

Critical Elements of Child Development Division Services for Children & Families

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Parent Child Centers are a statewide resource with many decades of expertise supporting child and family health and wellbeing. This first-hand expertise and experience tells us that integrating services to families with young children – across Agency of Human Services (AHS) silos by way of the Child Development Division (CDD) – works, and works well.

We ask that the top priority for the Legislature and the Administration be full funding and adequate resources for the services currently provided through CDD. These services have been **chronically underfunded** and under resourced from the beginning. Dissolving CDD, the structure that supports services to families with young children, will not solve the real problem, which is **inadequate funding** of the CDD. **We are concerned that the proposal to undo the blended funding and re-establish the silos within the Agency of Human Services that were barriers to services for Vermont’s young families will hinder us in pursuit of the goal of better outcomes for children and families, and setback the system as a whole.**

When the formation of the CDD was originally proposed by visionary state employees who had become alarmed by the unnecessary barriers that non-integrated services created for families and providers in the field, it was met with initial resistance from the heads of the various Departments, parts of whose budgets were used to fund CDD. After all, it took funding out of the budgets they had the authority to manage. Persistence paid off, however, and CDD began. Since then, this effort has been recognized nationally as an innovation that puts the needs of families first, and the admitted complexities of managing blended funding streams, second.

This CDD elimination plan, we are told, is still in the “study” phase for which they claim they are gathering stakeholder feedback and input and would not go into effect until FY23 at the earliest. What the provider community is seeing now, however, is the rapid dismantling of certain portions of CDD through this year’s budget development process. Each one of the subsequent proposals contained in DCF’s FY22 budget proposal is, in and of itself, a serious policy change. Together, they signal this Administration’s intention to move forward now, in FY22, with dismantling CDD regardless of what the consequences might be, which may well compromise the ability of providers to implement highly innovative services that are proven to be effective for Vermont’s young families.

The majority of the work we do with families focuses on families with babies, infants and toddlers. CDD’s expertise has always been on supporting young children and their families, with just one of their goals being school readiness. Other agencies who may absorb this work, such as AOE, have a primary focus on *school readiness of the child*, rather than *families being the primary focus*. We cannot separate the work Parent Child Centers do with children from their families - our strength is the fact that we work intergenerationally and holistically with wrap-around care that ensures no family member falls through the cracks. We recognize that, “...children’s health and development depends on the strength of their relationships with, and the well-being of, the adults who comprise their networks of care and support: parents, extended family, neighbors, and health care, early childhood, and other social service providers.” [Brazelton Touchpoints](#)

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It is with deep concern that in all the conversations taking place at the state level, we have heard very little about the **care** of infants, toddlers, young children and their families in this proposal. We are concerned that the well-being of our youngest Vermonters will be lost and forgotten if we do not work with the whole family. Working with the family involves an integration with the programs and services across the state departments that exist within the Agency of Human Services. The education of our children is one part of the work we do; we would argue that it constitutes just 10 hours a week during the school year for 3–5-year-olds - whilst the lion's share of the work we do is wrap-around family care. We firmly believe that the social and emotional development of babies and their families is the primary aim of early childhood work we all do.

In testimony on H.171 recently, DCF Commissioner Sean Brown spoke about the Department's concern with moving forward with the CCFAP system changes called for in this bill without first conducting an in-depth study of the system and the impact of the proposed changes. He cited the need to understand the possibility of unintended financial, administrative, and programmatic consequences. In the same vein, the Administration's plan to eliminate the Child Development Division (CDD), moving the administration of the programs currently in that Division to other State Departments, effectively dismantling the highly effective, integrated services that CDD currently implements through Children's Integrated Services (CIS) and other programs has yet to go through any in-depth analysis. **We urge the administration to do the same in-depth analysis of unintended financial consequences for this proposal before considering any policy changes.**

We question the wisdom of eliminating the CDD work and rolling it into the AOE. We note that administrative savings are cited as one of the reasons for the AOE to take over the role that the CDD currently plays. Would these so-called administrative savings be enough to support the underfunding of CIS? We predict the "unbundling" of CIS across multiple departments would potentially lead to multiple separate contracts for each CIS service, where we currently have one CIS contract per region. This strikes us as adding to the administrative burden, not streamlining it. Further, it would be an inefficient way of providing services. As practitioners, we recognize that many areas of service currently working smoothly, will change, potentially creating more silos, not fewer. We believe this will end up further weakening, not strengthening, the system. The idea of moving Home Visiting towards a more uniform delivery appears to be counter to integration, as Early Intervention (EI) and Early Childhood & Family Mental Health (ECFMH) would move to two different departments, as opposed to remaining part of holistic wraparound services offered multi generationally to families. Further, it is important to note it appears that the proposed changes will amalgamate *Parents as Teachers* (PAT), Nursing Home Visiting, and Parent Child Center Home Visiting, yet we believe these services should not be streamlined because they are different Evidence-Based/Evidence-Informed approaches.

With regards to governance, we already have a system that coordinates across different services: Children's Integrated Services (CIS). In local communities, we sit at tables predominantly with AHS services, funding, and programming. When needed, we bring in local school personnel. For us to have to be governed by the AOE as well as AHS is both unwieldy and inefficient. **We urge you to reject any proposal that disintegrates services to Vermont families with young children and instead, please fully fund and resource those services.** Each year we advocate for full funding for Children's Integrated Services (CIS), Special Accommodations Grants (SAG) and Child Care Financial Assistance (CCFAP), all of which are currently administered by CDD. **Full funding, as opposed to restructuring, will improve the social determinants of health for Vermont's young children and families.**