

THE COUNCIL OF THE CITY OF NEW YORK

Speaker of the Council
Christine C. Quinn



Hon. Maria del Carmen Arroyo, Chair, Health Committee

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) 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 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 initiatives included in the November and February Financial Plans and reviews relevant sections of the Preliminary Mayor's Management Report for Fiscal 2012. Finally, a review of the proposed capital budget for the Department with a discussion of significant changes proposed to the Capital Plan is presented. Please note there are separate reports covering the DOHMH's budget as it pertains to mental hygiene and medical examiner functions.

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 Include:

PEGs

- **HIV Contractual Reductions.** The Department will reduce \$1.4 million in City tax levy and \$791,000 in State spending by scaling back its contracts for HIV prevention that have been determined by the Bureau to have a high cost per person. (See page 11 for more details.)
- **Clinic and Outreach Service Reductions.** The Department will reduce \$461,000 in City tax levy and \$356,000 in other revenues by scaling back Saturday hours at its STD clinics, reducing its contract for seasonal nurses and eliminating an STD testing/testing program (known as "STEP UP") in select high schools. (See page 18 for more details.)
- **Clinic and Outreach Layoffs.** The Department will reduce \$429,000 in City tax levy and \$234,000 in other revenues through layoffs to the Department's immunization staff and layoffs to outreach and education staff at the DOHMH' East Harlem Asthma Center of Excellence (EHACE). (See page 20 for more details.)
- **Tobacco Control Layoffs and Reductions.** DOHMH will reduce City tax levy spending by \$1.2 million and \$648,000 in matching State aid through laying off one research and evaluation staff and discontinuing distributing Nicotine Replacement Treatment kits to 3-1-1 callers. Moving forward, these callers will be directed to and can receive kits from the New York State Quitline. (See page 23 for more details.)
- **Restaurant Enforcement Revenues.** The DOHMH will achieve \$3.8 million in additional revenue through revising its health tribunal revenue fine to reflect actuals and an anticipated increase in restaurant inspections. (See page 28 for more details.)
- **Day Care Permit Revenues.** The agency will generate \$100,000 in City tax levy through generated additional child day care permit revenue. (See page 29 for more details.)
- **Correctional Health Layoffs and Reductions.** The Department will save \$838,000 in City tax levy and \$25,000 in State aid by eliminating two staffed positions in ancillary and supportive services, eliminating vacant positions and reducing the Prison Health Services contract. (See page 34 for more details.)

- **Woodside Garage Lease Elimination.** The Division of Administration will eliminate a lease for a vehicle garage in Queens, saving the Department \$354,000 in City tax levy and \$152,000 in State funds. (See page 42 for more details).
- **Central Administration Layoffs and Reductions.** The Department's central support offices will lay off five staff and achieve additional savings through eliminating vacant positions and reducing supplies and materials. In total, the DOHMH expects to achieve \$726,000 in reduced City spending and \$242,000 in reduced State spending. (See pages 42-43 for more details.)
- **Agencywide Reductions.** The Department will reduce City spending by \$2 million and State spending by \$440,000 through vacancy reductions, attrition and shifts to other funding sources. (See pages 13, 20, 24, 29, 39 and 43 for more details.)
- **Agencywide Layoffs.** The Department will reduce City spending by \$762,000 and State spending by \$249,000 through layoffs in program areas such as Chronic Disease Prevention and Pest Control. Details are forthcoming.

New Needs

- **Project Ceasefire.** The Department will spend an additional \$960,000 in City tax levy on Project Ceasefire, DOHMH's pilot violence prevention project that extends the community-based work of a proven public health model (CeaseFire-Chicago) to include a hospital referral and follow-up component. (See page 30 for more details.)
- **Queens House of Detention.** The Department will spend an additional \$2.9 million in City tax levy and \$259,000 in State aid to provide required healthcare services at the Queens Detention Complex. (See page 30 for more details.)

Other Highlights

Fiscal 2012-2013 State Executive Budget Highlights

- **Harm Reduction.** The Executive Budget would require that Medicaid cover harm reduction counseling and services for drug users provided by a qualified drug treatment program or community-based organization. (See page 13 for more details.)
- **Enteral Formula.** The Executive Budget would broaden eligibility for coverage of enteral formula therapy and nutritional supplements to include people with a diagnosis of HIV, AIDS, or HIV-related illness. (See page 13 for more details.)
- **Hepatitis C.** The proposed budget would provide Medicaid eligibility for wraparound services to promote care and integration when ordered by an MD, Registered PS, RNP or licensed midwife and provided by a qualified professional as determined by the State Department of Health (SDOH). (See page 19 for more details.)
- **Lactation Consultants.** The Medicaid package will include lactation counseling services for pregnant and postpartum women. This mirrors a final recommendation of both the Basic Benefit Review and Health Disparities Medicaid Redesign Team (MRT) Work Groups, which stated this benefit expansion would help improve the health of infants and mothers, reduce short-term health care costs, and contribute to obesity reduction. (See page 23 for more details.)
- **Nurse Family Partnership (NFP).** Funding for Comprehensive Outpatient Program Services (COPS) remained level. The budget does not include a line item for NFP, nor does it include a provision to make NFP eligible for Medicaid funding. DOHMH will advocate actively for a \$5 million budget line for this program. (See page 23 for more details.)
- **School-based Health Centers (SBHCs).** School-based health centers have traditionally been funded from several sources. The Executive Budget proposes allocating \$5.6 million from the New York State Health Care Reform Act (HCRA) Program Account and \$6.0 million from additional HCRA accounts. The Executive Budget proposes allocating \$4.4 million from the Local Assistance Account for school-based health centers. (See page 23 for more details.)
- **Tobacco.** Funding for localities to enforce and provide education about tobacco laws remained stable. In NYC, this funding goes to the Department of Consumer Affairs to carry out enforcement activities related to underage sales, and to DOHMH to do education campaigns with tobacco retailers. (See page 23 for more details.)
- **Article 6.** The budget appropriates \$254 million for Local Public Health, a 20.4 percent decrease from last year. (See page 38 for more details.)

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>Public Health, Admin and OCME</u>					
Personal Services (PS)	\$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 (OTPS)	\$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, Public Health, Admin and OCME	\$942,940	\$897,678	\$977,107	\$845,577	(\$52,101)
<u>Division of Mental Hygiene</u>					
Personal Services (PS)	\$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 (OTPS)	\$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)
TOTAL	\$1,626,381	\$1,582,259	\$1,663,877	\$1,514,640	(\$67,619)
Budget by Program Area					
General Administration	\$202,742	\$197,724	\$213,961	\$160,306	(\$37,418)
Disease Prev & Treat- HIV/AIDS	190,312	171,707	177,236	159,322	(12,385)
Disease Prev & Treat	76,960	78,214	89,228	77,391	(824)
Hlth Promo & Dis Prev	136,716	118,767	133,229	116,587	(2,180)
Environmental Health	57,682	56,420	58,690	63,944	7,525
Hlth Care Access & Improve	178,610	176,594	183,717	172,986	(3,608)
Environmental Disease Prevention	11,207	11,658	14,076	12,744	1,086
Epidemiology	14,823	12,895	18,521	12,527	(368)
Office of Chief Medical Examiner (OCME)	62,577	60,851	70,138	59,320	(1,531)
World Trade Center Related Programs	11,311	12,848	18,311	10,450	(2,398)
Mental Hygiene Programs**	683,441	684,581	686,770	669,063	(15,517)
TOTAL	\$1,626,381	\$1,582,259	\$1,663,877	\$1,514,640	(\$67,619)
Funding					
<u>General Administration</u>					
City Funds	N/A	\$113,305	\$116,047	\$81,109	(\$32,196)
<i>Memo: Council Funds</i>	N/A	0	0	0	0
Federal- Other	N/A	21,901	31,188	19,807	(2,094)
Intra City	N/A	189	474	168	(21)
Other Categorical	N/A	1,279	85	0	(1,279)
State	N/A	61,051	66,168	59,222	(1,829)
Subtotal, General Admin	N/A	\$197,724	\$213,961	\$160,306	(\$37,418)
<u>Public Health</u>					
City Funds	N/A	\$304,417	\$302,603	\$308,034	\$3,616

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
<i>Memo: Council Funds</i>	N/A	13,082	0	0	(13,082)
Federal- Other	N/A	229,328	274,466	229,095	(233)
Intra City	N/A	555	10,080	3,099	2,544
Other Categorical	N/A	24,356	4,883	1,077	(23,278)
State	N/A	80,447	100,975	84,645	4,199
Subtotal, Public Health	N/A	\$639,103	\$693,008	\$625,951	(\$13,153)
<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	8,053	0	0	(8,053)
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, DMH	N/A	\$684,581	\$686,770	\$669,063	(\$15,517)
<u>Office of Chief Medical Examiner (OCME)</u>					
City Funds	N/A	\$58,313	\$57,933	\$55,296	(\$3,017)
<i>Memo: Council Funds</i>	N/A	0	0	0	0
Federal- Other	N/A	2,536	10,230	4,020	1,484
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	\$70,138	\$59,320	(\$1,531)
TOTAL	N/A	\$1,582,258	\$1,663,877	\$1,514,640	(\$67,618)
Positions					
General Administration	1,294	1,350	1,442	1,326	(24)
Disease Prev & Treat- HIV/AIDS	318	307	340	303	(4)
Disease Prev & Treat	794	804	864	795	(9)
Hlth Promo & Dis Prev	414	423	439	410	(13)
Environmental Health	658	696	715	704	8
Hlth Care Access & Improve	211	153	242	121	(32)
Environmental Disease Prevention	132	145	169	146	1
Epidemiology	152	153	165	152	(1)
Office of Chief Medical Examiner (OCME)	604	653	643	588	(65)
World Trade Center Related Programs	50	39	58	11	(28)
Mental Hygiene Programs**	64	87	86	80	(7)
TOTAL	4,691	4,810	5,163	4,636	(174)

*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

The Department of Health and Mental Hygiene's (DOHMH) Fiscal 2013 Preliminary Budget includes \$1.5 billion in spending for public health, mental hygiene, medical examiner services and general administration. City tax-levy (CTL) dollars account for 38.4 percent of all agency revenue. State aid and federal grants comprise 25.8 percent and 35.0 percent of all other revenues, respectively.

