

**Claire Kendall, Co Executive Director
Family Center of Washington County
Testimony to House Human Services Committee on behalf of the
Parent Child Center Network
May 2, 2019**

Thank you for the opportunity to speak to you today and for doing this important work. I am here on behalf of the Parent Child Center Network, and we are absolutely thrilled that this bill is being considered. We have long been advocates for upstream prevention work. We do this work every day, and we can see what a difference it makes for families and children. It also can have lasting results from generation to generation. We firmly believe that investing in this work can change lives and address some of the most difficult issues our state and our families are facing today.

First, I want to say that the Parent Child Center Network supports this bill, and we are here to support you all as you work on it. We want to contribute to the crafting of this bill, and we want to - and will - contribute to the work it envisions. As I mentioned, we do prevention work every day with parents and with children and also with families together. I want to tell you about some of this work, and I also bring to you some specific comments on the bill for your consideration.

Some of you may have heard us say that Parent Child Centers are the Answer - and we think this is true. For families with young children, we are the answer to many of the problems they face, many of the hopes they have, many of the questions they ask, and many of the skills they need. PCCs were created through Vermont Statute, and the purpose of each PCC is to provide "prevention and early intervention services such as parenting, 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." PCCs are essentially the hub of services for families with young children – an actual place in the local community where families are always welcome and can always get the support they need, regardless of economic status or family status. We provide 8 core services on behalf of the state to any family with young children. (PCC HANDOUT)

To give you a flavor of some of the services we provide and the outcomes that we see, I have included with my testimony a copy of our Case Studies. These are actual stories of people who we have worked with. (SHARE FCWC Case Study). Many of you have visited your local PCC and have probably met others like these young women, who are working every day to make their own lives better and also be better parents for their children and keep their families strong, despite sometimes unfathomable challenges. The great news is that we have both the opportunity and the infrastructure to help families before they are deep in crisis, before their children are taken from them, before they are addicted. We can also help them to be successful if we don't connect to them until after the crisis - we can help them rebuild their lives and build the skills and community supports they will need to succeed. We are here for families. Raising a child is hard for everyone, and every parent wants to do the best for their children. The Parent Child Centers make it possible for families to succeed in raising a strong and healthy family by helping them identify and use their strengths to get their children off to a good start.

Parent Child Centers fully embrace the Strengthening Families Framework, this is the foundation of the work we do with families. Five Protective Factors (HANDOUT) are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete supports, knowledge of parenting and child development, and social and emotional

competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development. We know that the Strengthening Families Framework, coupled with our Eight Core Services can help families build the skills, structures and supports they need so that parents can be fully present for their children and address their own issues that may be causing challenges in the family, and so that we can prevent childhood trauma and help our children grow into strong, successful Vermonters.

With regard to s.146, one concern we have had about the bill is the narrow focus on substance misuse prevention. We wholeheartedly agree that it is critical to prevent substance misuse and abuse. Every day, we see the effects of substance use in the families we serve and the communities in which we work. We support the recommendations you have heard from the Health Department to broaden the scope of prevention work, with the “Chief Prevention Officer” position you have been talking about. We also support locating this CPO in the office of the Secretary of Administration or the office of the Secretary of Human Services. We think this broad-based approach to coordinating prevention services across all of state government is the right way to go.

We also support the new approach to the Substance Misuse Prevention Advisory Council, and in particular we support the inclusion of letter (E) on the council, someone with expertise in child and family trauma prevention and resilience development. We would also add that since there is a specific mention of reviewing Parent Child Center programs, perhaps there should be some sort of representation on the council for the PCCs specifically. We know there is already a large number of council members and do not necessarily want to add to it, but we do want to ensure that there is good communication and coordination with the PCCs and the council because we see this as a critical opportunity to serve our families better.

We do have one concern with the way the Council is outlined in the current draft of the bill. It is unclear what the process will be for how people get appointed, and also the timeline for those appointments. We would want to make sure that we are following this process closely, but with several members of the committee making the appointments and no particular process outlined in the bill, it is unclear how one would even express an interest in being on the council. One possibility would be to have the Substance Misuse Prevention Manager oversee the process, with a specific timeline for the appointments. The others could still be the ones to decide, but the Manager could organize the process and ensure it all happens.

I have included in your packet a brief summary of the effects of opioids that we are seeing and some of the work we are doing in the PCCs to prevent and mitigate those effects - both at the PCCs and in partnership with other community providers. In addition, I have included a handout that shows the pyramid of services on which we collaborate with our community partners to address childhood trauma. Finally, we have a handout that talks about the work currently do around tobacco use by pregnant women. Unfortunately, right now, these different pieces are not seen as a whole cloth - funding comes from different strands, and we each do certain pieces as we get that funding strand. We believe prevention work should be more holistic and focus on building those individual and family strengths that will help people deal with the smaller daily and bigger life challenges, thus preventing many things that can cause harm to an individual, a family and a community. Drugs are just a piece of it. Health issues, domestic violence, unwanted pregnancies, childhood trauma - all of these things stem from similar causes - people

feeling disconnected and not having the skills and supports they need to cope with whatever issues they are faced with.

It is for these reasons that we support the broader scope of the “Chief Prevention Officer,” and we are hopeful that the broader focus of that position will help to recognize that all prevention is prevention and that these issues are woven together for most individuals. We hope that funding will be available for this broader scope of work, as all of it contributes to helping people to avoid substance misuse and abuse.

We have also been encouraged by your discussion and intent to purposely and strategically partner the new Chief Prevention Officer with the Director of Trauma Prevention and Resilience Development that was created last year, and your intention for them to work together, rather than seeing these two tracks as parallel but not together.

Again, we thank you for your work on this bill and for your focus on prevention and “upstream” work. We stand ready to continue to work with you and the various departments and agencies to ensure that our families are getting high quality support and services so that they can be successful, healthy and happy Vermonters.

What We Know: Families thrive when protective factors are robust in their lives and communities.

Using the Strengthening Families Approach, more than 30 states are shifting policy, funding and training to help programs working with children and families build protective factors with families. Many states and counties also use the Protective Factors Framework to align services for children and families, strengthen families in the child welfare system and work in partnership with families and communities to build protective factors. For more information and many tools and options for implementation, visit www.strengtheningfamilies.net.

Nationally, Strengthening Families is coordinated by the Center for the Study of Social Policy (CSSP) and supported by national partner organizations including:

- Child Welfare Information Gateway
- The Finance Project
- FRIENDS National Resource Center
- The National Alliance of Children's Trust and Prevention Funds
- Parents As Teachers
- United Way Worldwide
- ZERO TO THREE

The Protective Factors Framework

Five Protective Factors are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also "promotive" factors that build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience

No one can eliminate stress from parenting, but a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family's life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with your own child, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

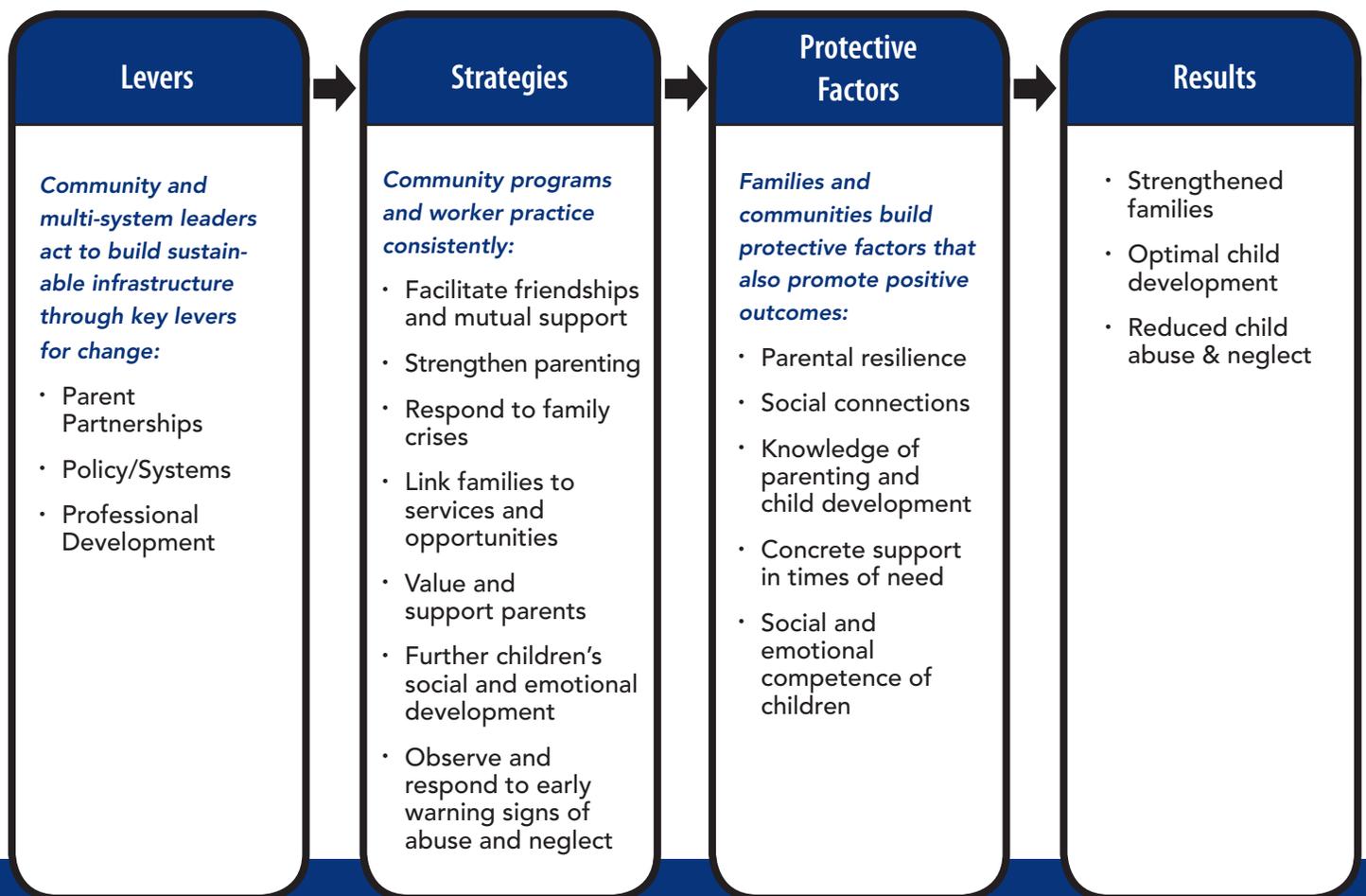
Social and Emotional Competence of Children

A child or youth's ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can head off negative results and keep development on track.

Mobilizing partners, communities and families
to build family strengths, promote optimal
development and reduce child abuse and neglect

The Strengthening Families Approach

- Benefits ALL families
- Builds on family strengths, buffers risk, and promotes better outcomes
- Can be implemented through small but significant changes in everyday actions
- Builds on and can become a part of existing programs, strategies, systems and community opportunities
- Is grounded in research, practice and implementation knowledge

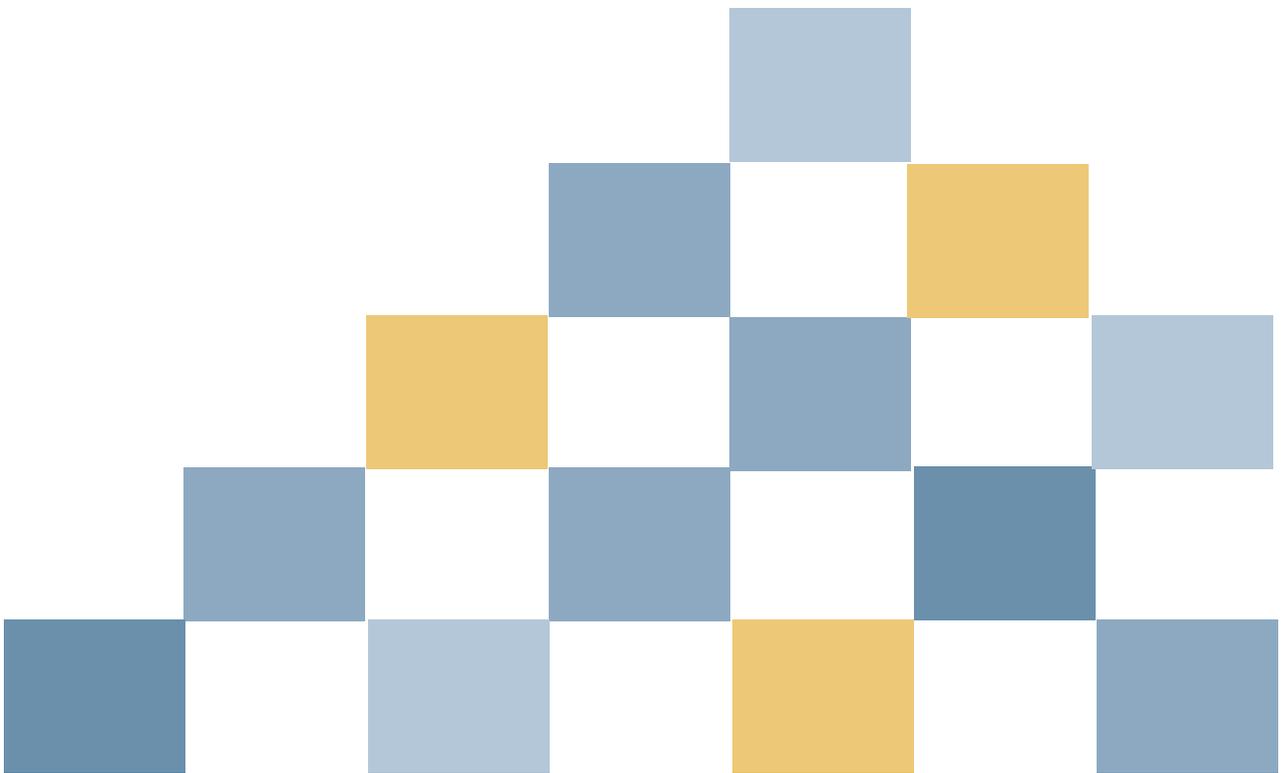


A New Vision

Families and communities, service systems and organizations:

- Focus on building protective and promotive factors to reduce risk and create optimal outcomes for all children, youth and families
- Recognize and support parents as decision-makers and leaders
- Value the culture and unique assets of each family
- Are mutually responsible for better outcomes for children, youth and families

3 Principles to Improve Outcomes for Children and Families



ACKNOWLEDGEMENTS

We gratefully acknowledge the significant contributions to this paper made by the individuals and organizations listed below.

FUNDING SUPPORT

The Alliance for Early Success

Albert Wat, Alliance for Early Success

Cailin O'Connor, Center for the Study of Social Policy

Bobby Cagle, Georgia Division of Family and Children Services

Jennifer Jones and Susan Dreyfus, Alliance for Strong Families and Communities

Michael Troy, Children's Hospitals and Clinics of Minnesota

Michelle Derr, Mathematica

Michael Laracy, Annie E. Casey Foundation

Roderick Bremby, Connecticut Department of Social Services

Mark Greenberg, Migration Policy Institute

Joan Lombardi, Bernard Van Leer Foundation

Elisabeth Babcock and Ruthie Liberman, EMPATH

Julie Poppe and Matthew Weyer, National Conference of State Legislatures

The Annie E. Casey Foundation

Jessie Rasmussen, Buffett Early Childhood Fund

Kris Perry and Amanda Guarino, First Five Years Fund

Aaliyah Samuel, Alexandra Cawthorne, and Mandy Sorge, National Governors Association

Samuel Meisels, Buffett Early Child Institute

Nat Kendall-Taylor, FrameWorks Institute

Elliot Regenstein, Ounce of Prevention Fund

Bezos Family Foundation

LaDonna Pavetti, Center on Budget and Policy Priorities

Steffanie Clothier, Gary Community Investments

Buffett Early Childhood Fund

Chan Zuckerberg Initiative DAF, an advised fund of the Silicon Valley Community Foundation

The David and Lucile Packard Foundation

Einhorn Family Charitable Trust

Genentech

Hemera Foundation

The LEGO Foundation

Nordblom Family Foundation

Omidyar Network

Palix Foundation

Pritzker Children's Initiative

Raikes Foundation

Tikun Olam Foundation

ABOUT THE AUTHORS

The Center on the Developing Child at Harvard University's mission is to drive science-based innovation that achieves breakthrough outcomes for children facing adversity. We believe that the science of development provides a powerful source of new ideas focused on the early years of life. Founded in 2006, the Center catalyzes local, national, and international innovation in policy and practice for children and families. We test and implement these ideas in collaboration with a broad network of research, practice, policy, community, and philanthropic leaders. Together, we seek transformational improvements in lifelong educational achievement, economic security, and physical and mental health.

Lead author **Steven D. Cohen** is a Senior Fellow at both the Center on the Developing Child and the Center for the Study of Social Policy. His human services background includes senior positions in New York City's child welfare agency, in a large non-profit service provider, and at the Annie E. Casey Foundation.

The science in this report draws principally from the work of the **National Scientific Council on the Developing Child**. We are very grateful for the ongoing contributions of this distinguished, multi-disciplinary, multi-university panel. <http://www.developingchild.net>

Please note: The content of this paper is the sole responsibility of the Center on the Developing Child at Harvard University and does not necessarily represent the opinions of funders or partners.

