CITYWIDE COALITION TO END INFANT MORTALITY
**c/o FEDERATION OF COUNTY NETWORKS, INC.**
**127 West 127th Street, 3rd Floor**
**New York, New York 10027**
**(212) 932-3570**
**(212) 932-3580: Fax**

**The New York City Council**
**Health Committee**
**FY2010 Budget Hearing**
**City Hall**
**Wednesday, May 27, 2009**

**Testimony**
**Presented by Joyce Y. Hall, MPH**
**Executive Director**
**Federation of County Networks**
**Representing**

1. **Citywide Coalition to End Infant Mortality (CCEIM)**
2. **Federation of County Networks, Inc. (FCN)**

**Good afternoon, Honorable Chairman Rivera and Honorable City Council Members:**

**My name is Joyce Y. Hall, Executive Director, Federation of County Networks, Inc. (FCN) and Chair for the Citywide Coalition to End Infant Mortality (CCEIM) which is comprised of the thirty-five (35) agencies funded through the City Council's Infant Mortality Reduction Initiative. I am here to urge the Health Committee and the City Council to restore the $3.546 million for full funding of the Infant Mortality Reduction Initiative.**

Over the past eight years, the Citywide Coalition to End Infant Mortality (CCEIM) and the Bureau of Maternal, Infant and Reproductive Health (BMIRH), NYC Department of Health and Mental Hygiene have worked collaboratively in partnership to reduce the infant mortality rate (IMR) in New York City by providing critical, maternal, infant, and reproductive health services to women, infants and their families in many of the highly impacted neighborhoods with funding

through the New York City Council's Infant Mortality Reduction Initiative (IMRI). As a result of the IMRI, needed complementary case management, outreach, referral and health education services have been provided to thousands of women, infants and their families through the CCEIM community-based organizations and the BMIRH programs and services, such as Nurse Family Partnership, and Newborn Home Visiting.

***Problem Formulation:***

While the NYC infant mortality rate declined from 6.5 deaths per 1,000 live births in 2003 to 5.4 deaths in 2007, the problem persists in significantly higher proportions in brown and black neighborhoods throughout New York City. In 2007, according to the NYCDOH/MH Bureau of Vital Statistics, the infant mortality rate were as follows: The Rockaways (7.8), East Flatbush, (6.3), Brownsville (8.6), Bedford Stuyvesant (9.7), East New York, (8.2), East Harlem (8.4), Central Harlem, (8.1), Jamaica (8.7) and finally in the Mott Haven the rate was (8.0).[1] The infant mortality rate (IMR) is the number of infant deaths during a calendar year per 1,000 live births during the same year.

The IMR is an important indicator accepted worldwide by public health authorities measuring the health and well being of a community. If we want, as a city, to reduce poverty and continue to protect the most vulnerable among us, then we must ensure that infant mortality programs are adequately funded, especially in communities of color where the problem is so grave.

In 2007, about 1 in 11.5 (8.7%) infants in New York City were born low birth weight babies. Low birth weight (LBW) is a major factor in sixty five percent of infant deaths in poor communities of color in New York City. Infants born weighing less than 2,500 grams or five

[1] New York City Department of Health and Mental Hygiene (2008). Summary of Vital Statistics 2007: The City of New York. Bureau of Vital Statistics, New York City Department of Health and Mental Hygiene. Retrieved from http://www.nyc.gov/html/doh/html/vs/vs.shtml.

and a half pounds contribute significantly to the infant mortality rate. Children who survive low birth weight status may not crawl, may lack coordination to pick up small objects, and fail to speak or even smile at the age most average birth weight children do. Preventing the birth of two low birth weight babies can fund an $180,000 health promotion program that will provide more than 50 at-risk pregnant women with interventions to reduce their risk of bearing low birth weight infants. Funding infant mortality prevention programs is **cost effective** and **benefits** the administration by saving Medicaid, early intervention, and special education dollars while preventing babies from dying.

***Budget & Policy Solutions:***

The **Citywide Coalition to End Infant Mortality (CCEIM)**[2] calls on the Mayor and the New York City Council to restore full funding to the Infant Mortality Reduction Initiative. The CCEIM is made up of forty (40) community-based providers of maternal and child health care that over the last eight and a half years have worked hand in hand with the City Council and the New York City Department of Health and Mental Hygiene to reduce high infant mortality and low birth weight rates in high-risk communities throughout NYC. This level is needed to support both the CCEIM level interventions and the BMIRH programs and services to target those neighborhoods that still have high infant mortality rates and to maintain programs and services in the neighborhoods of recent reduction.

**The CCEIM proposes a six point plan of action to address the need across New York City.**

1. CCEIM requests $**3.546 million** from the City Council and the Mayor's Office to bring the total allocation up to **$5.0 million** with State matching funds.

[2] The *Citywide Coalition to End Infant Mortality (CCEIM)* is a group of community-based agencies, Regional Perinatal Networks, administrators, clinicians, health educators, activists, elected officials and consumers, funded under the New York City Council's Infant Mortality Reduction Initiative (IMRI) through the New York City Department of Health and Mental Hygiene

2. Over 40 community-based agencies have assisted the NYC hospital system and NYCDOHMH to **penetrate** local community neighborhoods to mobilize and link hard-to-reach women of childbearing age to the healthcare system. These are women who are uninsured and may never have had a formal relationship with the formal healthcare system. CCEIM provides a value-added outreach service built on their many years of community-based service, particularly reaching high-risk women who drive the NYC infant mortality/low birth weight MCH statistics. These targeted education, health promotion, outreach and referral services are instrumental in increasing the number of women who enter and stay within the healthcare system thereby establishing medical homes ensuring their access to quality care.

3. In a September 3, 2008 press release, Health Commissioner Thomas Friedan stated, "Infant death rates remain unacceptably high among blacks and Puerto Ricans and in low-income neighborhoods. We need to expand services for these groups and communities, and we also need to work to reduce inequities that persist in income, education, health care, safe neighborhoods and access to healthy affordable food and regular physical activity." Dr. Friedan acknowledged for the Infant Mortality Reduction Initiative funded by the New York City Council and the community-based organizations that work in the most-affected neighborhoods, supporting outreach, referral services, case management, peer education and other activities to help reduce the infant mortality rate with other initiatives in New York City.

   Therefore funding should be maintained at the current level to continue these critical services to these neighborhoods and communities. In addition, these City Council IMRI-funded agencies and services are in the midst of a citywide evaluation process to determine the effectiveness and efficacy of their interventions.

4. The CCEIM IMRI agencies have penetration into the most affected neighborhoods and communities with high infant mortality rates. The IMRI agencies intensive work with low income women who are racial/ethnic minorities and immigrants who have not only reproductive health care needs but also women's health care needs. We connect them into a system of care, health care. The CCEIM agencies have a unique approach to their outreach to women that includes health educators, outreach workers, family support and community health that have expertise working with women and families of disparate socioeconomic circumstances. These agencies' core competencies working with women and families to connect them to perinatal health care, health insurance/CHIP and the care delivery systems for other public health issues. The CCEIM agencies help move people from high to lower at-risk categories, connect them to early intervention services to prevent long term health consequences, and get families into medical homes thereby preventing more expensive emergency room visits.

5. The CCEIM agencies work to support Mayor Bloomberg's goal of reducing poverty by managing and facilitating access to quality health and social services for poor women, their infants and children from the womb to the tomb. Investing in prevention and early prenatal/perinatal care is essential to avoid the long term costs of low birth weight infants that contribute to the high health care costs. Poor health, lack of education and economic opportunities, and unhealthy community environments are not conducive to surviving poverty. By giving small children and their parents assistance and support many of the agencies under the CCEIM umbrella, assist women and their families to bring into the world healthy, full term and thriving babies, CCEIM agencies assist women and their families to ensure that infants and children do not enter the foster care, juvenile justice, special education, early intervention and prison systems thus saving millions of dollars

but more importantly, positioning these children to contribute to the New York City information-driven economy.

6. Funding should support a variety of evidence-based case management, health education and home visiting models that have proven effective in coordinating the care of pregnant and parenting mothers and all deserve funding support through this initiative. Funding should go to CCEIM agencies that use evidence-based models such as, federal Healthy Start, Healthy Families America Home Visiting, Community Health Worker and IMRI program models of care. In addition, many of the CCEIM agencies are starting to utilize the principles of the Maternal and Child Health Life Course Movement that looks at the woman's health across her life span, from birth to death but particularly, during the reproductive lifespan, ages 13 to 50, and in relationship to the family, neighborhood, community, and various social, economic and health systems.

