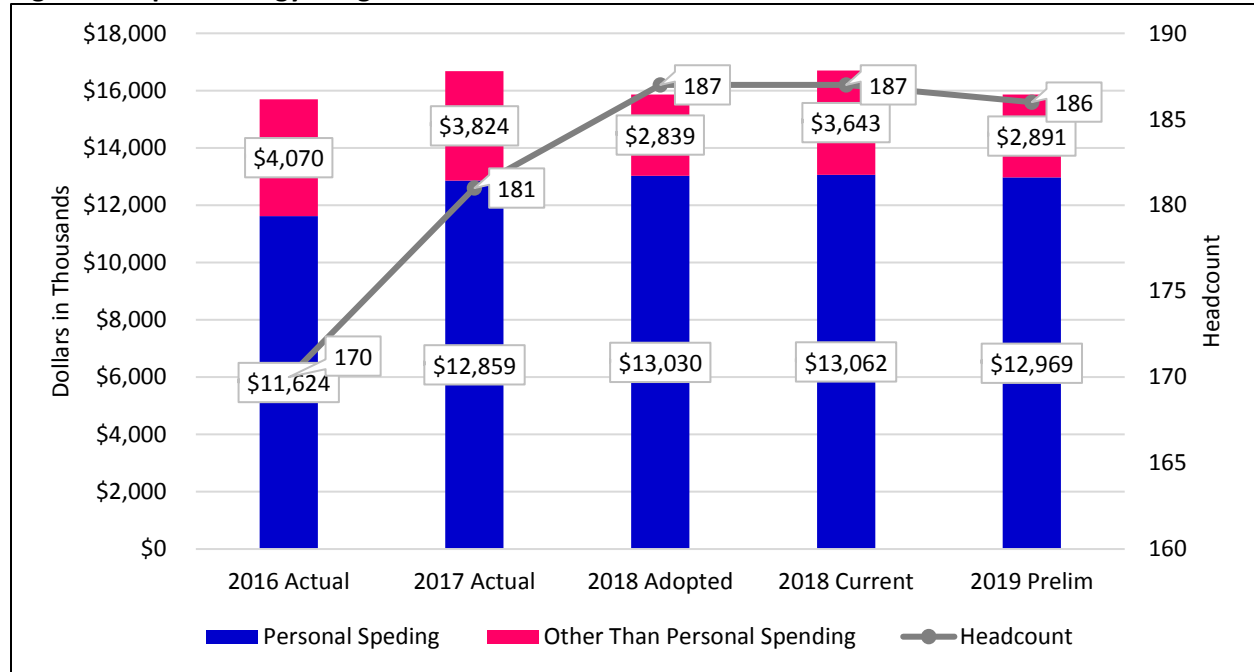


### Epidemiology

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

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

**Figure 25: Epidemiology Budget Overview**



The above graph depicts the Epidemiology actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$15.9 million to Epidemiology, consistent with funding in the Fiscal 2018 Adopted Budget. Funding in the current fiscal year increased by nearly \$1 million or five percent, when compared to the budget at adoption, to \$16.7 million. PS spending represents the majority (82 percent) of Epidemiology funding in Fiscal 2019 at \$13 million. The funding supports 186 positions. The Division receives \$2.9 million in State Public Health Local Assistance funding in Fiscal 2019. (See Appendix E8: Epidemiology for additional information).

**Prevention and Primary Care**

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

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

Funding for Chronic Disease Prevention and Control in the Fiscal 2019 Preliminary Budget increased by nearly \$1 million or 11 percent, when compared to the budget at adoption, to \$10



million. Funding in the current fiscal year increased by more than \$5 million or 56 percent, when compared to the Fiscal 2018 Adopted Budget, to \$14.1 million.

OTPS funding represents the majority (58 percent) of Chronic Disease funding in Fiscal 2019 at \$5.8 million. The \$4.2 million in PS spending in Fiscal 2019 supports 56 positions. The Fiscal 2019 Budget includes a \$1.3 million federal Supplemental Nutrition grant and \$2.5 million in State Public Health Local Assistance funding.

**The Bureau of Correctional Health Services** provides medical and mental health care to inmates and detainees in the City's correctional facilities. NYC Health + Hospitals assumed management of Correctional Health Services from DOHMH at the end of August 2015. The Fiscal 2019 Preliminary Budget allocates \$31.4 million to Correctional Health, a decrease of \$596,000, or two percent, when compared to the Fiscal 2018 Adopted Budget. Funding in the current fiscal year, however, increased by nearly \$1 million or three percent, when compared to the adopted budget, to \$32.8 million. OTPS spending represents nearly all of the Bureau's funding in Fiscal 2019. The Bureau receives \$11.3 million in State Public Health Local Assistance funding in Fiscal 2019.

**The Bureau of Primary Care Access and Planning (PCAP)** sets and implements policy, program, and research initiatives aimed at maximizing the impact of primary care on population health, including increasing health insurance coverage and reducing access barriers experienced by the City's underserved populations. The Fiscal 2019 Preliminary Budget allocates nearly \$1 million to PCAP, consistent with funding at adoption. Funding in the current fiscal year, however, increased by \$4.7 million, or nearly five times the funding in the adopted budget. The headcount also increased by 61 positions in the current fiscal year. PS spending represents nearly all of the PCAP funding in Fiscal 2019 and supports 10 positions. PCAP receives \$293,000 in State Public Health Local Assistance funding in Fiscal 2019.

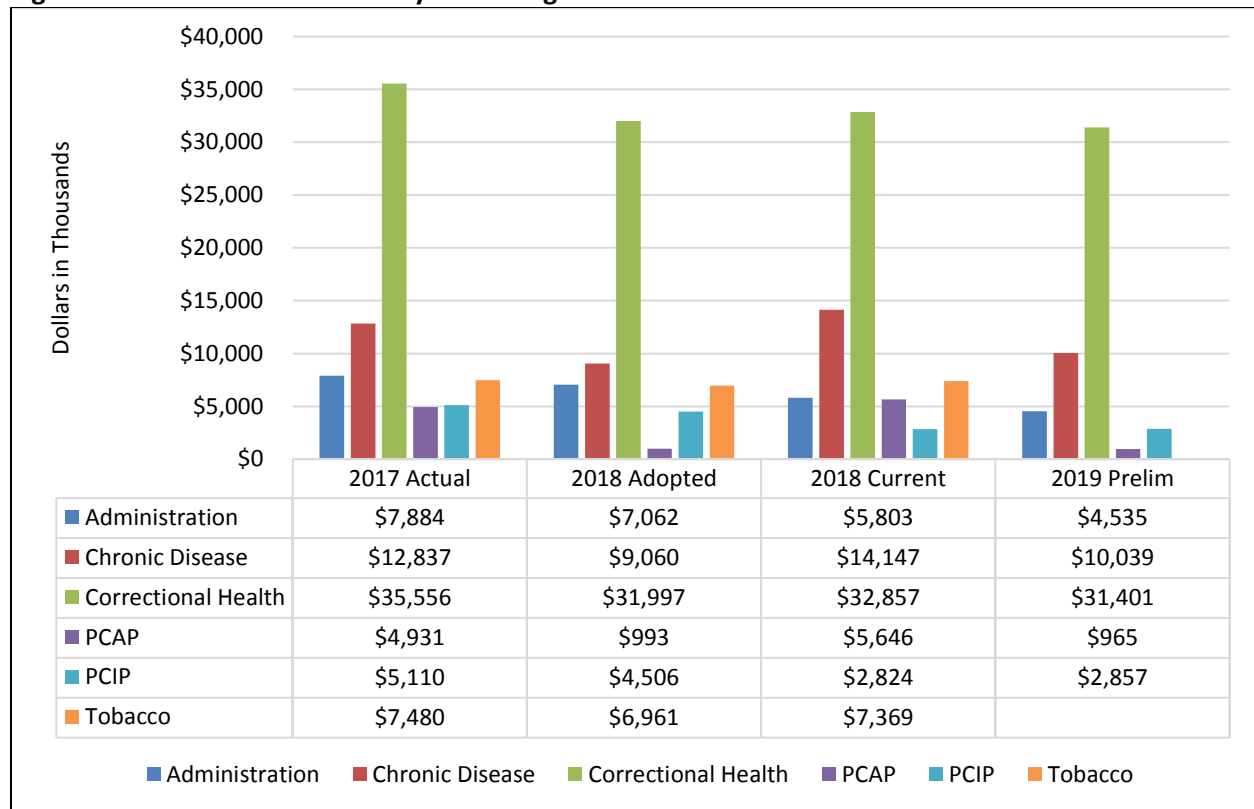
**The Bureau of Primary Care Information Project (PCIP)** improves population health in medically underserved areas through health information technology and data exchange. The Bureau functions as a technical assistance provider and subject matter expert, helping primary care practices implement prevention-oriented electronic health records. The Fiscal 2019 Preliminary Budget allocates \$2.9 million to PCIP, a decrease of \$1.6 million, or 37 percent, when compared to the budget at adoption. A reduction in CTL drove in the decrease. Funding in the current fiscal year also decreased when compared to the adopted budget, by \$1.7 million to \$2.8 million. PS spending represents the majority (86 percent) of PCIP funding in Fiscal 2019 at \$2.5 million. The funding supports 25 positions. PCIP receives \$1 million in State Public Health Local Assistance funding in Fiscal 2019.

