

# THE COUNCIL OF THE CITY OF NEW YORK

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Speaker of the Council

Hon. Diana Ayala  
Chair, Committee on Mental Health, Disabilities and Addiction



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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## Table of Contents

Department of Health and Mental Hygiene Overview .....	1
Report Structure .....	1
Fiscal 2019 Preliminary Plan Highlights .....	2
Expense Budget .....	2
Financial Summary .....	4
Fiscal 2018 Current Modified Budget .....	7
Fiscal 2018-2019 State Executive Budget .....	7
Contract Budget .....	8
Council Initiatives .....	9
Program Areas .....	11
Mental Hygiene – Mental Health Services .....	11
New Needs .....	12
Family and Child Health – Early Intervention .....	15
Mental Hygiene – Chemical Dependency .....	16
Mental Hygiene – Administration .....	18
Mental Hygiene – Developmental Disabilities .....	18
Capital Program .....	20
Major Projects in DOHMH’s Commitment Plan .....	24
Appendices .....	25
A. DOHMH Budget Actions in the November and the Preliminary Plans .....	25
B. DOHMH Expense Budget .....	26
C. Financial Summary .....	27
D: Contract Budget .....	28
E: Program Areas .....	29
E1. Mental Health Services Spending .....	29
E2. Early Intervention Spending .....	30
E3. Chemical Dependency Spending .....	31
E4: Mental Hygiene Administration Spending .....	31
E5. Developmental Disabilities Spending .....	32

## 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.

The Division of Mental Hygiene (DMH or the Division) is responsible for planning, purchasing, and monitoring contracts with community agencies and hospitals to ensure that New York City residents – particularly children, adolescents, and adults with mental illnesses – have access to a wide network of mental hygiene treatment programs and support services. The Division also conducts needs assessments and epidemiological analyses, develops and implements policy and programmatic initiatives, and evaluates the performance of the mental hygiene system.

The Division plans and implements its mental hygiene system in partnership with three New York State agencies: the Office of Mental Health (OMH), the Office of People with Developmental Disabilities (OPWDD), and the Office of Alcoholism and Substance Abuse Services (OASAS). OMH operates psychiatric centers and regulates, certifies, and oversees various inpatient and outpatient programs. OPWDD ensures the continued health and safety of individuals with developmental disabilities and improves the overall quality, availability, and cost-effectiveness of community-based person-centered services. OASAS serves individuals with dependencies on alcohol and chemical substances.

### Report Structure

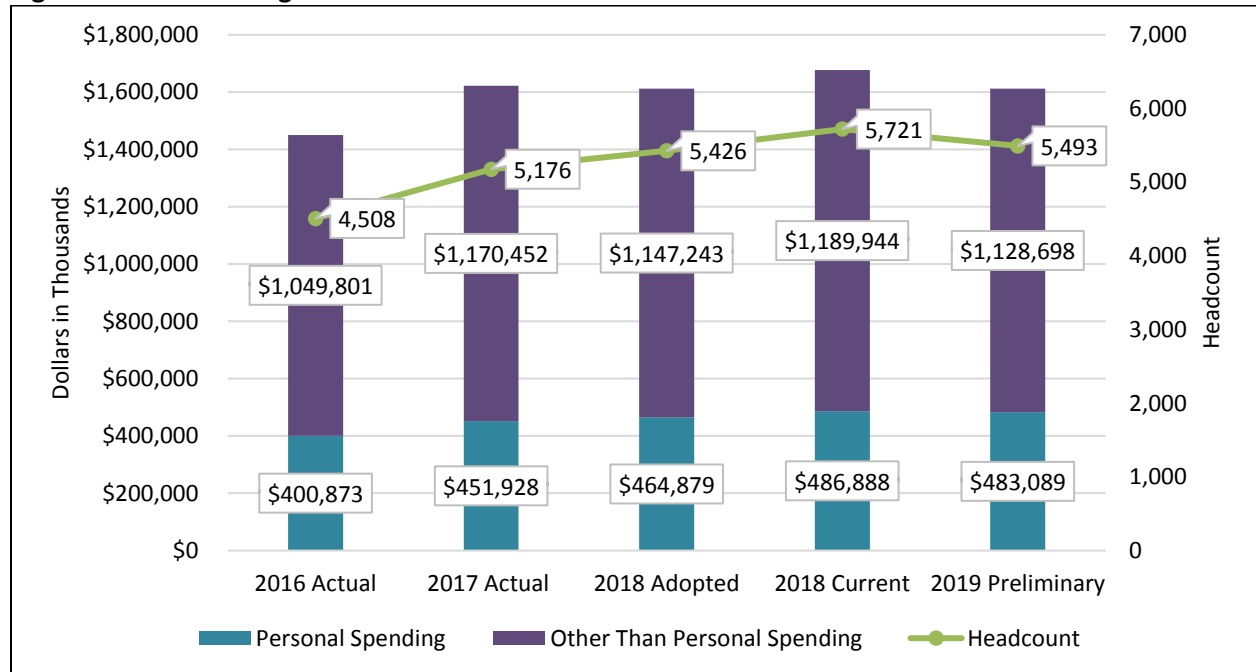
This report reviews DOHMH's \$1.6 billion Fiscal 2019 Preliminary Budget. The report presents the Fiscal 2019 expense budget highlights, including the Department's funding sources and headcount, followed by a review of relevant actions of the Fiscal 2018-2019 State Executive Budget and an analysis of DOHMH's Fiscal 2019 contract budget and Fiscal 2018 Council-funded initiatives. Next, the report analyses the Division's program areas – including new needs – and relevant sections of the Fiscal 2018 Preliminary Mayor's Management Report follows. Next, the report reviews DOHMH's proposed Capital Budget and Capital Commitment Plan for Fiscal 2018-2021. Finally, the appendixes outline the budget actions in DOHMH's November and Preliminary Plans, followed by DOHMH's expense budget, financial summary, contract budget, and the program area budgets pertaining to mental hygiene.

## Fiscal 2019 Preliminary Plan Highlights

### Expense Budget

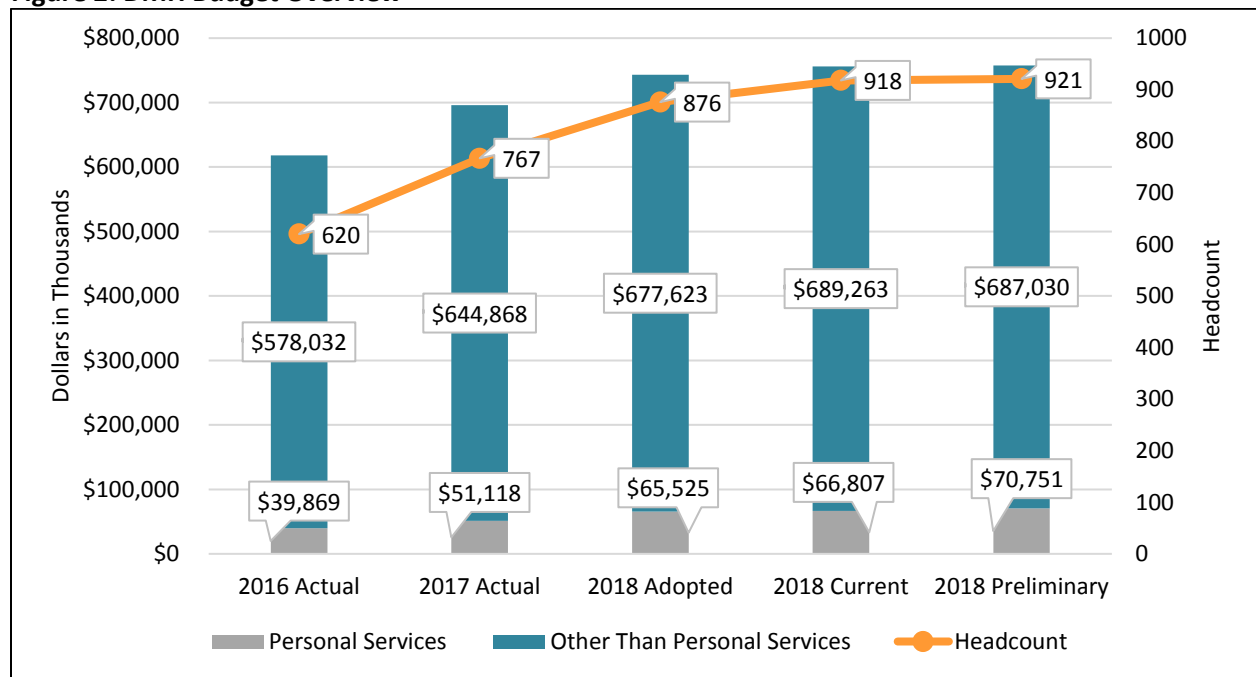
DOHMH’s Fiscal 2019 Preliminary Budget totals \$1.6 billion (including City and non-City funds), a decrease of less than \$1 million or less than one percent, when compared to the Fiscal 2018 Adopted Budget. DOHMH funding represents nearly two percent of the City’s \$88.67 billion Fiscal 2019 Preliminary 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 DOHMH’s Fiscal 2019 operating budget, and at \$1.1 billion, Other Than Personal Services (OTPS) 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 – supporting a 985-position increase in headcount. See Appendix B - DOHMH Expense Budget for additional information.

**Figure 2: DMH Budget Overview**



The above chart depicts the Division’s actual and planned spending, broken out by PS and OTPS, as well as the Division’s headcount, as of the Fiscal 2019 Preliminary Budget. The Division’s Fiscal 2019 operating budget totals \$757.8 million, an increase of \$14.6 million, or two percent, when compared to the Fiscal 2018 Adopted Budget of \$743.1 million. Mental Hygiene spending accounts for approximately 47 percent of the Department’s total Fiscal 2019 spending of \$1.6 billion. Funding for public health services, the Office of the Chief Medical Examiner (OCME), and general administration comprise the remaining 53 percent of the Department’s funding. See Appendix B - DOHMH Expense Budget for additional information.

The contracting of local mental hygiene services constitutes the primary role of the Division; therefore, OTPS spending comprises 91 percent, or \$687 million, of the Division’s overall budget in Fiscal 2019, and PS spending comprises nine percent, or \$71 million. The Division supports 921 positions in Fiscal 2019, an increase of 45 positions or five percent, when compared to the Fiscal 2018 Adopted Budget, and an increase of 301 positions or 49 percent, when compared to Fiscal 2016 Actuals.

ThriveNYC, the \$850 million mental health program spearheaded by First Lady Chirlane McCray in November 2015 (Calendar Year), drove the increase in the Division’s headcount. ThriveNYC constitutes the largest mental health expenditure under the de Blasio Administration; it includes 54 initiatives and spans multiple City agencies. ThriveNYC informs HealingNYC, the City’s \$38 million strategy to reduce opioid overdose deaths by 35 percent over five years. HealingNYC focuses government efforts on four areas: 1) Preventing opioid overdose deaths; 2) Preventing opioid misuse and addiction; 3) Protecting New Yorkers through effective drug treatment; and 4) Protecting New Yorkers by reducing the supply of dangerous opioids.

