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Hearing on the Fiscal Year 2013 Executive Budget

Department of Health and Mental Hygiene

June 4, 2012

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Department of Health and Mental Hygiene Fiscal 2013 Budget Overview

The Department of Health and Mental Hygiene (DOHMH) protects and promotes the health and mental well-being of all New Yorkers. The Department provides mental health services; mental retardation and developmental disability services; alcohol and drug use services; and Early Intervention services to developmentally delayed infants and toddlers. DOHMH's community-based services include: District Public Health Offices; five borough-based Early Intervention offices; three year-round immunization walk-in clinics; five Tuberculosis (TB)/chest centers; nine Sexually Transmitted Disease (STD) clinics; HIV prevention and control services; health services at more than 1,500 schools; and health and mental hygiene services in the City's correctional facilities. DOHMH has programs to prevent and control chronic diseases such as heart disease, diabetes, asthma and cancer. The Department has also made reducing tobacco-related illnesses a priority. DOHMH generates community health profiles; issues birth and death certificates; conducts health and safety inspections to enforce the City Health Code; and protects public safety through immediate response to emergent public health threats.

This report presents an analysis of the Department's Fiscal 2013 Budget as proposed in the Executive Budget, including details of changes to the Department's budget since the release of Mayor's Preliminary Budget. Adjustments to the Fiscal 2013 Budget proposed in either the November 2011 Financial Plan or the Fiscal 2013 Preliminary Budget were reviewed in the March 24th Hearing Reports to the Committee on Health and the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. For a summary of all of these changes see Appendix 2.

Department of Health and Mental Hygiene Financial Summary

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Exec. Plan	2013 Exec. Plan	*Difference 2012 - 2013
PS-OTPS Spending					
<u>Public Health, Admin and OCME</u>					
Personal Services (PS)	\$390,719	\$367,957	\$401,129	\$366,812	(\$1,145)
<i>Full-Time Salaried - Civilian</i>	293,412	281,798	304,457	277,671	(4,127)
Other than Personal Services (OTPS)	\$552,746	\$529,721	\$577,193	\$492,945	(\$36,776)
<i>Contractual Services</i>	378,599	351,308	374,974	326,605	(24,703)
Subtotal, Public Health, Admin and OCME	\$943,465	\$897,678	\$978,322	\$859,757	(\$37,921)
<u>Division of Mental Hygiene</u>					
Personal Services (PS)	\$1,649	\$5,616	\$5,029	\$5,129	(\$487)
<i>Full-Time Salaried - Civilian</i>	1,611	5,388	4,801	4,901	(487)
Other than Personal Services (OTPS)	\$681,792	\$678,964	\$680,850	\$663,379	(\$15,585)
<i>Contractual Services</i>	636,030	632,436	630,511	613,185	(19,251)
Subtotal, Division of Mental Hygiene	\$683,441	\$684,581	\$685,880	\$668,509	(\$16,072)
TOTAL	\$1,626,906	\$1,582,259	\$1,664,202	\$1,528,266	(\$53,993)
Budget by Program Area					
General Administration	\$203,121	\$197,724	\$209,345	\$157,355	(\$40,369)
Disease Prev & Treat- HIV/AIDS	190,312	171,707	177,225	171,178	(529)

