

Prevent Child Abuse New York™

**Testimony at the Joint Legislative Budget Hearing on Human Services
Wednesday, February 8, 2017
Provided by: Jenn O'Connor, Director of Policy and Advocacy**

Good morning! Thank you for allowing me to testify today. I am Jenn O'Connor, Director of Policy and Advocacy at Prevent Child Abuse New York; I also co-chair *Winning Beginning NY (WBNY)*, the State's early learning coalition.

Prevent Child Abuse New York (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.

We recently underwent an organizational restructuring, part of which entails a greater concentration on policy and advocacy. We put out a series of position papers on everything from increasing economic stability to providing more preventative services. I will talk to you today about two of the programs we support: maternal, infant, and early childhood home visiting and high-quality child care.

Why do these two programs matter to us? 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. We could ultimately spend far less on criminal justice, child welfare, and education if we invested in home visiting. At the same time, our economy would improve if we invested in child care because more people could go to work. That would result in greater stability at home and would improve their quality of life—and their children's.

But we need to make some critical investments.

Maternal, Infant, and Early Childhood Home Visiting

We are a member of the statewide home visiting workgroup, which has compiled a joint budget ask. It may look familiar to some of you—that's because it's very similar to last year's ask. In short, New York State funding for these programs has been flat for nearly a decade (since 2008), which means that programs have cut essential services and are able to serve fewer children. Yet we know that home visiting programs greatly decrease abuse and neglect. We ask that you think of those 65,000 children as you make your funding decisions.

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. The funding would support children and families served by:

► **Healthy Families New York (HFNY):**

- **Maintain \$23.3 million in funding.**
- **Add \$4.5 million in new funding to:**
 - **Restore \$3.5 million to 2008 funding levels.** This funding will cover increased capacity at existing sites, workforce development and local level service enhancements (mental health, fatherhood, community coordination).
 - **\$700,000 to expand services in unserved areas (200 slots)**
 - **\$300,000 to support a site not currently funded.**

► **Nurse-Family Partnership (NFP):**

- **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.

► **Parents as Teachers (PAT):**

- **Add \$491,000** to expand services to families in Broome, Chautauqua, and Westchester counties, supporting services for an additional 120 families and initiating a local, quasi-experimental outcomes study. The total commitment for this project over three years is \$1.4 million.

► **Parent-Child Home Program, Inc.:**

- **Add \$2 million** in new funding to expand capacity to 300 additional families across the state.

Child Care

The cost of child care continues to rise in New York, the most expensive state for child care at \$14,000 per child per year. Without an increased investment to cover rising costs, (the average child care subsidy per child has risen from \$7,200 to approximately \$7,574 since 2013), New York has passed some costs on to providers by dropping provider reimbursement from the 75th percentile of the market rate to the 69th percentile and has covered some costs by reducing the number of children served.

The Executive Budget does not include any new funding for the child care subsidy program for low income working families. It also does not include new funding to implement the requirements of the Federal Child Care and Development Block Grant (CCDBG) Act of 2014.

*In fact, the Governor's budget actually reduces general fund support for child care, replacing it with ~\$27m in Title XX funding. This funding is used by local social service districts for critical programming, including preventive and protective services to children, eviction prevention, and services to seniors. This pits one vital service against another, and would result in a net loss for local Counties. **We oppose this transfer of funds and urge you to find money for subsidies elsewhere.***

Budget Ask: Invest \$100M for child care subsidies; create an Early Childhood Learning Fund with a dedicated revenue stream to serve significantly more children who are eligible but going unserved because of a lack of funding; and implement new federal block grant requirements without passing costs onto providers.

- Oppose the transfer of Title XX funding from other programs to child care.
- Increase funding (\$100M) for subsidies. Currently, only 17% of eligible children receive a subsidy, leaving 83% of low-income parents to struggle to pay out of pocket or leave their child in unsafe, possibly illegal, care.
- Create an Early Learning Fund with a dedicated revenue stream.
- Implement CCDBG without passing costs on to providers. NYS is due to implement the first phases of CCDBG this year, including criminal background checks and new training requirements, at an estimated cost of \$56m. More

changes, estimated between \$100-\$500m, are due to roll out by the end of 2019. When implementation begins, dollars must be invested to cover the costs to preserve children in the subsidy program. We support WBNY's recommendations on CCDBG and include them as an attachment to this testimony

PCANY has a number of additional ideas for how the State can not only decrease child abuse, but turn around this practice we have of not connecting the dots and failing to see families as a whole—burdened by day to day stressors that, if we invested wisely, could certainly be lessened and even eliminated. We have attached our policy position papers so that you can review and reflect on those ideas.

