

**Testimony from: Claire Kendall, Co-Director, Family Center of Washington County, Parent Child Center Network  
To: Child Protection Oversight Committee**

**Date: November 19, 2021**

Good morning, I am Claire Kendall, Co-Director, Family Center of Washington County, here today representing the Parent Child Center Network. Thank you for this opportunity to testify and thank you for your service to Vermonters, including those most vulnerable.

I am here today to request that this committee support the Parent Child Center bill (S.91) and our FY2023 funding request, which is in two parts:

1. A second year of “one-time funding” at \$3.7million to continue to help our family resource Centers serve families with young children who have increased needs as a result of the COVID pandemic.
2. An increase in our Parent Child Center Integrated Grant base funding of \$1.5million, which would bring our base funding to \$4.8million for the 15 PCCs across the state.

It was both heartening and validating to see the recommendation in the UVM Drivers of Custody Rates in Vermont Final Report that said:

- **Increase funding, workforce professionalization, and family-based services provided by the state’s Parent-Child Centers.**
  - Vermont’s Parent-Child Centers provide an existing infrastructure for expanding the range of family support and mental health services available to families with young children. **Evidence suggests that there is greater family engagement when services are accessed through family resource centers housed within communities**, as often community-based mental health agencies carry stigma. **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.
  - **Investing in Parent-Child Centers is well-aligned with this preferred service delivery model.** Specifically, **Parent Child Centers can provide functional family-centered, community-based practices** that go beyond face-to-face contacts and family time visitation to focus on primary prevention of child maltreatment. Instead, they provide concrete supports that can **enable families to maintain crucial connections and meet identified needs in their home communities** (e.g., childcare respite to birth parents struggling with domestic violence or substance use; violence prevention hotline for perpetrators such as respectphoneline.org).

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. We hope you will make this recommendation to your colleagues, and **the best way to support our work is to increase our base funding to our Integrated Grant.** Further, to strengthen the Parent Child Centers and support our ongoing efforts to increase quality standards and professionalization, please work to enact S.91, the Parent Child Center bill. I have also forwarded a summary of this bill as part of my testimony.

Thank you for your past support of the Parent Child Centers. We appreciate the recognition of the importance of our work for families with young children, and we hope you will continue to support us as we work to secure funding that allows us to operate without the struggles of constant staff turnover or vacancies and the ability to fully fund the essential services we provide on behalf of the state.

You may remember that Parent Child Centers received a General Fund one-time allocation of \$3.7m in the FY2022 budget, and we are happy to report that the funding made a real difference for those families we serve, our staff,

and our Centers. Flexible, one-time funding enabled providers across the service continuum to pivot their focus to the need at hand. In a time of crisis, the value of flexible funding cannot be overstated. I have sent to the committee a handout that highlights the many ways that PCCs have supported families throughout the pandemic. Here are just a few examples:

- We were able to increase our capacity to distribute diapers, wipes, formula and emergency food boxes during the shut-down and beyond.
- Through a combination of phone calls, Zooms, WhatsApp and one-on-one visitations, some Centers were able to use the one-time funds to enhance and strengthen parental resilience through programs like Music Together, an interactive music program for infants and toddlers and their caregivers.
- These funds also helped The Family Place transition Brain Lab to an outdoor classroom. Brain Lab is a facilitated parent-child intervention designed by our staff to increase “serve and return” interactions between parents and infants/toddlers in families facing chronic adversity.
- At Lamoille Family Center, attendance actually increased in their Parent Education program when switched to a virtual format.
- Family Navigators supporting families who come to us looking for resources – no wrong door.

**For the families we serve, the effects of the COVID pandemic are real and ongoing. As you know, providing the PCC’s Eight Core Services to these families and applying the Strengthening Families Framework will help to make sure that our youngest children are safe and nurtured and developing well. We use a state approved evidence-informed home visiting model as well as many regions providing evidence-based Parents As Teachers (PAT). We are a nationally affiliated network of family resource centers that adhere to national quality standards of: Family Centeredness, Family Strengthening, Diversity/Equity/Inclusion, Community Building & Evaluation.**

The reports you received claim that, “Access to evidence-informed, community-based services is uneven across the state.” As you have heard us say in the past, Parent Child Centers are the Answer. The reports say:

***Not all Vermont families with children have similar access to evidence-informed and community-based services that provide the types of supports and services struggling families need to stay intact. Such services include evidence-based mental health treatment, family counseling, childcare, parenting supports, and legal representation and advocacy that assist families both before and during times of crisis. Access to these supports and services varies considerably among Vermont communities, with places with low-population density and higher proportions of economically disadvantaged households at particular risk of not having access to these essential services.***

This is exactly what Parent Child Centers are all about, family resource centers throughout the state of Vermont providing families with young children access to parenting support, advocacy and parent and life skill coaching, and concrete supports. **Chronic underfunding of the PCCs for decades has been in part what has led to this uneven access to services.** PCCs were designed to deliver flexible, evidence informed and community-based family services and supports that build protective factors. As I mentioned earlier, **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.**

In addition, the second year of one-time funding will help us make sure that families who are still struggling because of specific issues related to COVID will get the supports and services they need to cope and to recover, and make sure their children are getting what they need to be healthy and nurtured. We expect that the consequences of the COVID pandemic on families with young children will be evident for several years to come. Thus, the combination of one-time funding and an increase in base funding is critical to making sure our children are safe.

