

FY 2024 Borough Budget Consultations

Manhattan - Department of Health & Mental Hygiene

Meeting Date

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. Community Board Members do not have expertise about funding sources and the process within agencies regarding funding of various programs and initiatives. However, Community Board members are very knowledgeable about local service needs.

AGENDA ITEM 1: General Agency funding questions

I. As Agencies continue to recover from the COVID 19 period to provide full services and relief funds from the Federal Government to states and municipalities begins to wind down:

1. What changes in federal funding have been instituted for FY 23? Will those changes continue into FY 24? What portion or percentage of the FY 22 and FY 23 budgets consisted of non-recurring federal funding?
2. What, if any, programs are affected by a change (decrease or increase) or end of COVID relief funds for FY 23?
3. What is the overall budget increase or decrease for FY 23 adopted budget compared to FY22 budget? Does the Agency anticipate a budget shortfall for FY 23, FY 24 or further out years after the non-recurring federal funding has been exhausted?
4. How will funding allocations be adjusted for impacts of inflation for fy 23 and what is planned for fy24?

II. General Agency program funding.

1. What programs will see a significant increase or decrease in funding overall? 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. Last year, the agencies response to this question was that it was overly broad considering the agency's scope. Therefore, specifically, What are your benchmarks for new and existing vaccinations programs for Monkeypox and for Covid boosters? What are your benchmarks/key performance indicators for Programs related to substance abuse harm reduction?
4. What are your priorities, operational goals, and capital goals for FY24 and projected priorities, operational goals, and capital goals for FY25?

The agendas may 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.

Please provide written responses or even a PowerPoint presentation that we can use to fully and accurately educate our Board Members.

AGENCY RESPONSE:

I.

1. What changes in federal funding have been instituted for FY 23? Will those changes continue into FY 24? What portion or percentage of the FY 22 and FY 23 budgets consisted of non-recurring federal funding?

The major change in federal funding between FY22 and FY23 is the reimbursement from FEMA for COVID response related expenditures. In FY23, reimbursement is no longer at 100%, but rather at 90%, with expectation of localities picking up 10% share of the costs. It's also unknown at this point how much longer FEMA will continue to reimburse any COVID costs, so the agency is monitoring these changes in conjunction with OMB regularly.

Federal grants from CDC tied to COVID response will continue to operate and cover expenses through FY24.

2. What, if any, programs are affected by a change (decrease or increase) or end of COVID relief funds for FY 23?
No existing operating programs will be affected by federal funding changes to COVID relief in FY23. COVID funding, primarily FEMA reimbursement, will only affect the actual continuing COVID response (i.e., vaccination activities primarily) should those funds end.
3. What is the overall budget increase or decrease for FY 23 adopted budget compared to FY22 budget? Does the Agency anticipate a budget shortfall for FY 23, FY 24 or further out years after the non-recurring federal funding has been exhausted?
Compared to the FY22 budget at Adopt last year, DOHMH's FY23 at Adopt this year is 1% higher, primarily due to slight increases across the board for the new city programs cited below; collective bargaining adjustments for city staff; and cost of living adjustments to contracted providers by New York State. Future budget shortfalls will need to be addressed by OMB.
4. How will funding allocations be adjusted for impacts of inflation for fy 23 and what is planned for fy24?
DOHMH is in active discussions with OMB on agency's FY23 and FY24 needs.

II.

We are not anticipating any significant funding reduction at this time. Funding was added to DOHMH's budget in the Executive Plan and Adoption for health teams to conduct outreach as part of the subway safety plan and to support the Mayor's Office of Equity's work.

1. Which programs will be new or eliminated entirely?
No programs are slated for elimination at this time.
2. Last year, the agencies response to this question was that it was overly broad considering the agency's scope. Therefore, specifically, What are your benchmarks for new and existing vaccinations programs for Monkeypox and for Covid boosters? What are your benchmarks/key performance indicators for Programs related to substance abuse harm reduction?
3. What are your priorities, operational goals, and capital goals for FY24 and projected priorities, operational goals, and capital goals for FY25?
The Department remains focused on responding to the COVID-19 pandemic as well as the current Monkeypox response. 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.

MEETING NOTES:

AGENDA ITEM 2: COVID and Monkey Pox

We are again seeing an alarming uptick in Covid-19 cases due to variants and the hesitancy on the part of some portion of the population to be vaccinated.

