

FY 2026 Borough Budget Consultations

Manhattan - Department of Health and Mental Hygiene

Meeting Date: [9/16/24](#)

The purpose of holding the Borough Budget Consultations is to have a straightforward and frank conversation about each agency's budget needs and requests. Unlike other venues, such as City Council Hearings, these consultations are not open to the public nor are they recorded. The information provided assists Community Boards in drafting our own Statement of District Needs and Budget Priorities and it facilitates the opportunity to do so in a way that supports the Agency's goals. Community Board Members often lack expertise about funding sources and the processes within Agencies regarding funding of various programs and initiatives. However, they are very knowledgeable about what local services are needed in their neighborhoods and the effectiveness of Agency programs.

This year's Manhattan agendas have three sections:

I. General overview of current and outyear agency budgets

1. What is the overall budget increase or decrease for the Agency in the FY 25 adopted budget? How does that compare to the FY24 budget? Does the Agency anticipate a budget shortfall for FY 25, FY 26 or further out years?
2. What are your priorities, operational goals, and capital goals for FY25 and projected priorities, operational goals, and capital goals for FY26?
3. What, if any, programs are affected by the end of COVID relief funds?

II. Specific Program Funding.

1. What programs within the Agency will see a significant increase or decrease in funding overall in FY 25 and anticipated FY 26? 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? eliminated entirely?
3. What are your benchmarks for new and existing programs and what are your benchmarks/key performance indicators for measuring success?

III. 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.

AGENCY RESPONSE:

DOHMH will continue to work with OMB to review and assess agency's needs in the upcoming years, to ensure that service levels are adequately met. DOHMH works closely with community leaders and partners, as well as analyzing data gathered from our various programs, to formulate a budget and operational plan that is equitable and in line with community needs.

GENERAL MEETING NOTES:

- Overall budget 2 billion ½ tax levy, other ½ state federal funding and a large part is grants not inclusive of ER funding which was over the last year. Folded programs into current programming.
- Budget has remained the same last couple of fiscal years.
- Shortfalls? Not at moment. We will monitor and be mindful as we go along.
- Budget priorities for fiscal year-Finished RFP process for Clubhouses (psychosocial rehabilitation programs) to expand the footprint and assess the needs for mobile crisis intervention and opioid overdoses and looking at additional resources on mental illness
- New Clubhouses – city council mandated opening them in each borough. Previous RFP was 30 years old. We are looking to expand to at least 300 per program (from previous 100) focus in neighborhoods of high need. Also looking at more than one in high need areas if possible. Agency to provide where the list of Clubhouses will be located. High need areas are locations that have been marginalized. Based on historic data.
- **Agency will provide written response.**
- HEAT has been eliminated (mobile crisis response) but there are several different ones run by health dept and other programs that we work with on referrals. CRT, IMT, AOT etc.
- IMT (intensive mobile treatment) CB2 board 2 identified that as a priority for this FY and were told that not recommended for funded. What was reason?
- **Agency to provide written response.**
- IMT is mostly city operated. It is by referral from (any enforcement for social services) clients that have recent or frequent contact with mental health and criminal justice for homeless services. 988 is now geocoded so they will find local services to dispatch mobile crisis. There is a link to mobile crisis directly.
- B-heard is separate it's under the mayor office of community mental health. Not in our purview. H&H and FDNY run the model. Meeting next week on B-heard and mobile crisis check council calendar.

AGENDA ITEM [1]: Mental Health

1. Please list and give a short description of all the various programs funded through DOHMH for mental health in Manhattan. Be sure to include a list of all Manhattan supportive housing, treatment services, crisis intervention services and psychosocial rehabilitation programs.
2. Last year, in response to our question regarding the treatment of SMI, DOHMH said “Other services are scheduled to be incorporated into our legacy system this fall. At the same time, we're evaluating new technical solutions to streamline access into this system.” Please list these additional services and give an update on solutions to streamline SPOA.
3. Please give an update on the status of the Pilot Program “Connect”? Is there funding to extend the pilot throughout Manhattan?
4. What city programs exist to target youth mental health? Are these programs sufficiently funded? Can you also direct us to what programs may exist in other agencies or as State programs. Is Teem Space a base-lined program?

