

FY24 HHS: Testimony - Amy Johnson, Director (Parent Child Center of Northwestern Counseling & Support Services - St. Albans, Vermont)

My name is Amy Johnson and I'm the Director of the Parent Child Center of Northwestern Counseling & Support Services. I am here today to update you regarding our work on the newly passed PCC bill (Act 150), the impact of our base increase from last session, and to discuss our legislative ask for the current fiscal year. Based on our updated wage study, we are asking for a funding increase of \$5.2 million dollars to support Parent Child Centers providing essential state services.

First, I would like to thank this committee for their ongoing support of the PCC Network; with your help we received one-time funding, a base increase of \$1.5 million, and were able to pass Act 150. These adjustments made profound impacts on our centers, the families we serve, and our greater community and state. I feel incredibly fortunate to live and raise a child in a state that recognizes the importance and true value of a network of family resource centers that support positive childhood experiences. Early experiences are an important public health issue that the PCCs are on the front lines addressing.

Last year, with the passage of Act 150, the Parent Child Center Network of providers was recognized and codified as a partner working with the State to provide essential core services and supports to families. The Parent Child Center Network has been working for several years to ensure consistency and quality in service delivery for families across the state. Since the passage of Act 150, the PCCN has been making great strides to ensure we are upholding the language in this new law. This is inclusive of:

- Creating guidelines for each of the 8 core services to help individual centers assess where they are as it relates to each core service. The guidelines provide clarity on what it means to be nearing foundational quality, foundational quality, and high quality for each core service with clear and concise ways to reach each tier. This work dovetails with the National Standards for Family Strengthening and Support as the core services guideline document was cross walked with the 5 domains of the national standards (family centeredness, family strengthening, diversity, equity and inclusion, community strengthening, and evaluation) and their 17 standards.
- Creating of our first PCCN semi-annual report since the passing of Act 150
- The PCCN Quality and Standards sub-committee has begun the work of overhauling our family satisfaction and protective factors survey to ensure we are demonstrating the impact of our work and measure how much, how well, and is anyone better off.
- Ensuring there are at least two staff for each PCC trained in the National Standards for Family Strengthening and Support; this is integral in supporting staff and stakeholders engaging in the annual self-assessment process. The program assessment process is an opportunity to identify how to integrate family support and strengthening principles and protective factors into daily operations, practice, training, service delivery, and community-level work. The outcomes of the assessment guides both newly established and seasoned programs in achieving the goal of continuous quality improvement.
- National Standards for Family Strengthening and Support annual self-assessment language has become a core component of the Continuous Quality Improvement section of the 3-year peer review process, requiring centers to highlight a section of the annual self-assessment for which they desire stakeholder feedback.
- All centers are committed to enhancing/revising Parent Advisory Councils. Centers are working directly with the National Family Support Network to attend their workshop that provides directors with strategies and tools to develop effective and sustainable PACs.

- Developed a PCCN infrastructure sub-committee working directly with CDD leadership on items needed to transition the Integrated grant over to the Network's 501c3. This work began in July of 2022.

During FY23, the legislature supported the PCCN with a \$1.5 million increase to our base grant. This funding made a profound impact on our staff and the families that we serve. Here is an overview of the ways in which your support directly impacted our communities and centers directly:

Wage increases and enhanced benefits

These additional funds allowed us to make significant wage adjustments and enhance our employee benefits across the board for our organizations. PCCs were able to give salary increases of 5-20% across a variety of positions, with the largest increases going toward staff farthest away from the Vermont averages. Wage increases have allowed us to retain current staff and hire for some of our many vacancies. While this is of critical importance, we want to make sure to not mislead this group. We were all below market rate for these positions, thus the reflected wages are still below what is needed to compete at the state, healthcare, and education level. The wage increases, however, help us to move closer to closing the funding gap. Several centers were also able to offer retention and longevity bonuses to maintain current, hardworking staff as well as offer sign-on bonuses to support recruitment efforts and fill long-term vacancies.

