

# FY 2025 Borough Budget Consultations

## Manhattan - Department of Health and 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.

This year's Manhattan agendas have three sections:

#### I. General questions about 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. 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 FY25 and projected priorities, operational goals, and capital goals for FY26 ?

II. Considering the current migrant crisis in NYC, what do the impacted agencies expect regarding continued influx in FY 25 and what are plans to accommodate this.

#### Staffing issues due to migrant crisis?

No...impact not directly correlated...lost a lot of staff during covid and continue to have vacancies. We have less impact than an agency like DHS, so less impact for us.

#### Are the services different for migrants than other unhoused?

The work is normal work...surveillance and immunization. School year just started, and generally you have to be vaccinated. Virtually the same...welcoming centers for them, but beyond that, typical day to day work.

III. What are the plans to accommodate a possible extension of PEGs into FY 25?

IV. Lastly, the agendas may include Boards' requests on district-specific budget questions that will not be included in district level consultations. 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.

I

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.

III

PEGs that were previously submitted and approved will continue into FY25 if they were approved as baselined cuts. DOHMH will continue to work with OMB to minimize service impact if future PEGs are necessary.

## **AGENDA ITEM [1]: MENTAL HEALTH**

1. How has the Well NYC program been funded in FY 24 and FY 25?
  - 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 NYC?
2. 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. What are the resources to coordinate with these programs (city or state)?
3. For dealing with serious mental illness (SMI), Is there funding planned for the creation of an online portal for consumers and provider to access the network of services available?
  - a. What is the funding needed to fully staff mental health programs for the street homeless?
  - b. Is there additional funding for Intensive Mobile Treatment to ensure the reduction of waitlist for services?
  - c. Please list the number of DOHMH mental health workers by title.
4. Is there DOHMH funding for ongoing and consistent care for the street homeless individuals suffering from mental health issues? Please list the names of programs, geographic area if applicable and their funding levels.
5. What is the status of the Pilot Program "Connect"? Is there funding to extend the pilot throughout Manhattan?
6. Is there FY 25 funding for the expansion of the B-Heard program below 59th st?
7. What funding is planned to address pay parity for social service workers?
8. Are there any new capital funds allocated by NYC for increasing mental health bed facilities (either increasing existing facilities or building new ones) outside of NY State operated facilities?

In the future or now? Already happening?

Mix of supportive housing throughout the five boros..work with state that they're spread around different programs. These are being created...not currently existing.

Within the next five years? Any idea when? Any idea what percentage in Manhattan?

Will get back to you.

**AGENCY RESPONSE:**

NYC has embraced the national 988 and sunset the local NYC Well phone number to access the national standard for suicide prevention, crisis counseling, information and referral to services. DOHMH continues to manage its contract with our local vendor to answer contacts to 988 from NYC.

1. MHY Admin for FY24 and 25 funding

a. All city funds to 988 go through DOHMH's contract, who maintains sole oversight authority over the vendor

b. N/A

c. 988 metrics include the % of contacts answered within 30 seconds

2.

DOHMH collaborates closely with NYC H+H, our city's safety health safety net and a huge provider of behavioral health services. We also function as the Local Government Unit of the NYS Office of Mental Health and implement state funded services in NYC, including some supportive housing, some treatment services, crisis intervention services and psychosocial rehabilitation programs.

3.

DOHMH operates a Single Point of Access (SPOA) for online applications to mobile treatment and care coordination services. Providers--mainly hospitals, jails and shelters---refer thousands of people with SMI annually to our SPOA to connect people to a limited number of services. In Care, Community, Action: A Mental Health Plan for NYC, we committed to develop a single system for people with SMI to connect with a wider range of outpatient mental health and social services. We have already made progress by adding NYC START and peer Bridger program referrals to our SPOA. 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.

a. DHS manages programming for street homeless.

b. We are in the process of registering 5 new IMT contracts in the next few months, with an full annual value of approximately \$7M

c. DOHMH primarily works through contracted providers to deliver mental health services. We have hundreds of contracts with thousands of staff. These individual budgets cannot be aggregated to respond to this question.

4.

DOHMH providers \$6.5M in annual funding via into-City MOU to our partners at DHS to support their street outreach efforts. DHS manages this program with their contracted providers.

