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**NEW YORK CITY COUNCIL
FISCAL YEAR 2014
EXECUTIVE BUDGET HEARING**

**COMMITTEE ON HEALTH, COMMITTEE ON
FINANCE, COMMITTEE ON MENTAL HEALTH &
SUBCOMMITTEE ON DRUG ABUSE**

**ALAN D. AVILES, PRESIDENT
NEW YORK CITY
HEALTH AND HOSPITALS CORPORATION**

MAY 28th, 2013

in FY 14. We continue to work with OMB on the supporting details for expeditious receipt of the CDBG funds.

As we work on these details, we are simultaneously making claims to FEMA for storm-related system-wide damages. The majority of these claims have been for cleanup, temporary repairs and the replacement of critical mechanical and electrical equipment needed to stabilize the facilities that were the most severely impacted. We are also developing reimbursement claims for permanent repairs, replacement of destroyed equipment and future hazard mitigation. So far, we have received only \$62 million of the first \$143 million in claims submitted and approved.

We have completed the first phase of recovery from the storm by restoring services at our most heavily damaged facilities: Bellevue Hospital Center, Coney Island Hospital and the Coler campus of our long term care facility, Coler-Goldwater on Roosevelt Island. Bellevue Hospital fully reopened in February. Coney Island Hospital began to accept inpatients in the middle of January and has now restored most of its services. We have approval from the New York State Department of Health to fully reopen the Adult Emergency Department and anticipate approval for full 911 receiving capacity for Pediatrics, Obstetrics, and Psychiatry by the end of June. Coler is back on

the Con-Ed grid and patients who had to be relocated to Goldwater during Sandy have been repatriated.

The Ida G. Israel Community Health Center, an offsite ambulatory care center of Coney Island Hospital, was irreparably damaged by flooding. Coney Island Hospital leadership conducted an exhaustive search for a replacement site that would be accessible to the community served by the health center, have enough square footage to accommodate the range of primary, behavioral health and dental care which had been available, and be located in an area that was the least vulnerable to future significant flooding. After exploring all available options, 24,000 sq. feet of 2nd floor space at 2857 West 8th Street has been identified and Coney Island Hospital staff are working on a lease agreement with the landlord that includes renovations in accordance with regulatory programmatic specifications. The completion date of these renovations has not been finalized.

That said, because restoration of this Center's services is so important, Coney Island Hospital sought and has been afforded the opportunity to use a New York City Department of Housing, Preservation and Development parcel on Surf Avenue to install a temporary replacement facility for the Ida G. Israel Center. The temporary pre-fabricated facility's design specifications have been

completed. Preparation of the site will begin soon and the temporary facility will be operational in 5 - 6 months. While this ensues, Center staff continue to serve their patients at the hospital.

Beyond the work at these locations, there is still much work to be done to complete permanent repairs and to protect all of HHC's facilities against any future storms of the magnitude of Sandy.

Moving back to the budget discussion, at our last budget hearing in March, I stated that there were no new direct PEG's to HHC in the City's Preliminary Budget in light of our dire fiscal situation. That continues to be the case in the Executive Budget. However, we do have an indirect PEG in the amount of \$216,000 through DOHMH to our substance abuse programs.

As in prior years, there were some programs for which funding was restored by the Council last year but for which funding is not base-lined in the Executive Budget. Specifically, funding for our child health clinics, HIV testing program, and behavioral health programs needs to be restored. Last year, the Council restored \$8.5 million in City Tax Levy funding for these important programs, specifically:

- To offset the operating losses at HHC's child health clinics, \$5 million was appropriated. These clinics provided primary care services to more than 21,000 patients who made more than 67,000 visits last year. In FY14, the child health clinics' operating expenditures are projected to be approximately \$18 million. We project that these clinics will have an operating deficit of \$8.5 million in FY14. Without a restoration of funds by the Council to offset the deficit, we will be unable to maintain the current levels of service. This deficit includes the impact of changes in this year's State budget agreement that curtail the use of State public health matching funds for these services.
- Our very successful HIV Testing Expansion initiative was funded by \$2 million. Through this nationally recognized testing program, HHC facilities identify undiagnosed HIV positive individuals and link them to care. Our facilities tested nearly 200,000 individuals in FY 12. Of the individuals who tested positive, approximately 90% were successfully linked to appropriate HIV medical care.
- The Council also provided \$1.4 million in funding for certain Mental Retardation and Developmental Disabilities (MRDD) and behavioral health programs. These funds support HHC's developmental evaluation clinics and transportation services provided to some patients who use our

outpatient mental health programs. Developmental evaluation services are currently provided at Morrisania Diagnostic & Treatment Center, Renaissance Diagnostic & Treatment Center and Kings County Hospital Center. The transportation support programs are offered at Coney Island Hospital and the East New York Diagnostic and Treatment Center.

