

Voices from the Field

DRAFT
**Rutland Building Bright Futures
Regional Action Plan
2016 - 2021**

**Harnessing the power of Vermont communities to
improve child and family well-being**

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May 2016

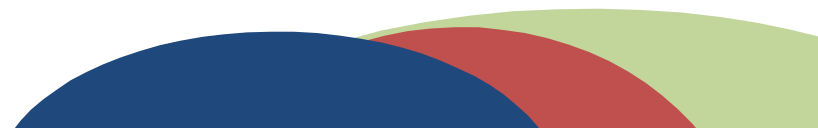
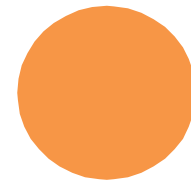
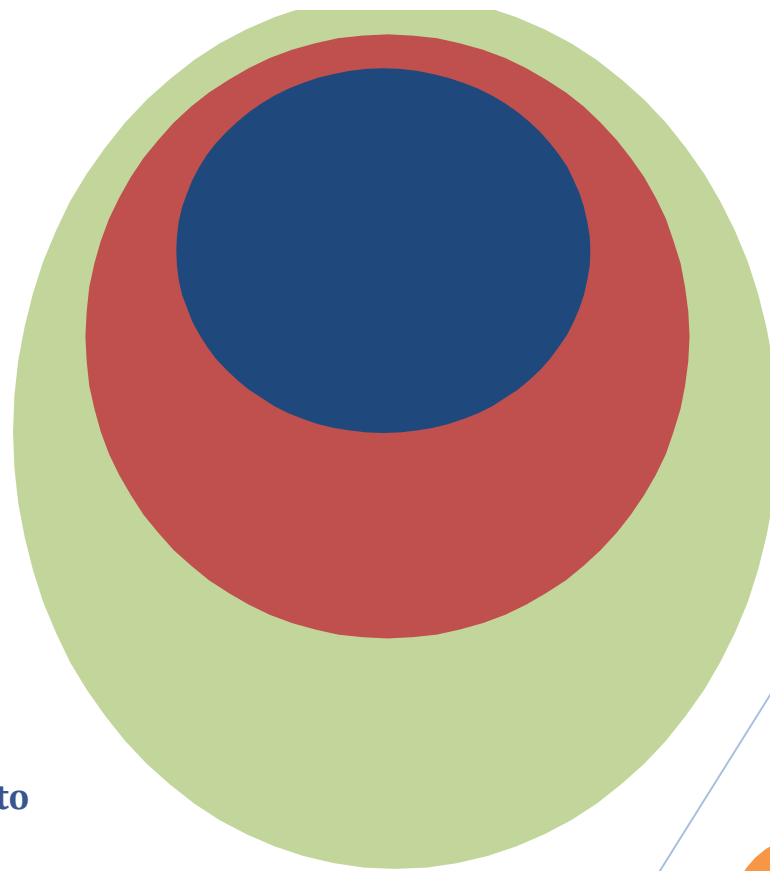


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1. Preface

Building Bright Futures, Vermont’s backbone organization to support early childhood system-building efforts at the state and regional level, embarked upon a bold strategy to stimulate transformative change of our regional early care, education and health systems to help realize the promise of every Vermont child, ages 0-8. To achieve this ambitious vision, Building Bright Futures (BBF) used a Theory of Change model, scaffolded by Results Based Accountability (RBA), to effectively identify all the mutually reinforcing pathways leading to improved outcomes for Vermont’s youngest children and their families. The cornerstone of this endeavor are the **Regional Action Plans**, which are aligned with Vermont’s Early Childhood State Action Plan (State Action Plan) and the AHS Score Card. Considered the regional companion to the State Action Plan, this systemic planning effort promoted the regional integration of early care, education and health systems through resources provided by the Early Learning Challenge—Race to the Top Grant (ELC-RTT). All BBF Regions identified three cross-cutting outcomes and identified six draft indicators, supported by data provided at Vermont Insights, a program of BBF and a partner with the Vermont State Data Center, University of Vermont.

BUILDING BRIGHT FUTURES REGIONAL ACTION PLAN OUTCOMES AND INDICATORS	
Consensus Outcome	Draft Indicator(s)
Children are supported	<ul style="list-style-type: none"> • # of children under age 8 in DCF custody (point in time) • # of child abuse and neglect cases opened for services under 17
Children are healthy	<ul style="list-style-type: none"> • # of low birth weight babies • % of early prenatal care
Children are learning	<ul style="list-style-type: none"> • % of children ready for Kindergarten in all 5 domains • # of licensed and registered 4 and 5 STARS child care providers

Note: BBF is considering other indicators, such as Help Me Grow, based on feedback from members of the BBF State Advisory Council, the ELC-RTT Implementation Team and other Regional Action Plan reviewers. An ad hoc working group has been formed to define further this list of cross-cutting indicators, aligned with the Vermont’s Early Childhood State Action Plan. The BBF Regional Action Plans are also using additional indicators germane to their regions that were identified during their regional action planning process.

BBF commissioned [ActKnowledge](#), an affiliate organization of the Center for Human Environments at the Graduate Center of the City University of New York (CUNY), to assist in the development of 12 regional Theories of Change that articulated the role of all BBF Regional Councils in Vermont's early childhood system. This was a companion effort to ActKnowledge's work to create a state-wide Theory of Change that defined the position of BBF's State Advisory Council in Vermont's early childhood system, aligned with Vermont's Early Childhood Action Plan. ActKnowledge presented their [report](#) to the BBF State Advisory Council at their January 25, 2016 meeting.

The Regional Action Planning process occurred between September 2014 and December 31, 2015. An extensive and transparent process was used to gather data at the regional level for this process, including discussing the plans during BBF Regional Council meetings; holding specific Regional Action Plan work groups; as well as conducting focus groups, surveys, one- on-one interviews and public community forums.

The Regional Action Plans are a deliverable of the ELC-RTT grant. The action planning process and subsequent plans are also included in BBF's Regional Coordinator's Scope of Work, which focuses on these five core components:

- Systems Change
- Collective Impact
- Communications, Public Education, Outreach and Engagement
- Family Engagement
- Regional Council Operations

The Regional Action Plans fall under the Systems Change component, which include leading a regional, diverse and cross-sector collaborative change process aligned with Vermont's Early Childhood Action Plan. This process has allowed the regions to work closely with our public and private partners to implement systems change efforts such as Help Me Grow, Early Multi-Tiered Systems of Support and Promise Communities. In the Collective Impact component, the Regional Councils facilitate the connection of programs, services and resources related to young children and families in each BBF region, aligned with the Vermont's Early Childhood Action Plan. These include collaborating with public and private partners who are implementing community or region-wide efforts such as Let's Grow Kids, and Vermont Birth to Five, among others.