The CCEIM is dedicated to ending the disparities in infant mortality in poor neighborhoods throughout New York City. We have approached this problem from the perspective that infant mortality is a multifaceted issue that has medical, health care access, economic and social determinants that explains its existence and must be utilized to assure its decline. To have a healthy baby, a mother must improve her mental and physical health not just during the nine month pregnancy period but over her life course and the entire family needs social supports. To create healthy families, the local community must be transformed from an economic development, housing and safety perspective.

The Citywide Coalition to End Infant Mortality is asking our elected officials, the business community and the media to develop the personal and political will to end this problem now!

CITYWIDE COALITION TO END INFANT MORTALITY
**c/o FEDERATION OF COUNTY NETWORKS, INC.**
**127 West 127th Street, 3rd Floor**
**New York, New York 10027**
**(212) 932-3570**

## Citywide Coalition to End Infant Mortality
## FY 2008/2009
## (Agencies listed for identification purposes only)

1. Abundant Life Agency
2. African Services Committee
3. Alianza Domincana
4. Bedford Stuyvesant Family Health Center
5. Brooklyn Perinatal Network, Inc.
6. Brownsville Youth Association
7. CAMBA
8. Caribbean Women's Health Association
9. Christ the Rock International Church
10. Citizen Advice Bureau
11. Clergy United for Community Empowerment
12. Community Healthcare Network (Manhattan)
13. Community Healthcare Network (Bronx)
14. Diaspora Community Services
15. Federation of County Networks, Inc.
16. Forestdale, Inc.
17. Fort Greene SNAP
18. Good Shepherd Services
19. Greater Brooklyn Health Coalition
20. Haitian Americans United for Progress
21. Hunts Point Multi-Services Center
22. Joseph P. Addabbo Family Health Center
23. Lower Eastside Family Union
24. MIC Women's Health Services MHRA
25. Morris Heights Health Center
26. Northern Manhattan Perinatal Partnership
27. Planned Parenthood of New York City
28. Queens Comprehensive Perinatal Care
29. Queens Health Coalition
30. Ridgewood Bushwick Senior Citizen Council (dba Hope Gardens Multi Service Center)
31. St. Barnabas Hospital
32. The Bronx Health Link

CITYWIDE COALITION TO END INFANT MORTALITY
**c/o FEDERATION OF COUNTY NETWORKS, INC.**
**127 West 127th Street, 3rd Floor**
**New York, New York 10027**
**(212) 932-3570**

33. VNS/Early Steps Family Center
34. WHEDCO
35. William F. Ryan Health Center
36. Staten Island University Hospital
37. Richmond University Medical Center

# FCN
## FEDERATION OF COUNTY NETWORKS, INC.

**Mailing Address**
127 West 127th Street
3rd Floor
New York, NY 10027

**Office Address**
2090 Adam Clayton
Powell Blvd.
Suite 201A
New York, NY 10027
(212) 932-3570

**Executive Director**
Joyce Y. Hall, MPH

**Partner Agencies**
Brooklyn Perinatal
Network, Inc.

Caribbean Women's
Health Association, Inc.

Northern Manhattan
Perinatal Partnership, Inc.

Queens Comprehensive
Perinatal Council, Inc.

The Bronx Health Link,
Inc.

May 26, 2009

Honorable Christine Quinn
Speaker
New York City Council
City Hall
New York, New York 10007

Dear Honorable Speaker Quinn:

Over the past eight years, the Citywide Coalition to End Infant Mortality (CCEIM) and the Bureau of Maternal, Infant and Reproductive Health (BMIRH), NYC Department of Health and Mental Hygiene have worked collaboratively in partnership to reduce the infant mortality rate (IMR) in New York City by providing critical, maternal, infant, and reproductive health services to women, infants and their families in many of the highly impacted neighborhoods with funding through the New York City Council's Infant Mortality Reduction Initiative (IMRI). As a result of the IMRI, needed complementary case management, outreach, referral and health education services have been provided to thousands of women and their families through the CCEIM community-based organizations and the BMIRH programs and services, such as Nurse Family Partnership, and Newborn Home Visiting.

During this period, the overall New York City infant mortality rate has been reduced to 5.4 infant deaths per 1,000 live births in 2007, a record low. The decrease is due to a number of factors. However, there still are many disadvantaged neighborhoods in which the IMR is significantly higher than the overall New York City rate. It is critical that New York City Council restore the $3.546 million to the budget to bring infant mortality funding up to $5 million when the State matching funds are included. This level is needed to support both the CCEIM level interventions and the BMIRH programs and services to target those neighborhoods that still have high infant mortality rates and to maintain programs and services in the neighborhoods of recent reduction.

Major strengths of the IMRI are the community-based nature of our work with difficult to reach women and families that are most in need; our many years of experience working in neighborhoods with high infant mortality rates; and our collaborative work with the Bureau of Maternal, Infant and Reproductive Health, NYC Department of Health and Mental Hygiene. Over the past eight years, the CCEIM and BMIRH leadership have had: regular meetings; joint decision-making on funding allocations to CBOs; discussions on the current and future IMRI programmatic directions; and a collaborative evaluation process.

There have been multiple challenges encountered, however, we have persevered to work together to reduce the infant mortality rate by getting women into early and ongoing prenatal care; by providing case management, outreach and referral services; by educating women and their families on safe sleep practices, family planning, SIDS, diabetes, etc., enrolling women and their families in health insurance; and ensuring women and families have a medical home, to name a few outcomes.

In addition, the CCEIM and BMIRH have worked very closely over the past four years to develop a comprehensive citywide evaluation process to look critically at the IMRI CBO component of the initiative. As a result, we have carefully reviewed and developed new data collection forms; provided training to all IMRI CBOs in the proper use of the forms for documenting agency deliverables; and engaged an evaluation consultant firm, Philliber Research Associates, in FY 2009 to conduct the citywide IMRI evaluation of CBO interventions. Since FY 2006, the five Regional Perinatal Coordinating Bodies (Brooklyn Perinatal Network, Caribbean Women's Health Association, Northern Manhattan Perinatal Network, Queens Comprehensive Perinatal Council and The Bronx Health Link) and FCN have engaged evaluators to conduct regional evaluations. At your convenience, we would like to provide you with an update on the IMRI evaluation process.

There has been much progress made in reducing the infant mortality rate through the CCEIM and BMIRH interventions, however there is more that needs to be done. Therefore we request the New York City Council restore the full funding, $3.546 million, for the Infant Mortality Reduction Initiative to the New York City budget so that we can continue providing services to women and families most in need.

We would like to thank you for your continued support of New York City women and families.

On behalf of the Citywide Coalition to End Infant Mortality,
Sincerely yours,

Joyce Y. Hall, MPH
Executive Director
Federation of County Networks, Inc.

Mario Drummonds
Executive Director
Northern Manhattan Perinatal Partnership, Inc.

Ngozi Moses
Executive Director
Brooklyn Perinatal Network, Inc.

Sharon Rumley
Executive Director
Queens Comprehensive Perinatal Council, Inc.

Cheryl Hall
Executive Director
Caribbean Women's Health
Association, Inc.

Joann Casado
Executive Director
The Bronx Health Link, Inc.

Cc: Joel Rivera, Chair, Health Committee, New York City Council
Health Committee, New York City Council
Deborah Kaplan, Assistant Commissioner, NYC DOHMH
Citywide Coalition to End Infant Mortality Member Agencies

NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Thomas R. Frieden, MD, MPH
*Commissioner*

May 26, 2009

Joyce Y. Hall
Chairwoman
Citywide Coalition to End Infant Mortality
c/o Federation of County Networks
127 West 127th Street
3rd Floor
New York, NY 10027

Dear Ms. Hall:

On behalf of the New York City Department of Health and Mental Hygiene (NYCDOHMH), I am writing in support of the efforts of the Citywide Coalition to End Infant Mortality (CCEIM) to help reduce the rates of infant mortality and low birth weight in New York City through the Infant Mortality Reduction Initiative (IMRI). We believe that we have created an effective partnership between government and community that strengthens our ability to achieve our goals.

