



Senate Health & Welfare
Thursday, January 11, 2011 - 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 the introduction of S.261 - An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience.

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 Attached

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.

8 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 Attached

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 Attached

"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 7. Expansion of Pediatric Primary Care and Home Visiting Partnerships

“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** - 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. - See Attached
- **The Family Center of Washington County** families is teaming with **Berlin ACEs Pediatric Pilot**, to assure children ages 0 to 36 months will be screened for problems with social, economic, and health stressors. Families identified with potential need are offered on-site or community-based support for social service partners.

Sec 8. Parent Child Centers Evaluation

“(a) the Commissioner of Vermont Health Access shall evaluate and report on which services offered through the State’s parent-child center network are eligible for matching Medicaid funds...”

“(b) the Commissioner and the Green Mountain Care Board shall identify which payers support preventative services related to childhood trauma and toxic stress, including those services offered through the State’s parent-child network.”

- The PCCs are key partners in providing upstream services and 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. Certification of Accountable Care Organizations

“Requires ACOs to partner with PCCs and other community providers as ACO providers. ...for preventing and addressing the impacts of adverse childhood experiences and other traumas...”

- Integrating and managing care across existing healthcare and parent child centers will strengthen both sectors and produce more effective outcomes from our efforts address the social determinants of health.

Sec 13. Opioid Abuse Treatment

“Allows the PCCs to receive funds from the Evidence Based Education and Advertising Fund to provide opioid related programing.”

- **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.
- Social-emotional antecedents to addiction (such as trauma history) and behavioral components of addiction (e.g., denial, co-occurring mental health conditions) impede both relationships between caregivers and service providers, and attachment between caregivers and children.
- Parents are hesitant to allow anyone into their homes for fear of report to DCF or the police, opioid use is often combined with mental health issues, more cases of transient housing, loss of financial supports (jobs or RU) due to the inability to maintain commitments or follow-through, increased incarceration, increased referrals to DV agencies, more traumatized children, children with attachment disorder, and increased reports to DCF.



Parent Child Centers are the Answer

Parent Child Centers can prevent Adverse Childhood Experiences.

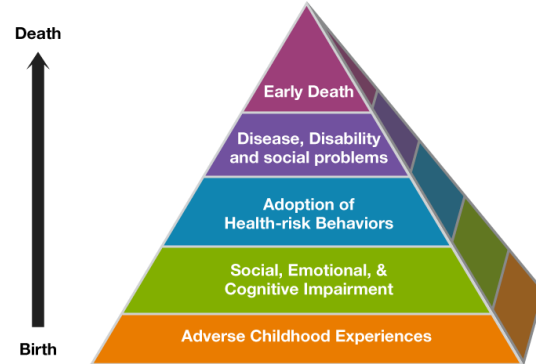
Childhood Sets the Stage for Everything

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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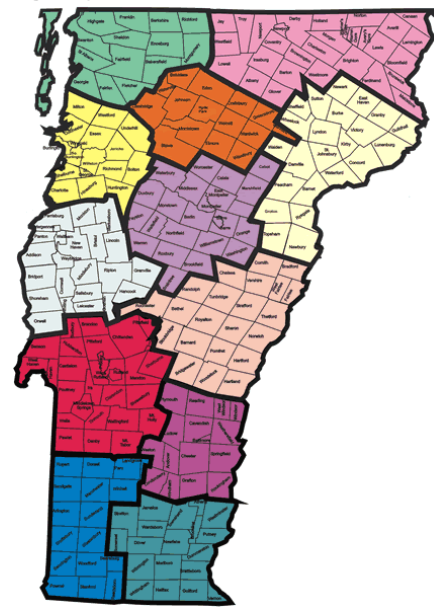
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Promoting Lifelong Health for Children and Families

DULCE Vermont: A Community Response to Toxic Stress
(Developmental Understanding and Legal Collaboration for Everyone)
with Applesseed 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 team works 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 (PCC) is integrated in a pediatrician's office to voluntarily 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. 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 (CIS) team. These connections to needed community-based supports and services occur seamlessly because the family specialist is part of the PCC.

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
 - 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, and makes seamless connections with, 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