Suggested citation: Center on the Developing Child at Harvard University (2017). *Three Principles to Improve Outcomes for Children and Families*. <http://www.developingchild.harvard.edu>

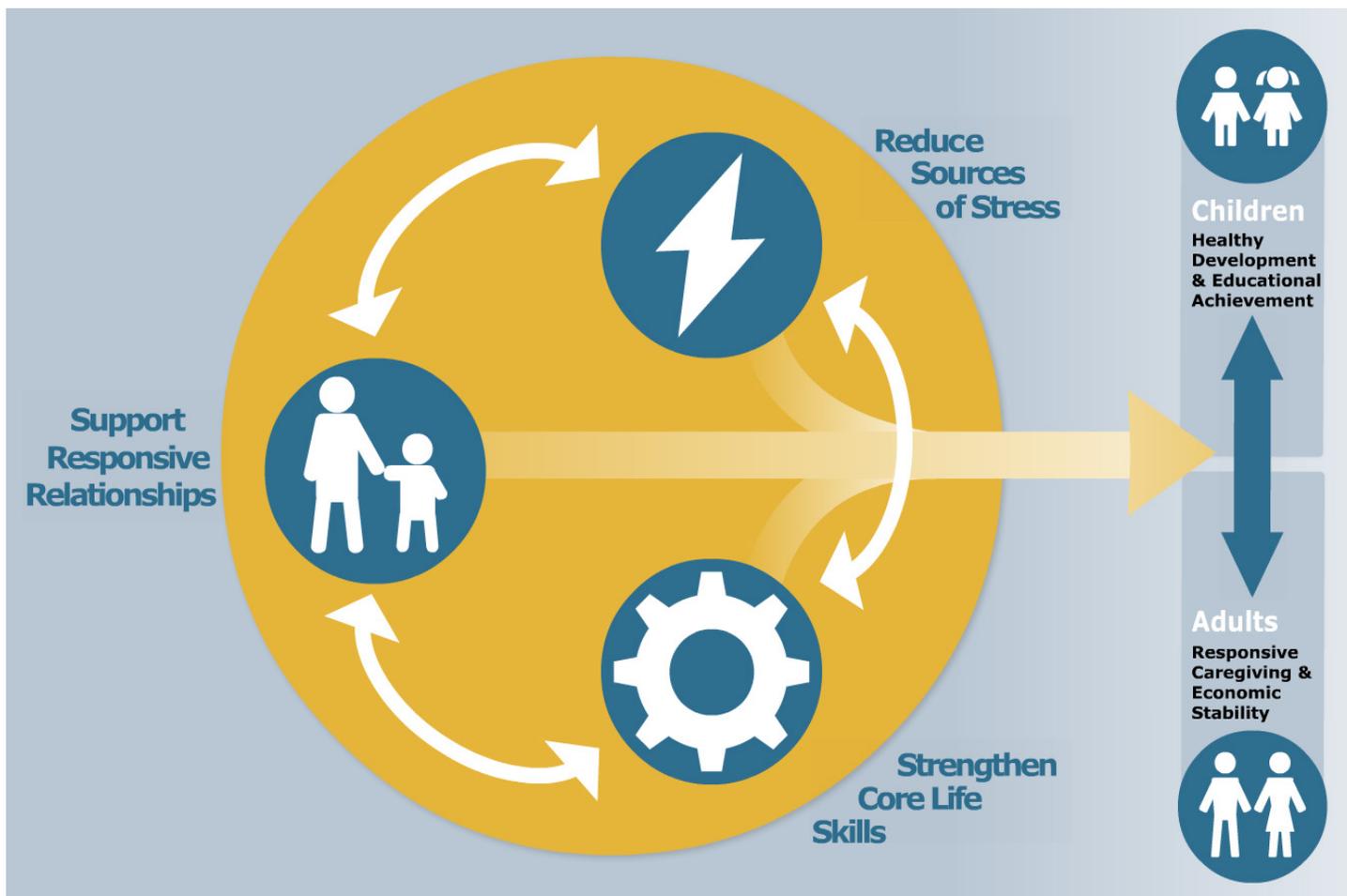
© October 2017, Center on the Developing Child at Harvard University

Core Principles of Development Can Help Us Redesign Policy and Practice

RECENT ADVANCES IN THE SCIENCE OF BRAIN DEVELOPMENT OFFER US AN UNPRECEDENTED opportunity to solve some of society’s most challenging problems, from widening disparities in school achievement and economic productivity to costly health problems across the lifespan. Understanding *how* the experiences children have starting at birth, even prenatally, affect lifelong outcomes—combined with new knowledge about the core capabilities adults need to thrive as parents and in the workplace—provides a strong foundation upon which policymakers and civic leaders can design a shared and more effective agenda.

The science of child development and the core capabilities of adults point to a set of “design principles” that policymakers and practitioners in many different sectors can use to improve outcomes for children and families. That is, to be maximally effective, policies and services should:

1. **Support responsive relationships for children and adults.**
2. **Strengthen core life skills.**
3. **Reduce sources of stress in the lives of children and families.**



These three principles can guide decision-makers as they choose among policy alternatives, design new approaches, and shift existing practice in ways that will best support building healthy brains and bodies. They point to a set of key questions: What are current policies, systems, or practices doing to address each principle? What could be done to address them better? What barriers prevent addressing them more effectively?

The three principles point to a set of key questions:

What are policies, systems, or practices doing to address each principle? What could be done to address them better? What barriers prevent addressing them more effectively?

Moreover, these design principles, grounded in science, can lead policymakers to think at all levels about the forces that could lead to better outcomes for children. At the individual level, policies can focus on skill-building for both kids and adults; at the human services level, they might focus on the critical place of relationships in promoting healthy development, supportive parenting, and economic productivity; and at the systemic or societal level, policies can emphasize reducing sources of stress that create lifelong challenges for children and make it extraordinarily difficult for adults to thrive as parents and breadwinners.

The Science Behind the Principles

Scientists have discovered that the experiences children have early in life—and the environments in which they have them—not only shape their brain architecture, but also affect whether, how, and when the developmental instructions carried in their genes are expressed. This is how the environment of relationships young children experience with adult caregivers, as well as early nutrition and the physical, chemical, and built environments, all get “under the skin” and influence lifelong learning, behavior, and

both physical and mental health—for better or for worse. Starting at birth and continuing throughout life, our ability to thrive is affected by our ongoing relationships and experiences and the degree to which they are healthy, supportive, and responsive or not.

The biology of stress activation also explains *why* significant hardship or threat (e.g., from abuse, neglect, or extreme poverty) can lead to physiological and behavioral disruptions that can have lasting impact. Not all stress is bad—for example, children need to experience manageable amounts of stress in the presence of supportive adults to develop a healthy stress response system. But frequent or extreme experiences that cause excessive stress can be toxic to the architecture of children’s developing brains and can overload adults’ capacity to engage productively in work, families, and communities. Fortunately, most of us have powerful stress-protection shields in the form of supportive caregivers, families, and friends. Stable and responsive relationships in the earliest years of life help protect children from the potential harm that excessive stress can cause, and in adulthood they provide the buffering and hope that are necessary for resilience.

Experiencing significant adversity early in life can set up our body’s systems to be more susceptible to stress throughout life, with long-term negative consequences for physical and emotional health, educational achievement, economic success, social relationships, and overall well-being. For adults who have experienced a pile-up of adversity since childhood, the additional weight of *current* adversity, such as prolonged poverty, may overload their ability to provide the stable, responsive relationships children need and consistently meet the demands of the modern workplace. Therefore, these scientific findings are relevant to policy choices in a wide variety of areas—from traditional “children’s” areas such as pediatrics, early care and education, and child nutrition to “adult” domains such as income support, employment training, foster parent training, health care, and housing.



PRINCIPLE 1: Support Responsive Relationships

FOR CHILDREN, [RESPONSIVE RELATIONSHIPS](#) WITH ADULTS HAVE A DOUBLE BENEFIT, BOTH promoting healthy brain development and providing the buffering protection needed to prevent very challenging experiences from producing a toxic stress response. For adults, healthy relationships also boost well-being, providing practical assistance and emotional support and strengthening hope and confidence, all of which are needed to survive and weather stressful situations. By supporting responsive, [serve-and-return](#) interactions between adults and children, and strong relationships between caseworkers and their adult clients, sound public policy has the power to promote children's healthy development *and* reinforce adults' core life skills. Further, when adults are supported and can model responsive relationships with each other and with children, the benefits come full circle, ultimately helping children become healthy, responsive parents themselves.

Why?

Responsive relationships early in life are the most important factor in building sturdy [brain architecture](#). Think of building a house; it's constructed in a certain order and the foundation establishes a base upon which everything else is built. The same is true with developing brains. Brain architecture is comprised of *trillions* of connections among neurons across different areas of the brain. These connections enable lightning-fast communication among neurons that specialize in different kinds of brain functions.

A major active ingredient in this developmental process is the [serve-and-return interaction](#) between children and their parents and with other caregivers in the family or community. When an infant or young child babbles, gestures, or cries, and an adult responds appropriately with eye contact, words, or a hug, neural connections are built and strengthened in the child's brain. Given the foundational importance of the first few years of life, the need for responsive relationships in a variety of settings, starting in infancy, cannot be overstated. When policies support caregivers' ability to be sensitive and responsive to a young child's sig-

nals and needs, those caregivers are better able to provide an environment rich in serve-and-return experiences and help lay down a sturdy foundation for all that comes later.

When adults model responsive relationships, the benefits come full circle, ultimately helping children become healthy, responsive parents themselves.

Relationships also help build [resilience](#) across childhood and into adulthood. The single most common factor for children and teens who develop the capacity to overcome serious hardship is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness and protection that buffer children from developmental disruption and model the capabilities—such as the ability to plan, monitor, adjust, and regulate behavior—that enable individuals to respond adaptively to adversity and thrive. This combination of supportive relationships, adaptive skill-building, and positive

experiences *interacts* with genetic predispositions to form the foundation of resilience.

While responsive relationships in childhood help build a lifelong foundation for resilience, they continue to be important throughout our lives. They help adults deal with stress, support self-regulation, and promote a positive outlook for the future. By contrast, the social isolation experienced by many parents living in poverty or dealing with mental health or substance abuse problems can trigger a range of negative side effects. Public policies and human service programs that are specifically designed to support the skills and environments that foster responsive relationships between children and those who care for them support healthy development and improve child outcomes. Likewise, service providers who listen responsively, treat clients with respect, and support them in planning for the future are more likely to be effective in promoting positive change.

Here are some examples of ways to apply the **support responsive relationships** design principle to **policy**:

- Provide sufficient flexibility in benefits to avoid the disruption of critical relationships with caregivers that happens when children cycle in and out of programs due to loss of a child care subsidy, housing instability, or involvement in the child welfare system.
- Establish policies that strengthen family relationships whenever possible; for example, promote frequent contact between children in out-of-home care and their parents and

siblings, or minimize changes of placement for children in out-of-home care.

- Ensure that workers in service programs have adequate compensation, professional development, and supervision in order to reduce the high level of turnover in these positions that disrupts relationships between staff and clients.
- Offer services through trusted organizations and individuals in the community that have already built strong relationships with community members.

Next, here are examples of opportunities to apply this principle to **practice**:

- Coach adult caregivers on serve-and-return interaction with children in a wide range of settings, including pediatrics, early care and education programs, home visiting, and even employment training programs.
- Develop hiring practices aimed at identifying and selecting staff who are motivated to build strong relationships with their clients; for example, use an interview process in which candidates can be observed relating to others.
- Provide workers in service programs with enough time to develop relationships with the people they are expected to help, as reflected by caseload/class sizes, as well as allow for interactions of sufficient duration, frequency, and consistency, and reduce documentation requirements that can cause staff to spend too much time with forms and too little with their clients.



PRINCIPLE 2: Strengthen Core Life Skills

WE ALL NEED A SET OF [ESSENTIAL SKILLS](#) TO MANAGE LIFE, WORK, AND RELATIONSHIPS successfully. These core capabilities support our ability to focus, plan for and achieve goals, adapt to changing situations, and resist impulsive behaviors. No one is born with these skills; they are developed over time through coaching and practice. Policies that help children and adults strengthen their core life skills are essential not only for their success as students and workers, but also as parents, when they can pass along the same capabilities to the next generation.

Why?

Scientists call these capabilities [executive function and self-regulation skills](#). Just as an air traffic control system at a busy airport safely manages the arrivals and departures of many aircraft on multiple runways, the brain needs this skill set to filter distractions, prioritize tasks, remember rules and goals, and control impulses. These skills are crucial for learning and development. They also set us up to make healthy choices for ourselves and our families.

Children facing significant adversity can develop these skills—and adults can strengthen them—when policies, programs, and skilled caregivers or caseworkers create environments that provide “scaffolding” for efforts to use these skills. Scaffolding is simply developmentally appropriate support that gets people started and steps in as needed, allowing them to practice the skills before they must perform them alone. Adults can facilitate the development of a child’s executive function skills by establishing routines, modeling appropriate social behavior, and creating and maintaining supportive, reliable relationships. Science shows that the brain continues to adapt to experiences throughout life and that adults, too, can [strengthen these skills through coaching and practice](#).

In the first three years of life, we start learning to use these core capabilities in basic ways—like focusing attention, responding to limit-setting, and following simple rules. Between ages 3 and 5, we make huge gains in using these skills as we practice them more and more, learn to adjust flexibly to different rules for different contexts, and resist impulsive behaviors.

By later childhood and adolescence, with the right experiences and support, our brains are ready to build the skills required for more complex situations—resisting peer pressure, setting long-term goals and plans, and dealing productively with setbacks. As adults, we continue to use these skills in managing our households, meeting deadlines at work, and strategically planning for the future. Although it’s much easier to begin developing these skills early in life, it’s never too late to improve them. Even after our mid-20s, adults can still learn new skills and strengthen others, but it

requires far greater effort if the foundation is weak.

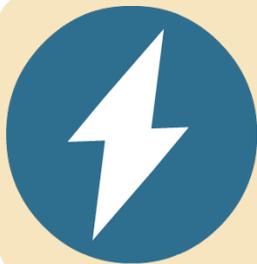
Included below are examples of ways to apply the **strengthen core life skills** design principle to **policy**:

- In contracting for service programs, prioritize those that explicitly focus on self-regulation and executive function skills and incorporate opportunities for program participants to practice these skills.
- Reduce regulatory barriers and increase incentives for two-generation programs to actively build the core skills of children and the adults they depend on.
- Develop education and early learning policies that recognize the importance of executive function and self-regulation as an important strand in the “braided rope” of skills children need to succeed academically.

Core life skills are crucial for learning, development, and making healthy choices for ourselves and our families.

And, here are examples of opportunities to apply this principle to **practice**:

- Adopt coaching models that help individuals identify, plan for, and meet their goals.
- Focus on small, incremental steps with frequent feedback; for example, break down the goal “find housing” into steps like finding out what’s available, what neighborhoods are best, contacting landlords, visiting, asking questions, etc., with opportunities for responsive feedback along the way.
- Create regular opportunities to learn and practice new skills in age-appropriate, meaningful contexts, such as play-based approaches in early childhood; planning long-term school projects in adolescence; and role-playing a difficult conversation with a boss in adulthood.
- Scaffold skill development with tools such as goal-setting templates, text reminders, timelines, and planners.



PRINCIPLE 3: Reduce Sources of Stress

NOT ALL STRESS IS BAD, BUT THE UNREMITTING, [SEVERE STRESS](#) THAT IS A DEFINING FEATURE of life for millions of children and families experiencing deep poverty, community violence, substance abuse, and/or mental illness can cause long-lasting problems for children and the adults who care for them. Reducing the pile-up of potential sources of stress will protect children directly (i.e., their stress response is triggered less frequently and powerfully) and indirectly (i.e., the adults they depend upon are better able to protect and support them, thereby preventing lasting harm). When parents can meet their families' essential needs, teachers and caseworkers have effective training and manageable class sizes/caseloads, and policies and programs are structured and delivered in ways that reduce stress rather than amplify it, families are better able to take advantage of community services that support healthy child development.

Why?

[Excessive activation of stress response systems](#) affects the brain and other organ systems in many ways. When we feel threatened, our body prepares us to respond by increasing our heart rate, blood pressure, and stress hormones, such as cortisol. When stress response systems are activated within an environment of supportive relationships, these physiological effects are moderated and brought back down to baseline. However, if the stress response is extreme and long-lasting—and supportive relationships are unavailable—it can overload multiple biological systems.

Chaotic, threatening, and unpredictable situations and environments that activate the “fight or flight” response repeatedly or excessively can make it difficult to engage [executive function skills](#)—the underlying skills we all need to plan, focus, adjust, and resist impulsive behaviors. And while it's good to practice these skills, constant and intensive demand on them to deal with stressful situations can deplete them—just as exercise is good for physical fitness, but a marathon can leave us physically exhausted.

Frequently experiencing circumstances that seem beyond our control can also lead to a

low sense of self-efficacy (the belief that we can improve our own lives), which is needed to engage in planned, goal-oriented behaviors. Simply put, having fewer experiences that trigger a sustained, powerful stress response allows a child's brain to build and strengthen the neural connections for learning and advanced cognitive skills and allows an adult's brain to access the skills they already have.