The Department's overall operating budget for Fiscal 2013 has decreased by \$68 million, or 4.2 percent, compared to the operating budget at Adoption last year. Of the \$67 million in total reduced agency spending for Fiscal 2013, over half of that loss comes from the General Administration budget. Environmental Health and Environmental Disease Prevention each experience slight budget increases while the remaining program areas sustain losses ranging in degree of impact.

Public health spending comprises 41.3 percent of the DOHMH's Fiscal 2013 Preliminary Budget. The balance of the agency's spending is split among mental hygiene, general administration and medical examiner functions, accounting for 44.2 percent, 10.5 and 4 percent of total agency spending for Fiscal 2013, respectively.

CTL accounts for nearly half of public health (non-administration) spending. Federal funds are the second largest source, comprising about 37 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.

The DOHMH's budgeted headcount of 4,636 full-time positions in Fiscal 2013 reflects a 3.6 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 Preliminary Budget, 183 positions are being eliminated while 9 positions are being added, providing for a *net loss of 174* full-time positions. A majority of these newly added positions will be dedicated toward Environmental Health's Food Safety operations.

Of these 183 positions recommended for elimination, 35.5 percent, or 65 positions, perform medical examiner functions. Of the remaining headcount losses, staff dedicated toward Health Care Access and Improvement account for 17.5 percent of the reduction, staff dedicated toward World Trade Center related programming account for 15.3 percent of the reductions and 13 percent of those positions are dedicated toward general administration functions. Headcount reductions in Mental Hygiene account for 3.8 percent of the agency's overall headcount reduction and the balance headcount reductions are distributed among functions dedicated toward Disease Prevention and Treatment (including HIV/AIDS), Health Promotion and Disease Prevention and Epidemiology.

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.

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 (\$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. In Fiscal 2012, the City Council discretionary funds supported programs promoting asthma control; cancer screening and prevention; family planning; HIV/AIDS education, screening and linkage to care; harm reduction; infant mortality reduction; dental care for underserved kids; and obesity prevention and intervention. It is important to note that none of these services have been baselined in the Fiscal 2013 Preliminary Budget.

FY 2012 Council Changes at Adoption	
<i>Dollars in Thousands</i>	
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
Council Mental Hygiene Initiatives	\$8,053
Council Local Initiatives	\$2,714
TOTAL, DOHMH	\$21,135

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

Disease Prevention & Treatment – HIV/AIDS

The Department's Bureau of HIV/AIDS aims to control the HIV epidemic and minimize its impact on New Yorkers by preventing new HIV infections. The Department promotes HIV testing, monitors trends in the HIV epidemic through surveillance for HIV/AIDS, allocates prevention resources within the DOHMH and the community to those populations at greatest need and promotes access to medical care, treatment, and support of HIV infected persons. The Bureau participates in community planning through the New York City HIV Prevention Planning Group and the HIV Planning Council and oversees contracts for HIV prevention, care and housing in New York City. New York City remains the epicenter of HIV/AIDS in the U.S. More than 110,000 New Yorkers are living with HIV, but thousands more don't know they're infected. New York City's AIDS case rate is almost 3 times the U.S. average, and HIV is the 3rd leading cause of death for New York City residents aged 35 to 54.

The Fiscal 2013 Preliminary Budget for HIV/AIDS Disease Prevention and Treatment is \$159.3 million, reduced by \$12.4 million or 7.2 percent from the Fiscal 2012 Adopted Budget. The Fiscal 2013 Preliminary Budget for HIV/AIDS prevention and treatment services represents 10.5 percent of the Department's overall proposed spending. The change in funding is a function of spending reductions via the agency's PEG program, as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

<i>Dollars in Thousands</i>	2011	2012	2012	2013	*Difference
	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$21,283	\$14,954	\$23,331	\$14,760	(\$194)
Full-Time Salaried - Civilian	19,452	13,994	21,809	13,841	(153)
Overtime - Civilian	196	154	127	0	(154)
Fringe Benefits	7	5	5	5	(0)
Other	(1,627)	(801)	(1,389)	(914)	(113)
Other Than Personal Services Subtotal	\$169,030	\$156,753	\$153,905	\$144,562	(\$12,191)
Contractual Services	162,195	147,461	144,720	138,395	(9,066)
Other	6,835	9,292	9,185	6,167	(3,125)
TOTAL	\$190,312	\$171,707	\$177,236	\$159,322	(\$12,385)
Funding					
City Funds	N/A	\$6,914	\$5,396	\$3,384	(\$3,530)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	161,194	168,478	154,325	(6,869)
Intra City	N/A	0	53	0	0
Other Categorical	N/A	0	275	0	0
State	N/A	3,599	3,034	1,613	(1,986)
TOTAL	\$190,312	\$171,707	\$177,236	\$159,322	(\$12,385)
Headcount (full-time salaried, civilian)	318	307	340	303	(4)

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

Highlights for Disease Prevention & Treatment – HIV/AIDS

Fiscal 2013 Preliminary Plan Actions

PEG, HIV Contractual Reductions

Fiscal 2013 Impact. A loss of \$1.4 million in CTL and \$791,000 in State matching funds; federal grants remain unaffected.

Headcount. There will be no reduction to agency headcount; however, contracted providers will likely reduce staff in order to absorb funding reduction.

Timing. Although the reduction was scheduled to begin in Fiscal 2013 (starting July 1, 2012), the Department prematurely implemented Fiscal 2013 proposed cuts in January 2012 to several of its HIV/AIDS service contracts, including HIV prevention programs, anti-stigma services and evidence-based interventions.

- Several providers were notified that their new contracts, which began in January, were already being reduced, many by half.
- These contracts run on a calendar year rather than fiscal year basis, meaning that the Fiscal 2013 cuts, if adopted, would impact 2012 calendar year contracts beginning in July.
- The DOHMH decided to account for this possibility by fully implementing the proposed cuts on the front-end of these contracts, rather than wait for a mid-year amendment that could account for a potential Fiscal 2013 restoration.

Corrective Actions: Through multiple rounds of negotiations between the City Council and the Department, affected providers are now being given the opportunity to spend up to half (6 months-worth) of their Fiscal 2011 contract amounts in the first six months on CY 12 (from Jan. 1 through June 30).

- Without the new option: Contracted providers would have moderated spending throughout the year, but it would be at reduced levels and internal changes to absorb the funding reduction (e.g., layoffs) would be effective immediately. If there is a restoration, groups would have to scale up in the second half of the year to meet the additional spending allowance granted from July through December 2012.
- With the new option: Contracted providers will maintain spending levels at the CY11 amount for the first six months of 2012 with the risk of substantially lesser spending from July 1 through the remainder of a year.

Description. The Bureau of HIV/AIDS will scale back its contracts for HIV prevention that the Bureau has determined to be a high cost per person reached, including:

- Evidence-Based Behavioral Interventions: DOHMH will reduce its diffusion of effective behavioral health interventions (DEBI) contracts - contracts that target HIV positive individuals who are at risk of spreading the disease or contracting AIDS due to risky behavior - by eliminating one contract (with HHC) and reducing the remaining 16 DEBI contracts by approximately 50 percent.
 - According to OMB, a recent DOHMH study affiliated with NYU found that certain types of contracts (mainly group level or community interventions) were not reaching as many people, despite being so expensive to implement.

- Anti-Stigma: The agency's three anti-stigma contracts will be reduced across-the-board by 33-37 percent.
- Condom Distribution: Contracts in the Bureau's condom distribution portfolio will be reduced by 35-40 percent.
- Co-Factors: These contracts were held harmless in November 2011 PEG plan; however, they were reduced via Fiscal 2012 Executive Budget.

Impact Estimate. The Council has collected several narratives describing the impact of these premature cuts. One of the agencies may have to end a program that focuses on HIV positive women who were previously incarcerated. Another negative affect of these funding cuts are forcing organizations to lay off staff, which agencies report to be HIV positive themselves. All of these cuts, while they may have been necessary, could have been planned for has the DOHMH made an effort to give advance warning. Contracted providers were only given two weeks advance notice.

Rationale. To help meet its Fiscal 2013 PEG target, the agency decided to reduce the total contract amounts and shift these contracts from a combination of CTL, state and federal funding to solely federal grant dollars.