Department of Health and Mental Hygiene Financial Summary

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Exec. Plan	2013 Exec. Plan	*Difference 2012 - 2013
Disease Prev & Treat	\$76,960	\$78,214	\$89,165	\$77,471	(\$743)
Hlth Promo & Dis Prev	136,861	118,767	138,736	118,203	(564)
Environmental Health	57,682	56,420	63,108	65,108	8,688
Hlth Care Access & Improve	178,610	176,594	182,629	172,986	(3,608)
Environmental Disease Prevention	11,207	11,658	13,523	12,370	712
Epidemiology	14,823	12,895	18,606	12,579	(316)
Office of Chief Medical Examiner (OCME)	62,577	60,851	67,674	62,057	1,206
World Trade Center Related Programs	11,311	12,848	18,311	10,450	(2,398)
Mental Hygiene- Chemical Dependency	48,641	54,986	66,438	66,389	11,403
Mental Hygiene- Development Disabilities	14,390	14,538	11,858	10,466	(4,072)
Mental Hygiene- Early Intervention	449,614	445,158	434,461	421,603	(23,555)
Mental Hygiene- Mental Health Services	170,796	169,899	173,122	170,051	152
TOTAL	\$1,626,906	\$1,582,259	\$1,664,202	\$1,528,266	(\$53,993)
Funding					
<u>General Administration</u>					
City Funds	N/A	\$113,305	\$112,812	\$79,841	(\$33,464)
<i>Memo: Council Funds</i>	N/A	0	0	0	0
Federal- Other	N/A	21,901	25,089	19,807	(2,093)
Intra City	N/A	189	871	168	(21)
Other Categorical	N/A	1,279	85	0	(1,279)
State	N/A	61,051	70,489	57,539	(3,511)
Subtotal, General Admin	N/A	\$197,724	\$209,345	\$157,355	(\$40,369)
<u>Public Health</u>					
City Funds	N/A	\$304,417	\$304,334	\$308,104	\$3,687
<i>Memo: Council Funds</i>	N/A	13,082	0	0	(13,082)
Federal- Other	N/A	229,328	278,359	240,968	11,640
Intra City	N/A	555	10,277	4,499	3,944
Other Categorical	N/A	24,356	4,748	1,507	(22,849)
State	N/A	80,447	103,585	85,267	4,820
Subtotal, Public Health	N/A	\$639,103	\$701,303	\$640,345	\$1,242
<u>Division of Mental Hygiene (DMH)**</u>					
City Funds	N/A	\$145,923	\$140,329	\$138,886	(\$7,037)
<i>Memo: Council Funds</i>	N/A	8,053	0	0	(8,053)
Federal- Other	N/A	26,633	140,436	133,926	107,293
Intra City	N/A	0	2,137	0	0
Other Categorical	N/A	229,961	8,460	8,242	(221,719)
State	N/A	282,064	394,517	387,455	105,391
Subtotal, DMH	N/A	\$684,581	\$685,880	\$668,509	(\$16,072)
<u>Office of Chief Medical Examiner (OCME)</u>					
City Funds	N/A	\$58,313	\$57,330	\$57,660	(\$653)

Department of Health and Mental Hygiene Financial Summary

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Exec. Plan	2013 Exec. Plan	*Difference 2012 - 2013
<i>Memo: Council Funds</i>	N/A	\$0	\$0	\$0	\$0
Federal- Other	N/A	2,536	8,370	4,392	1,857
Intra City	N/A	0	127	0	0
Other Categorical	N/A	0	65	0	0
State	N/A	3	1,783	5	2
Subtotal, OCME	N/A	\$60,851	\$67,674	\$62,057	\$1,206
TOTAL	\$1,626,906	\$1,582,258	\$1,664,202	\$1,528,266	(\$53,992)
Positions					
General Administration	1,294	1,350	1,393	1,274	(76)
Disease Prev & Treat- HIV/AIDS	318	307	379	309	2
Disease Prev & Treat	792	804	862	796	(8)
Hlth Promo & Dis Prev	414	423	439	412	(11)
Environmental Health	658	696	714	704	8
Hlth Care Access & Improve	211	153	242	121	(32)
Environmental Disease Prevention	132	145	157	148	3
Epidemiology	152	153	166	153	0
Office of Chief Medical Examiner (OCME)	604	653	643	618	(35)
World Trade Center Related Programs	50	39	58	30	(9)
Mental Hygiene- Chemical Dependency	2	2	2	2	0
Mental Hygiene- Development Disabilities	0	0	0	0	0
Mental Hygiene- Early Intervention	0	0	0	0	0
Mental Hygiene- Mental Health Services	62	85	84	78	(7)
TOTAL	4,689	4,810	5,139	4,645	(165)

*The difference of Fiscal 2012 Adopted compared to Fiscal 2013 February Plan funding.

**Mental Hygiene estimates include spending for Early Intervention, Mental Health, Development Disabilities and Chemical Dependency.

Financial Summary Analysis

Agency Overview

The Department of Health and Mental Hygiene's Fiscal 2013 Executive Budget includes \$1.53 billion in spending for public health, mental hygiene, medical examiner services and general administration. City tax-levy (CTL) dollars account for 38.2 percent of all agency revenue. State aid and federal grants comprise 34.7 percent and 26.1 percent of all other revenues, respectively. Less than one percent of the agency's revenue is derived from a combination of pass-through funding (intra-cities) and other categorical (non-government) funding.

The Department's overall operating budget for Fiscal 2013 has decreased by \$54 million, or 3.4 percent, compared to the operating budget at Adoption last year. Cumulative program budget reductions totaled \$76 million, but were partially offset by cumulative program budget gains in the amount of \$22 million. Environmental Health and Chemical Dependency each experience budget increases and Environmental Disease Prevention, the Medical Examiner, Mental Health

Services each show a slight growth. The remaining program areas sustain losses ranging in degree of impact.

