THE STATE OF VERMONT'S CHILDREN

2023 *YEAR IN REVIEW*

BUILDING BRIGHT FUTURES

GOVERNOR

I'm pleased to help introduce the 2023 issue of this report, which serves as a useful tool for understanding the status of the well-being of Vermont's families and the early childhood system. Additionally, I look forward to VermontKidsData.org creating better data-driven decision-making on behalf of children and families.

Since I first came to office, I have tried to focus on the fundamentals. From the economy, to infrastructure, to greater health and safety, we can revitalize areas of the state that have been left behind for far too long and build communities our kids can thrive in with more opportunities to succeed.

It takes a holistic approach, because all the pieces must fit together. To give our kids the best possible start, we need to grow our workforce so we can deliver critical services to families. To grow our workforce, we need more housing, affordable childcare, good schools, and thriving downtowns. We also need to help families keep more of what they earn, so they can enjoy life in Vermont, instead of just getting by.

To support community revitalization, we have prioritized considerable funding – more than $3 billion in state and federal funds since 2020 – to help more towns and villages improve the infrastructure they need to grow, and to upskill our workforce. Our children will directly benefit from these investments. For example, we've invested to improve local libraries with enhanced accessibility, equipment, and supplies; fix aging housing stock and bring more new units online; expand broadband so kids can connect with the world; bring down the cost to become an early childhood educator; and more.

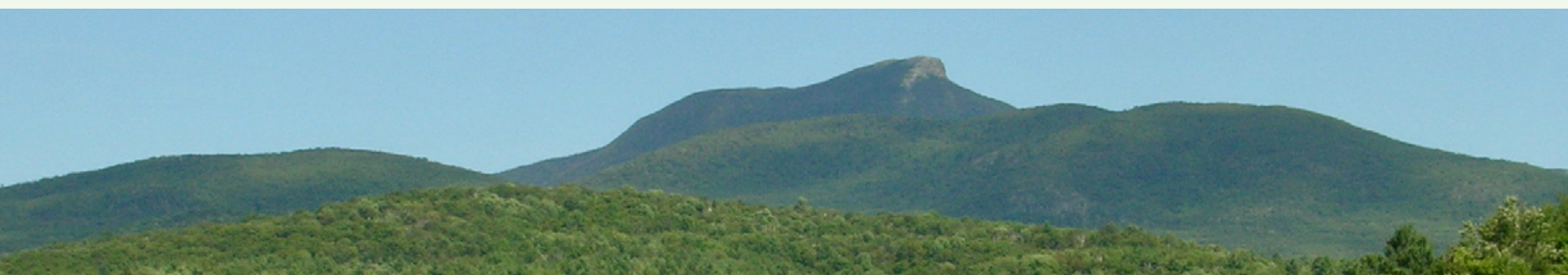
But, most importantly, strong communities begin with the people in them. We know that the most common factor for resilient children is having at least one stable and caring relationship with a supportive parent, caregiver, or other adult. Those interactions and close relationships build positive social emotional development and provide opportunities for adults to model civility, flexibility, and kindness.

As Vermonters, we pride ourselves on being resilient, caring about our neighbors, and developing strong relationships to solve problems and create change. After another challenging year, this time due to historic flooding, these were again made visible. We are Vermont Strong - and Tough Too. Our communities were significantly impacted by these events and in the wake of the damage, trauma, and loss we are committed to supporting recovery and revitalization. Embedding these skills and values in our youngest Vermonters has never been more important.

Once again, I want to thank the early childhood workforce and all of those who work with and support Vermont children and their families. Without them, Vermont families and children would not have access to the care and services they deserve, and I'm deeply grateful for their work.

Sincerely,

Philip B. Scott
Governor



EXECUTIVE DIRECTOR AND STATE ADVISORY COUNCIL CO-CHAIRS

The Building Bright Futures (BBF) Early Childhood State Advisory Council (SAC) Network is honored to present the 11th iteration of The State of Vermont's Children. We are proud of the important role that this yearly report plays in supporting data-informed decision-making for Vermont's early childhood system. This is one of the ways that the BBF Network serves as the state's nonpartisan, independent source of data, research, publications, and important information for policymakers and early childhood partners on issues and priorities for children from the prenatal period through age 8 in Vermont.

We are grateful for the expertise and guidance from our partners across the early childhood system throughout the development of this report, from informing the choice of indicators, to providing data, answering the seemingly endless questions, and crafting an accurate and accessible narrative. The production of this report exemplifies the power of aligned vision, collaboration, and true partnership.

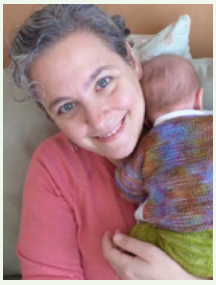
We want to draw your attention to the 2023 Data Spotlight (page 20), which is focused on the perinatal period, from pregnancy through one year after birth, because it is a key time for a child's long-term development and the well-being of the birthing parent, child, and family system. The spotlight contains data on Perinatal Mood and Anxiety Disorders and Substance Use Disorder as well as opportunities for intervention.

In addition, the 2024 Policy Recommendations (page 4), developed in partnership with Vermont's Early Childhood Action Plan (VECAP) Committees and Regional Councils, are significant in scope and depth and have the potential to create strategic change for children and families in the coming year. Alongside the data centralized in this report, these recommendations call attention to urgent issues and priorities, support advocacy efforts, communicate cross-sector needs and priorities, and create accountability for policy change on behalf of the BBF Network.

Finally, as a brief reminder, the data in this report provides only a snapshot of the state's early childhood system. There are additional data, context, narrative, and limitations that cannot be included in this January year in review, as many indicators across sectors are released throughout the year. VermontKidsData.org serves as a hub of high-quality, up-to-date information on the status of children and families across sectors. By consistently updating and centralizing data from the complex early childhood system, VermontKidsData.org makes it easier for leaders, policymakers, families, and communities to use data to make informed policy and program decisions. The updated Early Childhood Data Portal at VermontKidsData.org is where you can find all indicators, searchable by topics and policy area, with straightforward visualizations, context, and the ability to download more extensive datasets. The website includes all indicators presented in The State of Vermont's Children and much more!

We hope that together, this report and VermontKidsData.org will support partners across the early childhood system in continuing to make data-informed decisions while placing equity at the center. Using data and stories to shed light on opportunities to strengthen and embed equity in Vermont's early childhood system is paramount to improving the lives of children and their families in our communities.

Morgan K. Crossman, *Ph.D., M.A.*
Executive Director
Building Bright Futures



Ilisa Stalberg, MSS, MLSP
SAC Public Co-Chair
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Vermont Department of Health

Flor Diaz Smith
SAC Private Co-Chair
President of VSBA Board
Vermont School Board Association

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ABOUT BBF

MISSION

To improve the well-being of children and families in Vermont by using evidence to inform policy and bringing voices together across sectors and within regions to discuss critical challenges and problem-solve.

Building Bright Futures is Vermont's Early Childhood State Advisory Council Network

Building Bright Futures (BBF) is charged under state and federal statute as the primary advisor to Vermont's Governor, Administration, and Legislature on the well-being of children and families from the prenatal period to age 8. BBF was strategically created as a public-private partnership to serve as an independent, nonpartisan entity. BBF has five primary responsibilities:

We **CONVENE** early childhood partners, including policymakers, early childhood professionals, educators, health and mental health providers, business leaders, and families.

We **MONITOR** the early childhood system through high-quality, up-to-date data.

We **EMPOWER** families and on-the-ground early childhood educators, elevating their voices to make sure their needs are represented and their concerns are part of the conversation.

We **RESPOND** to the needs of Vermont's early childhood communities by drawing on our statewide network of over 500 early childhood partners and issuing annual Policy Recommendations based on our partners' feedback and on robust data.

We **ADVISE** Vermont's Governor, Administration, and Legislature by making data-driven recommendations to inform decision-making.

Vermont's Early Childhood Action Plan (VECAP)

BBF is charged to maintain and monitor the vision and strategic plan for Vermont's early childhood system, Vermont's Early Childhood Action Plan (VECAP). The VECAP helps hold Vermont leaders and decision-makers accountable to working towards the state's early childhood system collective vision: to be an integrated continuum of comprehensive, high-quality services that is equitable, accessible, and improves outcomes for each and every child in the prenatal period through age 8 and their family.

These are the four goals of VECAP:

Goal 1	All children have a healthy start.
Goal 2	Families and communities play a leading role in children's well-being.
Goal 3	Children have access to high-quality opportunities that meet their needs.
Goal 4	The early childhood system will be integrated, well-resourced, and data informed.

Ensuring Accountability and Data-Driven Decision-Making

BBF is committed to compiling, producing, and using the most up-to-date, high-quality data to make recommendations and inform decision-making. Centralizing and consistently reviewing data allows us to decision-makers' ability to identify where there are system gaps, where duplication exists, how resources are (or are not) successful in impacting outcomes, what to prioritize, and how to evaluate progress on existing initiatives. To help meet the need for a centralized source of data, BBF developed VermontKidsData.org, which provides access to data across sectors visualized in a straightforward way; the ability to download full datasets for additional queries; and current research and publications informing the early childhood system in Vermont and nationally.

BBF also publishes *The State of Vermont's Children* annually in January to give Vermont's policymakers a snapshot of the early childhood data they need at the start of each session. With access to over 100 indicators, readers can find the data and context they need to inform decisions, support grant proposals, and advocate for policy change.

The Vermont Early Childhood Fund

The Vermont Early Childhood Fund (VECF) supports creative solutions that will improve the well-being of children from the prenatal period to age 8, their families, and the Vermont communities where they live. BBF recognizes that a wide variety of factors impact children during the early stages of development. Currently funded through the Sunflower Fund at the Vermont Community Foundation and the federal Preschool Development Grant, VECF will provide a total of $6 million in grants between 2023 and 2025.

The BBF Network

The BBF Network is made up of 500 early childhood partners across Vermont, including policymakers, early childhood professionals, educators, health and mental health providers, business leaders, and last but certainly not least, families. Partners invested in the well-being of Vermont children and their families engage in the BBF Network to make change. Through this Network, we have the ability to understand the needs of every corner of the state and elevate the voices of families and communities as a trusted, data-informed advisor.

The BBF Network convenes in the following ways:

- Twelve Early Childhood Regional Councils, focused on the specific needs of each region of the state
- Seven VECAP Committees that carry out and monitor progress related to Vermont's Early Childhood Action Plan (VECAP)
- The Early Childhood State Advisory Council, a 23-member Governor-appointed board

Early Childhood Regional Councils

Our 12 Regional Councils bring together early childhood partners to identify gaps, share expertise and resources, elevate regional and family voices, and implement strategies in each region of Vermont. Fully integrated into their communities, Regional Councils work to improve access to supports across early care, health, and education in their communities. Regional Council members include mental health counselors, home visitors, pediatricians, social workers, food shelf directors, early childhood educators, and pre-K-12 administrators; families of children through age 8; and community members invested in the well-being of young children. Annually, each Regional Council selects two priorities to guide their work in the region.

VECAP Committees

The seven VECAP committees are guided by the goals and objectives that Vermont has identified as essential in Vermont's Early Childhood Action Plan (VECAP). Annually, VECAP Committees elevate gaps and barriers impacting children and families and bring them to the State Advisory Council to inform policy recommendations.

The Child Outcomes Accountability Team (COAT) is committed to improving the health and well-being of children and their families by addressing systemic issues and building coordination across the health, mental health, basic needs, and early childhood systems of care.

The Data and Evaluation Committee is charged with prioritizing data integration; creating and monitoring a data development agenda; serving as the accountability mechanism to monitor progress toward the four goals of the VECAP; and serving as a primary advisor for research, data, and evaluation efforts.

The Early Childhood Interagency Coordinating Team (ECICT) is composed of agency leaders committed to identifying and reducing barriers in state government to strengthen the early childhood system. They seek to implement the VECAP and build an integrated continuum of comprehensive, high-quality services that is equitable and accessible and will improve outcomes.

The Early Childhood Investment Committee seeks to document and monitor investments in Vermont's children and families.

The Early Learning and Development Committee is devoted to improving the quality and capacity of services, with a focus on alignment and best practices for children and families from childcare through early elementary education.

The Families and Communities Committee works to develop a statewide approach that enriches and expands family partnership and leadership at the provider, agency, and community levels.

The Professional Preparation and Development (PPD) Committee's mission is to develop, coordinate, and promote a comprehensive system of quality learning opportunities for current and prospective early childhood and afterschool professionals.

Vermont's Early Childhood State Advisory Council (SAC)

Vermont's Early Childhood State Advisory Council (SAC) is the state's Governor-appointed primary advisory body on the well-being of children from the prenatal period through age 8 and their families. The SAC brings together 23 appointed members, with specific public seats for Vermont State Agency and Department leads as well as private at-large seats.

Each year, in partnership with the VECAP Committees and Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives by endorsing a series of Policy Recommendations. These Policy Recommendations are developed using the VECAP, up-to-date data, and the most pressing needs and challenges being faced in the early childhood system collected throughout the year. The annual recommendations identify current gaps in policy, promote action in strategic areas for the coming year, and aim to be measurable through BBF's data collection and monitoring charge.




2024 Policy Recommendations of the Vermont Early Childhood State Advisory Council Network

Vermont's Early Childhood State Advisory Council (SAC) is the state's Governor-appointed, primary advisory body on the well-being of children from the prenatal period through age 8 and their families. Building Bright Futures (BBF) advises the Governor, Administration, and Legislature on policy and systems improvements for children and their families. Each year, in partnership with Vermont's Early Childhood Action Plan (VECAP) Committees and Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives by endorsing a series of policy recommendations. These annual policy recommendations of Vermont's Early Childhood State Advisory Council Network are developed using the VECAP, up-to-date data, and the most pressing feedback and challenges being faced in the early childhood system collected throughout the year. The annual recommendations identify the current gaps and needs in policy, promote action in strategic areas for the coming year, and aim to be measurable.

ACCESS TO BASIC NEEDS (VECAP GOAL 1)

Housing and Economic Security

- Continue to invest at high levels in the creation of housing, to expand access and create more affordable housing for Vermont families, including providing full statutory funding for the Vermont Housing and Conservation Board.
- Provide high-quality care coordination to support families in accessing housing and related services. Ensure that families navigating affordable housing and those experiencing homelessness are both supported through these processes and are assisted in navigating and accessing other related needs. Ensure documentation requirements are not a prohibitive barrier for families experiencing homelessness or those navigating affordable housing services.
- Increase the Reach Up housing allowance, currently based on applicant-reported housing costs in 2001, to match the current year's housing costs, and adjust annually. Study how TANF housing allowances are calculated in other states, and propose a method that accurately captures the cost of housing in Vermont.

Paid Family and Medical Leave Insurance

- Enact a Paid Family and Medical Leave Insurance program for Vermonters seeking to take time off to care for a family member or themselves while welcoming a new child into the family, while navigating an illness or injury, or after experiencing a loss. Ensure that the benefit through this program covers all caregivers in the case of a two-parent household, and that the benefit is generous enough that loss of income is not a barrier for those looking to utilize the program.

FAMILY PARTNERSHIP AND RESILIENCE (VECAP GOAL 2)

Renewed Policy Recommendation (2022): Guidance for Legislatively Mandated Bodies

- Develop and enact a formal guidance/protocol for naming membership when creating new legislatively mandated bodies (study sections, councils, etc.). A membership template must include individuals with relevant and current lived experience. This guidance should also include resources and best practices for holding accessible meetings that are welcoming and inclusive for community and family representatives, as well as considerations for adopting a trauma and resilience-informed lens.

Renewed Policy Recommendation (2022): Leveraging the Findings from the Family Needs Assessment

- Utilize the findings of the 2022 Vermont Early Childhood Family Needs Assessment and future Family Needs Assessment projects and data collection efforts of the Families and Communities VECAP Committee to inform program implementation, policymaking, and decision-making.

Invest in Statewide Family Leadership Training Opportunities

- Invest in statewide family leadership training opportunities to prepare and support parents and caregivers with serving on boards, commissions, etc. In order to be effective in supporting the leadership development of families with lived experiences that will inform policymaking and decision-making, these opportunities must be free of charge and must compensate parents/caregivers for their time and any associated child care and transportation costs. Outreach and admissions for training opportunities must prioritize groups underrepresented in existing Vermont family leadership circles, including parents/caregivers of color, LGBTQ+ families, and families with special health care needs and disabilities.