Without Council funding, there is no other source of funding to continue to operate these programs.

Turning to HHC's Financial Plan, we are projecting a \$617 million gap in FY 14. We have several strategies to close this gap. These include:

- Continuing the actions detailed in our four-year cost containment and restructuring plan;
- Working with State and Federal agencies to obtain a premium increase for our health plan MetroPlus;
- Working with New York State to accelerate Disproportionate Share Hospital (DSH) payments, and obtaining ongoing City support to match these DSH payments;
- Obtaining increased Medicare DSH funding as a result of changes in federal rules which would direct DSH funding more equitably to hospitals serving uninsured patients;

- Obtaining additional federal funding for public hospital innovation programs through an 1115 Medicaid waiver that New York State is seeking from the federal Centers for Medicare and Medicaid Services; and
- Finally, rolling our projected cash balance of \$358 million from FY13.

As I have mentioned at previous hearings, HHC's four-year cost containment and restructuring plan sought to close a \$1 billion budget gap by \$600 million, in part reducing the size of our workforce by 3,700 FTEs. As we near the end of the third year of our four year plan, we have essentially achieved our workforce reduction goal one year ahead of schedule. We also will have realized our target of \$600 million in savings by July 1, 2013. Notably, we have achieved all of this while retaining most of our service capacity and minimizing the effect on direct patient services.

Even as we continue to work on the final phase of the plan laid out four years ago, we must contend with another looming billion dollar gap. Our financial outlook worsens considerably in the out years with gaps that increase from \$940 million in FY 15 to \$1.3 billion in FY 17. The possibility exists that the strategies that I mentioned will not result in the budgeted targets for next

fiscal year or in the out years. In the event that there are remaining gaps that need to be closed, it will be necessary for HHC to pursue another round of cost containment initiatives. I am not prepared to announce any specific plans today; however, I need to alert you to this very real possibility.

Looking ahead, we will certainly have to grapple with new state and federal cuts that will further increase our out-year budget challenges. For example, since I last testified before you in March, HHC's Medicaid reimbursement and Article VI public health funding was cut by more than \$54 million in the latest State budget. In total, HHC has now lost more than \$554 million in annualized Medicaid funding as a result of State budget actions over the past five years.

On any given day in Washington D.C., there are dozens of spending reduction proposals that portend to cut billions more from the Medicaid and Medicare programs. Federal budget sequestration actions resulted in a 2% Medicare cut which equates to roughly \$18 million less in annual payments for HHC services; and we lost another \$2 million for federal grant funded programs.

Just last month, the President released his Federal Fiscal Year 2014 budget in which he proposed to extend the reductions in Medicaid DSH funding and to make substantial changes in Medicare reimbursement for long term care.

Our analysis shows that, if his spending plan were adopted, HHC would lose an additional \$156 million in Medicare reimbursements over the next 10 years as well as an estimated \$421 million if the Medicaid DSH cuts were extended to FFY 2023.

To remind the Committee members, HHC will see drastic reductions to Medicaid DSH funding that are scheduled to begin later this year, unless statutory changes are put in place to delay implementation. As it stands now, on October 1, 2013, our financial plan assumes that we will experience a 5% cut, or \$56 million, to our current level of Medicaid DSH funding. This cut increases to \$576 million in Federal Fiscal Year 2019 before decreasing slightly to a \$471 million reduction each year in Federal Fiscal Years 2020-2022. The Medicaid DSH cuts currently in law through Federal Fiscal Year 2022, if proportionately imposed on HHC, will result in a total estimated loss of \$2.7 billion to HHC.

Funding to HHC is also at risk if new cuts are made as part of Congressional deals to raise the federal debt ceiling later this year or to offset the federal budget sequestration.

Before I conclude, let me provide a brief update on our Capital Program. We are at or near completion on several major modernization projects.

