



February 12, 2018

Budget Hearing Testimony

As the legislature struggles to find less costly solutions than supporting Special Education in the schools and seeks effective ways to ameliorate the human costs of the opioid crisis and poverty, a reduction to the CIS funding is undermining the effectiveness of one of the major “upstream” supports for young children. The proposal to cut \$1.3 million from Children’s Integrated Services (CIS) (\$1 million Early Intervention, \$300,000 Specialized Child Care transportation) will end up costing us far more than that over the years to come. As many studies have shown, investing in early childhood services, from quality child care to early intervention, decreases future costs in health care, special education and corrections.

CIS has been level-funded for over 10 years, which becomes a cut because the cost of providing quality services rises as qualified staff become more difficult to attract and retain in a competitive employment market. In addition, most referrals coming to CIS are for families with multiple and severe risk factors, including poverty, homelessness, substance use, mental health and/or cognitive limitations in parents, children with abrupt separation from their parents, children with developmental trauma, a growing number of children with a developmental delay or diagnosis, children on the autism spectrum and/or children with severe global delays. While CIS was not originally intended for intensive involvement and intervention, we continue to fill this gap in our community and are a go- to place for providers to refer families who need intensive supports, especially those involved with DCF Family Services. This has required increased needs for staff training and clinical support.

The \$1.3 million proposed decrease has been tied to overbudgeting Early Intervention services that are outside of the CIS bundle, and unspent transportation dollars for specialized child care. This does not mean there is not a need for the money but is more an indication that the infrastructure does not exist to utilize those funds to meet existing needs. For instance, we have not been able to find a provider for transportation in our region for over 2 years. There are not enough Speech and Language Pathologists in some regions of the state for all the children who need speech services to receive them. There are not enough specialists to support young children on the Autism spectrum at a therapeutic dose, which, if it happened, could really make a difference in the level of support needed once they reach elementary school. Waiting 5 years to get children services once they get to kindergarten is too long and will end up costing more money.

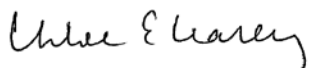
Right now there are at least 11 children in our region (18% of our caseload) who are not receiving the full services they need:

- 6 children need direct speech weekly
- 4 children need nutrition services due to medical diagnosis
- 1 child with autism needs 7 to 10 hours per week of direct instruction

If those funds remain with CIS there are many ways they could be allocated to address needs, which can vary region-by-region. For instance, our region might use the funds to hire a speech therapist since there are not enough providers in our community. Bennington has many SLPs, however, so they might use it to boost their early childhood mental health supports. While there are systemic issues to tackle, there is not necessarily a one-size-fits-all solution. This is the strength of the bundled funding in CIS, that each region can determine how to address the unique needs of our communities. Increasing the bundles in an equitable way will make a real difference in addressing the needs of our most vulnerable children and struggling families.

We ask that the \$1.3 million reduction in CIS funding for FY19 be revised and that the committee recommend an increase in funds.

I welcome any questions and thank you for your consideration.



Chloe Learey
Executive Director

What is CIS?

Children's Integrated Services (CIS), is a signature early childhood initiative in Vermont, maximizing children's health, development, and learning by giving families and early care and education providers access to a range of supports, including concrete financial assistance, home visiting nursing, specialized instruction, and the expertise of mental health clinicians. CIS was designed to lessen the need for future services that are costlier and less efficient by intervening early.

In our community CIS services are delivered by a highly functional team of practitioners who work together to assure that services are not redundant and will result in success for both parent and child.

This approach can be as varied as families are:

- We make sure women have access to prenatal and postpartum support, such as a CIS nurse visiting them at home to help with breastfeeding.
- Our Developmental Specialist will help a family, who has a child with Down's Syndrome learn about their child's development and what they can do to support her early learning.
- Family Support Workers help a homeless family access shelter and financial resources to meet their basic needs.
- We share our expertise with early educators in the community and help families to locate and afford high-quality child care so that they are bolstered through positive community connections.

About The Winston Prouty Center

The Center has served as the CIS fiscal agent since 2008, and provides the majority of services, including nursing. A subcontract was in place for Specialized Child Care services until the merger with Windham Child Care in July 2017. Early Childhood Family Mental Health (ECFMH) is mostly provided through a subcontract with HCRS as the Designated Agency. Some ECFMH services, such as consultation and education to child care programs, are provided by Winston Prouty staff.