## Financial Summary

### New Expense Funding in the Fiscal 2019 Preliminary Plan

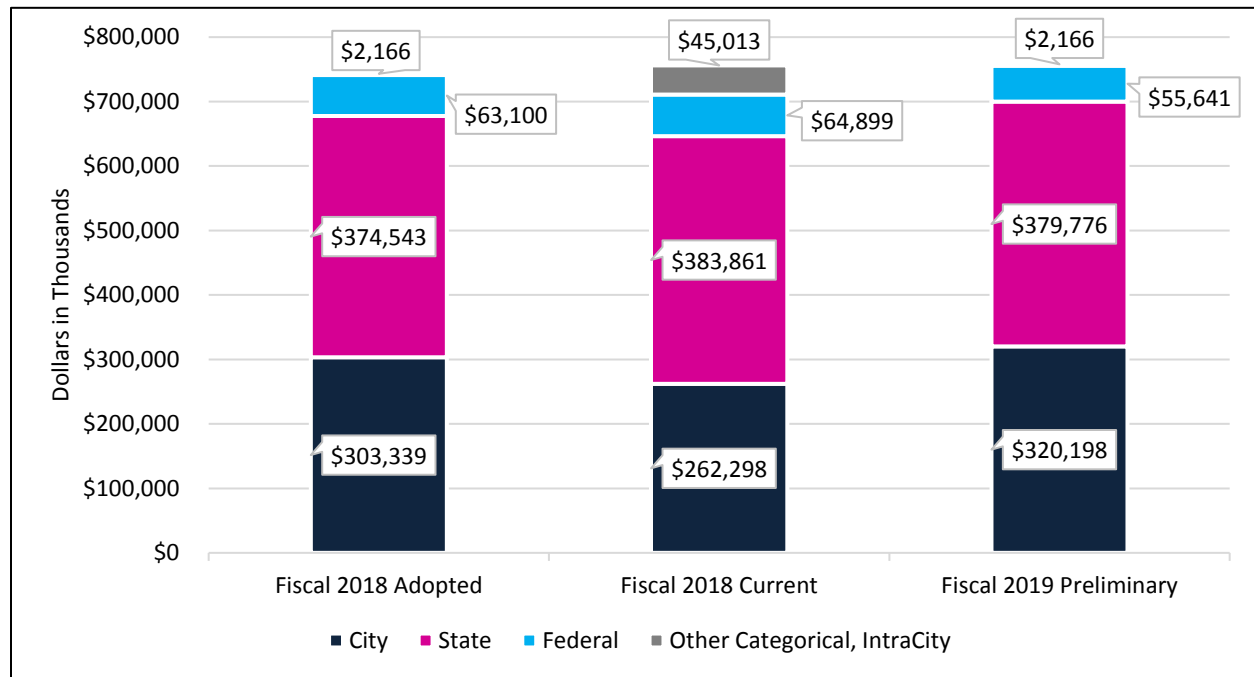
- **NYC Safe Initiative.** The Plan adds approximately \$592,000 and 40 positions in Fiscal 2018 to expand the NYC Safe Initiative. The expansion of the Crisis Outreach and Support Unit Co-Response Teams will enable DOHMH and the New York Police Department (NYPD) to more effectively triage and intervene on behalf of people with behavioral health crises. Funding increases to \$3.6 million in Fiscal 2019 and in the outyears. See page 13 for additional information.
- **NYC Unity Project.** The Plan allocates \$1.1 million in Fiscal 2019 and in the outyears to DOHMH as part of the Unity Project, the City's first multi-agency strategy to enhance services for LGBTQ youth. The Department will implement the Comprehensive Drug and Alcohol Misuse Prevention Program. The Plan adds one position to the Department for the Unity Project this fiscal year, increasing to four positions in Fiscal 2019. See page 14 for additional information.

### Funding Sources

The State and federal governments typically mandated specific mental health services and the City serves as the administrator, or fiscal conduit, of the contracts. State funding comprises approximately half of the Division's funding and totals \$379.8 million in the Fiscal 2019 Preliminary Budget, an increase of \$5.2 million or about one percent, when compared to the budget at adoption. Federal funding represents about seven percent of the Division's funding and totals \$55.6 million in the in the Fiscal 2019 Preliminary Budget, a decrease of \$7.5 million or 12 percent, when compared to the Fiscal 2018 Adopted Budget. Other categorical and intra-city funding provide \$2.2 million in the Fiscal 2019 Preliminary Budget, consistent with funding at adoption.

City tax-levy (CTL) totals \$320.2 million in the Fiscal 2019 Preliminary Budget, an increase of \$16.9 million, or six percent, when compared to the budget at adoption. CTL comprises about 42 percent of the Division's \$757.8 million Fiscal 2019 Preliminary Budget and includes \$4.7 million in new expense funding. The following chart shows the Division's funding by source as of the Fiscal 2019 Preliminary Budget.

**Figure 3: DMH Funding by Source Budget Overview**



**Program Areas**

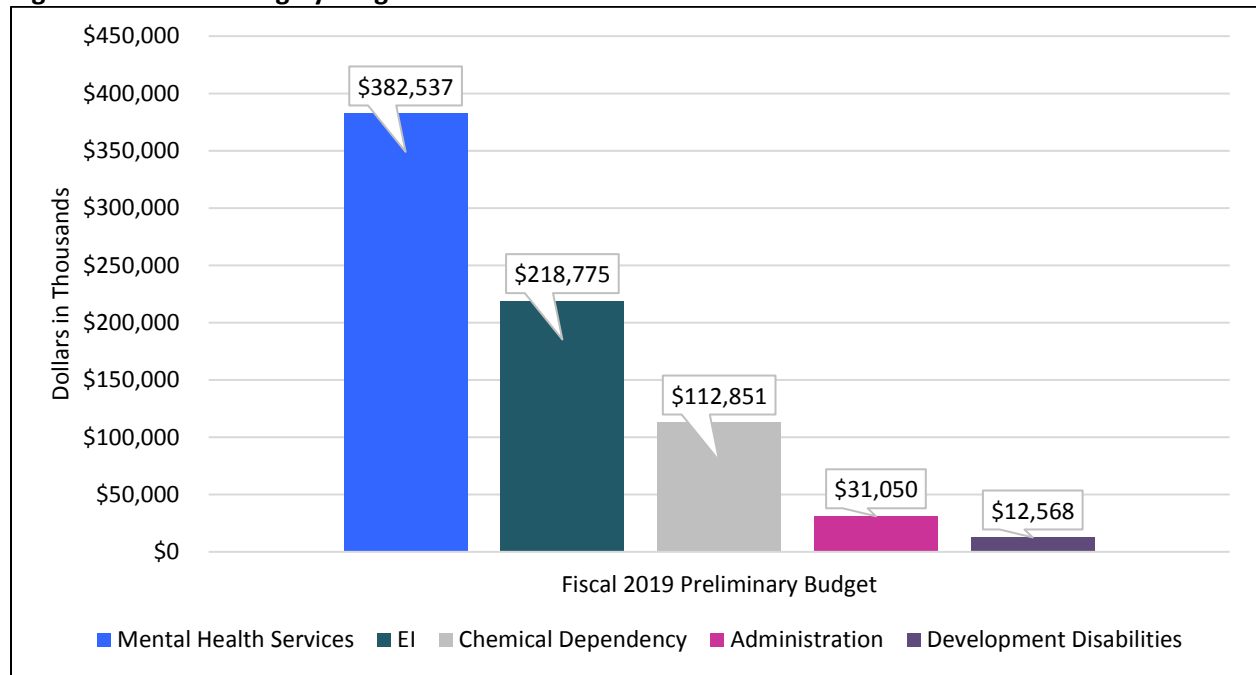
The Division administers services through five distinct program areas: (1) Early Intervention (EI); (2) Mental Health Services; (3) Developmental Disabilities Services; (4) Chemical Dependency Services; and (5) Mental Hygiene Administration.

The Fiscal 2019 Preliminary Budget allocates \$218.8 million to the EI program, consistent with funding at adoption, and \$101 million to the Chemical Dependency program, an increase of \$2.6 million or two percent, when compared to funding at adoption. Funding for Mental Health Services in the Fiscal 2019 Preliminary Budget totals \$382.5 million, an increase of \$10.1 million or three percent, when compared to funding at adoption, and funding for Mental Hygiene Administration totals \$31.1 million, an increase of \$5.8 million or 23 percent, when compared to funding at adoption.

The Fiscal 2019 Preliminary Budget allocates \$12.6 million to the Developmental Disabilities Program, a decrease of nearly \$4 million or 24 percent, when compared to the budget at adoption. DOHMH attributes the change to a decrease in CTL – comprised of City Council discretionary funding that the Division will recognize in the Fiscal 2019 Adopted Budget. See Appendixes E1-E5 for more information on the Division’s program area budgets.

The following graph shows the Division’s Fiscal 2019 Preliminary Budget spending broken out by program area.

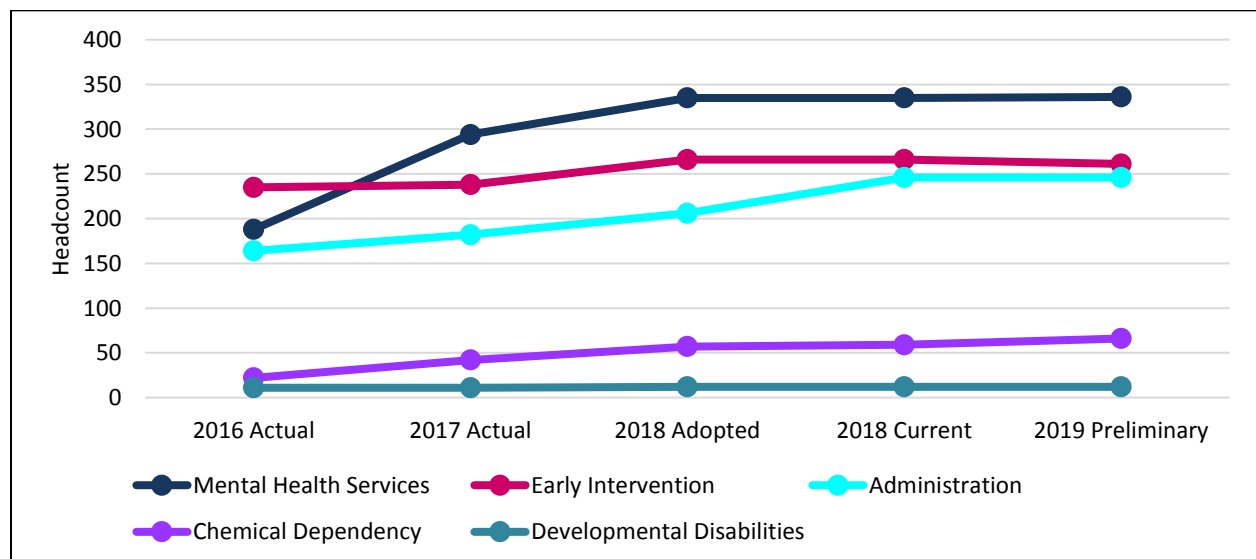
**Figure 4: DMH Funding by Program Area**



**Headcount**

The Fiscal 2019 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 Division and OCME each gain 45 positions and General Administration adds four positions. Specifically, the Division adds 40 positions for Administration, nine positions for Chemical Dependency, and one position for Mental Health Services and loses five positions in the EI program. See Appendix C - Financial Summary for more information. The following graph shows the Division’s headcount broken down by program area.

