



2/13/20

Good afternoon, thank you for inviting my testimony today.

My name is Courtney Farrell and I am the Director of Child and Family services at Lund. In my role I oversee our Parent Child Center services and CIS family support home visiting. I represent the PCC Network (PCCN) at the state Home Visiting Alliance and I am project lead for our DULCE expansion program in a South Burlington pediatric office.

Next week I will be celebrating 23 years working at Lund.

I am here today in response to bill H.778 introduced by Representatives Pugh and Brumsted. This bill proposes appropriating \$1 million for the delivery of home visiting services for all Medicaid families in need of home visiting services.

High quality Home Visiting services are proven to keep children in safe, stable and nurturing environments that support their healthy development and is a key primary prevention strategy. In my experience over the last twenty plus years, Vermont families with young children are struggling more than ever, and their children are more at risk.

The Child Development Division (CDD) and Vermont Department of Health (VDH) have collaboratively developed a framework for categorizing the different types of Home visiting in the state know as Strong Families Vermont. This includes Universal home visits, Responsive home visits and Sustained Home Visiting. Within the Sustained category exists both Nurse Home Visiting and Family Support Home Visiting. The service in each tier address different levels of need and risk for children and families.

Home Visiting is one of the eight core services delivered by Parent Child Center's. PCC home visiting also exists at all three tiers of the Strong families' framework. The PCC Home Visiting model has been approved as an evidence informed model, and is unique to Vermont. Due to funding gaps we have not had the capacity to fully implement or sustain an evidence based home visiting model or have the capacity to fully meet the need in our communities and across our network. The PCC Master Grant funding must increase by \$4Million in FY21 to close our funding gap.

Children's integrated services (CIS) state contracts only require Responsive family support home visiting at this time. CDD has been clear that CIS is currently not funded adequately to require Responsive home visiting within CIS. The CIS rate study commissioned by CDD last year indicates a funding gap of \$2.4 Million for our current CIS system.

Several years ago with funding from the Race to the Top grant, our state partners were able to fund implementation and state wide expansion of Parents as Teachers (PAT), an evidence based home visiting model that fits into the Sustained Family support Home Visiting tier. With this support our program along with other Parent Child center's, was able to have our program supervisor and home visitors certified in PAT as well as access to funding for affiliate fee's, curriculum tools and access to the PAT database to deliver the model to fidelity. Home visitors at Lund had positive reports about use of the model and felt it helped families achieve outcomes they desired. One of the challenges we experienced with carrying out the model however was when we had staff turnover. As a state we did not yet have a well-developed pool of providers trained in the model to hire, which required getting the new staff trained. Often there were gaps of time before we could get new staff into the PAT training, which can only be provided by the national organization. I will note, these are challenges to be expected with implementation of any evidence-based model.

PAT, like any sustained evidence based home visiting model, is also not the right match for every family in need of parenting support. It does require a level of readiness that we know a portion of the families we work with are not ready for. The PCC and CIS home visiting services available for those families is most often Responsive family support home visiting. Some families do not need either of these tiers of home visiting, and could have their needs adequately met though a lighter touch to get them off to a good start with a new baby. This level of home visits exists in the Universal home visit tier, which PCC's also deliver.

As funding from Race to the Top ended, the financial resources to sustain PAT in many of our regions has also ended. Without the funding for training, affiliate fee's, and materials required to deliver the model to fidelity, many of our programs have transitioned to a "PAT informed" model. At Lund we continue to have a PAT certified supervisor, but only one of our current home visitors is PAT certified, though that has now lapsed as we could not afford the fee's to recertify. We also could not continue to pay the required affiliate fee, which limits access to the curriculum and the PAT database.

MESCH is the evidence-based model currently in place for nurse Home Visiting. MIECHV (Maternal, Infant, and Early Childhood Home Visiting) funds outside of the CIS bundle have provided a strong base for the MECSH program development in Vermont and as a result that model is better implemented now.

To move toward a statewide implementation of an evidence based family support Home Visiting model, programs would need to be adequately resourced to deliver any model to fidelity. In our recent work with the Home Visiting Alliance to evaluate PAT against other approved EB models, it appears PAT would have the least amount of barriers and would allow us to serve a wider population of children, prenatal to five.

In a December 2019 a report was developed by Johnson Group consulting for Vermont's CHINS reform workgroup titled "Vermont's Home Visiting System in context". The report includes recommendations for further investment in CIS, and in particular PCC's Home Visiting capacity.

“Using and Strengthening the Children’s Integrated Services (CIS) system, particularly Parent Child Centers, provides a community-based, multi-faceted response when risks and needs are identified. This is a resource unique to Vermont, which has adapted to changes in social risk, poverty and employment trends, and emerging evidence about what works in serving families with young children. They form a source of central intake and referral, community-team-based response, and anchor for universal screening as well as home visiting and other responses to family risks. Continuing state investment in CIS and PCC will maintain this family support resource.”

The PCCN supports further state investment in Home visiting services. We recommend that rather than starting a new Home visiting initiative, any increased funding should be invested in the delivery systems already in place- Parent Child Centers through a master grant increase and increased funding for Children’s Integrated Services, particularly Family Support home visiting. With adequate funding resources in place, PCC’s will also more likely be able to implement an evidence based Home Visitation model to fidelity statewide.

Thank you.