

THE COUNCIL OF THE CITY OF NEW YORK

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Speaker of the Council

Hon. Corey Johnson
Chair, Committee on Health



Report on the Fiscal 2017 Preliminary Budget and the Fiscal 2016 Preliminary Mayor's Management Report

Department of Health and Mental Hygiene

March 18, 2016

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Department of Health and Mental Hygiene Overview

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

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

The Department's Early Intervention Program serves infants and toddlers with developmental delays. Direct services are provided at four tuberculosis clinics, eight sexually transmitted disease clinics, one immunization clinic, and more than 1,200 public schools. DOHMH issues birth and death certificates, inspects restaurants and child care centers, and protects public safety through immediate response to emergent public health threats. The Department's three District Public Health Offices work to reduce health disparities in the City's highest need neighborhoods.

Report Structure

This report reviews the Department of Health and Mental Hygiene's \$1.4 billion Fiscal 2017 Preliminary Budget. The report presents the expense budget highlights and the miscellaneous revenue budget followed by a review of Council-funded initiatives and baselined funding and relevant New York State budget actions. The report then analyzes the public health program areas and reviews relevant sections of the Fiscal 2016 Preliminary Mayor's Management Report. An in-depth review of the new needs in Public Health funding—including Ending the Epidemic programming—follows. Finally, the appendices outline the Budget Actions in the November and Preliminary Plans, the Fiscal 2017 Contract Budget for DOHMH, and the Department's proposed capital budget, including an analysis of the significant changes proposed to the City's \$57.2 billion Capital Plan for Fiscal 2017-2019.

Fiscal 2017 Preliminary Plan Highlights

DOHMH Expense Budget

The City's Fiscal 2017 Preliminary Budget totals \$82.1 billion, an increase of \$3.6 billion, or approximately four percent, when compared to the \$78.5 billion Fiscal 2016 Adopted Budget. The Department of Health and Mental Hygiene's Fiscal 2017 Preliminary Budget totals \$1.41 billion (including City and non-City funds), an increase of \$60 million, or four percent, compared to the \$1.35 billion Fiscal 2016 Adopted Budget. At \$438 million, Personal Services (PS) account for 31 percent of the Department's Fiscal 2017 operating budget, and at \$972 million, Other Than Personal Services (OTPS) account for 69 percent.

DOHMH Expense Budget						
	2014	2015	2016	Preliminary Plan		*Difference
<i>Dollars in Thousands</i>	Actual	Actual	Adopted	2016	2017	2016 - 2017
DOHMH Spending						
Personal Services	\$365,416	\$389,963	\$395,469	\$417,821	\$438,060	\$42,592
Other Than Personal Services	1,057,770	1,105,584	954,780	1,026,864	972,075	17,295
TOTAL	\$1,423,185	\$1,495,547	\$1,350,248	\$1,444,685	\$1,410,135	\$59,887
Public Health						
Personal Services	\$242,630	\$261,398	\$259,588	\$278,127	\$286,734	\$27,146
Other Than Personal Services	456,764	483,551	362,484	396,014	331,950	(30,535)
Subtotal, Division of Public Health	\$699,393	\$744,950	\$622,072	\$674,142	\$618,684	(\$3,389)
Mental Hygiene						
Personal Services	\$36,269	\$37,905	\$44,846	\$48,866	\$58,686	\$13,840
Other Than Personal Services	507,023	523,782	515,137	536,193	564,511	49,374
Subtotal, Division of Mental Hygiene	\$543,292	\$561,687	\$559,983	\$585,059	\$623,197	\$63,214
OCME						
Personal Services	\$43,891	\$47,104	\$48,950	\$52,306	\$51,367	\$2,418
Other Than Personal Services	21,916	19,436	15,419	23,192	15,319	(100)
Subtotal, OCME	\$65,806	\$66,539	\$64,369	\$75,498	\$66,687	\$2,318
General Administration						
Personal Services	\$42,626	\$43,555	\$42,085	\$38,522	\$41,273	(\$812)
Other Than Personal Services	\$72,067	\$78,815	\$61,740	\$71,464	\$60,295	(\$1,445)
Subtotal, Administration	\$114,693	\$122,370	\$103,825	\$109,986	\$101,568	(\$2,256)
DOHMH Total	\$1,423,185	\$1,495,547	\$1,350,248	\$1,444,685	\$1,410,135	\$59,887

*The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.

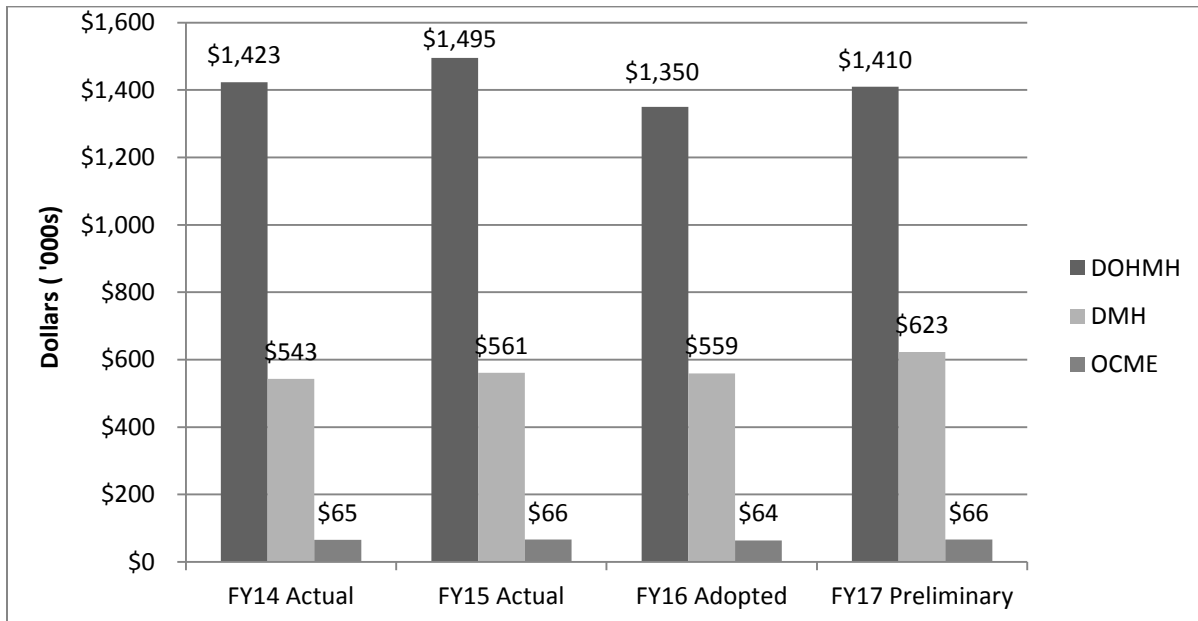
Excluding general administration costs, DOHMH's Fiscal 2017 operating budget for Public Health funding totals \$618 million, a decrease of \$3.4 million or less than one percent, when compared to the budget at adoption. Public health spending accounts for approximately 44 percent of the Department's total Fiscal 2017 spending of \$1.4 billion. Due to the breadth of services DOHMH provides, public health spending accrues a variety of PS and OTPS costs. The PS budget accounts for 46 percent, or \$287 million, of the public health sector's overall budget, and the OTPS budget accounts for 54 percent, or \$332 million.

Some public health program areas prove more staff intensive, like the Environmental Health Program which requires an internal staff of credentialed public health inspectors and sanitarians to conduct inspections of child care facilities and food service establishments—resulting in high PS costs. In other programs, such as Disease Control and Treatment for HIV/AIDS, the Department typically contracts with local community-based organizations and health providers that possess the requisite expertise and capacity to provide effective services—resulting in high OTPS costs.

The Division of Mental Hygiene’s (DMH or the Division) Fiscal 2017 operating budget totals \$623 million, an increase of \$63 million, or 10 percent, when compared to the budget at adoption. The Division relies heavily on private service providers; therefore, the OTPS budget accounts for 90 percent, or \$564.5 million, of the Division’s overall \$623 million budget.

The Fiscal 2017 budget includes more than \$66 million for the Office of the Chief Medical Examiner (OCME); Personal Services comprise 77 percent of these funds. Overall, OCME accounts for less than five percent of the Department’s Fiscal 2017 budget.

DOHMH Actual and Planned Spending



The Department’s Fiscal 2017 Preliminary Budget includes \$89.7 million in new needs, with \$7 million of this funding for Public Health. Other adjustments in DOHMH funding introduced since the Fiscal 2016 Adopted Budget total \$4 million, with the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York State Office of Mental Health (OMH) providing the majority of these funds.

Changes made to the Public Health budget during the course of Fiscal 2016 are summarized in Appendix A, with all changes to DOHMH’s budget summarized in Appendix

B. Fluctuations in non-City grant funding, collective bargaining costs, and other technical adjustments contribute to the changes in DOHMH spending for Fiscal 2017.

Funding for ThriveNYC: A Mental Health Roadmap for All totals \$56 million in DOHMH funding in Fiscal 2017, accounting for the majority, 63 percent, of the Department's total new needs. ThriveNYC constitutes a citywide action plan to guide the City toward a more effective and holistic mental health system. The five-year plan allocates more than \$300 million to DOHMH in order to fund projects through Fiscal 2020.

Key Public Health actions in the Preliminary Plan include:

- **Ending the Epidemic.** The Preliminary Plan includes \$3.1 million in the current fiscal year and \$23.5 million in Fiscal 2017 and in the outyears to enhance HIV/AIDS prevention and healthcare services and end the HIV/AIDS epidemic in New York City. The Preliminary Plan also adds 137 positions in Fiscal 2017 and in the outyears for the initiative. (See page 20 for more details).
- **Homeless Shelters Pest Control.** The Preliminary Plan includes \$400,000 in the current fiscal year and \$431,000 in Fiscal 2017 and in the outyears to perform pest control inspections, baiting services, and integrated pest management activities at Department of Homeless Services (DHS) homeless shelters. The Preliminary Plan also includes four positions in Fiscal 2016, Fiscal 2017 and in the outyears. (See page 28 for more details).
- **Legionella and Colling Towers Inspection.** The Preliminary Plan includes \$2.9 million in the current fiscal year, \$3.8 million in Fiscal 2017, and \$5.6 million in the outyears to adhere to the recently passed legislation regarding cooling tower inspections. The funding will enable the inspectors and lab and research staff to conduct surveillance, outbreak investigations, and data analyses. The Plan includes 44 new positions in Fiscal 2016, Fiscal 2017 and in the outyears. (See page 19 for more details).
- **Talk to Your Baby Phase II.** The Preliminary Plan includes \$690,000 in the current fiscal year to implement the second phase of the Children's Cabinet's Talk to Your Baby campaign. The Plan does not include any new positions or funding beyond the current fiscal year. (See page 24 for more details).

Financial Summary

DOHMH Financial Summary						
<i>Dollars in Thousands</i>						
	Actual		Adopted	Preliminary Plan		*Difference
	2014	2015	2016	2016	2017	2016 - 2017
Budget by Program Area						
<u>Public Health</u>						
Center for Health Equity	\$4,027	\$10,280	\$9,580	\$11,607	\$11,606	\$2,025
Dis Prev & Treat - Administration	17,502	6,816	22,952	22,135	5,609	(17,344)
Dis Prev & Treat - Communicable	4,376	8,712	3,279	9,162	8,305	5,025
Dis Prev & Treat - HIV/AIDS	162,315	169,284	168,845	182,822	192,387	23,542
Dis Prev & Treat - Immunization	10,297	9,999	10,467	11,060	10,189	(278)
Dis Prev & Treat - Laboratories	7,254	8,049	9,076	8,392	9,818	743
Dis Prev & Treat - STD	13,971	14,246	14,704	15,109	26,877	12,173
Dis Prev & Treat - Tuberculosis	14,674	14,443	14,814	14,319	14,856	41
Emergency Preparedness	16,780	19,082	18,267	28,384	15,400	(2,867)
Environ Disease & Injury	7,844	12,029	8,533	13,828	8,187	(347)
Environ Health - Admin	6,264	5,586	13,726	6,970	9,668	(4,058)
Environ Health - Animals	13,705	14,428	14,417	15,947	14,550	133
Environ Health - Day Care	9,850	11,276	11,910	11,920	11,906	(5)
Environ Health - Food Safety	18,343	18,127	19,301	18,010	18,927	(374)
Environ Health - Pest Control	10,334	10,883	11,041	13,792	14,607	3,566
Environ Health - Poison	1,980	1,920	1,864	1,908	1,926	62
Environ Health - Science/ENG	2,712	3,562	3,592	5,903	6,252	2,659
Environ Health - Surveillance	2,321	2,675	2,223	3,017	2,243	20
Environ Health - West Nile	247	321	336	302	336	0
Epidemiology	14,251	13,857	12,973	14,836	14,002	1,029
Family & Child Health - Admin	9,970	5,090	24,034	15,338	7,251	(16,783)
Family & Child Health - MCH	12,789	18,512	10,307	17,309	16,608	6,301
Family & Child Health - Oral	19	0	0	0	0	0
Family & Child Health - School	94,254	104,531	90,252	98,273	101,502	11,250
Prev & Primary Care - Admin	7,958	6,034	22,689	9,716	4,681	(18,008)
Prev & Primary Care - Chronic	10,121	13,315	6,168	6,410	6,734	566
Prev & Primary Care - Correct	181,139	192,287	54,320	62,834	37,930	(16,390)
Prev & Primary Care - PCAP	5,540	5,803	1,046	7,097	1,126	80
Prev & Primary Care - PCIP	4,474	6,946	3,415	5,646	5,872	2,457
Prev & Primary Care - Tobacco	10,401	7,502	5,022	7,095	7,022	2,000
World Trade Center	23,679	29,356	32,917	35,003	32,308	(609)
Subtotal, Public Health	\$699,393	\$744,950	\$622,072	\$674,142	\$618,684	(\$3,389)
<u>DOHMH, Other</u>						
Division of Mental Hygiene	\$543,292	\$561,687	\$559,983	\$585,060	\$623,197	\$63,214
Administration - General	114,693	122,370	103,825	109,986	101,568	(2,256)
Office of Chief Medical Examiner	65,806	66,539	64,369	75,498	66,687	2,318
Subtotal, DOHMH, Other	\$723,792	\$750,597	\$728,176	\$770,543	\$791,452	\$63,276
TOTAL	\$1,423,185	\$1,495,547	\$1,350,248	\$1,444,685	\$1,410,135	\$59,887
Funding						
<u>Public Health</u>						
City Funds			\$286,737	\$247,046	\$268,441	(\$18,296)
Other Categorical			1,242	2,867	1,242	0
State			\$105,219	\$153,387	\$117,398	\$12,179
Federal - Other			226,819	261,388	229,527	2,708
Intra City			2,055	\$9,454	2,076	21
Subtotal, Public Health	\$699,393	\$744,950	\$622,072	\$674,142	\$618,684	(\$3,389)