- 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 plans are in development for the long term need for Covid booster shots? How is that reflected in the FY24 budget?

What lessons have been gleaned from the Covid-19 experience in terms of Public Health outreach impact and how is that reflected in FY 24?

- a. Is there a change to outreach staff levels, outreach materials redesign, increased translation costs, etc?
- b. Were outreach materials updated and available in multiple languages for Covid and Flu and is that the case for Monkey Pox materials? Which languages specifically?

How is DOHMH coordinating with H&H on Monkey pox?

- a. How is Monkey Pox coordination reflected in the FY 23 budget and what is planned for FY 24?
- b. Recognizing the poor response to date to the virus and the reported uneven vaccine and treatment availability for city residents, how will DOHMH remedy this and their future ability to respond adequately to any public health emergency in their budget?

AGENCY RESPONSE:

I

a.
DOHMH is leveraging the lessons learned from HIV to inform our approach to the monkeypox (MPV) outbreak, particularly in terms of how best to serve the affected LGBTQIA+ community without contributing to sexual stigma, homophobia, or worse. We are also leveraging recent lessons, from the COVID-19 pandemic about equitable, community-centered approaches to education, outreach, prevention, and vaccination uptake. This approach paved the way for our Public Health Corps (PHC) partnership which has led to greater equity in our COVID-19 response and in vaccination rates.

We have started the process of contracting with 28 community-based organizations (CBOs) and other trusted community partners to deliver accurate, up-to-date information to help drive an equity-focused emergency response to the MPV outbreak.

b. FDA has made a recommendation for a bivalent vaccine for the fall booster – the original strain and an omicron B4 or B5 strain. We expect more guidance from FDA when a vaccine is available (expected in the fall) and then ACIP and CDC. The vaccine is under development now.

II

A.

- We refined the process as time passed to balance accurate and actionable information with keeping the information as relevant and standard as possible so materials would have a longer shelf life. To help with shelf life, we included call-in information, such as 311, and things like QR codes that people could scan with smartphones to take them to our website, which was updated more frequently.

Regarding translations and interpretation costs, we were able to advocate for increased capacity for the agency in terms of higher funding for all of our Language Services vendors as well as add four new staff (3 translators and 1 project manager). Adding more staff has been essential in reducing turnaround times for critical translations in Spanish, Simplified Chinese, Traditional Chinese and Russian.

b.

- Yes, printed outreach materials for COVID-19 were translated into numerous languages. We printed COVID-19 materials into the top 26 languages widely-spoken in the NYC. We printed large batches of translated materials for handing out in communities across the city, and when there were significant changes to information, we tried to update and print the newer materials to distribute, while recycling older versions.
 - We are currently translating monkeypox materials into the City's top 13 languages (Spanish, Russian, Simplified Chinese, Traditional Chinese, Korean, Bengali, Urdu, French, Haitian Creole, Italian, Polish, Arabic, Yiddish). All monkeypox vaccination site signs are in English, Spanish, and Traditional Chinese, and sites include accessibility signage (for entrances/exits, restrooms, waiting areas), similar to COVID-19.

c.

DOHMH has been at the helm of this unprecedented response and we continue to work with our federal and state partners to ensure there are resources to address ongoing needs as the pandemic continues to evolve.

d.

It's difficult to forecast long term costs, considering the pandemic continues to evolve. DOHMH continues to work with our local partners to ensure that testing, vaccination, outreach and education, and surveillance resources are available and sufficient.

III

- Coordination with H+H is focused on using the city's public hospital infrastructure to facilitate equitable access to MPV-associated testing, care, and treatment. So far in this response, that has included:

- DOHMH partnering with H+H to administer the JYNNEOS vaccine as post-exposure prophylaxis and expanded post-exposure prophylaxis at H+H facilities.
- DOHMH partnering with H+H to facilitate access to MPV testing and treatment at H+H facilities.

MEETING NOTES:

AGENDA ITEM 3: Legionnaires Disease

Please report on any recent Legionnaires outbreaks, their locations and responses.

AGENCY RESPONSE:

Legionellosis is a reportable disease and the Health Department follows up on all *Legionella* positive laboratory reports to determine if a patient meets the case definition for Legionnaires' disease and to collect information about exposures during the patient's incubation period.

The Health Department responds to unusual increases in cases of LD in the community and when 2 cases of LD are found to share address within a 12 month period. Healthcare associated cases are followed up by NYS DOH.