5.

CONNECT is still in its demonstration pilot period. Therefore, insufficient information is available to make any decisions about continuation or expansion beyond the pilot period.

6.

Defer to OCMH

7.

DOHMH passes along COLAs to our contracted providers if/when they come to us from our funding sources (NYC OMB and NYSOMH)

8.

DOHMH, in partnership with HRA and HPD, is focused on awarding all available remaining funding through NYC 15/15 Supportive Housing RFP. We currently fund the social services and some

operational costs for 11,500 supportive housing beds, some procured through NYC15/15 and earlier procurements dating back to the 1990s. In total, the NYC 15/15 RFP will create 15,000 units/beds of permanent supportive housing for people experiencing homelessness and with mental health and substance use disorders. HPD provides the capital funding for the congregate sites.

Single point of access...you listed some but not others.

**We'll have to get back to you.**

Technical solutions in terms of streamlining this programs?

We've processed more contracts and hope to improve the delivery systems. Figuring out where there may be gaps in addressing some of the service delivery.

Is the goal to move all programs into this system?

The vast majority of direct service delivery...yes.

Budget impact?

**We don't have it, will get back to you. Misnomer that we do lots of clinical services...some, but we mostly work on policy...not many direct services. Don't think much impact, but will get back to you.**

**How far along is the process of changing to streamline access to services?**

Big overlap in sub services. Tremendous need for MH services for homeless. Services aren't adequate. Then there are others like \_\_\_\_\_ pilot program. DAs office funding MH as well through Bridge non profit.

Lots of repetition opposed to expanding one program...any thoughts?

**Yes...ongoing conversation regarding on the ground services and connection to care. We want to know more about these efforts.**

CONNECT program...still pilot...what's the timing?

**We will follow up on this with you. Two more years in the pilot phase.**

Single point of access – process of registering five new IMT contracts for 7m in the next few months.

**Increase from previous? Amount of contracts or money? Think it's increase in contracts, but follow up on amount of money.**

Total of 5 imt teams added to the system for all of nyc or Manhattan?

Total for the city.

Will that number resolve the waitlist issue?

I don't think it will sufficiently address the waitlist, **but I'll get back to you.** Probably still not adequate, but helping.

Imt teams budget?

**Will check..may not be broken out by team, but I'll find out. Way to quantify an increase in budget allocation to address this difficulty.**

Need staffing?

**We'll get back to you.**

## MEETING NOTES:

### NEW INFORMATION:

### FOLLOW-UP COMMITMENTS:

## AGENDA ITEM [2]: HARM REDUCTION PROGRAMS

### Overdose Prevention Centers:

There is one OPC site in Manhattan. As NY State did not fund an extension of the program, does NYC have plans to pilot any OPC programs in NYC? If so, please describe the timing, funding and metrics to be used to assess a pilot?

If not, does DOHMH continue to monitor and assess the current OPC?

### Needle exchange

- a. Please list all the providers for this program by community district.
- b. Has there been a significant increase or decrease in those using this program? What are the numbers specifically between FY23 and 24?
- c. Has the budget for needle and other on the street harm reduction programs changed from FY 24 to FY25? Are there plans for changes to the program in FY 25?
- d. Funding for agency or providers to address increased syringe litter and potential syringe receptacles?

### Mobile Health Vans

- a. Does DOHMH have plans to fund and operate any mobile health vans in FY 25 or are they all from H&H?

We're proceeding as normal in terms of budget. OPCs.

CB11 – what's happening to spread around OPCs...my community has people who are worried about them being concentrated there. So, what's the strategy going forward?

Working with providers who are able to meet the criteria and gain local support for the services...will work with them to stand up more OPC sites. DOH allocate funding to spillover effects to the approach of this policy.

Work to quantify any of that?

We work on making sure they're fulfilling their contracts, and having frank conversations about how it is or might impact a community.

## **AGENCY RESPONSE:**

There are two OPC sites in Manhattan, operated by OnPoint NYC. These sites are located in East Harlem and Washington Heights. OPC services are just one component of the broad range of basic needs, harm reduction, and health care services offered at the two brick-and-mortar harm reduction hubs operated by OnPoint NYC.

