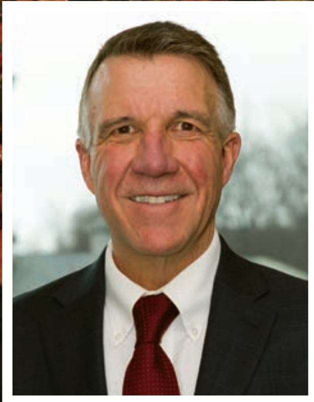
2017 REPORT

How are Vermont's Young Children and Families?

From the Governor



Thank you for taking the time to review the fifth edition of *How Are Vermont's Young Children and Families?*, which is produced annually by Vermont's early childhood advisory council, Building Bright Futures (BBF). It serves as an important resource for Vermonters to focus our collective attention on the well-being of young children and their families, which is the key to the long-term well-being of Vermont's communities and economy.

In my inaugural address almost a year ago, I outlined my vision for a cradle to career education system and the economic importance of making investments in early care and learning as well as higher education. Strong schools and a healthy work-life balance have long characterized Vermont and been part of our state's appeal to many. The challenges we face today, however, are different from those of fifty years ago and ultimately require a different approach from state government.

These challenges can be summed by three numbers that literally keep me up at night: six, three, and one. Every day when we wake up, on average, there are six fewer workers in our workforce, three fewer kids in our K-12 schools, and nearly one baby born exposed to addiction. We must reverse these trends, and we can if we face our challenges head on. And, while there is no silver bullet to solve all these issues, I believe a cradle-to-career education system that's the best in the nation would play an important role in doing so.

We know from studies on brain development that prioritizing early care and learning pays dividends. Furthermore, the economic challenges put on new parents are more pronounced today than 50 years ago. Ensuring the availability of affordable child care will make Vermont a draw to young professionals looking to start a family.

This year's report documents successes and challenges facing young children and their families, as well as promising strategies currently underway in Vermont to help improve outcomes. It also includes regional profiles, outlining data trends and priority actions in communities around the state. As you will see, we have much to celebrate – from a significant increase in the percent of high quality child care programs, to having one of the highest rates of children with health insurance in the country. The report also recommends opportunities for improvement, including addressing the impact of Adverse Childhood Experiences (ACEs), increasing access to quality child care, and making child care more affordable for families.

Ensuring the well-being of our youngest children and their families makes Vermont a more viable place to settle and raise a family, and supports a growing economy. My hope is that the data shared in this report will help improve our shared understanding of how young Vermonters and their families are faring. I hope that after reviewing the 2017 edition of this report you will join with others in Vermont working to ensure our children have a strong start in life and a chance to succeed.

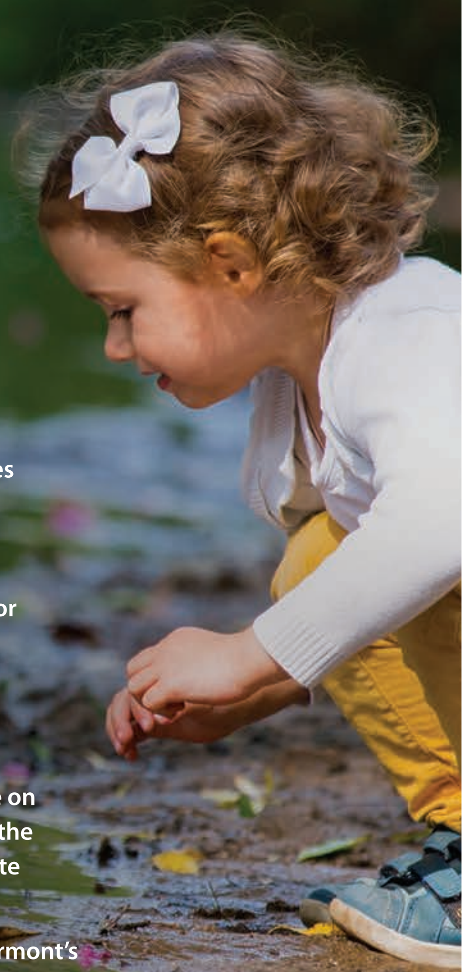
Sincerely,

Philip B. Scott
Governor

From the Executive Director

It is an honor and a privilege to serve as Executive Director of Building Bright Futures. Building Bright Futures (BBF) is Vermont's early childhood public-private partnership established under Act 104, (33 V.S.A. § 4602) to monitor the state's early care, health, and education systems and to advise the Administration and Legislature on policy and system improvements. BBF serves as a backbone organization for collective impact at the state and local level by convening stakeholders and community members with a common goal of meeting the diverse needs of all Vermont children and families.

In order to meet our charge to monitor the status of young children in Vermont, BBF releases the *How Are Vermont's Young Children and Families?* report annually. This publication provides a data-based assessment on the well-being of young children and families across Vermont, as well as key strategies in our early care, health, and education systems to turn the curve and improve outcomes. This report is designed to be a useful tool for state and local government leaders, service providers, parents and caregivers, educators, and other community members interested in supporting a safe, healthy, and prosperous future for Vermont.



In our 2017 report, we highlight the impact of substance abuse on Vermont families, and present a set of recommendations from the BBF State Advisory Council Substance Use Task Force to promote prevention and treatment that support the whole family.

We look forward to continuing to build bright futures for all Vermont's young children together, based on the collective impact of a shared vision, shared data and shared action.

Sincerely,

Sarah Squirrell

Sarah Squirrell
Executive Director

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PURPOSE STATEMENT

The purpose of this document is to report on the current state of Vermont's young children and families. We hope the information shared will inspire interest, involvement, and action among Vermont's government leaders, service providers, educators, parents and caregivers, and greater community members. Together we can collectively support a safe, healthy, and prosperous future for Vermont.

SPOTLIGHT ON SUBSTANCE ABUSE:

While there are many issues and challenges facing children and families in Vermont, it is clear that the current substance use and opiate epidemic is having a significant impact across multiple domains of child and family well-being. Throughout the chapters of this report you will see a spotlight on how substance abuse is impacting families. The Recommendations section includes recommendations from the Building Bright Futures State Advisory Council Substance Use & Opiate Task Force about how to best serve and support Vermont's children and families.

SELECT HIGHLIGHTS

This report has been prepared by Building Bright Futures (BBF), Vermont's early childhood public-private partnership established by law to monitor the state's early care, health, and education systems and to advise the Administration and Legislature on policy and systems improvements.

How Are Vermont's Young Children & Families brings together data and analysis from multiple sources to provide an overview of successes and challenges impacting Vermont's young children, families, and their communities. It also features a recommendation section for how Vermont can make incremental investments and advance strategies to solve systemic issues felt across the state.

We also invite you to visit Vermont Insights, a program of BBF, to explore evolving data behind these issues at www.vermontinsights.org.

Family & Social Relationships

Focus: The importance of positive, nurturing relationships for a young child's development

Safety

Focus: Issues related to child abuse and neglect and ways to support safe communities for children

Health & Development

Focus: The mental and physical well-being and development of Vermont's young children

Early Care & Learning

Focus: The importance and need for high-quality early care, learning experiences, and environments

Family Economic Well-Being

Focus: How our family and community's economic well-being affects children and families of young children

Regional Profiles

Focus: Providing a dashboard profile of each of the twelve BBF Regions

VERMONT'S EARLY CHILDHOOD ACTION PLAN

In each chapter of *How Are Vermont's Young Children & Families*, you will find information linking the content of the chapter to Vermont's Early Childhood Action Plan. Initiated in March 2013, Vermont's Early Childhood Action Plan charts a course of action to help Vermont achieve six goals:

1. All children have a healthy start.
2. Families and communities play a leading role in children's well-being.
3. All children and families have access to high-quality opportunities that meet their needs.
4. Vermont invests in prevention and plans for the future success of children.
5. Data and accountability drive progress on early childhood outcomes.
6. The early childhood system is innovative and integrated across sectors in order to better serve children and families.

Building Bright Futures, as the backbone organization of Vermont's early childhood system, supports and aligns the work of seven committees and the State Advisory Council towards the statewide goals of Vermont's Early Childhood Action Plan. Through an annual implementation cycle, transparent performance measurement, and continuous communication, the Action Plan aligns the complex work of our early childhood system to meet the needs of all Vermont children and families.

Family & Social Relationships

Young children learn about the world through their social interactions and relationships, primarily with their families and other caregivers.[1]

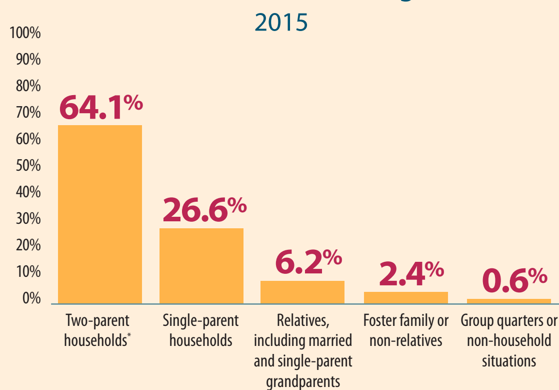
When children experience healthy social and emotional development through positive, responsive family and social relationships, they are able to navigate new situations and experiences. This sets the stage for future learning. Research shows that high social-emotional skills in kindergarten correlate with educational and career successes and fewer interactions with the criminal justice system by the age of 25.[2]

Family Living Arrangements

Vermont children and families have a variety of living arrangements. As Figure 1 shows, the majority of families in the state are two-parent households, but over one-third have other family living arrangements.

***Figure 1:* Living Arrangements of Vermont Families with Children Under Age 18** [F1, F2, F3]

2015



Two-parent households represent male and female couples. Data for same-sex couples were unavailable.

Nurturing Relationships

In order to create loving and nurturing social relationships with their children, Vermont parents and guardians rely on a wide variety of supports. When those supports are strong, parents are most effective in promoting their children's healthy development. When life is particularly demanding, or social supports are strained, parents are more prone to stress and depression, which can interfere with nurturing interactions with their children.

Adverse Childhood Experiences (ACEs)

Current brain and social sciences have shed light on the impact of childhood adversity and toxic stress on healthy child development. Adverse childhood experiences (ACEs), such as neglect, abuse, and family/household challenges (e.g., substance use disorder, mental illness, separation/ divorce) have a lifelong impact.

The more adverse experiences in childhood, the greater the likelihood of health and developmental problems including developmental delays, heart disease, diabetes, substance use disorder, and depression. This can create a cycle where parental substance use disorder contributes to the incidence of ACEs in young children, and to the likelihood of substance use disorder later in life. For all these reasons, ACEs are a public health issue.[3]

SPOTLIGHT ON SUBSTANCE ABUSE: One of the ways to prevent and treat opioid addiction is to begin by understanding its origin in adverse childhood experiences.

In 2011-2012, the percentage of children under age 12 in Vermont with two or more ACEs was higher than the national average (see Table 1).

