

**New York City Council**

Christine C. Quinn, Speaker

**Finance Division**

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**Hearing on the Mayor's Fiscal Year 2012 Executive Budget**

**Department of Health and Mental Hygiene**

May 24, 2011

**The Committee on Finance**

Hon. Domenic M. Recchia, Jr., Chair

**The Committee on Health**

Hon. Maria del Carmen Arroyo, Chair

**Joint with Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services**

Hon. G. Oliver Koppell, Chair

**Subcommittee on Drug Abuse**

Hon. Ruben Wills, Chair

Latonia McKinney, Deputy Director

Pamela Corbett, Legislative Financial Analyst

# 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; four year round immunization walk-in clinics; seven TB/chest centers; nine STD clinics; HIV prevention and control services; health services at more than 1,250 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.

## Department of Health and Mental Hygiene Financial Summary

*Dollars in Thousands*

	2009 Actual	2010 Actual	2011 Adopted	2011 Exec. Plan	2012 Exec. Plan	Difference 2011-2012*
<b>Spending</b>						
Personal Services	\$398,925	\$411,780	\$390,093	\$412,182	\$373,197	(\$16,896)
Other Than Personal Services	1,313,280	1,273,672	1,209,268	1,276,163	1,171,086	(38,182)
<b>TOTAL</b>	<b>\$1,712,205</b>	<b>\$1,685,452</b>	<b>\$1,599,361</b>	<b>\$1,688,345</b>	<b>\$1,544,283</b>	<b>(\$55,079)</b>
<b>Budget by Program Area</b>						
Disease Prevention & Treatment - HIV/AIDS	\$203,106	\$174,038	\$182,920	\$188,149	\$168,582	(\$14,338)
Disease Prevention & Treatment	82,180	83,632	82,823	98,374	78,214	(4,608)
Health Promotion & Disease Prevention	148,375	146,132	117,684	124,713	118,767	1,083
Environmental Health	60,036	59,891	65,341	62,190	56,141	(9,200)
Health Care Access & Improvement	181,736	178,862	171,431	186,153	176,652	5,221
Environmental Disease Prevention	10,920	11,175	10,653	11,621	11,632	978
Epidemiology	13,715	13,994	11,541	16,528	12,895	1,355
Office of Chief Medical Examiner	65,882	65,592	64,826	73,897	60,851	(3,975)
World Trade Center Related Programs	13,905	16,003	7,279	14,890	12,848	5,569
Administration - General	200,201	196,163	194,492	214,150	160,719	(33,773)
Mental Hygiene- Chemical Dependency	58,536	54,755	55,393	52,527	57,386	1,993
Mental Hygiene- Development Disabilities	27,870	18,212	16,380	14,543	14,538	(1,842)
Mental Hygiene- Early Intervention	467,313	494,152	448,609	453,696	445,158	(3,451)
Mental Hygiene- Mental Health Services	178,433	172,853	169,989	176,915	169,899	(89)
<b>TOTAL</b>	<b>\$1,712,205</b>	<b>\$1,685,452</b>	<b>\$1,599,361</b>	<b>\$1,688,345</b>	<b>\$1,544,283</b>	<b>(\$55,079)</b>
<b>Funding</b>						
City Funds	N/A	N/A	\$630,629	\$607,432	\$593,403	(\$37,226)
<i>Memo: Council Funds</i>	N/A	N/A	31,114	N/A	N/A	(31,114)
Federal – CD	N/A	N/A	0	0	0	0
Federal – Other	N/A	N/A	262,538	332,150	280,397	17,859
Intra-City	N/A	N/A	8,643	12,840	744	(7,899)
Other Categorical	N/A	N/A	253,706	269,046	255,595	1,889
State	N/A	N/A	443,845	466,867	414,143	(29,702)
<b>TOTAL</b>	<b>\$1,712,205</b>	<b>\$1,685,452</b>	<b>\$1,599,361</b>	<b>\$1,688,334</b>	<b>\$1,544,283</b>	<b>(\$55,079)</b>
<b>Positions</b>						
Full-time Positions	5,214	4,947	5,183	5,418	4,797	(386)
<b>TOTAL</b>	<b>5,214</b>	<b>4,947</b>	<b>5,183</b>	<b>5,418</b>	<b>4,797</b>	<b>(386)</b>

The Fiscal 2012 Executive Budget reflects a \$55 million decrease when compared to the Fiscal 2011 Adopted Budget for the DOHMH. This decrease can be attributed to few key factors. First, the Fiscal 2011 Adopted Budget included approximately \$31 million in City Council funding (including funding for Council initiatives, Programs to Eliminate the Gap (PEG) restorations, and local discretionary). As Council funding is renegotiated annually and allocated on a one-time basis, it is not included in the Fiscal 2012 Budget. Second, the City's Fiscal 2012 PEG program for DOHMH totaled approximately \$47.9 million. Lastly, the State of New York Enacted Budget for 2011-2012 discontinues its matching grant to localities for administering "optional" public health services, resulting in a \$23 million loss in State funding per year to the Agency.

## **Fiscal 2012 Executive Budget Actions**

- ☑ The DOHMH will shed 386 full time positions, or 7.4 percent of its full time workforce, by Fiscal 2012. A total of 191 of these positions would be eliminated through the Department's Fiscal 2012 PEG program.
- ☑ The Executive Budget adds \$15.6 million in City tax levy (CTL) to the program budget for the Office of the Chief Medical Examiner (OCME) in order to offset the OCME's loss in State funding. The discontinuation of matching State funds for optional services caused the OCME to lose nearly \$16 million, or 30 percent of its overall budget, in State funds for the upcoming fiscal year. The substantial increase in CTL to the OCME preserves these vital services.
- ☑ The Executive Budget proposed \$15 million in City spending for new needs including (1) the expansion of Animal Care and Control services; (2) the provision of required health services to inmates temporarily housed in a newly established correctional facility; and (3) the City's required contribution to the Zadroga Act, which is 10 percent of all costs related to the World Trade Center Health Program.

