

Testimony at the Joint Legislative Budget Hearing on Health
Thursday, February 16, 2017
Provided by: Timothy Hathaway, Executive Director

Good afternoon! Thank you for allowing me to testify today. I am Timothy Hathaway, Executive Director of Prevent Child Abuse New York (PCANY).

PCANY provides three primary services both locally and across the state of New York. Our **community awareness** efforts are aimed at increasing understanding of how individuals can use the Five Protective Factors to help prevent child maltreatment. Specific programs include the Parent Helpline and the Pinwheels for Prevention Campaign.

Our training and technical assistance efforts are geared to providing professionals and communities knowledge, tools and resources to make 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 organization that are implementing prevention strategies.

Finally, our **policy and advocacy** work drives initiatives both at a state and local level designed to change systems that impact child maltreatment issues. We advocate for evidence-based policy solutions that target root causes of child maltreatment including increases for early childhood home visiting, early care and education system development, reduction of unplanned pregnancies, and family stability/ economic issues.

I will talk to you today about a few of the issues we support: primary prevention; maternal, infant, and early childhood home visiting; and preconception planning.

Why do these issues matter to PCANY? Because more than 65,000 children are abused or neglected every year. But we could decrease that number if we focused attention on the root causes of abuse and invested in programs that strengthen families.

If we focused on primary prevention—connecting people at the community level—we would see huge returns, both financially and in terms of a culture shift. We could ultimately spend far less on criminal justice, child welfare, and education if we invested in home visiting. We could prevent stress and abuse if we supported family planning, including preconception care and safe spacing of pregnancies.

But we need to make some critical investments.

Primary Prevention

We do not pay nearly enough attention to shoring up the protective factors that strengthen families. If we expect families to succeed, we must put an emphasis on parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and the social/emotional competence of children. While we invest in various prevention programs, we often start too late, when a course has already been set or damage has already been done. We need to figure out how to continue to invest in secondary and tertiary prevention—in interventions and remediation—while also investing in those programs that stop abuse from ever happening in the first place.

We also need to learn from our own experiences. Adverse childhood experiences (ACES) are those traumatic incidents that occur before age 18. The most famous ACES study showed that two-thirds of adults reported at least one ACE; over 12 percent had four or more. ACES have been shown to greatly increase chronic health conditions, and the costs associated with those conditions.

In 2016, the Department of Health included ACES in its annual Behavioral Risk Factor Surveillance System (BRFSS) questionnaire. We support continuing to include ACES questions in the BRFSS and then using the results to inform and drive both practice and policy.

Maternal, Infant, and Early Childhood Home Visiting

We are a member of the statewide home visiting workgroup, which supports a continuum of four research-based programs. Only one of those, the Nurse-Family Partnership (NFP), falls under your purview.

Our total budget ask: Maintain \$26.8 million and invest an additional \$9.5 million in maternal, infant, and early childhood home visiting to adequately fund a continuum of supports and services for families.

- Nurse-Family Partnership (NFP)—only program currently in the Health Budget:
 - Maintain \$3 million in funding.
 - Add \$3 million to preserve current program sites (\$500,000) as well as to support growth in new communities and/or expand existing teams (\$2.5

million), such as 75 family slots in the greater NYC area and 375 family slots in Upstate counties.

Preconception Planning

We need to concentrate on a mother's health before she becomes pregnant. Vital time is lost when providers and communities fail to address the period prior to conception. When women are not healthy—physically and emotionally—maternal mortality, maternal depression, and infant mortality all increase.

We support passage of the Comprehensive Contraceptive Care Act (CCCA), or similar regulations, that will require health insurance policies to include coverage of all FDA-approved contraceptive drugs, devices, and products, as well as voluntary sterilization procedures, contraceptive education and counseling, and related follow-up services. We also support Family Planning Grant funds.

Finally, a word about Medicaid.

In New York State, 47% of children under the age of six receive public health benefits, including Medicaid/CHIP. Overall, children account for the largest group of Medicaid beneficiaries.

We need to be vigilant as the federal government proposes changes to Medicaid. While more state flexibility sounds promising, it would actually result in cuts and the potential elimination of things like: guarantee of coverage; cost-sharing limits; and early and periodic screening, diagnostic, and treatment (EPSDT) services.

We must be proactive in protecting the children in our State, weighing in on these issues and planning for any changes long before implementation takes place.

Thank you for your time.