

THE COUNCIL OF THE CITY OF NEW YORK

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Alcoholism, Drug Abuse and Disability Services Committee

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Hearing on the Mayor's Fiscal 2013 Preliminary Budget & the Fiscal 2012 Preliminary Mayor's Management Report

Department of Health and Mental Hygiene

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Agency Overview

The Department of Health and Mental Hygiene (DOHMH) was formed on July 10, 2002 by merger of the former Department of Health and former Department of Mental Health, Mental Retardation and Alcoholism Services. Using an integrated approach, the merger sought to address the inextricable link between health and behavioral health issues. With behavioral health issues underlying many health problems, the former disjointed approach failed to address residents' health concerns in a comprehensive manner. The DOHMH contains a Division of Mental Hygiene (DMH) that encompasses the programs formerly overseen by the Department of Mental Health, Mental Retardation and Alcoholism Services. Since its inception, the Agency's mandate has been to protect and promote the health and mental hygiene of all New Yorkers.

Division of Mental Hygiene

The DMH is responsible for administering contracting actions related to mental health services for adults, adolescents and Children. Responsibilities include analyzing issues and problems related to adult and children's services, and collaborating with the staff of other City and State agencies, as well as other Division offices to monitor the operations of the Adult Single Point of Access (SPOA) for case management and Assertive Community Treatment (ACT) services, coordinates case management and ACT programs, and administers the Assisted Outpatient Treatment (AOT) program. The Division also monitors the operations of the Children's Single Point of Access (CSPOA) for intensive services, which includes the Children's Home and Community-based Waiver Program, case management programs, family-based treatment programs and community residences.

Drivers of Local Mental Hygiene Policy and Resources

Section 5.07 of the New York State Mental Hygiene Law requires the State and local governments to develop comprehensive plans for the provision of State and local mental hygiene services (each referred to as the "Local Government Plan"). These plans help to link the flow of State resources to the delivery of local mental hygiene services by requiring localities to present a local overview of the incidence mental and behavioral health disorders, address the need for services to treat and reduce incidence and include stakeholders' perceptions of critical areas for system improvement. These also describe the plans and progress made by local governments in addressing those needs.

In New York City, the Division of Mental Hygiene is responsible for developing these annual plans and submitting them to the respective State office for each of the three mental hygiene disability areas: Office of Mental Health, Office of Alcoholism and Substance Abuse Services, and Office of Mental Retardation and Developmental Disabilities. The Bureau of Planning, Evaluation and Quality Improvement (BPEQI) is the office charged with completing these local plans for DMH. In addition, BPEQI also issues planning documents other than those specified by the Mental Hygiene Law, such as needs assessment findings and service resource documents.

This report provides a review of the Fiscal 2013 Preliminary Budget for the Department of Health and Mental Hygiene (DOHMH). In the first section the highlights of the Fiscal 2013 expense budget are presented, along with a discussion of proposed funding shifts and reductions, relevant state budget actions and Council Fiscal 2012 restorations and initiatives. The report then presents the Department's budget by program area and provides analysis of significant program areas, discusses actions included in the November and February Financial Plans and reviews relevant sections of the Preliminary Mayor's Management Report for Fiscal 2012.

Fiscal 2013 Preliminary Plan Highlights

The Department of Health and Mental Hygiene's (DOHMH) Fiscal 2013 Preliminary budget includes \$1.5 billion in spending, of which \$582 million is funded with City tax-levy (CTL) dollars. The Department's overall operating budget for Fiscal 2013 has decreased by \$67.6 million, or 4.5 percent, compared to the operating budget at adoption last year. The Fiscal 2013 Preliminary Budget for the DOHMH continues its gap closing programs first proposed in November 2011, which accounts for a portion of the Agency's funding reduction. Other items contributing to reduced spending include, but are not limited to, fluctuations in non-City grant funding, collective bargaining agreements and other technical adjustments.

Major Fiscal 2013 Preliminary Budget Highlights for Mental Hygiene Include:

PEG Program

- **Savings in Early Intervention Services.** The Department will achieve savings of \$5.3 million through strengthened eligibility determinations and service level authorization, in accordance with State approved regulations, memoranda and guidelines. (See page 14 for more details.)
- **Early Intervention Revenue.** The Department will achieve a one-time savings of \$1 million in City tax levy funding by recognizing additional Medicaid revenue for outstanding claims. (See pages 14-15 for more details.)
- **Agencywide Layoffs and Reductions.** The Department will save \$626,000 through layoffs and vacancy reductions mental hygiene staff functioning in an administrative capacity. (See page 19 for more details.)
- **Central Administration Layoffs.** The Department will achieve a savings of \$81,000 through eliminating one position dedicated to handling cases related to the Agency's Assisted Outpatient Treatment program. (See page 20 for more details.)
- **Medicaid Salary Sharing.** The Division of Mental Hygiene will realize \$2 million more Medicaid Salary Sharing revenue as a result of increased staff time spent on Medicaid-funded activities. (See page 20 for more details.)

