

## Summary of Challenges

Integration in Vermont's P-3 EC and MCH Systems Grant (VIP-3) Meta Analysis

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Building Bright Futures contracted with MOLOCOLLABORATIVE, LLC to conduct a meta-analysis of recently completed statewide needs assessments and related reports to examine needs, barriers, gaps, and opportunities for integration within the early childhood and maternal and child health systems. Eighteen documents were examined for a [full meta analysis and thematic summaries](#). Below is a brief summary of the most critical challenges related to system integration and alignment, data gaps and coordination, and supporting children and families.

### *System Integration & Alignment*

System alignment requires coordination within and across local, regional, and leadership levels. The documents reviewed for this meta analysis revealed strong examples of system coordination within levels, as well as critical challenges to integration across levels. Stakeholders reported a leadership-level commitment to partnership, but a lack of leadership structure, united governance, and funding alignment to implement that commitment. This mismatch leads to tension between the formal systems and funding siloes of state agencies, and the interdisciplinary, responsive teams that serve P-3 populations. Initiatives like home visiting, Children's Integrated Services, and Early Head Start include agile, cross-sector teams that can adapt and respond quickly to child and family needs. But the potential of these integrated models is constrained by insufficient resources, a lack of coordinated data, and strategic alignment to fully support P-3 needs. Families experience these cross-level misalignments as service interruptions and lack of care coordination when they transition across service agencies and structures. Building Bright Future's multi-tiered infrastructure with regional councils, committees, and the State Advisory Council, jumps out as a strong model for alignment across leadership, regional and local levels. Needs assessments also recommend a central data system and a unified budget as critical steps toward system integration and alignment.

### *Data Gaps & Coordination*

The EC-MCH system is limited by an incomplete picture of how Vermont invests in children and families. Currently, there is ample data collected across the system, but no central data or research hub to coordinate and integrate P-3 data. Instead, the system includes a broad array of data sources, procedures and systems that result in duplicated efforts, inconsistent measures, and uncoordinated data collection, analysis, and management. Data literacy also varies widely across the system and many stakeholders need training and support to integrate data and normalize data-informed decision making.

A key challenge is that P-3 data cannot currently be disaggregated to assess the demographic characteristics of subpopulations. It is therefore impossible to capture and analyze key indicators around equity, access, demand, and quality of services across EC-MCH services. Further analysis is needed on the extent to which regional variations in resources and practices impact child and family

outcomes, and on the service experiences of BIPOC, low-income, and families experiencing other risk factors. Additionally, the ability to understand the scope of financial investments and track longitudinal data for P-3 populations is critical to making good decisions about system priorities and investments.

### *Supporting Children & Families*

Workforce issues are a key barrier to supporting families and children in the EC-MCH system. Family needs are complex and increasingly include basic needs for affordable housing, accessible transportation, and healthy food. If families are rural, low income, BIPOC, or experience other risk factors, they are disproportionately impacted by gaps in access and quality of EC-MCH services, and can experience lower health outcomes. The EC-MCH workforce is inadequately prepared or supported to identify and deliver the scope of services to address these increasing needs. To meet these needs, services must integrate the skillsets of ECE providers to build trusting relationships; the abilities of MCH providers to screen and identify needs early; the capacity of social workers to respond to trauma, social determinants of health, basic needs, and substance use; training to address systemic inequities through inclusive practices; and a shared understanding of service provision and coordination across the field. However, the ECE and MCH workforce are underpaid relative to their school- or hospital-based peers, have high rates of turnover, and have low incentives to invest in additional training. In order to address the complex and growing needs of Vermont's P-3 population, there must be greater investments in compensation, cross-training, and infrastructure to sustain the EC-MCH workforce.

Variability in family engagement is also a barrier to system integration. Stakeholders at all levels of EC-MCH systems recognize that it is critical to partner with families to design a responsive system. However, despite many strong models and programs, the system lacks a clear definition and unified approach to family engagement, specifically around disrupting systemic racism and engaging families that have been historically marginalized by traditional service models. There is also insufficient data about how families, particularly BIPOC and historically marginalized families, experience P-3 services. Gathering more information about the experiences of subpopulations is a necessary step to addressing access and equity across the system. Best practices point to engaging families in all aspects of the EC-MCH system – from serving in advisory roles, or offering feedback on services, to participating in policy-making. There are strong resources to draw from across the system, including the BBF Families and Community Committee and Parent Ambassador Network, and the Strengthening Families engagement model. However, strong partnerships require deep relationships, trust, and time – all of which are in short supply for many families. Listening to families and providing thoughtful facilitation, training, coaching, as well as compensation for participation, are steps in the right direction.

In order to move toward an equitable, integrated system that provides seamless care to Vermont's P-3 population, EC-MCH systems must coordinate administrative and strategic efforts, unify commitments to family engagement and equity, invest in a sustainable workforce, and create a central data system and budget to understand how Vermont currently invests, and should invest in children and families.

Documents included in meta-analysis:

1. **2020 Early Childhood Systems Needs Assessment** *Building Bright Futures*, October 2020
2. **2020 Vermont Maternal, Infant, Early Childhood Home Visiting Program Needs Assessment**, September 2020
3. **2020 Act Early Needs Assessment** (Review of Small Raw Data Set and recording of Child Outcomes Accountability Team Mtg. Presentation)
4. **Maternal and Child Health Division Title V Five-Year Needs Assessment**, *Vermont Department of Health*, September 2020
5. **2019 Vermont Head Start and Early Head Start Needs Assessment Report**, *Vermont Head Start Collaboration Office*, June 2020
6. **Summary of 5 Needs Assessments for VIP-3 Grant**, *Building Bright Futures*, 2022. \*Note - as part of the application process for the VIP-3 grant, the BBF team did substantial work to summarize the shared gaps, barriers, and challenges associated with the above 5 needs assessments.
7. **Early Childhood Family Engagement Assessment Report**, *Building Bright Futures*, December 2020
8. **Vermont System of Care Report 2021**, *State Interagency Team (SIT)*
9. **Strengthening Family and Community Partnership and Engagement**, *Children's Equity Project*, April 2021
10. **2020 How Are Vermont's Young Children and Families?**, *Building Bright Futures*, January 2021
11. **The State of Vermont's Children: 2021 Year in Review**, *Building Bright Futures*, January 2022
12. **COVID-19 Vermont Family Impact Survey**, *Voices for Vermont's Children, Let's Grow Kids, Building Bright Futures, Hunger Free Vermont, Vermont Early Childhood Advocacy Alliance*, October 2020
13. **Early Childhood and Family Mental Health Task Force Report**, *Building Bright Futures*, February 2020
14. **The Vermont Early Childhood Action Plan**, updated November 2020
15. **Vermont's 2020-2024 Child and Family Services Plan**, *Family Services Division*
16. **Vermont's 2022 Annual Progress and Services Report**, *Family Services Division*
17. **Vermont's Home Visiting System in Context**, *CHINS (Children in Need of Care and Supervision) Reform Work Group*, December 2018
18. **Integration in Vermont's Early Childhood System Issue Brief**, *Vermont Early Childhood Data & Policy Center*, March 2022