**Figure 5: DMH Headcount by Program Area**





### Fiscal 2018 Current Modified Budget

Regarding the current fiscal year, DOHMH's Fiscal 2018 Budget totals \$1.68 billion – a net increase of \$64.7 million when compared to the Fiscal 2018 Adopted Budget of \$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 intra-city funding added nearly \$13 million – for a non-City funding increase of \$132.7 million in Fiscal 2018.

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. (See Appendix A: DOHMH Budget Actions in the November and the Preliminary Plans for additional information).

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. The Mental Hygiene – Administration program area added 40 positions in Fiscal 2018, and the Mental Health – Chemical Dependency program area added two positions. In addition to the positions added in the current fiscal year for the new expense needs, the Department added non-City grant-funded positions to its Plan.

### Fiscal 2018-2019 State Executive Budget

New York State's Mental Hygiene system provides care and services for individuals in institutional facilities, community residences, and community settings. The State operates institutional and community-based services and research facilities and oversees residential, outpatient, employment, clinic, rehabilitative, and treatment programs operated by not-for-profit provider agencies. The State's Mental Hygiene agencies support services for more than one million individuals, including more than 700,000 people with mental illness, 240,000 individuals with substance use disorders or gambling problems, and 139,000 people with developmental disabilities.

#### **State Agency Spending**

The Fiscal 2018-2019 State Executive Budget includes an increase of \$26 million, or 4.5 percent, in operating and capital support for the Office of Alcoholism and Substance Abuse Services (OASAS) to continue to enhance prevention, treatment, and recovery programs, as well as residential service opportunities and public awareness and education activities. Overall, the State Budget directs \$603.9 million to OASAS in State Fiscal Year (SFY) 2018-2019, including more than \$200 million for addressing the heroin and opioid crisis.

The State Budget also increases funding for the Office for People with Developmental Disabilities (OPWDD) by \$120 million in order to expand respite services, employment and day program opportunities, and independent and certified residential services. Overall, the State Budget directs \$3.6 billion to OPWDD in SFY 2019, an increase of \$130 million or 3.7 percent, when compared to SFY 2017-2018 spending.

The State Budget allocates \$10 million in additional funding for the Office of Mental Health (OMH) in order to support existing residential programs, as well as \$50 million in capital funding

to expand the capacity of community crisis respite. Overall, the State Budget directs \$2.9 billion to OMH in SFY 2019, an increase of \$96 million or 3.4 percent, when compared to SFY 2018 spending.

### **Medicaid Redesign Team**

The Fiscal 2018-2019 State Executive 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. However, the Budget proposes a second two-year delay in Children's Medicaid Redesign Team reforms. Specifically, the Budget delays the provision of a new suite of mental and behavioral health services for children on Medicaid, such as peer support and skill building for children and respite for parents. These wraparound services could help to avert a crisis or institutional placement, particularly for medically fragile children.

The State Plan Amendment (SPA) included in the reforms would allow Medicaid patients to bill for these nontraditional health services, and a federal 1115 waiver would enroll eligible children in Medicaid managed care – streamlining services and reducing paperwork. However, the reforms would cost \$472 million to implement fully, including more than \$200 million in State funding, and the 1115 waiver would require approval from the Trump Administration. In March 2018, the governor stated that he would like to restore the children's Medicaid reform in the final budget negotiations with legislators.

### **Early Intervention Program Reforms**

The EI program provides a comprehensive array of therapeutic and support services to children under the age of three with confirmed disabilities (e.g., autism, cerebral palsy) or developmental delays. The Fiscal 2018-2019 State Executive Budget includes a series of reforms to increase EI reimbursement from third-party insurers and to streamline the EI evaluation process. Specifically, the reforms would (1) decrease the time from referral to the provision of services for children referred to EI with a previously diagnosed condition, (2) maximize appeals of insurer payment denials, (3) require insurers to maintain an adequate network for EI providers, and (4) increase provider rates. (For information on the EI program in the City's Fiscal 2019 Preliminary Budget, see page 16).

### **Opioid Epidemic Surcharge**

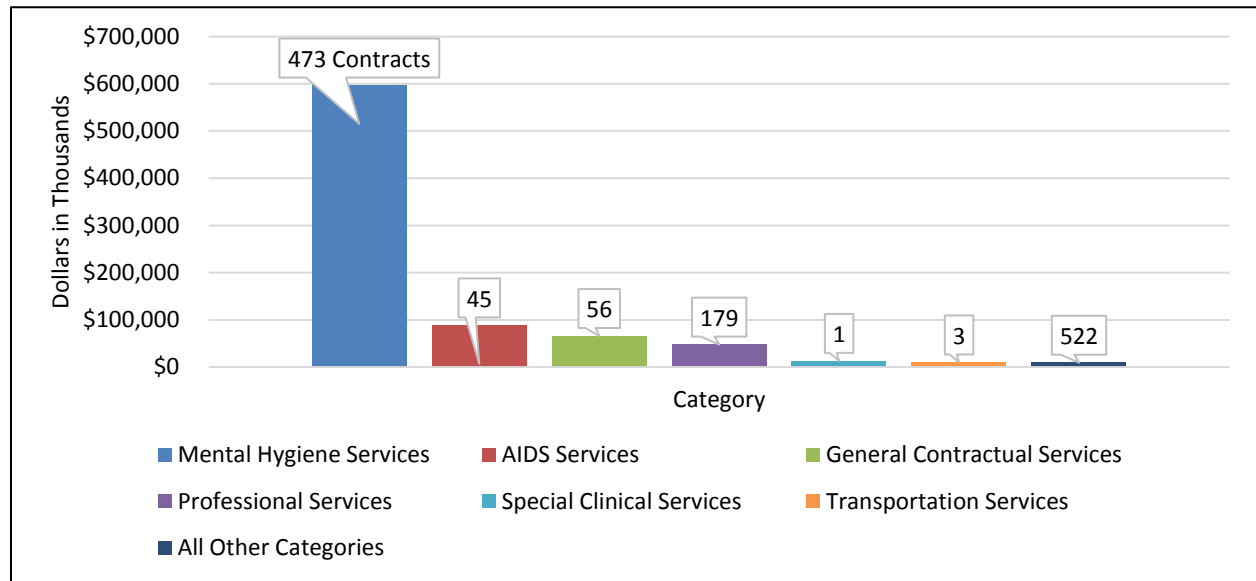
The Fiscal 2018-2019 State Executive Budget imposes a new surcharge of two cents per milligram of active opioid ingredient on prescription drugs, directing all proceeds to the Opioid Prevention and Rehabilitation Fund. The State Budget estimates that the surcharge, paid for by manufacturers, would raise about \$300 million in revenue over the next two years. The new fund would expand prevention, treatment, and recovery services, with the express goal of cutting opioid-related deaths in half by 2021.

### **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 6: Contract Budget Overview**



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 health services total \$596.4 million, representing 72 percent of the Department’s total spending on contracts. See Appendix D - Contract Budget for additional information.

### Council Initiatives

The Department’s Fiscal 2018 Budget includes approximately \$34.8 million in City Council discretionary funding, including \$13.3 million for mental health initiatives, \$15.6 million for public 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 Mental Health Services initiatives funded by the Council in Fiscal 2018 demonstrate the Council’s commitment to supporting the mental health needs of New Yorkers, particularly the most vulnerable and marginalized populations, such as isolated seniors, court-involved youth, and traumatized children. The Council-funded programs and services complement ThriveNYC, the Administration’s plan to promote mental health throughout New York City.

<b>Fiscal 2018 Council Changes at Adoption</b>	
<i>Dollars in Thousands</i>	
<b>Council Initiatives</b>	
Autism Awareness	\$3,237
Children Under Five	\$1,002
Court-Involved Youth Mental Health	\$2,050
Developmental, Psychological & Behavioral Health	\$1,979
Geriatric Mental Health	\$1,906
LGBTQ Youth All-Borough Mental Health	\$1,200
Medicaid Redesign Transition	\$700
Mental Health Services for Vulnerable Populations	\$1,218
<b>Subtotal, Mental Health Initiatives</b>	<b>\$13,292</b>
<b>DOHMH, Public Health Initiatives</b>	<b>\$15,590</b>
<b>Local Initiatives</b>	<b>\$5,933</b>
<b>TOTAL</b>	<b>\$34,815</b>

Major Council investments in Fiscal 2018 include more than \$2 million for the mental health needs of people with chemical dependencies, developmental disabilities, and/or serious mental illnesses and more than \$1 million for the Mental Health Services for Vulnerable Populations Initiative. In Fiscal 2018, the Council also continues its historic commitment to supporting individuals and families affected by autism with the \$3.3 million Autism Awareness Initiative. The Council also supports non-profit organizations as they transition from a fee-for-service system to a managed-care model under New York State's Medicaid redesign with the \$500,000 Medicaid Redesign Transition Initiative.

The following section describes each Mental Health Council initiative funded in Fiscal 2018.

**Autism Awareness.** This allocation supports wraparound services for autistic children in after-school and summer programs and during school closings. The programs may also provide forums or training seminars to teach coping skills to families and caregivers affected by autism.

**Children Under Five.** This allocation funds community-based outpatient mental health clinics throughout the City that provide mental health treatment to children aged five years and younger. Mental health treatment activities may include, but are not limited to, screening and clinical evaluation; individual, small group, and child-parent psychotherapy; consultation to pediatricians, preschool teachers, and child welfare workers; and trauma-informed interventions.

**Court-Involved Youth Mental Health.** This allocation supports programs that utilize risk-assessment tools to identify juveniles in the arrest process who require mental health services and that provide family counseling and respite services to families of court-involved youth. The initiative also supports efforts to connect community-based providers working with court-involved youth to other non-governmental organizations familiar with the Courts, the Administration for Children's Services (ACS), the Department of Correction (DOC), and other relevant City and State agencies.

**Developmental, Psychological & Behavioral Health Services.** This initiative supports a range of programs and services that address the needs of individuals with chemical dependencies, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers. The funding may support medically supervised outpatient programs, transition management programs, Article 16 clinics, psychological clubs, recreation programs, or other behavioral health services.

**Geriatric Mental Health.** This funding supports organizations that provide a range of mental health services to older adults in non-clinical settings, such as senior centers, drop-in centers, religious institutions, social clubs, homeless prevention programs, and individual homes.

**LGBTQ Youth All-Borough Mental Health.** This allocation supports comprehensive mental health services for vulnerable LGBTQ youth throughout the City, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved.

**Medicaid Redesign Transition.** This allocation supports organizations transitioning from a fee-for-service system to a managed-care model under New York State's Medicaid redesign.

**Mental Health Services for Vulnerable Populations.** This funding supports community-based organizations and advocacy networks that provide a range of mental health programs, services, trainings, and referrals throughout the City, addressing the mental health needs of vulnerable and marginalized populations, such as HIV-positive people, suicidal individuals, and people with developmental disabilities. Additional populations of interest include children and youth, immigrants and people with limited English proficiency, homeless individuals and families, and at-risk seniors.

