



Photo taken at Learning Adventure in Grand Isle, a BBF partner.



2019 REPORT

How are Vermont's Young Children and Families?

FROM THE GOVERNOR



Thank you for taking the time to review the seventh edition of *How Are Vermont's Young Children and Families?*, to learn about the state of the state for Vermont's children, birth to age 8. This report is compiled annually by Vermont's early childhood State Advisory Council, Building Bright Futures (BBF). It serves as an important resource to bring Vermonters together to focus on the successes and challenges for our youngest children and their families.

My administration is focused on creating a more affordable Vermont and growing our economy while also protecting our most vulnerable citizens. Creating a strong future for children is at the center of all these goals. The science on brain development shows the importance of investing in our young children as it sets the foundation for life course outcomes, not only for individual children but also for a strong community and a vibrant economy. My vision for a cradle to career system recognizes this critical period of development. We are working to realize this vision in part by creating more affordable, high-quality child care that supports parents' full participation in the economy.

This year's report provides a snapshot of the current status of young children in our state, and highlights promising strategies underway. It includes data trends, regional snapshots, and priority actions taking place around the state. The data in this report provide a basis for shared understanding about Vermont's young children and the systems that support their success. The rise of children in protective custody, the growing number of children served by the state's designated mental health agencies, the rate of young children with social, emotional or behavioral health conditions, and the growing need for high-quality child care and early childhood workforce continue to be some of our greatest challenges.

There are high points to celebrate, such as making child care more affordable and improving quality of care over several years, in addition to opportunities for improvement reflected in the recommendations in key areas such as child and family mental health and supporting the workforce that cares for Vermont's children. The recommendations outline how we can take a proactive approach to early childhood and family mental health, provide children with the support they need to lay the groundwork for social-emotional development, and support the needs of our early childhood workforce.

Ensuring the well-being of children makes Vermont an even better place to work, live, and raise a family. My hope is that this report inspires you to join in our collective work as a state to make Vermont the best place possible for children and families.

Very truly yours,

A handwritten signature in black ink, which appears to read "Phil Scott". The signature is fluid and cursive, written over a light-colored, textured background that looks like a piece of paper or a card.

Philip B. Scott
Governor

FROM THE EXECUTIVE DIRECTOR



It is an honor to serve as the Executive Director of Building Bright Futures (BBF), Vermont's foundational early childhood public-private partnership, mandated by state and federal legislation, to serve as the State Advisory Council on Early Childhood. Through Act 104, BBF is charged with (1) bringing together key stakeholders to engage in discussions about how to best coordinate and enhance the early childhood system of services to meet the diverse needs of all young children, (2) monitoring Vermont's early childhood system including health, early care and education, and (3) using the most up-to-date, high quality data to advise the Governor, Legislature and administration on the system of services and the well-being of children birth to age 8 and their families. This seventh

edition of *How Are Vermont's Young Children and Families* is a cornerstone of how we meet this important obligation.

In our 2019 report, we highlight key recommendations brought forth by the State Advisory Council within two key priority areas: supporting the early care and education workforce and supporting the mental health of children and families. Both priority areas emphasize the early childhood period as the foundation for future development and lifelong outcomes for children and families. New to the report this year is a Spotlight on Early Childhood and Family Mental Health, which reflects one of the State Advisory Council's annual priorities and the critical, ever-growing need for mental health support for children and their families. Over the last year, a cross-sector Early Childhood Mental Health Task Force came together to develop recommendations and promote strategies to proactively support the development of resilience in children. This crucial work emphasizes prevention, based in the Strengthening Families Approach, to help Vermont's children thrive in our communities and beyond.

The well-being of children is an important way we can measure our success as a society. Ensuring optimal developmental outcomes and well-being for our youngest children is a vital role and can help us to grow a healthy economy and community. This report provides a snapshot of how we are doing and is designed to be a useful tool for state and local government leaders, service providers, parents and caregivers, educators, and other community members dedicated to ensuring our children's success. It highlights our collective strengths and areas for improvement as well as strategies in place to move toward an even brighter future for Vermont families. We look forward to working together with families, communities, partner organizations, and lawmakers to best support the children and families of our state. I hope this report inspires you to join in this valuable endeavor. The collective contributions of Vermont's leaders are our best opportunity to lay a strong foundation in the early years of life, securing benefits well into the future.

Sincerely,

A handwritten signature in black ink that reads "Morgan Crossman".

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

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PURPOSE STATEMENT

The purpose of the information contained herein is to report on the state of Vermont's young children and their families. We hope the information shared will inspire interest, involvement, and action among government leaders, service providers, educators, parents and caregivers, and Vermont communities at large. Together we can lay the foundation for a safe, healthy, and prosperous future for Vermont.

In addition to data on the well-being of young children and families, each chapter concludes with Strategies to Turn the Curve, dedicated to highlighting actions underway that help improve outcomes for children. The report concludes with Recommendations, which are intended to inform readers about systems-level strategies that will support greater success for children and families.

Links to important references, reports and documents are included throughout the text for additional information.

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 analyses 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.

Demographics

Focus: Data in this section underpins the entire report and provides context.

Vermont Communities

Focus: The importance of positive, nurturing relationships for healthy child development

Health & Development

Focus: The physical and mental well-being of children in Vermont

Early Care & Learning

Focus: The importance of having enough high-quality early learning environments and experiences

Family Economic Well-Being

Focus: How the family's economic status can support the well-being of children

Regional Profiles

Focus: How Vermont communities are unique across 12 different regions

VERMONT'S EARLY CHILDHOOD ACTION PLAN

Each chapter of this report links the data included to the goals of Vermont's Early Childhood Framework and the priorities of the Early Childhood Action Plan (ECAP), which were initiated in 2013. The ECAP is currently in the process of being updated by the state's early childhood leadership in partnership with families and communities.

