



House Human Services
Tuesday, April 4, 2018 - 9:00am
On behalf of the Vermont Parent Child Center Network (VPCCN)

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**The VPCCN supports the work of the Act 43 ACEs Working Group and Senate Health & Welfare bill S.261:
An act relating to mitigating trauma and toxic stress during childhood
by strengthening child and family resilience.**

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1988 - Vermont Statute, Title 33: Human Services, Chapter 37: Parent Child Center Program, Part III.

§ 3701. Parent-child center program; eligibility

For purposes of this chapter, "parent-child center" means a community-based organization established for the purpose of providing prevention and early intervention services such as parent education, support, training, referral and related services to prospective parents and families with young children including those whose children are medically, socially, or educationally at risk. (See attached)

Parent Child Centers Provide Eight Core Services That Help Prevent Adverse Childhood Experiences – See Attachment 1

The Center for Disease Control recommends strategies for preventing ACEs, which resonate with the eight core services PCCs offer (see attached). We utilize the Strengthening Families Protective Framework and have a holistic, two-generation approach.

Eight Core Services

- Home visiting, early childhood services, parent education, parent support, on site services, playgroups, information and referral, and community development.
- A basic set of upstream services in every community ensures family needs are met and help to prevent deeper end services for caregivers and their children.

Increase Master Grant Funding for Parent Child Centers – See Attachment 2

Parent Child Center staff wages and benefits are continually *30% below market rates* to comparable positions in education and state government. If PCCs are expected to continue to provide high quality state services, PCC wages and benefits must sustain the highly skilled people who do the work. Master Grant funding must increase by \$8,000,000 to close the salary and funding gap.

Act 113 Sets Priorities for Accountable Care Organizations (ACOs) – See Attachment 3

"In reviewing ACO budgets, the Board [GMCB] must consider:

- Investments to **strengthen primary care...**
- Incentives for **integration of community-based providers...**
- Incentives for **investments in social determinants of health...**
- Incentives for **preventing impacts of trauma and improving partnerships with parent child centers..."**

S.261 An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience.

Sec 3. § 3403 EXPANSION OF SUPPORT SERVICES IN PEDIATRIC PRIMARY CARE

“The Commissioner for Children and Families, in collaboration with the State’s parent-child center network, shall implement a program linking pediatric primary care with home visiting in each county of the State.”

- **Project DULCE - Developmental Understanding and Legal Collaboration for Everyone - (See Attachments 4 & 5)**
DULCE is a pilot project sponsored by the Center for the Study of Social Policy taking place in seven sites across the country. The DULCE model consists of an interdisciplinary and integrated practice team, made up of a pediatrician, a family support specialist, a legal partner, and a program/clinical supervisor. In Vermont, the Lamoille Family Center deploys a full-time family specialist who is integrated in the pediatrician’s office to meet with and remain engaged with all families of newborns at their first and all well-child visits in their first six months of life. Screening for social determinants of health is a key function of the service.
- **The Family Center of Washington County (See Attachment 6)** is partnering with a UVM/CVMC pediatric primary care practice and Washington County Mental Health to offer families with children age birth to 36 months an ACEs screening. Families identified with potential needs are offered a menu of services including on-site or referral to community-based supports and parenting information.

Sec 8. CHILD CARE AND COMMUNITY-BASED FAMILY SUPPORT SYSTEM; EVALUATION

“The Agency... shall develop a framework for evaluating the workforce, payment streams, and real costs associated with the state’s child care system and community-based family support system.”

- The PCCs are key community providers of upstream services, reducing and responding to child abuse and neglect, reducing ACEs, meeting basic needs, and helping families move out of poverty. Addressing two decades of chronic underfunding and structural deficits will help support a strong and robust infrastructure.

Sec 11. § 702 BLUEPRINT FOR HEALTH; STRATEGIC PLAN

“(c)(1) The primary care provider should serve a central role in the coordination of medical and social services and shall be compensated appropriately for this effort.”

Sec. 12 § 9382 OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

“For preventing and addressing the impacts of adverse childhood experiences and other traumas, the ACO provides connections to existing community services... and including parent-child centers... as participating providers in the ACO.”