Community clusters in Manhattan in 2022: none to date

Ongoing building evaluations initiated in 2022:

448 105th Street, NY, NY 10029; NYCHA East River Houses: initiated 2/14/22 due to 2 cases in 12 months. Currently 2 cases associated with this building evaluation.

102 North End Avenue, NY, NY 10282. Conrad Hotel: initiated 5/4/22 due to 2 travel cases in 12 months. Currently 2 cases associated with this building evaluation.

24 John Street, NY, NY 10038. Artezen Hotel: initiated 6/1/22 due to 2 travel cases in 12 months Currently 2 cases associated with this building evaluation.

135 W. 23rd Street, NY, NY 10011, Selis Manor: initiated 7/6/22 due to 2 cases in 12 months. Currently 3 cases associated with this building evaluation.

MEETING NOTES:

AGENDA ITEM 4: West Nile

As of the dates of Budget Consultations for Manhattan for FY 2023, 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. Are there any changes to the surveillance and prevention budget or staffing?
- b. Is the agency rethinking adulticide spraying with the increase in outdoor programming of open streets, open cultures and open dining?

AGENCY RESPONSE:

- a. Are there any changes to the surveillance and prevention budget or staffing?
There are no changes to the West Nile virus surveillance and prevention budget or staffing in the FY 2023.
- b. Is the agency rethinking adulticide spraying with the increase in outdoor programming of open streets, open cultures and open dining?
Mosquito spraying can be performed anytime from dusk to dawn. All the areas with outdoor activities at night are treated when people are not present in the street.

AGENDA ITEM 5: Health Inspections

Considering the large increase in RAT sightings and complaints, how has the agency responded to this crisis in the FY23 budget and what plans are in place to ramp up or continue efforts in FY24?

As Outdoor Dining becomes permanent over the next fiscal year or so, how will inspection schedules and health requirements with outdoor dining be reflected in the FY23 and FY24 budgets?

As Food Vendor licenses are set to increase, is the need for greater inspector staffing reflected in the FY24 budget?

- a. Are food health outreach materials available to new licensees through DOHMH and/or DCWP and in what languages are they available?

AGENCY RESPONSE:

Considering the large increase in RAT sightings and complaints, how has the agency responded to this crisis in the FY23 budget and what plans are in place to ramp up or continue efforts in FY24?

The Health Department uses evidence-based approaches to reducing rats, including conducting inspections in response to complaints and proactively ordering property owners to address conditions that are conducive to rats, performing extermination, and providing education and technical assistance to property managers and businesses to prevent pest conditions. Many of these activities had to be scaled back given the other demands on the Department to respond to the COVID-19 emergency but we have restored all of these activities as of FY23. The Department resumed our intensive neighborhood rat indexing program in January of 2022. Inspectors travel block by block inspecting every single property in the city's rat mitigation zones. These approaches have been successful. The Neighborhood Rat Reduction

program, that was launched in July 2017, has successful strategies for reducing rats in neighborhoods including increasing clean up, urging New Yorkers to dispose of trash properly and abatement efforts on city owned properties like NYCHA, parks, gardens and schools. Our popular Rat Academy training has been offered citywide and we continue to partner with community hosts to reach a wide range of audiences. Please visit our Rat Information Portal at www.nyc.gov/rats to learn more.

As Outdoor Dining becomes permanent over the next fiscal year or so, how will inspection schedules and health requirements with outdoor dining be reflected in the FY23 and FY24 budgets?

Outdoor dining facilities are already a part of the Health Department’ restaurant inspection.

As Food Vendor licenses are set to increase, is the need for greater inspector staffing reflected in the FY24 budget?

Yes

- a. Are food health outreach materials available to new licensees through DOHMH and/or DCWP and in what languages are they available?

Yes. The booklet [Best Practices For Pest Proofing Food Service Establishments](#) is available in the following languages: Spanish, Chinese, Bengali and Arabic. Food Service Establishments were provided a hard copy at initial publication, it is available on our website and an additional e-mailing of this booklet will be sent this month. This booklet is also available in our public facing offices. Additionally the DOHMH website has the following guidance documents posted: [“How to Reduce Pests When Offering Outdoor Dining”](#), [Integrated Pest Management \(IPM\) Scope of Services](#), [Selecting and Working with a Pest Management Professional](#) and [Find a New York State licensed Pest Management Specialist](#)

MEETING NOTES:

AGENDA ITEM 6: Nurses in Public Schools

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

- 1. Last year, the agency responded to these questions as “actively working on..” Please respond specifically to what actions were taken over the last year as they were actively worked on, to address each of the issues below:

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

1. Last year, the agency responded to these questions as “actively working on..” Please respond specifically to what actions were taken over the last year as they were actively worked on, to address each of the issues below:

Has the pay gap between DOE and DOHMH school nurses been addressed in the FY22 DOHMH budget?

