

MEMORANDUM

TO: Representative Rebecca Holcomb and the House Committee on Appropriations

FR: Linda E Johnson, Executive Director, Prevent Child Abuse Vermont (PCAVT)

CC: Representative Theresa Wood, Chairperson, House Committee on Human Services, and Reps. Brumsted and Donahue

DT: March 3, 2023

PCAVT is a 45 year old private non-profit organization, whose mission is to *promote and support healthy relationships within families, schools and communities to eliminate child abuse*. PCAVT currently serves about 8,000 individuals annually. Prior to COVID-19, we worked with 14,000 children, youth and adults annually. We consistently measure the impact of every program, every time. We are well regarded in the evaluation and proven effectiveness of all our programs. We never waste the courage of individuals nor the resources of our State and community partners. Our programs deliver the outcomes desired.

PCAVT has 3 Departments. They are Family Support Programs, Safe Environments for Infants and Toddlers, and Child Sexual Abuse Prevention. Please read below for description of each Department, its purpose and need for additional resources.

<u>Family Support Programs</u>: Almost all the parents in PCAVT's group-based Family Support Programs (Nurturing Parenting[®], 12-18 weeks, Strengthening Families, 14 weeks, and Circle of Parents[®] Support Groups for as long as the participant is benefitting, AKA the Nurturing Parenting Programs Grant) are referred by DCF, Family Court or the VT Department of Corrections. The majority of these parents have harmed their children and the children are in foster care. Over 85% of the parents are in recovery from substance misuse and over 50% have very low incomes, 0 to \$15,000 a year; many are insecurely housed, and some are homeless. Many are experiencing food insecurities as well. Groups meet weekly for 2 hours online and receive a call from their group facilitator at least once a week to check in and ensure their basic needs are being met and to follow up on what they have worked on in their group to ensure the skills learned are translating into the home and interactions with children during visits.

In all these 45 years, we have never lost a child or a parent.

These programs are serving approximately 400 very high-risk parents impacting at least 1,300 children yearly. Our programs are specifically designed for parents in recovery and are designed for inclusivity. Some examples of how we meet the needs of diverse populations are: Nurturing Programs[®] for Parents in Substance Use Treatment & Recovery; Circle of Parents[®] for BIPOC Parents; Circle of

Parents[®] of Children who identify as LGBTQIA+; Circle of Parents[®] of Teens; Circle of Parents[®] whose Children Have Disabilities; Circle of Parents[®] for Afghani Moms, Circle of Parents[®] for Fathers; Circle of Parents[®] for Foster and Post-Adoptive Families; Circle of Parents[®] for Families with Children in Foster Care; Circle of Parents[®] for Single Moms; Circle of Parents[®] for Parents in Substance Use Treatment & Recovery. We work with Africans Living in Vermont and Refugee Resettlement for translation services as well as referrals and recently completed a Nurturing Skills[™] for Families Program with a group of Nepali families.

DCF granted \$307,371 annually until 2020, when a \$40,000 reduction was made, unrelated to the output or quality of these programs. Since then, PCAVT has done its best to raise the difference, but it is a serious struggle. In fact, we offer about 60 programs a year, but we could easily offer another 60 programs. We would be able to accomplish this needed increase of serving 900 more at risk parents and 1,500 more children and youth with the requested increase of \$279,513. More children would return home safely from foster care and more children would be prevented from going into foster care in the first place.

Before COVID-19, we had a robust cadre of volunteer professionals who we trained to facilitate the Family Support Programs in person. We worked with 170 to 190 of these wonderful Vermonters annually. Many of these leaders received small stipends. When COVID-19 hit and we had to pivot to online groups most of our volunteers stopped facilitating the programs. Our Program Director, Michelle Richling, MA, and her team of 4 coordinators began leading nearly all the programs themselves. The groups are full and we always have a wait list. We continue to offer them virtually, but our partners at Turning Point Centers and parent child centers are going back to in-person programming. We are moving forward doing a hybrid with in-person, geographically based programs and online groups with participants from across Vermont. With travel and stipends, more curricula, more time completing intakes, connecting 1:1 weekly with participants through phone calls, training and supporting volunteer leaders, doing outreach to host agencies and community-based locations, social and traditional media and conducting and tracking weekly evaluations and pre and post scientific evaluations, and completing exit interviews for each participant, it is now going to require more staff. COVID-19 has created a greater need than ever for these effective programs. Our wait list is truly unconscionable.

We have always offered programs in the men's prisons, until the pandemic, but are just now beginning to be let back in. This will also increase our workload substantially and we consider it a very important segment of the parenting population. In fact, just this alone will add another 200 fathers.