Public health spending comprises 42 percent of the DOHMH's Fiscal 2013 Executive Budget. The balance of the agency's spending is split among mental hygiene, general administration and medical examiner functions, accounting for 44 percent, 10 and 4 percent of total agency spending for Fiscal 2013, respectively.

Public Health Spending and Revenue Summary

CTL accounts for nearly half of public health (non-administration) spending. Federal funds are the second largest source, comprising about 38 percent of the agency's public health budget. These particular funds are typically allocated to the agency in the form of a conditional/categorical block grant and can only be used for a specific purpose, as directed by the federal government. State aid accounts for approximately 13 percent of the agency's public health revenue, with a majority of funds allocated to the City via the State's public health local assistance provision, commonly referred to as "Article 6 matching grants". Article 6 of the State's Public Health law offers matching aid to localities (usually at a rate of 36 percent) for the local provision of specified public health services. Due to the matching nature of these grants, this form of state aid fluctuates with changes in CTL, whereas federal grants tend to remain unaffected.

For the most part, public health spending appears to be fairly closely split between PS and OTPS expenses, at 43 percent and 57 percent, respectively. Given the breadth of services covered by the DOHMH, some tend to be more staff-intensive than others. For example, most of the activities associated with the Environmental Health program area, including environmental hazard surveillance and inspections of child care facilities and food service establishments, require an internal staff of credentialed public health inspectors/sanitarians. In other cases, such as Disease Control and Treatment for HIV/AIDS, many of these services tend to be contracted out to local community-based organizations and health providers who have the requisite expertise and capacity to meet performance guidelines.

Mental Health and Hygiene Spending and Revenue Summary

The Department proposes to spend \$669 million on mental hygiene related services in Fiscal 2013, which is \$16 million less than the budget at adoption. These services are administered by the Department's Division of Mental Hygiene (DMH) through four distinct program areas: (a) Early Intervention; (b) Mental Health Services; (c) Development Disability; and (d) Chemical Dependency Services.

The DMH's primary function is to contract out local mental health services, with contractual services comprising 92 percent of total DMH spending, which explains why staff dedicated to mental hygiene is relatively low when compared to the agency's public health functions. Contracted mental health services are largely mandated either by the State or by the federal government. In most cases with these contracts, the City merely acts as an administrator and/or fiscal conduit, which helps to explain why non-City funds represent nearly four-fifths of all DOHMH mental health service funding – State aid alone comprises 58 percent of all DMH revenue.

A majority of the DMH spending will be dedicated toward Early Intervention services, which accounts for 63 percent of the Fiscal 2013 proposed funding for the Division of Mental Hygiene and 28 percent of the entire Agency budget. The Department's Early Intervention program

originated from federal legislation and is largely funded by outside sources, with State and federal contributions representing 76 percent of EI funding. Overall EI spending is reduced by \$23.5 million, which is mostly a reflection of the State's recent and continuing overhaul of the program, which provides for both structural and financing changes.

Headcount Summary

The DOHMH's budgeted headcount of 4,645 full-time positions in Fiscal 2013 reflects a 3.4 percent decline in total headcount budgeted since adoption. These headcount losses stem from a combination of intentional layoffs, as per the agency's PEG program, and the elimination of vacant and attrited positions. In the DOHMH's Fiscal 2013 Executive Budget, 178 positions are being eliminated while 13 positions are being added, providing for a net loss of 165 full-time positions. A majority of these newly added positions will be dedicated toward Environmental Health's Food Safety operations.

Of these 173 positions recommended for elimination, 42.5 percent of those positions are dedicated toward general administration functions. A total of 19.6 percent, or 35 positions, perform medical examiner functions (note: 30 of these positions were vacant and unfunded). Staff dedicated toward Health Care Access and Improvement account for 17.9 percent of the reduction. Remaining headcount losses are spread among Disease Prevention and Treatment (non-AIDS), Health Promotion and Disease Prevention, Health Care Access and Improvement, Mental Health Services and World Trade Central Related Programs.