On Staten Island, we were grateful that the Council allocated \$2.5 million in FY 13 for the Diagnostic & Treatment Center that will be constructed at 155 Vanderbilt Avenue. The project will go to bid this summer and construction will begin this fall. This state-of-the-art 21,000 square foot facility will be completed in 2015. Pediatric and adult primary care and specialty services, as well as mental health services, will be provided at the new center. We look forward to working with Council Member Debi Rose to obtain additional resources for this much needed project.

In Queens, we opened a Geriatrics Center at Queens Hospital Center to address the growing healthcare needs of elderly residents of the borough. The new 4,400 square foot outpatient care center is now nearly double its original size. It is staffed by board-certified geriatrics specialists, nurses and social workers who provide quality, comprehensive and senior-friendly primary care and specialty services in more comfortable, modern space. This new center also features an activity room and six oversized exam rooms that better accommodate wheelchairs and special equipment. The \$4 million center was funded through a grant from the New York State Department of Health.

At Harlem Hospital, we expect work to be complete on the hospital's new Emergency Department later this summer. Similarly, we are in the final phase

of the Emergency Department renovation at Lincoln Medical and Mental Health Center. We estimate that work will be completed by the end of this year.

Work is underway at the Henry J. Carter Specialty Hospital and Nursing Facility which is being constructed on the grounds of the former North General Hospital. This site will be the new home of the residents and patients from Goldwater Specialty Hospital and Nursing Facility currently located on Roosevelt Island. This new Harlem-based long term care hospital and skilled nursing facility, consisting of nearly 400,000 square feet of combined new and renovated space, will be completed in fall of this year.

Gouverneur Healthcare Services in lower Manhattan completed the first phase of its major modernization at the end of 2011. The balance of the project, which includes a renovated, state-of-the-art skilled nursing facility with an additional 85 beds, will be completed in the spring of 2014.

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

City Council Executive Budget Hearing
Testimony by Acting Chief Medical Examiner Dr. Barbara Sampson
New York City Office of Chief Medical Examiner

Fiscal Year 2014

Tuesday, May 28, 2013

Good morning Chairwoman Arroyo and members of the Health Committee.

I am Dr. Barbara Sampson, Acting Chief Medical Examiner. Joining me today is Barbara Butcher, OCME's Chief of Staff, Arthur Aaronson, Deputy Commissioner for Administration, and Jennifer Page, Assistant Commissioner for Finance.

Today we are pleased to discuss the Fiscal Year 2014 Executive Budget for the Office of Chief Medical Examiner, but first, we would like to update you on agency initiatives and accomplishments.

As you are aware, OCME hired a consultant to help conduct an in-depth review of management structure and quality assurance in the DNA lab. As a result of the findings, we have removed the management team and are conducting a nationwide search for a new DNA Director. We are pleased to report that both the consultant's report and the assessment of our scientific oversight bodies stated that the science OCME performs is stellar. No flaws were found in our overall casework operations. We continue to seek further areas for improvement, and are working on systems changes that will reduce the possibility of errors, ensure accountability, and provide faster service for the criminal justice system.

OCME continues to analyze factors contributing to criminalist attrition in the Forensic Biology laboratory. We are currently benchmarking salaries, step raises, and benefits of other comparable DNA labs in the nation. We will utilize our findings to work with the Mayor's Office of Management and Budget this summer to explore all options to minimize criminalist attrition.

Our striving for excellence is of course not limited to the DNA laboratory. The Evidence department will soon have a new system wherein we will link to the NYPD evidence tracking software, ensuring chain of custody and rapid retrieval of cases.

Great strides have been made by Forensic Toxicology toward dramatically reducing the turnaround time required for testing and generation of reports. These reports are critically important to medical examiners in determining cause and manner of death. The turnaround time declined from over 70 days in November 2012 to under 30 days in April, roughly a 60% reduction over a six month period. This progress has a significant impact for the criminal justice system, public health officials and family members in need of a death certificate to settle the final affairs of a loved one.

