

FY 2023 Borough Budget Consultations

Manhattan - Department of Health & Mental Hygiene

Meeting Date

AGENDA ITEM 1: General Agency Funding Discussion

The purpose of holding the Borough Budget Consultations is to provide Community Boards with important information to assist in drafting their statement of District Needs and Budget Priorities for the upcoming fiscal year. As you know, Community Board Members are volunteers who may not be familiar with the budget process and how agencies' programs are funded. At the same time, Community Board members are very knowledgeable about local service needs.

This year's Manhattan agendas have three sections:

I. Agencies previously faced unprecedented cuts and new funding requirements due to COVID 19. The Federal Government recently provided relief funds to states and municipalities as part of COVID relief stimulus.

1. What programs are restored by this funding for the current fiscal year and what further changes are planned for FY 23 when an estimated \$4 billion budget gap reemerges?
2. What changes in federal funding have been instituted for FY 22? Will those changes continue into FY 23? What portion or percentage of the FY 21 and FY 22 budgets consisted of non-recurring federal funding?
3. What is the overall budget increase or decrease for FY 22 adopted budget compared to FY21 budget? Does the Agency anticipate a budget shortfall for FY 22, FY 23 or further out years after the non-recurring federal funding has been exhausted?

II. Then, the agenda continues with Community Boards asking about program funding.

1. What programs will see a significant increase or decrease in funding? To what extent, if any, is the increase or decrease in funding related to non-recurring federal funding allocations?
2. Which programs will be new or eliminated entirely?
3. What are your benchmarks for new and existing programs and what are your benchmarks/key performance indicators for measuring success?
4. What are your priorities, operational goals, and capital goals for FY22 and projected priorities, operational goals, and capital goals for FY23?

III. Lastly, the agendas include Boards' requests on district-specific budget questions. We request that the agency respond in writing, but have any further discussions on these items with the Community Boards outside of the consultation. For the first section, please present on the four topics below for 10-15 minutes at the beginning of our Consultation. Also, please provide written responses or even a PowerPoint presentation that we can use to fully and accurately educate our Board Members.

1. Which Manhattan community districts will see the largest increases or decreases in applied operational or capital funding for programmatic goals in FY 22 and FY 23?
 - a. What indicators do you use to direct these funds according to perceived need?

AGENCY RESPONSE:

What programs are restored by this funding for the current fiscal year and what further changes are planned for FY 23 when an estimated \$4 billion budget gap reemerges?

American Rescue Plan funding was used to enhance/ expand programs in several areas, such as for mental health mobile treatment and mobile food vending inspections. The funding will continue past FY23.

What changes in federal funding have been instituted for FY 22? Will those changes continue into FY 23? What portion or percentage of the FY 21 and FY 22 budgets consisted of non-recurring federal funding?

See above response. Most of the American Rescue Plan funding will extend past FY22, at least until FY25, as will most of the COVID-19 related funding that was appropriated by CDC for the emergency response.

What is the overall budget increase or decrease for FY 22 adopted budget compared to FY21 budget? Does the Agency anticipate a budget shortfall for FY 22, FY 23 or further out years after the non-recurring federal funding has been exhausted?

Compared to the FY21 budget at Adopt last year, DOHMH's FY22 at Adopt this year was 33% higher, primarily due to the influx of federal COVID-19 related funding. Future budget shortfalls will need to be addressed by OMB.

What programs will see a significant increase or decrease in funding? To what extent, if any, is the increase or decrease in funding related to non-recurring federal funding allocations?

The majority of the funding increase for DOHMH in the last year is attributed to the COVID-19 response, which includes funding primarily to address vaccination, testing and other pandemic related activities. There are no significant decreases in funding across our programs.

Which programs will be new or eliminated entirely?

No programs were eliminated and no new programs (not related to the pandemic) were initiated.

What are your benchmarks for new and existing programs and what are your benchmarks/key performance indicators for measuring success?

This question is overly broad given the scope of the Department's work.

What are your priorities, operational goals, and capital goals for FY22 and projected priorities, operational goals, and capital goals for FY23?