- Appropriate compensation is critical and this section reinforces the need for increased funding for the PCCs – and the intent of Act 113’s mandates.
- **Buy, don’t build!** Integrating and managing care across existing healthcare and parent child centers will strengthen both sectors and produce more effective outcomes by jointly addressing the social determinants of health.

Sec 14. § 2004a EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

“The Evidence Based Education and Advertising Fund... for evidence-based or evidence-informed opioid related programming conducted for the benefit of children and families;”

- **25% - 75% of PCC participants are affected by opioids** (actively using, partner use, recovery, etc.) **depending** on the program or type of service they are engaged with
- PCCs have relationships with families with addiction, and sometimes are the only provider they trust. For those families, PCCs effectively address issues related to addiction including: mental health, housing, food security, economic well-being, safety, and child welfare



Parent Child Centers are the Answer

Parent Child Centers can prevent Adverse Childhood Experiences.

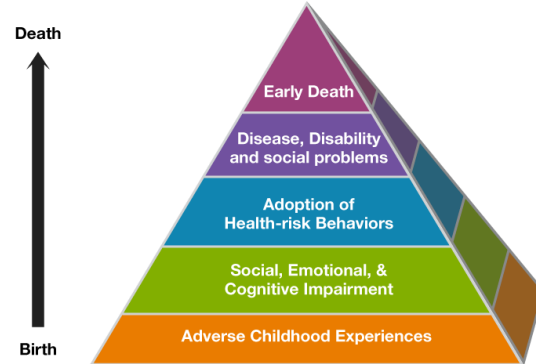
Childhood Sets the Stage for Everything

Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).

ADVERSE CHILDHOOD EXPERIENCES:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Physical neglect
5. Emotional neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member

57% of Vermonters have one or more ACEs and 22% have 3 or more ACEs.



Adverse Childhood Experiences have been linked to

- risky health behaviors,
- chronic health conditions, and
- early death.

As the number of ACEs increases, so does the risk for these outcomes. The wide-ranging health and social consequences of ACEs underscore the importance of preventing them before they happen.

What can be done about ACEs?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable, and nurturing relationship and environments (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential.

The Parent Child Centers use the Strengthening Families Framework and have a two-generation approach to both mitigate and prevent ACEs.

The Centers for Disease Control recommends these strategies for preventing ACEs, which resonate with the 8 core services that PCCs offer (see back of this sheet):



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient Income support for lower income families



Parent Child Centers are the Answer

Parent Child Centers provide eight core services across the state.

Home Visits

PCC's provide home visits to families with young children who request home-based support. The frequency and content of visits is determined by family goals and interest.

Early Childhood Services

PCCs provide developmental, inclusive, child care on-site or in strong collaboration with other early childhood services providers to ensure that families have quality options to meet full-time and part-time child care needs and children have group experiences with their peers. PCCs provide services through Learning Together and Strengthening Families programming.

Parent Education

PCC's offer parent education opportunities in a variety of formats and on a range of topics and themes responding to family issues. Educational opportunities are supportive, practically-oriented, and empowering. Information to assist families in understanding and coping with transition issues is included in education services and are also embedded in other services.



peer support, healthy snacks, and information and resource sharing in a developmentally-appropriate setting.

Parent Support Groups

PCC's facilitate opportunities for families with common experience and interests to gain mutual support in a peer group setting.

Concrete Supports

Families have access to a welcoming environment which offers support and information about community services and resources to address the immediate needs of the family and/or contribute to the long-term well-being of the family.

Community Development

PCC's advocate for and contribute to family-centered services and events by taking a supportive and/or leadership role in broad-based promotion, prevention and early intervention efforts in the community. PCCs actively participate in the regional Building Bright Futures (BBF) Council to ensure that direct service activities funded or supported by this grant are aligned with the Vermont Early Childhood Action Plan and regional priorities as identified by the regional BBF Council.



Information and Referral

PCC's serve as a clearinghouse for general information about child development and parenting as well as information about local and statewide resources for families. They contribute to the long-term health and well-being of children and families by sharing information about health care (insurance programs, medical homes and related resources). Service is provided through direct referral and follow-up, if requested. PCCs support services to welcome babies into the community.

