

# **Fiscal 2008 Executive Budget Hearings**

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## **❖ Committee on Health**

*May 2007*

### **Scheduled To Testify:**

- *Department of Health & Mental Hygiene*

*Hon. Christine C. Quinn  
Speaker of the Council*

*Hon. David I. Weprin, Chair  
Committee on Finance*

*Hon. Joel Rivera, Chair  
Committee on Health*

*Michael Keogh, Director  
Finance Division*

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE (816)**

**Agency Operations**

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, mental retardation and developmental disability, chemical dependency prevention and treatment, and disaster-related crisis counseling services through over 1,000 contracted programs. The Department's Early Intervention Program provides services to developmentally delayed infants and toddlers. The Department operates five immunization walk-in clinics, 9 chest centers and 10 sexually-transmitted disease clinics in addition to HIV testing and counseling centers, and provides health services at public elementary and intermediate schools. The Department provides birth and death certificates. The Department conducts health and safety inspections to enforce the City Health Code, and protects public safety through an immediate response to emergent public health threats. The Department also includes the Office of Chief Medical Examiner, which is responsible for investigating sudden or violent deaths and performs DNA analysis.

**AGENCY FUNDING OVERVIEW**

| <b>Agency Funding Sources</b> | <b>Fiscal 2007<br/>Adopted<br/>Budget</b> | <b>Fiscal 2007<br/>Current<br/>Modified</b> | <b>Fiscal 2008<br/>Executive<br/>Budget</b> |
|-------------------------------|---|---|---|
| City                          | \$622,164,191                             | \$649,472,564                               | \$560,421,985                               |
| Other/Categorical             | \$255,609,780                             | \$257,660,768                               | \$247,006,112                               |
| Capital IFA                   | \$0                                       | \$0   | \$0   |
| State                         | \$436,161,436                             | \$467,037,682                               | \$432,279,276                               |
| Community Development         | \$553,000                                 | \$553,000                                   | \$553,000                                   |
| Federal-Other                 | \$245,747,803                             | \$322,420,279                               | \$251,902,359                               |
| Intra-City                    | \$3,444,667                               | \$8,976,963                                 | \$9,895,733                                 |
| <b>Total</b>                  | <b>\$1,563,680,877</b>                    | <b>\$1,706,121,256</b>                      | <b>\$1,502,058,465</b>                      |

**HEADCOUNT OVERVIEW**

| <b>Headcount</b> | <b>Fiscal 2007<br/>Adopted<br/>Budget</b> | <b>Fiscal 2007<br/>Current<br/>Modified</b> | <b>Fiscal 2008<br/>Executive<br/>Budget</b> |
|------------------|---|---|---|
| City             | 3,035                                     | NA  | 4,185                                       |
| Non-City         | 969                                       | NA  | 935   |
| <b>Total</b>     | <b>4,004</b>                              | <b>4,620</b>                                | <b>5,120</b>                                |

# Fiscal 2008 Executive Budget Report

## PROGRAM FUNDING OVERVIEW

| Program Funding                                  | 2006 Actual Expenses | 2007 Adopted Budget  | 2007 Current Modified | 2008 Executive Budget |
|--|----------------------|----------------------|-----------------------|-----------------------|
| <b>ADMINISTRATION</b>                            | \$71,522,156         | \$76,844,379         | \$87,898,535          | \$83,999,096          |
| <b>DISEASE PREVENTION AND TREATMENT</b>          |                      |                      |                       |                       |
| HIV/AIDS-Total                                   | \$211,646,219        | \$188,358,692        | \$211,751,596         | \$173,157,375         |
| Sexually Transmitted Diseases (GENERAL)-Total    | \$13,570,117         | \$13,126,314         | \$14,932,399          | \$14,444,188          |
| Tuberculosis-Total                               | \$50,719,358         | \$32,139,808         | \$30,419,644          | \$32,154,498          |
| Epidemiology-Total                               | \$21,961,845         | \$29,072,369         | \$28,928,365          | \$30,243,121          |
| Immunizations-Total                              | \$10,509,072         | \$13,122,137         | \$16,387,562          | \$13,314,411          |
| Bio-Terrorism-Total                              | \$20,104,404         | \$15,058,638         | \$38,292,077          | 15,058,638            |
| WTC-Total  | \$1,223,436          | \$824,275            | \$2,873,360           | \$13,911,431          |
| Miscellaneous -Total                             | \$443,249            | \$1,109,938          | \$1,626,906           | \$1,174,609           |
| City Council-Total                               | \$0                  | \$0                  | \$19,041,781          | \$0                   |
| <b>Category Total</b>                            | <b>\$330,177,700</b> | <b>\$292,812,171</b> | <b>\$364,253,690</b>  | <b>\$293,458,271</b>  |
| <b>ENVIRONMENTAL HEALTH SERVICES</b>             |                      |                      |                       |                       |
| Lead Poisoning-Total                             | \$6,682,206          | \$14,753,147         | \$14,433,555          | \$14,941,310          |
| Asthma-Total                                     | \$3,563,528          | \$0                  | \$2,345,694           | \$1,950,143           |
| Pest Control-Total                               | \$10,302,567         | \$9,838,873          | \$20,714,713          | \$11,230,003          |
| General Environmental Health-Total               | \$31,891,529         | \$9,184,038          | \$5,222,652           | \$3,841,125           |
| Animal Control-Total                             | \$9,122,281          | \$8,870,516          | \$8,948,301           | \$8,921,757           |
| Food Safety And Community Sanitation-Total       | \$68,881             | \$12,802,929         | \$13,305,470          | \$16,086,335          |
| Environmental Sciences And Engineering-Total     | \$2,228,217          | \$2,349,853          | \$4,490,601           | \$4,517,980           |
| Poison Control-Total                             | \$0                  | \$1,467,796          | \$1,395,551           | \$1,513,375           |
| City Council Total                               | \$0                  | \$0                  | \$116,000             | \$0                   |
| <b>Category Total</b>                            | <b>\$63,859,208</b>  | <b>\$59,267,152</b>  | <b>\$70,972,537</b>   | <b>\$63,002,028</b>   |
| <b>PERSONAL/COMMUNITY HEALTH SERVICES</b>        |                      |                      |                       |                       |
| School Health-Total                              | \$52,244,617         | \$71,576,352         | \$68,018,227          | \$76,946,765          |
| Day Care Services-Total                          | \$8,726,230          | \$4,426,342          | \$3,832,709           | \$4,426,342           |
| Tobacco Prevention Program-Total                 | \$3,947,102          | \$13,865,550         | \$21,055,119          | \$18,533,876          |
| General Maternal And Child Health Services-Total | \$3,116,440          | \$18,514,948         | \$13,879,276          | \$21,964,656          |
| District Public Health Offices-Total             | \$0                  | \$4,407,922          | \$5,022,943           | \$2,740,914           |
| Miscellaneous-Total                              | \$61,044,188         | \$23,255,802         | \$34,081,385          | \$21,673,013          |
| *City Council -Total                             | \$0                  | \$0                  | \$11,303,610          | \$745,000             |
| <b>Category Total</b>                            | <b>\$129,078,577</b> | <b>\$136,046,916</b> | <b>\$157,193,269</b>  | <b>\$147,030,566</b>  |

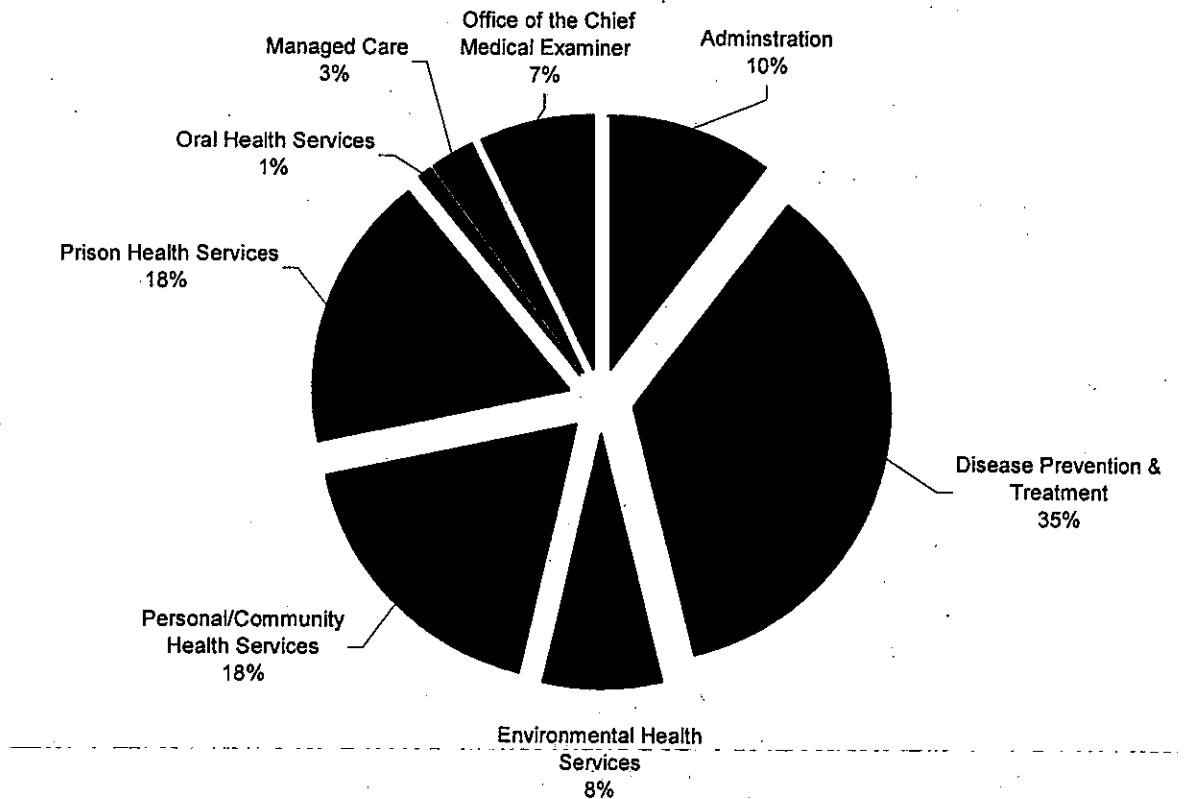
PROGRAM FUNDING OVERVIEW - continued

| Program Funding                      | 2006 Actual Expenses   | 2007 Adopted Budget    | 2007 Current Modified  | 2008 Executive Budget  |
|--------------------------------------|------------------------|------------------------|------------------------|------------------------|
| PRISON HEALTH SERVICES               | \$139,811,393          | \$138,196,966          | \$143,107,186          | \$145,606,767          |
| ORAL HEALTH SERVICES                 | \$7,384,198            | \$6,181,686            | \$5,882,001            | \$6,758,933            |
| MANAGED CARE                         | \$12,504,270           | \$24,313,951           | \$26,709,577           | \$22,431,504           |
| OFFICE OF THE CHIEF MEDICAL EXAMINER | \$38,612,389           | \$45,766,590           | \$64,060,947           | \$58,690,610           |
| **MENTAL HEALTH                      | \$710,468,851          | \$784,251,066          | \$786,043,514          | \$681,080,690          |
| <b>TOTAL DOHMH BUDGET</b>            | <b>\$1,503,418,741</b> | <b>\$1,563,680,877</b> | <b>\$1,706,121,256</b> | <b>\$1,502,058,465</b> |

\* Please note that the \$745,000 in the 2008 Executive Budget represents the Department's new need to Expand Primary Care Capacity (see the 'Executive Budget Action Analysis' section of this report for a more detailed analysis of this program.

\*\* Also, please note that the Mental Health portion of the DOHMH Program Budget is not divided into sub-programs, but will be discussed in further detail at the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services Executive Budget Hearing.

Fiscal 2008 Executive Funding for Public Health



**PROGRAM HEADCOUNT OVERVIEW**

| Headcount by Program                             | 2007<br>Current<br>Modified | 2008<br>Executive<br>Budget |
|--|-----------------------------|-----------------------------|
| <b>ADMINISTRATION</b>                            | 618                         | 671                         |
| <b>DISEASE PREVENTION AND TREATMENT</b>          |                             |                             |
| HIV/AIDS-Total                                   | 340                         | 251                         |
| Sexually Transmitted Diseases (GENERAL)-Total    | 155                         | 177                         |
| Tuberculosis-Total                               | 361                         | 384                         |
| Epidemiology-Total                               | 320                         | 329                         |
| Immunizations-Total                              | 158                         | 161                         |
| Bio-terrorism-Total                              | 226                         | 3                           |
| WTC-Total  | 32                          | 45                          |
| Miscellaneous -Total                             | 19                          | 16                          |
| <b>Category Total</b>                            | <b>1,611</b>                | <b>1,366</b>                |
| <b>ENVIRONMENTAL HEALTH SERVICES</b>             |                             |                             |
| Lead Poisoning-Total                             | 192                         | 202                         |
| Asthma-Total                                     | 15                          | 15                          |
| Pest Control-Total                               | 99                          | 230                         |
| General Environmental Health-Total               | 22                          | 26                          |
| Animal Control-Total                             | 13                          | 13                          |
| Food Safety And Community Sanitation-Total       | 204                         | 238                         |
| Environmental Sciences And Engineering-Total     | 63                          | 42                          |
| Poison Control-Total                             | 14                          | 15                          |
| <b>Category Total</b>                            | <b>622</b>                  | <b>781</b>                  |
| <b>PERSONAL/COMMUNITY HEALTH SERVICES</b>        |                             |                             |
| School Health-Total                              | 165                         | 196                         |
| Day Care Services-Total                          | 139                         | 0                           |
| Tobacco Prevention Program-Total                 | 43                          | 66                          |
| General Maternal And Child Health Services-Total | 109                         | 159                         |
| District Public Health Offices-Total             | 40                          | 30                          |
| Miscellaneous-Total                              | 95                          | 142                         |
| <b>Category Total</b>                            | <b>591</b>                  | <b>593</b>                  |
| <b>PRISON HEALTH SERVICES</b>                    | 51                          | 98                          |
| <b>ORAL HEALTH SERVICES</b>                      | 74                          | 76                          |
| <b>MANAGED CARE</b>                              | 136                         | 189                         |
| <b>OFFICE OF THE CHIEF MEDICAL EXAMINER</b>      | 706                         | 810                         |
| <b>*MENTAL HEALTH</b>                            | 211                         | 536                         |
| <b>TOTAL DOHMH HEAD COUNT</b>                    | <b>4,620</b>                | <b>5,120</b>                |

\*Please note that the Mental Health portion of the DOHMH Program Budget is not divided into sub-programs, but will be discussed in further detail at the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services Executive Budget Hearing.

**AGENCY HIGHLIGHTS**

The Fiscal 2008 Preliminary Budget contains \$32.2 million in cuts to the Department of Health and Mental Hygiene public health programs. These cuts represent funding provided by the City Council in the Fiscal 2007 Adopted Budget but not baselined by the Mayor in the City's Financial Plan for Fiscal 2008 and the outyears. Details are provided in the Unit of Appropriation sections of the document.

**UNITS OF APPROPRIATION**

The operating budget of an agency is structured into several levels, each of which provides varying levels of detail on an agency's spending plans. The City Charter requires that Units of Appropriation (U/As) represent the amount appropriated for personal services (i.e. salaries or Other Than Personal Services (i.e. supplies) for a particular program, purpose, activity or institution.)

**Management & Administration (U/A 101 and 111)**

Funding in this unit of appropriation is for 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. These programs provide administrative and policy oversight for all programs and administrative support essential to the effective delivery of public health services. Funding in this unit of appropriation purchases supplies, materials and other services required to support health administration and support services.

| U/A# | U/A Name                         | Fiscal 2007 Adopted Budget | Fiscal 2007 Modified as of 4/23/2007 | Fiscal 2008 Executive Budget | Percent Change Since Adopted |
|------|----------------------------------|----------------------------|--------------------------------------|------------------------------|------------------------------|
| 101  | Management & Administration-PS   | \$31,225,958               | \$35,910,098                         | \$32,832,085                 | 5.14%                        |
| 111  | Management & Administration-OTPS | \$34,162,082               | \$39,850,460                         | \$38,314,845                 | 12.16%                       |
|      | <b>Total</b>                     | <b>\$65,388,040</b>        | <b>\$75,760,558</b>                  | <b>\$71,146,930</b>          | <b>8.81%</b>                 |

**Funding/Program Analysis**

The Department's new need for Primary Care Information Project Expansion is funded in U/A 101 and 111 in the amount of \$431,011 in Fiscal Year 2008 for the first electronic medical record system to be designed for ambulatory care settings with the overall purpose of improving primary and preventative care. (See the 'Executive Budget Action Analysis' section of this report for a more detailed analysis of this program.)

**Health Related Services (U/A 102 and 112)**

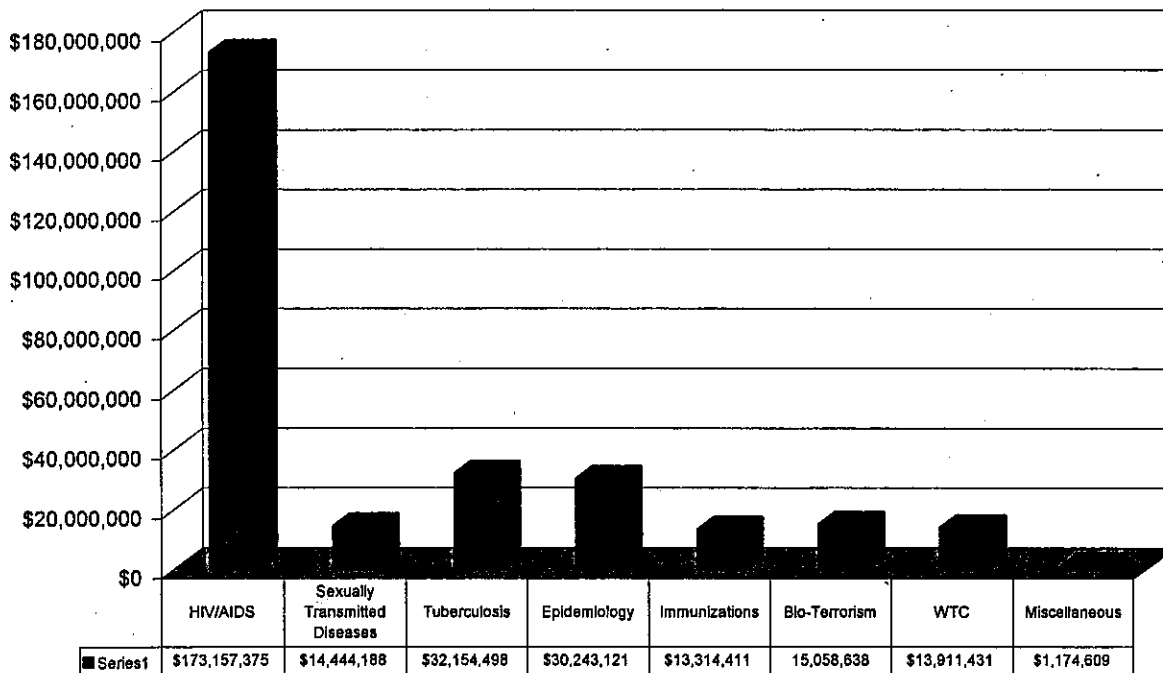
Funding in this unit of appropriation is responsible for the surveillance and control of infectious diseases, compilation and dissemination of vital statistics and the development of health education material for distribution to the general public. The Department also operates clinics and provides for other care related to tuberculosis and sexually transmitted diseases. All AIDS programs, including surveillance, education, outreach and confidential HIV counseling and

## Fiscal 2008 Executive Budget Report

testing are represented here. The department is also responsible for the reporting and monitoring of other infectious diseases in the city. The Bureau of Vital Records is also located here. Funding in this unit of appropriation purchases supplies, materials and other services required to support disease control services.

| U/A# | U/A Name                     | Fiscal 2007 Adopted Budget | Fiscal 2007 Modified as of 4/23/2007 | Fiscal 2008 Executive Budget | Percent Change Since Adopted |
|------|------------------------------|----------------------------|--------------------------------------|------------------------------|------------------------------|
| 102  | Health Related Services-PS   | \$91,739,244               | \$94,669,530                         | \$98,543,745                 | 7.42%                        |
| 112  | Health Related Services-OTPS | \$201,316,822              | \$277,799,672                        | \$186,230,420                | -7.49%                       |
|      | <b>Total</b>                 | <b>\$293,056,066</b>       | <b>\$372,469,202</b>                 | <b>\$284,774,165</b>         | <b>-2.83%</b>                |

### Disease Prevention & Treatment Breakdown



\* The above graph illustrates the funding amounts of the sub-program areas in the Disease Prevention and Treatment Program Budget that fall under U/A's 102 and 112.