1. See attached document of mental hygiene programs.

2.

In order to meet the diverse needs of people with mental health needs and reduce waiting times, the Health Department's single point of access (SPOA) program has broadened the range of programs to which people can be referred. New referral options include Safe Options Support (an intensive care coordination program for street homeless individuals), ICL STEPS (an ACT stepdown program), peer advocacy programs, clubhouses, supported employment programs, education support programs and NYC START a critical time intervention care coordination program for first episode psychosis.

In addition, the Health Department, in collaboration with the New York State Office of Mental Health is developing an access hub for mental health services. This mobile-friendly, multi-lingual website will provide a comprehensive listing and description of mental health services in NYC including program information such as hours of operation, specialty care and availability of appointments. The website will include a map feature and a simple questionnaire to help people identify the type of service that would meet their needs. **OEA- we have not spoken publicly about the access hub yet. Defer to you if this can be shared.**

3.

There are currently 3 CONNECT sites in Manhattan (2 Lower Mn and 1 Harlem). The CONNECT pilot program funding will be extended for current providers for an additional year while DOHMH undergoes necessary procurement processes for long term model funding.

4.

The Health Department funds a variety of youth mental health programs, including adolescent skills centers, family and youth peer support, care coordination, mobile crisis services, home based crisis

services, suicide prevention, and NYC Teenspace. For more information, see:

Child and Adolescent Mental Health Services - NYC Health:

<https://www.nyc.gov/site/doh/health/health-topics/child-and-adolescent-mental-health-services.page>

NYC Teenspace is free and available to all NYC teens between 13-17 years of age.

Mental health programs licensed by NY State can be found here:

<https://my.omh.ny.gov/analytics/saw.dll?dashboard>

ADDITIONAL DISCUSSION NOTES

Access HUB

Q. Is there some generalized way that providers communicate with each other and track? Is that budgeted? There is no coordination of services between agencies and providers.

Agency: We will double check for more information and follow up.

CB discusses an interagency meeting that is quite intensive and track a client (not using names) accessing programs and successful working together and is effective and efficient. To coordinate touch points with agencies and clients to follow and track client progress block by block. Started with 125th BID in 2022.

AGENDA ITEM [8]: Telehealth

1. Is there funding to increase telehealth options for mental health and physical health services in FY 26?
2. How does DOHMH support telehealth generally?

AGENCY RESPONSE:

DOHMH currently offers free telehealth services to all NYC teens through NYC Teenspace.

MEETING NOTES:

NEW INFORMATION:

NYC Teenspace just started this past fiscal year. Open to all teens. 988 has services as well for teens. Teenspace outreach is in our budget. There is no DOE component. Strictly within the DOH. Out biggest concern is Youth Access to social media. Pending legislation. Ongoing litigation.

FOLLOW-UP COMMITMENTS:

AGENDA ITEM [10]: Club Houses

Mental health issues, particularly for people living on the street, seem to have increased. It seems at same time the City is decreasing the number of clubhouses. Are there any plans to have new clubhouses in neighborhoods of need that currently do not have clubhouses. Is this an appropriate priority for community boards to support?

AGENCY RESPONSE:

The city has doubled its investment in Clubhouses this past year. The Health Department anticipates an expansion in clubhouse membership of 3,750 individuals in addition to the 5,000 members already served through clubhouses. Our recent request for proposals represents the City's renewed commitment to not only expanding access, but enhancing clubhouse quality, improving member experience, and expanding connections into the rest of the health and social services safety net, increasing referral pathways to support those with serious mental illness in finding a safe and productive experience in the community.