***Table 1:* Children with Two or More Adverse Childhood Experiences (ACEs) in Vermont and the US** [T1]
2011-2012

Age Group	VT	US
Birth to 5 years old	13.8%	12.5%
6 to 11 years old	26.3%	24.4%

Addressing ACEs is a statewide issue. One in eight Vermont children has experienced three or more ACEs in their lifetime.[4] Fortunately, nurturing relationships and concrete supports for children and their caregivers can help mitigate the impacts of ACEs. For these reasons, two-generational strategies (those that address the well-being of both parents and children[5]) are critical to mitigating the effects of trauma and impact of ACEs in order to build resilience in children.

Strategies to Turn the Curve

Below are several strategies currently underway in Vermont to improve social and emotional wellness for young children and families.

Multigenerational Programs

In order to foster positive social relationships for all children and families, a multigenerational approach focuses on creating opportunities and addressing the needs of both vulnerable children and their parents or caregivers.[6]

Multigenerational programs in Vermont include:

- Home Visiting: Home visitors meet families in their homes to tailor services and resources to best meet the families' unique needs. These services help prevent child abuse and neglect, improve maternal and child health, and improve parent education and self-sufficiency.[7] In Vermont, four evidence-based home visiting models are in use:

  1. Nurse Family Partnership (NFP): Nurses visit first-time, low income pregnant mothers and their infants.

  2. Maternal Early Childhood Sustained Home Visiting (MECSH): Nurses visit at risk pregnant and postpartum women and their children until their second birthdays.

  3. Parents As Teachers (PAT): A trained family support worker visits families with children from prenatal through kindergarten.

  4. Early Head Start: An Early Head Start Home Visitor provides support from pregnancy through a child's third birthday.[8]

- Head Start and Early Head Start: The Head Start Program provides a range of education, child development, health, nutrition, and family support services for children ages 3 to 5 and their income-eligible families. The Early Head Start Program provides equally comprehensive services for pregnant women, children from birth to age 3, and their income eligible families.[9] During the 2016-2017 program year, 1,083 Head Start and Early Head Start families received at least one family service.[10]

Table 2: Comprehensive Services Received by Vermont Children and Families Served by Head Start and Early Head Start [T2]

2017

Type of Comprehensive Service	Number	Percent
Children Served		
Continuous, accessible health care in a medical home	1,649	99.2%
Up-to-date on a schedule of age-appropriate preventative and primary health care, according to the relevant state's Early and Periodic Screening, Diagnostic and Treatment schedule for well child care	1,384	83.3%
Continuous, accessible care in dental home	1,379	83.0%
Up-to-date on all age-appropriate immunizations	1,037	62.4%
Families Served		
Received at least one family service	1,083	70.7%
Health education	849	55.5%
Parenting education	740	48.3%
Emergency/crisis intervention such as meeting immediate needs for food, clothing, or shelter	334	21.8%
Housing assistance, such as subsidies, utilities, and repairs	230	15.0%
Mental health services	213	13.9%

- Children's Integrated Services (CIS): CIS offers health promotion, prevention, and early intervention services to pregnant and postpartum women, infants and children birth to age 6, their families, and child development providers.

- Parent Child Centers (PCCs): PCCs are a network of 15 community-based non-profit organizations delivering support and education for families with young children throughout Vermont. The goal of each PCC is to provide families with a healthy start, promote well-being, and build on family strengths.

- **Early Multi-Tiered Systems of Support (Early MTSS):** Early childhood programs use this framework to create nurturing relationships in high-quality, supportive environments for all children. The Early MTSS framework also provides additional social and emotional support and intensive interventions for children. Early MTSS uses the internationally renowned evidence-based Pyramid Model for Supporting the Social Emotional Competence of all young children[11] including children who have persistent challenging behavior.
- **Building Flourishing Communities:** This statewide effort trains communities in NEAR (Neuroscience, Epigenetics, ACEs, and Resilience) science with the goal that every community member will be a leader in building environments where all Vermonters thrive.
- **Act 43 Working Group:** The Vermont Legislature established this Adverse Childhood Experiences working group "to analyze existing resources related to building resilience in early childhood and propose appropriate structures for the most evidence-based or evidence-informed and cost-effective approaches to serve children experiencing trauma…".[12]
- **The Strengthening Families Approach:** Strengthening Families is a research-informed approach that employs the Protective Factors Framework to support families and child development. The framework includes strategies and tools for building resilience in families, preventing issues of abuse, and leveraging parenting skills to best meet a child's developmental needs.[13]

Family & Social Relationships

LINK TO VERMONT'S EARLY CHILDHOOD ACTION PLAN: Goal #1, "All Children Have a Healthy Start," prioritizes evidence-based home visiting as a path towards a healthy start for children. Over the past year, Vermont's early childhood system focused on streamlining the referral process and improving the management of these programs to increase access for vulnerable families.

Safety

Children need safe and secure environments in which to grow, learn, and develop. The safety and well-being of Vermont's children, with families at the center, is a collective responsibility shared by all of Vermont's citizens.

It is important to ensure parents and caregivers have the necessary skills and supports to raise their children in caring communities and stable home environments. Sometimes, though, children face unsafe situations, including abuse and neglect.

Understanding Child Abuse and Neglect

According to Vermont law, "An 'abused or neglected child' is a child whose physical health, psychological growth and development or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare."[14] Child abuse and neglect put children at risk for cognitive delays, emotional difficulties, and challenging behaviors.[15] Health problems (e.g., alcoholism, depression, drug abuse, eating disorders, obesity, high-risk sexual behaviors, smoking, suicide, and certain chronic diseases) are more likely among adults who experienced abuse or neglect as children.[16] While children from any family can experience abuse and neglect, there is a strong correlation between child maltreatment and factors such as substance abuse, domestic violence, mental health, and financial insecurity.[17]

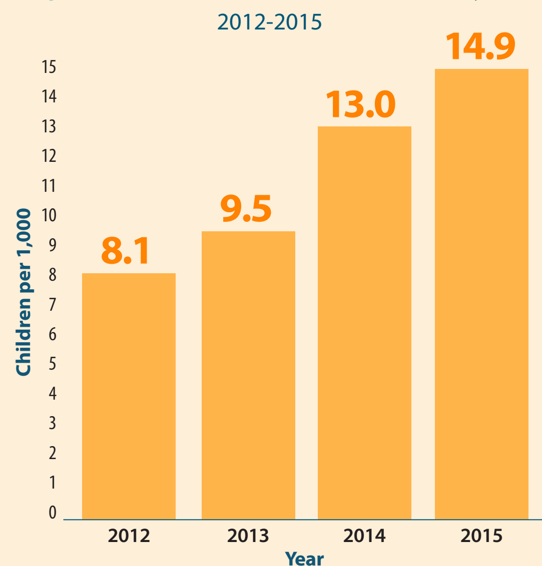
SPOTLIGHT ON SUBSTANCE ABUSE:
Between 2010 and 2015, substance abuse was the most frequent child abuse and neglect risk factor identified by reporters calling the Child Protection Line.

Children in Protective Custody

If a report of child abuse or neglect is substantiated, it is determined to be based on accurate and reliable information. When substantiated, a child may be placed in protective custody, or in the care of the Department for Children and Families (DCF). They may remain at home, or move to live with another family member, a foster family, or other protective care arrangement. As Figures 2 and 3 show, Vermont continues to see an increase in the rate of Vermont children under age three and nine (per 1,000) in protective custody. This trend highlights a range of complex and interlocking factors contributing to child abuse and neglect, including substance use disorder, domestic violence, economic insecurity, mental health challenges, and lack of affordable housing. Multiple factors play a role; however, based on data collected from the DCF Family Service Division staff, 50% of children ages 0-5 are coming into custody because opioids are a factor in their case.[18]

Figure 2:* Rate of Vermont Children Under Age 3 (per 1,000) in Protective Custody [F4]

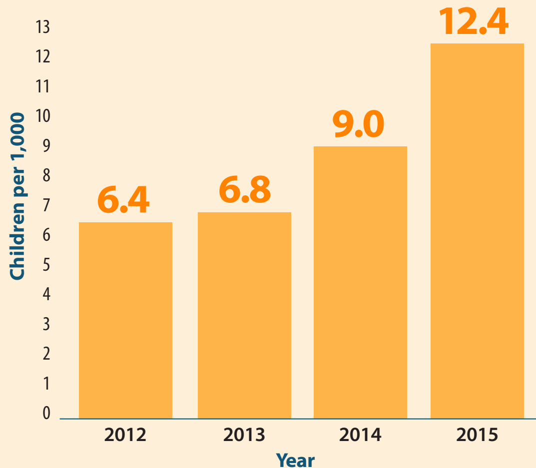
2012-2015



**Children in protective custody on the last day of the reported federal fiscal year (September 30th)*

Figure 3: Rate of Vermont Children Under Age 9 (per 1,000) in Protective Custody* F5

2012-2015



Children in protective custody on the last day of the reported federal fiscal year (September 30th)

Vermont's Family Services Division tracks the family risk factors identified by reporters when the Child Protection Line is called, including domestic violence, financial stress, mental health issues, and substance use disorder. Between 2010 and 2015, the most frequent risk factor identified by reporters was substance use disorder.[19]

Strategies to Turn the Curve

As outlined in the Family & Social Relationships chapter, supportive, nurturing relationships can help mitigate the impact of adverse childhood experiences like child abuse and neglect. Brain science and ACEs research inform prevention practice by targeting supports and services that promote healthy relationships. **Below are several strategies underway in Vermont to support the safety of young children.**

Prevent Child Abuse Vermont (PCAVT):

This statewide nonprofit promotes and supports healthy relationships between children and the people who care for them in order to eliminate child abuse and neglect. PCAVT has been serving youth and families in Vermont by creating, adopting, and carrying out innovative and effective prevention programs. Nurturing Parenting Programs, Circle of Parents Support Groups, and child sexual abuse prevention training for early childhood educators and caregivers, are prime examples.

Vermont Guardian Ad Litem (GAL) Program:

Vermont law requires a guardian ad litem (GAL) for every child in a child abuse or neglect case and sometimes in delinquency or other cases. A GAL is a volunteer who advocates for children involved in court cases by making recommendations to the court for the child's best interests until the case is over. The number of children in need of representation by a GAL has increased substantially in the last three years, while the number of GALs has declined.[20, 21]

LINK TO VERMONT'S EARLY CHILDHOOD ACTION PLAN: Goal #1 of our Action Plan, "All Children Have a Healthy Start", highlights the need to develop community efforts in the public and private sectors to enhance children's safety. The strategies listed above and in the previous chapter all support this goal.

Health & Development

Access to health care, quality nutrition, timely vaccinations, and developmental screening are crucial to the healthy development of children.

Areas Where Vermont's Young Children are Sustaining and Thriving

Access to Health Insurance

Vermont continues to have one of the highest rates of insured children in the country. Approximately 99% of children birth to 17 have health insurance of some type. Eighty-two percent of insured children in that same age group have parents that report their health plan has reasonable out-of-pocket costs, offers benefits or covered services that meet their children's needs, and allows them to see needed health care providers.[22] Ninety-four percent of all Vermont children have a preventative health visit in the first five years of life,[23] and ninety percent of Vermont's children receive at least one initial or periodic screening.[24] This high level of engagement by families with primary health care supports the health and development of Vermont's young children.