For the past eight years, the CCEIM and the Bureau of Maternal, Infant and Reproductive Health (BMIRH) have collaborated on the IMRI, a New York City Council-funded initiative that supports the efforts of community based organizations to reduce infant mortality in the five boroughs, particularly in underserved areas. The infrastructure that we have built over the years allows the community based organizations funded under IMRI to provide services to pregnant women, women with young children and families, including workshops, outreach, referrals and case management services. Part of the strength of this infrastructure comes from the initiative's Regional Perinatal Coordinating Bodies, which support the community based organizations in their boroughs, and the Federation of County Networks, which supports the initiative on a citywide level, to provide technical assistance, training, leadership, and coordination activities.

While our joint efforts have contributed to achieving New York City's lowest infant mortality rate (5.4 infant deaths for every 1,000 live births in 2007), we know that there is still work to be done in many of our communities. According to recent data from the NYCDOHMH Bureau of Vital Statistics, we know that infants born to Black non-Hispanic women are more than twice as likely to die within their first year of life as infants born to White women, a disparity that continues to increase for those infants born into poverty.

We look forward to the opportunity to continue our partnership, to the benefit of the women, men and families of New York City.

Sincerely,

Deborah Kaplan
Assistant Commissioner
Bureau of Maternal, Infant and Reproductive Health

NYC City Council Education Committee
Budget Restoration Hearings
Testimony of Carol Boyd, NYCCEJ

**FOR THE RECORD**

Good afternoon Mr Chairman and members of the Education Committee. I'm Carol Boyd, a Parent Leader with the NYC Coalition for Educational Justice. My being here today has, unfortunately, become an annual pilgrimage on behalf of the 1.1 million children in our City's public schools. It is unfortunate because, once again, State and Local government have taken the position that the solution to overcoming our current fiscal crisis is to shortchange the education of powerless children. I say powerless because most school aged children do not pay taxes nor do they vote; however, if we continue to regard education as low priority, they will never achieve the skills necessary to become future taxpayers, voters and productive citizens. Most people who don't vote nor pay taxes are incarcerated.

New York City's high need students will continue to fall behind without adequate funding. Successive budget cuts mean: New York City will fail to keep its promise to adequately fund education, class sizes will continue to increase, after-school and tutoring programs will be cut, Middle Grade Reform and the needs of English Language Learner students and students not meeting state standards will not be met, and students will be short-changed from their full opportunity to learn.

The State is in the process of phasing out the local diploma for high school students. All those who enter 9th grade in or after September, 2009 will be expected to fulfill the requirements for a Regents Diploma in order to graduate. Further, current 8th graders that do not pass all core subjects and score sufficiently on state exams will be retained. This policy will affect thousands of students. **The Campaign for Middle School Success, launched by the Department of Education this year as a result of the efforts of CEJ, gave grants to 55 of the lowest performing middle schools to implement comprehensive school reform. Schools were required to go through a collaborative planning process and submit a detailed application on how they would use the funds to raise achievement. This grant program holds real promise for those 55 schools – but how about the other 175 middle grade schools where a majority of 8th graders still can't read and write at state standard? The $12 million for the Campaign for Middle School Success must be renewed to allow another cohort of the lowest performing schools to jump start comprehensive reform.** How can we ask more of our students and give them fewer resources to succeed? In the 21st century, we cannot afford to graduate students who will become members of an undereducated workforce and expect them to compete in a global society. After all, we can't outsource everything.

Children attend school because legislation dictates that they do so. Under current State law NYC is obligated to increase its local education funding contributions by $2.2 billion between 2007-2011 as required under the terms of the Education Budget Reform Act of 2007 which also settled the Campaign for Fiscal Equity lawsuit. Yet rather than increasing contributions, Mayor Bloomberg and Chancellor Klein implemented and proposed financial cuts to schools for both the current and previous year. Now he is asking you to take more money out of classrooms and divert resources away from our kids' education. The Mayor's most recent proposed cut, of $400 million has been put forward despite an increase of federal Title I and IDEA funds which have come from the American Reinvestment and Recovery Act (Federal Stimulus Bill.) NYC is slated to receive almost $697 million in Title I funds alone. Meanwhile the Governor's proposed budget cuts to New York City schools have been restored **although CFE funds will not be forthcoming this year or next.**

The New York City Council has been a partner in education and has made every effort to shield school children from harmful budget cuts. Now, the Mayor is asking you to join him in making an additional **$400** million in cuts.

The City Council must reject these cuts. These cuts mean resources are being taken out of classrooms and students aren't getting tools they need to succeed. At a time when we should be making progress, Mayor Bloomberg is asking us to take steps backwards. You must reject these **$400** million proposed budget cuts and demand that we move forward with our education funding commitments to New York City schools and its students.

**Additionally, The Council must seek to renew funds for the promising Campaign for Middle School Success, which will help the most struggling middle schools get their students ready for high school so that they can have a good chance at achieving the Regents diploma that the State requires from them.**

Testimony of

Joan Siegel
Senior Policy Associate for Health and Mental Health
Citizens' Committee for Children of New York, Inc.

Before the
New York City Council
Health Committee

Regarding the New York City
Executive Budget for FY10

May 27, 2009

Good afternoon. My name is Joan Siegel and I am the Senior Policy Associate for Health and Mental Health at Citizens' Committee for Children of New York, Inc. (CCC). CCC is a 65- year old privately supported, independent, multi-issue child advocacy organization. CCC does not accept or receive public resources nor do we provide direct service or represent a sector or workforce; rather for 65 years we have undertaken public policy research, community education and advocacy activities to ensure New York City's children are healthy, housed, educated and safe. I would like to thank Chairman Rivera and Chairman Weprin and the members of the Council Health and Finance Committees for holding this hearing regarding the Mayor's Executive Budget for City Fiscal Year 2010.

While we appreciate the severity of the budget crisis and are grateful for the federal stimulus funding, we do not believe that the Executive Budget goes far enough to protect New York City's children from shouldering a disproportionate burden of the economic downturn. During economic downturns, like the unprecedented one we are in the midst of, it is more important than ever that the core services for children and families be protected and supported.

Youth services, child abuse prevention services, child protection, foster care, after school programs, child care, and children's health and mental health services are, and will continue to be, critical to promoting the well-being of children and their families.

To protect children in this budget, CCC urges the City Council and the Mayor to consider additional revenue options, particularly those that are the least regressive. Without much needed revenue, over $108 million in troublesome reductions to essential services may stand, jeopardizing child safety and threatening child well-being.

While CCC is relieved that the Executive Budget proposes no new child welfare reductions and partially closes the child care budget gap, we remain concerned that budget reductions initially proposed in January, to ACS in particular, still stand. These reductions threaten the ability of community based preventive service agencies to maintain lower caseloads and meet the needs of at-risk families. They also hinder the capacity of foster care agencies to serve children in their care and expedite permanency for these children and their families. And they reduce ACS staff almost 1000.

CCC is also very concerned about proposed budget reductions to child health clinics and school based dental clinics. Notably the structural deficit faced by HHC and created by the State's reduction in Medicaid reimbursement, is not recognized in the Executive Budget but will also result in the elimination of community health clinics that serve children, school based mental health programs and adolescent day treatment programs. In short, basic primary health care services to for the city's children are threatened with elimination.

Finally, we remain concerned that reductions to youth service and after school programs, will result in thousands of children lacking access to needed constructive activities after school and during the summer months.

While NYC must show restraint in its expenditures, it is paramount that the proposed

reductions that would weaken an already fragile social infrastructure, cause unimaginable strain on the neediest children, and jeopardize the safety and well-being of children, be reconsidered. CCC has identified over **$108 million** in city budget reductions to children and family services that we believe are of great concern. These are detailed in the chart attached to our testimony.