## Program Areas

### Mental Hygiene – Mental Health Services

The Bureau of Mental Health Services contracts with private and municipal hospitals and community-based organizations to provide a range of mental health services to children, adolescents, and adults with mental illnesses and/or functional impairments. The services include emergency and crisis programs, inpatient and outpatient programs, and community support programs. Emergency and crisis programs help individuals avoid, manage, and recover quickly from psychiatric crises and assure the safety of individuals experiencing a crisis. Emergency programs provide rapid screening, assessment, and engagement in order to reduce the acute symptoms of mental illness, while crisis programs may include comprehensive psychiatric emergency programs or mobile crisis outreach programs.

Inpatient programs constitute hospital-based psychiatric programs that provide 24-hour care under medical supervision and in a controlled environment. The two levels of inpatient care include acute hospitalization and long-term hospitalization. Outpatient programs provide mental health treatments to individuals in community-based settings. These community support programs promote recovery from mental illnesses and strengthen the psychosocial skills of individuals with serious mental illness so that they can live as independently as possible in community settings. These programs provide academic, vocational, and social rehabilitation services.

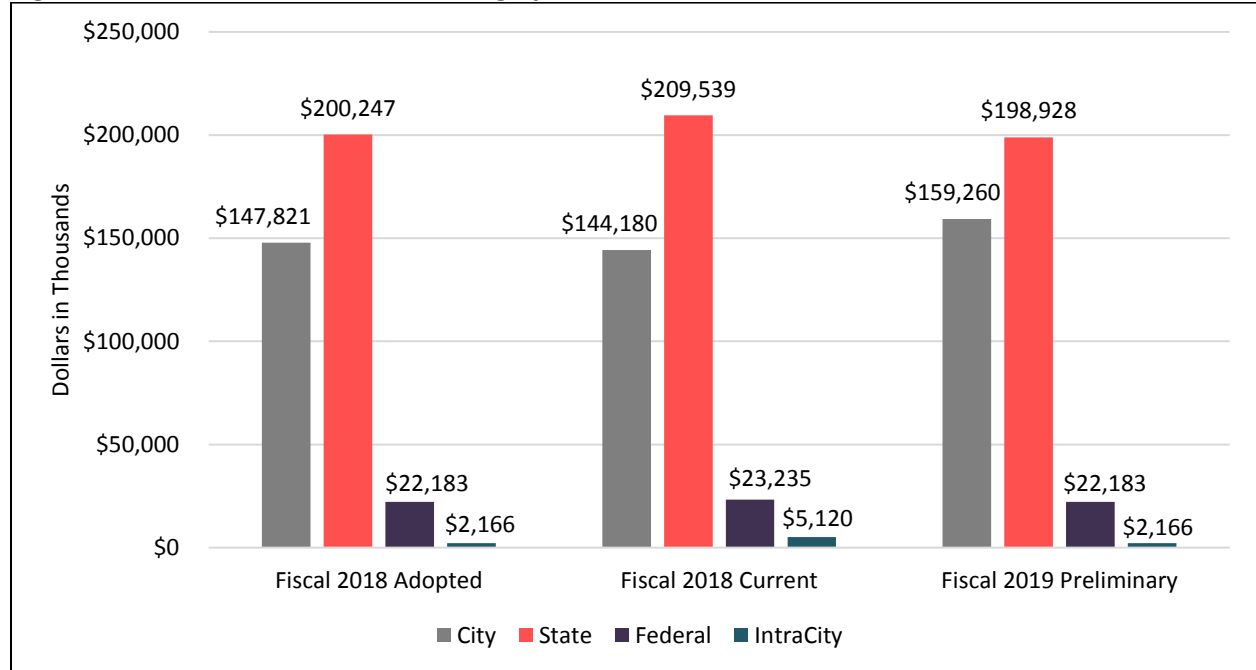
Mental health services for children and adolescents in New York City include Court Involved Youth programs, School Response Teams (SRT), and the Children’s Single Point of Access (CSPOA). The Court Involved Youth programs provide environments to screen at-risk youth and link them to mental health treatment. Screening tools inform recommended services for youth and families and, ideally, help keep young people out of the juvenile justice system.

SRT, designed to meet the mental health needs of middle school students throughout the five boroughs, collaborate with designated school staff to conduct assessments and recommend treatment for mental health and social services. The CSPOA creates a single point of entry to the children’s mental health service system for youth with more intensive needs. Through CSPOA, children who are identified as having serious emotional disturbance and are at risk for out-of-home placement can access more intensive mental health services that enable them to remain in their homes and communities.

### The Fiscal 2019 Preliminary Budget

The Fiscal 2019 Preliminary Budget allocates \$382.5 million to Mental Health Services, an increase of \$10.1 million or three percent, when compared to the Fiscal 2018 Adopted Budget – a change attributable to an increase in CTL. CTL comprises 42 percent of Mental Health Services funding in the Fiscal 2019 budget at \$159.3 million; State funding comprises 52 percent at \$198.9 million, and federal funding provides the remaining six percent at \$22.2 million. See Appendix E1: Mental Health Services Spending for more information. The following chart shows Mental Health Services funding in the Fiscal 2019 Preliminary Budget by source.

**Figure 7: Mental Health Services Funding by Source**



Mental Health Services funding represents about 50 percent of the Division’s total budget and nearly 24 percent of the Department’s total budget. OTPS spending comprises 94 percent of Mental Health Services funding in the Fiscal 2019 Budget at \$357.8 million, and PS spending represents the remaining six percent at \$24.7 million. The Fiscal 2019 Preliminary Plan increases the program’s headcount by one full-time position, when compared to the budget at adoption, to 336 positions. Funding in the current fiscal year totals \$382.1 million, an increase of \$9.7 million or nearly three percent, when compared to funding at adoption.

### New Needs

#### NYC Safe Initiative

The Plan adds approximately \$592,000 and 40 positions in Fiscal 2018 to expand the NYC Safe Initiative. The expansion of the Crisis Outreach and Support Unit will enable the DOHMH/NYPD Co-Response Teams to more effectively triage and intervene on behalf of people with behavioral health crises. The funding increases to \$3.6 million in Fiscal 2019 and in the outyears. DOHMH will direct the majority (96 percent or \$3.4 million) of this funding to the 40 Crisis Outreach personnel, including the Co-Response Teams, the Health Engagement and Assessment Teams (HEAT), and the triage and administrative support personnel.

In March 2016, NYPD and DOHMH launched the Co-Response Unit – a specialized police response that includes Crisis Intervention Team-trained NYPD officers and clinically trained DOHMH mental health professionals – in order to improve the City’s response to people with mental illness and/or substance use who pose a danger to themselves and people in the community. Numerous private and city entities, including hospitals and homeless shelters, refer potential clients to the Unit, and the Unit connects the individual to an appropriate facility or service, such as psychological treatment or substance abuse counseling. DOHMH’s Fiscal 2019 NYC Safe funding builds on the \$4.4 million added in the Fiscal 2018 Budget and \$14.3 million added in the Fiscal 2017 Budget.

The Fiscal 2019 Preliminary Plan allocates \$274,000 to the NYPD in Fiscal 2018 to expand the NYC Safe Initiative. The funding increases to \$4.2 million in Fiscal 2019 and in the outyears. The funding will enable the NYPD to increase its Crisis Outreach coverage from five days a week to seven days a week and to increase its triage desk operation to a 24-hour service.

### **NYC Unity Project**

The Plan allocates \$1.1 million in Fiscal 2019 and in the outyears to DOHMH as part of the Unity Project, the City’s first multi-agency strategy to enhance services for LGBTQ youth. The Plan adds one position to the Department for the Unity Project this fiscal year, increasing to four positions in Fiscal 2019. The Department, in partnership with seven community coalitions, will implement the Comprehensive Drug and Alcohol Misuse Prevention Program.

Through the Program, DOHMH will provide the coalitions with evidence-based strategies aimed at reducing youth alcohol and substance abuse, and the groups will work with members of their respective communities to implement the projects. These interventions include parent workshops, student engagement strategies, and training for businesses that sell or serve alcohol.

Through the Bureau of Alcohol and Drug Use Prevention, Care and Treatment (BADUPCT), the Department will also develop a media literacy curriculum and materials to educate youth about the role of mass media in influencing decisions to consume alcohol and to use prescription medications. Youth-serving organizations will teach the curriculum through summer programs, colleges, and other educational outlets.

NYC public high school students, including LGBTQ youth, report high rates of potentially problematic drug and alcohol use. According to the Department’s November 2017 Epi Data Brief (No. 94), in 2015, 21 percent of NYC public high school students had consumed at least one alcoholic drink in the 30 days prior to the survey, and more than 40 percent of these youth are binge drinkers. Lesbian, gay, and bisexual (LGB) youth report a 15 percent higher prevalence of alcohol use when compared to heterosexual youth (35 percent versus 20 percent), as well as a higher prevalence of early onset drinking; 27 percent of LGB youth had their first drink before age 13 versus 17 percent of heterosexual youth.

Furthermore, according to the Department’s June 2017 Epi Data Brief (No. 92), nine percent of the NYC public high school students surveyed reported at least one misuse of prescription drugs in 2015, including seven percent who misused opioid analgesics. LGB youth and “not-sure” or questioning youth misuse prescription drugs at twice the rate of their heterosexual peers (18 percent and 19 percent, respectively, versus eight percent).

Currently, time-limited federal Substance Abuse and Mental Health Services Administration (SAMHSA) funding supports three coalitions in NYC to implement alcohol and drug use prevention initiatives. These coalitions are located in Central and East Harlem, the South Bronx, and Staten Island. The new expense funding will support seven coalitions at \$100,000 each. The \$304,500 in baselined funding will support the following four NYC Unity Project positions.

- The Program Manager will manage and operationalize the LGBTQ youth initiatives. To ensure effective implementation and oversight, the Manager will engage with agency staff and the Children’s Cabinet – a multi-agency initiative to bolster communication and coordination among city agencies tasked with promoting child safety and wellness.
- The Coalition/Community Coordinator will develop, implement, and monitor the Building Coalitions Initiative and will support the implementation of the coalitions’ evidence-based strategies.
- The Media Literacy/Community Coordinator will plan, implement, manage, and evaluate the BADUPCT media literacy project.
- The Contract Specialist/Administrative Staff Analyst will provide contract operations and procurement support for the Comprehensive Drug and Alcohol Misuse Prevention Program.

As part of the NYC Unity Project, NYC Health + Hospitals will receive \$86,000 in Fiscal 2018 and \$79,000 in Fiscal 2019 to train physicians on transgender youth services. Specifically, the training will educate direct care providers on linkages to pediatric endocrinology – the branch of medicine concerned with endocrine glands and hormones – and to other transgender youth medical services. The Budget also allocates \$916,000 to the Department of Youth and Community Development (DYCD) in Fiscal 2019 and in the outyears to expand services at runaway homeless youth drop-in centers.

### **Performance Indicators**

The Division measures its ability to facilitate access to services for mentally ill New Yorkers and people at risk of developing mental illness. The Department has steadily increased the number of individuals in the assisted outpatient mental health treatment (AOT) program – from 2,176 people in Fiscal 2015 to 2,368 people in Fiscal 2017. The first four months of Fiscal 2018 also indicate a nine percent increase in the number of individuals in the AOT program, when compared to the same period last year, at more than 1,800 individuals. The Department also reports an increase in AOT referrals from the New York State Psychiatric Centers as well as City and State correctional facilities.

