



How are Vermont's Young Children and Families?

2020 REPORT





From the **GOVERNOR**

Giving kids a healthy start is critical. As a former contractor, I know the stronger the foundation, the better the chance of a long lasting, positive outcome later in life. The science on brain development shows the importance of investing in our young children as it sets the foundation for life course outcomes, not only for individual children, but also for strong communities and a vibrant economy.

This year we all learned just how important resources and supports are for young children and families as we came together to address the COVID-19 pandemic. I want to recognize our early childhood workforce who stepped up from the start to provide critical services for children and their families. We still have work to do to make my vision for a cradle-to-career system an integrated, comprehensive, high quality system that is equitable, accessible and will improve outcomes for each and every child and their family. This starts with access to high-quality early education for children under five, and continues with Prekindergarten education, kindergarten through grade 3, and after school and out-of-school care. Together this provides children with the development, education and skills they need to reach optimal outcomes and be successful later in life. One bright spot from this health crisis is that we've continued to move forward in this vision even during the pandemic.

The pandemic uncovered and intensified many of the stressors on our most vulnerable Vermonters. Some of our greatest challenges heading into the pandemic included the gaps that families faced in their ability to meet basic needs (p. 15), the rate of young children with social, emotional or behavioral health conditions (p. 22), and the need for high-quality child care (p. 27). The national spotlight on racial inequity has likewise revealed gaps and barriers for Vermonters of color.

While the needs are great, this year has demonstrated the strength of our families and communities and the opportunities that lie ahead of us. My hope is that this report inspires you to join in our collective work as a state to make Vermont the best possible place for children and families to live.

Sincerely,

Philip B. Scott
Governor



From the **EXECUTIVE DIRECTOR**

It is an honor to serve as the Executive Director of Building Bright Futures (BBF), Vermont's Early Childhood public-private partnership mandated by Vermont's Act 104 and the federal Head Start Act to advise the Governor and legislature on the current status of children prenatal to age eight and their families. In this role, it is my responsibility to lead the Early Childhood State Advisory Council (SAC) and regional network, which includes over 300 individuals across all sectors, to assure that policy is developed and decisions are made using evidence to always hold the best interest of children and families at the forefront. One of BBF's responsibilities is to maintain Vermont's vision and strategic plan for early childhood and monitor progress on child and family outcomes over time. We do this through Vermont's Early Childhood Action Plan (VECAP) which outlines a cohesive vision by the year 2026, and establishes shared accountability to achieve statewide priorities for children and families. This eighth iteration of the How Are Vermont's Young Children and Families report is another mechanism by which BBF monitors progress toward Vermont's vision and reports to policy-makers.

The 2020 report starts by highlighting the results of the Early Childhood Needs Assessment and the updated VECAP, followed by SAC recommendations in five key areas: (1) Recognize Vermont's early care and education system and workforce as essential; (2) Mitigate COVID impacts on family economic stability and mental health; (3) Recognize chronic inequities and racism as a public health crisis; (4) Empower family voice to rebuild a stronger system; and (5) Evolve our data system to address gaps. The introduction concludes with the 2020 Early Childhood Spotlight on the impact of the COVID-19 pandemic. The body of the report captures data across a range of sectors. The 2020 report features new data on a range of services, resources and supports Vermont offers to improve optimal developmental and educational outcomes for children. This highlight includes enrollment in early intervention, Early Childhood special education services, Children's Integrated Services, Head Start and Early Head Start, as well as support from Parent Child Centers and Help Me Grow, providing a snapshot of how Vermont serves the most vulnerable young children and their families.

Ensuring each and every child has what they need to thrive and succeed early in life sets the foundation for long-term outcomes for that child, but also for a healthy economy and community. It is critical to continually monitor and evaluate Vermont's Early Childhood system and child and family outcomes to understand the impact of policies, programs and decisions and ensure that children's needs are met. Answering the call to centralize data to inform policy from Vermont's legislature, statewide Early Childhood partners, and the EC Needs Assessment, BBF created Vermont's Early Childhood Resource, Data, and Policy Center. The Center will house each iteration of the annual report, valuable cross-sector resources, Vermont-specific and national data, policy briefs, a scorecard to monitor VECAP indicators, fact sheets and more. Paired with the How are Vermont's Young Children and Families? report, the Center will help raise the visibility of key issues affecting Vermont's children and families, making it easier for leaders, policymakers, families, and communities to use data to make informed policy and program decisions that will ultimately ensure children's success. I hope that together, this report and Center inspire you to evaluate our collective work to improve the lives of children and families in Vermont, because our children are the future, and the future is bright!

Sincerely,

Morgan K. Crossman, Ph.D., M.A.
Executive Director



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MISSION

To improve the well-being of each and every child and family in Vermont by using evidence to inform policy and bringing voices together to discuss critical challenges and problem solve.

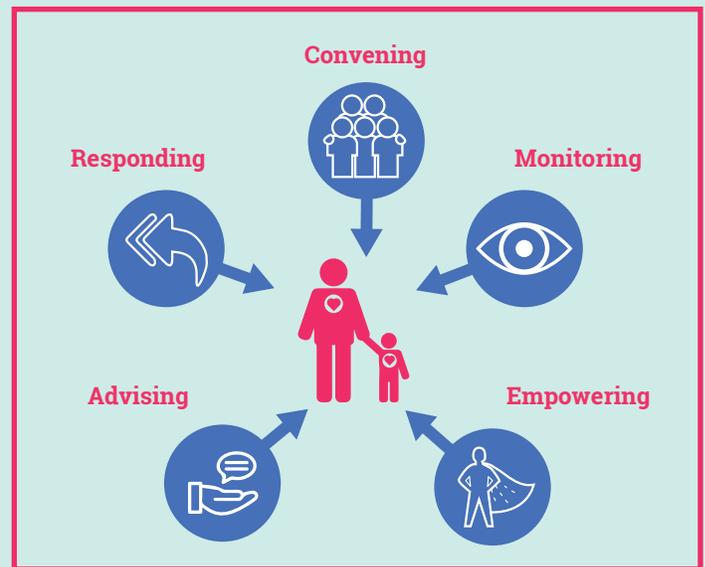


VISION

BBF maintains the vision and strategic plan for Vermont's Early Childhood System. Vermont's vision for the Early Childhood system is to be an integrated continuum of comprehensive, high quality services that is equitable and accessible and will improve outcomes for each and every child in the prenatal period to age eight and their family in Vermont.

Building Bright Futures (BBF) is Vermont's Early Childhood public-private partnership mandated by Vermont's Act 104 and the federal Head Start Act to serve as the State Advisory Council (SAC) on Early Childhood. The SAC is the mechanism to advise the Governor and Legislature on the current status of children from the prenatal period to age eight and their families. Within these legislative mandates, **BBF is charged with 5 primary responsibilities:** →

BBF is the only organization in Vermont with the robust infrastructure (staffing, committees, networks, communications) necessary to be flexible and adapt to emerging legislative, community, public and private needs while supporting the Early Childhood system in addressing the complex health, education, behavioral health, and safety conditions surrounding all children in the prenatal period to age eight and their families in Vermont.



BBF has a multi-tiered infrastructure consisting of 12 regional councils, the State Advisory Council (SAC), and 7 committees that move The Vermont Early Childhood Action Plan (VECAP) forward including the Early Childhood Interagency Coordinating Team (ECICT). BBF informs this infrastructure by identifying and presenting the most up-to-date high-quality data. Our regional and statewide infrastructure allows BBF to have a presence in every corner of the state and in all communities. This network allows for the communication and escalation of barriers, and challenges and recommendations from both regions and from the State Advisory Council to policy makers. As decisions are made, the BBF infrastructure facilitates changes to the Early Childhood system to improve the lives of children and families across the state.

Early Childhood Systems Needs Assessment EXECUTIVE SUMMARY 2020

Vermont's PDG-5 Needs Assessment highlighted the conditions of the early care and education system for Vermont's 35,769 children 0 to 5. Overarching needs include data gaps, chronic underfunding, and limited family engagement.



36% of children under age 6 live in households with income below **200%** of the Federal Poverty Level.



1 in 5 children between the ages of **6 and 8** has a social, emotional, or behavioral health condition, while this is only true for **8% of children under 5**.



62% of infants lack access to a child care provider, up to **89%** in rural counties (pre-COVID).



Lack of funding "Chronic lack of funding undermines the quality of supports we provide."



1,004 unique cases of child abuse and neglect in **2019**.



Only 2% of EC stakeholders reported that the workforce has the resources necessary to meet the needs of children and families.

Vermont collects a tremendous amount of data, but does not readily have the data available that leaders need to make decisions about EC investments, resources, and strategies in one, easily accessible place.

Methodology: The needs assessment collected primary data through a survey and focus groups with families, early childhood providers and other community and agency leaders, and reviewed 18 documents with data and information on the status of children and families.

The Needs Assessment Found:

Equity and Vulnerable Populations: Gaps in the Early Childhood system more severely impact specific groups. Families living in rural communities, BIPOC, and children who experience other risk factors, such as poverty, homelessness, or immigrant/refugee status, face exacerbated access, quality and affordability gaps.

Quality and Accessibility: Access to childcare remains a significant challenge across the state, particularly for infants and toddlers.

Early Childhood and Family Mental Health:

Vermont's EC community is deeply concerned for the current mental health challenges of children and families and the potential lasting secondary effects of COVID-19.

Workforce: Developing and sustaining a pipeline of early childhood professionals is costly and remains a challenge across the state.

System Integration: Rigid policies and funding have many services still operating in silos. Alignment, collaboration and coordination efforts remain a challenge at the system level and are necessary for success at the regional level, starting with aligned messaging in the mixed-delivery system.

Family Leadership and Engagement: EC stakeholders at all levels of the system need to recognize families as partners whose voices are critical to the system's success.

Resources and Funding: Despite the successful investments in Vermont's EC system, EC programs are not adequately funded, and securing stable funding is a significant concern for EC programs across the state.

High Quality Data: Lack of high quality data across the Early Childhood system limits knowledge of outcomes and services and undermines informed decision-making at the state and local levels.

VERMONT EARLY CHILDHOOD ACTION PLAN (VECAP) The 5 year vision & strategic plan¹

VERMONT'S VISION

Vermont aspires to realize the promise of each and every Vermont child by ensuring that the Early Childhood system is an integrated, continuous, comprehensive, high quality system of services that is equitable, accessible and will improve outcomes for children in the prenatal period to age eight and their families in Vermont.

Vermont's Early Childhood Action Plan (VECAP)

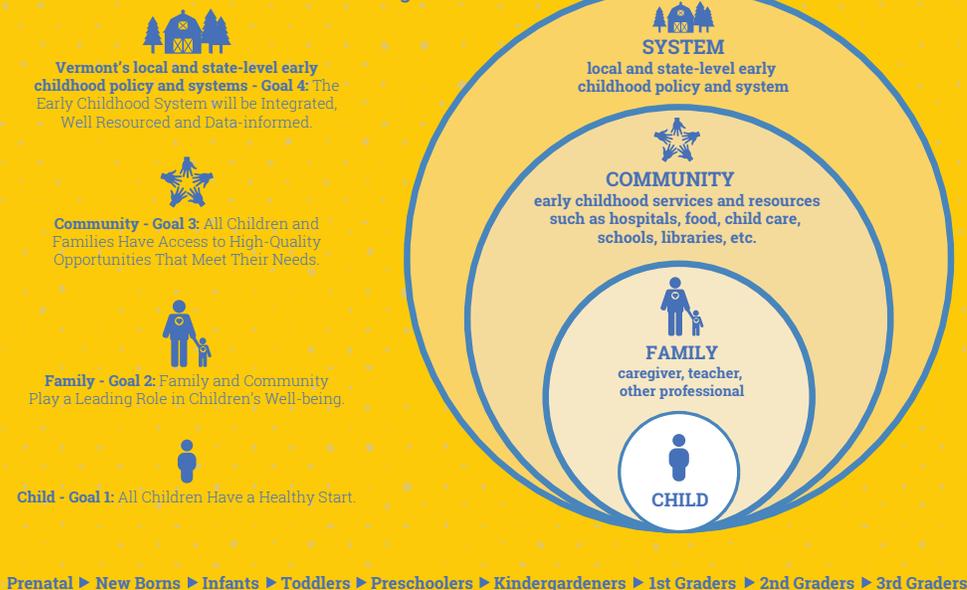
is a bold, collaborative approach to building a comprehensive and integrated Early Childhood system that promotes healthy child development and family stability. The VECAP outlines a cohesive vision by the year 2026, and establishes shared accountability to achieve statewide priorities for children and families from the prenatal period through age eight.

Originally established in 2013 along with the Vermont Early Childhood Framework, the updated VECAP is a structure around

which to build coordinated action across public and private stakeholders throughout Vermont. It centers around making measurable changes in early childhood outcomes through identification of common goals, strategies to reach those goals, and the use of common language to align initiatives. It is built on Vermont's Guiding Principles which articulate Vermont's commitment to fully include each and every child and their family in a continuum of meaningful experiences to ensure their health, mental health, education, safety, happiness and success now and into the future.

MAKING CHANGE FOR CHILDREN, FAMILIES, COMMUNITIES AND THE EARLY CHILDHOOD SYSTEM

Figure 1



Vermont's Early Childhood Action Plan (VECAP) has **4 goals**, each aligned with a level of change. **Figure 1** shows the **child** at the heart of the plan aligned with **Goal 1: All Children Have a Healthy Start**. The child is nested within the **family** context and is aligned with **Goal 2: Families and Communities Play a Leading Role in Children's Well-being**. The third level is the broader **community**, which has an array of services, supports and resources for children and families, and is aligned with **Goal 2 and Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs**. Finally, at the outermost level is **Vermon't's local and state policy and system**, which represents the larger policies and decisions that impact all other layers aligned with **Goal 4: The Early Childhood System will be Integrated, Well Resourced and Data-Informed**.

Vermont's Early Childhood Action Plan (VECAP) has 4 goals, each aligned with a level of change. The nested nature of these layers indicates bidirectional relationships; when change happens at any level, it also has the ability to impact the layers around it. *Each goal of the VECAP ultimately seeks to improve outcomes for Vermont's children and families at the heart of Vermont's Vision.*

¹ Full VECAP at <https://bit.ly/VECAP2020>

VECAP GOALS AT A GLANCE

1. ALL CHILDREN HAVE A HEALTHY START

Children's healthy development depends on their early experiences, their environment and the health and well-being of their parents and caregivers. We know children are more likely to thrive when they live in safe and stable home environments and when families have equitable access to resources when they need them. To achieve this goal, Vermont will work to ensure all children prenatal through age eight are thriving across 4 primary domains: physical health, social and emotional wellness, developmental and educational results, and adequate basic needs for a child to thrive.

2. FAMILIES & COMMUNITIES PLAY A LEADING ROLE IN CHILDREN'S WELL-BEING

Vermont's families and communities need to be strong, resilient and have the capacity to identify and meet the needs of children. A priority within this goal is to advance policies, and practices that honor and are supportive of each family's culture, strengths, structure, expertise, and preferences. Building a system that listens to the needs of families, and creates space at the table to make decisions together, are core to success. To achieve this goal, Vermont will work to create safe and stable home environments, economic stability, family friendly workplace policies, parent and family leadership, and communities with social and physical infrastructure to nurture resilient children and families.

3. ALL CHILDREN & FAMILIES HAVE ACCESS TO HIGH-QUALITY OPPORTUNITIES THAT MEET THEIR NEEDS

Vermont is invested in giving children the strongest start possible by creating resources and services that are accessible, equitable and high-quality in the same 4 primary domains for children to thrive: physical health, social and emotional wellness, developmental and educational results, and adequate basic needs to improve family outcomes. Delivering quality services depends on a skilled and stable Early Childhood workforce. Identifying inequities for vulnerable children and building strategies to counter systemic racism and discrimination to create more equitable access to healthcare, mental health services, childcare, early identification and intervention, education, and learning outcomes.

4. THE EARLY CHILDHOOD SYSTEM WILL BE INTEGRATED, WELL RESOURCED & DATA-INFORMED

Vermont is committed to building a seamless, equitable system of care and education for children and families. Goal 4 has three related parts. The first requires collaborative leadership, coordination and communication at all levels starting with aligned vision and language championed by agency and community leaders. This leadership is essential to promote efficiencies and streamline systems to create a seamless experience for families. The vision is to build greater coordination with every sector – including early care and education, health, mental health, human services, housing, and the business community. The second part of Goal 4 is to collect and report high quality data to understand how services, supports and resources are reaching the kids and families they intend to, and to measure the extent strategies and investments are making the desired impact. The third part is to leverage the integration and data to guide Vermont's early childhood expenditures, support efficient deployment of resources, and to increase public awareness about the value of investing in children and the Early Childhood system.

MEASURING SUCCESS

In order to know whether Vermont has been successful in improving outcomes across the Early Childhood system, indicators have been identified at each of the 4 layers of the system to monitor progress over time. Selected indicators by level are below. The complete list of intermediate and 5-year indicators can be found in the full VECAP document.

Child

Indicators at the **child** level include increasing the percent of children who are flourishing (four standard characteristics), reducing the percent of low birth-weight infants, increasing the percent of children reading at grade level by third grade, and reducing the number of children experiencing homelessness.

Family

Indicators at the **family** level include increasing the number of child-serving programs that have adopted the Strengthening Families Approach, increasing the percent of children living in a home where the family demonstrates resilience, and increasing the percent of children with a trusted adult in their lives.

Community

Indicators at the **community** level include increasing the number of families receiving home visiting services, monitoring the number of children served by Designated Mental Health Agencies, decreasing the average age of identification/referral to Early Intervention, increasing the number of children enrolled in Universal Prekindergarten Education, and increasing the percent of communities reporting a strong physical infrastructure.

System

Unfortunately, no existing data currently captures integration outcomes within and across **Vermont's Early Childhood service system**. By 2026, Vermont will be able to measure integration within the Early Childhood system, to identify resource allocation and whether decision-makers at all levels are using data to inform decisions.

Accountability

The VECAP is a dynamic collective vision and plan, but accountability has been challenging to articulate and put into practice. Frequently throughout the development of this action plan, members of focus groups and VECAP Committees vocalized this struggle. The question of who is responsible for what, when and how is difficult to answer in a large statewide system with a culture of ever-increasing engagement, and a structure of disparate stakeholders from both the public and private sector.

All Early Childhood partners, including state agencies, community partners, and families will be held responsible for working toward this vision by creating positive change in the Early Childhood system. Together, **we** will implement this plan and hold each other accountable to the goals, objectives, strategies and outcomes identified within this plan. The Building Bright Futures network infrastructure, including regional councils, VECAP committees and the State Advisory Council will provide the accountability structure, support and monitoring.

2020 RECOMMENDATIONS OF THE BUILDING BRIGHT FUTURES STATE ADVISORY COUNCIL



The State Advisory Council (SAC) is Vermont’s Governor-appointed, primary advisory body on the well-being of children prenatal to age eight and their families. In partnership with Vermont’s Early Childhood Action Plan (VECAP) Committees and the Regional Council Network, the SAC sets priorities and the strategic direction for statewide initiatives using the VECAP and up-to-date data. In 2019 and the start of 2020, the SAC worked to drive collective action in Vermont in **2 key areas: (1) Early Childhood and Family Mental Health and (2) Workforce as a critical step to build a high-quality, accessible Early Childhood system.** Given the COVID-19 pandemic’s exacerbation of gaps and barriers faced by children and families statewide, as well as Vermont’s re-commitment to dispelling systemic racism and social injustice, VECAP Committees and the SAC made 5 areas of policy recommendations.

- 1. RECOGNIZE VERMONT’S EARLY CARE & EDUCATION SYSTEM & WORKFORCE AS ESSENTIAL**
- 2. MITIGATE COVID IMPACTS ON FAMILY ECONOMIC STABILITY & MENTAL HEALTH**
- 3. RECOGNIZE CHRONIC INEQUITIES & RACISM AS A PUBLIC HEALTH CRISIS**
- 4. EMPOWER FAMILY VOICE TO REBUILD A STRONGER SYSTEM**
- 5. EVOLVE OUR DATA SYSTEM TO ADDRESS GAPS**

Historically, SAC recommendations have only focused on legislative action. The SAC recognized that change must happen at every level to improve outcomes for children and families. Given the update to Vermont’s Early Childhood Action Plan and in an attempt to draw concrete alignment across all of our work, the **2020 SAC Recommendations** seek to create meaningful change across **four levels of Vermont’s Early Childhood system: 1) child outcomes, 2) families and communities, 3) Early Childhood agencies, service providers, etc., and 4) policy makers (e.g. the legislature, Governor, etc.)** (see Figure 1 on page 6). Each recommendation identifies which level of the Early Childhood system is targeted for change within the next year and how it is aligned with Vermont’s Early Childhood Action Plan (VECAP). The ultimate goal of all recommendations is to improve outcomes for children.



RECOGNIZE VERMONT'S EARLY CARE & EDUCATION SYSTEM & WORKFORCE AS ESSENTIAL

Why it Matters: A well-prepared, well-compensated ECE workforce is essential to both health and economic prosperity. This was epitomized when the early care and education (ECE) workforce rose to the challenge during the COVID-19 pandemic, stepping in to support children of essential workers and then reopening for all children in June. Teachers, directors, and staff nimbly and safely responded to support wellness for all children and families, demonstrating the critical role they play in a healthy VT infrastructure and economy. Further, families are depending on reliable access to high-quality early childhood education and that is only possible with a well-qualified early education workforce. Scholarships support early childhood educators who need and/or desire to increase their qualifications. For educators who have already accrued related educational expenses, paying back student loans with wages at current levels is a barrier to employment in the field. A wage supplement program will allow those who want to work in early childhood education to do so. Even before the COVID-19 crisis, Vermont faced a severe shortage of early childhood educators and the problem will continue to get worse if Vermont does not invest in this essential workforce. Immediate and sustainable action is needed to ensure an educated and stable early care and education workforce exists to meet the needs of Vermont's children, families and employers.

LEVELS REQUIRING ACTION > FAMILY, COMMUNITY, SYSTEM

RECOMMENDATION 1

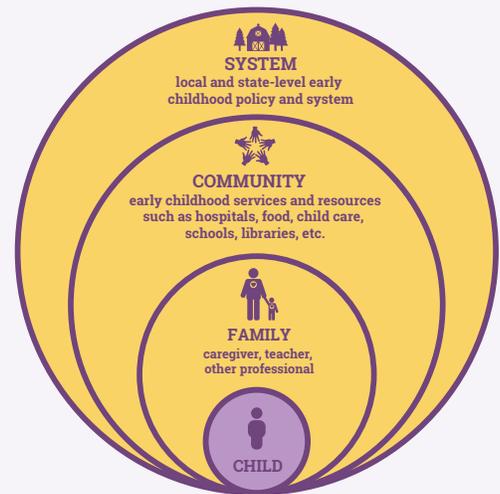
Fund Education Costs, Compensation For Early Childhood Education Workforce, Including Scholarships, Loan Repayment, And Wage Supplementation:

- > Sufficiently fund and expand scholarship programs for early educators and maintain this revenue annually.
- > Establish a loan repayment program for early educators.
- > Establish a wage supplement program to progress toward adequate compensation for early educators.
- > Prioritize workforce development and hazard pay for this sector.

RECOMMENDATION 2

Continue Investment In Redesigning The State's Child Care Financial Assistance Program (CCFAP) By Making Progress In Alignment With Year 3 Of The State's 5-Year Plan, Including:

- > Increase the CCFAP rate paid to early care and education providers so those reimbursement rates closely reflect the true cost of high-quality care thereby reducing the burden on early care and education programs to subsidize the system through low wages and other cost-saving efforts.
- > Fully support needed investments in the technology system(s), staff and resources required to implement the redesigned CCFAP structure and providing an accessible platform for families, educators, and administrators.



MITIGATE COVID-19 IMPACTS ON FAMILY ECONOMIC STABILITY & MENTAL HEALTH



Why it Matters: Early childhood mental health is the foundation of all future child development. Positive environments with stable and responsive relationships build a strong foundation which shapes a child’s ability to make friends, cope with adversity, and achieve success in school, work and community.

The COVID-19 pandemic has created many sources of stress and anxiety for parents of young children across the country and created new barriers for people already suffering from mental illness and substance use disorders. Concerns about health, combined with uncertainty over unemployment and finances, work, and access to food and other resources are all contributing to increasing stress among parents and caregivers. Uncertainties over child care during the pandemic are also contributing to stress for many parents. While there are new opportunities for learning due to both children and parents spending more time together in the home, stress and anxiety may be exacerbated as well.

Decades of neglect and underinvestment in addressing people’s mental health needs have been exposed by the COVID-19 pandemic that must be addressed urgently. The healthier parents and caregivers are, the greater the capacity to stay calm under pressure and support their children’s emotional development. Adults involved in the lives of infants, toddlers, and preschoolers must be provided with the capacity, knowledge, and training to promote optimal social and emotional development by mitigating the pandemic’s impact and strengthening service provision through flexible funding.

LEVEL REQUIRING ACTION > SYSTEM

RECOMMENDATION 1

Mitigate The Health And Economic Effects Of The Pandemic On Families:

- > Extend economic support beyond expiration of CARES Act funds that expire in December.
- > Extend flexibility in eligibility for programs (e.g. Reach Up work requirements) so parents can engage in other activities that help them invest in their future and integral to the health and well-being of their family.

RECOMMENDATION 2

Sustain And Strengthen The Integration Of Mental Health Services For Children And Families Through Flexible Funding For Integrated Mental Health Across Settings:

- > Continue to allow telehealth to be covered by insurance so families can access the care they need.
- > Invest in flexible service delivery and availability.
- > Focus on mental health prevention and staff burnout across many settings.



RECOGNIZE CHRONIC INEQUITIES & RACISM AS A PUBLIC HEALTH CRISIS



Why it Matters: At the same time that family life has been upended in response to the COVID-19 pandemic, Vermonters have mobilized to respond to address systemic racism across the country. In May 2020, George Floyd was murdered in Minneapolis by a police officer who knelt on his neck for over eight minutes. For those who live and work with the comfort of racial and systemic privilege, this death brought the experiences of Black, Indigenous and people of color (BIPOC) at the hands of the police into renewed focus and pushed countless Vermonters and Vermont institutions to evaluate their role in ending racism. In visioning what an anti-racist approach to social change might look like for the EC system in Vermont, Building Bright Futures released a statement committing to address these issues, which was formally endorsed by Vermont's Early Childhood State Advisory Council on June 22nd, 2020:

“[It is] our responsibility to personally and organizationally explore implicit biases, unconscious racism and actions that contribute to racial inequities. The personal commitment our team has made will better prepare us to be effective stewards to apply a racial equity and economic justice lens to our policies and practices in order to collectively, as an Early Childhood system, make overdue changes for a stronger, more equitable, Vermont. The threats of racism are not new; we recognize many of our existing systems are built on a history of oppression, however we are now stepping up to answer the call to action. Our commitment to positive change will not just be in reaction to current events, but as a part of our ongoing work in the Early Childhood system by integrating and weaving a focus of diversity, equity, social justice and inclusion into our personal lives and all of our work.”

It is critical to elevate the focus on equity for Vermont's young children and their families, recognizing that during the early childhood years, the effects of racism and poverty can have profound impacts which shape health throughout life.

LEVELS REQUIRING ACTION > FAMILY, COMMUNITY, SYSTEM

RECOMMENDATION 1

Partner With Vermont's Racial Equity Task Force To Identify And Build Structures Of Support For Racially Diverse Populations And Address Health Disparities And Systemic Impacts Of Racism.

RECOMMENDATION 2

Align And Integrate Equity Initiatives To Leverage Impact And Expertise Across Sectors And Early Childhood Partners To Inform Strategies In The Vermont Early Childhood Action Plan And Early Childhood System.



EMPOWER FAMILY VOICE TO REBUILD A STRONGER SYSTEM



Why it Matters: Family knowledge, values, beliefs, and cultural backgrounds should always be incorporated into the planning and delivery of policies and services. Providing parents and caregivers opportunities to express thoughts and concerns, and partnering in systems conversations and decision-making processes, contributes to an Early Childhood system that mirrors the diverse needs of Vermont families. It also provides children and future generations the opportunity to have a voice and be leaders in the creation of the system instead of solely being consumers of resources, services and supports. Such partnership ensures families become leaders in designing a responsive system that works for them.

LEVELS REQUIRING ACTION > FAMILY, COMMUNITY, SYSTEM

RECOMMENDATION 1

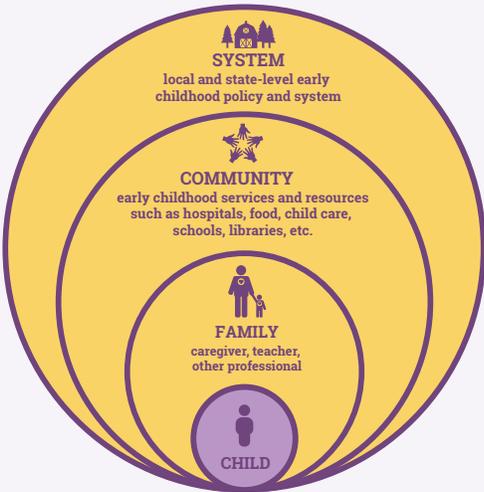
Increase Opportunities For Parent And Caregiver Representatives To Serve On Committees, Legislatively Mandated Study Sections And Decision Making Bodies To Inform Local And State Policy, Practice And Resource Allocation:

- > Require each legislatively mandated board/committee/study section have at least 1 parent representative with lived experience.

RECOMMENDATION 2

Commit To Ensuring That Children And Families Are In All Policies:

- > Similar to the “health in all policies” initiative, this recommendation is based on incorporating child development and family well-being considerations into all decision-making across sectors and policy areas.
- > At the state-agency and community-based partners level, and at the policy-making level, review programs, policies and legislation to ensure that revisions and requirements consider the impact and consequences to child development and family well-being.



“ This is the one place I feel my voice is heard and it matters.

- Parent Member of the BBF VECAP Families & Communities Committee

EVOLVE OUR DATA SYSTEM TO ADDRESS GAPS



Why it Matters: Vermont has recommitted to using evidence and data to inform service provision and policy. Consequently, Vermont must prioritize and invest in Early Childhood data systems to support optimal outcomes for children and families. Strong cross-sector data linkages will allow decision-makers to understand the long-term impact and return on investment for Early Childhood services and programs. Currently, Vermont’s EC databases are inadequate in providing a full picture of child and family outcomes and how the area of services supports better outcomes. Not only is the existing technological infrastructure inadequate, Vermont hasn’t prioritized personnel time necessary to support data infrastructure or the partnerships required to execute high quality data systems at all levels (e.g. supporting quality, timely and accurate data collection, data cleaning, and producing reports, summaries and visualizations).

The ultimate goal is for Vermont to invest in high quality data systems which includes financial investment in a single, unified database and resources that work for the Early Childhood system and more broadly, Vermont, ensuring adequate staffing resources (at the state and local level) to support data collection, processing and analysis, and committing to data-informed policy decisions.

LEVELS REQUIRING ACTION > FAMILY, COMMUNITY, SYSTEM

RECOMMENDATION 1

Restart And Support The Early Childhood Data Governance Council And Utilize The BBF Data And Evaluation Committee To Identify And Elevate Data Gaps And Align Priorities Through Cross-Sector Collaboration.

RECOMMENDATION 2

Promote Data Literacy And Using Data To Inform Policy Across Sectors By Educating Vermonters About The Importance Of High-Quality Data Collection, Reporting And Integration.

RECOMMENDATION 3

Fully Fund Existing Early Childhood Data Initiatives To Fidelity: Early Childhood Information System (E.g. Bright Futures Information System, Children’s Integrated Services) And The State Longitudinal Data System.

RECOMMENDATION 4

Create An Early Childhood Budget That Identifies All Financial Sources Dedicated To Children And Their Families From Prenatal To Age Eight To Monitor, Align And Leverage Financial Resources.



COVID-19 DATA SPOTLIGHT

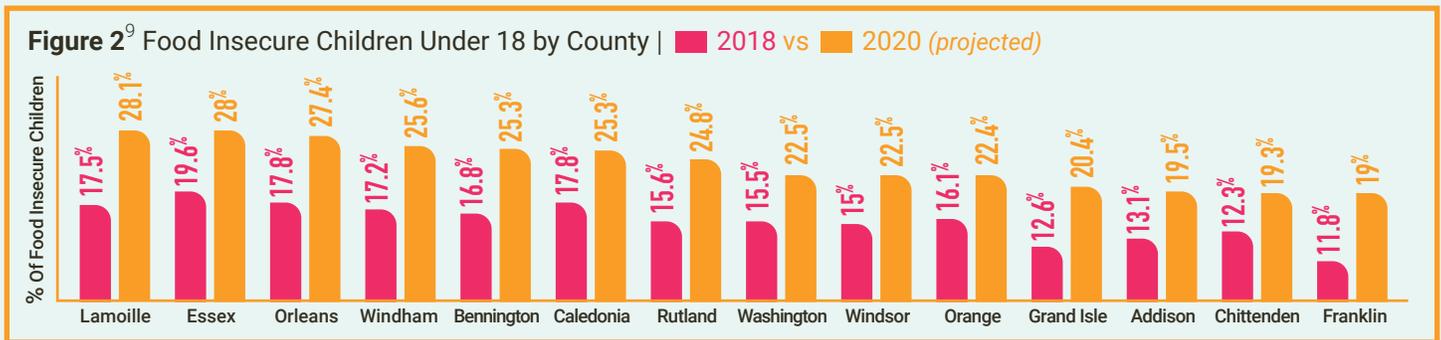
Recognizing that the COVID-19 pandemic significantly impacted the Early Childhood data landscape, this section shines a light on the most up to date data and how the EC system has responded to meet the evolving needs of children and families. The decision to separate COVID-19 related data from the main chapter content was intentional as 2020 data will be an outlier and may not be comparable to previous years.