Another major initiative has been the establishment of a dedicated Fingerprint Unit within the Forensic Pathology department, focused on improving our ability to efficiently identify the missing or unidentified dead. Within the past year, we have had the FBI train OCME Mortuary staff in fingerprinting techniques

and began submitting these to both criminal and civilian databases. Historically, OCME relied exclusively on the NYPD for acquisition and submission of fingerprints, but these searches were limited only to criminal databases. Our access to civilian records has exponentially increased our chances of identifying an unknown decedent. Additionally, the Fingerprint Unit staff have specialized training in advanced techniques which have been highly successful. Not only have we increased the number of persons identified, but we have reduced the numbers of cases ultimately requiring DNA testing, which is far more expensive. Of 230 initially unknown decedents examined by OCME since February 2012, 56% have been positively identified by fingerprints. In the near future we will convert to digital technology, streamlining the process even further. Using grant funds, we are also examining cold cases with the NYPD dating back to the early 1990's, with good results to date.

Council is aware of OCME's Laboratory Information Management System for DNA which will next be implemented in Histology and Toxicology. We have also rolled out a new Case Management System, CMS, which will provide better data for management and increase accuracy and accountability. CMS also allows daily operations to be scalable up to include a mass fatality event, removing the need to learn infrequently used systems in a crisis. CMS will eventually bring automation to departments which have manual processes, supporting new technologies such as hand-held devices, digital images (x-rays and photographs) and document management technology, as well as full internet capabilities to allow remote access.

We remain fully committed to the ongoing efforts to recover and identify every World Trade Center victim, and to that end, we continue to conduct search and recovery activities in collaboration with the New York City Fire and Police Departments.

On April 1, 2013, we began Phase IV Potential Human Remains sifting operations at Fresh Kills in Staten Island using its state-of-the-art mobile platform to examine approximately 600 cubic yards of materials recovered from the WTC site over the past three years. Elected officials and family members of the victims have had the opportunity to visit the site and ask questions of our forensic personnel.

OCME continues its work to identify as many victims of the WTC terrorist attacks as possible, making 35 new identifications and linking over 2,500 potential human remains to previously identified victims since 2006. We will continue monitoring operations at and around the WTC site, investigating any newly accessible areas and examining any recovered WTC material for potential human remains. These monitoring efforts are expected to last into 2016 when the last construction project is completed.

OCME's proposed Fiscal Year 2014 non-grant executive budget is projected at \$56.4 million: with \$42 million for personnel and \$14.5 million for other-than-personnel services. Our ten-year capital plan is \$60 million for various projects including \$28 million for a new Bronx Mortuary facility and \$11.7 million needed for critical laboratory equipment replacements.

As we stated in our preliminary budget testimony, OCME maximizes grant funding in order to support agency operations and has seen reductions to the Federal and State awards on which we now rely for personnel. We recently lost four positions due to eliminated or reduced grant funding and absorbed personnel onto the City-Tax-Levy payroll. OCME will keep the Council

informed on future funding issues as we are unsure how Federal cutbacks will impact future grant awards.

This year, Council has asked us to provide an agency organization chart and describe the function of each department at OCME. You will find the organization chart attached to this testimony on the last page. I will describe for you the core functions of the agency as well as the support functions.

There are several departments within Pathology. The medical examiners perform autopsies to determine cause and manner of death in cases where the death is violent, sudden, unexpected or occurs in custody. Their responsibilities include, amongst other things, writing and signing death certificates and autopsy reports and testifying in courts of law as to their findings.

Toxicology performs testing on postmortem samples to detect both drugs of abuse and prescription medications that were present in a person's system at the time of death. This is critical in determination of cause and manner of death.

Histology prepares glass slides of pieces of tissue obtained at autopsy. These slides are reviewed by medical examiners and contribute to the determination of cause and manner of death.

Molecular Genetics performs genetic testing on postmortem samples to detect diseases that contribute to cause of death.

Investigators go to the scene of death to examine the body and gather evidence to determine whether or not a case falls within the OCME's jurisdiction. They write reports for the Medical Examiners to assist in cause and manner of death determination. They also work with physicians to investigate deaths occurring in hospitals.

Anthropology investigates deaths wherein skeletal remains are found, works to determine identity from osseous evidence, and does recovery of fragmented or buried remains.

Photography documents evidence and photographs autopsies for records and court purposes, and Radiology uses x-ray to assist in the cause and manner of death as well as identification.

Identifications personnel work with families to identify decedents coming under our jurisdiction, finds families when remains are unclaimed, and works with police, hospitals, and other agencies to identify unidentified/missing persons. They manage the remains of the WTC 9/11 victims and work with their families.