### Funding/Program Analysis

The following initiatives are not restored in the Fiscal 2008 Executive Budget.

**HIV/AIDS Prevention & Education.** In the Executive Budget, \$1.7 million in City funding is not restored, which was funded to address the disproportionate number of AIDS cases among communities of color and women. Funding was used for prevention, education, outreach, advocacy, support services and was 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 women and in communities of color.

## **Fiscal 2008 Executive Budget Report**

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**HIV/AIDS Outreach Enhancement.** In the Executive Budget, \$2 million in additional City funding is not restored, which was used to combat the spread of HIV/AIDS through prevention efforts and services.

**Faith Based HIV/AIDS Prevention.** In the Executive Budget, \$1.7 million in City funds is not restored for prevention, education, outreach, advocacy and support services. This funding was primarily directed to local churches and community-based organizations which demonstrated an ability to engage vulnerable populations, raise awareness of the disease, and thereby help lower the rate of HIV/AIDS.

**HIV/AIDS Counseling.** The Executive Budget does not restore \$207,000 for programs that offer counseling, assessment, testing and education to people with HIV/AIDS at various HHC facilities, including the Bellevue satellite AIDS clinic and the Roberto Clemente Center at Gouverneur Healthcare Services.

**Callen Lorde Health Center.** The Executive Budget does not restore \$320,000 in City funds which, supported screening and treatment for sexually transmitted diseases for gay and bisexual men and a Comprehensive Women's Services program to provide education and screening services for breast and cervical cancer for lesbian and bisexual women.

**Community Healthcare Network.** In the Executive Budget, \$160,000, which allowed the Community Healthcare Network (CHN) to provide family planning and diabetes-related services at several of its clinics located throughout New York City, is not restored.

**Asian-American Hepatitis B Project.** The Executive Budget does not restore \$2.2 million that provided funding to address the high rate of Hepatitis B among Asian-Americans through outreach and education, screenings of at-risk populations and treatment of infected persons.

**Hepatitis C Public Education Campaign.** The Executive Budget does not restore \$480,000 in funding that provided testing, prevention and education services. Gross funds for this initiative total \$750,000.

**Harm Reduction Initiative.** In the Executive Budget, \$1.7 million in City funding was not restored that was used to combat the spread of HIV/AIDS as passed through intravenous drug use.

**Tuberculosis (Chest) Clinics.** In the Executive Budget, \$125,000 in funding is not restored for transitional funding for one DOHMH chest clinic that provides treatment to patients suffering from tuberculosis. The clinic is located in Brownsville, Brooklyn. Gross funds for this clinic are approximately \$200,000.

**Cancer Initiatives.** In the Executive Budget \$1.4 million in City funds for various council funded programs that include screening and education for breast, colon, and ovarian cancer is not restored. This includes funding that was provided to the American Cancer Society Hope Lodge to increase the number of free colonoscopies that may be provided. Gross funds for this initiative total \$2.2 million.

## **Fiscal 2008 Executive Budget Report**

**American Red Cross -Emergency Preparedness.** The Executive Budget does not restore \$1.9 million in City funds for two American Red Cross sponsored initiatives: Disaster Response Operations and Prepare New York.

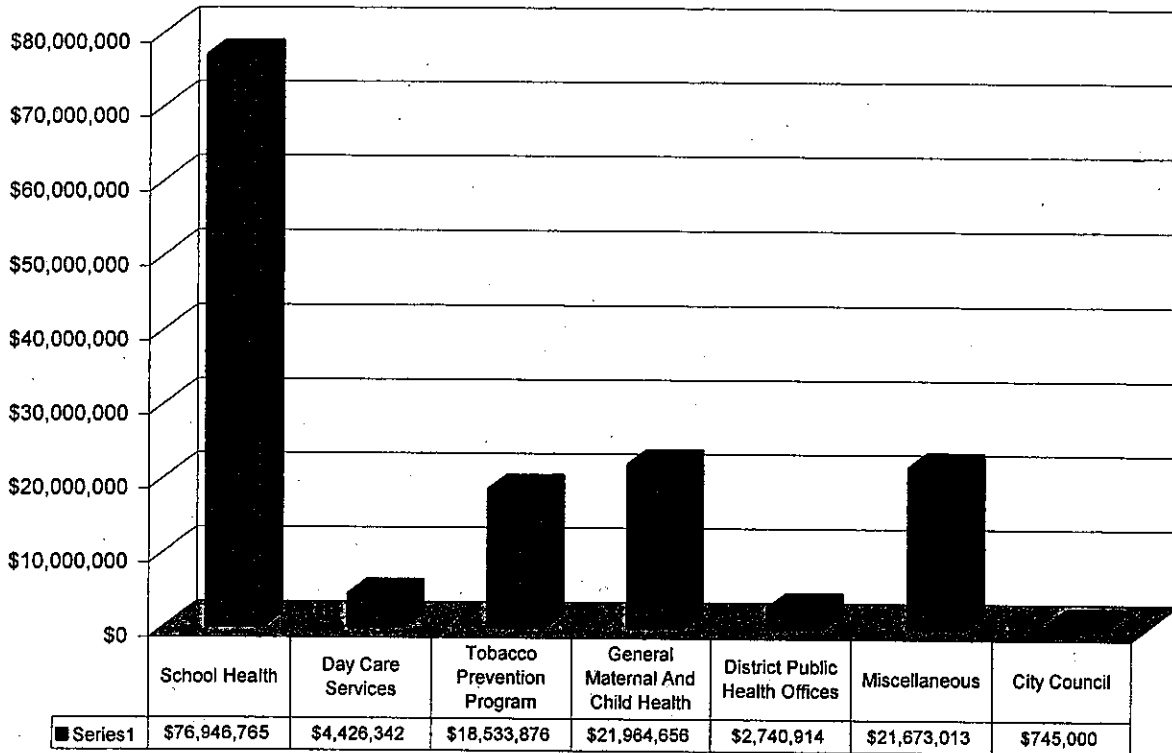
**Primary Care Development Corp. – Emergency Preparedness.** The Executive Budget does not restore \$960,000 in City funding to the Primary Care Development Corporation, which assisted health care providers in communities of need to develop emergency response programs.

### **Community Health Services (U/A 103 and 113)**

Funding in this unit of appropriation represents health promotion and disease prevention programs, such as immunization clinics and education, the school health program and inspections related to daycare. The Bureau of Maternity Services provides services including pregnancy testing, high-risk case management and referrals for pre-natal care. Funding in this unit of appropriation purchases supplies, materials and other services required to support health promotion and disease prevention services.

| U/A# | U/A Name                       | Fiscal 2007<br>Adopted<br>Budget | Fiscal 2007<br>Modified as of<br>4/23/2007 | Fiscal 2008<br>Executive<br>Budget | Percent<br>Change Since<br>Adopted |
|------|--------------------------------|----------------------------------|--|------------------------------------|------------------------------------|
| 103  | Community Health Services-PS   | \$95,722,119                     | \$82,041,339                               | \$90,884,776                       | -5.05%                             |
| 113  | Community Health Services-OTPS | \$24,904,281                     | \$54,872,326                               | \$32,651,953                       | 31.11%                             |
|      | <b>Total</b>                   | <b>\$120,626,400</b>             | <b>\$136,913,665</b>                       | <b>\$123,536,729</b>               | <b>2.41%</b>                       |

**Personal/Community Health Services Breakdown**



\* The above graph illustrates the funding amounts of the sub-program areas in the Personal/Community Health Services Program Budget that fall under U/A's 103 and 113.

**Funding/Program Analysis**

**The following initiatives are not restored in the Fiscal 2008 Executive Budget.**

**School Nurses for Summer School.** In the Executive Budget, \$1.9 million in City funds to allow DOHMH to provide nurses for the general school population during the summer school session for 2007 is not restored.

**Infant Mortality Reduction Initiative.** A City Council initiative in the amount of \$4.8 million is not restored in the Executive Budget, which funded interventions targeting community districts with high Infant Mortality Rates and communities demonstrating racial and ethnic disparities in infant mortality rates.

**Family Planning.** In the Executive Budget, \$368,000 to provide reproductive health and pregnancy prevention services for uninsured and high-risk teens via Planned Parenthood was not restored.

**Health Corps.** The Executive Budget does not restore \$160,000 in City funding which assisted in promoting healthy living using interactive educational programs to empower children to create healthier environments through grass-roots projects that are based in public schools.

## Fiscal 2008 Executive Budget Report

**Nutrition for Life.** The Executive Budget does not restore \$74,000 in City funding for a health and education program targeting high-risk pregnant women primarily newer immigrants.

**SPARK – Obesity Intervention Program.** The Executive Budget does not restore \$500,000, for Sports, Play and Active Recreation for Kids (SPARK), which provided equipment and training to elementary schools; daycares and Head Start programs to better engage children in recreational activities.

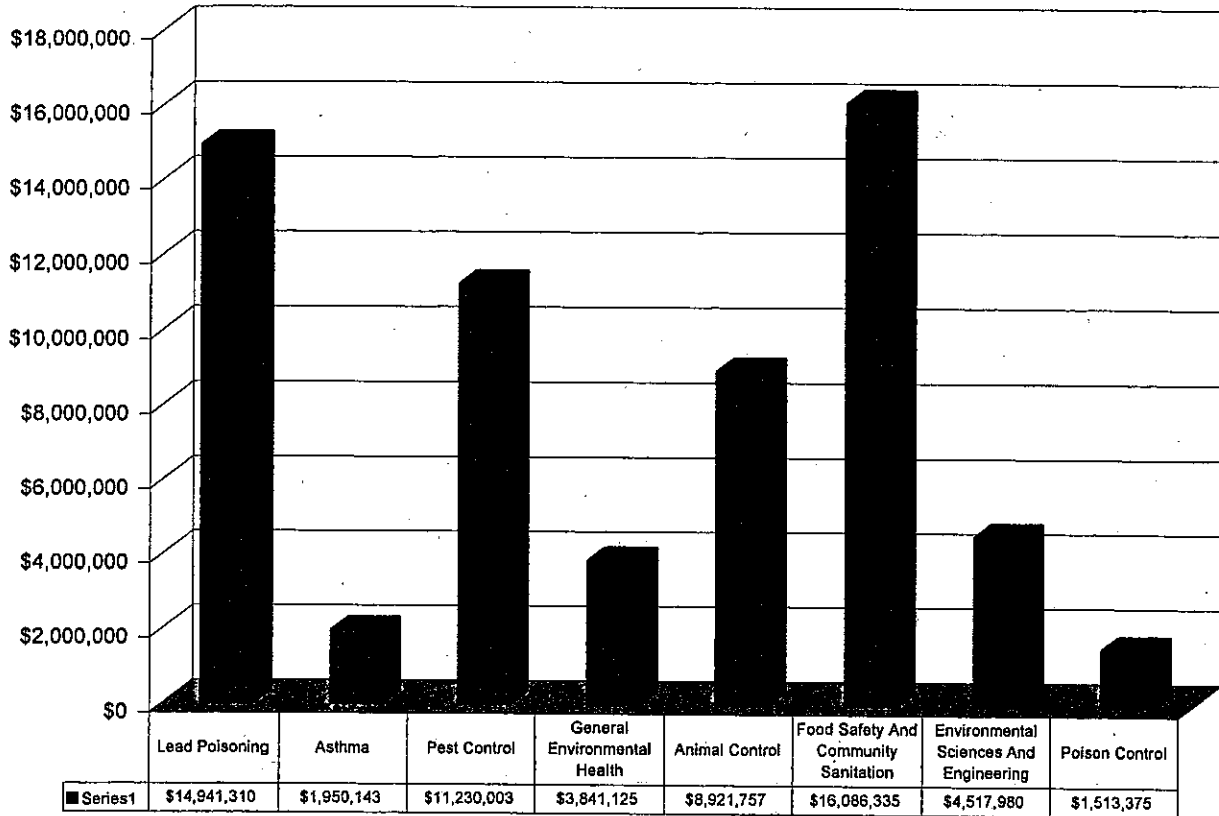
**United Hospital Fund (UHF).** The Executive Budget does not restore \$288,000, which provided assistance to both private and public hospitals in the ever-changing health care system.

### Environmental Health Services (U/A 104 and 114)

Funding in this unit of appropriation maintains the health and safety of city residents through the identification and abatement of potential hazards in the environment. This is done through the inspection and monitoring of specific services, such as restaurants, the water supply, health-related equipment and responding to environmental emergencies and complaints generated by the public. Pest control services and lead poisoning prevention programs are also represented here. The department also oversees the operations of animal care and control. Funding in this unit of appropriation purchases supplies, materials and other services required to support environmental health services.

| U/A# | U/A Name                           | Fiscal 2007<br>Adopted<br>Budget | Fiscal 2007<br>Modified as of<br>4/23/2007 | Fiscal 2008<br>Executive<br>Budget | Percent<br>Change Since<br>Adopted |
|------|------------------------------------|----------------------------------|--|------------------------------------|------------------------------------|
| 104  | Environmental Health Services-PS   | \$38,108,984                     | \$42,060,220                               | \$46,127,797                       | 21.04%                             |
| 114  | Environmental Health Services-OEPS | \$21,268,032                     | \$21,135,482                               | \$19,161,370                       | -9.91%                             |
|      | <b>Total</b>                       | <b>\$59,377,016</b>              | <b>\$63,195,702</b>                        | <b>\$65,289,167</b>                | <b>9.96%</b>                       |

Environmental Health Services Breakdown



\* The above graph illustrates the funding amounts of the sub-program areas in the Environmental Health Services Program Budget that fall under U/A's 104 and 114.

**Funding/Program Analysis**

The Department's new need for a New York City 2030 – Air Quality Study is entirely funded in U/A 114 in the amount of \$2 million in Fiscal 2008. The Department will carry out the study. (See the 'Executive Budget Action Analysis' section of this report for a more detailed analysis of this program.)

The Department's new need for a Rodent Pilot Program is entirely funded in U/A's 104 and 114 in the amount of \$1 million in Fiscal 2008 and the outyears to commence a pilot program in the Bronx, which will look to establish zones to address larger areas rather than only specific complaint locations, when DOH is alerted of a rodent sighting. (See the 'Executive Budget Action Analysis' section of this report for a more detailed analysis of this program.)

**The following initiatives are not restored in the Fiscal 2008 Executive Budget.**

**Asthma Control Program.** The Executive Budget does not restore \$545,000 in City funds. The funding enabled the Department of Health and Mental Hygiene to continue its Integrated Pest Management program to remediate apartments in central Brooklyn, central Harlem and the

## Fiscal 2008 Executive Budget Report

South Bronx, all of which show disproportionately high rates of asthma. In addition, the eliminated funding allowed the Department to continue asthma screening and prevention programs at Head Start and Pre-K sites in the South Bronx, East and Central Harlem and Central Brooklyn. Finally, this restoration would support if restored would support two asthma control programs in Queens and one in Brooklyn that are operated by community based organizations.

### Chief Medical Examiner (U/A 106 and 116)

Funding in this unit of appropriation is for the Office of the Chief Medical Examiner (OCME) who is responsible for providing all forensic pathology services in New York City. For the successful completion of investigations, the Office of the Chief Medical Examiner must conduct autopsies, investigate the scene of death, perform technical laboratory analyses and provide in-house administrative support to its scientific and medical staff. Funding in this unit of appropriation purchases supplies, materials and other services required to support Chief Medical Examiner operations.

| U/A# | U/A Name                    | Fiscal 2007<br>Adopted<br>Budget | Fiscal 2007<br>Modified as of<br>4/23/2007 | Fiscal 2008<br>Executive<br>Budget | Percent<br>Change Since<br>Adopted |
|------|-----------------------------|----------------------------------|--|------------------------------------|------------------------------------|
| 106  | Chief Medical Examiner-PS   | \$35,447,640                     | \$36,092,636                               | \$43,743,776                       | 23.40%                             |
| 116  | Chief Medical Examiner-O:PS | \$10,318,950                     | \$27,968,311                               | \$14,946,834                       | 44.85%                             |
|      | <b>Total</b>                | <b>\$45,766,590</b>              | <b>\$64,060,947</b>                        | <b>\$58,690,610</b>                | <b>28.24%</b>                      |

### Funding/Program Analysis

The Department rolled-over \$1.6 million from Fiscal Year 2007 to Fiscal 2008 for the continued work to allow for OCME's Potential Human Remains or "WTC2006" Operations. The finding of human remains in manhole covers at the WTC site necessitated the reexamination of the recovery efforts to find remains. The new findings were that a number of buildings and some areas of topsoil were not examined in 2001 and necessitated the restarting of human remains recovery efforts. OCME is a lead agency in this effort and the anticipated end date of the operation in November of 2007.

There is an increased adjustment in the amount of \$3.8 million in Fiscal 2008 in U/A 116 for Heat, Light and Power.

### Health Access (U/A 107 and 117)

Funding in this unit of appropriation is for the division that oversees the implementation of mandatory Medicaid managed care in New York City. It executes contracts and contract amendments with Medicaid managed care plans; reviews, assesses, and monitors the performance of these plans, and enforces the terms and conditions of managed care contracts. This division is also responsible for developing, implementing and monitoring various health access initiatives. Staffing for the correctional health monitoring and the oral health services is also included. Funding in this unit of appropriation purchases supplies, materials and other services required to support health care access and improvement operations; also includes contracted correctional health services which offer outpatient health services to inmates, the child health clinics operated by HHC to provide primary preventive and episodic care to children and the oral health program which provides dental services to children under age 18.