Prenatal Care and Low Birth Weight

Women accessing prenatal care during their first 13 weeks of pregnancy have a lower risk of complications and their babies are less likely to be born underweight. Reducing the risk of low birth weight is important: "low birth weight babies (weighing less than 2,500 grams/5.5. pounds) are more likely than babies with normal weight to have health problems as a newborn…[and] have a higher risk of chronic health conditions later in life." [25] Between 2009 and 2015, Vermont had a lower percentage of low birth weight babies than the United States as a whole (Table 3).

***Table 3:* Low Birth Weight Births in VT & the US**[*T3, T4]
2009-2015

	2009	2010	2011	2012	2013	2014	2015
Vermont	6.8%	6.2%	6.7%	6.2%	6.7%	7.0%	6.6%
US	8.2%	8.2%	8.1%	8.0%	8.0%	8.0%	8.1%

**Low birth weight babies are less than 2,500 grams/5.5 pounds*

Childhood Vaccinations

Vermont has seen a steady increase in the percentage of 19 to 35-month-old children who received all vaccinations recommended by the Centers for Disease Control. This is progress toward the state's Healthy Vermonters 2020 goal of at least 80%. As shown in Figure 4, the percentage of young children receiving all recommended vaccines in 2009 was 23%. In 2016, it rose to 77%.

***Figure 4:* Children in Vermont Receiving Full Series of Recommended Vaccines**[*F6]
Ages 19-35 Months, 2009-2016

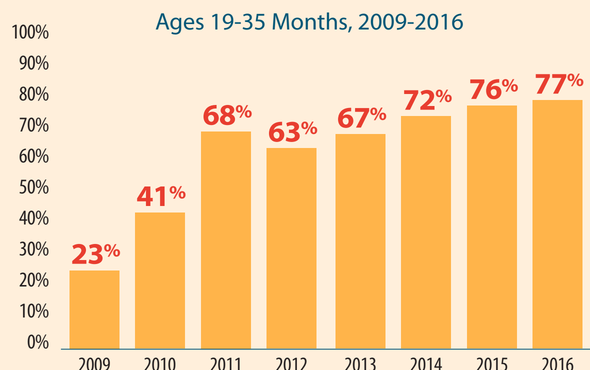


*****Figure 4*** *– Full series of recommended vaccines includes 4+ DTaP: 4 or more doses of diphtheria, tetanus and pertussis vaccine; 3+ Polio: 3 or more doses of poliovirus vaccine; 1+ MMR: 1 or more dose of a measles, mumps, rubella vaccine; 4+ Hib: 4 or more doses of Haemophilus influenzae type b vaccine; 3+ HepB: 3 or more doses of hepatitis B vaccine; 1+ Var: 1 or more doses of varicella vaccine; 4+ PCV: 4 or more doses of pneumococcal conjugate vaccine.*

Health and Development Challenges

Prenatal Substance Use

Reducing the percentage of pregnant women who drink, smoke, and use controlled substances during pregnancy is a key aspect of Vermont's public health goals for the decade. Prenatal alcohol exposure is one of the leading preventable causes of birth defects.[26] Table 4 shows the trends in alcohol use prior to and during pregnancy in Vermont between 2009 and 2014.

Table 5 shows the historical trends in tobacco use prior to and during pregnancy in Vermont. Between 2013 and 2014, Vermont saw an overall decrease in the percentage of women who smoked during pregnancy. However, a Brief on Tobacco Use by the Vermont Division of Maternal and Child Health highlighted that there are marked differences in the rate of smoking during pregnancy based on education and insurance type. Of all women who smoked during pregnancy in 2014, 43% had less than a high school diploma. Only 4% of women who smoked during pregnancy received private insurance, compared to 31% who received Medicaid, 14% who received another form of public insurance, and 17% who were uninsured.[27]

Health & Development

***Table 4:* Alcohol Use and Pregnancy, Vermont**[T5, T6, T7, T8, T9, T10]
2009-2014

Alcohol Use	2009	2010	2011	2012	2013	2014
Drank at least some alcohol in the 3 months prior to pregnancy	71%	72%	67%	70%	68%	70%
Of those who drank at least some alcohol in the 3 months prior to pregnancy, percent who had at least one binge (4 or more drinks in one sitting)	30%	32%	30%	24%	18%	17%
Drank during the last 3 months of pregnancy	13%	13%	13%	14%	13%	15%

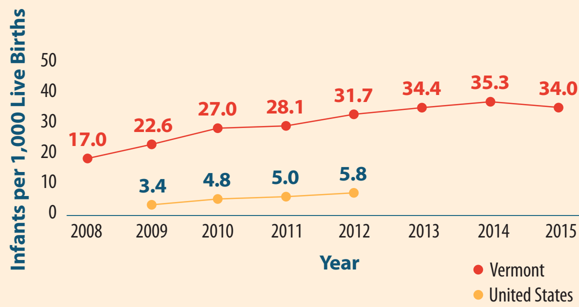
***Table 5:* Tobacco Use and Pregnancy, Vermont**[T11, T12, T13, T14, T15, T16]
2009-2014

Tobacco Use	2009	2010	2011	2012	2013	2014
Women who smoked in the 3 months prior to pregnancy	33%	31%	31%	29%	30%	26%
Women who smoked in the 3 months before pregnancy who tried one or more smoking cessation strategies	--	--	--	76%	79%	91%
Women who smoked during the last trimester	17%	18%	19%	16%	17%	15%
Women smoking at the time of the survey (after birth)	22%	21%	23%	21%	19%	18%

Note: -- indicates no data available

Between 2008 and 2015, Vermont saw an overall increase in the rate of infants (per 1,000 live births) exposed to opioids (Figure 5). While there was a decline in the rate of opioid exposed infants in Vermont between 2014 and 2015, the rates remain high.

***Figure 5:* Rate of Infants Exposed to Opioids per 1,000 Live Births, Vermont Residents at Vermont Hospitals Compared to US** [F7]



Vermont's commitment to providing comprehensive treatment for opioid use disorder may mitigate the impact of this trend. The University of Vermont found that among women delivering infants exposed to opioids in-utero, 60% began treatment before conception and 95% began treatment by the time of delivery. Infants born to women in treatment do not have worse outcomes and there are no known negative long-term outcomes of in-utero opioid exposure.[28] However, Vermont's trends related to prenatal opioid use disorder remain concerning. As outlined in the Family & Social Relationships and Safety chapters, parental substance abuse is recognized as an adverse childhood experience and a risk factor for child abuse and neglect.

SPOTLIGHT ON SUBSTANCE ABUSE: Reducing the percentage of pregnant women who drink, smoke, or use controlled substances during pregnancy is a key forus for Vermont's public health goals for the decade.

Food Insecurity

One in seven children experience food insecurity in Vermont.[29] Children living in food insecure homes are at greater risk for poor health, nutritional deficiencies and obesity, as well as developmental delays, poor academic achievement, depression, and increased aggressive or hyperactive behavior.[30]

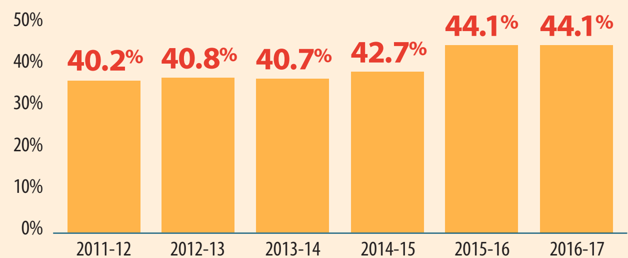
1 in 7 children experience food insecurity in Vermont

Children have been a priority in Vermont's effort to eliminate hunger. In 2013, Vermont became the first state in the nation to cover the student cost for school meals of children whose family incomes were between 135% and 185% of the federal poverty level. Since then, several other states have followed Vermont's example. Each day, approximately 46,000 Vermont students eat school meals and from 2016 – 2017 Vermont schools served 7,779,277 school lunches. In addition, 69 Vermont schools offer school lunch at no cost to all students. Many Vermont schools now offer a full salad bar, and all lunches include servings of vegetables, fruits, whole grains, fresh milk, and a protein item.[31]

More Vermont students receive free and reduced-priced lunch today than during the 2011 – 2012 school years (Figure 6).

***Figure 6:* Students Enrolled in Free and Reduced-Price School Meals Program in Vermont** [F8, F9]

2011/2012 - 2016/2017



Strategies to Turn the Curve

Below are several strategies underway in Vermont to promote the healthy development of young children.

- ***Help Me Grow* VT and Developmental Screening:** Screening helps assess developmental progress of young children, improves early identification of developmental risks, and ensures that children and families are linked to appropriate resources and services. *Help Me Grow* Vermont (*HMG* VT) is a systems effort to increase developmental screening and improve access to existing services for parents with young children. As part of *HMG* VT, the Vermont Child Health Improvement Program (VCHIP) is engaged in several efforts to increase developmental screening among both health care providers and early childhood educators.

- **Nutrition in Child Care Programs:** According to Hunger Free Vermont, 9% of early care and learning providers offer meal programs through the federal nutrition program, while nearly half offer meal programs on their own.[32] Hunger Free Vermont works with early care and learning providers to help them gain the skills they need to provide meals and snacks to children in their care and teach healthy eating habits and social skills during mealtime.

- **Breastfeeding friendly workplaces:** In 2017, Saint Albans became one of Vermont's first designated "Breastfeeding Friendly" cities. Vermont requires employers to offer certain accommodations to breastfeeding mothers, and public breastfeeding is growing in acceptance in Vermont businesses and communities.[33]

- **Vermont Farm to School and Early Care and Learning Statewide Network:** This network provides leadership, coordination, and advocacy to advance new and existing farm to school efforts in Vermont early care and learning programs, classrooms, cafeterias, and communities. Eighty-three percent of Vermont school districts report they participate in farm to school activities; that's 52 districts, 78 schools, and 12,347 students.[34]

LINK TO VERMONT'S EARLY CHILDHOOD ACTION PLAN: One Action Plan priority under Goal #1, "All Children Have a Healthy Start," is to ensure that all children have access to adequate nutrition at home, in early care and learning programs, and during the summer.

Early Care & Learning

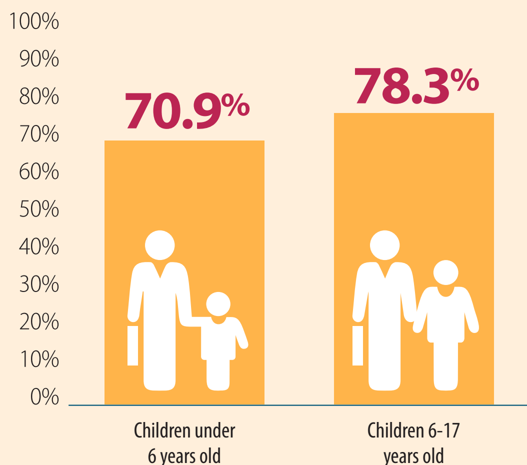
Access to affordable, high-quality early care and learning affects more than Vermont's parents and guardians of young children; it affects the businesses that employ them and our economy.