**Turning to Health and Mental Health for Children**: It is essential that the Mayor and the City Council restore funding for interventions that keep children healthy and provide them with a solid foundation for a life time of good health. Investing in child health clinics, school based dental clinics, mental health treatment, and services to combat infant mortality, obesity, and asthma is nothing other than sound public policy – good for children and good for government. With regard to specific health and mental health programs and services for the children, we urge the Mayor and the City Council to negotiate a budget that restores funding for the following critical services:

Primary Services:

- **$6.1 million for 24 HHC Child Health Clinics and 4 community health clinics.** For over 100 years these clinics have provided primary and preventive care to low-income children. Some are situated in NYCHA developments and all of these clinics are small, welcoming and provide an important place in the community where families can have easy, reliable contact with the health care system.
- **$2.5 million for school based dental clinics**. This program is a 100-year-old program that has been serving 17,000 children each year, proven effective in fighting dental disease. While DOHMH has apparently been trying to find other providers to take over the clinics, they have not secured commitments for the sites and the services would not longer be provided in schools. Poor dental care is a gateway to serious medical conditions.
- **$1.6 million for Mental Health Treatment for Children Under Five**: this program funds eight agencies in all boroughs. In FY 2008, the most recent data available, more than 1400 children were served and over 700 staff were trained to do early childhood mental health in order to expand service capacity. Research shows that early treatment is not only beneficial for children but also cost effective for society as it forestalls more severe mental health problems, preventing higher costs.
- **$3.0 million to HHC and Community-based MR/DD providers** that service mentally retarded/developmentally delayed youth. These culturally competent clinics, which serve vulnerable children without regard to their ability to pay, are located throughout the City. They understand and meet the unique needs of developmentally delayed children and their families. There are currently six HHC clinics throughout the City and *five* will close their doors without funding restoration.
- **$473,000 for Diagnostic and Treatment Center Funding**: this is yet another funding cut for HHC. D&TC serve the indigent community. Each site provides a range of primary and specialty care in six communities throughout the City. The sites provide special programs to meet the differing needs of each community.

- **$754,000 for Supplemental School Health Services**: This funding provides support and ancillary health services. 23 middle schools will lose public health advisors. This reduction will have a negative impact on young people.

- Preventive Services**$3.5 million for Infant Mortality Initiatives** – though the rate is down overall, low-income communities continue to suffer from increased infant mortality rates. Preventing babies from being born premature means a healthier baby and lower overall costs to the public in terms of intensive care and ongoing support. It is critical to maintain funding to combat this problem.
  - **$3.0 million for Obesity Prevention Programs** and **$500,000 for the Podiatric Screening program,** – with childhood obesity a national epidemic, this is the precise wrong time to eliminate this funding. These programs fund general obesity prevention initiatives, screening for obesity and early onset of diabetes. Two specific programs are SPARK: Sport, Play & Active Recreation for Kids! and Health Corps.
  - **$545,000 for the Asthma Control Initiative:** This program serves about 300,000 children and families in Central Brooklyn, Harlem and the South Bronx, three areas with disproportionately high rates of asthma through a pest management program to remediate apartment conditions as well as asthma screening and prevention programs at Head Start and Pre-K sites.
  - **$1.6 million for the Autism Awareness Program**: this program allows providers to serve autistic children during summers, after school and during school closings. They also conduct necessary trainings and educational forums for parents and the communities on autism.
  - **$4.7 million for the Primary Care Initiative:** A city funded survey showed that there were neighborhoods in the city where primary care access is a problem and that expense and capital funding for expansion and/or new construction could alleviate the access problems. Primary Care physicians provide not only treatment but also preventive care and thus avoid long-term, more costly health problems

As noted earlier, CCC is also concerned about HHC's structural imbalance that will hinder the agencies ability to maintain primary health care centers for children and families. HHC spends approximately $16 million dollars a day and serves nearly to 8 million patients annually across primary care, emergency room, and inpatient settings, most of whom are in low-income, underserved areas of New York City. The State of New York has cut over $180 million in funds to HHC. As a result of the drastic state cuts, HHC plans to close school based mental programs in Coney Island (4 of them); a day treatment program and four community clinics (2 in Queens, 2 in Brooklyn, notably the areas hardest hit by the H1N1 virus) which serve children as well as adults, among other service reductions.

Because the city's fiscal situation is so dire, we were urge the City Council and the Mayor to explore all additional revenue options including but not limited to temporarily rescinding property tax exemptions on private colleges and universities, temporarily altering property tax agreements on stadiums, and weighing progressive local income tax increases.

When the City's FY 2010 Budget is adopted, the Mayor and City Council must make certain that the City is able to address the increased needs of children during this economic crisis.

Thank you for this opportunity to testify.

# PROGRAM AREA AND AGENCY BUDGET ANALYSIS
# PROPOSED REDUCTIONS TO VITAL CHILDREN'S SERVICES

Items in parentheses are negative (i.e. reductions)

## CHILD CARE:
## ADMINISTRATION FOR CHILDREN'S SERVICES

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY 2010 |
|---|---|---|---|---|
| Elimination of 293 Administrative and Child Care Staff | ($7.6 million) | | | ($7.6 million) |
| Reduction to (in January) and then Elimination of Priority 7 Child Care Vouchers (current families to be offered contracted slots) | ($7.1 million) | ($5.7 million) | | ($12.8 million) |
| Child Care Market Rate | | $25.0 million | | $25.0 million |
| Elimination of Low Priority (8 and 9) child care vouchers | | ($4.2 million) | | ($4.2 million) |
| Child Care Market Rate | | $4.2 million | | $4.2 million |
| Provider's Choice- Family Child Care Supplies | | | ($1.2 million) | ($1.2 million) |
| Working Parents for a Working New York | | | ($300,000) | (300,000) |
| CEO: Early Childhood Policy and Planning | ($58,000) | | | ($58,000) |
| **Sub-Total** | **($14.7 million)** | **$19.3 million** | **($1.5 million)** | **$3.1 million** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

CHILD WELFARE:
ADMINISTRATION FOR CHILDREN'S SERVICES

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY 2010 |
|---|---|---|---|---|
| Elimination of 315 Child Welfare Personnel | ($8.2 million) | | | ($8.2 million) |
| Reorganization of Family Preservation Program (staff reduction of 234 through attrition) | ($7.3 million) | | | ($7.3 million) |
| November 2008 Budget Modification: Elimination of 127 Child Protective Level 1 Supervisory vacancies | ($3.8 million) | | | ($3.8 million) |
| 5% Reduction to Administrative Rate for Foster Care Providers | ($5.7 million) | | | ($5.7 million) |
| Community Partnership Initiative not to be expanded (remain at 11 instead of 15 CPIs) | ($930,000) | | | ($930,000) |
| Reduce Agency Support Contracts (suspend MSW program, eliminate media campaigns, etc.) | ($1.8 million) | | | ($1.8 million) |
| Reduction to Foster Parent Supports (10% reduction to providers that have not met performance goals) | ($909,000) | | | ($909,000) |
| Eliminate Facility Maintenance Expense (turnover facility to private provider) | ($218,000) | | | ($218,000) |
| CEO: Individual Development Accounts for Foster Youth | $206,000 | | | $206,000 |
| Replacing city foster care and adoption funding with federal stimulus funds | | ($19.8 million)* | | N/A* |
| City funds to address state budget reduction for PINS, JDs, Institutional schools, Preventive Services and Adoption Subsidies | | $9.8 million | | $9.8 million |
| Preventive Service Program Enhancement Funding | | ($9.0 million) | | ($9.0 million) |
| Child Safety Initiative: Preventive Services Caseload Reduction | | | ($3.7 million) | ($3.7 million) |
| Child Advocacy Centers | | | ($500,000) | ($500,000) |
| Family Justice Centers | | | ($200,000) | ($200,000) |
| CONNECT Domestic Violence program | | | ($600,000) | ($600,000) |
| **Sub-Total** | **($28.7 million)** | **$800,000** | **($5.0 million)** | **($32.9 million)** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

CHILDREN'S HEALTH AND MENTAL HEALTH:
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
AND HEALTH AND HOSPITALS CORPORATION