## Fiscal 2008 Executive Budget Report

| U/A# | U/A Name           | Fiscal 2007 Adopted Budget | Fiscal 2007 Modified as of 4/23/2007 | Fiscal 2008 Executive Budget | Percent Change Since Adopted |
|------|--------------------|----------------------------|--------------------------------------|------------------------------|------------------------------|
| 107  | Health Access-PS   | \$25,733,995               | \$25,325,763                         | \$29,968,623                 | 16.46%                       |
| 117  | Health Access-OTPS | \$140,591,692              | \$152,181,684                        | \$148,457,887                | 5.60%                        |
|      | <b>Total</b>       | <b>\$166,325,687</b>       | <b>\$177,507,447</b>                 | <b>\$178,426,510</b>         | <b>7.28%</b>                 |

### Funding/Program Analysis

The Department's new need to expand Primary Care Capacity is entirely funded in U/A 117 in the amount of \$745,000 in Fiscal 2008 to expand access to primary care clinics in medically underserved areas. (See the '*Executive Budget Action Analysis*' section of this report for a more detailed analysis of this program.)

The Department's new need for Primary Care Information Project Expansion is funded in U/A 107 and 117 in the amount of \$1.96 million in Fiscal 2008 for the first electronic medical record system to be designed for ambulatory care settings with the overall purpose of improving primary and preventative care. (See the '*Executive Budget Action Analysis*' section of this report for a more detailed analysis of this program.)

### The following initiatives are not restored in the Fiscal 2008 Executive Budget.

**Child Health Clinics.** In the Executive Budget, \$6 million in funding for the child health clinics was not restored. This funding ensured that child health clinics would remain opened, and provided enhanced levels of access and quality care.

**Administrative Fee Waivers for Prescription Medication.** In the Executive Budget, \$2.4 million in City funds to support the provision of administrative fee waivers for approximately 80,000 HHC pharmacy patients is not restored. This funding was allocated to the Department of Health and Mental Hygiene (DOHMH), and was transferred to HHC through an Intra-city agreement.

**NYU Mobile Dental Van.** The Executive Budget does not restore \$268,000 for mobile dental care to medically underserved children citywide.

# Fiscal 2008 Executive Budget Report

## EXECUTIVE BUDGET ACTIONS (000s)

| Description                                    | Fiscal 2007      |                    |                    | Fiscal 2008      |                  |                    |
|--|------------------|--------------------|--------------------|------------------|------------------|--------------------|
|  | City             | Non-City           | Total              | City             | Non-City         | Total              |
| <b>Agency Budget as per Preliminary Plan</b>   | <b>\$638,026</b> | <b>\$1,045,123</b> | <b>\$1,683,150</b> | <b>\$607,294</b> | <b>\$954,241</b> | <b>\$1,561,535</b> |
| <b>Executive Plan New Needs</b>                |                  |                    |                    |                  |                  |                    |
| Expand Primary Care Capacity                   | \$0              | \$0                | \$0                | \$745            | \$0              | \$745              |
| Primary Care Information Project Expansion     | \$0              | \$0                | \$0                | \$1,531          | \$861            | \$2,392            |
| New York-New York III Housing Contracts        | \$0              | \$0                | \$0                | \$4,800          | \$0              | \$4,800            |
| NYC 2030-Air Quality Study                     | \$0              | \$0                | \$0                | \$2,000          | \$0              | \$2,000            |
| Rodent Control Pilot                           | \$0              | \$0                | \$0                | \$1,000          | \$0              | \$1,000            |
| WTC Health Impacts Funding                     | \$0              | \$0                | \$0                | \$0              | \$7,744          | \$7,744            |
| <b>Total New Needs</b>                         | <b>\$0</b>       | <b>\$0</b>         | <b>\$0</b>         | <b>\$10,076</b>  | <b>\$8,605</b>   | <b>\$18,681</b>    |
| <b>Executive Plan Other Adjustments</b>        |                  |                    |                    |                  |                  |                    |
| Agency Funding Shifts                          | \$0              | \$0                | \$0                | \$0              | \$4,795          | \$4,795            |
| Categorical                                    | \$0              | \$4,987            | \$4,987            | \$0              | (\$643)          | (\$643)            |
| Chief Medical Examiner                         | \$11,100         | \$0                | \$11,100           | \$0              | \$0              | \$0                |
| Contracting Systems Integrator                 | \$0              | \$0                | \$0                | \$0              | \$3,000          | \$3,000            |
| Criminalist Transfer for PHR                   | \$137            | \$0                | \$137              | \$137            | \$0              | \$137              |
| Doctor's Council Collective Bargaining Funding | \$1,032          | \$471              | \$1,503            | \$1,453          | \$663            | \$2,116            |
| DOH-HEALTHSTAT Program                         | \$287            | \$0                | \$287              | \$0              | \$0              | \$0                |
| Early Intervention Reconciliation              | (\$39,986)       | \$39,986           | \$0                | (\$49,861)       | \$0              | (\$49,861)         |
| Early Intervention Re-Estimate                 | \$0              | (\$38,288)         | (\$38,288)         | (\$5,279)        | (\$36,223)       | (\$41,502)         |
| EI Redirections                                | \$0              | \$3,966            | \$3,966            | \$0              | \$0              | \$0                |
| Fordham University Laboratory                  | \$50             | \$0                | \$50               | \$0              | \$0              | \$0                |
| Fuel   | (\$38)           | (\$22)             | (\$60)             | (\$19)           | (\$11)           | (\$30)             |
| Gasoline                                       | (\$72)           | (\$40)             | (\$112)            | (\$53)           | (\$30)           | (\$83)             |
| Great American Family Services                 | \$175            | \$0                | \$175              | \$0              | \$0              | \$0                |
| Heat, Light and Power                          | (\$69)           | \$341              | \$272              | \$2,770          | \$484            | \$3,254            |
| Hondorans Against AIDS                         | \$10             | \$0                | \$10               | \$0              | \$0              | \$0                |
| I/C for Medical Alerts                         | \$180            | \$0                | \$180              | \$0              | \$0              | \$0                |
| I/C Reversal for UA 416                        | (\$180)          | \$0                | (\$180)            | \$0              | \$0              | \$0                |
| Lease Adjustment                               | \$0              | \$0                | \$0                | \$766            | \$428            | \$1,194            |
| Local Assistance                               | \$0              | \$415              | \$415              | \$0              | \$0              | \$0                |
| Medicare Revenue                               | \$0              | \$690              | \$690              | \$0              | \$690            | \$690              |
| New York Children's Vision Coalition           | \$50             | \$0                | \$50               | \$0              | \$0              | \$0                |
| Nurse Family Partnership                       | \$0              | \$3,787            | \$3,787            | \$0              | \$7,500          | \$7,500            |
| Nurse Family Partnership I/C                   | (\$1,325)        | (\$746)            | (\$2,071)          | (\$2,625)        | (\$1,477)        | (\$4,102)          |
| OASAS State AID Letter                         | \$0              | \$2,492            | \$2,492            | \$0              | \$0              | \$0                |
| Primary Care Information Project Funding Shift | \$824            | \$464              | \$1,288            | \$6,731          | \$3,786          | \$10,517           |
| Ready New York Advertising                     | \$0              | \$224              | \$224              | \$0              | \$0              | \$0                |
| Technical Adjustment                           | \$0              | \$0                | \$0                | (\$2,973)        | (\$42)           | (\$3,015)          |
| Technical Adjustment for Lead Law              | (\$464)          | (\$261)            | (\$725)            | \$464            | \$261            | \$725              |
| Technical Adjustment of I/C                    | \$48             | \$0                | \$48               | \$70             | \$0              | \$70               |
| W.S.O. For Mosholu Golf Course                 | \$0              | \$497              | \$497              | \$0              | \$0              | \$0                |

## Fiscal 2008 Executive Budget Report

| Description  | Fiscal 2007       |                    |                    | Fiscal 2008       |                   |                    |
|--|-------------------|--------------------|--------------------|-------------------|-------------------|--------------------|
|  | City              | Non-City           | Total              | City              | Non-City          | Total              |
| WTC Human Remains Search                               | (\$1,600)         | \$0                | (\$1,600)          | \$1,600           | \$0               | \$1,600            |
| <b>Total Other Adjustments</b>                         | <b>(\$29,841)</b> | <b>\$18,963</b>    | <b>(\$10,878)</b>  | <b>(\$46,819)</b> | <b>(\$16,819)</b> | <b>(\$63,638)</b>  |
| <b>Executive Plan PEGs</b>                             |                   |                    |                    |                   |                   |                    |
| Improved Medicaid Claiming for Early Intervention      | (\$1,300)         | \$0                | (\$1,300)          | (\$4,300)         | \$4,300           | \$0                |
| OCME Surplus   | \$0               | \$0                | \$0                | (\$1,821)         | (\$1,025)         | (\$2,846)          |
| Reduced expenses for Early Intervention Services       | (\$1,943)         | (\$7,060)          | (\$9,003)          | (\$3,668)         | (\$8,848)         | (\$12,516)         |
| State Funding for the Nurse Family Partnership Program | (\$1,897)         | (\$1,067)          | (\$2,964)          | \$0               | \$0               | \$0                |
| <b>Total PEGs</b>                                      | <b>(\$5,140)</b>  | <b>(\$8,127)</b>   | <b>(\$13,267)</b>  | <b>(\$9,789)</b>  | <b>(\$5,573)</b>  | <b>(\$15,362)</b>  |
| <b>Executive Plan PEG Restorations</b>                 |                   |                    |                    |                   |                   |                    |
| Oral Health PEG Restoration                            | \$697             | \$335              | \$1,032            | \$464             | \$224             | \$688              |
| <b>Total PEG Restoration</b>                           | <b>\$697</b>      | <b>\$335</b>       | <b>\$1,032</b>     | <b>\$464</b>      | <b>\$224</b>      | <b>\$688</b>       |
| <b>Total Executive Plan Budget Changes</b>             | <b>(\$34,284)</b> | <b>\$11,171</b>    | <b>(\$23,113)</b>  | <b>(\$46,068)</b> | <b>(\$13,563)</b> | <b>(\$59,631)</b>  |
| <b>Agency Budget as per Executive Plan</b>             | <b>\$603,742</b>  | <b>\$1,056,294</b> | <b>\$1,660,037</b> | <b>\$561,226</b>  | <b>\$940,678</b>  | <b>\$1,501,904</b> |

Continued from previous page.

### Executive Budget Action Analysis

#### Programs to Eliminate the Gap (PEG)

- **OCME Surplus.** The Department plans a savings in the amount of \$1.8 million (\$2.9 million Gross) in Fiscal 2008 and the outyears due to additional surplus, which does not impact the Department's head count.

#### Programs to Eliminate the Gap (PEG) Restorations

- **Oral Health.** The Department plans to partially restore the Fiscal 2007 January Plan PEG in the amount of \$1,031,865 in Fiscal 2007 (\$696,509 in City Tax Levy (CTL) and \$335,356 in State funding), which is a 75 percent restoration, \$687,910 in Fiscal 2008 (\$464,339 in CTL and \$223,571 in State funding), which is a 50 percent restoration, and \$343,955 in Fiscal 2009 (\$232,170 in CTL and \$111,785 in state funding), which is a 25 percent restoration. In Fiscal 2008 there is a restoration of 2-city personnel and 1-city personnel in Fiscal 2009.

In the Mayor's Fiscal 2007 January Plan the Department proposed that through reducing hours at fixed sites, creating a more efficient service delivery model at both fixed and portable sites, and refocusing on the type of services provided by oral health services, the agency would be able to achieve the proposed savings. The PEG is being restored because the initial means of achieving efficiencies is no longer feasible.

DOHMH continues to explore ways to reach the goals of delivering quality preventative dental care to the greatest number of underserved children and reaching the New York State Healthy People goal of sealants for 50 percent of all children by 2010.

## **Fiscal 2008 Executive Budget Report**

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The initial PEG identified service consolidation and reassignments as the means to achieve the PEG target. In September 2006 the agency announced a plan to layoff 11 part-time Dental Assistants and 16 part-time Dentists. The layoffs were withdrawn after meetings with the unions representing the medical providers and with the City's Office of Labor Relations revealed that the agency needed a better understanding of staffing patterns and utilization rates at the facilities slated for service reduction. To achieve the PEG by 2010, the agency will refocus its efforts in Oral Health.

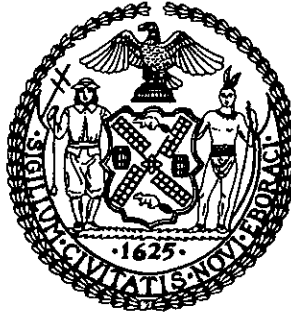
### **New Needs**

- **Expand Primary Care Capacity.** The Department plans to commit \$745,000 in Fiscal 2008; \$795,000 in Fiscal 2009; \$4.8 million in Fiscal 2010 and \$3.7 million in Fiscal 2011 to expand access to primary care clinics in medically underserved areas. The Department will improve existing clinics' infrastructure and support the development of new facilities where access is least available. To accomplish these goals, assessments will be done to identify the communities with highest need, interest, available property and transportation in which to direct capital funding.
- **Primary Care Information Project Expansion.** The Department plans to commit \$2.4 million in Fiscal 2008 and \$2.3 million in Fiscal 2009 and the outyears and an additional 24 personnel in Fiscal 2008 and the outyears for the first electronic medical record system to be designed for ambulatory care settings with the overall purpose of improving primary and preventative care. The additional 24 head count will assist in rolling out the technical portion of the new initiative.
- **New York City 2030 – Air Quality Study.** The Department plans to commit \$2 million in Fiscal 2008 and the outyears for an air-quality study carried out by the Department. The study looks to measure the air quality in individual neighborhoods and will look to track the progress and target the City's solutions to the areas of greatest need due to poor air quality. The Mayor's New York City 2030 plan for a greener, greater New York looks to deal with the growth, aging infrastructure and increasing uncertain environmental issues facing New York City over the next 30 years.
- **Rodent Control Pilot.** The Department plans to commit \$1 million in Fiscal 2008 and the outyears and an additional 11 personnel to commence a pilot program in the Bronx, which will look to establish zones to address larger areas rather than only specific complaint locations, when DOH is alerted of a rodent sighting. The hope is that by effectively surveying a larger zone rather than just where the actual sightings of a rodent or multiple rodents have been reported at, the Department can do a more successful sweep of the location. The 11 new hires will be a mix of exterminators, research scientists and sanitarians (food inspectors). If the Pilot is deemed successful it will be implemented citywide.

### **Other Adjustment**

- **Primary Care Information Project Funding Shift.** The Department plans to shift \$1.3 million in Fiscal 2007, \$10.5 million in Fiscal 2008, \$4.8 million in Fiscal 2009, \$1.4 million

in Fiscal 2010, and \$341,400 in Fiscal 2011. This funding shift funds the non-capital portion of the Electronic Health Record (EHR) contract for software, implementation, ongoing maintenance and licensing. The contractor will develop and implement an EHR system for DOHMH's authorized users from selected Primary Care Providers, outpatient practices including Community Health Centers, and hospital affiliated outpatient ambulatory care networks. DOHMH will purchase and distribute licenses to 1150 community provider FTEs at 300 sites over the course of three years. Additional funding (\$2.4 million) was provided to support the adoption of EHRs in clinical settings that will utilize other software products. The net total for the contract funding over five years is \$18.3 million.



# **Fiscal 2008 Executive Budget Hearings**

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## **Department of Health (Capital)**

*May 2007*

*Hon. Christine C. Quinn  
Speaker of the Council*

*Hon. David I. Weprin, Chair  
Committee on Finance*

*Hon. Joel Rivera, Chair  
Committee on Health*

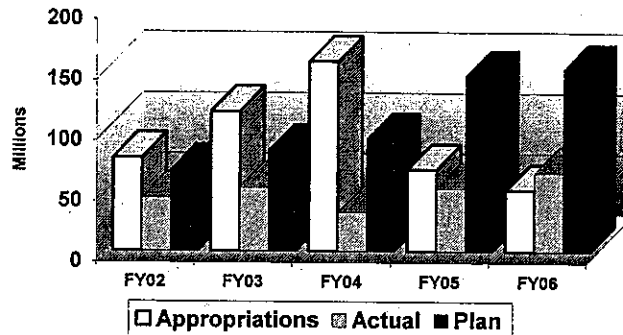
*Michael Keogh, Director  
Finance Division*

# Fiscal 2008 Executive Capital Budget Report

## Agency Overview

The primary responsibility for enforcing the New York City Health Code and monitoring and improving public health falls under the aegis of the Department of Health and Mental Hygiene (DOHMH). To achieve its mandate, the Agency operates free district health clinics throughout the City, performs epidemiological investigations, provides for treatment of communicable diseases and monitors and ensures that the City's many community and commercial establishments are in compliance with environmental and health standards. As of Fiscal Year 2005, DOHMH transferred the management of its child health and Communi-care clinics to the Health and Hospitals Corporation but maintains contract oversight of the programs. The agency also performs the important function of maintaining vital statistics on the City's health standards.

**DEPARTMENT OF HEALTH**  
Appropriations vs. Actual & Planned Commitments  
(City funds)



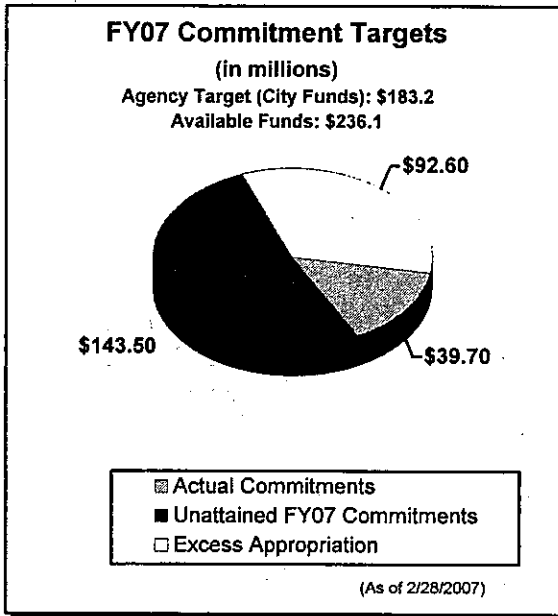
DOHMH's capital program goals include facility compliance with applicable codes, rules and regulations; renovation of facilities requiring immediate repair and maintenance to ensure quality conditions within these facilities; enhancement of DOHMH's automation systems; renovation of laboratories requiring immediate repair; identification of new technology that can assist DOHMH in performing critical public health and safety functions; and improvement of the process of inventory assessment at DOHMH facilities and replacement of all critical equipment on a regular basis.

## Fiscal 2008 Executive Capital Budget Report

### Current Budget Summary

The April 2007 Capital Commitment Plan includes \$189.8 million in Fiscal Years 2008-2011 for the DOHMH (including City and Non-City funds). This represents less than one percent of the City's total \$ 44.5 billion April Plan for Fiscal Years 2008-2011. The agency's current Commitment Plan for Fiscal Years 2008-2011 is 12.8 percent greater than the \$168.3 million scheduled in the January Commitment Plan, an increase of \$21.5 million.