**Fiscal 2012 Executive Budget Actions Chart.** The following chart summarizes all DOHMH budget actions introduced in the Fiscal 2012 Executive Budget:

<b>EXECUTIVE BUDGET ACTIONS CHART</b>						
<i>Dollars in Thousands</i>	FY 2011			FY 2012		
	City	Non-City	Total	City	Non-City	Total
<b>Agency Budget as of the February 2011 Plan</b>	<b>\$607,536</b>	<b>\$1,068,025</b>	<b>\$1,675,561</b>	<b>\$578,213</b>	<b>\$964,686</b>	<b>\$1,542,899</b>
<b>Programs to Eliminate the Gap (PEGs)</b>						
Administrative Efficiencies	\$0	\$0	\$0	(\$618)	(\$179)	(\$797)
Agencywide Layoffs	0	0	0	(521)	(194)	(715)
Agencywide Program Reductions and Efficiencies	0	0	0	(2,353)	(1,006)	(3,359)
Clinical & Lab - Layoffs	0	0	0	(401)	(193)	(594)
Early Intervention Services	0	0	0	(2,740)	(9,200)	(11,940)
Environmental Health - Layoffs	0	0	0	(278)	(138)	(417)
Environmental Health - Non Layoffs	0	0	0	(376)	(43)	(419)
Environmental Health Revenue Max	0	0	0	(2,182)	2,000	(182)
Grant and Medicaid Revenue Maximization	0	0	0	(653)	653	0
HIV Contracts	0	0	0	(839)	(472)	(1,311)
Medicaid for EI Admin - Revenue Max	0	0	0	(2,307)	0	(2,307)
Newborn Home Visitation	0	0	0	(62)	(26)	(89)
Newborn Home Visiting - Layoffs	0	0	0	(436)	(217)	(653)
OCME Enterprise License Agmt Savings	0	0	0	(60)	(34)	(94)
OCME OTPS Efficiencies	0	0	0	(1,000)	(490)	(1,490)
Reductions to Intra-Cities	0	0	0	(28)	(12)	(40)
School Health Vision Screening	0	0	0	(340)	(99)	(439)
<b>Total, PEGs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$15,196)</b>	<b>(\$9,650)</b>	<b>(\$24,846)</b>
<b>New Needs</b>						
Animal Care and Control	\$0	\$0	\$0	\$837	\$0	\$837
Correctional Health - Brooklyn HOD	0	0	0	5,930	451	6,380
WTC Zadroga	0	0	0	8,427	(156)	8,270
<b>Total, New Needs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,193</b>	<b>\$295</b>	<b>\$15,488</b>
<b>Other Adjustments</b>						
Collective Bargaining	\$7	\$5	\$12	\$9	\$6	\$15
EI - Final State Budget Rate Reduction	0	0	0	1,000	0	1,000
FMS Realignment	0	634	634	0	5,426	5,426
HHS Service Center	0	0	0	0	0	0
Mental Hygiene State Aid Letters	0	99	99	0	99	99
Nurse Partnership Program	0	805	805	0	0	0
State Budget Elimination of Article 6 for OCME	0	0	0	15,612	(15,398)	214
All Other Adjustments	(111)	11,335	11,224	(1,427)	5,416	\$3,990
<b>Total, Other Adjustments</b>	<b>(\$104)</b>	<b>\$12,877</b>	<b>\$12,773</b>	<b>\$15,194</b>	<b>(\$4,451)</b>	<b>\$10,742</b>
<b>Total, All Changes</b>	<b>(\$104)</b>	<b>\$12,877</b>	<b>\$12,773</b>	<b>\$15,191</b>	<b>(\$13,807)</b>	<b>\$1,384</b>
<b>Agency Budget as of the Executive 2012 Plan</b>	<b>\$607,432</b>	<b>\$1,080,902</b>	<b>\$1,688,334</b>	<b>\$593,403</b>	<b>\$950,880</b>	<b>\$1,544,283</b>

## Programs to Eliminate the Gap (PEGs)

### NEW PEGs

- ☑ **Early Intervention Services.** The Fiscal 2012 Executive Plan reduces spending on Early Intervention services by nearly \$12 million in total funding, with CTL accounting for roughly one quarter of the total spending reduction.
  - The Department is shifting its approach toward service authorization by promoting “embedded coaching,” where family training services are incorporated into core services.
  - According to the Department, research indicates that this approach promotes improved child and family outcomes by providing time during each session of intervention for supporting family learning and involvement.
  - In some cases, this may lead to fewer sessions as necessary, enabling the Department to achieve its PEG reduction target.
  - Additionally, the DOHMH will continue to carefully monitor eligibility, ensuring that services will be provided to all children who truly qualify for EI.
- ☑ **HIV Contracts.** The Fiscal 2012 Executive Plan includes \$1.3 million in reduced total spending on HIV Anti-Stigma and Co-Factors contracts. According to the Agency, these types of contracts were targeted because they are high-cost, but low yielding when compared to other contracts in the HIV prevention portfolio.
  - Anti-Stigma contracts are funded to conduct social marketing/media campaigns/education around stigma associated with HIV/AIDS and target communities most highly impacted by the epidemic.
  - Co-Factor contracts provide screening of high risk individuals for co-morbid conditions that, when untreated, have been shown to increase the risk for HIV infection and/or transmission. Screening is conducted for STIs, substance use, and depression. Persons screened are linked to appropriate services for treatment, where appropriate, and all persons who screen positive are also tested for HIV. Anyone who tests positive for HIV is also linked to HIV primary care.
- ☑ **Newborn Home Visitation Services and Related Layoffs.** The Fiscal 2012 Executive Budget proposes to reduce total spending on Newborn Home Visitation services by \$742,000 through decreasing the number of total visits to families by 40 percent and layoffs associated with that service reduction. A total of 12 positions would be eliminated through layoffs and one position would be lost through attrition.
  - This program currently serves approximately 6,000 families and the Department estimates a yearly projected loss of 4,600 home visits.