The Forensic Biology department tests biologic evidence for both forensic and identification purposes, using several DNA techniques including high-sensitivity testing, the only public lab in the United States qualified to do so. They work on all manner of crimes, including sexual assaults, homicides, property crimes, missing persons and identification of victims of the WTC 9/11 attack.

Emergency Management develops and maintains the agency's Continuation of Operations Plans and Emergency Action plans and responds to emergencies of any kind that involve fatalities. All personnel are trained and certified in Haz-Mat operations. They manage the recovery and monitoring efforts at WTC, sifting through debris to find remains, and direct all agency security operations.

Operations manages the mortuary functions for the city in all 5 boroughs as well as medical examiner cases, transportation for decedents and personnel, environmental sanitation, and engineering services and maintenance for 6 buildings.

Health and Safety maintains employee safety and ensures that hazardous wastes or chemicals used at work are properly stored and disposed of.

Records maintains all case records for OCME and provides certified copies to families, attorneys, DA's and physicians as needed.

Information technology develops software to manage agency operations, especially for complex laboratory functions and case investigation. They work closely with DoITT to maintain databases and communications.

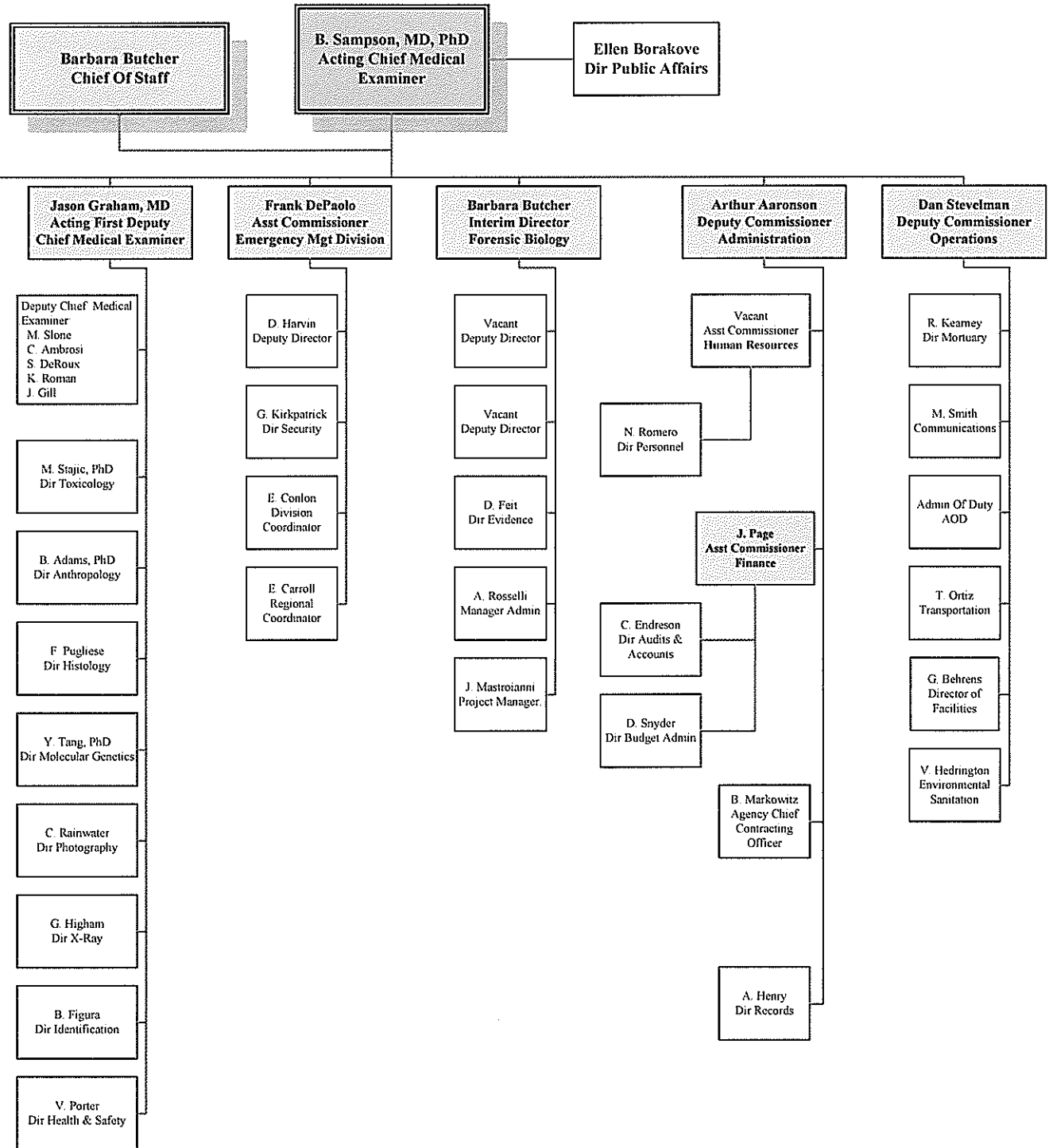
The Legal department provides assistance with contracts, legislation, litigation and advisement on all legal affairs including DNA-related cases.