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

outreach campaigns; and (5) evaluating the prevalence of smoking and related behaviors on an on-going basis to assess effectiveness.

Funding for the Tobacco Control Program decreased slightly in the Fiscal 2019 Preliminary Budget compared to the budget at adoption to \$7.5 million. Funding in the current fiscal year also decreased when compared to funding in the adopted budget, decreasing \$519,000 to \$7 million. The Program receives \$2.3 million in State Public Health Local Assistance funding in Fiscal 2019.

**Figure 26: Prevention and Primary Care Budget Overview**



The above chart shows Prevention and Primary Care actual and planned spending, broken out by program area, as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$57.2 million to Prevention and Primary Care, a decrease of nearly \$4 million, or six percent, when compared to the Fiscal 2018 Adopted Budget. The change includes a \$2.5 million decrease in administrative services – attributable in part to the departmental budgeting practice of shifting program-specific administrative funding to General Administration. Funding in the current fiscal year, however, increased by \$7.1 million or 12 percent, when compared to the budget at adoption, to \$68.2 million. OTPS spending represents the majority (77 percent) of Prevention and Primary Care Fiscal 2019 funding at \$44.2 million. (See Appendix E9: Prevention and Primary Care for additional information).

**Performance Indicators**

DOHMH employs a variety of performance metrics in order to measure the Chronic Disease Prevention and Control Program’s ability to promote healthy behaviors and preventive healthcare and to prevent chronic diseases in New York City. Between Fiscal 2016 and Fiscal 2017,

the percentage of adults who are obese decreased slightly to 23.6 percent. The percentage of adults who consume one or more sugar-sweetened beverages per day also decreased during this period, to 22.7 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Adults who are obese (%) (CY)	24.7%	24.1%	23.6%	23.5%	23.3%	NA	NA
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	22.5%	23.7%	22.7%	21.8%	20.9%	NA	NA

Other performance metrics in preventative healthcare concern health insurance, blood pressure, colonoscopies, and infant mortality. The number of New Yorkers who lack health insurance continues to decrease, falling to 10.9 percent in Fiscal 2017 compared to 12.6 percent in Fiscal 2016. The percentage of adult patients with controlled blood pressure remained flat between Fiscal 2016 and Fiscal 2017 at around 67 percent, while the percentage of adults aged 50+ who received a colonoscopy in the past ten years decreased slightly to 68.5 percent. The infant mortality rate decreased slightly to 4.1 deaths per every 1,000 live births in Fiscal 2017 compared to 4.3 deaths in Fiscal 2016.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Adult New Yorkers without health insurance (%) (CY)	13.8%	12.6%	10.9%	10.0%	9.5%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	66.8%	67.2%	67.1%	70.0%	70.0%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.9%	69.9%	68.5%	71.4%	71.4%	NA	NA
Infant mortality rate (per 1,000 live births) (CY)	4.2	4.3	4.1	4.2	4.2	NA	NA

### Performance Indicators

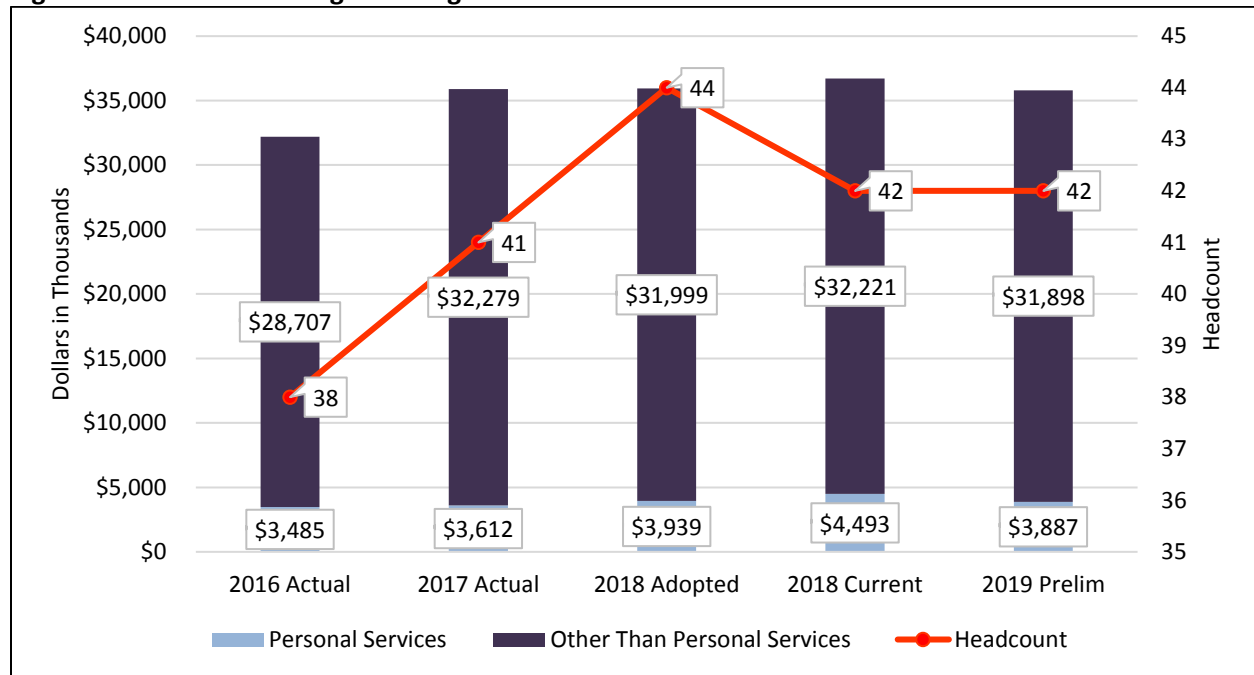
In accordance with the fifth point of the Tobacco Control Plan, the Department measures the percentage of adult New Yorkers who smoke. The percentage of adults who smoke decreased by 1.2 percent between Fiscal 2016 and Fiscal 2017 to 13.1 percent. The Fiscal 2018 target is 12.8 percent of adults who smoke, decreasing to 12.6 percent in Fiscal 2019.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY16	FY17
Adults who smoke (%) (CY)	13.9%	14.3%	13.1%	12.8%	12.6%	NA	NA

### World Trade Center Health Program

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

**Figure 27: WTC Health Program Budget Overview**



The above chart depicts World Trade Center actual and planned spending and headcount as of the Fiscal 2019 Preliminary Budget. The Budget allocates \$35.8 million to World Trade Center Related Programs, a slight decrease when compared to the Fiscal 2018 Adopted Budget. Funding in the current fiscal year, however, increased by \$775,000 or two percent, when compared to the adopted budget, to \$36.7 million. OTPS spending represents the majority (88 percent) of World Trade Center funding in Fiscal 2019 at \$28.7 million. The World Trade Center Health Program receives a \$5.2 million federal grant in Fiscal 2019 through the National Institute for Occupational Safety and Health. (See Appendix E10: World Trade Center Health Program for additional information).

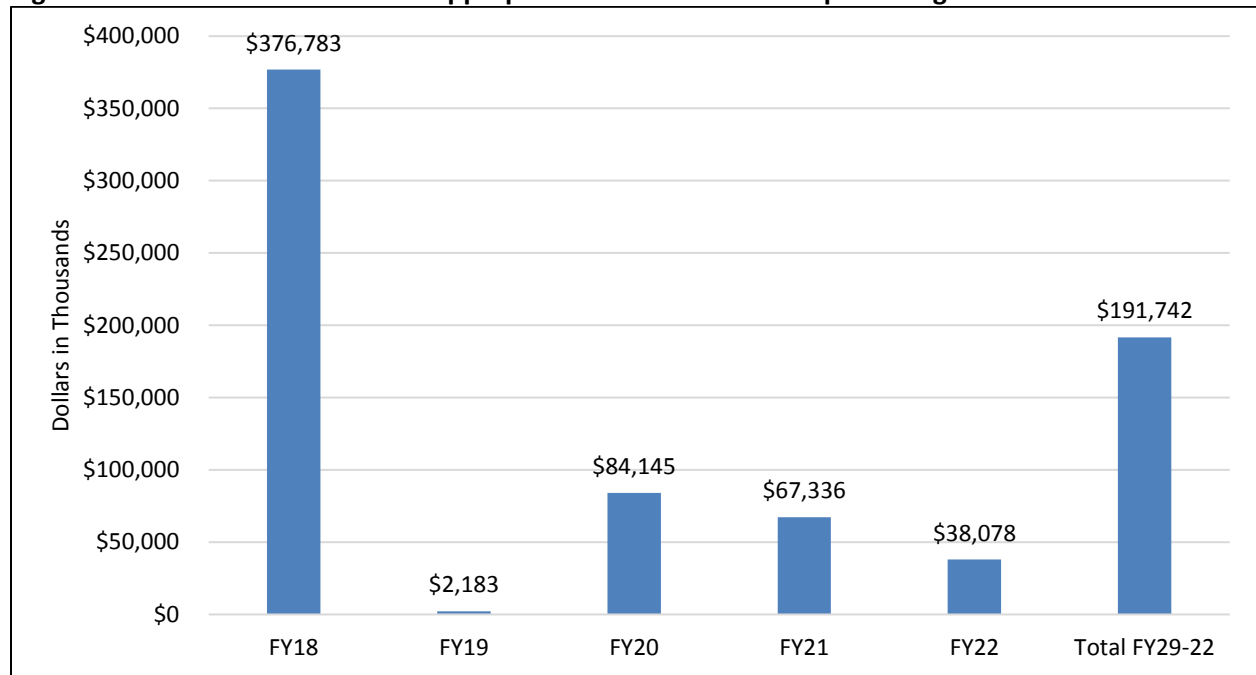
A proposal in President Donald Trump’s 2019 budget would move the National Institute of Occupational Safety and Health — where the World Trade Center Health Program is housed — from the Centers for Disease Control and Prevention to the National Institutes of Health. Critics of the restructuring say the move would deprive program participants of key occupational health experts who are familiar with their medical conditions.