The number of units of supportive housing available to persons with serious mental illness has also increased, from 5,700 units in Fiscal 2015 to 6,200 units in Fiscal 2017. In Fiscal 2018, the Department strives to make 7,000 units of supportive housing available to persons with serious mental illness, increasing to 7,500 units in Fiscal 2019.

The number of calls to the NYC Well Contact Center has increased from 92,000 calls in Fiscal 2015 to more than 170,000 calls in Fiscal 2017. The program connects New Yorkers to behavioral health services through telephone calls, text messages, and chat features. NYC Well received approximately 105,800 calls in the first four months of Fiscal 2018, more than twice the number



of calls it received in the same period in Fiscal 2017, due to increased outreach that included an advertising campaign.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Individuals in the assisted outpatient mental health treatment program	2,176	2,236	2,368	-	-	1,667	1,812
Units of supportive housing available to persons with serious mental illness (000)	5.7	6.0	6.2	7.0	7.5	6.0	6.2
Calls to NYC Well (000)	92.0	97.5	170.4	-	-	49.7	105.8

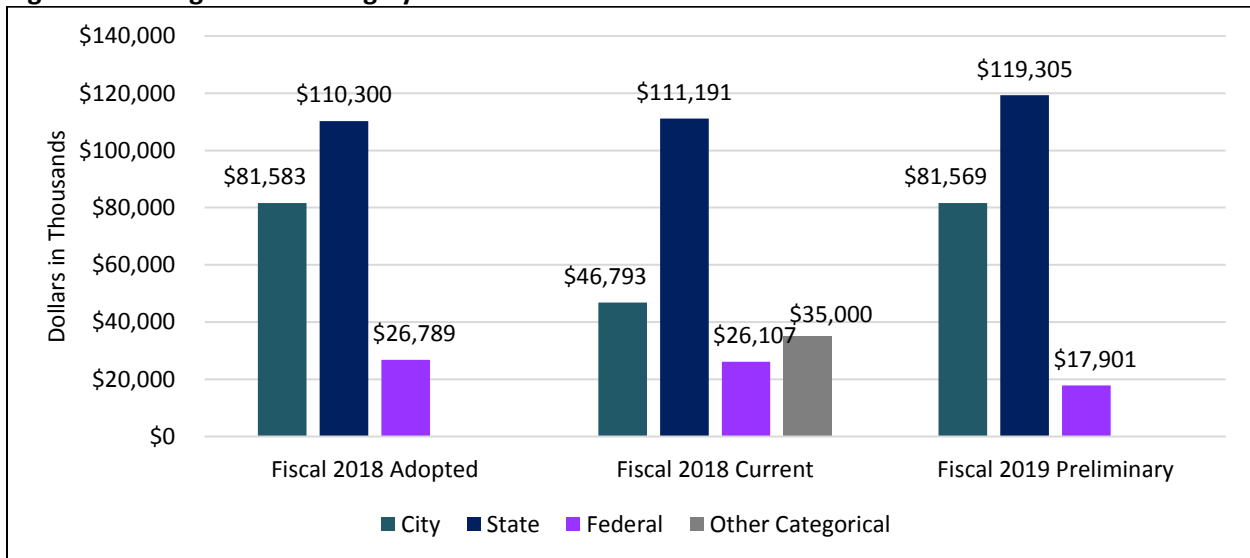
### Family and Child Health – Early Intervention

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

#### The Fiscal 2019 Preliminary Budget

The Fiscal 2019 Preliminary Budget allocates \$218.8 million to the EI Program, consistent with funding in the Fiscal 2018 Adopted Budget. Although federal funding decreased by approximately \$9 million the Fiscal 2019 Preliminary Budget when compared to the budget at adoption, State funding increased by about the same amount during this period. CTL comprises 37 percent of the EI program’s budget in Fiscal 2019 at \$81.6 million. State funding comprises 55 percent of the EI program’s budget in Fiscal 2019 at \$119.3 million, and federal funding provides the remaining eight percent at \$17.9 million. (See Appendix E2: Early Intervention Spending for more information). The following chart shows the EI program’s funding in the Fiscal 2019 Preliminary Budget by source.

**Figure 8: EI Program – Funding by Source**



El funding represents about 29 percent of the Division’s total budget and nearly 14 percent of the Department’s total budget. OTPS spending comprises 92 percent of the El program’s Fiscal 2019 funding at \$201.8 million, and PS spending represents the remaining eight percent at \$17 million. The Fiscal 2019 Preliminary Plan decreases the program’s headcount by five full-time positions, when compared to the budget at adoption, to 261 positions. Funding in the current fiscal year totals \$219.1 million and includes a \$35 million categorical grant for health research and a corresponding reduction in CTL. Overall, El funding in Fiscal 2018 increased by \$419,000 or less than one percent, when compared to the budget at adoption.

### Performance Indicator

The Division measures its ability to facilitate access to services for New Yorkers with developmental disabilities by measuring the number of new children receiving services from the El program. The program enrolled 14,000 children in Fiscal 2017, a decrease of 400 children when compared to Fiscal 2016 enrollment of 14,400 children. The Fiscal 2018 four-month actual report indicate 4,700 newly enrolled children, unchanged from the same period last year.

Performance Indicator	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	-	-	FY17	FY18
New children receiving services from the Early Intervention program (000)	14.3	14.4	14.0	-	-	4.7	4.7

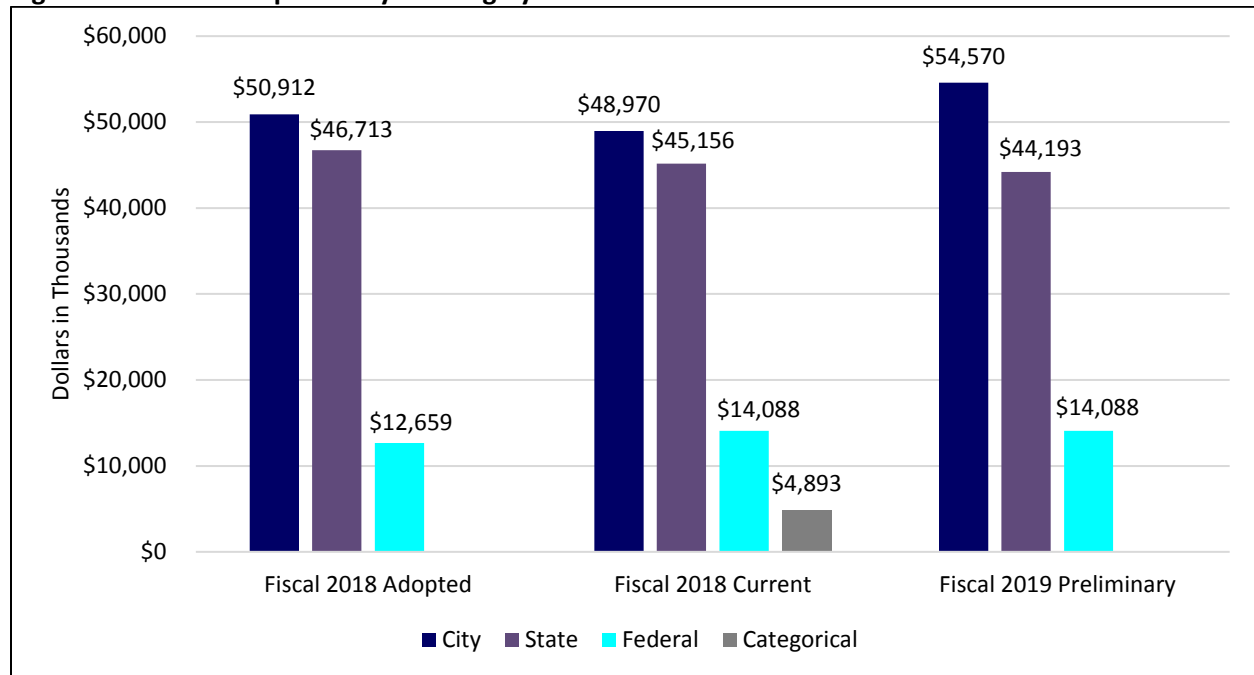
### Mental Hygiene – Chemical Dependency

The Chemical Dependency (CD) program contracts with private and municipal hospitals and community-based organizations to provide substance abuse treatment and prevention services. The program also develops, plans, monitors, and evaluates programmatic and policy efforts to reduce substance use and abuse in New York City. The program serves all New Yorkers, including homeless individuals and people with co-occurring chemical dependency and mental health or developmental disorders. The CD program operates through the Bureau of Alcohol and Drug Use Prevention, Care, and Treatment (BADUPCT) and adheres to the State Mental Hygiene Law and the City Charter.

### The Fiscal 2019 Preliminary Budget

The Fiscal 2019 Preliminary Budget allocates \$112.9 million to the CD program, an increase of \$2.6 million or two percent, when compared to the Fiscal 2018 Adopted Budget – a change attributable to an increase in CTL and federal funding. CTL comprises 48 percent of Chemical Dependency funding in the Fiscal 2019 budget at \$54.6 million; State funding comprises 39 percent at \$44.2 million, and federal funding provides the remaining 13 percent at \$14.1 million. (See Appendix E3: Chemical Dependency Spending for more information). The following chart shows the CD program’s funding in the Fiscal 2019 Preliminary Budget by source.

**Figure 9: Chemical Dependency Funding by Source**



CD funding represents about 15 percent of the Division’s total budget and seven percent of the Department’s total budget. OTPS spending comprises 94 percent of the CD program’s Fiscal 2019 funding at \$105.6 million, and PS spending represents the remaining six percent at \$7.2 million. The Fiscal 2019 Preliminary Plan decreases the program’s headcount by nine full-time positions, when compared to the budget at adoption, to 66 positions. Funding in the current fiscal year totals \$113.1 million and includes a \$4.9 million categorical grant and a corresponding reduction in CTL. Overall, CD funding in Fiscal 2018 increased by \$2.8 million or three percent, when compared to the budget at adoption.

**Performance Indicators**

The Division measures its ability to reduce the adverse health consequences of substance misuse by assessing the number of new buprenorphine patients and the number of deaths from unintentional drug overdoses. Deaths from unintentional drug overdose continue to increase, jumping more than 46 percent between 2016 (Calendar Year) and 2017 to 1,374 deaths. This represents an 87 percent increase over two years.

The Department replaced the indicator listing the number of new buprenorphine patients with an indicator listing the total number of buprenorphine patients, reportedly to include the full scope of the program. The Department reports 13,612 buprenorphine patients in 2017, an increase of 2.4 percent, or 319 patients, when compared to the previous year. DOHMH reports 9,212 patients in the first four months of Fiscal 2018, an increase of 147 patients, or less than two percent, when compared to the same period last year.