- In Fiscal 2010, most families received one visit. Beginning in Fiscal 2011, all breastfeeding mothers received a second visit.
- All mothers who give birth at any of the following five target hospitals are eligible for the program: (a) Lincoln, (b) Woodhull, (c) Brookdale, (d) Harlem and (e) Metropolitan.
- This program provides home visiting and breastfeeding support to needy families in the DPHO neighborhoods in the South Bronx, East/Central Harlem, and Brooklyn.
- The program focuses on identifying mothers in the hospital, and provides hands on support within the first week after hospital discharge for breastfeeding mothers as a way to increase breastfeeding exclusivity and continuation rates.

## EXISTING PEGs

- ☑ **Reduced Pass-through funding to the City's Health and Hospitals Corporation (HHC).** Fiscal 2012 reduction: \$4 million. The Department will reduce its pass-through (intra-city) funding to HHC by implementing the following:
  - HIV/AIDS Supportive Services. Fiscal 2012 reduction: \$76,000. These reductions would be distributed among HHC's satellite and assessment services and its outpatient pharmacy.
  - Child Health Clinics. Fiscal 2012 reduction: \$560,000. HHC Child Health clinics treat all New York children from birth to age 21. HHC child health clinics provide the medical attention children need to stay healthy, including immunizations, physicals and treatment for just about everything from the common cold to more serious conditions, like asthma.
  - Mental Health Supportive Services. Fiscal 2012 reduction: \$2 million. Reductions will be made to the Department's Mental Health Subsidy and related administrative support.
  - Mental Retardation/Development Disabilities (MR/DD). Fiscal 2012 reduction: \$617,000. Reductions will be achieved through closing HHC's Morrisania MR/DD Clinic, which serves approximately 340 patients annually. These displaced patients would have to travel out of borough to receive treatment at any of the other three HHC developmental evaluation clinics.
  - Alcohol/Substance Abuse Services. Fiscal 2012 reduction: \$831,000. The Department will achieve savings reductions to HHC's Alcohol and Drug Programs.
- ☑ **Reduced Intra-City Agreements for Mental Hygiene.** Fiscal 2012 reduction: \$1 million. The Department will reduce its pass-through funding to the Department of Homeless Services (DHS), the Human Resources Administration (HRA) and the City University of New York (CUNY) for the provision of mental health services:
  - CUNY absorbs 54 percent.
  - DHS absorbs 42 percent.
  - HRA absorbs 4 percent.

**Reductions in Mental Hygiene Contracted Services.** Fiscal 2012 reduction: \$4.9 million.

- Mental Health Providers. Reductions to be achieved through across-the-board cuts to bridger programs (transition management services), psychosocial clubs, recreation programs and adult respite programs.
- MR/DD Services. Starting in Fiscal 2012, the Department will eliminate its subsidy to the City's MR/DD clinics. There are four clinics currently receiving this subsidy, with three requesting continuation of the subsidy into the coming fiscal year.
- Alcohol/Substance Abuse Services. The Department will achieve savings through across-the-board cuts to targeted contracts for medically supervised outpatient programs, outpatient rehab services, scholarship programs and child care at the Women in Need Clinic.

**OTHER NOTEWORTHY PEG CHANGES**

- ☑ **Fiscal 2012 PEG Summary Chart.** To view a chart summarizing all Fiscal 2012 PEGs introduced from the Fiscal 2011 November Plan through the Fiscal 2012 Executive Budget, please see *Appendix B* herein.
- ☑ **No Restorations of November Plan Fiscal 2012 PEGs.** For Fiscal 2012, all PEGs proposed in the 2011 November Plan were carried over into the Fiscal 2012 Executive Budget. No Fiscal 2012 restorations have been made.
- ☑ **Consolidated PEGs.** For Fiscal 2012, several PEGs originally proposed in the November Plan experienced an increased reduction amount in the Executive Plan, including Agencywide Layoffs; Agencywide Program Reductions & Efficiencies; OCME Attrition and PS Efficiencies; and Reductions to Intra-Cities with DEP and HPD.
- ☑ **OCME PS Furloughs.** This November Plan PEG has been rejected. To achieve its Fiscal 2012 CTL reduction target for the OCME, the reduction amount associated with PS Furloughs has been folded into the OCME PS Attrition and Efficiencies PEG.
- ☑ **OCME – Additional Revenue.** This November Plan PEG has been rejected. In the November Plan, the OCME originally proposed to claim additional Article 6 funding from the State, using the additional revenue to supplant City tax levy dollars in the amount of \$27,000 in Fiscal 2011 and \$40,000 in Fiscal 2012. The State has since discontinued its matching grants for medical examiner services.
- ☑ **School Based Health Centers.** The Fiscal 2012 Executive Budgets substitutes the Acorn High School for Social Justice in Brooklyn for the George W. Wingate High School, which is also located in Brooklyn. The DOHMH made this swap after revising its criteria for SBHC elimination by primarily focusing on low-volume SBHCs, rather than low-performing SBHCs. According to the Mayor's Office of Management and Budget (OMB), Acorn High School SBHC has particularly low volume, and therefore a much smaller capacity to serve. The School Based Health Center at Thurgood Marshall Academy for Learning and Social Change in Manhattan is still slated for closure, as originally proposed in the November Plan.