As of February 28, 2007 DOHMH has only committed \$39.7 million, 21.7 percent of its \$183.2 Fiscal Year 2007 Plan. Over the past five years the DOHMH has only committed an average of 45.4 percent of its annual capital plan. Therefore, it is assumed that a large portion of the agency's Fiscal Year 2007 capital plan will be rolled into Fiscal Year 2008 thus greatly increasing the size of the Fiscal Years 2008-2011 capital plan.



Currently, DOHMH's appropriations total \$236.1 million in city-funds for Fiscal Year 2007. These appropriations are to be used to finance the Department's \$143.5 million city-funded Fiscal Year 2007 Capital Commitment Program. The agency has over 39.2 percent more funding than it needs to meet its entire capital commitment program for the current fiscal year.

## Fiscal 2008 Executive Capital Budget Report

The Department of Health and Mental Hygiene's capital commitments for the last five years are:

### **FIVE YEAR HISTORY – CAPITAL BUDGET** ( \$ in millions)

|          | FY02 | FY03 | FY04 | FY05 | FY06 |
|----------|------|------|------|------|------|
| CITY     | 44   | 52   | 32   | 52   | 65   |
| NON-CITY | 0    | 2    | 0    | 0    | 0    |
| TOTAL    | 44   | 54   | 32   | 52   | 65   |

The Department of Health and Mental Hygiene's Preliminary Four-Year Capital Plan is:

### **PRELIMINARY CAPITAL PLAN – JANUARY 2007** ( \$ in millions)

|          | FY08 | FY09 | FY10 | FY11 | FY's 08-11 |
|----------|------|------|------|------|------------|
| CITY     | 53.0 | 37.0 | 12.0 | 66.3 | 168.3      |
| NON-CITY | 0    | 0    | 0    | 0    | 0          |
| TOTAL    | 53.0 | 37.0 | 12.0 | 66.3 | 168.3      |

The Department of Health and Mental Hygiene's Executive Four-Year Capital Plan is:

### **EXECUTIVE CAPITAL PLAN – APRIL 2007** ( \$ in millions)

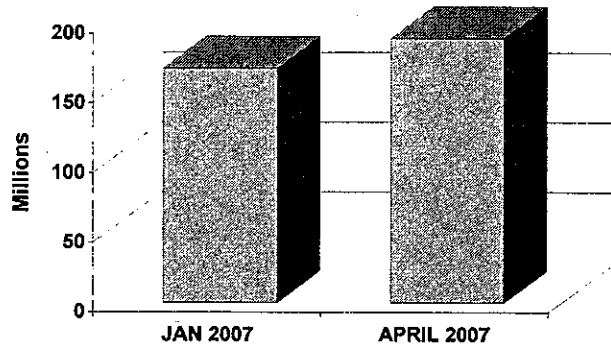
|          | FY08 | FY09 | FY10 | FY11 | FY's 08-11 |
|----------|------|------|------|------|------------|
| CITY     | 85.8 | 35.1 | 9.2  | 59.7 | 189.8      |
| NON-CITY | 0    | 0    | 0    | 0    | 0          |
| TOTAL    | 85.8 | 35.1 | 9.2  | 59.7 | 189.8      |

**EXECUTIVE BUDGET ISSUES:**

- The Department of Health and Mental Hygiene's Ten-Year Capital Strategy includes \$284.3 million in commitments in the following areas: facility rehabilitation and renovation (\$113.6 million), information technology (\$69.4 million), Office of Chief Medical Examiner (\$46.3 million), Public Health Laboratory (\$28.2 million), equipment and vehicles (\$11.6 million) and Animal Care and Control (\$15.2 million).

**DEPARTMENT OF HEALTH**

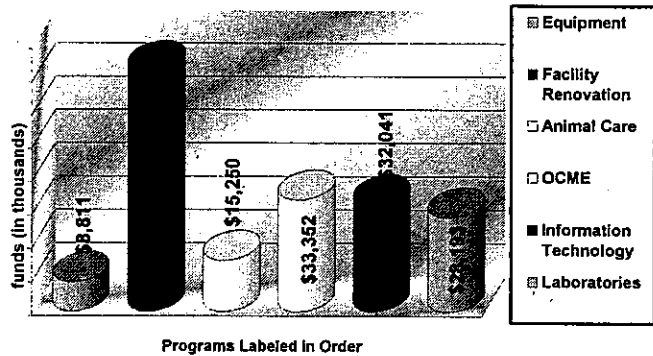
January 2007 vs. April 2007  
CAPITAL COMMITMENT PLANS



- *Information Technology:* The agency plans to commit \$69.4 million to purchase technology to maintain and improve services. Included in this funding is an addition of \$12.8 million for Central Office IT.
- *Public Health Laboratory:* funding includes \$28.2 million for emergency and infrastructure rehabilitations at the First Avenue Facilities. Included in this funding is the addition of \$2 million for the update of the air balancing systems at the Bureau Labs.

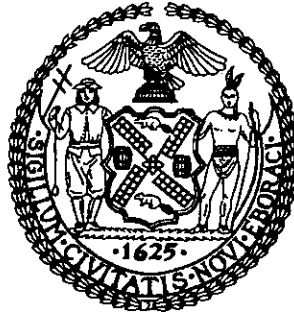
- *Office of Chief Medical Examiner:* A new Bronx Mortuary will be constructed on HHC's Jacobi Medical Center Campus. Funding of \$23.3 million is planned to be committed for this project.

**Capital Commitments by Program Area  
FY08-FY11**



**Fiscal Years 2008-2011:**

*Primary Care Information Project 2:* \$15 million was cut out of the four-year plan for this project, reducing planned commitments in this project from \$17 million to \$2 million.



# **Fiscal 2008 Executive Budget Hearings**

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## **Health & Hospitals Corporation (Capital)**

*May 2007*

*Hon. Christine C. Quinn  
Speaker of the Council*

*Hon. David I. Weprin, Chair  
Committee on Finance*

*Hon. Joel Rivera, Chair  
Committee on Health*

*Michael Keogh, Director  
Finance Division*

## Fiscal 2008 Executive Capital Budget Report

### Agency Overview

The Health and Hospitals Corporation (HHC), a public benefit corporation, is the successor entity for the Department of Hospitals and is the sole operator of New York City's municipal hospital system. HHC's responsibilities extend to the provision of comprehensive medical, mental health, and substance abuse services to residents of the City regardless of their ability to pay.

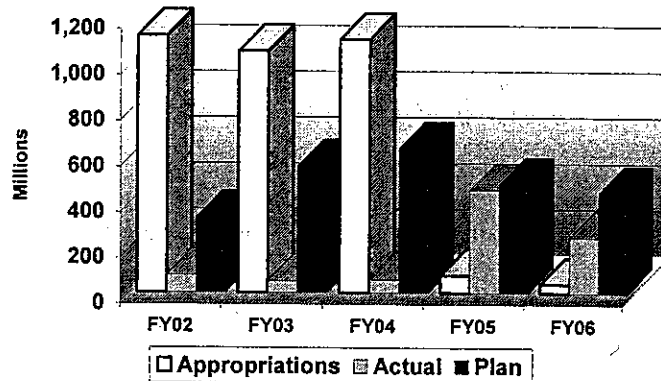
Under a 1992 financial agreement with the City, HHC has the authority to develop a consolidated annual expense and revenue budget, which is then approved by HHC's Board of Directors and subsequently by the City. The agreement allows HHC to develop non-city funding sources for new programs and allows for the retention of any surpluses during a fiscal year. Additionally, the agreement provides for payment of the City's tax levy to HHC in a lump sum, thereby indemnifying the Corporation against changes in the City's budget during a fiscal year.

HHC leases its facilities and equipment from the City at a cost of \$1 per year. The corporation operates 11 acute care hospitals; 4 skilled nursing facilities, 6 large diagnostic and treatment centers, and more than 80 community-based health clinics. As of 2005, HHC has integrated 28 child health clinics and 6 Communi-care clinics into the Corporation's regional facilities networks.

HHC is the lead agency in developing and providing comprehensive primary care services via the City's Communi-care and managed care health initiatives. HHC also operates some facilities, which are financed by the New York State Housing Finance Agency and leased to the City on behalf of HHC.

HHC's capital program primarily consists of major construction of Kings County Campus Modernization Phase II, III and IV, Coney Island Hospital New Bed Tower, Jacobi Medical Center Acute Care Facility Modernization, Queens Hospital Phase II (The New Ambulatory Care Pavilion), Major Modernization of Harlem Hospital Center, Gouverneur Health Care Services and the Office of the Chief Medical Examiner's DNA Lab construction on the Bellevue Campus.

**HEALTH & HOSPITALS CORPORATION**  
Appropriations vs. Actual & Planned Commitments  
(City funds)

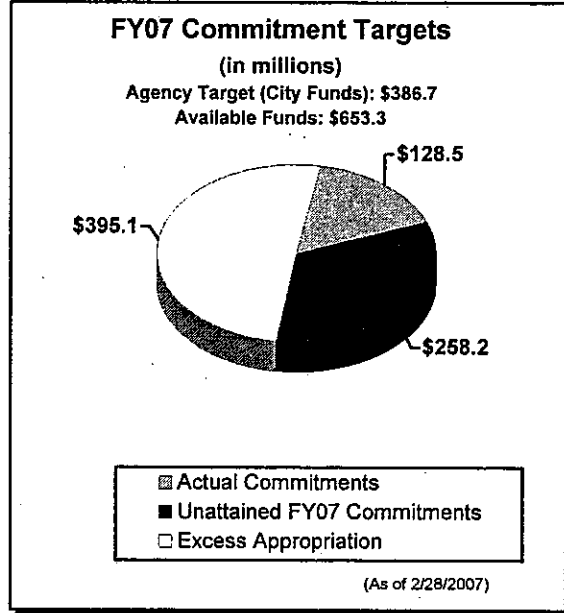


# Fiscal 2008 Executive Capital Budget Report

## Current Budget Summary

The April 2007 Capital Commitment Plan includes \$575.7 million in Fiscal Years 2008-2011 for the Health and Hospitals Corporation (including City and Non-City funds). This represents 1.3 percent of the City's total \$44.5 billion April Plan for Fiscal Years 2008-2011. The agency's current Commitment Plan for Fiscal Years 2008-2011 is 20.7 percent greater than the \$476.8 million in the January Commitment Plan, an increase of \$98.9 million

As of February 28, 2007 the Health and Hospitals Corporation has only committed \$128.5 million, 33.2 percent of its \$386.7 Fiscal Year 2007 Plan. Over the past five years Health & Hospitals Corporation has only committed an average of 36 percent of its annual capital plan. Therefore, it is assumed that a large portion of the agency's Fiscal Year 2007 capital plan will be rolled into Fiscal Year 2008 thus greatly increasing the size of the Fiscal Year 2008-2011 capital plan.



Currently, the Health and Hospitals Corporation appropriations total \$653.3 million in city-funds for Fiscal 2007. These appropriations are to be used to finance the Health and Hospitals Corporation \$258.2 million city-funded Fiscal Year 2007 Capital Commitment program. The agency has over 1.5 times more funding than it needs to meet its entire capital commitment program for the current fiscal year.

## **Fiscal 2008 Executive Capital Budget Report**

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The Health and Hospitals Corporation's capital commitments for the last five years are:

### **FIVE YEAR HISTORY - CAPITAL BUDGET** (**\$ in millions**)

|          | FY02 | FY03 | FY04 | FY05 | FY06 |
|----------|------|------|------|------|------|
| CITY     | 77   | 50   | 58   | 399  | 243  |
| NON-CITY | 0    | 0    | 0    | 0    | 0    |
| TOTAL    | 77   | 50   | 58   | 399  | 243  |

The Health and Hospitals Corporation's Preliminary Four-Year Capital Plan is:

### **PRELIMINARY CAPITAL PLAN – JANUARY 2007** (**\$ in millions**)

|          | FY08  | FY09  | FY10 | FY11  | FY's 08-11 |
|----------|-------|-------|------|-------|------------|
| CITY     | 160.5 | 103.0 | 76.2 | 137.1 | 476.8      |
| NON-CITY | 0     | 0     | 0    | 0     | 0          |
| TOTAL    | 160.5 | 103.0 | 76.2 | 137.1 | 476.8      |

The Health and Hospitals Corporation's Executive Four-Year Capital Plan is:

### **EXECUTIVE CAPITAL PLAN – APRIL 2007** (**\$ in millions**)

|          | FY08  | FY09  | FY10  | FY11  | FY's 08-11 |
|----------|-------|-------|-------|-------|------------|
| CITY     | 194.5 | 133.0 | 106.2 | 142.0 | 575.7      |
| NON-CITY | 0     | 0     | 0     | 0     | 0          |
| TOTAL    | 194.5 | 133.0 | 106.2 | 142.0 | 575.7      |

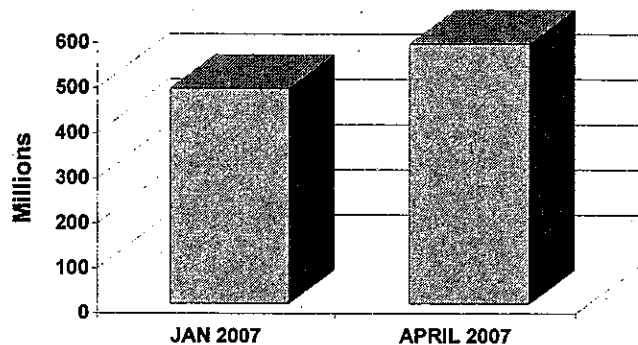
**EXECUTIVE BUDGET ISSUES:**

- The Health and Hospital's Corporation's Ten-Year Capital Strategy includes \$973 million, an increase of \$278.7 million from the Preliminary Plan.

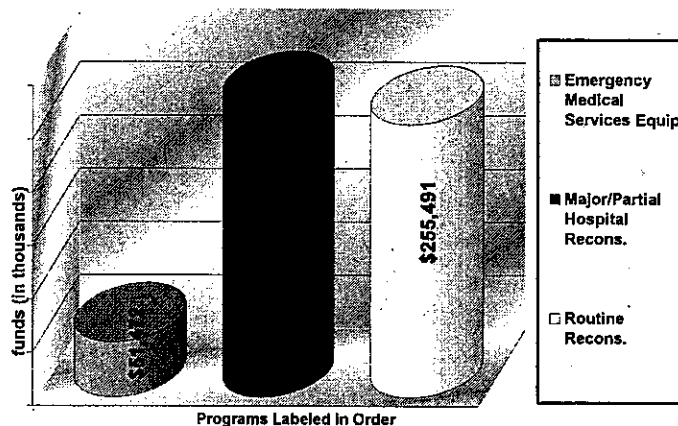
- HHC is in the midst of major or partial reconstruction at many of its facilities. Some projects include the completion of a new 330,000 sq. ft. Behavioral Health Center at a cost of \$51 million at Kings County Hospital Center. \$249 million will be used for the renovation of the Harlem Hospital campus. These funds will be used for the construction of a new diagnostic, treatment, and emergency pavilion. An additional \$146 million of the Plan is allocated for the major modernization and expansion of Gouverneur Hospital. Phase I of the project includes renovation and expansion of the Diagnostic and Treatment Center, followed by Phase II which includes the expansion and renovation of the Skilled Nurses Facility.

**HEALTH & HOSPITALS CORPORATION**

January 2007 vs. April 2007  
CAPITAL COMMITMENT PLANS



**Capital Commitments by Program Area  
FY08-FY11**



- Other major projects include \$30.4 million for the upgrade and expansion of existing emergency power systems through hospitals in the Corporation, and \$23.8 million for Local Law 11 compliance, which requires that all masonry façade buildings greater than 6 stories comply with building code requirements. An architect or engineer report on the exterior of the building must be submitted once every 5 years.

- HHC has added an additional \$300 million over the next 10 years for Hospital-wide construction projects associated with ongoing maintenance and equipment purchase. There is an additional \$30 million for the next 10 years starting in Fiscal Year 2008. HHC is adding this funding because the Administration believes it will be less expensive for HHC to finance their capital projects through the issuance of General Obligation (GO) bonds by the City for their entire capital program. Until now, HHC has funded part of their Capital Program through HHC bond proceeds. Currently the

## **Fiscal 2008 Executive Capital Budget Report**

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additional \$300 million has been placed in one lump-sum project until specific projects are identified in Fiscal Year 2008. However, if HHC does not identify these projects the Administration will rescind this funding.



[nyc.gov/hhc](http://nyc.gov/hhc)

**NEW YORK CITY COUNCIL  
FISCAL YEAR 2008  
EXECUTIVE BUDGET HEARING**

**COMMITTEE ON HEALTH &  
COMMITTEE ON FINANCE**

**ALAN D. AVILES  
PRESIDENT**

**NEW YORK CITY  
HEALTH AND HOSPITALS  
CORPORATION**

**MAY 18, 2007**

Good morning Chairpersons Rivera, Weprin, members of the Health and Finance Committees and other distinguished members of the New York City Council. I am Alan D. Aviles, President of the New York City Health and Hospitals Corporation (HHC). Thank you for the opportunity to discuss the Fiscal Year 2008 Executive Budget and to provide you an update on the status of our capital projects.

The Executive Budget contains a 1.5% PEG (Program to Eliminate the Gap) for FY 07 and a 4% PEG for FY 09 and beyond for HHC. We have submitted a PEG proposal, which has been accepted, to the Office of Management and Budget (OMB) to reduce the City subsidy by the targeted amounts.

As I mentioned at the preliminary budget hearing, funding for several City Council sponsored programs that was restored to last year's budget was not baselined. As a result, HHC will receive \$21.8 million less in Fiscal Year 2008 for the operation of the child health and Communicare clinics, behavioral health programs, HIV and TB programs, as well as the pharmacy fee waiver program. Specifically;

- \$12.2 million less for the operation of child health clinics and Family Health/ Communicare clinics;
- \$6.2 million less for substance abuse, mental health and mental retardation/ developmental disabilities programs;
- \$2.4 million less for the provision of waivers of the \$10 outpatient pharmacy fee; and
- \$1.0 million less for HIV and TB services.

I would urge the Council to continue its support of all of these programs.

In addition, funding in the amount of \$3 million (City Tax Levy) for the HIV Testing Expansion Program included in last year's budget and \$1 million in funding for the TEMIS program expansion was not baselined.

TEMIS stands for Team/Technology Enhanced Medical Interpreting System and it enables remote simultaneous translation services to patients and providers via wireless headsets. TEMIS currently operates at Bellevue Hospital Center (Bellevue), Gouverneur Healthcare Services (Gouverneur), in certain locations at Kings County Hospital Center (Kings County) and will

also be operational at East New York Diagnostic and Treatment Center (East New York) by the end of this month. TEMIS interpretation is available in eight languages: Spanish, Mandarin, Cantonese, Fukinese, Bengali, French, Haitian Creole and Polish. There are a total of 27 interpreters on staff at Bellevue who can provide simultaneous interpretation through TEMIS to patients and providers at Bellevue, Gouverneur, Kings County and East New York. A portion of the capital funds that was granted allowed HHC to renovate and expand the call center at Bellevue Hospital to accommodate the increased interpreter staff. The hours of TEMIS availability were also expanded to cover 10 hours per day, 8:00 am to 6:00 pm, Monday through Friday. In order to expand TEMIS to be available to patients served at Lincoln, Harlem, Metropolitan, Elmhurst and Queens Hospital Centers, HHC would need an additional \$2 million dollars in funding.