Performance Indicators	Actual			Target		4-Month Actual	
	FY15	FY16	FY17	FY18	FY19	FY17	FY18
Buprenorphine patients (CY)	13,150	13,293	13,612	16,022	16,022	9,265	9,412
Deaths from unintentional drug overdose (CY)	793	939	1,374	↓	↓	NA	NA

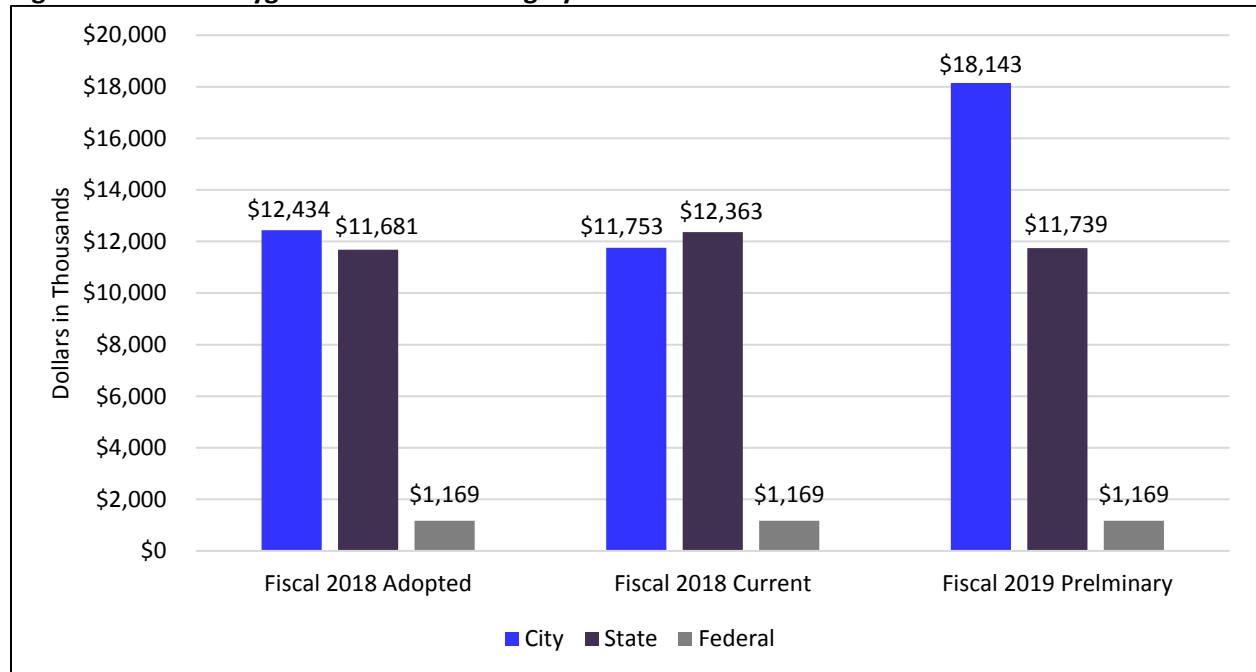
### Mental Hygiene – Administration

Mental Hygiene Administration provides administrative services to the Division and to the Executive Deputy Commissioner’s Office. Services include information management and the analysis and planning of DMH operations.

#### The Fiscal 2019 Preliminary Budget

The Fiscal 2019 Preliminary Budget allocates \$31.1 million to Mental Hygiene Administration, an increase of \$5.8 million or 23 percent, when compared to the Fiscal 2018 Adopted Budget – a change attributable to an increase in CTL. CTL comprises 58 percent of Mental Hygiene Administration funding in the Fiscal 2019 Budget at \$18.1 million; State funding comprises 38 percent at \$11.7 million, and federal funding provides the remaining four percent at \$1.2 million. (See Appendix E4: Mental Hygiene Administration Spending for more information). The following chart shows Mental Hygiene Administration funding in the Fiscal 2019 Preliminary Budget by source.

**Figure 10: Mental Hygiene - Admin Funding by Source**



Mental Hygiene Administration funding represents four percent of the Division’s total budget and less than one percent of the Department’s total budget. OTPS spending comprises 33 percent of the Fiscal 2019 funding for Administration at \$10.3 million, and PS spending represents 77 percent of the funding at \$20.8 million. The Fiscal 2019 Preliminary Plan increases the program’s headcount by 40 full-time positions, when compared to the budget at adoption, to 246 positions. The increase in headcount starts this fiscal year, and funding in the current fiscal year totals \$25.3 million.

### Mental Hygiene – Developmental Disabilities

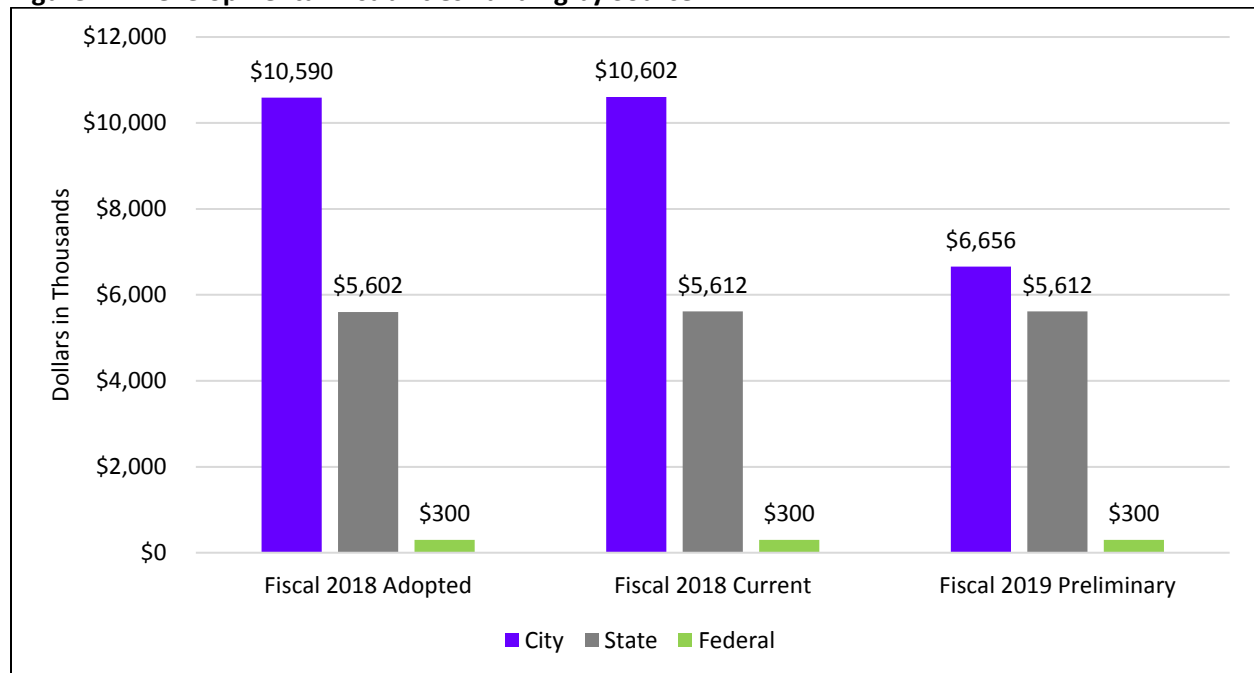
The Mental Hygiene Developmental Disabilities (DD) program operates through the Bureau of Developmental Disabilities and contracts with voluntary agencies to provide services to children

and adults with developmental disabilities. Services may include individual counseling, transitional employment, or socialization/recreation programs. Some agencies serve individuals with a range of developmental disabilities, while others serve individuals with a particular disability, such as autism and epilepsy.

**The Fiscal 2019 Preliminary Budget**

The Fiscal 2019 Preliminary Budget allocates \$12.6 million to the DD program, a decrease of \$3.9 million or 24 percent, when compared to the Fiscal 2018 Adopted Budget – a change attributable to a decrease in CTL. The City Council provides approximately \$4 million in discretionary funding to the DD program, and the Division recognizes the funding at adoption. CTL comprises 53 percent of developmental disabilities funding in the Fiscal 2019 budget at \$6.7 million; State funding comprises 45 percent at \$5.6 million, and federal funding provides the remaining two percent at \$300,000. (See Appendix E5: Developmental Disabilities Spending for more information). The following chart shows the DD funding in the Fiscal 2019 Preliminary Budget by source.

**Figure 11: Developmental Disabilities Funding by Source**



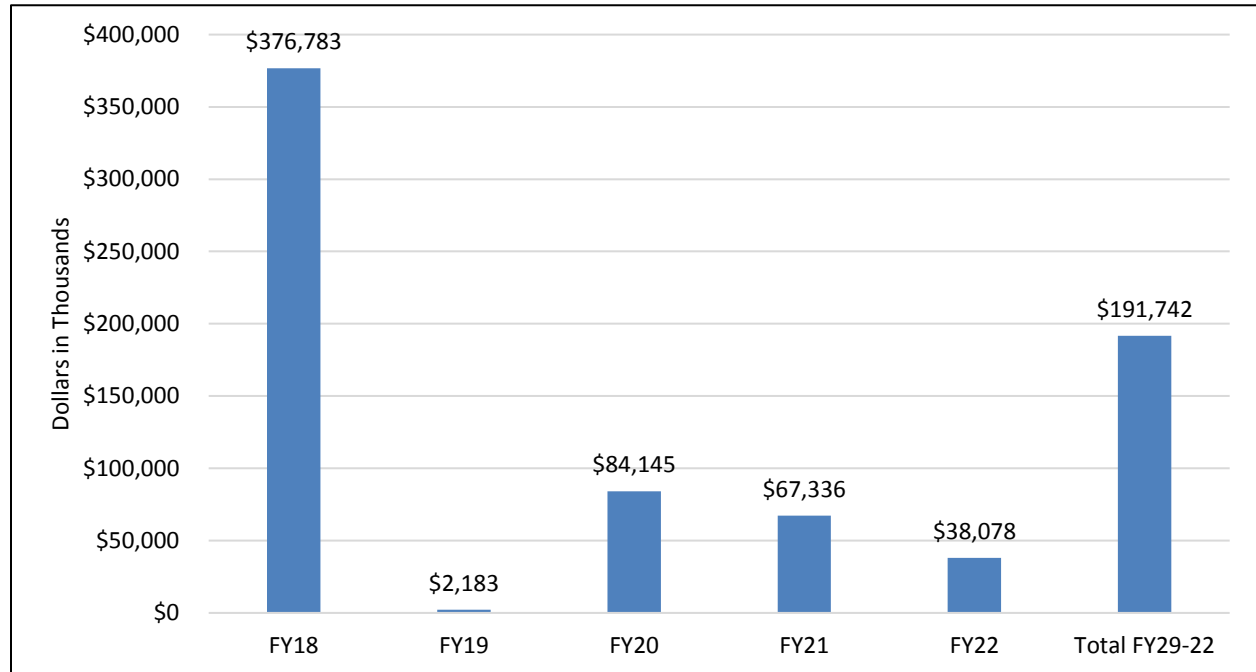
DD funding represents about two percent of the Division’s total budget and less than one percent of the Department’s total budget. OTPS spending comprises 92 percent of the DD program’s funding in the Fiscal 2019 Budget at \$11.6 million, and PS spending represents the remaining eight percent at \$1 million. The program’s headcount stands at 12 positions in the Fiscal 2019 Preliminary Plan, unchanged from the budget at adoption. Funding in the current fiscal year totals \$16.5 million and includes \$10.6 million in CTL – largely unchanged since the Fiscal 2018 Adopted Budget.