Fiscal 2012-2013 State Executive Budget Highlights

Recent and ongoing changes to the State’s Office for People with Development Disabilities (OPWDD) and Early Intervention Program has and will continue to affect the delivery of behavioral health care services here in New York City:

- **OPWDD Reform including the People First Wavier**. The State is overhauling its delivery of services to people with developmental disabilities by reorganizing the OPWDD to promote consistency across the state in care delivery, to pursue a more patient-centered approach and to improve quality controls. The OPWDD insists these reform efforts will have a positive impact on services, as these efforts strive to strengthen the link between the distribution of resources and the provision of care. (See Page 10 for more details.)
- **Early Intervention Reform**. The State Executive Budget provides for a series of changes to the EI program that would provide for expanded program coverage and centralized fiscal oversight, significantly relieving the administrative burden on localities, including New York City. (See Page 15 for more details.)

Council Initiatives and Funding

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 (\$8 million for mental health services and \$10.4 million for public health services) and Council Member items that total approximately \$3 million, which is funding for a combination of public and mental health services. Just as with Public Health, the City Council has been a champion of mental health services, continuing its support of autism awareness, alcoholism/substance abuse services, geriatric mental health services, as well as a wide range of mental health-related services. It is important to note that none of these services have been baselined and they are not included in the Fiscal 2013 Preliminary Budget.

FY 2012 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
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 Public Health Initiatives	\$10,368
Council Local Initiatives	\$2,714
TOTAL, DOHMH, Mental Health and Hygiene	\$21,135

DOHMH Financial Summary

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
PS-OTPS Spending					
<u>Division of Mental Hygiene</u>					
Personal Services	\$1,649	\$5,616	\$5,598	\$5,129	(\$487)
<i>Full-Time Salaried - Civilian</i>	1,611	5,388	5,370	4,901	(487)
Other than Personal Services	\$681,792	\$678,964	\$681,171	\$663,934	(\$15,030)
<i>Contractual Services</i>	636,030	632,436	628,538	614,523	(17,913)
Subtotal, Division of Mental Hygiene	\$683,441	\$684,581	\$686,770	\$669,063	(\$15,517)
<u>DOHMH Other</u>					
Personal Services**	\$390,340	\$367,957	\$400,482	\$362,334	(\$5,623)
<i>Full-Time Salaried - Civilian</i>	293,412	281,798	303,026	274,852	(6,946)
Other than Personal Services**	\$552,601	\$529,721	\$576,625	\$483,242	(\$46,479)
<i>Contractual Services</i>	378,599	350,628	375,659	315,745	(34,883)
Subtotal, DOHMH Other	\$942,940	\$897,678	\$977,107	\$845,577	(\$52,101)
TOTAL	\$1,626,381	\$1,582,259	\$1,663,877	\$1,514,640	(\$67,619)
By Program Area					
<u>Division of Mental Hygiene (DMH)</u>					
Mental Hygiene- Chemical Dependency	\$48,641	\$54,986	\$65,730	\$65,681	\$10,696
Mental Hygiene- Development Disabilities	14,390	14,538	13,569	13,813	(725)
Mental Hygiene- Early Intervention	449,614	445,158	434,461	420,081	(25,077)
Mental Hygiene- Mental Health Services	170,796	169,899	173,010	169,488	(411)
Subtotal, DMH	\$683,441	\$684,581	\$686,770	\$669,063	(\$15,517)
<u>DOHMH Other</u>					
Public Health**	\$740,199	\$699,954	\$763,146	\$685,271	(\$14,683)
General Administration	202,742	197,724	213,961	160,306	(37,418)
Subtotal, DOHMH Other	\$942,940	\$897,678	\$977,107	\$845,577	(\$52,101)
TOTAL	\$1,626,381	\$1,582,259	\$1,663,877	\$1,514,640	(\$67,619)
Funding					
<u>Division of Mental Hygiene (DMH)</u>					
City Funds	N/A	\$145,923	\$140,896	\$137,658	(\$8,265)
<i>Memo: Council Funds</i>	N/A	700	0	0	(700)
Federal- Other	N/A	26,633	143,873	137,510	110,878
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	391,404	385,653	103,588
Subtotal, Division of Mental Hygiene	\$683,441	\$684,581	\$686,770	\$669,063	(\$15,517)
<u>DOHMH Other</u>					
City Funds	N/A	\$476,035	\$476,583	\$444,438	(\$31,597)
<i>Memo: Council Funds</i>	N/A	21,135	0	0	(21,135)

	2011	2012	2012	2013	*Difference
<i>Dollars in Thousands</i>	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Federal- Other	N/A	253,764	315,884	252,921	(843)
Intra City	N/A	744	10,682	3,267	2,524
Other Categorical	N/A	25,635	5,032	1,077	(24,557)
State	N/A	141,500	168,925	143,872	2,372
Subtotal, DOHMH Other	\$683,441	\$897,678	\$977,107	\$845,577	(\$52,101)
TOTAL	\$1,626,381	\$1,582,258	\$1,663,877	\$1,514,640	(\$67,618)
Headcount					
Division of Mental Hygiene	64	87	86	80	(7)
Public Health**	3,333	3,373	3,635	3,230	(143)
General Administration	1,294	1,350	1,442	1,326	(24)
TOTAL	4,691	4,810	5,163	4,636	(174)

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

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

The Department proposes to spend a little over \$669 million on mental hygiene related services in Fiscal 2013, which represents 44 percent of the Department's overall budget and is \$15.5 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. Likewise, the DMH's workforce of 80 staff is relatively low when compared with the headcount allocated 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 66 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 78 percent of EI funding. Overall EI spending is reduced by \$25 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.