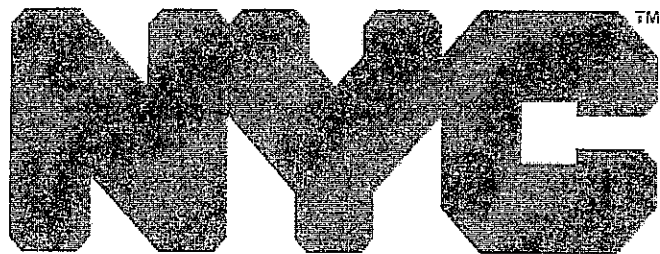
Within Administration there are several support departments. The Finance Division is responsible for all components of fiscal management which includes PS and OTPS budgets, Capital, Grants, and Audit as well as Accounts Payable. Contracts and Procurement do all agency RFPs and contracting services, purchases agency supplies and equipment and maintain expense budgets. Human Resources is responsible for hiring, recruitment, payroll, employee development, and disciplinary actions.

I thank the Council for their continuing support during a time of great change at OCME. Although change is difficult, it is also an important opportunity to re-organize and modernize OCME, and I intend to take full advantage of this. I anticipate that with the new technologies and equipment Capital funds provide us, and the ability to hire and retain the highly educated professional staff that a science-based agency like ours requires, OCME will continue to serve the people of New York in the outstanding manner they deserve.



NYC Office of Chief Medical Examiner





Health

Testimony

of

Thomas A. Farley, MD, MPH, Commissioner

New York City Department of Health and Mental Hygiene

before the

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

On the

FY 2014 Executive Budget

**May 28, 2013
City Hall – City Council Chambers
New York City**

Good afternoon Chairpersons Recchia, Arroyo, Koppell, and Wills, and members of the committees. I am Dr. Tom Farley, Commissioner of the New York City Department of Health and Mental Hygiene. Dr. Adam Karpati, Executive Deputy Commissioner for Mental Hygiene, joins me to answer questions related to mental hygiene. As you know, the Department is responsible for protecting and promoting the physical and mental health of all New Yorkers. We want to help New Yorkers live longer, healthier lives. Thank you for supporting our programs, and for the opportunity to testify on the Department's executive budget for Fiscal Year 2014.

Program Updates

First, let me update you about some policies and programs that we believe are important to health. Earlier this month, I testified before Speaker Quinn, Health Committee Chair Arroyo, and other council members on a package of three tobacco control bills to help reduce youth smoking in our City. While New York is recognized as a worldwide leader in smoking prevention, tobacco use is still a leading cause of death in our City, so we need to do more. In particular, we must reduce the youth smoking rate, which has remained flat at 8.5 percent since 2007. These complementary bills will help do that by eliminating the highly visible tobacco product displays in retail stores that entice young people to smoke; by reducing access to illegal and low-cost tobacco products; and by increasing the legal age to purchase tobacco products to 21.

I thank the Council for its support of these proposals. We have nearly twenty co-sponsors for each bill. These pieces of legislation have the added benefit of helping adult smokers who want to quit succeed, and I urge the City Council to pass them quickly.

The abuse of prescription painkillers, or opioids, is a problem we continue to worry about. This problem affects the entire United States and all of New York City, but it is particularly severe in Staten Island. Between 2005 and 2011, opioid-related deaths on Staten Island skyrocketed - increasing 261 percent. This rate is approximately four times as high as that of any other borough. In 2011 alone, we lost 220 neighbors, friends and family members to opioid overdoses, including 40 Staten Islanders. It is time to start a broader dialogue on how we, as health care providers, can reverse the epidemic of opioid misuse. The Department will be convening two meetings with doctors in June on Staten Island to discuss the problem and what medical professionals can do to address it.

At the same time, the Department continues to address this issue City-wide, through efforts which include: developing voluntary clinical guidelines on opioid prescribing in general medical practice; developing emergency department-specific prescribing guidelines, which have been adopted by 20 hospital emergency departments to date; and participating in implementation workgroups for the Internet System for Tracking Over-Prescribing Act, known as I-STOP, to reduce overprescribing of opioids.

The Department also continues to address preventable diseases in our City. For example, we see about two dozen cases of meningitis a year in New York City. This year, however, our staff has been working hard to combat an outbreak of a particular strain of meningitis. What is unique about this situation is that we have found 22 cases of infections from this strain, and all of these cases have been in men who have sex with men (MSM).

To try to prevent additional cases, the Department has issued three official notices to encourage vaccination against this form of meningitis, and has conducted an extensive outreach campaign. I want to thank Speaker Quinn and her staff for their help with this effort, as we have worked with them to connect with local and state legislators and with community groups. We have engaged in a targeted campaign with the mainstream and MSM-friendly media with press releases and articles. Extensive digital outreach has also been conducted, with more than 100 blog posts, banners, pop-ups, and targeted e-mail blasts. More than 65,000 posters and flyers have been distributed in physician offices, community centers, and MSM-friendly venues. We also continue to provide vaccines to private community providers, and offer anonymous, free vaccinations at Health Department clinics. We have not seen any new cases of this infection in men who have sex with men for three months now, and we are hopeful that the vaccination might be helping slow or stop this outbreak.

FY 2014 Budget

Let me now turn to the Department's fiscal year 2014 budget. As you know, in September 2013, most City agencies were directed to decrease their budgets by eight percent for fiscal year 2014 and beyond. And overall, there are very few budget changes to report since I testified at the preliminary budget hearing in March. We still face painful cuts in areas such as school-based health centers, the nicotine patch and gum giveaway program, and mental hygiene contracts.

Layoffs are the most difficult and painful cuts. Unfortunately, a total of 152 positions are being eliminated, including 42 positions that are currently filled. As in previous rounds of cuts, we do expect that the actual number of employees laid off will be less than 42 because some employees will find positions in the agency or elsewhere. This number of layoffs represents a 72 percent reduction in the originally published number of positions being eliminated. As always, we provide assistance to employees who are losing their positions, including career counseling, résumé writing, and computer training.

In addition, there will be sustained cuts in federal funding as a result of the sequestration process. We do not yet know the full impact that sequestration will have on our agency, but we do know that cuts to communities across the nation could be as high as \$230 million. For fiscal year 2013 alone, the Centers for Disease Control and Prevention will implement a five percent reduction to all of its individual grant programs, and the Prevention and Public Health Fund will be cut by \$51 million. We receive a total of \$136 million in funding from CDC in many different grant programs. These cuts will adversely affect the Department's prevention activities in areas such as: HIV and STD testing; tuberculosis treatment and case management; and emergency preparedness and response.

We expect cuts in State funding as well. As part of the 2013-2014 State Budget, a 5.6 percent cut will likely be administered to all State public health grants. Reductions will adversely affect program activities such as lead poisoning prevention, HIV partner notification, maternal and infant health services, testing of New York City drinking water, and health promotion programs.

I do want to report, however, that the Office of Management and Budget has restored the majority of the School Health Vision program; there will be no service impact to the 190,000 children that receive vision screening in our schools. The Executive Budget also includes

funding for certain mandated services. This includes an expansion of the Assisted Outpatient Treatment program, in which we oversee court-ordered treatment for persons with mental illness, funded through newly identified Medicaid administration revenues. Funds will be used to add staff and comply with new State mandates for this program including: handling the increase in casework; conducting reviews of expiring court orders; and preparing petitions for court.

In addition, we received financial support to improve mental health facilities and treatment at Rikers Island. The Department of Correction currently houses mentally ill inmates who have violated rules and require segregated housing in a unit known as the Mental Health Assessment Unit for Infracted Inmates. This funding will permit the Health Department instead to care for the most seriously ill inmates with infractions in a purely clinical unit. We are working with the Department of Correction to design this unit as well as four new Restricted Housing Units, in which inmates with lower levels of mental illness who have broken jail rules will receive treatment to help them change their behavior.

The Health Department will also develop a pilot initiative called the First Episode Psychosis Link to Care program. This two-year effort will work with individuals experiencing a first episode of psychotic illness, such as schizophrenia. Health Department staff will assist them and their families by providing information and support and linking them to high quality care. We estimate that there are more than 1,000 young adults in New York City each year who are hospitalized with a first-episode of psychosis. Unfortunately, today it often takes years for people to get into ongoing care, when the health and social consequences of these illnesses have already accumulated. The goal of this pilot program is to facilitate intensive early treatment and support to reduce the risk of relapse and deterioration.

Before I conclude, I want to ask for the Council's support for legislation we are pursuing in Albany as the current session winds down. I said earlier that we support a bill that would help the City enforce the law against retailers who evade state and city tobacco taxes. A stronger system of enforcement, though, also requires action in the state legislature, so we are also pursuing a companion bill in Albany that would help address cigarette trafficking and tax evasion by increasing penalties for cigarette tax violations, and expanding the Department of Finance's authority to penalize violators, seize untaxed tobacco products, and revoke cigarette licenses for businesses that are caught violating the law.

In addition, the Health Committee has recently had hearings on animal control in the City; we are continuously working to improve the care of the City's dogs and cats. Currently, there is state legislation which would authorize the Council to raise the fee for dog licenses. The City also proposes simplifying the licensure process. This proposal will place New York City in line with all other jurisdictions in the State, which already have the authority to increase their own dog license fees. The City needs this revenue to fund City budgeted animal care and control expenses and to pay for better protection of lost, strayed, homeless, and abandoned animals. The New York City dog license fee of \$8.50 has not changed for almost 40 years and is one of the lowest among major cities nationwide.

Lastly, we are working on a legislative effort stemming from the meningitis outreach, which I mentioned earlier in this testimony. State bills have currently been introduced to expand the authority of pharmacists to offer immunizations; our focus is on permitting them to administer vaccines for influenza among children and meningitis in adults. Vaccination is the best defense against these diseases, yet New York is one of only nine states that do not allow

pharmacists to administer all CDC-recommended vaccines. Pharmacies provide a reliable and accessible venue for people at risk throughout the city, and their ability to administer influenza vaccine has helped boost our immunization coverage rates in the City. We believe that our state should expand its law, and join the vast majority of the country in expanding access to this necessary service.

Thank you for the opportunity to testify. Dr. Karpati and I would be pleased to answer any questions.

**THE COUNCIL
THE CITY OF NEW YORK**

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in favor in opposition

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I represent: OCME

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I represent: OCME

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Name: Barbara Sampson M.I. Ph.D

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I represent: OCME

Address: 520 First Ave

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Address: 520 1st Ave NY 10016

I represent: OCME

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Name: Marlene Zwick

Address: _____

I represent: Chief Financial Officer, NYC HHC

Address: _____

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Name: LaRay Brown

Address: _____

I represent: Senior Vice President, NYC HHC

Address: _____

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in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: Alan Aviles

Address: _____

I represent: President, NYC HHC

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: D. Roger Platt

Address: Asst. Commissioner, School Health

I represent: NYC DOHMH

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: Dan Voss

Address: Deputy Commissioner, Environmental Health

I represent: NYC Department of Health and

Address: Mental Hygiene

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: Dr. Adam Karpatis

Address: Deputy Commissioner, Mental Hygiene

I represent: New York City Department of Health

Address: and Mental Hygiene

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

[]

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: Dr. Thomas Farley

Address: Commissioner

I represent: New York City Department of Health

Address: and Mental Hygiene

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: Sandy Rozzani

Address: Deputy Commissioner, Finance

I represent: New York City Department of Health

Address: and Mental Hygiene

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 5/28/13

(PLEASE PRINT)

Name: Patsy Yonkerley

Address: Executive Deputy Commissioner and COO

I represent: New York City Department of Health

Address: and Mental Hygiene

Please complete this card and return to the Sergeant-at-Arms