

March 11, 2014

The Vermont Parent Child Center Network strongly supports H. 762, a bill relating to the Adverse Childhood Experience Questionnaire.

As you heard several weeks ago from Samantha Stephens of the VNA Family Room, the 15 Parent Child Centers around Vermont conduct just the type of focused prevention and early intervention services called for in the Community Health Team's pilot program proposed in section 3 of this bill. We've been doing this for 30 years.

The Legislature in the mid 1980's understood that having community-based family resource centers was an important way for parents of young children to get their parenting questions answered in a preventive fashion which will improve child well-being and long-term family health. Parent Child Centers can serve any family in the community and are welcoming to families no matter what their strengths and needs.

All Parent Child Centers provide eight core services:

Home Visiting	On-Site Services
Parent Education	Playgroups
Parent Support	Information and Referral
Early Childhood Services	Community Development

For some families – including the ones most directly affected by this bill, PCCs take a two generation approach: If we can empower young parents who have grown up in poverty to build the skills, attitudes, and self-esteem they need to be good parents and succeed in careers – then we can create positive impacts that can widen, deepen, and keep growing through new generations.

We see in this bill a tremendous opportunity to build even deeper bridges between community health teams and human service networks. All Parent Child Centers are already linked to the Blueprint teams in their region and have close working relationships with community health team health coordinators. As an example, in Central Vermont the health coordinator is a member of our CIS team and serves as a community volunteer on the Family Center of Washington County's Program Committee. We just recently ran a parent education workshop series held at the Berlin Associates in Pediatrics office which was attended by patients in that practice and other families in the community.

Parent Child Centers for three decades have used the two generational approach laid out in the bill to provide relationship-based support interventions to help young parents who experienced multiple ACEs in their own childhood build protective factors into their current families to prevent their young children from having adverse experiences. PCC staff are already trauma informed and have close working relationships with community mental health centers which provide therapeutic services to parents in need.

We appreciate the current language in section 3 (b) which supports “contracting with a community organization who shall serve as a family wellness coach, to provide prevention, intervention and wellness services to families within the community health team's regions.” In fact, we think that in many cases doing this through partnering may be preferable to having the community health team hire its own family wellness coach since the expertise already exists in the community and does not need to be duplicated in another organization. The partnering suggested uses the strengths of two different community entities – Parent Child Centers and primary health care providers – for the benefit of families in the community.

We would request additional capacity building dollars be made available to PCCs so that we can expand the positive results reported in the “Healthy Families, Hopeful Futures” document you just received.

Every year, **Vermont saves \$2,131,041** when each of Vermont’s 15 Parent Child Centers prevents:

- One the cost of one teen pregnancy resulting in birth;
- One woman from entering a correctional facility;
- One child from needing foster care placement; and
- One mother and child from requiring public assistance.

In section 8 (1) we would request the language be amended to read “enhancing support to existing Parent Child Centers so they can continue to provide trauma-informed care to families with multiple ACE factors and expand use of evidence-based models of home visiting and for assuring that investments from ACO savings are available to Parent Child Centers to support prevention and early intervention work already underway in each community.”

Respectfully submitted,

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On behalf of the Vermont Parent Child Center Network