OPC services opened in New York City on November 30, 2021. The City strongly supports the provision of OPC services at the two existing sites and is exploring the feasibility of expanding these services to other neighborhoods experiencing high rates of fatal overdose. Supervised consumption services are privately funded-- however, the City funds the provision of wrap-around harm reduction, medical, and basic needs services that are critical to the successful operation of OPCs in NYC.

New York State does not fund OPC services and has not authorized OPC services through executive or legislative action.

Since OPC services opened on November 30, 2021 at OnPoint NYC, the program has successfully and rapidly intervened 1,008 times to prevent overdose-related injury and death. There have been 0 overdose-related deaths to date at the two OPC sites. OnPoint NYC has served more than 3,700 participants through their overdose prevention center and safely supervised more than 83,500 instances of drug use events, and in the process, connected individuals with a spectrum of harm reduction, treatment, and recovery services.

The NYC Health Department works closely with OnPoint NYC to measure and evaluate the health and community impacts of the two OPC sites in New York City. Further, the NYC Health Department is collaborating with an academic partner to evaluate the impacts of OPCs 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)

### **SSPs in Manhattan by Community Board District**

#### **Community Board 2:**

ASCLM/Lower East Side Harm Reduction Center

#### **Community Board 3:**

ASCLM/Lower East Side Harm Reduction Center  
Housing Works

Safe Horizon/Streetwork

#### **Community Board 4:**

Positive Health Project

#### **Community Board 9:**

OnPoint

#### **Community Board 10:**

Harlem United

Safe Horizon/Streetwork

**Community Board 11:**

OnPoint

**Community Board 12:**

OnPoint

(B)

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.

Annual number of participants receiving SSP services in New York City (Source: AIRS extract date August 2023):

**2017:** 16,713

**2018:** 18,327

**2019:** 21,002

**2020:** 17,078

**2021:** 21,238

**2022:** 22,002

(C)

There are no plans for budget changes for Manhattan-based programs from FY24 to FY25.

(D)

In March 2021, the City substantially increased the capacity of SSPs in four high-need neighborhoods (East Harlem, South Bronx, Washington Heights, and Midtown Manhattan) to clean up discarded syringes by funding the creation of six new outreach and syringe litter teams. In addition to collecting syringe litter, these teams also provide individuals with naloxone kits and sharps containers, conduct outreach with people who use drugs in public, and provide referrals to other services and syringe disposal education. From July 2022 to June 2023, Health Department-funded SSP outreach teams based in Manhattan collected 107,636 ground syringes. Note: These data only describe syringes collected by Health Department-funded SSPs based in Manhattan.

SSP services seen marked increase, but at the same time, no plans for increase? Seems like a need there, no?

Well, many of these contracts are locked in for multi-year terms, and enhancement would have to come at a later time to reopen for a new contract. Contract has to encompass these specific requirements. As issues come up, we work on that in future RFPs.

Clean up around kiosks..housing works not listed as ssp provider in cb 4 or 5. Why?

Kiosk and syringe cleaning only? I think so. They may not be contracted with us on certain things...with the state on others, so that's probably why it's not listed here. Syringe cleaning coordinated? Cant speak for DSNY, but they have a hazmat removal team.



**Manhattan-based programs that conduct DOHMH-funded outreach and syringe litter clean-up and kiosk maintenance:**

**Positive Health Project:**

Outreach and syringe litter cleanup: \$288,500

Kiosk maintenance: \$10,000

**Harlem United:**

Outreach and syringe litter cleanup: \$469,870

**Housing Works:**

Kiosk maintenance: \$2,000

**OnPoint\*:**

Outreach and syringe litter cleanup: \$2,606,176

Kiosk Maintenance: \$163,760

\*Operates in both Manhattan and the Bronx

(A)

The mobile health vans, or SHOW vans, are an H+H initiative.

**MEETING NOTES:**

**NEW INFORMATION:**

**FOLLOW-UP COMMITMENTS:**

**AGENDA ITEM [3]: HEALTH INSPECTIONS**

1. As Food Vendor licenses are set to increase, how is the need for greater inspector staffing reflected in the FY25 budget?
  - a. Are food health outreach materials available to new licensees through DOHMH and in what languages are they available?
  