Regional Action Plans are considered living documents and will be reviewed and updated on a regular basis by the BBF Regional Councils to guide their work. Funding for the development of the Building Bright Futures Regional Action plans are provided by the federal Early Learning Challenge – Race to the Top grant.

Note: This draft is subject to future revisions based on feedback from members of the BBF State Advisory Council, Rutland BBF Regional Council, and BBF staff (including the Vermont Insights team).

2. Introduction

Rutland's Regional Action Planning Process

Initially a Regional Action Plan for Rutland was created in 2008 that aligned with priorities identified from the Vermont Agency of Human Services. Members decided to postpone doing any further regional action planning work until the Rutland BBF Regional Council membership was strengthened. Once that took place, Jan Krantz was hired as a part-time BBF Regional Coordinator. Under her leadership the Rutland BBF Regional Council came together in August of 2011 to do a major restructuring of their vision, mission and priorities for the region. In August of 2012, the Rutland BBF Regional Council membership grew further, and diversified. They initiated a strategic planning process, which was revised again in September 2012. The process at that time was facilitated by Caprice Hover, Executive Director, of the Rutland County Parent Child Center, also the fiscal agent for the BBF Regional Council at the time. The intent was to align Rutland's Regional Action Plan with the Vermont Early Childhood Action Plan and reflect the Council's focus for the coming year.

In August of 2013, when crafting their Regional Action Plan, the Rutland BBF Regional Council developed the following Guiding Principles:

- 1) We will make sure children are getting needed services including but not limited to, developmental, social/emotional, and financial assistance to ensure that they are ready for school.
- 2) We will support and promote professional development to ensure professional quality providers.
- 3) We will recognize parents as primary teachers through family centered support and services.
- 4) We will promote and model respectful communication within the community.

The Rutland BBF Regional Action Plan was reviewed and updated on October 15, 2013 and again on May 20, 2014. During that time the Rutland BBF Regional Council had agreed to focus on the following outcomes for the Rutland region: 1) Children are safe, stable, supported and thriving; 2) Children enter school ready to succeed; 3) Community values and supports early education; and a 4) Committed and diverse Council membership.

The Rutland BBF Regional Council convened in February 2015, and began the Theory of Change process. Three outcomes that emerged from this work: Children are Supported, Children are Healthy, and Children are Learning. A Regional Action Plan Work Group was formed, comprised of representatives from the Parent Child Center, Head Start, Agency of Human Services, and the Vermont Department of Health. Divergent voices represented these three key sectors that undergird early childhood systems work in the region as we came together throughout the summer and fall to refine our plan, working off of these three Theory of Change outcomes. We did four drafts of our work plan, and kept the Rutland BBF Regional Council apprised of our progress. The full Rutland BBF Regional Council reviewed, finalized, and voted on the plan on January 19, 2016.

This was a valuable exercise for us, primarily because it helped us gain a better understanding of the Rutland community. We recognized each community has its own needs and assets as well as its own culture and social structure that define it. Updating our Regional Action Plan allowed us to delve deeper into trying to uncover our assets, how to use them, as well as the community needs and how to address them. It helped us make decisions about priorities for early childhood systems improvement. This will also help us as we work in cooperation with our local partners in strengthening our interagency collaborations to better serve children and families.

3. Community Characteristics

Rutland County spans a radius of 933 square miles, and is located in central Vermont. Its population of 60,622 primarily resides in 27 small towns and outlying rural areas. The median age for Rutland County is 44.8, and its projected growth is the second slowest in Vermont. This can be attributed to an exodus of youth leaving the region, and a spike in our aging population.

In spite of its bucolic setting and vast recreation opportunities available such as skiing, biking, hiking, boating, fishing and hunting; we face a number of challenges. Currently the median income in Rutland County is \$46,109 but we continue to lag behind the rest of the state (\$54,267) and the nation (\$53,046). For many decades Rutland County housed many manufacturing companies offering excellent wages and benefits. Over time these facilities have shut down entirely, relocated, or suffered catastrophic circumstances such as the fire at Rutland Plywood Corporation in 2014 that destroyed their building, putting 170 people out of work. Currently the unemployment rate is 5.1%, higher than the state average (4.1%).

Rutland County has 16% of its families with children living below poverty, and 44.2% of children receiving free and reduced lunch. As a result, there is an affordability crisis for families around housing, food, and childcare. Many do access public assistance programs like Reach Up (658 families households-2015), and 3SquaresVT (5,712 families households-2015) and WIC (967 enrolled).

In Rutland County around 46% of renter households paid more than a third of their incomes in rent, and 22% paid more than one half of their incomes for rent. Income levels are much lower than in other parts of the state, which seem to drive the housing cost burden.

Barriers exist when families are trying to access high quality childcare. The majority of the childcare programs (Licensed Childcare Centers) and (Registered Home Care Providers) are concentrated within Rutland City (54). Rutland County has 145 programs, and around 70% of these regulated programs participate in STARS, a voluntary quality rating system of the Vermont Child Development Division. Current capacity is 3,265 with a 12% vacancy rate. Increasing numbers of children in the region struggle with mental health and behavioral issues and/or disabilities. Many of the childcare facilities, especially in more rural communities, are unable to deliver these specialized services to the children.

The cost of quality childcare is hard for many Rutland County families to manage. Although a number of families do receive Childcare Financial Assistance (subsidy) - 800 families within Rutland County and 1,300 children. The weekly childcare rates in our region are actually less than the Vermont average. However, due to the lower median income, a higher percentage of a family's income goes to pay for childcare.

The Rutland region boasts four colleges (Castleton University and Community College of Vermont, both part of the statewide college system; Green Mountain College and The College of St. Joseph, both private institutions, in addition to a vibrant career and technical center, Stafford Technical Center, which provides both day and evening programs. Rutland County is part of six Supervisory Unions (SU) (Addison Rutland, Bennington Rutland, Rutland Central, Rutland City, Rutland Northeast, Rutland South and Rutland Southwest. Our high school graduations rates are at 34.1% are higher than the state average (30.3%). Around 18.1% of Rutland County residents have attained a bachelor's degree or higher.

Rutland County is across the spectrum in terms of the Kindergarten Readiness Survey. While not a direct assessment of children, it relies on the

observational knowledge the teacher has developed about the child during the first few weeks of Kindergarten. The survey consists of 30 items across the domains of Social and Emotional Development, Approaches to Learning, Communication, Cognitive Development and General Knowledge and Physical Development and Wellness. Rutland City Schools had the lowest percentage of children who were “ready” for Kindergarten at 34.50% and Rutland South Supervisory Union, (with schools in Clarendon, Shrewsbury, Tinmouth and Wallingford) at 63.50%.

