



Parent Child Centers are the Answer Legislative Platform 2015

Parent Child CENTERS are a network of community-based non-profit organizations, serving all of Vermont. The focus of each CENTER is to provide support and education to families with young children. The goal is to help all Vermont families get off to a healthy start, promote well-being, and build on

family strengths. This support and education can and does prevent problems such as school failure, poor health, welfare dependency, family violence, and abuse. Preventing these problems makes our communities stronger and saves money for the state. **The Parent Child CENTERS are literally the community CENTER of family support in Vermont.** PCCs not only provide critical services – they also partner with other service providers to ensure that services are coordinated and effective and that families have access to all of the programs they need.

The Parent Child CENTERS serve as a home base for families who need support in Vermont.

Bring Strengthening Families to every Parent Child CENTER in Vermont.

The Strengthening Families Demonstration Project has been in place for 1.5 years, in Rutland, St. Albans, and Barre. Strengthening Families provides intensive family services to families who have open family support cases with the Family Services Division of the Department for Children and Families. These families have been assessed at “high” or “very high” risk of maltreating their children in the future. Seventy percent (70%) of all DCF open cases have a child under the age of 3. Historically (without Strengthening Families), 30% of children with open family support cases come into state custody. With Strengthening Families, only 7% of children with open cases have come into custody, and the children are safe.* **To bring the Strengthening Families program to every AHS District through the Parent Child CENTERS in Vermont, \$1,800,000 more must be appropriated in addition to the \$450,000 currently allocated to the three Demonstration Project PCCs.** The total of \$2,250,000 represents \$150,000 for each of the 15 PCCs.

(*Testimony of Commissioner Dave Yacovone to Child Protection Committee, July 29, 2014)

Increase base funding for Parent Child CENTERS and include a COLA.

When the Parent Child CENTERS were awarded state funding in 1988, a base level was provided as a way to ensure that every Vermont community would have access to the services provided by the PCCs. That base level of funding has not been increased since 1995 – 20 years ago. Meanwhile, the demand for services provided by the PCCs has increased, and the critical need to have these CENTERS in the community, serving families is more urgent every day. *The base funding allows PCCs to provide the eight core services in each Vermont county and provides PCCs with basic resources to ensure that families can have the home base of the CENTERS to get the services that they need.* When each Parent Child CENTER provides high-need families with the support they need and thus prevents one birth to a teenager, one woman in prison, one child placed in foster care, one single mother receiving public assistance, they collectively save the state \$2,131,041. Each PCC does this critical prevention work with multiple families each year. **To bring the base funding for each Parent Child CENTER to \$135,000, the total appropriation must be \$2,025,000.** This amount would represent an increase of \$1,251,613 over the current base allocation of \$773,387.

Parent Child CENTERS are part of the solution to keeping families healthy.

Parent Child CENTERS take a multi-generational approach to physical, social and emotional health that supports children and their caregivers at the same time. We know that some of the most important investments we can make need to happen early and with the right intensity to support the safe and healthy development of children. The latest brain science shows that 80% of a child's brain is developed in the first three years of life, building the foundation for future success. **As Vermont moves forward in developing innovative health care delivery systems, the Parent Child CENTERS must remain an integral home base for families who need health care services.** PCCs achieve better outcomes for families at lower costs overall by addressing adverse childhood experiences that current research shows are social determinants that can lead to disease later in life or premature death.

Parent Child CENTERS Eight Core Services

1. Home Visits
2. Early Childhood Services
3. Parent Education
4. Parent Support
5. On-Site Programs
6. Playgroups
7. Information & Referral
8. Community Development

Vermont Parent Child Centers

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FAMILY CENTER OF NORTHWESTERN VT

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LUND

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MILTON FAMILY COMMUNITY CENTER

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VNA/FAMILY & CHILDREN'S SERVICES

THE JANET S. MUNT FAMILY ROOM

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NEKCA/PARENT CHILD CENTER NORTH

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NEKCA/PARENT CHILD CENTER SOUTH

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ORANGE COUNTY PARENT CHILD CENTER

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RUTLAND COUNTY PARENT CHILD CENTER

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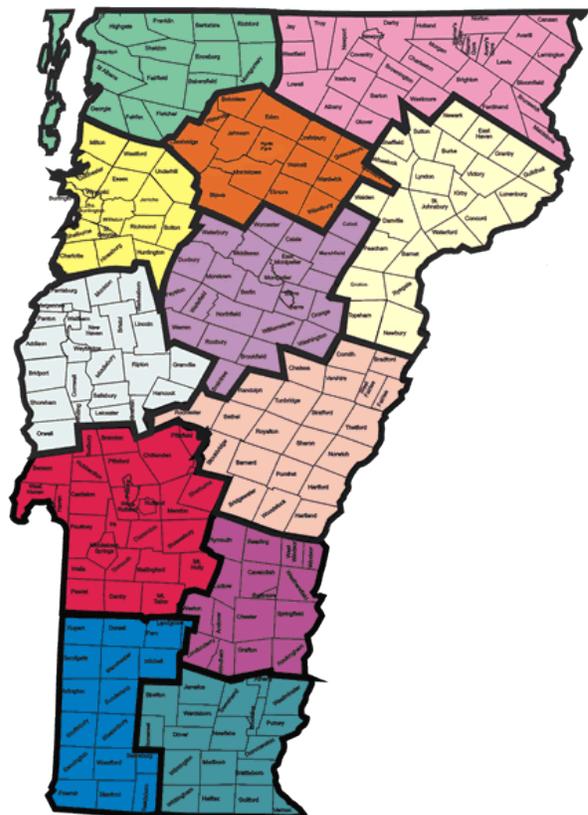
SPRINGFIELD AREA PARENT CHILD CENTER

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SUNRISE FAMILY RESOURCE CENTER

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Vermont Agency of Human Services Districts

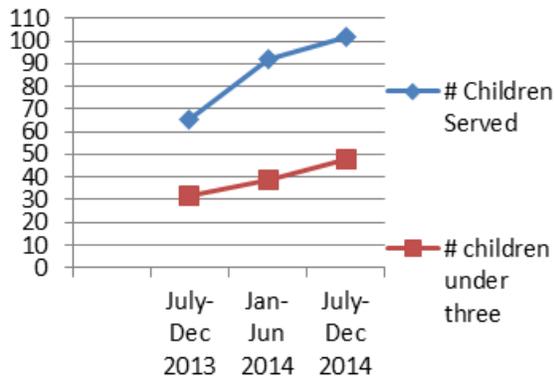


EXECUTIVE SUMMARY: STRENGTHENING FAMILIES DEMONSTRATION PROJECT
at Parent Child Centers in Rutland, Franklin/Grand Isle, and Washington
in partnership with DCF Family Services

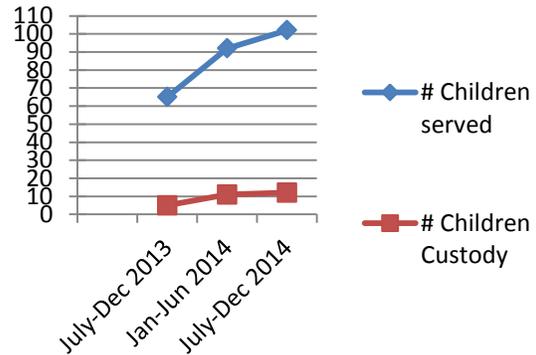
OUTCOME: Vermont's families are safe, nurturing, stable, and supported.

INDICATOR: Number and rate of reports and substantiations of child maltreatment.

Program Performance Measures:
How much did we do?
Strengthening Families Enrollment



Program Performance Measures:
Is anyone better off?
Number of open cases that entered State Custody



Story Behind the Baseline Performance:

Strengthening Families is a program designed to assist families who have an open DCF case to decrease risk factors and prevent children from entering state custody. Historically - *without Strengthening Families* - 30% of children with open family support cases come into state custody. **In the first 18 months, the Strengthening Families Sites experienced 7% -12% of children with open cases coming into custody, a substantial increase for the safety of children.**

The Family Support Specialist assists families through the Protective Factors framework:

- concrete supports in times of need
- knowledge of parenting and child development
- children's social and emotional competence
- parental resilience
- social connections

Home based services increase the ability to identify risk in the home and provide a collaborative team response.

What Works:

- DCF social workers triage and refer families to the Strengthening Families programs.
- Supporting inter-agency practice and multi-disciplinary teaming allows the community to respond holistically to families' needs.
- Utilizing community partners' expertise and providing parents with timely access to mental health counseling and substance abuse treatment when it is needed.
- Connecting families to community resources such as housing, child care, transportation, and medical needs.
- Assisting the family in increasing knowledge of parenting strategies and child development through intensive case management and parent education.
- Assisting families with concrete supports in an effort to avert crisis until they are financially stable.
- Collaboration with DCF Family Services social worker to create open communication and develop clear expectations and goals through an effective framework that supports transparent communication and guidelines for frequent case consultation.
- The responsive and intensive wrap around supports that the Family Support Specialists provides across multiple environments to parents and their children.

Community Partners:

- Parent Child Centers
- Agency of Human Services
 - Department for Children and Families - FSD & ESD
 - Department of Health
 - Department of Corrections
- Mental health clinicians and substance treatment providers
- Transportation agencies
- Child care providers
- Domestic abuse and support organizations
- Community Action Agencies
- Housing and Shelter Review Committees

Action Plan:

1. Replicate the Strengthening Families Demonstration Pilot with Parent Child Centers to all AHS Districts.
2. Continue to improve inter-agency practice and multi-disciplinary teaming through monthly meetings with State and local partners and family to track and review progress through referral meetings, case consultation and treatment team meetings.
3. Remove barriers to communication and information sharing through collaborative practice.
4. At regular intervals review treatment goals, self-sufficiency matrix, and results of DCF risk re-assessment to monitor progress and determine whether DCF and program closure is recommended.
5. Integrate successful teaming practices and increase the use of the Strengthening Families Protective Factors Framework among Parent Child Center and Family Services staff.

Pilot Sites

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FAMILY CENTER OF WASHINGTON CTY

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