HIGH-QUALITY AND INCLUSIVE PHYSICAL AND MENTAL HEALTH SERVICES (VECAP GOAL 3)

Invest in Perinatal Supports

- Invest in statewide strategies that center early relational health to ensure families are supported across clinical and community settings during the critical perinatal period, including after experiencing the loss of a child or loss of a caregiver.
  - Fund the expansion of Developmental Understanding and Legal Collaboration for Everyone (DULCE) approach sites.
  - Invest in peer- and community-based strategies such as multiagency collaboration teams, like regional CHARM/Community Response teams, to ensure families have the supports they need through a strength-based approach and in recognition that Vermont's maternal mortality incidences have a concerning overlap with substance use disorders (SUD).
  - Ensure continuity of care and high-quality services are available for the perinatal population. Expand Children's Integrated Services (CIS) supports past the 8-week postpartum period to the full year postpartum for the birthing person, in alignment with postpartum Medicaid expansion.
  - Pursue strategies that center equitable services and birth-related outcomes for parents/caregivers of color, including expanding Medicaid coverage to doula services.

Mental Health

- Invest in the mental health workforce and other proven strategies that are necessary to support Vermont children currently in high levels of crisis care in or out of state.
  - Expand rate increases for mental health services provided to Designated Agencies (DAs) and Specialized Services Agencies (SSAs) to include all mental health service providers that receive Medicaid funding.
  - Ensure that rate increases for mental health services keep pace with the true rate of inflation for those services.
  - Prioritize recruiting mental health professionals that represent Vermont's population including people of color and disabled professionals.
- Elevate the promise of mental health integration strategies as described in the Mental Health Integration Council's Interim Report. Develop financial incentives and implementation support for initiatives aiming to integrate mental health into primary care settings serving children and families to promote wellness and upstream prevention.

HIGH-QUALITY AND INCLUSIVE EARLY CARE/ EDUCATION/AFTERSCHOOL PROGRAMS (VECAP GOAL 3)

Renewed Policy Recommendation (2022): Universal Pre-K Access and Equity

- Within the Universal Pre-K Implementation Committee mandated under Act 76, center equity of access by examining and making recommendations on how best to implement a full school-day, school-year prekindergarten education program and ensuring that the vision of universal, high-quality, equitable, mixed-delivery, inclusive education for all 3-, 4-, and 5-year-olds not yet enrolled in kindergarten is maintained. The committee should specifically address the following related to equity in access:
  - Determining how best to expand prekindergarten access from 10 hours per week to 35 hours per week while ensuring sufficient access to year-round services for children 0-8, including early childhood education, afterschool, and summer care
  - Determining appropriate weighting for full school-day pre-K students in regards to education funding
  - Examining parity between the quality, workforce qualifications, governing rules, and compensation in school-based and private program-based pre-K programs, including comparisons to national best practices
  - Ensuring that 3-year-olds are able to access Early Childhood Special Education services. Ensuring that funds for ECSE follow the child, even outside of their home district, to improve access and reduce barriers/burdens on families
  - Examining how best to provide a continuity of pre-K and related services for children in rural regions and border regions, some of whom go on to attend kindergarten in bordering states

Screening, Assessment, and Services for Children with Autism Spectrum Disorder or Other Developmental Delays

- Improve access to family-engaged developmental and behavioral/autism screening to improve early identification and support timely follow-up and referral to needed services.
  - Build capacity to improve access to autism assessments by training health care providers, early interventionists, and others to conduct developmental and autism screenings and by increasing collaboration between Children's Integrated Services (CIS) and pediatric medical homes.
  - Support families by addressing barriers to accessing assessments including assessment paperwork, transportation, cost if not covered by insurance, and having documents in other languages and/or having interpreters available.

SEAMLESS, EQUITABLE, DATA-DRIVEN SYSTEM OF CARE (VECAP GOAL 4)

Renewed Policy Recommendation (2023): Inequities in Data Collection

- Respond to inequities in data collection and reporting in order to better represent and understand the intersectional experiences of people of color, children with disabilities, and other marginalized communities in Vermont.
  - Develop a statewide strategy to gather demographic information that allows people to self-identify in an authentic and appropriate manner while meeting federal demographic reporting requirements.
  - Value qualitative data. When the small population size of a group necessitates the suppression of their quantitative data, utilize qualitative data collection to ensure that everyone is counted.
  - Secure sustained funding to support high-quality data through compensation for direct service providers who collect and report data.
  - Partner with impacted communities throughout the data cycle to ensure that traditionally marginalized communities, in particular, have ownership of their experiences and are empowered to advocate for and make decisions for themselves.
  - To enable Vermont to execute the above recommendations, secure sustained funding for additional personnel to increase capacity with a specific focus on equitable data.

Make Critical Investments in Data & Technological Infrastructure

- Renewed Policy Recommendations (2020, 2021): Commit to early childhood data integration and governance through sustained funding, dedicated staffing, data infrastructure, and data-driven accountability.
  - Increase availability, coordination, and publication of cross-sector early childhood data.
  - Secure data-sharing agreements and prioritize data-sharing activities and procedures.
  - Fully fund and expedite the development and execution of the Child Development Division's Information System (CDDIS), including a module for Children's Integrated Services (CIS) that supports data collection, monitoring, and case management.
  - New policy recommendation: Secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS).
  - Secure sustained funding for personnel to ensure high-quality data.
- New Policy Recommendation: Invest in state agencies' ability to execute contracts, grants, and agreements; make payments in a timely manner; and improve efficiencies.
  - Improve state agencies' technological infrastructure, increase staff capacity, and build systems that prioritize transparency and communication among business offices, Departments/Divisions, and organizations/payees.
  - Prioritize providing accessible grant and contract opportunities that seek to reduce barriers for individuals and organizations who face challenges when applying for or receiving grant funding, including having sufficient funds on hand, having a bank account, and having the time, skill, and capacity to write a grant application.

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.

DEMOGRAPHICS

In 2022, there were an estimated 59,173 children under the age of 10, including 5,379 babies born to Vermont residents. Where Vermont's children live aligns with Vermont's population centers: The Chittenden region holds 25.3% of children under age 10, while the St. Albans, Barre, and Rutland areas hold 10.9%, 10.3%, and 9.1% respectively.[1]

Table 1: Vermont Population by Race and Age Group (2022)[2]

Race	Children Under 10	Total Population
American Indian and Alaska Native	0.4%	0.4%
Asian	2.4%	2.1%
Black or African American	2.2%	1.5%
Native Hawaiian and Other Pacific Islander	***	***
White	90.6%	93.8%
Two or more races	4.5%	2.1%

Table 2: Vermont Population by Ethnicity and Age Group (2022)[2]

Ethnicity	Children Under 10	Total Population
Hispanic or Latina/o/x	3.2%	2.2%

Although the vast majority of Vermont's population identifies as white and non-Hispanic/Latina/o/x, the state is growing more racially diverse, especially among young children. Table 1 shows that the percentage of the population under age 10 who identify as two or more races or multiracial (4.5%) is more than twice the percentage of the Vermont population as a whole (2.2%). Similarly, as seen in Table 2, 3.4% of children under age 10 identify as Hispanic or Latino/a/x compared with 2.3% of the population as a whole. In total, 12% of Vermont children under 10 identify as non-white and/or identify with an ethnicity of Hispanic or Latina/o/x.[2]

28.5% **of children under 12 lived in households with incomes below 185% of the federal poverty level in 2022,** the benchmark for many benefit programs.[3]

▶ See page 10 for more information about basic needs.

474 children under age 9
living in out-of-home protective custody as of 9/30/23.[4]

▶ For more information about challenging childhood experiences, see page 14

In 2022, there were 8,021 children under 18 living with grandparents or other relatives.

(7.1% of children under 18).[5]

BASIC NEEDS

VECAP GOAL 1 : *ALL CHILDREN HAVE A HEALTHY START*

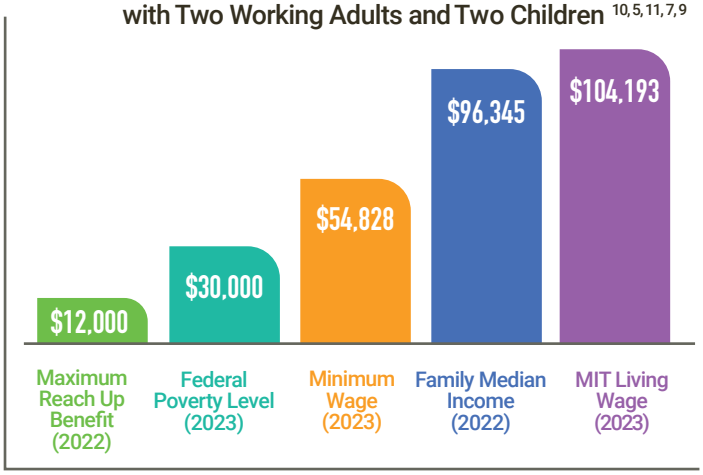
The stress of being unable to meet basic physiological needs such as food and shelter, often due to poverty, impacts the ability of parents and caregivers to create environments full of the warm and responsive interactions that support early childhood development.[1] Food insecurity among children harms cognitive development and contributes to social and behavioral problems in school.[2] Housing instability can permanently affect brain development in children[3] and can impact physical health.[4] Meeting these basic needs for all families is critical to ensuring that children have the opportunity to thrive.

Cost of Living

The cost of living is an important factor impacting access to basic needs. There are several ways to look at this cost, from the federal poverty level to estimates of the living wage.

The federal poverty level (FPL) is a national guideline used to determine eligibility for programs and services. **A common guideline for eligibility for federal programs is 185% of the FPL. In 2023, 185% of the FPL for a family of four was $55,500.[5]**

Figure 1: Vermont Wage Benchmarks for a Family of Four with Two Working Adults and Two Children [10,5,11,7,9]



There has been a 14.7% decrease in the percent of Vermont's families with children under 12 living below 185% of the FPL, from 33.2% in 2017 to 28.5% in 2022.[6] Despite this decrease, many Vermonters earning well above the FPL struggle to cover the cost of basic needs such as housing, transportation, and healthcare. The reality is that the federal poverty level is not an adequate measure of family economic well-being. Inflation continues to be an important factor to consider as part of the cost of living. Median family income rose by almost $5,800 between 2021 and 2022, to $96,345.[7] But after adjusting for inflation, median family income actually fell by 1.5%, which meant that families had less buying power in 2022 than they had the previous year.[8]

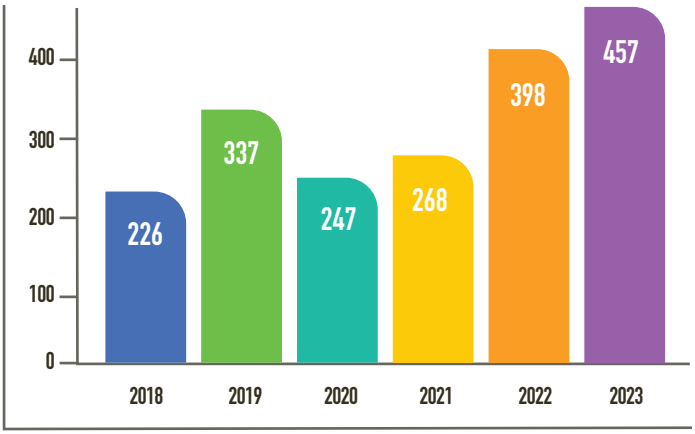
A more detailed picture of the true cost of living for Vermont families comes from The Massachusetts Institute of Technology's (MIT's) living wage calculator, which is updated annually in January.[9] MIT defines a living wage as the "hourly rate that an individual in a household must earn to support his or herself and their family." The calculator shows that **in Vermont, the necessary annual income to meet the basic needs of a household with two adults and two children (before taxes) is $104,193.[9]** As seen in Figure 1, for a family of four the maximum Reach Up (Vermont's Temporary Assistance for Needy Families, or TANF, program) benefit is $12,000;[10] the 2023 FPL is $30,000;[5] two adults working at Vermont's minimum wage of $13.18[11] make $54,828; and the median income in 2022 was $96,345[7]—all of which are less than the living wage needed for a family to comfortably meet their needs in Vermont. It is important to note that this living wage does not include funds for savings, emergency expenses, or expenses like meals in restaurants. It also does not include potential benefits that families may access depending on their income.[9]

Housing and Homelessness

Having stable housing is a critical element for children to thrive. Efforts to increase access to stable housing include new state investments in affordable housing and Section 8 Vouchers, as well as updates to zoning laws through Act 47. Despite such efforts, access to stable and affordable housing continues to be a challenge for families in Vermont.

To meet expected demand and address extremely low vacancy rates, **Vermont Housing Finance Agency reports that Vermont will need 30,000 to 40,000 more year-round homes by 2030.** This means adding 5,000 to 6,700 more homes to Vermont's primary home market each year, well above the 2,100 homes that the state has been generating.[12] In 2022, the passage of Act 45 created statewide zoning regulations for municipal planning and enacted zoning changes to simplify the development of more housing in municipal districts. For example, municipalities must allow duplexes where single-family units are allowed, and municipalities must permit multi-unit dwellings in areas of the town served by sewer and water.[13]

Figure 2: Students Under 9 Eligible for McKinney-Vento Homelessness Assistance[19]



For families with access to stable housing, the costs can be significant, with typical housing expenses above $15,000 per year for two working adults with two children.[9] Of all households in Vermont, **47% of Vermont households who rent and 29.8% of households who own report paying more than 30% of their income toward rent or a mortgage,** more than what is commonly agreed to be affordable.[14] In addition, **Vermont's rental vacancy of 3.5% in 2022 was the third-lowest in the country,**[15] and finding any rental—let alone an affordable, desirable rental—can be extremely challenging for families.

Homeownership provides a path to building financial assets for families and gives children a secure, stable housing situation, but given the low homeowner vacancy rate of 1%[15] in 2022, paired with soaring interest rates, many Vermont families are finding homeownership increasingly out of reach. **In 2019, the inflation-adjusted median primary home sale price was $261,215[6,8], while in 2022, the median home sale price was $309,000, an 18.3% increase.[16] Over the same time period, from 2019 to 2022, median family household income only increased by 0.5%.** Home loan interest rates increased dramatically over that same period of time. The 30-year fixed rate mortgage average was 3.6% in January 2020 and 6.1% in January 2023, further increasing the price of housing.[17] Of note, both rental and ownership markets were impacted by the historic flooding seen in July of 2023, which is not reflected in the data above.

Children and Families Experiencing Homelessness and Housing Insecurity

The trauma of homelessness, even short-term, can have a major effect on a child's future development. Vermont is actively experiencing a housing crisis, which is significantly impacting young children and families. Statewide efforts to provide temporary shelter to families, while important, are failing to provide permanent housing in an affordable and sustainable way.