Efforts to address the pay gap between the DOHMH and DOE nurses are tied closely to collective bargaining. This issue has been discussed with the city’s office of labor relations and the leadership at both agencies. We continue to advocate as much as we can for our nursing team members at each agency.

If not, what would be the funding needed to bridge that gap?

Until the bargaining process is complete we cannot say what the cost will be as it will be determined as part of that process. As there are hundreds of school nurses the cost will be considerable.

The Mayor has promised a nurse for every school building (although not for every school) -

1. What percentage of school nurses were previously under DOHMH and has that percentage changed with this increase?

Under a PERB Agreement both agencies must split coverage of 1.6 DOHMH to 1 DOE nurse for general education positions. The Mayor’s promise has meant an approximate 200 additional assignments annually that the agencies split according to the PERB and we use contract nurses if staff nurses are unavailable

2. What is the actual increase in school nursing staff numbers funded under DOHMH ?

There has not been an increase this fiscal year

3. 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?

DOHMH nurses are primarily part-time staff with very few fulltime positions. There was no funding of additional fulltime lines in this year's budget.

4. What percentage of those hires have been filled to date?

There were no new lines funded.

AGENDA ITEM 7: Harm Reduction programs

There is one safe injection site in Manhattan under a pilot program. Please describe the timing, funding and metrics to be used to assess the pilot?

- a. What is the timeframe for the Pilot program?
- b. Will more sites be added under the Pilot or will any expansion be considered only under a 'permanent' program?
- c. How is the pilot reflected in the FY23 and FY 24 budget?
- d. Are there increases for the pilot under the FY 24 budget in terms of staffing, security, programming needs, outreach etc.
- e. Are there additional SIS;'s planned in the FY 24 budget?
- f. Is there funding allocated for permanent 24/7 SIS operations?
- g. Are new SIS facilities reflected in the capital budget?
- h. Is there Funding for community outreach and education in FY 23 and/or FY 24?

Needle exchange

- a. Has there been a significant increase or decrease in those using this program?
- b. Has the budget for needle and other on the street harm reduction programs changed from FY 22 to 23? Are there plans for changes in FY 24?
- c. Funding for agency or providers to address increased syringe litter and potential syringe receptacles?

Mobile Health Vans

- a. How many vans are currently operated by DOHMH providers in Manhattan?
- b. How many are operating FT - available everyday
- c. How many are operating with partially usable equipment - a piece of operating or screening equipment is not fully operational?

- d. How is the need for mobile health vans reflected in the FY 23 and FY 24 budgets? Is there a change in funding allocations, are there any capital allocations to the program?

AGENCY RESPONSE:

Overdose Prevention Centers

There is one safe injection site in Manhattan under a pilot program. Please describe the timing, funding and metrics to be used to assess the pilot?

There are currently two Overdose Prevention Centers (OPCs) in NYC; both sites are in Manhattan. OPC services opened in NYC on November 30, 2021. These services are privately funded and are run by OnPoint NYC.

OPCs were not authorized as a research pilot; therefore, these OPCs are not a pilot program with a specified duration. While the NYC Health Department is supportive of the provision of OPC services in NYC, the NYC Health Department does not fund or regulate OPCs. Rather, all Syringe Service Programs (SSPs), including the two programs which operate OPC services, are regulated by the New York State Department of Health, AIDS Institute.

While the OPCs are not a research pilot, the NYC Health Department is dedicated to supporting the rigorous evaluation of OPC services. The NYC Health Department supports OnPoint NYC in creating data systems for data collection and reporting. Further, the NYC Health Department is collaborating with an academic partner to evaluate the community health and safety impacts of OPCs, including on fatal and nonfatal overdose, emergency department utilization, HIV and hepatitis C transmission, uptake of treatment and recovery services, and public drug use, syringe litter, and crime in the surrounding neighborhood.

a. What is the timeframe for the Pilot program?