	Actual		Adopted	Preliminary Plan		*Difference
	2014	2015	2016	2016	2017	2016 - 2017
DOHMH, Other						
City Funds			\$291,068	\$301,964	\$356,191	\$65,123
Other Categorical			2	0	0	(2)
State			375,622	390,032	378,294	2,672
Federal - Other			61,351	76,308	56,832	(4,519)
Intra City			134	2,239	134	0
Subtotal, DOHMH, Other	\$723,792	\$750,597	\$728,176	\$770,543	\$791,452	\$63,276
TOTAL	\$1,423,185	\$1,495,547	\$1,350,248	\$1,444,685	\$1,410,135	\$59,887
Budgeted Headcount						
Public Health	2,604	2,672	3,174	3,262	3,168	(6)
Division of Mental Hygiene	539	530	671	842	909	238
Office of Chief Medical Examiner	554	569	641	641	662	21
General Administration	583	578	618	676	581	(37)
TOTAL	4,280	4,349	5,104	5,421	5,320	216

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

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The Department intends to spend approximately \$618 million on public health-related services in Fiscal 2017, excluding general administration costs, representing 43 percent of the Department's overall \$1.4 billion budget. Public Health funding spans numerous program areas, including the Center for Health Equity; Disease Prevention & Treatment; Emergency Preparedness & Response; Environmental Disease & Injury Prevention; Environmental Health; Epidemiology; Family & Child Health; Prevention & Primary Care; and World Trade Center-Related Programs.

Funding Sources

City tax-levy (CTL) accounts for approximately 43 percent of public health spending in the Fiscal 2017 Preliminary Budget. Federal funding constitutes the second largest source, comprising 37 percent of the Department's public health budget. The Department typically receives federal money in the form of conditional/categorical block grants allocated for specific public health purposes, as directed by the federal government. State aid accounts for approximately 19 percent of the Department's Public Health revenue in the Fiscal 2017 Preliminary Budget. The State's Public Health local assistance provision, 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.

Program Areas

Funding for Disease Prevention & Treatment in Fiscal 2017 increased substantially when compared to the Fiscal 2016 Adopted Budget due to major investments in HIV/AIDS and Sexually Transmitted Diseases (STDs), adding \$23.5 million and \$12 million, respectively. Funding for Disease Prevention & Treatment Administration decreased by more than \$17 million, however, bringing the Disease Prevention net increase to \$23.9 million. The Center for Health Equity also experienced a net increase in the Fiscal 2017 Preliminary Budget, adding more than \$2 million, or 17 percent, when compared to the budget at adoption.

The Environmental Health Program experienced a net increase of \$2 million between the Fiscal 2017 Preliminary Budget and the budget at adoption. Funding for Pest Control and Science/Engineering increased by \$3.6 million and \$2.7 million, respectively, while funding for Administration decreased by more than \$4 million. The Bureau of Family & Child Health experienced a modest net increase of \$768,000 between the Fiscal 2017 Preliminary Budget and the budget at adoption, gaining more than \$11 million in School Health funding but losing more nearly \$17 million for administrative funding. Funding for Epidemiology services also increased, adding \$1 million between the Fiscal 2017 Preliminary Budget and the Fiscal 2016 Adopted Budget.

Funding for Emergency Preparedness & Response, Environmental Disease & Injury Prevention, and World Trade Center-Related Programs decreased in the Fiscal 2017 Preliminary Budget by \$3 million, \$350,000, and \$600,000, respectively, when compared to the Fiscal 2016 Adopted Budget. The Prevention & Primary Care Program also experienced a net decrease, losing \$30 million between the Fiscal 2017 Preliminary Budget and the budget at adoption, including an \$18 million decrease in administrative funding and a \$16 million loss in Correctional Health funding.

Headcount

The Department's headcount increased by 216 positions between the Fiscal 2016 Adopted Budget and the Fiscal 2017 Preliminary Budget, but only the Division of Mental Hygiene and the Office of the Chief Medical Examiner experienced net gains. The Department's public health and administrative sectors actually experienced a decrease in headcount between the Adopted and Preliminary Budgets, losing six positions and 37 positions, respectively. The largest headcount increase occurred in the Disease Prevention & Treatment category, with the HIV/AIDS program gaining 20 positions and STD program gaining 93 positions. Disease Prevention & Treatment boasts the largest headcount in the Department, will 1,159 full-time positions in Fiscal 2017. Prevention & Primary Care experienced the largest headcount decrease, losing 160 positions between the Fiscal 2016 Adopted Budget and the Fiscal 2017 Preliminary Budget, primarily due to losses in Correctional Health.

Fiscal 2016

Regarding the current fiscal year, the Department's \$1.44 billion Fiscal 2016 Budget shows an increase of \$94 million since the budget was adopted in June of 2015. City funds actually decrease by nearly \$29 million during this period, but State funding increases by \$62.6 million and federal funding provides nearly an additional \$50 million. Non-City funds, therefore, add approximately \$112 million to the \$1.35 billion Fiscal 2016 Adopted

Budget—a midyear increase typical for the Department. Intra-city and other categorical funding provide an additional \$11 million to the budget since adoption.

The Department typically does not include federal and State funding in its preliminary appropriations but, rather modifies the budget over the course of the fiscal year as it receives the funding. This funding is generally in the form of grants. The Department's headcount also increased by 317 between the Fiscal 2016 Adopted Budget and the 2017 Preliminary Budget, with most of the positions in the Division of Mental Hygiene for ThriveNYC projects. The public health sector of DOHMH gained 48 positions in the current fiscal year for legionella and cooling towers inspection and homeless shelters pest control.

Public Health New Needs

The Department's Fiscal 2017 Preliminary Budget includes \$89.7 million in new needs, with \$27.6 million of this funding supporting public health service, \$60 million supporting mental hygiene services, and \$2 million supporting the Office of the Chief Medical Examiner (OCME). Public Health new needs include Ending the Epidemic; Homeless Shelters Pest Control; Legionella and Cooling Towers Inspection; and Talk to Your Baby Phase II.

Miscellaneous Revenue Budget

DOHMH Miscellaneous Revenue						
<i>Dollars in Thousands</i>						
Revenue Sources	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Licenses, Permits, Private Franchises	\$11,595	\$11,692	\$11,802	\$11,692	\$11,802	\$0
Charges for Services	15,566	15,138	16,238	16,238	16,238	0
Miscellaneous	5,668	3,250	32,100	4,100	4,100	(28,000)
Federal Grants - Categorical	354,243	365,765	311,145	306,323	309,334	(1,811)
State Grants - Categorical	489,797	499,113	481,664	468,124	469,515	(12,149)
Non-Governmental Grants	2,840	3,289	1,369	1,369	1,367	(2)
Intra-City Revenue	16,096	22,601	2,189	2,973	2,210	21
TOTAL	\$895,805	\$920,848	\$856,506	\$810,819	\$814,566	(\$41,940)

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

State grants constitute the largest source of the Department's miscellaneous revenue in the Fiscal 2017 Preliminary Budget, accounting for more than half or 58 percent of the Department's \$815 million. Federal grants also provide a substantial portion of the Department's revenue, totaling \$309 million or 38 percent in the Fiscal 2017 Preliminary Budget. Overall, the Department's Fiscal 2017 miscellaneous revenue decreased by nearly \$42 million or five percent when compared to the budget at adoption.

Public Health State and Federal Grants

State and federal Public Health grants increase in the Fiscal 2017 Preliminary Budget when compared to the Fiscal 2016 Adopted Budget, adding \$12 million and \$2.7 million, respectively. The largest increase occurred in the Bureau of Disease Prevention & Treatment, with the State adding more than \$9 million in grants for Public Health Local Assistance, Medicaid Health & Medical Care, and HIV/AIDS. Between the Fiscal 2017 Preliminary Budget and the Fiscal 2016 Adopted Budget, federal funding for the Bureau of Disease Prevention & Treatment also increased, adding \$3.3 million. The largest Fiscal 2017 grants in this sector include the \$101 million Ryan White HIV Emergency Relief grant and the \$32 million AIDS Prevention Surveillance grant.

Public Health State and Federal Grants

<i>Dollars in Thousands</i>	2016 Adopted		2017 Preliminary	
	Federal	State	Federal	State
Center for Health Equity	-	\$3,289	-	\$4,068
Disease Prevention & Treatment	\$184,720	\$22,015	\$188,061	\$31,178
Emergency Preparedness & Response	\$13,211	\$22	\$12,847	\$32
Environmental Disease & Injury Prevention	\$1,970	\$3,226	\$1,932	\$3,114
Environmental Health	\$8,543	\$5,646	\$8,567	\$7,492
Epidemiology	\$15	\$1,826	-	\$1,852
Family & Child Health	\$10,244	\$44,525	\$10,083	\$45,177
Prevention & Primary Care	\$1,809	\$24,669	\$2,337	\$24,484
World Trade Center Related Programs	\$6,308	-	\$5,699	-
Public Health Total	\$226,820	\$105,218	\$229,526	\$117,397

Council Initiatives and Baselined Funding

The Department of Health and Mental Hygiene's Fiscal 2016 Budget includes \$35.6 million in City Council discretionary funding, representing approximately three percent of the Department's total budget. This discretionary funding includes over \$32.6 million in initiative funding (\$20.4 million for public health services and \$12.2 million for mental health services) and \$3 million in local initiatives that support a combination of public and mental health services.

The initiatives enable the City Council to prioritize the needs of New York City residents and allocate funds accordingly. The Council's public health initiatives demonstrate a strong commitment to vulnerable and marginalized populations, including children, women of childbearing age, and people living with HIV/AIDS. The local initiatives help fund CBOs across the City, supporting organizations such as Children's Aid Society, New York Cancer Center, and Gay Men's Health Crisis.

In Fiscal 2014, the Bloomberg Administration baselined funding for Council Initiatives that support hundreds of programs operated by CBOs throughout the City. Baselined Public Health Initiatives include Asthma Control Program; Callen Lorde Health Center; Cancer Programs; Family Planning; HIV Prevention – Behavioral Interventions; HIV Prevention & Literacy – Seniors; HIV/AIDS Communities of Color; HIV/AIDS Faith Based; Infant Mortality Reduction; Injection Drug Users Health Alliance (IDUHA); NYU – Mobile Dental Van; and Obesity Prevention. Baselined funding will prove a source of discussion and negotiation between the Administration and the Council during the Fiscal 2017 budget process.

Public Health Funding, Council Initiatives

Fiscal 2016 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
Access Health NYC	\$1,000
Amida Care Initiative	100
Asthma Control Program*	500
Beating Hearts	350
Callen Lorde Health Center*	500
Cancer Programs*	1,525
End the Epidemic	3,900
Family Planning*	350
Healthy Women, Healthy Future – DOULA Services	300
Hepatitis B/C	975
HIV Prevention – Behavioral Interventions*	2,716
HIV Prevention & Literacy – Seniors*	400
HIV/AIDS Communities of Color*	1,225
HIV/AIDS Faith Based*	1,500
Infant Mortality Reduction*	2,500
Injection Drug Users Health Alliance (IDUHA)*	1,000
NYU – Mobile Dental Van*	268
Obesity Prevention*	1,300
Subtotal, Public Health Funding	\$20,409
DOHMH, Mental Health Initiatives	\$12,191
Local Initiatives	\$3,087
TOTAL	\$35,687

*Baselined Initiative

The following is a brief description of each Council initiative as funded in Fiscal 2016. For those initiatives that were baselined, a chart outlining the Department's proposed procurement method for Fiscal 2017 is in Appendix D.