We are fortunate to have an exceptional health care facility embedded in our region. Rutland Regional Medical Center (RRMC) is Vermont’s second largest healthcare facility and the only major medical center in Central Vermont. RRMC provides health care to all, regardless of their ability to pay. They offer more than 36 specialized health programs as well as a myriad of health and wellness resources for the community.

Among the themes that have resonated in the Rutland region include tackling substance abuse, improving access to and utilization of medical, dental, and mental health services (including pediatric) for all, promoting access to and availability of facilities for healthy eating, exercise and recreation, providing parenting skills and supports, improving transportation resources, and safe and affordable housing.

Rutland County has been severely impacted by illicit drug use. The national media had put our issues with opiates and heroin on center stage. Vermont ranks among the top three states in the nation for illicit drug use. Rutland Mental Health Services served the second largest number of clients for substance abuse in the state. The largest groups affected were the 20-34 demographic at 61%, a tipping point for the region. What began as a series of community forums - addressing issues such as opiate addiction, improving mental health responses, and quality of life in neighborhoods - morphed into an organization called Project Vision. Project Vision has over 100 diverse and highly committed local service agencies, law enforcement, schools, hospital, faith based organizations, local businesses, and neighbors. Their overarching goal is to make Rutland “one of the healthiest, safest, and happiest communities in America.” Project Vision is divided into three primary areas; prevention and treatment of substance abuse, innovative law enforcement and building great neighborhoods. This innovative community model has brought increased community and interagency collaboration through outreach, reduced recidivism and calls for police services, and rehabilitating blighted properties.

The Rutland County community has numerous resources and highly qualified professionals who try and focus on positive outcomes for children and families. However, the need outweighs the capacity for the delivery of those services. It is often times when certain agencies like the Department of Children and Families and the school districts can only provide supports when needs meet a certain set of state and federally mandated qualifying factors. It is often the cases that only the most intensive needs children qualify for these supports.

Another challenge is that families and children face is the many services and systems are difficult to access. It is not the providers but the system that makes it hard to navigate even for the most experienced professionals. There is a lack of pediatric professionals, including speech, physical and occupational therapists and due to that shortage children are often put on waiting lists for services which affect their development.

Despite many challenges and setbacks, Rutland is moving forward in a positive way. Through efforts like Project Vision and Building Bright Futures, community members and organizations are willing to break down the silos, and work together cooperatively and collaboratively. They are invested in Rutland and are not afraid to share resources and ideas to make it a safer and healthier community.

4. Generating Indicators and Actions from Theory of Change

Theory of Change (ToC) is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context. It fully complements the Results Based Accountability (RBA) approach by mapping out or “filling in” what has been described as the “missing middle” between the overall results a program is working towards (as identified through the RBA approach for example), what a program or change program does (its actions or interventions) and how these lead to desired results being achieved.

By articulating these intermediate outcomes, ToC provides a framework for generating indicators which show progress towards the goal by relating each indicator to an intermediate outcome. ToC also provides a framework for identifying what actions are necessary to achieve each intermediate outcome and who should be involved in developing and implementing these actions. The steps in moving from a ToC Outcomes Framework towards the articulation of indicators and actions necessary for each Regional Action Plan.

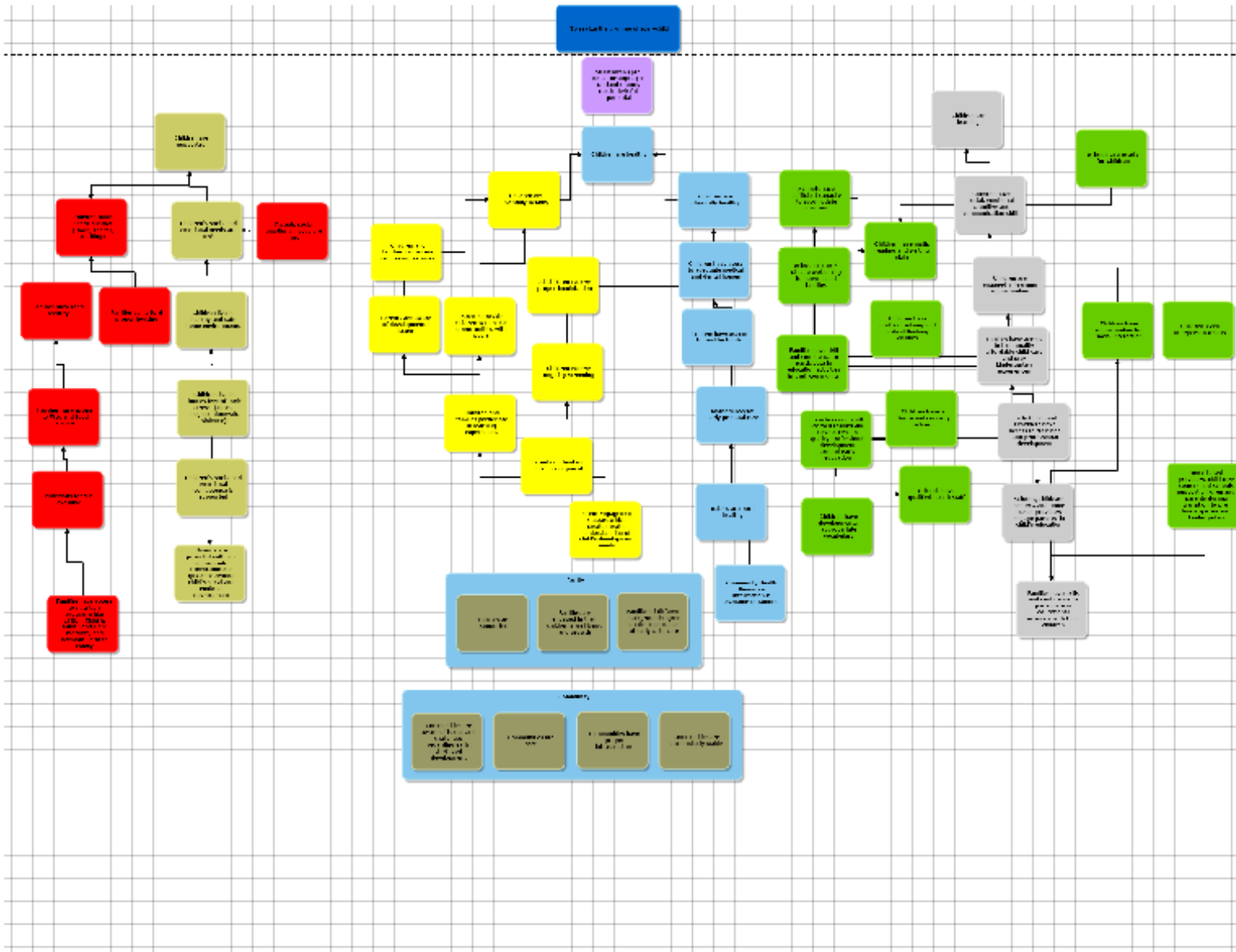
Both ToC and RBA:

- Focus on results or outcomes rather than output or process
- Require clear and specific language defining results
- Use plain language, not exclusionary jargon
- Start with end goals, works backwards to actions
- Get from talk to action as quickly as possible

ToC adds to RBA and CI:

- Logical, proposed causal pathways of change, which illustrates a thorough understanding of how and why you get certain results
- Identifies the relationship between outcomes or results and the interventions or activities
- Underpins a Collective Impact approach by mapping out all the necessary stakeholders and their exact role in achieving change
- Provides the basis for monitoring and evaluation by identifying early mid-level outcomes and measuring long-term results
- Combines formative with result evaluation
- Allows clear indicators to measure the accountable progress towards results


Step 1: “Going Deep” and Rutland’s Building Bright Futures Theory of Change Map





Step 2: Identifying Indicators from Outcome Pathways in Rutland's Theory of Change

The Rutland BBF Regional Council illustrated how indicators of progress towards a particular result were derived from its ToC, as outlined below. This includes identifying the necessary “preconditions” (in that one leads to another). For example, one precondition for children’s social and emotional needs being met is that children live in healthy home environments. A precondition for this is that children live in “toxic stress free” home environments. And a precondition for this outcome is that parents can access knowledge and information around mental health services, which in turn depends on these services being made available. Note: Please read the charts from the bottom to the top.

Table 1: Children are Supported: Deriving Indicators from the Outcomes Framework (Theory of Change)

Outcomes: Children are Supported	Who? (Population)	How good? (Threshold)	How many? (Target)	By when? (Time-line)	Data Sources
<div style="border: 1px solid black; border-radius: 15px; background-color: red; color: white; padding: 5px; display: inline-block;"> Children’s social and emotional needs are met </div> 	All children entering Kindergarten In Rutland County	% of children in Supervisory Union or School District are rated as “ready” in the Social Emotional Development Domain	5%	September 2019	Kindergarten Readiness Survey

<p>Children live in healthy home environments</p> 	All Children under 18	Percentage of children under 18 diagnosed with asthma (15%)-1718	Reduced to 10%	2019	Vermont Department of Health Behavioral Risk Factor Surveillance System, Adult 2012-2013, Child 2011, 2013
	Families in Rutland County receiving WIC	967 Families	Increase by 5%	2017	Vermont Department of Health-WIC Program
	Children under age 5 in Rutland County	Elevated levels of lead in bloodstream	Under 6% of children 0-5 with elevated levels of lead -	2020	Vermont Department of Health Lead Resource Guide
<p>Children live in homes free of toxic stress</p> 	Families with children up to-8	56 child abuse and neglect investigations were substantiated 78 cases opened for services 75 children under 8 were in DCF custody	Number of child abuse investigations, child protection cases and children in custody experiences a decline	2020	2014 Report on Child Protection published by Vermont Department of Children and Families
		Children with 3 or more Adverse Childhood Experiences (ACES) Divorced / separated parents	5%=572	2021	Vermont Children, Youth & Young Adults Who Have Been Exposed to Adverse Family / Childhood Experiences:

		Family income hardship (for children <18 years) Having lived with someone who had substance use problems was mentally ill / suicidal / severely depressed			Characteristics & Recommendations for Building Resilience- by Laurin Kasehagen, MA, PhD Vermont Departments of Health & Mental Health Senior MCH Epidemiologist / CDC Assignee to VDH & VDMH
Children's Social and Emotional Competence is supported.	Children up to Age 6	Percentage of preschool and child care settings with access to mental health consultations #145 Childcare programs (both centers and home based)	Increase in number of home based and child care centers receiving mental health consultation supports. 100%	2018	2015-2016 Rutland County Head Start Needs Assessment
Parents and Caregivers are provided with age appropriate information and guidance around their child's social and emotional development.	Children up to Age 6	Percentage of families in Rutland County accessing Help Me Grow Vermont Child Development Specialists *Data is not available yet for regional call breakdowns	Increase for Rutland County	2018	Help Me Grow Quarterly Report

Story Behind the Data

We have identified three indicators that are important to the Rutland Region; the percentage of children, who are rated as “ready” in the social and emotional development domain for Kindergarten Readiness Survey, the proportion of children with 3 or more adverse childhood experiences, and the number of preschool and childcare settings that have access to mental health consultation)

To provide some background, one of the domains that determine Kindergarten Readiness is Social and Emotional Development. Within this domain children are rated in the following categories: **Plays cooperatively with different children, separates easily from parent/caregiver, using problem solving skills in social situations, appropriately expresses feelings and needs, and adapts to transition within the school day.** In Vermont, teachers are recognizing that a child’s social and emotional health also strongly impacts their learning in addition to mastering cognitive skills. Knowing the ABCs is not enough. To be prepared for school, children also must be excited and curious about learning and confident that they can succeed. They must be able to understand the feelings of others, control their own feelings and behaviors, and get along with their peers and teachers.

In the Rutland County there are a number of obstacles that young children face which impact their social and emotional development readiness. The issues at the forefront are poverty, parents/caregivers with drug and alcohol addictions, and childhood trauma. These very risk factors such as substance abuse, domestic violence and mental health conditions affects a parent’s ability to support children’s development which in turn impacts their behaviors, school success, and long term health outcomes. Families are more focused on addressing their most basic needs-food, housing, and employment, and less likely to engage in early intervention services. Parents of children with social, emotional, and behavioral problems are usually less likely to discuss these problems with a healthcare professional. When parents do access these services, they face waiting lists due to limited capacity of those case managers, DCF workers, and mental health clinicians providing service delivery and support.

To illustrate, the Rutland Regional Medical Center’s Community Health Team hired a Pediatric Social Worker that works with families within the Primary Care Practices that have been certified as patient-centered medical homes. Her role is assist families in connecting to resources and providing care coordination. She also helps to address medical, social, developmental, and behavioral needs and improve outcomes for children. However, her caseload often exceeds 100 patients at a given time.

Inadequate screening prevents recognition of social, emotional, and behavioral problems. It is important that family practitioners and pediatricians use a standardized tool to screen for developmental delays during routine well child visits for children under the age of 3. A 2013 study of 33 Vermont Pediatric and Family Practices by the University of Vermont College of Medicine indicates that 63% of children (0-3) received at least one developmental screening using a validated screening tool, while just 26% received all three developmental screens by age 3. These screenings are critical in identifying trauma related impairment.