The Department remains focused on responding the COVID-19 pandemic. The other top priorities can be viewed [here](#). Regarding capital funding goals – the Department's top priority is to ensure that the new public health laboratory's construction is in line with the projected timeline.

Which Manhattan community districts will see the largest increases or decreases in allied operation or capital funding for programmatic goals in FY 22 and FY 23? What indicators do you use to direct these funds according to perceived need?

We don't track expenses at the CD level. Funding is allocated based on programs' assessment, which is based on a mix of historical and current needs.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 2: COVID

How is DOHMH coordinating with Health and Hospitals on Covid-19 outreach for vaccination and testing. Who is responsible for tracking any relationships between Covid-19 and other potential communicable diseases?

How will outreach around Flu Season be coordinated with Covid-19 efforts? Which agency will track that effort?

What lessons have been gleaned from the Covid-19 experience so far in terms of outreach impact and how is that reflected in FY 22-23? i.e., for Flu Season, will there be a change to outreach staff levels, outreach materials redesign, increased translation costs, etc?

What plans are in development for the possible need for booster shots? How is that reflected in the FY22-23 budget?

AGENCY RESPONSE:

A.

DOHMH is coordinating closely with H+H to ensure citywide testing and vaccination. We have also engaged critical partners in healthcare, hospitals, FQHCs, primary care and nursing homes to continue testing and vaccination efforts. This includes encouraging providers to enroll in the Citywide Immunization Registry, providing technical assistance on enrollment requirements, vaccine storage and handling, and administration. We have worked with our partners at H+H to roll out mobile pop up sites, lead community outreach to reach unvaccinated populations, and ensure testing remain accessible when it is needed.

B.

The Health Department is working to promote incorporation of COVID-19 vaccination into annual flu vaccination campaigns conducted by health care networks and providers, with co-administration of COVID-19 and flu vaccinations throughout the flu vaccination season. Providers will be guided to assess vaccination status, provide strong recommendations for vaccination and to offer (or refer for) COVID-19 and flu vaccination at every patient encounter. Further, whenever possible, we will offer fu

vaccination along with COVID-19 vaccination at City vaccinations events. The promotion of COVID-19 and flu vaccinations also will be integrated into community engagement and promotion.

C.

Outreach materials are being updated and will be available in multiple languages, as they were this past year. As stated above, the promotion of COVID-19 and flu vaccinations will be integrated into community engagement and promotion.

D.

The Department will follow federal guidance regarding the administration of a “booster” shot for the general public. The White House has indicated that this recommendation may happen as early as the end of September but will first need to be authorized by the FDA and guidance issued by ACIP. Planning for booster doses is being coordinated by the Vaccine Command Center in close partnership with the Health Department.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 4: PPE

DOHMH stockpiles PPE to support the overall healthcare system in NYC.

- a. Have stockpile calculations changed since Covid-19 and how is that reflected in the FY23 budget?
- b. Has the agency established long term partners with commitment agreements for PPE and if not, how is the agency accounting for potential price gouging as seen previously?

AGENCY RESPONSE:

Deferred to the City Hall PPE Service Center

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 5: Delta Variant

We are seeing an alarming uptick in Covid-19 cases due to the Delta variant and the hesitancy on the part of some portion of the population to be vaccinated. Is DOHMH preparing for a potential third wave?

- a. What emergency preparedness plans are currently formulated if variants continue and we have reached a peak vaccination rate that is not much higher than it is currently? What such plans are in development, either citywide or zone specific
- b. What is the anticipated cost of a potential third wave of Covid-19 infections in New York City – please provide as much detail as reasonable as to the type of expense.
- c. What funding is in place and what will be needed to respond to the anticipated cost of a third wave of Covid-19 in New York City?
- d. From what sources will DoHMH solicit the anticipated funding needed to respond to a third wave of Covid-19 during FY 23. Please identify and distinguish among the funding mechanisms at the federal level, state and local levels?