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Elimination of dental clinics for children (November 2008 Budget Modification- $2.5 million) | | | | ($2.5 million) |
| Child Health Clinics | ($960,000) | ($111,000) | ($5.0 million) | ($6.1 million) |
| Mental Hygiene-Community based and other non-HHC providers | ($1.1 million) | | | (1.1 million) |
| Reduction of HHC MR/DD Services in CBOs (non-HHC) | | ($544,000) | | ($544,000) |
| HHC Mental Hygiene Services | ($869,000) | | | ($869,000) |
| Reduction of HHC MR/DD Clinic Services | | ($558,000) | | ($558,000) |
| DOHMH Staff Reductions | ($1.3 million) | ($1.5 million) | | ($2.8 million) |
| CEO: Expand Access to Healthy Foods | $182,000 | | | $182,000 |
| Obesity Prevention Initiatives | | | ($3.0 million) | ($3.0 million) |
| Mental Health Treatment for Children Under Five | | | ($1.6 million) | ($1.6 million) |
| Autism Awareness Initiative | | | ($1.6 million) | ($1.6 million) |
| CEO: School Based Health and Reproductive Health Centers | $1.4 million | | | $1.4 million |
| Infant Mortality Initiative | | | ($3.5 million) | ($3.5 million) |
| Asthma Control Initiative | | | ($545,000) | ($545,000) |
| Podiatric Screening | | | ($500,000) | ($500,000) |
| Diagnostic and Treatment Center Funding | ($473,000) | | | ($473,000) |
| Primary Care Capacity Initiative | ($2.7 million) | ($2.0 million) | | ($4.7 million) |
| Supplemental School Health Services | ($754,000) | | | ($754,000) |
| **Sub-Total** | **($6.6 million)** | **($4.7 million)** | **($15.7 million)** | **($27.0 million)** |

JUVENILE JUSTICE:
DEPARTMENT OF JUVENILE JUSTICE

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiatives | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Discharge Planning / Program Services for Youth in Facilities | | | ($640,000) | ($640,000) |
| Decrease in Dental Services | ($71,000) | | | ($71,000) |
| Eliminating the DJJ Discharge Planning Unit | ($513,000) | | | ($513,000) |
| **Sub-Total** | **($584,000)** | **$0** | **($640,000)** | **($1.2 million)** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

YOUTH SERVICES:
DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

| Program | FY2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Reduce SYEP work week by 1 day (November 2008 Budget Modification)- ($1.8 million) | | | | ($1.8 million) |
| Reduction in SYEP summer job slots | ($2.0 million) | ($6.6 million) | | ($8.6 million) |
| Beacon opening fees | | | ($3.0 million) | ($3.0 million) |
| Elimination of OST Option II | ($6.0 million) | | | ($6.0 million) |
| Reduction in OST Option I slots | ($2.56 million) | | | ($2.56 million) |
| Reduction in OST Summer Program | ($2.9 million) | | | ($2.9 million) |
| Increase in OST Low Performance Penalty | ($570,000) | | | ($570,000) |
| Shelter Beds for At-Risk Runaway and Homeless LGBTQ Youth | | | ($1.7 million) | ($1.7 million) |
| Institute for Student Achievement | | | ($1.4 million) | ($1.4 million) |
| Street Outreach/Neighborhood Youth Alliance | | | ($1.0 million) | ($1.0 million) |
| The After-Three Program | | | ($3.8 million) | ($3.8 million) |
| YMCA Virtual Y Program | | | ($500,000) | ($500,000) |
| Sports and Arts Foundation | | | ($1.2 million) | ($1.2 million) |
| Helping Involve Parents in Schools Project (HIP) | | | ($4.3 million) | ($4.3 million) |
| Cultural After School Adventure (CASA) | | | ($5.5 million) | ($5.5 million) |
| CEO: Youth Programs | $14.3 million | | | $14.3 million |
| Transfer of Social Services Funding from NYCHA | $12.3 million | | | $12.3 million |
| WIA Federal funds (generating $4.2 million in city savings) | | $32.3 million federal funds* | | N/A* |
| **Sub-Total** | **$12.57 million** | **($6.6 million)** | **($22.4 million)** | **($16.4 million)** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## FAMILY HOMELESSNESS:
## DEPARTMENT OF HOMELESS SERVICES

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| HomeBase Homelessness Prevention Program | ($5.1 million)* | ($1.8 million)* | | N/A* |
| Eliminate Recreation Staff from Shelter Contracts | ($2.4 million) | . | | ($2.4 million) |
| Elimination of direct social service staff in commercial hotels housing homeless families | ($1.1 million) | | | ($1.1 million) |
| Rate reduction to family hotels | ($575,000) | | | ($575,000) |
| Eliminate Homecare Kits for Families | ($354,000) | | | ($354,000) |
| Eliminate Clothing Bank Contract | ($221,000) | | | ($221,000) |
| Family capacity re-estimate | | $24.7 million | | $24.7 million |
| Citywide Homeless Prevention Fund | | | ($250,000) | ($250,000) |
| **Sub-Total** | **($4.65 million)** | **$24.7 million** | **($250,000)** | **$19.8 million** |

## DEPARTMENT OF SOCIAL SERVICES:
## HUMAN RESOURCES ADMINISTRATION

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Nutrition for Adults and Families Living with HIV/AIDS | ($491,000) | | | ($491,000) |
| Food Stamps at Farmer's Markets | | | ($270,000) | ($270,000) |
| CEO: Employment Services for Non-Custodial Parents | $380,000 | | | $380,000 |
| CEO: Enhanced Employment Services | $111,000 | | | $111,000 |
| FFFS Funding Adjustment (City funds to accommodate state reduction) | | $61.3 million | | $61.3 million |
| WeCARE Contract Reduction | | ($2.0 million) | | ($2.0 million) |
| Emergency Food Programs | | | ($2.1 million) | ($2.1 million) |
| **Sub-Total** | **$0** | **$59.3 million** | **($2.4 million)** | **$56.9 million** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## HOUSING:
## HOUSING PRESERVATION AND DEVELOPMENT

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| City-Task Force on Housing Court | | | ($500,000) | ($500,000) |
| Anti-Eviction Legal Services | | | ($2.3 million) | ($2.3 million) |
| CEO: Family Self-Sufficiency Program | $2.1 million | ($40,000) | | $2.06 million |
| Community Based Consultants | | | (830,000) | (830,000) |
| NYC Neighborhoods | | $2.0 million | | $2.0 million |
| **Sub-Total** | **$2.1 million** | **$1.96 million** | **($3.6 million)** | **$460,000** |

## EDUCATION:
## DEPARTMENT OF EDUCATION

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Reduce 1,440 Pedagogical Employees in Schools (through attrition) | ($91.2 million) | | | ($91.2 million) |
| Estimated Headcount Reduction from Anticipated State Cut at time of Preliminary Budget (13,930 positions) | (only if state cut implemented) | $951.6 million** (federal funds) | | N/A* |
| Playgrounds | | $2.0 million | | $2.0 million |
| Special Education pre-kindergarten | | $316,000 | | $316,000 |
| CEO: Early Childhood Policy and Planning | ($72,000) | | | ($72,000) |
| Universal Pre-kindergarten (full day in ACS programs) | | | ($2.6 million) | ($2.6 million) |
| Teacher's Choice (supplies for schools) | | | ($13.0 million) | ($13.0 million) |
| Urban Advantage | | | ($500,000) | ($500,000) |
| Dropout Prevention and Intervention | | | ($2.0 million) | ($2.0 million) |
| **Sub-Total** | **($91.2 million)** | **$2.3 million** | **($18.1 million)** | **($107.1 million)** |

**Federal Funds, including Title I, IDEA, and AHRA stimulus funds ameliorate the state budget reduction and prevent the layoffs of almost 14,000 teachers.

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

LEGAL SERVICES:
MISCELLANEOUS

| PROGRAM | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiatives | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| UI/SSI Legal Assistance | | | ($1.3 million) | ($1.3 million) |
| Legal Services for Working Poor | | | ($1.0 million) | ($1.0 million) |
| Citywide City Legal Services | | | ($1.5 million) | ($1.5 million) |
| MFY Legal Services | | | ($100,000) | ($100,000) |
| Legal Services for NYC (LSNY) | | | ($300,000) | ($300,000) |
| Legal Information for Families Today (LIFT) | | | ($300,000) | ($300,000) |
| **Sub-Total** | | | **($4.5 million)** | **($4.5 million)** |

TOTALS

| PROGAM | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| ALL VITAL CHILDREN'S SERVICES | ($131.76 million) | $97.1 million | ($74.1 million) | ($108.8 million) |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## *Privatization of Dialysis at Bellevue Hospital Center*
## *May 27, 2009*

My name is Anne Bove', RN. I am a Registered Nurse who works at Bellevue Hospital. I wish to thank you for this forum and an opportunity to express my concerns about the privatization of dialysis at Bellevue Hospital.

Bellevue Hospital is a level one Trauma Center that provides many essential services to the community at large. Dialysis is an essential service provided within these essential services. At present negotiations are occurring to outsource dialysis services at Bellevue Hospital. Issues framing these efforts surround reimbursement, capital monies for new equipment and environmental support as well as compliance with New York State Department of Health regulations.