The Fiscal 2013 Preliminary Budgets for Mental Health Services and Development Disability services will be slightly reduced. The Fiscal 2013 Preliminary Budget for Chemical Dependency shows a healthy increase of \$10.7 million, or 19.5 percent, which is mostly attributable to an increase in State grant funding.

Mental Hygiene – Chemical Dependency

The Office of Chemical Dependency Services under the City Charter and in accordance with State Mental Hygiene Law is responsible for planning, contracting, monitoring, and evaluating community mental health, mental retardation and chemical dependency services within the City of New York. The Office plans and collaborates with other City agencies to provide a variety of specially targeted programs including those for individuals who are homeless or who have co-occurring chemical dependency and mental health or developmental disorders.

The Fiscal 2013 Preliminary Budget for Chemical Dependency is \$68 million, reflecting a \$10.1 million increase from the budget at adoption and comprising 4.5 percent of total agency spending for Fiscal 2013. The slight decrease in City funds is entirely offset by a substantial increase in State and federal grants relating to alcoholism.

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
Spending					
Personal Services Subtotal	\$184	\$2,565	\$2,565	\$2,565	\$0
Full-Time Salaried - Civilian	184	2,353	2,335	2,353	0
Overtime - Civilian	0	199	199	199	0
Fringe Benefits	0	0	0	0	0
Other	(0)	(13)	(32)	(13)	0
Other Than Personal Services Subtotal	\$48,457	\$54,820	\$65,565	\$65,516	\$10,696
Contractual Services	39,338	44,408	51,550	51,597	7,190
Other	9,119	10,413	14,015	13,919	3,506
TOTAL	\$48,641	\$57,386	\$68,130	\$68,081	\$10,696
Funding					
City Funds	N/A	\$25,131	\$24,656	\$24,656	(\$476)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	900	4,885	4,885	3,985
Intra City	N/A	0	0	0	0
Other Categorical	N/A	0	0	0	0
State	N/A	31,355	38,590	38,541	7,186
TOTAL	\$48,641	\$57,386	\$68,130	\$68,081	\$10,696
Headcount (full-time salaried, civilian)	2	28	28	28	0

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

Highlights for Mental Hygiene – Chemical Dependency

State Budget Actions

Fiscal 2012-13 State Executive Budget

Supportive Housing. The New York State Office of Alcoholism and Substance Abuse Services (OASAS) would be funded at \$593.4 million under the State Executive Budget proposal, an increase of \$5.8 million from the Fiscal 2011-12 funding – anticipating \$5 million in savings from operational efficiencies.

- The funding increase and reinvested savings would be used to fund 25 new residential treatment slots for veterans and 12 new residential treatment slots for women with children.
 - These funds are in addition to \$1.5 million in funds already agreed to under the NY/NY III agreement to support new housing units for homeless families where one or more members of the family have a chemical dependence issues.

Harm Reduction. Would require Medicaid to cover harm reduction counseling and services for drug users provided by a qualified drug treatment program or community-based organization.

Preliminary Mayor’s Management Report – Chemical Dependency

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
New Buprenorphine Patients	6,733	7,006	7,238	1,820	7,500
Deaths from Unintentional Drug Overdose	631	624	549	N/A	*
Alcohol-attributable mortality (CY)	1,703	1,675	1,629	N/A	*

COUNCIL INITIATIVES

Below, the Council provided the following support for chemical dependency services contracted through the DOHMH for Fiscal 2012. As Council funding is renegotiated annually and allocated on a one-time basis, the following funding is not included in the Fiscal 2013 Preliminary Budget.

FY 2012 Council Changes at Adoption by Program Area	
<i>Dollars in Thousands</i>	
Chemical Dependency	
Mental Hygiene Contracted Services PEG Restoration - Chemical Dependency/ADUPCT	\$700
Total, Chemical Dependency	\$700

- **Mental Hygiene Contracted Services PEG Restoration.** This allocation restores funding to contracts for medically supervised outpatient programs (MSOPs). MSOPs are designed to assist patients in supporting abstinence and recovery from chemical dependence and abuse and typically offer a variety of services such as:
 - Individual and group counseling
 - Individualized treatment plans
 - Addiction education
 - Co-dependency counseling
 - Relapse prevention
 - Psychiatrist and nurse on-site
 - DMV referrals

Mental Hygiene – Development Disabilities

The Division of Mental Hygiene Services is responsible for a wide range of functions to the estimated 160,000 residents of New York City who have developmental disabilities. These disabilities include mental retardation, cerebral palsy, autism, epilepsy and a variety of neurological impairments. The Division is the City’s official local government unit working with the New York State Office for People with Developmental Disabilities (OPWDD). State Mental Hygiene Law and the City Charter give the Division responsibility for developing the Local Government Plan and overseeing programs in contract with the DMH.