Parent Child Centers are the Answer Legislative Platform 2018 Increase Master Grant Funding for PCCs



Parent Child Centers (PCCs) are a network of 15 community-based non-profit organizations, serving all of Vermont. The purpose of each PCC is to provide support and education to families with young children. We use the Strengthening Families Protective Factors Framework with the goal to help all Vermont families get off to a healthy start, promote well-being and build on family strengths.

Critical Need: Increased funding for Parent Child Centers

The PCCs deliver critical & essential state services to families with young children.

Parent Child Center staff wages and benefits are continually *30% below market rates* to comparable positions in education and state government. If PCCs are expected to continue to provide high quality state services, *PCC wages and benefits must sustain the highly skilled people who do the work.*

PCCs now have a Master grant that adheres to the Sec. E.300.4 of the 2015 Budget Bill: *Human Services; Improving Grants Management for Results-Based Programs*. The Master Grant increases efficiency and clearly identifies Results Based Accountability population outcomes and program performance measures. However, the Master Grant *does not adequately fund* the state services that it requires the PCCs to deliver.

**Parent Child Centers
Core Services**

- Home Visits
- Early Childhood Services
- Parent Education
- Playgroups
- Parent Support Groups
- Concrete Supports
- Community Development
- Information & Referral

***Master Grant funding must increase by \$8,000,000
to close the salary and funding gap.
Total PCC Master Grant funding must be \$10,000,000.***



Research has proven that prevention services targeted at reducing and treating ACEs can dramatically reduce long term health care costs. The PCCs use a family-centered, multi-generational, strength-based approach that both treats and prevents ACEs in families.

PARENT CHILD CENTERS = RESULTS

The mission of the Vermont Parent Child Center Network is to provide children, youth and families with strength based, holistic and collaborative services across Vermont with a focus on early childhood education and prevention services. The Network provides leadership, support and advocacy on behalf of its membership and in collaboration with key partners to achieve the best outcomes for families.

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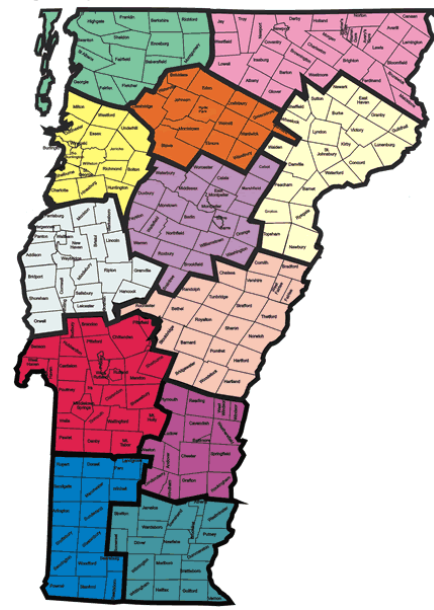
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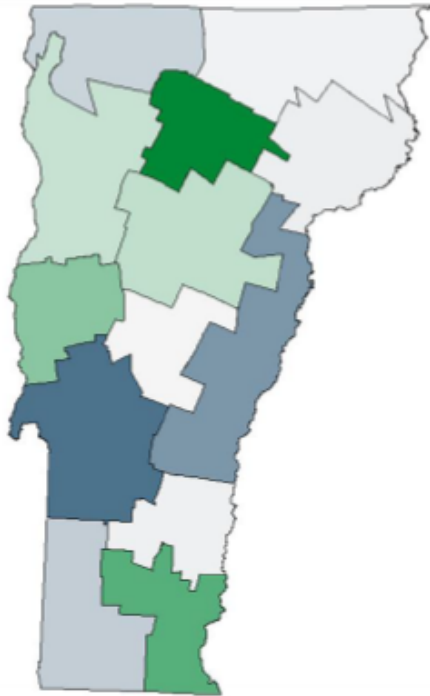
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Hospital Health Care Reform Investments and the VT ACO All-Payer Model

*Ena Backus, Chief of Health Policy
Melissa Miles, Health Policy Project Director*

*Green Mountain Care Board
September 7, 2017*

Act 113 Priorities for ACOs

In reviewing ACO budgets, the Board must consider:

1. Investments to strengthen primary care, including strategies to recruit providers, resources to expand capacity, and reduce administrative burden
2. Incentives for integration of community-based providers for seamless coordination
3. Incentives for investments in social determinants of health to prevent hospital admissions or readmissions, reduce length of stay, improve population health outcomes, reward lifestyle choices
4. Incentives for preventing impacts of trauma and improving partnerships with parent-child centers and designated agencies

In order to be certified, ACOs must demonstrate:

1. Strong care coordination model for high-complex patients
2. Capacity for using Electronic Health Records
3. Performance standards for quality and utilization of care
4. Shared decision-making

Promoting Lifelong Health for Children and Families

DULCE VT Program: A Community Response to Toxic Stress
(Developmental Understanding and Legal Collaboration for Everyone)
with Appleseed Pediatrics and the Lamoille Family Center

Project Update September 2017

Overview: Project DULCE (Vermont) is a pilot project sponsored by the Center for the Study of Social Policy taking place in seven sites across the country. The DULCE model consists of an interdisciplinary and integrated practice team, made up of a pediatrician, a family support specialist, a legal partner, and a program/clinical supervisor. The teams work together using a whole family approach to meet the needs of the child(ren) and the parents.

In Vermont, the Lamoille Family Center is the facilitative engine for DULCE. In this rural model, a family specialist from the parent child center is integrated in a pediatrician's office to meet with and remain engaged with all families of newborns, voluntarily, at their first and all well-child visits in their first six months of life. This provides support to new families with issues that arise in the context of the health visit, and also importantly, helps families connect to such concrete supports as transportation, food, and housing, and when needed, coordinates care with the local Children's Integrated Services team.

Why is DULCE effective:

- 96-98% of Vermont infants receive routine health care with a child health provider in the first month of life. The healthcare setting offers three key advantages in providing parenting support:
 - Universality: Potential to reach virtually all families, including highly vulnerable ones,
 - Acceptability: Lack of social stigma attached to using medical care, and
 - Credibility: High level of trust families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services.
- Concrete strategies to mitigate toxic stress and prevent ACEs by early identification and addressing the major risk factors in Vermont's new families:
 - Parental substance use including alcohol, tobacco and other drugs
 - Maternal depression
 - Social isolation

Early identification of family strengths and risks stabilizes and strengthens families and improves health outcomes for the children.

Results of Pilot Thus Far: 98% of families have accepted the screening and support from the family specialist who serves as a trusted member of the patient's care team and has knowledge of community resources.

Early interventions:

- 89% Immunization compliance with recommended vaccines based on age compared to a state rate of 76%
- 9% positive screens for depression and referred for further assessment
- 27% of households screened positive for tobacco use and referred
- 10% of households screened positive for 1 parent with a drug history and referred

"In the past, a parent might share if she is facing food insecurity or inter-personal violence, but now I'm hearing about these issues more consistently and reliably," explains Dr. Pahl. "With DULCE, I am able to provide better care because I know more about what's going on with my patients, even when the family is no longer participating in the program." --- pediatrician on DULCE team

DULCE – A community response to toxic stress

with Applesed Pediatrics and Lamoille Family Center



Developmental **U**nderstanding –

A Family Specialist promotes knowledge of child development and parenting from birth to six months utilizing the Brazelton Institute Touch Points model

and **L**egal **C**ollaboration – Helping families meet their basic needs in collaboration with the Medical Legal Partnership and the DULCE team

For **E**veryone – Universally reaching families where they already bring their babies – healthcare clinics

DULCE uses multiple screening tools. They include: SEEK, ASQ, Edinburgh, and CMS social determinants of health. The Safe Environment for Every Kid (SEEK) Parent Questionnaire – is a brief evidence-based questionnaire that screens for prevalent psychosocial problems such as parental depression and substance abuse.



Exciting New Pilot Program: Family Center Launches New Partnership with Pediatric Practice



Pictured left to right: Jen Taylor; Lynn Ayer, WCMH Family Support Coordinator; Dr. Gwen Shelton; Nurse Suzanne Poljasevic; and Felicia Messuri.

We are really excited about our newest service! Through a partnership with UVM/Central Vermont Medical Center and Washington County Mental Health, we are offering expanded family supports embedded in the Pediatric Primary Care practice in Berlin. This exciting pilot program includes an opportunity to offer families with children aged 0 through 36 months a screening for Adverse Childhood Experiences (ACEs) and a follow up meeting with family support specialists who can provide a menu of options, including information and referrals, parenting information, and connections to community supports.

The goal of this project, through the Family Center and Washington County Mental Health Services, is embedded in the pediatric practice. We will promote child and family protective factors, prevent and mitigate toxic stress, and promote healthy child development. Families screening positive will receive on-site support from Family Support Coordinators at the time of their visit. Family Support Coordinators will offer families immediate options including secondary screening, parenting support resources, and community resource referrals. All too often, healthcare professionals struggle with the challenge of supporting families who have needs beyond the immediate medical.

Here is what Family Center Family Support Coordinator, Felicia Messuri, has to say about the pilot, *"I am so excited to be part of this new team! Dr. Shelton and her staff have warmly welcomed us into their practice. Dr. Shelton deeply understands that some of the medical issues she sees regularly are brought on by trauma and ongoing stressors within the family. We hope to provide a comprehensive service to help families connect with needed resources and support, assisting children and parents with overcoming barriers whether that be challenges with housing, transportation, child care or substance abuse, to name a few."*

This project builds on the relationship between families and pediatricians through a blended office-based and community outreach model, identifying families early, and providing support services during a child's vulnerable early brain development period, strengthening families and promoting each families' protective factors. We are thrilled to have such great community partners in Central Vermont to embark on this exciting new pilot, with special appreciation to Dr. Gwen Shelton and her team for welcoming us on board.



Josie's Story

Parent Child Centers are the Answer

JOSIE'S STORY

My childhood wasn't the best. There were a lot of mental health issues with my mom so I found myself on my own when I was still a teenager. My family relationships were rocky, at best and I rarely saw my dad and brother. Since my home life wasn't stable I dropped out of high school before graduating, moved to a different county in VT to get a job and away from the dysfunction. I got a pretty good job and was able to take care of myself. Life was looking good.

Soon after beginning my new job, I started a relationship and found myself pregnant. We moved in together and my boyfriend lost his job. I was the sole bread winner and on my pay, we fell really behind on bills and rent. My boyfriend decided that this was too much for him to handle so he left and we broke up. I lost my housing and because my pregnancy was difficult and I was sick all the time, I missed a lot of work and knew that I couldn't keep working. I felt like my only option was to go back to my hometown to see if I could get some help. I knew that I couldn't turn to my family for help so I called a friend and crashed on her couch for a while because her section 8 wouldn't let me live there full time.

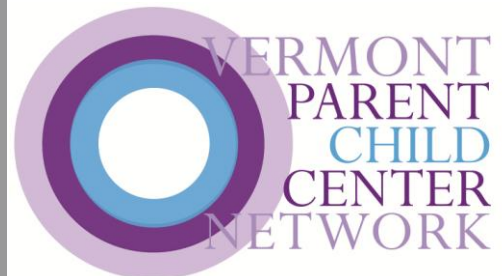
I gave birth in Lamoille and the hospital told me about a program at the Lamoille Family Center that would help me with my baby. I called the Family Center and soon after a nurse started meeting with me. While I was learning about taking care of my baby the nurse referred me to Economic Services for Reach Up and I got a case manager at the Lamoille Family Center. The Reach Up case manager asked me if I wanted to get a high school diploma. I had always felt bad about not having a high school diploma, so I said that I was interested. My case manager told me about the Families Learning Together program at the Family Center, where I could work on getting my degree and bring my baby.

Once I was at the LFC, they showed me the child care program that would care for my baby while I finished high school and got job skills. My baby started child care at the 5 STAR infant program that the Family Center runs. I worked with most everyone at the Family Center including the specialists that help me fill out all the paperwork for Child Care Financial Assistance. Most importantly I worked with the Youth and Young Adult program to secure housing for me and my baby. The staff at LFC believed in me and the program manager sponsored me for a VT rental subsidy voucher and helped me get the money I needed for a security deposit.

I completed the FLT program, got a high school diploma and have been employed for the last two years. I got my own section 8 voucher and I still live in the same apartment that I first moved into. I keep going to the therapist that I met while I was in FLT and I consider the Lamoille Family Center my "family." Without the LFC I would have given up on myself, but the Family Center did what my bio family couldn't. They believed in me, wouldn't let me give up and gently pushed me when I needed to be pushed.

PARENT CHILD CENTERS = RESULTS

The mission of the Vermont Parent Child Center Network is to provide children, youth and families with strength based, holistic and collaborative services across Vermont with a focus on early childhood education and prevention services. The Network provides leadership, support and advocacy on behalf of its membership and in collaboration with key partners to achieve the best outcomes for families.



RETURN ON INVESTMENT

The services Josie received relate directly to outcomes that drive our decision making as a state under Act 186. *Josie's story shows how supporting Vermont's Parent Child Centers moves us closer to achieving at least five of the eight quality of life outcomes we have identified as essential to our state and local communities.*

LFC Helped Josie learn how to take care of her baby

Vermont's families are safe, nurturing, stable, and supported
Vermont's communities are safe and supportive

LFC helped Josie apply for financial assistance

Vermont's families are safe, nurturing, stable, and supported
Vermont's communities are safe and supportive

Josie's daughter was enrolled in a high quality child care program

Vermont's children and young people achieve their potential, including

- Children are ready for school
- Children succeed in school

LFC helped Josie secure affordable housing for her and her family

Vermont's families are safe, nurturing, stable, and supported
Vermonters are healthy

LFC helped Josie get her high school diploma and secure employment

Vermont has a prosperous economy

Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential, including

- Pregnant women and young people thrive
- Youths successfully transition to adulthood.

The support Josie received positively impacts at least 11 indicators tracked by the State of Vermont to measure positive population outcomes.

1. Percent or rate per 1,000 jobs of nonpublic sector employment
2. Median household income
3. Rate of resident unemployment per 1,000 residents
4. Percent of high school graduates entering postsecondary education, work, or training
5. Percent of completion of postsecondary education
6. # of persons who are homeless (adults and children)
7. percent of residents living in affordable housing;
8. Percent of adults age 18-64 with health insurance
9. Percent of children age 17 and younger with health insurance
10. Rate of children and youth in out-of-home care per 1,000 children and youth
11. Percent of children receiving child care subsidy attending high quality early childhood programs

ROI Statistics

RU = \$8,268 (DCF – Economic Services)

- The overall savings having someone move off RU is the Family grant of \$7,800 and \$468 for support services = \$8,268.

Wages based on degree (National Center for Education Statistics)

- A person holding a high school diploma can earn 20% more, on average, than someone without that diploma. \$24,960 (@ \$12.48/hr) vs. \$30,000 (\$15/hr)

7 to 1 return from high quality child care (Integrating ACE-Informed Practice into the Blueprint for Health)

- **High Quality Child Care= 7 to 1 ROI:** Child Care Financial Assistance payment of \$10,164 year results in a potential savings to the state of \$31,850 annually = \$7 "return to society" which is connected to lower special education costs, lower crime rate, higher earnings, better health behaviors, higher rates of employment

Pre-term **\$68,947** (March of Dimes)

- Costs an average of \$68,947 more per child per year born pre-term vs full term.

Related language from the PCC Master Grant: (Outcomes)

C. iii. Parent Child Centers provide eight core services which contribute to Vermont population-level quality of life indicators identified in 3 V.S.A. § 2311 (b) (5) Vermont families are safe, nurturing, stable and supported. (6) Vermont's children and young people achieve their potential. (A) Pregnant women and young people thrive. (B) Children are ready for school. (C) Children succeed in school.

Parent Child Centers are the Answer

APRIL'S STORY

I got pregnant in my senior year and in June 2015 gave birth to a beautiful baby girl. Being pregnant in high school was very difficult – I lost all of my friends and didn't feel safe or supported. I continued to go to school anyway and graduated. I had to stop working at seven months pregnant and it was then that I learned about the services offered at the Family Center. With the guidance of a case manager, we made plans for my boyfriend to continue going to high school while I decided to participate in a program called Family Works. That's when I really started to grow as an adult.



The Family Works program offered opportunities to help me keep my life on-track. I began as a volunteer in the Family Center's Early Childhood Program. I learned parenting skills while I worked and had access to educators who could answer all of my questions about my daughter's development. I learned that I wanted to work with young children and I'm now in a paid training position! I'm also working on earning my Child Development Associate credential and hope to be hired as an infant toddler teacher when I finish. Without the Family Works program and support of other Family Center staff, I wouldn't be moving forward as quickly as I am now. I have become more independent and well grounded, and have learned to problem solve situations that may have been very difficult in the past. I now have a career goal and I'm even thinking about going to college! That's a new thought for me!"

RETURN ON INVESTMENT

The services April received relate directly to the outcomes that drive our decision making as a state under Act 186. *April's case shows how supporting Vermont's Parent Child Center moves us closer to achieving at least four of the eight population outcomes we have identified as essential to our state, and local communities.*

The Family Center helped April and her boyfriend stay in school.

- Vermont's children and young people achieve their potential including:
 - Pregnant women and young people thrive
 - Children succeed in school
 - Youths choose healthy behaviors
 - youths successfully transition to adulthood
- Vermont has a prosperous economy

April learned parenting skills, and volunteered to care for children in her community.

- Vermont's families are safe, nurturing, stable, and supported.
- Vermont's communities are safe and supportive.
- Vermont's children and young people achieve their potential including:
 - Pregnant women and young people thrive
 - Youths successfully transition to adulthood

PCC CORE SERVICES PROVIDED TO APRIL

Parent Supports

- Family Works – a program for pregnant or parenting teens and young adults. Services includes job skills, parenting support, work experience, peer group activities, access to child care, counseling services and more.

Parent Education

- Knowledge of Child Development
- Weekly Counseling
- Life Skills Groups

Early Childhood Services

- 4 STARS High Quality Care and Education
- Nutritious Meals Daily - including a healthy breakfast, lunch and afternoon snack



The Family Center helped April find a paid training position

- Vermont has a prosperous economy.
- Vermont's families are safe, nurturing, stable, and supported.
- Vermont's children and young people achieve their potential including:
 - Pregnant women and young people thrive
 - Youths successfully transition to adulthood

April is currently working on her Child Development Associate credential

- Vermont has a prosperous economy.
- Vermont's children and young people achieve their potential including:
 - Pregnant women and young people thrive
 - Youths successfully transition to adulthood

The family center helped April identify her career goal and help her find a path to achieving it

- Vermont has a prosperous economy.
- Vermont's children and young people achieve their potential including:
 - Pregnant women and young people thrive
 - Youths successfully transition to adulthood

The help April received directly impacts five indicators tracked by AHS to measure positive population outcomes:

1. Rate of children and youth in out of home care per 1,000 children and youth; Rate of school attendance per 1,000 children;
2. Percent of children receiving child care subsidy attending quality early childhood programs.
3. Rate of high school graduation per 1,000 high school students
4. Percent of high school seniors with plans for education, vocational training, or employment.
5. High school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation.

Related language from the PCC Master Grant:
(Outcomes)

C. iii. Parent Child Centers provide eight core services which contribute to Vermont population-level quality of life indicators identified in 3 V.S.A. § 2311

(b) (5) Vermont families are safe, nurturing, stable and supported.

(6) Vermont's children and young people achieve their potential.

(A) Pregnant women and young people thrive.

(B) Children are ready for school.

(C) Children succeed in school.

PARENT CHILD CENTERS = RESULTS

The mission of the Vermont Parent Child Center Network is to provide children, youth and families with strength based, holistic and collaborative services across Vermont with a focus on early childhood education and prevention services. The Network provides leadership, support and advocacy on behalf of its membership and in collaboration with key partners to achieve the best outcomes for families.