The Nurturing Parenting[®] Programs build health and connection in communities. We provide computers to families who do not have access to participate online. They get to keep the computer and use it to look for employment and for schooling. They help parents get jobs, seek medical help, go back to school, and safely parent with a new set of tools and with a support system. They are a big part of the decline of child abuse over these past 45 years. Candice Page, Assistant Editor of the Burlington Free Press once likened them to I-89, the "bones of Vermont". Honestly and respectfully,

making this requested investment is one of the singularly most effective, beneficial, and low-cost ways to help Vermont's children have safe and permanent loving families.

<u>Safe Environments for Infants and Toddlers:</u> AKA The Shaken Baby Syndrome Prevention grant allows us just enough funding to have one Manger/Trainer prevent the deadliest form of child abuse impacting the youngest and most vulnerable Vermonters. Ann Shangraw travels the State to work with maternity units/birthing centers providing education for nurses, materials for Welcome Baby Bags giving information to parents of newborns about how to safely comfort a crying baby, the dangers of shaking a baby, and how to place babies down to sleep safely. A certificate for parents to sign affirming they have this information is also part of the program affirming parents will share this knowledge with all their babies' caregivers. This is a well-researched program developed by Dr. Mark Diaz, a well-respected pediatric neurologist. Since we have adopted this practice in Vermont, we have had only one infant death resulting from shaking in the past 15 years. This is a great change from previous years when we would experience this tragedy 3 to 6 times a year.

We are working in collaboration with many other providers including the VT Department of Health and Safe Kids, Inc., to prevent accidental deaths resulting from unsafe sleep practices. The opioid crisis has led to some of the 9 deaths last year. We have much to do and need more than one person for the entire state to educate folks in recovery centers, Turning Point Centers, prisons, AA and Na Meetings, etc.

The other leg of our approach has been to go to high schools and present in health class to youth before they become parents. With only one trainer for the whole state, even before COVID-19, we could only educate in one third of all the high schools annually. This is a great strategy, but insufficient for the consequences of not reaching all students every year. You can make that difference by supporting the increase requested. Our DCF Grant for Shaken Baby Syndrome Prevention has to be increased by \$100,390. With this increase we could educate 2,000 more middle and high school students and 500 more adults.

The Healthy Relationships Project grant, now covers all our child sexual abuse prevention work. This means it includes programs for children, ages 3 through high school. The programs are: CARE for KIDS (ages 3 through 2nd grades), Care for Kids Elementary (3rd through 6th grades), SAFE-T (7th and 8th grades), and Project SELFIE (Safe Expression onLine For Internet Empowerment, 7th through 12th grades). All three are developmentally appropriate, trauma informed, and focus on victim and victimization prevention. They are <u>empirically-based and well evaluated</u> and in fact Care for Kids and We Care Elementary are being studied by the CDC in a 4 year scientific study conducted by Northeastern University and the Jane Adams School for Social Work at the University of Illinois at Chicago. Drs. Beth Molnar, Christie Rizzo, and John Holton are the Primary Investigators. SAFE-T was scientifically evaluated by the Crimes Against Children Center at the University of New Hampshire at Durham and by the Connecticut Department of Health. We continuously evaluate each and every school program. We provide the following services to Vermont schools: provision of student lessons; provision of faculty/staff training, provision of caregiver events, and technical support for schools on

child sexual abuse prevention, as well as training for school staff to become Facilitators of the Healthy Relationships Project.

Most schools, 85%, have used the Healthy Relationships Project at some point. Since we have continued to update the Healthy Relationships Project to keep pace with advancements in the field, many schools no longer have the most current curricula. It is vital that we are able to provide updated materials and to train incoming educators in their use. COVID-19, as you well know, has led to a tremendous turnover in teaching staff, many have retired and many positions remain open and some are being filled with volunteers and brand new graduates who have no experience teaching this topic. Students are struggling with depression, anxiety, agoraphobia, etc. We will not know for many generations what actually happened to children when they had to remain at home during the height of the pandemic. Most sexual abuse is committed by family members. Only 20% of child victims tell in the first year and it declines from there. The average age for telling is 52. Most frequently, children tell teachers. In fact, mandated reporters typically make approximately 80% of all reports of abuse. During remote learning, reports of child abuse dropped drastically, which means that cases of abuse likely went unchecked. Upon return to the classroom, some students may not have the same close, trusting relationships with their teacher due to turn over in the workforce. Our work in schools is so badly needed and though we do all we can with online facilitator training, it is impossible to go to all the schools requesting our help and model lesson delivery, parent meetings, and to deliver faculty and staff training. More staff capacity is needed to prevent this terrible form of child abuse.