Chronic activation of stress response systems in early childhood, especially without the ongoing presence of a responsive adult, can lead to [toxic stress](#), which disrupts the healthy development of brain architecture. Experiencing toxic stress during these early years can affect learning, behavior, and health throughout the lifespan. It's like revving a car engine for days or weeks on end—constant activation of the stress response has a wear-and-tear effect on the brain and other biological systems. Constant stress also depletes precious energy the brain needs for healthy development in childhood and adulthood to deal with consequential decisions—of which there are many for parents dealing with economic instability or other problems.

In addition, people who have experienced serious early adversity are more likely to per-

ceive and focus attention on potential threats throughout life. While brain development and adaptation continue across the life course, it's always harder and more costly to remediate than to prevent problems. A multi-generational approach to reducing external sources of stress on families has double benefits: It means that adults will be better able to provide responsive relationships and stable environments for children, and it allows children to develop healthy stress response systems and sturdy brain architecture, to focus better on learning, and to receive a lifetime of benefits from these early building blocks of resilience.

Listed below are examples of opportunities to apply the **reduce sources of stress** design principle to **policy**:

- Reduce barriers to families accessing basic supports, such as nutritious food, safe shelter, medical care, and mental health services, with special attention to the needs of children during periods of severe hardship or homelessness.
- Establish simplified, streamlined rules for eligibility determination and re-certification for benefits and services, while minimizing punitive regulations that add stress to already stressful situations.
- Provide consistent, adequate funding to prevent unexpected loss of services, which

is a source of stress to both service providers and families, in order to offer stability that enables adults to focus on responsive caregiving.

Constant stress depletes precious energy the brain needs for healthy development in childhood and adulthood.

Finally, here are examples of ways to apply this principle to **practice**:

- Help parents strengthen the skills they need to create a stable and supportive home environment with consistent and predictable routines.
- Routinely ask about and respond to the major stressors affecting families as part of the assessment process conducted in many types of service programs;
- Provide services in well-regulated, welcoming environments.
- Provide workers in service programs with the supports they need, such as reasonable caseload/class sizes, responsive supervision, and skill development, to manage their own stress so they can help their clients effectively.



How the Policy and Practice Design Principles Interact

THESE THREE PRINCIPLES DO NOT OPERATE IN ISOLATION. IN FACT, THEY ARE HIGHLY interconnected and reinforce each other in multiple ways. First, progress on any of the three makes progress on the others more likely. For example, reducing sources of stress makes it easier to access and use executive function and self-regulation skills; it also frees up time and energy to participate in responsive interactions. Likewise, helping parents and caregivers improve executive functioning supports their ability to engage in serve-and-return interactions with the children in their care and to create a more stable and predictable caregiving environment.

Second, each individual's functioning has important effects on every other member of the family. For example, when an adult caregiver creates a well-regulated environment, children are likely to experience less stress, which supports their healthy development; their improved behavior in turn reduces stress for caregivers, providing a greater opportunity for the adults to continue to build their own self-regulation and executive function skills.

Using these design principles to promote positive change on all three dimensions is our best chance to help adults provide safe and responsive caregiving, and to help children get (and stay) on track for healthy development.

Unfortunately, the converse is also true: significant challenges in any one of these areas can lead to problems in the others. Using these design principles to promote positive change on all three dimensions is our best chance to help adults provide safe and responsive caregiving, and to help children get (and stay) on track for healthy development.

The Design Principles in Action

Policymakers, system leaders, and practitioners can apply these three design principles in several ways. Below are three suggestions.

1. *As a subject of inquiry about **current policies and operations**.* To what extent do current policies and operations promote (or hinder) responsive relationships and the development of core capabilities? To what extent do they diminish (or increase) sources of stress? What is preventing us from doing better? To find the answers to these questions, leaders might conduct a series of observations and conversations at the front lines, where workers are engaged personally with both child and adult clients. This is likely to produce important information about how things work now and suggestions for how they might work differently in the future.
2. *As a set of tests applied to **proposed changes in policy or system operations**.* When changes to laws and/or regulations are proposed, they are commonly evaluated for their potential economic and budgetary impact. The three design principles in this paper provide an additional framework for analyzing such proposals. Compared to current operations, how might the changes under consideration affect prospects for responsive relationships, for developing core capabilities in both adults and children, and for reducing sources of stress? Given those likely impacts, how strong is the case for (or against) the changes as currently envisioned? How might the proposals be modified in order to produce more positive effects and/or fewer negative consequences?
3. *As an organizing framework for **developing new policies or program strategies**.* Sometimes assessments of and changes to current policies are not enough. Making use of what has been learned from observations and conversations with workers and clients, leaders might ask questions like: Suppose we want our system to do the best possible job of promoting responsive relationships, both between caregivers and children and between our workers and the clients they are trying to help. How would we redesign the system to do that? What are the manageable, incremental changes we might adopt soon to get started, and what are the larger and more complex changes that we might aim for over time?

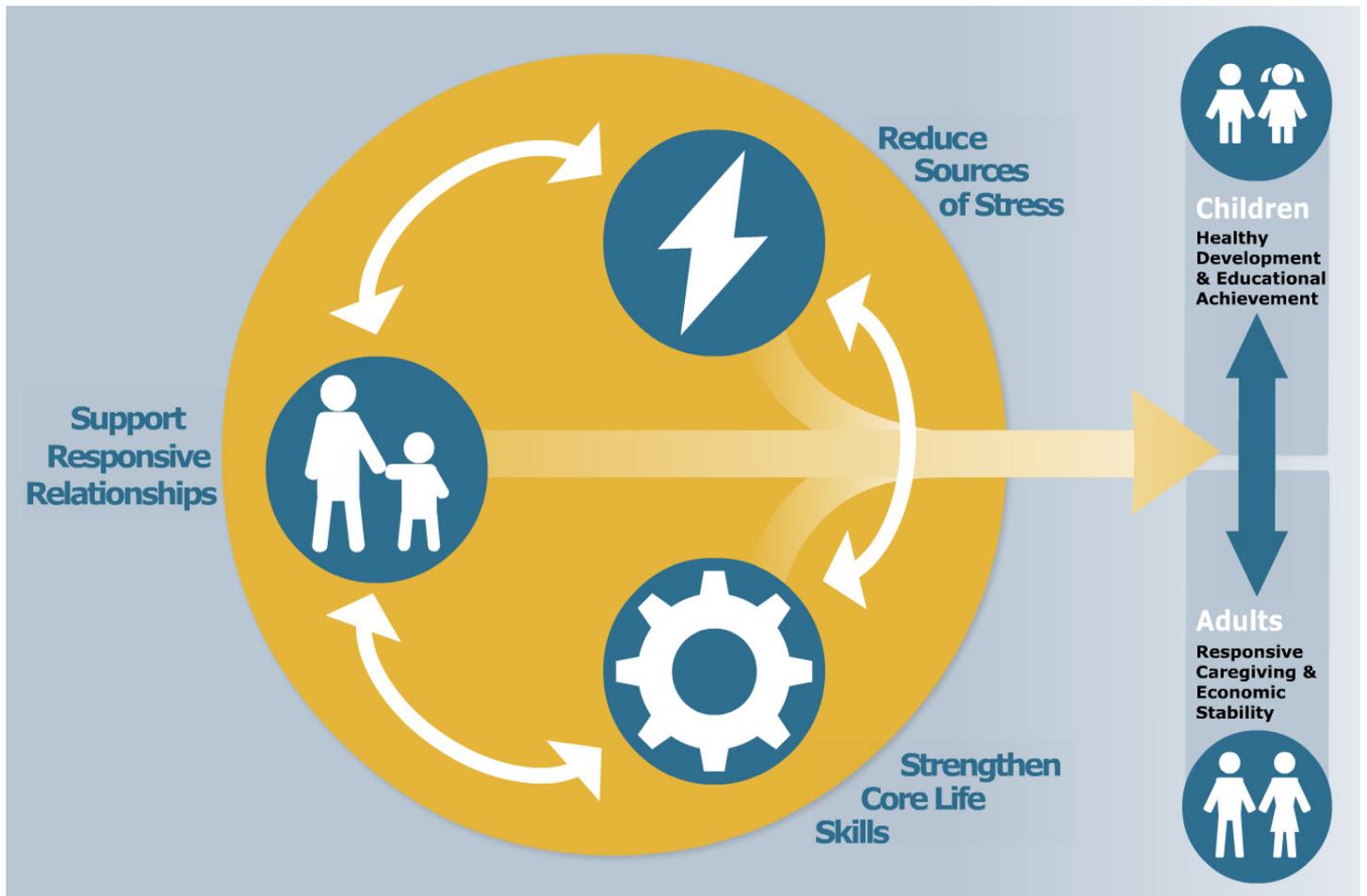
»»» ACTION STEP

How are you using the three design principles to reshape policy or practice? Share your experiences at: <https://developingchild.harvard.edu/3principles-survey>

Applying Science to Policy and Practice

UNDERSTANDING THE MAJOR INFLUENCES ON CHILD DEVELOPMENT AND HOW ADULTS DEVELOP and use executive function and self-regulation skills—and especially the effects of excessive stress on both—is critical for improving life outcomes for individuals and all of society. Only when we have a basic understanding of what builds resilience and how problems in learning, behavior, and lifelong health come to be, can we effectively address the causal mechanisms that underlie them.

Drawing on a common understanding of how positive development can be either promoted or derailed, practitioners and policymakers can think in new ways about how we can do a better job supporting children and families. This science-based framework offers a promising guide for generating new ideas about how to meet the objectives of each policy or practice system more effectively—and, in the end, achieve significant improvements in outcomes for the children and families who are the foundation of our communities and our shared future.



Additional Resources

Except as noted, all resources are from the Center on the Developing Child and available at <http://developingchild.harvard.edu>.

The science behind the principles

[*Early Experiences Can Alter Gene Expression and Affect Long-Term Development. Working Paper 10.*](#) (2010)

[*Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience. Working Paper 13.*](#) (2015)

[*From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families.*](#) (2016)

Responsive relationships

“Key Concepts: Brain Architecture.”

<https://developingchild.harvard.edu/science/key-concepts/brain-architecture/>

“Key Concepts: Serve and Return.”

<https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

[*Young Children Develop in an Environment of Relationships. Working Paper 1.*](#) (2004)

[*The Timing and Quality of Early Experiences Combine to Shape Brain Architecture. Working Paper 5.*](#) (2007)

[*The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain. Working Paper 12.*](#) (2012)

Core life skills

“Deep Dives: The Science of Adult Capabilities.”

<https://developingchild.harvard.edu/science/deep-dives/adult-capabilities/>

“Key Concepts: Executive Function & Self-Regulation.”

<https://developingchild.harvard.edu/science/key-concepts/executive-function/>

[*Building the Brain’s “Air Traffic Control” System: How Early Experiences Shape the Development of Executive Function. Working Paper 11.*](#) (2011)

[*Building Core Capabilities for Life: The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace.*](#) (2016)

Stress

“Key Concepts: Toxic Stress.”

<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

[*Excessive Stress Disrupts the Architecture of the Developing Brain. Working Paper 3.*](#) (2005, updated 2014)

Shonkoff, J.P., Boyce, W.T., McEwen, B.S. (2009). [Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention.](#) *JAMA*, 301(21), 2252-2259.

Shonkoff, J.P. (2016). [Capitalizing on advances in science to reduce the health consequences of early childhood adversity.](#) *JAMA Pediatrics*, 170(10), 1003-1007.

WORKING PAPER SERIES

- Working Paper 1** *Young Children Develop in an Environment of Relationships* (2004)
- Working Paper 2** *Children's Emotional Development Is Built into the Architecture of Their Brains* (2004)
- Working Paper 3** *Excessive Stress Disrupts the Architecture of the Developing Brain* (2005, updated 2014)
- Working Paper 4** *Early Exposure to Toxic Substances Damages Brain Architecture* (2006)
- Working Paper 5** *The Timing and Quality of Early Experiences Combine to Shape Brain Architecture* (2007)
- Working Paper 6** *Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood* (2008, updated 2012)
- Working Paper 7** *Workforce Development, Welfare Reform, and Child Well-Being* (2008)
- Working Paper 8** *Maternal Depression Can Undermine the Development of Young Children* (2009)
- Working Paper 9** *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development* (2010)
- Working Paper 10** *Early Experiences Can Alter Gene Expression and Affect Long-Term Development* (2010)
- Working Paper 11** *Building the Brain's "Air Traffic Control" System: How Early Experiences Shape the Development of Executive Function* (2011)
- Working Paper 12** *The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain* (2012)
- Working Paper 13** *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience* (2015)

REPORTS

Early Childhood Program Evaluations: A Decision-Maker's Guide (2007)

The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do (2007)

A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children (2007)

The Foundations of Lifelong Health Are Built in Early Childhood (2010)

Building Core Capabilities for Life: The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace (2016)

From Best Practices to Breakthrough Impacts: A Science-Based Approach to Building a More Promising Future for Young Children and Families (2016)

Applying the Science of Child Development in Child Welfare Systems (2016)



Three Women's Stories

Parent Child Centers are the Answer

Each January, we anticipate the President's State of the Union address, and listen for its promises for Americans. This January Addison County Parent/Child Center participants joined the discussion and submitted essays to Senator Bernie Sanders' "State of the Union" essay contest. In their essays, they poignantly reminded us that the "state of the union" is a daily concern for them and their families. Their testimony also reflected the mission of the Parent Child Center; learning and working together to improve the lives of adolescents, their children and families, and in turn the larger Addison county community.

MiKaila wrote, "Being a parent is one of the toughest challenges in a lifetime, especially at seventeen and a high school senior. A big reason I am so successful is because of people working together to help my son and me. The Parent Child Center is helpful by motivating me to finish my education and to being College at The Community College of VT. They also provide childcare for my son while I am in classes....I want my son to experience life at its fullest and have his dream job. We need to focus on education for our children so they have these great jobs; I want the government and citizens to focus on our home, America, and to work together like a family".



Amanda echoed MiKaila, "My family and friends would constantly say, 'Now you're really going to be screwed.' Twenty-years-old, pregnant, no high school diploma, homeless – these facts were once what everyone knew of me, but they never defined me. They assumed that I didn't want a better life, and that I never would, after many failed attempts, get my high school diploma. They didn't know that I believe all Americans deserve the chance to have equal opportunities for education that meets their specific learning needs. It took me three years to find the place where I could take my education seriously. Three years to be respected by teachers. I started attending The

Parent Child Center last September. I was finally at a place where I could enroll in small classes, receive individual helps as part of my schedule, and have childcare provided. I now have my Personal Care Assistance certification, my high school diploma, and am enrolled in a Licensed Nurse's Assistant course. I can feel myself becoming the person I've always wanted to be more and more each week".

Alex continued, "As humans we all deserve the right to life, liberty and the pursuit of happiness. To pursue our happiness, all Americans need support around their mental health. I wish every citizen could experience a warm welcoming place like the PCC. I am getting the support I need from the Center and I believe all people should have this same opportunity...It's important for me to be around people who have created a good life out of rough times...Just imagine what our country would be like if all Americans were given an opportunity to be at a place like the PCC?"



PCC CORE SERVICES PROVIDED TO MIKAILA

- Early Childhood Services 5 star food and transportation
- Home visits
- Parent Ed
- Parent support
- Concrete supports
- Information and Referral
- Graduated from High school in our approved Ed Program
- LARC – birth control
- Counseling
- Fed breakfast and lunch

PCC CORE SERVICES PROVIDED TO AMANDA

- The same as those received by MiKaila, and
- Post secondary education and training and

PCC CORE SERVICES PROVIDED TO ALEX

- Prevention – not a parent due to intensive supports
- Home visits
- Concrete supports
- Information and Referral
- In high school in our Approved Ed Program
- LARC – birth control
- Counseling
- Driver's ed.
- Fed breakfast and lunch

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 MiKaila, Amanda, and Alex received relate directly to outcomes that drive our decision making as a state under Act 186. *MiKaila, Amanda, and Alex' stories show 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.*

MiKaila and Amanda received high quality early education, including food and transportation, for their children

- Vermonters are healthy
- Vermont's communities are safe and supportive
- Vermont's children and young people achieve their potential, including:
Children are ready for school

MiKaila and Amanda received parental education

- Vermonters are healthy
- Vermont's communities are safe and supportive
- Vermont's families are safe, nurturing, stable, and supported
- Vermont's children and young people achieve their potential, including:
Children are ready for school

ACPCC provided healthy meals for MiKaila, Amanda, Alex and their families

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

MiKaila, Amanda, and Alex are either attending high school, or have already graduated

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

MiKaila, Amanda, and Alex all received counseling services

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

ACPCC Provided home visiting services to MiKaila, Amanda and Alex

- Vermonters are healthy
- Vermont's communities are safe and supportive
- Vermont's families are safe, nurturing, stable, and supported
- Vermont's children and young people achieve their potential, including:
Children are ready for school

The support MiKaila, Amanda, and Alex received positively impacts 7 indicators tracked by the State of Vermont to measure positive population outcomes.

1. Median household income
2. Rate of resident unemployment per 1,000 residents
3. Number and rate per 1,000 children and youth of children and youth in out-of-home care
4. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards
5. Percent of graduating high school seniors who continue their education within six months of graduation
6. Percent of high school graduates entering postsecondary education, work, or training
7. Rate of high school graduates entering a training program per 1,000 high school graduates

ROI STATISTICS

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)
- A person with an associate's degree earns 18% more, on average, than someone with a high school diploma.