## Capital Program

### *Fiscal 2019 Preliminary Capital Budget and Commitment Plan for Fiscal 2018-2022*

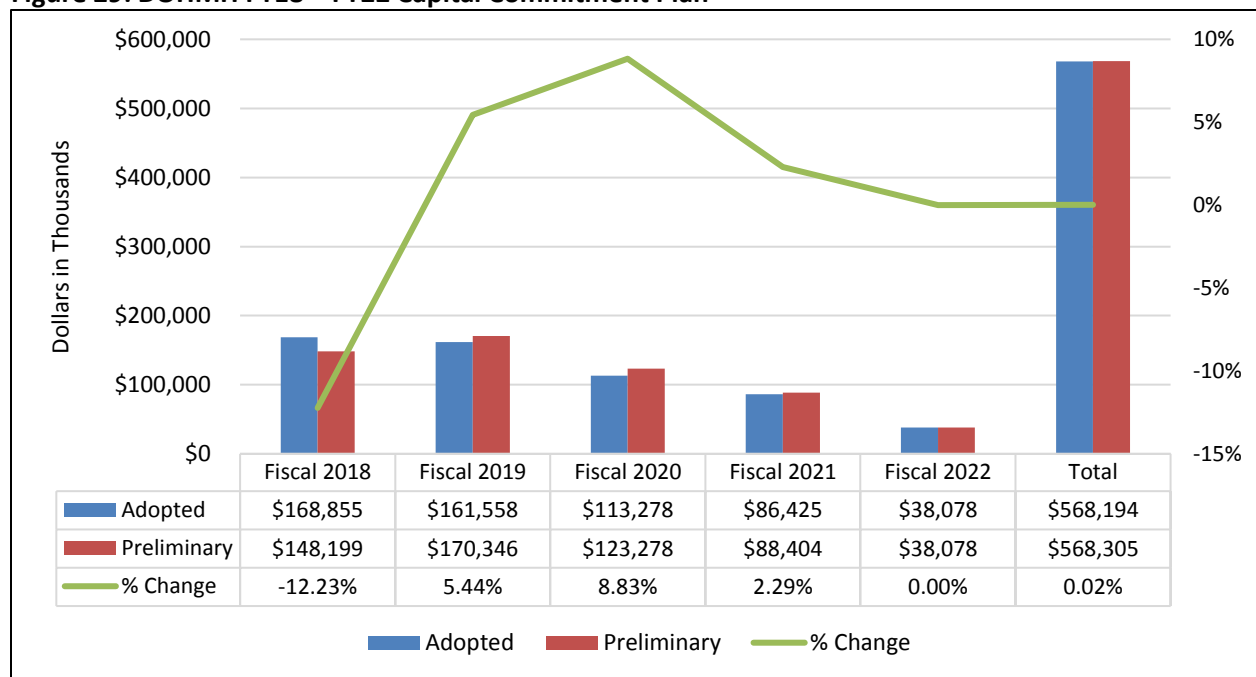
The Capital Budget provides the required appropriations for Fiscal 2019 as well as the planned appropriations for the subsequent three-year capital program. Appropriations represent the legal authority to spend capital dollars; the Council votes on these appropriations at budget adoption. The Commitment Plan presents the five-year plan to spend those appropriations. This report reviews the Capital Budget and Commitment plan for DOHMH.

**Figure 28: DOHMH FY18 Available Appropriation and FY19-FY22 Capital Budget**



As shown in the above chart, the Department’s Fiscal 2019 Preliminary Capital Budget includes \$191.7 million in Fiscal 2019-2022, including \$2.2 million in Fiscal 2019. The Department’s funding represents less than one percent of the City’s total \$45.9 billion Capital Budget for 2019-2022. The Department’s available appropriations for Fiscal 2018 total \$376.8 million. This includes \$337.3 million in reauthorized prior appropriations and \$39.5 million in authorized appropriations – less than actual commitments in the current fiscal year.

**Figure 29: DOHMH FY18 – FY22 Capital Commitment Plan**

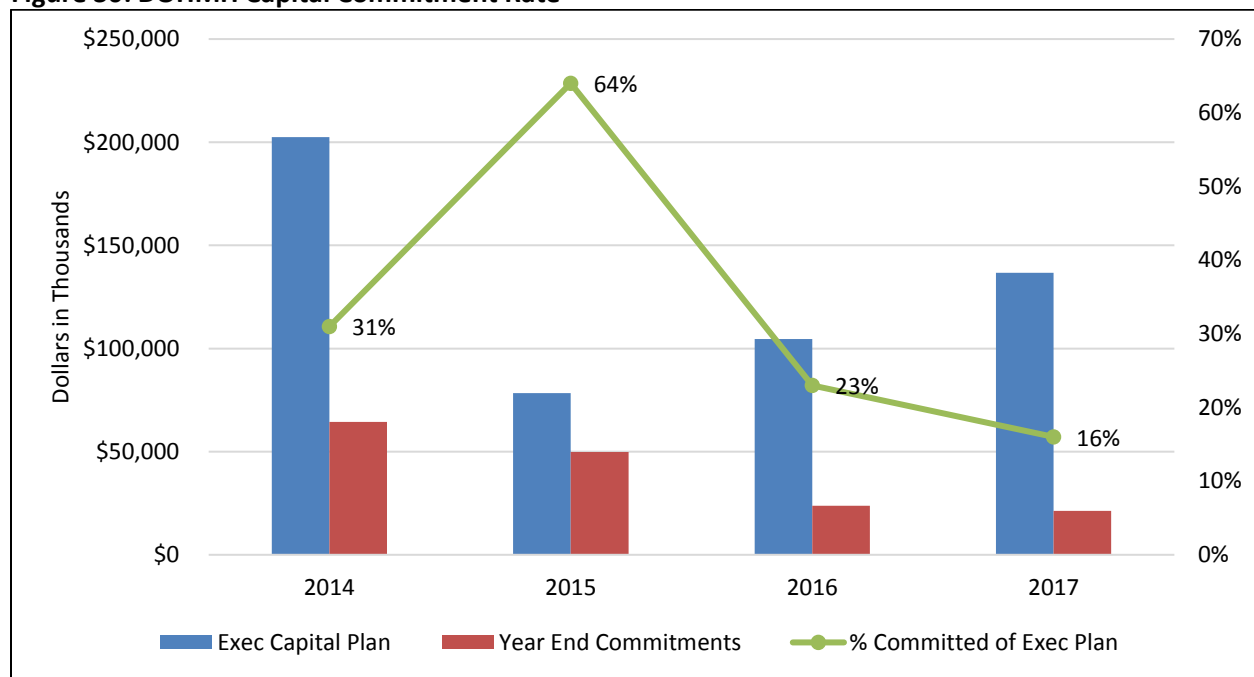


DOHMH’s Preliminary Commitment Plan includes \$568.3 million in Fiscal 2018-2022. This represents less than one percent of the City’s total \$79.6 billion Preliminary Commitment Plan. The Capital Budget (outlined in the first chart) is significantly less than the Capital Commitment Plan because, unlike the Capital Commitment Plan, the Capital Budget does not include the current appropriations for Fiscal 2018 or the funding that the City rolls/re-appropriates into the Fiscal 2019 Executive and Adopted Budgets.

DOHMH’s Fiscal 2018-2022 Preliminary Capital Plan increased by \$111,000 to \$568.3 million, an increase of less than one percent when compared to the Department’s Adopted Commitment Plan of \$568.2 million. The Department of Design and Construction (DDC) manages \$127.4 million, or approximately 22 percent, of the projects in DOHMH’s Plan.