With reimbursement the process for acquisition of funds has been cited. A review and revision of local process would seem to be in order. If an outside vendor can generate a profit, why can't that profit be Bellevue's? With preliminary contract provisions discussed, the vendor would be responsible for a "good faith effort" in reimbursement and Believue would be responsible for payment to the vendor of funds not received. The potential for financial compromise for Bellevue is apparent. Considering monies needed for structural development were alternatives like grants or fund raising exhausted?

The dialysis unit at Bellevue has long provided expert care to the patient population it serves and has met the standards required for operation to date. Compliance and maintenance of any and all governing and accrediting agencies has been and continues to be the focus of all level of caregivers.

Finally, access to care is paramount. A private vendor by the nature of its existence cannot support the mission of Health and Hospitals Corporation, Bellevue's, to provide care regardless of ability to pay. This partnership in provision of care is a dichotomy of philosophy and potentially leads to inconsistency of healthcare delivery.

In summary, if dialysis at Bellevue is privatized, what service will be next? What oversight will be provided to ensure safe quality care for patients? This patient population is extremely vulnerable and should be handled with care not parceled out.

Respectfully submitted,

Anne Bove', RN

Anne Bove', RN
48-53 45th Street Apt. A5
Woodside, New York 11377

## *CUNY and City Hospitals Partnership for Nursing Education*
## *May 27, 2009*

City Council Speaker Christine C. Quinn and CUNY Executive Vice Chancellor Alexandra Logue recently announced plans to create 100 additional nurses each year for New York City over the next five years. The goal of this initiative will be to create new jobs and help address the nursing shortage that has plagued New York City, as well as the nation, for years.

It has been cited that there are nearly 63,000 nurses in New York City, and 17% are 55 years old or older. Due to population increases, an aging population and retirement, New York City will need approximately 7000 more nurses by 2020. Subsequently, New York City's nursing shortage will only continue to get worse.

The nursing shortage in New York City is not due to lack of interest in the profession. It is due to a lack of seats designated for nursing education. Last year there were 575 qualified applicants who are turned away from CUNY due to lack of capacity at schools to teach them.

In an effort to address the nursing shortage and get more New Yorkers to work, Speaker Quinn proposed a five-year partnership between CUNY and New York City hospitals to increase the faculty at CUNY nursing programs. Through this initiative, CUNY will work with hospitals to identify ten experienced nurses who will become guest faculty for one year. This will allow nurses to make a short term commitment to teaching, without losing their benefits. These ten additional faculty members will allow CUNY to admit an additional 100 nursing students to their programs each year, thereby creating 500 extra nurses in the next five years.

***This program is much needed but a resource that seems to have overlooked is HHC nurses. A partnership between HHC and CUNY would be a natural fit with funds staying within city government. In the past HHC and CUNY have participated in forgivable loans programs and externships/internships with much success. NYC nursing recruitment and retention records to date have shown that HHC has been and continues to be a major training ground for nursing novices. Recognition and utilization of HHC nurses in this new program will address resolution to the NYC nursing shortage in a more expansive and attainable approach.***

Respectfully submitted,

Anne Bove', RN

Anne Bove', RN
48-53 45th Street Apt. A5
Woodside, New York 11377

Testimony of

Ailin Chen
Senior Policy Associate, Education, Juvenile Justice and Youth Services
Citizens' Committee for Children of New York, Inc.

Before the
New York City Council
Finance and Education Committee

Regarding the New York City
Executive Budget for FY10

May 27, 2009

Good afternoon. My name is Ailin Chen and I am the Senior Policy Associate for Education, Juvenile Justice and Youth Services for Committee for Children of New York (CCC). CCC is a 65- year old privately supported, independent, multi-issue child advocacy organization. CCC does not accept or receive public resources nor do we provide direct service or represent a sector or workforce; rather for 65 years we have undertaken public policy research, community education and advocacy activities to ensure New York City's children are healthy, housed, educated and safe. I would like to thank Chairman Weprin, and Chairman Jackson and the members of the Council Finance and Education Committee for this opportunity to testify on the Mayor's Executive Budget for City Fiscal Year 2010.

While we appreciate the severity of the budget crisis and are grateful for the federal stimulus funding, we do not believe that the Executive Budget goes far enough to protect New York City's children from shouldering a disproportionate burden of the economic downturn. During economic downturns, like the unprecedented one we are in the midst of, it is more important than ever that the core services for children and families be protected and supported.

Youth services, child abuse prevention services, child protection, foster care, after school programs, child care, and children's health and mental health services are, and will continue to be, critical to promoting the well-being of children and their families.

To protect children in this budget, CCC urges the City Council and the Mayor to consider additional revenue options, particularly those that are the least regressive. Without much needed revenue, over $108 million in troublesome reductions to essential services may stand, jeopardizing child safety and threatening child well-being.

While CCC is relieved that the Executive Budget proposes no new child welfare reductions and partially closes the child care budget gap, we remain concerned that budget reductions initially proposed in January, to ACS in particular, still stand. These reductions threaten the ability of community based preventive service agencies to maintain lower caseloads and meet the needs of at-risk families. They also hinder the capacity of foster care agencies to serve children in their care and expedite permanency for these children and their families. And they reduce ACS staff almost 1000.

CCC is also very concerned about proposed budget reductions to child health clinics and school based dental clinics. Notably the structural deficit faced by HHC and created by the State's reduction in Medicaid reimbursement, is not recognized in the Executive Budget but will also result in the elimination of community health clinics that serve children, school based mental health programs and adolescent day treatment programs. In short, basic primary health care services to for the city's children are threatened with elimination.

Finally, we remain concerned that reductions to youth services such as after school programs and summer youth employment, will result in thousands of children lacking access to needed constructive activities after school and during the summer months.

While NYC must show restraint in its expenditures, it is paramount that the proposed

reductions that would weaken an already fragile social infrastructure, cause unimaginable strain on the neediest children, and jeopardize the safety and well-being of children, be reconsidered. CCC has identified over **$108 million** in city budget reductions to children and family services that we believe are of great concern. These are detailed in the chart attached to our testimony.

Because the city's fiscal situation is so dire, we were urge the City Council and the Mayor to explore all additional revenue options including but not limited to temporarily rescinding property tax exemptions on private colleges and universities, rescinding the property tax exemption on Madison Square Garden, altering pilot property tax agreements on stadiums, and weighing progressive local income tax increases.

Turning to the Department of Education (DOE), CCC is pleased to see that the city was able to avoid teacher lay-offs in the public schools with the infusion of almost $1 billion in federal stimulus dollars. It must be noted that these funds are time-limited and the city will again be faced with the challenge of meeting increased fixed costs for pensions and federally mandated special education and other services while preserving valuable classroom resources in the next fiscal year, particularly if the state continues to fail to meet its obligations under the CFE agreement.

With regard to the proposed cuts to DOE, CCC's analysis shows a 2.5% reduction, or $239 million. In addition, the Executive Budget proposes to shift $170 million that had previously been earmarked as discretionary funds for principals to use as they saw fit, to be used to meet federal IDEA IDEA requirements for children with special education needs.. Principals had used this discretionary funding to pay for support staff, after-school programs and other programs services will be shifted from individual school budgets to help schools meet federal This shift in funding will have a disparate impact on some schools more than others because principals can draw upon discretionary funds rolled-over from previous years, but other principals without such funds will have to implement program and service reductions. Nevertheless, as compared to other child-serving city agencies, such as the Administration for Children's Services, CCC believes that with the addition of the federal stimulus funds, the city's schools have fared relatively well in this difficult budget.

Additionally, it has become clear that there is not enough capacity in DOE's schools to meet the needs of the city's 5-year olds attending kindergarten, let alone the 4- year olds attending Universal Pre-Kindergarten. In the short term, CCC urges DOE to collaborate with other city agencies such as ACS, and other institutions such as NYU, who may have vacant space to serve these children. In the long-term, DOE's capital plan must ensure that school construction includes classroom space for UPK and Kindergarten.