## New Needs

- ☑ **Expansion of Animal Care and Control Services.** The Department proposes to budget \$837,000 in Fiscal 2012 and \$2.25 million in Fiscal 2013 and in the outyears to expand the level and array of services at Animal Care and Control's shelter and field services. These additional resources will be used to increase clinical staff at full service shelters to also provide additional support for animal adoption, rescue organization coordination and public communications. Funding for field services will also be issued to transport animals to and from receiving centers, pick up stray, injured and sick animals and to provide public health response to potentially rabid animals.
- ☑ **Correctional Health for the Brooklyn House of Detention.** The Fiscal 2012 Executive Budget proposes \$5.9 million in Fiscal 2012 and approximately \$6.6 million in Fiscal 2013 and in the outyears to provide the required health services to inmates at the Brooklyn House of Detention (BHOD). The BHOD is scheduled to open in early Fiscal 2012 and will operate as a swing space for inmates in other correctional facilities undergoing significant renovations. A fully functional health center at BHOD will provide the following services to inmates: medical care (including acute and chronic care), sick call, mental health services, emergency care (including hospital runs as necessary), Brad H mandated services, transitional health care, dental care, and pharmaceutical dispensing. BHOD has a capacity of 850 beds, and will remain open until the City's Department of Corrections (DOC) has an alternative need of the facility.
- ☑ **WTC Zadroga Act Local Matching Funds.** The Fiscal 2012 Executive Budget proposes \$8.4 million in new City spending to cover the Agency's portion of the City's overall local contribution. The Zadroga Act was passed by the 111th Congress and signed into law at the very beginning of Calendar Year (CY) 2011. The Act commits \$4.3 billion in federal spending, with compensation and health care benefits going into effect starting July 1, 2011. The package includes \$1.5 billion for the treatment of breathing disorders and mental health problems and \$2.8 billion in compensation for those affected. In order to access these funds, localities are required to pay 10 percent of all costs related to the World Trade Center Health Program, including medical benefits for firefighters, police officers, construction workers, and others as well as costs for maintaining the WTC Health Registry.

## State Budget Impacts

The New York State 2011-2012 Enacted Budget highlights include:

- ☑ **Rate Reduction of Five Percent for Early Intervention (EI).** The State reduced EI service payments across-the-board to all providers by five percent in an effort to reduce State EI expenditures. Originally, the DOHMH had expected to achieve a savings to the City in the amount of approximately \$5 million from this State budget action. However, the State had also enacted in its 2011-2012 Budget a package of measures to reduce overall State spending on Medicaid, including implementing a two percent rate reduction to all State Medicaid payments. The Department expects this Medicaid rate cut to significantly offset any potential City savings from overall EI rate reductions.



- ☑ **Revised EI Rates to Update Wage Equalization and Transportation Factors.** The State revised rates for home- and community-based providers to reflect updated wage equalization factors that account for salary differences across the State. According to DOHMH, this budget action is not expected to have a substantial financial impact to the City.
- ☑ **Discontinuation of the Article 6 Match for Optional Services.** The State's 2011-12 Enacted Budget discontinues the Article 6 match funding for "optional services." These services include: Medical Examiners, Early Intervention Service Coordination, Dental Services, Home Health Services, Long Term Care, Emergency Medical Services, Other Environmental Services, Radioactive Materials Licensing, Radioactive Equipment Inspection, and Housing Hygiene. The State's Public Health Law explicitly delineates the mandated (or "basic") services for which localities/counties may be eligible for State matching funds (also known as the General Public Health Work (GPHW) program). Public health related services that are outside the scope of Article 6 mandated services are regarded as "optional." This State Budget action has had the following repercussions for the DOHMH:
  - A loss of over \$15 million in State matching grants for Medical Examiner services. (Note: The Fiscal 2012 Executive Budget directs an additional \$15.6 million in CTL toward the OCME to compensate for the loss in State funding.)
  - A loss of \$3.8 million in State matching grants for Early Intervention Administration services.
  - A loss of \$1.2 million in State matching grants for services relating to radioactive materials clean-up and dental health.
- ☑ **Nurse Family Partnership.** According to the DOHMH, the State's Enacted 2011-2012 Budget reduces funding to the Nurse Family Partnership (NFP) by \$1 million annually. Nurse-Family Partnership will likely receive COPS funding at same level as last year despite a statewide COPS funding reduction. The State budget continues TANF funding for NFP through end of calendar year 2011, but does not renew funding beyond that point.
  - The Nurse Family Partnership, administered by the Department's Bureau of Maternal, Infant and Reproductive Health, is a nationwide nurse home-visiting program committed to improving the health, well-being and self-sufficiency of low income, first-time mothers and their children.
    - In Calendar Year 2010, the NFP made approximately 38,550 visits to 3,500 families.
    - Each client is seen by a nurse every other week (twice a month) throughout the course of her pregnancy. After childbirth, the family is seen once per week for six weeks.
    - Women who qualify for the program must be less than 28 weeks pregnant at the start of the program, have no previous record of giving live birth, be low-income (usually including, but not limited to, women receiving Medicaid and/or TANF) and live in a targeted area (as determined by the DOHMH).

## Council Funding

City Council funding currently provides \$30.4 million, or two percent, of the Department's annual City-funds operating budget. This includes \$26.5 million in initiative funding (\$7.1 million for mental hygiene services and \$19.4 million for public health services) and Council Member items that total \$3.9 million, which is funding for a combination of public and mental health services. Council funding plays an integral part in enhancing public health services throughout the City, and in some areas, restores funding to programs that have been reduced through budget cuts. In addition, all the public health initiatives are potentially eligible for State and/or federal match funding, increasing the overall impact of these funding dollars.

<b>FY 2011 Council Changes at Adoption</b>	
<i>Dollars in Thousands</i>	
<b>Council Public Health Initiatives</b>	
Asthma Control Program	\$500
Cancer Initiatives	1,365
Child Health Clinics	5,000
Family Planning	325
HIV AIDS-Communities of Color (Prevention & Education)	1,500
HIV Prevention and Health Literacy for Seniors	500
HIV/AIDS-Faith Based Initiative	1,500
Infant Mortality Reduction	3,000
Injection Drug Users Health Alliance (IDUHA)	1,200
NYU Dental Van	268
Obesity Intervention Programs	1,265
PEG Restoration – Rate Abatement in Parks	500
PEG Restoration –Development of Bed Bug Website Portal	500
Rapid HIV Testing	2,000
<b>Public Health Subtotal</b>	<b>\$19,423</b>
<b>Council Mental Hygiene Initiatives</b>	
Alcoholism/Substance Abuse - Voluntary Sector	\$335
Autism Awareness	1,250
Children Under Five Initiative	1,250
Geriatric Mental Health Services	2,000
HHC Kings County Hospital Developmental Evaluation Clinics PEG Restoration	400
HHC Mental Health Funding PEG Restoration	800
Mental Health Contracts	450
Suicide Prevention Hotline	247
Young Adult Institute and Workshop, Inc.	400
<b>Public Health Subtotal</b>	<b>\$7,132</b>
<b>Local Initiatives</b>	<b>\$3,889</b>
<b>TOTAL</b>	<b>\$30,444</b>

# Capital Program

## Capital Budget Summary

The May 2011 Capital Commitment Plan includes \$549 million in Fiscal 2012-2015 for the Department of Health and Mental Hygiene (including City and Non-City funds). This represents less than one percent of the City's total \$28.1 billion Executive Plan for Fiscal 2012-2015. The agency's Executive Commitment Plan for Fiscal 2012-2015 is 71.7 percent more than the \$125 million scheduled in the September Commitment Plan, an increase of \$89.6 million.