DOHMH’s available appropriations for Fiscal 2018 total \$376.8 million, while the Department’s planned commitments for Fiscal 2018 total \$148.2 million. This excess balance of \$228.6 million in appropriations provides the Administration with considerable flexibility. However, the appropriations are legally bound to their budget line descriptions, so the capital plan does not allow for as much flexibility as the variance suggests.

**Figure 30: DOHMH Capital Commitment Rate**



The above chart depicts the Department’s Capital Commitment Plan as of the Fiscal 2014-2017 Executive Budgets and the actual commitments in the corresponding fiscal years. The chart also shows the capital commitment rate: the percentage of the capital plan committed per fiscal year. The City maintains an agency-wide capital commitment rate of 56 percent, but DOHMH’s commitment rate in Fiscal 2017 is significantly lower at 16 percent.

The Commitment Plan typically frontloads planned commitments for capital projects in the first year or two of the plan, and agencies rarely meet these targets. The Department only committed 31 percent of the funding it appropriated in 2014. In 2015, the Department committed 64 percent of its commitment plan for that year, but in 2016, it only committed 23 percent of its plan. In

2017, DOHMH committed just 16 percent of the funding it had planned in its Executive Capital Plan. Given this performance history, DOHMH will likely end this year with unmet commitment targets and significant appropriations to roll into Fiscal 2019 and the outyears.

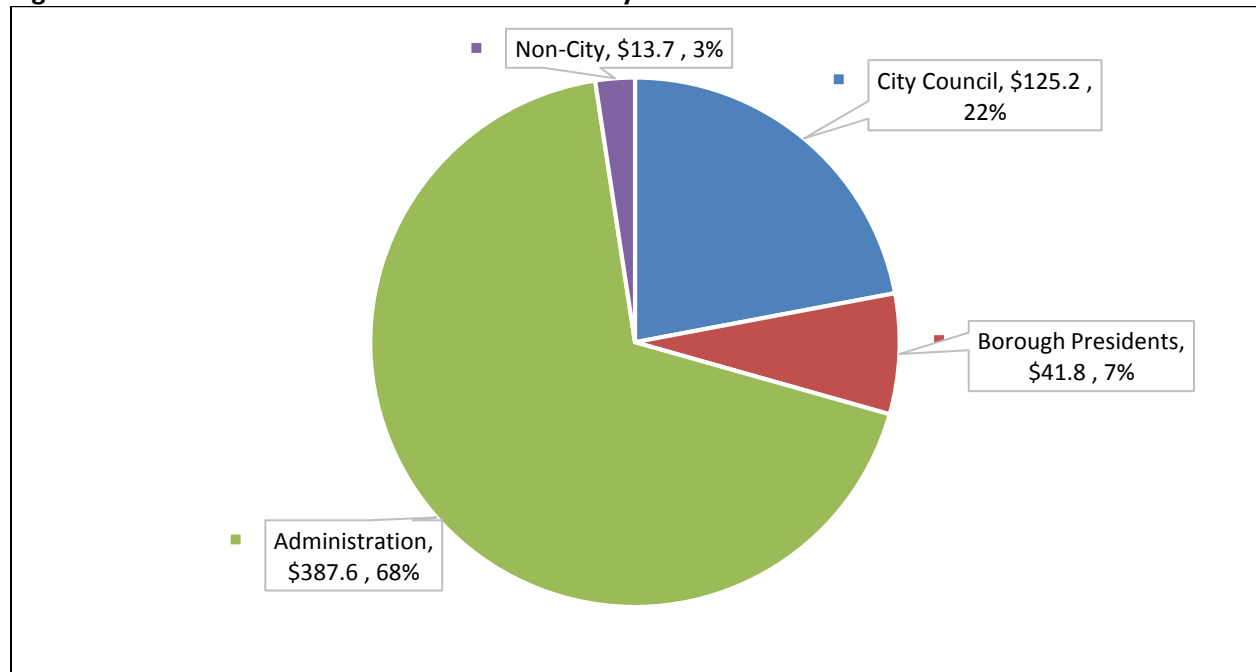
**DOHMH’s Commitment Plan Funding**

The City Council funds \$125.2 million, or 22 percent, of DOHMH’s \$568.3 million Fiscal 2018-2022 Capital Commitment Plan. The largest Council-funded capital project totals \$24.5 million and supports the renovation of the Richmond University Medical Center (RUMC) emergency room. The Council also provides \$10.2 million to Urban Health Plan, a federally qualified community health center in the Bronx, for building construction. Borough presidents contribute \$41.8 million, or seven percent, of the Plan, including \$4 million for the RUMC emergency room on Staten Island, \$3.1 million for the Wang Community Health Center in Manhattan, and \$3 million for the Joseph Addabbo Family Health Center in Queens.

The Administration provides 68 percent, or \$387.6 million, of DOHMH’s Fiscal 2018-2022 capital funding, including \$160.1 million for the construction of the Department’s Public Health Laboratory – the largest project in the Department’s Plan. The Laboratory provides a variety of clinical and environmental laboratory testing services in areas including microbiology, virology and immunology, and environmental sciences and toxicology. The Department completed the design phase in July 2012 and intends to complete the construction in June 2025. The Plan includes \$2.9 million in Fiscal 2018 and \$48.4 million in Fiscal 2019 for the Laboratory.

Non-City funding comprises approximately three percent of the Department’s Capital Commitment Plan at \$13.7 million. In Fiscal 2018, the federal government provides \$1.2 million, and the State provides \$5.8 million. The State also provides \$2.2 million in Fiscal 2019, nearly \$1 million in Fiscal 2020, \$1.8 million in Fiscal 2021, and \$1.7 million in Fiscal 2022.

**Figure 31: DOHMH FY18-FY22 Commitment Plan by Source**



## Major Projects in DOHMH's Commitment Plan

### Animal Welfare

Funding for the construction and renovation of the City's Animal Care Centers constitutes the second largest capital project in DOHMH's Fiscal 2018-2022 Commitment Plan at \$79.2 million. The Plan includes an additional \$19 million for other animal welfare projects, for a total investment of \$98.2 million in our City's animals.

In January 2018, the Administration announced that it had identified a site near Co-op City in the Bronx to construct a state-of-the-art animal shelter and veterinary medical clinic for the borough. The City intends to complete the Uniform Land Use Review Procedure (ULURP) for the Bronx shelter this fall. DOHMH will manage the zoning, environmental review, and ULURP, and DDC will manage the design (18-24 months), bidding (6-9 months), and construction (36 months). The City is also renovating the Staten Island shelter, constructing a new Manhattan adoption center, and relocating the Queens admissions center – while also searching for a new Queens shelter location.

The new two-story building in the Bronx will total 47,000 sq. ft. and will cost approximately \$60 million. The City owns the land, and the NYPD currently utilizes the space to house evidence trailers. The first floor will contain the shelter, and the second floor will house the offices of Animal Care & Control (AC&C) headquarters – currently leasing space in downtown Manhattan. The animal housing will be able to accommodate approximately 70 dogs, 140 cats, 30 rabbits, and 20 animals of other species.

### Health Facilities

In addition to funding City-owned health properties, DOHMH's Fiscal 2018-2022 Preliminary Capital Plan supports various health facilities throughout the five boroughs. These include community health centers, voluntary hospitals, and community-based organizations. The following table shows the health facilities receiving at least \$5 million in the Plan.

Organization	Borough	Total Funding	Purpose
Bushwick Health Center	Brooklyn	\$13.3 million	Exterior renovations; interior upgrades
Community Healthcare Network	Citywide	\$5.2 million	Upgrades to various facilities
Corona Health Center	Queens	\$9.9 million	Upgrades to exterior facade, basement, and lobby
Kingsbrook Jewish Medical Center	Brooklyn	\$6.8 million	Radiology equipment, ultrasound, surgical tables, and other medical and laboratory equipment
Lutheran Medical Center	Brooklyn	\$6 million	Facility upgrades, vehicles
Maimonides Medical Center	Brooklyn	\$9.4 million	Ultrasounds, ambulances, heart and vascular monitors, MRIs, and other medical equipment
Mount Sinai Health System	Citywide	\$7.2 million	Ultrasounds, ultraviolet disinfection units, and other clinical equipment
Richmond University Medical Center	Staten Island	\$32.4 million	Emergency room construction, ambulances, ultrasounds, and other hospital equipment
Staten Island University Hospital	Staten Island	\$10.3 million	Catheterization system, lung perfusion unit, breast biopsy system, portable x-rays, and other devices
Urban Health Plan	Bronx	\$10.5 million	Facility expansion, building construction
Wang Community Health Center	Manhattan	\$5.1 million	Healthview Pavilion construction