Last year with funding from the City Council, and through the extraordinary effort and innovation of facilities' staff, we tested more than 100,000 patients, a 65% increase above the year before. We identified more than 1,500 patients who were HIV positive and did not know it, and we linked those patients to care.

This year, the \$5.2 million (Total Funds) made available by the Council, has enabled us to continue our HIV testing expansion initiative. We have increased the use of rapid testing and continued to expand testing in a broad range of patient care settings. Our goal is to test at least 150,000 individuals this year. Through the first 9 months of this fiscal year, we have tested 97,319 individuals; more than the total number of individuals tested at this time last year. We continue to reach more patients throughout our outpatient clinics, connect with more adolescents, and focus on the growing population of HIV-infected seniors. HIV-infected individuals, who would not otherwise have been identified, have gotten into care early when the disease can best be managed. We believe our efforts will also be effective in reducing the rate of transmission and lessening the stigma of HIV.

Moving to the capital portion of the budget, HHC has made significant capital investments to ensure that our public hospital system is positioned to serve future generations of New Yorkers. We are pleased that the Executive Budget contains a funding commitment of \$300 million over the next 10 years towards our ongoing capital needs.

This past year, we completed work on new ambulatory care pavilions at Kings County and Queens Hospital Centers (Queens). We also started or continued construction on several other major projects, including the modernization of Harlem Hospital Center; a new pavilion for behavioral health care at Kings County; a new ambulatory care pavilion at Jacobi Medical Center (Jacobi); and the expansion of the emergency department and outpatient clinics at Lincoln Medical & Mental Health Center (Lincoln).

In addition, our capital dollars have been invested in our long term care facilities and our community health clinics. Design is underway for the modernization of the Gouverneur Healthcare Services Diagnostic and Treatment Center and Skilled Nursing Facility. Last year, we completed the construction of the impressive new home for our Bedford-Stuyvesant Alcoholism Treatment Program, and we have upgraded the physical plants of some of our community-based health centers, including the Junction Boulevard Family Health Center in Queens. With funding from Council Member Michael McMahon, we have also completed renovations in the new and expanded home for our Mariners Harbor Child Health Clinic in Staten Island, which will open in June 2007.

As part of our commitment to the earlier diagnosis and treatment of cardiovascular disease, we have continued to upgrade and increase the number of our cardiac catheterization centers. New units opened last year at Bellevue and Jacobi, and a Kings County unit will be completed later this year. In all, we will have new or renovated catheterization labs at six of our hospitals.

Over the past year, we have installed new 64-slice Computerized Tomography (CT) scanners at four of our hospitals: Lincoln, Queens, Woodhull and Coney Island. We want to acknowledge the City Council for the \$1.25 million provided for the Coney Island Hospital scanner.

With 3 new labor, delivery and recovery units, or LDRs, completed in 2006 at Coney Island, Kings County and Lincoln, all HHC hospitals can boast state-of-the-art maternity suites.

The cancer care pavilion at Elmhurst is nearing completion. We are grateful for the Council's financial support for this project. Another cancer care center is currently in development at Kings County for which \$5 million

was generously provided by the City Council. The design is now complete, and we anticipate starting construction later this summer.

In support of our Corporate-wide initiative to improve family planning and other services for women (beginning with the development of a Women's Options Center at Kings County funded by the Council) the Administration allocated \$6 million for additional Women's Options Centers at Elmhurst, Lincoln and Jacobi. The Elmhurst center is anticipated to open this fall. Construction will commence at Lincoln this summer, and the design phase of the Jacobi project has begun. \$7.6 million in additional funding is needed for our next phase of Women's Options Centers, at Bellevue, Coney Island, Queens and Woodhull.

I am pleased to report that progress has been made toward the development of senior housing on the campus of the Sea View Hospital and Rehabilitation Center and Home on Staten Island. This project is the result of a collective effort among the Mayor's Office, HPD, HHC and Council Member James Oddo.

As evidence of our commitment to enhance uninsured Staten Islanders access to health care services, I've taken the following actions in recent weeks:

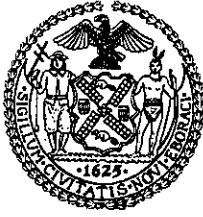
First, I announced at the end of April a one-year extension of our Staten Island Health Access Program (SIHA). SIHA is a temporary program designed to expand access to medical care for low-income uninsured residents of Staten Island's North Shore, including the growing population of undocumented immigrants. SIHA was originally designed to bridge the health care needs of North Shore residents until the new Community Health Center of Richmond was established and its service capacity expanded. The SIHA program began in December 2005 and was scheduled to end on June 30, 2007. The program will be extended through June 30, 2008 with an additional \$2 million from HHC to support doctors' visits, diagnostic and lab services, and prescription drugs.

HHC also funds facilitated enrollment services conducted by the Jewish Community Center of Staten Island through the SIHA program, so that individuals who are eligible for public health insurance can have access to this important resource. Nearly 3,000 uninsured Staten Islanders have taken

advantage of the program and 654 individuals have been assisted with obtaining government-sponsored health insurance to date.

In addition, last week, HHC purchased a community health facility at 155 Vanderbilt Avenue for \$1.37 million. The current tenants in this site, St. Elizabeth Ann's Health Care & Rehabilitation Center, operate an HIV day program. When the current tenant vacates the site, one possibility for the use of a portion of this space would be the relocation of the Stapleton Child Health Clinic. We are also open to explore with Richmond University Medical Center the co-location of services.

This concludes my written testimony. I now look forward to listening to your comments and answering your questions.



**THE CITY OF NEW YORK**  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

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nyc.gov/health

Testimony

of

**Thomas R. Frieden, M.D., M.P.H.**  
**Commissioner**

before the

**New York City Council**  
**Committee on Health**

and

**Committee on Finance**

regarding the

**FY 2008 Executive Budget**

May 18, 2007

Council Chambers, City Hall  
New York City

Good morning, Chairpersons Rivera, Weprin, and members of the Committees. My name is Tom Frieden, and I am the Health Commissioner for New York City.

### **Fiscal Year 2007 Accomplishments**

As discussed in March, the Department has made progress on our Take Care New York health policy agenda. After a complete and thorough RFP process that included bids from the leaders in health information technology, the Department selected a vendor to provide electronic health records to more than 1,000 primary care physicians who serve one million patients in low-income, at-risk communities. We continued to implement our tobacco control program, launching the largest anti-smoking media campaign in the Department's history. With support from the City Council, we expanded the Sports, Play and Active Recreation for Kids (SPARK) program to increase physical activity among children in day care and pre-K settings. We conducted nearly 100,000 voluntary rapid HIV tests in STD and TB clinics, city jails, homeless shelters, community-based organizations and medical settings. In collaboration with the Citywide Colon Cancer Control Coalition, we published and distributed a guide to tools, resources and best practices for hospitals to increase the number of colonoscopies they perform. And our Nurse Family Partnership is currently helping more than 700 high-risk families in low-income neighborhoods improve their health and social outcomes for their children and the entire family.

### **The Year Ahead**

The Department has a number of exciting initiatives planned for FY 2008. We will roll out prevention-oriented electronic health records to hundreds of physicians; build on our success with the Nurse Family Partnership by expanding into additional high-need areas; reduce teen pregnancy; and address emerging public health threats through increased screening, treatment and surveillance.

Let me now highlight several important new initiatives from our executive budget. Our budget includes \$1 million in new CTL funding for a pilot expansion of our pest control program beyond the current complaint-based system to a program of active community surveillance. This neighborhood-based program uses a method called indexing to track and address rodent infestation. The program will be piloted in the Bronx in FY08, and if successful, we would hope to expand it citywide. As part of this effort, the Department will reduce complaint response times, improve our progress in controlling rodent infestation, and expand our extermination activities.

In accordance with the recommendations contained in the Administration's comprehensive report on health impacts of 9-11, the Department's budget includes \$7.7M in FY08 funding to further enhance our response to WTC-related health concerns. With this funding, the Department will administer a benefit program to reimburse New Yorkers affected by the WTC disaster for costs associated with mental health and substance abuse treatment services. This new money will also fund a World Trade Center (WTC) Health Coordinator, who will manage WTC health issues across City agencies

and develop a "one-stop" WTC Health Resources internet site to provide thorough coverage of WTC-related health issues. At the same time, we are developing environmental health and safety protocols to assist with environmental hazard emergency planning and coordination.

The Department's executive budget includes an additional \$1.5 million in FY08 for the Primary Care Information Project (PCIP). PCIP supports the adoption and use of Electronic Health Records (EHRs) among primary care providers in NYC's underserved communities. This funding will help medical providers adopt and use EHRs to improve patient care. Beginning this fall, we anticipate 80 to 100 new providers each month will implement this system.

As part of the Mayor's PlaNYC 2030 sustainability initiative, the Department has received \$2 million to design and oversee an ongoing study of New York City's air quality and to measure air pollutant levels for New York City's neighborhoods. This study will supplement existing New York State and Federal air monitoring data with additional air monitoring sites. Using these data, along with information about traffic counts and vehicle types, neighborhood characteristics and information about fixed site facilities that emit air pollutants, the Department will characterize air quality throughout the city, and will be able to monitor air quality changes over time. In the next year, the Department will finalize air sampling plans, select sampling sites, and begin collecting data.

The Department remains committed to providing elementary and intermediate school students with primary and preventive dental care, particularly sealant application. The oral health restoration in our executive budget will allow the program to transition more smoothly and phase in the oral health program PEG included in the FY07 adopted budget. As part of the FY08 savings, part-time dentists and dental assistants will be furloughed this summer; remaining staff will work at dental sites in DOHMH health center dental sites and community-based facilities. This furlough will help DOHMH focus program resources toward their most productive use, during the school year, and is also a necessary step toward achieving FY08 financial plan targets. No further labor force reductions are currently planned for this program.

As part of the FY07 PEG program, DOHMH indicated it would relinquish three facilities to generate savings in FY08 and FY09. We evaluated our capital portfolio to identify possible locations where we could consolidate operations while ensuring continued access to services. At this time, DOHMH plans to relinquish to DCAS the Stapleton facility on Staten Island and the Westchester/Glebe facility in the Bronx. We are still evaluating options for the third site. DOHMH has no services at these facilities, and the current tenants will not be negatively impacted by the relinquishment process.

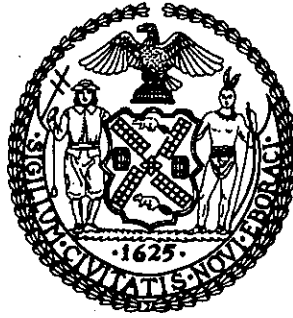
## **Budget Actions**

The Department was asked, along with all other agencies, to identify ways to contribute to the City's fiscal stability. Our plan will have no impact on DOHMH services and uses a combination of one-time and recurring revenues from a number of sources, as well as projected savings from improved program efficiency.

Administrative tribunal revenue collections have exceeded original targets for the past several fiscal years and the Department anticipates exceeding the prior projection for FY08 and the out-years through improved collection efforts. Other revenue sources include savings from increases in various revenues and re-estimates of program spending in current and future years, in addition to one-time and recurring revenue increases.

I would like to thank the Council for your collaboration and partnership, and I look forward to continuing our work together in the coming year. I would be happy to answer your questions.

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# **Fiscal 2008 Executive Budget Hearings**

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## **❖ Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse & Disability Services**

*May 2007*

### **Scheduled To Testify:**

- *Department of Health & Mental Hygiene  
(Mental Health, Mental Retardation &  
Alcoholism Services Issues)*

**Hon. Christine C. Quinn**  
**Speaker of the Council**

**Hon. David I. Weprin, Chair**  
**Committee on Finance**

**Hon. G. Oliver Koppell, Chair**  
**Committee on Mental Health, Mental**  
**Retardation, Alcoholism, Drug Abuse &**  
**Disability Services**

**Hon. Annabel Palma, Chair**  
**Subcommittee on Drug Abuse**

**Michael Keogh, Director**  
**Finance Division**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE (816)**

**Agency Operations**

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, mental retardation and developmental disability, chemical dependency prevention and treatment, and disaster-related crisis counseling services through over 1,000 contracted programs. The Department's Early Intervention Program provides services to developmentally delayed infants and toddlers.

**AGENCY FUNDING OVERVIEW**

| Agency Funding Sources | Fiscal 2007 Adopted Budget | Fiscal 2007 Current Modified | Fiscal 2008 Executive Budget |
|------------------------|----------------------------|------------------------------|------------------------------|
| City                   | \$622,164,191              | \$649,472,564                | \$560,421,985                |
| Other Categorical      | \$255,609,780              | \$257,660,768                | \$247,006,112                |
| Capital IFA            | \$0                        | \$0                          | \$0                          |
| State                  | \$436,161,436              | \$467,037,682                | \$432,279,276                |
| Community Development  | \$553,000                  | \$553,000                    | \$553,000                    |
| Federal-Other          | \$245,747,803              | \$322,420,279                | \$251,902,359                |
| Intra-City             | \$3,444,667                | \$8,976,963                  | \$9,895,733                  |
| <b>Total</b>           | <b>\$1,563,680,877</b>     | <b>\$1,706,121,256</b>       | <b>\$1,502,058,465</b>       |

**HEADCOUNT OVERVIEW**

| Headcount    | Fiscal 2007 Adopted Budget | Fiscal 2007 Current Modified | Fiscal 2008 Executive Budget |
|--------------|----------------------------|------------------------------|------------------------------|
| City         | 3,035                      | NA                           | 4,185                        |
| Non-City     | 969                        | NA                           | 935                          |
| <b>Total</b> | <b>4,004</b>               | <b>4,620</b>                 | <b>5,120</b>                 |

**PROGRAM FUNDING OVERVIEW**

| Program Funding            | 2006 Actual Expenses   | 2007 Adopted Budget    | 2007 Current Modified  | 2008 Executive Budget  |
|----------------------------|------------------------|------------------------|------------------------|------------------------|
| <b>EARLY INTERVENTION</b>  |                        |                        |                        |                        |
| PS                         | \$369,491              | \$2,981,202            | \$1,012,635            | \$14,728,594           |
| OTPS                       | \$472,266,034          | \$530,731,712          | \$518,430,039          | \$415,927,717          |
| <b>Categorical Total</b>   | <b>\$472,635,525</b>   | <b>\$533,712,914</b>   | <b>\$519,442,674</b>   | <b>\$430,656,311</b>   |
| <b>MENTAL HEALTH</b>       |                        |                        |                        |                        |
| PS                         | \$5,910,052            | \$7,887,980            | \$8,552,358            | \$9,033,072            |
| OTPS                       | \$188,051,991          | \$198,898,813          | \$207,636,292          | \$198,494,433          |
| <b>Categorical Total</b>   | <b>\$193,962,043</b>   | <b>\$206,786,793</b>   | <b>\$216,188,650</b>   | <b>\$207,527,505</b>   |
| <b>CHEMICAL DEPENDENCY</b> |                        |                        |                        |                        |
| OTPS                       | \$43,871,283           | \$43,751,359           | \$50,412,190           | \$42,896,874           |
| <b>*PUBLIC HEALTH</b>      | <b>\$792,949,890</b>   | <b>\$779,429,811</b>   | <b>\$927,677,342</b>   | <b>\$820,977,775</b>   |
| <b>TOTAL DOHMH BUDGET</b>  | <b>\$1,503,418,741</b> | <b>\$1,563,680,877</b> | <b>\$1,706,121,256</b> | <b>\$1,502,058,465</b> |

\* Please note that the Public Health portion of the DOHMH Program Budget is not divided into sub-programs, but was discussed at length at the March 18, 2006 Committee on Health Preliminary Budget Hearing.

**PROGRAM HEADCOUNT OVERVIEW**

| Headcount by Program  | 2007 Current Modified | 2008 Executive Budget |
|-----------------------|-----------------------|-----------------------|
| Mental Health         | 175                   | 172                   |
| Early Intervention    | 36                    | 364                   |
| Chemical Dependency   | 0                     | 0                     |
| Public Health         | 4,409                 | 4,584                 |
| <b>TOTAL DOHMH HC</b> | <b>4,620</b>          | <b>5,120</b>          |

**AGENCY HIGHLIGHTS**

The Fiscal 2008 Executive Budget contains \$15.1 million in cuts to the Department of Health and Mental Hygiene’s mental health, mental retardation, alcoholism, drug abuse and disability programs. These cuts represent funding provided by the City Council in the Fiscal 2007 Adopted Budget but not baselined by the Mayor in the City’s Financial Plan for Fiscal 2008 and the outyears. Non-restored items are detailed throughout the unit of appropriation sections of the document.

**UNITS OF APPROPRIATION**

The operating budget of an agency is structured into several levels, each of which provides varying levels of detail on an agency’s spending plans. The City Charter requires that U/A’s represent the amount appropriated for personal services (i.e. salaries or Other Than Personal Services (i.e. supplies) for a particular program, purpose, activity or institution.)

**Mental Hygiene Administration (U/A 108 and 118)**

Funding in this unit of appropriation is responsible for administrative services to support planning, contracting, monitoring and evaluation of mental health, mental retardation, alcoholism, chemical dependency and substance abuse services. Funding in this unit of appropriation purchases supplies, materials and other services required to support mental hygiene operations.

| U/A# | U/A Name                           | Fiscal 2007 Adopted Budget | Fiscal 2007 Modified as of 4/23/2007 | Fiscal 2008 Executive Budget | Percent Change Since Adopted |
|------|------------------------------------|----------------------------|--------------------------------------|------------------------------|------------------------------|
| 108  | Mental Hygiene Administration-PS   | \$22,552,051               | \$21,883,646                         | \$37,053,985                 | 64.30%                       |
| 118  | Mental Hygiene Administration-OTPS | \$5,507,299                | \$5,947,356                          | \$18,824,266                 | 241.81%                      |
|      | <b>Total</b>                       | <b>\$28,059,350</b>        | <b>\$27,831,002</b>                  | <b>\$55,878,251</b>          | <b>99.14%</b>                |

**Funding Analysis**

There is a marked increase in funding in U/A 108 in the Fiscal 2008 Executive Budget from the Fiscal 2007 Adopted Budget. This is due in large part to a \$12.1 million functional transfer of funding from U/A 121 Mental Retardation-OTPS to U/A 108.

This funding in prior Fiscal Years was Intra-City to HHC for Early Intervention (EI) staff. (Please note there are 311 EI staff being transferred) The Early Intervention staff that are being transferred from HHC to DOHMH conduct programmatic outreach, facilitate enrollment, organize developmental screenings, make appropriate referrals for evaluations and services, monitor the EI program, ensure quality assurance, provide medical consultation and legal assistance for program staff, and database management.

