



February 25, 2019

Good afternoon, I'm Tammy Santamore Parent Child Center Coordinator at Lund, Thank you so much for taking the time to listen to the Parent Child Center testimony. I have worked at Lund for 15 years and seen many changes to the Reach Up program. The current Reach up proposal to cut the Parent child center RU contracts are of significant concern to me as I have seen the benefit and positive outcomes for families who receive their RU services in a Parent child center setting.

Parent child center case managers offer support to vulnerable families and partner with parents to navigate complex systems of care. We work towards barrier removal and building upon family strengths and resiliency to prevent or mitigate the impacts of adverse childhood experiences.

I am deeply concerned with the plan to eliminate community contracts for Reach Up case management across the state thereby eliminating approximately 22 case management positions which are to be absorbed into the district offices and the impact this will have to vulnerable family's access to the services they need to move toward self-sufficiency and improve child safety.

Having Reach Up case managers working in at Parent Child Center's is instrumental to supporting younger parents in navigating mental health and substance abuse treatment, ensuring child safety, as well as developing life skills to support them in engaging in progressive employment so that can eventually move towards self-sufficiency. Access to other services the PCC offers is improved in these settings because the services are co-located, which a family would not experience in a district office meeting with their Reach up case manager.

Co-location of Reach Up Case Management and early childhood services in PCCs ensures that parents are supported to access resources/information/guidance/community support that are critical to their children's wellbeing during the early years in their development.

The administration's proposal indicates that the average RU case load size- PCC or State case managers- is 24.5 active cases. Case managers at Lund each currently have a caseload in the 30's, and historically have been in the 40's.

I am also concerned about the definition being used for "active cases". The administration's proposal appears to exclude families who are receiving a medical deferment that are granted by a state appointed medical review team. These families need significant support in navigating mental health and substance abuse treatment, and often child protection issues, and other significant barriers.

The families receiving medical deferments require a significant level of contact, collaboration and follow up by Reach Up case managers in order to move them towards work readiness. These are some of the most vulnerable families and their ability to receive the wrap around supports in a PCC setting leads to better Reach up outcomes. They should not be excluded in the reach up caseload count.

In Chittenden County there are approximately 170 cases receiving Reach Up case management with contracted case managers that would be absorbed by the district office with no additional resources.

The federal government sets a bar for States Reach up work participation rates. PCC's reach up outcomes in this area consistently exceed the state average. Without the expertise of the PCC case managers in serving the population we do, I am concerned that the proposed cuts could lead to a drop in the federally defined work participation rate, and Vermont could face financial sanctions resulting in less funding for this program to provide services to some of the most vulnerable children and families

PCCs should be the home for supports and services for Vermont families. Please do not allow the administration to end the PCC Reach Up Case Management Contracts.