Early care and learning programs play an important role in the development of Vermont's young children. When families enroll their children, program quality determines the support for learning and social and emotional development the children will receive. This early support prepares our young children for success in kindergarten and beyond.

Parents in the Labor Force

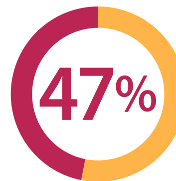
Seventy-one percent of Vermont's children under the age of six, and 78% of children between the ages of six and 17, have all available parents in the labor force (Figure 7). This means that many families in the state must balance the care of their children with parent or guardian work demands.

***Figure 7*: Children in Vermont with All Available Parents in the Labor Force** F10, F11
2011–2015



Access to Care

In May 2016, a report released by the statewide campaign called Let's Grow Kids, using data from the Department for Children and Families Child Development Division (CDD) and the Vermont Department of Health, analyzed the supply of and demand for regulated early care and learning for infants and toddlers in Vermont. The data revealed that 47% of Vermont's infants and toddlers likely to need child care do not have access to regulated child care programs. Further, 79% of infants and toddlers likely to need care do not have access to high-quality, regulated early care and learning programs.[35]



of Vermont's infants and toddlers who likely need access to child care do not have access to regulated childcare programs

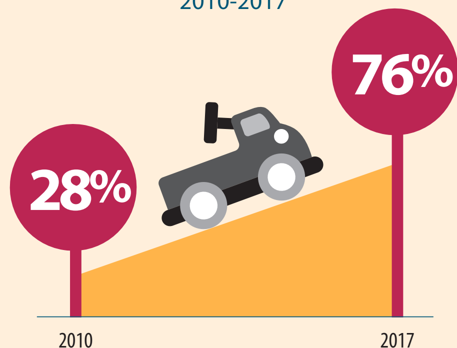
Improving Program Quality

Vermont's Step Ahead Recognition System (STARS) is a voluntary program that recognizes regulated providers for going above and beyond the standard regulations for child care programs. Programs with 4 or 5 stars, or programs that have received national accreditation through the National Association for the Education of Young Children, the National Association of Family Child Care, or National Early Childhood Program Accreditation are recognized as high-quality by several Vermont programs and policies, including Act 166, Vermont's universal pre-kindergarten law.

Since 2010, Vermont has seen an increase in the percentage of all regulated programs that participate in STARS (Figure 8).

Figure 8: All 1-5 STAR Regulated Child Care, Early Learning, and Afterschool Programs Participating in STARS, Vermont [F12]

2010-2017*

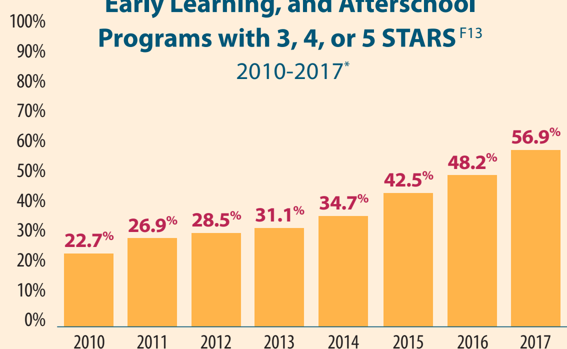


*Data as of June for each year.

There was also an increase in the percentage of programs in the top tiers of STARS during that time (Figure 9), highlighting the importance of supporting our early childhood workforce in their commitment to improving quality.

Figure 9: Percentage of Child Care, Early Learning, and Afterschool Programs with 3, 4, or 5 STARS [F13]

2010-2017*



*Data as of June for each year.

While the increase in programs with quality recognition is good news for Vermont, the child care access challenges described on page 16 demand that we ensure more families have access to high-quality early care and learning programs.

Vermont needs to increase both program quality and capacity, ensuring more families have access to high quality programs.

Kindergarten Readiness

In early fall, Vermont's kindergarten teachers complete the Ready for Kindergarten! Survey (R4K!S) to assess developmental levels for each child in the domains of Physical Development and Health, Social and Emotional Development, Approaches to Learning, Communication, and Cognitive Development. This survey is not a direct assessment of children; rather, it relies on the teacher's observational knowledge of children's performance in the first few weeks of kindergarten. In the fall of 2015, after extensive expert review, the Vermont Agency of Education adopted the new Ready for Kindergarten! Survey (R4K!S). This survey, aligned with the Vermont Early Learning Standards, created a new baseline for kindergarten readiness in Vermont.

In its annual Kindergarten Readiness Report, the Vermont Agency of Education breaks down readiness by gender, eligibility for Free and Reduced Lunch (FRL), and participation in publicly funded Pre-K. Survey results from the last two years (Table 6) reveal readiness gaps based on income level and gender.

74.6% of students eligible for Free and Reduced Lunch were considered ready for kindergarten in 2016-2017, compared to 90.5% of those not eligible.

Table 6: Percent of Kindergarteners "Ready" in Vermont [T17, T18]

2015/2016 – 2016/2017 School Years

	School Years (2015-2016)	School Years (2016-2017)
Vermont	81.8%	83.8%
Boys	77.4%	79.4%
Girls	86.6%	88.6%
Free & Reduced Lunch Eligible	73.2%	74.6%
Not Free & Reduced Lunch Eligible	88.1%	90.5%
Attended Publicly Funded Pre-K	85.4%	84.5%
Did Not Attend Publicly Funded Pre-K	77.5%	82.3%

Strategies to Turn the Curve

Below are several strategies underway to increase access to high-quality early care and learning for Vermont children and families.

- **Universal Pre-K:** A significant step in increasing access to high-quality early education was the passage of Act 166, Vermont's universal Pre-K program, which entitles all children between the ages of three and five who are not yet enrolled in kindergarten to 10 hours each week of publicly funded Pre-K, up to 35 weeks per year. As shown in Table 7, Vermont saw an increase in the number of children enrolled in publicly funded Pre-K in the 2015-2016 school year, the first year of partial implementation of Act 166.

***Table 7*: Number of Children Enrolled in Publicly Funded Pre-K in Vermont**[T19]

2013-2014 to 2015-2016 School Years

	2013-14	2014-15	2015-16
Enrollment	5,871	5,681	7,326

- **Early Learning Challenge Grant:** This $36.9 million federal grant has infused significant resources to support a high-quality and accessible early childhood system over the past four years, with the goal of improving kindergarten readiness.
- **"Starting Points" Early Care and Learning Professional Networks:** Starting Points Networks are locally managed peer-to-peer networks of early care and learning providers that help build local and regional connections, develop local resources, build leadership skills, and offer support and information. These networks are supported by Vermont Birth to Five, a non-profit organization, and Vermont's Department for Children and Families Child Development Division.
- **Shared Services:** By working together to share business and programmatic resources, early care and learning programs are able to offer high-quality services for children and families and enhanced work experiences for educators. Early care and learning providers come together to share services such as enrollment, billing and collections, bulk purchasing, professional development, and access to nurses and mental health consultants. Vermont Birth to Five provides support for communities to develop Shared Service hubs and networks, as well as a statewide web-based resource, www.sharedservicesvt.org.
- **Workforce Development:** In order to increase both capacity and quality in the early care and learning system, the early childhood workforce needs professional preparation and development. In 2017, the Child Development Division contracted with the Community College of Vermont to launch a new, comprehensive early childhood professional development system to meet this urgent system need.

LINK TO VERMONT'S EARLY CHILDHOOD ACTION PLAN: Under Goal #3, "High-Quality Opportunities for All Children," a key action is to expand access. Identified strategies are to increase quality, capacity, and affordability of early care and learning programs, including establishing Universal Pre-K and increasing investments in the Child Care Financial Assistance Program (see the "Family Economic Well-Being" chapter for more information).

Family Economic Well-Being

Family economic well-being considers whether families have adequate, sustainable financial resources to meet their needs.

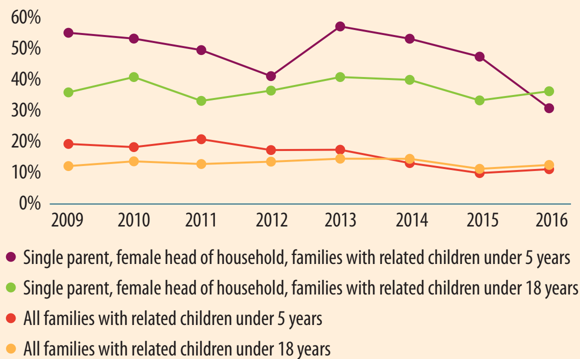
With a high cost of living, it is challenging for Vermonters to make ends meet while ensuring their children receive high-quality opportunities. In fact, research shows that poverty is the single greatest threat to a child's well-being.[36]

Poverty

Vermont has seen an overall decrease since 2009 in the percent of all families with young children under 5 who live in poverty (Figure 10). This includes a decrease in the percent of single mothers with related children under 5 living in poverty. However, the percent of single mothers with children under 5 living in poverty is three times greater than that of all families with children under 5 living in poverty. Many of these families face significant economic challenges affording basic needs such as food, transportation, housing, and access to early care and learning programs.

***Figure 10*: Vermont Families with Incomes Below the Federal Poverty Level** [F14, F15]

2009 - 2016



Wages

Wages in Vermont have not kept pace with expenses and single parent households are particularly vulnerable.[37] Vermont's Basic Needs Budget, developed by the Joint Fiscal Office, estimates the level of income needed by an individual or family to afford basic needs in both urban and rural Vermont. This budget demonstrates that a family would need to earn wages significantly higher than Vermont's current minimum wage, and well above the federal government's poverty threshold, to be able to comfortably afford living in Vermont. Table 8 summarizes some of the data from Vermont's Basic Needs Budget.

***Table 8*: Vermont Basic Needs Budget** [T20]

2016

	Two working parents with two children (rural), Cost estimates per month	Two working parents with two children (urban), Cost estimates per month
Food	$997	$997
Housing (including utlities)	$984	$1,395
Transportation	$1,089	$917
Child care	$1,255	$1,411
Personal & household expenses	$735	$735
Health & dental care	$610	$610
Insurance & savings	$350	$369
Taxes	$1,036	$1,183
MONTHLY	**$6,021**	**$6,435**
ANNUAL	**$84,674**	**$91,416**

To complicate matters, many of the Vermont benefits designed to remediate the challenges of poverty have a benefit cliff effect; as a family's gross income increases, even marginally, it can result in the loss of critical benefits and a reduction in family resources.[38]

Housing

In 2016, 50.7% of Vermont families who rented and 32.6% of families who had a mortgage spent more than 30% of their household income on housing (Figure 11).

