

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Dr. Dave A. Chokshi, Commissioner



## WHAT WE DO

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and well-being of 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 and beverages, improving the control of blood pressure and ensuring access to health care and preventive services. 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 cancer screenings, 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 rooted in historical and contemporary injustices and discrimination, including racism, in order to move forward in getting better health outcomes faster. At the cornerstone of these efforts is the Department's focus on centering communities, bridging public health and healthcare delivery as well as infusing mental health into our public health initiatives. It envisions a city where every New Yorker lives in a thriving neighborhood with equitable access to resources that will support their health and their community's health. The Department promotes equity by using data and storytelling to highlight injustices, inform policy, systems and environmental change and by implementing neighborhood-based programs and strategies to foster health. The Department invests in three neighborhood-based bureaus that serve catchment areas that have historically experienced the highest burden of premature mortality. These bureaus also oversee 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 provide a central location for people to connect and plan for improving the health of their neighborhoods.

## OUR SERVICES AND GOALS

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### 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.

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### 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.

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### 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.

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### 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.

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### 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 2020

## 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 20 percent decrease from Calendar 2018 to Calendar 2019. This progress is consistent with the key goals and wide-ranging initiatives of the City's "Ending the Epidemic" campaign.

The number of reported primary and secondary stage syphilis cases decreased overall by almost three percent from 1,974 in Fiscal 2019 to 1,925 in Fiscal 2020; however, a decrease was observed in persons reported as male, and the number of cases increased among persons reported as female and transgender. The overall decrease may be due in part to the impact of the COVID-19 public health emergency on STI screening and reporting across the City, as the Department received substantially fewer electronic laboratory reports for STIs during the initial peak of the pandemic. Throughout the pandemic, DOHMH has continued to provide syphilis testing and treatment in select NYC Sexual Health Clinics, monitor citywide reports of syphilis and ensure that New Yorkers receive correct treatment. The Department has also continued work to prevent ongoing syphilis transmission to sex partners and to prevent congenital syphilis infection by notifying, testing and treating the partners of individuals diagnosed with infectious syphilis.

The number of male condoms distributed by DOHMH decreased 17 percent from 19,076,000 in Fiscal 2019 to 15,921,000 in Fiscal 2020. There was an increase in the number of condoms distributed to the community during the first half of Fiscal 2020 following the launch of the NYC Safer Sex Portal in April 2019, but overall distribution is down due to the COVID-19 public health emergency and New York State PAUSE restrictions.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
★ New HIV diagnoses (CY Preliminary)	2,493	2,279	2,157	1,917	1,533	↓	↓	Down	Down
★ Patients enrolled in Ryan White Part A with current antiretroviral (ARV) prescription at last assessment (%)	86.2%	90.1%	95.8%	96.1%	96.4%	94.0%	96.0%	Up	*
★ Syphilis cases	1,807	1,912	1,936	1,974	1,925	↓	↓	Neutral	Down
Male condoms distributed (000)	35,666	35,220	20,917	19,076	15,921	34,045	25,000	Down	*
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target			* None				

**Goal 1b** Prevent the spread of other infectious diseases.

There were 566 new tuberculosis (TB) cases in Calendar 2019, an increase of one percent from Calendar 2018. Over the past 10 years the decline in new TB cases in the City has slowed and recently plateaued. In response, the Department is focusing on priority populations, screening and treating individuals with latent TB infection and providing case management to all contacts started on preventive treatment in the City.

The percentage of seniors, aged 65 and older, who reported receiving a flu shot in the last 12 months increased 4.8 percentage points from 62.8 percent in Calendar 2018 to 67.6 in Calendar 2019. This increase is attributed to public messaging on the importance of flu vaccination in older adults and a growing number of providers, such as neighborhood pharmacies, offering flu vaccination services.