When we began in 1982, 47% of all who perpetrated were youth with younger children, and 9% of those youth were 11 to 14 years of age. Through our work we brought this percentage down by 77% and the rate of victims by 67%. Without more help at this time, I truly fear we will begin to roll back the progress accomplished.

Included in this grant is our training for adults who care for children of all ages. These include childcare providers, social workers, alcohol and drug abuse counselors, home visitors, mentors, dentists, mental health providers, child advocacy staff, domestic and sexual violence workers, parents, foster parents, etc. We evaluate all trainings using pre/post self-report methodology and see tremendous success in participants acquiring both new knowledge and skills. In addition, we train trainers so others can spread this important work throughout Vermont. We publish the results of these trainings and the school based work on our website, www.pcavt.org.

We offer nine training topics: Everything Everyone Needs to Know to Prevent Child Sexual Abuse; Nurturing Healthy Sexual Development; Understanding and Responding to the Sexual Behaviors of Children; Brain Development and Learning Consent During Childhood; Nurturing, Valuing, and Protecting LGBTQIA+ Youth; TECHNICOOL: Keeping Kids Safe on the Internet; Understanding and Responding to the Sexual Behaviors of Adolescents; Overcoming Barriers to Protecting Children from Sexual Abuse; and Nurturing and Safe Environments for Children with Disabilities. All of these trainings are <u>empirically based with excellent evaluation results</u>. PCAVT has three full time staff members to work with our more than 300 schools, the 2,880 early childhood educators, and all other professionals and organizations who care for children and youth. Honestly, twice that number of staff is needed. Consequently, we respectfully request an increase of \$313,277, which would impact 2,000 more adults and 40,000 more children.

In summary, our total request is an increase for all three grants of \$693,180. An additional 3,400 adults and an additional 43,500 children across Vermont would be impacted by PCAVT's services. We have been defunded by \$157,000 over the past four years and, aside from a minor increase in the HRP grant, have not received an increase to these grants in over ten years.

We appreciate your thoughtful consideration of this request and thank you for your dedication to the children, families and future of Vermont. Please let me know if there is any additional information I can provide.

For Children,

Linda E Johnson, Executive Director



Nurturing Parenting Grant			
CATEGORIES	BUDGETED FY23	REQUESTED FY24	
Personnel	\$194,358.00	\$350,240.00	
Fringe Benefits	\$43,776.00	\$80,850.00	
Travel	\$1,000.00	\$30,000.00	
Equipment			
Supplies	\$2,000.00	\$18,000.00	
Contractual			
Other	\$26,237.00	\$67,794.00	
TOTALS:	\$267,371.00	\$546,884.00	

Healthy Relationships Project Grant			
CATEGORIES	BUDGETED FY23	REQUESTED FY24*	
Personnel	\$36,087.00	\$235,073.00	
Fringe Benefits	\$7,858.00	\$52,593.00	
Travel		\$15,000.00	
Equipment			
Supplies		\$32,000.00	
Contractual			
Other	\$1,054.00	\$23,610.00	
TOTALS:	\$44,999.00	\$358,276.00	

Shaken Baby Syndrome Prevention Grant			
CATEGORIES	BUDGETED FY23	REQUESTED FY24	
Personnel	\$67,352.00	\$126,718.00	
Fringe Benefits	\$14,888.00	\$27,912.00	
Travel	\$1,000.00	\$20,000.00	
Equipment			
Supplies	\$1,000.00	\$3,000.00	
Contractual			
Other	\$7,136.00	\$14,136.00	
TOTALS:	\$91,376.00	\$191,766.00	

Total Grant Increases		
Grant	Requested Increase	
Nurturing Parenting Grant	\$279 <i>,</i> 513.00	
Healthy Relationships Project Grant	\$313,277.00	
Shaken Baby Syndrome Prevention Grant	\$100,390.00	
TOTAL:	\$693,180.00	

*This request includes the Child Sexual Abuse Prevention Training Grant eliminated in 2020-2021

Recent Changes

- Nurturing Parenting Grant the last increase was \$10,000 in 2005-2006, and \$40,000 was decreased in 2020-2021
- Healthy Relationships Project Grant \$7,500 increase in 2016-2017 and \$7,499 for 2019-2020, but no other increases as far back as 2003-2004
- Shaken Baby Syndrome Prevention Grant \$28,000 increase in 2011-2012, \$7,625 increase in 2012-2013, and \$2,500 increase in 2016-2017



PCAVT's Increased Impact

With these increases of funds, PCAVT could impact:

900 more parents and 1,500 more children through the Nurturing Parenting Program

2,000 more adults and 40,000 more children through the Healthy Relationships Project Program

2,000 more middle and high school students and 500 more adults through the Shaken Baby Syndrome Prevention Program