- The DOHMH is moving nearly all of its contracts toward complete federal funding.
- The DOHMH will be rebidding its entire HIV/AIDS contracts portfolio – with the exception of HIV testing – beginning this spring, with contracts beginning in January 2013.
 - The rebidder contracts portfolio will be entirely supported by the agency's Cooperative Agreement with the U.S. Centers for Disease Control (CDC).
 - Contracts will be rebid for new and redefined categories, as prescribed by the CDC.
- With regard to the agency's shift away from Evidence-Based Interventions (EBIs):
 - CDC's new HIV prevention cooperative agreement specifically requires DOHMH to prioritize HIV testing, prevention with positives, policy/structural changes, and condom distribution over other activities, such as behavioral risk reduction interventions (EBIs).
 - For EBIs, CDC has shifted its emphasis away from supporting individual and group-level behavioral risk reduction interventions (the contracts that are being reduced this year) and instead recommends a move toward community-level interventions that have the potential to reach more individuals within priority populations for a given level of funding.
- With the new prevention guidance, CDC also requires agencies to focus on the following populations: HIV positive individuals, MSM, transgender women who have sex with men, African-Americans, Latinos, and injection drug users. In New York City, these populations are heavily impacted by HIV.

About the Cooperative Agreement.

- Term: January 1, 2012 through December 31, 2016.
- Automatic renewal: No; however, this grant is not competitive. To access grant funding in the outyears, DOHMH will be required to send in an Interim Progress Report and a budget each year.
- Funding: The plan for the five-year term was that for each year after 2012, New York City would actually receive an increase from the previous year.

- However, given the state of the federal budget at its potential impact on human services, DOHMH cannot be sure that the funding will renew at an increased level or even at the current level.
- **Post-Rebid Contract Categories:** Below is a brief summary of what the rebid portfolio *could* look like; however, these determinations have not been finalized:
 - *Evidence-based Behavioral Interventions:* Individual counseling; group counseling; community-level social marketing targeting HIV risk reduction.
 - *Anti-Stigma:* Community-level social marketing targeting HIV stigma.
 - *Condom Distribution:* Distribution of condoms to non-traditional venues (barber shops, beauty salons, sex clubs, etc.) in the Bronx, East Harlem, Central Brooklyn.
 - *Co-Factors (partial):* STD screening and referral to treatment; Mental health screening and referral to treatment; Substance use screening and referral to treatment; HIV testing (limited) for anyone who screens positive who has not been tested (not all contracts provide this service via this contract).
 - *Non-Occupational Post-Exposure Prophylaxis:* Provision of 30-day PEP (anti-retroviral) medication for people who have had a high risk non-occupational exposure to HIV.
 - *HIV testing* (routine, social network strategy, and targeted): HIV testing; confirmatory testing; linkage to care.
- **Contract length:** All contracts run on a calendar year and are for a year, unless they are new contracts or EBI.

PEG, Agencywide Reductions – Disease Prevention & Treatment, HIV/AIDS

Fiscal 2013 Impact. \$26,000 in City tax levy and \$15,000 in State funds.

Headcount. None.

Description. HIV/AIDS Program Services, Surveillance and Research. Shift one position to AIDS Prevention grant. These federal funds are recurring and are renewed yearly.

Impact Estimate. This shifted staff will be responsible for performing only tasks under the Public Health Emergency Preparedness Grant (PHEP) grant objectives. As a result, the bureau will lose some staff capacity to continue the general surveillance tasks.

Rationale. Shifting toward outside funding will help enable the DOHMH to meet its City spending target while having the least impact on services.

Fiscal 2012-13 State Executive Budget Actions

Medicaid Coverage for Harm Reduction. The State's Executive Budget would require Medicaid coverage for harm reduction counseling and services for drug users that are provided by a qualified drug treatment program or community-based organization.

Enteral Formula. The State Executive Budget would broaden eligibility for coverage of enteral formula therapy and nutritional supplements to include people with a diagnosis of HIV, AIDS, or HIV-related illness.

Preliminary Mayor's Management Report – Disease Prevention and Treatment – AIDS

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Number of Male Condoms Distributed (000)	41,838	36,838	36,309	14,203	36,000
HIV tests conducted (preliminary)	278,222	286,168	256,605	NA	250,000
New adult AIDS cases diagnosed (CY) (preliminary)	3,266	2,947	2,483	NA	*
Persons diagnosed, living and reported with HIV/AIDS (CY)	106,584	108,791	110,736	NA	*
Number of New Yorkers who die from HIV/AIDS (CY)	1,073	933	832	NA	875
Unduplicated clients enrolled in HIV/AIDS (Ryan White) health and supportive services (FY March – February) (000)	88.0	87.7	81.4	NA	75.5

The number of male condoms distributed increased by 19.6 percent during the first 4 months of Fiscal 2012 from the same period last year. The Department changed the manufacturer it used last year and shipments were delayed as a result. The new manufacturer increased shipments to make up for this delay in the current fiscal year, which accounts for the increase.

COUNCIL INITIATIVES

Below, the Council provided support for the following HIV/AIDS prevention, screening and treatment activities 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	
<i>Dollars in Thousands</i>	
Disease Control and Prevention - HIV/AIDS	
HIV Prevention and Health Literacy for Seniors	\$400
HIV/AIDS - Communities of Color (Prevention & Education)	1,125
HIV/AIDS - Faith Based Initiative	1,500
Injection Drug Users Health Alliance (IDUHA)	1,000
Total, Disease Control and Prevention - HIV/AIDS	\$4,025

- **HIV Prevention and Health Literacy for Seniors.** This allocation represents funding to develop tailored HIV prevention and education messages that target the older adult population, aging service providers and health care providers. The AIDS Community Research Initiative of America (ACRIA) provides services under this initiative.
- **HIV/AIDS Communities of Color (Prevention & Education).** This allocation represents funding to address the disproportionate number of AIDS cases among communities of color and women. This funding is primarily directed to community-based organizations which demonstrate an ability to engage these vulnerable populations, raise awareness of the disease and thereby help lower the rate of HIV/AIDS amongst communities of color and women.

Public Health Solutions and Community Resource Exchange, Inc. administers the contracts to a number of organizations.

- **HIV/AIDS – Faith Based Initiative.** This allocation represents funding for prevention, education, outreach, advocacy and support services. This funding is directed to local religious institutions and community-based organizations that demonstrate an ability to engage vulnerable populations and to raise awareness of the epidemic, thereby helping to reduce the spread of HIV/AIDS.
- **Injection Drug Users Health Alliance.** This allocation represents funding to combat the spread of HIV/AIDS as passed through intravenous drug use through enabling sterile syringe access, facilitating Hepatitis C care coordination and through offering overdose prevention and addiction treatment services. Providers under this initiative are part of the Injection Drug Users Health Alliance that provides clean syringes and referrals to drug treatment programs.

Disease Prevention & Treatment

The Department safeguards the health of New Yorkers through the identification, surveillance, treatment, control and prevention of infectious diseases and protects the health of citizens during emergencies. The Bureau of Communicable Disease performs ranges of activities, from investigating disease outbreaks and individual cases of disease to monitoring drug resistance patterns for select diseases. In cooperation with other emergency response agencies, the Bureau operates a comprehensive surveillance system to improve the City's ability to detect and respond to the release of a biological agent. The Bureau's Sexually Transmitted Disease Control Program promotes healthy sexual behavior to reduce the impact of Sexually Transmitted Diseases (STDs) in New York City.

The Department's Bureau of Immunization works to prevent the occurrence and transmission of diseases through promoting immunization of children and adults.

The Department's Bureau of Tuberculosis Control provides direct patient care, education, surveillance and outreach to reduce the incidence of Tuberculosis (TB). The Bureau offers free evaluation and treatment for tuberculosis at five separate Chest Center locations.

The Department's Public Health Laboratory provides state-of-the-art laboratory services to identify and investigate infectious diseases, including rapid testing for bioterrorist agents. The Laboratory performs tests for conditions such as rabies, West Nile virus, and certain environmental exposures not offered by commercial laboratories. It is also the City's largest HIV testing laboratory.

The Fiscal 2013 Preliminary Budget includes \$77.4 million for Disease Prevention and Treatment, which has been reduced by less than one percent since adoption and represents 5 percent of total proposed Department spending for Fiscal 2013. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
Spending					
Personal Services Subtotal	\$60,403	\$62,182	\$66,795	\$61,543	(\$639)
Full-Time Salaried - Civilian	48,914	54,147	55,873	53,664	(483)
Overtime - Civilian	1,131	490	597	445	(45)
Fringe Benefits	125	27	302	67	40
Other	(10,233)	(7,519)	(10,022)	(7,367)	152
Other Than Personal Services Subtotal	\$16,557	\$16,033	\$22,433	\$15,848	(\$185)
Contractual Services	7,071	3,366	10,881	3,366	0
Other	9,486	12,667	11,553	12,482	(185)
TOTAL	\$76,960	\$78,214	\$89,228	\$77,391	(\$824)
Funding					
City Funds	N/A	\$12,649	\$11,967	\$12,918	\$269

	2011	2012	2012	2013	*Difference
<i>Dollars in Thousands</i>	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	46,874	62,264	50,175	3,301
Intra City	N/A	55	242	189	134
Other Categorical	N/A	8,652	1,121	845	(7,807)
State	N/A	9,983	13,634	13,262	3,279
TOTAL	\$76,960	\$78,214	\$89,228	\$77,391	(\$824)
Headcount (full-time salaried, civilian)	794	804	864	795	(9)

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

Highlights for Disease Prevention & Treatment

Fiscal 2013 Preliminary Plan Actions

PEG, Clinic and Outreach Service Reductions

Fiscal 2013 Impact. \$461,000 in City tax levy; \$203,000 in State matching funds; and \$153,000 in other categorical spending.

Headcount. 7 staff eliminated via vacancy reductions.

Description.