A total of 57 percent of the DOHMH's workforce is dedicated toward public health, non-medical examiner functions, with most staff split among Disease Prevention and Treatment or Environmental Health functions. General administration staff comprises 29 percent of the agency's workforce. Since the agency's Division of Mental Hygiene's primary function is to contract out local mental health services, its combined workforce of 80 staff is relatively low (1.7 percent of total agency headcount) when compared with the headcount allocated to the agency's public health functions. The medical examiner's staff of 588 full-time positions represents nearly 13 percent of the agency's total Fiscal 2013 proposed headcount.

Fiscal 2013 Executive Budget Actions

The Fiscal 2013 Executive Plan increases the Department's budget by \$14 million. This is due to \$2.5 million in PEG restorations and \$11.3 million increase in other adjustments.

Budget Actions in the Executive Plan						
<i>Dollars in Thousands</i>						
	FY 2012			FY 2013		
	City	Non-City	Total	City	Non-City	Total
DOHMH Budget as of the Feb. 2012 Plan	\$617,479	\$1,032,600	\$1,650,079	\$582,097	\$932,419	\$1,514,516
Programs to Eliminate the Gap (PEGs)						
None	\$0	\$0	\$0	\$0	\$0	\$0
New Needs						
None	\$0	\$0	\$0	\$0	\$0	\$0
Other Adjustments						
Animal Population	\$0	(\$120)	(\$120)	\$0	\$428	\$428
Grant – AIDS Surveillance	0	(1,141)	(1,141)	0	0	0
Grant – Animal Control Population	0	237	237	0	0	0
Grant – Comprehensive HIV Prev	0	16,081	16,081	0	11,855	11,855
Grant – HIV Partner Notification	0	0	0	0	0	0
Grant – NYS Viral Hepatitis Surv	0	11	11	0	0	0
Grant – Ryan White	0	(3,059)	(3,059)	0	0	0
Grant – State Viral Hepatitis	0	494	494	0	0	0
Grant – STD	0	48	48	0	0	0
Other Grant Funding	0	(1,179)	(1,179)	0	387	387
Utilities	(1,890)	0	(1,890)	(691)	(522)	(1,213)
HHS Connect Technical Adjustment	0	0	0	259	18	277
Lease Adjustments	0	0	0	460	(316)	144
Mental Hygiene State Aid Letters	0	(120)	(120)	0	(2,482)	(2,482)
PS/OTPS Shifts and Realignments	0	43	43	0	32	32
Reversal EI State Budget Savings	0	0	0	1,500	0	1,500
Transfer YMI funds to DOHMH	0	168	168	0	0	0
YMI HHC Transfer	0	0	0	(710)	0	(710)
Other Adjustments	(784)	4,666	3,882	(875)	1,955	1,080
TOTAL, Other Adjustments	(\$2,674)	\$16,129	\$13,455	(\$57)	\$11,355	\$11,298
PEG Restorations						
OCME - Attrition & Vacancy Reductions	\$0	\$0	\$0	\$2,454	\$0	\$2,454
TOTAL, PEG Restorations	\$0	\$0	\$0	\$2,454	\$0	\$2,454
TOTAL, All Changes	(\$2,674)	\$16,129	\$13,455	\$2,397	\$11,355	\$13,752
DOHMH Budget as of the May 2012 Plan	\$614,805	\$1,048,729	\$1,663,534	\$584,494	\$943,774	\$1,528,268

Executive Budget Highlights

Shift in DOHMH HIV Prevention Strategy

This summer, the DOHMH will rebid its contracted HIV prevention services to achieve an HIV prevention portfolio that is more closely aligned with the National HIV/AIDS Strategy. These contracts will be entirely funded through a five-year cooperative agreement with the CDC and will go into effect starting in January 2013, running on the calendar year.

At the heart of the new national strategy is an ambitious goal to reduce new HIV infections by 25 percent by 2015. To reach this goal, the CDC is promoting and prioritizing the use of high impact interventions – evidence-based cost-effective strategies that reach as many people as possible per dollar spent. Consequently, the DOHMH is shifting its support away from low-impact intervention – including individual and group level behavioral interventions for high-risk individuals – in favor of higher-impact interventions.

To help facilitate this paradigm shift, the DOHMH recommended reducing its contracts for individual and group level behavioral interventions by 50 percent for Fiscal 2013.