Finally, the PCC bill will help to ensure that the Parent Child Centers are a strong and stable partner for the state of Vermont to provide these essential services to families with young children. Your support of this bill and for our funding requests will directly support families across the state and improve equitable access to services.

One thing I want to highlight is our ongoing need for funding that supports our staff and increases our capacity. Our services are human services, delivered by humans to humans. We need to be able increase wages and benefits to

retain and attract qualified staff -- we can't compete in this current workforce shortage without competitive wages. We must be allowed to use the funding that we receive to support our staff.

Vermont's Parent-Child Centers provide an existing infrastructure for expanding the range of family support and mental health services available to families with young children. We know there is greater family engagement when services are accessed through family resource centers housed within communities. The services that Parent Child Centers provide are critical to achieving Vermont's stated outcomes for families, but inadequate state funding comprises our ability to meet the needs of all families.

Thank you so much for the opportunity to speak with your committee today and thank you for your service and for your focus on this important issue. Please let me know your questions.

## Summary Content from Reports

### Family First Report:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/Child%20Protection%20Oversight/Foster%20Care/W~Aryka%20Radke--Family%20First%20Report~10-29-2021.pdf>

### Summary Notes:

- Of all risk assessments completed in 2019 and 2020, the most common parent/caretaker characteristic was substance abuse within the last 12 months. For children, the most common characteristic was mental health or behavioral issues
- Of all risk assessments completed in 2019 and 2020, the second most common parent/caretaker characteristic was the presence of mental health issues in the last 12 months
- Of all the safety assessments completed, a child under the age of 6 was involved in: 52% of safety assessments in 2019 and 55% of safety assessments in 2020
- Of all Child Safety Interventions, investigations are most represented. Risk of harm and sexual abuse are the most represented allegations
- Moving forward with two EBP's in 1st year:
  - Parent-Child Interaction Therapy (PCIT) is a good fit for Vermont-- designed for families with children aged 2-7 and it is a mental health program that is responsive to the data showing mental health issues being a key factor in families involved in a safety assessment
  - Motivational Interviewing works across age groups and has shown success as a substance abuse intervention

### Goals/Objectives:

- Develop IT infrastructure to expand prevention services and reduce DCF caseloads, and measure outcome data more efficiently
- Help families to obtain the skills they need to parent effectively without the need for their child(ren) to enter DCF custody
- **partner with other organizations who are providing well supported prevention services** such as Multi Systemic Therapy, delivered by Mental Health providers, or **Parents as Teachers, an approach held within our Parent Child Center network.**
- **apply Title IV-E funding to community-based service provision with aim for preventing the need for involvement in the child welfare and court system (this could/should include PCC's)**
- document that pregnant and parenting youth in care are categorically eligible for Family First prevention services, including relevant assessments of safety, risk, strengths, and efforts to connect youth to appropriate prevention services

### Drivers of custody rates report:

<https://legislature.vermont.gov/Documents/2022/WorkGroups/Child%20Protection%20Oversight/Custody%20Issues/W~Jessica%20Strolin-Goltzman--Drivers%20of%20Custody-Final%20Report~10-29-2021.pdf>

- Vermont's custody entry rates have been above the US average since 2008
- major drivers that rose to a level of significance are: age, immediate danger, poverty, caseload size, risk, and previous reports.
- Current child welfare data systems are inadequate and do not allow the state to meaningfully measure and track child safety, permanency, or wellbeing.
- Child welfare field personnel do not uniformly or consistently apply the structured decision making (SDM) tool (state protocol for safety and risk assessment).
- Caseworkers' background, training, and bias plays a significant role in child welfare caseworkers' decisions to place a child in foster care
- Not all Vermont families with children have the same access to evidence-informed and community-based services that provide the types of support and services struggling families need to stay intact.
- Vermont has not yet maximized federal dollars from the Federal Families First Prevention Act (FFPSA; 2018), Title IV-E dollars, to improve statewide practice.

### Report recommendations:

- Invest in a statewide child welfare information system (CWIS) with a user-friendly reporting interface ("immediate priority")
- Utilize federal funding to expand the number and reach of practitioners trained in evidence-based prevention and intervention practices (particularly under section 8.1H of Title IV-E)
- **Increase funding, workforce professionalization, and family-based services provided by the state's Parent-Child Centers.**
  - divert funding for prevention services toward family resource centers while enhancing funding for evidence based treatment interventions toward community-based mental health centers
- Equitably allocate available state and federal funding among service districts and communities, using the Community Opportunity Map (Casey Family Services) to identify communities where there is more or less need for services/supports
- Support caseworkers and other child welfare personnel who experience secondary traumatic stress (STS) as a result of their work (more than half of Vermont's child welfare professionals experience moderate-to-high/severe levels of STS)
- minimize decision-making bias by:
  - Embedding training on decision making bias in new employee onboarding.
  - Implementing Blind Team Decision Making (a teaming model)
  - Promoting a culture of data-informed practice by FSD and the courts
  - Engaging with the media to explain the impact of the sensationalized high profile cases
- develop new, explicit practice guidance that establishes guidelines for what circumstances do and do not apply to each specific danger item identified on the SDM tool
- Redirect more prevention funding to: Parent-Child Interaction Therapy, Child-Parent Psychotherapy, and Motivational Interviewing, Strengthening Families, LifeSet, and Families and Schools Together
- Make changes to Vermont statute to clarify instances where mandatory reporting is necessary to improve the system's efficiency as well as minimize potential bias and surveillance disproportionately impacting economically-disadvantaged or BIPOC families