## Capital Program

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

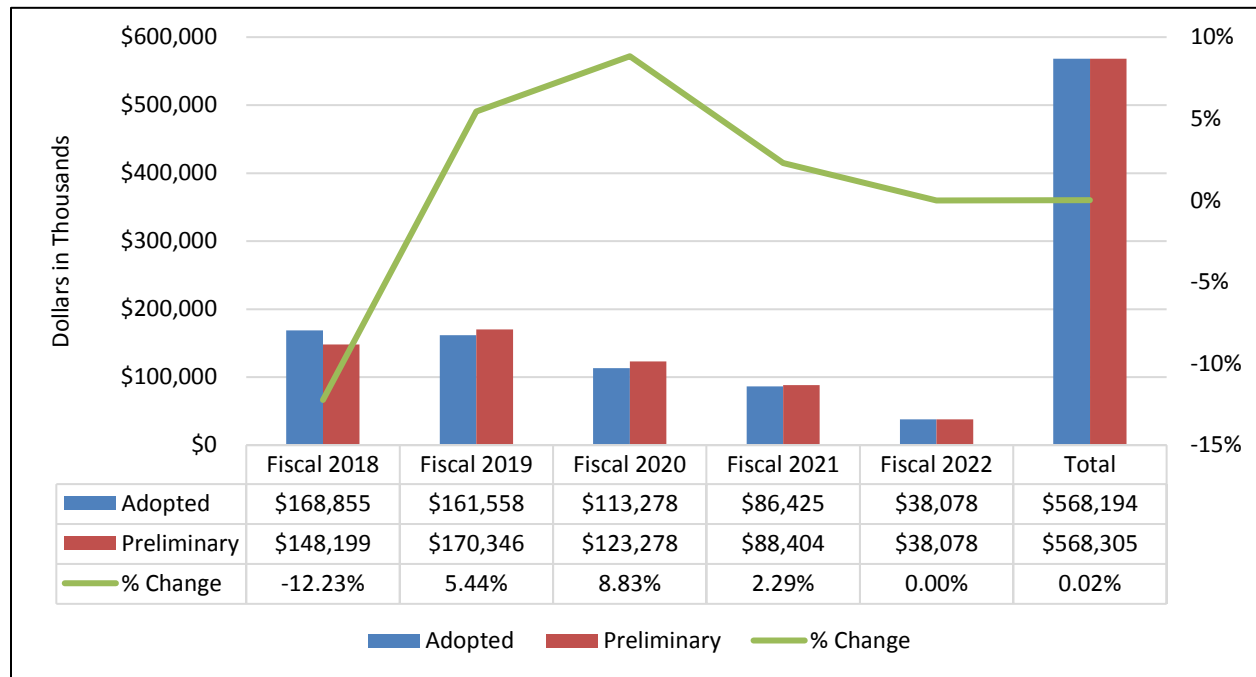
The Capital Budget provides the required appropriations for Fiscal 2019 as well as the planned appropriations for the subsequent three-year capital program. Appropriations represent the legal authority to spend capital dollars; the Council votes on these appropriations at budget adoption. The Commitment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

**Figure 12: DOHMH Available Appropriations- FY19-FY22**



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 13: DOHMH FY19-FY22 Capital Commitment Plan**

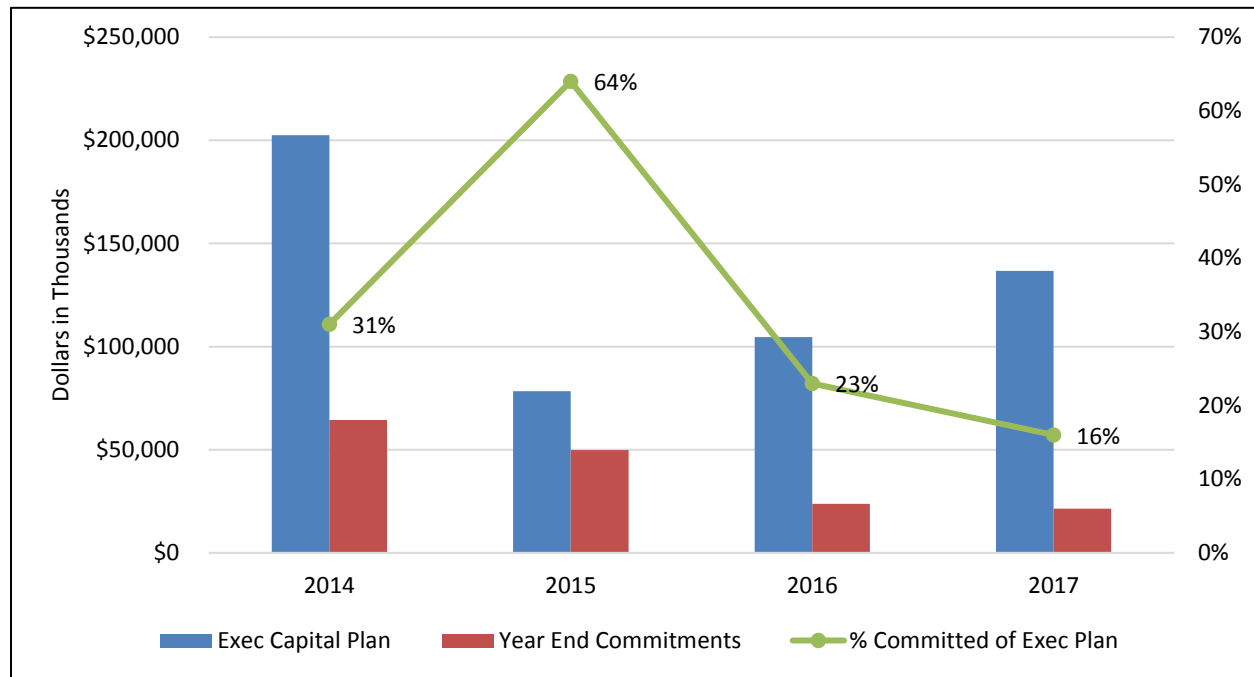


DOHMH’s Preliminary Commitment Plan includes \$568.3 million in Fiscal 2018-2022. This represents less than one percent of the City’s total \$79.6 billion Preliminary Commitment Plan. The Capital Budget (outlined in the first chart) is significantly less than the Capital Commitment Plan because, unlike 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 14: DOHMH Capital Commitment Rate**



The above chart displays the Department’s Capital Commitment Plan as of the Fiscal 2014-2017 Executive Budgets and the actual commitments in the corresponding fiscal year. The chart also shows the capital commitment rate: the percentage of the capital plan committed per fiscal year. 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 appropriated funding, but in 2016, it only committed 23 percent of its appropriated funds. In 2017, DOHMH committed just 16 percent of the funding it appropriated 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 in the outyears.

**DOHMH’s Commitment Plan Funding**

The City Council funds \$125.2 million, or 22 percent, of DOHMH’s \$568.3 million 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 provided \$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.

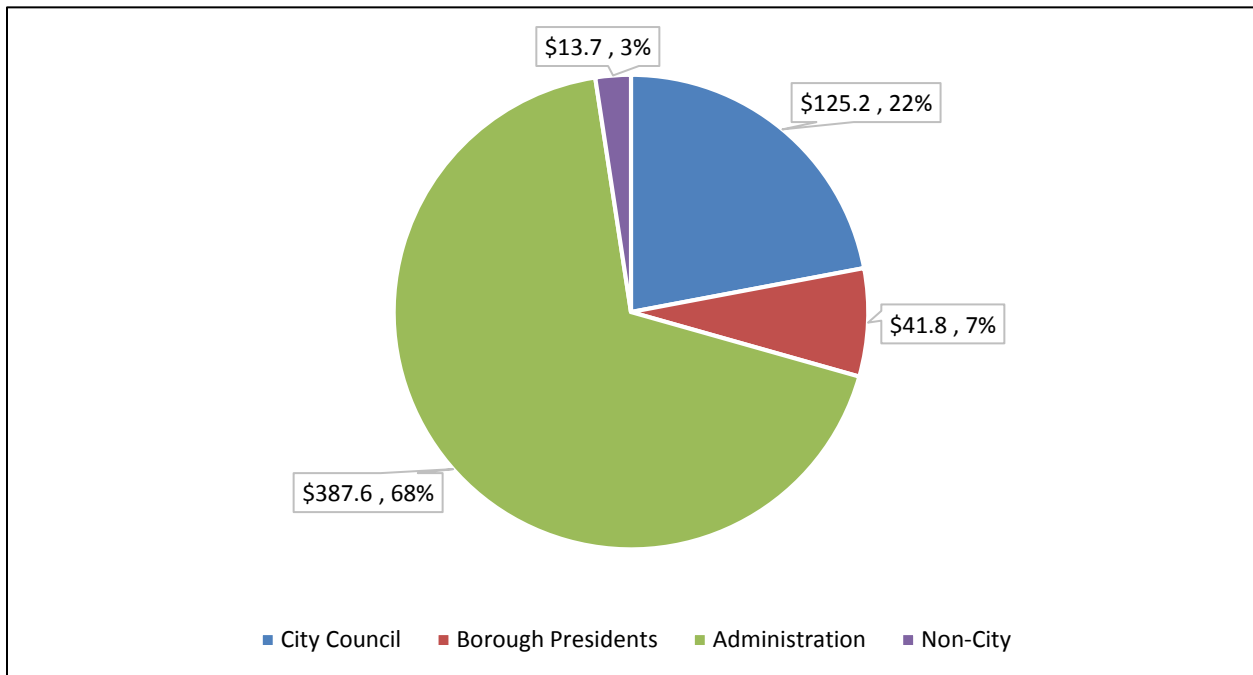
The Administration provides 68 percent, or \$387.6 million, of DOHMH’s capital funding, including \$160.1 million for the construction of the Department’s Public Health Laboratory – the largest



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 15: DOHMH Commitment Plan Funding by Source**



