



Testimony of Prevent Child Abuse New York  
before the  
Joint Senate Task Force on Opioids,  
Addiction & Overdose Prevention

November 15, 2019

Good morning members of the Task Force and thank you for having me here today. I am Jenn O'Connor, Director of Policy and Advocacy for Prevent Child Abuse New York, as well as Director of the NYS Home Visiting Coordination Initiative (HVCI).

Prevent Child Abuse New York (PCANY) provides three primary services across the State.

- Our community awareness efforts are aimed at increasing understanding of how individuals can use the Five Protective Factors<sup>i</sup> to help prevent child maltreatment.
- 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.
- Finally, our advocacy work centers on evidence-based policy solutions that target root causes of child maltreatment, including increases for home visiting, early care and education system development, and family stability/ economic issues.

We find ourselves involved in the opioid crisis because our work focuses on strengthening families. The prevalence of opioid use disorder (OUD) in women quadrupled between 1999 – 2014.<sup>ii</sup> Subsequently, more than 10,000 babies are born each year addicted to opioids, a condition known as neonatal abstinence syndrome (NAS).<sup>iii</sup> According to the CDC, that's one baby born with NAS every fifteen minutes.<sup>iv</sup> According to the Surgeon General, these babies stayed in the hospital an average of 16.9 days, eight times the number that non-addicted newborns stay. Care for these infants costs hospitals \$1.5 billion, with Medicaid paying more than 80%.<sup>v</sup> Overall, states spend \$6.1 billion a year on child and family treatment, including child welfare, as a direct result of this crisis.<sup>vi</sup> Therefore, the impact of this epidemic on families makes opioids our business.

We know that you will hear a lot today about access to treatment, how to combat overdoses, and implementation of various interventions. We will take a slightly different approach—we will talk not only about addressing families' current needs, but also about prevention.

PCANY runs the New York State Home Visiting Coordination Initiative (HVCI). As you may know, maternal, infant, and early childhood home visiting programs provide voluntary, in-home support prenatally through school-age. Research-based programs have been proven to reduce child abuse and neglect, improve health outcomes, and increase school readiness. They work with parents to ensure they have the skills they need to be successful, and they connect parents to other community services, such as substance abuse programs.

Unfortunately, there are not enough programs in our State to serve more than 5% of all eligible children. The goal of the HVCI is to increase the number of families who receive services and benefit from programs. We are taking a regional approach, with teams in each of the Regional Economic Development Council areas. Through this work, we have heard again and again that families are crumbling under the weight of the opioid epidemic. More and more children are losing their parents, both physically and emotionally.

Home visiting programs can provide a safety net to families already struggling with addiction, by helping connect them to services and by offering them concrete support (like transportation to appointments). Research shows that women in recovery stay in treatment longer if they are able to continue their caregiving role, especially if they are allowed to stay with their children.<sup>vii</sup> Home visiting programs can serve as a trusted resource, help strengthen the relationship between mother and baby, provide parenting guidance, and support parents caring for a child born with NAS.<sup>viii</sup>

In addition, home visiting can help prevent opioid addiction in pregnant women and prevent NAS in infants. Programs educate women during the prenatal period about the consequences of opioid use; they can also connect addicted women to medication-assisted treatment (MAT). Consequently, this assistance can decrease opioid use among other family members.<sup>ix</sup>

We know that home visiting works. We know that programs are already combating this crisis. But we are falling short because we aren't investing in families. As we noted earlier, New York State only serves 5% of eligible children. What if we served every child? What if every pregnant woman received at least one home visit? We would be able to identify opioid use, and even the potential for addiction, before her baby is born.

Just this year, the state of Oregon voted to phase in universal newborn home visiting by 2025. We believe that we should start even earlier. **We recommend that New York State invest in universal prenatal home visiting, and shore up existing programs so that at-risk families can be successfully referred to services. We have been talking to legislative champions about this idea and expect to see a proposal this session.**

We understand that universal home visiting comes with a cost. But so does the opioid

epidemic. Doesn't it make sense to invest resources where we know we can make a difference? Doesn't it make sense to promote cost savings in the health and child welfare systems? We ask you to consider and support this recommendation. We would be happy to study the issue further and work with you on implementation.

Thank you.

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<sup>i</sup> Parental resilience, children's social and emotional competence, social connections, concrete support in times of need, and knowledge of parenting and child development.

<sup>ii</sup> "State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder"; Normile, Becky, Hanlon, Carrie, and Eichner, Hannah; National Academy for State Health Policy (NASHP), October 2018.

<sup>iii</sup> "Addressing the Opioid Crisis through Home Visiting"; Education Development Center; April 2019.

<sup>iv</sup> "HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome"; HRSA Maternal and Child Health; October 2018.

<sup>v</sup> Ibid.

<sup>vi</sup> "State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder"; Normile, Becky, Hanlon, Carrie, and Eichner, Hannah; National Academy for State Health Policy (NASHP), October 2018.

<sup>vii</sup> "HRSA's Home Visiting Program: Supporting Families Impacted by Opioid Use and Neonatal Abstinence Syndrome"; HRSA Maternal and Child Health; October 2018.

<sup>viii</sup> Ibid.

<sup>ix</sup> Ibid.