## Appendices

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

<i>Dollars in Thousands</i>	FY 2018			FY 2019		
	City	Non-City	Total	City	Non-City	Total
<b>DOHMH Budget as of the Fiscal 2018 Adopted Budget</b>	<b>\$758,226</b>	<b>\$853,896</b>	<b>\$1,612,122</b>	<b>\$778,590</b>	<b>\$830,648</b>	<b>\$1,609,238</b>
<b>New Needs</b>						
Crisis Outreach & Support Unit Expansion	\$592	\$0	\$592	\$3,554	\$0	\$3,554
DWI Testing	133	0	133	216	0	\$216
Neighborhood Rat Reduction Plan	1,359	113	1,473	895	113	\$1,009
Public View Response	524	0	524	1,571	0	\$1,571
Unity Project	15	0	15	1,147	0	\$1,147
<b>Subtotal, New Needs</b>	<b>\$2,623</b>	<b>\$113</b>	<b>\$2,736</b>	<b>\$7,383</b>	<b>\$113</b>	<b>\$7,497</b>
<b>Other Adjustments</b>						
<b>Fiscal 2018 November Plan</b>	<b>(\$5,898)</b>	<b>\$52,868</b>	<b>\$46,971</b>	<b>(\$6,877)</b>	<b>\$2,971</b>	<b>(\$3,906)</b>
HIV Prevention & Treatment	0	571	571	0	565	565
OCME	(400)	1,843	1,443	0	779	779
World Trade Center	0	1,660	1,660	0	0	0
Naloxone Kits	0	2,000	2,000	0	0	0
OASAS	0	(421)	(421)	0	(421)	(421)
OMH	0	142	142	0	(1,396)	(1,396)
Food Safety	0	2,434	2,434	0	0	0
Forensic Clinic MH Transfer	(1,506)	0	(1,506)	(1,506)	0	(1,506)
Overdose Prevention Media, App	0	3,000	3,000	0	0	0
Urban Areas Security Initiative	0	3,384	3,384	0	806	806
Intracity Funding, Various	0	2,385	2,385	0	0	0
Categorical Grants, Various	0	228	228	0	0	0
Federal Grants, Various	0	411	411	0	(64)	(64)
TB Elimination Program	0	303	303	0	146	146
Nutrition Programs	0	228	228	0	(160)	(160)
Pregnancy Prevention	0	1,188	1,188	0	0	0
Transfers & Adjustments, Various	(411)	(374)	(785)	(49)	0	(49)
Fund for Public Health Grant	0	306	306	0	0	0
Epidemiology	0	172	172	0	0	0
Prior Year Revenue	(60,000)	60,000	0	0	0	0
PS & OTPS Shifts	0	361	361	0	173	173
PS Accruals	(2,500)	0	(2,500)	0	0	0
Redirections	0	0	0	0	82	82
<b>Subtotal, Other Adjustments</b>	<b>(\$70,715)</b>	<b>\$132,689</b>	<b>\$61,974</b>	<b>(\$8,433)</b>	<b>\$3,481</b>	<b>(\$4,952)</b>
<b>TOTAL, All Changes</b>	<b>(\$68,092)</b>	<b>\$132,803</b>	<b>\$64,711</b>	<b>(\$1,049)</b>	<b>\$3,594</b>	<b>\$2,545</b>
<b>DOHMH Budget as of Fiscal 2019 Preliminary Budget</b>	<b>\$690,134</b>	<b>\$986,698</b>	<b>\$1,676,832</b>	<b>\$777,541</b>	<b>\$834,244</b>	<b>\$1,611,785</b>

## B. DOHMH Expense Budget

<b>DOHMH Expense Budget</b>						
<i>Dollars in Thousands</i>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>DOHMH Spending</b>						
Personal Services	\$400,873	\$451,928	\$464,879	\$486,888	\$483,089	\$18,210
Other Than Personal Services	1,049,801	1,170,452	1,147,243	1,189,944	1,128,698	(18,545)
<b>TOTAL</b>	<b>\$1,450,674</b>	<b>\$1,622,380</b>	<b>\$1,612,122</b>	<b>\$1,676,832</b>	<b>\$1,611,787</b>	<b>(\$335)</b>
<b>Public Health</b>						
Personal Services	\$264,673	\$292,211	\$290,542	\$305,390	\$297,345	\$6,803
Other Than Personal Services	372,796	411,675	379,936	389,385	351,471	(28,465)
<b>Subtotal, Public Health</b>	<b>\$637,469</b>	<b>\$703,886</b>	<b>\$670,478</b>	<b>\$694,775</b>	<b>\$648,816</b>	<b>(\$21,662)</b>
<b>Mental Hygiene</b>						
Personal Services	\$39,869	\$51,118	\$65,525	\$66,807	\$70,751	\$5,226
Other Than Personal Services	578,032	644,868	677,623	689,263	687,030	9,407
<b>Subtotal, Mental Hygiene</b>	<b>\$617,901</b>	<b>\$695,986</b>	<b>\$743,148</b>	<b>\$756,070</b>	<b>\$757,781</b>	<b>\$14,633</b>
<b>OCME</b>						
Personal Services	\$48,977	\$53,142	\$55,535	\$59,504	\$60,329	\$4,794
Other Than Personal Services	19,602	18,774	17,517	25,832	18,032	515
<b>Subtotal, OCME</b>	<b>\$68,579</b>	<b>\$71,916</b>	<b>\$73,052</b>	<b>\$85,336</b>	<b>\$78,361</b>	<b>\$5,309</b>
<b>General Administration</b>						
Personal Services	\$47,354	\$55,458	\$53,277	\$55,186	\$54,662	\$1,385
Other Than Personal Services	79,371	95,135	72,166	85,464	72,164	(\$2)
<b>Subtotal, Administration</b>	<b>\$126,725</b>	<b>\$150,593</b>	<b>\$125,443</b>	<b>\$140,650</b>	<b>\$126,826</b>	<b>\$1,383</b>
<b>DOHMH Total</b>	<b>\$1,450,674</b>	<b>\$1,622,381</b>	<b>\$1,612,121</b>	<b>\$1,676,831</b>	<b>\$1,611,784</b>	<b>(\$337)</b>

\*The difference of Fiscal 2018 Adopted Budget compared to Fiscal 2019 Preliminary Budget.

## C. Financial Summary

<i>Dollars in Thousands</i>	2016	2017	2018	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2018	2019	2018 - 2019
<b>Budget by Program Area</b>						
<u>Public Health</u>						
Center for Health Equity	\$11,977	\$15,906	\$14,629	\$15,934	\$14,451	(\$178)
Disease Prevention & Treatment	75,468	87,971	83,841	88,613	75,021	(8,821)
Disease Prevention & Treat - HIV/AIDS	165,075	193,987	191,085	197,096	187,186	(3,899)
Emergency Preparedness & Response	24,149	20,382	18,763	21,155	16,121	(2,642)
Environmental Disease & Injury Prevent	14,584	14,893	10,326	10,111	8,524	(1,802)
Environmental Health	71,597	85,569	85,597	88,418	95,222	9,624
Epidemiology	15,694	16,683	15,870	16,705	15,860	(10)
Family & Child Health	140,795	157,709	153,330	151,792	143,482	(9,848)
Prevention & Primary Care	85,938	74,894	61,098	68,239	57,166	(3,933)
World Trade Center Related Programs	32,192	35,891	35,938	36,714	35,785	(153)
<b>Subtotal, Public Health</b>	<b>\$637,469</b>	<b>\$703,885</b>	<b>\$670,478</b>	<b>\$694,775</b>	<b>\$648,817</b>	<b>(\$21,661)</b>
<u>DOHMH, Other</u>						
Division of Mental Hygiene	\$617,901	\$695,985	\$743,148	\$756,071	\$757,781	\$14,633
Administration - General	126,725	150,593	125,443	140,650	126,825	1,382
Office of Chief Medical Examiner	68,579	71,916	73,052	85,336	78,361	5,309
<b>Subtotal, DOHMH, Other</b>	<b>\$813,205</b>	<b>\$918,494</b>	<b>\$941,643</b>	<b>\$982,057</b>	<b>\$962,968</b>	<b>\$21,324</b>
<b>TOTAL</b>	<b>\$1,450,674</b>	<b>\$1,622,379</b>	<b>\$1,612,122</b>	<b>\$1,676,833</b>	<b>\$1,611,784</b>	<b>(\$337)</b>
<b>Funding</b>						
<u>Public Health</u>						
City Funds			\$311,115	\$292,491	\$299,890	(\$11,225)
Other Categorical			1,745	18,367	1,730	(15)
State			123,762	128,689	116,129	(7,633)
Federal - Other			231,289	248,179	228,511	(2,778)
Intra City			2,567	7,049	2,557	(10)
<b>Subtotal, Public Health</b>	<b>\$637,469</b>	<b>\$703,885</b>	<b>\$670,478</b>	<b>\$694,775</b>	<b>\$648,817</b>	<b>(\$21,661)</b>
<u>DOHMH, Other</u>						
City Funds			\$447,111	\$397,643	\$477,651	\$30,540
Other Categorical			1	52,660	0	(1)
State			425,152	439,938	423,307	(1,845)
Federal - Other			67,104	81,457	59,734	(7,370)
Intra City			2,276	10,360	2,276	0
<b>Subtotal, DOHMH, Other</b>	<b>\$813,205</b>	<b>\$918,494</b>	<b>\$941,644</b>	<b>\$982,058</b>	<b>\$962,968</b>	<b>\$21,324</b>
<b>TOTAL</b>	<b>\$1,450,674</b>	<b>\$1,622,379</b>	<b>\$1,612,122</b>	<b>\$1,676,833</b>	<b>\$1,611,785</b>	<b>(\$337)</b>
<b>Budgeted Headcount</b>						
Public Health	2,682	3,072	3,185	3,250	3,158	(27)
Division of Mental Hygiene	620	767	876	918	921	45
Office of Chief Medical Examiner	565	590	688	740	733	45
General Administration	641	747	677	813	681	4
<b>TOTAL</b>	<b>4,508</b>	<b>5,176</b>	<b>5,426</b>	<b>5,721</b>	<b>5,493</b>	<b>67</b>

\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.

