

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Oxiris Barbot, Commissioner



WHAT WE DO

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and well-being of all New Yorkers. The Department engages with communities to develop and implement robust public health programming and policy recommendations, enforces health regulations, responds to public health emergencies and provides limited direct health services. The Department works toward just and fair health outcomes for all New Yorkers.

The Department seeks to reduce death and disability from chronic diseases, such as heart disease and cancer, by reducing smoking and the consumption of unhealthy foods, improving the control of blood pressure and promoting physical activity. It contracts with community-based organizations to deliver mental health, developmental disability and alcohol and substance use disorder treatment services. It works with health care providers to improve health care delivery and to increase the use of preventive services, such as immunizations, and collaborates with community-based organizations to prevent, detect and treat HIV and other communicable infections. Direct services are provided at four tuberculosis clinics, eight sexual health clinics, one immunization clinic and more than 1,200 public schools. The Department 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 Early Intervention Program serves infants and toddlers with developmental delays. The Department's surveillance systems provide the basis for cutting edge research grounded in public health principles.

FOCUS ON EQUITY

The Department's programs work to address and advance health equity. The City must be deliberate in naming and addressing health inequities or unjust differences in health outcomes, because they are a direct result of historic disinvestment and structural racism. At the cornerstone of these efforts is the Department's Center for Health Equity (CHE). CHE works toward a fair and healthy New York City where all residents—regardless of their ZIP code—have the opportunity to lead their healthiest lives. CHE strengthens the Department's goal to eliminate health inequities by providing training and technical assistance to other DOHMH Divisions so that residents in neighborhoods affected by racism and long-term disinvestment receive equitable programs and services. The Department promotes equity by using data and storytelling to influence policy, systems and environmental change and by implementing neighborhood-based strategies to foster health. CHE also oversees Neighborhood Health Action Centers in East Harlem, Tremont and Brownsville that offer coordinated health and social services, as well as community programs under one roof. The Action Centers also provide a central location for people to connect and plan for improving the health of their neighborhoods.

OUR SERVICES AND GOALS

SERVICE 1 Detect and control infectious diseases.

- Goal 1a Reduce new cases of HIV and other sexually transmitted infections.
- Goal 1b Prevent the spread of other infectious diseases.

SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

- Goal 2a Reduce tobacco use and promote physical activity and healthy eating.
- Goal 2b Improve preventive health care.

SERVICE 3 Promote a safe environment.

- Goal 3a Reduce hazards to children in homes and child care programs.
- Goal 3b Reduce the threat of foodborne illness.
- Goal 3c Reduce animal-related risks to human health.

SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance misuse.

- Goal 4a Reduce the adverse health consequences of substance misuse.
- Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

SERVICE 5 Provide high quality and timely service to the public.

- Goal 5a Provide birth and death certificates to the public quickly and efficiently.

HOW WE PERFORMED IN FISCAL 2019

SERVICE 1 Detect and control infectious diseases.

Goal 1a Reduce new cases of HIV and other sexually transmitted infections.

The annual number of new HIV diagnoses in the City continued to decline with a 19 percent decrease from Calendar 2017 to Calendar 2018. This progress is consistent with the key goals and wide-ranging initiatives of the City's "Ending the Epidemic" campaign.

The number of male condoms distributed by DOHMH decreased nine percent from 20,917 to in Fiscal 2018 to 19,076 in Fiscal 2019. This decrease was due to a delayed condom order and lower federal funding amounts for traditional safer sex products. Over the last few months, the Health Department has resolved backorder issues with the new condom vendor and, since the April 2019 launch of a new online ordering system, the Department distributed over 12 million condoms compared to 6.7 million over the same period last year.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ New HIV diagnoses (CY Preliminary)	2,718	2,493	2,279	2,157	1,742	↓	↓	Down	Down
★ Patients enrolled in Ryan White Part A with current antiretroviral (ARV) prescription at last assessment (%)	87.7%	86.2%	90.1%	95.8%	94.9%	94.0%	96.0%	Up	*
★ Syphilis cases	1,315	1,807	1,910	1,937	1,881	↓	↓	Up	Down
Male condoms distributed (000)	36,604	35,666	35,220	20,917	19,076	37,828	34,045	Down	*
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 1b Prevent the spread of other infectious diseases.

The decline in tuberculosis (TB) cases from Calendar 2017 to Calendar 2018 is a result of the Department's continued efforts to identify and investigate cases of tuberculosis and enhanced targeted testing and treatment efforts in high-risk populations. The Department has actively worked to strengthen core TB control activities, including case management and contact investigation by hiring additional staff and allocating additional resources to the Bureau of Tuberculosis Control. Additionally, DOHMH has worked collaboratively with local, national and international partners to develop innovative approaches for TB prevention and care in the City.