It is essential for child care settings, whether home based or centers to have bold training initiatives that will equip providers across all settings with the appropriate training and skills to support the social - emotional development and mental health for young children and their families. The Early Care Mental Health Consultation Programs (ECMHC) is one approach to addressing promoting social and emotional health and preventing the onset of behavioral issues. Their approach is primarily indirect. These consultants educate, train, and coach caregivers so they can develop the skills and confidence to effectively address children’s social-emotional issues whether it is the needs of one child or an entire classroom. Although the consultant may provide some direct services (e.g., observing children, conducting individual assessments, modeling effective practices) these activities are ultimately designed to enhance caregiver competence. ECMHC is both a problem solving and capacity building intervention.

While it is hard to track how many providers have access to mental health consultations, there are centers like Rutland County Head Start who have a strong relationship with Rutland Mental Health Services in providing case management and clinical services to children enrolled in their program. In addition, Rutland Mental Health Services has a program called CUPS (Children's Upstream Services) which provides Screening, treatment, consultation and referral services are available for families with a young child (birth to age six) who are concerned about social, emotional, or behavioral issues. They provide individual (child) and family play-based therapy, consultation to childcare providers and centers, and training on social/emotional/behavioral issues.

What Works

- Availability of high quality and affordable childcare
- Childcare settings that have access to Early Care Mental Health Consultation Programs (e.g. Rutland Mental Health Children’s Upstream Services-CUPS) and provider trainings that focus on the identification and management of children’s emotional and behavioral issues
- Project Vision: this model which has been recognized nationally has brought over 100 social service agencies and various community partners in a coordinated effort to address underlying criminal activity in the Rutland Community. This unprecedented level of collaboration and cooperation between law enforcement and social service agencies are helping to address such issues as mental health, substance abuse, poverty and family dysfunction.
- Sufficient capacity of trained professionals in health, social services, and early education to meet the demands in our region
- Rutland Area Prevention Coalition’s **Second Step Early Learning Program** - evidence based prevention program that focuses on young children’s end-of- preschool social skills, emotion regulation, executive functioning, and academic readiness skills, and how these affect kindergarten-readiness screening and kindergarten performance.
- **Building Bright Futures Public Access Television Program:** Providing a platform for community partners through a local public access television to talk about their organizations in a regional setting and how they are connected to the mission and vision of BBF.
- **Parent Engagement Programs** built on the Strengthening Families Protective Factors (parental resilience, social connections, concrete supports, knowledge of parenting and child development, plus social-emotional competence in children).

Table 2: Children are Healthy: Deriving Indicators from the Outcomes Framework (Theory of Change)

Outcome #2: Children are Healthy	Who? (Population)	How good? (Threshold)	How many? (Target)	By when? (Time-line)	Data Sources
<p style="text-align: center;">Children are physically healthy</p> 	<p>All Children up to age 18</p> <p>#11457</p>	<p>15% of children are obese</p>	<p>2% (decline)</p>	<p>2019</p>	<p>“Report for Rutland County “ Youth Risk Behavior Survey 2013 and Vermont Department of Health 2014</p>
<p style="text-align: center;">Children have access to adequate medical and dental homes</p> 	<p>Children 1-8</p>	<p>67% of children ages 3-6 receive well child visits in 2014</p> <p>% of Medicaid eligible children (1-8) who visit dentists twice per year</p>	<p>Meet statewide average of 75%</p> <p>Increase frequency of visits and those visits for children less than 2 years.</p>	<p>2020</p> <p>2020</p>	<p>Vermont Blueprint for Health: HSA Profile for Rutland</p> <p>Data Development</p>
<p style="text-align: center;">Children have access to healthy foods</p> 	<p>Children under 18</p>	<p>% of children that participate in Free and Reduced price school meals program (Rutland County: 46.8%-2013-2014)</p>	<p>50% of children who are eligible to participate in the free and reduced priced school meals program</p>	<p>2020</p>	<p>Kid Count Data Center</p>

Outcome #2: Children are Healthy	Who? (Population)	How good? (Threshold)	How many? (Target)	By when? (Time-line)	Data Sources
Mothers receive early prenatal care	Pregnant women and their families	78.3% of women received early prenatal care	85% of women receiving early prenatal care	2021	Vermont Department of Health Vital Statistics and Vermont Kids Count
Babies are born healthy	Pregnant Women	88% of women who did not drink during pregnancy (2009-2011)	100%	2020	Healthy Vermonters 2020 State Assessment Plan
Community Health Resource Information is available to families	Families with Children Birth-8	% of families accessing Vermont 2-1-1 YTD Referrals for Health Care-210	Increase call volume 10% for health related inquiries	2020	Vermont 2-1-1 Statistical Report by County

Story Behind the Data

In our region it is not about the number of health related resources and information that is available for children and families, but more about how to make the systems delivery more effective and efficient. We know that the coordination of services can be better served by sharing resources and expertise. Through the efforts of organizations like Project Vision, this interagency collaboration is beginning to take shape.

To support vulnerable first time parents, there are evidenced based home visiting program like the Nurse Family Partnership, which targets mothers before their 28th week of pregnancy. With Maternal Child Health (MCH) Services, located at Rutland Area Visiting Nurse and Hospice, pregnant women can find additional services, both prenatal and postpartum, helping to make the transition from hospital to home much easier. The MCH approach is all inclusive: they look at housing, economic conditions, child safety so they can be a complete resource to mothers and their babies. Children’s Integrated Services (CIS) of Rutland also provides services which include case management, mental health and nursing services for children through 6. The Rutland Regional Medical Center offers a program called “**Baby Steps**” for pregnant women and those who support them. Most recently, Rutland Women’s Healthcare at Rutland Regional Medical Center has just been approved as a “**Centering Pregnancy Site**”, a

first in the state of Vermont. **Centering Pregnancy** is a holistic childbirth approach committed to the empowerment of pregnant women. It is a nationally recognized model of care. In Centering Pregnancy, pregnant women with similar due dates join together in a group with their healthcare providers. They receive all the components of prenatal care including health assessment, education and support. There is a facilitated discussion of pregnancy, birth and newborn care as well as overall health and stress management. The Centering Pregnancy model promotes greater patient engagement, personal empowerment, and community building.

Other programs available are Vermont WIC which helps mothers and young children thrive through good nutrition. WIC also offers breastfeeding supports through their breastfeeding coalition. The Rutland County Parent Child Center's (RCPCC's) **Children's Integrated Services Early Intervention Team** is available for children birth-3 that shows developmental delays. There is **Learning Together** which is a program certified by the Vermont Agency of Education that focuses on pregnant and or parenting youth who are working toward their high school diploma. RCPCC's Poise Program (Parenting on Our Own in a Safe Environment). Poise helps pregnant/parenting youth (16-22) secure safe, affordable housing and provide them with the parenting, educational/vocational, and other life skills to be successful.