## D. Contract Budget

<b>Category</b> <i>Dollars in Thousands</i>	<b>Fiscal 2019 Preliminary</b>	<b>Number of Contracts</b>
AIDS Services	\$88,300	45
Cleaning Services	381	36
Contractual Services - General	65,786	56
Data Processing Equipment Maintenance	519	39
Economic Development	253	12
Maintenance and Operation of Infrastructure	958	59
Maintenance and Repairs - General	2,383	97
Maintenance and Repairs - Motor Vehicle Equip	89	12
Mental Hygiene Services	596,351	473
Office Equipment Maintenance	289	61
Printing Services	1,505	90
Prof. Services - Accounting Services	541	2
Prof. Services - Computer Services	608	8
Prof. Services - Other	46,514	169
Security Services	1,488	4
Special Clinical Services	13,091	1
Telecommunications Maintenance	39	28
Temporary Services	803	52
Training Program for City Employees	556	32
Transportation Services	9,853	3
<b>TOTAL</b>	<b>\$830,306</b>	<b>1,279</b>

## Program Areas

### E1. Center for Health Equity

<b>Center for Health Equity</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$7,508	\$9,723	\$9,974	\$11,076	\$9,770	(\$204)
Other Salaried and Unsalariated	43	91	120	196	146	26
Additional Gross Pay	367	114	111	111	111	(0)
Overtime - Civilian	26	44	6	12	6	0
Fringe Benefits	3	3	2	2	2	0
<b>Subtotal</b>	<b>\$7,947</b>	<b>\$9,975</b>	<b>\$10,213</b>	<b>\$11,398</b>	<b>\$10,034</b>	<b>(\$179)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$78	\$191	\$480	\$225	\$481	\$1
Other Services and Charges	1,302	1,649	186	517	186	0
Property and Equipment	20	95	65	76	65	0
Contractual Services	2,629	3,996	3,685	3,718	3,685	0
<b>Subtotal</b>	<b>\$4,029</b>	<b>\$5,931</b>	<b>\$4,416</b>	<b>\$4,536</b>	<b>\$4,418</b>	<b>\$1</b>
<b>TOTAL</b>	<b>\$11,976</b>	<b>\$15,906</b>	<b>\$14,629</b>	<b>\$15,934</b>	<b>\$14,451</b>	<b>(\$178)</b>
<b>Funding</b>						
City Funds			\$9,429	\$9,403	\$9,250	(\$179)
State			5,200	5,186	5,201	1
Federal - Other			0	1,188	0	0
Other Categorical, Intracity			0	157	0	0
<b>TOTAL</b>	<b>\$11,976</b>	<b>\$15,906</b>	<b>\$14,629</b>	<b>\$15,934</b>	<b>\$14,451</b>	<b>(\$178)</b>
<b>Budgeted Headcount</b>						
Full-Time Positions - Civilian	102	150	137	137	132	(5)
<b>TOTAL</b>	<b>102</b>	<b>150</b>	<b>137</b>	<b>137</b>	<b>132</b>	<b>(5)</b>

*\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.*

## E2: Disease Prevention &amp; Treatment

<b>Disease Prevention &amp; Treatment</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Budget by Program Area</b>						
Dis Prev & Treat - Administration	\$21,336	\$16,304	\$14,686	\$14,716	\$5,089	(\$9,597)
Dis Prev & Treat- Communicable Dis	7,133	9,886	7,513	13,266	8,555	1,041
Dis Prev & Treat - Immunization	9,432	10,251	11,931	11,586	11,931	0
Dis Prev & Treat - Laboratories	7,705	12,843	10,413	10,388	10,624	211
Dis Prev & Treat - STD	15,526	24,439	25,228	24,570	24,459	(770)
Dis Prev & Treat - Tuberculosis	14,337	14,248	14,070	14,086	14,364	294
<b>TOTAL</b>	<b>\$75,468</b>	<b>\$87,971</b>	<b>\$83,841</b>	<b>\$88,613</b>	<b>\$75,021</b>	<b>(\$8,821)</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried	\$33,394	\$40,503	\$45,866	\$47,823	\$47,529	\$1,664
Other Salaried and Unsalariad	5,633	5,901	6,526	6,300	6,481	(45)
Additional Gross Pay	2,799	2,356	1,755	1,977	1,832	77
Overtime - Civilian	1,251	933	114	334	112	(2)
Fringe Benefits	40	52	22	16	22	(1)
<b>Subtotal</b>	<b>\$43,116</b>	<b>\$49,745</b>	<b>\$54,283</b>	<b>\$56,449</b>	<b>\$55,977</b>	<b>\$1,694</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$2,886	\$5,532	\$3,643	\$4,732	\$3,791	\$148
Other Services and Charges	3,932	9,363	8,488	8,147	8,827	340
Social Services	77	68	67	67	67	0
Property and Equipment	1,041	553	214	370	128	(87)
Contractual Services	24,415	22,710	17,146	18,848	6,230	(10,916)
<b>Subtotal</b>	<b>\$32,352</b>	<b>\$38,226</b>	<b>\$29,558</b>	<b>\$32,164</b>	<b>\$19,044</b>	<b>(\$10,514)</b>
<b>TOTAL</b>	<b>\$75,468</b>	<b>\$87,971</b>	<b>\$83,841</b>	<b>\$88,613</b>	<b>\$75,021</b>	<b>(\$8,821)</b>
<b>Funding</b>						
City Funds			\$39,483	\$39,205	\$29,574	(\$9,909)
State			18,813	19,242	18,637	(175)
Federal - Other			24,181	28,332	25,456	1,274
Other Categorical, Intracity			1,364	1,834	1,354	(10)
<b>TOTAL</b>	<b>\$75,468</b>	<b>\$87,971</b>	<b>\$83,841</b>	<b>\$88,613</b>	<b>\$75,021</b>	<b>(\$8,821)</b>
<b>Budgeted Headcount</b>						
Dis Prev & Treat - Administration	13	17	20	16	16	(4)
Dis Prev & Treat- Communicable Dis	56	78	68	68	62	(6)
Dis Prev & Treat - Immunization	86	94	100	100	100	0
Dis Prev & Treat - Laboratories	83	106	116	111	111	(5)
Dis Prev & Treat - STD	184	231	253	253	253	0
Dis Prev & Treat - Tuberculosis	168	158	169	174	174	5
<b>TOTAL</b>	<b>590</b>	<b>684</b>	<b>726</b>	<b>722</b>	<b>716</b>	<b>(10)</b>

## E3: Disease Prevention &amp; Treatment: HIV/AIDS

<b>Disease Prev &amp; Treat- HIV/AIDS</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$21,152	\$24,861	\$27,710	\$29,098	\$27,773	\$64
Unsalariated	273	337	420	278	427	8
Additional Gross Pay	793	762	726	583	680	(46)
Overtime - Civilian	122	69	153	82	103	(50)
Fringe Benefits	7	8	3	2	4	1
<b>Subtotal</b>	<b>\$22,347</b>	<b>\$26,037</b>	<b>\$29,012</b>	<b>\$30,044</b>	<b>\$28,988</b>	<b>(\$24)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$3,224	\$2,706	\$1,942	\$1,362	\$1,952	\$10
Property and Equipment	8	32	41	42	3	
Other Services and Charges	8,685	10,421	10,960	9,505	11,829	869
Contractual Services	130,811	154,791	149,130	156,144	144,414	(4,716)
<b>Subtotal</b>	<b>\$142,728</b>	<b>\$167,950</b>	<b>\$162,073</b>	<b>\$167,052</b>	<b>\$158,197</b>	<b>(\$3,837)</b>
<b>TOTAL</b>	<b>\$165,075</b>	<b>\$193,987</b>	<b>\$191,085</b>	<b>\$197,096</b>	<b>\$187,186</b>	<b>(\$3,861)</b>
<b>Funding</b>						
City Funds			\$18,192	\$18,746	\$17,863	(\$329)
State			8,054	9,217	8,055	0
Federal - Other			164,838	168,868	161,268	(3,570)
Other Categorical			0	265	0	0
<b>TOTAL</b>	<b>\$165,075</b>	<b>\$193,988</b>	<b>\$191,085</b>	<b>\$197,096</b>	<b>\$187,186</b>	<b>(\$3,899)</b>
<b>Budgeted Headcount</b>						
Full-Time Positions - Civilian	344	382	410	410	395	(15)
<b>TOTAL</b>	<b>344</b>	<b>382</b>	<b>410</b>	<b>410</b>	<b>395</b>	<b>(15)</b>

\*The difference of Fiscal 2018 Adopted Budget compared to Fiscal 2019 Preliminary Budget.