- STD Clinics: STD clinic services on Saturdays will be scaled back.
 - The Central Harlem clinic will eliminate its Saturday hours – DOHMH says this clinic has the lowest Saturday utilization rates citywide; additionally, there is another Manhattan location (Chelsea).
 - Reduction from four to two Saturdays a month in the remaining locations: (a) Chelsea, (b) Morrisania, (c) Fort Greene and (d) Jamaica.
- Nursing Contract: This contract is for temporary supplemental nurse services at the DOHMH’s immunization clinics, not schools. DOHMH has nurses on staff, contract is supplemental to services provided by DOHMH nurses.
- School-based Treatment and Education Programs for Urban Populations (STEP-UP): Tests in school based settings for chlamydia and gonorrhea, part of the agency's Step Up program, are being eliminated in 86 campuses across all five boroughs.

Bureau of STD Control – STD Clinic Hours.

	Manhattan		Brooklyn	Queens	Bronx
	Chelsea	Central Harlem	Ft. Greene	Jamaica	Morrisania
Sat 1					
Sat 2					
Sat 3					
Sat 4					

*shaded cells indicate days with open Saturday clinic hours

- Rationale. Of those clinics with Saturday hours, Central Harlem Clinic has lowest Saturday utilization.
 - Utilization of clinics on Saturday is lower than on weekdays; Saturday clinics operate for five, rather than eight hours on weekdays.
 - Saturday clinics are operated by regular weekday staff on a voluntary, overtime hours-basis. According to the agency, staffing can be challenging from an operational perspective and the clinics require substantial overtime costs. Productivity is uneven in terms of disease intervention activities.
- About STD Clinics.
 - **Minors** – do NOT need parental consent for exams and treatment.
 - **Hours of Operation** – STD Clinics accept patients from 8:30am – 3:00pm.

- Patients are serviced on a first come, first served basis. No appointment is necessary.
 - The number of patients admitted to each clinic depends on the number of clinician hours per day, which is different in each site each day; thus, the clinics may at times, need to halt patient intake earlier than 3pm.
- **Referrals** – persons in need of primary care (including a routine STD checkup) will be referred to low/no cost services.

Bureau of Immunization – Seasonal Contractual Nurses.

- Description: The Bureau will reduce its seasonal contractual nurse headcount from eight to four. There will be no changes in hours. All three immunization clinics will be affected. They are located in Brooklyn, Queens and the Bronx.
- DOHMH Rationale: Department has reduced clinic services from four to three sites. Per DOHMH, the Department intends to maximize the use of permanent clinical staff along with the reduced number of contractual nurses to provide immunization services.

Bureau of STD Control – STEP UP Program.

- Description: The Bureau of STD Control's STEP UP Program (School-based STD Testing Education and Treatment Program for Urban Populations) is being eliminated in high participating schools.
- Stats: Last year, of the 47,252 total students in participating schools, 20,049 students (or, 42.2 percent) were educated and 7,797 students (or, 16.5 percent) were screened. Of the total students educated, 38.9 percent are screened (meaning, students educated in the program are more likely to get screened).
- DOHMH Rationale: Per DOHMH, in light of funding constraints, the Department is prioritizing existing resources to focus on STD clinics, which are located throughout the five boroughs. These clinics see patients 12 years and above without parental consent.
- Alternatives:
 - **SBHCs**: Of the 86 programs reached in 2010-2011, 18 (20 percent) of them do house school-based health centers, which offer chlamydia and gonorrhea testing and treatment. Students who are enrolled in a school-based health center could receive STD testing services through the center. However, school-based health centers do not provide school-wide STD screening and treatment; rather, they provide it primarily to students who complain of symptoms (is reactive, not proactive).
 - **Planned Parenthood**: provides free to low-cost sexual health care to adolescents without requiring parental consent
 - *Locations*: Bronx, Manhattan, Brooklyn and Staten Island
 - *Payment*: Accepts Medicaid, commercial insurers and uninsured clients may qualify for a state funded program that offers a lower fee scale
 - **Maternal Infant Child (MIC) clinics**:
 - *Locations*: Citywide
 - *Payment*: Services to uninsured teens may be free of charge. Accept most Medicaid plans including Family Health Plus and Child Health Plus; will help

uninsured enroll in low-cost health insurance programs. If client is ineligible for enrollment, MIC offer services on a low-cost sliding scale.

- **NYC DOHMH STD Clinics:**
 - *Locations:* See table on page 17 herein.
 - *Payment:* Minors do NOT need parental consent for exams and treatment. STD Clinics accept patients from 8:30am – 3:00pm. Patients are serviced on a first come, first served basis. No appointment is necessary. Persons in need of primary care (including a routine STD checkup) will be referred to low/no cost services. The number of patients admitted to each clinic depends on the number of clinician hours per day, which is different in each site each day. Thus, the clinics may at times, need to halt patient intake earlier than 3pm.

PEG, Clinic and Outreach Layoffs

Fiscal 2013 Impact. \$429,000 in City tax levy, \$234,000 in state aid and other categorical spending.

- NOTE: These layoffs have been delayed until Fiscal 2013 as a result of the Council's mid-year funding restoration to this PEG. Likewise, in the absence of restored funding for Fiscal 2013, layoffs can begin as soon as July.

Headcount. 6 total; 5 positions eliminated via layoffs; 1 position eliminated via attrition.

Description/ Rationale.

- Immunization:
 - Director, Perinatal Hepatitis B Unit field position provides education to infected mothers and conducts case management.
 - One staff, Adult Unit provides public health education and outreach activities citywide to communities in disparity.
- East Harlem Asthma Center of Excellence (EHACE):
 - Layoffs will likely target EHACE outreach staff; details are forthcoming.

Impact Estimate.

- Immunization:
 - Per DOHMH, existing staff will absorb responsibility with little to impact to direct services.
- Asthma: Details are forthcoming.

PEG, Agencywide Reductions – Disease Prevention & Treatment, Communicable Diseases.

Fiscal 2013 Impact. \$35,000 in City tax levy and \$20,000 in State funds.

Headcount. 1 position via funding shift.

Description. Shift one Public Health Epidemiologist position to Public Health Emergency Preparedness funding. These federal funds are recurring and are renewed yearly.

Impact Estimate. This shifted staff will be responsible for performing only tasks under the PHEP grant objectives. As a result, the bureau will lose some staff capacity to continue the general

surveillance tasks. This reduction will require the bureau to decrease the number of diseases it routinely investigates in order to prioritize those diseases of greater public health importance.

Rationale. Shifting toward outside funding will help enable the DOHMH to meet its City spending target while having the least impact on services.

Fiscal 2012-31 State Executive Budget Actions

Medicaid Eligibility for Hepatitis C Services. The proposed budget would provide Medicaid eligibility for wraparound services to promote care and integration when ordered by an MD, Registered PS, RNP or licensed midwife and provided by a qualified professional as determined by the State Department of Health (SDOH). Services may include: (1) Client outreach; (2) Identification and recruitment; (3) Hepatitis C education and counseling; (4) Coordination of care and adherence to treatment; (5) Assistance in obtaining appropriate entitlement services; (6) Peer support; and (7) other supportive services.

- If enacted, this would be subject to federal approval.
- The State anticipates an increase of \$2.1 million in Medicaid spending for this initiative.

Preliminary Mayor’s Management Report – Disease Prevention and Treatment

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Syphilis cases	1,075	975	959	280	*
New tuberculosis cases (CY) (preliminary)	895	760	711	221	*
Patients who complete treatment for active tuberculosis (%) (CY)	94.0%	90.5%	91.0%	93.0%	93.0%
Children in the public schools who have completed required immunizations (%)	98.8%	98.8%	98.8%	96.7%	98.8%
Seniors aged 65+, who received a flu shot in the last 12 months (%) (CY)	56.6%	52.6%	62.3%	N/A	64.0%

Reported syphilis cases fell by 19.3 percent during the first 4 months of Fiscal 2012 compared with the first 4 months of Fiscal 2011.

Health Promotion & Disease Prevention

The Department, through its Division of Health Promotion and Disease Prevention, works to promote health, prevent disease and advance health equity among the people of New York City. The Division has five separate bureaus: Bureau of Chronic Disease Prevention and Control; Bureau of District Public Health Program; Bureau of Maternal, Infant and Reproductive Health; Bureau of School Health; and Bureau of Tobacco Control. The Bureau of Chronic Disease Prevention and Control spearheads programs and policy initiatives to reduce the burden of heart disease, stroke, cancer, diabetes and asthma. The Bureau of District Public Health Program directs resources, programs and attention to high-need neighborhoods in the South Bronx, East and Central Harlem, and North and Central Brooklyn to reduce health inequalities. The Bureau of Maternal, Infant and Reproductive Health works to promote sexual and reproductive health, and prevent teen pregnancies. The Bureau of School Health works with the Department of Education to deploy school nurses and promote the health of NYC's 1.1 million school-aged children. The Bureau of Tobacco Control works to reduce tobacco-related deaths and illnesses through five main strategies—taxation, legislation, cessation, public education, and evaluation and monitoring.