Addressing increase in mental health needs for families

As we've seen rates of perinatal disorders triple due to isolation and increased family stressors connected to the COVID-19 pandemic, we have been able to enhance pregnancy and postpartum programming. For the PCC of NCSS specifically, we have been able to hire an additional perinatal support specialist to help families during the pregnancy and postpartum period, working in the home to support life with new baby. Also included are overnight supports, as families have identified needing help when lack of sleep begins to impact mental health. We have been able to increase our in-home perinatal mental health clinicians from two to three and built additional support groups (including perinatal grief and loss) to mitigate the risk and impact of social isolation that families are identifying. Several programs have been able to enhance fatherhood programming and increase hours for fatherhood positions.

Creation of new outreach/family resource navigation positions

Outreach supports have become critical for families during this time. Being aware of and easily able to connect to PCC programming has been key to getting families what they need and intervening before they require crisis intervention. We are seeing an increase of families who are struggling to meet basic needs as the cost of housing, gas, food, utilities, etc. continue to climb. Several centers added positions that provide outreach to families to help them connect to benefits, programs, and other needed resources. Outreach/Family Resource Navigators have also been aiding in problem solving for families around housing barriers with the increase of homeless and precariously housed families. These enhancements have already proven effective and worthwhile, as evidenced by an increase in numbers of families served.

Program expansion and sustainability

The additional funding has helped programs and positions become more sustainable at the PCCs. A few centers had program grants end and desired to continue with impactful

programming. Increased funding allowed for these programs to move into the integrated grant providing a sustainable solution to vital programming. A notable example of this is Bennington's Making Meals and Memories family programming which helps with nutrition education and food security all while building community and increasing social connections. PCCs were also able to transition positions with one-time funding to be partially or fully funded by ongoing PCC integrated grant funding which has helped these positions become more sustainable. In the Northeast Kingdom, for example, the two PCCs can now expand playgroup offerings to more communities in the NEK as well as support and host community events and offer more concrete supports for families in crisis without sacrificing quality of programming, materials, or employees. As social connections continued to be a need across the state of Vermont due to isolation of young children and families, many centers were able to expand high quality parent/caregiver education and support group opportunities in both in-person and virtual formats.

As you can see, your investment in PCCs during FY23 had a lasting impact on staff, families, and overall programming and services in communities. To continue to provide prevention-based supports and services and build healthy communities in our state, we are advocating for a base funding increase of \$5.2 million to the PCC line in the FY24 budget to help deliver our essential services. Underfunding has made providing all the needed services to families a constant challenge. Of equal importance, it has left vacancies in critical positions across the Network, resulting in increased caseloads and long waiting lists for services; all of which impact retention and recruitment efforts.

The Parent Child Center Network conducted an updated wage study that helped us to confirm our ask of \$5.2 million. We compared the salaries of comparable positions that exist at the state and education system. On average, the PCC Network salary ratio is 21% below state and education rates with some job titles as low as 32%. PCC salaries that came in at less than 21% of state and education rates usually meant those employees exceed 4 years of experience.

The total salary gap estimate is approximately \$3.92 million. Specific to health insurance, the state benefit exceeds the PCC benefit by approximately 50% making the health benefit gap approximately \$620,375. Currently, there are centers that are not able to offer health insurance at all (2 of 15 centers) and several that can only offer to their employee and not their dependents. The State retirement contribution is 17% versus 3% at the PCC level. The estimated retirement benefits gap is about \$1.94 million. As it stands, five of 15 PCCs cannot afford to offer the benefit. While staff articulate loving the work they do at PCCs they are not able to stay because of wages, benefits, and retirement barriers that don't allow them to sustain their basic needs and quality of life. PCCs are not able to recruit nor retain high quality staff which impacts waiting lists, caseloads, and overall burnout. Staff turnover impacts relationships with families and can also impact progress towards family goals and outcomes. The PCCN turnover rate ranges from 3% to 41%.