The Division’s new need in the amount \$7.7 million in Fiscal 2008; \$8.2 million in Fiscal 2009; \$10 million in Fiscal 2010 and \$2.7 million in Fiscal 2011 for expanded mental health services and substance abuse benefits for those affected by September 11 is funded in U/A 118 and is a main reason as to why the Fiscal 2008 Executive Budget is significantly larger than the Fiscal

## Fiscal 2008 Executive Budget Report

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2007 Adopted Budget under Mental Hygiene Administration OTPS (See the '*Executive Budget Action Analysis*' section of this report for a more detailed analysis of this program.

### Mental Health Services (U/A 120)

Funding in this unit of appropriation provides for the purchase of mental health services formerly administered by the department of mental health through contracts with voluntary agencies and hospitals and through intra-city agreements with the health and hospitals corporation.

| U/A# | U/A Name                    | Fiscal 2007 Adopted Budget | Fiscal 2007 Modified as of 4/23/2007 | Fiscal 2008 Executive Budget | Percent Change Since Adopted |
|------|-----------------------------|----------------------------|--------------------------------------|------------------------------|------------------------------|
| 120  | Mental Health Services-OTPS | \$176,263,385              | \$190,846,611                        | \$174,131,839                | -1.21%                       |

### Funding Analysis

The Division's new need in the amount of \$550,000 in Fiscal 2008 and \$1.1 million in Fiscal 2009 and the outyears to commence contracts for supportive housing for the chronically homeless or those at risk of becoming homeless is partially funded in U/A 120. (See the '*Executive Budget Action Analysis*' section of this report for a more detailed analysis of this program.

**The following initiatives are not restored in the Fiscal 2008 Executive Budget.**

**Geriatric Mental Health Services.** The Executive Budget does not restore \$1.7 million to geriatric mental health services to enhance the capacity and strengthen the infrastructure of existing mental health services for seniors, including those delivered in non-traditional settings, such as in the home, in senior centers and in homeless shelters.

**Mental Health Contracts.** In the Executive Budget, \$987,000 is not restored to a range of hospitals and mental health providers that offer mental health services throughout the City.

**Children Under Five Mental Health Initiative.** The Executive Budget does not restore \$1.4 million of funding for community based outpatient mental health clinics in the Bronx, Brooklyn, Queens, and upper Manhattan to provide mental health treatment for children age five and under.

**Mental Health – Voluntary Sector.** In the Executive Budget, funding in the amount of \$958,000 has not been restored. This funding benefited various mental health and discharge planning programs provided by the voluntary sector.

**Mental Health/Hygiene Programs.** In the Executive Budget, \$1.6 million to maintain funding for mental health recreational, psychosocial, assisted employment, screening, continuing day treatment programs has not been restored.

### Mental Retardation Services (U/A 121)

Funding in this unit of appropriation provides for the purchase of mental retardation and developmental disabilities services formerly administered by the department of mental health through contracts with voluntary agencies and hospitals and through intra-city agreements with the health and hospitals corporation. The early intervention program is also located here and

## Fiscal 2008 Executive Budget Report

provides for therapeutic services through contracts with private providers for developmentally disabled children ages 0 through 2.

| U/A# | U/A Name                    | Fiscal 2007<br>Adopted<br>Budget | Fiscal 2007<br>Modified as of<br>4/23/2007 | Fiscal 2008<br>Executive<br>Budget | Percent<br>Change Since<br>Adopted |
|------|-----------------------------|----------------------------------|--|------------------------------------|------------------------------------|
| 121  | Mental Retardation Services | \$564,753,020                    | \$546,323,817                              | \$442,831,579                      | -21.59%                            |

### Funding Analysis

The Division's seeks to achieve a savings in U/A 121 in the amount of \$50 million in Fiscal 2008 due to the Early Intervention's (EIs) third party payer First Health over-billing the City on services rendered through EI.

Also, the Division will achieve a savings through a re-estimate of the Early Intervention program in the amount of \$38.3 million in Fiscal 2007, \$42 million in Fiscal 2008, \$42.8 million, \$30.2 million in Fiscal 2010 and \$20 million in Fiscal 2011 in U/A 121 due to Early Intervention services originally denied eligibility for Medicaid being deemed eligible on review. (See the *'Executive Budget Action Analysis'* section of this report for a more detailed analysis of this program.

Finally the Division will seek a savings in U/A 121 in the amount of \$9 million in Fiscal 2007, \$12.5 million in Fiscal 2008, \$13.2 million in Fiscal 2009, \$13.7 million in Fiscal 2010 and \$11.3 million in Fiscal 2011 due to a better alignment between the number of Early Intervention client referrals per year to actual services provided through the EI program. (See the *'Executive Budget Action Analysis'* section of this report for a more detailed analysis of this program.

**The following initiative is not restored in the Fiscal 2008 Executive Budget.**

**Young Adult Institute and Workshop, Inc. (YAI).** The Executive Budget doe not restore \$400,000 in funding to support three programs operated by YAI that serve developmentally disabled adults.

### Alcoholism Services (U/A 122)

| U/A# | U/A Name            | Fiscal 2007<br>Adopted<br>Budget | Fiscal 2007<br>Modified as of<br>4/23/2007 | Fiscal 2008<br>Executive<br>Budget | Percent<br>Change Since<br>Adopted |
|------|---------------------|----------------------------------|--|------------------------------------|------------------------------------|
| 122  | Alcoholism Services | \$44,065,323                     | \$51,212,305                               | \$47,352,685                       | 7.46%                              |

### Funding Analysis

The Division's new need in the amount of \$4.3 million in Fiscal 2008 and \$8.5 million in Fiscal 2009 and the outyears to commence contracts for supportive housing for the chronically homeless or those at risk of becoming homeless is partially funded in U/A 122. (See the *'Executive Budget Action Analysis'* section of this report for a more detailed analysis of this program.

**The following initiatives are not restored in the Fiscal 2008 Executive Budget.**

## **Fiscal 2008 Executive Budget Report**

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**HHC Mental Health & Substance Abuse Programs.** In the Executive Budget, \$3.3 million for a range of mental health and substance abuse programs provided at HHC hospitals throughout the City has not been restored. Included in this elimination are the Adolescent Substance Abuse Prevention programs at Lincoln & Elmhurst Hospitals.

**HHC Mental Hygiene Programs.** The Executive Budget does not restore \$2.6 million to mental health and substance abuse prevention programs provided at 17 Health and Hospitals Corporation facilities.

**Alcoholism/Substance Abuse – Voluntary Sector.** In the Executive Budget, \$1.1 million was not restored to a range of alcoholism and substance abuse prevention and treatment programs operated by the Department of Education, community-based organizations and private hospitals throughout the City.

**HHC Hospital Based Mental Health.** The Executive Budget does not restore \$364,000 for HHC facilities and non-public hospitals in the mental retardation and developmental disability, mental hygiene and alcoholism and substance abuse prevention categories covering both clinician salaries and other operating costs.

**Crystal Methamphetamine Education and Prevention Initiative.** The Executive Budget does not restore \$670,000 of funding for an initiative to curb the growth in crystal methamphetamine use and addiction in New York City. The principal focus of this initiative is education and treatment services for individuals in need of such services.

# Fiscal 2008 Executive Budget Report

## EXECUTIVE BUDGET ACTIONS (000s)

| Description                                    | Fiscal 2007 |             |             | Fiscal 2008     |                |                 |
|--|-------------|-------------|-------------|-----------------|----------------|-----------------|
|  | City        | Non-City    | Total       | City            | Non-City       | Total           |
| Agency Budget as per Preliminary Plan          | \$638,026   | \$1,045,123 | \$1,683,150 | \$607,294       | \$954,241      | \$1,561,535     |
| <b>Executive Plan New Needs</b>                |             |             |             |                 |                |                 |
| Expand Primary Care Capacity                   | \$0         | \$0         | \$0         | \$745           | \$0            | \$745           |
| Primary Care Information Project Expansion     | \$0         | \$0         | \$0         | \$1,531         | \$861          | \$2,392         |
| New York-New York III Housing Contracts        | \$0         | \$0         | \$0         | \$4,800         | \$0            | \$4,800         |
| NYC 2030-Air Quality Study                     | \$0         | \$0         | \$0         | \$2,000         | \$0            | \$2,000         |
| Rodent Control Pilot                           | \$0         | \$0         | \$0         | \$1,000         | \$0            | \$1,000         |
| WTC Health Impacts Funding                     | \$0         | \$0         | \$0         | \$0             | \$7,744        | \$7,744         |
| <b>Total New Needs</b>                         | <b>\$0</b>  | <b>\$0</b>  | <b>\$0</b>  | <b>\$10,076</b> | <b>\$8,605</b> | <b>\$18,681</b> |
| <b>Executive Plan Other Adjustments</b>        |             |             |             |                 |                |                 |
| Agency Funding Shifts                          | \$0         | \$0         | \$0         | \$0             | \$4,795        | \$4,795         |
| Categorical                                    | \$0         | \$4,987     | \$4,987     | \$0             | (\$643)        | (\$643)         |
| Chief Medical Examiner                         | \$11,100    | \$0         | \$11,100    | \$0             | \$0            | \$0             |
| Contracting Systems Integrator                 | \$0         | \$0         | \$0         | \$0             | \$3,000        | \$3,000         |
| Criminalist Transfer for PHR                   | \$137       | \$0         | \$137       | \$137           | \$0            | \$137           |
| Doctor's Council Collective Bargaining Funding | \$1,032     | \$471       | \$1,503     | \$1,453         | \$663          | \$2,116         |
| DOH-HEALTHSTAT Program                         | \$287       | \$0         | \$287       | \$0             | \$0            | \$0             |
| Early Intervention Reconciliation              | (\$39,986)  | \$39,986    | \$0         | (\$49,861)      | \$0            | (\$49,861)      |
| Early Intervention Re-Estimate                 | \$0         | (\$38,288)  | (\$38,288)  | (\$5,279)       | (\$36,223)     | (\$41,502)      |
| EI Redirections                                | \$0         | \$3,966     | \$3,966     | \$0             | \$0            | \$0             |
| Fordham University Laboratory                  | \$50        | \$0         | \$50        | \$0             | \$0            | \$0             |
| Fuel   | (\$38)      | (\$22)      | (\$60)      | (\$19)          | (\$11)         | (\$30)          |
| Gasoline                                       | (\$72)      | (\$40)      | (\$112)     | (\$53)          | (\$30)         | (\$83)          |
| Great American Family Services                 | \$175       | \$0         | \$175       | \$0             | \$0            | \$0             |
| Heat, Light and Power                          | (\$69)      | \$341       | \$272       | \$2,770         | \$484          | \$3,254         |
| Hondorans Against AIDS                         | \$10        | \$0         | \$10        | \$0             | \$0            | \$0             |
| I/C for Medical Alerts                         | \$180       | \$0         | \$180       | \$0             | \$0            | \$0             |
| I/C Reversal for UA 416                        | (\$180)     | \$0         | (\$180)     | \$0             | \$0            | \$0             |
| Lease Adjustment                               | \$0         | \$0         | \$0         | \$766           | \$428          | \$1,194         |
| Local Assistance                               | \$0         | \$415       | \$415       | \$0             | \$0            | \$0             |
| Medicare Revenue                               | \$0         | \$690       | \$690       | \$0             | \$690          | \$690           |
| New York Children's Vision Coalition           | \$50        | \$0         | \$50        | \$0             | \$0            | \$0             |
| Nurse Family Partnership                       | \$0         | \$3,787     | \$3,787     | \$0             | \$7,500        | \$7,500         |
| Nurse Family Partnership I/C                   | (\$1,325)   | (\$746)     | (\$2,071)   | (\$2,625)       | (\$1,477)      | (\$4,102)       |
| OASAS State AID Letter                         | \$0         | \$2,492     | \$2,492     | \$0             | \$0            | \$0             |
| Primary Care Information Project Funding Shift | \$824       | \$464       | \$1,288     | \$6,731         | \$3,786        | \$10,517        |
| Ready New York Advertising                     | \$0         | \$224       | \$224       | \$0             | \$0            | \$0             |
| Technical Adjustment                           | \$0         | \$0         | \$0         | (\$2,973)       | (\$42)         | (\$3,015)       |

## Fiscal 2008 Executive Budget Report

| Description  | Fiscal 2007       |                    |                    | Fiscal 2008       |                   |                    |
|--|-------------------|--------------------|--------------------|-------------------|-------------------|--------------------|
|  | City              | Non-City           | Total              | City              | Non-City          | Total              |
| Technical Adjustment for Lead Law                      | (\$464)           | (\$261)            | (\$725)            | \$464             | \$261             | \$725              |
| Technical Adjustment of I/C                            | \$48              | \$0                | \$48               | \$70              | \$0               | \$70               |
| W.S.O. For Mosholu Golf Course                         | \$0               | \$497              | \$497              | \$0               | \$0               | \$0                |
| WTC Human Remains Search                               | (\$1,600)         | \$0                | (\$1,600)          | \$1,600           | \$0               | \$1,600            |
| <b>Total Other Adjustments</b>                         | <b>(\$29,841)</b> | <b>\$18,963</b>    | <b>(\$10,878)</b>  | <b>(\$46,819)</b> | <b>(\$16,819)</b> | <b>(\$63,638)</b>  |
| <b>Executive Plan PEGs</b>                             |                   |                    |                    |                   |                   |                    |
| Improved Medicaid Claiming for Early Intervention      | (\$1,300)         | \$0                | (\$1,300)          | (\$4,300)         | \$4,300           | \$0                |
| OCME Surplus   | \$0               | \$0                | \$0                | (\$1,821)         | (\$1,025)         | (\$2,846)          |
| Reduced expenses for Early Intervention Services       | (\$1,943)         | (\$7,060)          | (\$9,003)          | (\$3,668)         | (\$8,848)         | (\$12,516)         |
| State Funding for the Nurse Family Partnership Program | (\$1,897)         | (\$1,067)          | (\$2,964)          | \$0               | \$0               | \$0                |
| <b>Total PEGs</b>                                      | <b>(\$5,140)</b>  | <b>(\$8,127)</b>   | <b>(\$13,267)</b>  | <b>(\$9,789)</b>  | <b>(\$5,573)</b>  | <b>(\$15,362)</b>  |
| <b>Executive Plan PEG Restorations</b>                 |                   |                    |                    |                   |                   |                    |
| Oral Health PEG Restoration                            | \$697             | \$335              | \$1,032            | \$464             | \$224             | \$688              |
| <b>Total PEG Restoration</b>                           | <b>\$697</b>      | <b>\$335</b>       | <b>\$1,032</b>     | <b>\$464</b>      | <b>\$224</b>      | <b>\$688</b>       |
| <b>Total Executive Plan Budget Changes</b>             | <b>(\$34,284)</b> | <b>\$11,171</b>    | <b>(\$23,113)</b>  | <b>(\$46,068)</b> | <b>(\$13,563)</b> | <b>(\$59,631)</b>  |
| <b>Agency Budget as per Executive Plan</b>             | <b>\$603,742</b>  | <b>\$1,056,294</b> | <b>\$1,660,037</b> | <b>\$561,226</b>  | <b>\$940,678</b>  | <b>\$1,501,904</b> |

Continued from previous page.

### Executive Budget Action Analysis

#### New Needs

**New York/New York III Housing Contracts.** The Executive Budget provides \$4.8 million in Fiscal 2008 and \$9.6 million in Fiscal 2009 and the outyears to commence contracts for supportive housing for the chronically homeless or those at risk of becoming homeless. There will be an estimated 20 contracts associated with the 550 NY/NY III units funded in the Fiscal 2008 Executive Plan. On average, every 25 units will yield 1 contract. Projected operating costs are also included in the Plan and generally include the cost of rent, utilities and supportive services.

NY/NY III aims to improve coordination of services across the State agencies to provide comprehensive care at a lesser cost to taxpayers. These collaborative reform efforts seek to advance the first phase of the New York/New York III-Supportive Housing Agreement, which is a 10-year initiative to provide 9,000 new units of supportive housing for homeless individuals living with mental illness and homeless families with special needs. The agreement will provide supportive housing for as many as 5,550 homeless New Yorker's living with mental illness.

**World Trade Center (WTC) Health Impacts Funding.** The Executive Budget provides \$7.7 million in Fiscal 2008; \$8.2 million in Fiscal 2009; \$10 million in Fiscal 2010 and \$2.7 million in Fiscal 2011 for expanded mental health services and substance abuse benefits for those affected by September 11. An additional 7 City personnel will be hired for this initiative. A WTC Coordinator, and a WTC website will also be created. The WTC initiative is based on the

## **Fiscal 2008 Executive Budget Report**

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recommendations of the WTC Health Panel that was convened last fall by the Mayor and composed of a variety of city agencies. Federal funds will be sought to cover these program costs.

### **Programs to Eliminate the Gap (PEGs)**

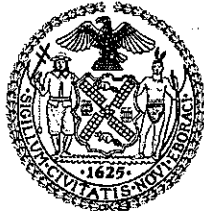
**Reduced Expenses for Early Intervention (EI) Services.** The Division plans on a savings in the amount of \$9 million in Fiscal 2007, \$12.5 million in Fiscal 2008, \$13.2 million in Fiscal 2009, \$13.7 million in Fiscal 2010 and \$11.3 million in Fiscal 2011 due to a better alignment with trend factors like the number of Early Intervention client referrals per year to actual active cases. The Division on review of the number of clients referred to the EI program, a larger than anticipated portion of those clients were found not to be eligible for EI services.

The Early Intervention program identifies and treats children up to age three, who are at risk for or diagnosed with developmental delays or disabilities. A network of over 140 contract agencies provides services to more than 37,000 children and families.

### **Other Adjustments**

**Early Intervention Reconciliation.** The Division plans on achieving a savings in the amount of \$39.9 million to realize prior year Medicaid payments in Fiscal 2007, and \$50 million in Fiscal 2008 due to surplus bank account payments made to Early Intervention's third party payer First Health for services rendered through EI.

**Early Intervention Re-Estimate.** The Division plans on achieving a savings in the amount \$38.3 million in Fiscal 2007, \$42 million in Fiscal 2008, \$42.8 million, \$30.2 million in Fiscal 2010 and \$20 million in Fiscal 2011 by a re-estimation of EI services to align EI referrals to active cases.



# THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
*Mayor*

Thomas R. Frieden, M.D., M.P.H.  
*Commissioner*

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[nyc.gov/health](http://nyc.gov/health)

Testimony

of

**Thomas R. Frieden, M.D., M.P.H.**  
**Commissioner**

before the

**New York City Council**  
**Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and**  
**Disability Services**

and

**Committee on Finance**

and

**Subcommittee on Drug Abuse**

regarding the

**FY 2008 Executive Budget**

May 18, 2007

Council Chambers, City Hall  
New York City

Good afternoon, Chairpersons Koppell, Palma, Weprin and members of the Committees. My name is Tom Frieden, and I am the Commissioner of Health and Mental Hygiene for New York City.

#### Fiscal Year 2007 Accomplishments

As I discussed in March, the Department has made significant progress in addressing behavioral health needs of New Yorkers. The Department has implemented initiatives to screen and treat depression, particularly in older adults, women and Asian New Yorkers. We have used technological innovation and direct outreach to help physicians integrate mental health and chemical dependency services into primary care settings. We have also improved New Yorkers' ability to live free of dependence on alcohol and other drugs by increasing access to buprenorphine and using evidence-based practices such as screening and brief intervention for problem drinking.