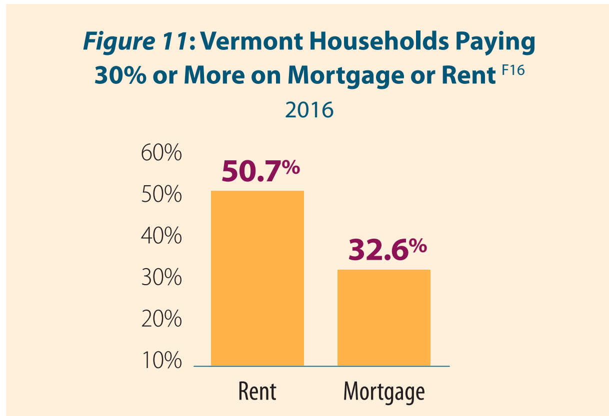


***Figure 11*: Vermont Households Paying 30% or More on Mortgage or Rent** F16
2016

According to the Vermont Affordable Housing Coalition (VAHC), Vermonters would need to make $21.90 per hour (or $45,545 per year) to afford a modest, two-bedroom apartment at the Fair Market Rent. At Vermont's current minimum wage, individuals would need to work 88 hours per week, or 2.2 full-time jobs, to afford this housing.[39]

Homelessness

Families who can't afford housing may become homeless. For families experiencing homelessness, there are a number of publicly funded emergency shelters that offer safe sleeping spaces. While the number of children under the age of 18 who are sheltered has been variable over the past few years (Figure 12), their average length of stay in homeless shelters has been steadily increasing to a record high of 44 days.[40]

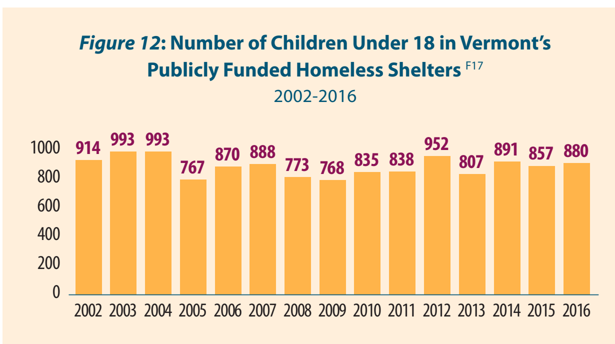


***Figure 12*: Number of Children Under 18 in Vermont's Publicly Funded Homeless Shelters** F17
2002-2016

Child Care and Vermont's Child Care Financial Assistance Program (CCFAP)

Child care is unaffordable for many Vermont families, even in two-parent households where both parents work. Vermonters are spending a significant amount of their earnings on housing, which limits their options for childcare, nutrition, healthcare, and beyond. Using information from the 2015 Child Care Market Rate Survey conducted by the DCF Child Development Division, the annual statewide median cost for a two-parent family with one infant and one preschooler in a full-time, center-based child care program was $21,221.72.[41]

The Child Care Financial Assistance Program (CCFAP) helps families who meet certain work, education, and income requirements to afford child care for their children 6 weeks to 13 years. Children in protective custody, children and parents or guardians who meet certain health and income criteria, and parents or guardians in short term crisis are also eligible for CCFAP.

CCFAP makes payments (known as the reimbursement rate) directly to a child care provider on behalf of a family. The amount of the payment is determined by the age of the child, the income and size of the family, the type of child care program, the program's quality designation in STARS, and the number of hours in which care is needed. Families pay a co-payment directly to providers to make up the difference between what the state pays and what the provider charges.

Over time, CCFAP's reimbursement rates have not kept pace with the cost of child care due to program funding constraints. This leaves a gap between financial assistance payments and the current market rates for child care programs. It means that a family eligible for 100% financial assistance may still have a co-pay for their child care provider, often making early care and learning unaffordable.

***Table 9*: Share of Household Income Spent on Child Care Costs** T21, T22, T23, T24
2017

	Household Income			
	$24,600	$49,200	$73,800	$89,657*
Income as percentage of FPL	100%	200%	300%	364%
CCFAP tuition assistance eligibility	100%	10%	10%	--
Share of income directed for child care with child care financial assistance and program used is 4-star	8.3%	39.2%	26.2%	--
Share of income directed for child care with child care financial assistance and program used does not participate in STARS	26.3%	40.1%	26.8%	--
Share of income directed for child care without public child care financial assistance	86.3%	43.1%	28.8%	23.7%

**$89,657 = state median income for a family; -- is not applicable*

Strategies to Turn the Curve

Below are several strategies underway in Vermont to improve family economic well-being.

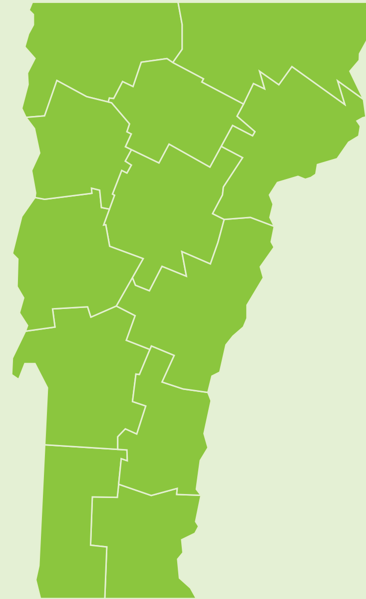
- **Increased Investment in CCFAP:** For the last two years, the Vermont legislature has made incremental investments in the CCFAP. While more investment is needed, this commitment in a tough budgetary environment has helped support Vermont families.
- **Housing bond:** In 2017, Vermont passed a $35 million housing bond to support the creation of rental housing and home ownership opportunities for 550-650 low- and moderate-income Vermonters over the next two to three years. This new initiative represents the largest state investment in housing in more than a decade.

LINK TO THE ACTION PLAN: Goal #3, "High-Quality Opportunities for All Children," includes implementation of policies that enhance family stability and economic security, including initiatives that address homelessness and housing needs.

About the Regions

The 12 Building Bright Futures regional councils bring together a diverse group of community members who are committed to children and families in order to identify gaps, share best practices, strategize, and support response to community issues through their regional action plans. Statewide, nearly 250 individuals, representing a wide variety of sectors and perspectives, participate in regional councils.

Each BBF region is largely based on the Vermont Agency of Human Services' (AHS) 12 service regions.



ABOUT THE REGIONAL PROFILES

The following profiles offer snapshots of regional data that highlight how young children and their families are faring in each Building Bright Futures region.

These profiles focus on child population, STARS participation, kindergarten readiness, immunization rates, and children in DCF custody.

Additional information on all regional indicators can be found on Vermont Insights, **www.vermontinsights.org**, a program of Building Bright Futures.

- Statewide immunization information is from a different source (Center for Disease Control's National Immunization Survey) than the region-specific information reported on each region-specific page (Vermont Immunization Registry).
- The DCF custody information is point-in-time data representing children and youth in DCF custody on the last day of the reported federal fiscal year (e.g., 2015 = September 30th, 2015).

Statewide Kindergarten Readiness in Vermont 2015-2016 & 2016-2017 School Years

School Year	Percent of Students Surveyed	Percent Ready
2015-2016	90.2%	81.8%
2016-2017	86.6%	83.8%

Statewide Current Status

CHILD POPULATION
under age 9

2015: 56,093 Children

2011: 58,321 Children

DECLINED -4.0%

STARS PARTICIPATION

2017*: 996 Programs

2010*: 464 Programs

IMPROVED TO 76.0%

IMMUNIZATION RATES
ages 19-35 months

2016: 287 Children

2013: 280 Children

IMPROVED TO 76.8%

CHILDREN IN DCF CUSTODY
under age 9

2015: 695 Children

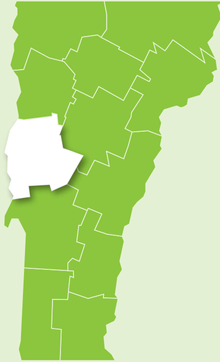
2012: 366 Children

INCREASED TO 12.4 RATE PER 1000

**As of June for each year*

Addison Region

About the Region



The Addison Building Bright Futures Region covers all of Addison County, the third largest county in Vermont. Communities in the region struggle with food insecurity, substance abuse, and a chronic shortage of high-quality infant care. Regional partners have worked collaboratively to integrate their BBF and Integrated Family Services infrastructures to create a continuum of care for children and youth ages birth to 22.

Successes

- Addison County Early Childhood Showcase Tours and Forum to highlight high quality programs and strategize how to build capacity.
- Healthy Children, Happy Families parenting series funded by VT Community Foundation Small and Inspiring Grant.
- Region-wide Pre-K through Kindergarten Transition summit with over 75 attendees. Created focus groups, parent manual, and a Pre-K – Kindergarten transition form for kindergarten teachers.

Current Status

CHILD POPULATION

under age 9

2015:
2,979 Children

2011:
3,168 Children

DECLINED
-6.3%

STARS PARTICIPATION

2017*:
66 Programs

2010*:
35 Programs

IMPROVED TO
75.0%

IMMUNIZATION RATES

ages 19-35 months

2016:
332 Children

2013:
295 Children

IMPROVED TO
71.7%

CHILDREN IN DCF CUSTODY

under age 9

2015:
33 Children

2012:
21 Children

INCREASED TO
11.1 RATE PER 1000

*As of June for each year

Strategies for 2017-18

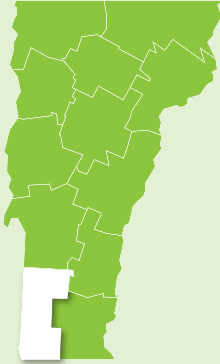
- Developing a shared services pilot program in Addison County in partnership with the Addison County Directors Network and Vermont Birth to Five.
- Regional Early MTSS Leadership Team using the Pyramid Model to guide and align regional best practices for supporting social and emotional development.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Addison Central SU	86.9%	94.2%
Addison Northeast SU	78.8%	84.0%
Addison Northwest SU	87.5%	87.0%

Bennington Region

About the Region



There are 2,133 children under the age of six in Bennington County, with 52% living below 200% of the federal poverty line. Both supervisory unions in the region have a higher percentage of children who qualify for free and reduced lunch than the state average. The region has a high STARs participation rate, however, there continues to be a lack of child care slots for families. Lack of transportation and affordable housing are also issues.

Successes

- Trainings on the Vermont Early Learning Standards: More than 40 providers at both the introductory and secondary levels.
- Two citizen-led Promise Communities.
- 95 people trained in the ARC model (Attachment Regulation Competency).
- Two out of three Supervisory Unions improved their Kindergarten Readiness Scores.

Current Status

CHILD POPULATION
under age 9

2015: 3,251 Children

2011: 3,393 Children

DECLINED -4.4%

STARS PARTICIPATION

2017*: 65 Programs

2010*: 29 Programs

IMPROVED TO 86.7%

IMMUNIZATION RATES
ages 19-35 months

2016: 409 Children

2013: 330 Children

IMPROVED TO 74.6%

CHILDREN IN DCF CUSTODY
under age 9

2015: 52 Children

2012: 24 Children

INCREASED TO 16.0 RATE PER 1000

*As of June for each year

Strategies for 2017-18

One of the core principles for the success of each strategy is to weave in professional development. Professional development gives the region a common language and expectations for success. Bennington's outcomes are long term and are overseen by committees.