Children and families meeting the McKinney-Vento definition of homelessness[1] are entitled to a number of services, resources, and supports from their Local Education Agency.[18] As can be seen in Figure 2, **there has been an increase of Vermont children under 9 enrolled in school who meet the McKinney-Vento definition of homelessness, from 337 in the 2018–2019 school year to 457 in the 2022–2023 school year.[19]**

Similarly, the Vermont Housing Coalition to End Homelessness' 2023 point-in-time count of those experiencing homelessness **shows the number of people in households with children under 18 increased by 85% from pre-pandemic levels, from 629 in 2019 to 1,166 in 2023.[20]**

Vermont supports homeless children and families through various programs and resources, one of which is the Family Supportive Housing program (FSH) through the Vermont Department for Children and Families (DCF). FSH "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 2023, FSH served 344 families with 650 children, compared to 368 families with 693 children in 2022.[21]**

Vermont uses a Local Coordinated Entry Partnership model to ensure "people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred and connected to housing assistance based on their strengths and needs"[22] as required by The U.S. Department of Housing and Urban Development. Coordinated Entry in Vermont is used for people of all ages entering



and receiving services.[23] **Between January and October 2023, there were 1,402 children under the age of 12 in the Coordinated Entry system, 19% of all clients in Vermont.[24]**

Emergency housing policies have been in flux since the onset of the COVID-19 pandemic as public health guidance has changed, funding sources have shifted, and the needs of Vermonters have evolved. The Vermont Emergency Rental Assistance Program, Vermont's pandemic housing assistance, was reduced in early 2023 and ended on June 30, 2023. Vermont's General Assistance Emergency Housing (GA) program continues to serve eligible households, and **as of October 2, 2023, there were 201 families with children and 12 pregnant people eligible for the traditional GA program.[25]** In addition, low-income Vermonters may be eligible for Section 8 Assistance vouchers from the U.S. Department of Housing and Urban Development (HUD) and administered by Public Housing Authorities (PHAs). **The Burlington Housing Authority, one of Vermont's PHAs, estimates wait times for this program to be five years due to the shortage of available units and the eligible population.[26]** In July 2023 there were 7,448 HUD housing choice vouchers in use in Vermont.[27]

Reach Up

Reach Up, Vermont's Temporary Assistance for Needy Families (TANF) program, is tasked with providing foundational support to help families meet basic needs, such as housing and transportation, along with coaching and support to overcome obstacles and reach their goals. Reach Up has shifted their case management model to a coaching framework and is now working more holistically with the whole family. By 2024, the program will fully implement a "Universal Engagement" model, which uses coaching and family-directed planning. Universal Engagement is designed to enable families to pursue both short- and longer-term goals such as educational attainment, stable housing, and employment in the way that allows them to be most successful given their individual circumstances. **In fiscal year 2022, an average of 3,428 families with 6,139 children received Reach Up services each month, and 38% (2,343) of those children were under age 6.[28]** While caseloads have risen since fiscal year 2021, the average number of families has not risen above 4,000 since FY2017.[29] Unlike some other benefit programs that are automatically adjusted on an annual basis, the Reach Up benefit level must stay within the yearly budget appropriation approved by the legislature. Unless that appropriation is increased, the Department cannot increase the Reach Up benefit level. Since 2021, the maximum benefit for a family of four has been $1,000 per month, an increase from $867 in FY2019 and FY2020, before which the maximum benefit was $795.[30]

Child Hunger and Nutrition Security

Children who live with food insecurity may struggle to pay attention and be successful in learning environments and may face immediate and long-term risks to their physical and mental health. Food insecurity is defined as the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.[31]

In 2022, 14.6% of children in the Northeast Census Region lived in households with food insecurity,[32] up 46% from 10% in 2021, when pandemic era benefits and tax credits were in place.[33] Across the country, **8.7% of children living in households with incomes above 185% of FPL are food-insecure**, yet they are likely ineligible for federal nutrition programs like 3SquaresVT.[32] Typical annual food expenses for a family of two adults and two children in 2023 were estimated to be $13,429; this represents 25% of the household income of two adults working for minimum wage.[9]

Several programs are supported by both federal and Vermont funding streams to address child hunger and nutrition security: universal school meals, the Child and Adult Care Food Program (CACFP), 3SquaresVT, and Women, Infants, and Children (WIC).

Universal School Meals: Breakfast and lunch provided to students during the school day can mitigate food insecurity. Meals have been provided free to all students since March 2020 and will continue with the passage of Act 64, the "Universal School Meals bill," in 2023.

While all meals are now free for Vermont students, federal funding contributions continue to be determined by income eligibility for free (130% of FPL) and reduced price (185% of FPL) lunch. In the 2022–2023 school year, 34.85% of children were eligible for free and reduced lunch (FRL)[34], down from 37.4%[35], at least partially due to fewer families submitting applications.

Beginning in October 2023, the threshold for schools to participate in the Community Eligibility Provision (CEP) decreased, allowing more schools to participate in the program.[36] In addition, beginning in the 2023-2024 school year, Vermont joined a Federal Demonstration Project to directly certify students for free or reduced price meals through their enrollment in Medicaid (DC-M).[37] This more accurate way of identifying students is expected to substantially increase the number of FRL eligible students. **Starting this year, more eligible students will have their meals covered by federal funds, with reduced administrative burden for families and schools because of Medicaid Direct Certification and a lower threshold for the Community Eligibility Provision.**

Child and Adult Care Food Program: Early care and education programs are eligible to participate in the Child and Adult Care Food Program (CACFP), which reimburses them for healthy food and snacks provided to enrolled children. **As of October 2023, 42% (313) of center-based and family child care homes participated in CACFP.[38,39]** (This number does not include afterschool or school-based programs.) A 2022 study highlighted four barriers to participation: cost, paperwork, staffing shortages, and the time it takes to procure, prepare, and serve food and administer the program.[40] Many programs provide food without participating in CACFP.

3SquaresVT: In July 2023, 3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP), served 20,860 children under age 18.[41] During the COVID-19 pandemic, Vermont issued emergency allotments to eligible households, effectively ensuring that every household receiving 3SquaresVT was receiving the maximum benefit allowed. The federal 2023 Consolidated Appropriations Act ended the emergency allotments in March 2023. **Average monthly benefits decreased 22% from $277 in December 2022–February 2023 to $217 in March 2023–May 2023.[42]**

WIC: Participation in the Women, Infants, and Children (WIC) program has declined slightly since September 2022. Like many programs, COVID-era program accommodations allowing for virtual visits have recently ended with a return to a required annual in-person appointment, which is new to many families who joined WIC during the COVID-19 public health emergency. WIC is monitoring the impact this operational change has on overall participation.

20,860 Vermont children under 18 were served by 3SquaresVT, Vermont's Supplemental Nutrition Assistance Program (SNAP) in July 2023.[41]

WIC served an average of approximately 11,000 participants during FY23.[43] Of those accessing WIC, fruit and vegetable benefits redemption is one of the highest redeemed WIC food categories, at around 70% redemption.[44] As of October 2023, monthly fruit and vegetable benefits allocated monthly were $25 per child, $44 for pregnant and postpartum individuals, and $49 for breastfeeding participants, well above the pre-pandemic monthly benefit amounts of $9 per child and $11 per adult.[45]

Transportation

The typical transportation expense for a two-adult, two-child household in Vermont is $11,821, 22% of the household income of two adults working for minimum wage.[9] Many of these dollars will be spent on fuel. Vermonters statistically travel more miles per capita than residents of many other states, coming in at 11,772 vehicle miles traveled in 2019, which was 13th-highest of all states in that year.[46] **In 2019, 63% of Vermont children under 6 living in households with incomes below the FPL live in rural areas where having a vehicle is critical to access basic goods and services, as well as to get to work and school.[47]** Many Vermont children rely on district-provided busing for transportation to and from school. Between September 1 and October 31, 2023, there were an average of 44 bus driver vacancies posted daily for the 128 Vermont school districts.[48]

Connectivity

Another long-standing challenge for Vermonters is digital connectivity. While a lack of high-speed internet was previously a hardship, connectivity is now an absolute necessity. According to the Vermont Department of Public Service, based on data from Vermont internet service providers, **81.4% of building locations in Vermont are served with speeds of at least 25/3 (25 Mbps download and 3 Mbps upload), while only 34.5% have access to 100/100, up from 29.2% in 2021.[49]** For context, 25/3 is only fast enough for one virtual meeting with video if there are no other devices running. Broadband access across the state varies and is largely aligned with population density, with higher-density areas having higher levels of access. **Vermont has received $229 million in federal dollars through the Broadband Equity, Access, and Deployment (BEAD) Program which will prioritize unserved, underserved, and community anchor institutions.[50]**

Recommendations from Vermont's Early Childhood State Advisory Council Network specific to access to basic needs can be found beginning on page 4.

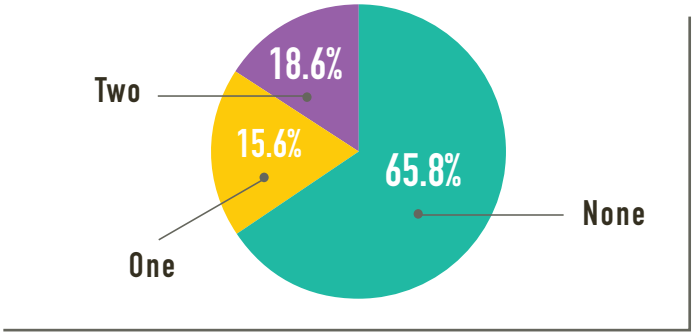
CHALLENGING CHILDHOOD EXPERIENCES

VECAP GOAL 1 : *All Children Have a Healthy Start*

Toxic Stress and Trauma

Living in strong families within supportive communities provides the foundation for long-term child health and well-being and the ability to overcome adversity. Children who experience adverse childhood events like those listed in this chapter may have a traumatic reaction with impacts on their functioning across settings and over time. The systems that support children who experience trauma in response to these experiences are critical. Our support of such systems must be balanced with support for prevention programs to build flourishing communities in which children can thrive.

Figure 3: Adverse Childhood Experiences for Children Under 18[5]



Trauma-Informed and Trauma-Responsive Policy

Core principles of trauma-informed and trauma-responsive care include: safety, trustworthiness and transparency, collaboration and peer support, empowerment, choice, and the intersectionality of identity characteristics.[1] In 2018, Vermont enacted these principles in state statute and created the position of Director of Trauma Prevention and Resilience Development to implement a public health approach across the full Agency of Human Services to become a trauma-informed system of care.[2] By investing in systems and community-based solutions, communities mitigate the impact of trauma, reduce the potential for re-traumatization, and improve overall community health, thus also building resilience, connections, and capacity for facing future potential experiences of trauma and adversity. Preventive approaches are less expensive and more effective than addressing harm that has already occurred.[3]

The Impact of Positive Experiences

Despite adversity, positive childhood experiences appear to have long-lasting effects. **The single most common factor for children who develop resilience is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult.[4]**

Adverse Childhood Experiences (ACE)

The Adverse Childhood Experiences (ACE) score has become one of the most common indicators used to measure exposure to toxic stress and childhood adversity. Research has shown that ACEs can negatively impact health and well-being across the lifespan[5] if not buffered by nurturing and supportive relationships. In Vermont, **22.8% of children under age 18 have had two or more adverse childhood experiences[6]** (see Figure 3). The four most common ACEs for Vermont children under 18 are: experiencing the divorce of a parent or guardian (26.2%)[7], living with someone with substance use disorder (14.2%), living with someone who has a serious mental health challenge (13%), and living in a home where it is hard to cover basic needs (12.6%). Of note, this measure fails to account for factors that mitigate or exacerbate toxic stress, which are important factors in how trauma or adversity is experienced. Vermont encourages the use of standardized tools for screening and assessment. Knowledge of ACEs as part of being trauma-responsive is encouraged within the broader context of a strength-based, person-centered, and culturally responsive approach.

Domestic Violence

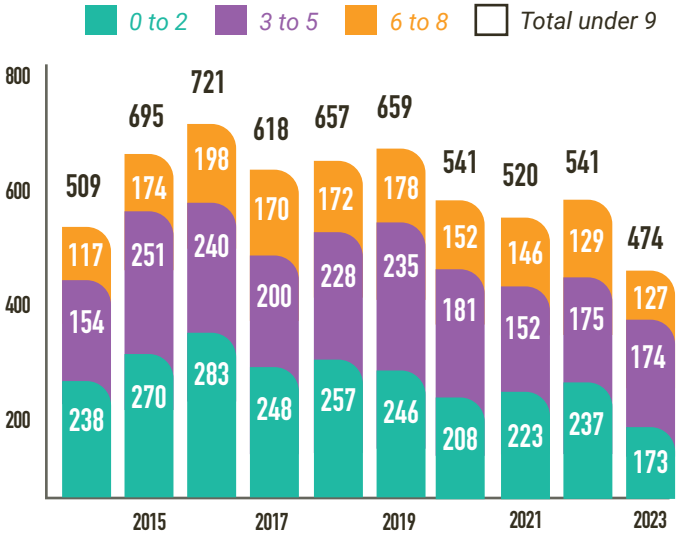
Children in Vermont are not always physically or emotionally safe in their home environments. Nationally, 1 in 15 children are exposed to intimate partner violence each year,[8] and 1 in 5 children will be exposed in their lifetime.[9] In 2023, 1,537 Vermont children and youth connected with one of the 15 member organizations of the Vermont Network Against Domestic and Sexual Violence for help related to abuse toward a family member or toward themselves. These organizations also supported 168 children impacted by child sexual abuse.[10]

Additionally, these member organizations supported housing for those children likely impacted by domestic violence. Shelters housed 239 children (136 of whom were under age 7), motels and safe homes sheltered 224 children (123 under age 7), and transitional housing sheltered 26 children in 2023.[11]

Child Welfare

When a child's safety and or well-being is threatened, the Department for Children and Families-Family Services Division (DCF-FSD) often becomes involved. **Calls to the child protection hotline in 2023 resulted in 2,027 assessments and 2,380 investigations.**[10] The result of these interventions may include ongoing DCF-Family Services involvement in one of the following types of cases: DCF out-of-home protective custody where a child is placed with a relative or foster family, conditional custody where the child is in the custody of a parent, relative, or fictive kin with DCF-Family Services supervision and services to ensure the child's safety, or family support where DCF-Family Services provides support to families without court involvement. **In 2023, there were 985 children in out-of-home protective custody, 467 children in conditional custody, and 150 family support cases.**[10]

Figure 4: Children Under 9 in DCF Protective Custody by Age[10]

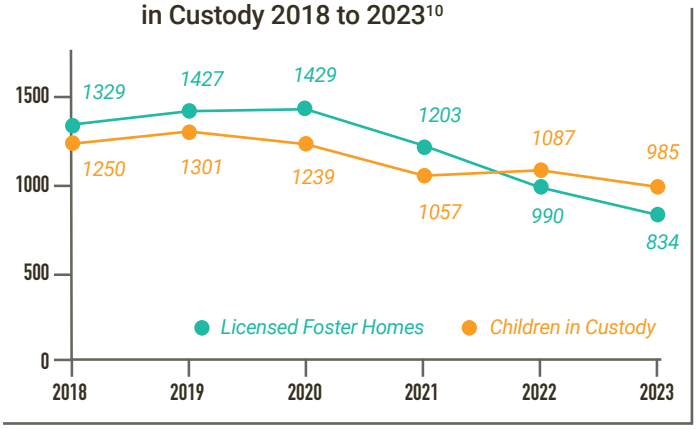


The number of children under age 9 in protective custody on September 30, 2023, was 474 out of 985 children under 18.[13] As can be seen in Figure 4, there appears to be a downward trend in the number of children under 9 in DCF custody after an elevated number of children between 2015 and 2019.

Placement for Children in Custody

There are different placement options for children in DCF custody depending on their individual strengths and needs along with the available placement options. In 2023, **8% of children under 9 were living in an adoptive home in which the adoption was not yet finalized, 43% were placed in a licensed foster home, 42% were placed with a relative, 6% were placed with a parent for trial reunification, and 2% were placed in a group or institutional setting.** As seen in Figure 5, the number of licensed foster homes (including kinship care) has declined since 2020 and fallen below the number of children in custody for the past two years, with **834 foster homes for 985 children in custody in 2023.**

Figure 5: Vermont Licensed Foster Homes and Children in Custody 2018 to 2023[10]



To address these gaps, there continues to be Diligent Recruitment efforts in DCF-FSD to recruit, train, and retain foster parents. This includes but is not limited to, adjusting training and training requirements, adjusting regulations for kinship providers, and targeted recruitment of foster parents.

Families Come First: The Department for Children and Families-Family Services Division is committed to preventive approaches. The five-year Title IV-E Prevention Plan under the federal Families First Prevention Services Act includes the implementation of two evidence-based prevention services: Parent Child Interaction Therapy (PCIT) and Motivational Interviewing.[14]

Updating the Child Welfare Information System

Vermont's child welfare information system, used by DCF-FSD, was built in 1983 and is one of the oldest in the country. The national standard for child welfare information systems, implemented in 45 states and territories, is the Comprehensive Child Welfare Information System (CCWIS). Family Services Workers who are already managing large caseloads with complex situations and dynamics have a heavy administrative burden because of the lack of a CCWIS. This takes time away from the actual case management needs of particularly vulnerable children and families. A modern CCWIS would enable Vermont's DCF-FSD to move away from paper files, reduce administrative burden for frontline workers, and expand data reporting to enable Vermont to track programmatic interventions and fully draw down federal funding for the child welfare system. The current system is preventing Vermont from accessing all federally available dollars and is resulting in increased federal financial penalties annually.[15]

In October 2023, Vermont's Early Childhood State Advisory Council Network endorsed a policy recommendation to "secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS)." See page 4 for the full slate of 2024 Policy Recommendations.

HEALTH & WELL-BEING

VECAP GOAL 1 :
All Children Have a Healthy Start

Social Determinants of Health

"The social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems."[1] 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. While the indicators below are only focused on physical and mental health access and utilization, additional SDOH can be found throughout this report, including in the Demographics section on page 9 and the Basic Needs section on page 10.

Perinatal Health

The perinatal period, from pregnancy through one year after birth, is a key time for a child's long-term development and the well-being of the birthing parent, child, and family system. More information on the perinatal period specific to mental health and substance use can be found on page 20.

Health Insurance

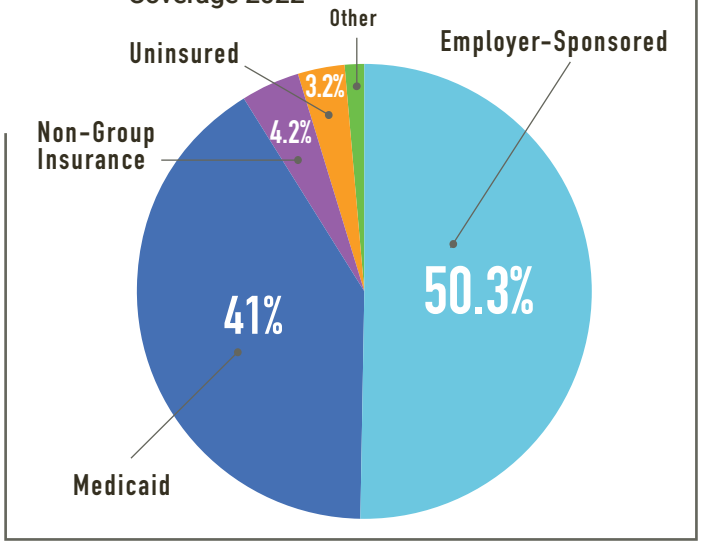
Insurance Coverage: In 2022, 97% percent of Vermont children under age 18 had some type of health insurance.[2] Of families with children under 6, 78% reported that insurance for their children was adequate in 2021.[3] This is down 4.9% from 2019, primarily due to a decrease in the ability of children to see the health care providers they need.[3] **In Vermont, 50.3% of children under 18 are covered by employer-sponsored insurance, 41% are covered by Medicaid (primary or secondary coverage), 4.2% are covered by non-group insurance, and 3.2% are uninsured.[2]**

There have been multiple initiatives to increase health insurance enrollment among children. Beginning in January 2024, Vermont will implement 12 months of continuous Medicaid eligibility for children so that they are not at risk of losing coverage outside of their annual redetermination.[4] The Immigrant Health Insurance Program began in July 2022 and provides coverage for pregnant individuals and children under age 19 who have an immigration status for which Vermont Medicaid is not available (except for Emergency Medicaid).[5] Of note, this coverage does not extend to home- and community-based services such as home visiting and Children's Integrated Services.

Vermont Medicaid provides comprehensive health insurance for the children of Vermont through the Dr. Dynasaur program. Vermont has some of the most generous Medicaid income limits for children under 18, with eligibility for children set at 312% of the Federal Poverty Level.[6]

Medicaid coverage for qualified birthing Vermonters during pregnancy provides health care access for prevention and intervention. The coverage period was permanently extended from 60 days postpartum to 12 months in 2023. **In 2022, 38% of births in Vermont were funded by Medicaid.[7]**

Figure 6: Vermont Children Under 18 Insurance Coverage 2022[2]



Medicaid Redetermination and "Unwinding": Each year, Vermonters receiving Medicaid, including children, go through a redetermination process to ensure they are still eligible. This process was suspended from March 2020 to March 2023 due to funding changes brought about by the COVID-19 pandemic.

During this pause, **enrollment of children receiving Medicaid in Vermont rose by 8.6%, from 62,363 in March 2020 to 67,705 in March 2023.[8]**

The federal government required states to restart this redetermination process in 2023, and "Medicaid Unwinding" began in Vermont in April and is expected to last more than one year.

Vermont has taken steps to support enrollees through this process, including increased outreach, suspension of premiums, and enhanced automatic renewals. However, there has been and will be an inevitable reduction in enrollment through this process. **In September 2023, there were approximately 63,400 children enrolled in Dr. Dynasaur[9] compared to 67,396 in September 2022, a 5.9% decrease.[8]** Medicaid for adults is available for eligible individuals after they age out of Dr. Dynasaur. In Vermont, and across the country, the impact of Medicaid redeterminations for children will become clearer as the process is completed and additional data become available.

Preventive Care

Well-Care Visits: Vermont emphasizes well-care visits, routine healthcare visits held when the child is healthy, which allow the provider and parent to focus on prevention, track growth and development, address any concerns, and build a strong and trusting relationship. **In 2021, 89.6% of children under 6 and 85.2% of children 6 to 11 had one or more preventive care visits with a health care professional.[3]** Vermont is also committed to oral health and preventive dental care. In 2021 **60% of children ages 1 to 5 and 93% of children from 6 to 11 years of age had a preventative dental care visit.[3]**

Immunizations: 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.[10] **In 2022, 76% of Vermont children received their recommended immunizations by age 2,[11] compared to 70% in the total United States.[12]** However, rates differed by county, from a **high of 82% in Rutland County to a low of 60% in Essex County.[11]** The Vermont Department of Health, in partnership with VCHIP and the American Association of Pediatrics Vermont Chapter, is closely monitoring the impact of COVID-19 pandemic on immunization rates.

Blood Lead Level Screening: Protecting children from exposure to lead is important for lifelong good health. No safe blood lead level in children has been identified. Even low levels of lead in blood have been shown to affect a child's learning, ability to pay attention, and academic achievement.[13] The state of Vermont requires primary health care providers to test for lead at ages 1 and 2,[14] and the Healthy Homes Lead Poisoning Prevention Program at the Vermont Department of Health (VDH) has updated its guidelines to include monitoring for children with any detectable level of lead, down from 3.5µg/dl. VDH has identified detectable blood lead levels as a key indicator for the Healthy Vermonters 2030 goals. **In 2022,**

72.5% of 1-year-old children in Vermont were screened for lead in 2022.

72.5% of 1-year-olds and 64.1% of 2-year-olds were screened. Of those screened, 81.2% of 1-year-olds and 82.7% of 2-year-olds had blood lead levels that were undetectable at the time of their annual screening.[15] Although screening rates are increasing, they are still lower than pre-pandemic rates as a result of a test kit recall in 2021 and an absence of in-person WIC clinics. Both barriers have been addressed and corrected.[15]

Policy recommendations on physical and mental health and well-being from Vermont's Early Childhood State Advisory Network can be found on page 6.

Data on perinatal health and well-being can be found in the Data Spotlight starting on page 20.

Data on child development, including developmental screenings, early intervention, and Autism Spectrum Disorder, can be found in the Child Development and Education section starting on page 24.

MENTAL HEALTH FOR CHILDREN AND FAMILIES

For children and families, mental health refers to social, emotional, and behavioral well-being, and includes the capacity to regulate and express emotion; form close, secure relationships; and explore and learn from the environment. Healthy social and emotional development and access to services, resources, and supports allow children to develop the resilience to ensure that stress is tolerable rather than toxic and to grow into well-rounded, healthy adults. Toxic stress without such supports can have lifelong impacts on the ability to develop peer relationships, learn, and thrive.

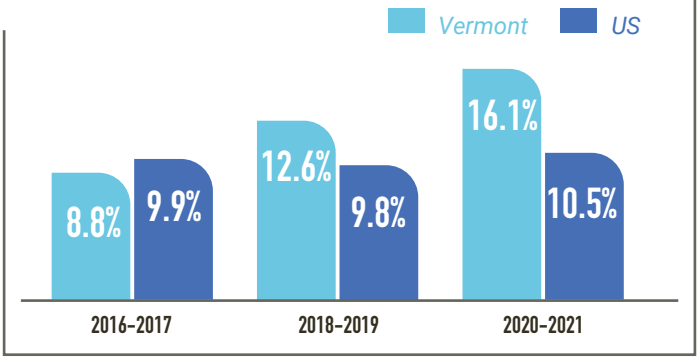
Mental Health Services for Children in Vermont

Vermont's mental health system has multiple levels of services to support children and families with behavioral, emotional, and mental health conditions, from outpatient services to residential treatment.

Children with Behavioral, Emotional, and Mental Health Conditions

There is ample evidence of the rise in numbers of children requiring services and the increased acuity of those needs. Even before the COVID-19 pandemic, rates of children with behavioral, emotional, and mental health conditions were rising. As can be seen in Figure 7, between 2017 and 2021, **the rate of children with diagnosis of ADHD, anxiety, depression and/or a behavioral or conduct condition in Vermont rose from 8.8% to 16% for children ages 3 to 8. During this same period, overall U.S. rates remained stable between 9.8% and 10.5%.**[16]

Figure 7: Children with ADHD, Anxiety, Depression, and/or Behavior or Conduct Condition, Vermont and U.S.[1]



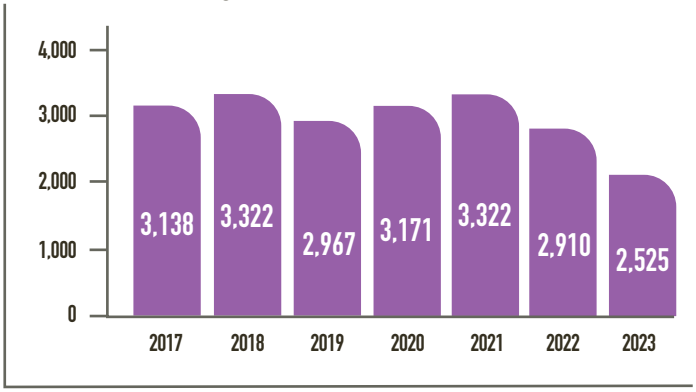
Service Utilization

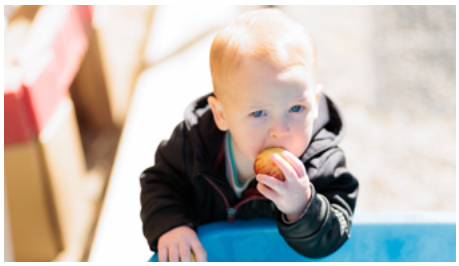
Routine mental health services provided by Vermont's 10 Designated Mental Health Agencies (DAs) are a primary intervention strategy for reducing the potential later use of higher-acuity services. As depicted in Figure 8, the number of children under age 9 served by DAs over the past seven years has ranged from a high of 3,322 in 2021 to a low of 2,525 in 2023, the lowest since 2012 despite the increased need for mental health services noted above.[17] DAs also provide crisis services for those children needing immediate care. **In 2023, there were 232 children under age 9 who received crisis services, with a five-year average of 237.**[17] Of note, these indicators do not capture the current need for either service, *only utilization of services.*

Mental Health Workforce

As is the case with the majority of human services sectors, the turnover and vacancy rates for the mental health workforce are directly impacting access to and utilization of services. The total number of positions at DAs and Specialized Service Agencies (SSAs) varies based on grant funding and special projects. Like many sectors, Vermont's DAs and SSAs have high turnover and vacancy rates. **In 2023, the average turnover rate for mental health program staff at DAs and SSAs was 23.3% and the average vacancy rate for mental health and substance use programs was 18%, with rates by agency ranging from 10.0% to 24.6%.**[17]

Figure 8: Children Under 9 Served by Designated Mental Health Agencies 2017 - 2023[2]





Residential Treatment

For some children, community-based supports may not be adequate to effectively address the clinical needs of the child and family. In these instances, the family and support team may consider out-of-home treatment such as a community-based therapeutic foster home, small group home, or residential treatment program. However, **Vermont currently has the lowest number of out-of-home treatment beds in over two decades.**[18] Staffing shortages are a primary cause for this drop in residential capacity and are a problem across the country. The issue may be compounded by the increased acuity in children's and youth's behaviors and their struggle to access step-down programs. In addition to full program closures, some programs have had to temporarily close beds or shift from seven to five days of operations per week. These closures, bed reductions, and reduced days have been compounded by fiscal concerns specific to the funding methodology that has existed for Private Non-Medical Institutions (PNMI). In recognition of these challenges, the State of Vermont has begun a multiphase approach to update the rate-setting rules and payment methodology. Draft rules have been proposed, but approval is partially dependent on the funding necessary to implement the rule changes. **In June 2023, there were 256 children ages 21 and younger in licensed residential treatment programs, an increase of 27 children from 2021. Of these children, 34 children (13.3%) were under the age of 9.**[17]

Impacts of the July flooding: Since the June reporting was completed, many of the residential programs in Vermont were impacted by the July flooding. Two programs in Vermont experienced infrastructure impacts due the flooding in July—one had to close a building for repairs, and the second had to decrease bed capacity due to damage in a basement apartment. Two other programs had to move children/youth temporarily. Still others had temporary staff shortages as employees dealt with flooding in their own homes and communities.[18]

Boarding in Emergency Departments

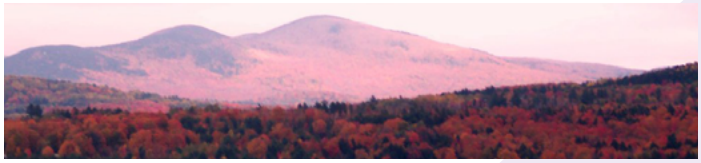
As noted above, there are not enough inpatient or residential treatment beds for Vermont children in need of this resource. In Vermont, and across the country, children are held in emergency departments while awaiting a placement to keep them safe and provide critical care. According to data from the Vermont Association of Hospitals and Health Systems, **in 2020, there were over 1,100 discharges from emergency departments (EDs) for children with a primary mental health diagnosis, with 18% of those children waiting two or more days for placement.**[19] Though the average number of children under 18 waiting in EDs for mental health placement has decreased from a daily average of 15 in January 2022 to 7 in October 2023, 71% of those children boarded in EDs for more than 24 hours.[19] Boarding of individuals waiting for a mental health placement decreases the capacity of ED beds. **In October 2023, an average of 14% of ED beds on any given day were used for mental health boarding.**[19]

Many of the residential programs in Vermont were impacted by the July flooding.

FEDERAL POLICY CONSIDERATION

Two critical federal resources that build Vermont's capacity to meet mental health needs cannot be used for prevention and promotion of mental health activities: Medicaid and the Mental Health Block Grant. Medicaid requires a diagnosis for services and the Mental Health Block Grant can only be used for adults with Severe Mental Illness and youth with Severe Emotional Disturbance. As children and families are facing new and compounded challenges from the ripple effects of the COVID-19 pandemic, funding for upstream prevention and promotion services is essential to Vermont's ability to turn the curve on wellness.

DATA SPOTLIGHT: PERINATAL HEALTH AND WELL-BEING



The foundation of child and family health and well-being starts before birth. The perinatal period, from pregnancy through one year after birth, is a key time for a child's long-term development and the well-being of the birthing parent, child, and family system. This period is a critical opportunity for providing access to concrete supports when interventions are particularly impactful. This chapter includes data and context on the current landscape and challenges as well as an overview of several long-standing and innovative opportunities for intervention, several of which are contained in the 2024 Policy Recommendations of Vermont's Early Childhood State Advisory Council. (See page 4 for the full slate of 2024 Policy Recommendations.)

Perinatal Mood and Anxiety Disorders (PMADs)

Perinatal mood and anxiety disorders (PMADs) are mental health conditions that develop at any time during pregnancy or after having a baby, through the year after delivery, adopting, or experiencing pregnancy or infant loss. Vermont has prioritized the screening, referral, treatment, training, support for families, and public awareness of PMADs for many years. **PMADs affected more than 25% of pregnant and postpartum people in Vermont in the 2018 to 2020 birth cohort[1], compared with a national prevalence of 11.5%.[2]** This may be in part due to increased public awareness, training, referrals, and higher screening rates, with 90% of pregnant people in Vermont screened for PMADs compared with 79% for the country as a whole.[1] PMADs are highly detectable and treatable, but when left untreated, PMADs have substantial impacts on the lives of those in the perinatal period, their families, and their communities. These include negative obstetric and non-obstetric physical health outcomes for both the birthing parent and child, productivity loss, and increased spending on social services resulting in an estimated cost of $36,000 per birthing parent and their child in Vermont.[1]

25% of pregnant and postpartum people in Vermont in the 2018 to 2020 birth cohort were affected by PMADS, compared with 11.5% nationally.[1]

More information is needed about the prevalence of PMADs in non-birthing partners and adoptive parents. For non-birthing partners, a recent meta-analysis showed a **global prevalence of 7.3% for paternal prenatal and postpartum depression and 10.7% for paternal prenatal and postpartum anxiety.[3]** PMAD screening for non-birthing and adoptive parents is inconsistent, as PMADs were historically thought to be linked to physiological changes only impacting the birthing parent.

Perinatal Substance Use

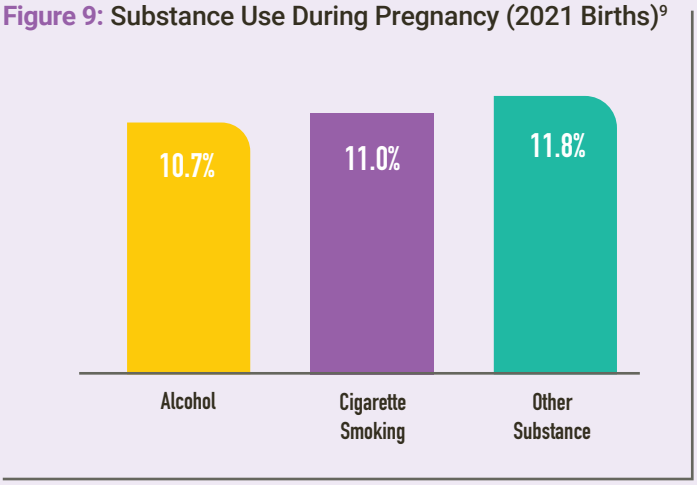
Substance use during the perinatal period can have lifelong effects on a child's ability to thrive. Vermont PRAMS (Pregnancy Risk Assessment Monitoring System) is an ongoing self-reporting survey of Vermont parents who recently gave birth. The most recent Vermont PRAMS data from 2021 births reported by the Vermont Department of Health (VDH) shows a moderate decrease in substance use among perinatal people.[4]

Substance Use During Pregnancy: Opioid use in Vermont continues to occupy the headlines, with a "third wave" of the opioid epidemic arriving with inexpensive and potent fentanyl. In 2021, **Vermont's rate of infants born with a diagnosis of drug withdrawal syndrome was 13.6 per 1,000 live births.[5]** However, the Vermont rate is down from 24 per 1,000 live births in 2018 and significantly decreased from a peak of 35.7 per 1,000 live births in 2014.[5]

Opioids are not the only substances used during pregnancy. As can be seen in Figure 9, **non-exclusive categories show the use of alcohol, cigarettes, and other substances ranging from 10.7% to 11.8% for children born in 2021, meaning that one or more substances were used during more than 1 in 10 pregnancies.[4]**

Perinatal Mortality and Substance Use Disorder (SUD): Since 2012, Vermont has had an average of two to three perinatal deaths per year from any cause (from pregnancy through the first year postpartum for the birthing individual). In 2022, Vermont saw a sharp increase in overall number of maternal deaths with a total of six deaths.[6]

Figure 9: Substance Use During Pregnancy (2021 Births)[9]



In 2023, the Vermont Maternal Mortality Review Panel (MMRP) reviewed seven perinatal deaths occurring between 2021 and 2023. **All the deaths reviewed for this time period were either from accidental overdose or from infection resulting from intravenous drug use. Most of the accidental overdose deaths involved polysubstance use.** In addition, all deaths reviewed occurred in the postpartum period and in the home or in the community. The MMRP has identified the period from 3 to 12 months postpartum as particularly vulnerable for perinatal people. In their 2024 legislative report, the MMRP issued multiple recommendations for the state, many of which were related to improvements to screening, support, and care coordination for those with SUD.[7]

100% of perinatal deaths reviewed were directly related to substance use disorder.[7]

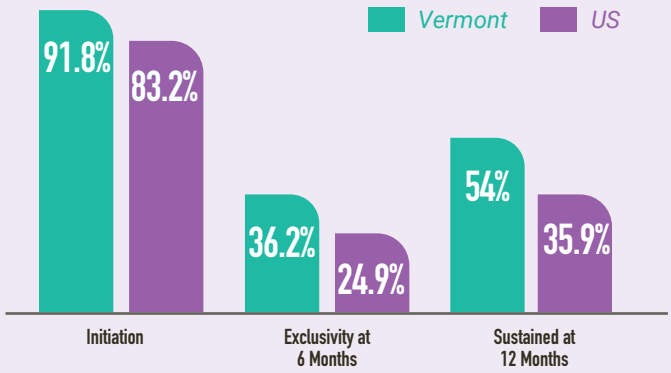
Opportunities for Intervention and Health Promotion Strategies

There are numerous long-standing and innovative approaches to supporting birthing parents, children, and family systems during the perinatal period. It is well known that prevention is more effective and less expensive than treatment, and the perinatal period is a key time for intervention. A partnership between the Vermont Child Health Improvement Project and the Family and Child Health Division at the Vermont Department of Health, the Perinatal Quality Collaborative Vermont (PQC-VT), mobilizes state networks to implement quality improvement efforts and improve care for perinatal people. The mission of the PQC-VT is to optimize health access, treatment, and outcomes in the perinatal period and infancy through collaboration and continuous quality improvement. There are many additional regionally run initiatives to support birthing families, many of which are collaborations among providers, community partners, perinatal health organizations, and other organizations focused on well-being.

Prenatal and Postpartum Visits: Prenatal and postpartum care is an essential tool for supporting healthy pregnancies and long-term outcomes. **Of the 5,379 Vermont babies born in 2021,[8] 86.7% of birthing parents had adequate prenatal care (early entry and regular visits), and 94.4% had a postpartum visit. Of birthing parents, 79.6% had a visit with a health care provider in the year before pregnancy.[4] Of births in 2021, 72% of pregnancies were intended,** surpassing the Healthy Vermonters 2030 goal of 65%.[4]

Care and Feeding of Infants: Families make the best choice for their unique situation with recommendations from their health care providers about the feeding of their infants. Breastfeeding and chestfeeding may not be available or may not be the right choice for all families for a multitude of reasons. For those who are able, breastfeeding/chestfeeding is associated with preventing obesity and diabetes in children, and puts birthing parents at lower risk for breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease. Across the board, when compared to the whole U.S., **Vermont has higher rates of breastfeeding/chestfeeding initiation (91.8% vs. 83.2%), exclusive breastfeeding/chestfeeding through 6 months (36.2% vs. 24.9%), and sustained breastfeeding/chestfeeding through 12 months (54% vs. 35.9%); and lower rates of infants receiving formula before two days of age (9.5% vs. 19.2%) among infants born in 2019.**[9]

Figure 10: Breastfeeding/Chestfeeding Rates for 2019 Births, Vermont and U.S.[9]



Screening and Psychiatric Consultation for Perinatal Mood and Anxiety Disorders: When an individual is diagnosed with a PMAD, clinicians in Vermont have the opportunity to consult with the Perinatal Psychiatric Consultation Service about medication treatment plans, therapeutic needs, and appropriate referrals. The Perinatal Psychiatric Consultation Service also provides training and technical assistance to medical and mental health providers. **Financial cost savings from this program are estimated at $200,000 per year at current staffing and $650,000 per year with expanded capacity and coordination. In addition, it is estimated that 47% of individuals who receive this support will achieve remission from a PMAD.**[10]

Developmental Understanding and Legal Collaboration for Everyone (DULCE): DULCE is implemented in pediatric practices and proactively addresses social determinants of health, promotes the healthy development of infants, and provides support to their parents during the first six months of life. **DULCE programs are currently offered at six sites across Vermont and served 350 babies between January and October of 2023.**[11] Three new sites will launch in 2024 serving Burlington, St. Albans and St. Johnsbury.[12] DULCE embeds into the pediatric care team a Family Specialist, employed by the region's Parent Child Center (PCC), who attends well-child visits with families and providers. Trained in child development and relational practice, the Family Specialist connects families to the concrete supports and resources they need. DULCE implementation includes collaboration among the medical practice, the PCC as the early childhood sector lead, and a legal partner to universally support families by addressing the accumulated burden of social and economic hardship.

HIGH-QUALITY AND INCLUSIVE PHYSICAL AND MENTAL HEALTH SERVICES (VECAP GOAL 3)

Invest in Perinatal Supports

- Invest in statewide strategies that center early relational health to ensure families are supported across clinical and community settings during the critical perinatal period, including after experiencing the loss of a child or loss of a caregiver.
  - Fund the expansion of Developmental Understanding and Legal Collaboration for Everyone (DULCE) approach sites.
  - Invest in peer- and community-based strategies such as multiagency collaboration teams, like regional CHARM/Community Response teams, to ensure families have the supports they need through a strength-based approach and in recognition that Vermont's maternal mortality incidences have a concerning overlap with substance use disorders (SUD).
  - Ensure continuity of care and high-quality services are available for the perinatal population. Expand Children's Integrated Services (CIS) supports past the 8-week postpartum period to the full year postpartum for the birthing person, in alignment with postpartum Medicaid expansion.
  - Pursue strategies that center equitable services and birth-related outcomes for parents/caregivers of color, including expanding Medicaid coverage to doula services.

Home Visiting: The transition to parenthood is a time of celebration as well as potential stress. Home visiting programs provide new and expectant parents with information, support, and referrals to community resources and services.

Strong Families Vermont Home Visiting offers two evidence-based home visiting programs, the Maternal Early Childhood Sustained Home Visiting (MECSH program and Parents as Teachers (PAT)). The MECSH program just completed its fifth year of implementation across the state. **During program year 2022, MECSH served 421 families and 393 children with a total of 3,175 visits.**[13] The PAT program is in the development phase, with nine PAT affiliate programs across Vermont. **Initial engagement for the development year of PAT has included 21 families with 21 children served for a total of 315 visits.** The program will shift to full implementation next year with a full staff and integration into affiliate programs, which will increase capacity.[13]

Home-based Early Head Start and Head Start home visiting served 308 infants and pregnant individuals during program year 2023.[14]

Paid Family and Medical Leave: Access to paid family and medical leave is associated with improved physical and mental health for new parents, decreased infant mortality, financial security for caregivers in the short and long term, and improved connections to the workforce, particularly for women, who are more likely than men to be caregivers for children and older adults.[15] Nationally, 27% of workers have access to a paid family leave policy through their employer and more than 90% have access to unpaid family leave.[16] **In Vermont, 47% of birthing parents returning to work after having a child do not have paid leave.** Birthing parents returning to work in Vermont after paid leave are more likely to have private insurance (72%), while only 26% of birthing parents with access to paid leave are on Medicaid.[17] **Access to paid family leave has been associated with birthing parents being more likely to be working (18.3% higher probability) one year following birth and an average increase of $3,400 in household income among birthing parents of 1-year-olds.**[18]

47% of birthing parents returning to work after having a child do not have paid leave in Vermont.[18]

Additional physical and mental health access and utilization data can be found beginning on page 16, and related recommendations can be found on page 4.

ACCESS TO BASIC NEEDS (VECAP GOAL 1)

Paid Family and Medical Leave Insurance

- Enact a Paid Family and Medical Leave Insurance program for Vermonters seeking to take time off to care for a family member or themselves while welcoming a new child into the family, while navigating an illness or injury, or after experiencing a loss. Ensure that the benefit through this program covers all caregivers in the case of a two-parent household, and that the benefit is generous enough that loss of income is not a barrier for those looking to utilize the program.

CHILD DEVELOPMENT AND EDUCATION

Vermont's early childhood system includes many resources, services, and supports to give children the best opportunity to succeed throughout their lives. Starting during pregnancy and extending through age 8, the system meets child and family needs through creative and diverse programs. These programs can, at times, be difficult to navigate,[1] but Vermont continues to improve equitable access and transitions between programs and services.

Children's Integrated Services (CIS)

CIS is designed to wrap around the whole family to help ensure the healthy development and well-being of children from before birth through age 5. 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, and Strong Families Vermont Home Visiting. **During FFY 2023, a total of 3,712 unique clients received at least one of the core services within CIS.[2]** Each client receiving services has a One Plan that includes six-month or annual goals. Goals address topics such as a child's developmental progress, continuity of placement in a quality early childhood education program, safe housing, and, with adult support, use of coping strategies during difficult situations. **In 2022, 88% of CIS clients achieved one or more individualized plan goals by their annual review or their exit from CIS.[3]**

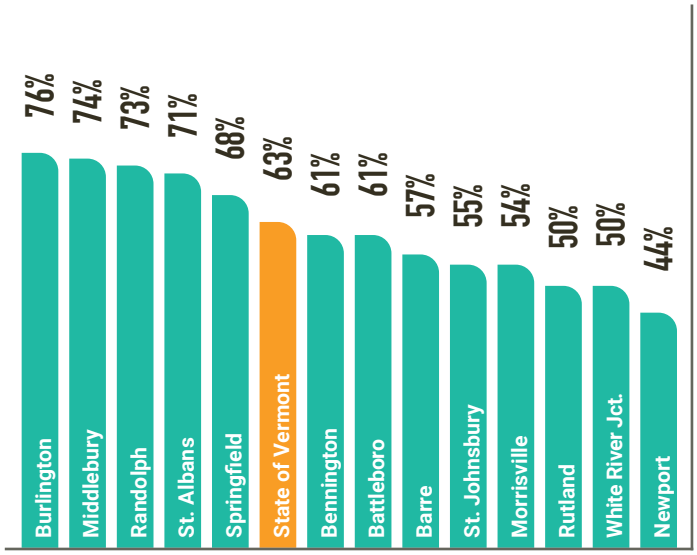
Parent Child Center Network

The network of 15 Parent Child Centers (PCC) serves all of Vermont with a focus on early identification, intervention, and prevention through eight core services: parent education, parent support, home visits, early childhood services, concrete family supports, playgroups, community development, and information and referral. **During FY23, over 70,000 participants were served across all 15 PCC programs.[4]** When surveyed, over 94% of parents receiving supports from Parent Child Centers reported that they got the help they needed and that they felt stronger and more confident as parents.[4]

Developmental Screening

Developmental screening is a whole-population strategy designed to help families better understand children's early development, celebrate milestones, and identify concerns so that children get connected to the services they need at an early age, when the benefits are the greatest. Data from Vermont's statewide medical home initiative, the Blueprint for Health, shows that **in 2021, 63% of Vermont children under age 3 had received a developmental screening in the past 12 months.[5]** Of note, this indicator does not capture all screening activities. **As can be seen in Figure 11, hospital service area rates vary from 76% in Burlington to 44% in Newport.[5]** Although the Newport Health Services Area is still showing the lowest screening rate, there was a 120% increase between 2020 and 2021 due to continuous quality improvement efforts implemented to address previously low screening rates.[6] Efforts to increase the use of developmental screenings include the Ages and Stages Questionnaire (ASQ) Online Platform hosted by Help Me Grow Vermont. In 2022, the ASQ Online logged or supported 4,688 ASQ-3 and 932 ASQ:SE (social-emotional) screens. As of October 2023, there were 65 programs using the ASQ Online, including 15 medical practices, 40 early childhood education programs, four Children's Integrated Services regional teams, and six home visitors.[7]

Figure 11: Children 3 and Under Who Received a Developmental Screening in the Past 12 Months by Health Service Area[5]



VECAP GOAL 3 :
Access to High-Quality Early Childhood Services and Supports

Autism Spectrum Disorder

Ensuring children and their families have high-quality and timely developmental screenings, including behavioral/autism screening and follow-up assessment, is a critical step in ensuring they can access needed services. Following screening, there are currently several potential barriers that families face when seeking follow-up assessment and evaluation for their child, including enduring long wait times, completing lengthy assessment paperwork, securing transportation, and navigating language barriers. Vermont's pediatric and early intervention communities have identified a need for community-based developmental and autism assessments. Through a partnership with the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont, pediatricians are receiving training to conduct autism assessment and diagnosis in collaboration with Children's Integrated Service teams. **National data shows the prevalence of autism spectrum disorders increased significantly between 2000 (1 in 150 children) and 2020 (1 in 36 children).**[8]

Individuals with Disabilities Education Act (IDEA) services from birth through age 8

The Individuals with Disabilities Education Act is a law that ensures access to special education and related services for eligible children with disabilities. Infants and toddlers (birth through age 2) with disabilities, developmental delays, or who are at risk of a developmental delay due to a medical condition receive Early Intervention under IDEA Part C. Children and youth ages 3 through 21 receive special education and related services under IDEA Part B.[9]

IDEA PART C: Early Intervention

In Vermont, IDEA Part C Early Intervention (EI) is provided through Children's Integrated Services (CIS). CIS-EI includes a broad array of services such as developmental education, speech and language therapy, physical therapy, and occupational therapy. **Between December 2, 2021, and December 1, 2022, 78.1% of the 1,408 CIS-EI referrals resulted in an initial One Plan, Vermont's Individualized Family Services Plan. During this same time frame, 2,207 children under age 3 received CIS-EI services.**[10]

IDEA PART B: Early Childhood Special Education Services

Early Childhood Special Education Services 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 under IDEA. As can be seen in Table 3, **during the 2022–2023 school year, 4,805 students ages 3 through 8 received services through an individualized education plan (IEP), 480 received services under a 504 plan, and 1,397 received services from an educational support team (EST).**[11]

Table 3: Children Receiving Special Education Services[6]

Age	IEP	504	EST
3	533	***	12
4	641	***	28
5	750	42	144
6	844	104	344
7	931	155	401
8	1,106	179	468
Total	4,805	480	1,397

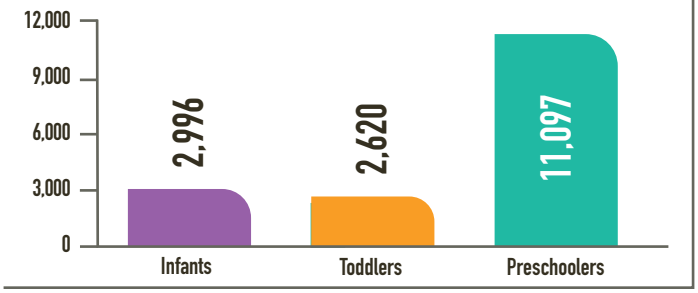
Early Care and Education

Vermont's early care and education system is considered a "mixed delivery system," meaning that it consists of a mix of programs that serve children 6 weeks to 5 years old and not yet in kindergarten, including licensed and registered family child care programs, center-based programs, and school-based programs. This mixed-delivery approach applies to the state's Universal Prekindergarten Education system as well and is considered a national best practice. Vermont increases equitable access to licensed and regulated child care through the Child Care Financial Assistance Program. Changes to eligibility mandated in Act 76, Vermont's child care law, will incrementally increase eligibility to allow financial assistance to families making up to 575% of the federal poverty level ($172,000 for a family of four in 2023).[12] In September 2023, **there were 5,367 children whose families received support through the Child Care Financial Assistance Program (CCFAP), with 3,358 children (63%) being under the age of 5.** Approximately 1% of children receiving CCFAP use out-of-state care in New Hampshire, Massachusetts, or New York.[13]

In December 2022, there were 7,288 individuals working in regulated child care settings in positions working directly with children, a 1.9% increase from 2020.[15]

In December 2022, there were 16,707 children up to 5 (and not yet enrolled in kindergarten) enrolled in regulated child care, with an additional 3,899 school-aged children enrolled.[14] As can be seen in Figure 12, 18% were infants (under 2), 16% were toddlers (age 2) and 66% were preschoolers (ages 3–4). The vast majority of children were enrolled in center-based child care programs (85.9%), followed by registered family child care homes (12.6%) and licensed family child care homes (1.5%).[14] This includes children enrolled in private Universal Prekindergarten Education (UPK) programs through Act 166 but does not include those enrolled in school-based UPK programs. Updated data on the supply and demand of child care will be released in spring 2024.

Figure 12: Enrollment in Regulated Child Care Programs (2022 - 2023)[14]



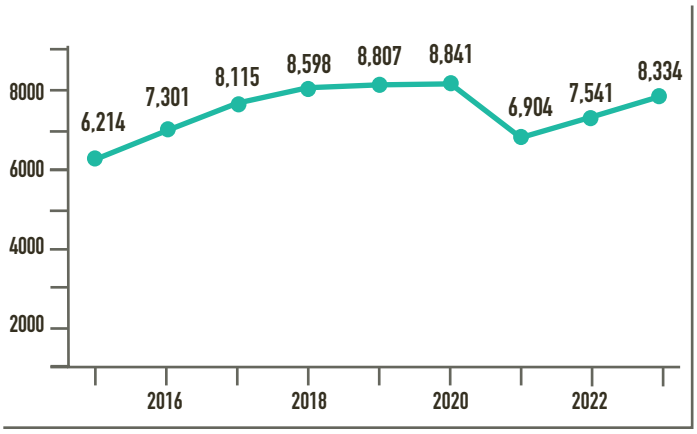
Head Start and Early Head Start

Head Start and Early Head Start (HS/EHS) are comprehensive early education programs for children from low-income and vulnerable families from birth to age 5. 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, in addition to providing other wraparound support services for families. From September 2022 to August 2023, **Vermont Head Start (HS) served 725 children from age 3 to 5, and Early Head Start (EHS) served 508 infants and toddlers and 41 prenatal birthing parents, for a total of 1,274 individuals.[16]** For program year 2023, there were 577 staff in HS/EHS programs. Of all staff, 18.9% (109) left during the program year, with 18 vacancies remaining unfilled for a period of three months or longer.[16] These high rates of turnover and vacancy make it difficult to provide consistent and high-quality services to particularly vulnerable children and families.

Universal Prekindergarten Education

Act 166 offers Universal Prekindergarten Education (UPK) to all 3- and 4-year-olds, and to 5-year-olds not enrolled in kindergarten, for up to 10 hours a week of publicly-funded pre-K for 35 weeks of the academic year. Vermont's mixed-delivery system means that these hours can be used in school-based programs or in prequalified prekindergarten center-based child care and family child care programs.[17] In September 2023, there was a reported preschool capacity of 8,432 slots. The 243 privately operated UPK programs held 4,895 slots (58%) and the 147 school-based UPK programs held 3,537 (42%).[18] **As can be seen in Figure 13, UPK enrollment dropped to 6,904 during the 2020–2021 school year but is now approaching pre-pandemic levels, with 8,334 students enrolled during the 2022–2023 school year.[19]** It is not yet clear what the consequences will be for the approximately 2,000 children who were not enrolled in UPK in the 2020–2021 school year.

Figure 13: Universal Prekindergarten Education Enrollment by School Year and Fall 2022[19]



Exclusionary Discipline (Suspension and Expulsion)

Students who are suspended "are at a significantly higher risk of falling behind academically, dropping out of school, and coming into contact with the juvenile justice system."[20] Act 35 of 2021 prohibits exclusionary discipline (broadly defined as suspension and expulsion) for children under age 8 in public schools except when the student "poses an imminent threat of harm or danger to others."[21] Act 166 of 2022 expanded the restrictions to students attending independent schools and private prequalified Universal Prekindergarten Education programs.[21]

Between September 2022 and October 2023, there were 101 reported exclusionary discipline incidents (suspensions and expulsions) for children enrolled in UPK, 28% of which involved children on an Individualized Education Plan (IEP). During this same time period, there were five incidents of restraint and seclusion. These reported events happened across 21 programs in both school-based (52 incidents) and private programs (49 incidents).[22] Across the country, exclusions impact certain groups of students disproportionately. Black or African American students are suspended at 2.5 times and expelled at 3.2 times their rate of enrollment. Students receiving special education services through an IEP are suspended at 1.8 times and expelled at 2.6 times their rates of enrollment.[23] The Agency of Education and the Child Development Division are actively partnering to improve and streamline the identification of incidents and support programs to reduce exclusionary discipline and provide more equitable access to inclusive early care and education opportunities.

Afterschool and Out-of-School Time Care (Third Space)

In September 2023, there were 11,233 regulated slots for school-aged children (6-13).[18] *Of note, one slot may serve multiple children based on full-time or part-time schedules, and this data only captures regulated programs rather than the broader array of afterschool and summer programming.* A 2020 survey found that over 39% of Vermont's children would participate in an afterschool program if one were available to them.[24]

In 2023, the Legislature directed that funds from the sales and use tax on cannabis be used to expand summer and afterschool programs, with an emphasis on increasing access in underserved areas of Vermont.[25] Before these funds became available, the creation and expansion of afterschool and summer programs were funded by Elementary and Secondary School Emergency Relief through Vermont Afterschool and supported by the AOE. In summer 2023, the last of the Expanding Access grant dollars were invested, with 976 added days serving 4,734 elementary-aged children. **In total, between May 2022 and August 2023, Expanding Access grants supported an additional 10,486 elementary-aged children in accessing afterschool and summer programming.[26]** In addition, Room for Me Grants, funded by the DCF-Child Development Division and administered by Vermont Afterschool, expanded access to an estimated 298 slots during the first grant cycle and 567 slots in the second grant cycle.[26]

Educational Assessments

Three key assessments are currently used to measure Vermont children's knowledge, skills, and behaviors: Teaching Strategies Gold (TSGold), the Agency of Education's Ready for Kindergarten! Survey (R4K!S), and third grade assessments through the Smarter Balanced Assessments (SBAC) (through the 2021–2022 school year) and the Cognia Assessments (beginning in the 2022–2023 school year). Below is the overview of spring 2022 SBAC assessments for all students, collectively and also broken up by various student characteristics. TSGold, R4K!S, and spring 2023 Cognia math and reading results are expected to be released over the course of spring 2024. We look forward to publishing these indicators in future reports and on VermontKidsData.org.

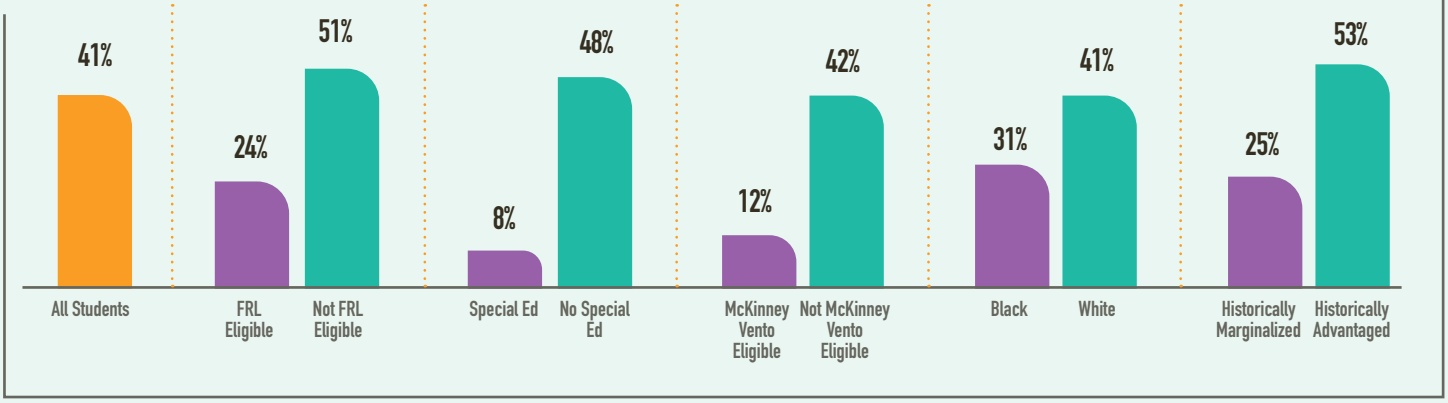
Third Grade Math and Language Arts Assessments

At the end of third grade, Vermont students are assessed on their proficiency in reading and math. The Smarter Balanced Assessment Consortium (SBAC) for Third Grade Language Arts (reading) and Math was last conducted in school year 2021–2022, and results are presented below. Of note, the Agency of Education includes the following limitations to interpretation: "While the 2022 administration of assessments was far smoother than the 2021 administration, there were pandemic-related challenges, such as educator shortages leading to insufficient resources to properly administer the assessments and the need to balance academic assessment with critical activities related to students' social emotional well-being. These issues may have impacted student performance or test participation, which makes comparing 2022 data to previous years far more difficult."[27]

As can be seen in Figure 14, proficiency rates from the 2021–2022 school year vary based on economic status, race, and homelessness, culminating in a comparison between historically marginalized and historically advantaged students.[1] **For "historically marginalized" students, 25.3% are proficient or above in reading, compared to 52.7% for "historically advantaged" students.[27]**

In addition to variations in proficiency based on individual student characteristics, there are large variations across the state. **The percent of students proficient or above in third grade reading ranges from a low of 8% in Winooski to a high of 67.53% in the Washington Central Supervisory Union.[27]**

Figure 14: Percent of Third Graders Proficient or Above in Reading by Characteristics Spring 2022[27]



[1] Historically Marginalized: Historically Marginalized Students are those students who have been historically underserved by educational institutions for any one, or more than one, characteristic including ethnic and racial minorities, English Learners, students with Free and Reduced Lunch, students with disabilities, and students who are migrant, foster, or homeless. Historically Privileged Students are those students who have none of the characteristics that are associated with being underserved.[28]

Introduction to Regional Profiles

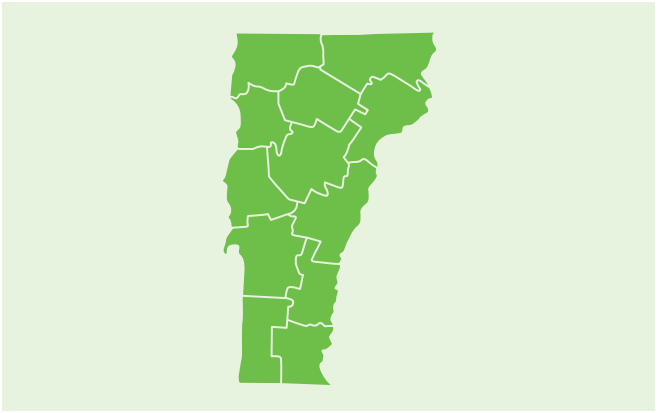
The following regional profiles offer a snapshot of selected indicators of child and family well-being for each of Vermont's 12 regions, which line up with the Agency of Human Services Districts. Each indicator represents the most high-quality, up-to-date data that is available at the regional level and includes comparison data when possible.

This report draws from multiple sources of Vermont data, not all of which use the same geographic boundaries. Several indicators are only available at the county or hospital service area level. When necessary, multiple areas are included to provide a more inclusive picture of the region.

CHILD POPULATION[1] *(2022)*

59,173 children under 10

Decreased from 61,538 in 2017



CHILDREN LIVING IN POVERTY* *(2022)*

28.9% children under 12 (20,838)

Decreased from 33.4% in 2017 (24,932)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$104,193 ($25.05/hr)

State of Vermont

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

474 children under 9

Decreased from 657 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

1,441 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

63% State of Vermont

In the past 12 months for children under 3

**Under 185% of the Federal Poverty Level*

Third Grade Reading

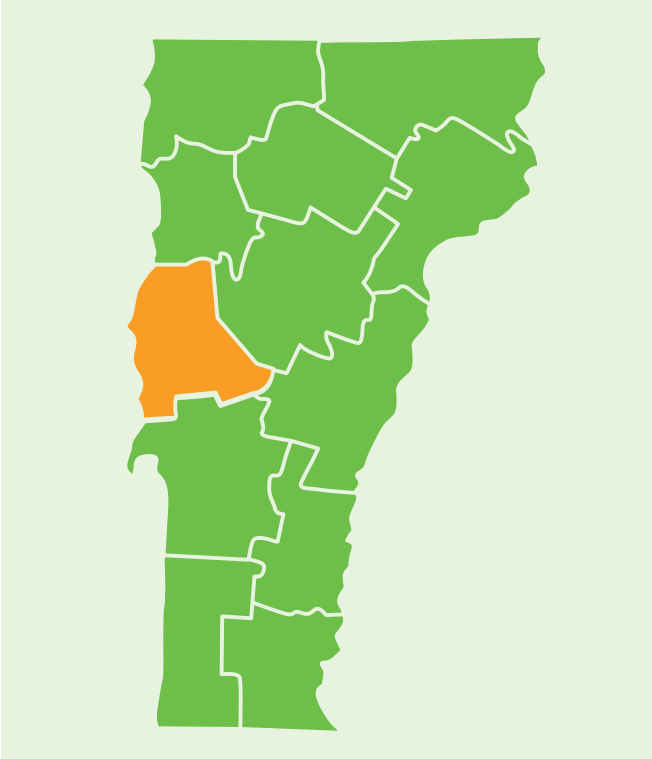
All Third Grade Students Reading at or Above Proficient (Spring 2022)[7]

All Students	41.17%	Historically Marginalized	25.3%
		Historically Privileged	52.7%

Addison

REGIONAL PRIORITIES:

- Building resilience in children, families, and communities.
- Quality and capacity of child care and early childhood services.



CHILD POPULATION[1] *(2022)*

3,144 children under 10

Decreased from 3,246 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

23.4% children under 12 (908)

Decreased from 30% in 2017 (1,238)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$103,680 ($24.92/hr)

Addison County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

31 children under 9

Decreased from 37 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

210 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

74% Middlebury HSA
76% Burlington HSA

In the past 12 months for children under 3

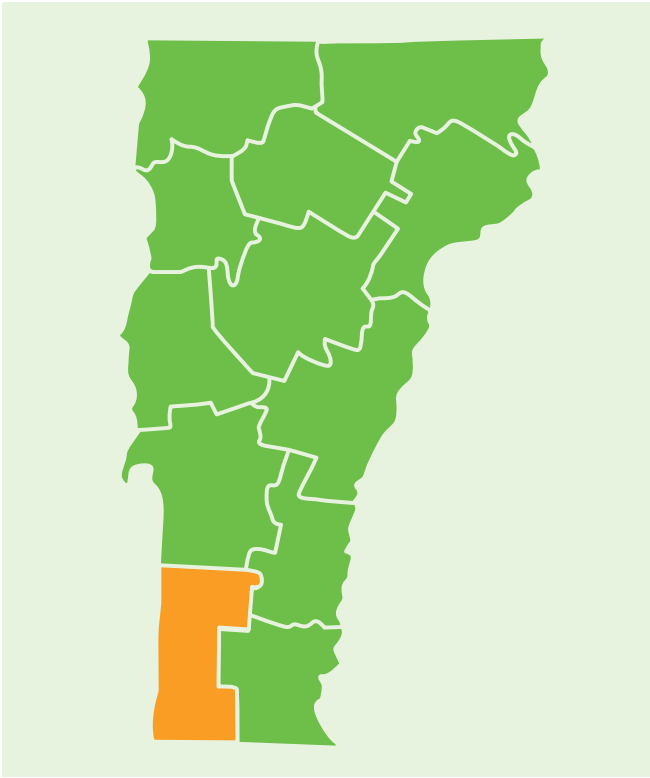
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[7]

Supervisory Union/School District	All Students	Historically Marginalized Students
Addison Central SD	48.7%	26.3%
Addison Northwest SU	Not Available	Not Available
Mount Abraham Union SD	51.7%	26.3%
Slate Valley Unified Union SD	33.3%	10.5%

Bennington



REGIONAL PRIORITIES:

- Building resilience in children, families, and communities.
- Early childhood workforce.

CHILD POPULATION[1] *(2022)*

3,411 children under 10

Decreased from 3,537 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

38.3% children under 12 (1,701)

Decreased from 43% in 2017 (1,833)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$100,326 ($24.12/hr)

Bennington County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

47 children under 9

Decreased from 61 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

210 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

61% Bennington HSA

In the past 12 months for children under 3

**Under 185% of the Federal Poverty Level*

Third Grade Reading

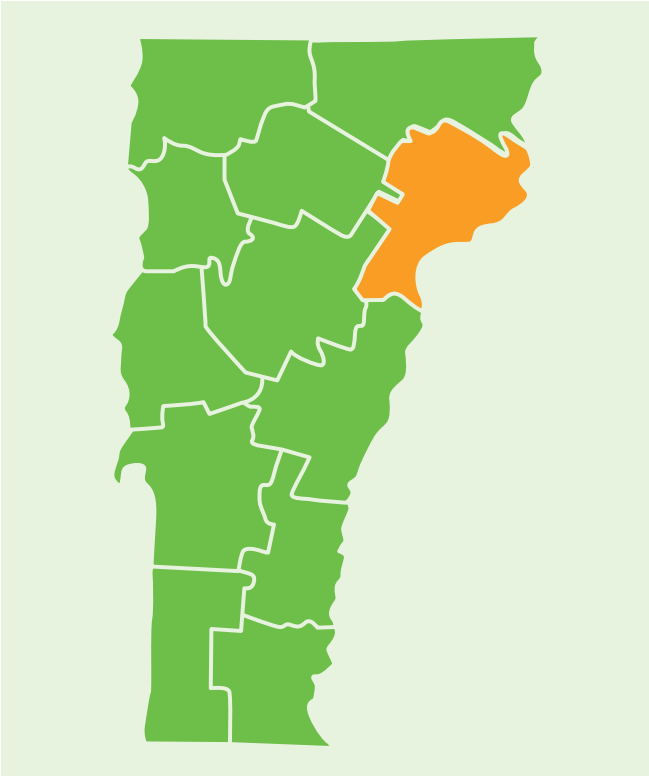
All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Bennington Rutland SU	42.0%	20.7%
Southwest Vermont SU	Not Available	18.0%
Windham Southwest SU	Not Available	Not Available

Caledonia & Southern Essex

REGIONAL PRIORITIES:

- Child and family mental health.
- Quality and capacity of child care and early childhood services.



CHILD POPULATION[1] *(2022)*

3,106 children under 10

Decreased from 3,338 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

37.3% children under 12 (1,368)

Increased from 35.9% in 2017 (1,481)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$96,067 ($23.09/hr) Caledonia County
$91,553 ($22.01/hr) Essex County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

21 children under 9

Decreased from 38 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

113 children under 12

Caledonia and Essex Counties

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

55% St Johnsbury HSA
50% White River Junction HSA

In the past 12 months for children under 3

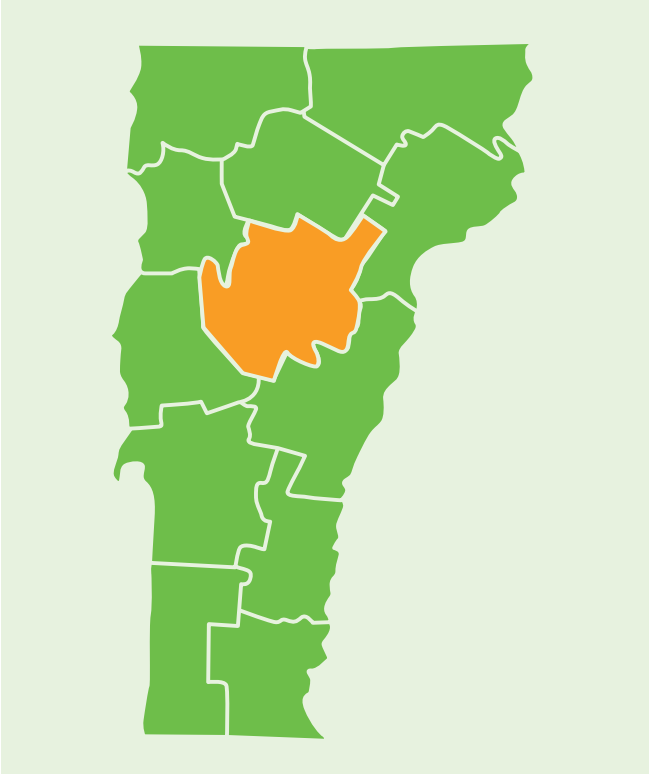
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Caledonia Central SU	42.6%	21.7%
Kingdom East	25.7%	Not Available
Orange East SU	46.6%	35.8%
St. Johnsbury SD	38.6%	26.9%

Central Vermont



REGIONAL PRIORITIES:

- Access to basic needs.
- Early childhood workforce.

CHILD POPULATION[1] *(2022)*

6,120 children under 10

Decreased from 6,595 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

28.6% children under 12 (2,109)

Decreased from 35% in 2017 (2,754)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$98,984 ($23.79/hr) Orange County
$101,553 ($24.34/hr) Washington County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

67 children under 9

Decreased from 67 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

112 Orange and Windsor Counties
240 Washington County

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

57% Barre HSA

In the past 12 months for children under 3

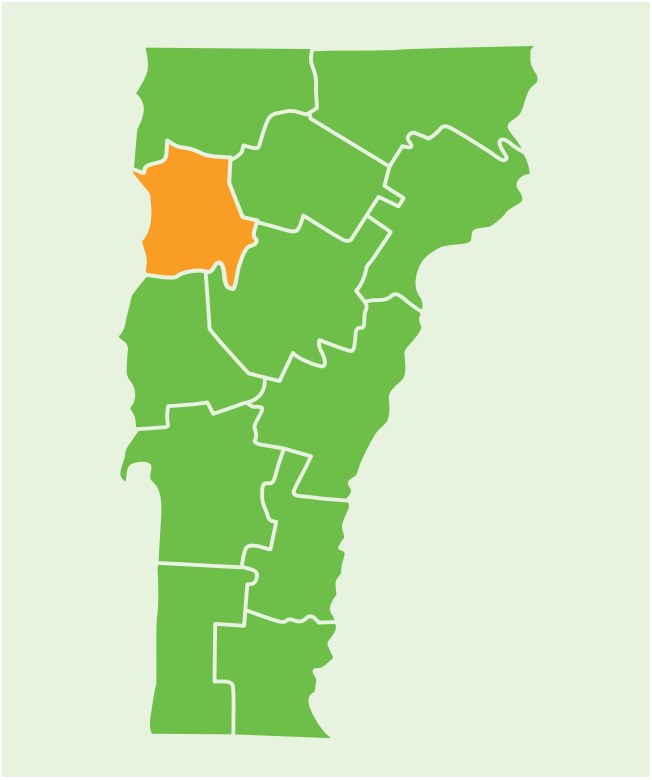
*Under 185% of the Federal Poverty Level

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Barre SU	33.8%	21.9%
Caledonia Central SU	42.6%	21.7%
Central Vermont SU	28.1%	20%
Harwood Unified Union SD	58.5%	40%
Montpelier Roxbury SD	55.3%	25%
Orange Southwest SU	43.7%	30.3%
Washington Central SU	67.5%	37%

Chittenden



REGIONAL PRIORITIES:

- Early childhood workforce.
- Quality and capacity of child care and early childhood services.

CHILD POPULATION[1] *(2022)*

14,957 children under 10

Decreased from 15,621 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

22.6% children under 12 (4,131)

Decreased from 27.9% in 2017 (5,183)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$112,467 ($27.04/hr)

Chittenden County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

71 children under 9

Increased from 62 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

184 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

76% Burlington HSA

In the past 12 months for children under 3

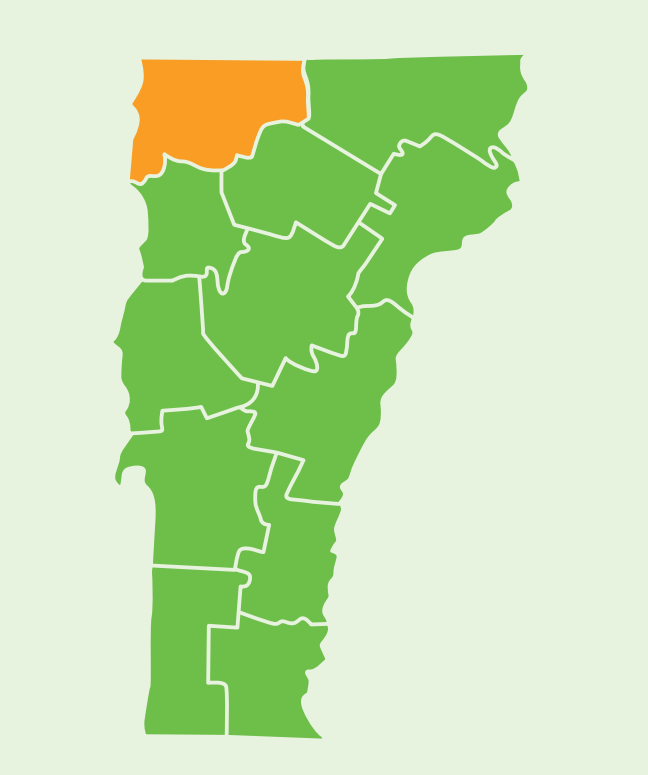
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Burlington SD	42.9%	29.7%
Champlain Valley SD	62.1%	46.9%
Colchester SD	56.3%	40.9%
Essex Westford SD	51.8%	Not Available
Milton SD	34%	22.2%
Mount Mansfield Unified Union SD	Not Available	Not Available
South Burlington SD	58.5%	46.6%
Winooski SD	8%	2.9%

Franklin & Grand Isle



REGIONAL PRIORITIES:

- Building resilience in children, families, and communities.
- Early childhood workforce.

CHILD POPULATION[1] *(2022)*

6,478 children under 10

Decreased from 6,603 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

24.6% children under 12 (1,917)

Decreased from 28% in 2017 (2,203)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$105,622 ($25.39/hr) Franklin County
$103,884 ($24.97/hr) Grand Isle County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

56 children under 9

Decreased from 105 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

75 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

76% Burlington HSA
71% St. Albans HSA

In the past 12 months for children under 3

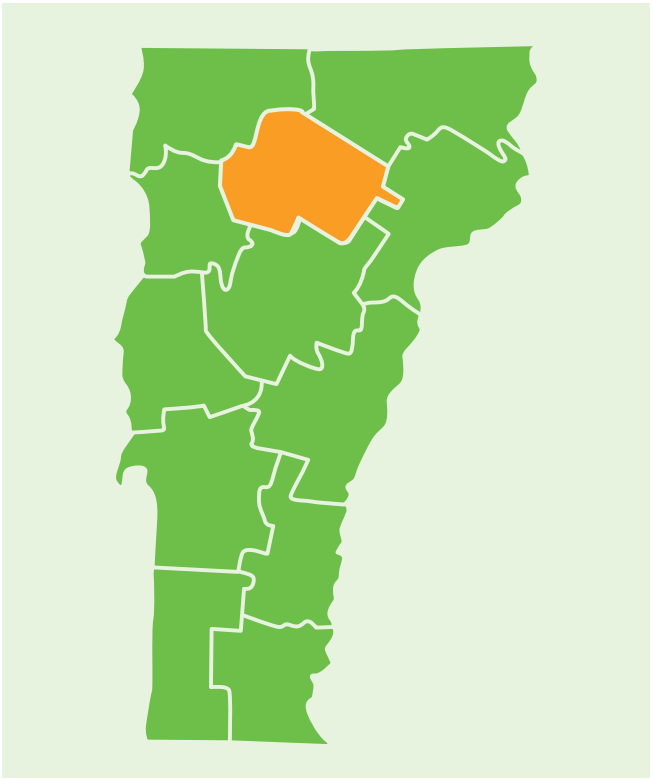
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Franklin Northeast SU	Not Available	Not Available
Franklin West SU	31.9%	2.6%
Grand Isle SU	34.9%	20%
Maple Run SD	30.1%	14.3%
Missisquoi Valley SD	41.7%	32.4%

Lamoille Valley



REGIONAL PRIORITIES:

- Child and family mental health.
- Building an accessible, equitable, and seamless system of services.

CHILD POPULATION[1] *(2022)*

3,190 children under 10

Decreased from 3,394 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

25.7% children under 12 (989)

Decreased from 37.5% in 2017 (1,593)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$99,553 ($23.93/hr)

Lamoille County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

21 children under 9

Decreased from 38 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

119 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

54% Morrisville HSA

In the past 12 months for children under 3

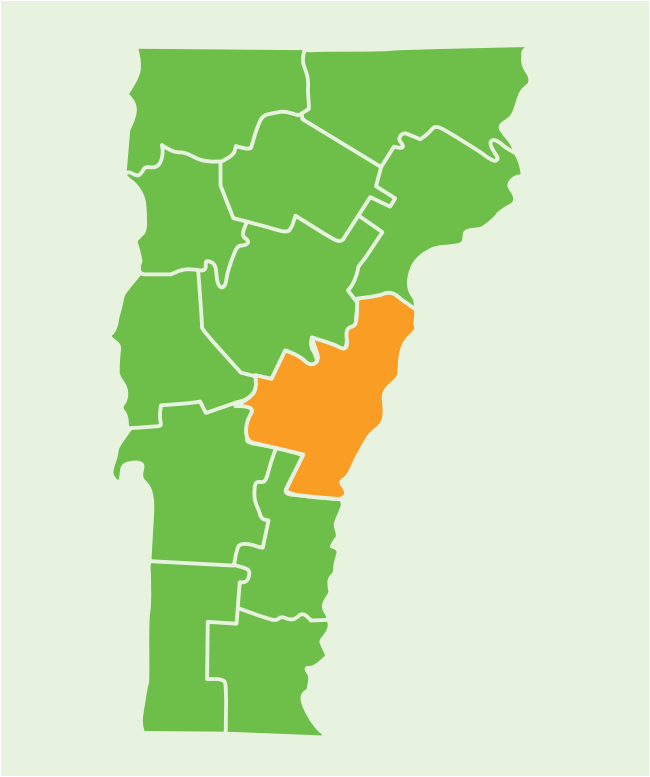
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Lamoille North SU	Not Available	Not Available
Lamoille South SU	57.5%	57.5%
Orleans Southwest SU	36.5%	36.5%

Northern Windsor & Orange



REGIONAL PRIORITIES:

- Child and family mental health.
- Quality and capacity of child care and early childhood services.

CHILD POPULATION[1] *(2022)*

4,412 children under 10

Decreased from 4,537 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

31.9% children under 12 (1,814)

Decreased from 33.5% in 2017 (1,861)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$98,984 ($23.79/hr) Orange County
$101,272 ($24.34/hr) Windsor County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

21 children under 9

Increased from 42 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

112 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

73% Randolph HSA
50% White River Junction HSA

In the past 12 months for children under 3

**Under 185% of the Federal Poverty Level*

Third Grade Reading

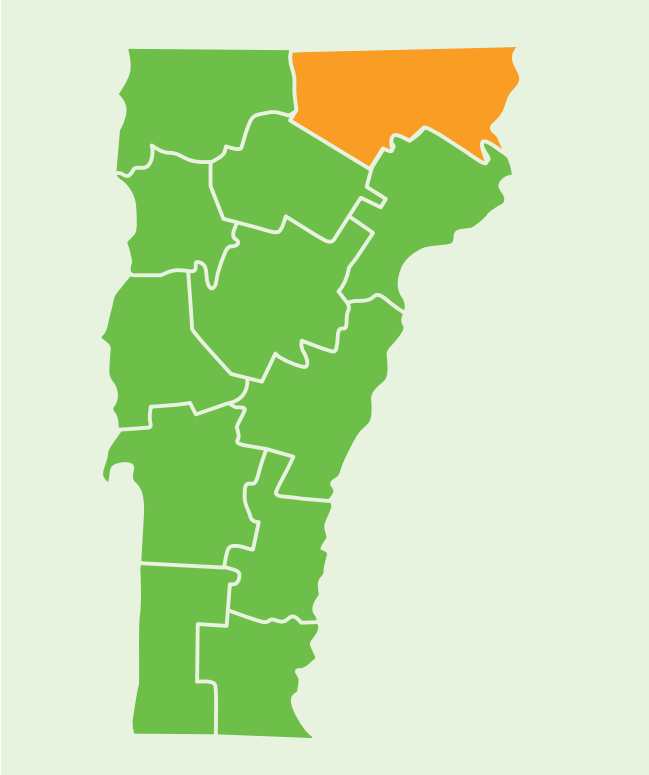
All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Hartford SD	Not Available	Not Available
Orange East SU	46.6%	46.6%
Orange Southwest SU	43.7%	43.7%
Rivendell Interstate SD	Not Available	Not Available
SAU 70	77.5%	77.5%
White River Valley SU	37.4%	37.4%
Windsor Central SU	Not Available	Not Available
Windsor Southeast SU	33%	33%

Orleans & Northern Essex

REGIONAL PRIORITIES:

- Building resilience in children, families, and communities.
- Access to basic needs.



CHILD POPULATION[1] *(2022)*

2,829 children under 10

Increased from 2,829 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

39.9% children under 12 (1,917)

Increased from 38.4% in 2017 (1,301)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$91,553 ($25.39/hr) Essex County
$97,438 ($24.97/hr) Orleans County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

32 children under 9

Increased from 21 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

85 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

44% Newport HSA

In the past 12 months for children under 3

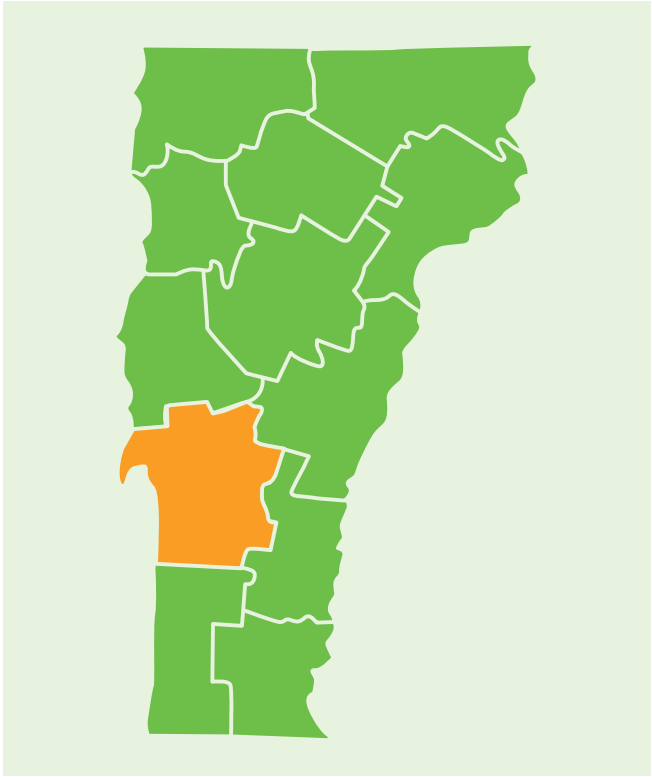
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Essex North SU	Not Available	Not Available
North Country SU	23.8%	19.2%
Orleans Central SU	32.3%	Not Available

Rutland



REGIONAL PRIORITIES:

- Child and family mental health.
- Quality and capacity of child care and early childhood services.

CHILD POPULATION[1] *(2022)*

5,379 children under 10

Decreased from 5,498 from 2017

CHILDREN LIVING IN POVERTY* *(2022)*

27.4% children under 12 (1,775)

Decreased from 31.1% in 2017 (2,066)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$99,106 ($23.82/hr)

Rutland County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

65 children under 9

Consistent with 65 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

115 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

50% Rutland HSA

In the past 12 months for children under 3

**Under 185% of the Federal Poverty Level*

Third Grade Reading

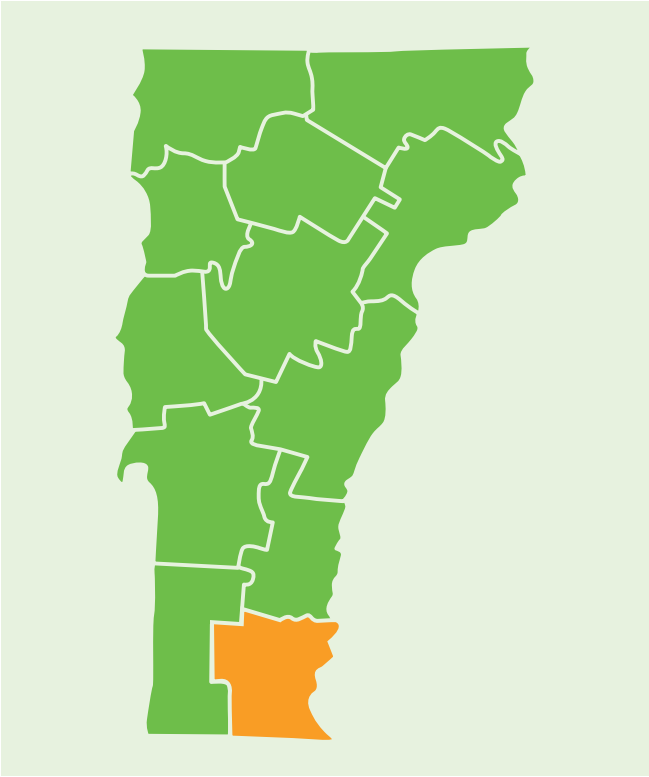
All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Bennington Rutland SU	42%	20.7%
Greater Rutland County SU	Not Available	Not Available
Mill River Unified Union SD	27.9%	Not Available
Rutland City SD	18.3%	9.3%
Rutland Northeast SU	Not Available	15.8%
Slate Valley Unified Union SD	33.3%	10.5%
Two Rivers SU	32.5%	22.6%
Windsor Central SU	Not Available	Not Available

Southeast Vermont

REGIONAL PRIORITIES:

- Building resilience in children, families, and communities.
- Building an accessible, equitable, and seamless system of services.



CHILD POPULATION[1] *(2022)*

3,098 children under 10

Decreased from 3,194 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

40.3% children under 12 (1,551)

Increased from 39.7% in 2017 (1,545)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$107,235 ($25.78/hr)

Windham County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

35 children under 9

Decreased from 96 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

35 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

61% Bennington HSA
61% Brattleboro HSA

In the past 12 months for children under 3

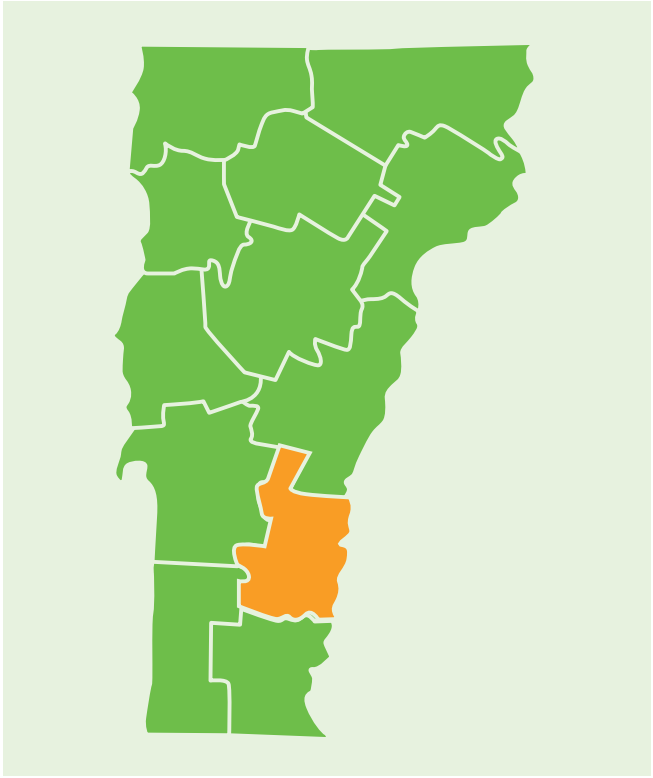
**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Windham Central SU	48.4%	Not Available
Windham Northeast SU	Not Available	25.5%
Windham Southeast SU	25.5%	25.5%
Windham Southwest SU	Not Available	Not Available

Springfield Area



REGIONAL PRIORITIES:

- Child and family mental health.
- Access to basic needs.

CHILD POPULATION[1] *(2022)*

3,034 children under 10

Decreased from 3,146 in 2017

CHILDREN LIVING IN POVERTY* *(2022)*

34.7% children under 12 (1,190)

Decreased from 46.3% in 2017 (1,874)

PRE-TAX ANNUAL LIVING WAGE[3] *(2023)*

$107,235 ($25.78/hr) Windham County
$101,272 ($24.34/hr) Windsor County

CHILDREN IN OUT-OF-HOME CUSTODY[4] *(2023)*

21 children under 9

Decreased from 48 in 2018

CHILDREN RECEIVING HOMELESSNESS SUPPORTS[5]

21 children under 12

From Coordinated Entry

DEVELOPMENTAL SCREENING RATES[6] *(2021)*

68% Springfield HSA

In the past 12 months for children under 3

**Under 185% of the Federal Poverty Level*

Third Grade Reading

All Third Grade Students Reading at or Above Proficient (Spring 2022)[5]

Supervisory Union/School District	All Students	Historically Marginalized Students
Bennington Rutland SU	42%	20.7%
Springfield SD	28.6%	14.7%
Two Rivers SU	32.5%	22.6%
Windham Central SU	48.4%	Not Available
Windham Northeast SU	Not Available	25.5%
Windsor Central SU	Not Available	Not Available
Windsor Southeast SU	33%	18.6%

LIMITATIONS

The State of Vermont's Children: 2023 Year in Review presents the most high-quality, up-to-date data available as of December 2023. The staff at Building Bright Futures strive to put forward the best data possible in the report. However, there are several limitations worth noting.

Age Ranges: *Data used in this report focuses on different age ranges that may or may not be comparable across programs. For example, some datasets and programs focus on children from the prenatal period to age 3, while others capture data on children prenatal to age 6 or age 8, and others are only available for children under 18.*

The COVID-19 pandemic: *The pandemic continues to affect the availability and quality of data. As programs have changed in response to evolving needs, monitoring and evaluation systems have been slow to be updated. It may take more years to determine if the changes that have occurred starting in March 2020 will be outliers or the start of new trends. In addition, gaps in data collection and issues with the quality of data collected during 2020 and 2021 will impact our ability to compare data over time.*

Data steward capacity: *As with the majority of human services sectors, the capacity of data stewards across Vermont's early childhood system has been challenged by workforce shortages. At the same time, existing data collections and reports require ongoing attention and maintenance, while new legislation has meant an increase in reporting and analysis requirements. In several cases, data were not available by the deadline for publication. When possible, these indicators will be available at VermontKidsData.org.*

Geography: *This report draws from multiple sources of data, not all of which use the same geographic boundaries.*

Proxy measures: *Due to the small population of Vermont and the current data infrastructure, proxy measures from national datasets and indicators that capture only a small part of the picture are standard. For example, regulated child care utilization data is available and reported, but neither the full scope of the demand for these services nor the utilization of unregulated child care is available.*

Time frames: *The timing of data collection and reporting varies among and sometimes within programs. Data in this report capture a range of indicators from the last three years and include state and federal fiscal years, calendar years, school years, and point-in-time counts. High-quality data often take months or years to be released. Therefore, data in this report may not include recent events or policy changes, such as the July 2023 flooding or the changing policy for the Child Tax Credit.*

Validations: *It is not possible for our small team to externally validate data provided to us. We rely on the integrity of the data provided to us by our experienced data partners.*

ACRONYMS

3SquaresVT: Vermont's Supplemental Nutrition Assistance Program (SNAP)
504: Section 504 of the Rehabilitation Act of 1973
ACEs: Adverse Childhood Experience
AHS: Agency of Human Services
AOE: Agency of Education
ASQ: Ages and Stages Questionnaire
BEAD: Broadband Equity, Access, and Deployment Program
BBF: Building Bright Futures
CACFP: Child and Adult Care Food Program
CCFAP: Child Care Financial Assistance Program
CCWIS: Comprehensive Child Welfare Information System
CEP: Community Eligibility Provision
CDD: Child Development Division (A Division of the Department for Children and Families)
CDDIS: Child Development Division Information System
CIS: Children's Integrated Services
COVID-19: Coronavirus Disease 2019
DA: Designated Mental Health Agency
DCF: Department for Children and Families
DMH: Department of Mental Health
DULCE: Developmental Understanding and Legal Collaboration for Everyone
ED: Emergency Department
EI: Early Intervention
ELL: English Language Learner
EST: Educational Support Team
FPL: Federal Poverty Level
FRL: Free and Reduced Lunch
FSD: Family Services Division (A Division of the Department for Children and Families)
FSH: Family Supportive Housing
GA: General Assistance Emergency Housing
HS/EHS: Head Start/Early Head Start
HUD: Housing and Urban Development
IDEA: Individuals with Disabilities Education Act
IEP: Individualized Education Plan
MAT: Medication Assisted Treatment
MESCH: Maternal Early Childhood Sustained Home-Visiting
MIT: Massachusetts Institute of Technology
MMRP: Maternal Mortality Review Panel
PAT: Parents as Teachers
PCC: Parent Child Center
PHA: Public Housing Agency
PMAD: Perinatal Mood and Anxiety Disorders
PNMI: Private Non-Medical Institutions
PRAMS: Pregnancy Risk Assessment Monitoring System
PQC-VT: Perinatal Quality Collaborative Vermont
R4K!S: Ready for Kindergarten Survey
SAC: State Advisory Council
SBAC: Smarter Balanced Assessment Consortium
SD/SU: School District/Supervisory Union
SDOH: Social Determinants of Health
SSA: Specialized Service Agencies
SUD: Substance Use Disorder
TANF: Temporary Assistance for Needy Families
TSGOLD: Teaching Strategies Gold
UPK: Universal Prekindergarten Education
VCHIP: Vermont Child Health Improvement Program
VDH: Vermont Department of Health
VECAP: Vermont's Early Childhood Action Plan
WIC: Women Infants and Children

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BASIC NEEDS

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