At the Parent Child Center of NCSS, for example, we currently have 10 vacancies which is the equivalent of 150-200 families based on average caseload sizes of current staff across programs. That's 150-200 families that could be accessing services, but instead are on a waitlist or have chosen to disengage from the system. Current staff and potential hires have named wages as the top reason for leaving the agency or passing on an open position. Costs are not just impacting families but also staff and potential hires – increased cost of living and hard to find housing makes finding and keeping folks at our rates impossible. We want to continue to close the funding gap to help hire for long term vacancies and keep staff in our communities. High-quality, long-term staff are proven to cultivate strong, supportive relationships with families, and demonstrate the time and skillset to focus on family specific needs and goals.

While our top funding priority is supporting staff wages and benefits, we also feel it imperative to highlight trends we are tracking and programming that we feel needs to be added or enhanced to support the ongoing needs of families. We are fortunate that PCC base funding allows us the flexibility to be responsive as trends emerge, new issues arise, the landscape of our communities change, and system gaps are realized. We are looking to support these emerging issues, critical needs, and system gaps with the \$5.2 million increase:

- Provide additional concrete supports and basic needs supports to offset the increasing costs impacting families across the state (housing, gas, groceries, health insurance, fuel, utilities, etc.). Families are experiencing more food insecurity with inflation and SNAP benefits decreasing, and we are also looking for offset that burden with increase access to our food shelves and support with other basic needs.
- Increase fatherhood focused groups and groups for perinatal partners
- Provide support around housing and transportation including staff dedicated to supporting housing of families. Currently there is a 2.4% vacancy rate in our state (BBF State of Vermont's Children report, 2023). As we continue to see more families living in hotels with unmet needs or in unsafe situations, we are working to try to increase safety and housing security. For example, we have families giving birth at the hospital and not having safe and adequate housing as they are discharged. Families are often moving into tent setting with babies just a few days old.
- There are a variety of PCC Core Service needs that go unmet in our community, additional funding will allow us to address those needs by hiring and retaining staff. For example: we are seeing the need to provide more opportunities for families to connect- especially those who have had children during the pandemic and experienced significant isolation. We are wanting to expand playgroups and support groups across the county to support this need. This is also another access point for families who are not already connected to the universal and targeted supports of PCCs.
- Staff need ongoing diversity, equity, and inclusion training to ensure all families get the support they need
- Vermont now has the highest rate in the country for prenatal overdose deaths. We are focusing on how to increase outreach to this population to help turn the curve on this.
- We are seeing an increase in children presenting with trauma and unmet needs. Having flexible services that wrap around families to provide them the individualized support they need is critical.
- Increase mental health supports to families overall with more outreach workers and in-home clinical supports, specifically for families in the perinatal period. The cost of maternal mental health conditions is \$32,000 per caregiver-child pair which accounts for lost wages and productivity of the birthing parent and addressing poor health outcomes of the birthing parent and baby. Untreated parental mental health issues can have long term impacts on birthing parent, baby, family, and society. In Vermont 750 birthing individuals left untreated equals \$24,000,000 (Mathematica). Centers are looking to enhance perinatal programming with more robust welcome baby programming, in-home doulas and clinicians, groups, and perinatal bereavement supports.

It is critically important for Vermont families and communities that the services provided by PCCs are not only fully funded but of high quality and consistent across the state. An increase in funding will support the overall global health of the network by allowing for adequate funding of our prevention hub. An increase to our base funding will ensure that our state maintains a rich and robust network of family resource centers with high quality programming and staff to support families in these programs.

I have worked in the human services field for over 20 years now. I've worked in a variety of important positions and organizations but never for more than a year or so. I've been with the Parent Child Center for over 6 years; the longest I've been at any one place. I can say, with complete honesty, that the reason I've been with the PCC for so long is because I truly and completely see the value in the work that we do every day and know that this important work makes a true difference for families and to the overall health of our state.

Thank you for allowing us to speak with you today and for your ongoing support of the Parent Child Center Network.

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