



# Prevent Child Abuse New York™

**Testimony at the Joint Legislative Budget Hearing on Health  
February 8, 2022  
Provided by: Tim Hathaway, Executive Director**

Thank you for the opportunity to testify today. I am Tim Hathaway, Executive Director of Prevent Child Abuse New York.

Prevent Child Abuse New York (PCANY) works in three primary areas locally and across the state of New York. Our **community awareness** efforts increase understanding of how individuals can use the Protective Factors Framework to help prevent child maltreatment. Specific programs include the Parent Helpline and the Pinwheels for Prevention Campaign.

Our **training and technical assistance** efforts provide professionals and communities with knowledge, tools and resources to create and support great environments for families and children. We provide Healthy Families New York Home Visiting Certification and run the New York State Parenting Education Partnership, Enough Abuse Sexual Abuse Prevention, community-based Strengthening Families and Child Abuse Prevention courses. In addition, we provide direct staff consulting and mini grants to organizations that are implementing prevention strategies. And we have just launched our Resilience Leadership and Learning Institute, that will provide training and consultation in a comprehensive manner to first responders, direct care providers, and administrators across the State.

Finally, our **policy and advocacy** work drives initiatives both at a state and local level, designed to change systems that impact child maltreatment. We advocate for evidence-based policy solutions that target the root causes of child abuse and neglect—solutions such as maternal, infant, and early childhood home visiting; early care and education; and family stability/economic issues.

All of our work is centered in **prevention**. The risk of child abuse and neglect is decreased by supporting families with an ‘upstream’ approach. Providing concrete support in times of need, equipping parents and caregivers with knowledge about child development, and building parental resilience are Protective Factors that can reduce the impact and instance of Adverse Childhood Experiences (ACEs) in a child’s life. Furthermore, supporting families from the beginning and during times of need can

reduce interactions with the social service and child welfare systems – such as entry into foster care and involvement with family court. PCANY supports meaningful investment in primary prevention (supports that help to keep families out of systems like child welfare to begin with); we also advocate on behalf of secondary and tertiary supports/programs, which prevent trauma already experienced from manifesting further and optimize outcomes for families. Prevention is a continuum. **The Children and Families Reinvestment Act (CFRA) is a clear example of a multi-pronged, critically important investment** – with up-front priority for chronically underfunded programs and new infusion of funds into the systems that interact with children and families.

**The CFRA will: fund prevention and support programs, establish a new flexible funding stream to support innovative approaches to child wellbeing, and invest in a universal child care system.** This is the beginning to a more comprehensive and systematic approach to supporting communities, families, and children. **We urge attention to the prevention priorities outlined by the CFRA– programs that will more than pay for themselves.** (Ex: A study in the state of Alabama found that for every dollar invested in FRCs, there was a return on investment of \$4.70.)

***Our budget priorities consider family, maternal, and child health. We urge investment at the state level to strengthen families and the communities they live in:***

### **Maternal Health/Mental Health**

According to the NYS Office of Mental Health (OMH), 15% - 20% of all women experience some form of pregnancy-related depression, including prenatal and postpartum depression, and postpartum psychosis. While these experiences are incredibly common, inequities exist in the availability of mental health services for women. Black women are less likely to be offered or to receive treatment and they are also less likely to seek treatment. Maternal depression can deeply impact a child's development by interfering with parent-child attachment, home stability, and social development. **PCANY supports the \$1 million allocated to supporting maternal health, specifically extending Medicaid eligibility criteria for one year postpartum.**

According to the US Department of Health and Human Services, the percentage of pregnancy-related deaths increases substantially 7- 42 days and 43 days - 1 year postpartum, by 21% and 12% respectively. **This provision in the Executive Budget is a necessary step in the right direction. PCANY urges additional work by NYS and the Department of Health/Office of Health Insurance Programs to: explore state learning collaboratives on maternal and infant health, incorporate doula care and home visiting services in Medicaid-covered postpartum care, and report on data about the effects of postpartum care to continue to develop targeted interventions that support and address maternal health in New York State.**

**PCANY also supports the \$4 million allocated to maternal health access, namely pre- and postnatal care, in pursuit of better health outcomes.**

A category of ACEs is household dysfunction. Although maternal depression is not specified as one of the ten ACEs in the original CDC/Kaiser Permanente ACE study, the effects of maternal depression cited above (namely interference with attachment and household instability) can arouse the nervous system of a child. Biologically hardwired to protect ourselves against danger, a child's brain can respond to heightened levels of cortisol (perceived "threat") with negative coping mechanisms, which may manifest as a child acting out and displaying aggression, or even negative health outcomes later in life. Higher ACE scores are correlated with increased risk for heart disease, diabetes, and depression. **Prioritizing maternal health can have generational impacts, emphasizing the importance of strengthening and supporting families.**