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

Homeless vs. Housing - \$20,250 (AHS – Housing Director)

- Providing an individual that is homeless shelter for a year costs \$27,594 vs \$7,344 for permanent housing. ROI=\$20,250
- Costs \$6,351 to house a family for 84 days through Economic Services
- Costs \$7,344 for a voucher to support them in permanent housing for a year

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.





Early Education
SERVICES

Hilary's Story

Parent Child Centers are the Answer

HILARY'S STORY

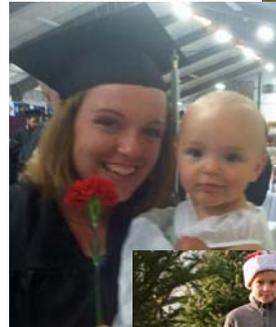
In 2009 as a young mother of two children, ages 5 years and 6 months, I became homeless, when I fled from an abusive relationship. I had to drop out of college at Community College of Vermont where I was studying to become a nurse. I was unemployed, unstable and had no money when I arrived at Early Education's Services (EES) Parent-Child Center in Brattleboro.

Immediately, I was enrolled in the Home Base program at EES and was assigned a home visitor who provided the supports I needed to stabilize my living situation, and education about child development. The knowledge I gained from my home visitor taught me about my son's development and helped me to develop a strong bond with my infant daughter. The home visitor also helped me secure a Section 8 subsidized apartment in town, and get on the Reach Up Program. Soon after, my children enrolled in EES full day classrooms, where they received quality early care education experiences in classrooms that were top rated at the 5 STAR level. As part of their enrollment at EES, my children received health and nutrition services.

I then worked with a Family Support Specialist from EES who helped me become self-sufficient, stable, and get back on track. During that time, my daughter's father actively pursued his claim to our child and indicated his wish to be involved in her life. The EES home visitor, classroom teachers and administrative staff worked to create a safe environment for me and my children, while supporting his desire to participate in our daughter's school experiences. The EES staff worked to establish mutually positive and respectful relationships with the father, and setting boundaries for him. He was encouraged to participate in EES' Dedicated Dads Program in order to strengthen his relationship with our daughter, and learn how to communicate respectfully.

Once stabilized, I was able to go on to earn my Nursing degree at Vermont Technical College in 2013. I passed the state boards to receive my Licensed Practical Nursing certification, and landed a job at Vermont Technical College as a tutor. In 2014 I completed my education at Vermont Technical College to meet the requirements to become a Registered Nurse. Now, I work at Brattleboro Cardiology and the Southern State Correctional Facility in Springfield, Vermont as a nurse. My children attend Academy Elementary School, and the three of us are doing well.

The work I have done over the past few years to rebuild my life has been difficult, but possible because of the support and great relationships EES gave to me. I would not be where I am today without the help of EES, for which I am incredibly grateful. I grew so much through my experience with EES. Not only as a person, woman, but most importantly as a mother. I learned how to advocate for my children, ask for help and guidance and to not be afraid to make mistakes.



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

ECC provided home visiting services for Hilary and her children

- Vermont's families are safe, nurturing, stable, and supported
- Vermont's communities are safe and supportive
- Vermonters are healthy
- Vermont's children and young people achieve their potential, including
 - Pregnant women and young people thrive
 - Children are ready for school
 - Children succeed in school

ECC helped Hilary stabilize her living situation, which allowed her to go back to school, get her nursing degree & begin working as an RN

- 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.

ECC helped Hilary's children maintain a mutually positive and respectful relationship with their father

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

ECC helped Hilary secure affordable Section 8 housing

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

ECC helped Hilary enroll her children in high quality early care programs

- Vermont's children and young people achieve their potential, including
 - Children are ready for school
 - Children succeed in school

The support Hilary received positively impacts 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 grads entering postsecondary education, work, or training
5. Percent of completion of postsecondary education
6. Number 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

PCC CORE SERVICES PROVIDED TO HILARY

Home Visiting

Families with young children have access to home-based support. Family goals and interests determine the frequency and content of the visits.

Concrete Supports

Families have access to financial assistance to maintain transportation or meet other basic needs when crisis hits.

Information and Referral

Home visitors, parent educators, reception staff and others help parents find resources available to families in their communities.

Early Childhood Services

Developmental, inclusive child care on-site is offered 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.

Parent Education and Support

Parent education opportunities are offered in a variety of formats and on a range of topics and themes responding to family issues. Education 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. Opportunities are facilitated for families with common experiences and interests to gain mutual support in a peer group setting.

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.

THE KEPP FAMILY'S STORY

The Kepp family came to the attention of The Family Center: Parent Child Center at Northwestern Counseling and Support Services by way of the Department of Children and Families - Family Services division. The mother, Kathleen and father, Doug had a long history of DCF involvement stemming back to when they were young children. Both parents, having adverse childhood experiences, and DCF involvement with their own children were reluctant to seek outside supports and services. The family was living in harmful household conditions far from concrete and social supports. The family was isolated, living in unsafe housing, and were not able to make ends meet. Though reluctant, they were connected to the Parent Child Center for Support.

The Family Support Specialist helped the family to set goals - accessing community resources, increasing parenting supports, and increasing knowledge of child development. This Parent Child Center was able to help the family move to a safer house that was in closer proximity to family supports. Because of this, Kathleen was able to find steady employment. The family started to develop trust with the Parent Child Center allowing for the other family members to become more open to accessing services. Doug was able to develop a rapport with the PCC staff and began to work on his own personal goals. He enrolled in a program that allowed him to work toward regaining the license he had lost. Once he became a licensed driver he sought out concrete funds through the Strengthening Families program which assisted the family in buying a vehicle that was safe for transporting their two children and helped the mother more easily get to her new place of employment

The Family Support Specialist helped the family in developing the skills and knowledge to recognize and seek out safe social supports. The family was able to sever ties with many of the individuals who had a negative influence on their lives and they were able to reconnect with positive supports. The family continued to work on their budget and recognized their current house was not financially sustainable and moved in with the maternal grandmother. The Family Support Specialist continued to work with the family on establishing daily routines and proper upkeep of a home. The family was able to feel secure in their housing for the first time in their lives. Susan, the youngest child, was continuing to have her development monitored and just before her second birthday a referral was put in for Early Intervention services. A Developmental Educator began working with the family on increasing knowledge of child development. Susan began to show movement towards her goals and soon after the family experienced a successful DCF case closure.

Because of the support the family received from the Parent Child Center the family began to thrive. The father was able to, for the first time in his life, secure employment and was able to contribute to his oldest child's child support. At the time the family graduated from the Strengthening Families program they were living in sustainable housing, had stable childcare, had a reliable vehicle, had steady income, and had increased their knowledge of community supports and how to advocate for themselves. The family continues to attend every community event hosted by the Parent Child Center to show their appreciation for the work of everyone who helped to support them and help them grow and thrive.

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 the Kepp family received relate directly to outcomes that drive our decision making as a state under Act 186. *The Kepp'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.*

The Family Center helped the Kepps support Susan to meet her developmental milestones

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

The Family Center helped the Kepps secure affordable housing

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

The Family Center helped Doug secure his license and transportation so that he could get himself and his wife to work and his children to school

- 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 children thrive
 - Youths successfully transition to adulthood

The Family Center helped Kathleen 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 children thrive
 - Youths successfully transition to adulthood

The Family Center helped the family find childcare for their two children so Kathleen and Doug could continue to work

- 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 children thrive
 - Youths successfully transition to adulthood

The support The Kepp family received positively impacts 10 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. Rate of resident unemployment per 1,000 residents
3. Percent of high school grads entering postsecondary education, work, or training
4. Percent of completion of postsecondary education
5. Number of persons who are homeless (adults and children)
6. Percent of residents living in affordable housing
7. Percent of adults age 18-64 with health insurance
8. Percent of children age 17 and younger with health insurance
9. Rate of children and youth in out-of-home care per 1,000 children and youth
10. Percent of children receiving child care subsidy attending high quality early childhood programs

PCC CORE SERVICES PROVIDED TO THE KEPPS

Concrete Supports

- Family Education
- Case Management
- Strengthening Families Program
- Housing and transitional planning support
- Classes focused in parenting, child development, nutrition, health and wellness, life skills, job readiness, money management, positive social connections

Parenting Support and Education

Family Educator who provides

- Home visitation
- Parenting and Child Development Classes
- Job Skills Development
- Community Resource Connections
- Access to Childcare

Early Childhood Services

- Referral and Enrollment in Local Childcare
- Child Care & Adult Care Food Program Providing Breakfast, Lunch, and Afternoon Snack Daily

Community Playgroups

- Weekly Facilitated Playgroups in community spaces for parents and children

PCC Return on Investment:

Avoided: 2 children in DCF custody = \$16,260
Avoided: Annual cost of Reach Up: \$8,268
ACEs Intervention Savings
High Quality Childcare

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.

The Family Center: Parent Child Center

of
**NORTHWESTERN
COUNSELING**
& SUPPORT SERVICES

Paige's Story

Parent Child Centers are the Answer

When Paige reengaged with the Parent Child Center she was 24 years old with a four year old son, had just experienced the tragic loss of a child, found out that she was newly pregnant, and had an open DCF case. She felt like she was sinking. With precarious housing, due to domestic violence in the home, Paige, her unborn child, and son soon found themselves homeless needing various concrete and emotional supports. During her time without stable housing, Paige was also without a vehicle and did not have childcare for her child. Her lack of housing, transportation, and childcare made it extremely difficult to engage in mental health and parenting support services, Reach Up activities, and secure employment.

Paige knew she needed to have stable housing for her family so the Parent Child Center helped to connect her with a domestic violence shelter in St. Albans. Unfortunately she had to leave the shelter when her son broke his femur as she was unable to carry him to the various floors of the shelter. Things were becoming increasingly difficult for Paige; she knew she needed additional supports for herself and her family. She moved in with her mother and stepfather and accepted a referral for an Early Childhood Support specialist at The Family Center: Parent Child Center of Northwestern Counseling and Support Services. Although she felt like her world was crumbling around her, being connected to a support team helped her to remain hopeful and resilient.

Paige was able to begin accepting and utilizing all of the concrete supports and resources that were offered to her. Through the support of the Reach Up program she was able to secure a part-time position at a local grocery store. Without childcare, she worked in the evenings while her mother watched her child. Paige was also connected to and completed a Good News Garage workshop and was awarded a vehicle through the program because she had secure and stable employment and had saved up enough money through her part-time job. Paige's Early Childhood Support specialist connected her with a housing case manager and she was subsequently approved for a Vermont Rental Subsidy voucher. Soon thereafter Paige was able to secure housing for her family - She felt excited and relieved to finally have safe, stable housing. Having secured a vehicle and housing, Paige's Reach Up case manager was able to find childcare for her son as well as for her healthy newborn daughter.

With the support of the Parent Child Center, Paige has been able to be successful in meeting her children's physical and emotional needs. Through all of her hard work she was also able to have her DCF case closed. Paige remained strong in the face of adversity and continues to enhance her family's protective factors by staying connected to and participating in supports and services of The Family Center. Paige and her family continue to grow and thrive. They are thankful that the Parent Child Center was there when they needed them most. Paige attributes the hard work and support of her Parent Child Center case workers to much of her success. These authentic, caring relationships helped her family to grow and thrive and begin to feel hopeful once again.



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.

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.

RETURN ON INVESTMENT

The services Paige received relate directly to outcomes that drive our decision making as a state under Act 186. *Paige'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.*

The Parent Child Center helped connect Paige with a domestic violence shelter

- Vermonters are healthy
- Vermont's communities are safe and supportive
- 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 choose healthy behaviors
 - Youths successfully transition to adulthood

The Parent Child Center Connected Paige with an Early Childhood Support specialist

- Vermonters are healthy
- Vermont's communities are safe and supportive
- 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
 - Children are ready for school
 - Children succeed in school
 - Youths choose healthy behaviors
 - Youths successfully transition to adulthood

The Support of the Parent Child Center helped Paige find employment

- Vermont has a prosperous economy
- Vermonters are healthy
- Vermont's communities are safe and supportive
- 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 of the Parent Child Center helped Paige secure transportation

- Vermont has a prosperous economy
- Vermonters are healthy
- Vermont's communities are safe and supportive
- 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 Parent Child Center helped Paige find high quality child care for her children

- Vermonters are healthy
- Vermont's communities are safe and supportive
- 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
 - Children are ready for school
 - Children succeed in school
 - Youths choose healthy behaviors
 - Youths successfully transition to adulthood

The support of the Parent Child Center helped Paige and her family secure housing

- Vermonters are healthy
- Vermont's communities are safe and supportive
- 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
 - Children are ready for school
 - Children succeed in school
 - Youths choose healthy behaviors
 - Youths successfully transition to adulthood

ROI Statistics

Children in family **foster care = \$8,130** (DCF – Family Services)

- The annual average cost per case is: \$8,130.
- The average across the entire custody population it is: \$26,402.

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

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

Homeless vs. Housing - **\$20,250** (AHS – Housing Director)

1. Providing an individual that is homeless shelter for a year costs \$27,594 vs \$7,344 for permanent housing. ROI=\$20,250
2. Costs \$6,351 to house a family for 84 days through Economic Services
3. Costs \$7,344 for a voucher to support them in permanent housing for a year

The support Paige received positively impacts thirteen 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. Number of adults who are homeless
5. Rate of petitions granted for relief from domestic abuse per 1,000 residents
6. Rate of violent crime per 1,000 crimes
7. Percent of residents living in affordable housing
8. Number and rate per 1,000 children of substantiated reports of child abuse and neglect
9. Number of children who are homeless
10. Number of families that are homeless
11. Number and rate per 1,000 children and youth of children and youth in out-of-home care
12. Percent of children ready for school in all five domains of healthy development
13. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards



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.
 - Pregnant women and young people thrive.
 - Children are ready for school.
 - Children succeed in school.



April's work with the Parent Child Centers improves both her and the state's economic future.

Wages Based on Degree: 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)

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

ACEs Intervention Savings= \$210,000 (2010 dollars): Individuals with a higher number of ACEs are more likely to smoke, abuse alcohol and illicit substances, be obese, be physically inactive, and exhibit high-risk sexual behaviors. In addition to profound health effects, child abuse and neglect is also associated: including \$33,000 in childhood health care costs, \$11,000 in adult medical costs, \$144,000 in productivity losses, \$8,000 in child welfare costs, \$7,000 in criminal justice costs, and \$8,000 in special education costs.

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.



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.



Alice's Story

Parent Child Centers are the Answer

Growing up, life was not easy. I come from an unstable home. My mother left when I was 8 years old, so I was raised by my father. He was a teen parent, and took a lot of his anger about life out on me. I experienced emotional and physical abuse regularly. As I got older, I started acting out to deal with what was going on at home. I became a bully. I stopped caring about school. I started using drugs and alcohol—and this quickly became an addiction. When I was 16, I ran away from home to escape the abuse and because I wanted to feel like I was in charge of myself. I ended up homeless, living on the streets or sleeping at friends' houses. Soon after, I found out I was pregnant. I wasn't interested in being a parent because I didn't want to give up the 'fun' lifestyle I thought I was living. So I decided I wanted to create an adoption plan. That is when I first heard about Lund and I started working with their Options Counselor.

I kept on partying. When I was 3 months pregnant, I was in a major car crash that should have ended my life. My baby and I survived, and I ended up going to rehab. While I was there, I started to connect with my pregnancy and decided that I wanted to parent. The Options Counselor helped connect me to Lund's Residential program, and after spending 3 months in rehab, I moved in when I was 6 months pregnant. Lund opened up a world of possibility. There, I had a safe place to live. I had a team of people to support me. I was able to prepare for my child and focus on myself at the same time. After my child was born, Lund helped me learn how to parent—balancing the needs of my child with my own needs and goals.

Lund also provided me a place to continue my education. I started attending Lund's New Horizons Educational Program, which allowed me to continue earning credit for my high school diploma. This school was not like the others I had been to. They allowed me to bring my new baby with me to school for the first six months so I didn't have to choose between school and my family. The teachers are amazing. They really cared about me. They took the time to help me understand and reach my goals in a way that no other teachers have ever done for me. This past August, I graduated with my high school diploma.

I lived in the Residential program for 22 months before moving into Lund's transitional living program, Independence Place. There, I have my own apartment and my own schedule, but I still have the support of a counselor 24/7 in case something comes up that I need help with. I am learning how to live independently and successfully there. I pay rent. I work. I cook my own meals. I do laundry. I do it all. I always believed that I could be successful on my own and now I get to prove it. When I leave the program, I will also have a housing voucher that will allow my child and me to continue to live in our own, affordable housing.

Without Lund, I would not be where I am today. I would not be sober. I would not have my child. I would not know how to be a parent. I would not have a safe place to live. I wouldn't have anything. I chose Lund because I knew it had the ability to help me change my life. And it did.

The future for me looks bright. Now that I have finished high school, I am working to support me and my child. I have plans to continue my education, too, so that I can become a counselor. I really want to help people who are in situations like I was. I want to help prevent them from experiencing the same kind of pain and hardship that I did and help them see a light at the end of the tunnel. I am looking forward to providing a safe, stable, and happy life for my child and I. Thanks to Lund, that is all possible.