Access Health NYC. The \$1 million allocation enables culturally and linguistically competent CBOs 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).

Amida Care Initiative. The \$100,000 allocation supports Mobile Engagement Teams (METs)—comprised of health educators, intensive case managers, licensed clinical social workers, and psychiatric nurse practitioners—to help disconnected Amida Care patients to reestablish appropriate and ongoing medical care.

Asthma Control Program. The \$500,000 allocation supports DOHMH's Managing Asthma in Daycare Program, an asthma screening, education, and care coordination program administered by CBOs in communities experiencing disproportionately high asthma rates.

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.

Callen Lorde Health Center. The \$500,000 allocation supports comprehensive healthcare for uninsured patients, focusing on women's health, adolescent services, senior services, and STD screening and treatment, including HIV/AIDS.

Cancer Programs. The \$1.525 million allocation supports various screening, education and supportive services for breast, colon, and ovarian cancer. Fiscal 2016 awardees include the American Cancer Society, American-Italian Cancer Foundation, Astoria/Queens SHAREing and CAREing, Charles B. Wang Community Health Center, Gilda's Club New York, Ralph Lauren Center for Cancer Care and Prevention, and Self-Help for Women with Breast or Ovarian Cancer (SHARE).

End the Epidemic. The \$3.9 million allocation supports prevention, education, outreach, and support services as part of Ending the Epidemic, a statewide plan to decrease new HIV infections to 750 by the year 2020.

Family Planning. The \$350,000 allocation to Planned Parenthood of New York City (PPNYC) supports reproductive health and pregnancy prevention services for uninsured and high-risk teens. The funding also supports Teen Advocates, a PPNYC peer education program that promotes sexual and reproductive health in targeted zip codes with high STD and teen pregnancy rates.

Healthy Women, Healthy Future – DOULA Services. The \$300,000 allocation provides an array of doula services to expectant mothers and women of childbearing age. This funding supports the following: (1) birth doula care; (2) postpartum doula care; (3) program oversight, including doula care coordination, training coordination, technical assistance

and capacity building for all five boroughs; (4) program evaluation, focus groups and surveys of doulas and program participants; and (5) doula training, whereby doulas will be trained as birth and/or post-partum doulas. Fiscal 2016 awardees included Bronx Health Link, Brooklyn Perinatal Network, Caribbean Women's Health Association, Choices in Childbirth, Community Health Center of Richmond, Northern Manhattan Perinatal Partnership, PPNYC, and Queens Comprehensive Perinatal Council.

Hepatitis B/C. The \$975,000 allocation enables DOHMH and CBOs to conduct hepatitis outreach and screening efforts and local health provider trainings. The funding will help connect individuals diagnosed with hepatitis B or C to culturally competent care.

HIV Prevention – Behavioral Interventions. The \$2.7 million allocation restores funding for contracts that support individual and group-level evidenced-based behavioral interventions, targeting high-risk, HIV-negative people as well as newly diagnosed HIV-positive individuals.

HIV Prevention & Literacy – Seniors. The \$400,000 allocation to Community Research Initiative on AIDS supports the development of a citywide prevention and education program targeted towards senior services and healthcare providers, faith-based organizations, health department staff, and older-adult peer educators. The program also seeks to improve knowledge and raise awareness and sensitivity among healthcare providers and others who provide services to seniors regarding the unique needs of older adults with HIV, thereby contributing to the “mainstreaming” of this population into the senior services network.

HIV/AIDS Communities of Color. The \$1.125 million allocation, first, supports programs that provide outreach, rapid testing or rapid testing referral, supportive services, mental health screenings, and linkage to care for people living with HIV/AIDS (PLWHAs). Secondly, the allocation supports programs that make male and female condoms readily available and free of charge to high risk groups, particularly young men who have sex with men (MSMs) and young women of color, with an emphasis on condom distribution in non-traditional settings, such as bars and beauty salons.

HIV/AIDS Faith Based. The \$1.5 million allocation supports HIV/AIDS prevention, education, outreach, advocacy, and support services in local religious institutions and CBOs that engage vulnerable populations.

Infant Mortality Reduction. The \$2.5 million allocation supports a network of community-based providers that provides outreach, referrals, workshops, case management, and peer education to expectant mothers and women of childbearing age living in areas with high infant mortality rates. The network works to improve maternal and child health outcomes through a range of interventions, promoting women's health before, during, and after pregnancy.

Injection Drug Users Health Alliance (IDUHA). The \$1 million allocation supports numerous interventions intended to prevent the spread of HIV/AIDS through intravenous drug use, such as enabling sterile syringe access, facilitating hepatitis C care coordination, and offering overdose prevention, addiction treatment, and mental health screening services.

NYU – Mobile Dental Van. The \$268,000 allocation supports the City’s medically underserved children through the New York University College of Dentistry Mobile Dental Van Program and Pediatric Dental Clinic.

Obesity Prevention. The \$1.3 million allocation supports obesity prevention programs that provide nutrition and wellness education and promote physical fitness in an effort to prevent and reduce obesity in young New Yorkers. Fiscal 2016 awardees include Harlem Hospital Center, Health Corps, and New York Road Runners.

Fiscal 2016-2017 State Executive Budget Highlights

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. DOH also 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. Over six million individuals receive Medicaid-eligible services through a network of more than 60,000 healthcare providers and more than 16 managed care plans. Total federal, State and local Medicaid spending is expected to be \$63 billion in Fiscal 2017.

The Fiscal 2016-2017 State Executive Budget increases funding for community-based programs, strengthens the oversight of services for vulnerable persons, and redirects funding from high-cost institutional services to more effective lower-cost program models. Several reforms, if enacted, would affect the delivery of behavioral health services in New York City.

- **Medicaid.** The Executive Budget continues the Medicaid spending cap enacted in Fiscal 2012. The proposed Budget would re-institute the New York City contribution toward financing growth in Medicaid expenses under the Medical Assistance Program, increasing the City’s contribution by approximately 3.6 percent (\$180 million) in Fiscal 2017. The contribution would increase by 5.8 percent (\$476 million) in Fiscal 2018 and increase by two percent (\$129 million) annually thereafter. The majority of the State’s Medicaid recipients reside within NYC, making their share the largest driver of increased State costs.

Medicaid accounts for more than seven percent of the City’s \$82.1 billion budget and program costs continue to rise—the Administration predicts the proposed contribution could exceed \$1 billion by Fiscal 2020. However, this action reflects the City’s improved financial health since the State first proposed to phase-out the fixed contribution towards Medicaid growth. Since Fiscal 2012, all local governments and school districts have been subject to the State’s Property Tax Cap, with the exception of New York City. Due to this exception, the City’s property tax levy has been growing at a significantly higher rate each year than what is allowed under the tax cap without an override. The property tax cap exemption provides for an additional \$3.5 billion in the City’s Fiscal 2016 budget.

- **Ending the AIDS Epidemic.** New York's successful, strategic investments in the prevention and care for individuals with HIV/AIDS enable the State to advance a plan for the end of the HIV/AIDS epidemic. The Fiscal 2017 Executive Budget reflects the initial installment of a \$200 million multi-year commitment of new funding toward HIV/AIDS efforts, in addition to the \$2.5 billion in public funding that the State currently directs toward addressing the healthcare needs of those living with the disease. Specifically, these funds will be used to expand the availability of affordable housing and housing assistance for those living with HIV and identify undiagnosed persons, link them with treatment, and facilitate access to necessary medications to keep them HIV negative to prevent spreading the disease.

In November, Governor Andrew Governor committed \$200 million in new funding to support HIV/AIDS efforts and called on the federal government to provide additional funds. Initially, it was believed that the \$200 commitment represented a yearly allocation; however, when the Executive Budget was released in January, it showed that the sum would be spread out over five years.

- **Increase Awareness and Screening for Breast and Prostate Cancer.** The State will launch a \$91 million comprehensive, statewide plan to increase rates of breast cancer screening, to help women access treatment, and to educate thousands of men about the risks associated with prostate cancer. The plan includes \$15 million to launch a public-private outreach and education campaign; \$59.5 million to help community providers purchase and operate mobile mammography vehicles; \$11.6 million to hire additional health care workers; and \$5 million from the New York State Innovation Venture Capital Fund to support the commercialization of promising cancer-related technologies.

Program Areas

Disease Prevention & Treatment

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

The Bureau of Communicable Diseases performs a range of activities, from investigating disease outbreaks and individual cases of disease, to monitoring drug resistance patterns for select diseases. In cooperation with other emergency response agencies, the Bureau operates a comprehensive surveillance system to improve the City's ability to detect and respond to the release of a biological agent. The Fiscal 2017 Preliminary Budget allocates \$8.3 million for Communicable Disease programs, a substantial increase of \$5 million, or 60 percent when compared to the Fiscal 2016 Adopted Budget.

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 Department's Bureau of Immunization promotes the immunization of children and adults in order to prevent the occurrence and transmission of diseases. The Fiscal 2017 Preliminary Budget allocates nearly \$27 million for STD Control, a substantial increase of \$12 million, or 44 percent when compared to the Fiscal 2016 Adopted Budget.

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 2017 Preliminary Budget allocates nearly \$10 million for laboratories, an increase of \$743,000, or eight percent when compared to the Fiscal 2016 Adopted Budget.

Disease Prevention & Treatment						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Budget by Program Area						
Dis Prev & Treat - Administration	\$17,502	\$6,816	\$22,952	\$22,135	\$5,609	(\$18,007)
Dis Prev & Treat- Communicable Dis	4,376	8,712	3,279	9,162	8,305	5,025
Disease Prev & Treat - Immunization	10,297	9,999	10,467	11,060	10,189	(278)
Disease Prev & Treat - Laboratories	7,254	8,049	9,076	8,392	9,818	743
Disease Prev & Treat - Sexually Trans Dis	13,971	14,246	14,704	15,109	26,877	12,173
Disease Prev & Treat - Tuberculosis	14,674	14,443	14,814	14,319	14,856	41
TOTAL	\$68,073	\$62,265	\$75,292	\$80,178	\$75,653	(\$302)
Spending						
Personal Services						
Full-Time Salaried	\$31,398	\$32,236	\$36,310	\$35,506	\$48,229	\$11,919
Other Salaried and Unsalaries	5,596	5,515	5,863	6,314	6,578	715
Additional Gross Pay	2,476	2,980	1,916	1,881	1,953	37
Overtime - Civilian	592	1,993	469	1,183	465	(4)
Fringe Benefits	52	39	16	16	16	\$0

	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Amounts to be Scheduled	0	0	2,154	(108)	2,817	\$663
Subtotal	\$40,115	\$42,764	\$46,728	\$44,793	\$60,058	\$12,667
Other Than Personal Services						
Supplies and Materials	\$3,894	\$2,561	\$3,213	\$3,849	\$3,693	\$480
Other Services and Charges	5,382	6,572	5,288	6,156	5,100	
Contractual Services	18,683	10,368	20,063	25,379	6,802	
Subtotal	\$27,959	\$19,501	\$28,564	\$35,384	\$15,595	\$480
TOTAL	\$68,073	\$62,265	\$75,292	\$80,178	\$75,653	\$13,147
Funding						
City Funds			\$32,125	\$29,105	\$29,120	(\$3,006)
State			19,960	22,673	20,955	995
Federal - Other			22,331	27,368	24,702	2,371
Other Categorical, Intracity			876	1,032	876	0
TOTAL	\$68,073	\$62,265	\$75,292	\$80,178	\$75,653	\$361
Budgeted Headcount						
Dis Prev & Treat - Administration	5	13	30	16	10	(20)
Dis Prev & Treat- Communicable Dis	38	41	47	68	68	21
Disease Prev & Treat - Immunization	96	94	108	117	108	0
Disease Prev & Treat - Laboratories	76	76	107	102	101	(6)
Disease Prev & Treat - Sexually Trans Dis	161	153	197	194	290	93
Disease Prev & Treat - Tuberculosis	183	178	193	177	177	(16)
TOTAL	559	555	682	674	754	72

*The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.

Continuation from previous page

The Fiscal 2017 Preliminary Budget allocates \$268 million to Disease Prevention & Treatment, an increase of nearly \$24 million, or nine percent when compared to the \$244 million budget at adoption. City funds increased by \$11.4 million; State funding increased by \$9 million; and federal funding increased by \$3.3 million. The Preliminary Budget also increases by 92 full-time positions between the Fiscal 2016 Adopted and Fiscal 2017 Preliminary Budgets. Disease Control & Prevention funding represents 43 percent of the Department's public health spending and more than 44 percent of DOHMH's total budget. (These figures exclude Disease Control & Prevention funding for HIV/AIDS—detailed on page 19).

Bureau of Tuberculosis Control

The Department's Bureau of Tuberculosis Control provides direct patient care, education, surveillance and outreach to reduce the incidence of tuberculosis (TB). The Bureau offers free evaluation and treatment for tuberculosis at five separate Chest Center locations. Furthermore, the Bureau identifies individuals who remain at high risk of progressing from latent infection to active disease to ensure they receive treatment.