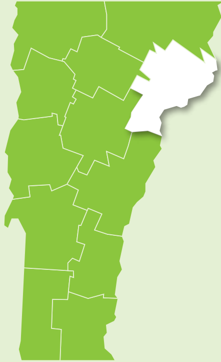
- Use of the Devereux Early Childhood Assessment to track children's social emotional growth.
- Increasing the number of children who are ready for school in five developmental areas.
- Professional development on the impact of drug and alcohol use during pregnancy, targeting child care providers.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Battenkill Valley SU	95.7%	70.0%
Bennington Rutland SU	87.5%	91.7%
Southwest Vermont SU	68.2%	73.0%

Caledonia & Southern Essex Region

About the Region



Building Bright Futures of Caledonia/ Southern Essex regional council is comprised of a diverse group of early childhood partners. The region includes 24 towns in three counties: Caledonia, Essex, and Orange. The population of the region is 34,377, with 3,054 under 9-years-old, making up 8.88% of the population. The residents living in this area report income levels among the lowest in the state and poverty rates among the highest.

Successes

- Secured grant to coordinate professional development for early childhood providers.
- Promoted *Help Me Grow* VT (*HMG* VT) through outreach events to connect families to services.
- Supported the Lyndon Promise Community initiative. The community is developing a Parent Leadership Program, hiring a Resource Coordinator, and building an "All Things Lyndon" website.

Current Status

CHILD POPULATION
under age 9

2015: 3,054 Children

2011: 3,444 Children

DECLINED **-12.8%**

STARS PARTICIPATION

2017*: 64 Programs

2010*: 21 Programs

IMPROVED TO **83.1%**

IMMUNIZATION RATES
ages 19-35 months

2016: 314 Children

2013: 262 Children

IMPROVED TO **66.1%**

CHILDREN IN DCF CUSTODY
under age 9

2015: 55 Children

2012: 23 Children

INCREASED TO **18.0** RATE PER 1000

*As of June for each year

Strategies for 2017-18

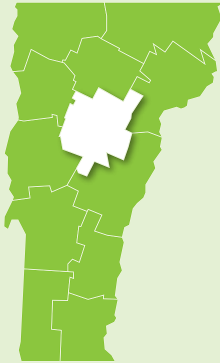
- Work collaboratively with community partners to support pregnant women and parents or guardians in recovery.
- Increase the number of fun family activities rich in resources that promote social connectedness.
- Provide parent education and supports related to child milestones, social-emotional development and nutrition.
- Increase access to healthy food and quality nutrition.
- Offer transition activities to families with young children entering Pre-K and Kindergarten.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Blue Mountain SD	92.9%	84.0%
Caledonia Central SU	92.0%	97.1%
Caledonia North SU	85.0%	83.8%
Essex Caledonia SU	81.6%	86.7%
Orange East SU	74.5%	76.2%
St Johnsbury SD	81.4%	80.6%

Central Vermont Region

About the Region



The Central Vermont BBF Region includes almost all of Washington County and a few towns in northern Orange County. The Central Vermont BBF council consists of more than 25 active members with core membership representing the early care, health, and education fields. The Council advocates for kids and families, and passes on data and stories to our Legislators and to the Administration through Building Bright Futures' State Advisory Council.

Successes

- Established a Universal Pre-K Collaborative among the 12 Supervisory Unions of Central VT and Lamoille Regions.
- Implemented the Barre Promise Community road map to expand activities to support families.
- Launched the Bright Futures Pediatric Guidelines Fourth Edition with Lamoille Valley BBF, VCHIP, Vermont Department of Health, and AAP.
- Convened agencies providing home visiting for better communication and coordination.

Current Status

CHILD POPULATION
under age 9

2015:
5,982 Children

2011:
6,420 Children

DECLINED
-7.3%

STARS PARTICIPATION

2017*:
46 Programs

2010*:
32 Programs

IMPROVED TO
63.0%

IMMUNIZATION RATES
ages 19-35 months

2016:
657 Children

2013:
671 Children

IMPROVED TO
67.7%

CHILDREN IN DCF CUSTODY
under age 9

2015:
48 Children

2012:
41 Children

INCREASED TO
8.0 RATE PER 1000

*As of June for each year

Strategies for 2017-18

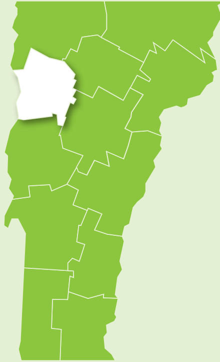
- Work to increase support and partnerships between and among Public Universal Pre-Kindergarten providers, both private and public.
- Build parallel strategies and outcomes with the sister region, the Lamoille Valley BBF Council, to better communicate about and advocate for opportunities and supports for young families and children.
- Provide a rich interactive gathering where early childhood professionals, parents, advocates and health care providers network, seek solutions to shared challenges, and innovate.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Barre SU	61.9%	65.2%
Montpelier SD	Unavailable	91.5%
Orange North SU	78.4%	70.0%
Orange Southwest SU	87.3%	80.9%
Washington Central SU	86.3%	81.7%
Washington Northeast SU	80.0%	77.4%
Washington South SU	96.0%	95.6%
Washington West SU	92.9%	92.5%

Chittenden Region

About the Region



Chittenden County is the economic center for Vermont with 24% of the state's population. The county is home to a mixture of rural and urban families, native-born long-time residents, and recent immigrants. The Building Bright Futures Chittenden Regional Council has been active since 1992, and includes representatives from school districts, early childhood providers, mental health agencies, parents, and community based service providers of all kinds.

Successes

- Family serving agencies continue to improve practices to better serve families with limited English. The council supported 14 agencies to improve language access practices to families with limited English.
- Several Pre-K programs are implementing Early Multi-Tiered Systems of Support. This classroom-wide model reduces disruptive behavior and provides more intensive services for individual children.
- Health, mental health, and family advocacy agencies served 980 families through the five-year Project LAUNCH grant.

Current Status

CHILD POPULATION

under age 9

2015: 14,355 Children

2011: 14,271 Children

INCREASED 0.4%

STARS PARTICIPATION

2017*: 191 Programs

2010*: 97 Programs

IMPROVED TO 72.6%

IMMUNIZATION RATES

ages 19-35 months

2016: 1,873 Children

2013: 1,420 Children

IMPROVED TO 75.1%

CHILDREN IN DCF CUSTODY

under age 9

2015: 86 Children

2012: 56 Children

INCREASED TO 6.0 RATE PER 1000

**As of June for each year*

Strategies for 2017-18

In 2017–2018, the regional council's priorities are to promote the healthy development of children and family stability. We recognize that a child's ability to thrive is impacted by the family's well-being including: Access to food, safe and affordable housing, services free of discrimination that are also accessible for non-English speakers, treatment for substance abuse, an engaged community, and jobs paying a livable wage. We seek to draw these connections across systems to support thriving children and their families.

- Promote use of interpretation and language access plans by agencies that serve families with limited English.
- Expand early care and learning quality and capacity through expansion of programs like the Caring Collaborative.
- Promote healthy child development through *Help Me Grow* VT, including education and training on the impact of trauma and social determinants of health for families and early care and early intervention providers.

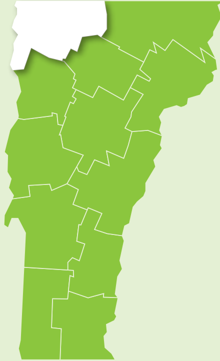
Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Burlington SD	76.0%	68.9%
Chittenden Central SU	80.2%	84.2%
Chittenden East SU	92.4%	93.8%
Chittenden South SU	95.1%	91.7%
Colchester SD	81.6%	94.7%
Essex Town SD	93.2%	88.1%
Milton SD	81.6%	80.5%
South Burlington SD	91.5%	95.7%
Winooksi SD	79.6%	81.3%

BBF Regions

Franklin Grand Isle Region

About the Region



The rural nature of Franklin and Grand Isle counties poses barriers to accessing food, housing, and childcare. Despite this, each supervisory union saw increased kindergarten readiness in 2017. This can be attributed to resources in the region including the local mental health agency, Office of Economic Security, Department for Children and Families, and BBF. The Parent Child Center and network of early care and learning educators further support Vermont's youngest children.

Successes

- St. Albans was recognized as Vermont's first "breastfeeding friendly" city.
- Approximately 50% of registered providers participate in the Child and Adult Care Food Program.
- Two people from our ACEs working group participated in Building Flourishing Communities' NEAR science training to promote trauma informed communities.
- Implemented a program to support moms experiencing perinatal mood disorders, provided access to home visiting support, maternal baby bags, and a "Baby Bumps" support group.

Current Status

CHILD POPULATION

under age 9

2015: 5,855 Children

2011: 6,067 Children

DECLINED -3.6%

STARS PARTICIPATION

2017*: 123 Programs

2010*: 56 Programs

IMPROVED TO 83.1%

IMMUNIZATION RATES

ages 19-35 months

2016: 631 Children

2013: 593 Children

IMPROVED TO 64.9%

CHILDREN IN DCF CUSTODY

under age 9

2015: 136 Children

2012: 62 Children

INCREASED TO 23.2 RATE PER 1000

*As of June for each year

Strategies for 2017-18

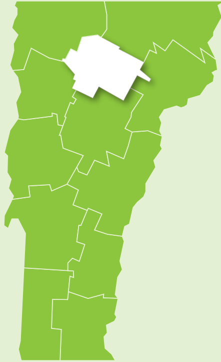
- Implementing seven strategies through Promise Community cohort one for Sheldon, St. Albans, and Swanton towns.
- Implementing Early MTSS at our local YMCA Early Childhood Program.
- Using working committees of the council to address food insecurity and social determinants of health.
- Providing Building Flourishing Communities training through community forums.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Franklin Central SU	86.8%	87.4%
Franklin Northeast SU	85.2%	85.9%
Franklin Northwest SU	77.3%	81.3%
Franklin West SU	84.2%	92.2%
Grand Isle SU	83.1%	92.9%

Lamoille Valley Region

About the Region



The Lamoille Valley Region includes 15 towns that range from one of Vermont's wealthiest, to some of the poorest communities. Council focuses include parent education, professional development, and school readiness. The council convenes stakeholders to discuss emerging early childhood and family issues, and passes on data and stories to our Legislators and to the Administration through Building Bright Futures' State Advisory Council.

Successes

- DULCE pilot: Social worker from the Lamoille Family Center working with Appleseed Pediatrics to provide wrap around resources and referrals to families.
- Universal Pre-K working group to connect private providers with Pre-K coordinators in schools.
- Piloted measurement tools for the rollout of *Help Me Grow* VT.
- Developed, with the Center for the Study of Social Policy, a systems integration strategy and evaluation tool.

Current Status

CHILD POPULATION

under age 9

2015: 3,070 Children

2011: 3,218 Children

DECLINED -4.8%

STARS PARTICIPATION

2017*: 62 Programs

2010*: 29 Programs

IMPROVED TO 80.5%

IMMUNIZATION RATES

ages 19-35 months

2016: 346 Children

2013: 222 Children

IMPROVED TO 67.1%

CHILDREN IN DCF CUSTODY

under age 9

2015: 26 Children

2012: 12 Children

INCREASED TO 8.5 RATE PER 1000

*As of June for each year

Strategies for 2017-18

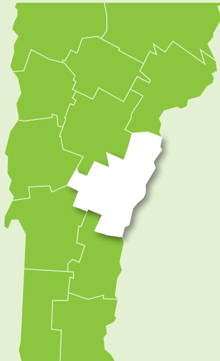
- Work to increase support and partnerships between and among public Universal Pre-Kindergarten providers across settings.
- Build parallel strategies and outcomes with the sister region, the Central Vermont BBF Council, to better communicate about and advocate for opportunities and supports for young families and children.
- Provide a rich interactive gathering where early childhood professionals, parents, advocates and health care providers network, seek solutions to shared challenges, and innovate.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Lamoille North SU	82.9%	87.7%
Lamoille South SU	88.4%	92.0%
Orleans Southwest SU	78.2%	81.0%

Northern Windsor & Orange Region

About the Region



The Northern Windsor and Orange County BBF Region has almost 48,000 people and of those 4,115 are under the age of eight. The region is diverse in population, socio-economics, employment, and education. Due to topography and size, there is no single population hub and many families live in pockets of social isolation. The region is truly a border community with New Hampshire, where services, employment, child care, and housing are often sought.