Over the past five years (2006-2010), the Department of Health and Mental Hygiene has only committed an average of 25.8 percent of its annual capital plan. Therefore, it is assumed that a portion of the agency's Fiscal 2011 Capital Plan will be rolled into Fiscal 2012, thus increasing the size of the Fiscal 2012-2015 Capital Plan. Since adoption last June, the Capital Commitment Plan for Fiscal 2011 has decreased from \$455.3 million to \$334.4 million, a reduction of \$120.9 million or 26.5 percent.

Currently the Department for Health and Mental Hygiene's appropriations total \$2.1 million in City funds for Fiscal 2011. These appropriations are to be used to finance the remaining portion of the agency's \$118.5 million City-funded Fiscal 2011 Capital Commitment Program. The agency has \$216 million, or approximately 64.3 percent, more funding than it needs to meet its entire Capital Commitment Program for the current fiscal year.

## 2012-2015 Commitment Plan: Adopted and Executive Budgets

*Thousands of Dollars*

	FY11	FY12	FY13	FY14	FY15	Total
<b>Adopted</b>						
Total Capital Plan	\$455,275	\$45,267	\$68,505	\$8,198	\$2,993	<b>\$124,963</b>
<b>Executive</b>						
Total Capital Plan	\$334,399	\$80,029	\$126,205	\$5,336	\$2,993	<b>\$214,563</b>
<b>Change</b>						
Level	(\$120,876)	\$34,762	\$57,700	(\$2,862)	\$0	<b>\$89,600</b>
Percentage	-26.55%	76.79%	84.23%	-34.91%	0.00%	<b>71.70%</b>

## Capital Program Goals

- ✓ To ensure that Department facilities are in compliance with applicable codes, rules and regulations;
- ✓ To promote effective service delivery by renovating facilities requiring immediate repair and maintaining quality conditions in these facilities;
- ✓ To provide effective service delivery by investing in technology for automation and basic infrastructure; and
- ✓ To meet legal mandates for animal care and control.

**Executive Budget Highlights**

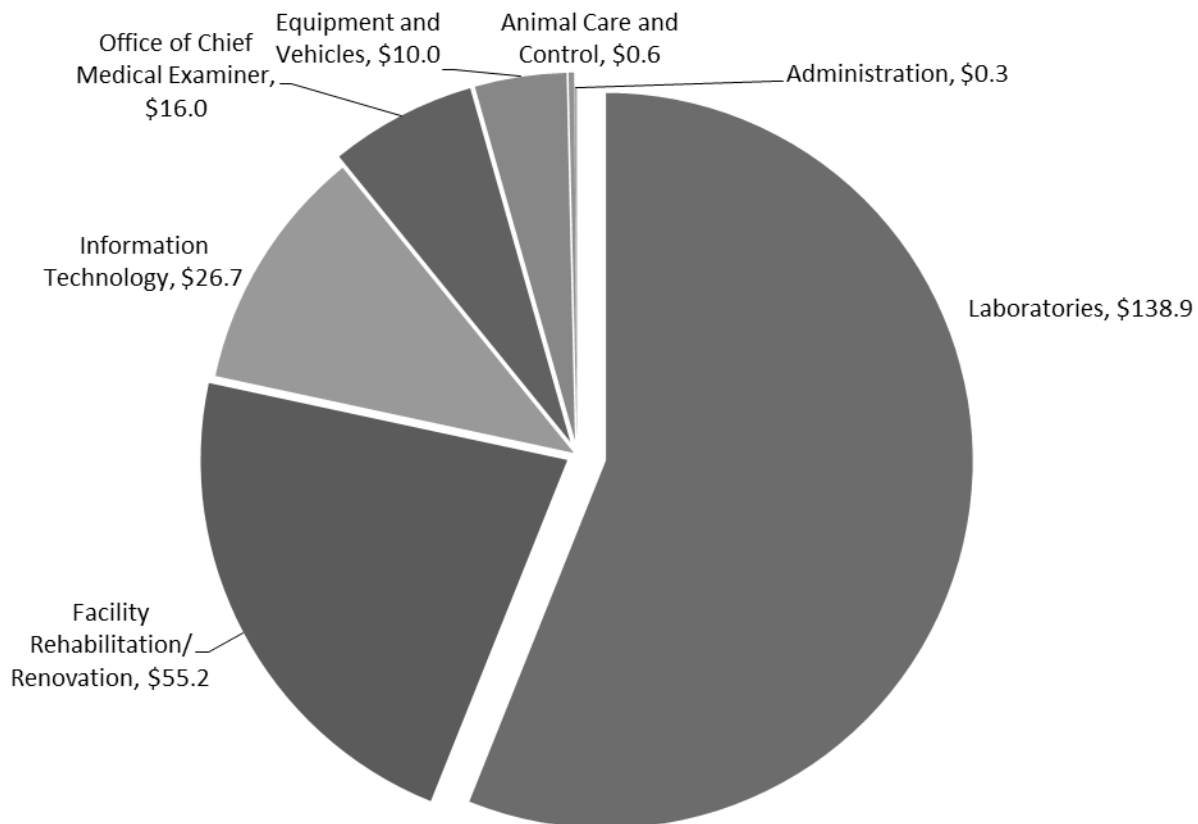
The Administration asked agencies to identify a 20 percent reduction in capital commitments for fiscal years 2011 to 2021. The ten-year Capital Plan for the DOHMH included, instead, a reduction of 11 percent.

