

**TO: Senate Health & Welfare Committee**  
**FROM: Parent Child Center Network**  
**RE: S.91**  
**DATE: February 1, 2022**



(Submitted by Amy Shollenberger on behalf of the PCCN – [amy@action-circles.com](mailto:amy@action-circles.com) / 802-793-1114)

Thank you for your work on S.91 and for your in-depth look at the work of the Parent Child Centers. We appreciate your discussion and consideration of the bill. This memo is an attempt to answer some of the questions and concerns that arose in your discussion last week. We look forward to meeting with you to discuss further, as well.

**PCC Funding.** First, you had some questions about grants and funding for PCCs. Parent Child Centers were designed to be the hub of services for parents with young children. The intent of the Eight Core Services is to make sure that all families have wrap-around services available to them. Although the PCCs may not provide every service or support a family needs, one of the eight core services is “information and referral,” which means that if a family needs a service or support outside of the PCC’s menu, then they get connected directly to that service. For instance, a family might get connected to a mental health provider or to a high school completion program if a PCC does not offer those resources directly. Or they might be connected to housing supports or career counseling. The idea of the eight core services is that PCCs would be a physical place in the community where families with young children could go to get whatever they need. The Integrated Grant (formerly called the Master Grant, and before that, the Base Grant) is the one grant that goes to ALL 15 Parent Child Centers, and it is focused on those eight core services. For Fiscal Year 2023, the Governor is proposing \$3.35m for the Integrated Grant (Dept ID 603650).

The PCCN has for years been asking to get to a base funding level for the Integrated Grant of \$8m. However, very little progress has been made on that request. This request was based on an internal salary survey of four key positions, compared to similar positions in education and the state government - PCCs are competing with these two major employers and their funding is too low to be competitive, so they have high turnover and have trouble keeping good staff.

The bill as introduced would have brought the base funding to \$7.5m. However, **the PCCN’s request for this year’s Integrated Grant is to add \$1.5m** to the \$3.35m, for a total of \$4.85m in that line. An additional \$1.5m across all 15 PCCs would be \$100k/PCC, if divided evenly. This base increase would be a small step toward actually allocating the true cost of the services that PCCs are providing on behalf of the state.

This base funding request is **coupled with a one-time funding request of \$3.7m** related to the PCCs’ support of families as they navigate the ongoing pandemic and/or find ways to move on in their lives as the pandemic recedes. Last year, the legislature allocated \$3.7million across all 15 PCCs to help families cope and recover. Our request last year was for two years of one-time funding at that level, and the need is still there, so we are requesting that second year of \$3.7m

in one-time funding. We did submit the PCCN's report on some of the ways that funding was spent to your committee, and you can find it here:

- <https://legislature.vermont.gov/Documents/2022/WorkGroups/Senate%20Health%20and%20Welfare/Bills/S.91/Witness%20Documents/S.91~Donna%20Bailey~PCC%20Innovations%20Nov%202021~1-12-2022.pdf>

In terms of other funding for the PCCs, there are no other grants or contracts like the Integrated Grant that go to all 15 through the budget in a line item. Each PCC has multiple grants and contracts with the state government to provide a myriad of services within their communities. Nine PCCs are fiscal agents for the regional Children's Integrated Services (CIS) program, and all participate as partners in CIS. Some have grants through FSD, OEO, CDD to provide specific kinds of programming or services. Some PCCs are connected to other entities, like LUND or NCSS. The point is that this is exactly the design of the Parent Child Centers: to be the hub in the community, provide services and supports tailored to the community, and to partner with other service providers to ensure that families with young children get their needs met in the way that makes sense in that community.

The PCCs no longer hold the Reach Up Case Management contract, as DCF took that in-house a few years ago and the funding that the PCCs received for that work was also moved. The line item that may have been mistaken for this is a specific contract with LUND for their Residential Program (not the PCC part of LUND). Also, we want to clarify that the PCC's request for FY2023 is outlined above in this memo.

Finally, the fact is, across the state, the vast majority of the PCC funding is through grants and contracts with the state, but each PCC has different grants and agreements, tailored to the needs of the community and the goals of the various agencies and departments in the administration. Again, the only contract that all 15 PCC hold is the Integrated Grant, as explained above.

**Reporting & Oversight.** Our understanding is that you will receive information from BBF directly, so we will not address their role here. However, each PCC does report directly to CDD as part of the Integrated Grant Agreement, wherein there are indicators and outcomes that each PCC is responsible for. The PCCs report twice per year on their performance measures. They survey families and collect other data required, and it is submitted via an online form. The PCCN is actively working with DCF to build a better reporting system with the state. The PCCN is working toward a statewide annual report, but each PCC also publishes their own annual report.