According to insurekidsnow.gov Vermont had 94. % of eligible children enrolled either Medicaid or Vermont Children's Health Information Program 2013). What remains interesting is with this high percentage of those insured, Rutland County doesn't meet the statewide average for well child visits, and there are no data points that show the percentage of children up to 8 who visit the dentist twice a year. However, in Rutland County the primary barriers to accessing dental care were Dentists not accepting new Child Medicaid patients, families had no dental insurance whatsoever, an inadequate supply of dental providers particularly for pediatric dental health, and inability to afford the fee at the time of service. It is a similar situation for primary and medical visits.

What has come out of numerous conversations with local service providers is that many new families are still unaware of all the supports and services that are available to them. Communication and information sharing across services and supports needs to improve. Strategies should be put in place to offer more parent engagement programs that are convenient for working families. There should be an increased public awareness campaign that focuses on parenting and ways for families to access services. With the recent launch of Help Me Grow Vermont, families will have another opportunity to learn about resources in their community, and deal directly with child developments specialists if they have specific questions.




What Works

- All new parents receiving Welcome Baby Bags that contain information, resources, baby book, hand knitted baby hat with follow up phone call
- Childbirth and Parenting Education Classes
- Women, Infants and Children (WIC Program) and Breast Feeding Coalition through Maternal Child Health
- Vermont Department of Health Tooth Tutor Dental Access Program
- **Just Play? No Way!** Event-annual event hosted by Rutland Building Bright Futures –highlighting healthy brain development through play-over 20 local stakeholder participating with activities and resource information

- **BAMBI**- a collaborative effort to support pregnant women who are addicted to opiates
- **Child & Adult Care Food Program** –CACFP-housed at BROCC Community Action of Southwestern Vermont (ensures nutritious and safely prepared meals and snacks are available to children in day care settings. The program provides reimbursement for qualifying meals and snacks served in licensed, registered and legally exempt day care homes
- **University of Vermont Extension Expanded Food and Nutrition Education Program (EFNEP)**-hands on nutrition education program with that helps participants make and plan nutritious meals, increase physical activity, stretch food dollars, access food assistance programs when necessary and understand food safety.

Table 3: Children are Learning: Deriving Indicators from the Outcomes Framework (Theory of Change)

Outcomes #3: Children Are Learning	Who? (Population)	How good? (Threshold)	How many? (Target)	By when? (Time-line)	Data Sources
Children have social, emotional, cognitive, and communications skills	Children entering Kindergarten	Children that demonstrated readiness in all 5 domains.	Remain level or increase by 2% in each Supervisory Union	2018	2014-2015 Kindergarten Readiness Survey Vermont Agency of Education
Children are engaged in learning opportunities	Children under 5	# of children attending countywide playgroups	Increase by 2% in each playgroup (Castleton, Pittsford, Rutland, and Mt. Holly)	2017	BBF D.S. Report playgroup survey
Families have access to high quality and affordable childcare and pre-kindergarten	Families and Children under 5	# of childcare programs that have a 4 or 5 STARS Rating (Vermont’s quality and recognition improvement systems for early childhood care and education programs	Increase child enrollment in programs by 5%	2018	Vermont Insights

Outcomes #3: Children Are Learning	Who? (Population)	How good? (Threshold)	How many? (Target)	By when? (Time-line)	Data Sources
<div style="border: 1px solid orange; border-radius: 10px; padding: 5px; display: inline-block;"> Early Childhood Providers have access to professional development </div> 	Early childhood providers, pre-K teachers, families	# receiving early education endorsement	To be determined	2018	Gathering info from Statewide Workforce Survey and working with Vermont Birth-5
<div style="border: 1px solid orange; border-radius: 10px; padding: 5px; display: inline-block;"> Schools, child care centers, and home based providers engage parents in child's education </div> 	Child care program staff, Families	# of parents involved in transition with children from pre-school to kindergarten	To be determined	2018	Council Data
<div style="border: 1px solid orange; border-radius: 10px; padding: 5px; display: inline-block;"> Families have skills and confidence to participate in educational activities with their children </div> 	Families, Early Childhood Providers & Partners	% of parents reporting a stronger school/family relationship	To be determined	2019	Council Data

Story Behind the Data

In examining the childcare landscape within Rutland County here are some facts. Current participation by both registered family child care homes and licensed center based programs in the STARS program is 76%, and those regulated providers with 4 or 5 stars is 24.4%. To break it down further, there are currently 17-4 star providers, and 24- 5 Star Providers in Rutland County. Within the past year, the Vermont Birth to Five Mentor has been working closely with home based providers to either enroll them in the STARS Program or help them to increase their current STARS level. As expected the greatest capacity is with Rutland City-with fewer options available to parents who live in the smaller neighboring towns. What makes the situation increasingly challenging is that there are few providers who offer specialized care and limited number of spaces available for infants and toddlers. Parents continue to face barriers around affordability, limited capacity, and struggling to find childcare closer to home. Many find quality facilities but have to drive out miles out of their way to access them. Another opportunity is more effective and regular communication between parents and providers. Parents have important perspectives on their children and can provide the teacher with information about their child's relationships, interests, and experiences outside of the school or center. This information enhances the teacher's understanding of the child and contributes to more effective teaching.

Rutland County is anticipating that with the statewide implementation of Act 166 (Vermont’s Universal Pre-K Law), there will be an increasing demand for providers/teachers to have their early education/special education endorsement. There is a statewide Pre-K Workgroup in place that is working on strategies to address this issue. On a more local level, we are hopeful that in discussions with Castleton University’s Center for Schools, they might be able to support coursework that will lead to this endorsement. If a cohort could be established, the classes would be offered at a reasonable rate. Geographically it would be much easier for folks to access. Right now we are in the investigatory process, trying to determine what is needed in our region, and how to make it happen.

What is central to our focus is working alongside our partners is creating stronger engagement/involvement between parents, providers, and schools. For many parents a major impediment to becoming involved is lack of time. Working parents are often unable to attend events during the day. Others who are uninvolved did not have a positive experience or feel uncomfortable in a school setting. It is essential to cultivate effective parent engagement programs combined with excellent learning supports in early care and education programs, in a safe and inclusive environment. Parents who are involved in child care and educational programs develop more positive attitudes about themselves and increase their self-confidence.

