

TO: Representative Ann Pugh

FROM: Claire Kendall, The Family Center of Washington County on behalf of the Parent Child Center Network

DATE: December 8, 2021

RE: Request for response to Vermont's Family First Prevention Services Act Prevention Plan

On November 19, Claire Kendall from The Family Center of Washington County testified to the Child Protection Oversight Committee on behalf of the Parent Child Center Network in regards to prevention services. In follow up to that meeting, we are writing to express our deep concern with the approach that the Vermont Department for Children and Families' is taking with the [Vermont Family First Prevention Services Act Prevention Plan](#).

The FFPSA Prevention Plan put forth by DCF focuses on intervention, not prevention. This is especially apparent in the Candidacy Definition graphic on page 8, where the target candidacy groups for the proposed prevention services are people who are already involved in the DCF system. Once a family is engaged with Child Protection services, any effort to support that family is either intervention or treatment, since true prevention would prevent that family from entering the Child Protection system to begin with. True prevention, as opposed to intervention, consists of programming and support for populations that are universal. These activities are meant to impact families *before* any incidences of abuse and neglect, and include services such as: early screening and outreach with expectant parents and connection to needed resources, parent education, supports that promote healthy child development, concrete supports that improve the impacts of poverty, home visiting for new parents, and other universal family support programs. The Families First Prevention Services Act creates new and important opportunities for states to leverage federal funding and invest in prevention services that lead to reduced rates of child abuse and neglect and out of home placement. Not taking advantage of this opportunity in Vermont's prevention plan from the start feels like a significant loss for children and families.

The two practices that DCF has chosen to implement in year 1 of the Prevention Plan - **Child Parent Interactive Therapy (PCIT) and Motivational Interviewing (MI)** - are *interventions* meant to help families after some harm has already occurred. Neither of these practices focus on "upstream" services that define true prevention. PCIT and MI can help prevent more harm from occurring. When you practice PCIT and MI, you are implementing effective tools for mitigating negative behaviors that have already materialized, but you are not preventing these negative behaviors from arising in the first place. At best, PCIT and MI can be considered "Tertiary Prevention", which is still intervention at its core.¹ The first two tiers of prevention, Primary Prevention and Secondary Prevention, are important in avoiding situations where Tertiary Prevention is needed.

We know that when we move funding upstream to prevention services, it is better for children and families and more cost effective for our state. Parent Child Centers address child and family welfare at a true prevention level by providing programming and support that is universal. For example, our Family Support Home Visiting services, playgroups and support groups prevent child abuse and neglect by strengthening the parent-child relationship, building social connections, and promoting optimal child development and school readiness in the

¹ The [National Center for Community-Based Child Abuse Prevention \(CBCAP\)](#) defines Tertiary Prevention as "*activities targeted at families that have confirmed or unconfirmed child abuse and neglect reports. These families have already demonstrated the need for intervention, either with or without court supervision.*" Primary Prevention consists of activities that are targeted toward the community at large and can be challenging to measure because you are attempting to impact something before it happens (an unknown variable). Secondary prevention consists of activities targeted to families that have one or more risk factors, including families with substance abuse, teen parents, parents of special needs children, single parents, and low-income families.

comfort of the family's home and community. Offering services in a setting as close to "home" or "in the community" as possible reduces the stigma attached to intervention or prevention services and makes them more accessible. Offering in-home services also helps others in the community view these supports as benefiting the community as a whole (rather than a problem belonging to someone else). This is what we do at PCCs - we were designed to deliver flexible, evidence informed and community-based family services and supports that build protective factors.

The University of Vermont's [Drivers of Custody Rates Report](#) includes "Increase funding, workforce professionalization, and family-based services provided by the state's Parent-Child Centers" as an opportunity for future policy development that could help reduce Vermont's custody rates.² Increasing the base funding for Parent Child Centers will level the playing field for families across the state and ensure that these important prevention services will be available to every family with young children. The Drivers of custody Rates in VT Report also states:

"Additionally, FSD could explore using federal funding for upstream strategies such as: (a) college tuition for birth parents and foster parents to enter Title-IV- E training degree program; (b) certificates and training opportunities for paraprofessionals and teachers in trauma-informed instruction; (c) legal advocates to work in collaboration with FSD workers and parents; and (d) foster parent/birth parent mentoring programs."

Parent Child Centers are prevention focused and provide an existing infrastructure in Vermont for expanding the range of family support and mental health services that are necessary for true prevention. There is a critical need to invest in efforts to expand the number of trained practitioners, and continue to train additional practitioners working in community mental health, parent child centers, and early childhood education. Specifically, Vermont needs quality practitioners trained in evidence-based services identified by the FFPSA's Prevention Services Clearinghouse, and other trauma-informed approaches. Three years ago, UVM worked with DCF/FSD and a Title IV-E funding consultant to expand the definition of the child welfare workforce with the aim of increasing the types of personnel who are eligible for federally funded professional development, education, and training under section 8.1H of Title IV-E. The expanded definition included childcare providers, mental health clinicians, mentors, birth parents, foster/kin caregivers, healthcare, and school personnel. We understand that DCF's FFPSA Prevention Plan and candidacy groups are in part bound by the Evidence Based Practices listed on the Children's Bureau clearinghouse. However, the Clearinghouse does contain EBP's that are more preventative in scope, such as Parents As Teachers, a model that PCC's and Vermont are familiar with and other parts of state government are currently working to stand back up across the state. Whenever possible, the Legislature should dovetail recommendations made in UVM's Drivers of Custody Rates and other reports with the list of programs on the Clearinghouse to ensure that federal funds are being used in the most effective and preventative way possible.

² UVM's [Drivers of Custody Rates in Vermont Report](#), pg 7: "FSD might consider diverting funding for prevention services toward family resource centers while enhancing funding for evidence based treatment interventions toward community-based mental health centers"

True prevention takes a long time to realize, and results in population-based outcomes that can be difficult to measure.³ DCF points to case reviews and a reduction in caseload as a metric for success in the FFPSA Prevention Plan. While we agree that a reduction in DCF caseload is a good thing, it does not provide the state with any population-level data that can be used as indicators for the impact of true prevention services. It can be challenging for a state agency that is structured as an emergency response and focused on immediate results to shift to a true prevention mindset, since outcomes of prevention can take generations to be fully realized.

Thank you for considering our response to the FFPSA Report. We stand ready to answer any questions, provide testimony, or any other information you may require.

³ PRB, New Study Claims Abortion is Behind Decrease in Crime: <https://www.prb.org/resources/new-study-claims-abortion-is-behind-decrease-in-crime/> This study shows a significant reduction in crime 20 years after Roe V. Wade, which is a population based outcome resulting from the prevention service of preventing unwanted pregnancies.