The Fiscal 2013 Preliminary Budget includes \$116.6 million for Health Promotion and Disease Prevention, which has been reduced by less than 2 percent since Adoption and represents 7.7 percent of total proposed Department spending for Fiscal 2013. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

	2011	2012	2012	2013	*Difference
<i>Dollars in Thousands</i>	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$89,095	\$84,070	\$88,362	\$83,783	(\$286)
Full-Time Salaried - Civilian	29,455	25,617	26,373	24,480	(1,136)
Overtime - Civilian	385	58	58	28	(30)
Fringe Benefits	459	103	103	103	0
Other	(58,796)	(58,292)	(61,828)	(59,173)	(880)
Other Than Personal Services Subtotal	\$47,621	\$34,697	\$44,867	\$32,804	(\$1,894)
Contractual Services	14,829	16,817	14,866	15,767	(1,050)
Other	32,792	17,880	30,001	17,037	(843)
TOTAL	\$136,716	\$118,767	\$133,229	\$116,587	(\$2,180)
Funding					
City Funds	N/A	\$64,266	\$64,650	\$62,501	(\$1,764)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	550	10,910	7,958	7,408
Intra City	N/A	0	7,501	930	930
Other Categorical	N/A	15,125	359	0	(15,125)
State	N/A	38,826	49,810	45,197	6,371
TOTAL	\$136,716	\$118,767	\$133,229	\$116,587	(\$2,180)
Headcount (full-time salaried, civilian)	414	423	439	410	(13)

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

Highlights for Health Promotion & Disease Prevention

Fiscal 2013 Preliminary Plan Actions

PEG, Tobacco Control Layoffs and Reductions

Fiscal 2013 Impact. \$1.2 million in City tax levy and \$648,000 in State matching aid.

Headcount. 1 position eliminated via layoff.

Description. DOHMH will cease offering Nicotine Replacement Treatment kits to 3-1-1 callers, who instead will be directed to and can receive kits from the New York State Quitline. DOHMH will also layoff one research and evaluation staff.

- The Department provides kits through Nicotine Patch and Gum Program for several weeks each year (in 2011, it ran from March 9 through March 24).
- During the rest of the year, kits are provided by the New York State Department of Health.
- As of August 2011, 59,281 had called.
- In 2010, 3-1-1 received 75,439 calls (including calls related to the Nicotine Patch and Gum Program) that were referred to the NYS Quitline.

Impact Estimate. Light smokers, who were eligible via 3-1-1, will not be eligible under NYS Quitline

- Difference in Average Call Times:
 - **3-1-1 Avg Call Time:** During the time the Nicotine Patch and Gum Program ran in 2011 (March 9 – 24), 3-1-1's average handle time for inquiries regarding the Nicotine Patch and Gum Program was 413 seconds.
 - **NYS Quitline Avg Call Time:** At this time, this data is not known. We're waiting for a response from the NYS Quitline.
- Difference Between Kits: Currently, the NYS Quitline provides a two-week supply of 21mg patches to moderate and heavy daily smokers (more than ten cigarettes per day). They do not provide gum and do not treat lighter smokers.
- Difference in Eligibility for Kits: *Light daily smokers (fewer than ten cigarettes per day) are eligible under the City's program, but not under the NYS Quitline.* There are also slight differences in eligibility questions/criteria.

Rationale. In response to financial constraints, the Bureau of Tobacco Control must explore alternatives to make future Nicotine Patch and Gum Programs sustainable. The Department is exploring collaboration with the State Department of Health in order to retain this program.

PEG, Agencywide Reductions – Health Promotion and Disease Prevention, Chronic Disease

Fiscal 2013 Impact. \$315,000 in City tax levy and \$177,000 in State funds.

Headcount. 2 positions eliminated via vacancy reductions.

Description.

- Chronic Disease Management/Diabetes, Senior level administrator (1). This person was a senior level administrator who supported report preparation, evaluation and monitoring, budget and contract management, and strategic planning.
- Chronic Disease Management/Cardiovascular Disease, Assistant Commissioner (1). The function of this position included oversight of three disease programs (Diabetes, Cardiovascular Disease and Cancer) at an assistant commissioner level.

Impact Estimate.

- Chronic Disease Management/Diabetes. Per DOHMH, no impact.
- Chronic Disease Management/Cardiovascular Disease. Per DOHMH, minimal to no impact.

Rationale.

- Chronic Disease Management/Diabetes. The position is being eliminated since the diabetes program scope and efforts are decreasing due to change in agency priorities. These functions are no longer necessary since the program scope has decreased.
- Chronic Disease Management/Cardiovascular Disease. The position is being eliminated as a result of an internal reorganization which will consolidate existing Bureau staff into another Bureau (details are forthcoming). These functions will be managed across various unit leads in the Bureau to which these staff will be transferred.

Fiscal 2012-13 State Executive Budget Actions

Lactation Consultants. The Medicaid package will include lactation counseling services for pregnant and postpartum women. This mirrors a final recommendation of both the Basic Benefit Review and Health Disparities MRT Work Groups, which stated this benefit expansion would help improve the health of infants and mothers, reduce short-term health care costs, and contribute to obesity reduction.

Nurse Family Partnership (NFP). Funding for COPS remained level. The budget does not include a line item for NFP, nor does it include a provision to make NFP eligible for Medicaid funding. DOHMH will advocate actively for a \$5 million budget line for this program.

School-based Health Centers (SBHCs). School-based health centers have traditionally been funded from several sources. The State Executive Budget proposes allocating \$5.6 million from the HCRA Program Account and \$6.0 million from additional HCRA accounts. The State Executive Budget proposes allocating \$4.4 million from the Local Assistance Account for school-based health centers.

Tobacco. Funding for localities to enforce and provide education about tobacco laws remained stable. In NYC, this funding goes to the Department of Consumer Affairs to carry out enforcement

activities related to underage sales, and to DOHMH to do education campaigns with tobacco retailers.

- Funding for tobacco prevention and control activities was cut by \$5 million. This has no direct impact on DOHMH.
- Loophole closing actions related to tobacco products are expected to produce \$18 million on an All Funds basis in State Fiscal Year 2012-13.

***Preliminary Mayor’s Management Report –
Health Promotion and Disease Prevention***

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Adults who smoke (%) (CY)	15.8%	15.8%	14.0%	N/A	12.0%
Adults aged 50+, who received a colonoscopy in the past ten years (%) (CY)	65.6%	66.0%	67.5%	N/A	80.0%
Adults who consume an average of one or more sugar-sweetened beverage per day (%) (CY)	32.6%	31.6%	30.3%	N/A	29.0%
Screening rates for breast cancer (CY)	77.8%	78.5%	76.7%	N/A	80.0%
Screening rates for cervical cancer (CY)	82.5%	81.6%	78.4%	N/A	83.0%
Hospitalization rate for asthma among children ages 0-14 (per 1,000 children) (CY) (preliminary)	5.2	5.2	5.5	N/A	4.7
Infant mortality rate (per 1,000 live births) (CY)	5.5	5.3	4.9	N/A	4.7

COUNCIL INITIATIVES

Below, the Council provided support for the following health promotion and disease prevention activities 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	
<i>Dollars in Thousands</i>	
Health Promotion and Disease Prevention	
Asthma Control Program	\$500
Cancer Initiatives	1,425
Family Planning	350
Infant Mortality Reduction	2,500
Obesity Intervention Programs	1,300
Total, Health Promotion and Disease Prevention	\$6,075

- **Asthma Control Program.** This allocation represents funding for the Department and community based organizations to provide services in the Managing Asthma in Daycare Program. The Council also provides funding directly to the Department to implement its corticoid steroid pilot program, participate in the NYC Asthma Partnership and to continue its Integrated Pest Management and American Lung Association programs in schools.
- **Cancer Initiatives.** This allocation represents funding for various Council-funded programs that include screening and education for breast, colon and ovarian cancer. The designated organizations are focused on supporting cancer survivors during their recovery.
- **Family Planning.** This allocation represents a restoration to provide funding for reproductive health and pregnancy prevention services for uninsured and high-risk teens via Planned Parenthood of New York City (PPNYC).
- **Infant Mortality Reduction.** This allocation represents funding to promote women’s health before, during and after pregnancy and works to improve outcomes for infants in order to reduce infant mortality and narrow racial/ethnic disparities in these areas.
- **Obesity Intervention Programs.** This allocation represents funding for a number of obesity prevention programs that provide education and promote physical fitness to curb and prevent obesity in young New Yorkers.

Environmental Health

The Department conducts surveillance of environmental-related disease, assesses risk from exposure to potential environmental and occupational hazards, inspects child care facilities, food service establishments and other permitted entities to ensure compliance with regulations, response to complaints of environmental and occupational exposures, and educated the public and health care providers on environmental and occupational illnesses.

The Fiscal 2013 Preliminary Budget includes \$63.9 million for Environmental Health, reflecting a healthy increase of nearly \$7.5 million, or 13.3 percent since adoption. This budget also represents 4.2 percent of total proposed Department spending for Fiscal 2013. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
Spending					
Personal Services Subtotal	\$41,343	\$41,730	\$40,719	\$42,439	\$709
Full-Time Salaried - Civilian	36,255	38,048	36,983	38,720	672
Overtime - Civilian	1,227	802	815	802	0
Fringe Benefits	2	0	0	0	0
Other	(3,859)	(2,880)	(2,921)	(2,917)	(38)
Other Than Personal Services Subtotal	\$16,339	\$14,690	\$17,971	\$21,505	\$6,815
Contractual Services	11,950	10,444	12,949	17,215	6,771
Other	4,390	4,246	5,021	4,290	45
TOTAL	\$57,682	\$56,420	\$58,690	\$63,944	\$7,525
Funding					
City Funds	N/A	\$40,635	\$40,980	\$47,539	\$6,904
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	11,605	9,758	9,775	(1,829)
Intra City	N/A	0	2,284	1,980	1,980
Other Categorical	N/A	535	1,144	194	(341)
State	N/A	3,645	4,523	4,456	811
TOTAL	\$57,682	\$56,420	\$58,690	\$63,944	\$7,525
Headcount (full-time salaried, civilian)	658	696	715	704	8

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

Highlights for Environmental Health

Fiscal 2013 Preliminary Plan Actions

PEG, Restaurant Enforcement Revenues

Fiscal 2013 Impact. An increase of \$3.8 million in City tax levy generated from fines.