What Works

- Children’s Integrated Services-Early Intervention Program
- Early Essential Education Programs
- Rutland County Playgroups –reducing parental isolation and providing social/emotional support
- Rutland Free Library (Story Hours and Babies and Toddler’s Rock Music Program)
- Rutland County Head Start Programming /Collaborative
- Rutland County Parent Child Center Strengthening Families Program
- Rutland Promise Community Team
- Guidance on professional development and training for early care and education professionals
- Establish Early Childhood Summit that would bring together professionals to discuss recruitment and retention in the field, and pathways to early education/special education endorsement
- High quality and accessible preschool programs

Step 3: Rutland’s Regional Action Plan

Having identified indicators of results and intermediate outcomes from the Theory of Change, the next step is using the Outcome Framework to develop the Regional Action Plan. For example as outlined in Table 2, tracing out one pathway towards a particular result can be used to identify interventions or activities and also consider which stakeholders are best placed to deliver or work in partnership to deliver particular outcomes.

Table 1: Children are Supported: Deriving Actions from the Outcomes Framework (Theory of Change)

Outcome #1 : Children are Supported	<u>Actions</u>	<u>Indicators</u>	<u>Partners with a Role to Play</u>	<u>Early Childhood Action Plan Results Area Alignment</u>
<div data-bbox="117 591 653 691" style="background-color: red; color: white; padding: 5px; border-radius: 10px; display: inline-block;"> Children’s social and emotional needs are met </div>	Developing initiatives with local partners to disseminate information about access to Universal pre-k in our region	% of children who are competent in social/emotional domain of Kindergarten Readiness Survey	Local Supervisory Unions, Starting Points Network, Rutland Promise Community Team	#3, 2

Children live in healthy home environments



Organize community based events that will have tools and resources available regarding asthma, lead exposure, how to make homes safer and the dangers of second hand smoke.

Insert information in Welcome Baby Bags about WIC Program, and do annual Department of Health Spring Baby Shower

% of children (under 18) living in households under 200% of the federal poverty level.



of new mothers accessing WIC Program

Vermont Department of Health, Rutland Regional Medical Center

RRMC-Women and Children's Unit, Vermont Department of Health (Public Health Nutritionist) Breast Feeding Coalition (MCH)

#1, 6




#1, 3

<p>Children live homes free of toxic stress</p>		<p>Education: establish a better understanding of toxic stress across the spectrum of audiences (families, providers, and policy makers)</p> <p>Publicity: promoting the message regarding toxic stress in young children</p> <p>Promote identification and early intervention of ACEs through universal screening or assessment in early childhood and family service systems.</p>	<p># of substantiated child abuse and neglect investigations</p> <p># of cases opened for services</p> <p># of children under 8 in DCF custody</p> <p># of families engaging in services like NFP, Parent Trainings through Parent Child Center and Head Start</p>	<p>Vermont Department of Health, Rutland Mental Health Services, Rutland Parent Child Center, Rutland County Head Start, Nurse Family Partnerships</p>	<p>#1, 3</p> <p>#1, 4</p> <p>#3, 2</p>
<p>Children's Social and Emotional Competence is supported</p>		<p>Engage in school-family-community partnerships to enhance and support social and emotional competence</p>	<p>Kindergarten Readiness Data for Rutland City School District</p>	<p>Rutland City School District, Rutland Promise Community Team</p>	<p>#2, 1</p> <p>#2, 4</p> <p>#3, 2</p>

<p style="text-align: center;">Parents and Caregivers are provided with age appropriate information and guidance around their child's social and emotional development.</p>	<p>Establish a parent engagement workgroup including child care centers, local home based providers and parents to share best practices, resources, and information.</p>	<p># of Parents who filled out "Parent Involvement Focus Group Survey"</p>	<p>Child Care Centers and Home Based Providers, Parents</p>	<p>#2, 1</p>
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Table 2: Children are Healthy: Deriving Actions from the Outcomes Framework (Theory of Change)

<p>Outcome #2 : Children are Healthy</p>	<p><u>Actions</u></p>	<p><u>Indicators</u></p>	<p><u>Partners with a Role to Play</u></p>	<p><u>Early Childhood Action Plan Results Area Alignment</u></p>
<p>Children are physically healthy</p>	<p>Engaging with families and other relevant partners to support physical activity guidelines for children under 5.</p>	<p>% of decline in WIC participants 3-5 who are overweight</p>	<p>Vermont Department of Health-District Office WIC Program, Rutland Area Physical Activity Coalition, Rutland Regional Medical Center Community Health Team, Help Me Grow</p>	<p>#1, 2 #1, 6</p>

<p>Children have access to adequate medical and dental homes</p>		<p>Collaborate with stakeholders to promote health literacy so that families have the capacity to understand basic health information and services needed to make appropriate health decisions</p>	<p>% of children ages 3-6 receiving one or more well child visits</p>	<p>Rutland Regional Medical Center Community Health Team, Vermont Department of Health, Help Me Grow</p>	<p>#1, 2 #1, 3</p>
<p>Children have access to healthy foods</p>		<p>Connect families and caregivers with information and programs that improve food security and promote nutrition education.</p>	<p>% of providers enrolled in Child & Adult Care Food Program % of families participating in Expanded Food & Nutrition Education Program</p>	<p>BROC Community Action of Southwestern Vermont, UVM Expanded Food and Nutrition Education Program, Vermont Department of Health, Help Me Grow</p>	<p>#1, 5</p>
<p>Mothers receive early prenatal care</p>		<p>Join forces with local partners to ensure there are sufficient supports and information for women regarding reproductive health and childbirth education</p>	<p>% of women receiving prenatal care in first trimester</p>	<p>Vermont Department of Health Breastfeeding Coalition, Rutland County Mental Health Services, Rutland County Parent Child Center, Rutland Regional Medical Center, Nurse Family Partnership</p>	<p>#1, 3</p>

<p style="text-align: center;">Babies are born healthy</p>	<p>Participate in community outreach events that message the importance of pregnancy health</p>	<p>% of women who drink at any time during their pregnancy</p>	<p>Rutland Building Bright Futures Regional Council, Vermont Department of Health, Rutland Regional Medical Center Community Health Team</p>	<p>#1, 2 #1, 3 #1, 4</p>
<p style="text-align: center;">Community Health Resource Information is available to families</p>	<p>Collect and distribute information about prenatal and postnatal supports for families</p>	<p># of Welcome Baby Bags distributed to new parents</p>	<p>Rutland Regional Medical Center Women and Children’s Unit, Rutland County Parent Child Center, Breast Feeding Coalition (WIC), Help Me Grow</p>	<p>#1, 2</p>

Table 3: Children are Learning: Deriving Actions from the Outcomes Framework (Theory of Change)