In order to increase the number of seniors, aged 65 and older, who reported receiving the shot in preparation for the Fiscal 2020 flu season, DOHMH will promote the flu vaccine to older adults at the Fort Greene Immunization Clinic, issue a City Health Information message to providers and develop a citywide media campaign highlighting the importance of flu vaccine for this age range.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ New tuberculosis cases (CY)	585	575	565	613	559	↓	↓	Neutral	Down
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	64.2%	65.5%	65.4%	66.1%	62.8%	68.0%	68.0%	Neutral	Up
★ Children aged 19-35 months with up-to-date immunizations (%)	73.0%	74.7%	75.1%	74.1%	72.9%	77.0%	77.0%	Neutral	Up
★ Children in the public schools who are in compliance with required immunizations (%)	99.0%	98.8%	98.8%	99.0%	98.9%	99.0%	99.0%	Neutral	Up
★ HPV vaccine series completion (%)	38.5%	44.2%	56.6%	61.1%	63.2%	64.0%	67.0%	Up	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

SERVICE 2 Prevent chronic diseases by promoting healthy behaviors and preventive health care.

Goal 2a Reduce tobacco use and promote physical activity and healthy eating.

The percentage of adults who smoke declined in Fiscal 2019, dropping 4.5 percent since Fiscal 2018 to 12.8 percent. In fall 2017, new local laws to reduce smoking and tobacco use by addressing price, access and awareness were passed with effective dates through January 2019. These policies will complement the Department's continued education and programmatic efforts to reach the [Take Care New York](#) 2020 targets. The Department is also seeking to reduce youth tobacco use, including use of e-cigarette and vaping products and other alternative products like hookah.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ Adults who smoke (%) (CY)	13.9%	14.3%	13.1%	13.4%	12.8%	12.6%	12.3%	Neutral	Down
Adults with obesity (%) (CY)	24.7%	24.1%	23.6%	25.1%	25.7%	23.3%	23.2%	Neutral	Down
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY)	22.5%	23.7%	22.7%	23.0%	23.6%	21.7%	20.4%	Neutral	Down
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None						

Goal 2b Improve preventive health care.

The percentage of adult New Yorkers without health insurance decreased slightly from 11.8 percent in Calendar 2017 to 11.6 percent in Calendar 2018. The City has considerable enrollment promotion efforts underway targeting the uninsured, including GetCoveredNYC multi-media and on-the-ground initiatives, which are a part of the Mayor's broader Guaranteed Care Initiative. It is expected that other factors may decrease enrollment in the near future: the effect of the final public charge rule; the repeal of the individual mandate penalty effective January 2019; and increased premiums.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Adult New Yorkers without health insurance (%) (CY)	13.8%	12.6%	10.9%	11.8%	11.6%	9.5%	10.0%	Down	Down
Adult patients with controlled blood pressure (%) (CY)	66.8%	67.2%	67.1%	67.3%	68.0%	70.0%	70.0%	Neutral	Up
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.9%	69.9%	68.5%	69.9%	69.1%	71.4%	71.4%	Neutral	Up
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	231.6	223.0	217.0	NA	NA	↓	↓	NA	Down
★ Infant mortality rate (per 1,000 live births) (CY)	4.2	4.3	4.1	4.3	3.9	4.2	4.2	Neutral	Down
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target	* None						

SERVICE 3 Promote a safe environment.

Goal 3a Reduce hazards to children in homes and child care programs.

In Calendar 2018, there were 3,866 children under the age of six with blood lead levels of 5 mcg/dL or greater, a 9.3 percent decline from the prior year, and there were 4,717 children under the age of 18 with blood lead levels of 5 mcg/dL or greater, an 11.3 percent decline from the prior year. This decrease may be due to multiple factors, including the Administration's continued focus on the reduction of lead-based paint hazards in homes. We also increased lead poisoning prevention education efforts aimed at health care providers, community-based organizations and families.

In Fiscal 2019 there were 8,624 full inspections of group child care centers conducted, a 7.1 percent decrease from the prior fiscal year. Beginning in late March 2019, some inspection staff were temporarily reassigned to conduct enforcement activities related to the measles outbreak, resulting in fewer routine inspections being performed. Additionally, the mid-

May upgrade to the child care inspection tracking system increased workload. Despite these issues, all complaints were addressed in a timely manner during this period and the program expects to meet all operational targets.