- i. OPCs do not operate under a pilot program; there is no specified duration for these services.

b. Will more sites be added under the Pilot or will any expansion be considered only under a 'permanent' program?

- i. OPCs do not currently operate under a pilot program. The NYC Health Department supports the expansion of OPC services to neighborhoods experiencing high burdens of overdose. However, the NYC Health Department does not have specific plans or timelines at this time.

c. How is the pilot reflected in the FY23 and FY 24 budget?

- i. OPC services are privately funded and are not reflected in the FY23 or FY24 budgets.

d. Are there increases for the pilot under the FY 24 budget in terms of staffing, security, programming needs, outreach etc.

- i. See "c" above

e. Are there additional SIS;'s planned in the FY 24 budget?

- i. See "b" above

f. Is there funding allocated for permanent 24/7 SIS operations?

- i. See "c" above

g. Are new SIS facilities reflected in the capital budget?

- i. See "c" above

h. Is there Funding for community outreach and education in FY 23 and/or FY 24?

- i. The NYC Health Department funds some Syringe Service Programs to conduct outreach and syringe litter clean-up. In addition to conducting syringe litter clean-up and providing resources to people who use drugs in public, these teams conduct education about harm reduction and other public health topics. A full description of funding for outreach and syringe litter teams is provided in the next section.

Needle exchange (Syringe Service Programs)

a. Has there been a significant increase or decrease in those using this program?

- i. Aside from a decrease in participants during 2020, which can likely be attributed to COVID-related service interruptions, the number of participants in syringe service programs citywide has increased over the years.

b. Has the budget for needle and other on the street harm reduction programs changed from FY 22 to 23? Are there plans for changes in FY 24?

- i. In June of 2022, the City announced its first round of investments from opioid settlement funds, which total \$150 million over the next five years. This first round of investments will go towards:

1. Strengthening Harm Reduction and Treatment in Communities

- a. Sustaining and expanding hours and services at the city’s existing Syringe Service Programs (SSPs) that operate Overdose Prevention Centers (OPCs) to reduce risk of overdoses among people who use drugs and offer them connections to other services and supports, like treatment.
- b. Expanding access to Street Health Outreach and Wellness (SHOW) mobile harm reduction clinics and connections to provide care in communities hardest hit by the overdose epidemic.

2. Expanding Support for Treatment Optimization Strategies

- a. Supporting additional staff within the city’s public hospital system to expand their emergency department substance use consult team to 24/7 operations across 11 hospitals.
- b. Training the behavioral health workforce to build expertise in addressing co-occurring psychiatric and substance use disorders.

3. Strengthening Community Support for People Who Use Drugs and Their Families

- a. Expanding support for the families of drug overdose decedents by connecting them to critical mental health and social services supports in the crucial window following a death and according to their particular needs.

- ii. There are no plans for FY24 at this time

c. Funding for agency or providers to address increased syringe litter and potential syringe receptacles?

In 2021, the City committed over \$9 million in response to increased overdose deaths in 2020. These responses build on existing service provision to better respond to the overdose crisis and address communities’ concerns related to public drug use and syringe litter. SSPs are critical in reducing syringe litter because they provide people who inject drugs with places to safely

dispose of used syringes and their outreach teams routinely pick up syringe litter in the community. This recent funding expansion enhances SSPs' ability to conduct outreach and syringe litter cleanup (OSL) in public areas such as parks, playgrounds, and street locations. Collectively, the Manhattan-based programs funded through this initiative conduct an average of 116 hours of OSL per week.

- i. Manhattan-based programs that conduct NYC Health Department-funded outreach and syringe litter clean-up and kiosk maintenance:
 1. Positive Health Project:
 - a. Outreach and syringe litter cleanup: \$288,500
 - b. Kiosk maintenance: \$10,000
 2. Harlem United:
 - a. Outreach and syringe litter cleanup: \$469,870
 3. Housing Works:
 - a. Kiosk maintenance: \$6,000
 4. New York Harm Reduction Educators:
 - a. Outreach and syringe litter cleanup: \$544,870
 - b. Kiosk maintenance: \$8,000
 5. Washington Heights Corner Project:
 - a. Outreach and syringe litter cleanup: \$438,500
 - b. Kiosk maintenance: \$148,187

Mobile Health Vans:

- a. How many vans are currently operated by DOHMH providers in Manhattan?
- b. How many are operating FT - available everyday
- c. How many are operating with partially usable equipment - a piece of operating or screening equipment is not fully operational?
- d. How is the need for mobile health vans reflected in the FY 23 and FY 24 budgets? Is there a change in funding allocations, are there any capital allocations to the program?