The Department assesses its ability to detect and control infectious diseases, including TB and the flu. The number of new tuberculosis cases decreased between Fiscal 2014 and Fiscal 2015, dropping from 656 cases to 585 cases. Funding to the Bureau of Tuberculosis Control to identify all individuals with suspected or confirmed TB and ensure appropriate treatment remains steady at \$14.8 million in the Fiscal 2017 Preliminary Budget. The funding enables the Department to screen and treat high-risk TB patients at its four TB clinics, to provide case management to all TB patients and their contacts in New York City,

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

The Department notes that reporting of TB cases fluctuates from month to month and proves inconsistent throughout the year. Therefore, the 11 percent increase seen in the first four months of Calendar Year (CY) 2015 compared to the same period in 2014 does not constitute a true reflection of TB trends. Preliminary TB case count for CY 2015—576 cases—represents a one percent decrease from the previous year. The Department has recently enhanced efforts to promote TB-specific health screening activities in the community and leverage technology to deliver more patient-centered health services to patients.

Bureau of Immunization

The Department proved less successful in its immunization performance metrics. The number of seniors who reported receiving a flu shot in the last 12 months decreased between Fiscal 2014 and Fiscal 2015, dropping from 66.8 percent to 64.2 percent. DOHMH introduced a less ambitious Fiscal 2017 target for seniors who reported receiving a flu shot, suggesting 68 percent compared to 72 percent in Fiscal 2016. Additionally, while the number of children aged 19-35 months with up-to-date immunizations increased from 72 percent in Fiscal 2014 to 73 percent in Fiscal 2015, the number of children in the public schools who are in compliance with required immunizations fell to 86.6 percent in the Fiscal 2016 four-month actual report from 99 percent in Fiscal 2015.

The Department attributes the drop in compliance in part to the new, more stringent school immunization requirements implemented for the 2015-16 school year, including changes to the number of vaccine doses and the spacing interval between doses required for a child to be considered up-to-date. Furthermore, the Fiscal 2015 quarterly actual number has been corrected to 93.9 percent of children in public schools who are in compliance with required immunizations not including flu. The previous number reported had included flu vaccine in the compliance calculation.

The Fiscal 2017 Preliminary Budget allocates \$10 million to the Bureau of Immunization to promote the timely vaccination of children, adolescents, and adults through vaccine distribution, clinical services, public communication, provider outreach and support, and the monitoring of coverage rates. This represents a decrease of \$278,000 when compared to the budget at adoption.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
New tuberculosis cases (CY)	651	656	585	↓	↓	182	202
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	61.8%	66.8%	64.2%	72.0%	68.0%	NA	NA
Children aged 19-35 months with up-to-date immunizations (%)	70.1%	72.1%	73.0%	74.0%	75.0%	72.2%	73.3%
Children in the public schools who are in compliance with required immunizations (%)	99.1%	99.2%	99.0%	99.0%	99.0%	93.9%	86.6%

Fiscal 2017 Preliminary Plan

Legionella and Colling Towers Inspection. The Preliminary Plan includes \$2.9 million in the current fiscal year, \$3.8 million in Fiscal 2017, and \$5.6 million in the outyears to conduct cooling tower inspections, in accordance with recently passed legislation. The funding will enable the inspectors and lab and research staff to conduct surveillance, outbreak investigations, and data analyses.

The Fiscal 2017 Preliminary Plan allocates funding to the Bureau of Communicable Diseases, the Public Health Laboratory, and the Bureau of Environmental Sciences and Engineering in the Environmental Health Program and for administrative costs. In Fiscal 2016, the City allocates \$1.85 million and the State allocates \$1 million; in Fiscal 2017, the City allocates \$2.4 million and the State allocates \$1.4 million; and in the outyears, the City provides \$2.3 million and the State contributes \$1.3 million. The Plan includes 44 new positions starting in Fiscal 2016.

Disease Prevention & Treatment—HIV/AIDS

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

Disease Prevention & Treatment - HIV/AIDS						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$19,024	\$20,090	\$23,976	\$25,688	\$27,067	\$3,091
Other Salaried and Unsalariated	287	337	447	404	431	(16)
Additional Gross Pay	831	1,057	778	726	767	(11)
Overtime - Civilian	118	92	134	179	130	(3)
Fringe Benefits	4	6	2	1	1	(1)
Subtotal	\$20,264	\$21,582	\$25,337	\$26,998	\$28,397	\$3,060
Other Than Personal Services						
Supplies and Materials	\$3,310	\$2,832	\$3,244	\$3,689	\$3,044	(\$200)
Other Services and Charges	1,526	5,664	6,709	8,597	6,777	68
Contractual Services	137,215	139,206	133,556	\$143,538	154,169	20,614
Subtotal	\$142,052	\$147,702	\$143,508	\$155,824	\$163,990	\$20,482
TOTAL	\$162,315	\$169,284	\$168,845	\$182,822	\$192,387	\$23,542
Funding						
City Funds			\$4,400	\$6,528	\$18,805	\$14,405
Other Categorical			0	287	0	0
State			2,055	4,343	10,223	8,168
Federal - Other			162,389	171,665	163,359	970
TOTAL	\$162,315	\$169,284	\$168,845	\$182,822	\$192,387	\$23,542
Headcount (Full-Time, Salaried)	309	316	385	373	405	20

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates \$192 million to HIV/AIDS Prevention & Treatment, an increase of nearly \$24 million, or 12 percent when compared to the \$183 million budget at adoption. City funds increased by \$14.4 million; State funding increased by \$8 million; and federal funding increased by nearly \$1 million. The Preliminary Budget also increases headcount by 20 full-time positions between the Fiscal 2016 Adopted and Fiscal 2017 Preliminary Budgets. HIV/AIDS funding represents 72 percent of all Disease Control & Prevention spending and nearly 14 percent of the Department's total budget. The funding will help to support efforts to increase routine HIV testing, linking and keeping HIV-infected New Yorkers in HIV primary care, promoting early antiretroviral treatment to persons living with HIV, and promoting and normalizing consistent safer sex product use.

Fiscal 2017 Preliminary Plan

- **Ending the Epidemic (ETE).** The Preliminary Plan includes \$3.1 million in the current fiscal year and \$23.5 million in the outyears to enhance HIV/AIDS prevention and healthcare services and end the HIV/AIDS epidemic in New York City. In Fiscal 2016, the City contributes \$2 million and the State contributes \$1.125 million; in Fiscal 2017 and in the outyears, the City contributes nearly \$15 million and the State contributes \$8.4 million. The Preliminary Plan also adds 137 positions for the initiative, starting in Fiscal 2017.

Ending the Epidemic

In June 2014, Governor Andrew Cuomo announced a three-point plan to end the AIDS epidemic in New York State by 2020—the first pledge of its kind in the country—and convened an Ending the Epidemic Task Force that fall. The Task Force was charged with advising the New York State Department of Health on strategies to achieve the goals outlined in the Governor’s plan. The plan aims to reduce new HIV infections and 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 to keep them HIV negative.

HIV/AIDS in New York

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

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

HIV/AIDS Council Initiatives

Several Council Initiatives help to fund HIV education, outreach and prevention work, providing \$5.8 million in Fiscal 2016 to reach communities of color, faith-based organizations, and the senior population and to conduct behavioral interventions. The Council also provides \$1 million to the Injection Drug Users Health Alliance (IDUHA) and \$975,000 to the Hepatitis B/C Initiative. The Ending the Epidemic (ETE) Initiative provides an additional \$3.9 million in Fiscal 2016. The community-based organizations receiving Fiscal 2016 ETE Initiative funding include the following:

After Hours Project, Inc.
 AIDS Center of Queens County, Inc.
 AIDS Service Center of Lower Manhattan, Inc.
 Ali Forney Center
 Amida Care, Inc.
 APICHA Community Health Center
 Bridging Access to Care, Inc.
 Bronx AIDS Services, Inc. (dba BOOM! Health)
 CAMBA, Inc.
 Caribbean Women's Health Association, Inc.
 Community Health Action of Staten Island (formerly SI AIDS Taskforce)
 Community Research Initiative on AIDS, Inc.
 Department of Health and Mental Hygiene
 Diaspora Community Services, Inc.
 Exponents, Inc.
 Gay Men's Health Crisis, Inc.
 Harlem United Community AIDS Center, Inc.
 Health People, Inc.
 Hetrick-Martin Institute, Inc.

HHC Harlem Hospital Center
 HHC Metropolitan Hospital Center
 Housing Works, Inc.
 Interfaith Medical Center
 Iris House - A Center For Women Living with HIV/AIDS, Inc.
 Latino Commission on AIDS, Inc.
 Lesbian and Gay Community Services Center, Inc. (LGBT Center)
 Montefiore Medical Center
 New York and Presbyterian Hospital
 New York Harm Reduction Educators, Inc.
 Planned Parenthood of New York City, Inc.
 Public Health Solutions
 Safe Horizon, Inc.
 Sunset Park Health Council, Inc.
 Voces Latinas Corporation
 Women's Prison Association's Hopper Home, Inc.

Performance Indicators

HIV/AIDS

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

The Department monitors and assesses its ability to reduce new cases of HIV and other sexually transmitted diseases. New HIV diagnoses decreased significantly between Fiscal 2014 and Fiscal 2015, dropping from more than 3,000 diagnoses to 2,863 diagnoses. In addition, the number of patients enrolled in Ryan White with current antiretroviral (ARV) prescription increased from 87 percent in Fiscal 2014 to nearly 89 percent in Fiscal 2015. However, the number of male condoms distributed decreased by more than 1,542 condoms between Fiscal 2014 and Fiscal 2015, from more than 38,000 to 36,600.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
New HIV diagnoses (CY Preliminary)	3,303	3,016	2,863	↓	↓	747	629
Patients enrolled in Ryan White with current antiretroviral (ARV) prescription at last assessment	82.6%	87.0%	88.9%	92.0%	92.0%	88.9%	88.5%
Male condoms distributed (000)	37,561	38,146	36,604	37,828	37,828	11,522	11,769

Syphilis

The number of syphilis cases continues to rise, increasing more than 15 percent between Fiscal 2013 and Fiscal 2015. The Department attributes the increase to continued unprotected sex among some men who have sex with men. Increases were seen across most age groups, with the largest increases among men aged 25 to 39 years. Marked increases were observed among non-Hispanic white and black men and in Manhattan and the Bronx.

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

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Syphilis cases	1,104	1,234	1,304	↓	↓	449	520

Family & Child Health

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

The Office of School Health (OSH), a joint program of the Department of Education and DOHMH, promotes the 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; urgent care; medication administration; preventive counseling; health education; referral for care; and assurance of ongoing effective treatment.

Family & Child Health						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Budget by Program Area						
Family & Child Health - Admin	\$9,970	\$5,090	\$24,034	\$15,338	\$7,251	(\$16,783)
Family & Child Health - MCH	12,789	18,512	10,307	17,309	16,608	6,301
Family & Child Health - School	94,254	104,531	90,252	98,273	101,502	11,250
TOTAL	\$117,014	\$128,133	\$124,593	\$130,920	\$125,361	\$768
Spending						
<i>Personal Services</i>						
Full-Time Salaried	\$18,037	\$18,790	\$27,460	\$26,319	\$29,469	\$2,008
Other Salaried and Unsalaries	49,595	53,702	57,115	61,286	59,212	2,097
Additional Gross Pay	9,886	13,097	1,410	1,533	1,410	0
Overtime - Civilian	434	623	406	788	420	14
Fringe Benefits	580	626	104	261	104	0
Amounts to be Scheduled	0	0	670	448	652	(18)
Subtotal	\$78,531	\$86,839	\$87,166	\$90,635	\$91,268	\$4,101
<i>Other Than Personal Services</i>						
Supplies and Materials	\$170	\$392	\$462	\$598	\$1,370	\$908
Other Services and Charges	22,130	23,964	12,064	15,461	8,731	(3,333)
Contractual Services	16,182	16,937	24,901	24,226	23,992	(908)
Subtotal	\$38,482	\$41,294	\$37,426	\$40,285	\$34,093	(\$3,333)
TOTAL	\$117,014	\$128,133	\$124,593	\$130,920	\$125,361	\$768
Funding						
City Funds			\$69,782	\$29,005	\$70,038	\$257
State			44,525	83,015	45,177	652
Federal - Other			10,244	12,264	10,083	(160)
Other Categorical, Intra City			42	6,636	62	20
TOTAL	\$117,014	\$128,133	\$124,593	\$130,920	\$125,361	\$768
Headcount (Full-Time, Salaried)						
Family & Child Health - Admin	15	32	149	39	39	(110)
Family & Child Health - MCH	82	86	99	132	121	22
Family & Child Health - School	174	160	180	246	269	89
TOTAL	271	278	428	417	429	1

*The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.

The Fiscal 2017 Preliminary Budget allocates \$125 million for Family & Child Health programs, an increase of \$768,000, or less than one percent when compared to the Fiscal 2016 Adopted Budget. Federal, State and City funding all remained fairly consistent. Funding for Family & Child Health represents more than 20 percent of total Public Health spending and nearly nine percent of the Department's total budget. The Office of School Health received nearly 81 percent of the Family & Child Health funding and experienced an increase of more than \$11 million between the Fiscal 2017 Preliminary Budget and the budget at adoption, as well as a headcount increase of 89 positions.