In Fiscal 2019, 72.5 percent of inspections of group child care centers did not require a compliance inspection, an 8.2 percentage point increase from the prior fiscal year. Fewer high-risk sites were inspected during the second half of the fiscal year, when many inspectors who focus on high-risk sites were temporarily reassigned to measles outbreak enforcement.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ Childhood blood lead levels - number of children under the age of 18 with blood lead levels of 5 micrograms per deciliter or greater (CY)	NA	6,734	6,274	5,317	4,717	↓	↓	NA	Down
★ Childhood blood lead levels - number of children under the age of 6 with blood lead levels of 5 micrograms per deciliter or greater (CY)	NA	5,371	4,928	4,261	3,870	↓	↓	NA	Down
★ Active group child care center full inspections	7,648	7,764	6,732	9,286	8,624	*	*	Up	*
★ Active group child care center initial inspections that do not require a compliance inspection (%)	62.0%	63.7%	50.7%	64.3%	72.5%	↑	↑	Up	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 3b Reduce the threat of foodborne illness.

In Fiscal 2019 the percentage of restaurants inspected and those scoring an "A" grade remained stable compared to Fiscal 2018 at 93.6 percent and 93.7 percent, respectively.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Restaurants inspected (%)	99.9%	99.8%	87.5%	99.5%	99.5%	100.0%	100.0%	Neutral	Up
★ Restaurants scoring an 'A' grade (%)	93.0%	92.7%	93.3%	93.7%	93.6%	↑	↑	Neutral	Up
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

Goal 3c Reduce animal-related risks to human health.

The percent of rodent compliance inspections found to be rat free was 49.7 percent in Fiscal 2019, a decrease of 6.8 percent from the prior year. This decline can be attributed to increased indexing inspections being performed in neighborhoods with higher rat activity.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Initial pest control inspections (000)	97	98	146	175	178	*	*	Up	*
Initial inspections with active rat signs (ARS) (%)	10.7%	13.9%	12.2%	11.5%	11.7%	*	*	Neutral	Down
★ Compliance inspections found to be rat free (%)	46.8%	47.8%	49.1%	53.3%	49.7%	↑	↑	Neutral	Up
Dogs licensed (000)	83.0	85.0	84.6	89.2	85.8	105.0	105.0	Neutral	*
★ Critical Indicator	"NA" Not Available		↑↓ Directional Target	* None					

SERVICE 4 Prevent and address mental illness, developmental delays and disabilities, and substance misuse.

Goal 4a Reduce the adverse health consequences of substance misuse.

There were 1,444 drug overdose deaths in New York City in Calendar 2018, 38 fewer deaths than in 2017, encouraging results after seven consecutive years of increasing drug overdose deaths. For the second year in a row, fentanyl was the most common substance – involved in nearly two thirds of drug overdose deaths. The first quarter of Calendar 2019 shows 331 overdose deaths, which represents a decrease of 45 fatalities from the same time period last calendar year and a significant drop from the final quarter of Calendar 2018.

The citywide decrease followed significant investments in lifesaving programs as part of HealingNYC. Since the more than \$60 million HealingNYC launch in March 2017, the Health Department has distributed 230,000 naloxone kits; launched Relay, a nonfatal overdose intervention in 12 emergency departments (which has served 1,022 individuals since it began in June 2017); conducted focused overdose prevention and educational outreach through the Rapid Assessment and Response (RAR) initiative; expanded access to effective treatment for opioid use disorder by training 1,800 new buprenorphine prescribers; increased funding to the City’s 14 syringe service programs; and promoted the City’s free mobile app “Stop OD NYC,” to teach New Yorkers how to recognize and reverse an overdose with naloxone.

The number of buprenorphine patients continued to increase, reaching 15,174 in Calendar 2018, compared to 14,098 in Calendar 2017. The City invested \$8 million in the Bronx in winter 2018 to increase public awareness and access to medications for addiction treatment.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Buprenorphine patients (CY)	13,150	13,293	13,612	14,098	15,174	16,022	16,022	Up	Up
★ Deaths from unintentional drug overdose (CY)	800	942	1,413	1,482	1,444	↓	↓	Up	Down
★ Critical Indicator	“NA” Not Available		↑↓ Directional Target	* None					

Goal 4b Facilitate access to services for New Yorkers with or at risk of developing mental illnesses or developmental disabilities.