## E4. Family &amp; Child Health

<b>Family &amp; Child Health</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Budget by Program Area</b>						
Family & Child Health - Admin	\$15,684	\$15,646	\$17,349	\$12,032	\$7,540	(\$9,809)
Family & Child Health - MCH	16,466	25,109	20,721	21,162	21,154	433
Family & Child Health - School	108,644	116,955	115,260	118,598	114,788	(472)
<b>TOTAL</b>	<b>\$140,795</b>	<b>\$157,709</b>	<b>\$153,330</b>	<b>\$151,792</b>	<b>\$143,482</b>	<b>(\$9,848)</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried	\$21,567	\$26,307	\$37,302	\$36,776	\$36,927	(\$374)
Unsalariated	58,973	63,064	56,787	59,089	56,731	(56)
Additional Gross Pay	11,970	10,504	1,410	1,546	1,410	0
Overtime - Civilian	865	1,134	267	1,300	267	0
Fringe Benefits	701	731	116	347	104	(11)
<b>Subtotal</b>	<b>\$94,076</b>	<b>\$101,739</b>	<b>\$95,882</b>	<b>\$99,056</b>	<b>\$95,440</b>	<b>(\$441)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$362	\$610	\$1,880	\$869	\$1,960	\$80
Other Services and Charges	23,504	26,391	24,111	21,755	17,983	(6,128)
Property and Equipment	525	1,575	419	1,032	1,021	601
Contractual Services	22,327	27,395	31,039	29,081	27,078	(3,961)
<b>Subtotal</b>	<b>\$46,718</b>	<b>\$55,971</b>	<b>\$57,449</b>	<b>\$52,736</b>	<b>\$48,042</b>	<b>(\$9,407)</b>
<b>TOTAL</b>	<b>\$140,795</b>	<b>\$157,709</b>	<b>\$153,330</b>	<b>\$151,792</b>	<b>\$143,482</b>	<b>(\$9,848)</b>
<b>Funding</b>						
City Funds			\$89,407	\$83,886	\$85,743	(\$3,664)
State			57,652	56,810	50,150	(7,502)
Federal - Other			6,204	7,068	7,522	1,318
Other Categorical, Intracity			67	4,028	67	0
<b>TOTAL</b>	<b>\$140,795</b>	<b>\$157,709</b>	<b>\$153,330</b>	<b>\$151,792</b>	<b>\$143,482</b>	<b>(\$9,848)</b>
<b>Budgeted Headcount</b>						
Family & Child Health - Admin	41	42	45	53	53	8
Family & Child Health - MCH	114	127	131	131	131	0
Family & Child Health - School	177	209	240	244	240	0
<b>TOTAL</b>	<b>332</b>	<b>378</b>	<b>416</b>	<b>428</b>	<b>424</b>	<b>8</b>



## E5. Emergency Preparedness & Response

<b>Emergency Prep &amp; Response</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$13,498	\$15,073	\$12,628	\$15,635	\$12,390	(\$239)
Other Salaried & Unsalariated	726	717	352	454	241	(111)
Additional Gross Pay	329	294	182	165	33	(149)
Overtime - Civilian	552	397	30	55	33	3
Fringe Benefits	3	0	0	0	0	0
<b>Subtotal</b>	<b>\$15,108</b>	<b>\$16,481</b>	<b>\$13,192</b>	<b>\$16,310</b>	<b>\$12,696</b>	<b>(\$496)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$1,623	\$447	\$44	\$727	\$12	(\$33)
Other Services and Charges	1,527	661	1,933	599	1,818	(115)
Property and Equipment	2,425	879	110	185	21	(89)
Contractual Services	3,465	1,915	3,484	3,334	1,574	(1,909)
<b>Subtotal</b>	<b>\$9,041</b>	<b>\$3,901</b>	<b>\$5,571</b>	<b>\$4,846</b>	<b>\$3,425</b>	<b>(\$2,146)</b>
<b>TOTAL</b>	<b>\$24,149</b>	<b>\$20,382</b>	<b>\$18,763</b>	<b>\$21,155</b>	<b>\$16,121</b>	<b>(\$2,642)</b>
<b>Funding</b>						
City Funds			\$2,623	\$2,574	\$1,535	(\$1,088)
State			1,480	1,312	868	(612)
Federal - Other			14,661	17,270	13,719	(942)
<b>TOTAL</b>	<b>\$24,149</b>	<b>\$20,382</b>	<b>\$18,763</b>	<b>\$21,155</b>	<b>\$16,121</b>	<b>(\$2,642)</b>
<b>Budgeted Headcount</b>						
Full-Time Positions - Civilian	152	168	136	136	136	0
<b>TOTAL</b>	<b>152</b>	<b>168</b>	<b>136</b>	<b>136</b>	<b>136</b>	<b>0</b>

\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.

## E6. Environmental Disease &amp; Injury Prevention

<b>Environ Disease &amp; Injury Prev</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$6,433	\$6,647	\$6,473	\$7,231	\$6,476	\$3
Unsalariated	289	334	401	449	465	64
Additional Gross Pay	516	431	511	452	445	(65)
Overtime - Civilian	205	171	64	121	63	(1)
Fringe Benefits	2	2	1	1	1	0
<b>Subtotal</b>	<b>\$7,444</b>	<b>\$7,585</b>	<b>\$7,449</b>	<b>\$8,252</b>	<b>\$7,450</b>	<b>\$1</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$75	\$82	\$110	\$111	\$212	\$102
Other Services and Charges	6,431	6,524	515	922	429	(86)
Property and Equipment	19	110	260	49	16	(244)
Contractual Services	615	592	1,992	776	416	(1,576)
<b>Subtotal</b>	<b>\$7,140</b>	<b>\$7,308</b>	<b>\$2,877</b>	<b>\$1,858</b>	<b>\$1,074</b>	<b>(\$1,803)</b>
<b>TOTAL</b>	<b>\$14,584</b>	<b>\$14,893</b>	<b>\$10,326</b>	<b>\$10,111</b>	<b>\$8,524</b>	<b>(\$1,802)</b>
<b>Funding</b>						
City Funds			\$4,878	\$3,451	\$3,072	(\$1,806)
State			2,988	3,164	2,954	(34)
Federal - Other			2,460	3,495	2,498	38
<b>TOTAL</b>	<b>\$14,584</b>	<b>\$14,893</b>	<b>\$10,326</b>	<b>\$10,111</b>	<b>\$8,524</b>	<b>(\$1,802)</b>
<b>Budgeted Headcount</b>						
Full-Time Positions - Civilian	94	98	100	102	99	(1)
<b>TOTAL</b>	<b>94</b>	<b>98</b>	<b>100</b>	<b>102</b>	<b>99</b>	<b>(1)</b>

\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.

## E7. Environmental Health

<b>Environmental Health</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Budget by Program Area</b>						
Environ Health - Administration	\$5,411	\$9,868	\$9,335	\$9,050	\$18,138	\$8,803
Environ Health - Animal Control	15,447	15,976	15,013	15,254	14,872	(141)
Environ Health - Day Care	12,174	13,761	16,920	16,092	15,898	(1,023)
Environ Health - Food Safety	17,703	16,209	16,254	17,993	17,241	987
Environ Health - Pest Control	12,039	13,471	13,795	15,913	14,805	1,010
Environ Health - Poison Control	1,836	1,671	1,839	1,841	1,880	40
Environ Health - Science/Engineer	3,965	8,016	8,550	8,254	8,422	(128)
Environ Health - Surveillance	2,767	3,428	3,554	3,686	3,629	75
Environ Health - West Nile	255	3,168	337	334	337	0
<b>TOTAL</b>	<b>\$71,597</b>	<b>\$85,569</b>	<b>\$85,597</b>	<b>\$88,418</b>	<b>\$95,222</b>	<b>\$9,624</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried	\$40,188	\$45,300	\$48,142	\$46,463	\$51,961	\$3,819
Other Salaried and Unsalariated	962	1,163	1,275	1,075	1,275	0
Additional Gross Pay	3,063	2,864	2,476	2,619	2,476	(0)
Overtime - Civilian	2,089	1,299	1,151	1,423	1,224	73
Fringe Benefits	1	4	0	0	0	0
<b>Subtotal</b>	<b>\$46,303</b>	<b>\$50,631</b>	<b>\$53,044</b>	<b>\$51,579</b>	<b>\$56,935</b>	<b>\$3,892</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$1,360	\$2,098	\$1,912	\$1,608	\$1,379	(\$533)
Other Services and Charges	4,957	10,565	13,277	11,642	18,356	\$5,078
Property and Equipment	985	2,170	536	924	541	\$4
Contractual Services	17,993	20,106	16,828	22,664	18,011	\$1,183
<b>Subtotal</b>	<b>\$25,294</b>	<b>\$34,938</b>	<b>\$32,554</b>	<b>\$36,838</b>	<b>\$38,286</b>	<b>\$5,733</b>
<b>TOTAL</b>	<b>\$71,597</b>	<b>\$85,569</b>	<b>\$85,597</b>	<b>\$88,418</b>	<b>\$95,222</b>	<b>\$9,624</b>
<b>Funding</b>						
City Funds			\$64,048	\$50,127	\$73,210	\$9,162
State			7,738	8,279	8,188	450
Federal - Other			11,245	11,579	11,258	12
Other Categorical, Intracity			2,566	18,432	2,566	0
<b>TOTAL</b>	<b>\$71,597</b>	<b>\$85,569</b>	<b>\$85,597</b>	<b>\$88,418</b>	<b>\$95,222</b>	<b>\$9,624</b>
<b>Budgeted Headcount</b>						
Environ Health - Administration	23	34	40	40	40	0
Environ Health - Animal Control	24	24	25	25	25	0
Environ Health - Day Care	186	195	219	209	211	(8)
Environ Health - Food Safety	247	231	269	268	268	(1)
Environ Health - Pest Control	161	192	194	202	202	8
Environ Health - Poison Control	14	17	18	18	18	0
Environ Health - Science/Engineer	46	97	102	98	102	0
Environ Health - Surveillance	18	22	21	23	22	1
<b>TOTAL</b>	<b>719</b>	<b>812</b>	<b>888</b>	<b>883</b>	<b>888</b>	<b>0</b>