The PCCN does have by-laws, which can be found here:

<https://www.dropbox.com/s/c9jsw24rgzsmhfi/VPCCN%20Bylaws.pdf?dl=0>

Further, the PCCN has developed a Handbook for Directors, which includes much of the documentation you had mentioned in your discussion last week.

The Handbook includes:

- Mission of the VPCCN
- Philosophy and Core Services
- Core Services
- Network Structure
- Entering and Exiting the Network
- Peer Review Process and Checklist
- Support for New Directors
- Financial, program, and statistical reporting forms

You can see the PCCN Directors Handbook here:

<https://www.dropbox.com/s/ubz2qdug49w2nm6/PCC%20Director%20Handbook%204-19-18.pdf?dl=0>

The Network also has a website: <https://vtparentchildcenternetwork.org/>

**Geographic Coverage.** The Parent Child Centers' coverage areas are based on the Vermont Agency of Human Services districts. The 15 PCCs cover the entire state. Each PCC develops programs and service delivery systems that are designed to ensure that all families throughout the region are able to access what they need. Also, every PCC provides Welcome Baby/Perinatal Supports to new parents and one of the eight core services is Home Visiting, so many families are getting services in their homes (sometimes virtually, due to COVID). PCCs also provide parent support groups or playgroups in locations throughout their service area (some changes again, due to COVID). During COVID, PCCs stepped up and did delivery of needed items for both parents and children, including diapers and food.



**PCCN and Standards.** The 15 Parent Child Centers have been working together through the PCC Network to adopt and implement the nationally accepted Standards of Quality for the past few years. As of now, all 15 PCCs have been trained in the Standards and are now working to implement them throughout the Network. These standards are nationally adopted standards and uniquely integrate and operationalize the Principles of Family Support Practice with the Strengthening Families Framework and its research-based evidence-informed 5 Protective Factors. The Standards focus on 5 Core Areas of Practice:

1. Family Centeredness
2. Family Strengthening
3. Diversity, Equity, & Inclusion
4. Community Strengthening
5. Evaluation

In order to fully implement the national standards, each Parent Child Center will continue to conduct an annual self-assessment and create an Action Plan to implement the Standards of Quality. The PCC Integrated Grant now has a performance measure to indicate what stage of the Action Plan each PCC is currently in. Also, one of the “turn the curve” questions at each PCC's Peer Review must be directly related to the Action Plan. The Action Plans are designed to be informed by and used by all stakeholders – public departments, foundations, community-based organizations, and families – as a tool for planning, providing, and assessing quality practice.

Here is a handout about the PCC process of adopting the standards:

<https://www.dropbox.com/s/ibeg8teds0sofiy/PCCN%20Standards%20Handout%202022.pdf?dl=0>

**Process for Designating/Designating a PCC.** The bill as drafted gives the final authority to the Secretary of Human Services or a designee to designate a PCC. According to the bill, the Network would have the authority to recommend PCCs for designation every 6 years. The six-year time frame was chosen because the PCCs already have a structure of an in-depth Peer Review every 3 years, conducted by the Network, which state officials are encouraged to participate in. If, during a Peer Review, a PCC has areas of improvement identified, a plan is made to support that PCC through the Network with involvement of other stakeholders and community partners to address those issues before the next Peer Review. The main goal is to have a process that recognizes the PCC Network as both a support for all PCCs and an internal accountability structure to maintain standards and ensure that the PCCs are delivering the eight core services for families with young children.

**Language Changes from CDD** (submitted by Miranda Gray on January 28<sup>th</sup>)

1. We disagree with the language on page 3, lines 1-3. Instead, we would prefer a process tied to the existing Peer Review Process and the national standards action plans of each PCC, and with the input of the Parent Child Center Network that includes accountability, technical assistance and assurances to state and private funders, as outlined in the PCC Director Handbook.
2. We support the suggested addition on page 5, lines 9-10.
3. We support the addition of the word “designee” on page 6, line 15; however, we respectfully ask the committee to change the “may” back to “shall,” as the original language was intended to address decades of level funding, creating a situation where the PCCs are chronically underfunded and cannot compete in the employee marketplace.
4. Also, we ask that the appropriation section on page 6 is not deleted, and we appreciate and support Senator Hardy’s amendment with our current funding request for FY2023.
5. The effective date change seems necessary.

Thank you again for your consideration of this bill and for allowing us this chance to provide input.