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.

If Alice hadn't gotten these services what probably would have happened (statistically speaking)?

- 62% of teen females who have a baby before her 20th birthday do not finish high school by age 22. Only 2% of these moms will go on to earn a college degree by age 30.
- 30% of teen girls who dropped out of high cite pregnancy or parenting as a reason
- Nearly one in five teen births (nearly 67,000 in 2010) is a repeat birth.
- A child born to a teen mother who has not finished high school and is not married is nine times more likely to be poor than a child born to an adult who has finished high school and is married.

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 Alice received relate directly to outcomes that drive our decision making as a state under Act 186. *Alice'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.*

Alice found housing through Lund's Residential program and Independence Place

Vermonters are healthy

Vermont's communities are safe and supportive

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

Lund helped Alice learn parenting skills

Vermont's communities are safe and supportive

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

Vermont's children and young people achieve their potential, including: Children are ready for school

Alice received her high School Diploma through Lund's New Horizons Educational Program, found a job, and plans to pursue further education and training.

Vermont has a prosperous economy

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

Vermont's children and young people achieve their potential

Alice's Child is enrolled Lund's high quality childhood program

Vermonters are healthy

Vermont's communities are safe and supportive

Vermont's children and young people achieve their potential, including: Children are ready for school

Lund helped Alice maintain her sobriety

Vermonters are healthy

Vermont's communities are safe and supportive

Vermont's children and young people achieve their potential, including: Pregnant women and young people thrive, Youths choose healthy behaviors

PCC CORE SERVICES PROVIDED TO ALICE

Residential Treatment including

- 24/7 staff facility
- Clinical mental health and substance abuse counseling
- Case management services
- Family education
- Safe, stable housing for 22 months
- Classes focused on mental health, recovery, parenting, nutrition, health and wellness, life skills, job readiness, and money management
- Sexual health education
- Therapeutic recreation
- Family Engagement supports

Early Childhood Services

- Referral and enrollment at PCC childcare
- Classes focused on parenting, child development, child nutrition
- On-site gardening program
- Assistance with WIC services

New Horizons Educational Program

- Earned high school diploma in August 2017
- Enrollment in post-secondary education program
- Vocational training through volunteer and community service work
- Participant in statewide Prevention & Outreach education programming
- On site introduction to college studies course – same as CCV campus group
- Dual Enrollment support from PCC staff to earn both high school and college credits

Transitional housing support at Independence Place

- Supportive, affordable housing
- Support securing permanent housing
- Independent living skills including money management, budgeting, household management
- Community engagement
- Learning to be a positive contributing member of your community
- Support in creating and establishing healthy relationships

Workforce development participant /Reach Up case management

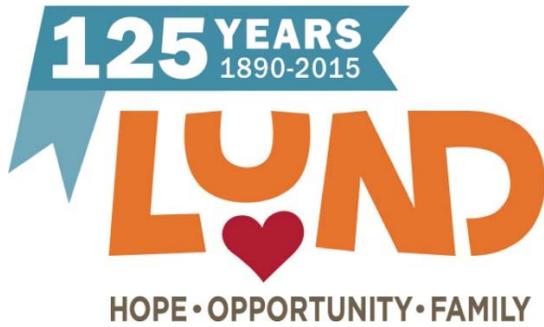
- Financial support
- Drivers education funding
- On site work force development placement
- Support in gaining soft employment skills such as effective communication, critical thinking, and time management
- Support in gaining expertise necessary to successfully engage in a specific job.
- Support in securing offsite community service placement to gain employment skills as well as earn service learning high school credits.

PCC Return on Investment:

- Potential. 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)
- High Quality Child Care= Child Care Financial Assistance payment of \$10,164 year results in a potential savings to the state of \$31,850 annual return to society" which is connected to lower special education costs, lower crime rate, higher earnings, better health behaviors, higher rates of employment.
- ACEs Intervention Savings= \$210,000 (2010 dollars): Individuals with a higher number of ACEs are more likely to smoke, abuse alcohol and illicit substances, be obese, be physically inactive, and exhibit high-risk sexual behaviors. In addition to profound health effects, child abuse and neglect is also associated: including \$33,000 in childhood health care costs, \$11,000 in adult medical costs, \$144,000 in productivity losses, \$8,000 in child welfare costs, \$7,000 in criminal justice costs, and \$8,000 in special education costs.
- Avoided. Annual cost of Reach Up: \$8,268 (DCF – Economic Services)
- Avoided. Child in family foster care: \$8,130 (DCF – Family Services)
- Avoided. Care of infants born with NAS (neonatal abstinence syndrome): \$40,000+
- Avoided: One woman not entering a correctional facility: \$79,642

The support Alice received positively impacts at least 10 indicators tracked by the State of Vermont to measure positive population outcomes.

1. Median household income
2. Rate of resident unemployment per 1,000 residents
3. Number of adults who are homeless
4. Number of children who are homeless
5. Number and rate per 1,000 children and youth of children and youth in out-of-home care
6. Percent of residents living in affordable housing
7. Rate of infant mortality per 1,000 live births
8. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards
9. Percent of high school graduates entering postsecondary education, work, or training
10. Rate of high school graduates entering a training program per 1,000 high school graduates



Bhadri's Story

Parent Child Centers are the Answer

BHADRI'S STORY

My name is Bhadri and my family moved to the United States from Nepal in 2012. I got pregnant when I was 17 years old and a sophomore in high school. While I was pregnant, it was hard for me to be in a traditional high school. The teachers and students didn't understand my situation and that I had a lot going on. They made fun of me, looking at me, staring at my belly, gossiping behind my back. It was so hurtful and made going to school even more difficult.

One of my teachers told me about Lund's New Horizon's Education Program (NHEP) and I started attending when I was 8 months pregnant. This school changed my life. First, all the students who attend are either pregnant or parenting. It was so nice to be around other people like me who just naturally understood what I was going through. The teachers here are amazing—the classes are smaller, so the teachers can give you a lot of individual support in class. But they also do a lot to help you with real life problems like housing, rent, transportation, finances, parenting—everything. We have usual classes like English, Math, Science, and Social Studies, but we also learn about parenting, healthy relationships, healthy living, budgeting, job training, and they even have college classes that we can take. Another huge thing about NHEP was that after I had my daughter, I was able to bring her to school with me until she was 6 months old. This was so important for me because I didn't have to choose between being a student or a mom. I could do both and do both well.

NHEP connected me to a Family Educator and I have been working with her since my baby was born. She helps me to be a better parent. She teaches me about how my baby is developing and how to meet her needs as she grows. She gives me support at doctor's offices, helps to find things I need for my child, and helps me learn what questions to ask to be the best mom I can be. My Family Educator also helped me locate and secure childcare for my baby. This was huge because I could then continue to go to school while also helping my baby learn and grow.

My Family Educator at Lund also told me about Reach Up. I applied, and now also have a Reach Up Case Manager. This program helps me so much because it gives me financial support each month—which I use to pay for childcare, rent, as well as supplies for my child like diapers, wipes, and clothes. This is so important because without this help, I wouldn't be able to finish my education. I would have to get a job instead to make ends meet. Reach Up is also helping me to get my driver's license. I am taking Driver's Education now, and I am so excited. Living in Vermont, you basically have to be able to drive because everything is so far away. This will help me be so much more independent.

PCC CORE SERVICES PROVIDED TO BHADRI

Concrete Supports:

- New Horizon's Education Program
- Reach Up Case Management and financial support
- Family Education
- Case Management

Parent Support & Education - Family Educator who provides:

- Home Visitation
- Parenting and Child Development Classes
- Job Skills Development
- Community Resource Classes
- Access to Childcare

Early Childhood Services:

- Referral And Enrollment In Local Childcare
- Child Nutrition Classes
- Cooking Classes
- On-Site Garden Site

If Bhadri hadn't gotten those services what probably would have happened (statistically speaking)?

- 62% of teen females who have a baby before her 20th birthday do not finish high school by age 22.
- 30% of teen girls who dropped out of high cite pregnancy or parenting as a reason.
- Daughters of teen mothers are 3x more likely to become teen mothers themselves.

Coming to Lund has changed my life. Here, I have a community of moms like me who have become my friends and my encouragement. I have teachers who want the best for me and work so hard to make sure I understand and succeed. Being a young mom is difficult, but I am working so hard to show everyone that I can still have a successful life for me and my daughter. Lund is helping me do that and making that future a reality. Without Lund, I don't think I would be so optimistic about my future. Without NHEP, I would not have finished high school. I would have had to drop out so that I could either stay home with my baby or find a job. That would be huge for my life—I wouldn't be able to pursue my dreams without my education. Now, I've even been able to take a college class! It has me so excited to keep learning.

I also don't think I would know what to expect as a mom. Without my Family Educator, I wouldn't know about how much my baby is growing and changing or how to best support her and her needs. I definitely would not have been able to figure out childcare on my own, or where to go to find help for my child when I need it.

Without Reach Up, I would have so many more financial challenges too. It is letting me focus of my education for now so that I can provide a better, more stable future for myself and my child.

Without Lund, I also think I would be lonely and isolated. They have given me a community of other moms like me and staff who work so hard to help me and my family succeed.

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.

PCC Return on Investment:

- Avoided: child and parent both in family foster care: $\$8,130 \times 2 = \$16,260$ (DCF – Family Services)
- Potential: 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)



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.



Melissa's Story

Parent Child Centers are the Answer

"I Feel Like A Mom All Over Again."

Melissa's early life was chaotic and unstable. She witnessed domestic abuse and violent crime at a very early age. Her first exposure to drugs came at age 12. At 13 she became pregnant. Melissa's life continued to be a confusion of drug use, domestic violence and crime. By age 24 she had four children. She initially parented the two older children, but the two younger ones were taken into foster care at birth. She was in and out of jail and in and out of rehab: caught in the cycle of sobriety and periods of Oxycodone and, subsequently, heroin use. There were months in her life when she did not leave the house. Her life felt hopeless, dangerous and out of control. She couldn't be a mother.

Melissa was introduced to Lund for the first time through meeting Kids-A-Part Parenting Coordinator, Jess Kell, when she was incarcerated in 2008. Jess helped her to arrange visits with her two older children whom she had not been parenting for several years. She had to face termination of parental rights for all four of her children in 2008. Jess counseled her through this time, helping her find ways to say goodbye. Her relationship with Kids-A-Part continued by helping her face the trauma of her past, the loss of her children and to help her define her changed role as a mother.

Incarcerated again in 2013, Melissa was pregnant for the fifth time. With Lund's help, however, this baby's life was destined to be different from the start. Melissa attended Kids-A-Part parenting groups and grief and loss therapy groups. She worked with staff to make a birth plan for her fifth child. While incarcerated, Melissa had the time and space to learn new skills that would help her to parent this child in a very different way.

At Jess' suggestion Melissa applied to Lund's Residential Treatment Program with the hope that she would not be in jail when she went into labor. She was admitted to the program one week later, just in time to give birth to baby Travis with a Lund staff member as her birth coach. They even had an ice cream cake in the labor and delivery ward to celebrate!

Melissa and Travis returned to Lund where they lived for another nine months while she received substance abuse treatment, parenting education, and counseling for post-traumatic stress. Travis was enrolled in Lund's Early Childhood Program to ensure that he was receiving the care and education needed for his own healthy development while Melissa was in treatment.

After leaving the residential treatment program, they moved to our transitional house facility, *Independence Place* and later, secured her own apartment. Travis continues to attend our Early Childhood Education Program where, as a preschool child preparing for Kindergarten, he is thriving. In child care, he has received consistent care, healthy meals, assessment and referrals to help with his gross motor, social/emotional and speech and language development.

In addition, Melissa recently reunified with Travis's father, and he is an active parent in the household. They both are working closely with a family engagement specialist at Lund to strengthen their co-parenting skills and support each other as they pursue counseling to stabilize their family unit. During the time Melissa has worked with Lund, she has completed her high school degree at Lund's New Horizons Educational Program and participated in job training in one of Lund's administrative offices. She has been completely clean and sober for over 2 years and completed all her requirements with the Department of Corrections a year ago. Her life has completely changed. "I feel like a mom all over again," she says.

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.



RETURN ON INVESTMENT

The services Melissa received relate directly to outcomes that drive our decision making as a state under Act 186. *Melissa'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.*

Through Lund, Melissa received parenting education, grief and loss therapy, and made a birth plan for her new child.

Vermonters are healthy

Vermont's communities are safe and supportive

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

Melissa found Housing through Lund's Residential Treatment Program.

Vermonters are healthy

Vermont's communities are safe and supportive

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

Lund Staff served as Melissa's birth coach

Vermonters are healthy

Vermont's communities are safe and supportive

Melissa received substance abuse treatment, parenting education, and counseling for post-traumatic stress.

Vermonters are healthy

Vermont's communities are safe and supportive

Vermont's children and young people achieve their potential, including: Pregnant women and young people thrive, Youths choose healthy behaviors

Melissa's son Travis received early care and education while Melissa was in treatment

Vermonters are healthy

Vermont's communities are safe and supportive

Vermont's children and young people achieve their potential, including: Children are ready for school

Lund helped Melissa find housing after leaving the Residential Treatment Program

Vermonters are healthy

Vermont's communities are safe and supportive

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

Melissa and Travis's father are working closely with a family engagement specialist at Lund to strengthen their co-parenting skills and support each other as they pursue counseling to stabilize their family unit.

Vermont's communities are safe and supportive

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

Vermont's children and young people achieve their potential, including: Children are ready for school

Melissa completed her high school degree at Lund's New Horizons Educational Program and participated in job training in one of Lund's administrative offices.

Vermont has a prosperous economy

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

Melissa has been completely clean and sober for over 2 years

Vermonters are healthy

Vermont's communities are safe and supportive

Vermont's children and young people achieve their potential, including: Pregnant women and young people thrive, Youths choose healthy behaviors

The support Melissa received positively impacts 13 indicators tracked by the State of Vermont to measure positive population outcomes.

1. Median household income
2. Rate of resident unemployment per 1,000 residents
3. Number of adults who are homeless
4. Percent or rate per 1,000 people convicted of crimes of recidivism
5. Incarceration rate per 100,000 residents
6. Percent or rate per 1,000 residents of residents entering the corrections system
7. Number of children who are homeless
8. Number and rate per 1,000 children and youth of children and youth in out-of-home care
9. Rate of infant mortality per 1,000 live births
10. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards
11. Percent of graduating high school seniors who continue their education within six months of graduation
12. Percent of high school graduates entering postsecondary education, work, or training
13. Rate of high school graduates entering a training program per 1,000 high school graduates

VT Parent Child Center Network – Nancy Bloomfield, Chair - 802-649-3268 ext. 142 / nancyb@the-family-place.org

Amy Shollenberger – 802-793-1114 / amy@action-circles.com

ROI Statistics

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

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

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

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)

SA Treatment

- care of infants born with NAS (neonatal abstinence syndrome) exceeds \$40,000 in the first year of life, which is nine times the cost of care for otherwise healthy infants.
- One woman from entering a correctional facility: 79,642

Children in family foster care = \$8,130 (DCF – Family Services)

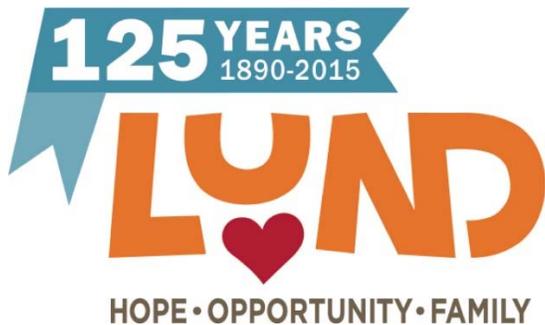
- The annual average cost per case is: \$8,130.

Outcome: Children are ready for school.

While receiving treatment and services, Travis was enrolled in Lund's Early Childhood Program. There he received the consistent care and nutrition needed to ensure optimal brain development. Teachers also assessed his progress closely and ensured that appropriate referrals and services were in place to support Travis's development. The child care continues to work closely with Travis's developmental educators and will work with the school district to ensure Travis's smooth transition into Kindergarten.

Outcome: Pregnant women and children thrive.

Outcome: Children live in safe, nurturing, stable, supported families.



Stephanie's Story

Parent Child Centers are the Answer

STEPHANIE'S STORY

I have been in physically and emotionally abusive situations my entire life. From my adoptive family to my romantic relationships, I grew up being routinely told and shown that I was worthless. When I was 17, I dropped out of school and started getting into trouble. Eventually, I went to jail. When I got out, I found out I was pregnant, but soon after had a miscarriage due to domestic violence. My unhealthy relationships continued for years. When I found out about my next pregnancy, I was not in a good place. I was suffering from PTSD, anxiety, and depression—and I was so worried about how I was going to provide for a child. Things got so bad that I attempted suicide several times, and spent several weeks in a psychiatric unit of the hospital while pregnant. While I was there, I learned about Lund and decided it would be the best and safest place for me to go.