The Fiscal 2013 Preliminary Budget for Development Disabilities is \$13.8 million, reflecting a 5 percent or \$725,000 reduction from the budget at adoption and comprising less than one percent of total agency spending for Fiscal 2013. This slight reduction is solely attributable to a small decrease in City contributions.

<i>Dollars in Thousands</i>	2011	2012	2012	2013	*Difference
	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$0	\$0	\$0	\$0	\$0
Full-Time Salaried - Civilian	0	0	0	0	0
Overtime - Civilian	0	0	0	0	0
Fringe Benefits	0	0	0	0	0
Other	0	0	0	0	0
Other Than Personal Services Subtotal	\$14,390	\$14,538	\$13,569	\$13,813	(\$725)
Contractual Services	14,008	13,393	13,433	13,393	0
Other	382	1,144	135	420	(725)
TOTAL	\$14,390	\$14,538	\$13,569	\$13,813	(\$725)
Funding					
City Funds	N/A	\$5,143	\$4,134	\$4,419	(\$725)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	0	0	0	0
Intra City	N/A	0	0	0	0
Other Categorical	N/A	0	0	0	0
State	N/A	9,394	9,434	9,394	0
TOTAL	\$14,390	\$14,538	\$13,569	\$13,813	(\$725)
Headcount (full-time salaried, civilian)	0	0	0	0	0

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

Highlights for Mental Hygiene – Development Disabilities

Fiscal 2012-2013 State Executive Budget Actions

People First Waiver. Beginning now and throughout the five-year period of the People First Waiver, OPWDD will design and demonstrate effective ways to infuse the principles of quality, choice, and community into the core of a more efficient and accountable service delivery system.

- Rationale.
 - Today, OPWDD provides services to individuals with developmental disabilities within the framework of a program design established *more than three decades ago*.
 - That program design has supported tremendous progress, but today these outdated fiscal and administrative mechanisms actually impede further advancement.
- Goals. Specifically, through the People First Waiver, OPWDD hopes to accomplish:
 - Improved care coordination for people with developmental disabilities with complex medical and behavioral health needs through specialized systems of care management and coordination;
 - A transformed long-term care system that places person-centered planning, individual responsibility, and self-determination at the forefront can enhance care and individual satisfaction and lower Medicaid costs;
 - New reimbursement models for institutional and community-based care systems that can encourage efficiency, improve accountability, and reduce costs;
 - An expanded range of community-based services can allow many individuals currently living in institutional settings to transition to the community;
 - Redesigned assessment tools and eligibility processes that can ensure appropriate access for people who need to access Medicaid services under any State agency; and
 - Improved health and safety outcomes via a transformed comprehensive quality management system that is driven by performance metrics linked to personal outcomes and system performance.

Restructuring OPWDD. On December 15, 2011, Commissioner Burke announced an organizational overhaul at OPWDD that will place the agency's focus more on service and quality improvement, and help ensure oversight and accountability statewide.

- This reorganization is intended to:
 - Bring a consistent approach and culture to all OPWDD services, whether at state or nonprofit provider agencies, with a greater focus on quality improvement;
 - Ensure that person-centered approaches are incorporated throughout the future service system;
 - Bring greater efficiency and consistency to all back-office operations, such as finance, human resources, training, and services statewide;
 - Transition management of back-office functions to OPWDD's central office, so Developmental Disabilities Services Offices (DDSOs) across the state can focus on service delivery and improvement; and
 - Help implement the 1115 People First Waiver, which will move the system to individualized supports and services, instead of the one-size-fits-all approach

currently available to the more than 126,000 individuals with developmental disabilities in New York State.

- Services will not be affected by the OPWDD's reorganization; if anything, they might be improved, as resources will be dedicated to quality management and improvement.
- There are no layoffs associated with this plan, and while the reorganization will significantly improve OPWDD overall operations, on the front lines of the OPWDD workforce there will not be major changes.

Fiscal 2012-13 State Executive Budget – Provides for additional OPWDD changes

- The State Executive Budget continues efforts to be effective and efficient in State operations and local assistance spending via stringent cost controls and reduced use of institutional services, and invests some of these savings in more effective community-based programs.
- To reduce state operations costs and improve operations, the State Executive Budget reduces administrative staffing levels, and continues to move individuals from institutional settings to the most integrated setting possible.
 - Local assistance reforms include returning individuals from more costly out-of-state placements, expanding services at a lower rate than projected, and annualizing rate reforms taken in 2011-12.
- The State Executive Budget reinvests a portion of these savings to support 2,300 new non-residential service opportunities for respite, crisis, employment, and community integration programs; over 250 new community residential opportunities; and funding to return all 92 individuals residing out-of-state to community residential options in New York.

COUNCIL INITIATIVES

Below, the Council provided the following support for developmental disability services contracted through the DOHMH for Fiscal 2012. As Council funding is renegotiated annually and allocated on a one-time basis, the following funding is not included in the Fiscal 2013 Preliminary Budget.