<p>Outcome #3 : Children are Learning</p>	<p><u>Actions</u></p>	<p><u>Indicators</u></p>	<p><u>Partners with a Role to Play</u></p>	<p><u>Early Childhood Action Plan Results Area Alignment</u></p>
<p style="text-align: center;">Children have social, emotional, cognitive, and communications skills</p>	<p>Make early learning information and materials available to teachers, parents, families, relative caregivers, child care providers, business, and community programs</p> <p>Identify programs, organizations, business, and others in your community that support</p>	<p>Kindergarten Readiness Survey</p> <p>Third Grade Reading Scores</p>	<p>Supervisory Unions, School Districts, Center and Home based Child Providers, Local Museums, Faith Based Organizations, BBF Regional Council, Parents, Rutland Regional Medical Center, Libraries</p>	<p>#1, 3, 4, 6</p>

	<p>activities and events that promote health social and emotional development for children</p>			
<p>Children are engaged in learning opportunities</p>	<p>Explore the expansion of another playgroup within Rutland County facilitated by Rutland County Parent Child Center.</p> <p>Partner with Rutland Free Library on a project to pull together local caregiver resources to share with area organizations which provide services to Pre-K and elementary school children</p>	<p>Conduct a feasibility study to examine need and sustainability.</p> <p>Creation of a Resource Packet of Information that will be distributed among organizations that serve children</p>	<p>Rutland County Parent Child Center Play group Facilitator and Executive Director Rutland BBF Council, Business Community, Vermont Child Development Division, Rutland Free Library, Other Early Childhood Partners, Rutland Region Health Organizations</p>	<p>#1, 2 #4, 5</p>

<p>Families have access to high quality and affordable childcare and pre-kindergarten</p>	<p>Collaborate with local School Districts/Supervisory Union to develop and share information about the implementation of Universal Pre-K in the region</p>	<p># of children countywide who are enrolled in high quality pre-k programs</p>	<p>Supervisory Unions, School Districts, Vermont Agency of Education, Center Based and Home Based Childcare Providers, VAEYC, Let's Grow Kids, VT Early Education Alliance</p>	<p>#3, 2</p>
<p>Early Childhood Providers have access to professional development</p>	<p>Work with Castleton University's Center for Schools that would offer a series of coursework that that could support an early education endorsement</p>	<p>Construct a survey to evaluate the coursework needs in the region.</p>	<p>Vermont Birth-5, Vermont Pre-School Workgroup, Castleton University, BBF State Council and PPD Committee</p>	<p>#3, 4, 5 #6, 6</p>
<p>Schools, child care centers, and home based providers engage parents in child's education</p>	<p>Engage with local partners to ensure trainings are available to home and center based providers on parent outreach and engagement strategies</p> <p>Provide opportunities to promote increased parent engagement outreach and support during transition from preschool to kindergarten.</p>	<p># of trainings offered through Northern Lights that focus on parent engagement</p> <p>Track data of number of parent visits to Kindergartens prior to start of school year.</p>	<p>Rutland Starting Points Network, School Districts/Supervisory Unions, Child Care Centers, Families</p>	<p>#2, 1 #3, 5</p>

<p>Families have skills and confidence to participate in educational activities with their children</p>	<p>Partnering with the Rutland Free Library on a literacy initiative (Bonding with Books) that will teach parents and caregivers on “how to read more effectively to their children.” Spark child’s desire to learn</p>	<p>Kindergarten Readiness Survey</p>	<p>Rutland Free Library, Families, Early Childhood Partners</p>	<p>#2, 1 #6, 3</p>
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Step 4: Rutland's Resource Inventory

Rutland BBF Council has an active membership with a steering committee, voting members and many regular attenders. A number of members serve on various workgroups to help further our mission of improving systems and policies for families and children.

Rutland BBF Council Steering Committee

Caprice Hover-Rutland County Parent Child Center
Liz King-Rutland County Childcare Network
Kathy Allen-Rutland County Childcare Network
Margaret Dulli- Vermont Department of Health
Mitch Golub-Vermont Achievement Center
Kelley Todriff-Rutland County Head Start

Rutland BBF Regional Council

Caprice Hover-Rutland County Parent Child Center
Liz King-Rutland County Childcare Network
Kathy Allen-Rutland County Childcare Network
Margaret Dulli- Vermont Department of Health
Mitch Golub-Vermont Achievement Center
Kelley Todriff-Rutland County Head Start
Jan Krantz-Rutland County Parent Child Center
Theresa Reutzel-Children's Integrated Services
Teresa Fowler-Castleton Childcare Network
Kathy Mongeur-Castleton Childcare Network
Beth McKee-Vermont Achievement Center
Adam Sancic-Agency of Human Services

Lisa Velasquez-Vermont Department of Health
Susan Densmore-Stafford Technical Center
Kate Bilinski-Expanded Food and Nutrition Education Program
Jona Farwell-Eckherd Family Services
Nancy McGill-Rutland Central Supervisory Union
Pam Covell-BROC Community Action of Southwestern Vermont
June Osowski-Rutland Free Library
Myra Peffer-Wonderfeet Kid's Museum
Sharron Harrington-Vermont Birth-5
Shannon Hottinger-Rutland Promise Community
Shayla Zammutto-Let's Grow Kids
Deb Hathaway-Tapestry Afterschool Program

Rutland's Regional Council has robust partnerships with numerous organizations and agencies in our region. Collectively we have worked together on many different levels to raise awareness and develop strategies that will strengthen our early childhood system in Rutland County. Rutland is fortunate to have an abundance of resources available to children and families. As we move forward in the coming year we also look forward to welcoming new and diverse partners to our council.

Here is a list of Rutland’s BBF Regional Council partners below:

Agency of Human Services –Rutland District
Breast Feed Coalition-Maternal Child Health
BROC Community Action Agency of Southwestern Vermont
Castleton University
Children’s Integrated Services Team
Expanded Food and Nutrition Program (EFNEP)
Help Me Grow
Let’s Grow Kids
Maternal Child Health Coalition
Nurse Family Partnership
Playgroup Facilitator-Lynn Gould
Project Vision
Vermont 2-1-1
Vermont Pre-School Program

Rutland City School District
Rutland County Head Start
Rutland County Mental Health Services
Rutland County Parent Child Center
Rutland County Starting Points Network
Rutland Free Library
Rutland Promise Community Team
Rutland Regional Medical Center Community Health Team
Rutland Regional Medical Center Women & Children’s Unit
Rutland Region Supervisory Unions
Vermont Achievement Center
Vermont Birth to 5
Vermont Department of Health
Wonderfeet Kid’s Museum

Rutland’s BBF’s Regional Council Steering Committee:

Caprice Hover - Rutland County Parent Child Center
Liz King-Rutland - County Childcare Network
Kathy Allen - Rutland County Childcare Network
Margaret Dulli - Vermont Department of Health
Mitch Golub - Vermont Achievement Center
Kelley Todriff - Rutland County Head Start

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