The Capital Variance Report indicates minimal variance between the September Commitment Plan and the February Commitment Plan. Capital projects relating to Medical Examiner facilities and equipment account for nearly all of the variance between the two Capital Commitment Plans. The DOHMH has pushed out these projects while prioritizing its own projects in an effort to realize cost savings in the current fiscal year. Medical Examiner projects still remain a top priority in the Department’s Ten Year Capital Strategy, as is further described in the section below.

**Ten-Year Strategy**

The Department’s focus of the 2012 Ten-Year Capital Strategy is to identify, prioritize and support immediate needs for code compliance and other renovations at the City’s public health facilities and technology investments that are essential in providing critical public health services.

**DOHMH Ten-Year Capital Strategy**



**TOTAL: \$247.7 Million**

**Office of Chief Medical Examiner (OCME)**

OCME investigates all deaths in New York City occurring from criminal violence, accident, suicide, sudden death or in any unusual or suspicious manner. OCME performs about 5,500 autopsies annually. \$16 million will fund OCME projects in Fiscal 2012-2021. Approximately \$4.3 million will go to constructing a new Bronx Mortuary on the NYC Health and Hospitals Corporation Jacobi Medical Center Campus.

**Public Health Laboratory**

Established in 1892, the Public Health Laboratory provides a wide variety of clinical and environmental laboratory testing services. Currently, the Public Health Laboratory performs a total of over two million tests on the more than 400,000 specimens it receives each year. The agency will construct a new Public Health Laboratory (New Building) to replace the existing building on First Avenue with \$138.9 million in Fiscal 2012-2021. This lab is slated to be built at the Brooklyn Army Terminal.

**Facility Rehabilitation and Renovation**

A total of \$55.2 million is committed for the renovation of various City-owned public health facilities. The Preliminary Ten-Year Capital Strategy reflects a commitment to assessing, maintaining, and improving conditions throughout the agency's facilities portfolio.

**Information Technology**

The agency has committed \$26.7 million to purchase technology to maintain and improve services.

## Appendix A: Budget Actions in the November and February Plans

<i>Dollars in thousands</i>	FY 2011			FY 2012		
	City	Non-City	Total	City	Non-City	Total
<b>Agency Budget as of June 2011 Plan</b>	<b>\$630,629</b>	<b>\$968,732</b>	<b>\$1,599,361</b>	<b>\$614,736</b>	<b>\$950,238</b>	<b>\$1,564,974</b>
<b>Program to Eliminate the Gap (PEGs)</b>						
Agencywide Reductions and Layoffs	(\$2,286)	(\$1,108)	(\$3,394)	(\$4,843)	(\$2,047)	(\$6,890)
Central Admin - PS Efficiencies & Layoffs	(488)	(219)	(707)	(562)	(214)	(776)
City Council Reduction	(422)	(103)	(524)	0	0	0
Correctional Health - Medicaid & Reductions	(2,624)	(113)	(2,737)	(3,665)	(228)	(3,893)
Early Intervention - Administration Revenue Maximization	(750)	750	0	0	0	0
Early Intervention - Service Coordination	0	0	0	(244)	0	(244)
Intra-cities with HHC	(2,274)	(108)	(2,382)	(3,960)	(202)	(4,162)
Intra-city Agreements for Mental Hygiene	(462)	0	(462)	(1,014)	0	(1,014)
Intra-city with DEP	(20)	(11)	(31)	(20)	(11)	(31)
Intra-city with HPD	(18)	(10)	(28)	(18)	(10)	(28)
Mental Hygiene Contracted Services	(1,446)	0	(1,446)	(4,858)	0	(4,858)
OCME Revenue and Reductions	(1,474)	(85)	(1,559)	(2,241)	(433)	(2,674)
PS Underspending & Efficiencies	(2,765)	(1,156)	(3,921)	(257)	(0)	(257)
Public Health Lab Reductions & Layoffs	(258)	(131)	(389)	(794)	(322)	(1,116)
School Based Health Centers	0	0	0	(182)	(103)	(285)
School Health Medicaid Revenue	(6,430)	6,430	0	(8,211)	8,211	0
TB Direct Clinical Care & Layoffs	(247)	(136)	(383)	(993)	(415)	(1,408)
WTC MH Benefit Program Excess Funding	0	0	0	(853)	0	(853)
<b>Total, PEGs</b>	<b>(\$21,963)</b>	<b>\$4,001</b>	<b>(\$17,962)</b>	<b>(\$32,715)</b>	<b>\$4,228</b>	<b>(\$28,487)</b>
<b>New Needs</b>						
2 Gotham Move	\$716	\$284	\$1,000	\$672	\$266	\$938
DOHMH License Processing	511	39	550	511	39	550
Nurse Family Partnership	0	0	0	1,000	0	1,000
<b>Total, New Needs</b>	<b>\$1,227</b>	<b>\$323</b>	<b>\$1,550</b>	<b>\$2,183</b>	<b>\$305</b>	<b>\$2,488</b>
<b>Other Adjustments</b>						
<b>Nov Plan</b>						
2 Gotham Move	\$2,255	\$984	\$3,239	\$1,495	\$653	\$2,148
Brain Tumor Foundation, The	(2)	1	(2)	0	0	0
Central Admin - Reductions & Layoffs	68	(0)	68	150	(0)	150
Correctional Hlth - Reductions & Shifts	471	0	471	507	1	508
Environmental Health - Red. & Layoffs	141	0	141	401	(0)	401
Friends of Firefighters, Inc.	4	0	4	0	0	0
HHC Child Health Transfer	\$0	\$0	\$0	(2,763)	0	(2,763)
HHC HIV Transfer	(1,235)	0	(1,235)	(1,197)	0	(1,197)