In Fiscal 2019, 682 permanent supportive housing units became available to single adults and families coming out of shelter. The programs included units under NYC15/15, a 2015 mayoral commitment to provide 15,000 units of supportive housing over 15 years, and NY/NY III, a 2005 City and State initiative to develop and fund 9,000 units of supportive housing within 10 years. The Department, in partnership with the Mayor’s Office of Criminal Justice (MOCJ) is implementing a permanent supportive housing program for individuals in the City who most frequently cycled through jail on low-level charges, stayed in City shelters and had behavioral health needs. One hundred and five people resided in Justice Involved Supportive Housing as of June 2019.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Individuals in the assisted outpatient mental health treatment program	2,176	2,236	2,368	2,517	2,476	*	*	Up	*
Units of supportive housing available to persons at risk for developing serious mental health and substance use disorders (000)	7.6	7.8	7.8	8.4	9.1	9.0	9.7	Up	Up
New children receiving services from the Early Intervention Program (000)	14.3	14.4	14.0	13.8	13.8	*	*	Neutral	*
★ Critical Indicator	“NA” Not Available		↑↓ Directional Target	* None					

SERVICE 5 Provide high quality and timely service to the public.

Goal 5a Provide birth and death certificates to the public quickly and efficiently.

DOHMH started using a new data system to process all NYC vital record events in October 2018. The average response time to process birth certificates increased from 1.9 days in Fiscal 2018 to 6.5 days in Fiscal 2019. This was a temporary problem resulting from initial delays in processing orders as the new system was rolled out and technical issues were identified and resolved. Though average response time for death certificates increased from 1.7 days in Fiscal 2018 to 2.8 days in Fiscal 2019 and was impacted by system rollout, performance is still within the target of three days. As of August 2019, turnaround times for processing birth and death certificates are all back on or ahead of the turnaround time targets. The volume of customer orders for 2019 is the highest it has ever been.

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
★ Average response time for birth certificates by mail/online (days)	1.3	1.8	1.6	1.9	6.5	3.0	3.0	Up	Down
★ Average response time for death certificates by mail/online (days)	1.7	2.0	1.5	1.7	2.8	3.0	3.0	Up	Down
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target				* None			

AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Workplace injuries reported	104	104	116	137	144	*	*	Up	Down
Collisions involving City vehicles	29	40	28	47	24	*	*	Neutral	Down
ECB violations received at the Office of Administrative Trials and Hearings	26,850	28,916	34,973	68,228	38,339	*	*	Up	*
ECB violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)	19.9%	25.6%	28.9%	37.1%	54.8%	*	*	Up	*
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target				* None			

AGENCY CUSTOMER SERVICE

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Customer Experience									
Completed requests for interpretation	12,475	14,352	18,495	13,377	27,528	*	*	Up	*
Letters responded to in 14 days (%)	36%	60%	44%	68%	74%	70%	70%	Up	Up
E-mails responded to in 14 days (%)	58%	72%	73%	86%	87%	80%	80%	Up	Up
Average wait time to speak with a customer service agent (minutes)	8	1	1	1	1	10	10	Down	Down
CORE facility rating	92	81	96	94	NA	85	85	NA	Up
Calls answered in 30 seconds (%)	82%	78%	73%	80%	70%	80%	80%	Down	Up
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target				* None			

Performance Indicators	Actual					Target		Trend	
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	5-Year	Desired Direction
Response to 311 Service Requests (SRs)									
Percent meeting time to first action - Rodent (14 days)	73%	73%	75%	81%	83%	73%	73%	Up	*
Percent meeting time to first action - Food Establishment (14 days)	97%	92%	95%	95%	95%	90%	90%	Neutral	*
Percent meeting time to first action - Food Poisoning (3 days)	84%	94%	98%	98%	100%	90%	90%	Up	*
Percent meeting time to first action - Indoor Air Quality (14 days)	99%	99%	98%	98%	98%	95%	95%	Neutral	*
Percent meeting time to first action - Smoking Complaint (14 days)	86%	81%	92%	60%	65%	75%	75%	Down	*
★ Critical Indicator "NA" Not Available ⇅ Directional Target * None									

AGENCY RESOURCES

Resource Indicators	Actual ¹					Plan ²		5yr Trend
	FY15	FY16	FY17	FY18	FY19	FY19	FY20	
Expenditures (\$000,000) ³	\$1,495.5	\$1,450.7	\$1,622.4	\$1,699.4	\$1,878.1	\$1,777.1	\$1,724.5	Up
Revenues (\$000,000)	\$31.6	\$60.0	\$31.0	\$33.5	\$33.5	\$30.4	\$30.4	Down
Personnel	5,691	5,858	6,577	6,858	6,935	6,970	6,726	Up
Overtime paid (\$000,000)	\$11.0	\$11.8	\$10.9	\$11.0	\$10.9	\$7.6	\$5.3	Neutral
Capital commitments (\$000,000)	\$49.9	\$23.9	\$21.4	\$17.2	\$67.2	\$130.6	\$103.5	Up
Human services contract budget (\$000,000)	\$725.2	\$626.3	\$651.5	\$682.8	\$784.5	\$696.3	\$750.8	Up
¹ Actual financial amounts for the most current fiscal year are not yet final. Final fiscal year actuals, from the Comptroller's Comprehensive Annual Financial Report, will be reported in the next PMMR. Refer to the "Indicator Definitions" at nyc.gov/mmr for details. ² Authorized Budget Level ³ Expenditures include all funds "NA" - Not Available * None								