Headcount. Budgeted headcount for food safety inspectors is preserved; DOHMH intends to hire 10 more inspectors in order to increase inspections, see staffing below for details.

Description. DOHMH is revising its health tribunal fine revenue estimate to reflect actuals and an anticipated increase in restaurant inspections.

Impact Estimate. Increased revenues attributed to two changes: (1) tribunal revenue estimate stemming from a new settlement option (in lieu of a hearing), which enabled a 9.4 percent increase in sustained or settled restaurant violations; and (2) anticipated increase in restaurant inspections by 11 percent due to revised staffing projections. The DOHMH says the existing fine structure will not change.

- Settlement option: A restaurant owner can choose to waive his/her right to a hearing and simply pay 30 percent of the recommended penalty. Note that there is no discount on fines \$200 and under. There is also no discount on permit violations, which carry a mandatory \$1,000 fine.
- Staffing:
 - According to OMB, there are 162 food safety inspector positions budgeted in Fiscal 2011, with 152 of the positions filled, on average.
 - Restaurant inspectors comprise 83 of these positions.
 - The remaining food safety positions inspect for day care food service, group homes, correctional facilities, treatment centers, public, private and parochial school cafeterias, shelters, mobile food vendors, trans fat and calorie posting enforcement.
- Inspections: Per OMB:
 - Current headcount allowed for approximately 36,000 inspections in Fiscal 2011.
 - By filling an additional 10 positions, DOHMH is adjusting its annual target for 43,000 inspections.
 - The difference corresponds to giving “B’s” and “C’s” the opportunity to upgrade (that is an inspection) every six months for B’s and every four months for C’s (status quo is between one and two months longer than that).
- Revenue:
 - The expectation is that the additional inspections, as well as giving a more prompt opportunity to eliminate the low rating, will result in summonses which will produce the \$3.8 million in revenue.
- The city collected \$42.4 million in fines during Fiscal 2011, up 145 percent from \$17.3 million in Fiscal 2006.

Rationale. See Impact Estimate, Revenue.

Fine Background.

- In Fiscal 2011, the median fine amount was \$660. Range: Roughly 40 percent did not pay fines for the first year after they received an “A” grade and the worst-performing 20 percent of restaurants pay more than two-thirds of all fines.
- As specified in the Health Code, violation fine amounts range from \$200 to \$2,000. DOHMH recommended fine amounts are determined by points/severity and whether a violation is a repeat offense from a previous inspection in the same cycle.
- Fine per point (note: These are DOHMH recommended penalties; judges at the OATH Administrative Tribunal have final determination on actual fines levied):
 - 1st Violation: \$55 per point
 - 2nd Violation: \$80 per point
 - 3rd Violation: \$100 per point

PEG, Day Care Permit Revenues

Fiscal 2013 Impact. \$100,000 in City tax levy.

Headcount. Not applicable.

Description. The agency will generate additional child day care permit revenue.

- The Bureau of Child Care permits and inspects over 2,000 Group Child Care sites in NYC.
- While not all applications result in a permit being issued, Department staff work continuously with applicants from the point of viability inspection. The first step in permitting process is to determine if a child care site meets basic requirements.
- As of Fiscal 2011, the Department charges the biannual group child care permit fee at the beginning of the process with the request for a viability inspection, or, where the Department begins to incur cost.

Impact Estimate. Most likely, none or minimal. Fee and permit length have not changed.

- As a result, over \$50k in additional revenue was collected in Fiscal 2011 (\$232,000).
- Collection has increased further through the first 2 months of Fiscal 2012 and revenue is projected to reach between \$250,000 – \$275,000 for the current fiscal year and beyond.

Rationale. Prior to Fiscal 2011, the \$200 biannual permit fee was collected at the end of the permitting process.

PEG, Agencywide Reductions – Environmental Health, Day Care, Pest Control and Other

Fiscal 2013 Impact. \$272,000 in City tax levy and \$95,000 in State funds.

Headcount. 2 positions eliminated via vacancy reductions and attrition.

Description.

- Day Care (1). Details are forthcoming.
- Pest Control (1). A regional manager (Associate Public Health Sanitarian) position. The Queens Pest Control office has a senior sanitarian, a borough manager and a regional manager. The Queens regional manager position manages the office staff.

Impact Estimate.

- Day Care. No direct impact to services.
- Pest Control. Minimal to no impact on services.

Rationale.

- Day Care. The incumbent will soon retire. Duties can be absorbed by a senior staff person.
- Pest Control. Instead of filling the recently vacated regional manager position, the senior inspector will take on the tasks of the regional manager.

Preliminary Mayor’s Management Report – Environmental Health

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Restaurants inspected (%)	99.1%	99.7%	99.8%	64.4%	100.0%
Restaurants scoring an 'A' grade (%)	NA	NA	83.8%	82.9%	*
Day Care site complaints received	1,525	1,416	1,325	381	*
Day Care Initial site inspections	15,989	20,280	21,610	6,985	*
Pest control complaints received by DOHMH (000)	22.1	21.8	22.5	8.2	*
Initial Pest Control Inspections (000)	89	85	114	31	*
Initial Inspections with Active Rat Signs (ARS) (%)	13.1%	15.1%	9.8%	12.3%	*
Compliance inspections found to be rat free (%)	40.8%	43.5%	47.1%	47.5%	*
Dog Licenses Issued (000)	101.0	99.4	97.6	31.9	105.0

- During the first four months of Fiscal 2012, new child lead poisoning cases decreased by 22 percent among children less than 18 years requiring environmental intervention (blood lead level of 15µg/dL or higher), and 21 percent among children aged 6 months to 6 years with elevated blood lead levels (10 µg/dL or higher), compared to the same period in Fiscal 2011. The decrease reflects the continued success of the City's lead poisoning prevention activities.
- During the first four months of Fiscal 2012, the proportion of restaurants inspected increased 27 percentage points to 64.4 percent compared to the same period last year. The Department now inspects restaurants performing poorly on sanitary inspections more frequently, in accordance with the new restaurant grading initiative.
- The Department received 381 child care site complaint during the first four months of Fiscal 2012, down from 543 received in the same period last year. This represents a 29 percent decline in complaints.
- Pest control complaints declined by 10.7 percent; and initial inspections decreased by 19.5 percent in the first 4 months of Fiscal 2012 compared from the same period in Fiscal 2011, falling to approximately 31,000, compared to 38,000 during the first 4 months of Fiscal 2011. In the past year, the Department’s indexing program in the Bronx focused on

neighborhoods with high initial inspection failure rates, resulting in fewer properties indexed overall. In addition, the decrease in complaints resulted in fewer complaint-based inspections.

- Initial pest control inspections with signs of active rats increased by nearly 3 percentage points to 12.3 percent compared to the same period last year. The Department focused on properties with higher failure rates in the Bronx in the first four months of Fiscal 2012, while Manhattan properties were indexed for the first time during the first four months of Fiscal 2011.

Health Care Access & Improvement

The Department, through its Division of Health Care Access and Improvement, promotes improvements in population health through supporting high quality health care services in New York City. As of February 2012, 64 percent of the State's 2 million enrolled Medicaid managed care population resides in New York City. The Division's Health Insurance services enrolls families into health insurance; works to improve the quality of health care offered through Medicaid managed care organizations, and promotes appropriate health care utilization and preventive health behaviors. The Division's Correctional Health Services coordinates medical, dental, and mental health care as well as discharge planning for people incarcerated in New York City jails. The Division also provides information technology support services and runs a Primary Care Information Project that supports the adoption and use of prevention-oriented electronic health records among primary care providers in New York City's underserved communities.

The Fiscal 2013 Preliminary Budget includes \$173 million for Health Care Access and Improvement, which is \$3.6 million, or 2 percent, less than the budget at Adoption and represents 11.4 percent in total proposed agency spending for Fiscal 2013. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

	2011	2012	2012	2013	*Difference
<i>Dollars in Thousands</i>	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$15,483	\$11,455	\$16,612	\$9,516	(\$1,939)
Full-Time Salaried - Civilian	13,319	10,376	14,571	8,539	(1,837)
Overtime - Civilian	157	32	92	32	0
Fringe Benefits	3	0	0	0	0
Other	(2,003)	(1,047)	(1,948)	(944)	102
Other Than Personal Services Subtotal	\$163,128	\$165,139	\$167,106	\$163,470	(\$1,669)
Contractual Services	127,498	132,633	133,998	131,336	(1,297)
Other	35,630	32,506	33,108	32,133	(372)
TOTAL	\$178,610	\$176,594	\$183,717	\$172,986	(\$3,608)
Funding					
City Funds	N/A	\$155,007	\$154,674	\$156,424	\$1,416
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	1,310	4,140	919	(391)
Intra City	N/A	500	0	0	(500)
Other Categorical	N/A	0	1,381	0	0
State	N/A	19,777	23,521	15,643	(4,134)
TOTAL	\$178,610	\$176,594	\$183,717	\$172,986	(\$3,608)
Headcount (full-time salaried, civilian)	211	153	242	121	(32)

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

Highlights for Health Care Access & Improvement

Fiscal 2013 Preliminary Plan Actions

New Needs Spending, Project Ceasefire

Fiscal 2013 Impact. \$960,000 in City tax levy.