I moved into Lund when I was 8 months pregnant. When I had my daughter, my whole world changed and Lund guided me through it. Parenthood is exhausting—the lack of sleep, the needs of your child, the crying, the expenses. You have to be so organized and every time you have a free moment, you realize there is something else that needs to get done. Everything you do is for your child and for her betterment. It requires so much from you. I wouldn't have been able to get through it all without Lund. Here, I have constant support from Residential Counselors on the floor where I live—they provide an extra set of hands or just a friendly ear if I need to vent. I have a Clinician who I meet with once a week where we talk about my mental health and healthy ways to cope with the stresses that come up as a parent and person. I have a Case Manager who works with me to help me stay organized and plan for the future—things like housing, transportation, job readiness. I have a Family Educator who helps me understand my child's development, works with me to navigate coparenting with my child's father, and has helped me secure a great childcare for my daughter. I have a Reach Up Case Manager that helps me budget and works with me to set financial goals for my future. I go to groups that focus on parenting education, child development, health and wellness, life skills, mental health and recovery. All of this is helping me to develop healthier coping skills so that I can be the best person and parent I can be.

The future is looking bright for me. I am applying for Lund's Transitional Housing program and hope to be living independently in one of their apartments in the coming months. I am looking forward to reentering the workforce soon, too, so that I can provide a stable life for my family. Most importantly, I am learning strategies to deal with the mental and emotional stress of parenting and, honestly, just being an adult. **During my time at Lund, I have realized that I am strong and capable. I have gotten past all the abuse I have experienced and found my way. I know now that I have potential and that I can make a happy, successful life for myself and my family.**

PCC CORE SERVICES PROVIDED TO STEPHANIE

Concrete Supports

- Residential Treatment including:
 - 24/7 staffed facility
 - Clinical Mental Health Counseling
 - Case Management
 - Family Education
- Reach Up Case Management and financial support
- Housing and transitional planning support
- Classes focused in mental health, recovery, parenting, child development, nutrition, health and wellness, life skills, job readiness, money management

Parent Support & Education

- Family Education
- Parenting and Child Development Classes
- Job Skills Development
- Community Resource Connections
- Access to Childcare

Early Childhood Services

- Referral and Enrollment In Local Childcare
- Child Nutrition Classes
- Cooking Classes
- On-Site Gardening

Without Lund, honestly, I don't think I would be alive. I think the stresses of parenting and the challenges of my mental health would have been too much for me to manage. I have learned so much about myself and health since working with Lund. I also do not think I would have a successful relationship co-parenting with the father of my child. Lund has brought us closer together and taught us how to be parents and partners. I definitely could not have done all of this on my own—I have made so much progress and am feeling proud and confident for the first time.

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.

PCC Return on Investment:

- Avoided. Annual cost of Reach Up: **\$8,268** (DCF – Economic Services)
- Avoided. Child in family foster care: **\$8,130** (DCF – Family Services)
- Avoided. Care of infants born with NAS (neonatal abstinence syndrome): **\$40,000+**
- Avoided: One woman not entering a correctional facility: **\$79,642**

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.





Sarah's Story

Parent Child Centers are the Answer

When thinking about Milton Family Community Center (MFCC), many things come to my mind. My family and I have relied heavily on them this past year. Our first look into this parent child center was terrifying, as I have severe anxiety, but as soon as we started chatting to the support staff there, that feeling quickly vanished.

In June of 2016, we became homeless, and as a parent of a then one and a half year old, this was terrifying. Everything seemed to be spiraling out of control until we met with our amazing Reach Up case manager at MFCC. She helped us connect with other support services that MFCC offered, such as child care, financial assistance, and food access. She gave us hope when we really didn't have any, allowing us to feel as if our family mattered. We were more than a statistic, we were treated as individuals who they cared about. Part of the help our Case Manager gave us, was to introduce us to the MFCC Family Services Manager, Charlotte. Charlotte helped us access a fund the Center has for families in need, so that we could pay for one month's worth of storage fees. If you or anyone you know has ever been homeless, you can appreciate the ability to keep items that you have worked so hard for and have so many memories with. If we would have lost them, it would have been devastating. Because of this generosity, when we moved into our new home in October 2016, we were able to transfer our items with us. We could not be more grateful.



Then there is Kelly, our Parent Educator at MFCC. Kelly is quite an extraordinary woman with a powerful charisma. She always has a smile on her face and she sees you as the best person you could ever hope to be. With her guidance during our parenting classes we have been able to gain the confidence we need to become the parents we want to be. Kelly is an inspiration not only to me, but also to others, as she gives us all the courage to overcome our obstacles.

My young daughter is also attending the MFCC child care program. Her teachers Martha and Katharina are two in a million. I cannot express how wonderful they are, especially given that my child has a One Plan with Children's Integrated Services, and will be transitioning to the EEE program when school starts back up after Labor Day. The ability for my daughter to receive her specialized services at her child care is very important to me. A developmental educator and sometimes a physical therapist visit her at the Center, and her teachers Martha and Katharina help make the most of those sessions. This support is so important to my daughter's growth. My daughter was born 10 weeks early and had so many delays. It was originally thought that she may not be able to walk, talk, or possibly even survive, but because of the care the teachers at MFCC have been able to provide to her, she has beaten the odds. These teachers have made my child see the potential she has, and they never treat her differently from any of the other children. When I think about how my child wouldn't be where she is today without the encouragement and energy these teachers have put into my child, it makes me cry.

Throughout our experiences with the remarkable MFCC staff, we as a family have gained so much more than we ever thought possible. The love and outpouring of support is a gift that many people may not ever know in their lifetime. We feel blessed that our daughter is able to see and experience these traits. As she gets older, these early years experiences will help shape her into a wonderful human being, of whom we can all be proud. This Center is so much more than a name, they treat you like you are part of them. It's one big family that continues to care for each other long after the kids have grown and moved on. The relationships I have with each person at MFCC is immeasurable and will never be taken for granted. People often say it takes a village to raise a child, well, this little village is amazing and I hope they continue to get the support they need to be able to continue helping families like mine.

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

MFCC Connected Sarah to child care, financial assistance and food access programs

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

MFCC helped Sarah store her possessions and find housing

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

MFCC helped Sarah improve her parenting skills

Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential including;
- Children are ready for school

MFCC Provided a developmental educator for Sarah's daughter

Vermont's children and young people achieve their potential including;
- Children are ready for school
- Children succeed in school
- Youths successfully transition to adulthood

ROI Statistics

Homeless vs. Housing - \$20,250

- Providing an individual that is homeless shelter for a year costs \$27,594 vs \$7,344 for permanent housing. ROI=\$20,250
- Costs \$6,351 to house a family for 84 days through Economic Services

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

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

The support Sarah received positively impacts six indicators tracked by the State of Vermont to measure positive population outcomes.

1. Number of children who are homeless
2. Number of families that are homeless
3. Percent of adults age 18-64 with health insurance
4. Percent of children age 17 and younger with health insurance
5. Percent of residents living in affordable housing
6. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards

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.





Gina's Story

Parent Child Centers are the Answer

GINA'S STORY

I grew up in a one parent household with an older sister who is mentally disabled. My parents divorced when I was young because my father, who spent most of my childhood in and out of jail, was physically and mentally abusive to my mother. Having only gone to school up until eighth grade, my mother struggled to find and maintain employment. My sister dropped out in ninth grade and while I managed to graduate, it was due to more luck than any effort on my part.

I began drinking around age thirteen and by age sixteen had moved out of my mother's house to live with friends. I was in and out of trouble and ended up having my first daughter a month before I turned twenty.

By 2007 I met my now fiancé of ten years and by 2009 our family had grown from three to five. When my fiancé became severely ill and could no longer work we relied on state benefits and I grew into a deep depression. I never left my house so I received sanctions for not complying with my work requirement and never went to my doctors or any other appointments. I only worked seasonally. At Spates the Florist for 6-8 weeks in the winter, and for my fiancé's vending business a couple months in the summer.

In September of 2016, I believe, I met with our new case manager for reach up. Her name is Jen Gibney. She is a great person who made me feel like I wasn't beneath her. She encouraged me to move forward with my life and I started my work requirement at the Parent Child Center thrift store here in Newport.

Here I met Merry Hamel, Tori Maxwell and Heather Champagne. In November came time for the annual Toy Drive. Merry trusted me to work on getting it set up with minimal supervision, which boosted my confidence. A volunteer is usually supervised at all times so this showed trust and faith in me, which meant a lot. Unfortunately my call back to Spates came and I left.

By February I was back at the thrift store. I was only there a couple days when Merry asked me if I would mind helping at the reception desk at NEKCA. I was extremely nervous and afraid I would mess things up. However, I went over anyway. From that day on I spent six months working as a volunteer at the reception desk with April Mead. I stayed in close contact with Heather, who brought me applications for jobs she thought I would be interested in.

In August a position at NEKCA opened up. Both Tammy Lamoureux, the Associate Director and Outreach Coordinator, and Heather brought me told me about the job opening. I was interested but felt I was under qualified and was not going to apply however, with much encouragement from NEKCA staff and Heather, I sent up my resume to H.R. I went to the interview, terrified, and was hired in fifteen minutes for the twenty hours a week position. I started on August 29th and after an hour there, Tammy pulled me aside and said they would like me to change to forty hours a week.

Today is October fourth. I now work at NEKCA in Newport as a recruitment and program specialist for the Jobs for Independence pilot program. I work closely with the Department of Labor, Voc. Rehab and Economic Services, helping people with barriers find employment. My face is on fliers all over Orleans County and I attend many events on NEKCA's behalf, meet with clients and help with the food shelf.

I can say with all honesty that that without the PCC staff, Jen Gibney, NEKCA staff and all of the wonderful programs PCC provides, that I would not be where I am today. I would not have had the courage to reach for the things I want. I will forever be grateful to all those who played a part in my success.

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

NECKA provided Gina with job training

Vermont has a prosperous economy
Vermonters are healthy
Vermont's communities are safe and supportive
Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential, including;
Youths successfully transition to adulthood

NECKA found Gina a full time job

Vermont has a prosperous economy
Vermonters are healthy
Vermont's communities are safe and supportive
Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential, including;
Youths successfully transition to adulthood

NECKA provided Gina with stress management and parenting classes

Vermonters are healthy
Vermont's communities are safe and supportive
Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential, including;
Children are ready for school
Children succeed in school
Youths choose healthy behaviors
Youths successfully transition to adulthood

The support Gina received positively impacts 5 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 children ready for school in all five domains of healthy development
5. Percent of high school graduates entering postsecondary education, work, or training



PCC CORE SERVICES PROVIDED TO GINA

Worksite and Job Coach

Help with resume and employment searches. We provided leads to employment and also hands on work experience. Gina worked in our Thrift stores and as our receptionist. She also helped in our food shelves.

Education and Support

Gina also participated in our stress management classes and parenting classes.

ROI Statistics

ACEs (Integrating ACE-Informed Practice into the Blueprint for Health)

ACEs Intervention Savings= \$210,000 (2010 dollars): Individuals with a higher number of ACEs are more likely to smoke, abuse alcohol and illicit substances, be obese, be physically inactive, and exhibit high-risk sexual behaviors. In addition to profound health effects, child abuse and neglect is also associated: including \$33,000 in childhood health care costs, \$11,000 in adult medical costs, \$144,000 in productivity losses, \$8,000 in child welfare costs, \$7,000 in criminal justice costs, and \$8,000 in special education costs.

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.

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.



Kathy's Story

Parent Child Centers are the Answer

NEKCA Parent Child Center-South is located in St. Johnsbury VT. The 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.

NEKCA Parent Child Center-South provides service and resources to all children and families in our region. Here's a story of how your support has made a difference for Kathy.

KATHY'S STORY

"In January of 2016 I gave birth to my third child and in March of 2016 I was pregnant again, soon to find out, with twins. My relationship was rocky, I was living with the family of my children's father and it wasn't good. I decided to take my children and move to a motel until I could figure out next steps. My ob/gyn's office hooked me up with a community health outreach worker who then brought in a **family support worker from NEKCA Parent Child Center- South** to start helping me get back on my feet. The first thing the PCC did was move my children and myself into one of their shelter apartments. I was so grateful because I just wanted a place where my family could sit at a table and eat meals together. Then then referred me to the **Family Supportive Housing Program** and I was accepted into the program and assigned a case manager.

The PCC's Family Supportive Housing case manager helped me to determine my immediate needs. **We found high-quality child care slots for my two older children.** I wasn't receiving WIC so she helped me get that in place to expand my ability to feed my children. Until I got connected with WIC, the Parent Child Center made sure I had the formula I needed. She helped me apply for a HUD rapid re-housing voucher to assist with subsidizing permanent housing. I needed to get some things in place prior to applying for the voucher. I needed to get a permanent Social Security card for my youngest child. I needed to make a re-payment arrangement regarding some back rent I owed so we worked on a budgeting plan with a 'Your Money Your Goals' budgeting tool that was so helpful. Eventually I was able to apply for the voucher. My worker was grateful that I had graduated from high school and once settled would be in a good position to secure a job.

Family Services had been involved having received some reports. The Family Supportive Housing worker worked closely with Family Services in an effort to help me understand and comply with any requests made. **I learned that it's best to be up front with the agencies I'm working with so they can provide the best supports.**

I was in the shelter apartment during the thanksgiving season and the Family Supportive Housing worker made sure that my family and I received a Thanksgiving basket with all of the trimmings.

As the arrival of the twins came closer, I let the worker know that I didn't have anything for the new babies. Furniture, clothes, diapers, etc. The worker was able to gather up all of the things I needed for the babies. The worker also helped me develop a plan for my other children's care while I was in the hospital having the twins.

Once the twins were born, I initially went back to the shelter apartment but I was granted a HUD rapid re-housing voucher and soon will be in permanent housing. My children's father and I have worked through some of our issues and he is beginning to become involved with me and the children again. My family and I are looking forward to moving into our new home!"

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

NEKCA Parent Child Center-South helped Kathy and her family keep a roof over their heads

- Vermont's children and young people achieve their potential including;
 - o Pregnant women and young people thrive
 - o Vermont's families are safe, nurturing, stable and supported
- Vermonters are healthy
- Vermont's families are safe, nurturing, stable and supported
- Vermont Communities are safe and supported

Kathy learned life skills

- Vermont's families are safe , nurturing, stable and supported
- Vermont's children and young people achieve their potential including;
 - o Pregnant women and young people thrive

Kathy's children were enrolled in a high quality early childhood program

- Vermont's families are safe, nurturing, stable and supported
- Vermont Communities are safe and supported
- Vermont's children and young people achieve their potential including;
 - o Children are ready for school

Kathy got enrolled in essential programs such as WIC

- Vermont's families are safe, nurturing, stable and supported
- Vermont's children and young people achieve their potential including;
 - o Pregnant women and young people thrive

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

1. Percent of residents living in housing they can afford
2. Percent of live resident births that are preterm
3. Percent of children ready for school in all four domains of healthy development
4. Percent of children receiving child care subsidy attending quality early childhood programs
5. Rate of children and youth in out-of-home care per 1,000 children and youth



PCC CORE SERVICES PROVIDED TO KATHY

- **Parent Education** - life skills, budgeting, communication, problem solving, accessing available resources, when to ask for help
- **Early Childhood Services** - understanding the value of choosing a high quality program for your children and acquiring slots at a 4STAR program for 2 of the children.
- **Parent Support** - advocacy and support in community based meetings
- **Home visiting** - meet weekly to provide information and follow-up on progress
- **Concrete supports** - housing, food, baby supplies

The return on investment for the work the Parent Child Center did with this family:

- 4 children not in foster care saves the state 4 x the annual cost per case of \$8,130 or \$32,520
- Mom with high school diploma can earn 20% more, on average, than someone without that diploma. \$24,960 vs. \$30,000
- Children in high quality child care is a 7 to 1 return which is connected to lower special education costs, lower crime rate, higher earnings, better health behaviors, higher rates of employment.
- ACES-
- The average annual cost of \$68,947 for a baby born pre-term, full term twins a saving of \$137,894 annually
- A homeless family costs the state \$27,594 annually vs \$7,344 for permanent housing, a difference of \$20,250.

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.



Jenny's Story

Parent Child Centers are the Answer

JENNY'S STORY

When we met Jenny, she was a young mother in her early twenties. She had moved to Vermont to find refuge from a family traumatized by severe substance abuse, poverty, and homelessness. She found her way to rehab, gave birth to a baby girl, and eventually found the Orange County Parent Child Center after a referral from her Reach Up case manager. By this time, her daughter was about a year old. Jenny was substance free, but unreliable, lacking confidence, and struggling to hang on. She was alone and afraid, but she was also full of hope for her child's future.

Early in her relationship with OCPCC services, Jenny was asked to complete these sentences, "I am..." "I need..." and "I hope..." These were her responses:

"I am independent. I am a good mother. I am brave to be on my own."

"I need to sit down, shut up, do my work, and get off the state."

"I hope to have healthy relationships throughout my life."

"I hope my daughter creates her own path to a great future."