SPENDING AND BUDGET INFORMATION

Where possible, the relationship between an agency's goals and its expenditures and planned resources, by budgetary unit of appropriation (UA), is shown in the 'Applicable MMR Goals' column. Each relationship is not necessarily exhaustive or exclusive. Any one goal may be connected to multiple UAs, and any UA may be connected to multiple goals.

Unit of Appropriation	Expenditures FY18 ¹ (\$000,000)	Modified Budget FY19 ² (\$000,000)	Applicable MMR Goals ³
Personal Services - Total	\$494.4	\$520.4	
101 - Health Administration	\$62.3	\$64.2	All
102 - Disease Control	\$98.6	\$100.0	1a, 1b
103 - Family and Child Health and Health Equity	\$126.6	\$126.1	1b, 2b
104 - Environmental Health Services	\$64.1	\$66.4	2b, 3a, 3b, 3c
105 - Early Intervention	\$15.5	\$16.5	4b
106 - Office of Chief Medical Examiner	\$55.6	\$66.0	Refer to table in OCME chapter
107 - Prevention and Primary Care	\$15.7	\$16.9	2a, 2b
108 - Mental Hygiene Management Services	\$38.5	\$46.2	4a, 4b
109 - Epidemiology	\$17.4	\$18.0	2a, 2b, 5a
Other Than Personal Services - Total	\$1,205.0	\$1,357.8	
111 - Health Administration	\$137.4	\$140.2	All
112 - Disease Control	\$192.4	\$217.1	1a, 1b
113 - Family and Child Health and Health Equity	\$67.3	\$72.6	1b, 2b
114 - Environmental Health Services	\$32.4	\$39.4	2b, 3a, 3b, 3c
115 - Early Intervention	\$254.6	\$277.9	4b
116 - Office of Chief Medical Examiner	\$21.0	\$26.4	Refer to table in OCME chapter

Unit of Appropriation	Expenditures FY18 ¹ (\$000,000)	Modified Budget FY19 ² (\$000,000)	Applicable MMR Goals ³
117 - Prevention and Primary Care	\$53.2	\$64.8	2a, 2b
118 - Mental Hygiene Management Services	\$61.1	\$70.6	4a, 4b
119 - Epidemiology	\$4.5	\$5.5	2a, 2b, 5a
120 - Mental Health Services	\$256.8	\$310.6	4b
121 - Developmental Disability	\$15.5	\$16.0	*
122 - Chemical Dependency and Health Promotion	\$108.8	\$116.8	4a
Agency Total	\$1,699.4	\$1,878.1	

¹Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2018. Includes all funds.
²City of New York Adopted Budget for Fiscal 2019, as of June 2019. Includes all funds.

³Refer to agency goals listed at front of chapter. "NA" Not Available * None

NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The indicator 'Adults who are obese(%) CY' has been re-named 'Adults with obesity (%) CY'
- The indicator 'Total number of answered contacts by NYC Well (000),' capturing activity under ThriveNYC-sponsored and DOHMH-operated NYC Well, has been removed from the DOHMH section of the MMR and now appears solely in the ThriveNYC section of the MMR as 'Supportive connections provided by NYC Well, a behavioral health helpline (with DOHMH)'.
- 'All summonses issued' has been changed to 'ECB violations received at the Office of Administrative Trials and Hearings' and the data for this indicator has been revised for Fiscal 2015 through Fiscal 2019 to show only ECB violations and no longer includes DOHMH Tribunal summonses.
- 'Violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)' has been changed to 'ECB violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)'. The data reported for Fiscal 2015 through Fiscal 2019 reflects the outcomes of ECB violations only.

ADDITIONAL RESOURCES

For additional information go to:

- Data & statistics:
<http://www1.nyc.gov/site/doh/data/data-sets/data-sets-and-tables.page>
- Take Care New York (TCNY) 2020:
<https://www1.nyc.gov/site/doh/about/about-doh/take-care-new-york-2020.page>

For more information on the agency, please visit: www.nyc.gov/health.