These vans are operated by Health + Hospitals. As such, we do not have this information.

AGENDA ITEM 8: Mental Health

How has the Well NYC program been funded in FY 23 and FY 24?

- a. Is it fully funded or what portion of the program is funded by DOHMH?
- b. If not fully funded by DOHMH, what is the connection or coordination method with other offices?
- c. What are goals and benchmarks for Well?

There are several mental health programs throughout the city and many do not seem to run out of DOHMH. Please describe the programs outside the agency that DOHMH coordinates with. Is there budget duplication with these programs?

What is the Office of Community Mental Health and how is it funded? If not through DOHMH, how is programming coordinated so there is efficient use of resources and not budget duplication?

Is there DOHMH funding for ongoing and consistent care for the street homeless suffering from mental health issues? Please list the names of programs, geographic area if applicable and their funding levels.

What is the status of the Pilot Program “Continuum”? Please detail funding and if that level of funding will continue through FY 24?

What capital funds have been allocated for increasing mental health bed facilities (either increasing existing facilities or building new ones) in FY 23 and FY 24?

AGENCY RESPONSE:

NYC Well

- a. How has the Well NYC program been funded in FY 23 and FY 24?
- b. Is it fully funded or what portion of the program is funded by DOHMH?
- c. If not fully funded by DOHMH, what is the connection or coordination method with other offices? ?

NYC Well is funded with a blend of federal, state and local dollars. DOHMH collaborates closely with the NYS Office of Mental health in particular as they are leading 988 implementation statewide. NYC Well is the entity that answers calls to 988 from NYC area codes.

- d. What are goals and benchmarks for Well?

NYC Well’s goals is to answer 90% of calls, text and chats within 30 seconds.

Mental Health treatment and other services

- a. **There are several mental health programs throughout the city and many do not seem to run out of DOHMH. Please describe the programs outside the agency that DOHMH coordinates with. Is there budget duplication with these programs?**

The NYC Health Department contracts with hundreds of community-based organizations and hospitals to provide community based mental health services in NYC, including crisis intervention, treatment, supportive housing and rehabilitation services. NYC Health + Hospitals is New York City’s safety net healthcare provider, including both inpatient and outpatient behavioral healthcare. There is close coordination between the NYC Health Department and H+H to meet the mental health needs of New Yorkers.

- b. **What is the Office of Community Mental Health and how is it funded? If not through DOHMH, how is programming coordinated so there is efficient use of resources and not budget duplication?**

Please refer to the Office of Community Mental Health (OCMH) for these questions. OCMH is not part of DOHMH.

c. **Is there DOHMH funding for ongoing and consistent care for the street homeless suffering from mental health issues? Please list the names of programs, geographic area if applicable and their funding levels.**

The NYC Health Department provides nearly \$17 million (\$16.4M) in funding to support street outreach teams which aim to bring people in from street to shelters, mental health shelters, drop-in centers that provide case management and linkage for the hard to engage people, and psychiatric outreach to provide assessment and treatment in shelters and drop-in centers.

- i. **Homeless Outreach Teams (HOT)** are partially funded via MOU between the NYC Health Department and Department of Homeless Services. These teams provide engagement, assessment, clinical interventions, basic needs and permanency planning to street homeless individuals. The following are providers and geographic areas served:
 1. Manhattan Consortium: CUCS, Goddard Riverside and Breaking Grounds
 2. Brooklyn and Queens: Breaking Grounds.
 3. Bronx: Bronx Works
 4. Staten Island: Project Hospitality
 5. Subway System: Bowery Residents' Committee
- ii. **Drop-In Centers** provide case management and linkage to health and mental health care for difficult to reach people who are experiences homelessness. The drop-in centers are not borough specific programs
- iii. **The Reception Center** is a specialized gateway program for people who are experiencing homelessness and mental illness. This program can be accessed without going through the normal Department of Homeless Services processes. It provides: psychiatric, medical and substance abuse assessment; medication management and education; case management including securing entitlement, housing and treatment referrals, and specialized groups. The BRC Reception Center accepts referrals from the Bronx and Manhattan.
- iv. **Psychiatric outreach programs** provide assessment and treatment in shelters and drop in centers.
- v. **Shelter based programs:** Shelter based services including mental health assessments (required to access many services, including housing) and treatment when an individual is not yet connected to community care.