<i>Dollars in thousands</i>	FY 2011			FY 2012		
	City	Non-City	Total	City	Non-City	Total
HHC Outpatient Medication	(\$141)	\$0	(\$141)	(\$819)	(\$0)	(\$819)
HHC/Harlem Realignment	0	(0)	0	0	0	0
HPDP - Reductions and Layoffs	61	(1)	60	287	1	288
Integrated Payment System	38	15	53	43	17	60
Mental Hygiene - PS Efficiencies	33	0	33	66	(0)	66
Mental Hygiene Funding Shifts	0	315	316	0	393	393
Mental Hygiene Realignment	0	0	0	0	0	0
NFP CTL/Transfer	(600)	0	(600)	0	0	0
NFP Matching Funds	600	0	600	0	0	0
OCME Attrition	138	0	138	172	0	172
OCME Grant Revenue Offset	78	0	78	31	0	31
OCME Layoffs	0	0	0	114	0	114
OCME PS Furloughs	0	0	0	45	(0)	45
Program Efficiencies & Layoffs	112	0	112	515	0	515
Program Surplus Take-Down	(2,092)	(1,177)	(3,269)	0	0	0
PS Accruals and Reductions	33	0	33	41	0	41
PS Underspending	525	0	525	0	0	0
Public Health Labs	40	(0)	40	66	(0)	66
Public Health Labs - Layoffs	(13)	(0)	(13)	156	0	156
Reverse Transfer to DCJS	(973)	973	0	(960)	960	0
Samaritans of New York, Inc.	4	(1)	4	0	0	0
TB Direct Clinical Care & Layoffs	6	0	6	256	(0)	256
Miscellaneous - Nov Plan	0	74,043	74,043	0	71,943	71,943
<b>Nov Plan Subtotal</b>	<b>(\$449)</b>	<b>\$78,943</b>	<b>\$78,494</b>	<b>(\$1,392)</b>	<b>\$78,198</b>	<b>\$76,806</b>
<b>Prelim Plan</b>						
AOT Functional Transfer	(\$334)	\$0	(\$334)	(\$1,336)	\$0	(\$1,336)
Article 6 Realignment	(1,651)	1,517	(134)	(1,651)	1,269	(382)
CEO: Expand Access to Healthy Foods	0	0	0	182	103	285
Early Intervention - State Budget SFY11-12	0	0	0	(2,000)	0	(2,000)
Intra-City Technical Adjustment	76	0	76	76	0	76
OCME Budget Adjustment	0	1	1	129	102	231
Miscellaneous - Jan Plan	0	10,719	10,719	0	(326)	(326)
<b>Prelim Plan Subtotal</b>	<b>(\$1,908)</b>	<b>\$16,026</b>	<b>\$14,118</b>	<b>(\$4,599)</b>	<b>\$5,377</b>	<b>\$778</b>
<b>Total, Other Adjustments</b>	<b>(\$2,356)</b>	<b>\$94,969</b>	<b>\$92,613</b>	<b>(\$5,991)</b>	<b>\$83,575</b>	<b>\$77,584</b>
<b>Agency Budget as of February 2012 Plan</b>	<b>\$607,536</b>	<b>\$1,068,025</b>	<b>\$1,675,561</b>	<b>\$578,213</b>	<b>\$964,686</b>	<b>\$1,542,899</b>

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## Appendix B: Fiscal 2012 PEG Summary Chart