Finally, we know that you are facing budget constraints. Therefore, we urge you to work across silos and budget tables to find funding for these initiatives, which could quite literally be the difference between life and death for 65,000 children this year. Thank you.

CCDBG Legislative & Regulatory Recommendations from WBNY:

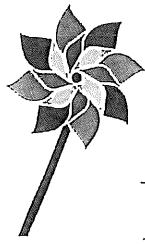
- **Implement 12-month eligibility period for families.**
CCDBG requires that once a family is deemed eligible, they remain eligible for a minimum of 12 months, so long as their income does not exceed a benchmark level.¹ This reduces long-term administrative burdens and costs for the State and for social services districts processing applications; it limits disruptions in care for children; and it eases burdens on parents from having to repeatedly recertify and report income changes.
- **Implement improved payment practices to providers.**
CCDBG establishes new standards for payment practices. To implement these requirements, state law and regulations should require that all providers who serve subsidized children be reimbursed for children's absences and holidays, as well as for fees charged to private-pay parents. Providers should be paid by direct deposit and providers who use the Child Care Time and Attendance system should not be required to submit paper vouchers as well.
- **Criminal background checks. OCFS Cost Estimate: \$28m annual cost.**
CCDBG imposes additional requirements beyond those now in state law, including screening of legally exempt providers, who are not currently subject to background checks. The cost of this must not be passed down to providers who are reimbursed at a market rate that does not reflect the new minimum wage increases.
- **Implement new training components without additional cost to providers. OCFS Cost Estimate \$28m annual cost.**
CCDBG imposes new professional development requirements for all child care providers, including a mandatory pre-service orientation and ongoing health and

safety training for all child care staff, in ten topic areas, including first aid and Cardiopulmonary Resuscitation (CPR).

- **Improve access to child care subsidies for children experiencing homelessness.**

CCDBG requires states to prioritize serving children who are homeless. In line with this new priority, the State should modify eligibility criteria to make all children experiencing homelessness, regardless of the work status of their parents, eligible for child care subsidies. To comply with Federal Law, New York State must also establish a grace period to allow children who are homeless to receive child care services while their parents obtain required documentation, including immunization records.

¹ Providing that their income does not exceed 85% of the State Median Income (SMI).



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Policy Position Statements 2017: Overview

In 2014, more than 65,000 children in New York State were abused or neglected. That number would fill Madison Square Garden more than three times.¹

What causes abuse and neglect? Poverty is the most frequently noted risk factor for abuse.² The reason for this is the stress that comes along with trying to make ends meet. Abuse is also 15 times more likely to occur in families where there is spousal abuse.³ Other factors include emotional immaturity of the parents, poor coping skills, stress, single parenthood, and unwanted pregnancy.

Clearly something must be done to prevent maltreatment. But what?

PCANY believes that we must address the root causes of abuse—the factors that contribute to stress and unhealthy manifestations of pressure and tension. It is not the responsibility of government to raise children, but it is in the State's best interest to help strengthen families by helping them create more stable environments in which to raise those children. In doing so, the State will reap the benefits of less poverty, greater economic development, a stronger workforce, positive health and educational outcomes, and more successful community members.

Together, we can turn the root causes of abuse into the strong roots a family needs to succeed.

PCANY recommends concentrating efforts in the following areas, which are detailed in separate documents:

- Economic Stability
 - Increase investments in anti-poverty and work support initiatives.
- Housing

¹ "Home Visiting in New York: A Critical Crime Prevention Strategy", Fight Crime: Invest in Kids, 2016.

² "Primary Prevention of Child Abuse", Lesa Bethea, M.D., American Family Physician, March 1999, 1577-1585.

³ Ibid.