The percentage of children aged 19 to 35 months with up-to-date immunizations decreased 3.6 percentage points from 72.9 percent in Fiscal 2019 to 69.3 percent in Fiscal 2020. This is due in part to a decrease in vaccine administration during the COVID-19 public health emergency.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
★ New tuberculosis cases (CY)	575	565	613	559	566	↓	↓	Neutral	Down
Seniors, aged 65+, who reported receiving a flu shot in the last 12 months (%) (CY)	65.5%	65.4%	66.1%	62.8%	67.6%	68.0%	68.0%	Neutral	Up
★ Children aged 19-35 months with up-to-date immunizations (%)	74.7%	75.1%	74.1%	72.9%	69.3%	77.0%	75.0%	Neutral	Up
★ Children in the public schools who are in compliance with required immunizations (%)	98.8%	98.8%	99.0%	98.9%	98.2%	99.0%	99.0%	Neutral	Up
★ HPV vaccine series completion (%)	44.2%	56.6%	61.1%	63.2%	64.6%	67.0%	70.0%	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.

After plateauing in recent years, the percentage of adults who consume an average of one or more sugar-sweetened beverages per day decreased from 23.6 percent in Calendar 2018 to 22 percent in calendar 2019. The Department continues to prioritize reducing sugary drink consumption by supporting City agencies and other institutions in limiting sugary drinks in meals and snacks offered and served, supporting community-led sugary drink awareness campaigns, airing media campaigns like "Which One?" and providing ongoing nutrition education programming.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
★ Adults who smoke (%) (CY)	14.3%	13.1%	13.4%	12.8%	11.9%	12.4%	12.0%	Down	Down
Adults with obesity (%) (CY)	24.1%	23.6%	25.1%	25.7%	24.8%	24.4%	23.0%	Neutral	Down
Adults who consume an average of one or more sugar-sweetened beverages per day (%) (CY)	23.7%	22.7%	23.0%	23.6%	22.1%	21.3%	19.0%	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 increased one percentage point from 11.6 percent in Calendar 2018 to 12.7 percent in Calendar 2019. Though the percentage of New Yorkers without health insurance was declining for the first several years after the passage of the Patient Protection and Affordable Care Act (ACA), the current federal administration has challenged efforts to expand health insurance enrollment coverage through a variety of health and immigration policies.

Infant mortality rates rose slightly from 3.9 deaths per 1,000 live births in Calendar 2018 to 4.2 deaths per 1,000 live births in Calendar 2019. This may be accounted for by fluctuations in the small numbers of deaths and a decline in births.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Adult New Yorkers without health insurance (%) (CY)	12.6%	10.9%	11.8%	11.6%	12.7%	10.0%	10.5%	Neutral	Down
Adult patients with controlled blood pressure (%) (CY)	67.2%	67.0%	67.3%	67.7%	69.5%	68.2%	68.7%	Neutral	Up
Adults, aged 50+, who received a colonoscopy in the past ten years (%) (CY)	69.9%	68.5%	69.9%	69.1%	70.7%	71.4%	71.4%	Neutral	Up
★ Asthma-related emergency department visits among children ages 5-17 (per 10,000 children) (CY) (preliminary)	223.0	217.0	NA	NA	NA	↓	↓	NA	Down
★ Infant mortality rate (per 1,000 live births) (CY)	4.3	4.1	4.3	3.9	4.2	4.1	4.1	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 2019, there were 3,739 children under the age of 18 tested with a blood lead level of 5 micrograms per deciliter or greater, a decrease of 20.7 percent from the prior year. Of these, 3,050 were in children under the age of six, a decline of 21.1 percent from the prior year. This decrease may be due to multiple factors, including continued reduction of lead-based paint hazards in homes and lead poisoning prevention education efforts aimed at health care providers, community-based organizations and families.

In Fiscal 2020, the Department conducted 6,102 active group child care center full inspections, a decline of 29.2 percent from the previous year. The COVID-19 public health emergency had a sizable impact on metrics across all programs, as businesses closed and DOHMH focused inspections on complaints concerning imminent health and safety risks.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	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)	6,734	6,274	5,317	4,717	3,739	↓	↓	Down	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)	5,371	4,928	4,261	3,866	3,050	↓	↓	Down	Down
★ Active group child care center full inspections	7,764	6,732	9,286	8,624	6,102	*	*	Neutral	*
★ Active group child care center initial inspections that do not require a compliance inspection (%)	63.7%	50.7%	64.3%	72.5%	74.0%	↑	↑	Up	Up
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target				* None			