FY 2012 Council Changes at Adoption by Program Area

Dollars in Thousands

Development Disabilities	
Autism Awareness	\$1,250
Mental Hygiene Contracted Services PEG Restoration - DD Clinics	\$806
Young Adult Institute and Workshop, Inc.	\$200
Total, Development Disabilities	\$2,256

- **Autism Awareness.** This allocation represents funding to provide wraparound (direct) services to autistic children in after-school programs, summer programs and during school closings. This program supports a range of activities and services from after school and weekend respite programming to forums and training seminars to teach coping skills to families affected by autism.
- **Mental Hygiene Contracted Services PEG Restoration.** This restoration continues the City's subsidy to Article 16 Developmental Disability (DD) clinics for Fiscal 2012. This subsidy is intended to help offset the costs of providing uncompensated and undercompensated care to some of the City's neediest patients.
- **Young Adult Institute and Workshop (YAI).** This allocation partially restores YAI's three adult rehabilitation and recreation programs: (1) the Manhattan Evening Adjustment Program (MEAP); (2) the Bronx Evening Adjustment Program (BEAP); and (3) the Alumni Club. These programs provide essential socialization and community inclusion services for adults with developmental disabilities.

Mental Hygiene – Early Intervention

The Early Intervention (EI) program provides a comprehensive array of therapeutic and support services to children under the age of three with confirmed disabilities (i.e., autism, cerebral palsy) or developmental delays. New York State defines these disabilities/delays in one or more of the following areas of development: physical, cognitive, communication, social-emotional, and/or adaptive. There is no income eligibility for the Early Intervention Program. A federally mandated program, the New York Early Intervention Program was established pursuant to Article 25 of the State Public Health Law and has been in effect since July 1, 1993. The program serves approximately 72,000 children annually and is jointly financed by federal, State and local governments. The DOHMH is the lead City agency; the New York State Department of Health coordinates the statewide network of services.

The Fiscal 2013 EI Preliminary Budget is \$420 million, which is \$25 million, or 5.6 percent, less than the budget at adoption and comprises 27.5 percent of overall Department spending. In general, reduced funding for the program from the Fiscal 2012 Adopted Budget to the Fiscal 2013 Preliminary Budget is mostly attributed to City savings generated by recent State reimbursement changes and proposed program restructuring (discussed in further detail in the “State Budget Actions” portion of this section). Major losses in other categorical funding are largely offset by substantial increases in State and federal aid.

	2011	2012	2012	2013	*Difference
<i>Dollars in Thousands</i>	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$0	\$0	\$0	\$0	\$0
Other Than Personal Services Subtotal	\$449,614	\$445,158	\$434,461	\$420,081	(\$25,077)
Contractual Services	446,578	439,712	429,420	414,534	(25,178)
Other	3,036	5,446	5,041	5,547	101
TOTAL	\$449,614	\$445,158	\$434,461	\$420,081	(\$25,077)
Funding					
City Funds	N/A	\$97,877	\$93,877	\$90,824	(\$7,053)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	8,635	121,255	115,928	107,292
Intra City	N/A	0	0	0	0
Other Categorical	N/A	229,961	8,460	8,242	(221,719)
State	N/A	108,685	210,870	205,088	96,403
TOTAL	\$449,614	\$445,158	\$434,461	\$420,081	(\$25,077)
Headcount (full-time salaried, civilian)	0	0	0	0	0

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

Highlights for Mental Hygiene – Early Intervention

Fiscal 2013 Preliminary Plan Actions

PEG, Early Intervention Services

Fiscal 2013 Impact. City: \$5.3 million; State \$5.1 million; and Fed \$12.2 million.

Headcount. Not applicable.

Description. The Early Intervention Program has strengthened eligibility determinations and service level authorization to provide more appropriate levels of service for eligible children, in accordance with State approved regulations, memoranda and guidelines.

Impact.

- **Eligibility.** While eligibility standards have not changed since June 2010 when the SDOH updated its regulations and guidance in order to clarify eligibility, approximately 700 additional children who were initially found to be eligible who, upon closer review, did not meet the standards established in regulation.
- **Authorization.** Children will be authorized for fewer units of direct service (shift from 30 minutes of service delivered twice a week to 60 minutes of service delivered once a week), but a preliminary analysis indicates that, on average, they continue to get approximately the same number of minutes of service per week as they did previously.

Rationale.

- **Eligibility.** DOHMH insists this is a quality assurance effort that promotes adherence to existing regulations
- **Authorization.** In response to the growing literature supporting the need to engage families in their children's development, NYC's EI program has begun to encourage the use of 60 minutes of service once a week (rather than 30 minutes of service delivered twice a week)
 - Reflects changes resulting from PEG to EI services included in the Fiscal 2012 Adopted Budget.

PEG, Early Intervention Revenue

Fiscal 2013 Impact. A one-time funding shift of \$1 million from City tax levy (CTL) to federal funds.

Headcount. Not applicable.

Description. EI will recognize one-time additional Medicaid revenue for outstanding claims for prior years.

Impact. These additional, one-time funds will not impact services.

Rationale. The Agency is putting up this prior year revenue in order to meet its savings plan with no impact to services.

- Early Intervention administration, including transportation, has historically received reimbursement from the New York State Department of Health and federal Medicaid.

- Three years ago, the Department began receiving local share payments as well. This local share revenue was lumped into the general Early Intervention Services Medicaid reimbursement revenue codes and was not transparent to the Department.
- In Fiscal 2011, the Department underwent an overall FMS realignment to parse out all EI Administrative revenue into separate codes for greater transparency.
- During this exercise, the Department identified this additional revenue.