MEETING NOTES:

NEW INFORMATION:

[SEE ABOVE](#)

FOLLOW-UP COMMITMENTS:

Agency to follow up up about where they are located.

AGENDA ITEM [11]: Mental Health in the Field

One gap seems to be mental health help in field. There are referrals but not actual real time help. Are there any plans for this that we can support.

AGENCY RESPONSE:

The city has a robust crisis response system available via 988.

MEETING NOTES:

NEW INFORMATION/Questions

Q- Missing mental health field help and follow up like homeless outreach. Is this being considered?

A The mobile crisis team will they assess and dispatch within 24 hours and coordinate and offer services but defer to DSS for follow up. Does not offer follow up case management for mental health.

CB comment-Mentions Goddard as a good provider who achieves this.

Q. Clarify the responsibilities of what's under Mayor's office of mental health vs. DOHMH Agency: Mayor's office of Mental Health look for opportunities across agency coordination and policies. More of coordinator.

DOHMH generally works in supporting services to clients, updating and navigating policies that come up on issues in the mental health realm. We are state and federal designee as far as mental health services at the local level.

FOLLOW-UP COMMITMENTS:

AGENDA ITEM [12]: Safe Site

are there any plans to expand number of safe sites in neighborhoods of need?

AGENCY RESPONSE:

Response Pending, needs clarity.**** (Please define what "safe sites" are?)

MEETING NOTES:

NEW INFORMATION:

Safe Injection sites have turned into prevention centers. There are only locations in Manhattan. Two location that are operating by one provider in upper Manhattan. No others are planned. This location would bring people off the street that are urgently struggling to get services but there are legal challenges (state and federal) and we continue to evaluate based on these two current locations. There are no plans for expansion. Informal discussions only. Legal issues as well as lack of community support (which is a non-starter.)

CB10- Increase of complaints about open air substance abuse, people understand and want people to be safe. When there is negative backlash in CB10. With outpatient services people are out on streets quickly and in patient comprehensive services would be better.

Agency-These sites above would be inside and clients would be monitored to on site.

CB- We are hearing interest in bringing these sites into neighborhoods.

Agency: Yes, we have support by officials and CB's but when the site location is brought up there is push back from community itself and is not welcomed. Locations need to be in area of need. Funding resources from providers goes beyond what they are contracted for in terms of physical location. So, when a new location is recommended it does not fit the area need that is contracted for.

FOLLOW-UP COMMITMENTS:

AGENDA ITEM [13]: Recommended Priorities for Community Board Advocacy

What programs, initiatives or budget line items would DOHMH recommend that Community Boards include in their Statements of District Needs and Budget Priorities for FY 2026?

AGENCY RESPONSE:

NY State Public Health Law Article 6 – The NYC Health Department requests its reimbursement rate be increased from 20% to 36%.

Article 6 provides partial reimbursement for city tax levy funding to support local public health activities and services. NYC receives a reimbursement rate of 20%, while other New York State (NYS) counties receive a rate of 36%. This difference in funding results many millions of dollars disparity in State public health funding for NYC.

NYS must increase the reimbursement to NYC for its fair share of public health funding so we can:

- Increase home visits for newborns in areas where maternal mortality rates are significantly higher among Black and Latina mothers.
- Extend clinical hours for public health clinics that provide sexual health, tuberculosis (TB) and immunization services.
- Increase the number of naloxone kits distributed to community-based organizations.
- Support drinking water system surveillance as well as recreational water and building supply oversight, including cooling tower enforcement to prevent diseases such as Legionnaires' disease.

MEETING NOTES:

NEW INFORMATION:

- More city equitable funding for NYC vs. other counties.
- Maternal mortalities of minorities- Family Partnership -single mom having child she can be paired with nurse up until the child is 2 years old. Care for both mother and child. We are looking at midwifery and doulas.

FOLLOW-UP COMMITMENTS: