



Testimony of

Jennifer March-Joly  
Executive Director

Before the  
New York City Council  
Health Committee

Regarding the New York City  
Preliminary Budget Proposals for FY14

March 7, 2013

Good Afternoon. My name is Jennifer March-Joly and I am the Executive Director at Citizens' Committee for Children of New York (CCC). CCC is a 69-year-old, privately supported, independent, multi-issue child advocacy organization dedicated to ensuring New York City's children are healthy, housed, educated and safe. I would like to thank Chairwoman Arroyo and members of the Council Committee on Health for holding this hearing on the City's Preliminary Budget for City Fiscal Year 2014 (CFY14) and for the opportunity to submit testimony.

CCC is grateful for many of the measures the Mayor and the City Council have taken over the past few years to stabilize the City's economy and help to build a better New York City. While continuing to prudently address City spending is critical to New York's recovery from the economic downturn, few have been hit harder by this recession than poor children and their families. It is CCC's belief that we must not allow this year's budget to chip away at the safety net needed to ensure that the next generation of New Yorkers can reach their full potential.

Of particular concern are net reductions to child and family services totaling \$217.9 million included in the Mayor's Preliminary Budget. A chart of these cuts is attached to this testimony. While the magnitude of the Mayor's proposed budget cuts is notably smaller than in years past, the lower absolute dollar value of the most recent PEG plan should not detract from the substantial impact of these proposed spending reductions. After twelve rounds of budget cuts over the past five years, agency budgets have become much leaner. We have effectively crossed a threshold where smart and effective programs are being diminished with program beneficiaries – disproportionately, low- and middle-income hard working families – bearing most of the brunt.

The Fiscal 2014 Preliminary Budget for health spending is no exception.

The Mayor's Department of Health and Mental Hygiene (DOHMH) is proposing to end the City's \$775,000 subsidy to four school-based health centers (SBHCs) serving the Bronx, Manhattan, Queens and Brooklyn. It is worth noting that the full impact of this loss to these four SBHCs is actually valued at \$1.2 million, as this dedicated City tax levy spending is augmented by State matching funds. While SBHCs claim payments from insurers for the delivery of care, they usually are only able to recoup a fraction of the total cost of care provided even after all efforts to maximize claims have been exhausted. These recurring insufficient payments to SBHCs inhibit their ability to be self-sustaining, and consequently jeopardize their long-term financial viability. This City subsidy exists to offset the operating deficits commonly confronting SBHCs. Without this lifeline, these SBHC may be forced to scale back on – or even close – operations without any clear comparable alternative available to displaced student patients who are dependent upon these SBHCs for meeting most of their basic health care needs.

Altogether, these four targeted SBHCs fill a critical unmet need in our City's fragile and unequally distributed primary care infrastructure. The benefits of SBHCs to students and their surrounding communities are numerous, but unfortunately financial resources to support them are few and fading. We know the City Council understands the value of these health centers. We applaud you for restoring most of the Fiscal 2013 midyear cut to these SBHCs and urge you to push the Administration to restore this dedicated line-item funding on its side of the ledger in order to preserve these vital services in the years to come.

The DOHMH is also proposing to eliminate funding in its budget for providing school health vision screenings to public school students in kindergarten and the first grade. Good vision is

integral to effective learning, since roughly 80% of what a child is taught presented is visually.<sup>1</sup> Conversely, vision impairment can impede a child's learning ability. Left undiagnosed and untreated, vision problems can worsen over time and considerably delay academic performance. This is especially true for younger children first engaging with the school system where initial performance heavily influences a child's future academic trajectory. Early vision screenings empower children to better reach their academic potential by providing for early detection of vision impairment and proactive linkage to corrective vision care.

The DOHMH has screened on average about 200,000 of these students a year.<sup>2</sup> Per the NYC Department of Education (DOE) Chancellor's regulations,<sup>3</sup> the DOE retains the obligation to screen students in these grades, regardless of actions taken by DOHMH. The DOE will assume complete responsibility for administering these screenings going forward; however, there is no increase within the DOE's budget that directly corresponds with this increased caseload. CCC is concerned that there is insufficient capacity among existing DOE staff to absorb these functions without impacting services. We urge the City Council to work with the Administration to ensure that kindergarteners and first graders continue to receive vision screenings without disruption.

The DOHMH is proposing to further deplete its East Harlem Center of Excellence (EHACE) outreach staff. Throughout the 2000s, East Harlem was consistently reporting alarmingly high rates of asthma incidence and related hospitalizations, with nearly one in every four East Harlem children reported to be suffering from asthma by 2003.<sup>4</sup> In 2010, EHACE opened its doors to begin an uphill battle to reduce asthma-related hospitalizations among East Harlem's children. While EHACE has certainly made strides since its inception, its work is far from over and to reduce EHACE's ability to sufficiently serve its community's needs will almost certainly reverse any progress it has made to date.

Without outreach and education staff, EHACE's caseload will wane and fewer children and families will be trained in asthma management and connected to the care they need. This could lead to more asthma-related hospitalizations, and sadly, reduced quality of life for affected children and their families. The City Council was right to restore a similar cut proposed last year by DOHMH and we urge you to continue to champion effective asthma intervention programs serving our City's most vulnerable children:

- **East Harlem Center of Excellence (appx. \$541,000 in City spending):** The Mayor's FY14 Preliminary Budget fails to restore funding for outreach and education services at EHACE (\$318,000) and further jeopardizes EHACE's operations by proposing additional layoffs to its outreach staff (approximately \$223,000). To reiterate, EHACE was established to address the high rate of asthma hospitalizations among East Harlem's children. EHACE provides an array of services to children with persistent asthma. Coupled with the Mayor's new proposed cuts to EHACE, the Center's capacity for education and outreach will be decimated at the expense of area residents.

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<sup>1</sup> "Medical Vision Center & Nutritional Visions." *Access Media Group LLC*. 2008. Accessed on March 4, 2013 from: [http://www.medicalvisioncenter.com/articles/childvision\\_LearningRelated.html](http://www.medicalvisioncenter.com/articles/childvision_LearningRelated.html)

<sup>2</sup> Conversation with Jillian Youngblood, formerly of the Intergovernmental Relations Division of the New York City Department of Health and Mental Hygiene. January 28, 2013.

<sup>3</sup> "A-701 School Health Services." *Chancellor's Regulations*. New York City Department of Education. August 15, 2012. Accessed on March 4, 2013 from: <http://schools.nyc.gov/RulesPolicies/ChancellorsRegulations/default.htm>

<sup>4</sup>The Associated Press. "Study: 1 in 4 Harlem children has asthma." *USA Today*. April 20, 2003. Accessed on March 4, 2013 from: [http://usatoday30.usatoday.com/news/health/2003-04-20-asthma-harlem\\_x.htm](http://usatoday30.usatoday.com/news/health/2003-04-20-asthma-harlem_x.htm)

- **Asthma Control Initiative (\$500,000 in City spending):** The Mayor’s FY14 Preliminary Budget fails to restore the Asthma Control Initiative. This initiative helps combat pests that lead to asthma in high need areas (such as cockroaches) and provides prevention and screening at Pre-K and Head Start programs. The City has achieved many successes to prevent and control asthma incidence among its youngest residents over the years. Asthma hospitalization rates for children under 15 years have fallen over the past decade from 6.5 per 1,000 in 2001 to 5.1 in 2010.<sup>5</sup> This decline showcases the successful impact of numerous citywide interventions, including the Council’s Asthma Control Initiative have had over the years.

However, as is a common theme among many health trends throughout the City, there are notable geographic and racial disparities existing in nearly every borough. Rates far exceeding the citywide average are reported for each neighborhood in the Bronx, where the borough average is 9.1 with some neighborhoods hovering at or over twice the citywide average rate including Hunts Point (12.2), Mott Haven (11.0), University Heights (10.2) and East Tremont (9.9). Brooklyn’s borough average falls below the Citywide average at 4.3; however, there are many neighborhoods far exceeding the citywide average including Brownsville (8.3), Crown Heights North (8.4), Bushwick (7.9) and Bedford Stuyvesant (7.9). In Queens, the average rate in the Rockaways and Jamaica/St. Albans is 6.0 and 5.9, respectively. East Harlem (11.1), Central Harlem (8.4) and Manhattanville (5.8) each top the citywide average and in some cases, more than double the Manhattan borough average of 4.4.

We urge you to maintain funding for this initiative in order to ensure the City’s successes in asthma control and prevention among children and youth can be sustained and that disproportionately affected populations can better access the supports they need.

Similarly, the DOHMH is proposing to layoff one of its remaining two immunization teams. Each team visits all three Immunization clinic sites. With one remaining team, the City’s immunization clinics will inevitably have to reduce operating hours, which in turn, reduce access to those seeking care.

There is another common theme evident among each of the cuts I have highlighted today. Abating essential preventive services like immunizations and primary care facilities hurts both health care consumers and taxpayers. Reduced access to preventive care may force those with unmet health needs to forgo care until they require interventions down the road that prove to be more discomforting and expensive (e.g., emergency room visits). In turn, these potentially avoidable costs will be borne by cash-strapped health care consumers and their families who may not have the resources to fully cover all related out-of-pocket costs. And when care becomes unaffordable, taxpayers and covered individuals will end up subsidizing these costs through, respectively, dedicated funding pools for indigent care and higher insurance premiums triggered to absorb excessive spending. Simply put, reduced access to cost-effective primary and preventive care is bad policy for the City’s budget and for New Yorkers.

In addition to the new DOHMH PEGs in the January Plan, CCC is once again concerned that the Mayor’s Preliminary Budget fails to carry forward funding for critical City Council Initiatives that impact the health and well-being of children.

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<sup>5</sup> “Figure 4.14: Asthma Hospitalization Rates.” *Keeping Track of New York City’s Children, Tenth Edition*. Citizens’ Committee for Children of New York, Inc. 2013.

This list of Council restorations grows each year after as the City Council graciously restores critical services falling victim to round after round of PEG programs. Several of these programs are integral to promoting children's healthy development, especially for those living in medically underserved communities. City tax levy (CTL) dollars supporting these same programs are also matched by State aid, helping to further stretch the public health dollar. They include:

- **Child Health Clinics (\$5.0 million in CTL):** The Preliminary Budget fails to fund the \$5 million Child Health Clinic City Council Initiative. Child Health Clinics provide primary care for children ages 0 to 19. Located in low-income neighborhoods, these clinics fill a vital role for children needing primary health care in their communities. The State is proposing to end its matching aid to support these clinics, creating an even bigger lift for the City to keep these clinics whole. These clinics experience the same plight of the SBHCs – insufficient reimbursement for the delivery of care. Until more meaningful actions can be taken to correct this structural imbalance, this City Council discretionary item must be preserved.
- **Infant Mortality Reduction Initiative (\$2.5 million in CTL):** The Mayor's FY14 Preliminary Budget fails to restore the City Council's long-standing, critical Infant Mortality Reduction Initiative. This Initiative was first launched over a decade ago to combat alarmingly high citywide infant mortality trends. This allocation supports women's health before, during and after pregnancy, improves outcomes for infants and works diligently to narrow existing racial/ethnic disparities in historically underserved areas. For the majority of the agencies participating in this Initiative, Council funding is either supplemental or supports the majority of services provided.

Over the past decade, the citywide rate of infant mortality has declined by an impressive 23 percent from 6.1<sup>6</sup> to 4.7 infant deaths per 1,000 live births.<sup>7</sup> With the help of the Council's Infant Mortality Reduction Initiative, each year the City continues to achieve historically low infant mortality rates while the Initiative itself has emerged as an international model for best practices. Despite these great strides, there is still much more work to be done.

Infant mortality rates for neighborhoods including Brownsville (9.2), Central Harlem (8.5), East New York (8.4) and Jamaica/St. Albans (8.4) are at least four times higher than in neighborhoods like the Upper West Side (1.3), Battery Park/Tribeca (1.6), Park Slope (1.9) and Sheepshead Bay (2.1).<sup>8</sup> The highest infant mortality rate is higher among infants born to teen mothers (under 20 years of age) at 8.8 infant deaths per 1,000 live births.<sup>9</sup> The infant mortality rate among Hispanic and non-Hispanic Black mothers continues to exceed the citywide average, at 4.9 and 8.1 infant deaths per 1,000 live births, respectively.<sup>10</sup> Expectedly, racial and geographic disparities exist among the

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<sup>6</sup> *Live Births, Infant Deaths and Infant Mortality Rate by Health Center District of Residence*. New York City Department of Health Office of Vital Statistics. 2001. Accessed on March 4, 2013 from: <http://www.nyc.gov/html/doh/downloads/pdf/public/pr108-imr.pdf>

<sup>7</sup> *Summary of Vital Statistics: Infant Mortality*. New York City Department of Health and Mental Hygiene Bureau of Vital Statistics. December 2012. Accessed on March 4, 2013 from: <http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-infant-mortality-report2011.pdf>

<sup>8</sup> *Ibid.*

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*

percentage of mothers reporting late or no access to prenatal care: White (3.8), Black (12.1), Latina (8.0), Asian (5.8),<sup>11</sup> Bronx (11.4), Brooklyn (6.2), Manhattan (5.3), Queens (8.7), and Staten Island (3.8).<sup>12</sup>

Given these persisting geographic and racial disparities, it is essential that funding for this critical service remain intact.

- **Obesity Prevention (\$1.3 million in CTL):** The Mayor’s FY14 Preliminary Budget fails to restore the City Council’s Obesity Prevention Initiative. Mayor Bloomberg stated on March 4, 2009 that obesity is “probably the only public health issue that is getting worse.” In 2011 20.7% of children in grades K through 8 were reported to be obese,<sup>13</sup> with rates exceeding the citywide average reported among Black (20.9%) and Latino (25.6%) children<sup>14</sup> and among children living in the Bronx (23.4%) and Staten Island (20.9%).<sup>15</sup>

Obesity isn’t about aesthetics – it has serious, and sometimes irreversible, physical health and mental health consequences. The Mayor’s Obesity Task Force reports that obesity has contributed “to massive increases in prevalence of Type II diabetes, which can result in blindness, hypertension, and amputations,” and it also increases the risk of “cancer, heart disease, arthritis, depression, asthma and a host of other problems.”<sup>16</sup> Incidentally, obesity may also be linked to academic success. Research suggests that children who are overweight or obese are less likely to be engaged in school, more likely to repeat a grade, and more like to miss more than two weeks of school in a school year.<sup>17</sup>

Given persistently high rates of obesity among New York City children, it is essential that funding for this critical service remain

- **Family Planning via Planned Parenthood (\$350,000 in CTL):** The Mayor’s FY14 Preliminary Budget fails to carry forward funding for the Family Planning Initiative. This program supports reproductive health and pregnancy prevention services for uninsured and high-risk teens and targeted peer education on sexual and reproductive health.

In 2010, the teen birth rate for girls 15-19 years of age was 26.6 per 1,000.<sup>18</sup> Consistent with many public health trends I’ve already highlighted for you today, teen birth rates

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<sup>11</sup> “Figure 4.01: Mothers Who Received Late or No Prenatal Care by Race/Ethnicity.” *Keeping Track of New York City’s Children, Tenth Edition (2013)*.

<sup>12</sup> “Figure 4.02: Mothers Who Received Late or No Prenatal Care by Borough.” *Keeping Track of New York City’s Children, Tenth Edition (2013)*.

<sup>13</sup> “Figure 4.40: Obesity Among Public Elementary and Middle School Students by Gender.” *Keeping Track of New York City’s Children, Tenth Edition (2013)*.

<sup>14</sup> “Figure 4.41: Obesity Among Public Elementary and Middle School Students by Race/Ethnicity.” *Keeping Track of New York City’s Children, Tenth Edition (2013)*.

<sup>15</sup> “Figure 4.42: Obesity Among Public Elementary and Middle School Students by Borough.” *Keeping Track of New York City’s Children, Tenth Edition (2013)*.

<sup>16</sup> Reversing the Epidemic: The New York City Obesity Task Force Plan to Prevent and Control Obesity. New York City Obesity Task Force. May 31, 2012. Accessed on March 4, 2013 from:

[http://www.nyc.gov/html/om/pdf/2012/ofr\\_report.pdf](http://www.nyc.gov/html/om/pdf/2012/ofr_report.pdf)

<sup>17</sup> C. Bethall, L. Simpson, S. Stumbo, A.C. Carle, N. Gombojav. *National, State and Local Disparities in Childhood Obesity*, March 2010 29:3 Health Affairs.

<sup>18</sup> “Figure 7.02: Teen Birth Rates by Race/Ethnicity.” *Keeping Track of New York City’s Children, Tenth Edition (2013)*.

also vary tremendously among racial and ethnic groups in New York City. While Whites (8.1) and Asians (5.8) fall well below the citywide rate, teen births among Blacks (30.3) and Latinas (43.2) far exceed the citywide average.<sup>19</sup> These rates suggest a broad spectrum of teen birth rates among racial and ethnic groups. In addition, average teen birth rates in the Bronx (39.4) were double the borough averages reported for Manhattan (21.3) and Queens (21.1). The average teen birth rate in Brooklyn (26.6) closely mirrors the citywide average. Staten Island boasts a noticeably lower average teen birth rate (17.2) when compared to the citywide average and averages for the remaining boroughs.

While teen birth rates continued to decline, it is essential that funding for this critical service remain intact so that progress can be sustained and improved upon.

- **STD Clinic Saturday Hours and STEP UP (\$247,000 in CTL):** The Mayor's FY14 Preliminary Budget fails to restore funding for the DOHMH-operated STD Clinic Saturday Hours and the DOHMH's STEP UP program. STEP UP is administered in 86 campuses across the five boroughs and helps to stem the spread of STDs among the City's youth through targeted outreach, education and on-site screening for sexually transmitted. Participating schools are typically located in communities reporting higher incidences of STD transmissions. Last year, STEP UP educated 20,000 students and screened close to 8,000 students for STDs. Access to STD clinic services and the STEP UP program, helps to ensure that New York City's youth and young adults receive services needed to promote good health and wellness. It is essential that funding for this critical service remain intact.

As you work to negotiate the Fiscal Year 2014 Budget, we urge you to protect the programs that ensure New York City's children are healthy, housed, educated and safe.

Thank you for this opportunity to testify.

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<sup>19</sup> *Ibid.*



**Fiscal Year 2014 Preliminary Budget for New York City  
Proposes to Cut \$217.9 Million in Net City Funds  
for Critical Programs for Children and Families**

The Mayor’s Preliminary Budget for Fiscal Year 2014 proposes **\$217.9 million in net reductions** to city funds for critical programs for children and families. Notably, the Preliminary Budget fails to baseline over \$120 million the City Council restored for child care and after-school programs in Fiscal Year 2013 and actually proposes additional cuts of \$15.3 million to child care and after-school.

The Preliminary Budget also cuts other critical programs such as services and shelter for runaway and homeless youth, the Teen RAPP program, services to prevent homelessness, as well as funds for emergency food programs and food pantries. Furthermore while not shown in this chart of city funds, the Preliminary Budget presentation also lays out significant cuts in the Department of Education due to an anticipated loss of over \$500 million in State Funds if no agreement on teacher evaluations is reached.

Below please find the list of \$217.9 million in proposed city funding reductions to child, family and youth services which are included in the City’s Preliminary Budget for Fiscal Year 2014:

**CHILD CARE**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Child Care Restoration			(\$51.4 million)
Job Training and Placement for Day Care Workers			(\$100,000)
Technical Assistance for Child Care Providers			(\$1.0 million)
Child Care Voucher Restoration			(\$12.1 million)
Revised Eligibility for Post Transitional Child Care		(\$5.3 million)	
<b>Sub-Total</b>	<b>\$0</b>	<b>(\$5.3 million)</b>	<b>(\$64.6 million)</b>



APPENDIX – FY14 Proposed Reductions to Programs Serving Children and Families

**CHILD WELFARE AND JUVENILE JUSTICE**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Bronx Child Advocacy Center	\$600,000		
Alternatives to Incarceration			(\$3.35 million)
Center for Court Innovation			(\$400,000)
Child Advocacy Centers (Safe Horizon-Brooklyn, Queens, SI)			(\$500,000)
Vera Institute of Justice			(\$250,000)
<b>Sub-Total</b>	<b>\$600,000</b>	<b>\$0</b>	<b>(\$4.5 million)</b>

**EDUCATION**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Increasing school lunch from \$1.50 to \$2.50		(\$8.8 million)	
C.H.A.M.P.S physical fitness			(\$125,000)
Chess in the Schools, Inc.			(\$200,000)
Child Mind Institute			(\$250,000)
Community Schools Planning Project			(\$150,000)
Creative Arts Team			(\$200,000)
Dropout Prevention and Intervention			(\$1.0 million)
Full Day Universal Pre-kindergarten in community based organizations			(\$2.25 million)
650 School Support Staff			(\$3.0 million)
Teachers' Choice (supplies)			(\$3.75 million)
Urban Advantage-Science Education			(\$2.0 million)
Anti-gun violence- Violence Prevention, Conflict Mediation and Youth Development			(\$750,000)
<b>Sub-Total</b>	<b>\$0</b>	<b>(\$8.8 million)</b>	<b>(\$13.68 million)</b>

APPENDIX – FY14 Proposed Reductions to Programs Serving Children and Families

**CHILDREN’S HEALTH AND MENTAL HEALTH SERVICES**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Anti-Gun Violence Initiative - Ceasefire Programs and Therapeutic Services			(\$2.27 million)
Asthma Control Program			(\$500,000)
Autism Awareness Initiative			(\$1.31 million)
Callen Lorde Community Health Center			(\$350,000)
Child Health Clinics			(\$5.0 million)
Court-Based Intervention and Resource Teams	\$371,000		
Discontinued City Subsidy to four School-Based Health Centers		(\$775,000)	
FY13 PEG Restoration – East Harlem Asthma Center of Excellence: Education and Outreach Staff			(\$318,000)
Eliminate DOHMH funding for School Health Vision Screening Program for Kindergarteners and First Graders		(\$2.8 million)	
Family Planning Initiative			(\$350,000)
FY12/FY13 PEG Restoration – HHC Unrestricted Operating Subsidy			(\$6.0 million)
HHC Developmental Evaluation Clinic Funding			(\$1.47 million)
Infant Mortality Reduction			(\$2.5 million)
Layoffs to one of two Immunization Teams and three East Harlem Asthma Center of Excellence outreach staff		(\$700,000)	
Mental Health Contracts			(\$375,000)
Mental Health Treatment for Children under Five			(\$1.25 million)
Mental Hygiene Contracted Services: Chemical Dependency/ADUPCT			(\$525,000)
Mental Hygiene Contracted Services: DD Clinics			(\$806,000)
NYU Mobile Dental Van and Dental Clinic			(\$268,000)
Obesity Prevention			(\$1.3 million)
School Health eliminates education staff for the Condom Availability Program			(\$598,000)
STD Clinic Saturday Hours and treatment in high schools reduction			(\$297,000)
Suicide Prevention Hotline			(\$247,000)
<b>Sub-Total</b>	<b>\$371,000</b>	<b>(\$4.28 million)</b>	<b>(\$25.73 million)</b>

**HOUSING AND HOMELESS SERVICES**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Citywide Task Force on Housing Court (HPD)			(\$500,000)
Community Consultants (HPD)			(\$415,000)
Anti-Eviction and SRO Legal Services (HPD)			(\$2.0 million)
Citywide Homeless Prevention Fund (DHS)			(\$250,000)
Mortgage Foreclosure Prevention Program (HPD)			(\$750,000)
Association for Neighborhood and Housing Development (HPD)			(\$100,000)
<b>Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$4.02 million)</b>

**LEGAL SERVICES**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Citywide City Legal Services			(\$1.5 million)
Legal Information for Families Today (LIFT)			(\$485,000)
Legal Services for the Working Poor			(\$1.05 million)
SSI-UI Legal Advocacy Program			(\$1.0 million)
<b>Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$4.04 million)</b>

**PARKS AND RECREATION**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Playground Associates			(\$1.0 million)
Funding to keep all city pools open for the last 2 weeks of the pool season			(\$891,000)
Keep 4 City Pools Open			(\$546,000)
Funding for Flushing Meadows Corona Pool	\$1.5 million		
<b>Sub-Total</b>	<b>\$1.5 million</b>	<b>\$0</b>	<b>(\$2.44 million)</b>

APPENDIX – FY14 Proposed Reductions to Programs Serving Children and Families

**SOCIAL SERVICES**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Teen Relationship Abuse Prevention Program (Teen RAPP)			(\$2.0 million)
Food Stamps/EBTs at Farmer's Markets			(\$270,000)
Food Pantries			(\$2.07 million)
Expansion at New Amsterdam Market (includes funds to train and employ disconnected youth)			(\$61,000)
Expand Low Income Farmer's Markets			(\$60,000)
Disconnected Youth Training Program (GrowNYC)			(\$65,000)
EITC Assistance Program			(\$150,000)
<b>Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>(\$4.68 million)</b>

**YOUTH SERVICES**

<b>Program</b>	<b>Proposed Expenditure Increase FY2014</b>	<b>Proposed Expenditure Decrease FY2014</b>	<b>Failure to Fund Council Restoration</b>
Out of School Time Restoration (OST)			(\$50.65 million)
OST Reduction		(\$10.0 million)	
Shelter Beds for At-Risk Homeless Youth			(\$7.17 million)
City Council Beacon Restoration			(\$2.3 million)
Beacon Program Elimination Restoration (Saves 7 Beacon Programs)			(\$2.146 million)
New York Junior Tennis League			(\$800,000)
The After-Three Corporation			(\$3.0 million)
YMCA After School Program			(\$350,000)
Sports and Arts in the School Foundation			(\$1.0 million)
NYCHA Cornerstone Program			(\$926,000)
<b>Sub-Total</b>	<b>\$0</b>	<b>(\$10.0 million)</b>	<b>(\$68.34 million)</b>

**TOTAL**

<b>PROGRAM</b>	<b>Proposed Expenditure Increase FY'14</b>	<b>Proposed Expenditure Decrease FY'14</b>	<b>Failure to Fund Council Restoration</b>	<b>TOTAL</b>
<b>ALL SERVICES FOR CHILDREN</b>	<b>\$2.47 million</b>	<b>(\$28.38 million)</b>	<b>(\$192.03 million)</b>	<b>(\$217.94 million)</b>