Fiscal 2017 Preliminary Plan

- **Talk to Your Baby Phase II.** The Preliminary Plan includes \$690,000 in the current fiscal year to implement the second phase of the Children's Cabinet's Talk to Your Baby campaign. The "Talk To Your Baby, Their Brain Depends On It" initiative features a major public awareness campaign and partnership with Scholastic Inc. to distribute baby book bundles to hundreds of thousands of new NYC parents. The campaign launched in April 2015.

The campaign's efforts focus on closing the "word gap." Studies have found that by age four, children in middle- and upper-income families hear 30 million more words than their lower-income peers. This disparity in hearing words from parents and caregivers translates directly into a disparity in learning words, compounding the disadvantages that poverty engenders.

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 conduct surveillance of environmental-related disease, assess risk from exposure to potential environmental and occupational hazards, inspect child care facilities, food service establishments and other permitted entities to ensure compliance with regulations, respond to complaints of environmental and occupational exposures, and educate the public and health care 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 2017 Preliminary Budget allocates nearly \$19 million for Food Safety, a slight decrease of \$374,000, or two percent when compared to the budget at adoption.

The Poison Control Center provides emergency toxicology services to emergency departments, doctors, and households and comprehensive services for poison prevention and treatment 24 hours-a-day, 7 days-a-week. The Fiscal 2017 Preliminary Budget allocates nearly \$2 million for Poison Control, a slight increase of \$62,000, or three percent when compared to the budget at adoption.

The Bureau of Environmental Sciences and Engineering investigates, assesses, and prevents public health threats from toxic and hazardous materials, ionizing radiation, foodborne illness, and mosquitoes and monitors the quality and safety of drinking water and recreational water. The Fiscal 2017 Preliminary Budget allocates more than \$6 million for Sciences and Engineering, a substantial increase of \$2.7 million, or 42 percent when compared to the budget at adoption.

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 West Nile Virus program monitors humans, birds, mammals, and mosquitoes for the presence of the virus and performs larval and mosquito control in an effort to prevent the spread of the virus. The Fiscal 2017 Preliminary Budget allocates nearly \$2.2 million for Surveillance, a slight increase of \$20,000, or less than one percent when compared to the budget at adoption, and allocates \$336,000 for West Nile, a consistent figure.

Environmental Health						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Budget by Program Area						
Environmental Health - Administration	\$6,264	\$5,586	\$13,726	\$6,970	\$9,668	(\$4,058)
Environmental Health - Animal Control	13,705	14,428	14,417	15,947	14,550	133
Environmental Health - Day Care	9,850	11,276	11,910	11,920	11,906	(5)
Environmental Health - Food Safety	18,343	18,127	19,301	18,010	18,927	(374)
Environmental Health - Pest Control	10,334	10,883	11,041	13,792	14,607	3,566
Environmental Health - Poison Control	1,980	1,920	1,864	1,908	1,926	62
Environmental Health - Science/Engineer	2,712	3,562	3,592	5,903	6,252	2,659
Environmental Health - Surveillance	2,321	2,675	2,223	3,017	2,243	20
Environmental Health - West Nile	247	321	336	302	336	0
TOTAL	\$65,757	\$68,778	\$78,411	\$77,768	\$80,415	\$2,004
Spending						
Personal Services						
Full-Time Salaried	\$36,592	\$38,481	\$41,528	\$43,591	\$46,828	\$5,299
Other Salaried and Unsalariated	1,124	1,087	1,120	1,163	1,180	60
Additional Gross Pay	3,019	3,735	2,524	2,426	2,524	0
Overtime - Civilian	1,395	1,524	1,282	1,664	1,324	42
Fringe Benefits	8	0	0	0	0	0
Subtotal	\$42,138	\$44,827	\$46,454	\$48,844	\$51,855	\$5,401
Other Than Personal Services						
Supplies and Materials	\$1,174	\$827	\$2,133	\$1,571	\$884	(\$1,249)
Other Services and Charges	4,211	6,036	11,492	8,003	10,384	(1,108)
Contractual Services	18,233	17,088	18,332	19,349	17,291	(1,041)
Subtotal	\$23,619	\$23,950	\$31,956	\$28,923	\$28,029	(\$3,398)
TOTAL	\$65,757	\$68,778	\$78,411	\$77,768	\$80,415	\$2,004
Funding						
City Funds			\$62,143	\$58,424	\$62,276	\$133
State			5,646	6,742	7,492	1,845
Federal - Other			8,543	9,206	8,567	24
Other Categorical, Intra City			2,079	3,395	2,080	1
TOTAL	\$65,757	\$68,778	\$78,411	\$77,768	\$80,415	\$2,004
Headcount (Full-Time, Salaried)						
Environmental Health - Administration	22	19	22	22	22	0
Environmental Health - Animal Control	13	15	20	22	22	2
Environmental Health - Day Care	147	170	186	189	185	(1)
Environmental Health - Food Safety	260	243	296	287	287	(9)
Environmental Health - Pest Control	132	137	146	200	200	54
Environmental Health - Poison Control	17	17	18	18	18	0
Environmental Health - Science/Engineer	33	40	42	81	77	35
Environmental Health - Surveillance	16	20	21	21	21	0
Environmental Health - West Nile	0	0	0	0	0	0
TOTAL	640	661	751	840	832	81

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates \$80 million for Environmental Health programs, an increase of \$1.5 million, or two percent when compared to the Fiscal 2016 Adopted Budget. Funding for environmental health services represents 13 percent of total public health spending and six percent of the Department's total budget. The Environmental Health headcount is increased by 81 positions between the Fiscal 2017

Preliminary Budget and the budget at adoption, with the largest increases occurring in the Science/Engineering sector with 35 positions and the Pest Control sector with 54 positions.

Veterinary Public Health Services—Animal Control

Animal Control experienced a modest increase in the Fiscal 2017 Preliminary Budget of \$133,000, enabling Veterinary Public Health Services to control and regulate animals and better protect the public from animal-borne disease, hazard, and nuisances. The Office also contracts with the New York City Animal Care and Control (NYCACC), a non-profit organization that operates shelters for homeless and abused animals.

Performance Indicators

In an effort to reduce animal-related risks to human health, the Department monitors the number of dogs licensed in the City. The number of licensed dogs decreased slightly from 85,000 in Fiscal 2014 to 82,000 in Fiscal 2015; however, the Fiscal 2016 four-month actual reports 84,000 licensed dogs.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Dogs licensed (000)	79	85	82	105	105	78	84

Bureau of Day Care

Day Care funding decreased by \$5,000 between the Fiscal 2017 Preliminary Budget and the budget at adoption. The Bureau of Day Care—the regulatory agency for public and private child care services operating within New York City—regulates Group Child Care, as provided for in the NYC Health Code, Article 47, and provides licensing and registration services for Group Family Child Care, Family Day Care, and School-Age Care, as regulated under New York State Department of Social Services regulations.

Performance Indicators

To ensure a safe and healthy environment for all children in child care, the Department assesses its ability to reduce hazards to children in homes and child care programs. Although the number of day care initial site inspections decreased by 15 percent between Fiscal 2013 and Fiscal 2014, the number of site inspections rose between Fiscal 2014 and Fiscal 2015 by 1,709 inspections, or eight percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Day care initial site inspections	23,024	20,091	21,800	-	-	5,979	7,865
Child care inspections that do not require a compliance inspection (%)	62.9%	66.9%	65.9%	↑	↑	66.8%	62.2%

Bureau of Pest Control

The largest Environmental Health funding increase in the Fiscal 2017 Preliminary Budget occurred in Pest Control, with the Bureau of Pest Control Services gaining \$3.5 million since the budget was adopted to conduct inspections, enforcement, clean-up and education efforts to prevent rodent-borne diseases and improve the quality of life. The Bureau utilizes Rodent Indexing, a multi-agency initiative to inspect all properties in three neighborhoods

with widespread rodent problems. The Fiscal 2017 Preliminary Budget allocates \$14.6 million to Pest Control, representing 18 percent of Environmental Health expenditures and two percent of all Public Health spending.

Fiscal 2017 Preliminary Plan

- Homeless Shelters Pest Control.** The Preliminary Plan includes nearly \$400,000 in the current fiscal year and \$431,000 in Fiscal 2017 and in the outyears to perform pest control inspections, baiting services, and integrated pest management activities at Department of Homeless Services (DHS) homeless shelters. In Fiscal 2016, the City allocates \$343,000 for the project and the State allocates \$56,000. In Fiscal 2017 and in the outyears, the City allocates \$363,000 and the State allocates \$67,000. The five-year plan totals more than \$2 million and includes four new full-time positions.

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 number of pest control inspections rose by 3,000 inspections, or three percent, between Fiscal 2014 and Fiscal 2015, while the compliance inspections found to be rat free decreased by more than four percent to 46.8 percent.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Initial pest control inspections (000)	95	94	97	-	-	31	29
Initial inspections with active rat signs (ARS) (%)	11.1%	10.8%	10.7%	-	-	11.9%	14.9%
Compliance inspections found to be rat free (%)	52.6%	50.9%	46.8%	↑	↑	46.5%	45.7%

Prevention & Primary Care

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

The Bureau of Correctional Health Services provides medical and mental health care to inmates and detainees in the City's correctional facilities. NYC Health + Hospitals assumed management of Correctional Health Services from DOHMH at the end of August 2015, accounting for the loss of 112 positions and \$16.4 million between the Fiscal 2017 Preliminary Budget and the budget at adoption.

The Bureau of Primary Care Access and Planning (PCAP) devises and implements policy, program, and research interventions designed to maximize health insurance coverage and reduce barriers to healthcare access for vulnerable populations in New York City. The Fiscal 2017 Preliminary Budget allocates more than \$1 million for PCAP, an increase of \$80,000, or seven percent when compared to the budget at adoption.

The Bureau of Primary Care Information Project (PCIP) utilizes health information technology to improve the quality of care in medically underserved areas. PCIP promotes new models of care focusing on prevention and public health priorities, develops new tools in population health management and monitoring, and provides hands-on assistance to providers seeking to implement health information technology and transform practice workflow. The Fiscal 2017 Preliminary Budget allocates nearly \$6 million for PCIP, a substantial increase of \$2.5 million, or 42 percent when compared to the budget at adoption.

Prevention & Primary Care						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Budget by Program Area						
Prev & Primary Care - Admin	\$7,958	\$6,034	\$22,689	\$9,716	\$4,681	(\$18,008)
Prev & Primary Care - Chronic Dis	10,121	13,315	6,168	6,410	6,734	566
Prev & Primary Care - Correct Health	181,139	192,287	54,320	62,834	37,930	(16,390)
Prev & Primary Care - PCAP	5,540	5,803	1,046	7,097	1,126	80
Prev & Primary Care - PCIP	4,474	6,946	3,415	5,646	5,872	2,457
Prev & Primary Care - Tobacco	10,401	7,502	5,022	7,095	7,022	2,000
TOTAL	\$219,634	\$231,886	\$92,660	\$98,797	\$63,365	(\$29,295)
Spending						
Personal Services						
Full-Time Salaried	\$23,678	\$22,878	\$12,942	\$16,742	\$12,571	(\$371)
Other Salaried and Unsalaries	1,293	1,255	770	1,230	650	(120)
Additional Gross Pay	723	1,098	676	841	355	(322)
Overtime - Civilian	257	288	92	246	62	(30)
Fringe Benefits	4	6	74	190	74	0
Amounts to be Scheduled	0	0	200	182	266	66
Subtotal	\$25,956	\$25,525	\$14,754	\$19,431	\$13,978	(\$777)

	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Other Than Personal Services						
Supplies and Materials	\$385	\$814	\$957	\$987	\$790	(\$167)
Other Services and Charges	44,682	45,236	26,296	26,460	13,245	(13,052)
Contractual Services	148,611	160,312	50,652	51,919	35,353	(15,299)
Subtotal	\$193,678	\$206,362	\$77,906	\$79,366	\$49,387	(\$28,518)
TOTAL	\$219,634	\$231,886	\$92,660	\$98,797	\$63,365	(\$29,295)
Funding						
City Funds			\$66,182	\$65,031	\$36,544	(\$29,638)
State			24,669	26,935	24,484	(185)
Federal - Other			1,809	6,369	2,337	528
Other Categorical, Intra City			0	462	0	0
TOTAL	\$219,634	\$231,886	\$92,660	\$98,797	\$63,365	(\$29,295)
Headcount (Full-Time, Salaried)						
Prev & Primary Care - Admin	61	64	78	40	40	(38)
Prev & Primary Care - Chronic	47	38	44	31	36	(8)
Prev & Primary Care - Correct	113	134	178	71	66	(112)
Prev & Primary Care - PCAP	81	80	15	98	13	(2)
Prev & Primary Care - PCIP	37	31	32	32	32	0
Prev & Primary Care - Tobacco	21	0	15	15	15	0
TOTAL	360	347	362	287	202	(160)

*The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.

Continuation from previous page

The Fiscal 2017 Preliminary Budget allocates \$63 million for the Bureau of Prevention & Primary Care, a decrease of \$29 million, or 46 percent when compared to the Fiscal 2016 Adopted Budget. Excluding the \$16 million loss in Correctional Health funding, Prevention & Primary Care funding decreased by \$13 million. Funding allocated for administrative services also decreased by \$18 million between the Fiscal 2017 Preliminary Budget and the budget at adoption, which is attributable to changes in departmental budgeting practices.

Chronic Disease Prevention and Control

The Chronic Disease Prevention and Control Program develops and implements public health interventions and identifies and advocates for policies and regulatory initiatives that can reduce the risk of chronic diseases. The Program works with community-based and voluntary organizations, as well as private companies, to promote healthy lifestyle choices and improved management of chronic diseases. The Bureau also works with health care providers to promote changes in the health care system that are necessary to better support patients with chronic illnesses. The Program experienced a minor funding increase of \$566,000 between the Fiscal 2017 Preliminary Budget and the Fiscal 2016 Adopted Budget but lost eight positions.

Performance Indicators

The Department employs a variety of performance metrics in order to measure the Program's ability to promote healthy behaviors and preventive healthcare and prevent chronic diseases in New York City, including the number of adults who are obese. While the percentage of obese adults increased between Fiscal 2014 and Fiscal 2015, from 23.4 percent to 24.7 percent, the number of adults who consume one or more sugar-sweetened beverages per day decreased to 22.5 percent in Fiscal 2015—a decrease of more than five percent since Fiscal 2013.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Adults who are obese (%) (CY)	24.2%	23.4%	24.7%	24.2%	24.0%	NA	NA
Adults who consume one or more sugar-sweetened beverages per day (%) (CY)	28.2%	23.3%	22.5%	21.2%	20.8%	NA	NA

Other preventative healthcare performance metrics concern health insurance, blood pressure, colonoscopies, asthma, and infant mortality. Significantly, the number of New Yorkers who lack health insurance decreased by more than seven percent between Fiscal 2014 and Fiscal 2014 to 13.8 percent, a number the Department hopes to reduce to 11.2 percent in Fiscal 2017.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Adult New Yorkers without health insurance (%) (CY)	19.8%	20.9%	13.8%	12.4%	11.2%	NA	NA
Adult patients with controlled blood pressure (%) (CY)	67.0%	67.4%	66.8%	69.0%	70.0%	NA	NA
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	68.5%	69.0%	69.9%	70.6%	71.4%	NA	NA
Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	231.9	232.1	NA	↓	↓	NA	NA
Infant mortality rate (per 1,000 live births) (CY)	4.7	4.6	4.2	4.2	4.2	NA	NA

Tobacco Control Program

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

The Fiscal 2017 Preliminary Budget allocates more than \$7 million for Tobacco Control, a substantial increase of \$2 million, or 28 percent when compared to the budget at adoption.

Performance Indicators

In accordance with the fifth point, the Department measures the percentage of adult New Yorkers who smoke. Between Fiscal 2014 and Fiscal 2015, the percentage of adults who smoke decreased by more than two percent to 13.9 percent. The Department intends to reduce this number to 13.2 percent in Fiscal 2017.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Adults who smoke (%) (CY)	15.5%	16.1%	13.9%	13.5%	13.2%	NA	NA

World Trade Center Related Programs

The World Trade Center Program includes the World Trade Center (WTC) Health Registry, a comprehensive and confidential health survey of those most directly exposed to the events of 9/11. The Registry enables health professionals to compare the health of those most exposed with the health of the general population. Funding in this program area also provides mental health services for WTC responders.

World Trade Center Related Programs						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$2,830	\$3,173	\$3,527	\$3,721	\$3,716	\$189
Other Salaried and Unsalariated	208	166	63	53	53	(10)
Additional Gross Pay	72	121	25	26	0	(25)
Overtime - Civilian	2	5	10	10	10	0
Fringe Benefits	1	1	0	0	0	0
Subtotal	\$3,113	\$3,466	\$3,625	\$3,811	\$3,779	\$154
Other Than Personal Services						
Supplies and Materials	\$50	\$370	\$194	\$419	\$75	(\$120)
Other Services and Charges	20,027	24,295	27,513	27,118	27,281	(231)
Contractual Services	489	1,225	1,585	3,655	1,173	(412)
Subtotal	\$20,566	\$25,890	\$29,292	\$31,192	\$28,529	(\$763)
TOTAL	\$23,679	\$29,356	\$32,917	\$35,003	\$32,308	(\$609)
Funding						
City Funds			\$26,610	\$26,610	\$26,610	\$0
Federal - Other			6,308	8,393	5,699	(609)
TOTAL	\$23,679	\$29,356	\$32,917	\$35,003	\$32,308	(\$609)
Headcount (Full-Time, Salaried)	34	39	41	41	41	0

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates \$32 million for World Trade Center Related Programs, a decrease of \$609,000, or nearly two percent when compared to the Fiscal 2016 Adopted Budget, attributable to a loss of federal funding.

Emergency Preparedness & Response

The Office of Emergency Preparedness and Response collaborates with other agencies to prepare for the detection of, and establish a response plan to, a bioterrorist event—the intentional use of infectious biological agents, or germs, to cause illness in New York City. The Office established a comprehensive surveillance system to improve its ability to detect and respond to the release of a biological agent. The Office also works with healthcare providers in order to monitor the City for any unusual disease clusters and indications of bioterrorism. The Office employs additional surveillance systems to quickly detect an increase in unusual illnesses, including the monitoring of 911-ambulance calls and emergency department visits. The response plan includes coordinating with OEM and other City, State, and federal agencies; alerting hospitals and the medical care community; communicating with the public; and ensuring the provision of appropriate medical care and prevention services.

Emergency Preparedness & Response						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$11,846	\$12,273	\$11,377	\$15,776	\$11,490	\$113
Other Salaried and Unsalariated	729	560	506	639	308	(198)
Additional Gross Pay	289	393	4	126	4	0
Overtime - Civilian	88	218	28	389	42	14
Fringe Benefits	16	4	0	0	0	0
Subtotal	\$12,968	\$13,448	\$11,915	\$16,929	\$11,845	(\$70)
Other Than Personal Services						
Supplies and Materials	\$112	\$382	\$273	\$991	\$3	(\$271)
Other Services and Charges	887	1,620	1,703	2,308	1,921	217
Contractual Services	2,814	3,632	4,376	8,156	1,633	(2,743)
Subtotal	\$3,813	\$5,634	\$6,353	\$11,455	\$3,556	(\$2,797)
TOTAL	\$16,780	\$19,082	\$18,267	\$28,384	\$15,400	(\$2,867)
Funding						
City Funds			\$5,035	\$5,529	\$2,521	(\$2,514)
State			22	299	32	11
Federal - Other			13,211	22,556	12,847	(364)
TOTAL	\$16,780	\$19,082	\$18,267	\$28,384	\$15,400	(\$2,867)
Headcount (Full-Time, Salaried)	149	151	195	242	134	(61)

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates \$15.4 million for Emergency Preparedness & Response, a decrease of \$2.8 million, or 18 percent when compared to the budget at adoption, attributable to a substantial decrease in City funding. Emergency Preparedness funding represents approximately two percent of total Public Health spending and less than one percent of the Department's total budget.

In March 2016, a coalition of New York congressional representatives announced more than \$60 million in federal grants to support counterterrorism and emergency preparedness activities in counties across New York State. Funding was secured by the Department of Homeland Security (DHS) through its State Homeland Security Program

(SHSP) and Emergency Management Performance Grant. New York receives more SHSP funding from DHS than any other state in the nation.

Epidemiology

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

Epidemiology						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$48,485	\$8,845	\$9,172	\$10,166	\$10,177	\$1,005
Other Salaried and Unsalariated	487	595	493	523	509	15
Additional Gross Pay	298	615	20	34	20	0
Overtime - Civilian	251	189	167	172	178	11
Subtotal	\$9,521	\$10,245	\$9,852	\$10,896	\$10,883	\$1,031
Other Than Personal Services						
Supplies and Materials	\$221	\$107	\$176	\$85	\$314	\$137
Other Services and Charges	2,341	1,852	1,341	2,056	1,653	311
Contractual Services	2,168	1,653	1,603	1,799	1,152	(451)
Subtotal	\$4,730	\$3,612	\$3,121	\$3,940	\$3,118	(\$3)
TOTAL	\$14,251	\$13,857	\$12,973	\$14,836	\$14,002	\$1,029
Funding						
City Funds			\$10,832	\$12,036	\$11,849	\$1,017
Other Categorical			300	377	300	0
State			1,826	2,126	1,852	26
Federal - Other			15	187	0	(15)
Intra City			0	110	0	0
TOTAL	\$14,251	\$13,857	\$12,973	\$14,836	\$14,002	\$1,029
Headcount (Full-Time, Salaried)	151	157	161	181	179	18

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates \$14 million for Epidemiology, an increase of more than \$1 million, or seven percent when compared to the Fiscal 2016 Adopted Budget, attributable to increased City funds. The Division's headcount also increased to 179 positions, a gain of 18 positions between the Fiscal 2017 Preliminary Budget and the budget at adoption.

Center for Health Equity

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

Furthermore, District Public Health Offices (DPHOs) target resources, programs and attention to high-need neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn in an effort to promote health equity and reduce health inequalities across New York City. The DPHOs develop innovative programs to improve community health; work with community organizations, faith-based organizations, government agencies, local leaders, residents and elected officials to promote public health policies; and conduct local research to better understand public health problems.

Center for Health Equity						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$3,119	\$5,484	\$6,080	\$7,845	\$7,337	\$1,257
Other Salaried and Unsalariated	49	56	116	92	62	(54)
Additional Gross Pay	96	258	111	111	111	0
Overtime - Civilian	1	(2)	10	15	10	0
Fringe Benefits	1	1	2	2	2	0
Subtotal	\$3,266	\$5,797	\$6,320	\$8,066	\$7,522	\$1,203
Other Than Personal Services						
Supplies and Materials	\$30	\$109	\$311	\$58	\$246	(\$65)
Other Services and Charges	153	1,125	298	1,106	310	11
Contractual Services	579	3,249	2,651	2,376	3,528	876
Subtotal	\$761	\$4,483	\$3,261	\$3,541	\$4,083	\$822
TOTAL	\$4,027	\$10,280	\$9,580	\$11,607	\$11,606	\$2,025
Funding						
City Funds			\$6,292	\$7,097	\$7,537	\$1,246
Other Categorical			0	22	0	0
State			3,289	3,902	4,068	780
Federal - Other			0	587	0	0
TOTAL	\$4,027	\$10,280	\$9,580	\$11,607	\$11,606	\$2,025
Headcount (Full-Time, Salaried)	41	79	61	99	88	27

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates \$11.6 million for the Center for Health Equity, an increase of more than \$2 million from the budget at adoption. The State contributes more than \$4 million to the Center and the City contributes \$7.5 million, an increase of \$1.2 million when compared to the budget at adoption. The Center's funding represents approximately two percent of Public Health spending and less than one percent of the Department's total budget.

Environmental Disease & Injury Prevention

The Bureau of Environmental Disease Prevention prevents and controls environmentally and occupationally related diseases, including Lead Poisoning. Historically, lead poisoning has disproportionately affected low-income families of color, and some disparities remain, 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 Bureau also promotes health and safety information issued by the federal Occupational Safety and Health Administration (OSHA), the Food and Drug Administration (FDA), and the New York State Departments of Health and State.

Environmental Disease & Injury Prevention						
<i>Dollars in Thousands</i>						
	2014	2015	2016	Preliminary Plan		*Difference
	Actual	Actual	Adopted	2016	2017	2016 - 2017
Spending						
Personal Services						
Full-Time Salaried - Civilian	\$5,885	\$5,904	\$6,542	\$6,724	\$6,237	(\$305)
Other Salaried and Unsalaries	283	251	299	318	314	16
Additional Gross Pay	433	584	500	521	498	(2)
Overtime - Civilian	132	162	96	161	99	3
Fringe Benefits	6	3	1	1	1	0
Subtotal	\$6,739	\$6,905	\$7,437	\$7,724	\$7,149	(\$288)
Other Than Personal Services						
Supplies and Materials	\$80	\$28	\$197	\$117	\$291	\$94
Other Services and Charges	508	2,706	534	4,790	441	(93)
Contractual Services	517	2,390	366	1,197	306	(59)
Subtotal	\$1,105	\$5,123	\$1,096	\$6,104	\$1,038	(\$58)
TOTAL	\$7,844	\$12,028	\$8,533	\$13,828	\$8,187	(\$347)
Funding						
City Funds			\$3,337	\$7,683	\$3,140	(\$197)
State			3,226	3,352	3,114	(112)
Federal - Other			1,970	2,793	1,932	(38)
TOTAL	\$7,844	\$12,028	\$8,533	\$13,828	\$8,187	(\$347)
Headcount (Full-Time, Salaried)	90	89	108	108	104	(4)

**The difference of Fiscal 2016 Adopted Budget compared to Fiscal 2017 Preliminary Budget.*

The Fiscal 2017 Preliminary Budget allocates more than \$8 million to Environmental Disease & Injury Prevention, a slight decrease of \$347,000 when compared to the budget at adoption. Federal, State and City funding all decreased. Environmental Disease funding represents less than two percent of total Public Health Spending and less than one percent of the Department's total budget.