Successes

- Improved vaccination rates in children by 22.5% since 2013.
- Public transportation was expanded in Orange County.
- Successfully implemented Act 166 offering 10 hours of pre-kindergarten in all seven supervisory unions (two of which are bi-state).
- "Safe Babies Court Model" implemented in Northern Windsor.

Current Status

CHILD POPULATION
under age 9

2015: 4,115 Children

2011: 4,326 Children

DECLINED -5.1%

STARS PARTICIPATION

2017*: 80 Programs

2010*: 29 Programs

IMPROVED TO 87.9%

IMMUNIZATION RATES
ages 19-35 months

2016: 405 Children

2013: 229 Children

IMPROVED TO 59.8%

CHILDREN IN DCF CUSTODY
under age 9

2015: 57 Children

2012: 18 Children

INCREASED TO 13.9 RATE PER 1000

*As of June for each year

Strategies for 2017-18

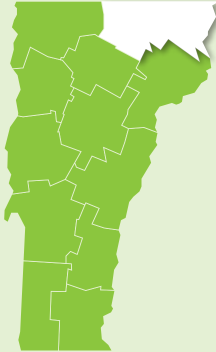
- Explore solutions to decreasing transportation barriers.
- Strengthen and increase the social and emotional supports available to children and their families in this region.
- Investigate possible solutions to build, support, and sustain the early education workforce.
- Hold advocacy trainings for parents, caregivers, and providers.
- Investigate efficacy and capacity to expand "Safe Baby Court" into Orange County.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Hartford SD	68.3%	82.5%
Orange East SU	74.5%	76.2%
Orange Southwest SU	87.3%	80.9%
Orange Windsor SU	71.4%	Unavailable
Rivendell Interstate SD	94.9%	91.2%
SAU 70	83.3%	Unavailable
White River Valley SU	Unavailable	90.4%
Windsor Central SU	91.4%	87.5%
Windsor Northwest SU	91.7%	Unavailable
Windsor Southeast SU	67.0%	85.7%

Orleans & Northern Essex Region

About the Region



Orleans and Northern Essex counties contain some of Vermont's most beautiful lakes, mountains, and farmland. Families have access to recreational opportunities that people travel from all over to enjoy. However, the region also has the state's highest child poverty rates and poorest health outcomes. Despite a historic lack of early care and education programs, partners are building innovative collaborations to meet the needs of children and families.

Successes

- Engaged hundreds of children and families in play and celebration at "Parade of the Young Child" and "Dabble Day".
- Collaborated with partners on professional development and strategies for social and emotional wellbeing.
- Hosted community conversations to better understand issues facing families with young children.

Current Status

CHILD POPULATION

under age 9

2015: 2,539 Children

2011: 2,625 Children

DECLINED -3.4%

STARS PARTICIPATION

2017*: 59 Programs

2010*: 29 Programs

IMPROVED TO 81.9%

IMMUNIZATION RATES

ages 19-35 months

2016: 296 Children

2013: 296 Children

IMPROVED TO 69.2%

CHILDREN IN DCF CUSTODY

under age 9

2015: 28 Children

2012: 13 Children

INCREASED TO 11.0 RATE PER 1000

*As of June for each year

Strategies for 2017-18

The Orleans Northern Essex Building Bright Futures regional council has prioritized social and emotional skill building for caregivers and children in recent years. The council's goal is to raise awareness of the importance of developing social and emotional competencies in early childhood as a foundation for all future learning.

- Developed a common language among caregivers through support of professional development and family friendly community events.
- Established regional team for Early Multi-Tiered Systems of Support implementation in early care and learning environments.
- Embeded Strengthening Families Protective Factors framework in community projects.

Another key strategy for the council is addressing the critical lack of child care capacity in the region, particularly for infants and toddlers.

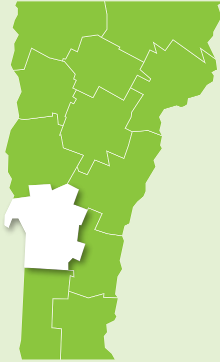
Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Essex North SU	76.9%	83.3%
North Country SU	74.9%	80.5%
Orleans Central SU	81.9%	84.6%

BBF Regions

Rutland Region

About the Region



The Rutland BBF region shares its boundaries with Rutland County, the second most populous region in the state after Chittenden County. Rutland lags behind the nation and the state in median household income and its projected population growth is the second slowest in Vermont. The Rutland BBF Regional Council has an active membership of 20 stakeholders representing early care, education, and health services.

Successes

- Held successful "Just Play No Way" community family fun event highlighting healthy brain development in young children through play.
- Solidified council membership, identity, purpose, and focused on new relationship building, including identifying community resources that will help move the strategies of the regional action plan forward.

Current Status

CHILD POPULATION
under age 9

2015: 5,019 Children

2011: 5,216 Children

DECLINED -3.9%

STARS PARTICIPATION

2017*: 96 Programs

2010*: 44 Programs

IMPROVED TO 70.1%

IMMUNIZATION RATES
ages 19-35 months

2016: 574 Children

2013: 373 Children

IMPROVED TO 66.4%

CHILDREN IN DCF CUSTODY
under age 9

2015: 75 Children

2012: 33 Children

INCREASED TO 14.9 RATE PER 1000

*As of June for each year

Strategies for 2017-18

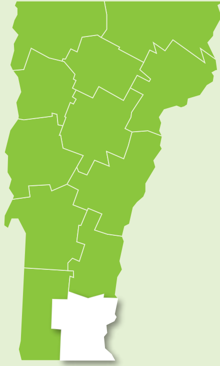
- Developing Pre-K through Kindergarten transition committee and working toward a regional transition summit modeled on work in the Addison region.
- Participating in a regional, interagency ACEs committee to promote education and public awareness of ACEs and toxic stress, while promoting identification and early intervention of ACEs through universal screening.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Addison Rutland SU	77.2%	83.2%
Bennington Rutland SU	87.5%	91.7%
Mill River Unified Union SD	Unavailable	76.4%
Rutland Central SU	92.5%	100.0%
Rutland City SD	61.2%	69.4%
Rutland Northeast SU	85.6%	87.2%
Rutland South SU	81.1%	Unavailable
Rutland Southwest SU	84.2%	70.6%
Two Rivers SU	83.1%	80.3%
Windsor Central SU	91.4%	87.5%
Windsor Northwest SU	91.7%	Unavailable

Southeast Vermont Region

About the Region



The Southeast region is home to more than 35,000 people, just shy of 3,000 are under the age of nine. Southeast Vermont continues to see improvement of quality early learning opportunities for young children. Challenges include access to affordable housing and early learning programs, substance abuse, and a high number of children in DCF custody. There exists a deep commitment to collaborative, innovative approaches to serving all children and families.

Successes

- Opening of the Welcoming Place. Council supported effort to create free child care for parents receiving medicated assisted therapy.
- Making it Work in Windham. Co-hosted forum with nearly 80 participants, with six committing to develop family-centered workplace policies and a collective commitment to promote a whole-person approach to employment.
- Month of the Young Child. Partnership to promote, free events and activities for families during the month of April. 38 total events and nearly 400 attendees.

Current Status

CHILD POPULATION

under age 9

2015: 2,966 Children

2011: 3,071 Children

DECLINED **-3.5%**

STARS PARTICIPATION

2017*: 51 Programs

2010*: 41 Programs

IMPROVED TO **81.0%**

IMMUNIZATION RATES

ages 19-35 months

2016: 320 Children

2013: 254 Children

IMPROVED TO **69.6%**

CHILDREN IN DCF CUSTODY

under age 9

2015: 50 Children

2012: 33 Children

INCREASED TO **16.9** RATE PER 1000

*As of June for each year

Strategies for 2017-18

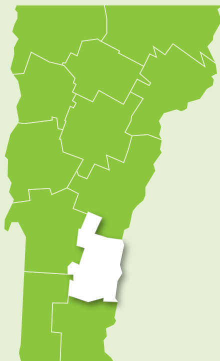
- Promote age 0-8 continuum of early care and learning.
- Support and promote family-centered workplace policies.
- Co-coordinate Month of the Young Child events and activities for families and young children during the month of April.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Windham Central SU	87.3%	90.4%
Windham Northeast SU	87.5%	81.9%
Windham Southeast SU	76.0%	87.0%
Windham Southwest SU	100.0%	93.3%

Springfield Region

About the Region



The Springfield Area Region is home to just over 33,300 people with almost 3,000 under eight-years-old. Historically the region relied on manufacturing, but many of these jobs have moved elsewhere. The region has been reinventing itself with much of its employment now in health care and social assistance, accommodation and food services, and manufacturing. Many people in the region work, seek childcare, and shop over the border in New Hampshire.

Successes

- Relaunched the Welcome Baby project, distributing over 50 bags, making home visits, and holding two community events.
- Established Vermont's first Diaper Bank, "Time for a Change", distributing over 10,500 diapers.
- Created an Early MTSS work group.
- Held a Family Fun Day where every participant said they learned something that could be applied in their homes.

Current Status

CHILD POPULATION
under age 9

2015: 2,928 Children

2011: 3,102 Children

DECLINED -5.9%

STARS PARTICIPATION

2017*: 54 Programs

2010*: 22 Programs

IMPROVED TO 85.7%

IMMUNIZATION RATES
ages 19-35 months

2016: 298 Children

2013: 161 Children

IMPROVED TO 64.6%

CHILDREN IN DCF CUSTODY
under age 9

2015: 49 Children

2012: 30 Children

INCREASED TO 16.7 RATE PER 1000

As of June for each year

Strategies for 2017-18

The high level of generational poverty and the unemployment rate create barriers to ensuring equal access to supports that residents may need to thrive. The greater Springfield area has also been hit hard by drug misuse, similar to the rest of the state.

- Provide a forum ensuring collaboration between projects in the region including Promise Communities, Strengthening Families Framework, ACEs work, Early Multi-Tiered Systems of Support, and more.
- Provide clear information about the options for transportation in the region for families and caregivers.
- Integrate services, systems, and practices between agencies, organizations, and community members to fully support everyone in the region.

Percent of All Students Ready for Kindergarten 2015-2016 & 2016-2017 School Years

Supervisory Union (SU) /District (SD)	2015 - 2016	2016-2017
Bennington Rutland SU	87.5%	91.7%
Springfield SD	86.7%	63.4%
Two Rivers SU	83.1%	80.3%
Windham Central SU	87.3%	90.4%
Windham Northeast SU	87.5%	81.9%
Windsor Central SU	91.4%	87.5%
Windsor Southeast SU	67.0%	85.7%

Substance Use & Opiate Epidemic Task Force Recommendations

Introduction

The Building Bright Futures Early Childhood State Advisory Council recognizes that there are many factors and challenges that children and families are facing as outlined in this report. It is also clear that the current substance use and opiate epidemic in Vermont is having a significant impact across multiple domains of child and family well-being. Given the urgency and importance of this issue the State Advisory Council formed a Substance Use & Opiate Task Force. This Task Force has outlined a framework and recommendations to best serve and support Vermont's children and families.

Why It Matters

Substance and opiate misuse impacts the entire family system and puts children's health and safety at risk. Infants with mothers who used drugs or alcohol during pregnancy are more likely to have a range of physical, behavioral and cognitive problems.[42] Substance abuse can also result in ineffective or inconsistent parenting, leading to children's basic needs–such as adequate nutrition, supervision, and nurturing–going unmet. Families struggling with substance use often experience a number of other problems—such as mental illness, domestic violence, unemployment, and housing instability—that also affect parenting and contribute to high levels of stress.[43]

There is evidence of a strong correlation between opioid addiction and traumatic experiences, particularly early childhood adversity. Adverse Childhood Experiences fall into three categories: family/household challenges (e.g., substance abuse, mental illness, separation/divorce), neglect, and abuse.[44] Parental substance abuse is recognized as a risk factor for child maltreatment and child welfare involvement.[45] The opiate crisis in Vermont has placed increased strain on Vermont's child welfare system. The rate of Vermont children under age nine entering into DCF custody between 2012 and 2016 almost doubled, and substance abuse is one of the leading factors identified by reporters when they call the Child Protection Line.[46]

Opportunity for Vermont to Turn the Curve

The severity and complexity of impact that substance use disorders are having on Vermont's children and families and communities is significant and requires a continuum of care and services that include promotion, prevention, treatment, and recovery. Children and families need the right care at the right place and at the right time. Our service delivery system spans across multiple sectors including health, education, human services, and mental health. Further, these systems straddle both child and adult service delivery and operate in a largely siloed manner. Working to integrate our care and treatment across children's and adult's services and programs, and promoting a full continuum of prevention and treatment is critical. Vermont has an opportunity to build the existing service delivery system in a more proactive, integrated, and coordinated direction that focuses on prevention, family centered care, and multi-generational practices and approaches.

Summary Recommendations

1. Systems integration and care collaboration across adult and child systems

Key leaders in the Agency of Human Services (AHS), Alcohol & Drug Abuse Program (ADAP), as well as community providers should form an interagency team to develop solutions and policy strategies that support integration and reduce siloing of services and funding. These efforts should include early childhood providers and work with the goal of coordination and integration between adult substance use treatment and children's services. By integrating services, treatment plans, and care management strategies, providers can better address the health and human services needs of individuals to support long term recovery of parents and the well-being of children. Key considerations should include:

- Service delivery and practice approaches that include wrap around care coordination, co-location of child and family services and adult treatment, and treatment plans that include goals for

families, and intake forms that ask questions about children and home.

- Prioritize and provide timely access to substance abuse treatment slots for parents with children and follow-up with mentoring and/or case management to support recovery and parenting.
- Develop flexible financing strategies that leverage or combine various funding streams to both address the needs of substance abuse treatment for families with children, and to use funds in a coordinated way.
- Increased investment in prevention efforts to improve early identification of at-risk families through expanded pre-natal screening initiatives.

2. Multi-generational treatment services and family friendly care settings

Vermont providers adopt and utilize multi-generational family-centered approaches and principals to providing substance use treatment. A multigenerational treatment model looks at the role of the family in the treatment of substance use disorders. In addition to clinical treatment, this model includes a continuum of family based clinical and community support services that address many factors for parents and their families such as: substance misuse, mental health, physical health, developmental health, and social, economic, and environmental needs.[47]

Many parents do not complete or seek treatment if they are unable to manage their caregiving responsibilities and participate in treatment programs at the same time. Programs that include access to child care and parenting supports will help to address this barrier.

3. Cross-training, cross-system information sharing

Promote the cross training of children's services and substance abuse treatment professionals to build understanding of systems, goals, approaches, and family-centered and multi-generational practice. Promote and develop cross-system information sharing practices and procedures related to screening and assessment results, treatment plans and care coordination, with the goal of reducing barriers due to confidentiality parameters. Expand and develop linked data systems that can track progress toward shared outcomes and promote shared accountability.

KEY STRATEGY: Develop best practices to address barriers to accessing treatment and support engagement

The BBF Substance Use & Opiate Task force or another entity should analyze the current barriers to accessing treatment and develop engagement practice recommendations. Vermont's efforts to develop an integrated system to support adult treatment, recovery, and child well-being will only be as effective as our ability to engage parents in treatment and other services.

To access the full report and recommendations please visit http://buildingbrightfutures.org/substance-use-and-opiate-task-force/.

Building Vermont's Future from the Child Up Summit Report

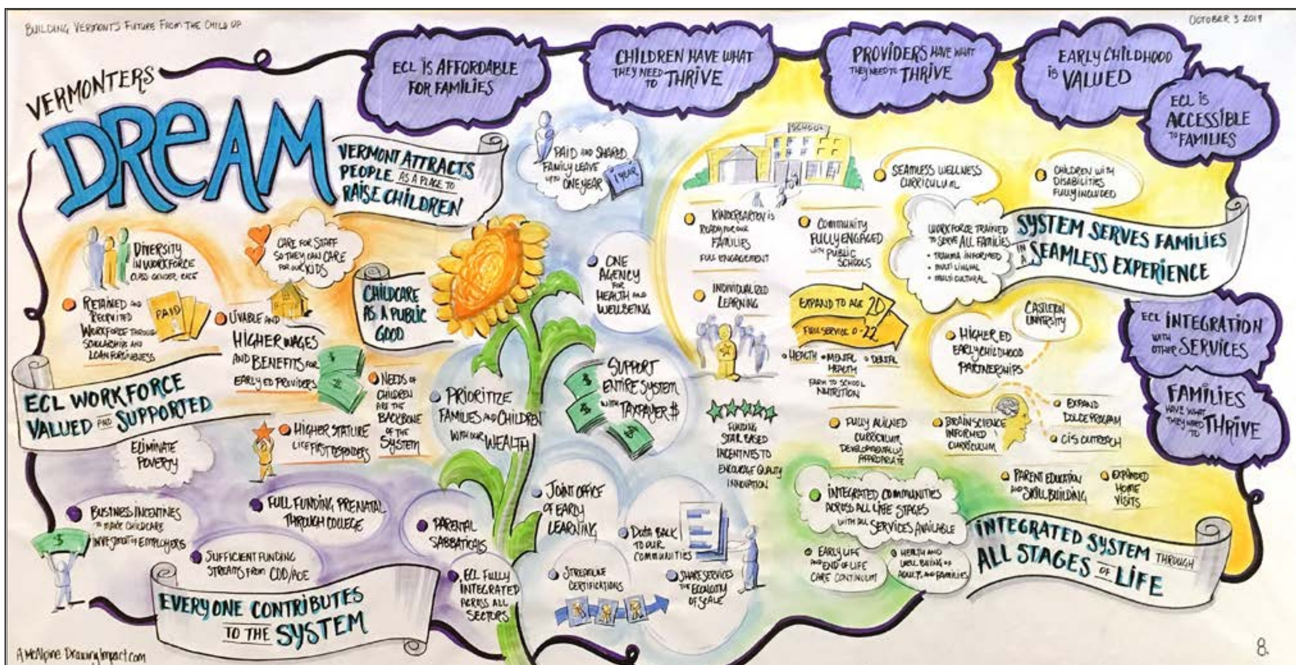
In the 2016 *How Are Vermont's Young Children and Families?* Report, BBF presented the recommendations of Vermont's Blue Ribbon Commission on Financing High Quality, Affordable Child Care. The commission charged BBF with engaging diverse stakeholders in a statewide effort to explore and develop recommendations for a comprehensive integrated early care and learning system.

The Blue Ribbon Commission recommended that this process begin early in 2017, and conclude in time to deliver proposed legislation to the state Legislature no later than January 2019. To provide an overview of its progress thus far, BBF put together a Summit Report that can be found at http://buildingbrightfutures.org/building-vermonts-future-from-the-child-up/.

Building Vermont's Future from the Child Up Summit

In order to meet the recommendations of the Blue Ribbon Commission, in 2017 BBF:

- Partnered with the David L. Cooperrider Center for Appreciative Inquiry at Champlain College in a statewide collaborative design process.
- Conducted interviews with over 300 early childhood stakeholders in every Vermont county to capture their vision and dream for the future of Vermont's early care and learning system.
- Convened over 250 stakeholders at a two-day "Building Vermont's Future from the Child Up" Summit where participants self-selected into "design studios" to flesh out specific aspects of the future system.



Graphic illustration by Angelique McAlpine from the Summit

Summit Design Ideas

Guided by the work of the Blue Ribbon Commission, summit participants considered improvements to our early care and learning system including:

- Implementing affordability
- Early care and learning delivery and capacity building
- Developing and assuring high-quality early care and learning programs for all children and families
- Developing and supporting Vermont's early care and learning workforce
- Coordinating comprehensive/wrap around services
- Identifying system efficiencies
- Financing mechanisms

A full outline of all the design ideas can be found in the Summit Report at http://buildingbrightfutures.org/building-vermonts-future-from-the-child-up/.

Recommended Next Steps

1. The ideas generated at the Building Vermont's Future from the Child Up Summit provide tangible opportunities for innovation and implementation. However, they don't represent a comprehensive blueprint for our future system, as envisioned by the Blue Ribbon Commission. Further work is needed to synthesize and sequence these ideas, and apply research and policy analysis to determine which ideas would most effectively maximize resources while ensuring high-quality experiences for all Vermont children and families.

   Building Bright Futures will convene a small group of stakeholders with the policy and implementation expertise needed to build on the framework provided by the Summit Report, and develop a refined, comprehensive early care and learning systems blueprint, as charged by the Blue Ribbon Commission. This group will meet in early 2018 and present a draft blueprint in the summer of 2018 in order to gather stakeholder feedback before presenting final recommendations to the Legislature in 2019.

2. The Blue Ribbon Commission also recommended that Vermont make immediate incremental investments in high-quality, affordable early care and learning. It is critical that action be taken on this recommendation as well. As outlined in the Commission's final report, this includes:

   - Increases and adjustments to Vermont's Child Care Financial Assistance Program (CCFAP).
   - Establishing a child care facilities fund to be maintained by the Vermont Community Loan Fund.
   - Supports to strengthen the education and compensation of the early childhood workforce through scholarships and financial incentives.
   - Educating employers about ways to support employees in affording quality early care and learning programs.

Many of these recommendations from the Blue Ribbon Commission report align with ideas emerging from the Building Vermont's Future from the Child Up Summit.

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