AGENCY RESPONSE:

a.
The City is currently experiencing a third wave of COVID-19 driven by the highly contagious delta variant. National and local data supports that vaccinations work, with most cases, hospitalizations and deaths occurring among the unvaccinated. The focus remains on getting as many eligible New Yorkers vaccinated to protect themselves and those that are not yet eligible to be vaccinated (children under 12) or can not be vaccinated due to medical conditions. Several policies and recommendations have been put in place in the last month to address the first wave including vaccine mandates, Key to NYC, COVID Safe requirements for city employees and contractors and a strong recommendation for indoor mask wearing regardless of your vaccination status. In addition, we continue to implore people who are not yet vaccinated to follow all public health precautions – frequent testing, wearing a mask anytime outside their own home, staying home if sick and frequent hand washing. These people should also avoid large and crowded events. Current city, state and federal funding sources are being used for continued pandemic response. We defer to OMB for a full response to your questions.

DOHMH TASK FORCE RESPONSE:

- c.
- o Federal grant funding, FEMA funding, ARPA funding and CTL. (I think Chris has a better talking point that talks about overall resources. They are many other funding streams. Should also be part of hearing Q&A under the COVID-19 section.)
 - o We are doing whatever is necessary to protect the health and safety of New Yorkers, and that commitment – not financial decisions – has guided our response to the pandemic.
 - o Our priority remains the health and safety of NYers, school reopenings, and ensuring a swift recovery from the pandemic
- d.
- o DOHMH will continue to leverage federal and city funding for COVID-19 response.
 - o DOHMH plans to seek reimbursement from FEMA and the CDC.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 6: Legionnaires Disease

Recent news reports cite Legionnaires' Disease as a concern with communities and buildings reopening from lockdowns.

- a. Last year, you reported that there were some protocol changes due to building staffing shortages. Has the city resumed all prior requirements and are the multi agency inspection and enforcement efforts fully operational at this point? ?

AGENCY RESPONSE:

All requirements for cooling tower registration, annual certification, maintenance/monitoring, and Legionella sample reporting pursuant to LL77, 24RCNY-8, and LL76 remained in effect through 2020 and 2021. As mentioned, the Department adjusted protocols to perform a risk-based inspection program by prioritizing cooling tower inspections based on previous cycle inspection and compliance history and other public health risk factors to continue our responsibility in providing public health service while responding to COVID-19. The Department is fully operational in its enforcement and surveillance requirements, and it continues to employ the risk-based prioritization achievements in its response to the continuing operational climate and emergent delta variant issues. The Department has further instituted more frequent and dynamic risk assessment to include more aggressive response to legionella surveillance signals using latest technological and regulatory tools.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 7: Sanitary Inspections

Has DOHMH fully resumed sanitary inspections of food service establishments and mobile food vendors?

Have there been any permanent changes to health codes based on Covid-19\

Have there been changes to inspection schedules and requirements with outdoor dining?

- a. Will pest control inspections increase with more food items in public spaces?
- b.
- c. Is DoHMH adequately funded to carry out inspections of food service establishments and mobile food vendors with the frequency that best practices would require and the increase of those spaces with outdoor dining areas ? What funding would be required to achieve such frequency of inspections?

AGENCY RESPONSE:

Yes.

No. We understand this question to be changes with respect to sanitary inspections and not the Health Code generally.

Outdoor dining has not changed the Health Departments restaurant inspection schedule.

- a. Pest control inspections are not increasing with more food items in public spaces. The Pest Control Program conducts indexing in many neighborhoods throughout NYC and will respond to 311 complaints and take referrals for inspection from our Bureau of Food Safety and Community Sanitation.

- c. While the Department would never turn down funding, we are not seeking additional funds at this time.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 8:West Nile

As of the dates of Budget Consultations for Manhattan for FY 2022, the City is expected to be in the West Nile Virus season in NYC. We just received our first notices of West Nile detection in NYC.

- a. Last year, it was reported that surveillance and preventive work relative to West Nile virus was impacted by the pandemic. Is that the case this year?
- b. Has DoHMH been able to conduct larviciding to reduce mosquito populations in NYC - have you been able to now gain access to private property and resume educational outreach?
- c. Will the increase in outdoor programming with open streets, open cultures and open dining affect adulticide spraying?

AGENCY RESPONSE:

a.