### Goal 3b Reduce the threat of foodborne illness.

In Fiscal 2020, 72.3 percent of restaurants received an initial inspection, a decline of 27.2 percentage points from the prior year. This decrease was due to the COVID-19 public health emergency; the Department moved from a routine inspection model to one that specifically addressed complaints concerning imminent health and safety risks.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Restaurants inspected (%)	99.8%	87.5%	99.5%	99.5%	72.3%	100.0%	100.0%	Down	Up
★ Restaurants scoring an 'A' grade (%)	92.7%	93.3%	93.7%	93.6%	93.5%	↑	↑	Neutral	Up
★ Critical Indicator	"NA" Not Available	↑↓ Directional Target				* None			

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

In Fiscal 2020, DOHMH conducted 113,000 initial pest control inspections, a decline of 36.5 percent from the prior year due to impacts from the COVID-19 public health emergency. The rate of initial inspections with active rat signs was 14.7 percent, an increase of 3 percentage points from the prior year rate of 11.7 percent. This may be due to fewer proactive inspections being conducted and a higher proportion of complaint-based inspections performed, which tend to fail at higher rates compared to routine inspections. The rate of compliance inspections found to be rat free was 46.3 percent, a decrease of 3.4 percentage points from the prior year rate of 49.7 percent. This may be due to fewer compliance inspections being performed in the first six months of Calendar 2020, during which time the program prioritized inspections on properties with the most severe problems.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Initial pest control inspections (000)	98	146	175	178	113	*	*	Up	*
Initial inspections with active rat signs (ARS) (%)	13.9%	12.2%	11.5%	11.7%	14.7%	*	*	Neutral	Down
★ Compliance inspections found to be rat free (%)	47.8%	49.1%	53.3%	49.7%	46.3%	↑	↑	Neutral	Up
Dogs licensed (000)	85.0	84.6	89.2	85.8	83.4	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 the City in Calendar 2018. The first two quarters of Calendar 2019 show 659 overdose deaths, which represents a decrease of 37 fatalities from the last two quarters of Calendar 2018. Full Calendar 2019 data are not presented due to data availability. Overdose death data include data from the New York City Office of Chief Medical Examiner (OCME). OCME has experienced delays in closing out Calendar 2019 overdose data due to the unprecedented mortality toll of COVID-19.

The number of buprenorphine patients increased eight percent from 15,174 in Calendar 2018 to 16,383 in Calendar 2019. The Department's continued focus on increasing access to buprenorphine supports the increase in the number of patients who filled buprenorphine prescriptions. DOHMH initiatives include provider trainings for buprenorphine, provider technical assistance for prescribing buprenorphine, learning community meetings to support Emergency Departments (EDs) to prescribe buprenorphine, buprenorphine offered in Federally Qualified Health Centers (FQHCs) through the Nurse Care Manager program and buprenorphine offered in Syringe Service Programs.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Buprenorphine patients (CY)	13,293	13,612	14,098	15,174	16,383	16,022	16,919	Up	Up
★ Deaths from unintentional drug overdose (CY)	942	1,413	1,482	1,444	NA	↓	↓	NA	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.

The number of individuals in the assisted outpatient mental health treatment program (AOT) decreased 6.3 percent from 2,476 in Fiscal 2019 to 2,321 in Fiscal 2020. Due to the COVID-19 public health emergency, social distancing guidelines and court mandates, AOT has been unable to complete community investigations during the last quarter of Fiscal 2020.

The units of supportive housing available to persons with or at risk for developing serious mental health and substance use disorders increased 5.5 percent from 9,100 in Fiscal 2019 to 9,600 in Fiscal 2020. The increase reflects 15 new supportive housing programs that opened in Fiscal 2020 under the NYC 15/15 supportive housing initiative, including 150 units from the young adult scattered site program. Construction delays in two programs caused delays to the certificates of occupancy, thus not meeting the Fiscal 2020 target of 10,400 units. Those units will be online in Fiscal 2021 and are reflected in that target.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Individuals in the assisted outpatient mental health treatment program	2,236	2,368	2,517	2,476	2,321	*	*	Neutral	*
Units of supportive housing available to persons with or at risk for developing serious mental health and substance use disorders (000)	7.8	7.8	8.4	9.1	9.6	9.7	10.4	Up	Up
New children receiving services from the Early Intervention Program (000)	14.4	14.0	13.8	13.8	12.4	*	*	Down	*
★ 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.

The average response time for birth certificate requests in Fiscal 2020 declined by eight percent compared to Fiscal 2019 but was above the target of three days. The increased average response time is related to a significant increase in requests for birth certificates related to the federal Real ID policy, which requires the submission of a birth certificate as part of updating a driver's license. The increase in customer orders is consistent with vital records jurisdictions across the country. Processing times also increased from March to June because of COVID-19 but have started to trend downward. The average response time for death certificates declined by 21 percent from 2.8 days in Fiscal 2019 to 2.2 days in Fiscal 2020. The decline is related to increased electronic registering of deaths by medical facilities.

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
★ Average response time for birth certificates by mail/online (days)	1.8	1.6	1.9	6.5	6.0	3.0	3.0	Up	Down
★ Average response time for death certificates by mail/online (days)	2.0	1.5	1.7	2.8	2.2	3.0	3.0	Up	Down
★ Critical Indicator      "NA" Not Available      ⬆️⬇️⬆️ Directional Target      * None									

## AGENCY-WIDE MANAGEMENT

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Workplace injuries reported	104	116	137	144	120	*	*	Up	Down
Collisions involving City vehicles	40	28	47	24	36	*	*	Down	Down
ECB violations received at the Office of Administrative Trials and Hearings	28,916	34,973	68,228	38,339	21,452	*	*	Down	*
ECB violations admitted to or upheld at the Office of Administrative Trials and Hearings (%)	25.6%	28.9%	37.1%	54.8%	67.6%	*	*	Up	*
★ Critical Indicator      "NA" Not Available      ⬆️⬇️⬆️ Directional Target      * None									

## AGENCY CUSTOMER SERVICE

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Customer Experience									
Completed requests for interpretation	14,352	18,495	13,377	27,528	39,655	*	*	Up	*
Letters responded to in 14 days (%)	60%	44%	68%	74%	67%	70%	70%	Up	Up
E-mails responded to in 14 days (%)	72%	73%	86%	87%	89%	80%	80%	Up	Up
Average wait time to speak with a customer service agent (minutes)	1	1	1	1	1	10	10	Neutral	Down
CORE facility rating	81	96	94	NA	99	85	85	NA	Up
Calls answered in 30 seconds (%)	78%	73%	80%	70%	70%	80%	80%	Neutral	Up
★ Critical Indicator      "NA" Not Available      ⇅ Directional Target      * None									

Performance Indicators	Actual					Target		Trend	
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	5-Year	Desired Direction
Response to 311 Service Requests (SRs)									
Percent meeting time to first action - Rodent (14 days)	73%	75%	81%	83%	37%	73%	73%	Down	*
Percent meeting time to first action - Food Establishment (14 days)	92%	95%	95%	95%	89%	90%	90%	Neutral	*
Percent meeting time to first action - Food Poisoning (3 days)	94%	98%	98%	100%	100%	90%	90%	Neutral	*
Percent meeting time to first action - Indoor Air Quality (14 days)	99%	98%	98%	98%	98%	95%	95%	Neutral	*
Percent meeting time to first action - Smoking Complaint (14 days)	81%	92%	60%	65%	80%	75%	75%	Down	*
★ Critical Indicator      "NA" Not Available      ⇅ Directional Target      * None									