For the rebid, the DOHMH will solicit five categories of service proposals:

1. Category 1: Sexual and behavioral health services for priority populations most heavily impacted by HIV. Behavioral screening and linkage/treatment programs targeting uninsured and underinsured men who have sex with men (MSM) and transgender women who have sex with men (TWSM) and other high-risk populations, with a goal of preventing new infections and reducing HIV-related health disparities.
2. Category 2: Structural and system-level change to maximize HIV prevention. Programs that address structural and system-level impediments to HIV prevention efforts (e.g., programs that focus on ameliorating or changing underlying causes of HIV infection that might increase risk-taking among priority populations).
3. Category 3: Community mobilization and/or community-level interventions for HIV prevention. Typically, programs that mobilize communities for specific HIV prevention activities, such as HIV testing and linkage to care – or – programs that employ community-level interventions with demonstrated evidence of effectiveness for HIV prevention.
4. Category 4: Demonstration projects for innovative, high impact HIV prevention interventions and strategies. Innovative, pilot programs for HIV prevention that can incorporate a single intervention or a combination of interventions that will have a high impact in reducing HIV incidence.
5. Category 5: Enhanced condom distribution among communities disproportionately impacted by HIV/AIDS. Programs that pursue active condom distribution in high prevalence neighborhoods throughout New York City, primarily via non-traditional venues.

Relevant PEG – HIV Contract Reductions – City: \$1,406,000; Non-City: \$791,000.

- Discontinues federal support of individual and group level interventions targeting high risk negatives.
- Part of a larger strategy to redirect DOHMH resources toward higher-impact interventions.
- Note: PEG value is separate from restoration value (half year: \$1.4 million in CTL to offset loss of federal contributions to total contract value).

DOHMH's STEP UP Program is at Risk for Elimination

To achieve its Fiscal 2013 PEG target, the Department will eliminate its School-based Treatment and Education Programs for Urban Populations (STEP-UP) program. This program is a sexually transmitted disease (STD) testing campaign involving outreach, education, testing and linkage to care in school based settings for chlamydia and gonorrhea. There are 86 schools across the City participating in STEP UP, 20 of which are linked to a school-based health center (SBHC).

For those sites not connected to SBHCs, the Department maintains that alternative testing and linkage to care services are available to students through the DOHMH's STD Clinics, Planned Parenthood and Maternal Infant Clinics.

One major contrast between the program and its alternatives is a proactive approach toward educating, testing and treating students for STDs. Without STEP UP, students would need to recognize STD symptoms and take the initiative to pursue testing and/or treatment. In general, adolescents tend to be a difficult population to engage and are less likely to seek care on their own. Undetected and untreated STDs yield major adverse public health ramifications and greater medical costs.

Relevant PEG - Clinic and Outreach Service Reductions - City: \$461,000; Non-City: \$357,000.

- Affects Saturday clinic hours at various DOHMH STD Clinics.
 - Saturday hours will be available at four (4) of the DOHMH's STD clinic sites: Chelsea, Fort Greene, Jamaica and Morrisania.
 - Sites offering Saturday hours will alternate on a biweekly schedule.
 - The six (6) remaining DOHMH STD clinic sites do not offer Saturday hours: Central Harlem, Corona, Crown Heights, Manhattanville, Rockaway and Staten Island.
- Eliminates STEP UP in 86 participating sites across the five boroughs.
 - Is a proactive STD testing campaign involving outreach, education, testing and linkage to care in school based settings for chlamydia and gonorrhea.
- Reduces contract for supplemental nursing services at DOHMH's immunization clinics.
 - The Bureau will go from eight nurses to four.
 - There will be no changes in hours, but this will affect all three clinics (located in Brooklyn, Queens, and the Bronx).
 - The Department intends to maximize the use of permanent clinical staff along with the reduced number of contractual nurses to provide immunization services.

Scaling Back on Asthma Outreach

In 2003, the Harlem Children's Zone Asthma Initiative (HCZAI), an ongoing, intensive effort to test and treat for asthma every child living within a 24-block area of Harlem, revealed that one in every four children living in Harlem had asthma. The investigators were highly concerned with both the prevalence and the severity of their findings. Out of the 25.5 percent of children who had asthma, over half of them had been to an emergency room within the past year because of their disease.

The East Harlem Asthma Center of Excellence (EHACE) was established to address the high rate of asthma hospitalizations among East Harlem's children. EHACE provides an array of services to

children with persistent asthma. To help reach its Fiscal 2012 midyear PEG target, the DOHMH recommended eliminating four of its outreach staff at EHACE. In January 2012, the Council restored these positions for the remainder of Fiscal 2012; however, in the absence of a Fiscal 2013 restoration, these staff will be laid off beginning July 1, 2012.

Relevant PEG – Clinic and Outreach Layoffs – City: \$429,000; Non-City: \$234,000.