No. In the 2021 season, the Office of Vector Surveillance and Control is working on its full capacity to prevent and control West Nile Virus in NYC.

b.

The Office of Vector Surveillance and Control is physically inspecting private properties for the presence of standing water, the breeding ground of mosquitoes. Educational outreach has been started using social media and other forms of electronic media.

c.

So far in the 2021 season, increased outdoor programming has not affected adulticiding operations. The program is able to adjust spray timing in areas where outdoor events/activities are occurring within the treatment zone.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 9:Racial Equity

Given the concentration of Covid-19 cases in certain communities of poverty and/or people of color and the inequity of impact of the pandemic on those communities, please describe how DoHMH is working to address disparities in health outcomes among communities of poverty and/or color.

- a. How will DOHMH allocate existing resources differently to address those gaps in health outcomes? What funding is needed to fully address those gaps and how would DOHMH prioritize the funding?

AGENCY RESPONSE:

- The Department continues to be focused on addressing health inequities by integrating equity into all areas of work. One of our primary strategies is our place-based work operationalized through our Neighborhood Health Bureaus in Harlem, the Bronx and Brooklyn. Through several large federal funding streams, we are able to provide funding directly to community based organizations to assist in the COVID-19 response and recovery in order to address the underlying health disparities that resulted in a disproportionate impact to BIPOC communities. We look forward to working with all of you as this work moves forward.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 10: Nurses in Public Schools

DoHMH is one of two City Agencies that provide nurses to NYC Public Schools.

1. Has the pay gap between DOE and DOHMH school nurses been addressed in the FY22 DOHMH budget? If not, what would be the funding needed to bridge that gap? The Mayor has promised a nurse for every school building (although not for every school) -
 - a. What percentage of school nurses were previously under DOHMH and has that percentage changed with this increase?
 - b. What is the actual increase in school nursing staff numbers funded under DOHMH ?
 - c. Is that increase fully funded for each DOHMH nurse hire to be full time at each building? If not, what percentage would be Part time?
 - d. What percentage of those hires have been filled to date?

AGENCY RESPONSE:

DOHMH and DOE are actively working on this issue with OMB and OLR as the nurses are represented by different unions and therefore different employment agreements. DOE and DOHMH continue to recruit to fill open lines and contract nurses are being used to fill the gap so that every school building has a nurse.

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 11: Telehealth

Covid-19 sped up the use of telehealth as a necessary medical service. How is the advent of TeleHealth reflected in the DOHMH budget?

- a. How is the city planning for telehealth use in its hospitals and clinics ?
- b. What types of programs and community outreach efforts are planned for education on this option?
- c. What is the long term strategy to develop this option for communities burdened by health inequities due to lack of healthcare infrastructure, resources and/or their own work or language restrictions?

AGENCY RESPONSE:

The Department works closely with our health care partners throughout the City.

- We research policies that impact telehealth delivery such as billing and standards
- We disseminate updates on telehealth policy, procedure and billings to providers
- We offer trainings to providers on how to implement telehealth in their practice, including trainings on considerations and adaptations needed to be culturally and linguistically congruent and how to assist those who may not have the technology, resource or comfort level to use telehealth
- We advocate for policies at the local, state, and federal level to:
 - Promote equity in telehealth by making it more available to traditionally underserved communities or those with less access to technology, including the elderly and communities of color
 - Make telehealth services sustainable in the long-term for providers, particularly those serving a high proportion of patients with Medicaid or who lack insurance coverage

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS:

AGENDA ITEM 12: Co-Response Program with NYPD

- a. How have the DOHMH staffing levels for Co-response changed for FY22?
- b. What is the current strategy for deploying these units? Please include any pilots currently in place.
- c. What is the long term strategy for deployment?
- d. What funding will be required to meet the long term strategy goals, both for programmatic and capital (equipment) needs?
- e. How will DOHMH and assessment be done on any current pilots and how is that reflected in the current budget?

AGENCY RESPONSE:

No Response – question withdrawn by Community Board

MEETING NOTES:

NEW INFORMATION:

FOLLOW-UP COMMITMENTS: