

Town of Richmond
Request for Special Appropriations
Request for Fiscal Year: 2022

Organization's Name: Vermont Family Network
Address: 600 Blair Park Road, Suite 240
City, State, Zip: Williston, VT 05495
Website address: www.vermontfamilynetwork.org

A. GENERAL INFORMATION

1. Program Name: Family Support Program

2. Contact Person/Title: Claire Giroux-Williams, Development and Communications Manager
Telephone Number: 802-876-5315, ext. 105
E-mail address: Claire.giroux-williams@vtfn.org

3. Total number of individuals served in the last complete fiscal year by this program:
932 family contacts throughout the state of Vermont

4. Total number of the above individuals who are Town residents: 10 families and 51 contacts
Percent of people served who are Town residents: 1%

5. Amount of Request: \$500

6. Total Program Budget: \$850,000 Percent of total program budget
you are requesting from the Town of Richmond: less and 1%

7. Please state or attach the mission of your agency: The mission of Vermont Family Network is
to empower and support all Vermont families of children with special needs.

8. Will the funding be used to:
__XX__ Maintain an existing program _____ Expand an Existing Program
_____ Start a new program

9. Has your organization received funds from the Town in the past for this or a similar
program? Yes
If yes, please answer the following:
 - a. Does the amount of your request represent an increase over your previous
appropriation? If yes, explain the reason(s) for the increase. – No
 - b. Were any conditions or restrictions placed on the funds by the Selectboard? No
If yes, describe how those conditions or restrictions have been met. – N/A

B. PROGRAM OVERVIEW

1. Statement of Need: Identify the issue or need that the program will address (use
statistical data to justify the need for the program). To what extent does this need or
problem exist in the Town of Richmond?

Nationally, 1 in 5 families who have children have at least 1 child with special needs. In Vermont, that statistic is 1 in 4. Vermont Family Network's Family Support program provides support to families in a multitude of ways to help parents help their children reach their fullest

potential. Being the parent of a child with special needs can be very isolating and frightening. Having parents who have been in a similar situation can be vital to helping parents manage the stress and various systems they will have to navigate throughout their child's life. Only a parent who is getting the support that they need can be the best support for their child. In addition, parents need support in navigating systems like special education, and our staff can assist them in a variety of ways, from phone coaching to attending school meetings. Our program had 10 Richmond families and 51 Richmond contacts in the last fiscal year.

2. Program Summary:

a. Identify the target/recipients of program services. Specify the number of Town residents your program will serve during the fiscal year and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

Our Family Support program employs staff who are all experienced parents of children with special needs. Our target recipient if services are other parents, grandparents and family members of children with special needs. We support anyone who is concerned about their child's development, free of charge. Last year we had 10 Richmond families and 51 Richmond contacts and expect to serve about that many again in this next fiscal year.

b. Identify what is to be accomplished or what change will occur from participating in the program. How will people be better off as a result of participating in the program? Describe the steps you take to make the project known to the public, and make the program accessible and inclusive?

The monies requested will go specifically to funding our Family Support Program. This program allows families to receive various services helping them to adapt to a child's diagnosis, understand the various systems they will need to navigate, and educate them in a multitude of areas to help them be the best advocate for their child that they can be. We market our organization throughout the state, with most staff housed in Williston, and a staff member in both Rutland and the Northeast Kingdom. Our Family Support Services are available to anyone in the state Monday – Friday from 8:30 am until 4:30 pm. In-person support can happen as needed.

3. Program Funding:

a. Identify how Town funds, specifically, will be used (i.e., funds will provide "X" amount of units of service)

We are reaching out to towns all over the state where we have had a significant impact for funding to be able to continue the great work we have done with families all over the state. The last few years have seen major cuts in governmental grants and foundation monies, and we don't want the services to families to decrease. The budget we have presented is a conservative budget reflecting the cuts we have experienced or expect to experience. A \$500 appropriation would fund 10-15 hours of direct family support services.

b. List the other agencies to whom you are submitting a request for funds for this program and the amount requested. How would this program be modified should revenues be lost.

The majority of the Family Support program budget comes from grants, the two biggest being from Children with Special Health Needs (CSHN) through the Department of Health and Parent Training Information (PTI). We also get a variety of smaller grants from the federal and state government, as well as a few foundation grants.

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide the program including its history, previous experience providing this service, management structure and staff expertise.

Vermont Family Network was formed 12 years ago through a merge of two organizations, Parent to Parent Vermont and the Vermont Parent Information Center. Combined we have more than 30 years of experience supporting parents of children with special needs around the state of Vermont. In our work we reference, refer to, and collaborate a myriad of other organizations such as the Children with Special Health Needs through the Department of Health, the VT Agency of Education, the VT Developmental Disabilities Council, Green Mountain Self Advocates, Building Bright Futures, the Federation of Families for Children's Mental Health, the VT and federal entities of Maternal Child Health, Family Voices and Parent to Parent.

The unique contribution that we offer is specifically peer support, our staff of parents helping reach out and support other parents. The Vermont Family Network also employs a bookkeeper 3 days a week, managed by our Director of Operations. Both the President/CEO and the Chair of the Board of Directors have the authority to sign checks as needed, all under the oversight of the Treasurer of the Board and the Finance Committee.