State Budget Actions

Fiscal 2012-13 State Executive Budget: Early Intervention Reform. Recommends a series of program modifications that would provide significant fiscal and administrative mandate relief to counties and generate local savings while avoiding any impact to services.

Expand Insurance Coverage. Require commercial health insurance to include EI service providers in their networks. Highlights:

- Insurers (including Medicaid and the Child Health Plus Program) would no longer be able to deny coverage for services covered by the State;
- Insurers would be able to impose visitation limitations for covered EI services but would not be able to count EI services against a child's maximum annual or lifetime limits in the benefits package;
- Insurers would be required to have an adequate network of EI evaluators and service providers; and
- This action was proposed in the State's Executive Budget for 2011-12, but failed to gain enough support for inclusion into last year's Enacted Budget. It is unclear whether this measure will be enacted this time around.

Centralize Fiscal Oversight. The State will centralize fiscal administration of the EI program through a fiscal intermediary contract. Counties will be relieved of responsibility for contracting with EI providers, administering provider payments and seeking third party reimbursement.

- Under this proposal, providers would no longer enter into contracts with each individual county.
 - The State fiscal agent would have authority to act on counties' behalf;
 - Insurers and providers would be required to directly bill the State's fiscal agent; and
 - The State fiscal agent would manage claiming and reporting functions.
- Effective January 1, 2013, EI providers may be required to enter into agreements with the State Department of Health (SDOH) in order to provide evaluations, service coordination or any other EI services.
- EI program evaluators and service providers are required to participate in the development of networks with the insurance companies and are also required to negotiate rates of payments with the insurers.
- Providers whose claims are denied reimbursement by the insurers must exhaust all levels of appeals before seeking payments for EI services. The provider would not be able to delay or discontinue services to the EI children during the appeals process.
- Counties would still be responsible for:
 - Accepting and managing referrals to the EI program.

- Reviewing evaluations and eligibility determinations.
- Ensuring that services are provided as authorized.
- When fully implemented, the DOHMH expects to save \$30.5 million.

Reduce Local Costs. Counties will immediately benefit from a reduction in their share of EI program costs.

Correction to Last Year's Budget. Another provision adds EI payments to the list of payments exempted from the 2 percent across-the-board reduction that was implemented last year.

- EI's exclusion from the original list had an unintended impact on local governments.

Fiscal 2011-12 State Enacted Budget: A Review of Last Year's Major Changes

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 of approximately \$5 million to the City 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 discontinued its Article 6 matching funds for "optional services," which included Early Intervention Service Coordination, among other services.

- This State budget action resulted in a loss last year of \$3.8 million in State matching grants for Early Intervention Administration services to the DOHMH.

Preliminary Mayor’s Management Report – Early Intervention

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
New children receiving services from the Early Intervention Program	16.9	17.0	15.4	4.7	*
All children receiving services from the Early Intervention Program	32.7	34.9	33.9	N/A	N/A

The number of new children receiving services from the EI program decreased by 13 percent in Fiscal 2012 from the same period last year. The Department attributes this to both a decline in referrals, mirroring a statewide trend, and to the strengthened eligibility criteria implemented by SDOH in June 2010 regulations.

Mental Hygiene – Mental Health Services

The DMH, through its Bureau of Mental Health and Bureau of Children, Youth and Families, is responsible for the planning, development, solicitation, funding, and monitoring of a wide range of mental health services for children and adults with mental illnesses and/or functional impairments. The services are provided by not-for-profit community-based agencies and hospitals in the five boroughs. DMH contracts with or oversees providers offering the following services: clinic programs for children, adults, and the elderly; assertive community treatment (ACT); clubhouses; advocacy; supported housing; supportive, intensive, and blended case management; assisted competitive employment; information and referral; on-site school services; home-based and mobile crisis intervention.

The Fiscal 2013 Preliminary Budget for Mental Health Services is \$169.5 million, which is \$411,000, or 2 percent, less than the budget at adoption and accounts for 11.1 percent of total Department spending for Fiscal 2013. This decrease is attributed to reduced City tax levy contributions stemming from the Agency's PEG Program.

<i>Dollars in Thousands</i>	2011	2012	2012	2013	*Difference
	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$1,465	\$5,451	\$5,433	\$4,964	(\$487)
Full-Time Salaried - Civilian	1,427	5,236	5,218	4,749	(487)
Overtime - Civilian	13	0	0	0	0
Fringe Benefits	0	0	0	0	0
Other	(25)	(216)	(216)	(216)	0
Other Than Personal Services Subtotal	\$169,331	\$164,448	\$167,576	\$164,523	\$76
Contractual Services	136,106	134,923	134,134	134,998	76
Other	33,225	29,525	33,442	29,525	0
TOTAL	\$170,796	\$169,899	\$173,010	\$169,488	(\$411)
Funding					
City Funds	N/A	\$18,417	\$18,475	\$18,006	(\$411)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	17,997	19,033	17,997	0
Intra City	N/A	0	2,137	0	0
Other Categorical	N/A	0	0	0	0
State	N/A	133,485	133,364	133,485	0
TOTAL	\$170,796	\$169,899	\$173,010	\$169,488	(\$411)
Headcount (full-time salaried, civilian)	62	85	84	78	(7)

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

Highlights for Mental Hygiene – Mental Health Services

Fiscal 2013 Preliminary Plan Actions

PEG, Agencywide Layoffs

Fiscal 2013 Impact. \$29,000 in reduced City tax levy.