2. How will the increase in open restaurants and cafes impact the food inspection budget for FY24 and FY 25?

**AGENCY RESPONSE:**

1. Inspector resources will increase proportionately as the number of food carts and trucks gradually increase.

a. Food Safety outreach material is available online, in the Customer Service Office and at the Maspeth pre permit inspection facility for new licenses. Education material is available in the following languages: Arabic, Bengali, Traditional and Simplified Chinese, French, Greek, Haitian Creole, Hindi, Korean, Polish, Russian, Spanish, Urdu and Vietnamese. Additionally, all new licenses are required to be certified in the Department's mobile food vending food protection course, and to renew their certification every four years.

2. The Department is not asking for additional funding to inspect outdoor restaurants. We have been inspecting these during the temporary program.

We're expecting an increase, but it's been slow going. You indicate that there's budget flexibility here and that it will increase as licenses increase. We have a little bit of flex, but still vacancies we're trying to fill. Mayor says DSNY is the lead on mobile food vending enforcement. We still have a role, but a lot of the enforcement is being done by DSNY. On track for our 400 apps per year..we did that for fy23...just sent out apps for fy24. 40 or 50, received responses back from 15 or 20. People don't fit criteria, or would be in a boro they aren't used to working in or don't want to or can't.

Odors and noise from mobile food vendors...within the purview of doh inspection or someone else?

Fielding complaints about where they're located...mobile vending...like crosswalks, etc..we call 311, but then it closes saying it's fine...not sure where that goes. Incredible issues around the Brooklyn bridge area. Need to flag for dsny re: enforcement.

## **MEETING NOTES:**

### **NEW INFORMATION:**

### **FOLLOW-UP COMMITMENTS:**

## **AGENDA ITEM [4]: RODENTS**

1. Considering the large increase in RAT sightings and complaints, how is the Mayor's priority to combat rats in NYC reflected in the FY25 budget?
2. What is budget for new Rat Czar and department and what will this encompass?
3. With the new Open Restaurant program, what funding and interagency programs will be developed to meet the increased need?

## **AGENCY RESPONSE:**

1. The Department has received funding to dramatically increase rat mitigation work in Harlem, including all of CB9, 10 and 11. The Department has published rules establishing both Harlem and the CB3 neighborhoods of Chinatown, Lower East Side and the East Village as rat mitigation zones and will publish data on the work being conducted in the zones here : <https://a816->

[doh.besp.nyc.gov/IndicatorPublic/beta/key-topics/pests/rat-mitigation-zones/](https://doh.besp.nyc.gov/IndicatorPublic/beta/key-topics/pests/rat-mitigation-zones/) The Department continues to work throughout the city to control rats and tailors the approach to the burden of rats in the area.

2. Please refer questions to Kathy Corradi, Director of Rodent Mitigation.

3. Open Dining is being implemented by the DOT. DOHMH has provided technical assistance to DOT on questions regarding rats in outdoor dining. We also worked with SBS and DOT to develop a training and print materials on best practices to reduce rats in outdoor dining which was offered to BIDs throughout the Spring of 2023. We will continue to develop training curricula for restaurants and BIDs and to work with DOT inspectors to respond to concerns about rats.

Expansion? Or waiting to see results from this work? Timing?

Not coupled with this work...we look at incidents and activity..index every area in the city to give us a better idea of what's going on in different parts of the City. Areas with higher incidences get moved into this program. But we aren't relying on just funding, but also data...and indexing, which is not 311...inspectors go out and check every block with indexing.

How many inspectors? Increase?

Broken up by boro, with qns and bk, there were around 30 or so per boro...still have vacancies. Budget cuts? Hiring freeze? There is a freeze, and we're trying to hire up as fast as possible.

## **MEETING NOTES:**

### **NEW INFORMATION:**

### **FOLLOW-UP COMMITMENTS:**

## **AGENDA ITEM [5]: SCHOOL NURSES**

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

1. Last year, the agency responded to many of these questions as needing to wait for labor contracts to be resolved. Please let us know if the bargaining process is now complete and if so, please respond specifically to:
  - a. Has the pay gap between DOE and DOHMH school nurses been addressed in the FY25 DOHMH budget?
  - b. If not, what would be the funding needed to bridge that gap?