Jenny and her daughter accessed an array of services at OCPCC – full time childcare, intensive home-visiting, and Jenny enrolled in our onsite Learning Together program where she accessed her Reach Up case manager, parent education, budgeting classes, the support of a peer group, and completed her high school diploma work. She made a list: find affordable, high quality childcare; find a reliable vehicle; get her high school diploma; become more employable; gain stronger parenting skills; and build a network of friends and supports. In addition, Jenny's daughter was enrolled in our childcare classroom, where healthy relationships and skills were models for her every day. She was safe and nurtured while her Mom was busy reaching her goals. All this took place over a span of about 15 months. The results were astounding. **A few years later, we know Jenny is still thriving. Her daughter is enrolled in preschool, Jenny is working full time, and they are living without the benefits of any state assistance.**

PCC CORE SERVICES PROVIDED TO JENNY

Early Care & Education Services

- Full-Day, Full Year, 4 STAR High Quality Childcare
- Child Care & Adult Care Food Program Providing Breakfast, Lunch, And Afternoon Snack Daily

Adult Education & Parent Education Supports

- Families Learning Together: a program for pregnant, parenting, or at risk teens and young adults.
- Classes and Services in: high school diploma/equivalency; peer support group; financial literacy, parent education, and health & wellness classes; work experiences & job training; access to counseling services, childcare; Reach Up case management and more.

Community Playgroups

- Weekly Facilitated Playgroups in community spaces for parents and children.

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

Orange County PCC helped Jenny find full time childcare so she could meet her education & employment goals.

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

Orange County PCC gave Jenny daily supports in completely her high school diploma work.

- 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

Jenny accessed job training at Orange County PCC and fulfilled community service hours for employment experience.

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

PCC RETURN ON INVESTMENT:

- Saved. Jenny is no longer on Reach Up = \$8,268 (DCF – Economic Services)
- Potential. 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)
- 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.
- ACEs Intervention Savings= \$210,000 (2010 dollars): Individuals with a higher number of ACEs are more likely to smoke, abuse alcohol and illicit substances, be obese, be physically inactive, and exhibit high-risk sexual behaviors. In addition to profound health effects, child abuse and neglect is also associated: including \$33,000 in childhood health care costs, \$11,000 in adult medical costs, \$144,000 in productivity losses, \$8,000 in child welfare costs, \$7,000 in criminal justice costs, and \$8,000 in special education costs.

Jenny learned parenting skills and gained knowledge of her child's developmentally-appropriate needs.

- 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

Jenny was supported in her desire to remain healthy and substance free.

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

The support Jenny received directly impacts 7 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 substantiated reports of child abuse and neglect per 1,000 children;
4. Percent of children ready for school in all four domains of healthy development
5. Rate of high school graduation per 1,000 high school students
6. Percent of high school seniors with plans for education, vocational training, or employment.
7. High school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation.





Amanda's Story

Parent Child Centers are the Answer

AMANDA'S STORY

As far back as I can remember it was my job to take care of myself and those around me. I learned early that if you wanted something you had to work for it. I learned many other life lessons, such as, no one was going to keep me safe, once the drinking started become invisible but stay alert to break up any fights. Most importantly, make sure you don't get any marks in places that you can't cover because home business is not to be shared. I had had no idea that this was not the life my peers had. My mom and I would flee the violence every so often but we would always go back. I lived for my mom, if I didn't take care of her she might die of one cause or another. I will spare the gruesome details of memories I wish would fade so I could rest at night as those can be more painful than the acts which place them there. Truly, they don't matter, what matters is what you do with the life you've been given. I went into foster care when I was 14. I then fell victim to sexual abuse from an adult from outside of the home and I got pregnant. I finished high school at a parent child center.

I ended up homeless at 17, after my 6th foster care placement. I was relocated to a town I didn't know living in a hotel with my toddler and slated to start college in a few weeks. I went to the local parent child center where I was able to access the services and support I needed. I went on Reach Up and received child care subsidy. I got an apartment two weeks into my freshman year. I struggled hard.

I graduated top of my class with a bachelor's degree. I became the director of the transitional living program at Rutland County Parent Child Center. I'm now a consultant providing support and training to staff at RCPCC to enable them to work more effectively with teen parents to achieve the best outcomes possible. I don't have a traditional family and didn't when I was a teen. I do have an entire agency of people that I know I can count on to lend an ear and a hand if life gets too heavy.

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.

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.



RETURN ON INVESTMENT

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

The Parent Child Center helped Amanda to stay in school.

Vermont has a prosperous economy

Vermont's children and young people achieve their potential

Amanda learned parenting skills and became a leader in her community.

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

Vermont's communities are safe and supportive

The Parent Child Center helped Amanda to find housing

Vermonters are healthy

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

Vermont's communities are safe and supportive

The Parent Child Center helped Amanda 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

Amanda completed her bachelor's degree in criminal justice with a minor in psychology.

Vermont has a prosperous economy

Vermont's children and young people achieve their potential

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

The support Amanda received directly impacts 7 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 substantiated reports of child abuse and neglect per 1,000 children;
4. Percent of children ready for school in all four domains of healthy development
5. Rate of high school graduation per 1,000 high school students
6. Percent of high school seniors with plans for education, vocational training, or employment.
7. High school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation.

PCC CORE SERVICES PROVIDED TO AMANDA

Concrete Supports

- Reach Up Case Management and financial support
- Housing and transitional planning support
- Classes focused in mental health, recovery, parenting, child development, nutrition, health and wellness, life skills, job readiness, money management

Parent Support & Education

- Learning Together: a program for pregnant, parenting, or at risk teens and young adults.
- Parenting and Child Development Classes
- Job Skills Development
- Community Resource Connections
- Access to Childcare

Early Childhood Services

- Referral and Enrollment In High Quality

Early Childhood Education

- Nutritious Meals Daily - including a healthy breakfast, lunch and afternoon snack

ROI Statistics

Avoided: Annual cost of Reach Up: \$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.

Avoided: Child in family foster care: \$8,130 (DCF – Family Services)

Avoided: Care of infants born with NAS (neonatal abstinence syndrome): \$40,000+

Avoided: One woman not entering a correctional facility: \$79,642

Wages based on degree (National Center for Education Statistics)

- A person holding a bachelor's degree can earn 66% more, on average, than someone with a high school diploma. \$30,000 (\$15/hr) vs. \$49,880 (\$24.94/hr)

Homeless vs. Housing - \$20,250 (AHS – Housing Director)

- Providing an individual that is homeless shelter for a year costs \$27,594 vs \$7,344 for permanent housing. ROI=\$20,250
- Costs \$6,351 to house a family for 84 days through Economic Services



Cassandra's Story

Parent Child Centers are the Answer

My name is Cassandra King and I am a mother of three – two girls and one boy. When I was sixteen years old, living in Connecticut, I had my first child. Unfortunately, there weren't any programs around that would help support a teen mom to stay in school, so I dropped out and became a stay at home mother. Then, at the age of twenty, I had my second child and my life became even more difficult.

I knew that the chaos would get the best of me and my children if I didn't do something fast to change it. So, in July of 2011, I decided to move up to Vermont to live in a camper on my mother's land. I quickly learned about the Springfield Area Parent Child Center (SAPCC) and how they supported moms and pregnant women to get their education. Within three weeks I was enrolled!



At SAPCC, I received support far beyond education for myself and childcare for my children. Within six months of being connected with this organization, I had accomplished so much! I moved into my very first apartment, was earning my diploma, and had my children in safe daycares where they could thrive. Through SAPCC, I was able to build so many great relationships and experience so much support – it was amazing and life-changing!

Within three years I had graduated, and was pregnant with my third child. Once my daughter was born, I applied for a job at SAPCC's child care center, PlayWorks, and I got the position! My baby was able to attend daycare right there while I worked. I soon decided that a teacher was exactly what I wanted to be!

Cassandra knew that she had the support of SAPCC to fulfill her dreams, so she enrolled in college. Today, she is a co-teacher at PlayWorks Child Center, while continuing to work toward her Associates Degree in Early Childhood Education.

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.

PCC CORE SERVICES PROVIDED TO CASSANDRA

Concrete Supports

- Families have access to financial assistance to maintain transportation or meet other basic needs when crisis hits.

Parent Support & Education

- Learning Together Program – A program for young mothers to gain their high school diploma/equivalency, job training, life skills and support.
- Home Visitation – Families with young children have access to home-based support. Family goals and interests determine the frequency and content of visits.
- Access to Childcare
- Knowledge of Child Development
- Ongoing Counseling & Support
- Reach Up – Reach Up helps young families with children by providing services that support work, cash assistance for basic necessities, and health insurance.

Early Childhood Services

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

Information and Referral

- Home visitors, parent educators, reception staff and others help parents find resources available to families in their communities.

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.

RETURN ON INVESTMENT

The services Cassandra received relate directly to outcomes that drive our decision making as a state under Act 186. *Cassandra'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.*

SAPCC helped Cassandra finish high 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

SAPCC helped Cassandra find full time childcare so she could meet her education & employment goals.

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

Cassandra learned parenting skills, and then cared 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

SAPCC helped Cassandra find a paid training or job 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

Cassandra is currently working on her Associate's Degree.

- 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 support Cassandra received positively impacts 12 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 adults with health insurance
5. Percent of children age 17 and younger with health insurance
6. Number and rate per 1,000 children and youth of children and youth in out-of-home care
7. Percent of children ready for school in all five domains of healthy development
8. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards
9. Percent of high school graduates entering postsecondary education, work, or training
10. Percent of high school graduates entering postsecondary education
11. Percent of completion of postsecondary education
12. Rate of high school graduates entering a training program per 1,000 high school graduates

ROI Statistics

SAPCC Outcomes Obtained:

- 85% of parents experiencing parent education "feel more capable of handling their child's behavior and less stressed"
- 70% of children in Playworks child care are meeting Teaching Strategies Gold criteria, 30% are exceeding
- 92% of families enrolled in Children's Integrated Services met 1 or more of their goals

Potential Outcome: 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)

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.

Children in family foster care = \$8,130 (DCF – Family Services)

- The annual average cost per case is: \$8,130.
- The average across the entire custody population it is: \$26,402.

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)

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

Homeless vs. Housing - \$20,250 (AHS – Housing Director)

- Providing an individual that is homeless shelter for a year costs \$27,594 vs \$7,344 for permanent housing. ROI=\$20,250
- Costs \$6,351 to house a family for 84 days through Economic Services

If Cassandra hadn't gotten these services what probably would have happened (statistically speaking)?

- 62% of teen females who have a baby before her 20th birthday do not finish high school by age 22.
- 30% of teen girls who dropped out of high school cite pregnancy or parenting as a reason.
- Daughters of teen mothers are 3x more likely to become teen mothers themselves.





Virginia's Story

Parent Child Centers are the Answer

VIRGINIA'S STORY

Virginia M. is a 29-year-old single mother of five boys, ages 11, 10, 8, 4 and 2. She has moved 22 times since her ten-year-old was born, and lived in Bennington North Bennington, Rutland and Hoosick Falls, NY. The older boys say they can't remember all the apartments they've lived in, only those during the last two years.

Right now the family is living at a motel south of Bennington-- two adults and four kids in one room-- with just a microwave for cooking and a bathroom sink for washing dishes. Virginia's eight-year-old is staying with his father in another motel across town until she can find adequate housing.

This intrepid young mom has had more than her share of struggles: developmental disability that prevented her from completing school and securing work, domestic violence, evictions, homelessness, discrimination, lack of transportation, inconsistent medical attention, to name a few. We have known her since her first son was born and have had the opportunity to observe her as she has developed into a strong, devoted mother and advocate for her children. Her five sons have done well in school despite the many moves, and appear attached and intact. They are cordial, curious and respectful children, and it is apparent that they are their mother's first priority.

A Sunrise Family Advocate (Intensive Family Based Services provider), Carli Scribner, received a referral from DCF and started working with Virginia and her family in May of this year. Virginia and Carli set some short term goals, four of which have been achieved already:

1. Childcare for the two youngest boys: starting Head Start next week
2. Finding a primary care doctor for Virginia
3. Referral to therapy for the oldest boy
4. Meet with Family advocate more than once a week (they meet three or four times)
5. Therapist for Virginia - Carli has referred her to United Counseling Services to start when the boys start school.
6. Secure housing.



The more intransigent goal--to find permanent, affordable housing--- has eluded Virginia so far, but with the teamwork of Carli, and Rick Morse, Sunrise's Family Supportive Housing Coordinator, housing for the entire family may be in sight in the not too distant future. Currently Carli and Rick are advocating with local landlords to find a larger unit for Virginia and her family to move into. A long history of evictions due to domestic disturbances and failure to pay rent when she was with her children's father, has made it especially difficult for Virginia to find an apartment in Bennington. Looking to the future, Virginia said she has learned a few important lessons: never to reunite with her children's father who abused her and prevented her from paying rent; to always pay her rent on time; to avoid fights and conflict with neighbors; and to focus on cooking dinner, being home and helping the boys with homework and exploring outdoor activities.

About her work with Carli, Virginia said "She does everything with me. Like Melissa (her previous advocate) Carli is always there to help. She takes me grocery shopping; she comes to school meetings with me; she helped me get the kids into the dentist and pediatrician; she even plays with the kids. The kids really like her. I appreciate everything she's doing and feel blessed to have her help. I love Sunrise and would really like to work there someday and help people like me since you have all helped me so much."



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

Sunrise Family Center provided high quality childcare for Virginia's two youngest children

Vermont's communities are safe and supportive
Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential, including:
Children are ready for school

Sunrise Family Center helped Virginia and her children find a primary care doctor

Vermonters are healthy
Vermont's families are safe, nurturing, stable, and supported
Vermont's children and young people achieve their potential, including:
Children are ready for school, Youths choose healthy behaviors

Sunrise Family Center provided a family advocate for Virginia

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

Sunrise Family Center helped Virginia stay out of an abusive relationship

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

Sunrise Family Center helped Virginia find a therapist

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

Sunrise Family Center is helping Virginia find housing

Vermonters are healthy
Vermont's communities are safe and supportive
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, Children are ready for school, Children succeed in school

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

1. Number of adults who are homeless
2. Percent of adults with health insurance
3. Percent of children age 17 and younger with health insurance
4. Rate of petitions granted for relief from domestic abuse per 1,000 residents
5. Number and rate per 1,000 children of substantiated reports of child abuse and neglect
6. Number of children who are homeless
7. Number of families that are homeless
8. Number and rate per 1,000 children and youth of children and youth in out-of-home care
9. Percent of kindergarteners fully immunized with all five vaccines required for school
10. Percent of children ready for school in all five domains of healthy development
11. Percent of children receiving State subsidy enrolled in high quality early childhood programs that receive at least four out of five stars under State standards

ROI Statistics

Children in family foster care = \$8,130 (DCF – Family Services)

- The annual average cost per case is: \$8,130.
- The average across the entire custody population it is: \$26,402.

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

Homeless vs. Housing - \$20,250 (AHS – Housing Director)

- Providing an individual that is homeless shelter for a year costs \$27,594 vs \$7,344 for permanent housing. ROI=\$20,250
- Costs \$6,351 to house a family for 84 days through Economic Services

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.



Ashley's Story

Parent Child Centers are the Answer

In 2013, my baby girl Daliah was born. As a new mother raised in poverty, still living in poverty, my biggest concern was making sure my daughter was given every single thing that she needed in order to grow into an intelligent woman. The Family Place offered support that met that need. Kelly, a nurse who made visits to our home once every month, would bring information relevant to my daughter's stage of development, answer questions, share information about resources outside the Family Place, and do developmental milestone checks. Kelly came to visit us for over a year and didn't stop coming until I decided it was no longer needed.

When Daliah's father and I separated, the hardest part was knowing how poor I would be. I was given a case worker through Economic Services and was surprised and relieved to find that it was someone from the Family Place. My new case worker, Megan, gave me the encouragement I needed to do what was right for my daughter and the financial help I needed to make it on my own. I found a job and got accepted into subsidized housing. When my car broke down, Megan was a phone call away to help me problem solve, budget, and help financially. Keeping my car allowed me to keep what I felt was left of my independence.

I have been building an incredible foundation for a life that will bring me out of poverty and allow my daughter to have the life I imagined for her. I received a Leadership award at CCV in 2015 and graduated with the honor of being the class commencement speaker. I even made it to the Democratic National Convention this July as a pledged delegate for Bernie Sanders. I hope to find a career doing important work for Vermont's local economy and people. The road out of poverty as a single mother is a long and uphill battle, but I know I will achieve my goals.

PCC CORE SERVICES PROVIDED TO ASHLEY

Home Visiting

Families with young children have access to home-based support. Family goals and interests determine the frequency and content of visits.

Concrete Supports

Families have access to financial assistance to maintain transportation or meet other basic needs when crisis hits.

Information and Referral

Home visitors, parent educators, reception staff and others help parents find resources available to families in their communities.

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 Ashley received relate directly to the outcomes that drive our decision making as a state under Act 186. Ashley's case shows how supporting Vermont's Parent Child Centers 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 Place helped Ashley support Daliah to meet her developmental milestones.

- 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 Family Place helped Ashley secure affordable housing.

- 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 Family Place helped Ashley maintain transportation so that she could get herself to school and work.

- 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

Ashley earned a degree from the Community College of Vermont, has career aspirations and is engaged in her community.

- Vermont has a prosperous economy.
- 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

The help Ashley received directly impacts three indicators tracked by AHS to measure positive population outcomes.

1. High school graduates who graduated with a Regular High School diploma and enrolled in postsecondary education within 16 months after high school graduation.
2. Students who graduate from an institution of higher education within six academic school years.
3. Children ready for school in all four domains of healthy development.



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.



The Janet S. Munt Family Room

A Parent-Child Center of Vermont

Strong families. Healthy children. One community.