Performance Indicators

The Department assesses its ability to reduce hazards to children in homes and child care programs, including the incidence of blood poisoning among the City's 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 nine percent between Fiscal 2013 and Fiscal 2014 but increased by 46 cases, or five percent, between Fiscal 2014 and Fiscal 2015.

Performance Indicators	Actual			Target		4-Month Actual	
	FY13	FY14	FY15	FY16	FY17	FY15	FY16
Childhood blood lead levels - new cases among children aged 6 months to less than six years with blood lead levels greater than or equal to 10 micrograms per deciliter	844	772	818	↓	↓	370	375

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

<i>Dollars in Thousands</i>	FY 2016			FY 2017		
	City	Non-City	Total	City	Non-City	Total
DOHMH Budget as of the Adopted 2016 Budget	\$577,804	\$772,445	\$1,350,249	\$545,020	\$760,926	\$1,305,946
New Needs						
Ending the Epidemic	\$2,000	\$1,125	\$3,125	\$14,980	\$8,426	\$23,406
Homeless Shelters - Pest Control	343	56	400	363	67	431
K2 - Media Campaign	344	0	344	0	0	0
Legionella and Cooling Towers Inspection	1,853	1,028	2,880	2,442	1,360	3,802
NYC Safe	1,000	0	1,000	13,855	0	13,855
OMCE - Gun Testing	0	0	0	2,031	0	2,031
Public Health Diversion Center	0	0	0	3,817	0	3,817
Roadmap - Buprenorphine	81	0	81	268	0	268
Roadmap - CBO Action Guide	88	0	88	242	0	242
Roadmap - CUNY Digital Platforms	296	0	296	725	0	725
Roadmap - Innovation Lab	141	0	141	843	0	843
Roadmap - Media Campaign	3,845	0	3,845	2,020	0	2,020
Roadmap - Mental Health Corps	1,507	0	1,507	18,016	0	18,016
Roadmap - Mental Health First Aid	600	0	600	1,287	0	1,287
Roadmap - NYC Support Call Center	0	0	0	5,299	0	5,299
Roadmap - Peer Training	0	0	0	2,861	0	2,861
Roadmap - School Mental Health	1,145	0	1,145	8,265	0	8,265
Roadmap - Social-Emotional Learning	592	0	592	2,549	0	2,549
Roadmap - Workforce Summit	71	0	71	0	0	0
Talk to Your Baby Phase II	690	0	690	0	0	0
Subtotal, New Needs	\$14,596	\$2,209	\$16,805	\$79,865	\$9,853	\$89,718
Other Adjustments						
Fiscal 2016 November Plan	(\$400)	\$53,224	\$52,823	\$1,015	\$9,440	\$10,455
AIDS/HIV Ryan White Project	\$0	\$390	\$390	\$0	\$0	\$0
Article 6 Adjustments	0	3,297	3,297	0	0	0
CAT. AIDS Initiative for Minority Men (AIMM)	0	310	310	0	63	63
CAT. Biowatch	0	31	31	0	0	0
CAT. Community Hospitals, Collaboratives	0	13	13	0	0	0
CAT. Cost of Living Adjustments	0	368	368	0	0	0
CAT. Eat Well Play Hard & Stellar Farmer	0	765	765	0	815	815
CAT. Ending the Epidemic	0	952	952	0	0	0
CAT. Foundations	0	77	77	0	0	0
CAT. FPHNY, Maternal & Child Health	0	22	22	0	0	0
CAT. Hepatitis	0	69	69	0	32	32
CAT. HIV Partner Notification	0	73	73	0	74	74
CAT. HIV/AIDS, Other	0	367	367	0	29	29
CAT. Join the Beat CDC	0	402	402	0	0	0
CAT. Mammography	0	30	30	0	32	32
CAT. NTL PH Tracking (EH Contaminants)	0	59	59	0	0	0
CAT. NY Childhood Lead, Primary Prevention	0	387	387	0	59	59
CAT. Special Projects of National Significance	0	81	81	0	58	58
CAT. State Approaches	0	6	6	0	0	0
CAT. TANF Nurse Family Partnership	0	1,651	0	0	0	0
CAT. Vaccines	0	208	208	0	37	37
CAT. WTC Registry	0	2,277	2,277	0	0	0
CEO: Expand Access to Healthy Foods	0	0	0	182	103	285
City Council Member Items	(556)	0	(556)	0	0	0

<i>Dollars in Thousands</i>	FY 2016			FY 2017		
	City	Non-City	Total	City	Non-City	Total
Collective Bargaining	\$41	\$334	\$374	\$50	\$496	\$545
Intercity DOHMH FY16	0	3,879	3,879	0	0	0
OASAS State Aid Letter 9-28-15	0	3,735	3,735	0	2,735	2,735
OCME	0	3,633	3,633	0	0	0
OMH State Aid Letter 9-22-15	0	5,379	5,379	0	2,291	2,291
OPWDD 7-30-15 SAL	0	(825)	(825)	0	(825)	(825)
Other Adjustments	0	1,652	1,652	0	0	0
PS Accruals	(3,500)	0	(3,500)	(1,500)	(643)	(2,143)
PS/OTPS Shifts	0	850	850	0	(70)	(70)
Revenue Savings	(38,975)	38,975	0	0	0	0
Subtotal, Other Adjustments	(\$43,390)	\$122,673	\$77,631	(\$253)	\$14,724	\$14,471
TOTAL, All Changes	(\$28,794)	\$124,882	\$94,436	\$79,611	\$24,577	\$104,189
DOHMH Budget as of Preliminary 2017 Budget	\$549,010	\$897,327	\$1,444,685	\$624,631	\$785,503	\$1,410,135

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Appendix B: DOHMH Contract Budget

The New York City Charter mandates the preparation of a Contract Budget to identify expenditures for contractual services, which are defined as any technical, consultant or personal service provided to the City by means of a contract. The Contract Budget is actually a subset of the OTPS portion of the City's Expense Budget. The Administration prepares a Contract Budget twice each fiscal year. In January, it is prepared with the Departmental Estimates, and in late April it is submitted to the Council with the Executive Budget.

The following table provides DOHMH's Preliminary Contract Budget for Fiscal 2017.

Category	Fiscal 2016 Adopted*	Number of Contracts	Fiscal 2017 Preliminary*	Number of Contracts
Contractual Services General	\$66,089	58	\$61,355	55
Telecommunications Maintenance	40	26	40	27
Maintenance & Repair Motor Vehicle Equip.	80	12	57	12
Maintenance & Repair General	2,322	95	2,408	97
Office Equipment Maintenance	133	63	143	61
Data Processing Equipment	1,823	40	1,165	40
Printing Contracts	2,100	90	1,787	90
Security Services	131	3	524	4
Temporary Services	387	52	1,168	52
Cleaning Services	338	22	438	36
AIDS Services	93,958	45	93,958	45
Mental Hygiene Services	453,258	471	500,080	471
Hospitals Contracts	41,850	3	29,712	3
Special Clinical Services	12,953	1	12,721	1
Economic Development	224	9	282	11
Training Program City Staff	1,454	32	859	32
Maintenance & Operations of Infrastructure	268	59	714	59
Professional Services Accounting & Auditing	579	3	541	2
Professional Services Computer Services	666	4	449	7
Professional Services Other	45,400	169	45,098	169
TOTAL	\$724,053	1,257	\$753,498	1,274

*Dollars in Thousands

The City's Contract Budget, as proposed, totals \$13.16 billion in Fiscal 2017 for 17,666 contracts, a decrease of \$76 million, or less than one percent when compared to the \$13.24 billion Fiscal 2016 Adopted Budget. The Department's Fiscal 2017 Contract Budget totals \$753.5 million, an increase of \$29.4 million when compared to the Fiscal 2016 budget at adoption. The Fiscal 2017 Contract Budget includes 471 contracts for Mental Hygiene services valued at over \$500 million, as well as 45 contracts for AIDS Services valued at nearly \$94 million.

Appendix C: DOHMH Capital Budget Summary

The Fiscal 2016 Preliminary Capital Commitment Plan allocates \$341.7 million in Fiscal 2016-2019 to the Department of Health and Mental Hygiene (including City and Non-City funds). This funding represents less than one percent of the City's total \$57.2 billion January Plan for Fiscal 2016-2019. The Department's Preliminary Commitment Plan for Fiscal 2016-2019 is unchanged from the \$341.7 million scheduled in the Adopted Capital Commitment Plan.

DOHMH 2016-2019 Commitment Plan: September and Preliminary Budget					
<i>Dollars in Thousands</i>					
	FY 16	FY17	FY18	FY19	Total
September					
Total Capital Plan	\$121,696	\$130,295	\$48,063	\$41,647	\$341,701
Preliminary					
Total Capital Plan	\$121,696	\$130,295	\$48,063	\$41,647	\$341,701
Change					
Level	\$0	\$0	\$0	\$0	\$0

The majority of the capital projects span multiple fiscal years; therefore, it remains common practice for an agency to roll unspent capital funds into future fiscal years. Hence, the Department may roll a significant portion of its Fiscal 2016 Capital Plan into Fiscal 2017, increasing the size of the Fiscal 2017-2020 Capital Plan. Since adoption last June, the citywide total Capital Commitment Plan for Fiscal 2016 has increased from \$19.3 billion in the Adopted Capital Commitment Plan to \$19.7 billion in the Preliminary Capital Commitment Plan, an increase of \$415 million, or 2.2 percent.

The majority of the Department's Fiscal 2017 capital money funds improvements to healthcare facilities, including a \$3.6 million Electronic Vital Event Registration System. City hospitals also received a substantial portion of the Department's Capital funds, with Richmond University Health Center, Staten Island University Hospital, and Mount Sinai Hospital receiving \$11.7 million, \$6.9 million, and \$6.4 million, respectively.

The City funds the majority of the Department's capital plan with \$331.5 million of the total \$341.7 million coming from the City. Of the City-funded planned commitments, elected officials have funded \$107.3 million or 32.4 percent. City Council capital funding for DOHMH capital projects totals \$78.7 million over the Fiscal 2016-19 period.

Appendix D: Fiscal 2017 Public Health Baselined Initiatives

Baselined Initiative	FY17 Amount*	FY17 Procurement	Same Scope	Proposed Contracts	FY16 Contracts
Asthma Control Program	\$500	RFP	Yes	9	9
Callen Lorde Health Center	\$350	RFP	Yes	1	1
Cancer Initiatives	\$1,525	RFP	No	2 - with 6 subcontractors	15
Clinic/Outreach - EHACE	\$318	Agency Funding	Yes	N/A	N/A
Clinic/Outreach - Sexual Health	\$297	Agency Funding	Yes	N/A	N/A
Family Planning	\$350	RFP	Yes	TBD	1
HIV/AIDS - Communities of Color	\$1,125	RFP	No	14 - 20	42
HIV/AIDS - Evidence Based Behavioral	\$2,716	RFP	No	14 - 20	18
HIV/AIDS - Faith Based	\$1,500	RFP	Yes	2 – with 50 subcontractors	90
HIV/AIDS- Seniors	\$400	RFP	Yes	1	1
Infant Mortality Reduction	\$2,500	RFP	No	TBD	33
Injection Drug Users Health Alliance	\$1,000	RFP	Yes	16	17
Nutrition Program Administration	\$995	Contract Extension	Yes	1	1
NYU Dental Van	\$268	Redirected	No	4	1
Obesity Intervention	\$1,300	Redirected	No	N/A	3
Rapid HIV Testing	\$2,000	MOA w/ H+H	Yes	N/A	N/A
School Based Health Center	\$775	RFP	Yes	5	5

*City-Tax Levy Spending (in '000s)

Procurement Details

1. Asthma Control Program - \$500,000

- a. **Description:** Asthma screening, education, and care coordination; integrated pest management and open airways in schools.
- b. **Same Scope:** Maintains same scope. In addition to the RFP, process Memorandum of Agreement (MOA) with H+H for \$55,000 for Managing Asthma in Day Care; process \$130,000 MOA with H+H for Asthma Case Management; procure \$148,000 for pest management-related services, which includes \$78,000 as a sole source with American Lung Association, \$50,000 Purchase Order for Integrated Pest Management, and \$20,000 through an amendment for pest abatement services in homes.
- c. **RFP:** Yes - Managing Asthma in Day Care
- d. **Anticipated Funding For RFP Awards:** \$165,000
 - i. The RFP will support the enhancement of asthma identification through Brief Respiratory Screening, health tracking and care coordination for children with asthma in Early Childhood Programs in New York City. The Contractors will target neighborhoods with consistently high rates of asthma hospitalizations and emergency department visits among children 0-14 years old.