- Total headcount reduction: 5 in asthma, 2 in immunization.
- Headcount reductions in asthma target East Harlem Asthma Center of Excellence (EHACE) outreach functions.
- EHACE will scale back on its outreach efforts, which could translate into fewer people accessing resources for asthma management.
- EHACE intends to preserve its clinical services.

Check Hep C Launches

This past April, the DOHMH launched a year-long demonstration that aims to increase hepatitis C (hep C) testing, link more hep C positives into care and to promote better treatment adherence among positives. Currently, this \$1.3 million initiative is privately funded. The Fund for Public Health, the fund-raising arm of the Health Department, is providing financing for the project. The DOHMH is hopeful that this demonstration project, if successful, will enable the agency to attract additional funding down the road, and likewise, achieve a more sustainable funding stream. The Department of Health and Human Services has expressed interest in the project and will closely monitor it throughout the year.

Child and Family Clinic-Plus Closures

Child and Family Clinic-Plus (Clinic-Plus) was a New York State Office of Mental Health (SOMH) Initiative that doubled the number of Medicaid-funded child and adolescent mental health sites and was in effect from April 2007 through December 2011. Clinic-Plus services were available in school-based, foster care and early intervention settings and offered specially trained and licensed child therapists to provide individual, family, and group counseling for youth, ages 4-21, with emotional, psychological or behavioral disorders.

Funding for Clinic-Plus sites was cut in the State's 2011-12 Enacted Budget. One year later, several of these clinics are now closing, leaving fewer options available to children with mental health disturbances. Last year, NYC school based mental health services contracted by 10 percent, with nearly all of the shrinkage attributed to these cuts. The SOMH has since issued new, smaller RFPs for targeted screening in schools and primary care settings and Medicaid rates for Clinic-Plus have enhanced since the restructuring. Nevertheless, the level of resources generated through these new developments does not offset the total loss sustained by the Clinic-Plus program. Additional reductions are anticipated for the coming school year and it is likely more clinics will close.

The Council is working with the DOHMH and the Department of Education to identify alternatives that will help to preserve access to mental health care for the City's public school children.

Other Adjustments Descriptions

- **Animal Population.** This is funding tied to revenue from the NYC Animal Control Population fund, which will be spent in Fiscal 2013.
- **Grant – AIDS Surveillance.** Adjusting the level of funding to reflect the current grant award.
- **Grant – Animal Control Population.** This is funding tied to the NYC Animal Control Population fund, which will be spent in Fiscal 2012.
- **Grant – Comprehensive HIV Prev.** Adjusting the level of funding to reflect the current grant award.
- **Grant – HIV Partner Notification.** Adjusting the level of funding to reflect the current grant award.
- **Grant – NYS Viral Hepatitis Surv.** Adjusting the level of funding to reflect the current grant award.
- **Grant – Ryan White.** Adjusting the level of funding to reflect the current grant award.
- **Grant – State Viral Hepatitis.** Adjusting the level of funding to reflect the current grant award.
- **Grant – STD.** Adjusting the level of funding to reflect the current grant award.
- **HHS Connect Technical Adjustment.** DOHMH contribution to HHS Connect initiative.
- **Lease Adjustments.** Adjusting the level of funding to reflect the current grant award.
- **Mental Hygiene State Aid Letters.** Adjusting the level of funding to reflect the current grant award.
- **Reversal EI State Budget Savings.** Since the State enacted its budget after the release of the City's Preliminary Budget, the end result was originally unknown. This adjustment reverses a prior plan estimate of the impact of the New York State budget on Early Intervention.
- **Transfer YMI funds to DOHMH.** Transfer of YMI funds through Department of Probation for Project Ceasefire.
- **YMI HHC Transfer.** Per the Mayor's Young Men's Initiative (YMI), this reflects a funding transfer to HHC for Project Ceasefire.

Department of Health and Mental Hygiene Capital Budget Summary

The May 2012 Capital Commitment Plan includes \$436 million in Fiscal 2012-2016 for the Department of Health and Mental Hygiene (including City and Non-City funds). This represents 1.1 percent of the City’s total \$39.52 billion Executive Plan for Fiscal 2012-2016. The agency’s Executive Commitment Plan for Fiscal 2012-2016 is 0.1 percent greater than the \$435.5 million scheduled in the Preliminary Commitment Plan, an increase of \$436,000.