Additionally, the NYC Health Department provides funding to support **Intensive Mobile Treatment (IMT) teams**, which provide mental health and substance use treatment, including medication, and supports to people with serious behavioral health concerns, very complex life situations, transient living situations and/or involvement with criminal justice systems. IMT teams are staffed by mental health and substance use clinicians and peers. Approximately 22% of new referrals to IMT are street homeless. IMT has shown very good results helping people who are homeless attain housing and decreasing legal involvement.

d. **What is the status of the Pilot Program "Continuum"? Please detail funding and if that level of funding will continue through FY24?**

The NYC Health Department launched a pilot program, an innovative new program, called Continuous Engagement between Community and Clinic Treatment, or CONNECT. This new model looks to bridge gaps in the mental health care system, move beyond the traditional clinic role and be highly collaborative with communities, and responsive to root causes of issues with mental health. CONNECT clinics provide virtual, on-site and off-site services. Based on community feedback and assessment of needs, CONNECT programs may also offer individual and group interventions at non-traditional settings, such as soup kitchens.

There are nine sites in high-need areas participating in The Bronx, Manhattan and Brooklyn. All nine sites are open for referrals.

e. What capital funds have been allocated for increasing mental health bed facilities (either increasing existing facilities or building new ones) in FY 23 and FY 24?

The NYC Health Department does not fund inpatient hospital beds, which are operated by public and private (voluntary) hospitals for both physical and behavioral health. Hospital beds are licensed by New York State and funded through insurance reimbursement or through direct city funding of NYC Health + Hospitals and state funding for state operated Psychiatric Centers.

AGENDA ITEM 9: Equity

Given the concentration of Covid-19 and Monkey Pox cases in certain minority communities or communities of poverty and the inequity of impact of these and general health outcomes on those communities, please describe how DoHMH is working to address disparities in health outcomes among minority communities.

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

AGENCY RESPONSE:

DOHMH is leveraging the lessons learned from HIV to inform our approach to the monkeypox (MPV) outbreak, particularly in terms of how best to serve the affected LGBTQIA+ community without contributing to sexual stigma, homophobia, or worse. We are also leveraging recent lessons, from the COVID-19 pandemic about equitable, community-centered approaches to education, outreach, prevention, and vaccination uptake. This approach paved the way for our Public Health Corps (PHC) partnership which has led to greater equity in our COVID-19 response and in vaccination rates.

We have started the process of contracting with 28 community-based organizations (CBOs) and other trusted community partners to deliver accurate, up-to-date information to help drive an equity-focused emergency response to the MPV outbreak.

The CBO partnership will utilize four principal strategies.

- First, it will again call on trusted and credible messengers, generally people who share lived experience and racial or ethnic backgrounds with their intended audiences, to lead community engagement efforts.
- Second, it will prioritize BIPOC (Black, Indigenous, and other People of Color) and other populations that traditional public health programming might not otherwise reach.
- Third, it will raise awareness about the virus and local prevention, testing, and care options that are affirming and non-stigmatizing, and connect community members to vaccination appointment navigation and other services.
- Fourth, it will offer tailored and contextualized MPV prevention education that is accessible and culturally and linguistically responsive, at locations where communities at the highest risk regularly congregate.

MEETING NOTES:

AGENDA ITEM 10: 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. Have you seen an uptick in permanent telehealth alternatives?
- b. How many and how often were trainings made available to providers on telehealth?

AGENCY RESPONSE:

How CHECW contributes to expanding and operationalizing Telehealth services:

- 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

- a. Have you seen an uptick in permanent telehealth alternatives?
 - i. The state's FY 2023 budget includes payment parity for telehealth services administered through Medicaid. The state Department of Financial Services also issued a rule to make audio-only telehealth permanently allowed under Medicaid. Studies show patient satisfaction with telehealth services, suggesting they will be around for the long-term. We continue to work within the agency, as well as with external partners and the state, to push for long-term policies that will make telehealth both accessible and equitable.
- b. How many and how often were trainings made available to providers on telehealth?
 - i. Throughout 2020, trainings were offered regularly on telehealth implementation and reimbursement. The agency also regularly includes tips and best practices on telehealth in a weekly newsletter distributed to providers in NYC REACH network.

MEETING NOTES: