

# Parent Child Centers are the Answer Legislative Platform 2017



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 #1 – 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.***

## Critical Need #2 - Preventing Adverse Childhood Experiences (ACEs)

All Payer Waiver dollars invested in Parent Child Center services can dramatically reduce the rising health care costs in the state of Vermont.

- PCCs are critical community leaders that focus on the prevention of ACEs.
- We provide families with *concrete supports and education to care for their children.*
- Parent Child Centers work with families using a *Two Generational Approach* with a *comprehensive array of supports and services.*
- This approach leads to better outcomes for children and can also have a positive impact on the physical, mental and emotional health and well-being of families.



***Research has proven that prevention services targeted at reducing and treating ACEs can dramatically reduce long term health care costs.***

### 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.***



### Critical Need #3 - Current Services Budget

We look forward to the administration's completion of a current services budget that honestly reflects the true cost of providing state services at the levels required in state law and at the true cost of these services. Years of level funding for both government-delivered programs and state services delivered by non-profit agencies have created a widening gap between the real costs of these state programs and the state funding provided to deliver them. *This cost-shift means that the state government is requiring non-profit agencies to pay for the delivery of state services, or to reduce or eliminate those services without specific policy changes.*



> Planning and implementation of current services budgets will allow the administration, the legislature, state workers, and non-profit agencies have a *clear and deliberate conversation about funding priorities* and ensuring the delivery of state services to those in need.

> PCCs will partner with the administration to develop budgets that honestly reflect the true cost of providing necessary and critical state services at the levels required by state law at the true cost of these services.

### Critical Need #4 - Children's Integrated Services

Children's Integrated Services (CIS) offers early intervention, family support and prevention services that help ensure the healthy development and well-being of children pre-birth through age five.

- Addition and increases in child custody rates have propelled CIS and the service system into crisis in Vermont. Increases and demand for services is not keeping pace with funding resulting in an underfunded mandate across the State.
- We are coming up short in meeting our obligation to our youngest learners including those entitled to Early Intervention services mandated by Federal law.
- **Increased Medicaid Global Commitment dollars and additional General Fund dollars would ensure:**
  - continued progress on family safety and stability
  - optimal and healthy child development
  - young children's access to quality early care and education



*We support the Early Childhood Alliance's request to increase and diversify funding for CIS.*

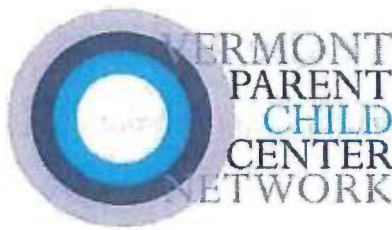
### Critical Need #5 - Family and Medical Leave Insurance (FaMLi)

Vermont Parent Child Center Network supports the FaMLi coalition and stands behind all Vermont workers having paid family medical leave. A statewide family and medical leave insurance program would:

- Give every Vermont worker paid time off to care for a new child or loved one or recover from illness.
- Promote economic security for women and families.
- Level the playing field for small businesses.
- Enable more parents to stay home with new babies, which would help address Vermont's shortage of regulated childcare for infants.

## 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.



# 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

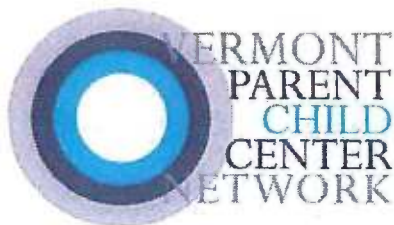


High quality child care



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.



### 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.



### Playgroups

PCC's provide and support opportunities for parents and children to come together on a regular basis for socialization, 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.



# Parent Child Centers are the Answer

*The Parent Child Centers Master Grant uses  
Results Based Accountability Population Level Outcomes.*

## Population-level Quality of Life Outcomes – ACT 186 of 2014 - 3 V.S.A. § 2311:

1. Vermont has a prosperous economy.
2. Vermonters are healthy.
3. Vermont's environment is clean and sustainable.
4. Vermont's communities are safe and supportive.
5. Vermont's families are safe, nurturing, stable, and supported.
6. Vermont's children and young people achieve their potential, including:
  - a. Pregnant women and young people thrive
  - b. Children are ready for school
  - c. Children succeed in school
  - d. Youths choose healthy behaviors
  - e. Youths successfully transition to adulthood
7. Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer.
8. Vermont has open, effective, and inclusive government at the State and local levels.

### Related language from the PCC Master Grant:

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.

## Eight Core Services and Correlating Statutory Population-level Outcomes:

### Home Visits - 2, 4, 5, 6

- Vermonters are healthy
- Vermont's communities are safe and supported
- Vermont's families are safe, nurturing, stable, and supported
- Vermont's children and young people achieve their potential

### Early Childhood Services - 1, 6

- Vermont has a prosperous economy (adults able to work or find better jobs because of child enrollment)
- Vermont's children and young people achieve their potential

### Parent Education - 5, 6

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

### Playgroups - 6

- Vermont's children and young people achieve their potential

### Parent Support Groups - 5, 6

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

### Concrete Supports - 2, 5

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

### Community Development &

#### Information & Referral - 1, 2, 5, 6

- Vermont has a prosperous economy
- Vermonters are healthy
- Vermont's families are safe, nurturing, stable, and supported
- Vermont's communities are safe and supported
- Vermont's children and young people achieve their potential



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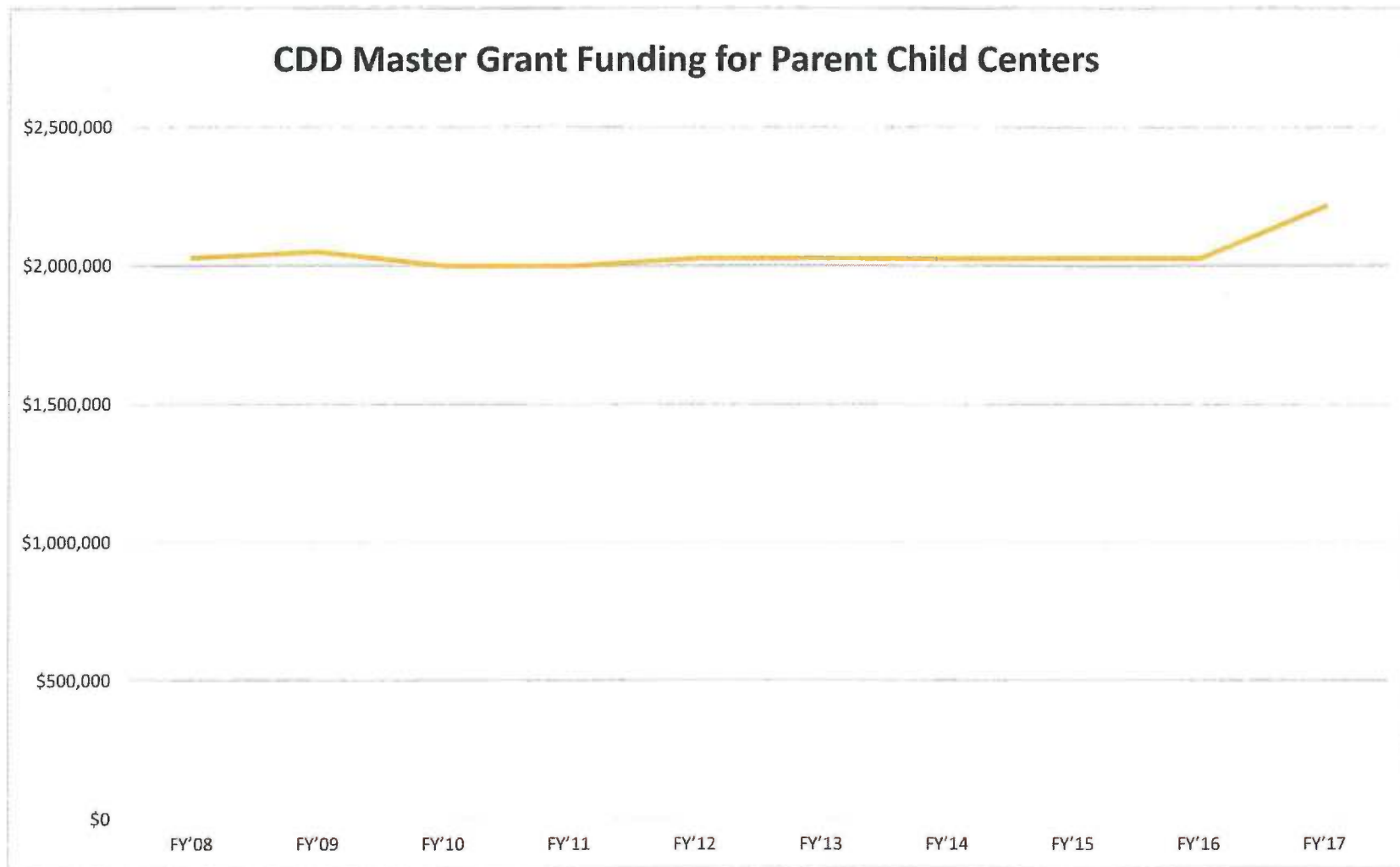
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**Agency of Human Services Health Districts**



**#1 Note:** The Master Grant represents four funding streams totaling \$2,200,000 that were combined into one grant in FY'17

**#2 Note:** The Master Grant received a \$190,000 legislative increase in FY'17 for the first time in 10 years representing less than 1% per year growth.

**#3 Note:** PCCs provide a total of \$24,000,000 in services from state, federal and private grant funding sources that have approximated the same level funding over the past ten years.

## HHS -PAT Testimony 2.21.17

Claire Kendall, Co Executive Director

Family Center of Washington County

Thank you for the chance to testify before your committee today.

The Family Center of Washington County, is the Parent Child Center for Central Vermont, one of 15 parent child centers, serving parents, young children and families throughout the state. PCCs are uniquely positioned to draw on one or a combination of their critical eight core services to meet families where they are and have a lasting positive impact. Whether it's high quality early childhood education that sets a child off on the right foot when they enter school, helping Reach Up recipients find gainful employment, connecting a young parent to critical resources during a home visit, collaborating with other community partners to find housing for a homeless family, or one of hundreds of other examples and scenarios - PCCs have impacted the lives of thousands of Vermonters in a very meaningful, real and lasting way.

By using a preventative, multi-generational, community based approach PCCs have helped mitigate education, health and social service costs to the state. Additionally, our services are directly linked to the Results Based Population-level Quality of Life outcomes established by the legislature, and to the prevention and treatment of Adverse Childhood Experiences that are so devastating for the individuals that experience them, and costly to our health care system.

Children's Integrated Services(CIS) is the state of Vermont's Home Visiting System: PAT, NFP & MESCH are part of this system- all 3 are evidence or research based- evidence informed. There is currently not a need for a new additional home visiting for Vermont, it would be smart to complete the full roll out and fully fund the HV programs that are currently being offered. PAT training for CIS Home Visiting staff funded by the Early Learning Challenge Grant. There is a need for it to be funded past the federal grant funding.

PAT in a snapshot-(also see handout cards)

- Evidence based, research informed Home Visiting model that is both flexible and adaptive depending upon the families' needs, culture and adaptive for special needs. Based on the Strengthening Families Protective Factors Framework, that PCC's use already- parental resiliency, concrete supports, social emotional competence, knowledge of child development, social connections. 3 interlocking core components: Parent-Child Interaction, Development-Centered Parenting, and Family Well-Being.
- Supporting parents in engaging with their children as they learn child development.
- New Vermont rollout, funded by Early Learning Challenge Grant, Parent Child Centers Trained a year ago in April- Cohort one, Family Center was the first agency to begin implementation from Cohort one. 5 FCWC staff are Certified in prenatal to 5 years old. Cohort two was trained in November. For fidelity families need to participate for Two years, so need to engage families that will be able to commit to that time period, averaging 12 families yearly. This is a natural fit with CIS- this curriculum is a perfect fit. This aligns well with the needs of that population and there is the potential to work with the family and engage over several years, leading to better



outcomes. Our data is currently limited as we just started the roll out. Data collection is challenge, engaging families for a full two years is the other challenge.

- Each visit is highly structured and needs to touch on each of the three core components. In the beginning there are 8 foundational visits that cover each of the areas that we know through evidence that parents need to know such as transitions, routines, sleep, safety, nutrition, health, discipline and attachment. After you have completed the 8 foundational visits, you can use more flexibility in designing each home visit based on the families' needs, can tailor the curriculum around family interest and needs, as long as you continue to cover the 3 core components. PAT requires staff planning time to design each personal visit.

#### Two family PAT Impact stories:

- 15 year old mother, DCF referral, high risk, did not know her baby needed to take her baby out of the car seat, she did not know she was hurting it's development, we knew she wanted the best for her baby, when she learned about her baby's needs and witnessed floor time and it was an ah-ha moment when actually saw her baby thrive before her, and she used the PAT knowledge on her own and we watched her baby thrive. This is what early intervention is all about.
- Another young mom, DCF referral & involved, she did not know about the need to play with her baby or interact at close proximity- when she learned that infants eye sight is limited to 12 inches in the first few months we saw a shift in the attachment as her proximity in interactions became very close her baby and her baby response, increasing attachment.

The state has taken steps to more formally recognize the critical services and results delivered by the Parent Child Centers by entering into a Master Grant with the PCCs late last year, yet this Grant does not sufficiently fund these services. PCCs continually grapple with their budgets and staff wages and benefits are continually 30% below market rates to comparable positions in education and state government. In order to close the salary and funding gap the total Master Grant funding must be \$10 million for all 15 PCCs. The need to increase funding in the PCC Mater Grant is not a request to consider supporting a new program or service, **but to sufficiently fund something that we know works** –for children, for families, for our communities and for our state. Shifting 1% of the state's health care dollars put towards supporting social determinants, would turn the curve and produce the healthy outcomes for Vermonters this committee is committed working towards.

We support both Rep Till & Rep Lyons bills, that reference building on the work of CIS, and in consultation with appropriate stakeholders such as Home Visiting Alliance (which PCC's have been active members of from the beginning), develop and implement a statewide tiered program for families. PAT, is an excellent fit using this approach. Two examples of Parent Child Centers actively expanding to promote and integrate the blend of social work and health care to address social determinates are in Lamoille & Washington County. DULCE up and running in Lamoille & ACES Pediatric pilot in Berlin in planning and development stage-both models are based on partnerships with health care practices, targeting families with young children, and embedding community/PCC family support specialists directly in the health care practice. Eliminates barriers to access, reduces stigma in receiving services,

streamlines efficiencies with health care referrals and increases engagement in parent education and family support services.

PCC's are well positioned to contract with AHS to pilot a roll out of parenting classes and partnerships with pediatric and prenatal/ OB health care practices, being trained to provide Home Visiting services using PAT.





# Family Center OF WASHINGTON COUNTY

## April's Story

### *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

#### WHICH SERVICES DID APRIL RECEIVE?

##### 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.