Finally, there are several initiatives that the Council has funded year in and year out that have become part of the fabric of supports that students and teachers rely upon to meet budget shortfalls, supplement classroom learning, and ensure that students remain engaged and connected to school. CCC urges the Council and the Mayor to restore funding for the following:

- $2.6 million for full day UPK in ACS child care centers.
- $13 million for Teacher's Choice which reimburses teachers up $250 for classroom supplies.
- $500,000 for Urban Advantage which connects middle schools with 7 science-oriented cultural institutions.
- $2 million for Dropout Prevention and Intervention which funds a range of community-based student retention programs city-wide.

When the City's FY 2010 Budget is adopted, the Mayor and City Council must make certain that the City is able to address the increased needs of children during this economic crisis.

Thank you for this opportunity to testify.

# PROGRAM AREA AND AGENCY BUDGET ANALYSIS
# PROPOSED REDUCTIONS TO VITAL CHILDREN'S SERVICES

Items in parentheses are negative (i.e. reductions)

## CHILD CARE:
## ADMINISTRATION FOR CHILDREN'S SERVICES

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Elimination of 293 Administrative and Child Care Staff | ($7.6 million) | | | ($7.6 million) |
| Reduction to (in January) and then Elimination of Priority 7 Child Care Vouchers (current families to be offered contracted slots) | ($7.1 million) | ($5.7 million) | | ($12.8 million) |
| Child Care Market Rate | | $25.0 million | | $25.0 million |
| Elimination of Low Priority (8 and 9) child care vouchers | | ($4.2 million) | | ($4.2 million) |
| Child Care Market Rate | | $4.2 million | | $4.2 million |
| Provider's Choice- Family Child Care Supplies | | | ($1.2 million) | ($1.2 million) |
| Working Parents for a Working New York | | | ($300,000) | (300,000) |
| CEO: Early Childhood Policy and Planning | ($58,000) | | | ($58,000) |
| **Sub-Total** | **($14.7 million)** | **$19.3 million** | **($1.5 million)** | **$3.1 million** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## CHILD WELFARE:
## ADMINISTRATION FOR CHILDREN'S SERVICES

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Elimination of 315 Child Welfare Personnel | ($8.2 million) | | | ($8.2 million) |
| Reorganization of Family Preservation Program (staff reduction of 234 through attrition) | ($7.3 million) | | | ($7.3 million) |
| November 2008 Budget Modification: Elimination of 127 Child Protective Level 1 Supervisory vacancies | ($3.8 million) | | | ($3.8 million) |
| 5% Reduction to Administrative Rate for Foster Care Providers | ($5.7 million) | | | ($5.7 million) |
| Community Partnership Initiative not to be expanded (remain at 11 instead of 15 CPIs) | ($930,000) | | | ($930,000) |
| Reduce Agency Support Contracts (suspend MSW program, eliminate media campaigns, etc.) | ($1.8 million) | | | ($1.8 million) |
| Reduction to Foster Parent Supports (10% reduction to providers that have not met performance goals) | ($909,000) | | | ($909,000) |
| Eliminate Facility Maintenance Expense (turnover facility to private provider) | ($218,000) | | | ($218,000) |
| CEO: Individual Development Accounts for Foster Youth | $206,000 | | | $206,000 |
| Replacing city foster care and adoption funding with federal stimulus funds | | ($19.8 million)* | | N/A* |
| City funds to address state budget reduction for PINS, JDs, Institutional schools, Preventive Services and Adoption Subsidies | | $9.8 million | | $9.8 million |
| Preventive Service Program Enhancement Funding | | ($9.0 million) | | ($9.0 million) |
| Child Safety Initiative: Preventive Services Caseload Reduction | | | ($3.7 million) | ($3.7 million) |
| Child Advocacy Centers | | | ($500,000) | ($500,000) |
| Family Justice Centers | | | ($200,000) | ($200,000) |
| CONNECT Domestic Violence program | | | ($600,000) | ($600,000) |
| **Sub-Total** | **($28.7 million)** | **$800,000** | **($5.0 million)** | **($32.9 million)** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## CHILDREN'S HEALTH AND MENTAL HEALTH:
## DEPARTMENT OF HEALTH AND MENTAL HYGIENE
## AND HEALTH AND HOSPITALS CORPORATION

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Elimination of dental clinics for children (November 2008 Budget Modification- $2.5 million) | | | | ($2.5 million) |
| Child Health Clinics | ($960,000) | ($111,000) | ($5.0 million) | ($6.1 million) |
| Mental Hygiene-Community based and other non-HHC providers | ($1.1 million) | | | (1.1 million) |
| Reduction of HHC MR/DD Services in CBOs (non-HHC) | | ($544,000) | | ($544,000) |
| HHC Mental Hygiene Services | ($869,000) | | | ($869,000) |
| Reduction of HHC MR/DD Clinic Services | | ($558,000) | | ($558,000) |
| DOHMH Staff Reductions | ($1.3 million) | ($1.5 million) | | ($2.8 million) |
| CEO: Expand Access to Healthy Foods | $182,000 | | | $182,000 |
| Obesity Prevention Initiatives | | | ($3.0 million) | ($3.0 million) |
| Mental Health Treatment for Children Under Five | | | ($1.6 million) | ($1.6 million) |
| Autism Awareness Initiative | | | ($1.6 million) | ($1.6 million) |
| CEO: School Based Health and Reproductive Health Centers | $1.4 million | | | $1.4 million |
| Infant Mortality Initiative | | | ($3.5 million) | ($3.5 million) |
| Asthma Control Initiative | | | ($545,000) | ($545,000) |
| Podiatric Screening | | | ($500,000) | ($500,000) |
| Diagnostic and Treatment Center Funding | ($473,000) | | | ($473,000) |
| Primary Care Capacity Initiative | ($2.7 million) | ($2.0 million) | | ($4.7 million) |
| Supplemental School Health Services | ($754,000) | | | ($754,000) |
| **Sub-Total** | **($6.6 million)** | **($4.7 million)** | **($15.7 million)** | **($27.0 million)** |

## JUVENILE JUSTICE:
## DEPARTMENT OF JUVENILE JUSTICE

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Discharge Planning / Program Services for Youth in Facilities | | | ($640,000) | ($640,000) |
| Decrease in Dental Services | ($71,000) | | | ($71,000) |
| Eliminating the DJJ Discharge Planning Unit | ($513,000) | | | ($513,000) |
| **Sub-Total** | **($584,000)** | **$0** | **($640,000)** | **($1.2 million)** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## YOUTH SERVICES:
## DEPARTMENT OF YOUTH AND COMMUNITY SERVICES

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY 2010 |
|---|---|---|---|---|
| Reduce SYEP work week by 1 day (November 2008 Budget Modification)- ($1.8 million) | | | | ($1.8 million) |
| Reduction in SYEP summer job slots | ($2.0 million) | ($6.6 million) | | ($8.6 million) |
| Beacon opening fees | | | ($3.0 million) | ($3.0 million) |
| Elimination of OST Option II | ($6.0 million) | | | ($6.0 million) |
| Reduction in OST Option I slots | ($2.56 million) | | | ($2.56 million) |
| Reduction in OST Summer Program | ($2.9 million) | | | ($2.9 million) |
| Increase in OST Low Performance Penalty | ($570,000) | | | ($570,000) |
| Shelter Beds for At-Risk Runaway and Homeless LGBTQ Youth | | | ($1.7 million) | ($1.7 million) |
| Institute for Student Achievement | | | ($1.4 million) | ($1.4 million) |
| Street Outreach/Neighborhood Youth Alliance | | | ($1.0 million) | ($1.0 million) |
| The After-Three Program | | | ($3.8 million) | ($3.8 million) |
| YMCA Virtual Y Program | | | ($500,000) | ($500,000) |
| Sports and Arts Foundation | | | ($1.2 million) | ($1.2 million) |
| Helping Involve Parents in Schools Project (HIP) | | | ($4.3 million) | ($4.3 million) |
| Cultural After School Adventure (CASA) | | | ($5.5 million) | ($5.5 million) |
| CEO: Youth Programs | $14.3 million | | | $14.3 million |
| Transfer of Social Services Funding from NYCHA | $12.3 million | | | $12.3 million |
| WIA Federal funds (generating $4.2 million in city savings) | | $32.3 million federal funds* | | N/A* |
| **Sub-Total** | **$12.57 million** | **($6.6 million)** | **($22.4 million)** | **($16.4 million)** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## FAMILY HOMELESSNESS:
## DEPARTMENT OF HOMELESS SERVICES

| Program | FY2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| HomeBase Homelessness Prevention Program | ($5.1 million)* | ($1.8 million)* | | N/A* |
| Eliminate Recreation Staff from Shelter Contracts | ($2.4 million) | . | | ($2.4 million) |
| Elimination of direct social service staff in commercial hotels housing homeless families | ($1.1 million) | | | ($1.1 million) |
| Rate reduction to family hotels | ($575,000) | | | ($575,000) |
| Eliminate Homecare Kits for Families | ($354,000) | | | ($354,000) |
| Eliminate Clothing Bank Contract | ($221,000) | | | ($221,000) |
| Family capacity re-estimate | | $24.7 million | | $24.7 million |
| Citywide Homeless Prevention Fund | | | ($250,000) | ($250,000) |
| **Sub-Total** | **($4.65 million)** | **$24.7 million** | **($250,000)** | **$19.8 million** |