The majority of capital projects span multiple fiscal years and it is common practice for an agency to roll unspent capital funds from the current fiscal year into future fiscal years. In Fiscal Year 2011 the Department of Health and Mental Hygiene committed \$139 million or 31 percent of its annual capital plan. Therefore, it is assumed that a significant portion of the agency’s Fiscal 2012 Capital Plan will be rolled into Fiscal 2013, thus increasing the size of the Fiscal 2013-2016 Capital Plan. Since the Preliminary Budget was released in February the City-wide Capital Commitment Plan for Fiscal 2013 has increased from \$8.69 billion to \$10.82 billion, an increase of \$2.13 billion or 24.6 percent.

**Department of Health and Mental Hygiene 2012-2016 Commitment Plan:
Preliminary and Executive Budget**

Dollars in Thousands

	FY12	FY13	FY14	FY15	FY16	Total
Prelim						
Total Capital Plan	\$300,865	\$122,717	\$5,336	\$2,993	3560	\$435,471
Exec						
Total Capital Plan	283,018	141,002	5,334	2,993	3,560	\$435,907
Change						
Level	(\$17,847)	\$18,285	(\$2)	\$0	\$0	\$436
Percentage	-5.9%	14.9%	0.0%	0.0%	0.0%	0.1%

Major Capital Projects

Riverside Health Center. Gut renovation to be completed in Fiscal 2013. The new space will include an STD clinic, our Health Academy, as well as space for School Health and Environmental Health staff.

Chelsea Health Center. Major renovation to start in 2013. The new space will house an STD clinic.

Appendix 1: City Council Fiscal Year 2012 Initiatives

City Council discretionary funding provides approximately \$21 million, or 2 percent of the Department's annual City-funds Fiscal 2012 operating budget. This includes over \$18 million in initiative funding (\$10.4 million for public health services and \$8 million for mental health services) and Council Member items that total approximately \$3 million, which is funding for a combination of public and mental health services. It is important to note that none of these services have been baselined in the Fiscal 2013 Executive Budget.

FY 2012 Council Changes at Adoption

Dollars in Thousands

DOHMH, Council Public Health Initiatives	
Asthma Control Program*	\$500
Cancer Initiatives*	1,425
Family Planning*	350
HIV Prevention and Health Literacy for Seniors*	400
HIV/AIDS - Communities of Color (Prevention & Education)*	1,125
HIV/AIDS - Faith Based Initiative*	1,500
Infant Mortality*	2,500
Injection Drug Users Health Alliance (IDUHA)*	1,000
NYU Dental Van	268
Obesity Intervention Programs*	1,300
Subtotal, Council Public Health Initiatives	\$10,368
DOHMH, Council Mental Health and Hygiene Initiatives	
Autism Awareness	\$1,250
Children Under Five Mental Health Initiative	1,250
Geriatric Mental Health Services	2,000
Mental Health Contracts	450
Mental Hygiene Contracted Services PEG Restoration - Chemical Dependency/ADUPCT	700
Mental Hygiene Contracted Services PEG Restoration - DD Clinics	806
Mental Hygiene Contracted Services PEG Restoration - Mental Health Providers	1,150
Suicide Prevention Hotline	247
Young Adult Institute and Workshop, Inc.	200
Subtotal, Council Mental Health and Hygiene Initiatives	\$8,053
Council Local Initiatives	\$2,714
TOTAL	\$21,135