- Create more stable housing options for families experiencing hardship, runaway and homeless youth, and women and children in crisis.
- Primary Prevention
 - Infuse prevention throughout the continuum of care and education, and strengthen existing primary prevention initiatives.
- Maternal, Infant, and Early Childhood Home Visiting
 - Invest in home visiting at both the state and federal level, while creating better connections within the early childhood (0-5) system.
- Child Care
 - Strengthen the child care infrastructure and connect it to other programs that serve children aged 0-5.
- Reproductive Health
 - Increase investments in preparation—including access to reproductive health care and family planning.
- Adverse Childhood Experiences (ACES)
 - Collect and disseminate data on ACES and use it to influence future policy and funding decisions.

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Policy Position: Prevent Abuse by Creating Economic Stability

There are more than 250,000 children between the ages of 0-5 in New York State who are living in poverty. Children living in families with annual incomes below \$15,000 are 22 times more likely to be abused and 44 times more likely to be neglected than children living in families with annual incomes greater than \$30,000.¹

Research shows that welfare-to-work programs that offered financial incentives for finding, keeping, and holding a job improved both employment and family income. Additionally, more generous welfare benefits were associated with a decrease in child neglect.

While both the state and federal government provide supports to the lowest income populations, these programs are insufficient to realistically help break the cycle of poverty. The gap in the safety net—inadequate supports and resources, lack of service coordination—disproportionately affects children.

PCANY supports increased investments in anti-poverty and work support initiatives.

New York State should:

- Include prevention programs, such as home visiting, in regional anti-poverty initiatives.
- Add poverty reduction as one of the purposes of Temporary Assistance for Needy Families (TANF) to help improve family economic stability.²
- Provide and coordinate a comprehensive set of services (education and vocational training, substance abuse rehabilitation, housing services, health insurance, domestic violence, and child welfare services) to help bring low-income families to self-sufficiency.³

¹ “A Resolution on Family Economic Stability and its Link to Child Welfare”. (2016). Prevent Child Abuse America.

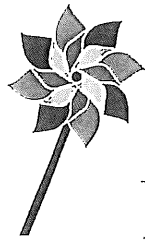
² www.preventchildabuseamerica.org

³ Ibid.

- Broaden the set of activities that fulfill TANF work requirements to include mental health or substance abuse treatment, parent support groups, and home visiting programs and related family support programs.⁴
- Expand the Earned Income Tax Credit (EITC) so that more workers can make ends meet.
- Support Paid Family Leave.

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⁴ Ibid



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Policy Position: Prevent Abuse by Ensuring Adequate Housing

Inadequate and unstable housing disproportionately impacts children and women. Over 200,000 children are currently either homeless or on the brink of homelessness.¹ Children who experience abuse and women who experience domestic violence often flee their homes, ending up in ongoing transitional situations. Runaway youth, often abuse survivors, are re-traumatized when they are solicited for sex within 72 hours on the street².

Stable housing is also an important factor in ensuring family stability and preventing abuse in the first place. Worries about paying rent or a mortgage can be stressful for families. An example of housing instability and its ensuing stressors negatively impacting families is the foreclosure and delinquent mortgage crisis in 2008, when hospital admissions for child abuse increased.³

PCANY supports creating more stable housing options for families experiencing hardship, runaway and homeless youth, and women and children in crisis.

New York State should:

- Implement the Home Stability Support (HSS) Plan, keeping people in their homes and saving taxpayer dollars.
- Modify eligibility criteria to make all children experiencing homelessness, regardless of the work status of their parents, eligible for child care subsidies.
- Finance a study regarding runaway and homeless youth to make recommendations on regulations, as well as on how to collect better data on this population; update regulations as deemed necessary.

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¹ www.homestabilitysupport.com

² "Trafficking and Runaway Youth". <http://ncfy.acf.hhs.gov/book/export/html/573>.

³ Wood, Medina, Feudtner, Luan, Localio, Fieldston, and Rubin. (2012). "Local Macroeconomic Trends and Hospital Admissions for Child Abuse, 2000-2009". Pediatrics.



Policy Position: Prevent Abuse through Primary Prevention Initiatives

New York State spends millions of dollars each year on intervention and remediation. We place children in foster care, homeless shelters, and juvenile detention centers. We wonder why the cycle of poverty continues from generation to generation.

Primary prevention encompasses those initiatives that prevent abuse from occurring. These initiatives exist, but they are not adequately funded or as comprehensive as they should be.

We can start by creating resilient communities that drive locally-based initiatives. We can build these communities on the Five Protective Factors: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence for children.

Ideally, every person who comes into contact with children and families should have an awareness of what abuse looks like, what the warning signs are, and to whom to report concerns. Parents should receive training on how to strengthen their family. And communities should have an underlying understanding that families will be supported—and how.

PCANY supports infusing prevention throughout the continuum of care and education, and strengthening existing primary prevention initiatives.

New York State should:

- Strengthen the Children and Family Trust Fund by exploring ways to increase revenue and expand the Trust's reach.
- Return the state share of the Community Optional Preventive Services (COPS) funding to 65 percent and better stimulate the use of funding for prevention.
- Invest in community-based sexual abuse prevention initiatives.
- Invest in additional primary prevention initiatives, including ACES training/awareness, high-quality child care, and research-based home visiting programs.
- Invest in evidence-based parenting education initiatives, such as Triple P.



Policy Position: Prevent Abuse through Home Visiting

Voluntary, research-based maternal, infant, and early childhood home visiting programs provide services and supports to families that reduce child abuse and neglect, promote school readiness, improve child health and development, promote family self-sufficiency, and strengthen social attachments. As part of statewide home visiting workgroup, Prevent Child Abuse New York supports the following models: Healthy Families New York, Nurse-Family Partnership, Parents as Teachers, The Parent-Child Home Program, Inc., and Early Head Start.

Each of these programs serves a particular population and has specific strengths. But all provide the strong, trusting relationships that are necessary to produce these outcomes. Investments along the continuum of programs would provide much-needed continuity and stability for at-risk families.

Research shows a 50 percent decrease in confirmed cases of abuse for young, first time mothers who participate in a program prenatally.¹ Another study demonstrated a 50 percent reduction in subsequent confirmed child protective (CPS) reports after seven years.²

None of these programs is adequately funded in New York State, which has a 95.3 percent rate of unmet need among children aged 0-5 in poverty.³ In other words, while there are 278,442 children younger than age five living in poverty and at-risk for abuse, the State provides home visiting services to only about 13,000 of them.⁴

In 2010, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program was established through Title V of the Affordable Care Act (ACA), creating a system intended not only to expand access to services but also coordinate and improve existing programs at the

¹ "Home Visiting Infographic". (August 2015). Schuyler Center for Analysis and Advocacy.

² "Healthy Families New York Fact Sheet". (July 2012). NYS Office of Children and Family Services.

³ "New York State Home Visiting Need Data Snapshot". (2016). Schuyler Center for Analysis and Advocacy.

⁴ Ibid.

state level. In 2015 alone, MIECHV made more than 37,000 home visits to 5,336 parents and children in 3,012 families and enrolled 2,010 new families in the program.⁵

Congress is charged with reauthorizing MIECHV in March 2017. While the program has a history of bi-partisan support, its tie to the ACA is troubling in this political environment.

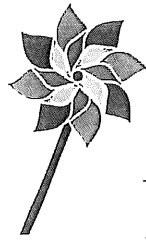
PCANY supports investing in home visiting at both the state and federal level, while creating better connections within the early childhood (0-5) system.

New York State should:

- Invest in Healthy Families New York, Nurse-Family Partnership, Parents as Teachers, and The Parent-Child Home Program, Inc. (Early Head Start is federally funded.)
- Demonstrate the use of education funds through the Every Student Succeeds Act (ESSA) to expand home visiting programs that are focused on school readiness.
- Develop a plan for connecting home visiting and child care programs to ensure a warm hand-off between programs, thereby strengthening the continuum of care.
- Support the reauthorization of MIECHV.
- Include home visiting programs in regional anti-poverty initiatives.

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⁵ "Home Visiting Program Fact Sheet for New York". HRSA Bureau of Maternal and Child Health.



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Policy Position: Prevent Abuse by Providing High-Quality Child Care

Parents cannot work without reliable child care. Low-income, at-risk families are particularly vulnerable and are often forced to cobble together supports before and after work, and during non-traditional work hours. High-quality child care is sometimes out of reach—even for middle class families—with programs costing more than college tuition.

While New York State does provide subsidies to the working poor, 78 percent of eligible children do not receive subsidies and the child care infrastructure remains woefully disjointed and underfunded.¹ It is also not connected in any meaningful way to services that support the same families, such as home visiting. Priority should be given to strengthening the continuum of care, from the prenatal period to age eight.

When parents cannot work, or their work day is disrupted by unreliable care, they are less productive. Their lack of child care may actually put their job in jeopardy. In addition, they are more stressed, which can lead to short tempers and abuse.

PCANY supports strengthening the child care infrastructure and connecting it to other programs that serve children aged 0-5.

New York State should:

- Increase funding for child care subsidies and increase access to high-quality programs.
- Support implementation of the federal Child Care and Development Block Grant (CCDBG), particularly the training and background check provisions, without passing costs down to providers, who are often eligible for subsidies themselves.
- Develop a plan for connecting home visiting and child care programs to ensure a warm hand-off between programs, thereby strengthening the continuum of care.

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¹ *Winning Beginning NY; 2017 Executive Agenda and Background Information.*



Policy Position: Prevent Abuse through Preconception Planning

A number of interventions exist to help prevent abuse and neglect and, while many are successful, they occur following the birth of a child and are just that—interventions. We propose starting earlier, by supporting abuse prevention strategies during the preconception period.

The rate of unintended pregnancies has declined nationally to the lowest level in 30 years, thanks to changes in contraceptive use (i.e. increased appropriate use and use of longer-term options).¹ Still, 55 percent of pregnancies in New York State are unplanned, higher than the national average of 45 percent.² And 26.7 percent of all births in the State are unintended (the other unplanned pregnancies end in miscarriage, stillbirth, or termination).³

Unplanned pregnancies often become unwanted births. Research shows that two of the 20 early warning signs of child abuse pertain to unwantedness.⁴ While we can—and should—help strengthen families in this situation, we should also support additional options.

Preconception health and health care is defined by the CDC as “taking steps now to protect the health of a baby in the future. However, preconception health is important for all women and men, whether or not they plan to have a baby one day.” At its most basic, preconception health means taking control and implementing healthy habits. It means preparing for a child, both physically and emotionally.

This preparation is essential to preventing abuse.

PCANY supports increased investments in preparation—including access to reproductive health care and family planning.

¹ “Protecting and Expanding Access to Birth Control”. (March 3, 2016). New England Journal of Medicine.

² “Fact Sheet”. (September 2016). Guttmacher Institute.

³ NYS Department of Health 2011 Vital Statistics Data (as of December 2012).

⁴ Altemeier et al., “Prediction of Child Abuse: A Prospective Study on Feasibility”. (1984). Child Abuse and Neglect. 8:393-400.

New York State should:

- Take steps to allow NY State of Health to function in the absence of the individual mandate (the Affordable Care Act) or the repeal of certain provisions.
- Pass the Comprehensive Contraceptive Care Act (CCCA), which requires 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.
- Support the Family Planning Grant funds.

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Policy Position: Prevent Abuse by Focusing on Adverse Childhood Experiences

Adverse childhood experiences (ACES) are those traumatic incidents that occur before age 18. The ACES study, conducted between 1995-97, surveyed over 17,000 middle- and upper-middle-class, American adults about their childhood experiences and then compared those results with their physical examinations. The study examined child abuse, neglect, and household challenges (such as substance abuse and divorce).

About two-thirds of adults surveyed reported at least one ACE; over 12 percent had four or more. When compared to physical examinations, the study showed that ACES have a long-term effect on health—the more ACES a person has, the greater their number of physical and mental health issues (obesity, diabetes) and behaviors (smoking, alcoholism).

On average, people with six or more ACES die 20 years earlier than those with none. Special populations, like incarcerated adults and those living in poverty, have higher rates of ACES.¹

PCANY supports the collection and dissemination of data on ACES to influence future policy and funding decisions.

New York State should:

- Utilize the ACES data in the Behavioral Risk Factor Surveillance System (BRFSS) survey to establish a baseline that can influence policy, funding, and frontline training of prevention, medical, and education staff.
- Strategically infuse ACES into communities through professional development of public and private sector employees, education of community leaders, and increased awareness and engagement.

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¹ www.acestoohigh.com