Headcount. 1 staff eliminated via layoff.

Description. Motor Vehicle Operator – operates one or more types of vehicles, checks the vehicles for repairs needed and reports maintenance issues and mechanical defects in the vehicles.

Impact Estimate. DOHMH expects a minimal to zero impact to direct services.

Rationale. Existing staff can absorb these responsibilities.

PEG, Agencywide Reductions

Fiscal 2013 Impact. \$597,000 in City tax levy

Headcount. 6 eliminated positions via funding shifts and vacancy reductions.

Description. Eliminated positions include:

- Clerical Associate, NY/NYIII (1). Provides programmatic administrative support for the division.
- City Research Scientist, NY/NYIII (1). Provides programmatic support to the division.
- Social Worker, AOT Services (1). Provides programmatic support for AOT services.
- Social Work Supervisor, AOT Services (1). Provides programmatic support for AOT services.
- AOT vacancy reduction (1). Provides programmatic support for AOT services.
- AOT vacancy reduction (1). Provides programmatic support for AOT services.

AOT is a program created in 1999 by New York State law authorizing court-ordered treatment in the community for people with severe mental illness at risk of relapse or deterioration absent voluntarily compliance with prescribed treatment. The DOHMH is the local administrator of the AOT program. NY/NYIII is a State-City program administered by DOHMH that provides supportive housing units to the formerly homeless. More than half the units are for adults with mental illness, with the remainder used to house and assist adult substance abusers, adults with HIV/AIDS, families, and young adults with mental illness or aging out of foster care.

Impact. These functions will be absorbed by existing staff within the unit.

Rationale. As per the DOHMH, these eliminations will have little to no impact on direct service.

PEG, Central Administration Layoffs

Fiscal 2013 Impact. \$81,000 in City tax levy.

Headcount. 1 position via layoff.

Description. The Department will eliminate one position in the Office of the General Counsel, Legal Affairs unit. This position is dedicated toward handling cases related to the Agency’s Assisted Outpatient Treatment (AOT) program.

Impact. These functions will be absorbed by existing staff within the unit.

Rationale. This position has the least impact to DOHMH’s daily operations and the DOHMH is confident that this elimination will not have a direct service impact to the public.

PEG, Medicaid Salary Sharing

Fiscal 2013 Impact. Reflects a shift of \$2 million in City tax levy to federal funds.

Headcount. Not applicable.

Description. The Division of Mental Hygiene will realize more Medicaid Salary Sharing revenue as a result of increased staff time spent on Medicaid-funded activities.

Impact Estimate. The mix of activities performed by staff has not changed substantially.

Rationale. The level of Medicaid funding is based on both the activities performed and the proportion of the population being served by Mental Hygiene systems of care that are Medicaid beneficiaries. Based on those factors, the level of Medicaid support for Mental Hygiene staff has been higher than the amount assumed in the financial plan.

Preliminary Mayor’s Management Report – Mental Health Services

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Individuals in assisted outpatient mental health treatment program	1,274	1,344	1,315	1,222	*
Calls to LifeNet (000)	94.5	97.2	92.9	31.0	*
Units of supportive housing available to persons with severe mental illness diagnosis (000)	4.3	4.5	4.7	4.8	5.1

The number of individuals in the assisted outpatient mental health treatment program (AOT) dropped from 1,387 in the first four months of Fiscal 2011 to 1,222 in Fiscal 2012. The Department attributes this to several factors including increased complexity to acquire medical records for the AOT petition and adjustments to hospital procedures that resulted from the transfer of program administration from HHC to DOHMH.

COUNCIL INITIATIVES

Below, the Council provided the following support for mental health services contracted through the DOHMH for Fiscal 2012. As Council funding is renegotiated annually and allocated on a one-time basis, the following funding is not included in the Fiscal 2013 Preliminary Budget.

FY 2012 Council Changes at Adoption by Program Area	
<i>Dollars in Thousands</i>	
Mental Health Services	
Children Under Five Mental Health Initiative	\$1,250
Geriatric Mental Health Services	\$2,000
Mental Health Contracts	\$450
Mental Hygiene Contracted Services PEG Restoration - Mental Health Providers	\$1,150
Suicide Prevention Hotline	\$247
Total, Mental Health Services	\$5,097