2. How will you assess whether/how program participants are better off? Describe how you will assess program outcomes. Your description should include: what (what kind of data), how (method/tool for collecting the data), from whom (source of data) and when (timing of data collection).

We conduct yearly surveys to assess the needs of families and outcomes of our programs. Our evaluations show where parents and families are feeling they need the most support, where funding may need to be shifted, etc. We use the outcomes of these surveys to drive our planning. A specific example is with our annual conference, we learned that our constituents want more time to network with other families, and we are designing an end of the day session to allow for this.

3. Summarize or attach program and or service assessments conducted in the past two years. – Please find the survey questions and quotes attached.

2020 results will be available in November of 2020. Please let me know if you need them.

2019

2. 100 % of parents surveyed agreed or strongly agreed
3. 100% of parents surveyed agreed or strongly agreed
4. 100% of parents surveyed agreed or strongly agreed
5. 100% of parents surveyed agreed or strongly agreed
6. 100% of parents surveyed agreed or strongly agreed

7. 63% of parents surveyed agreed or strongly agreed, 27% disagreed or strongly disagreed.

8. 100% of parents surveyed said "yes"

2018 results:

1a. 100 % of parents surveyed agreed or strongly agreed

1b. 100% of parents survey agreed or strongly agreed

1c. 100% of parents survey agreed or strongly agreed

1d. 100% of parents survey agreed or strongly agreed

2a. 100% of parents survey agreed or strongly agreed

3a. 73% of parents survey agreed or strongly agreed, 18% disagreed, 9% NA

4. Does your organization have a strategic plan and a strategic planning process in place? Yes, please find attached.

The strategic plan should include a mission statement, goals, action steps to achieve the goals, and measures that assess the accomplishments of the goals.

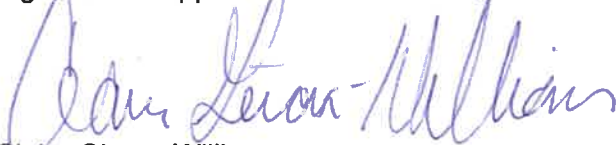
5. What is the authorized size of your board of directors? Between 9 and 21, with at least 50% of them being a parent of a child with special needs between the ages of 0 to 26.

How many meetings were held by the board last year? 10 meetings

I, the undersigned, confirm the information contained herein is accurate and can be verified as such. I understand and agree that if the requested funds are approved, the disbursement of funds are subject to all conditions established by the Richmond Selectboard.

Signature of Applicant

Date: 10/6/20



Claire Giroux-Williams,

Development and Communications Manager



Vermont Family Network Education Helpline Survey

Dear Parent,

You recently contacted the Vermont Family Network with a question or request for support. We are interested in your satisfaction with the information or support you received. Please complete this survey to help with our evaluation and to help us improve our services. It will only take 5 minutes. The survey is only being sent to a sample of parents who contacted VFN so it is important that we get responses to all the surveys we send out. Your individual answers will be kept confidential. They will only be shared after they are put together with answers from other parents.

Please complete the survey by December 4 2020. Thank you in advance for your input and time.

Sincerely,
Karen Price
Co-Director of Family Support

1. Your Name (optional)

2. For this question, try to think about the information or support you received, not what happened if you acted upon it.

The information or support you received from VFN met your needs.

Strongly Disagree

Disagree

Agree

Strongly Agree

3. For this question, try to think about the information or support you received, not what happened if you acted upon it.

You were able to understand the information you received from VFN.

Strongly Disagree

Disagree

Agree

Strongly Agree

4. For this question, try to think about the information or support you received, not what happened if you acted upon it.

The information VFN provided helped you learn more about how to meet your child's needs.

Strongly Disagree

Disagree

Agree

Strongly Agree

5. For this question, try to think about the information or support you received, not what happened if you acted upon it.

The information VFN provided was useful.

Strongly Disagree

Disagree

Agree

Strongly Agree

6. For this group of questions, think about how the information or support you received from VFN may have prepared you for a variety of activities: working with your child's school, program, or service provider to make decisions about your child and available options, to work with others to support your child, to become involved in meetings, or to resolve possible disputes. Please indicate how much you agree or disagree.

Select one response.

Strongly Disagree

Disagree

Agree

Strongly Agree

a. You are prepared to use the information you received within the past six months from VFN.

7. Please indicate how much you agree or disagree with the following statement. If you have not had the opportunity to interact with a school, program, or service provider, please select 'not applicable.'

Select one response.

Not Applicable Strongly Disagree Disagree Agree Strongly Agree

a. You feel confident in your ability to work with your child's school or service providers to meet your child's needs.

8. Would recommend the Vermont Family Network to your friends or family?

- Yes
- Maybe
- No

9. The following questions are optional:

Please share any comments about the information and/or support that you received from the Vermont Family Network.

Please share any comments about how you were able to use the information that you received from VFN.

Please share any additional comments about your experience in getting information or support from VFN.

Done

See how easy it is to [create a survey](#).

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