## E8. Epidemiology

<b>Epidemiology</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$10,393	11,543	\$12,292	\$12,235	\$12,183	(\$109)
Other Salaried & Unsalariated	656	795	585	497	633	48
Additional Gross Pay	421	356	20	195	20	0
Overtime - Civilian	154	165	134	134	134	0
<b>Subtotal</b>	<b>\$11,624</b>	<b>\$12,859</b>	<b>\$13,030</b>	<b>\$13,062</b>	<b>\$12,969</b>	<b>(\$61)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$81	144	\$280	\$135	\$280	\$0
Other Services and Charges	2,166	3,038	1,690	2,629	1,692	1
Property and Equipment	174	202	245	194	245	0
Contractual Services	1,648	441	625	685	675	50
<b>Subtotal</b>	<b>\$4,070</b>	<b>\$3,824</b>	<b>\$2,839</b>	<b>\$3,643</b>	<b>\$2,891</b>	<b>\$51</b>
<b>TOTAL</b>	<b>\$15,694</b>	<b>\$16,683</b>	<b>\$15,870</b>	<b>\$16,705</b>	<b>\$15,860</b>	<b>(\$10)</b>
<b>Funding</b>						
City Funds			\$12,618	\$13,120	\$12,591	(\$27)
State			2,868	3,146	2,900	33
Federal - Other			69	69	69	0
Other Categorical, Intracity			315	370	300	(15)
<b>TOTAL</b>	<b>\$15,694</b>	<b>\$16,683</b>	<b>\$15,870</b>	<b>\$16,705</b>	<b>\$15,860</b>	<b>\$5</b>
<b>Budgeted Headcount</b>						
Full-Time Positions - Civilian	170	181	187	187	186	(1)
<b>TOTAL</b>	<b>170</b>	<b>181</b>	<b>187</b>	<b>187</b>	<b>186</b>	<b>(1)</b>

\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.

## E9. Prevention &amp; Primary Care

<b>Prevention &amp; Primary Care</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Budget by Program Area</b>						
Prev & Primary Care - Admin	\$7,666	\$7,884	\$7,062	\$5,803	\$4,535	(\$2,527)
Prev & Primary Care - Chronic Dis	9,207	12,837	9,060	14,147	10,039	979
Prev & Primary Care - Correction	51,977	35,556	31,997	32,857	31,401	(596)
Prev & Primary Care - PCAP	7,136	4,931	993	5,646	965	(28)
Prev & Primary Care - PCIP	3,464	5,110	4,506	2,824	2,857	(1,649)
Prev & Primary Care - Tobacco	6,488	8,576	7,480	6,961	7,369	(111)
<b>TOTAL</b>	<b>\$85,938</b>	<b>\$74,894</b>	<b>\$61,098</b>	<b>\$68,239</b>	<b>\$57,166</b>	<b>(\$3,933)</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried	\$11,956	\$12,603	\$9,652	\$13,725	\$12,162	\$2,510
Other Salaried & Unsalariated	717	638	634	645	588	(46)
Additional Gross Pay	412	259	162	299	167	5
Overtime - Civilian	138	48	46	74	46	(3)
Fringe Benefits	0	0	4	4	4	0
<b>Subtotal</b>	<b>\$13,222</b>	<b>\$13,549</b>	<b>\$10,498</b>	<b>\$14,747</b>	<b>\$12,967</b>	<b>\$2,466</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$307	\$277	\$369	\$284	\$1,012	\$642
Other Services and Charges	47,217	50,524	41,039	42,914	38,424	(2,615)
Property and Equipment	101	47	139	58	144	4
Contractual Services	25,092	10,498	9,053	10,235	4,619	(4,434)
<b>Subtotal</b>	<b>\$72,716</b>	<b>\$61,346</b>	<b>\$50,600</b>	<b>\$53,491</b>	<b>\$44,198</b>	<b>(\$6,402)</b>
<b>TOTAL</b>	<b>\$85,938</b>	<b>\$74,894</b>	<b>\$61,098</b>	<b>\$68,239</b>	<b>\$57,166</b>	<b>(\$3,935)</b>
<b>Funding</b>						
City Funds			\$39,733	\$41,418	\$36,495	(\$3,238)
State			18,970	22,333	19,176	206
Federal - Other			2,396	4,158	1,495	(900)
Other Categorical, Intracity			0	331	0	0
<b>TOTAL</b>	<b>\$85,938</b>	<b>\$74,894</b>	<b>\$61,098</b>	<b>\$68,239</b>	<b>\$57,166</b>	<b>(\$3,933)</b>
<b>Budgeted Headcount</b>						
Prev & Primary Care - Admin	20	32	34	35	35	1
Prev & Primary Care - Chronic Dis	37	51	57	57	56	(1)
Prev & Primary Care - PCAP	55	65	11	72	10	(1)
Prev & Primary Care - PCIP	22	22	25	25	25	0
Prev & Primary Care - Tobacco	7	8	14	14	14	0
<b>TOTAL</b>	<b>141</b>	<b>178</b>	<b>141</b>	<b>203</b>	<b>140</b>	<b>(1)</b>

\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.

## E10: World Trade Center Health Program

<b>WTC Health Program</b>						
<i>Dollars in Thousands</i>						
	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Preliminary Plan</b>		<b>*Difference</b>
	<b>Actual</b>	<b>Actual</b>	<b>Adopted</b>	<b>2018</b>	<b>2019</b>	<b>2018 - 2019</b>
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$3,343	\$3,490	\$3,913	\$4,208	\$3,873	(\$40)
Other Salaried & Unsalariated	69	49	14	140	14	0
Additional Gross Pay	69	69	0	70	0	0
Overtime - Civilian	3	4	12	75	0	(12)
<b>Subtotal</b>	<b>\$3,485</b>	<b>\$3,612</b>	<b>\$3,939</b>	<b>\$4,493</b>	<b>\$3,887</b>	<b>(\$52)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$269	\$260	\$228	\$69	\$52	(\$176)
Other Services and Charges	26,915	31,170	31,349	31,287	31,438	89
Property and Equipment	16	138	41	82	66	25
Contractual Services	1,507	712	381	782	341	(40)
<b>Subtotal</b>	<b>\$28,707</b>	<b>\$32,279</b>	<b>\$31,999</b>	<b>\$32,221</b>	<b>\$31,898</b>	<b>(\$101)</b>
<b>TOTAL</b>	<b>\$32,192</b>	<b>\$35,891</b>	<b>\$35,938</b>	<b>\$36,714</b>	<b>\$35,785</b>	<b>(\$153)</b>
<b>Funding</b>						
City Funds			\$30,704	\$30,562	\$30,558	(\$145)
Federal - Other			5,235	6,152	5,227	(8)
<b>TOTAL</b>	<b>\$32,192</b>	<b>\$35,891</b>	<b>\$35,938</b>	<b>\$36,714</b>	<b>\$35,785</b>	<b>(\$153)</b>
<b>Budgeted Headcount</b>						
Full-Time Positions - Civilian	38	41	44	42	42	(2)
<b>TOTAL</b>	<b>38</b>	<b>41</b>	<b>44</b>	<b>42</b>	<b>42</b>	<b>(2)</b>

\*The difference of Fiscal 2018 Adopted compared to Fiscal 2019 Preliminary Budget.