* City tax levy dollars for these services may be eligible for a state match

Appendix 2: Budget Actions in the November, February & Executive Plans

<i>Dollars in Thousands</i>	FY 2012			FY 2013		
	City	Non-City	Total	City	Non-City	Total
Agency Budget as of June 2011 Plan	\$621,958	\$960,686	\$1,582,644	\$597,120	\$940,693	\$1,537,813
Program to Eliminate the Gap (PEGs)						
Agencywide Layoffs	(\$138)	(\$67)	(\$205)	(\$762)	(\$249)	(\$1,011)
Agencywide Reductions	0	0	0	(2,016)	(440)	(2,456)
Central Administration Layoffs	(83)	(29)	(112)	(397)	(108)	(505)
Central Administration Reductions	0	0	0	(410)	(134)	(545)
Clinic and Outreach Layoffs	(81)	(63)	(144)	(429)	(234)	(663)
<i>City Council FY12 restoration</i>	81	63	144	0	0	0
Clinic and Outreach Reductions	0	0	0	(461)	(357)	(817)
Correctional Health Layoffs	(38)	(5)	(43)	(179)	(17)	(195)
Correctional Health Reductions	0	0	0	(659)	(25)	(684)
Early Intervention Revenue	(1,000)	1,000	0	0	0	0
Early Intervention Services	(3,000)	(9,788)	(12,788)	(5,300)	(17,292)	(22,592)
HIV Contractual Reductions	0	0	0	(1,406)	(791)	(2,197)
Medicaid Salary Sharing	(2,000)	2,000	0	(2,000)	2,000	0
OCME - Attrition and Vacancy Reductions	(242)	0	(242)	0	0	0
<i>Original PEG Amount</i>	(972)	0	(972)	(2,454)	0	(2,454)
<i>City Council FY12 mid-year restoration</i>	730	0	730	0	0	0
<i>Executive Budget FY13 restoration</i>	0	0	0	2,454	0	2,454
OCME - Grant Shifts	0	0	0	(91)	0	(91)
OCME - Layoffs	(222)	0	(222)	(951)	0	(951)
OCME - OTPS Reductions	(26)	0	(26)	(301)	0	(301)
OCME - Overtime Reduction	0	0	0	(168)	0	(168)
OCME - Training Reduction	0	0	0	(10)	0	(10)
Tobacco Control Layoffs	(12)	(7)	(19)	(62)	(26)	(88)
Tobacco Control Reductions	0	0	0	(1,105)	(622)	(1,727)
Woodside Garage Lease Elimination	0	0	0	(354)	(152)	(505)
Restaurant Enforcement Revenue	(1,277)	0	(1,277)	(3,840)	0	(3,840)
Day Care Permit Reveunes	0	0	0	(100)	0	(100)
TOTAL, PEGs	(\$8,038)	(\$6,895)	(\$14,933)	(\$21,001)	(\$18,445)	(\$39,445)
New Needs						
Project Ceasefire	\$0	\$0	\$0	\$960	\$0	\$960
Correctional Health - Queens Detention Complex	0	0	0	2,921	259	3,181
TOTAL, New Needs	\$0	\$0	\$0	\$3,881	\$259	\$4,141

<i>Dollars in Thousands</i>	FY 2012			FY 2013		
	City	Non-City	Total	City	Non-City	Total
Agency Budget as of June 2011 Plan	\$621,958	\$960,686	\$1,582,644	\$597,120	\$940,693	\$1,537,813
Other Adjustments						
Fringe Offset	\$289	\$0	\$289	\$2,136	\$0	\$2,136
CTL Transfer - HHC to DOHMH	3,278	1,844	5,122	0	0	0
Health Academy	177	0	177	286	0	286
Mental Health Benefit Program - Realignment	0	0	0	(347)	0	(347)
Window Guards Transfer	(48)	0	(48)	(48)	0	(48)
NFP - COPS	(1,416)	0	(1,416)	0	0	0
PS/OTPS Shifts and Realignments	0	345	345	0	48	48
Admin Chargebacks	0	175	175	0	0	0
Grant Funding	0	39,957	39,957	0	5,978	5,978
Mental Hygiene State Aid Letters	0	10,476	10,476	0	8,114	8,114
WTC Mental Health Benefit	0	0	0	0	(1,753)	(1,753)
ARRA Grants	0	18	18	0	0	0
Intra Cities	0	8,011	8,011	0	2,523	2,523
EI Admin Indirect	0	1,072	1,072	0	1,072	1,072
EI State Budget Savings	0	0	0	(1,500)	0	(1,500)
Reversal EI State Budget Savings	0	0	0	1,500	0	1,500
Collective Bargaining	159	67	226	159	67	226
NFP Article 6 Realignment	0	(797)	(797)	0	0	0
HHS Connect Technical Adjustment	0	0	0	224	0	224
OCME Attrition	(207)	0	(207)	0	0	0
Utilities	(1,890)	0	(1,890)	(691)	(522)	(1,213)
Lease Adjustments	0	0	0	460	(316)	144
Transfer YMI funds to DOHMH	0	168	168	0	0	0
YMI HHC Transfer	0	0	0	(710)	0	(710)
Other	50	28,935	28,985	(42)	4,103	4,061
TOTAL, Other Adjustments	\$392	\$90,271	\$90,663	\$1,427	\$19,314	\$20,741
TOTAL, All Changes	(\$7,646)	\$83,376	\$75,730	(\$15,692)	\$1,128	(\$14,564)
DOHMH Budget as of the May 2012 Plan	\$614,805	\$1,048,729	\$1,663,534	\$584,494	\$943,774	\$1,528,268

*Continuation from previous page