## DEPARTMENT OF SOCIAL SERVICES:
## HUMAN RESOURCES ADMINISTRATION

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Nutrition for Adults and Families Living with HIV/AIDS | ($491,000) | | | ($491,000) |
| Food Stamps at Farmer's Markets | | | ($270,000) | ($270,000) |
| CEO: Employment Services for Non-Custodial Parents | $380,000 | | | $380,000 |
| CEO: Enhanced Employment Services | $111,000 | | | $111,000 |
| FFFS Funding Adjustment (City funds to accommodate state reduction) | | $61.3 million | | $61.3 million |
| WeCARE Contract Reduction | | ($2.0 million) | | ($2.0 million) |
| Emergency Food Programs | | | ($2.1 million) | ($2.1 million) |
| **Sub-Total** | **$0** | **$59.3 million** | **($2.4 million)** | **$56.9 million** |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

## HOUSING:
## HOUSING PRESERVATION AND DEVELOPMENT

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| City-Task Force on Housing Court | | | ($500,000) | ($500,000) |
| Anti-Eviction Legal Services | | | ($2.3 million) | ($2.3 million) |
| CEO: Family Self-Sufficiency Program | $2.1 million | ($40,000) | | $2.06 million |
| Community Based Consultants | | | (830,000) | (830,000) |
| NYC Neighborhoods | | $2.0 million | | $2.0 million |
| **Sub-Total** | **$2.1 million** | **$1.96 million** | **($3.6 million)** | **$460,000** |

## EDUCATION:
## DEPARTMENT OF EDUCATION

| Program | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| Reduce 1,440 Pedagogical Employees in Schools (through attrition) | ($91.2 million) | | | ($91.2 million) |
| Estimated Headcount Reduction from Anticipated State Cut at time of Preliminary Budget (13,930 positions) | (only if state cut implemented) | $951.6 million** (federal funds) | | N/A* |
| Playgrounds | | $2.0 million | | $2.0 million |
| Special Education pre-kindergarten | | $316,000 | | $316,000 |
| CEO: Early Childhood Policy and Planning | ($72,000) | | | ($72,000) |
| Universal Pre-kindergarten (full day in ACS programs) | | | ($2.6 million) | ($2.6 million) |
| Teacher's Choice (supplies for schools) | | | ($13.0 million) | ($13.0 million) |
| Urban Advantage | | | ($500,000) | ($500,000) |
| Dropout Prevention and Intervention | | | ($2.0 million) | ($2.0 million) |
| **Sub-Total** | **($91.2 million)** | **$2.3 million** | **($18.1 million)** | **($107.1 million)** |

**Federal Funds, including Title I, IDEA, and AHRA stimulus funds ameliorate the state budget reduction and prevent the layoffs of almost 14,000 teachers.

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

LEGAL SERVICES:
MISCELLANEOUS

| PROGRAM | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| UI/SSI Legal Assistance | | | ($1.3 million) | ($1.3 million) |
| Legal Services for Working Poor | | | ($1.0 million) | ($1.0 million) |
| Citywide City Legal Services | | | ($1.5 million) | ($1.5 million) |
| MFY Legal Services | | | ($100,000) | ($100,000) |
| Legal Services for NYC (LSNY) | | | ($300,000) | ($300,000) |
| Legal Information for Families Today (LIFT) | | | ($300,000) | ($300,000) |
| **Sub-Total** | | | **($4.5 million)** | **($4.5 million)** |

TOTALS

| PROGAM | FY 2010 Preliminary Budget Proposals | FY 2010 Executive Budget Proposals | Failure to Fund City Council Initiative | Total Proposed Increase or Decrease for FY2010 |
|---|---|---|---|---|
| ALL VITAL CHILDREN'S SERVICES | ($131.76 million) | $97.1 million | ($74.1 million) | ($108.8 million) |

* Items with an asterisk are those items where city funding is being replaced with federal stimulus funds. These city funding reductions are not included in the totals (as only the source of funding is changing.)

NYC City Council Education Committee
Budget Restoration Hearings
Testimony of Carol Boyd, NYCCEJ

**FOR THE RECORD**

Good afternoon Mr Chairman and members of the Education Committee. I'm Carol Boyd, a Parent Leader with the NYC Coalition for Educational Justice. My being here today has, unfortunately, become an annual pilgrimage on behalf of the 1.1 million children in our City's public schools. It is unfortunate because, once again, State and Local government have taken the position that the solution to overcoming our current fiscal crisis is to shortchange the education of powerless children. I say powerless because most school aged children do not pay taxes nor do they vote; however, if we continue to regard education as low priority, they will never achieve the skills necessary to become future taxpayers, voters and productive citizens. Most people who don't vote nor pay taxes are incarcerated.

New York City's high need students will continue to fall behind without adequate funding. Successive budget cuts mean: New York City will fail to keep its promise to adequately fund education, class sizes will continue to increase, after-school and tutoring programs will be cut, Middle Grade Reform and the needs of English Language Learner students and students not meeting state standards will not be met, and students will be short-changed from their full opportunity to learn.

The State is in the process of phasing out the local diploma for high school students. All those who enter 9th grade in or after September, 2009 will be expected to fulfill the requirements for a Regents Diploma in order to graduate. Further, current 8th graders that do not pass all core subjects and score sufficiently on state exams will be retained. This policy will affect thousands of students. **The Campaign for Middle School Success, launched by the Department of Education this year as a result of the efforts of CEJ, gave grants to 55 of the lowest performing middle schools to implement comprehensive school reform. Schools were required to go through a collaborative planning process and submit a detailed application on how they would use the funds to raise achievement. This grant program holds real promise for those 55 schools – but how about the other 175 middle grade schools where a majority of 8th graders still can't read and write at state standard? The $12 million for the Campaign for Middle School Success must be renewed to allow another cohort of the lowest performing schools to jump start comprehensive reform.** How can we ask more of our students and give them fewer resources to succeed? In the 21st century, we cannot afford to graduate students who will become members of an undereducated workforce and expect them to compete in a global society. After all, we can't outsource everything.

Children attend school because legislation dictates that they do so. Under current State law NYC is obligated to increase its local education funding contributions by $2.2 billion between 2007-2011 as required under the terms of the Education Budget Reform Act of 2007 which also settled the Campaign for Fiscal Equity lawsuit. Yet rather than increasing contributions, Mayor Bloomberg and Chancellor Klein implemented and proposed financial cuts to schools for both the current and previous year. Now he is asking you to take more money out of classrooms and divert resources away from our kids' education. The Mayor's most recent proposed cut, of $400 million has been put forward despite an increase of federal Title I and IDEA funds which have come from the American Reinvestment and Recovery Act (Federal Stimulus Bill.) NYC is slated to receive almost $697 million in Title I funds alone. Meanwhile the Governor's proposed budget cuts to New York City schools have been restored **although CFE funds will not be forthcoming this year or next.**

The New York City Council has been a partner in education and has made every effort to shield school children from harmful budget cuts. Now, the Mayor is asking you to join him in making an additional **$400** million in cuts.

The City Council must reject these cuts. These cuts mean resources are being taken out of classrooms and students aren't getting tools they need to succeed. At a time when we should be making progress, Mayor Bloomberg is asking us to take steps backwards. You must reject these **$400** million proposed budget cuts and demand that we move forward with our education funding commitments to New York City schools and its students.

**Additionally, The Council must seek to renew funds for the promising Campaign for Middle School Success, which will help the most struggling middle schools get their students ready for high school so that they can have a good chance at achieving the Regents diploma that the State requires from them.**