## Major Projects in DOHMH's Commitment Plan

### 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>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>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>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>Division of Mental Hygiene</u>						
Early Intervention Services	\$252,017	\$261,256	\$218,672	\$219,091	\$218,775	\$103
Mental Hygiene - Admin	21,362	23,236	25,285	25,285	\$31,050	5,766
Chemical Dependency	81,301	93,997	110,283	113,106	\$112,851	2,567
Development Disabilities	12,080	15,409	16,491	16,515	\$12,568	(3,923)
Mental Health Services	251,142	302,087	372,417	382,074	\$382,537	10,120
<b>Subtotal, Mental Hygiene</b>	<b>\$617,901</b>	<b>\$695,985</b>	<b>\$743,148</b>	<b>\$756,071</b>	<b>\$757,781</b>	<b>\$14,633</b>
<u>DOHMH, Other</u>						
Public Health	\$637,469	\$703,886	\$670,478	\$694,775	\$648,816	(\$21,662)
Administration - General	126,725	150,593	125,443	140,650	126,826	1,383
OCME	68,579	71,916	73,052	85,336	78,361	5,309
<b>Subtotal, DOHMH, Other</b>	<b>\$832,773</b>	<b>\$926,395</b>	<b>\$868,973</b>	<b>\$920,761</b>	<b>\$854,003</b>	<b>(\$14,970)</b>
<b>TOTAL</b>	<b>\$1,450,674</b>	<b>\$1,622,380</b>	<b>\$1,612,121</b>	<b>\$1,676,832</b>	<b>\$1,611,784</b>	<b>(\$337)</b>
<b>Funding</b>						
<u>Mental Hygiene</u>						
City Funds			\$303,339	\$262,298	\$320,198	\$16,858
Other Categorical, IntraCity			2,166	45,013	2,166	0
State			374,543	383,861	379,776	5,233
Federal			63,100	64,899	55,641	(7,459)
<b>Subtotal, Mental Hygiene</b>	<b>\$617,901</b>	<b>\$695,985</b>	<b>\$743,148</b>	<b>\$756,071</b>	<b>\$757,781</b>	<b>\$14,633</b>
<u>DOHMH, Other</u>						
City Funds			\$454,886	\$427,835	\$457,343	\$2,457
Other Categorical, IntraCity			4,422	43,424	4,397	(25)
State			174,371	184,766	159,659	(14,711)
Federal			235,294	264,737	232,604	(2,690)
<b>Subtotal, DOHMH, Other</b>	<b>\$832,773</b>	<b>\$926,395</b>	<b>\$868,973</b>	<b>\$920,762</b>	<b>\$854,003</b>	<b>(\$14,970)</b>
<b>TOTAL</b>	<b>\$1,450,674</b>	<b>\$1,622,380</b>	<b>\$1,612,121</b>	<b>\$1,676,832</b>	<b>\$1,611,784</b>	<b>(\$337)</b>
<b>Budgeted Headcount</b>						
Division of Mental Hygiene	620	767	876	918	921	45
Public Health	2,682	3,072	3,185	3,250	3,158	(27)
OCME	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 Budget 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>

## E: Program Areas

## E1. Mental Health Services Spending

Mental Health Services <i>Dollars in Thousands</i>	2016	2017	2018	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2018	2019	2018 - 2019
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$8,755	\$17,172	\$25,589	\$26,673	\$24,082	(\$1,507)
Overtime - Civilian	13	43	6	55	6	0
Unsalariated	101	171	362	854	486	123
Additional Gross Pay	190	238	170	220	170	0
<b>Subtotal</b>	<b>\$9,059</b>	<b>\$17,624</b>	<b>\$26,128</b>	<b>\$27,802</b>	<b>\$24,744</b>	<b>(\$1,384)</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$134	\$152	\$854	\$455	\$1,854	\$1,000
Property and Equipment	191	683	1,082	720	136	(946)
Other Services and Charges	8,924	28,746	5,757	37,910	4,339	(1,419)
Social Services	33,190	36,265	37,465	35,593	35,593	(1,872)
Contractual Services	199,644	218,618	301,131	279,594	315,872	14,741
<b>Subtotal</b>	<b>\$242,083</b>	<b>\$284,463</b>	<b>\$346,289</b>	<b>\$354,272</b>	<b>\$357,793</b>	<b>\$11,504</b>
<b>TOTAL</b>	<b>\$251,142</b>	<b>\$302,087</b>	<b>\$372,417</b>	<b>\$382,074</b>	<b>\$382,537</b>	<b>\$10,120</b>
<b>Funding</b>						
City Funds			\$147,821	\$144,180	\$159,260	\$11,439
State			200,247	209,539	198,928	(1,319)
Federal - Other			22,183	23,235	22,183	0
IntraCity			2,166	5,120	2,166	0
<b>TOTAL</b>	<b>\$251,142</b>	<b>\$302,087</b>	<b>\$372,417</b>	<b>\$382,074</b>	<b>\$382,537</b>	<b>\$10,120</b>
<b>Budgeted Headcount</b>						
Full-Time Positions	188	294	335	335	336	1
<b>TOTAL</b>	<b>188</b>	<b>294</b>	<b>335</b>	<b>335</b>	<b>336</b>	<b>1</b>

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

**E2. Early Intervention Spending**

Early Intervention <i>Dollars in Thousands</i>	2016	2017	2018	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2018	2019	2018 - 2019
<b>Spending</b>						
<b>Personal Services</b>						
Full-Time Salaried - Civilian	\$14,096	\$14,695	\$16,598	\$16,798	\$16,730	\$132
Unsalariated	45	45	248	248	248	0
Additional Gross Pay	549	468	23	2	2	(21)
Overtime - Civilian	13	9	0	8	0	0
<b>Subtotal</b>	<b>\$14,703</b>	<b>\$15,217</b>	<b>\$16,869</b>	<b>\$17,056</b>	<b>\$16,980</b>	<b>\$111</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$79	\$101	\$729	\$215	\$906	\$177
Property and Equipment	197	221	146	136	82	
Other Services and Charges	4,158	4,617	3,342	4,144	3,468	126
Contractual Services	232,879	214,100	197,586	197,540	197,340	(246)
<b>Subtotal</b>	<b>\$237,313</b>	<b>\$219,039</b>	<b>\$201,803</b>	<b>\$202,035</b>	<b>\$201,795</b>	<b>\$57</b>
<b>TOTAL</b>	<b>\$252,017</b>	<b>\$234,256</b>	<b>\$218,672</b>	<b>\$219,091</b>	<b>\$218,775</b>	<b>\$167</b>
<b>Funding</b>						
City Funds			\$81,583	\$46,793	\$81,569	(\$14)
State			110,300	111,191	119,305	9,005
Federal - Other			26,789	26,107	17,901	(8,888)
Other Categorical			0	35,000	0	0
<b>TOTAL</b>	<b>\$252,017</b>	<b>\$234,256</b>	<b>\$218,672</b>	<b>\$219,091</b>	<b>\$218,775</b>	<b>\$103</b>
<b>Budgeted Headcount</b>						
Full-Time Positions	235	238	266	266	261	(5)
<b>TOTAL</b>	<b>235</b>	<b>238</b>	<b>266</b>	<b>266</b>	<b>261</b>	<b>(5)</b>

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



**E3. Chemical Dependency Spending**

<b>Chemical Dependency</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	\$1,870	\$2,594	\$5,215	\$4,529	\$6,772	\$1,558
Unsalariated	43	48	57	57	57	0
Additional Gross Pay	28	32	409	409	409	0
<b>Subtotal</b>	<b>\$1,941</b>	<b>\$2,674</b>	<b>\$5,680</b>	<b>\$4,994</b>	<b>\$7,238</b>	<b>\$1,558</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$5	\$17	\$311	\$163	\$547	\$235
Property and Equipment	0	38	6	48	0	(6)
Other Services and Charges	2,183	3,870	944	4,149	1,182	238
Social Services	10,615	13,359	12,454	12,965	12,479	25
Contractual Services	66,556	74,040	90,888	90,787	91,405	517
<b>Subtotal</b>	<b>\$79,359</b>	<b>\$91,323</b>	<b>\$104,603</b>	<b>\$108,112</b>	<b>\$105,613</b>	<b>\$1,010</b>
<b>TOTAL</b>	<b>\$81,300</b>	<b>\$93,997</b>	<b>\$110,283</b>	<b>\$113,106</b>	<b>\$112,851</b>	<b>\$2,567</b>
<b>Funding</b>						
City Funds			\$50,912	\$48,970	\$54,570	\$3,658
State			46,713	45,156	44,193	(2,520)
Federal			12,659	14,088	14,088	1,429
Other Categorical			0	4,893	0	0
<b>TOTAL</b>	<b>\$81,300</b>	<b>\$93,997</b>	<b>\$110,283</b>	<b>\$113,106</b>	<b>\$112,851</b>	<b>\$2,567</b>
<b>Budgeted Headcount</b>						
Full-Time Positions	22	42	57	59	66	9
<b>TOTAL</b>	<b>22</b>	<b>42</b>	<b>57</b>	<b>59</b>	<b>66</b>	<b>9</b>

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

**E4: Mental Hygiene Administration Spending**

<b>Mental Hygiene Administration</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	\$12,452	\$13,906	\$14,368	\$14,446	\$19,319	\$4,951
Unsalariated	400	358	514	544	520	6
Additional Gross Pay	397	374	766	759	748	(18)
Overtime - Civilian	43	43	211	215	211	0
<b>Subtotal</b>	<b>\$13,292</b>	<b>\$14,680</b>	<b>\$15,860</b>	<b>\$15,964</b>	<b>\$20,798</b>	<b>\$4,938</b>
<b>Other Than Personal Services</b>						
Supplies and Materials	\$54	\$116	\$268	\$105	\$87	(\$181)
Property and Equipment	31	17	27	22	91	64
Other Services and Charges	7,019	\$7,192	\$8,611	\$7,567	\$9,630	1,019
Contractual Services	965	1,230	519	1,627	445	(74)
<b>Subtotal</b>	<b>\$8,070</b>	<b>\$8,556</b>	<b>\$9,425</b>	<b>\$9,321</b>	<b>\$10,252</b>	<b>\$827</b>
<b>TOTAL</b>	<b>\$21,362</b>	<b>\$23,236</b>	<b>\$25,285</b>	<b>\$25,285</b>	<b>\$31,050</b>	<b>\$5,766</b>
<b>Funding</b>						
City Funds			\$12,434	\$11,753	\$18,143	\$5,708
State			11,681	12,363	11,739	57
Federal			1,169	1,169	1,169	0
<b>TOTAL</b>	<b>\$21,362</b>	<b>\$23,236</b>	<b>\$25,285</b>	<b>\$25,285</b>	<b>\$31,050</b>	<b>\$5,766</b>
<b>Budgeted Headcount</b>						
Full-Time Positions	164	182	206	246	246	40
<b>TOTAL</b>	<b>164</b>	<b>182</b>	<b>206</b>	<b>246</b>	<b>246</b>	<b>40</b>

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

**E5. Developmental Disabilities Spending**

<b>Developmental Disabilities</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	\$805	\$862	\$927	\$931	\$931	\$4
Unsalaries	43	28	47	45	45	(2)
Additional Gross Pay	27	32	15	15	15	0
<b>Subtotal</b>	<b>\$875</b>	<b>\$922</b>	<b>\$989</b>	<b>\$992</b>	<b>\$992</b>	<b>\$3</b>
<b>Other Than Personal Services</b>						
Other Services and Charges	\$119	\$95	\$131	\$131	\$131	\$0
Contractual Services	11,086	14,392	15,371	15,392	11,445	(3,926)
<b>Subtotal</b>	<b>\$11,205</b>	<b>\$14,487</b>	<b>\$15,502</b>	<b>\$15,523</b>	<b>\$11,576</b>	<b>(\$3,926)</b>
<b>TOTAL</b>	<b>\$12,080</b>	<b>\$15,409</b>	<b>\$16,491</b>	<b>\$16,515</b>	<b>\$12,568</b>	<b>(\$3,923)</b>
<b>Funding</b>						
City Funds			\$10,590	\$10,602	\$6,656	(\$3,934)
State			5,602	5,612	5,612	10
Federal			300	300	300	0
<b>TOTAL</b>	<b>\$12,080</b>	<b>\$15,409</b>	<b>\$16,491</b>	<b>\$16,515</b>	<b>\$12,568</b>	<b>(\$3,923)</b>
<b>Budgeted Headcount</b>						
Full-Time Positions	11	11	12	12	12	0
<b>TOTAL</b>	<b>11</b>	<b>11</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>0</b>

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