At the same time, the Department is working to improve the performance of providers and enhance the quality of mental hygiene services. We are creating incentives for providers to expand their cultural competence and to coordinate services for adults whose mental health problems are compounded by substance abuse.

The Early Intervention (EI) program is a comprehensive program providing services to infants and toddlers with developmental disabilities and delays. Ensuring that the right kids get the right services at the right time is a key goal of the EI program and a Departmental priority. In order to achieve this goal, in FY07, the EI program made several significant improvements including the introduction of Families as Partners (FAP). This service model encourages active participation by families and caregivers in their children's development in order to enhance the value of the program and achieve the best possible outcomes for children. FAP is now operational in all five boroughs, and the program has received positive feedback from families and providers.

## The Year Ahead

As I shared with you in March, the Department has a number of exciting initiatives planned for FY08. In conjunction with the Human Resources Administration, we are implementing the Managed Addiction Treatment Services Program to provide comprehensive case management and supportive services to people who use more than \$30,000 per year of Medicaid-funded chemical dependency services. The program began less than three months ago and is already serving more than 200 clients. We are also collaborating with the Department of Homeless Services and the State Office of Alcoholism and Substance Abuse Services to provide access to ambulatory detoxification services in homeless shelters.

Let me now highlight several important new initiatives from our executive budget. The Administration is moving forward with implementation of New York/New York III, the historic City-State agreement to create 9,000 units of supportive housing for people with special needs in New York City over the next nine years. The budget includes funding for staff to develop and manage NY/NYIII service contracts, plus an additional \$4.8 million in FY08 and \$9.6 million in FY09 to fund these NY/NYIII housing and supportive services contracts.

The Department will use NY/NYIII funding to contract for services for 850 scattered-site units and 3,000 congregate units. These units will be available for vulnerable individuals, including individuals who are chronically homeless or are at risk of chronic homelessness, the majority of whom have mental health and/or substance abuse conditions that impair their abilities to live independently.

In accordance with the recommendations contained in the Administration's comprehensive report on health impacts of 9-11, the Department's budget includes \$7.7 million in FY08 funding to further enhance our response to WTC-related health concerns. With this funding, the Department plans to administer a benefit program to reimburse New Yorkers affected by the WTC disaster for costs associated with mental health and substance abuse treatment services. This new money will also fund a World Trade Center (WTC) Health Coordinator, who will develop a "one stop" WTC Health Resources internet site to provide thorough coverage of WTC-related health issues.

## Budget Actions

The Department was asked, along with all other agencies, to identify ways to contribute to the City's fiscal stability. Our plan will have no impact on DOHMH services and uses a combination of one-time and recurring revenues from a number of sources, as well as projected savings from improved program efficiency. Several such budget actions relate to previously planned EI spending, however none will impact EI services.

First, in consultation with OMB, we have performed a detailed re-estimate of current-year and projected EI service expenditures. This analysis revealed that program growth has flattened considerably in comparison with previous financial plan projections. Our projection of current-year EI service costs are estimated to be lower than budgeted. The future budget is estimated to grow at the same rate as previously estimated for those years. A portion of the resulting cost reductions have been credited to the Department to achieve the required savings.

Second, we expect the State Department of Health to continue its EI revenue maximization activities, which will yield Medicaid reimbursement from prior-year EI services.

Third, the Department has completed a comprehensive reconciliation of prior-year EI revenues and expenses, resulting in the identification of funds set aside in prior years, but not needed, and additional Medicaid funds that can be used to offset current-year EI service costs. Both of these budget actions are one-time only and have no impact on current or future EI service access or availability; all children found eligible for the program will continue to receive all necessary services as stipulated by each child's individualized family service plan.

Finally, the executive budget includes the transfer of 311 EI staff currently employed by the Health and Hospitals Corporation to our Department. DOHMH plans to absorb the administration and funding of these positions, as well as their associated fringe benefits, in order to fully integrate the management and operation of the EI program within the Department. This transfer is planned for October of 2007.

I want to re-emphasize that none of the above-mentioned actions will impact EI service access or availability, and children found eligible for the program will continue to receive all necessary services as stipulated by each child's individualized family service plan.

I thank the Council for your collaboration and partnership, and I look forward to continuing our work together in the coming year. I would be happy to answer your questions.

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**CAPITAL FUNDING REQUEST OF THE NEW YORK CITY COUNCIL**  
**NEW YORK DOWNTOWN HOSPITAL**  
**170 William Street**  
**New York, New York 10038**

**SERVICES TO WOMEN IN THE CITY'S GROWING**  
**ASIAN POPULATION**

New York Downtown Hospital is the *only* hospital in Lower Manhattan. As such, it plays a critical role in the communities it serves, which include Chinatown, Little Italy, the Financial District, Battery Park City, TriBeCa, the South Street Seaport, City Hall, Police Plaza, other government buildings and the new Lower Manhattan residential community, the most rapidly expanding residential area in New York.

Located abutting the Chinatown area, New York Downtown Hospital serves an unusually large Asian patient population. To better serve its Asian female patients, in particular, but all of its other women patients as well, the Hospital seeks the City Council's assistance in the purchase of better, more accurate equipment for the identification of breast tumors and osteoporosis.

NY Downtown has a clearly identified need for (1) **digital mammography equipment** to replace its older, less effective film technology, and (2) **DEXA-scan equipment**, the current state of the art equipment for measuring bone density.

**New York Downtown seeks City Council capital funding of \$700,000 for this advanced equipment, \$625,000 for the digital mammography equipment and \$75,000 for the DEXA-scan equipment.**

**DIGITAL MAMMOGRAPHY EQUIPMENT**

Recent government studies have shown **digital mammography equipment** to be significantly quicker (allowing more patients to be screened) and more accurate than the film mammography equipment currently used by the Hospital, particularly when screening women under age 50 or women of any age with very dense breasts, a condition common among Asian women.

**Digital mammography equipment:**

- allows tumors to be identified more readily while still very small, providing a better opportunity for more treatment options and a better likelihood of a cure.
- allows improvement in image storage and transmission
- allows the Hospital to communicate with hospitals in other boroughs; New York Downtown Hospital, with a staff that is particularly knowledgeable about Asian language and culture, has many patients from Brooklyn and Queens who might return to their neighborhood hospitals for treatment.

**It is important to note that death rates from breast cancer have been declining since 1990, believed to be the result, in part, of earlier detection and improved treatment. It is anticipated that this new equipment can improve the results even further.**

### **BONE DENSITY**

**Osteoporosis**, the loss of calcium from the bone, is found most often in slight older women of Asian or Caucasian ancestry. In order to preserve healthy bones, osteoporosis must be prevented, identified and treated. The key to prevention and identification is measuring bone density.

The state-of-the-art in bone density measure is the **dual x-ray absorptiometry (DEXA-scan)** machine that gives accurate and reproducible results in about five minutes. A DEXA-scan requires no needles or medications, is completely painless and has less x-ray than a regular chest x-ray. With the DEXA results, the osteoporosis expert can create a treatment program individually tailored to each patient's needs. The DEXA-scan should be repeated at regular intervals to continually reassess the effects of medications, exercise, and physical therapy.

**TESTIMONY BEFORE THE CITY COUNCIL  
COMMITTEE ON HEALTH**

**Darryl Ramsey,  
President of Local 768 Allied Health Services, DC37, AFSCME**

**On the Department of Health and Mental Hygiene**

**Friday, May 18, 2007**

Good afternoon. My name is Darryl Ramsey, and I am President of Local 768 of District Council 37, AFSCME, AFL-CIO. I represent over 4,000 City employees in allied health services, including 1,500 in the Dept of Health and Mental Hygiene.

Today, I'm very concerned about three DOHMH programs that are undergoing major changes and having severe affects on my members. They are the Oral Health Program, School Health and the Bureau of Food Safety.

I represent 21 Dental Assistants, earning between \$12 and \$14 an hour, who the Department plans to furlough over the summer. The department will save at most \$81,200 by laying them off for two months, but my members will lose health insurance, welfare fund benefits, pension credit – not to mention their salaries – and will probably end up on Unemployment Insurance.

I want to thank the City Council and its Health Committee for helping stop the proposed Oral Health layoffs scheduled for last year. But, unfortunately, these furloughs are still scheduled to take effect on June 29.

Since the hearing you held last year, we have gotten very few details from DOHMH on their plans. All we know is that, out of more than 65 Oral Health locations in the city, only 11 will be open over the summer. All the school-based locations will be closed and patients will be redirected to the Health Centers.

They claim they are streamlining services and shutting down unused dental chairs, but there are hundreds of backlogged appointments that can be scheduled over the summer and there are many complicated dental procedures that need to be completed. Furthermore, there has been absolutely no follow-up on any of the ideas and proposals that the unions and the City Council Health Committee made last year.

In addition to the school-based dental clinics, we need more information about summer school itself. It is almost June and we still don't know whether the DOHMH will be operating a School Health program over the summer.

We go through this dance every year, not knowing until the very last minute, and frankly we are tired of it. I represent Public Health Advisers and Assistants who would like to know whether there are jobs available over the summer. Otherwise, they, too, must deal with going on Unemployment and finding other health insurance coverage and income during the summer.

DOHMH is turning into one big referral agency, telling the poor and uninsured to “find a dentist” or “find a doctor”. The trend we see in the DOHMH is a move away from direct services. The dental clinics are being dismantled and health care over the summer is up in the air, while the DOHMH runs glossy campaigns about smoking and trans-fats. It makes no sense.

Speaking of trans-fats, I also want to address major concerns we have at the Bureau of Food Safety. I represent the hundreds of Public Health Sanitarians who inspect restaurants and other food vendors in New York City. It is true; we have gotten a lot of negative attention recently. But, let’s not forget that inspectors play a critical role in protecting the public from illness and disease.

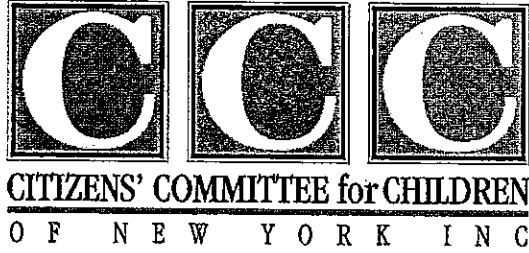
Recently, we have been meeting with the Bureau of Food Safety regularly in an attempt to improve labor relations. But we still want to bring certain issues to your attention.

Now that most investigations will be what we call “full inspections”, Sanitarians are spending more time with each food vendor they inspect. Starting in July, Sanitarians will also be responsible for ensuring that restaurants no longer use trans fats. This new function will be added to these detailed inspections.

We are also concerned about the safety risks that Sanitarians face every day. Inspectors go to assignments alone, and must investigate isolated, dark and cramped locations, often in closed-off basements, back rooms and industrial freezers with no safe exits.

We believe this is the time to enhance safety precautions and increase staffing of Sanitarians to address the upcoming higher work demand and to conduct investigations in pairs when necessary.

The city is currently enjoying a surplus over four billion dollars! We are not in a fiscal squeeze, where tough choices need to be made. Let’s look at opportunities to enhance staffing levels, reach out more, and provide more direct services that New Yorkers need. Let’s continue the City’s dedication to a healthier New York for generations to come. Thank you.



**TESTIMONY  
OF  
LUISA SANCHEZ  
SENIOR POLICY ASSOCIATE FOR HEALTH AND MENTAL HEALTH  
FOR  
CITIZENS' COMMITTEE FOR CHILDREN OF NEW YORK, INC.**

**BEFORE THE  
NEW YORK CITY COUNCIL  
FINANCE, HEALTH & MENTAL HEALTH COMMITTEES**

**REGARDING THE  
NEW YORK CITY EXECUTIVE BUDGET PROPOSALS  
FISCAL YEAR 2007-2008**

**May 18, 2007**

Good afternoon. My name is Luisa Sánchez and I am the Senior Policy Associate for Health and Mental Health at Citizens' Committee for Children of New York, Inc. (CCC). I would like to thank Council Members Weprin, Rivera, Koppell and all members of the New York City Council Finance, Health and Mental Health Committees for this opportunity to testify on New York City's Executive Budget for Fiscal Year 2008.

For 63 years, Citizens' Committee for Children of New York, Inc. (CCC) has convened, informed and mobilized New Yorkers to make New York City a better place for children. CCC's approach to child advocacy is fact-based and combines the best features of public policy advocacy with a tradition of citizen activism.

The Mayor's CFY'08 Executive Budget takes bold steps towards shaping New York City for the future. He has envisioned a city that has a better-developed infrastructure, is business friendly, and is cleaner and greener. The current economic resurgence allows us to consider investing in the future, and it is wise to do so.

The CFY'08 Executive Budget also funds the creation of a New York City Child Care Tax Credit – making child care more affordable for families with young children. It also puts forward an unprecedented early budget agreement with the City Council to baseline \$10 million for family child care and guarantee uninterrupted child care for nearly 1500 children and includes \$5.5 million in funds to ensure 38,000 summer jobs for the city's youth. In addition, the CFY'08 Executive Budget includes new education funding totaling \$2.2 billion over four years, which when added to state education aid, increases will result in \$5.4 billion in additional resources for New York City schools. The Executive Budget also allocates \$10 million in city funds over the next 5 years to support the City Council's proposal to expand primary care capacity in high need communities, and provides city funds of \$1.4 million to support two health initiatives recommended by the Commission on Economic Opportunity (CEO) that would expand reproductive health care, education and STD testing in selected high need high schools.

The Council's Response to the Mayor's proposals furthers aspirational thinking by promoting an impressive set of initiatives that would make the city a better place for children and families - by deepening the local EITC, creating a Renter Credit and expanding full day UPK.

Yet, despite significant gains in funding for many essential services and aspirational plans, the CFY'08 Executive Budget does not fund over \$100 million in Council initiatives that have historically supported community based services for children and youth. In addition, the CFY'08 Executive Budget includes a gap of \$68 million in child care resources. If these issues are not resolved many children, youth and families will go without community based services upon which they have come to rely, and far fewer children will receive child care subsidies.

There is an opportunity for the Mayor and the Council to take advantage of the budget surplus by investing deeply today in New York's most precious resource – our children – and setting them on a course to being healthy, educated and prosperous.

CCC would like to see a negotiated budget that includes the following restorations:

***Restore:***

- \$1.9 million in city funds for Summer School Nurses
- \$545,000 in city funds for the Asthma Control Initiative
- \$1.4 million in city funds for Mental Health Treatment for Children Under Five
- \$6 million in city funds for 30 Child Health Clinics
- \$3.6 million in city funds for mental health and substance abuse programs operated by HHC
- \$2.4 million in city funds to provide Administrative Fee Waivers for Outpatient Prescription Medication

Beyond these restorations, it is essential that the Council and Mayor begin to chart a course with new and bold initiatives that work towards *Securing Every Child's Birthright* to be healthy, housed, educated and safe. To this end, CCC urges the City Council and Mayor to work together to:

- Add \$800,000 to expand the local Newborn Home Visiting Program to first time parents in targeted neighborhoods in Staten Island and Queens that do not currently benefit from the city's newborn home visiting program. The program ensures that newborns get a healthy start by providing parents with guidance, information and support directly in their homes.

- Ensure that all New York City residents have access to healthy, affordable food. One way to achieve this is by lifting the cap on food cart permits for vendors who sell fresh produce in underserved areas. Street fruit and vegetable vendors offer a flexible, low cost alternative to bringing quality fresh produce at affordable prices to underserved communities. In addition, the City should also work with the State to post rankings online to inform the public on food quality and safety; and encourage supermarkets to expand delivery areas and shuttle service to distant neighborhoods.
- Keep children safe and at home by ensuring that Preventive service caseworkers can provide needed support and monitoring to at-risk families – by restoring \$4.2 million to maintain reduced caseloads in general preventive programs and adding \$2.5 million to maintain 5 to 1 supervisory ratios and reduce caseloads in remaining preventive service programs.
- Secure authorizing legislation in Albany to create a NYC Child Care Tax Credit and to help make quality child care affordable for working parents and Create a Renter Tax Credit to provide tax relief to New York City renters and offset high rent burdens.

Thank you for your time and consideration of our requests for New York City's children.



COMMISSION ON THE PUBLIC'S HEALTH SYSTEM

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**Testimony of CPHS – City Public Health Budget  
City Council Health Committee – May 18, 2007**

Thank you for the opportunity to testify today about the city's public health budget, as proposed by the Mayor. It is indeed unfortunate that we need to take your time, and ours, coming to ask for money to be restored for programs that should automatically be in the budget. The City Council has shown the important leadership in defining critical public health programs that should be funded – and then having to fight for them to be restored to the budget every year. Every year we come to these hearings and ask the City Council to restore what should already be in the budget – and here we are.

CPHS is pleased that the Mayor did respond to one priority of the City Council Speaker and the Council, and has put the first year expense dollars for planning for primary care into the budget. CPHS was involved in the Task Force that worked on this issue with the Speaker's staff and we hope to continue to work on this to ensure that the funds are used for: community-based health needs assessment to determine placement of new or expanded services; financially accessible services particularly for the under- and uninsured; and culturally and linguistically competent services. We have also been involved in conversations with state officials to request matching funds for this effort.

In addition to the restorations we are requesting below, we would also ask the City Council to consider a new program of funding for Asthma community coalitions to work on the triggers of asthma in targeted communities. Asthma is so prevalent in our communities, yet the Health Departments' only response appears to be let's improve the medical care for children. Yes, this is important, but not enough. We need an organized approach to reducing/eliminating the causes of asthmatic attacks – and this organization needs to come from the community. But funding is needed to accomplish this.

CPHS is requesting a restoration of the following programs:

- \$6 million for Child Health Clinics
- \$5 million for community-based Infant Mortality Prevention

\*Putting the public back in public health

- \$1 million for HHC translation services (TEMIS) expansion
- \$2.4 million for HHC outpatient medication waivers.

One other important point: The Child Health Clinics will be 100 Years Old in 2008 – something very important to celebrate. CPHS is coordinating a Task Force of organizations to plan a celebration for this important Birthday. The importance of accessible primary and preventive care services for children, and the development of a Child/Family Health Agenda. We urge you to join us in this effort. We can work together to accomplish these goals.

**TESTIMONY**  
**Of**  
**The HIV Legal Advocacy Coalition**  
**Before the**  
**New York City Council Health Committee**

**Mayor's Executive Budget – Fiscal Year 2007-08**

**May 18, 2007**

**Submitted on behalf of:**

**African Services Committee**

**AIDS Center of Queens County**

**Bronx AIDS Services**

**Brooklyn Legal Services Corp. A**

**CAMBA Legal Services**

**Family Center**

**GMHC**

**Harlem Legal Services**

**HIV Law Project**

**Legal Action Center**

**Legal Aid Society**

**Project Hospitality**

**Queens Legal Services**

**South Brooklyn Legal Services**

Good afternoon. My name Tracie Gardner and I am the New York State Policy Director at the Legal Action Center. I am testifying today on behalf of the HIV Legal Advocacy Coalition, which is comprised of fourteen legal advocacy organizations representing people living with HIV in all five boroughs of the City. This Coalition includes the African Services Committee, the AIDS Center of Queens County, Bronx AIDS Services, Brooklyn Legal Services Corp. A, CAMBA Legal Services, Family Center, GMHC, Harlem Legal Services, the HIV Law Project, the Legal Action Center, the Legal Aid Society, Project Hospitality, Queens Legal Services, and South Brooklyn Legal Services. On behalf of the Coalition, I appreciate the opportunity to testify before you today.