Dan's Story

Parent Child Centers
are the Answer

DAN'S STORY

The Family Room has been a big part of my life since I was a child. My mom had taken my brother, sister and I since I was a small child.

I had been struggling and not doing so well in my relationship with my wife. In my previous marriage, there was domestic violence and I knew I had an issue dealing with my anger. I had found a tear off phone number on a flyer about the Family Room and a group called Dads Group. So I called the number and left a message. In a few hours, I received a phone call back from a man named Josh Miller. He made a time to meet with me at Dunkin' Donuts so I could tell him what was happening. He later met me and my son at the Family Room and he played while I talked more with Josh about my situation. During our get together, he told me how the Family Room works with dads and what they have to offer. He invited me to start some helpful groups. In the Dads group, I was starting to learn outside the box of being a dad and not just a babysitter. I also didn't want to be like my dad, but I saw that I was repeating some of the same behaviors. After a few weeks in, I had to miss a group because my daughter was born.

I then started a communications class to help develop better ways to talk with my wife, deal with others and handle my emotions. I was able to have a healthy meal during the groups. We have been able to go on some field trips with our children, like tour the fire station, go to the Garden, go on a boat cruise with my family and others. Plus, we have dads and children's night where we can meet up with other dads, have dinner and interact with our children in a comfortable, safe and friendly environment. They offer Family support and offer some help finding a job.

I worked at that same job for over 2-1/2 years and now it has helped me to get an even better job. Josh asked me to speak at a training of over 60 women teachers about what it is like to be a man walking into a school. I was very emotional, but I was thankful for the opportunity to share. In February of 2017, I had gotten some hard news that my son was diagnosed with autism for emotional and social issues, plus having ADHD. But I was able to call Josh and have him come to some meetings on how to work with children with autism.

Having support from the Family Room is a very big help when you are not sure where to turn in tough situations. And even though it has still been hard in my relationship, we are doing much better now and I am being a much more positive, playful and responsible dad.



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

The Family Room's Dad's group helped Dan learn parenting skills

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

Vermont's communities are safe and supportive

Vermonters are healthy

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

Pregnant women and young people thrive

Children are ready for school

Children succeed in school

Youths choose healthy behaviors

Youths successfully transition to adulthood

The Family Room taught Dan communication skills that improved his relationship with his wife and children

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

Vermont's communities are safe and supportive

The Family Room provided regular healthy meals for Dan and his Children

Vermont's communities are safe and supportive

Vermonters are healthy

The Family Room allowed Dan and his children to learn about, and connect with, their 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:

Children are ready for school

The Family Room helped Dan find a better job

Vermont has a prosperous economy

Vermont's communities are safe and supportive

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

The Family Room taught Dan about how to care for his son with special needs

Vermont's communities are safe and supportive

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

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

Children are ready for school

Children succeed in school

The support Dan received positively impacts at least seven 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. Annualized Unemployment rate (an alternative indicator)
4. Percent of adults 20 years of age or older who are obese
5. Number of children who are homeless
6. Number and rate per 1,000 children and youth of children and youth in out-of-home care
7. Percent of children ready for school in all five domains of healthy development

ROI Statistics

- \$42 per night shelter stay @ shelter x average of 49 nights = \$2,058 x 2 (mother and child) = \$4,116
- Incarceration avoided \$50,000
- ACEs Intervention Savings= \$210,000 (2010 dollars)
 - Individuals with a higher number of ACEs are more likely to smoke, abuse alcohol and illicit substances, be obese, be physically inactive, and exhibit high-risk sexual behaviors. In addition to profound health effects, child abuse and neglect is also associated: including \$33,000 in childhood health care costs, \$11,000 in adult medical costs, \$144,000 in productivity losses, \$8,000 in child welfare costs, \$7,000 in criminal justice costs, and \$8,000 in special education costs.

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

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.

The Parent Child Center Network Strengthening Families for Decades



Parent Child Centers are the Strengthening Families Home Base

Parent Child Centers are a network of 15 community-based non-profit organizations, serving all of Vermont. The Parent Child Center Network (PCCN) has led the way on innovative social service delivery for decades by employing the Strengthening Families Framework™ that has now been adopted by the Agency of Human Services for all of its social service programs. The Parent Child Centers have been the hub of the Strengthening Families model, working with many community partners to make sure that families with young children have a home base where they can come for services, support, and education to build their protective factors. The Parent Child Centers are Vermont’s primary resource for building resilience and strengthening families. Parent Child Centers were a remarkable innovation when they were first created nearly 30 years ago, and they are still on the cutting edge of prevention work with vulnerable families. Parent Child Centers help families to cope successfully with both the timeless challenges of all families with young children and the new challenges of the 21st Century.



Protective Factors Strengthen Families

Strengthening Families™ is an evidence-informed, research-based approach that increases family strengths, enhances child development and reduces the likelihood of child abuse and neglect.

According to the Agency of Human Services *the most effective means to prevent child abuse and neglect and build resilience is by building “Protective Factors.”* The Parent Child Centers have worked with families to build the five protective factors for decades – this work lowers custody rates, prevents and fights addiction, reduces unwanted pregnancies, lowers the dropout rate, and lowers short and long term medical costs for families and the state.

The Five Protective Factors are the foundation of the Strengthening Families Approach:

1. parental resilience
2. social connections
3. concrete support in times of need
4. knowledge of parenting and child development
5. social and emotional competence of children

Research shows when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes.



Raising a child is hard for everyone, and every parent wants to do the best for their children. The Parent Child Centers make it possible for families to succeed in raising a strong and healthy family by helping them identify and use their strengths to get their children off to a good start.

Fully Funding the Parent Child Center Network Master Grant will have an immediate, and long-term impact on Vermont’s biggest cost drivers because the Parent Child Centers’ Eight Core Services and commitment to the Strengthening Families Framework has been shown to prevent and mitigate Adverse Childhood Experiences and other toxic stress. The Parent Child Centers have a Master Grant through the Department of Children and Families that incorporates performance measures, and increases efficiency and accountability. Through this Master Grant, the Parent Child Centers have been contracted by DCF to deliver essential state services to families with young children. However, the Master Grant does not adequately fund the state services that the Parent Child Centers are contracted to deliver. Parent Child Center staff across the state are paid 30% below comparable positions in education and state government. As a result, these Parent Child Center staff members are literally paying the costs of the state services they provide to families through their reduced wages. To adequately fund the state services that Parent Child Centers are providing for the Department of Children and Families, \$10 million should be allocated to the Master Grant – an increase of \$8 million.

What can be done about ACEs?

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 2Gen (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:

https://vetoviolenace.cdc.gov/apps/phl/resource_center_infographic.html



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' Eight Core Services:

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



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 Current Activities with Pregnant Smokers and smoking parents Compiled March 2017

Currently, the Parent Child Centers do not have a specific indicator around smoking cessation. However, all Parent Child Centers are willing and able to coordinate efforts and collect data on this indicator if additional funds are available in the Master Grant. The following are the results of an informal survey of the PCCs to report what is currently happening related to smokers.

Brattleboro – Early Ed Services

Early Ed Services participates in a state-wide effort to assess tobacco use with our families and provide tobacco cessation information. We survey our families two times each year - once in the fall and again in the spring. We use the information from the surveys to determine how best to start or continue a conversation with parents still using tobacco. Motivational Interviewing techniques are often used in those conversations. Tobacco is a prominent topic of discussion with our pregnant moms. We provide info on its impact on mother, unborn child and secondhand smoke. We also provide resources for where to get supplies to quit and/or find ongoing support.

NEKCA PCC South

Our center offers several sessions of smoking cessation groups a year. We offer challenges and incentives and we also have physical fitness opportunities to substitute for smoking. So, instead of going out for smoking breaks, they can choose to use a treadmill or other equipment and we have a trainer offering a program weekly.

Orange County PCC

What I usually do is attempt to inform the client that smokes while pregnant and/or thereafter, the dangers of doing so. I use the 802Quits info booklet, and the Vermont Dept. of Health Quit Network pamphlet to assist in teaching and to leave with the client to have should they later get to the point where they would be ready. I explain to them how many resources and people are out there who are trying and are willing to help along the way, so they feel like they are not alone with such a strong addiction. I do so without guilt or shaming and use factual information in a way that is not blaming or judging. If I sense that the client is not likely to get to the point of quitting, I at least inform them of the need to smoke outside of the home, for the sake of their children's/infant's health. I provide the client with the consequences of not doing so and attempt to do so without guilt, shame or accusing. The emphasis is on the child's needs and their best interests.

The Family Place - Norwich

- Consistent efforts by CIS Nurse in home visiting with pregnant women. Attends monthly tobacco team meetings.
- Families Learning Together - we have had guest speakers come in and we have held 2 Fresh Start classes here....with mixture of pregnant and non-pregnant participants. I have a carbon monoxide detector that I used during the Boyle grant to monitor levels in those who were smoking....again pregnant and non-pregnant.

Lund - Burlington

Smoking Cessation efforts at Lund happen in the following ways:

- We have standing orders for anyone interested in nicotine gum or patches to receive them immediately upon admission to the program and they then meet with an onsite doctor to develop an individualized plan.
- We have two staff trained to implement evidence based smoking cessation efforts
- Case Management staff work with families around the budgeting impact of smoking
- Staff take clients around the neighborhood to pick up cigarette butts along the road as a part of community building
- Individual counseling is available to families that want this.
- Smoking cessation groups are offered regularly.

FAMILY CENTER OF WASHINGTON COUNTY

We refer to VT Department of Health, Quitline and work as a team with local Dept Of health staff, mainly Maternal Health Coordinator, and support families in accessing local support groups, etc. We work with primary care providers when supporting pregnant women in quitting, and offer internal clinical support. When people smoke or live with a smoker we educate about primary, secondary and tertiary exposure for themselves and with a heavy focus on the negative health impacts on children.

Rutland County Parent Child Center

We don't actually do a lot around it internally – but we do refer folks to the local tobacco cessation program at the hospital.

NECA North

We do not offer smoking cessation but we will have guest from the hospital come in and talk about their programs they offer. We struggle locally because the hospital offers a class in the evening and many families can't get there and do not have child care. We help them work with their doctors to figure out other options. We would love to offer more onsite. We end up providing more healthy choices now vs stop smoking. If people are feeling good about themselves and getting healthier they take less risks and are more apt to stop smoking or continue not smoking. We would love to offer more or enhance the opportunity to have put more energy into quitting smoking

Springfield Area Parent Child Center

We work with caregivers, including pregnant women, to educate them around health risks for themselves and their children, to create goals to reduce their child's exposure, as well as to connect them with the cessation expert in our area to create a plan to reach their goals around their own use. We then continue to educate, check-in and support them as deemed appropriate for each individual family.

The Family Room

We'd be happy to do the work, we have always worked with families on smoking cessation and quite successfully. We currently have very few smokers, even with a population who does tend to smoke.

Milton Family Community Center

At MFCC, we encourage all parents, especially pregnant mothers, to quit smoking, for the health of their children. We have educational materials visible and available in all our offices where we meet with parents, in our reception room, on all our information bulletin boards, and on the walls in the bathrooms. We initiate and have direct face to face conversations with pregnant mothers, and all parents of young children who are enrolled in our parent education and support programs, about why smoke free environments are important for their children's health. We assist all parents in accessing smoking cessation programs and resources.

Lamoille Family Center

We integrate smoking effects within our Families Learning Together health program; both our Nutritionist and our Dental Hygienist (annual visit) have both taught about this. On a regular basis, when we have a smoker enrolled, we talk about it in Families Learning Together classes. We talk about how it affects the fetus and the born child. We talk about programs/services to help quit, too. CIS staff give out 802 Quits information to any smokers on the caseload. Runaway and homeless youth staff work with youth on cessation on a one-on-one basis.

Family Center of Northwestern VT

We have some funds that support us in providing education and referring to tobacco cessation through all of our services.

Sunrise

We educate staff about the effects of first hand, second hand and now 3 hand effects of smoking. Staff then will educate all participants about the concern with each, including those non-smokers, knowing that someone in their world may be a smoker. Families with infants and toddlers are highlighted, as are pregnant women and their partners. We can refer to local classes or opportunities for those that want more education or wish to quit smoking.

Sunrise has a strict NO SMOKING policy that is enforced through signage on all buildings (no smoking within 500 feet of Sunrise Campus) and ongoing education of staff and client families about the serious hazards of smoking. In addition we have (graphic) posters in two of our buildings, which depict the dramatic and deleterious effects of smoking on women in particular. Teen parents in our Opportunities program are regularly informed about QUIT line options and support groups and education at the local hospital.

The Sunrise policy on smoking has always been stringent, but not always observed. A few years ago, a Sunrise staff group reviewed the policy to make certain it was stringent enough and enforceable, and with that renewed focus the observance of the policy has increased considerably. Where once our students were allowed smoking breaks throughout the school day, now they are not. During intake with new participants, we inquire about smoking and offer smoking cessation support.

The Opioid Crisis in Our Communities

Home visitors, case managers, family support workers and educators at the state's 15 Parent Child Centers describe a dramatic increase in the need for their services caused by the opiate crisis. Opioid issues are impacting communities at every level, and within families the effects can be persistent and devastating.

Parent Child Center workers reported that up to 95% of families they serve are impacted by opiate issues. All noted a sharp rise in the incidence of opiate use by families they serve over the last 5 years.

The PCCs have a need for additional trained staff to identify issues and support families. Parent Child Centers offer 8 core services that mitigate the impacts of the opiate crisis for children and families. The Parent Child Center Network's ability to address the crisis is hindered by their difficulties in attracting and retaining workers and providing ongoing training because of the underfunding of state services they are contracted to deliver.

What Effect is the Opioid Crisis Having on Vermont's Children and Families? The Parent Child Centers have reported a wide range of impacts they are seeing in their communities. Here is a sampling of these community impacts:

- Home visits by DCF workers are often resisted because of substance use in the home.
- The inability to engage with supports and services often results in loss of benefits or failure to apply for benefits from the state, and can particularly lead to homelessness and/or food insecurity for families.
 - It is difficult for substance users to attend appointments consistently.
 - Families are less likely to engage in programs without strong and constant support.
 - Child care subsidies and placements are lost when children fail to attend.
- Lower engagement means PCC workers have to devote significantly more time with families and extended families, at home, in their offices and in court, to deliver the essential supports they need to be successful.
 - PCCs are seeing a need to offer support and programming for extended families and others who are providing care for children when parents are struggling with addiction or relapsing.
- Children and young parents often miss school.
- It is harder for parents and children to form strong relationships – more support is needed for families to help children cope and develop healthy attachment.
 - Children's basic needs are unmet because of parents' substance use.
 - Children have long-term health effects from ACEs.
- Parents are losing jobs because of substance abuse issues.

The Parent Child Centers: Strengthening Families to Mitigate the Opioid Crisis The parent Child Center Network is addressing the opioid crisis in a variety of ways.

Parent Child Centers are a network of 15 community-based non-profit organizations, serving all of Vermont. The Parent Child Center Network (PCCN) has led the way on innovative social service delivery for decades by employing the Strengthening Families™ Framework that has now been adopted by the Agency of Human Services for all of its social service programs. The Parent Child Centers have been the hub of the Strengthening Families model, working with many community partners to make sure that families with young children have a home base where they can come for services, support, and education to build their protective factors.

The Parent Child Centers are Vermont's primary resource for building resilience and strengthening families. Parent Child Centers were a remarkable innovation when they were first created nearly 30 years ago, and they are still on the cutting edge of prevention work with vulnerable families. Parent Child Centers help families to cope successfully with both the timeless challenges of all families with young children and the new challenges of the 21st Century.

Some specific examples of how PCCs work in their communities:

- PCCs partner with treatment centers and programs or refer families to them.
- PCCs offer case management services that are specifically for families in recovery.
- PCCs offer Family Supportive Housing Programs for most difficult to house families which includes those with substance abuse issues.
- PCCs are part of Children's Integrated Services, Early Intervention and Integrated Family Services teams to integrate supports for families dealing with opiate use.
- PCCs offer parenting education that helps parents whether they are using substances or not.
- PCCs provide outreach and treatment support to area high schools.
- PCCs provide job coaching that helps recovering addicts get back into the workforce.
- PCCs offer the GRAND-Parenting Program to help grandparents access supports if they are providing kinship care.
- PCCs offer CHARM (Children and Recovering Mothers) – a support group for mothers and children.
- PCCs offer Learning Together – an integrated education and work readiness program that serves young Vermonters who are at-risk for dropping out, substance abuse, unplanned pregnancy, homelessness, lack of medical care, and a host of other issues.

Funding the Parent Child Centers Can be an Answer to the Opioid Crisis

The Parent Child Centers are one of the state's best tools to help mitigate the impact of the opioid crisis on Vermont's children and families. PCCs now have a Master grant that adheres to *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.

Allowing the Parent Child Center Network to receive funds from the *Evidence-Based Education and Advertising Fund* will allow them to more effectively deliver high quality services through the Master Grant and mitigate the impact of the opioid crisis on our communities.

Building Bright Futures, Substance Use & Opiate Task Force Report and Recommendations 2017 :

<https://legislature.vermont.gov/assets/Documents/2018/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.261/S.261~Sarah%20Squirrel~Building%20Bright%20Futures%20Substance%20Use%20Task%20Force%20Report~1-24-2018.pdf>