There have been promises of a nurse for every school building (although not for every school)

1. Last year you reported that there were an additional 200 nurses, split according to PERB. Is that still the case? Do you still need to use contract nurses if staff nurses are unavailable?
2. What is the actual increase in school nursing staff numbers funded under DOHMH ?
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?
4. What percentage of those hires have been filled to date?

**AGENCY RESPONSE:**

1.

a.

DC37 Union represents DOHMH School Nurses and collective bargaining resulted in salary increases for those nurses. Nurses represented by UFT are still negotiating and will result in an unknown gap. We continue to advocate as much as we can for our nursing team members at each agency.

b.

Will not be known until UFT nurses have an agreed upon contract. DOHMH and DOE will continue to work with OMB on funding estimates and solutions to close any salary gap.

1.

YES

YES

2.

There has not been an increase this fiscal year

3.

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

4.

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 [6]: Legionnaires & West Nile**

1. As of the dates of Budget Consultations for Manhattan for FY 2025, 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 now permanent programs of open streets, open cultures and open dining?
  
2. Please report on any 2022 2023 (to date) Legionnaires outbreaks, their locations, and responses.
  - a. Is there any change to staffing or resources to test and inspect for legionnaires?

**AGENCY RESPONSE:**

1.

Spray events are conducted overnight, typically after sunset and into the early morning, and only after our mosquito surveillance shows an increase in the population of mosquitoes carrying West Nile virus, indicating a risk to the community.
  
2.

There have been no Legionnaires' disease community clusters in Manhattan in CY 2022 or 2023 to date. The Department initiated 6 Legionnaires' disease building evaluations in Manhattan in CY 2022 and 2023 to date.

**MEETING NOTES:**

**NEW INFORMATION:**

**FOLLOW-UP COMMITMENTS:**

## AGENDA ITEM [7]: COVID & MONKEYPOX

1. While we don't see or hear reporting of Covid or Monkeypox in the general news, can you please give us an overview of the number of cases we are seeing monthly in Manhattan of each?
  - a. What are budget contingency plans for an uptick in cases of either?
  - b. What plans are in development for the long term need for Covid booster shots? How is that reflected in the FY25 budget?
  
2. How has the experience of Covid 19 impacted long term preparations for future possible epidemics? While recognizing that it is difficult to forecast future costs, how is 'preparation' for possible disease outbreaks reflected in FY 25?
  - a. Is there funding for stockpiling supplies for ex - from basic gloves and needles to more expensive medical equipment?
  - b. Is there funding for long term public health outreach materials to stay informed and on top of any possible outbreaks?
  
3. How is Monkey Pox coordination reflected in the FY 25 budget?
  - a. Recognizing the poor response to date to the virus and the reported uneven vaccine and treatment availability for city residents in the beginning of this outbreak, how will DOHMH remedy this and their future ability to respond adequately to any public health emergency in their budget?

### AGENCY RESPONSE:

1

COVID-19 case reports in Manhattan started to increase in July 2023, after being relatively stable in May and June. As of July 23rd, DOHMH was receiving an average of 88 case reports daily, whereas in May and June there were 70 cases or less reported on average per day. Of note, DOHMH only receives case reports for COVID-19 cases testing positive on laboratory-based tests (i.e., not home tests). Additionally, many facilities have stopped routine surveillance testing for COVID-19, so there may be fewer asymptomatic COVID-19 cases detected.

Mpox cases citywide continue to occur at a relatively low level, with cases reported sporadically throughout 2023. Monthly cases among Manhattan residents are as follows: January - 7; February - 4; March - 2; April - 3; May - 6; June - 3; July - 7.

(A)

The Health Department would seek emergency funding.

(B)

There will be new COVID-19 vaccines in the fall, containing a more recent strain of the virus. We expect these vaccines to be available in mid-late September.

At the same time, the vaccines will be commercialized, meaning that they will need to be purchased by healthcare providers in the same way that all other vaccines are purchased, instead of being distributed for free by the government as is the case now. Healthcare providers will be reimbursed by patients' health insurance, in the same way that is done for all other vaccines. Most private health insurance plans, Medicaid, and Medicare will all cover the COVID-19 vaccines at no cost to the patient.