- ii. It is anticipated that the vendors will identify a minimum of ten (10) new Universal Pre-K centers in community based organizations and enroll them in the Managing Asthma in Day Care Program. The selected vendor will also work with existing sites to continue implementation of asthma case identification using the Brief Respiratory Questionnaire (BRQ) developed by the New York Academy of Medicine for the DOHMH. The vendors will conduct a total of ten (10) asthma training workshops for newly enrolled Universal Pre-K site staff including administrators and teachers utilizing DOHMH Asthma Initiative's training guidelines. In addition to providing (one) training for ACS Field staff on asthma related services and care coordination, the vendor will also collaborate with DOHMH in collecting qualitative and quantitative data to evaluate outcomes among sites participating in the project and submit reports as required to DOHMH.

2. Callen Lorde Health Center - \$350,000

- a. **Same Scope:** Yes
- b. **RFP:** Yes - RFP for HIV Services
- c. **Anticipated Funding For RFP Awards:** \$350,000
- d. **Brief Summary Of RFP:** Program to provide comprehensive healthcare to the LGBT population who are uninsured or underinsured. Clinical services would include: sexual health; women's health; and behavioral health.

3. Cancer Initiative - \$1,525,000

- a. **RFP:** Yes - RFP for Cancer Screening & Navigation
- b. **Anticipated Funding For RFP Awards:** \$737,000
- c. **Same Scope as Council Designations:** No. DOHMH is continuing the majority of the existing services. The RFP will expand upon navigation and care coordination, but will not provide services to diagnosed cancer patients or mammography screening services.
- d. **Anticipated # Of Contractors:** 1 (one) RFP award and 1 (one) other contract
- e. **Anticipated # Of Subcontracts:** 10
- f. **Brief Summary Of RFP:** The RFP is for the development of a primary care-based cancer prevention navigation and care coordination model (CPNCC) that addresses sustainability concerns, with the goal of increasing Colorectal Cancer referral and screening rates at primary care centers such as Community Health Centers (CHCs) in NYC. CHCs serve underserved communities and have low CRC screening rates in NYC.

- i. CRC is the second leading cause of cancer death in NYC, claiming the lives of over 1,300 last year. CRC screening is very effective - and underutilized. Despite NYC's progress, CRC screening rates are significantly lower than those for breast or cervical cancer. Most of those who are not screened have a primary care physician, and the uninsured have lower screening rates. This RFP develops systems-based strategies that will be applied citywide, on a population basis.
 - ii. Other services provided by the Council designated contractors include breast and cervical cancer, and also provide services to diagnosed patients. The proposed Fiscal 2017 funding prioritizes colon cancer, because of the higher mortality and lower screening rates.
 - g. **NOTE:** In addition to the RFP, \$229,000 will be used for staffing to coordinate cancer screening and navigation, with a focus on the uninsured. This continues existing scope funded in the ACS contract. Additionally, \$559,000 will be used to fund a MOA with HHC to supports cancer prevention. This continues existing scope funded in the ACS contract.
 - h. **Regarding Lack of Support for Ovarian Cancer/Overall Women's Health.** The Department's RFP focuses on breast and colon cancer because they are the 2nd (1,329 deaths in 2013) and 3rd (1,090 deaths in 2013) leading causes of cancer death, and premature cancer death in NYC. Both diseases also have evidence-based screening tests that have been shown to reduce mortality. This approach is designed to reduce disparities in screening rates and health outcomes. Unfortunately, there is no population-based screening recommendation for ovarian cancer, and comparatively there are a small number of deaths each year.
 - i. **Loss of Funding To the Mobile Mammography Van.** DOHMH understands the concern, but feels that the money the Department is directing to navigators who identify and help facilitate care for high-risk individuals will be more effective in increasing breast cancer screening rates.
 - j. **Number Of Contracts:** The Department's plan is for 1-2 contracts and 6-10 subcontracts. This allows for better coordination of the navigation networks and as result better health outcomes. This is comparable to the number of FY16 awardees.
4. Clinic/Outreach – East Harlem Asthma Center of Excellence (EHACE) - \$318,000
 - a. **Same Scope:** Maintain current usage towards supporting DOHMH personnel.
 5. Clinic/Outreach - Sexual Health - \$297,000
 - a. **Same Scope:** Continue same scope to support DOHMH staffing.
 6. Family Planning - \$350,000
 - a. **RFP:** Yes - RFP for Family Planning

- b. **Anticipated Funding For RFP Awards:** \$800,000
 - c. **Same Scope As Council Designations:** Yes
 - d. **Brief Summary of RFP:** The RFP will engage and educate women and men in underserved communities about family planning, including sexual and reproductive health, the full range of contraception options, and their rights to confidential services that support their decisions; and increase access to sexual and reproductive health services.
 - e. **Contracts:** The Department will be awarding \$800,000 through the RFP process to 2-3 different vendors. Each award will be between \$200,000 to \$600,000. This competitive process is open to all organizations that provide family planning services – sexual and reproductive health and a full range of contraception options - to underserved communities in NYC, including PPH.
7. HIV/AIDS - Communities of Color – \$1,125,000
- a. **RFP:** Yes - RFP for HIV Services
 - b. **Anticipated Funding For RFP Awards:** \$1,125,000 (plus Evidence-Based Intervention Funding)
 - c. **Same Scope as Council Designations:** No, Redirected for PrEP Network.
 - d. **Anticipated # Of Contractors:** 14 to 20 (fourteen to twenty) RFP awards
 - e. **Anticipated # Of Subcontracts:** N/A
 - f. **Brief Summary Of RFP:** Prep network is comprised of three categories:
 - 1. Leveraging HIV Testing For Linkage To Prevention: HIV Testing Programs: Programs to provide HIV prevention education and improve access to biomedical prevention services for persons at high risk for HIV by leveraging existing community-based HIV testing programs.
 - 2. Outreach And Education For Combination Prevention: Community Based Organizations: Programs to support combination prevention services through outreach and education in community-based settings. CBOS will function at the front lines to identify persons at risk, match the target population to HIV prevention interventions that best fit their needs, and navigate to help them access these prevention services.
 - 3. Interventions To Support Biomedical Prevention: Clinical Settings: Clinical sites to support biomedical prevention through evidence-informed interventions for persons at risk of HIV. The programs aim to mitigate barriers to effective engagement in biomedical prevention services by leveraging the clinical environment to provide additional support to persons who might benefit from these interventions.

8. HIV/AIDS - Evidence Based Behavioral - \$2,716,000
 - a. **RFP:** Yes - RFP for HIV Services
 - b. **Anticipated Funding For RFP Awards:** \$2,716,000 (plus Communities of Color funding)
 - c. **Same Scope as Council Designations:** No, Redirected for PrEP Network.
 - d. **Anticipated # Of Contractors:** 14 to 20 (fourteen to twenty) RFP awards
 - e. **Anticipated # Of Subcontracts:** N/A
 - f. **Brief Summary Of RFP:** See bullet F in #7.

9. HIV/AIDS - Faith Based - \$1,500,000
 - a. **RFP:** Yes - RFP for HIV Services
 - b. **Anticipated Funding For RFP Awards:** \$1,500,000
 - c. **Same Scope As Council Designations:** Yes
 - d. **Anticipated # Of Contractors:** 2 (two) RFP awards
 - e. **Anticipated # Of Subcontracts:** 50 (fifty)
 - f. **Brief Summary Of RFP:** Programs to encourage HIV/AIDS prevention work within faith-based organizations (FBOs) to enhance existing programmatic and community efforts to promote HIV/STI awareness/prevention, and to support progress along the HIV care continuum. Programs will be expected to contractually establish and support this network as the lead organization (i.e., serve as a master contractor) while providing HIV prevention capacity building and program implementation assistance to these FBO networks in coordination with NYC DOHMH.

10. HIV/AIDS – Seniors - \$400,000
 - a. **RFP:** Yes - RFP for HIV Services
 - b. **Anticipated Funding For RFP Awards:** \$400,000
 - c. **Same Scope as Council Designations:** Yes
 - d. **Anticipated # Of Contractors:** 1 RFP awards
 - e. **Anticipated # Of Subcontracts:** N/A
 - f. **Brief Summary Of RFP:** Program to strengthen the capacity of HIV, aging, faith-based and other health and human services organizations to provide better service for older adults at risk for HIV and STIs, particularly in and among the communities at highest risk. The program will support a network of organizations focused on serving older adults. Through this program, the applicant will be expected to contractually establish and support this network as the lead organization while providing HIV prevention capacity

building and program implementation assistance to this network in coordination with NYC DOHMH.

11. Infant Mortality Reduction - \$2,500,000

- a. **RFP:** Yes - RFP for Infant Mortality
- b. **Anticipated Funding For RFP Awards:** \$1,430,000
- c. **Same Scope As Council Designations:** No
- d. **Brief Summary Of RFP:** RFP for Infant Mortality reduction services in which the focus will be in the following four areas that are essential to improving and reducing racial disparities in maternal and infant health outcomes – preventing infant injury, breastfeeding, women’s health, and chronic stress and trauma. The first year will also focus on community planning and capacity building process with funded agencies, to develop client activities informed by data and evidence-based practices.
- e. **NOTE:** Redirecting \$1 million to Nurse Family Partnership, Safe Sleep, Breastfeeding and other activities to improve and reduce inequities in maternal and infant health outcomes.
- f. **Contracts:** The Department plans to award the same number of contracts in Fiscal 2017 that were given this fiscal year. The following language will be included in the RFP to facilitate involvement of smaller, local CBO’s:
 1. “DOHMH welcomes proposals from all community-based organizations (CBOs), either as independent entities or in partnership with other CBOs. Proposals submitted in partnership should indicate which CBO serves as the prime contractor and which CBOs are subcontractors to the prime.”
 2. Specifically for IMRI services, the Department wants to engage smaller CBOs and has a range for awards that accommodates different CBO capacities. Also, the program plans to hold community forums to receive input on the concept paper. Once finalized, the concept paper will go to all current awardees, which includes many smaller organizations.

12. Injection Drug Users Health Alliance - \$1,000,000

- a. **Same Scope:** Yes
- b. **RFP:** Yes - RFP for HIV Services
- c. **Anticipated Funding For RFP Awards:** \$1,000,000
- d. **Brief Summary of RFP –**
 - i. The RFP will seek CBOs to provide programs that address the following long-term outcomes:

- Promotion of physical, mental and social wellness of people who use drugs in NYC
 - Elimination of stigma, criminalization and discrimination of drug users in NYC
 - Prevent harms from drug use by advancing drug related initiatives/programs and a continuum of service and care
 - Reduce opioid-related unintentional drug poisoning “drug overdose”
- ii. Services include:
- Individual and group level health education
 - Group outreach
 - Hepatitis care coordination
 - Health care coordination
 - Overdose prevention and naloxone kit dispensing
 - Syringe exchange

12. Nutrition Program Administration - \$995,000

- a. **Contract Extension:** DOHMH to extend contract with Momentum Project to continue providing services.

14. NYU Dental Van - \$268,000

- a. **Different Scope:** The Fiscal 2017 Funds will be used to contract with four SBHCs to employ Registered Dental Hygienists and to purchase portable equipment for select SBHCs that do not have a dental clinic. Scope of services to include school located dental screenings, prophylaxis, topical fluoride treatments, dental sealants, individual and classroom oral health education and referrals for restorative care. Each Registered Dental Hygienist can serve 2-3 schools depending on SBHC enrollment number.
- b. **Reach: School Services vs. Mobile Van:** The current funding for the NYU Dental Van pays for 1,675 visits; this accounts for a small percentage (11 percent) of the total visits to NYU’s program. The Fiscal 2017 plan has the potential to provide over 6,500 visits to NYC elementary school students in school based health centers (SBHCs). We believe that a very high percentage of these students currently do not receive preventive dental services at all. Data for NYS demonstrate that of students on Medicaid with one or more visits to a SBHC less than 30 percent had a dental visit in the previous year.

15. Obesity Intervention - \$1,300,000

- a. **Different Scope:** Continue similar scope through a MOA with DOE. The funding will provide 125 more CHAMPS Middle School Sports and Fitness Programs and expand the CHAMPS model to 75 elementary schools and to 15 summer school sites.
- i. Re-allocating this funding to CHAMPS will dramatically expand the impact of these dollars to reach 225 schools citywide with programs

that are integrated with the instructional agenda and culture of individual schools while also being aligned to larger DOE priorities.

- ii. The remaining funds will be used to support community-run organizations that offer before, during and after-school physical activity programs.

b. **Q: What's the reach and success of CHAMPS compared to programs funded?**

- i. The CHAMPS program, currently in nearly 400 middle schools, serves middle school students in all five boroughs. Because it is a well-known DOE program with an established infrastructure and in high demand, many more students can be reached with additional funding compared to other, outside programs with narrower reach and high overhead. Expanding CHAMPS is aligned with national physical activity recommendations for this age group and complements current DOHMH and DOE childhood obesity activities designed to reduce prevalence rates especially in underserved neighborhoods.

c. **Q: Are there opportunities to fund nutrition-based programs?**

- i. DOHMH would like to hear more about the specifics and interest in this area and would be happy to provide a list of recommendations for future Council designations.

16. Rapid HIV Testing – \$2,000,000

- a. **Same Scope:** Continue same scope through MOA with HHC.

17. School Based Health Centers– \$775,000

- a. **Same Scope:** Continue same scope through RFP for services for SBHC providers.