## AGENCY RESOURCES

Resource Indicators	Actual <sup>1</sup>					Plan <sup>2</sup>		5yr Trend
	FY16	FY17	FY18	FY19	FY20	FY20	FY21	
Expenditures (\$000,000) <sup>3</sup>	\$1,450.7	\$1,622.4	\$1,699.4	\$1,782.8	\$2,012.5	\$1,860.3	\$1,722.7	Up
Revenues (\$000,000)	\$60.0	\$31.0	\$33.5	\$34.1	\$31.8	\$30.8	\$30.4	Down
Personnel	5,858	6,577	6,858	6,935	6,907	6,973	6,931	Up
Overtime paid (\$000,000)	\$11.8	\$10.9	\$11.0	\$13.3	\$22.6	\$9.6	\$5.6	Up
Capital commitments (\$000,000)	\$23.9	\$21.4	\$17.2	\$67.1	\$50.2	\$116.6	\$195.2	Up
Human services contract budget (\$000,000)	\$626.3	\$651.5	\$682.8	\$720.3	\$792.9	\$806.5	\$718.3	Up
<sup>1</sup> Actual financial amounts for the 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 <a href="http://nyc.gov/mmr">nyc.gov/mmr</a> for details. <sup>2</sup> Authorized Budget Level <sup>3</sup> 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 FY19 <sup>1</sup> (\$000,000)	Modified Budget FY20 <sup>2</sup> (\$000,000)	Applicable MMR Goals <sup>3</sup>
<b>Personal Services - Total</b>	<b>\$531.6</b>	<b>\$556.0</b>	
101 - Health Administration	\$64.9	\$61.8	All
102 - Disease Control	\$102.3	\$127.9	1a, 1b
103 - Family and Child Health and Health Equity	\$137.0	\$120.2	1b, 2b
104 - Environmental Health Services	\$68.2	\$71.2	2b, 3a, 3b, 3c
105 - Early Intervention	\$15.4	\$16.7	4b
106 - Office of Chief Medical Examiner	\$63.1	\$68.7	Refer to table in OCME chapter
107 - Prevention and Primary Care	\$15.6	\$23.1	2a, 2b
108 - Mental Hygiene Management Services	\$45.8	\$48.8	4a, 4b
109 - Epidemiology	\$19.1	\$17.7	2a, 2b, 5a
<b>Other Than Personal Services - Total</b>	<b>\$1,251.2</b>	<b>\$1,456.5</b>	
111 - Health Administration	\$137.4	\$153.1	All
112 - Disease Control	\$186.3	\$254.1	1a, 1b
113 - Family and Child Health and Health Equity	\$65.5	\$65.4	1b, 2b
114 - Environmental Health Services	\$36.3	\$34.9	2b, 3a, 3b, 3c
115 - Early Intervention	\$270.8	\$267.0	4b
116 - Office of Chief Medical Examiner	\$21.6	\$81.7	Refer to table in OCME chapter
117 - Prevention and Primary Care	\$62.2	\$60.9	2a, 2b
118 - Mental Hygiene Management Services	\$70.1	\$57.8	4a, 4b
119 - Epidemiology	\$4.3	\$5.3	2a, 2b, 5a
120 - Mental Health Services	\$267.7	\$337.3	4b
121 - Developmental Disability	\$15.0	\$16.5	*
122 - Chemical Dependency and Health Promotion	\$113.9	\$122.3	4a
<b>Agency Total</b>	<b>\$1,782.8</b>	<b>\$2,012.5</b>	

<sup>1</sup>Comprehensive Annual Financial Report (CAFR) for the Fiscal Year ended June 30, 2019. Includes all funds. <sup>2</sup>City of New York Adopted Budget for Fiscal 2020, as of June 2020. Includes all funds. <sup>3</sup>Refer to agency goals listed at front of chapter.  
 "NA" Not Available \* None

## NOTEWORTHY CHANGES, ADDITIONS OR DELETIONS

- The Fiscal 2021 target for 'Male condoms distributed (000)' has been revised to reflect an expected decrease in distribution due to the COVID-19 public health emergency, which caused distribution partners to close for months during the pandemic. The Department's distribution model was solely community-based prior to the July 2020 launch of "Door 2 Door," a home delivery service.
- Full Calendar 2019 data are currently unavailable for the indicator 'Deaths from unintentional drug overdose (CY)' due to processing delays caused by the COVID-19 public health emergency.

## 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.page>

For more information on the agency, please visit: [www.nyc.gov/health](http://www.nyc.gov/health).