- **Children Under Five Mental Health Initiative.** This allocation represents funding to community-based outpatient mental health clinics in the Bronx, Brooklyn, Queens and upper Manhattan to provide mental health treatment for children age five and under who have either been victims of and/or exposed to violence.
- **Geriatric Mental Health.** This allocation greatly enhances the ability of 25 experienced organizations to provide a range of mental health services in “non-clinical settings” such as senior centers, drop-in centers, religious institutions, social clubs, homeless prevention programs and in the home.
- **Mental Health Contracts.** This allocation represents funding for programs and contracts that provide a range mental health services.
- **Mental Hygiene Contracted Services PEG Restoration.** Restores funding for the following contracts:
 - Bridger/Transition management services. These programs provide clients who are discharged from State Psychiatric Centers with linkages to appropriate services in the community. In addition, individuals are connected to the full range of mental health, health and social services to ease their transition into the community and decrease the potential for hospitalization.
 - Adult respite programs. Respite services provide relief to primary care givers such as parents or legal guardians on a temporary basis. The goals of this program are to allow situations to stabilize and prevent hospitalizations or longer term placement out of the home. Temporary services (not beds) are provided by trained staff in the consumer’s residence or in another temporary housing arrangement
 - Psychosocial clubs. Psychosocial clubs assist consumers in re-establishing their sense of self-esteem and group affiliation, as well as promoting recovery and reintegration into meaningful community life through the provision of two or more of the following: (1) self-help and empowerment interventions; (2) community

living; (3) academic; (4) vocational and/or (5) social leisure time rehabilitation, training and support services.

- Recreation programs. Recreation programs provide social, recreational and leisure activities that are intellectually and interpersonally stimulating, but are not necessarily part of a goal-based program plan.
- **Suicide Prevention Hotline**. This allocation continues a Fiscal 2011 PEG restoration for Samaritans of New York Suicide Prevention Services which operates a 24-hour suicide prevention hotline that answered over 69,000 calls last year. Samaritans is NYC's only community-based organization devoted to suicide prevention and is the only 24 hour suicide prevention hotline providing immediate and ongoing emotional support to depressed or suicidal New Yorkers.

Appendix A: Budget Actions in the November and February Plans

Note: Table below includes budget actions affecting the Agency’s mental hygiene and public health functions.

<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	(972)	0	(972)	(2,454)	0	(2,454)
<i>City Council FY12 restoration</i>	730	0	730	0	0	0
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 Revenues	0	0	0	(100)	0	(100)
TOTAL, PEGs	(\$8,038)	(\$6,895)	(\$14,933)	(\$23,455)	(\$18,445)	(\$41,900)
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
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

<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
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, PS-OTPS, OTPS-PS Shifts	0	302	302	0	16	16
Admin Chargebacks	0	175	175	0	0	0
Categorical Grants	0	47,256	47,256	0	(6,692)	(6,692)
OASAS State Aid Letters	0	10,596	10,596	0	10,596	10,596
Various grants	0	85	85	0	0	0
WTC Mental Health Benefit	0	0	0	0	(1,753)	(1,753)
ARRA Grants	0	18	18	0	0	0
Cat. Ryan White	0	(18,756)	(18,756)	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)
Collective Bargaining	159	67	226	159	67	226
NFP Article 6 Realignment	0	(797)	(797)	0	0	0
HHS - Connect Techn. Adjustment	0	0	0	(35)	(18)	(53)
OCME Attrition	(207)	0	(207)	0	0	0
Other	50	28,935	28,985	(42)	4,103	4,061
TOTAL, Other Adjustments	\$2,282	\$78,808	\$81,090	\$609	\$9,914	\$10,523
TOTAL, All Changes	(\$5,756)	\$71,913	\$66,157	(\$18,964)	(\$8,272)	(\$27,236)
Agency Budget as of February 2012 Plan	\$617,479	\$1,032,600	\$1,650,079	\$582,097	\$932,419	\$1,514,516

*Continuation from previous page

Appendix B: Contract Budget

Total Department of Health and Mental Hygiene (816)

Category	Number	Budgeted	Pct of 816 Total	Pct of City Total
Contractual Services General	54	\$13,612,480	1.5%	3.0%
Telecommunications Maintenance	27	\$62,121	0.0%	0.1%
Maintenance and Repair & Motor Vehicle Equipment	17	\$253,596	0.0%	1.8%
Maintenance and Repair General	95	\$2,751,634	0.3%	2.3%
Office Equipment Maintenance	91	\$157,859	0.0%	1.1%
Data Processing Equipment	37	\$643,699	0.1%	0.4%
Printing Contracts	89	\$1,656,254	0.2%	5.4%
Security Services	3	\$246,072	0.0%	0.3%
Temporary Services	50	\$1,355,871	0.1%	4.0%
Cleaning Services	39	\$356,629	0.0%	1.7%
AIDS Services	45	\$126,501,823	13.6%	47.2%
Mental Hygiene Services	471	\$610,990,158	65.7%	100.0%
Hospitals Contracts	3	\$130,315,223	14.0%	99.8%
Special Clinical Services	1	\$11,100,268	1.2%	100.0%
Economic Development	10	\$329,648	0.0%	2.3%
Training Program City Employees	29	\$586,292	0.1%	3.9%
Maintenance & Operation of Infrastructure	59	\$956,222	0.1%	0.7%
Professional Services - Accounting and Auditing	2	\$561,227	0.1%	2.2%
Professional Services - Computer Services	12	\$1,755,340	0.2%	1.6%
Professional Services Other	168	\$25,965,878	2.8%	17.6%
Fiscal 2013 Preliminary Budget	1,302	\$930,158,294	100.0%	8.9%