**We ask the Mayor and the City Council to support the HIV Legal Service Coalition and allocate a total of \$1.7 million to restore and enhance access to legal representation for HIV-positive New Yorkers.** The need for these services is tremendous. Over 100,000 New York City residents are known to be living with HIV, more than Los Angeles, San Francisco, Miami and Washington DC combined. In addition, it is estimated that an additional 20,000 are HIV-positive but unaware of their status. [As Commissioner Frieden testified earlier today,] one of the primary goals of the Department of Health and Mental Hygiene is to increase the number of people who receive testing and learn their HIV status. While we may disagree about the most effective way to meet that goal, there can be no doubt that in order for increased testing to be of any value, it must be accompanied by appropriate medical care and social support services, including legal services.

The ability of HIV-positive individuals to meet their basic health care needs is often compromised by poverty, homelessness, immigration status, discrimination, confidentiality

concerns and privacy violations, substance use and/or domestic violence.<sup>1</sup> Legal services often are instrumental in removing direct and indirect barriers to primary health care. Legal advocacy is a significant aspect of the HIV care infrastructure in New York City, and we urge the City Council to commit to a continuum of care that supports people with HIV in accessing housing, food, and a range of culturally competent services, including legal services. Without that infrastructure, expecting low-income people living with HIV/AIDS to enter and continue accessing appropriate medical care for HIV/AIDS is not realistic.<sup>2</sup>

Despite this critical need for legal services for people living with HIV/AIDS, the programs that provide these services have had to withstand devastating funding reductions over the past two years.

The amount we are seeking reflects a renewal of the \$835,000 that Speaker Quinn directed to HIV legal services in the last fiscal year and an enhancement of \$865,000, which significantly will expand the number of people with HIV who will receive legal services and protect programs from potential losses if substantial cuts are made to NYC's Ryan White Title I funding, the primary source of support for legal services for New Yorkers living with HIV and their families. Projected reductions in Ryan White funding reach up to \$900,000, or 21%, for HIV legal advocacy. This cut would be in addition to losses of approximately \$2 million in various State and City funding during the past two years.

With \$1.7 million in City Council funding, legal service providers could represent nearly 1300 additional New Yorkers living with HIV. A major focus of this representation would be on

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<sup>1</sup> New York City Mayor's Office/AIDS Policy Coordination, Social Services Work group Year 11 Priorities: Client Advocacy, pp. 1-3, July 2001.

<sup>2</sup> A 1999 report found that more than one in three persons with HIV postponed or did without care because of competing survival needs. "Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States," (one of the studies in the HIV Service and Cost Utilization Studies Series conducted by the U.S. Agency for Health Care policy research and the Rand Research Institute) (1999).

anti-eviction work and immigration proceedings. Since March 2007, legal providers have been prohibited by the federal government from using Ryan White funding to provide representation in housing or immigration cases, despite these being two of the areas of highest need for low income people living with HIV.

In New York City at any given time, it is estimated that 24% of people living with HIV are homeless or living in unstable housing situations. Several studies have found that people living with HIV/AIDS are at a higher risk of becoming homeless than the general population. The rate of new HIV diagnoses among adults who used the single adult shelter system from 2001 through 2003 was 16 times the rate among adults in NYC (75 per 100,000) and accounted for 5.4% of all new HIV diagnoses in NYC.<sup>3</sup> Data from New York City's CHAIN Study show that "there is a significant relationship between homelessness/unstable housing and remaining outside of or marginal to HIV care." Thus, through eviction prevention and housing advocacy services, legal providers remove very real, concrete barriers to primary care (unstable housing/risk of homelessness) for an already at-risk population.

While creating additional housing opportunities for the homeless is essential, the current shortage of existing low-income housing demands that, whenever possible, people remain housed in the first instance. Legal service providers *prevent* the eviction of thousands of individuals and families affected by HIV each year. With continued funding from the City Counsel, legal advocates will represent people with HIV in Housing Court, advocate for housing subsidies and rental assistance, and advise clients on maintaining their housing and related benefits. Data show that people with HIV/AIDS who receive meaningful housing assistance are "almost four times more likely to enter into medical care...and twice as likely to enter into and

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<sup>3</sup> The Health of Homeless Adults in New York City, A report from the New York City Departments of Health and Mental Hygiene and Homeless Services (December 2005)

continue in care that meets current clinical standards for treatment of HIV/AIDS.”<sup>4</sup>

Legal providers offer the means for New York’s large immigrant population to access all available benefits and medical services and reduce the public health threat posed by HIV and AIDS. An increasing number of New York City residents living with HIV/AIDS need assistance with a range of immigration issues to remove barriers to care. In a 2002 report on community forums sponsored by the New York City HIV Planning Council, the target population of immigrants was specifically mentioned as having unmet service needs. The summary stated that in the area of legal services “participants noted that legal services are increasingly overwhelmed and have waiting lists to access an attorney. There is an increasing need for legal counsel on immigration issues.”<sup>5</sup> Undocumented immigrants have access to a very limited range of benefits and services, and struggle to support themselves and their families. Health care is a lower priority than basic survival. Legal services are needed to assist these individuals in filing petitions with the United States Citizenship and Immigrant Services (USCIS, formerly INS) for legal status, which permits them to receive the range of assistance to secure housing, food, and other government benefits. Without securing such basic needs, new and recent immigrants with HIV/AIDS are at a higher risk of remaining outside of or marginal to the HIV care system, and much more likely to rely on hospital emergency room visits as a source of primary care.<sup>6</sup>

Legal advocates meet the needs of the some of the most marginalized New Yorkers. Of the thousands of clients currently being served by HIV legal providers, approximately 90% are

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<sup>4</sup> “Housing and Health Care Among persons with HIV/AIDS,” Angela Aidala, PhD., Natasha Davis, MSW, David Abramson, MPH, and Gunjeong Lee, MPhil., presented at the 130<sup>th</sup> meeting of the American Public Health Association, 2002 (Abstract #47702).

<sup>5</sup> Memorandum dated April 18, 2002, from Errol A. Chin-Loy, Governmental Co-Chair on Community Forums sponsored by the NYC HIV Planning Council.

<sup>6</sup> “Welfare Reform and Health Care: The Wrong Prescription for Immigrants,” New York Immigration Coalition, November 2000 (*Based on research by: Solutions for Progress, Inc.*).

people of color and about 40% are women. Most of our clients live at or below the poverty level and, more frequently than not, have few educational, familial and community resources at their disposal. Many also suffer from mental illness (from mild depression to serious mental illness), are people with criminal justice histories and/or parolees, and/or have substance use issues. We ask the City Council to commit the resources necessary to enable these individuals to obtain legal assistance to navigate the complex courts, agencies and bureaucracies that are integral for their health and survival.

**Testimony Submitted to the New York City Council  
Committee on Health  
May 18, 2007**

**Bellevue Hospital Center Community Advisory Board  
New York City Health and Hospitals Corporation**

Good Afternoon. Thank you for the opportunity to testify today. This testimony is presented on behalf of the Bellevue Hospital Center Community Advisory Board (BHC-CAB), and are inclusive of our concerns for the entire Public Healthcare System of New York City, and not necessary directly regarding Services and Programs at Bellevue Hospital Center.

Mayor Bloomberg has proposed cuts in health care that the City Council has, in the past, restored. We must once again implore our City Council members to restore these funds and to add additional funds that will enable us to engage in preventive health care rather than the treatment of illnesses that could have been prevented. Therefore, we are requesting the City Council to restore and/or add funding for the following initiatives:

1. Restore \$5.0 million in funding for our Child Health Clinics. The Child Health Clinics are our front line defense for the prevention and treatment of illness in our children. We must be able to diagnosis and treat their illnesses before they become life threatening. We can only do this if there is a child health clinic open and accessible when it is needed. Therefore, we ask you to restore funding in the full amount of \$5 million to our child health clinics.

2. Provide \$2.4 million in funding for HHC waivers for outpatient pharmacies. This affects Bellevue and all other HHC facilities that have pharmacies as patients who cannot pay for their prescribed drugs must still be provided them at a cost to the facility.

3. Restore \$1.0 million for translation services and add an additional \$1.0 million to ensure that patients who cannot speak English or have limited English proficiency will be able to communicate effectively with their doctors and nurses. This funding is critical since a new State law went into effect on January 1, 2007 requiring translation services be provided to all who need them including those with vision and/or hearing problems.

4. Restore \$1.6 million for adolescent substance abuse clinics. We must help our children to be free of drugs to the extent possible. Substance abuse clinics for those who have become addicted must be provided so that we may help them become drug free.

5. Restore \$1.2 million for mental health treatment for children under 5 years of age. We must ensure that our very young children who are in need of mental health treatment will be treated so that they have the opportunity to live a normal life.

6. Restore \$545,000 for Asthma Control initiatives and add an additional \$3.0 million to fund community-based prevention coalitions. Asthma is one of the largest health problems we face. While it can be controlled, it is essential that public education on this disease and prevention efforts to halt its growth be undertaken now.

7. Provide funding for Infant Mortality Prevention. Infant mortality has dropped citywide but is still unacceptably high in some areas of the City, especially in low income areas. It is critical that the City Council continue to fund and to increase

funding for community based organizations that do outreach, education, advocacy, and provide supportive services to pregnant and parenting at-risk women.

8. Restore \$1.2 million for HIV/Aids and TB programs. People with Aids are now living much longer but need strong supportive systems if they are to cope effectively with their disease. Bellevue has long provided treatment for people living with Aids and we need to continue doing all we can to help these people have the best quality of life possible. We must also provide treatment for those suffering from TB especially those in our prison population. In addition, we ask the City Council to restore \$3.0 million that was included in last year's budget for the HIV Testing Expansion Program.

9. Finally to support funding newly requested by Bellevue to help finance a Child and Adolescence CPEP, a sorely needed service and program for our youngest and neediest New Yorkers.

It is also essential that we provide for preventive health care and patient education, especially for chronic illnesses such as asthma and diabetes. Doing so will enable us to reduce the number of ER visits due to these diseases and thus reduce future health care costs.

Dr. Martin Luther King, Jr. said "Our lives begin to end the day we become silent about things that matter."

I hope all of you, as members of our City Council, will not stay silent but speak by providing the funding necessary for the above programs and thus help ensure that health care is available for all who need it, not just for those who can afford it.

Thank you.

**Testimony to New York City Council Health Committee  
Submitted by the Women's HIV Collaborative of New York  
May 18, 2007**

Good afternoon, and thank you very much for the opportunity to testify before you today.

The Women's HIV Collaborative of New York was formed in April 2000 to respond to the need for a sustainable, broad-based network focused on mitigating the impact this epidemic was having on women. With strategic alliances among women living with HIV, a number of organizations serving women with HIV, and with links to a network of social service agencies, research institutions, and agencies within the Department of Health, this unique structure has positioned the Collaborative as a "hub" among local providers and the community in their needs for training, education and research to improve services to women with HIV city-wide.

The Collaborative is sad and alarmed, but not surprised, by the increasing rates of HIV infection among young women and women of color in New York. Why should there be shock when New York City has been the epicenter of the AIDS epidemic in this country for over 25 years now? A recent report by the New York State AIDS Advisory Council, entitled *Women in Peril, HIV/AIDS: The Rising Toll on Women of Color*, reports that among young people ages 13-19 years old, women comprise 48% of newly diagnosed cases in the state, the majority of those being young Black and Latina women. In New York City, it is estimated that by the year 2010, women will account for 50% of all AIDS cases.

It can not be ignored that some of the new infections that we are now seeing among 20 and 30 year-olds were likely in New York City Public Schools a decade or less ago. Similarly, rates of sexually transmitted diseases including chlamydia and gonorrhea have increased in many of the same neighborhoods hardest hit by HIV and AIDS in New York City. We are facing a new epidemic - one that is infecting young people and the very women who hold families and communities together. This is what the new data is telling us, but we have no plan to address this.

The Women's HIV Collaborative calls on the New York City Council to respond to the emergency of HIV/AIDS among women and girls of color in this City and the deplorable response to this trend by adding \$250,000 to the **Women and Girls HIV/AIDS Visibility Initiative (Visibility Initiative)**. We thank Council Members Albert Vann and Darlene Mealey for their leadership on this initiative, which will provide policy and program advice, technical assistance, research, analysis and community education, to bring end-user best-practices to bear upon women's HIV/AIDS prevention, treatment and service needs and policies. **It is, as far as we know the only City Council initiative focused exclusively on women and girls at risk for and living with HIV.**

Our research over the last few years has shown that New York City has such fragmented services for women, especially those at risk from heterosexual contact, young women and newly diagnosed women, it is as if there are no visible AIDS services at all. To meaningfully address this, we will need to develop new access points and new strategies in addition to supporting the current ones that we know work. The Visibility Initiative will provide ongoing forums throughout the year to promote cross-collaboration, networking and information-sharing amongst women-focused HIV/AIDS community-based organizations, government agencies and research institutions, in an effort to improve HIV prevention and care coordination for women's programming.

The Visibility Initiative also includes undertaking a community mapping project and meta-analysis of women and HIV in our New York City neighborhoods. Four areas in the City have been identified by the Department of Health as most impacted by HIV/AIDS – Central Brooklyn, South Bronx, Harlem and Lower Manhattan - and in those neighborhoods we see that the systems or networks that should exist to stem the spread of HIV infections among women and girls in high incidence communities remain poorly resourced and fragmented by service "silos." Community mapping will allow us to identify how those areas in NYC where women are most highly impacted by HIV correlate with other significant co-factors for HIV+ women such as poverty, gender-based

violence, lack of access to health care, immigration status, histories of incarceration and substance use.

Every year, corporations spend billions of dollars in marketing in order to ensure profits, but as a society we don't spend nearly a fraction of that on social marketing initiatives that send positive messages to our young people to engage in healthy behaviors that could prevent the spread of HIV. In order to stem this epidemic in women and girls, we must invest in major, sustained social marketing campaigns that reach a mainstream audience. We see the Visibility Initiative as a timely vehicle with which to explore this further.

Finally, we want to take this opportunity to reiterate our support for the New York City Dept. of Health and Mental Hygiene, Women and AIDS Unit. The role of this unit of the DOHMH is to provide technical assistance to women-focused HIV/AIDS organizations, and to identify strategies to promote cross collaboration and information sharing across City agencies. We are concerned that this unit is not well utilized or integrated into the other strong HIV-related DOHMH programs. It can not continue to be relegated to the shadows. Finally, we strongly support a City Council Resolution on the Microbicides Development Act, sponsored by Council Woman Rosie Mendez. HIV prevention methods that are solely in the control of women are long overdue and critically needed as current epidemiology would strongly suggest.

Invisibility is the context in which the history and the issues of women and HIV in New York City have to be viewed. Research conducted by the Collaborative has revealed that there is a general lack of a visible and coordinated system of care for women with HIV that addresses their needs holistically, and we must invest in mechanisms for improving this. As the epicenter of the AIDS epidemic in the country, New York City has a unique position and responsibility to be a leader in addressing the changing face of this epidemic – which continues to shift to disproportionately impact women of color. Thank you for your consideration.

Testimony of IDU Health Alliance  
Before the New York City Council Health and Mental Health, Mental Retardation,  
Alcoholism, Drug Abuse & Disability Services Committees

**IDUHA Members**

**Bronx**

CitiWide Harm Reduction  
New York Harm Reduction Educators  
St. Ann's Corner of Harm Reduction

**Brooklyn**

AfterHours Project  
Family Services Network  
Housing Works  
New York City AIDS Housing Network/VOCAL Project

**Manhattan, Upper**

Foundation for Research on Sexually Transmitted Diseases  
Harlem United  
Praxis Housing Initiatives  
Washington Heights CORNER Project

**Manhattan, Midtown and Lower**

Lower East Side Harm Reduction Center  
Positive Health Project  
Safe Horizon Streetwork Project

**Queens**

AIDS Center of Queens County  
Queens Hospital Center

**Staten Island**

Community Health Action of Staten Island

**Citywide**

Harm Reduction Coalition

May 18, 2007

Committee Chairs Rivera, Koppel and Palma, Committee members and distinguished guests:

Thank you for the opportunity to present today. My name is Tamara Oyola-Santiago and I am Executive Director of Citiwide Harm Reduction. I am presenting today on behalf of the Injection Drug User Health Alliance (IDUHA) of which CitiWide is a member. I would like to take a moment for other members of the Alliance to introduce themselves.

The Alliance is a coalition of community-based syringe access providers and allies advocating for the health of injection drug users (IDUs) in New York City. We are here to ask for your continued support in addressing the ongoing health crisis in communities where injection drug use is widespread. Syringe exchange has proven to be an extremely successful intervention for reducing the transmission of blood-borne viruses, including HIV. Research has clearly demonstrated that injection drug users who are not accessing syringe exchange programs are about 3 - 4 times as likely to contract HIV as those who utilize this service.

Since 2004, New York City Council Members have shown tremendous commitment in confronting major threats to drug user health: HIV/AIDS, hepatitis C, overdose, and addiction. Over the past three years, city funds have enabled 18 programs to expand in each of the City's five boroughs, connecting thousands of drug users to HIV prevention, medical care, substance abuse treatment, and social services.

With fiscal year 2006-07 City Council support, IDUHA members accomplished the following:

1. Twelve syringe exchange programs and one community-based ESAP program provided the following services:
  - 4,735 outreach encounters providing information on buprenorphine treatment
  - 1,584 individual and group peer-delivered educational sessions on buprenorphine
  - 89 substance users began buprenorphine treatment
  - 1,680 individual and group educational sessions providing overdose prevention training
  - 68,528 syringes were provided to injecting drug users via community-based sterile syringe distribution
  
2. Since March 2005, over 2,000 substance users have received naloxone-overdose prevention kits, and at least 200 individuals have reported overdose reversals.

3. In January 2007, four new programs began providing sterile syringe distribution and syringe disposal services.
4. Beginning in February 2007, the three Bronx-based syringe exchange programs launched a collaborative to identify un-served and under-served areas of the borough for IDU-related health services. In one month alone, this project:
  - engaged 330 individuals
  - provided 253 safe sex kits and 190 safe injection kits
  - distributed 3,000 syringes
  - provided 118 individuals with naloxone-overdose prevention education

Your support proves that New York City is at the forefront of the fight against HIV/AIDS. We are asking the New York City Council to continue their ongoing vital support by allocating \$3.65 million in city tax levy dollars in FY 2007-08 to support harm reduction health services for injection drug users. These funds will be used to expand cost-effective disease prevention work, to reach more New Yorkers through new programs, to promote healthy behaviors, and to facilitate access to medical care and treatment among injection drug users.

Thank you.