Headcount. To be determined.

Description. DOHMH's pilot violence prevention project extends the community-based work of a proven public health model (CeaseFire-Chicago) to include a hospital referral and follow-up component.

- The model aims to reduce shootings and killings by:
 - Interrupting violence by connecting with youth on the streets where the violence is occurring and in hospitals where victims are receiving care;
 - Assisting high-risk youth with referrals and mentoring on job training, schooling, employment, health care, etc.; and
 - Mobilizing community members and organizations to promote non-violence and to raise awareness about violence impacts on communities.
- The program will use "Violence Interrupters" and "Outreach Workers" who are from the targeted communities and who will serve as credible messengers to high risk youth.
 - Violence Interrupters reach youth involved in violence on the streets and where they are getting care - in hospitals - to stop conflicts before they happen.
 - Outreach workers re-direct the highest-risk youth away from life on the streets and build a net of health and social services in collaboration with hospital staff.

Impact Estimate. Per DOHMH, fewer people will be engaging in violent, risky behavior.

Rationale. Part of Young Men's Initiative (YMI).

New Needs Spending, Queens House of Detention (QHOD)

Fiscal 2013 Impact. \$2.9 million in City tax levy and \$259,000 in State aid.

Headcount. 4 new staff added.

Description. DOHMH will provide required healthcare services at the Queens Detention Complex, a 456-bed facility, which will re-open in November 2012. The building will provide for swing space while various jails on Rikers Island are under construction.

Impact Estimate. Details are forthcoming.

Rationale. The Department of Corrections is currently funded to keep QHOD open temporarily until the end of Fiscal 2014. Once the funding is exhausted and all of the construction projects have been completed, OMB has indicated that they will be amendable to discuss re-opening Queens permanently.

PEG, Correctional Health Layoffs

Fiscal 2013 Impact. \$179,000 in reduced City tax levy.

Headcount. 1 staff eliminated via layoff; 1 staff eliminated via attrition.

Description.

- Director of Clinic Administration (1). Monitors vendor’s clinic operations at Rikers.
- Health Services Manager (1). Data analysis at Correctional Public Health Unit.

Impact Estimate. Per DOHMH, minimal to no impact; remaining staff will absorb these responsibilities.

Rationale. Details are forthcoming.

PEG, Correctional Health Reductions

Fiscal 2013 Impact. \$659,000 in reduced City tax levy, \$25,000 loss in State funding.

Headcount. 3 staff eliminated via vacancy reduction.

Description. Correctional Health will eliminate vacant positions and reduce the Prison Health Services contract.

- City Research Scientist (1). Data analyses and manuscript drafting for the Office of Correctional Public Health, Bureau of Correctional Health Services.
- Agency Attorney (1). Bureau of Correctional Health Services litigation and related support.
- Epidemiologist (1). Support development of Correctional Health focused IT systems such as radiology and electronic health records.

Impact Estimate. Per DOHMH, minimal to no impact; remaining staff will absorb these responsibilities.

Rationale. Details are forthcoming.

Preliminary Mayor’s Management Report – Health Care Access & Improvement

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Adult New Yorkers without a regular doctor (%) (CY)	15.6%	18.1%	16.7%	N/A	*
Total correctional health clinical visits (includes intake exams, sick calls, follow-up, mental health and dental)	838,467	817,012	803,871	290,354	*

COUNCIL INITIATIVES

The Council provided support for the following health care access and improvement activities 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	
<i>Dollars in Thousands</i>	
Health Care Access and Improvement	
NYU Dental Van	\$268
Total, Health Care Access and Improvement	\$268

- **NYU Dental Van.** This allocation represents funding to provide mobile dental care to medically underserved children citywide.

Environmental Disease Prevention

The Bureau of Environmental Disease Prevention prevents and controls environmentally and occupationally related diseases. Programs include Lead Poisoning Prevention, Environmental and Occupational Disease Epidemiology and the Emergency Preparedness Unit.

The Fiscal 2013 Preliminary Budget includes \$12.7 million for Environmental Disease Prevention, reflecting a \$1 million, or 9.3 percent increase in funding since adoption. This budget represents less than one percent of total proposed Department spending for Fiscal 2013. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
Spending					
Personal Services Subtotal	\$9,878	\$10,646	\$12,237	\$10,960	\$314
Full-Time Salaried - Civilian	9,070	9,815	11,334	10,126	311
Overtime - Civilian	24	92	103	0	(92)
Fringe Benefits	7	1	1	1	0
Other	(778)	(739)	(800)	(833)	(94)
Other Than Personal Services Subtotal	\$1,329	\$1,011	\$1,840	\$1,784	\$773
Contractual Services	698	233	561	233	0
Other	632	779	1,278	1,551	772
TOTAL	\$11,207	\$11,658	\$14,076	\$12,744	\$1,086
Funding					
City Funds	N/A	\$5,102	\$5,334	\$6,039	\$937
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	3,958	4,274	4,134	176
Intra City	N/A	0	0	0	0
Other Categorical	N/A	0	0	0	0
State	N/A	2,598	4,468	2,571	(27)
TOTAL	\$11,207	\$11,658	\$14,076	\$12,744	\$1,086
Headcount (full-time salaried, civilian)	132	145	169	146	1

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

Preliminary Mayor’s Management Report – Environmental Disease Prevention

	FY09	FY10	FY11	FY12 4-Month Actual	Target FY 12
Childhood Blood Lead Levels – New Cases among children less than 18 years requiring environmental intervention for lead poisoning	500	532	470	162	*
Primary address inspected within 5 business days (%)	90.4%	86.9%	85.0%	88.7%	90.0%
New cases among children aged 6 months to less than 6 years with blood lead levels greater than or equal to 10 micrograms per deciliter	1,455	1,398	1,319	461	*

Epidemiology

The Epidemiology Division provides timely, systematic, and ongoing collection, analysis and dissemination of data to monitor health trends and assist in the development of appropriate interventions. The Department also registers, processes, certifies, analyzes, and issues reports of births, deaths, and spontaneous and induced terminations of pregnancy, and coordinates public health training and education initiatives for agency staff and health professionals throughout the City.

The Fiscal 2013 Preliminary Budget includes \$12.5 million for Epidemiology which is \$368,000, or 3 percent less than the budget at Adoption and represents less than one percent of total proposed Department spending for Fiscal 2012. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

<i>Dollars in Thousands</i>	2011	2012	2012	2013	*Difference
	Actual	Adopted	Feb. Plan	Feb. Plan	2012 - 2013
Spending					
Personal Services Subtotal	\$9,748	\$9,524	\$10,585	\$9,312	(\$212)
Full-Time Salaried - Civilian	8,787	8,549	9,586	8,336	(213)
Overtime - Civilian	165	152	152	0	(152)
Fringe Benefits	1	1	1	1	(0)
Other	(794)	(823)	(846)	(975)	(152)
Other Than Personal Services Subtotal	\$5,075	\$3,371	\$7,936	\$3,215	(\$156)
Contractual Services	2,224	852	4,792	852	(0)
Other	2,851	2,519	3,144	2,363	(156)
TOTAL	\$14,823	\$12,895	\$18,521	\$12,527	(\$368)
Funding					
City Funds	N/A	\$10,833	\$10,592	\$10,587	(\$246)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	0	5,342	0	0
Intra City	N/A	0	0	0	0
Other Categorical	N/A	43	602	38	(5)
State	N/A	2,019	1,985	1,902	(117)
TOTAL	\$14,823	\$12,895	\$18,521	\$12,527	(\$368)
Headcount (full-time salaried, civilian)	152	153	165	152	(1)

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

Highlights for Epidemiology

Fiscal 2013 Preliminary Plan Actions

PEG, Agencywide Reductions – Epidemiology

Fiscal 2013 Impact. \$163,000 in City tax levy and \$54,000 in State funds.

Headcount. 2 positions via vacancy reduction and attrition.

Description.

- Librarian, Epidemiology Services and PH Training (1). This position oversaw operation of the library including supervising staff and coordination of library services.
- Medical Director, Division Medical Research (1). Coordinate and supervise clinical components of division research projects; provide clinical and epidemiologic advice on reports, manuscripts and other divisional publications and projects and represent the division on physician oriented training initiatives.

Impact Estimate.

- Librarian, Epidemiology Services and PH Training. Per DOHMH, no impact; the division will hire a part-time position to oversee library services and reassign several administrative staff to provide assistance.
- Director, Division Medical Research. Per DOHMH, no impact; functions will be assumed by other staff.

Rationale. DOHMH determined that eliminating these positions would have the least impact on services.

World Trade Center Program

Funding in this program area is for a comprehensive and confidential health survey of those most directly exposed to the events of 9/11. This allows health professionals to compare the health of those most exposed with the health of the general population. Funding in this program area is also used for mental health services for World Trade Center responders.

The Fiscal 2013 Preliminary Budget for World Trade Center Related Programs is \$10.5 million which is \$2.4 million, or 18.7 percent, less than the budget at Adoption and comprises less than one percent of the total proposed spending for the Department for Fiscal 2013. The change in funding is largely attributed to a reduction in federal grant funding.