The COVID-19 pandemic has highlighted needs and gaps across the Early Childhood system including access to housing, health, nutrition, transportation, income, child care, mental health, and education, especially for children and families of color, those for whom English is a second language, those with lesser incomes, children with special health care needs (CSHCN) and those in more rural geographic locations.

Food Security

As can be seen in **Figure 2**, the percent of food insecure children under 18 has risen from 2018 in every Vermont County due to the COVID-19 pandemic.⁹ Vermont has been quick to act in adapting school meal programs to meet the needs of all children under 18 regardless of income or school enrollment in accordance with the USDA out of school time meal program guidelines from the start of the pandemic in March 2020 through June 2021.



Housing

To reduce the risk of spreading COVID-19 in congregate settings, Vermont families staying in group shelters were moved to motels. As a result, **the number of children under 18 staying in Vermont’s Publicly Funded Homeless Shelters decreased sharply from 1,102 in 2018 to 682 in 2020.**¹⁰

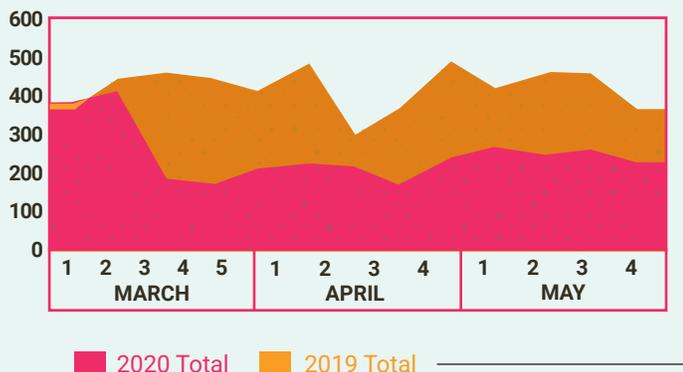
Families seeking services

In addition to local and regional mutual aid efforts connecting community members in need of resources to services and individuals, Help Me Grow Vermont reported that **calls from families seeking support increased by 600% during the period from March 15 through June.**¹¹

Child Protection

The number of children under 9 in out-of-home custody fell from 659 in 2019 to 541 in 2020 as of the September 30th point in time count.¹² As can be seen in **Figure 3**, the number of calls to the Child Protection Hotline fell month over month during the stay home stay safe order.¹³ Anecdotally, with many children not participating in their traditional care and community settings, mandated reporters may not have had contact or ‘eyes on’ children to monitor their safety or to report potential abuse or neglect.

Figure 3¹³ Number of Calls to the Child Protection Hotline 2019 vs 2020 Weekly Comparison



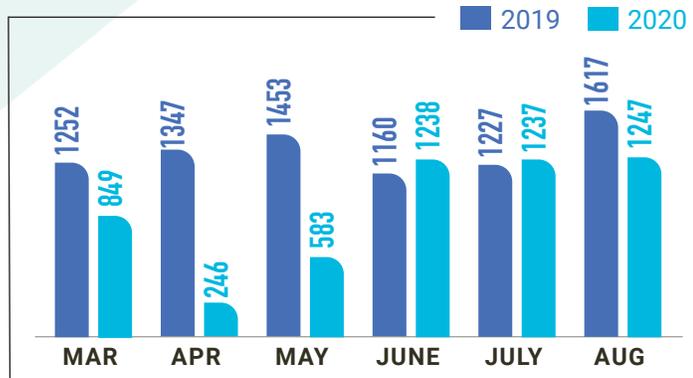
Early Childhood & Family Mental Health

As can be seen in Figures 17 and 18 on page 22, both the number of children served by Designated Agencies (DAs) and those receiving crisis services remained relatively stable in 2020. These rates are not reflective of the need described by communities and families across Vermont or the availability of support through DAs. Results of an August survey from the Child Development Division (CDD)¹⁴ from 559 of 1,096 child care programs found that several of the following challenging behaviors have emerged in young children: struggling with problem solving; increased sensory sensitivity; struggling with transitions; regression in toileting; struggle following directions; and trouble getting along with peers.

Immunizations

As can be seen in **Figure 4**, in March, April, May and August of 2020, there were far fewer vaccine doses given to children between 4 and 6 years than in the corresponding months of 2019.¹⁵ Routine care and immunizations are a key strategy for prevention of disease and promotion of well-being.

Figure 4¹⁵ Vaccine Doses Reported by Month: Children 4-6 Yrs



Child Care

The COVID-19 pandemic has only complicated the already dire struggle to secure high-quality, affordable child care for Vermont's youngest and most vulnerable children and their families. The August CDD survey found that:¹⁴

- **76% of the programs were already open while 2% responded that they were closed and not reopening.**
- **70% of the children attending programs had been enrolled before, 18% had never attended any child care program before, and 12% had attended a different program.**

In response to Governor Scott's directive to set up school-age child care hubs in order for families to be able to return to work, Vermont Afterschool and the Department for Children and Families were able to identify and support **40 hub programs with 84 sites for a total capacity of almost 5,000 students** during remote learning days and out of school hours.¹⁶

Schools

In September 2020, **58% of schools operated in a hybrid model with both in person and remote instruction, 15% were fully remote, and 27% were fully in person.**¹⁷ Disparities in digital connectivity while previously a hardship, have meant limited or disrupted access to education.

Vermont's Commitment to Supporting Children, Families & the Early Childhood System

While the long-term effects of this pandemic are unknown, the disruption to regular schedules of health, education, and developmental services may have lasting effects on child outcomes; as will the economic impact on families, communities and the State. Vermont's children, families, and professionals across sectors have demonstrated strength and resilience through this public health crisis. Vermont is committed to supporting each and every child and family using the Vermont Early Childhood Action Plan (VECAP) as a vision and guide.

“ There truly is no area that the COVID-19 pandemic has not touched for children and families. ”

The following chapters include key indicators of child and family well-being, many of which show trends over time. Indicators show a snapshot of the status of children and families, but may not reflect the entire context impacting outcomes. It is important to note that much of this data is from 2018 and 2019 and therefore does not reflect the impact of the COVID-19 pandemic. For an overview of the impact of COVID-19 on Vermont children and families, please see the COVID-19 Data Spotlight on page 12.

DEMOGRAPHICS

Who are Vermont’s young children? How many are there? Where do they live? These factors are important to take into consideration when crafting policy and designing programs for children and families.



It is no secret that Vermont’s population is aging and shrinking. The total number of children born each year in Vermont has been declining since the 1980s. In 2018, 5,432 babies were born to Vermont residents. The age of females giving birth has shifted along with national trends. Between 2013 and 2018 the fertility rate (births per 1,000 females by age) of teen females has fallen from 14.7 to 8.8, while the fertility rate among females ages 35 to 44 has risen from 27.7 to 30.3.¹⁸

Accordingly, the number of children under the age of 9 is in decline. **Figure 5** shows that in 2018, there were 54,622 children under 9 compared with 57,079 in 2013, a 4.3% decrease over 5 years. Vermont’s population of young children is not evenly spread across the state. Similar to the population as a whole, over 55% of Vermont’s children are concentrated in four regions: Franklin and Grand Isle, Central Vermont, Rutland, and Chittenden. The Chittenden region alone is home to 25% of Vermont children under 9.³

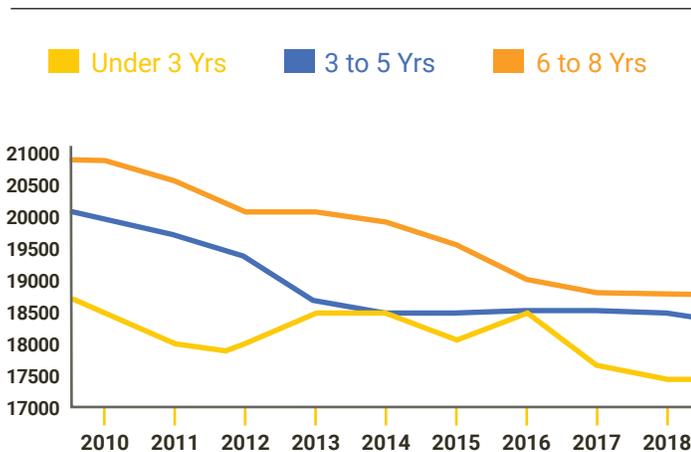
64% of Vermont’s children under age 18 live in two-parent households, with the remaining third living in single parent households (26%), with relatives (7%), in foster homes (2.5%), or in group quarters (0.5%).¹⁹

Although the vast majority of Vermont’s population identify as white, the state is growing more racially diverse, especially in young children. **Table 1** shows the percentage of the population under 10 who identify as two or more races or multiracial (4.3%), is more than twice that of the Vermont population as a whole (1.9%). Similarly, 2.7% of children under 10 identify as Hispanic or Latino compared with 1.9% of the population as a whole.²⁰

Table 1²⁰ Distribution of Children Under 10 Years & Total Population by Race & Ethnicity (2018)

Racial Distribution	Children Under 10	Population
American Indian or Alaska Native	0.2%	0.3%
Asian	1.6%	1.7%
Black or African American	2%	1.3%
Other Race	0.7%	0.4%
Two or More Races	4.3%	1.9%
White	91.2%	94.3%
Hispanic or Latino	2.7%	1.9%

Figure 5³ Estimated No. of Children (by Age Group 2010-2018)



BASIC NEEDS

Can children and families meet their basic needs? How many children are homeless? Do children and families have enough food to eat?

VECAP GOAL 1 : ALL CHILDREN HAVE A HEALTHY START

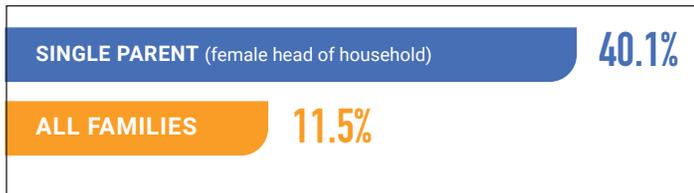


The stress of being unable to meet the basic physiological needs of food and shelter, often due to poverty, impacts the ability of parents and caregivers to create an environment where children can thrive. Chronic poverty can lead to a wide range of challenges for children and families, negatively affecting their physical and social emotional health and development, and their ability to learn and be successful in school and beyond.

The Federal Poverty Level

The Federal Poverty Level (FPL) is a national guideline used to determine eligibility for programs and services. For example, to be eligible for 3SquaresVT (SNAP) the household income must be less than 185% of the FPL.²¹ In 2018, the FPL for a family of four was \$25,100.²² Since 2012, Vermont's families with young children have seen a reduction in poverty, but, as shown in **Figure 6**, children under five with single mothers experience poverty at almost four times the rate of all families (40.1% vs. 11.5%).²³

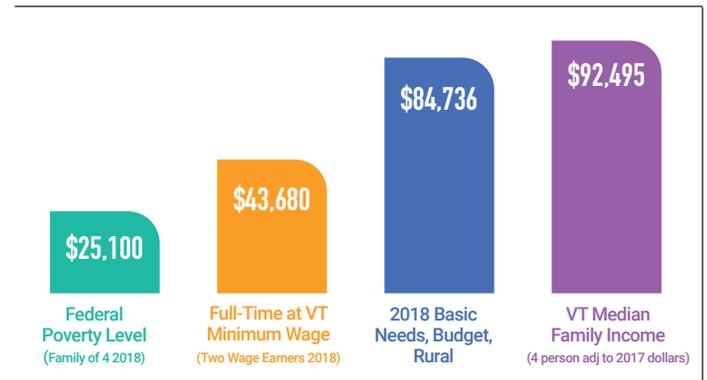
Figure 6²³ Children Under 5 Years Living in Households with Incomes Below the Federal Poverty Level (2018)



Vermont Basic Needs Budget

The reality is that the Federal Poverty Level is not a measure of family economic well-being. Many Vermonters earning well above the FPL struggle to cover the cost of basic needs such as housing, transportation, and healthcare. Every two years the Joint Fiscal Office develops a Basic Needs Budget, detailing the actual costs of living in Vermont. **The 2019 Basic Needs Budget calculates that a two-adult, two-child household with both adults working would need to make \$84,736, (or \$20.37 per hour per wage earner) to meet their household needs. Figure 7 shows that this is almost double the income of 2 adults making minimum wage (\$10.78 in Vermont), and more than three times higher than the Federal Poverty Level.**²⁴

Figure 7²⁴ Vermont Basic Needs Budget Compared to Other Benchmarks for Two Working Parents & Two Children



Early Childhood partners involved in BBF Regional Councils continue to be concerned for children and families' access to basic needs. Councils bring together partners across sectors to strategize, coordinate, and implement responses. Read more starting on page 29.



FOOD SECURITY

One way to examine the ability of Vermonters to meet their basic needs is through the lens of food security. Food insecurity is defined as an economic and social condition of limited or uncertain access to adequate food.²⁵ Children who live with food insecurity may struggle to pay attention and be successful in school and learning environments. They may also face immediate and long-term risks to their physical and mental health, including chronic disease, depression, suicide, nutritional deficiencies, and obesity. When families have to choose between competing needs, families often choose to reduce or “stretch” their food budget in order to pay rent, the electric bill, or other less flexible expenses.

In 2018 in Vermont, 17,550, or more than 1 in 7 children under 18, live in households that are food insecure. While Vermont has typically fared better than the nation as a whole on measures of food insecurity, this is no longer the case as

the rate for the US has dropped from 17% in 2017 to 15% in 2018 while Vermont has only dropped from 16% to 15%.²⁵ *COVID-19 specific food security data can be found in the COVID-19 Data Spotlight on page 12.*

Of the 15% of children living in food insecure households, approximately 7,700 (44%) are not eligible for federal nutrition programs due to their households having incomes above 185% of the federal poverty level.²⁵ Vermont has worked to address this gap through school and out-of-school-time meal programs including covering the cost of reduced price meal eligible children, beginning the ‘Breakfast after the Bell’ program, and expanding universal meal programs to many schools.²⁶

Other efforts to address food security in Vermont include 3SquaresVT, Vermont’s Supplemental Nutrition Assistance Program (SNAP), which served 21,815 children under 18 in 11,140 households with an average benefit of \$363 in December of 2019.²⁷ The federal WIC program served 11,300 pregnant women, infants, and children in 2019, constituting approximately 62.4% of eligible participants. There are approximately 6,700 additional people who are eligible for WIC, but are not enrolled.²⁸ Vermont has prioritized increasing enrollment. See page 42 for a promising pilot in the Springfield Area region.



1 in 7 children under 18 live in households that are food insecure, 44% of whom are likely ineligible for federal nutrition programs.

HOUSING

Stable housing is a key support to provide children with a positive environment to learn and grow. However, the cost and availability of housing is another significant challenge Vermont families face when trying to meet their basic needs. **47% of family households who rent and 30% of households who own report paying more than 30% of their income toward rent or a mortgage,** a common metric of affordability.²⁹ The average Vermont renter makes \$13.81 an hour and can afford to spend \$718 per month on rent, but the average two bedroom apartment averages \$1,215 per month.³⁰



Children Experiencing Homelessness

When housing challenges become overwhelming, families may become homeless. The McKinney-Vento Homelessness Assistance Act defines homeless as lacking a fixed, regular, and adequate nighttime residence which includes sharing the housing of other persons, living in temporary housing, and places not designed for regular sleeping accommodation.³¹

During the 2019-2020 school year, there were 373 children under 9 who met this definition enrolled in school.³²

To address these challenges, the Family Supportive Housing (FSH) program through the Vermont Department for Children and Families (DCF) “provides intensive case management and service coordination to homeless families with children, following evidence-based practice for housing families with complex needs and multiple systems involvement.” **In 2019, FSH served 210 families with 238 children under the age of six.**³³

As seen in **Figure 8**, the number of children under the age of 18 in publicly funded homeless shelters decreased in 2019, attributed in part to decreased capacity in emergency shelters for families.¹⁰ *COVID-19 specific homelessness data can be found in the COVID-19 Data Spotlight on page 12.*

Transportation

Although not a physiological need like food or housing, **70% of Vermont’s children live in rural areas**³⁴ making access to reliable transportation a necessity. However, low-income families often rely on older, less-efficient, higher-polluting vehicles with higher maintenance costs and detrimental economic and environmental impacts. For those who need or want to get around without a car, existing fixed-route public transit is not accessible or flexible enough to consistently get rural residents to work, child care, and other services.

Connectivity

Another long-standing challenge for Vermonters is digital connectivity. Connectivity challenges appear in part, due to the rural nature of Vermont, but also because of access and affordability of the internet, and limited capacity and number of devices. While these challenges might have previously been a hardship, now connectivity is a necessity. With many services, resources, and supports moving into a virtual space due to the COVID-19 pandemic, families unable to connect digitally have limited or no access to education, telehealth, and socialization. **Broadband access across the state varies and is largely aligned with population density, with higher density areas having higher levels of access.**³⁶



Resilient Families & Communities

A child's sense of who they are and how to interact with the world depends on the quality and stability of their relationships with families and communities.

VECAP GOAL 2 : ALL FAMILIES & COMMUNITIES PLAY A LEADING ROLE IN CHILDREN'S WELL-BEING.



Toxic Stress and Resilience

Living in strong families within supportive communities provides the foundation for long-term child health and well-being and the ability to overcome adversity. However, toxic stress can affect anyone, and children are no exception. When children experience trauma and toxic stress in their early years, it can negatively impact their current and long-term physical and mental health if not buffered by nurturing and supportive relationships.

Toxic stress, and resilience; the capacity to thrive, individually and collectively, in the face of adversity - are difficult to measure. Below are three indicators that Vermont is currently using to inform policy and practice.

The **Adverse Childhood Experiences (ACEs)** score is one of the most common indicators used to measure exposure to toxic stress and childhood adversity. In Vermont, **over one quarter of children under 9 experience at least one adverse childhood experience (see Figure 9)**. The four most common ACEs in Vermont are living in a home where it is hard to cover basic needs (18%), experiencing the divorce of a parent or guardian (17%), living with someone with substance use disorder (9%), and living with someone who has a serious mental health challenge (6%).³⁶ Of note, this measure fails to account for factors which mitigate or exacerbate toxic stress.

The **Flourishing** indicator from the National Survey of Children's Health measures characteristics of children that are associated with resilience. Parents and caregivers are asked whether their young children (6 months to 5 years) 1) are affectionate and tender, 2) if they bounce back quickly when things don't go their way, 3) if they show interest and curiosity in learning new things, and 4) if they smile and laugh a lot. As can be seen in **Figure 10, 1 in 3 of Vermont's children six months to 5 years exhibit two or fewer flourishing characteristics.**³⁷ For older children (6-8) that number jumps to more than half (54%) of children who meet either one or no flourishing characteristics.³⁸

Figure 9³⁶ Adverse Childhood Experiences for Children Under 9

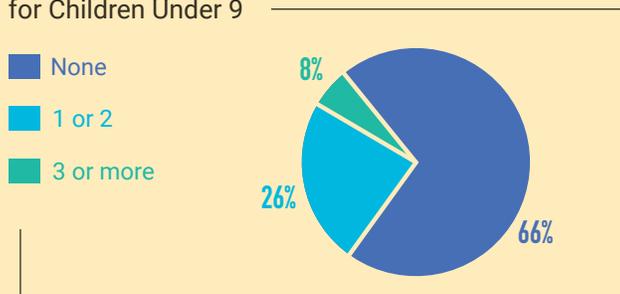


Figure 10³⁷ Flourishing Characteristics for Children 6 Months to 5 Yrs



The Child and Adolescent Needs and Strengths (CANS) assessment is in use for children involved with DCF and will soon include all children being served by Designated Agencies. Of children assessed in Vermont in 2019, **89% have a history of trauma, 40% report having a connection to their community, and just over half report having a stable caregiver in their lives.**³⁹

Resilience: The capacity to thrive, individually and collectively, in the face of adversity.

Child Safety

Another indicator of the adversity faced by Vermont’s young children is the rate of children in protective custody. When a child’s safety is threatened, the DCF-Family Services Division becomes involved. In 2019, 20,498 child abuse and neglect intakes (calls to the child protection hotline) resulted in 2,682 assessments and 3,405 investigations.⁴⁰ The result of these interventions may include ongoing DCF involvement in one of the following types of cases: DCF custody, family support, or conditional custody, as seen in **Table 2**.

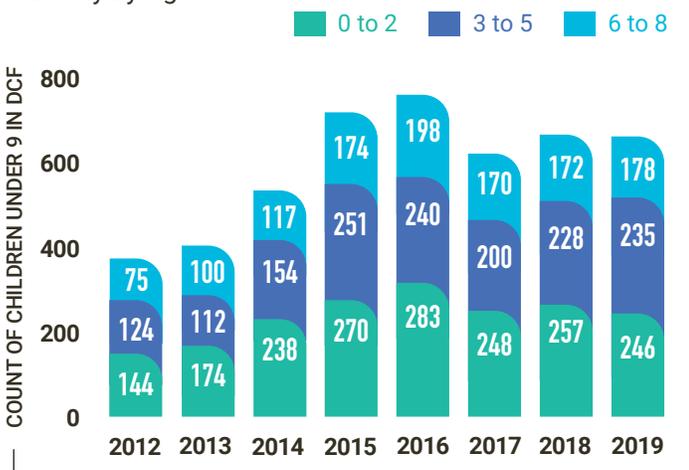
Table 2⁴⁰ Caseload by Type Of DCF Involvement

DCF Protective Custody: The child is placed with a relative or foster family	1,239	CASES IN 2019
Family Support: DCF provides support to families without court involvement	481	
Conditional Custody: The child is in the custody of a parent or relative with DCF supervision & services to ensure the child’s safety	754	

Data Note: Custody Cases and Conditional Custody cases are reflective of a child count, whereas the Family Support Cases is a family count. Includes children of all ages.

As can be seen in **Figure 11**, after increasing from 2012 to 2016, the number of children in custody has remained relatively steady for children under age 9 from 2017 to 2019 ranging from a total of 618 to 659. According to DCF, “The number of children, aged 0-5, in DCF custody remains high as a result of the opioid crisis. Based on data collected from Family Services

Figure 11⁴⁰ Count of Children in DCF Protective Custody by Age



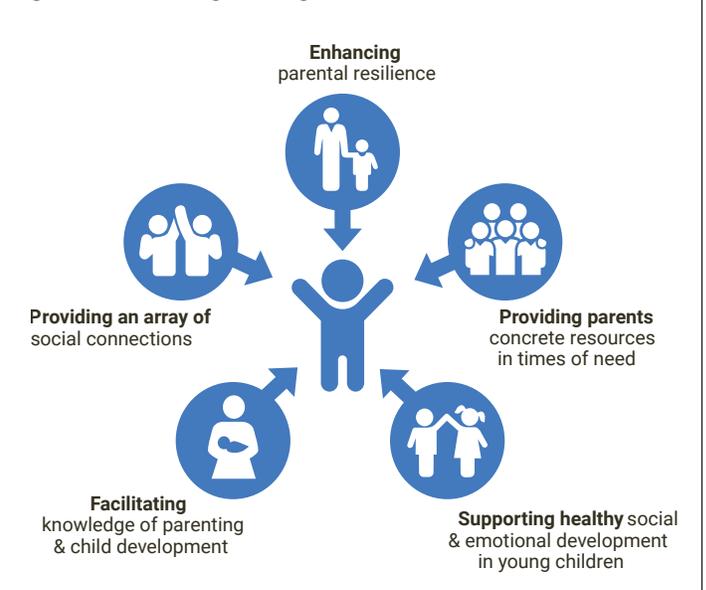
Division (FSD) staff between 2014 and 2017, about 50% of the children from this age group came into custody because of opioid abuse in their families. This number decreased to 41% in 2018 and 40% in 2019, which is an encouraging trend.⁴⁰ *2020 child protection data can be found in the COVID-19 Data Spotlight starting on page 12.*

Another indicator of child safety is the number of Vermont children exposed to domestic violence. According to the Vermont Network Against Domestic and Sexual Violence, in 2019 **1,376 children and youth connected with an advocate for help with abuse toward a family member or toward themselves.**⁴¹

Strengthening Families

Vermont’s Early Childhood system values prevention and intervening to support children and families as early as possible. Examples of Vermont’s commitment to prevention and building family resilience include adopting the Strengthening Families Approach (**see Figure 12**) and the Vermont Resilience Mapping project. The Strengthening Families Approach is based on five protective factors ‘to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect’.⁴² The Vermont Resilience Mapping project is working to build a coordinated statewide approach to foster resilience for all individuals and communities through consistent shared messaging and integrated communications across the Early Childhood system informed by parents and caregivers.

Figure 12⁴² Strengthening Families 5 Protective Factors



HEALTH & WELL-BEING

Healthy child development depends on a child's early experiences and environmental factors such as access to health care and support from pregnancy onward, as well as Social Determinants of Health.



VECAP GOAL 1 : ALL CHILDREN HAVE A HEALTHY START



Social Determinants of Health

According to the Centers for Disease Control and Prevention (CDC), "Social determinants of health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."⁴³ Vermont's holistic approach to early childhood well-being recognizes that we all have a role to play in ensuring the health of our children by improving these social factors. Strategies like integrating screenings and conversations into well-child and prenatal health visits, and innovative programs like Developmental Understanding and Legal Collaboration for Everyone (DULCE) that place social support workers in primary care practices, help lay the foundation for healthy development.

Health Access

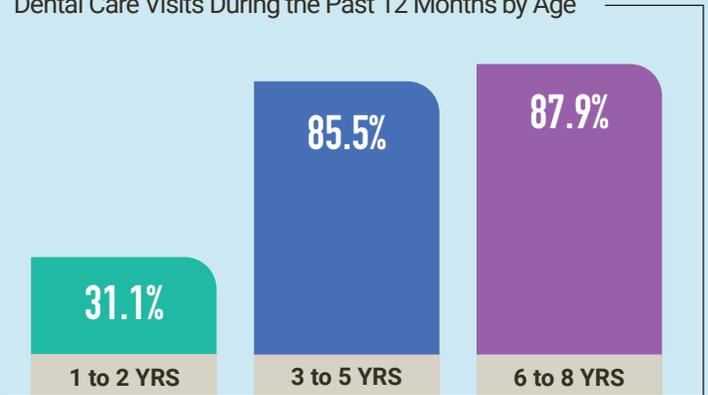
Vermont children have some of the best access to healthcare in the US, with **97% percent of children under 18 having some type of health insurance.**⁴⁴ **80% of families report that insurance for their children is adequate with reasonable out-of-pocket costs, benefits that meet their children's needs, and the ability to seek medical care when necessary.**⁴⁵

Vermont families take advantage of this access by regularly going to their pediatrician or family doctor for their young children, which supports overall healthy child development.

Vermont emphasizes well-child visits: routine healthcare visits held when the child is healthy, which allow the provider and parent to focus on a child's wellness and development, preventing future health problems. **89% of children under 6 have seen a healthcare provider at least once during the last year for any kind of medical care.**⁴⁶

As can be seen in **Figure 13**, Vermont children ages 3 to 8 regularly see the dentist for preventive care. Vermont also recognizes the importance of oral health for very young children and has initiated efforts to increase preventive dental care visits for children under 3.⁴⁷

Figure 13⁴⁷ Children Under 9 Yrs Who Had 1 or More Preventive Dental Care Visits During the Past 12 Months by Age



Immunizations

Another measure of health and well-being for young children is the rate of immunization. Receiving the full series of recommended immunizations shields children against 14 preventable diseases. Vaccinations also help protect vulnerable people from the risk of disease, especially infants who are too young to be vaccinated, and children and adults whose immune systems are weaker. **In 2019, three-quarters (76.4%) of Vermont children received their recommended immunizations by age two.** However, rates differed by county from a **high of 81.5% in Orange County to a low of 59.6% in Essex County.**⁴⁸



PRE & POSTNATAL HEALTH

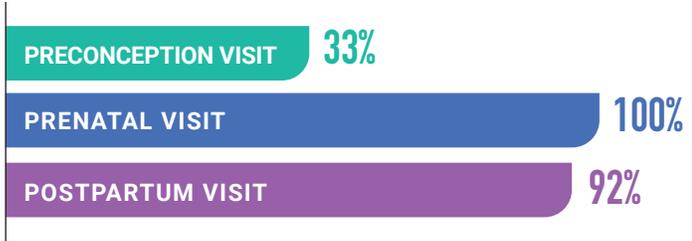
The foundation of child and family health starts before birth. The period during and immediately following pregnancy is a key time for a child's long-term development and the well-being of both mother and child.

Almost all women had at least one prenatal visit and 92% of women had a postpartum visit.⁴⁹

Healthcare Visits

For the 5,432 Vermont babies born in 2018,¹⁸ **79% of women had a visit with a healthcare provider in the year before pregnancy. However, only 33% of women discussed getting pregnant at this visit (Figure 14).** 34% of births resulted from unintended pregnancies. A bright spot is **almost all women had at least one prenatal visit and 92% of women had a postpartum visit.**⁴⁹

Figure 14⁴⁹ Pre & Postnatal Healthcare Visits (2018 Births)



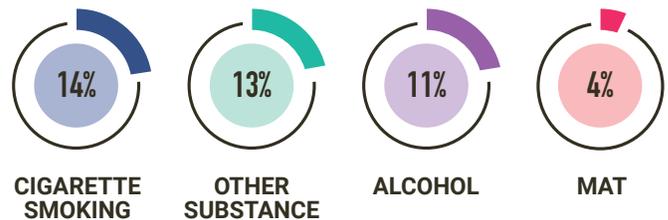
Prenatal Substance Use

Supporting the reduction of women's use of harmful substances during pregnancy has been one of Vermont's key public health initiatives in recent years. This includes tobacco, alcohol, marijuana, and other substances during pregnancy.

A substance-free pregnancy increases the health of a baby. Cigarette smoking was the most common form of substance use during pregnancy in 2018 (**Figure 15**).⁴⁹

Figure 16 shows the rate of infants born with a diagnosis of drug withdrawal syndrome. **In 2014, Vermont hit a peak rate of 35.7 per 1,000 live births, but has since dropped below the 2010 rates to 24 per 1,000 live births.**⁵⁰ Vermont is committed to ongoing systems of care for screening and diagnosis of substance use disorder in pregnancy and communities are working together to provide treatment and supportive care for these disorders.

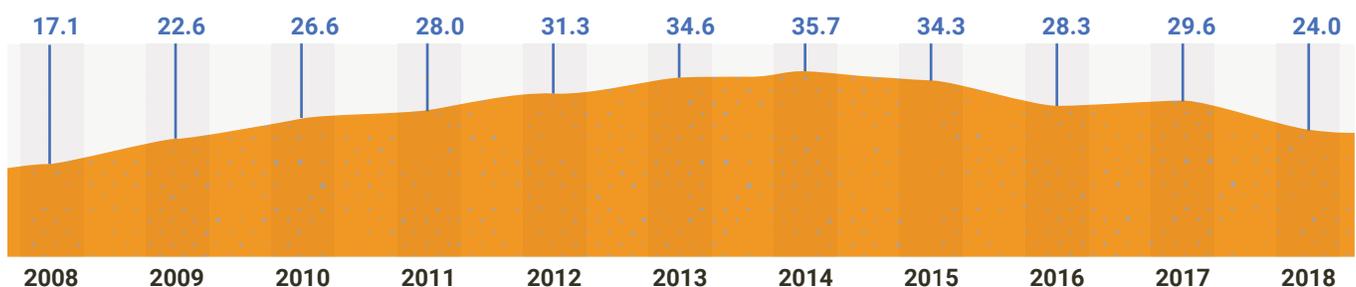
Figure 15⁴⁹ Substance Use During Pregnancy (2018 Births)



Breastfeeding

Breastfeeding helps prevent obesity and diabetes in children, and puts mothers at lower risk for breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease. While Vermont has high rates of initiation (90% in 2016), exclusive breastfeeding is sustained until 6 months at a much lower rate (37%).⁵¹

Figure 16⁵⁰ Newborns with Drug Withdrawal Syndrome 2008-2018



Early Childhood and Family Mental Health

Mental health is a crucial part of overall health and well-being. Early childhood and family mental health refers to the social, emotional, and behavioral well-being of young children and their families. This includes the capacity to experience, regulate and express emotion, form close, secure relationships, and to explore the environment and learn. Optimal family mental health allows children to develop the resilience to ensure that stress is tolerable rather than toxic and to grow into well-rounded, healthy adults. For children, mental health challenges can impact their ability to access school or child care, develop peer relationships, and can have lifelong impacts.

There is a clear connection between toxic stress and mental health. The Resilient Families & Communities chapter starting on **page 18** looks at indicators of toxic stress and resilience as well as Vermont’s mitigation strategies.

The Need for Services

Children’s mental health conditions include depression, anxiety, attention and behavioral concerns; **6% of children under 3, 9% of children 3 to 5, and 20% of children 6 to 8 have a behavioral, emotional or mental health condition.**⁵



1 in 5 children between the ages of 6-8 has a behavioral, emotional or mental health condition.

Vermont’s mental health system has multiple levels of intervention for children including: routine outpatient services, crisis services such as short term inpatient care, and longer

term residential treatment. Since 2000, Vermont’s mental health system has seen a consistent increase in the number of young children accessing routine services from Designated Mental Health Agencies⁵² (**Figure 17**). While the use of crisis services is not as high as the number of children being served by Designated Agencies, there has been a striking increase since 2017 (**Figure 18**). Although presented here, 2020 data may be an outlier due to the COVID-19 pandemic. Of note, data is not available on the current need for either service; only utilization of services.

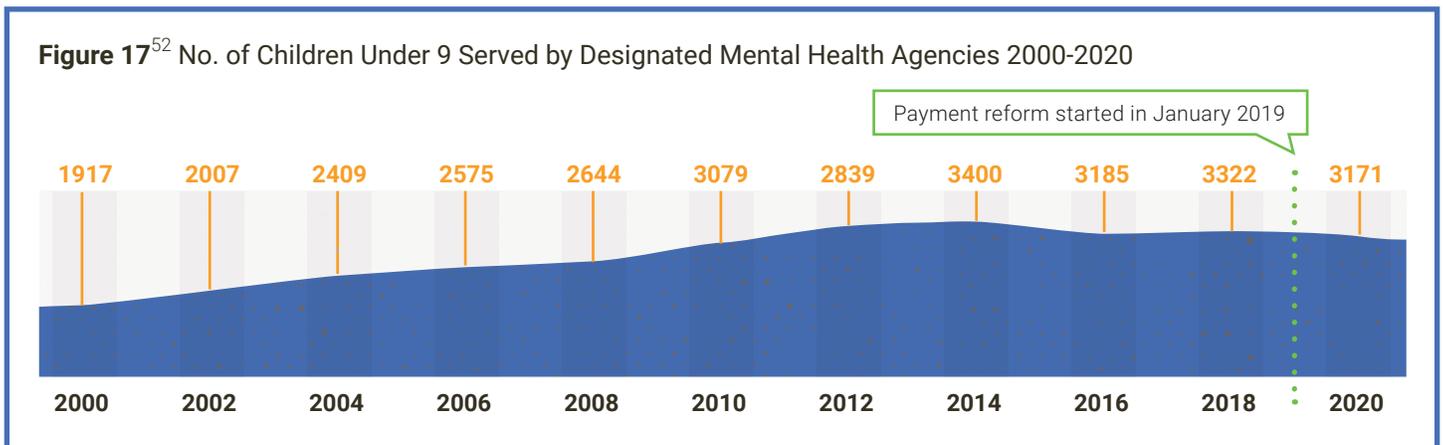
Figure 18⁵² No. of Children Under 9 Accessing Crisis Services 2017-2020



When longer term treatment is warranted, children are placed in the care of licensed residential programs. **In 2020, out of 349 children ages 21 and younger in residential care, 22 children were under the age of 9.**⁵⁴

In 2019, at the request of the State Advisory Council, BBF and the Department of Mental Health convened an Early Childhood and Family Mental Health Task Force to identify policy needs to reach a more integrated system and to highlight existing, evidence-based, and successful strategies in Vermont. The full report along with recommendations is available at buildingbrightfutures.org/publications/.

Figure 17⁵² No. of Children Under 9 Served by Designated Mental Health Agencies 2000-2020



CHILD DEVELOPMENT & EDUCATION

Vermont's Early Childhood system includes many services, resources, and supports to give children the best opportunity to succeed throughout their lives.



VECAP GOAL 3 : ALL CHILDREN AND FAMILIES HAVE ACCESS TO HIGH-QUALITY OPPORTUNITIES THAT MEET THEIR NEEDS

Starting during pregnancy and extending through age 8, the system meets child and family needs through creative and diverse program designs, but can be complicated to navigate. As they grow and develop, Vermont children and families may participate in home visiting, early care and education, early intervention, Head Start and Early Head Start, and PreK through Grade 3 education. These programs are key components of the broader Early Childhood system supporting optimal child development, education and family outcomes. State and community-based partnerships administer the programs, which differ based on regional needs and strengths. As can be seen in **Figure 19 on page 24**, children and families may enter and exit the system based on their needs, eligibility, and barriers to care. It is important children and families can access and receive services with minimal disruption. Vermont continues to work on supporting families' transitions among programs and services.

Several of these programs and services have not been featured in this report in previous years. In order to evaluate their effectiveness it is important to examine patterns of service use and enrollment and identify gaps and barriers to continuity of service provision to ensure that the Early Childhood system is meeting the needs of Vermont's most vulnerable children.

The following section provides a snapshot of the range of services, resources, and supports Vermont offers to promote optimal developmental and educational outcomes for children.

Table 3 Unduplicated (by Program) No. of Children Being Served

Program	Children Served
Strong Families VT Home Visiting	395
Child Care Financial Assistance Program (CCFAP)	4,941
Head Start & Early Head Start	1,374
IDEA Part C	1,084
IDEA Part B	1,963
Universal Prekindergarten Education	6,901

Vermont does not currently have the ability to track service provision and education across sectors and agencies to produce an across-program unduplicated count. In March 2020, the first unduplicated (within program) count of children being served was compiled for the Preschool Development Grant. As can be seen in **Table 3**, the count included children being served as of October 1, 2019 (point-in-time count) participating in 6 programs. In the near future, Vermont will be able to provide an unduplicated count across programs which will be incorporated into Vermont's broader effort to make data available to the public through visualization platforms like the **Vermont Education Dashboard (VED)** located on the Vermont Agency of Education's webpage and Vermont's Early Childhood Resource, Data and Policy Center run by Building Bright Futures.

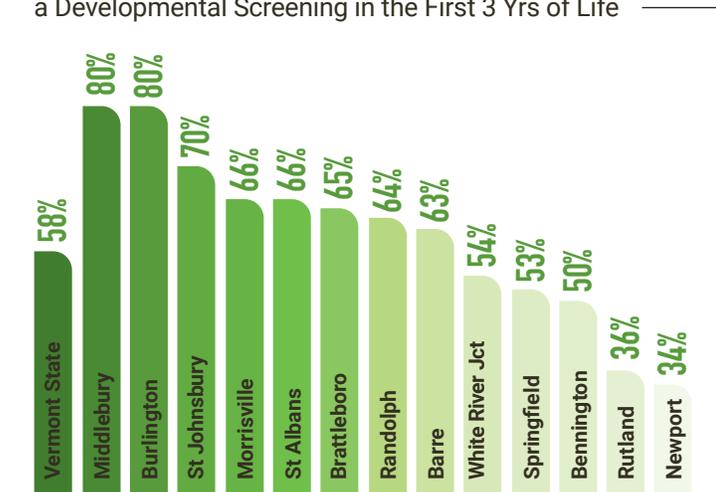
Strong Families Vermont Home Visiting

Through the Strong Families Vermont Home Visiting Program, both nurse and family support home visitors support pregnant people and new parents through home visits delivered by trained professionals using a continuum of services. Home visitors partner with each family to set goals and promote optimal development, health and well-being. Home visits also provide an opportunity for early screening and identification of potential challenges facing families, as well as connections to the broader array of Children's Integrated Services (CIS) and other local services and supports. Using the point-in-time count on October 1, 2019, **there were 395 children served by Strong Families Vermont Home Visiting.**

Early Identification & Developmental Monitoring

Developmental monitoring and screening are tools to engage families in promoting healthy child development and to identify successes and concerns. In 2018, **63% of Vermont children had received a developmental screening in the first 3 years of life, although as can be seen in Figure 20, regional variation exists.**⁵⁵ Identifying concerns early through developmental monitoring and connecting families with concrete supports like Early Intervention [Individuals with Disabilities Education Act (IDEA) Part C] for children ages 0-3, and Early Childhood Special Education Services (IDEA Part B) for children ages 3-6, provide children the greatest opportunity to overcome any delays and reach their optimal potential. IDEA requires all states to

Figure 20⁵⁵ Percent of Vermont Children Who Received a Developmental Screening in the First 3 Yrs of Life



implement a comprehensive Child Find system in order to locate, identify, and screen children birth-22 who may be in need of a referral for further evaluation.

Early Intervention

(Individuals with Disabilities Education Act (IDEA) Part C)

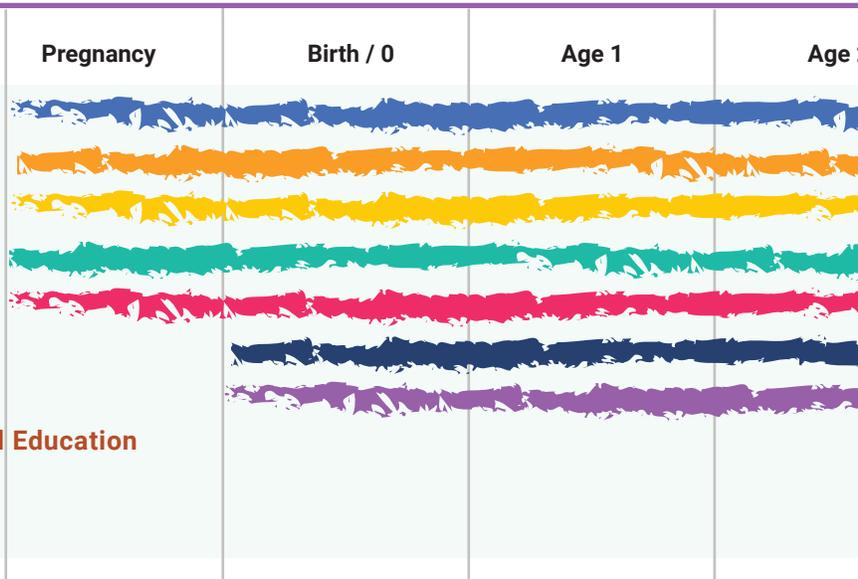
Early Intervention (EI) provides a broad array of services such as speech and language therapy, physical therapy, occupational therapy, and other types of services to families with infants and toddlers identified with a developmental delay, a disability, or a special health or medical condition. From December 2018 to 2019, there were **1,477 early intervention referrals and 2,130 total active children.**⁵⁶

Data collected between 2014 and 2018, show that Vermont has not seen significant change in the rate of children with improved social and emotional skills upon exiting EI services compared to when they entered (ranging from 69% to 76%). However, **there has been a steady increase from 76% in 2014 to 91% in 2018, in the percent of parents/families reporting EI has given them skills to help their child develop and learn.**⁵⁷

Children may exit EI services under several different circumstances. From December 2018 to 2019, **21% of children met all of their goals and were not in need of additional supports, 55% of children transitioned at age 3 to school district Early Childhood special education services (ECSE) under IDEA Part B, and 7% were not found eligible to receive ECSE at age 3.** The remaining 17% were withdrawn by a parent or guardian, moved out of the state, or were unenrolled after multiple unsuccessful attempts to contact the parent or guardian.⁵⁶

Figure 19 EC Resources, Services, & Supports Available by Age

- Strong Families Vermont Home Visiting
- Children's Integrated Services
- Early Head Start And Head Start
- Parent Child Centers
- Help Me Grow Vermont
- Early Intervention
- Early Care And Education (0-5)
- Early Childhood Special Education Services & Special Education
- Universal Prekindergarten Education
- Early Elementary Education



Early Childhood Special Education Services

(Individuals with Disabilities Education Act (IDEA) Part B)

Early Childhood Special Education Services (ECSE) supports children ages 3 to 6 years with special education extending to age 22. Individualized education plans (IEP) are developed and implemented to ensure a child’s right to a Free and Appropriate Public Education (FAPE) under IDEA. Specialized instruction and related services are provided by the child’s local school district within a variety of public and community-based inclusive Early Childhood education settings. Students in grades K-3 mainly receive special education and related services within their grade level classroom at their local school. **Table 4** indicates the number of students who received special education services based on having an individualized education plan (IEP) by grade level, starting with 3-5 year olds in PreK through grade 3.⁵⁸

Table 4⁵⁸ No. of children participating in Special Education Services

Education Level	No. of Children
PreK	1591
Kindergarten	937
1st Grade	975
2nd Grade	971
3rd Grade	1099

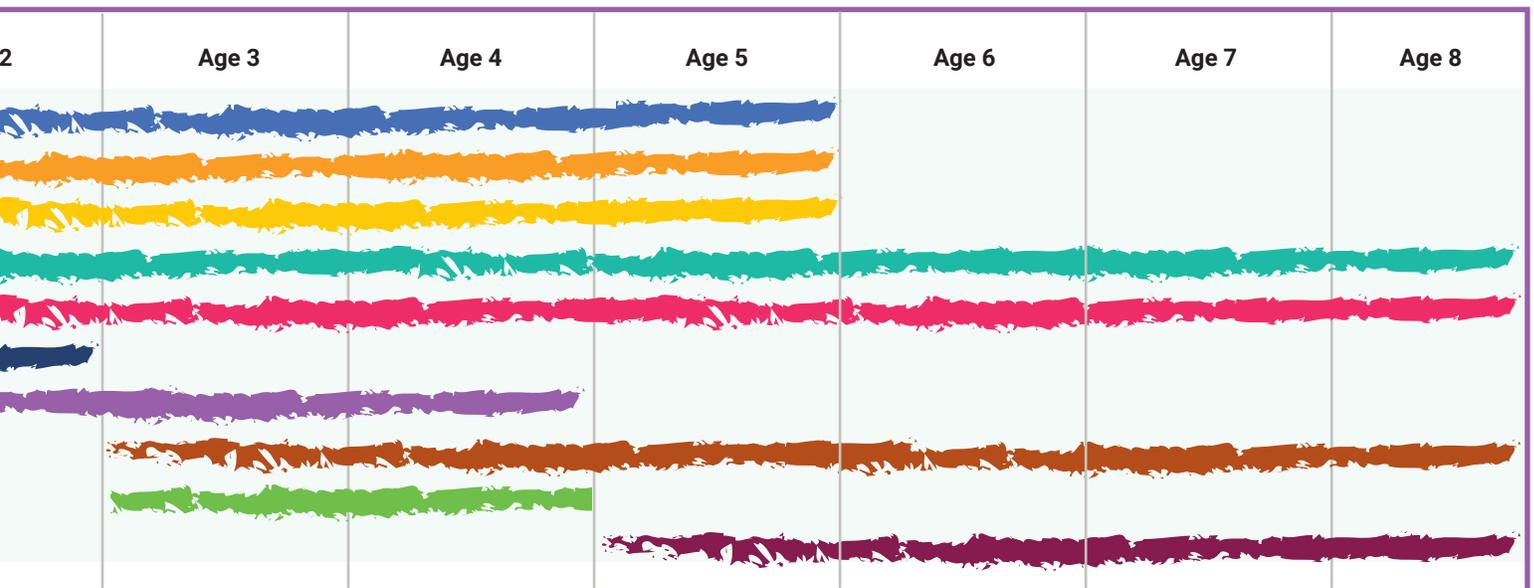
The following overview of programs support and promote early identification and developmental monitoring, referrals to services and resources, in addition to providing support directly to children and families. Of note, there are many more community-based, family-serving programs and resources in addition to those listed below that support optimal outcomes for children and families in Vermont.

Children’s Integrated Services (CIS)

CIS offers four core services to families of young children facing challenges—Early Intervention (IDEA Part C), Specialized Child Care, Early Childhood and Family Mental Health (ECFMH), and Home Visiting to help ensure the healthy development and well-being of children, pre-birth to age 5. Between January 2020 and May 2020 CIS served 7,927 clients.⁵⁶

Head Start (HS) and Early Head Start (EHS)

Head Start and Early Head Start are comprehensive early education programs for children from at-risk backgrounds ages prenatal to five. From early math and reading skills to confidence and resilience, HS/EHS help children build the skills they need to be successful in school and in life. In addition to helping children prepare for kindergarten and beyond, HS/EHS help facilitate critical health services like immunizations, and vision, dental, and hearing screenings.





Vermont Head Start and Early Head Start grantees served over 1,810 at-risk children prenatal-to-five in 2018 (90% were 3- and 4-year-olds). In FY18, 686 infants and toddlers and 58 pregnant women were served by Vermont Early Head Start programs.⁵⁹

Parent Child Centers

Parent Child Centers (PCCs), deeply rooted in the Strengthening Families Framework, provide holistic services that are family-driven, strength based, and multi-generational all while building protective factors in children and families and addressing social determinants of health. The network of 15 Parent Child Centers serve all of Vermont with a focus on early identification, intervention, and prevention through 8 Core Services ensuring that families have the support and resources they need to nurture their children and get them off to a great start in life: Parent Education, Parent Support, Home Visits, Early Childhood Services, Concrete Family Supports, Playgroups, Community Development, and Information & Referral. In FY20, 49,828 participants were served across all 15 PCC programs.⁶⁰

Help Me Grow Vermont (HMGVT)

Help Me Grow VT (HMGVT) is a whole-population, public health approach that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to Early Childhood system-building. To date, over 400 providers are using Vermont’s developmental screening registry including Early Childhood educators and public school districts, Head Start and Early Head Start programs, and health care and community service providers. In 2019, Help Me Grow held 117 community outreach events that reached 5,753 families and saw a 55% increase in calls and referrals.⁶¹

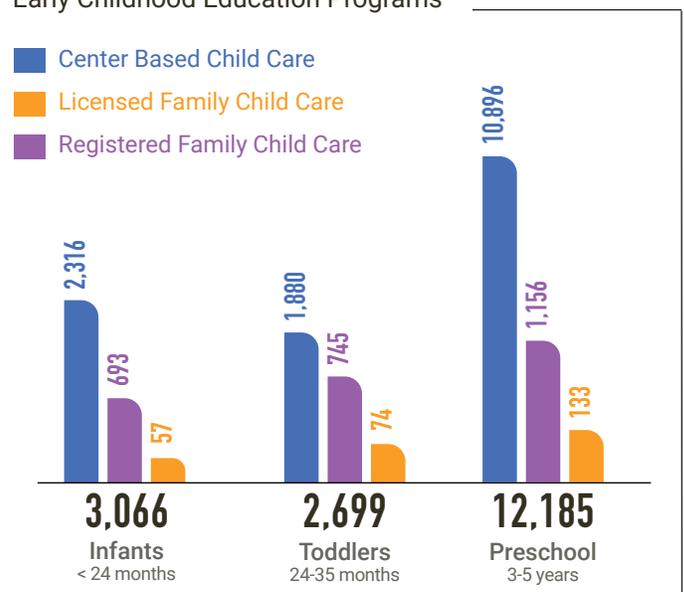
Early Care and Education Programs

Access to affordable, high-quality early care and education programs (0-8), including afterschool and out-of-school time hours (third space programs), affects more than Vermont’s parents and caregivers of young children; it affects the businesses that employ them and our larger economy.

In October of 2019, there were 4,941 children receiving financial assistance through the Child Care Financial Assistance Program (CCFAP). With the average family of four investing a fifth of their income on child care, Vermont’s investments in CCFAP are aimed at making child care more affordable.²⁴

Vermont’s early care and education system consists of a mix of licensed and registered family child care programs, center-based programs, and school-based programs for children 6 weeks to 5-year-olds not in kindergarten. **Figure 21** shows that the vast majority (83%) of children are enrolled in Center Based Childcare programs, followed

Figure 21⁶² 2019-2020 Enrollment in Regulated Early Childhood Education Programs





by Registered Family Child Care Programs (15%), and less than 2% of children enrolled in Licensed Family Child Care Programs.⁶² This does not include Universal Prekindergarten Education (UPK) through Act 166.

Like families across the country, many Vermont families with young children struggle to find regulated child care. **Of children who are likely to need care, 62% of infants, 27% of toddlers and 30% of preschool-age children do not have access to any full day, full year regulated child care programs. 78% of infants, 56% of toddlers and 51% of preschool-aged children do not have access to full day, full year high-quality child care programs.**⁶

Universal Prekindergarten Education

In 2014, Vermont passed Act 166, also known as the Universal Prekindergarten Education (PreK) law, which offers all 3- and 4-year olds, and 5-year-olds not enrolled in Kindergarten up to 10 hours a week of publicly-funded PreK for 35 weeks of the academic year. **As can be seen in Figure 22, since 2014, the number of children enrolled in public PreK has increased by more than 2,000.**⁶³

Educational Assessments

Vermont recognizes the importance of measuring educational outcomes in addition to enrollment to understand the impact of programs, services, resources, and education, as well as

opportunities for improvement. Educational outcomes for young children are difficult to measure and often subjective. Vermont currently reports on three primary indicators to measure children’s knowledge, skills, and behaviors: Teaching Strategies Gold, the Agency of Education’s Ready for Kindergarten! Survey, and Third Grade Language Arts (reading) and Math.

Of note, a gap currently exists between outcomes for children entering kindergarten and outcomes measured at third grade. Although there is no direct comparison between these measures, as Early Childhood partners are committed to determining the best way to support and educate each and every Vermont child, further attention and investigation is necessary to understand the factors impacting these early childhood education outcomes.

Teaching Strategies Gold (TSGold)

Act 166 requires annual child progress monitoring reporting in the areas of literacy/language, mathematics, and social and emotional skills through Teaching Strategies Gold. As can be seen in **Figure 23**, in the 2018-2019 school year, **85% or more of students assessed met or exceeded expectations across literacy, math, and social emotional domains for both 3 and 4 year olds.**⁶⁴

Figure 23⁶⁴ Percent of Children Meeting or Exceeding Expectations Teaching Strategies Gold (TSGold) 2018-2019

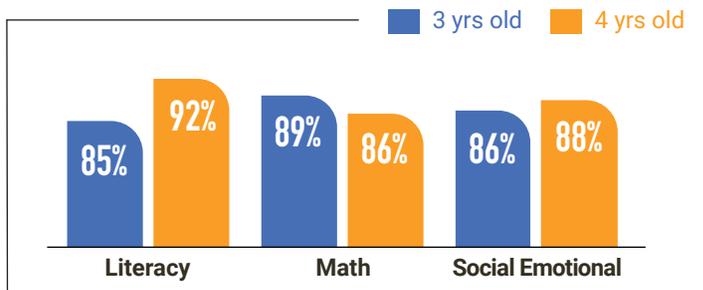
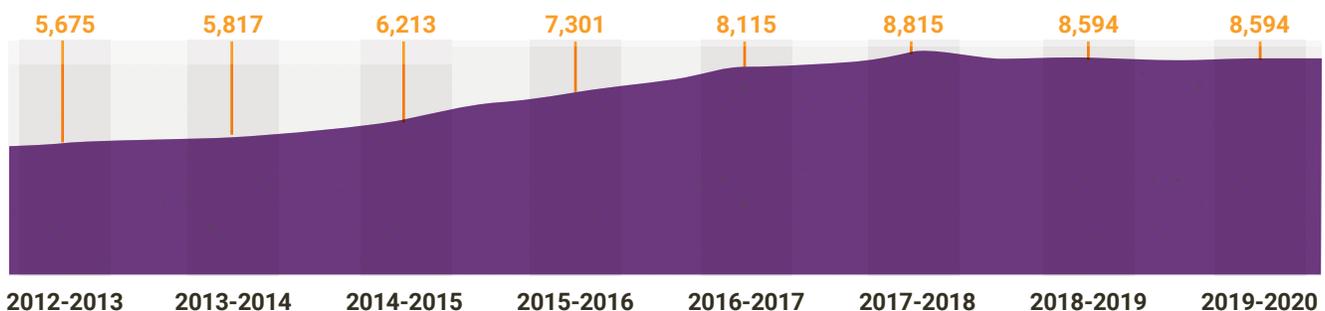


Figure 22⁶³ Universal Prekindergarten Education Enrollment 2012/2013 to 2019/2020





Ready for Kindergarten! Survey

The Agency of Education’s Ready for Kindergarten! Survey (R4K!S) is a readiness assessment of a kindergarten student’s knowledge and skills within the first six to ten weeks of school. Kindergarten teachers assess students on 34 items across the following domains: Physical Development and Health, Social and Emotional Development, Approaches to Learning, Communication, and Cognitive Development.

The data can help kindergarten teachers, schools, school boards, families, and early childhood partners assess student strengths and challenges. As can be seen in **Table 5**, children living in households who are income eligible for free and reduced lunch are less likely to be ready for kindergarten (76%) compared to children from higher income households (89%).⁶⁵ There has not been noteworthy change over time since 2015 in the percent of children ready for kindergarten.

The Early Elementary Years

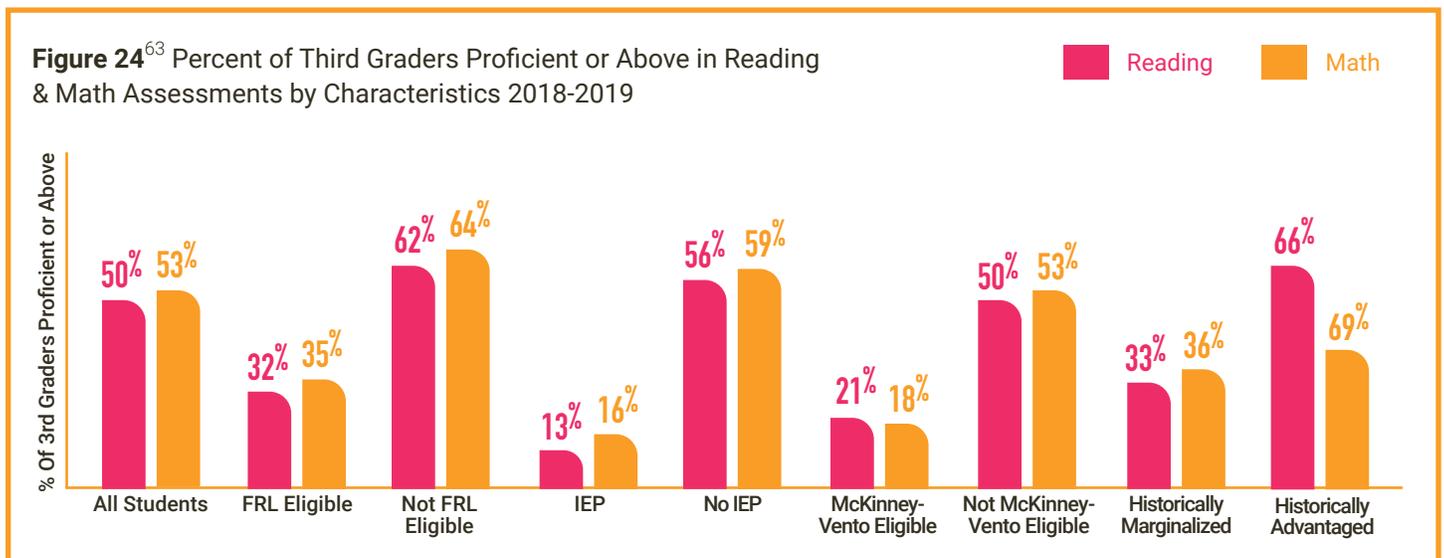
At the end of third grade, Vermont students are assessed on their proficiency in reading and math. Proficiency rates



vary significantly based on race, economic status, and other factors, as can be seen in **Figure 24**. Lower proficiency rates are seen for Vermont’s most vulnerable children including those students with disabilities and special health care needs on IEPs, children experiencing homelessness, children from low income households, and those from historically marginalized groups.⁶³

Table 5⁶⁵ Percent of Children "Ready" for Kindergarten in Vermont 2019-2020

Percent of Children "Ready" for Kindergarten in Vermont 2019-2020 School Year	
Vermont	84%
Boys	80%
Girls	89%
Free and Reduced Lunch Eligible	76%
Not Free and Reduced Lunch Eligible	89%
Attended Publicly Funded PreK	85%
Did Not Attend Publicly Funded PreK	83%
Percent of Students Surveyed	82%



About the Regions

BBF's regional infrastructure has a presence in every corner of the state and in all communities. These 12 Regional Councils bring together early childhood stakeholders to identify gaps; share expertise and resources to break down silos; elevate regional and family voice; and implement strategies to respond to the needs of each and every child and family in their respective area.

Statewide, nearly 250 people bring their perspectives together on Regional Councils on a monthly basis. Early childhood stakeholders across regional tables include professionals in physical and mental health, social services, basic needs, early childhood education, PreK-12 education, families of children under 9, and community members invested in the well-being of young children.

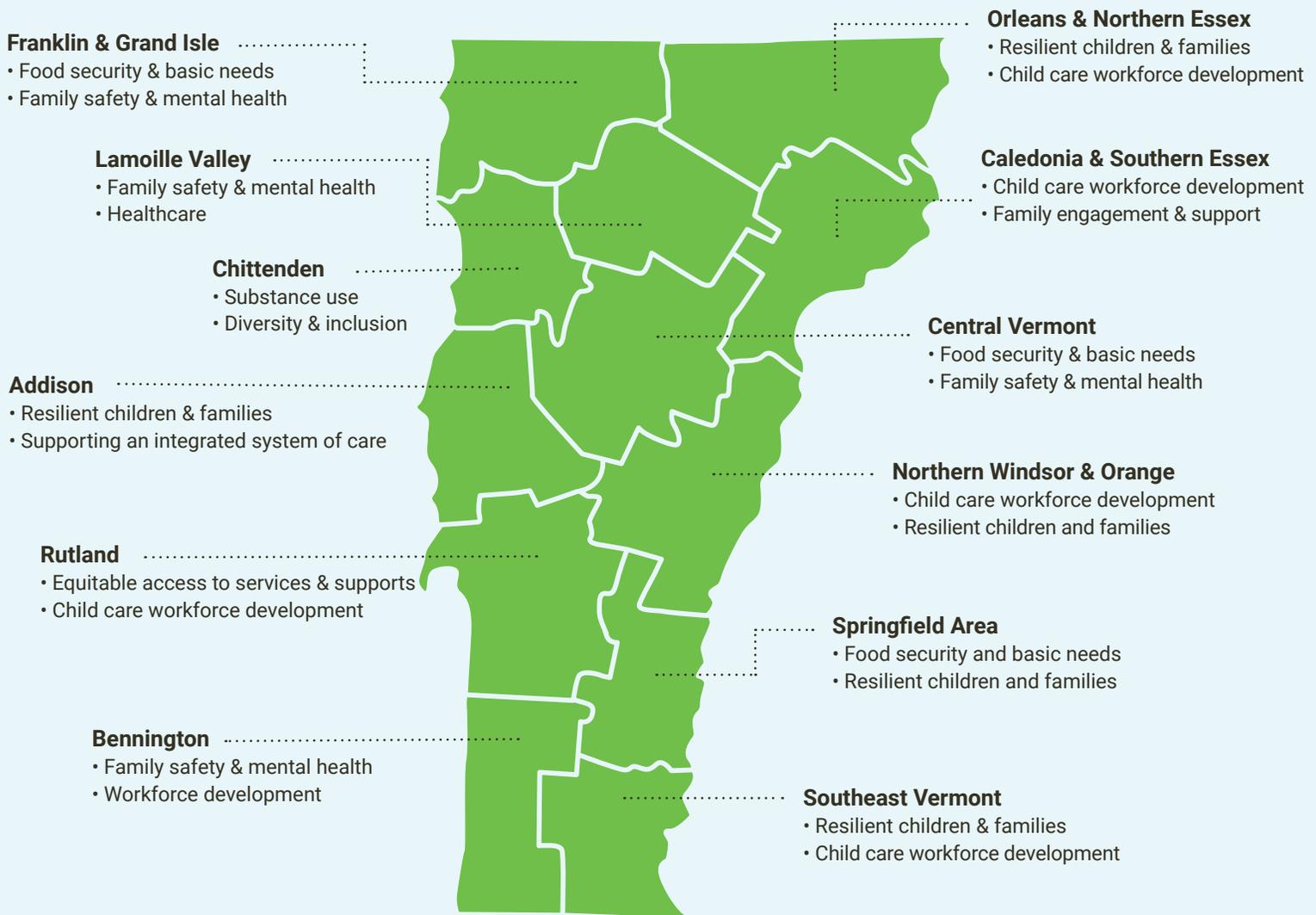
Regional councils serve as critical mechanisms to elevate regional innovations, successes, and barriers to state partners and to implement state policies and best practices at the regional level.



BBF REGIONAL PRIORITIES 2020

The following pages offer a snapshot of each region with a highlighted project and selected indicators of child and family well-being.

Each Regional Council has an action plan to guide decisions and activities. While each plan covers the different parts of the Early Childhood system, two priorities are identified to share across the state. The map below shows the strengths of the regional council infrastructure in allowing for local priority setting as well as the connections between regions across Vermont.

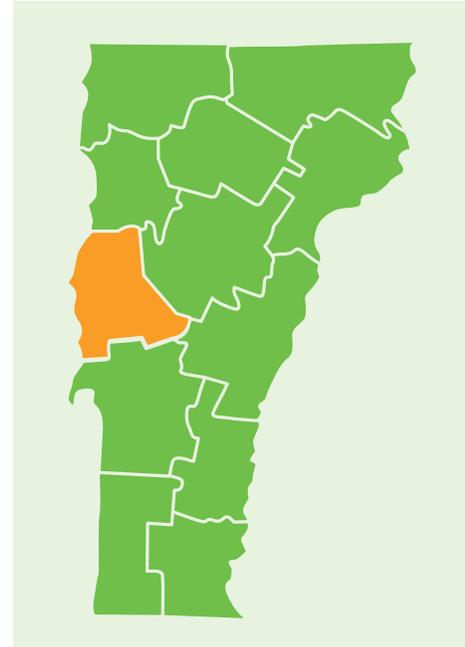


More information about each region including monthly council meetings and updates can be found at buildingbrightfutures.org/what-we-do/regional-councils/

Addison

Since 2018, the Addison Regional Council has focused on fostering resilience within the community. Public and private partners along with families and community members joined together, launching a public awareness and education campaign for youth resiliency called 'OK, you've got this' which is aligned with **VECAP Goal 1: All Children Have a Healthy Start**.

During the Covid -19 pandemic, the campaign shifted to, *"OK, We'll get through this."* to ensure family basic needs were met within the community. The project responded by creating a resource page (bit.ly/COVID-OK) that includes a series of videos to offer help with stress and the return to school. Throughout the region, trainings and activities are offered for school staff, parents, early educators, and others in the community. This resilience work reinforces the Early Multi-Tiered Systems of Support (EMTSS) framework, and the Pyramid model which has been implemented in the region, becoming part of a continuum of care for Addison County children.



Current Status

CHILD POPULATION (2018)

2,901 children under 9

Decreased by 4% from (3,007 in 2013)

CHILDREN LIVING IN POVERTY (2018)

34.0% children under 6 (632)

Decreased by 23% from (44.0% - 872 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

45 children under 9

Increased by 80% from (25 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Addison Central SD
 Addison Northwest SU
 Addison Rutland SU
 Mount Abraham Unified SD

KINDERGARTEN READINESS (FALL 2019)

91.6%
84.4%
84.2%
93.6%

3RD GRD READING PROFICIENCY (SPRING 2019)

49.0%
59.2%
43.8%
47.5%



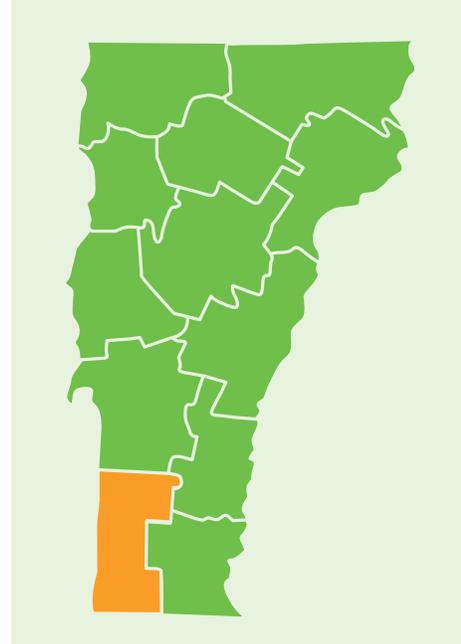
"OK, you've got this" continues to support families and help children believe in their ability to handle life's inevitable challenges.

Bennington

The Bennington Regional Council has a long history of working together guided by regional action plans since 2005. The Council continues to put the social emotional health of children and their families at the forefront of their work together in line with **VECAP Goals 1, 2, and 3.**

Bennington uses the Devereux Early Childhood Assessment (DECA) across the region. The DECA includes both parent and program components that together, help parents and educators better understand children’s social and emotional strengths at home and at school.

Bennington began updating its action plan in the summer of 2020. Small diverse groups met to link the regional plan to council work. While the action plan is full of exciting and innovative regional priorities, the actions and strategies supporting the outcome that, ‘Bennington will become a place of equity and inclusion’ resonate strongly across the Council and the region.



Current Status

CHILD POPULATION (2018)

3,061 children under 9

Decreased by 8% from (3,323 in 2013)

CHILDREN LIVING IN POVERTY (2018)

47.2% children under 6 (934)

Decreased by 19% from (58.1% - 1,299 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

64 children under 9

Increased by 52% from (42 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Battenkill Valley SU	73.3%
Bennington Rutland SU	88.9%
Southwest Vermont SU	82.5%
Windham Southwest SU	91.3%

KINDERGARTEN READINESS (FALL 2019)

73.3%
88.9%
82.5%
91.3%

3RD GRD READING PROFICIENCY (SPRING 2019)

44.4%
55.3%
36.5%
Not Available



The aggregate information has given the region the ability to better target professional development resources.

Caledonia & Southern Essex

The Caledonia and Southern Essex Regional Council continues to provide professional development (PD) opportunities to support the early care and education and PreK-3 workforce in the region in line with **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs**. In March, due to the COVID-19 pandemic, the PD Committee quickly shifted from planning in person workshops and a mini-conference to virtual training. Partners, including the Early Childhood Network, CCV and Northern Lights, Kingdom Child Care Connection, and April's Teaching Tree have been key in identifying workshop topics and needs of local early care and education and PreK-3 teachers.

"I loved this class! The first time I have ever taken anything like it. I liked the strategic planning suggestions and the actual photos and ideas from other childcares. It brought the visions to life. This class gave me a framework to start from and ideas that I am excited to bring to fruition."

- A participant in the "Growing Outdoor Classrooms" workshop



Current Status

CHILD POPULATION (2018)

2,986 children under 9

Decreased by 8% from (3,231 in 2013)

CHILDREN LIVING IN POVERTY (2018)

47.2% children under 6 (907)

Decreased by 9% from (52.0% - 1,034 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

27 children under 9

Decreased by 25% from (36 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Caledonia Central SU
 Kingdom East
 Orange East SU
 St Johnsbury SD

KINDERGARTEN READINESS (FALL 2019)

79.7%
75.9%
63.6%
88.9%

3RD GRD READING PROFICIENCY (SPRING 2019)

62.1%
43.8%
42.6%
25.3%



It brought the visions to life. This class gave me a framework to start from and ideas that I am excited to bring to fruition.

Central Vermont

The Central Vermont Regional Council has spent much of the past year working to address the basic needs of children and families in the wake of the crisis brought about by the COVID-19 pandemic. In tandem with community partners, the Council worked to address a variety of needs including housing, food, diapers, childcare for essential workers and more. One particular focus was the issue of internet connectivity. In response to this challenge the Council initiated a work group to assess connectivity needs and explore ways to address them. With the help of volunteers and financial and technical support from local businesses, the work-group has provided devices and technical assistance to families in the region to address this digital divide they were experiencing. The work-group continues to meet lead by the Green Mountain United Way to provide assistance to families in need in line with **VECAP Goal 1: All Children Have a Healthy Start.**



Current Status

CHILD POPULATION (2018)

5,805 children under 9

Decreased by 7% from (6,216 in 2013)

CHILDREN LIVING IN POVERTY (2018)

36.5% children under 6 (1,283)

Increased by 2% from (35.9% - 1,395 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

59 children under 9

Increased by 23% from (48 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Barre SU
 Central Vermont SU
 Harwood Unified Union SD
 Montpelier Roxbury SD
 Orange Southwest SU
 Washington Central SU
 Washington Northeast SU

KINDERGARTEN READINESS (FALL 2019)

80.4%
73.3%
92.2%
96.5%
89.6%
79.2%
84.9%

3RD GRD READING PROFICIENCY (SPRING 2019)

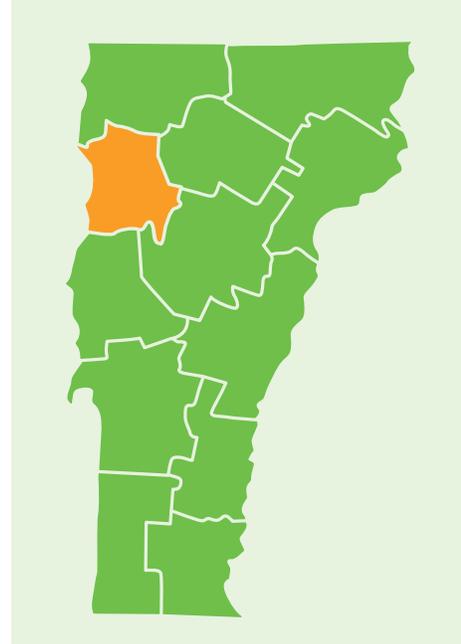
43.0%
48.7%
65.8%
53.4%
44.8%
58.4%
29.4%



Families who lack appropriate devices or the funds to pay for an internet service provider are unable to access school, telehealth and other essential services.

Chittenden

The Chittenden Regional Council provides opportunities for early childhood professionals, cross sector community partners, and families to engage in rich discussions, trainings, and projects in service of the community. Through mutually reinforcing activities, the Council has committed to focusing on equity, diversity, and inclusion practices by using an equity lens to drive all of the regional work. **The SUD - Making the Systems Work for Families Project** is a result of the Council coming together and recognizing the need for increased coordination of services for young children and families impacted by Substance Use Disorder (SUD). These efforts make use of the neutral Council table to take a deeper dive into regional issues, map out the current delivery systems, and develop strategies, across sectors, to improve upon existing systems. These regional priorities are aligned with the **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**



Current Status

CHILD POPULATION (2018)

13,842 children under 9

Decreased by 3% from (14,215 in 2013)

CHILDREN LIVING IN POVERTY (2018)

28.2% children under 6 (2,617)

Consistent with 28.2% from (2,658 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

88 children under 9

Increased by 16% from (76 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Burlington SD
 Champlain Valley SD
 Chittenden East SU
 Colchester SD
 Essex Westford SD
 Milton SD
 South Burlington SD
 Winooksi SD

KINDERGARTEN READINESS (FALL 2019)

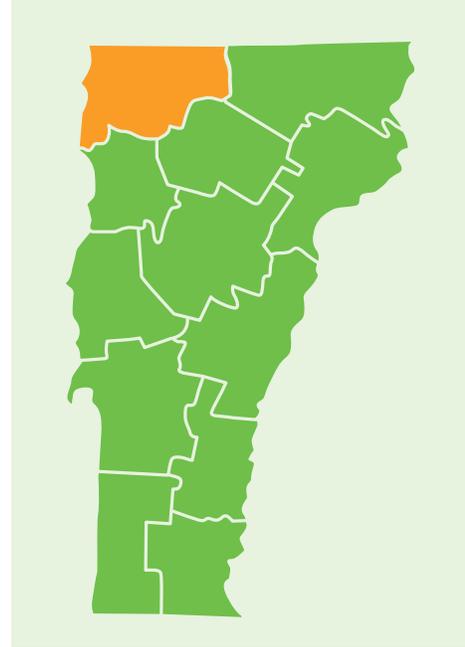
76.9%
93.9%
95.7%
89.2%
86.3%
92.5%
83.2%
75.8%

3RD GRD READING PROFICIENCY (SPRING 2019)

47.5%
55.8%
66.4%
55.5%
62.8%
45.3%
56.9%
16.3%

Franklin & Grand Isle

The Franklin and Grand Isle Regional Council continues to prioritize concrete supports for children and families, especially during the COVID-19 pandemic. As the Council continued to meet virtually, one of the largest focal points at the onset of the pandemic was to ensure that children had access to appropriately-sized masks. Thus, in collaboration with a local volunteer, the Council was able to purchase 500 masks to be distributed throughout the region! The Council continued its commitment to help families access basic needs such as food, toiletries and winter clothing. This year the Council collaborated with Community Action, the Parent Child Center’s early childhood programming, local food shelves to distribute masks throughout the regions. With children slowly phasing into more and more in-person time in schools and the community, these efforts have been a huge success in filling a gap for our children. This work is in line with **VECAP Goal 1: All Children Have a Healthy Start** and several regional council members attend the VECAP Child Outcomes Accountability Team to help inform activities at both the region and state level.



Current Status

CHILD POPULATION (2018)

5,945 children under 9

Consistent with (5,962 in 2013)

CHILDREN LIVING IN POVERTY (2018)

52% children under 6 (824)

Decreased by 52% from (45.9% - 1,766 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

84 children under 9

Increased by 17% from (72 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Franklin Northeast SU

Franklin Northwest SU

Franklin West SU

Grand Isle SU

Maple Run SD

KINDERGARTEN READINESS (FALL 2019)

87.0%

84.4%

90.0%

88.9%

82.2%

3RD GRD READING PROFICIENCY (SPRING 2019)

42.9%

60.9%

54.1%

52.7%

37.8%

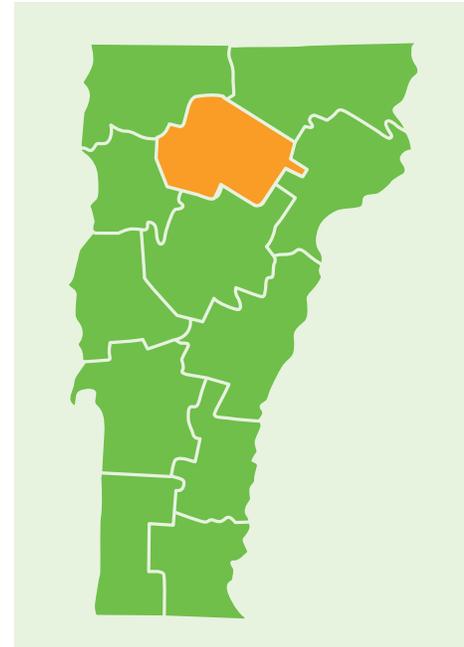


With children slowly phasing into more and more physical time in schools and out in the community, this effort has been a huge success in filling a gap for our children.

Lamoille Valley

Maternal and child health and well-being has been a significant focus area for the Lamoille Valley Regional Council in line with **VECAP Goal 1: All Children Have a Healthy Start**. The Council believes to do this well, it takes integration across health, education and community supports to fully support families and young children. In order to encourage greater collaboration and resource and information sharing, the Council has joined forces with the local maternal and child health coalition to co-host monthly meetings.

The Council also supports the Lamoille Family Center and Applesed Pediatrics DULCE (Developmental Understanding and Legal Collaboration for Everyone) project team in their efforts to perform comprehensive social determinants of health screenings for families with newborns. Additionally, the Council continues to sponsor home visits and “Welcome Baby” gift bags for families with newborns in the region. To support families during the public health crisis while programs were not meeting in person, the Council and Lamoille Family Center distributed activity bags with books, developmentally appropriate toys and craft materials to support families even when they could not attend programs in-person.



Current Status

CHILD POPULATION (2018)

2,927 children under 9

Decreased by 8% from (3,184 in 2013)

CHILDREN LIVING IN POVERTY (2018)

47.4% children under 6 (955)

Increased by 13% from (42.1% - 908 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

24 children under 9

Increased by 26% from (19 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Lamoille North SU
Lamoille South SU
Orleans Southwest SU

KINDERGARTEN READINESS (FALL 2019)

72.9%
86.5%
92.6%

3RD GRD READING PROFICIENCY (SPRING 2019)

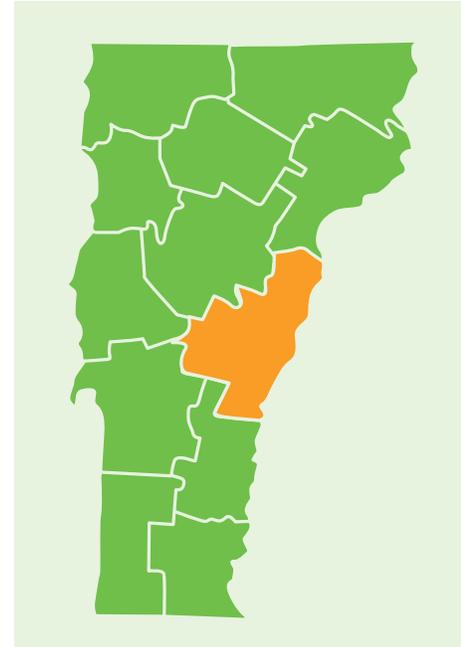
36.2%
56.6%
36.6%



Thanks to this integration, the Council has been able to move beyond their traditional focus on childcare and education to explore many aspects of maternal and child health.

Northern Windsor & Orange

The Northern Windsor and Orange Regional Council continues to find ways to support children's social and emotional well-being. One strategy the Council has committed to is the Early Multi-Tiered Systems of Support (Early MTSS) framework for children who are 5 years of younger in line with **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.** There is a similar approach for school aged children called the Multi Tiered Systems of Support (MTSS) framework that is modified based on developmental need. Aligning these approaches and implementing the frameworks allows for children to experience a smoother transition from early care and education programs to kindergarten. These frameworks support the social, emotional, and behavioral development of young children. The goal is to create an environment where every child feels good about coming to school through practice based coaching, regional support and trainings. The Council has worked to provide trainings, facilitate connections, and align resources to support programs interested in participating in Early MTSS.



Current Status

CHILD POPULATION (2018)

4,043 children under 9

Decreased by 5% from (4,246 in 2013)

CHILDREN LIVING IN POVERTY (2018)

41.0% children under 6 (1,126)

Decreased by 1% from (41.5% - 1,132 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

33 children under 9

Decreased by 30% from (47 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Hartford SD	67.4%
Orange East SU	63.6%
Orange Southwest SU.....	89.6%
Rivendell Interstate SD	100%
SAU 70	90.9%
White River Valley SU	83.3%
Windsor Central SU	90.2%
Windsor Southeast SU	85.0%

KINDERGARTEN READINESS (FALL 2019)

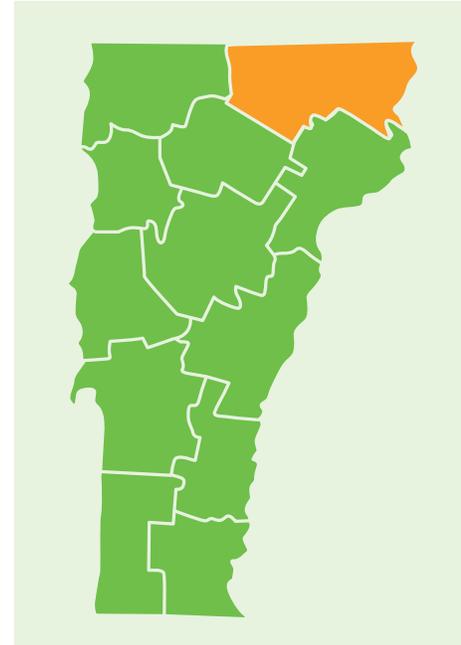
.....	53.9%
.....	42.6%
.....	44.8%
.....	41.0%
.....	80.0%
.....	50.0%
.....	66.6%
.....	58.0%

3RD GRD READING PROFICIENCY (SPRING 2019)

Orleans & Northern Essex

The Orleans and Northern Essex Regional Council is continuing their priorities of preventing adverse childhood experiences and strengthening resilience, and supporting the well-being of the early childhood workforce. The Council is sponsoring workshops that address stress, resilience, and how to re-envision well-being for both children and early childhood educators during the COVID-19 pandemic. The Council's Early Multi-Tiered Systems of Support (Early MTSS) committee is actively engaged in the implementation of the Early MTSS-123 Project, a pilot project led by the University of Vermont designed to support regional leadership teams, building local capacity, and developing a statewide plan for scaling-up and sustaining implementation of the Pyramid Model and Strengthening Families in line with **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs.**

Learn more about the pilot project at bit.ly/EarlyMTSS123.



Current Status

CHILD POPULATION (2018)

2,522 children under 9

Decreased by 3% from (2,591 in 2013)

CHILDREN LIVING IN POVERTY (2018)

46.7% children under 6 (739)

Decreased by 23% from (44.0% - 872 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

50 children under 9

Increased by 257% from (14 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Essex North SU
 North Country SU
 Orleans Central SU

KINDERGARTEN READINESS (FALL 2019)

100%
79.2%
74.6%

3RD GRD READING PROFICIENCY (SPRING 2019)

Not available
35.1%
48.2%

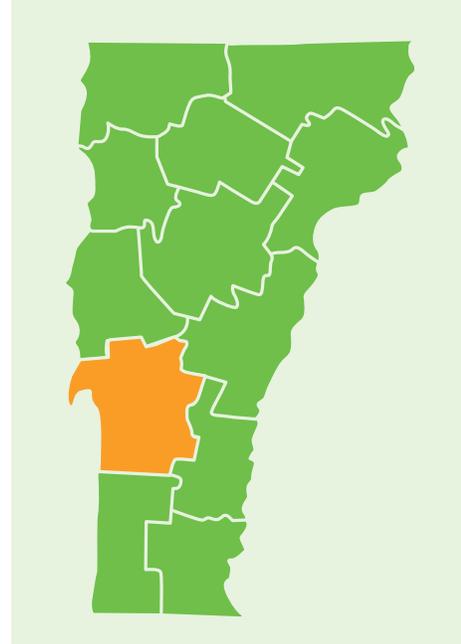


Thank you so very much for your time, creativity, engagement, expertise and energy in crafting and delivering a wonderful, engaging & helpful presentation for providers, early educators & caregivers in our Northeast Kingdom! You have been **WONDERFUL** with sharing yourself to our community through BFF.

Rutland

The Rutland Regional Council has focused on professional development and perinatal health. In 2020, the Council established a Professional Development Team to create a training schedule to best meet the needs of the region in line with **VECAP Goal 3: All Children and Families Have Access to High-Quality Opportunities That Meet Their Needs**. These needs evolved as a result of COVID-19, but the council continues to look for and offer support for Early Childhood Educators serving families with complex needs, including children experiencing social, emotional, and behavioral health issues and those with incarcerated family members.

In 2019, the Rutland region was awarded the Screening, Treatment, & Access for Mothers & Perinatal Partners (STAMPP) grant. Perinatal mood and anxiety disorders (PMAD) are the leading complications associated with pregnancy and childbirth. This grant brings a diverse group of stakeholders together to support mothers and families by expanding perinatal mental health services in Vermont through trainings, resource sharing, and support groups. To support the grant, the Council shares information with their larger networks and provides coordination and funding to fill gaps in regional implementation.



Current Status

CHILD POPULATION (2018)

4,948 children under 9

Decreased by 4% from (5,139 in 2013)

CHILDREN LIVING IN POVERTY (2018)

36.3% children under 6 (1,099)

Decreased by 27% from (49.6% - 1,549 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

73 children under 9

Increased by 40% from (52 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Addison Rutland SU
 Bennington Rutland SU
 Greater Rutland County SU
 Mill River Unified Union SD
 Rutland City SD
 Rutland Northeast SU
 Two Rivers SU
 Windsor Central SU

KINDERGARTEN READINESS (FALL 2019)

84.2%
88.9%
83.3%
78.2%
68.5%
76.3%
91.7%
90.2%

3RD GRD READING PROFICIENCY (SPRING 2019)

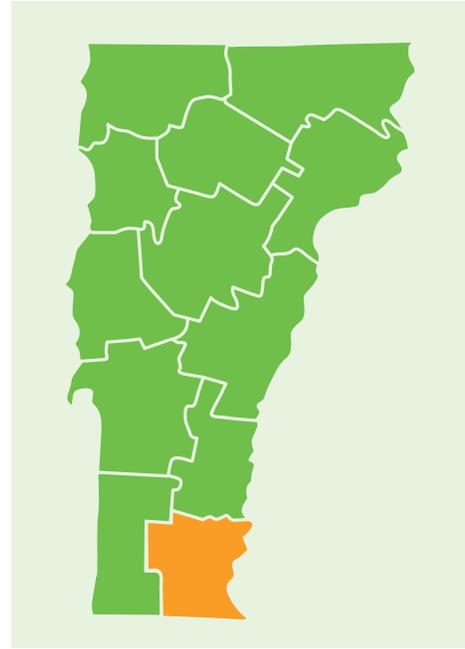
43.8%
55.3%
47.4%
41.0%
37.7%
44.0%
61.4%
66.6%

Southeast Vermont

The Southeast Vermont Regional Council continues to focus its resources on The Basics, Vermont - a socio-ecological saturation campaign to support strong serve and return relationships between children 0-3 and their parents and caregivers. The Basics seeks to address both gaps in kindergarten readiness between sub-populations, and to build child and family resilience. The Basics core team includes stakeholders from multiple sectors and the campaign has connected the council to communities across the country who are also implementing The Basics. This campaign recognizes and empowers parents and caregivers as a child's first teachers, and calls for the larger community to prioritize the well-being of young children and families in line with **VECAP**

Goal 2: Families and Communities Play a Leading Role in Children's Well-being.

"The Basics Vermont is a wonderfully supportive program that focuses on creating lifelong bonds with children to nurture and support their growth and development!"



Current Status

CHILD POPULATION (2018)

2,830 children under 9

Decreased by 5% from (2,982 in 2013)

CHILDREN LIVING IN POVERTY (2018)

44.0% children under 6 (774)

Decreased by 4% from (46.0% - 924 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

79 children under 9

Increased by 76% from (45 in 2014)

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Windham Central SU
 Windham Northeast SU
 Windham Southeast SU
 Windham Southwest SU

KINDERGARTEN READINESS (FALL 2019)

82.2%
79.5%
84.1%
91.3%

3RD GRD READING PROFICIENCY (SPRING 2019)

47.6%
50.6%
52.8%
Not Available



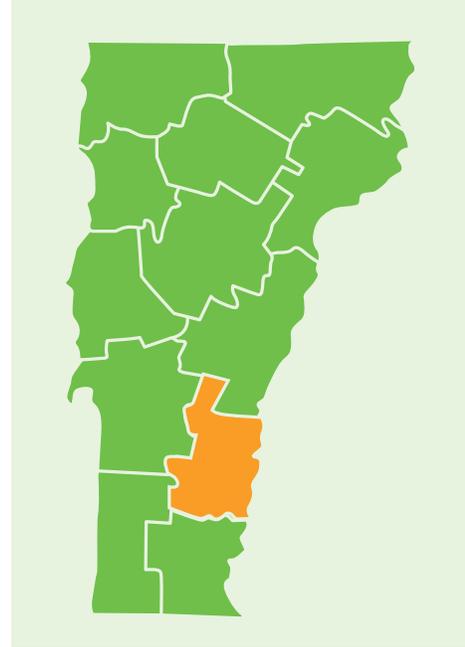
It's great to be celebrating families for the ways they are supporting their children and offering suggestions for when they need inspiration.

- Lexi, Putney

Springfield Area

The Springfield Area Regional Council in the past few years has focused on ensuring that families are able to meet their basic needs. The Council has done this in a variety of ways, whether that is ensuring that families have supplies needed for remote schooling during the COVID-19 pandemic or making sure that families have access to diapers. One new creative way the Council has helped support food security and nutrition education is connecting early care and education programs to the Women Infants and Children (WIC) program. Families enrolled in these programs are able to meet their education requirements through programs put on at the early education centers and can be seen by a WIC specialist at the centers, reducing barriers of transportation, and time off of work as well as building relationships between partners in the region in line with **VECAP Goal 1: All Children Have a Healthy Start.**

In addition to providing food and nutrition education, this connection has contributed to an increase in WIC enrollment in the region!



Current Status

CHILD POPULATION (2018)

2,812 children under 9

Decreased by 6% from (2,983 in 2013)

CHILDREN LIVING IN POVERTY (2018)

48.3% children under 6 (904)

Decreased by 9% from (52.8% - 1,006 in 2013)

CHILDREN IN OUT OF HOME CUSTODY (2019)

33 children under 9

Consistent with 33 in 2014

Educational Assessments

SUPERVISORY UNION / SCHOOL DISTRICT

Bennington Rutland SU

Springfield SD

Two Rivers SU

Windham Central SU

Windham Northeast SU

Windsor Central SU

Windsor Southeast SU

KINDERGARTEN READINESS (FALL 2019)

88.9%

79.5%

91.7%

82.2%

79.5%

90.2%

85.0%

3RD GRD READING PROFICIENCY (SPRING 2019)

55.3%

43.6%

61.4%

47.6%

50.6%

66.6%

58.0%

LIMITATIONS

There are several limitations worth noting. Due to geographic variability and the small population of Vermont, small sample sizes limit the ability for complex analysis and broad generalizations. Thus, the majority of data are counts and percentages and often include proxy measures from national datasets due to the limited data available. For data collected and reported by Vermont's state agency partners, the timing of data collection and reporting varies among programs. Not all data reported is from the same year or time period, but instead, captures a range of indicators from the last three years and heavily relies on Point-in-Time counts. In addition, datasets focus on different child age ranges that may or may not be compatible across programs (e.g. some programs may focus on children birth to age three, while others capture data on children birth to age six or age eight). Similarly, because some data are derived from sampled surveys, several indicators are population-based while others are actual counts of children served.

As mentioned in the COVID-19 spotlight, the pandemic has impacted our current and future data on outcomes for children and families for years to come, in ways we do not yet understand. In many cases, comparing existing data to 2020 data collected during the pandemic will be challenging. For example, child education outcomes typically tracked annually (e.g. student progress on the SBAC) were not documented for the 2019-2020 school year and will therefore be missing in longitudinal analyses. This report shows a snapshot of data across sectors, however, reviewing indicators in isolation doesn't represent the entire story without further context.

A systemic limitation is that Vermont currently lacks the resources to sufficiently collect and report data that answers key policy and program questions due to antiquated data systems and a lack of dedicated staff time to data partnerships, collection and reporting. This is exacerbated as many outcomes for children and families, as well as the Early Childhood system, are hard to define and harder to measure. Point-in-time surveys are used to capture data instead of building the technological infrastructure necessary to monitor change over time in services and child and family outcomes. Lastly, the complex and cross-sector nature of the Early Childhood system means that integrating data across sectors and tracking outcomes longitudinally remains a challenge.

ACRONYMS

ACE: Adverse Childhood Experience

AHS: Agency of Human Services

AOE: Agency of Education

BBF: Building Bright Futures

BIPOC: Black, indigenous and people of color

BFIS: Bright Futures Information System

CANS: Child and Adolescent Needs and Strengths

CCFAP: Child Care Financial Assistance Program

CDD: Child Development Division

(A Division of the Department for Children and Families)

CIS: Children's Integrated Services

COVID-19: Coronavirus Disease 2019

CSHCN: Children with Special Health Care Needs

DA: Designated Mental Health Agency

DCF: Department for Children and Families

DMH: Department of Mental Health

EC: Early Childhood

ECFMH: Early Childhood and Family Mental Health

ECSES: Early Childhood Special Education Services

EI: Early Intervention

FPL: Federal Poverty Level

FSD: Family Services Division

(A Division of the Department for Children and Families)

FSH: Family Supportive Housing

IDEA: Individuals with Disabilities Education Act

IEP: Individualized Education Plan

MAT: Medication Assisted Treatment

MCH: Maternal and Child Health

NSCH: National Survey of Children's Health

PCC: Parent Child Center

R4KIS: Ready for Kindergarten Survey

SAC: State Advisory Council

SD/SU: School District/Supervisory Union

SHIP: State Health Improvement Plan

SLDS: State Longitudinal Data System

SNAP: Supplemental Nutrition Assistance Program

TSGOLD: Teaching Strategies Gold

UPK: Universal Prekindergarten Education

VDH: Vermont Department of Health

VECAP: Vermont's Early Childhood Action Plan

WIC: Women Infants and Children

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The Vermont Agency of Education, the Vermont Care Partners Data Repository, the Vermont Department for Children and Families; Child Development Division, Children's Integrated Services, Economic Services Division, Family Services Division, the Office of Economic Opportunity, and the Vermont Head Start Collaboration Office, the Vermont Department of Health, the Vermont Department of Mental Health, Help Me Grow VT, the Parent Child Center Network, and Let's Grow Kids. Thank you as well to the many families who shared the photographs that we have been able to include in this year's report!

I would also like to recognize the work of the BBF staff as a whole, and thank the Regional Coordinators for advising on, and contributing to, the regional pages and for their content expertise throughout the report. I am grateful to the Building Bright Futures State Advisory Council, the 12 Regional Councils, and the 7 Vermont Early Childhood Action Plan Committees, namely the Data and Evaluation Committee, for their collaboration and guidance.

Finally, I would especially like to thank four key contributors. First, this year's report would not have been possible without the many contributions of Beth Truzansky, BBF's Deputy Director in creating thoughtful alignment between the report and Vermont's Early Childhood Action Plan (VECAP), content development and editing. Second, Dora Levinson, BBF's Data and Policy Director, was instrumental in executing all aspects of this year's report from partnering with data stewards, compiling and organizing data, and contributing her content expertise to drafting and editing the report. Final editing and review support from Carolyn Wesley and Jen Olsen completed the team effort. Thank you for your dedication, expertise and sense of humor as we worked to finalize this publication.

I continue to be inspired by our collective commitment to using the most up-to-date, high-quality data to inform policy and service provision for young children and their families.



Dr. Morgan Crossman

Executive Director

PUBLICATION INFORMATION

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Dave Lapoint, *Technology Advisor*

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Creativecouch Designs

Printing & Production

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Vermont's Early Childhood Resource, Data, & Policy Center

Vermont's legislature, statewide Early Childhood partners, and the Early Childhood Needs Assessment have repeatedly highlighted the need for data to be centralized, accessible and understandable to inform policy. Building Bright Futures created Vermont's Early Childhood Resource, Data, and Policy Center to meet this need.

The Center includes the following components:

- A catalog of high-quality resources for families, communities, and early childhood professionals
- National and Vermont-specific datasets, data spotlights, and related policy recommendation briefs and fact sheets
- A scorecard to monitor indicators identified in Vermont's Early Childhood Action Plan (VECAP)
- Reports and publications from BBF, agency, and community partners
- Recorded research presentations, webinars, and early childhood grand rounds
- A portal for stakeholders to ask questions about existing data, make recommendations for needed data, and report data gaps and priorities

Paired with the How are Vermont's Young Children and Families? report, the Center provides data and resources on a full range of early childhood topics across sectors focused on children, families, communities, programs, services or policy questions. By helping to raise the visibility of key issues affecting Vermont's children and families, Vermont's Early Childhood Resource, Data, and Policy Center makes it easier for leaders, policymakers, families, and communities to use data to make informed policy and program decisions.

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