

Vermont House and Senate Appropriations committee members,

Good evening and thank you for the opportunity to testify regarding Children's integrated services, CIS funding. My name is Shelly McSweeney and I live in Huntington Center. I am a family educator at Lund Family Center and have been home visiting at-risk pregnant women, children and parenting families in Chittenden County for over 20 years. As you might imagine, my caseload and my work through CIS has changed significantly during this time. While I have always worked with impoverished families and with families with complex needs, the intensity of need and the challenge of everyday survival my families now face is staggering.

Toxic stress, adverse childhood experiences (ACE's), complex trauma; you have all heard these terms. Home visiting is proven to mitigate this adversity and I could share countless examples of families who've not only benefitted but remained intact and even thrived because of our CIS work. My piece of the CIS pie allows for family-centered, parent-focused, strengths-based education and support to help parents rise to their potential. In the home, I assess, refer, treat and guide. I role-model, coach and gently critique. I might transport to a clinic for addiction treatment or to a playgroup for socialization. We'll apply for housing, register for Kindergarten, call for an appointment to get on birth control. I'll coach a parent to set limits for their toddler, to rock their infant, to read to their preschooler, to attach, to regulate. I cheer every A from CCV and job training certificate. The families I work with are often hidden from view: in a farmhouse up a dirt road in Underhill; in a trailer park in Hinesburg or in subsidized housing in the city. Sometimes rural, usually isolated, always varied in need and history. Grandparents raising their children's children because of incarceration, a low-wage earning couple trying to pay rent and cover childcare expenses. Moms with low cognition; women who've been trafficked; dads hoping to learn about their infant so that they may be safely in their child's life; children in DCF custody and parents trying desperately not to relapse. These are our CIS families. Most of these families have, or have had DCF involvement. If needed, we team closely to provide wrap-around services with DCF and with other providers including clinicians, teachers, doctors, staff at WIC, Economic services and sometimes probation and parole. It takes time to build these relationships and to build trust with our families. And although I sometimes feel like I'm nothing more than a consistent, positive presence in the home, I know that this work is more than that. CIS is breaking the cycles of trauma and dependency and preventing negative outcomes.

The intent of integrating services for children and families is to save money while improving outcomes. CIS has shown to be effective in mitigating the effects of early childhood trauma for thousands of Vermont families. Unfortunately, CIS has been chronically underfunded while the actual costs of providing these services have steadily increased. Due to level funding since 2009, Vermont is coming up short in meeting its obligations to its youngest learners.

I applaud the Child Development divisions CIS director Morgan Cole in telling the story of the need and funding gaps in CIS in her recent testimony to the Senate Health and Welfare committee. In her overview Director Cole noted the trends across multiple indicators that demonstrate an increasing CIS

population need and case complexity. She also clearly identified the funding gap in this program in that the CIS program has been under-resourced for many years.

I am asking that in your funding decisions, you ensure any available funding be spent to solve chronic underfunding of CIS which serves Vermont's most at risk children and families, and any funds that appear to not be utilized are not sweep funds back into the general fund.

Thank you