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
Spending					
Personal Services Subtotal	\$4,180	\$1,831	\$3,917	\$1,480	(\$351)
Full-Time Salaried - Civilian	3,980	1,753	3,616	1,428	(325)
Overtime - Civilian	2	0	0	0	0
Fringe Benefits	3	0	0	0	0
Other	(195)	(78)	(301)	(52)	26
Other Than Personal Services Subtotal	\$7,131	\$11,017	\$14,394	\$8,970	(\$2,047)
Contractual Services	5,829	239	4,051	127	(112)
Other	1,301	10,778	10,343	8,843	(1,935)
TOTAL	\$11,311	\$12,848	\$18,311	\$10,450	(\$2,398)
Funding					
City Funds	N/A	\$9,011	\$9,011	\$8,641	(\$369)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	3,837	9,300	1,808	(2,029)
Intra City	N/A	0	0	0	0
Other Categorical	N/A	0	0	0	0
State	N/A	0	0	0	0
TOTAL	\$11,311	\$12,848	\$18,311	\$10,450	(\$2,398)
Headcount (full-time salaried, civilian)	50	39	58	11	(28)

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

General Administration

This program area includes the Commissioner's office and all other agency-wide administrative services, including management information and analysis, management planning, finance, personnel, labor relations, general services, data processing, general counsel, public information and operations site support, which includes security and custodial services.

The Fiscal 2013 Preliminary Budget for General Administration is \$160 million, which is \$37.4 million, or 18.9 percent, less than the budget at Adoption. General Administration comprises 10.6 percent of total proposed Department spending for Fiscal 2013. The change in funding is a function of spending reductions via the agency's PEG program as well as federal grant adjustments needed to align the budget with grant award letters and Article 6 adjustments to align the budget with State reimbursement law.

<i>Dollars in Thousands</i>	2011 Actual	2012 Adopted	2012 Feb. Plan	2013 Feb. Plan	*Difference 2012 - 2013
Spending					
Personal Services Subtotal	\$93,937	\$88,672	\$92,572	\$87,525	(\$1,147)
Full-Time Salaried - Civilian	83,197	79,541	81,925	77,976	(1,565)
Overtime - Civilian	2,128	1,534	1,544	0	(1,534)
Fringe Benefits	250	129	415	629	500
Other	(8,363)	(7,468)	(8,687)	(8,920)	(1,452)
Other Than Personal Services Subtotal	\$108,805	\$109,052	\$121,390	\$72,781	(\$36,271)
Contractual Services	42,085	32,878	41,820	4,824	(28,054)
Other	66,720	76,174	79,570	67,957	(8,217)
TOTAL	\$202,742	\$197,724	\$213,961	\$160,306	(\$37,418)
Funding					
City Funds	N/A	\$113,305	\$116,047	\$81,109	(\$32,196)
Federal – CD	N/A	0	0	0	0
Federal- Other	N/A	21,901	31,188	19,807	(2,094)
Intra City	N/A	189	474	168	(21)
Other Categorical	N/A	1,279	85	0	(1,279)
State	N/A	61,051	66,168	59,222	(1,829)
TOTAL	\$202,742	\$197,724	\$213,961	\$160,306	(\$37,418)
Headcount (full-time salaried, civilian)	1,294	1,350	1,442	1,326	(24)

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

Highlights for General Administration

Fiscal 2013 Preliminary Plan Actions

PEG, Woodside Garage

Fiscal 2013 Impact. \$354,000 in City tax levy and \$152,000 in State funds.

Headcount. No headcount reductions.

Description. The Division of Administration will eliminate a lease for a vehicle garage in Queens.

Impact Estimate.

- Since DOHMH is moving into a DSNY garage with enough capacity to accommodate agency vehicles, there is no need for new lease.
- There will be no new cost.

Rationale.

- As part of the Citywide Share Services Initiative, DOHMH's fleet maintenance unit will be consolidated with other City agencies, eliminating the need for the Woodside Garage.
- This garage currently houses DOHMH's fleet maintenance shop, as well as overnight parking for 35 agency vehicles.
- Upon termination of the lease, these 35 vehicles will share the Sanitation garage.

PEG, Central Administration Layoffs

Fiscal 2013 Impact. \$316,000 in City tax levy and \$108,000 in State funds.

Headcount. 4 positions eliminated via layoffs.

Description. The central support offices will lay off 4 staff.

Impact Estimate.

- Administration and Operations (3). Details are forthcoming.
- External Affairs, Policy, Audit, Quality Improvement (1). Details are forthcoming.

Rationale. Details are forthcoming.

PEG, Central Administration Reductions

Fiscal 2013 Impact.: \$410,000 in City tax levy and \$134,000 in State funds.

Headcount. 5 positions eliminated via vacancy reductions.

Description. The central support offices will achieve savings mainly through vacancy reductions and reductions in supplies and materials (\$94,000 of general OTPS budget for office supplies, trainings, one-time events, etc.).

Impact Estimate. Per DOHMH, functions attributed to vacant positions will be absorbed by existing staff in each unit with minimal impact to agency operations.

- Division of Administration/Bureau of Operations/Health Police Unit (2). Special Officer positions, responsible for safety of DOHMH facilities.

- Division of Finance/Bureau of Controller (3).
 - Accountant, responsible for vendor payments
 - Bookkeeper, responsible for vendor payments
 - Principle Administrative Assistant, responsible for DOHMH employee payrolls

Rationale. According to the agency, these positions have the least impact to DOHMH's daily operations and no direct service impact to the public.

PEG, Agencywide Reductions – General Administration

Fiscal 2013 Impact. \$59,000 in City tax levy.

Headcount. 2 positions eliminated via vacancy reduction and attrition.

Description.

- Administrative Staff Analyst (NM) (1). Details are forthcoming.
- Computer Specialist Software at HCAI IT Initiatives Bureau (1). Details are forthcoming.

Impact Estimate. Per DOHMH, no impact to direct services. Existing staff will absorb remaining workload.

Rationale. First phase of implementation of electronic health record at Rikers Island has been completed.

Fiscal 2012-13 State Executive Budget Actions

Article 6. The State Executive Budget appropriates \$254 million for Local Public Health, a 20.4 percent decrease from the previous fiscal year.

Capital Program

Capital Budget Summary

The February 2012 Capital Commitment Plan includes \$419 million in Fiscal 2012-2015 for the Department of Health and Mental Hygiene (including City and Non-City funds). This represents 1.2 percent of the City’s total \$35.07 billion Preliminary Plan for Fiscal 2012-2015. The agency’s Preliminary Commitment Plan for Fiscal 2012-2015 is 1 percent less than the \$423 million scheduled in the September Commitment Plan, a decrease of \$4.2 million.

The majority of capital projects span multiple fiscal years and it is therefore common practice for an agency to roll unspent capital funds 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 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 adoption last June, the total Capital Commitment Plan for Fiscal 2013 has decreased from \$125 million to \$122 million, a decrease of \$2.7 million or 2.2 percent.

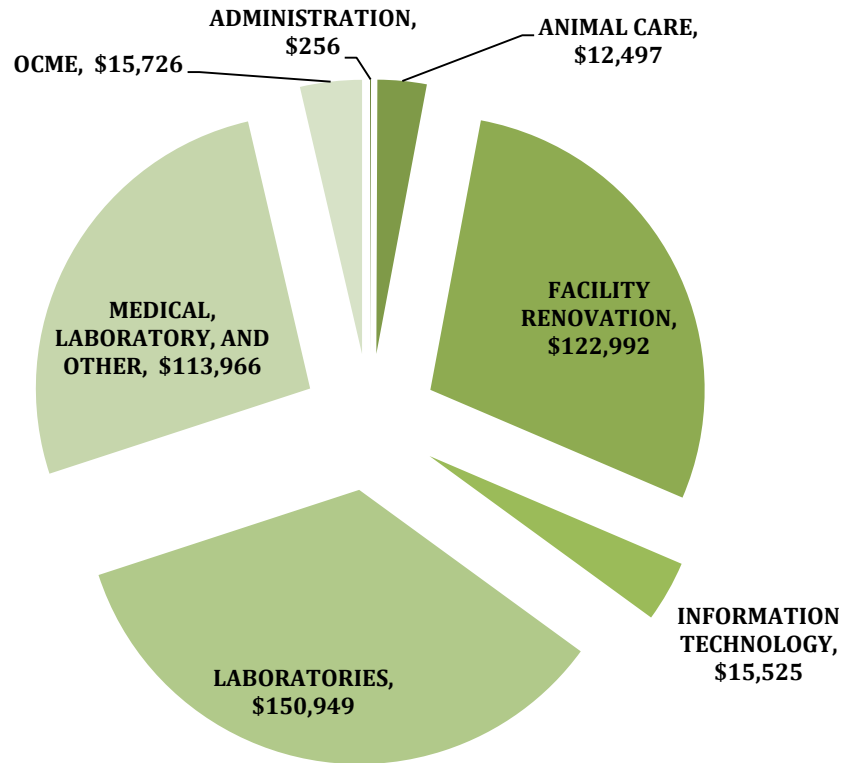
2012-2015 Commitment Plan: Adopted and Preliminary Budget

Dollars in Thousands

	FY12	FY13	FY14	FY15	Total
Adopted					
Total Capital Plan	\$290,482	\$125,096	\$4,566	\$2,993	\$423,137
Prelim					
Total Capital Plan	\$289,041	\$122,357	\$4,566	\$2,993	\$418,957
Change					
Level	(\$1,441)	(\$2,739)	\$0	\$0	(\$4,180)
Percentage	-0.50%	-2.19%	0.00%	0.00%	-0.99%

Department of Health and Mental Hygiene Preliminary Capital Commitment Plan by Ten Year Plan Category

(All Funds in 000's)



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.

Preliminary Budget Highlights

- 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 201313. The new space will house an STD clinic.

Appendix A: Budget Actions in the November and February 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	(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
Health Academy	177	0	177	286	0	286

<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
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%