For patients who are uninsured or underinsured, there will be 2 NYC programs to ensure access to COVID-19 vaccine: a Vaccines for Children (VFC) Program, and a Vaccines for Adults (VFA) Program.

- The VFC Program is an existing program for kids aged 18 years old and younger. For many years, it has distributed other vaccines, such as the measles, mumps, and rubella vaccine and flu vaccine, at no cost to healthcare providers who see eligible children. The COVID-19 vaccines will be added to this program and distributed at no cost to enrolled providers.

- The VFA Program is a new program that the NYC Health Department is setting up to ensure access to COVID-19 vaccines for uninsured and underinsured adults. We will distribute no cost vaccines to community health centers, safety net hospitals, and independent pharmacies, who will provide no cost COVID-19 vaccination services to under and uninsured adults.

Additionally, certain chain pharmacies, such as CVS and Walgreens, are working directly with the federal government to set up programs to provide no cost COVID-19 vaccinations to uninsured and underinsured adults.

The NYC Health Department is reaching out to healthcare providers to inform them of all the upcoming changes, and to encourage them to enroll in the VFC and VFA programs. We are also working on a media campaign for the general public, which will emphasize the importance of getting the new COVID-19 vaccine, as well as flu vaccine and vaccines for other respiratory infections that some people may be eligible to receive.

2 (B)

We have many mechanisms in place to monitor COVID-19 and respond to any concerning increases or other changes. However, federal COVID-19 funding has been greatly reduced and is expected to be reduced further, which will impact the scale of any response.

3.

The Health Department would seek emergency funding.

(A)

Mpox vaccine is available at Health Department sexual health clinics and many additional providers throughout the city. The vaccine is provided at no cost to the patient. New Yorkers can find an mpox

vaccination site at [vaccinefinder.nyc.gov](https://vaccinefinder.nyc.gov), including several locations with late hours and that accept walk-ins. Providers have been selected based on their experience providing non-stigmatizing, culturally appropriate care.

**MEETING NOTES:**

**NEW INFORMATION:**

**FOLLOW-UP COMMITMENTS:**

**AGENDA ITEM [8]: 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 the metrics used by DoHMH to assess the work referenced in last years consultation regarding the 4 principal strategies for CBO partners.

- a. Have all 28 CBOs contracted last year been renewed?
- b. Have all met the metrics required?
- c. If not, what and where are the gaps and how will that be corrected going forward?

**AGENCY RESPONSE:**

- A) Contracts with CBOs have not been renewed for FY24.
- B) All performance-related metrics have been met for the Mpox community partnerships contracts. Further, transmission rates of mpox remain extremely low throughout NYC, and this trend continued into the summer 2023 season when surge activity was anticipated.
- C) DOHMH continues to monitor ongoing transmission and make vaccination available at public health clinics.

**MEETING NOTES:**

**NEW INFORMATION:**

**FOLLOW-UP COMMITMENTS:**

**AGENDA ITEM [9]: TELEHEALTH**



1. Last year, CHECW was referenced as a telehealth program. What is the funding for that program in FY25 and what are the metrics for assessing that program?
2. Are there any other telehealth initiatives planned for NYC in FY 25 or the out years?

### **AGENCY RESPONSE:**

CHECW does not operate a general telehealth program. We support policies that help healthcare institutions like H+H and the non-profit sector deliver telehealth services. We do operate a telephonic diabetes self-management program called NYC Care Calls and support virtual group National Diabetes Prevention Programs (National DPP), and diabetes self-management workshops through our accredited Diabetes Self-Management Education and Support (DSMES) program. At this time, there are no plans to discontinue these programs.

NYC Care Calls is funded through CTL dollars. This program is assessed through recruitment metrics such as number of patients called and number of patients enrolled in the program, retention metrics such as % of actively enrolled patients and number of patients who graduate the program, and outcomes measures including A1C.

Similarly, National DPP and DSMES tracks recruitment metrics such as number of participants, retention metrics such as number of patients who attended more than one workshop and number of patients who graduated the program. Additionally, DSMES tracks outcomes metrics such as self-reported completion of behavioral goals and change in A1C and diabetes distress screener scores.

### **MEETING NOTES:**

#### **NEW INFORMATION:**

#### **FOLLOW-UP COMMITMENTS:**