PEG SUMMARY CHART								
<i>Dollars in Thousands</i>	FY 2011				FY 2012			
	HC	City	Non-City	Total	HC	City	Non-City	Total
<b>Programs to Eliminate the Gap (PEGs)</b>								
<b>Contracted Services</b>								
Correctional Health - Vacancy and Contract Reductions	(2)	(\$1,021)	(\$113)	(\$1,134)	(2)	(\$2,039)	(\$228)	(\$2,267)
Early Intervention - Service Coordination	0	\$0	\$0	\$0	0	(\$244)	\$0	(\$244)
Early Intervention Services	0	\$0	\$0	\$0	0	(\$2,740)	(\$9,200)	(\$11,940)
HIV Contracts	0	\$0	\$0	\$0	0	(\$839)	(\$472)	(\$1,311)
Mental Hygiene Contracted Services	0	(\$1,446)	\$0	(\$1,446)	0	(\$4,858)	\$0	(\$4,858)
<b>Subtotal, Contracted Services</b>	<b>(2)</b>	<b>(\$2,467)</b>	<b>(\$113)</b>	<b>(\$2,580)</b>	<b>(2)</b>	<b>(\$10,720)</b>	<b>(\$9,899)</b>	<b>(\$20,619)</b>
<b>Pass through Funding</b>				0				0
Intra-cities with HHC	0	(\$2,274)	(\$108)	(\$2,382)	0	(\$3,960)	(\$201)	(\$4,161)
Intra-city Agreements for Mental Hygiene	0	(\$462)	\$0	(\$462)	0	(\$1,014)	\$0	(\$1,014)
Intra-city with DEP	0	(\$20)	(\$11)	(\$31)	0	\$0	\$0	\$0
Intra-city with HPD	0	(\$18)	\$0	(\$18)	0	\$0	\$0	\$0
Reductions to Intra-Cities	0	\$0	\$0	\$0	0	(\$66)	(\$23)	(\$89)
<b>Subtotal, Pass through Funding</b>	<b>0</b>	<b>(\$2,773)</b>	<b>(\$119)</b>	<b>(\$2,892)</b>	<b>0</b>	<b>(\$5,040)</b>	<b>(\$225)</b>	<b>(\$5,265)</b>
<b>OCME</b>				0				0
OCME Attrition and PS Efficiencies	(9)	(\$983)	(\$59)	(\$1,042)	(10)	(\$1,520)	(\$222)	(\$1,742)
OCME Enterprise License Agreement Savings	0	\$0	\$0	\$0	0	(\$60)	(\$34)	(\$94)
OCME Grant Revenue	0	(\$464)	(\$53)	(\$517)	0	(\$116)	(\$19)	(\$135)
OCME Layoffs	0	\$0	\$0	\$0	(17)	(\$565)	(\$231)	(\$796)
OCME OTPS Efficiencies	0	\$0	\$0	\$0	0	(\$1,000)	(\$490)	(\$1,490)
OCME PS Furloughs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
<b>Subtotal, OCME</b>	<b>(9)</b>	<b>(\$1,474)</b>	<b>(\$85)</b>	<b>(\$1,559)</b>	<b>(27)</b>	<b>(\$3,301)</b>	<b>(\$957)</b>	<b>(\$4,258)</b>
<b>Agencywide</b>				0				0
Administrative Efficiencies	0	\$0	\$0	\$0	(4)	(\$679)	(\$193)	(\$872)
Agencywide Layoffs	(30)	(\$294)	(\$183)	(\$477)	(43)	(\$1,925)	(\$734)	(\$2,659)
Agencywide Program Reductions and Efficiencies	(41)	(\$1,992)	(\$926)	(\$2,918)	(45)	(\$5,792)	(\$2,513)	(\$8,305)
Central Administration PS Efficiencies	(1)	(\$332)	(\$142)	(\$474)	0	\$0	\$0	\$0
Central Administration-Layoffs	(8)	(\$156)	(\$77)	(\$233)	(8)	(\$502)	(\$199)	(\$701)
PS Underspending & Efficiencies	(3)	(\$2,765)	(\$1,156)	(\$3,921)	(4)	(\$257)	\$0	(\$257)
<b>Subtotal, Agencywide</b>	<b>(83)</b>	<b>(\$5,538)</b>	<b>(\$2,484)</b>	<b>(\$8,022)</b>	<b>(104)</b>	<b>(\$9,155)</b>	<b>(\$3,639)</b>	<b>(\$12,794)</b>
<b>Labs &amp; Clinics</b>								
Clinical & Lab - Layoffs	0	\$0	\$0	\$0	(8)	(\$401)	(\$193)	(\$594)
Public Health Labs	(4)	(\$119)	(\$45)	(\$164)	(4)	(\$189)	(\$69)	(\$258)
Public Health Labs - Layoffs	(11)	(\$139)	(\$86)	(\$225)	(11)	(\$605)	(\$252)	(\$857)
TB Direct Clinical Care	(1)	(\$116)	(\$50)	(\$166)	(1)	(\$334)	(\$160)	(\$494)
TB Direct Clinical Care-Layoffs	(13)	(\$131)	(\$86)	(\$217)	(13)	(\$659)	(\$255)	(\$914)
<b>Subtotal, Lab &amp; Clinics</b>	<b>(29)</b>	<b>(\$505)</b>	<b>(\$266)</b>	<b>(\$771)</b>	<b>(37)</b>	<b>(\$2,188)</b>	<b>(\$930)</b>	<b>(\$3,118)</b>
<b>Environmental Health</b>								
Environmental Health - Layoffs	0	\$0	\$0	\$0	(7)	(\$278)	(\$138)	(\$416)
Environmental Health - Non Layoffs	0	\$0	\$0	\$0	(1)	(\$376)	(\$43)	(\$419)
Environmental Health Revenue Maximization	0	\$0	\$0	\$0	0	(\$2,182)	\$2,000	(\$182)
<b>Subtotal, Environmental Health</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>(8)</b>	<b>(\$2,836)</b>	<b>\$1,818</b>	<b>(\$1,018)</b>
<b>Newborn Health</b>								
Newborn Home Visitation	0	\$0	\$0	\$0	(1)	(\$62)	(\$26)	(\$88)
Newborn Home Visiting - Layoffs	0	\$0	\$0	\$0	(12)	(\$436)	(\$217)	(\$653)
<b>Subtotal, Newborn Health</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>(13)</b>	<b>(\$499)</b>	<b>(\$243)</b>	<b>(\$742)</b>
<b>Revenue Maximization</b>								
Correctional Health - Medicaid	0	(\$1,603)	\$0	(\$1,603)	0	(\$1,626)	\$0	(\$1,626)
Early Intervention - Administration Revenue Maximization	0	(\$750)	\$750	\$0	0	\$0	\$0	\$0



PEG SUMMARY CHART								
<i>Dollars in Thousands</i>	FY 2011				FY 2012			
	HC	City	Non-City	Total	HC	City	Non-City	Total
<b>Programs to Eliminate the Gap (PEGs)</b>								
Grant and Medicaid Revenue Maximization	0	\$0	\$0	\$0	0	(\$653)	\$653	\$0
Medicaid for EI Administration - Revenue Maximization	0	\$0	\$0	\$0	0	(\$2,307)	\$0	(\$2,307)
School Health Medicaid Revenue	0	(\$6,430)	\$6,430	\$0	0	(\$8,211)	\$8,211	\$0
School Based Health Centers	0	\$0	\$0	\$0	0	(\$182)	(\$103)	(\$285)
School Health Vision Screening	0	\$0	\$0	\$0	0	(\$340)	(\$99)	(\$439)
<b>Subtotal, Revenue Maximization</b>	<b>0</b>	<b>(\$8,783)</b>	<b>\$7,180</b>	<b>(\$1,603)</b>	<b>0</b>	<b>(\$13,321)</b>	<b>\$8,663</b>	<b>(\$4,658)</b>
<u>City Council</u>								
City Council Reductions	0	(\$422)	(\$103)	(\$525)	0	\$0	\$0	\$0
<b>Subtotal, City Council</b>	<b>0</b>	<b>(\$422)</b>	<b>(\$103)</b>	<b>(\$525)</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<u>WTC</u>								
WTC Mental Health Benefit Program Excess Funding	0	\$0	\$0	\$0	0	(\$853)	\$0	(\$853)
<b>Subtotal, WTC</b>	<b>0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0</b>	<b>(\$853)</b>	<b>\$0</b>	<b>(\$853)</b>
<b>Total, PEGs</b>	<b>(123)</b>	<b>(\$21,963)</b>	<b>\$4,011</b>	<b>(\$17,952)</b>	<b>(191)</b>	<b>(\$47,913)</b>	<b>(\$5,411)</b>	<b>(\$53,324)</b>

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