### Project Teach

**PCANY is encouraged by the investment in Project TEACH to enroll an additional 3,800 providers.** Project TEACH provides consultation, education, training, linkage, and referral within and between pediatric primary care providers. The initiative aims to close gaps in service delivery and support families by further connecting them through community resources to support health and wellbeing. **This provision in the budget will provide 24,500 children in NYS with behavioral health consultations.**

### Healthy Steps

**PCANY is supportive of the provisions in the Executive Budget to expand children's community-based mental health services. The \$7.5 million allocated in funding for residential treatment facilities, and to integrate mental health services for children into pediatric primary care visits are steps forward in prevention.** Supporting infant and child mental health are key steps to mitigate Adverse Childhood Experiences. The 2021 Executive Budget provides supports specifically intended to address ACEs, including increased funding for services that enhance Protective Factors, and requires pediatric healthcare providers to provide information on Positive and Adverse Childhood Experiences (PACEs).

**Healthy Steps can build on these measures through improved child and family health. PCANY is excited about the expansion of Healthy Steps**, an evidence-based program which integrates children's mental health with pediatric practices. **Expansion of evidence-based primary prevention practices and the integration of mental health services (such as dyadic treatment) is an encouraging step to supporting NYS families and youth.** PCANY looks forward to working with the NYS Office of Mental Health on primary prevention and to observing the implementation of these sites across the state.

### Maternal, Infant, and Early Childhood Home Visiting

These voluntary programs are research-based and proven to decrease child abuse, improve health outcomes, and increase school readiness. Programs engage parents in

the role of parenting and many programs emphasize a strengths-based approach, identifying what parents are doing well. Home visitors (paraprofessionals, social workers, community health workers, nurses) act as a Protective Factor by providing concrete support and connection in times of need. Home visiting also positively impacts maternal mental health. It has been demonstrated to reduce rates of maternal depression and maternal morbidity. One study found that a focus on lifestyle between home visitor and client can minimize excess maternal weight gain during pregnancy and through 12 months postpartum (Parents As Teachers). Another study indicated that 18% of mothers had fewer preterm births, 21% more mothers breastfed at 6 months after birth, and 19% more infants were immunized at 6 months compared to a national group of low-income women that were not engaged in home visiting (Nurse-Family Partnership).

Home visiting is a proven prevention strategy. **Unfortunately, in New York State we are currently only serving 3% of young children in low-income families and 6% of all young children.**

During the COVID-19 pandemic, home visiting programs adapted (seemingly overnight) to provide families with diapers, formula, and even mental health support services in the community. Programs redefined service delivery within the scope of their models, meeting with families via Zoom, over the phone, or in locations outside the home. Programs worked to provide families experiencing limited access to internet services with Wi-Fi hotspots. Home visitors even dropped supplies off (such as books and toys) in a contact-free manner on front porches for use during visits. More than ever, home visitors demonstrated their vital role in family support.

**PCANY commends the investment of an additional \$11 million in Healthy Families New York**, and the commitment to award new contracts by the NYS Office of Children and Family Services. We expect an additional 1,600 families to benefit from these services. PCANY houses the training and staff development team for Healthy Families New York, and is energized to expand the reach of these vital support services to families in every corner of the State.

**PCANY requests additional investment in home visiting programs, specifically \$2 million for the core services of ParentChild+.** ParentChild+ operates programs in multiple regions, including Long Island, NYC, and Onondaga, Rockland, Erie, and Westchester Counties. In addition, we are currently working to connect home visitors from ParentChild+ with new and expanding home-based/family child care programs through OCFS's child care deserts initiative (funded with \$100 million in federal stimulus funds). ParentChild+ is known for the training it provides and curriculum it shares with child care programs; **an additional increase of \$2 million to work with family-/home-based child care providers would ensure that this professional development is possible. (Total \$4 million for ParentChild+)**

**PCANY elevates the budget request of Parents as Teachers**, an evidence-based home visiting program grounded in the Protective Factors Framework to promote

parent/child health, **with an ask to the Legislature to reassert its commitment to approaching home visiting program service delivery and systems design through a strengths-based, racial equity, and family diversity lens.** According to the 2019 census, families of color (primarily Black (18.8%) and Hispanic (15.7%) families) are disproportionately more likely to live in poverty. PCANY urges NYS to shore up home visiting programs, with a dual goal of prioritizing programs that are culturally/linguistically responsive and eliminate gaps in service for families with multiple young children and diverse family structures.

**PCANY also asks for continued support for the work of the First 1,000 Days on Medicaid.** The pilot sites will yield crucial insight about the operation of a system of coordinated intake in certain counties, as well as insight about the role of home visiting on the continuum of early childhood services. **Furthermore, PCANY fully supports the work of the NYS Department of Health Maternal, Infant, Community Health Collaboratives (MICHCs).** A community-based approach to educate and assist families, Community Health Workers support and develop a trusting relationship with parents because they are from communities they serve. **These programs improve maternal and infant health outcomes, and deserve further investment.**

The PCANY Home Visiting Coordination Initiative (HVCI) is a forum for home visitors, parents, and community providers in the early childhood sector to collaborate and better support families. The project has formally articulated the necessity for coordinated access to and delivery of home visiting programs in NYS. **The overarching vision of home visiting in NYS is a formalized system of universally-offered home visiting in NYS. We will continue to speak with you about legislative pathways to implementation of this vision.**

## **Early Childhood & Parent/Family Support**

### **Family Resource Centers**

Family Resource Centers (FRCs) are community-based sources of support for parents and caregivers. FRCs embody the Protective Factors framework by serving as a dependable resource for education and facilitating social connections for parents in communities. **In neighborhoods where FRCs are in place, the rate of child maltreatment decreases.** FRCs receive state funding through OCFS's William B. Hoyt Memorial Children and Family Trust Fund. There are currently 28 FRCs in our State.

**PCANY is encouraged by the addition of 30 new Family Enrichment Centers (FECs) in New York City, and we look forward to learning about future plans for establishment and operation of other sites throughout NYS, using FFPSA dollars. We urge the State to open FRCs in every county.**

FRC's are a potential place to launch a public education campaign or to promote information/resources about the COVID-19 vaccine and booster(s). Communities that have experienced inequities and discrimination in healthcare appraise the COVID-19

vaccine and boosters with mistrust and tension. To promote the messaging about safety and effectiveness, please continue to support FRC presence in communities.

In addition to serving as a resource for education and parent-child interaction, FRCs provide health information programming, family enrichment programming, and may serve as food pantries or libraries, depending on community need.

### Parent/Community Education

Many important programs exist in NYS that enrich and improve children's lives. However, frameworks that strengthen the operating capacity and connections between these programs, such as Help Me Grow (HMG), should be considered by NYS for funding and support. **HMG is a system that coordinates community services such as health care, early learning services, nutrition information and parent support.** HMG utilizes and builds upon existing community resources to better connect services to families. With this framework, healthcare providers have the ability to refer families to other services in the sector (such as counseling or substance abuse support services). Providers are also able to educate families about child development. HMG emphasizes developmental milestones and the importance of strengthening families.

As a central hub for service delivery, HMG is a framework that could provide a referral to home visiting services to families and streamline health service delivery to low-income, expectant or new mothers that may require additional support.

**Currently, the HMG model is being implemented in three locations in New York State - Onondaga County, Long Island, and Western NY (Buffalo). We urge the State to consider expanding HMG through state-level funding for planning/start-ups.**

### Trauma-Informed Initiatives

A trauma-informed approach is relevant and necessary in both policy and practice. Policies and procedures crafted to prevent re-traumatization and to address underlying trauma is a strategy to address public health and social issues – substance and alcohol abuse, incarceration, domestic violence, obesity, etc. Knowledge about preventing ACEs and mitigating ACEs with Protective Factors is an important framework for law enforcement, healthcare, social services, and government agencies to consider.

PCANY is in the process of developing training materials that embody the tenets of a trauma-informed approach. With this initiative, PCANY aims to:

- Prevent ACEs in future generations
- Identify and mitigate the effects of childhood trauma
- Teach resiliency with strengths-based approaches (such as the Protective Factors Framework)

**PCANY is currently engaged in an extension of Protective Factor-responsive leadership work with the NYS Department of Health.** Trainings are designed to deepen the understanding that organizational leadership needs to be intentional about strengthening the Protective Factors of staff by creating a work environment strengthened by the SAMHSA principles for trauma-informed approaches. We cannot expect staff working directly with families to strengthen family protective factors if those staff are working in unhealthy work environments. **PCANY requests that our work is supported at the State level.**

**PCANY is heartened by the support for trauma-informed and trauma responsive initiatives in the Executive Budget. We uplift the work of the NYS Trauma-Informed Network,** which connects advocates with trauma-responsive practices and facilitates connections across systems to increase access to quality resources and to increase collaboration. **PCANY will continue to share opportunities as they arise to partner around our work in the trauma-informed care space.**

## **Closing**

Governor Hochul declared a new era for New York State in her first State of the State address. PCANY is encouraged by some provisions in the Executive Budget, but we assert that certain components of the budget were inadequate and fail to meet the needs of children and families across the state. The economic return on investment and ripple effects of bold investment in strengthening and supporting children and families can bring us to the cusp of meaningful systems change. **We know that child abuse and neglect is preventable if we invest in programs that support and strengthen families. We think that's money well spent.**

\*Note: PCANY supports the full *Winning Beginning NY*, Empire State Campaign for Child Care, the NYS Network for Youth Success, and the Kids Can't Wait agendas.