The 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 supports and aligns the work of seven committees, the State Advisory Council, and 12 Regional Councils around these goals. Through an annual implementation cycle and transparent performance measurement, the Action Plan aligns the complex work of our early childhood system to meet the needs of all Vermont children and families.

Demographics

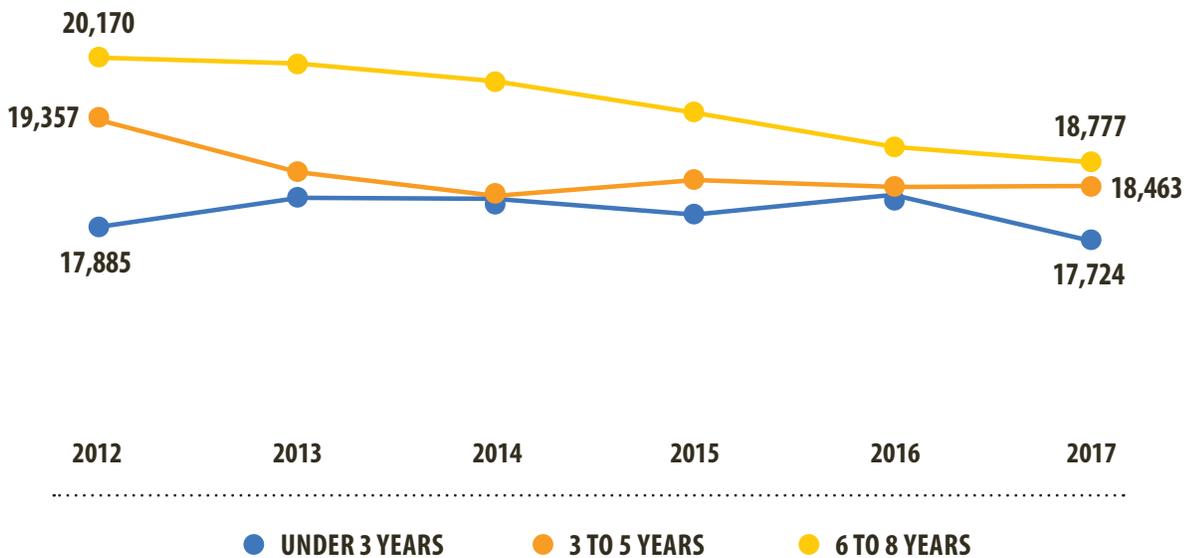


Who are Vermont's young children? How many are there? Where do they live? These factors are important when crafting policy and designing programs for families.

The total number of children born each year in Vermont has been declining since the 1980s. **In 2017, 5,655 babies were born.**¹ Accordingly, the number of children under the age of 9 has steadily declined. **Figure 1** shows the changes between 2012 and 2017 by age. The number of children under the age of 3 rose slightly after 2012, but fell again in 2017. There has been a steadier decline in the number of children between 3 to 5, and those 6 to 8.²

In Vermont, the age of women giving birth has increased in line with national trends. **The fertility rate (births per 1,000 females by age) among teens has fallen from 23.4 to 10.3, while it has risen among females ages 35 to 44 from 21.3 to 31.5.**³

FIGURE 1: NUMBER OF CHILDREN^{F1}





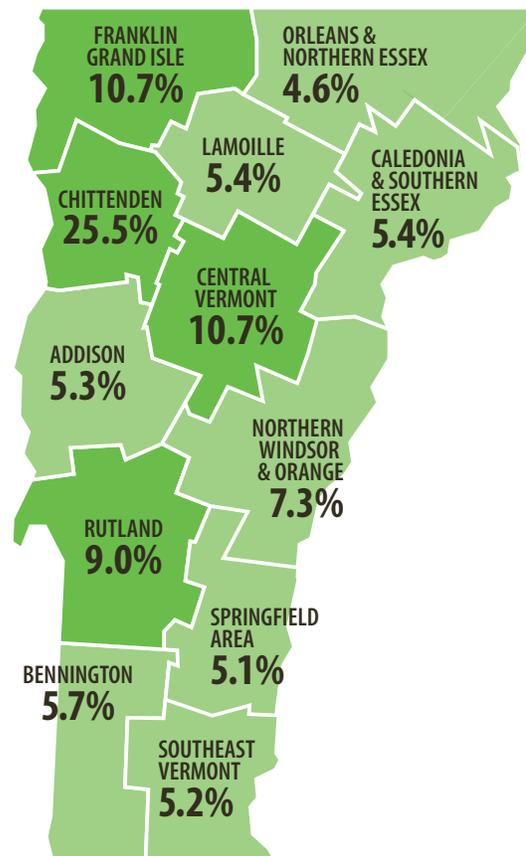
Although the vast majority of Vermont’s population identify as white,⁴ the state is growing more racially diverse, especially in early childhood. Almost half of the non-white population under 10 identify as two or more races or multiracial (4.2%), higher than in the Vermont population as a whole (1.9%). **Similarly, 2.6% of children under 10 identify as Hispanic or Latino compared with 1.8% of the population as a whole.** *Table 1* shows the distribution of children under 10 and the total population by race.

There are large differences in the number of children living in Vermont regions. Over 50% of Vermont’s children are concentrated in the four regions with the largest population centers: Chittenden, Franklin, Washington, and Rutland. The Chittenden region is home to 25% of children under 9.

TABLE 1: RACE

RACE	CHILDREN UNDER 10	TOTAL POPULATION
White	91.5%	94.5%
Black or African American	1.9%	1.3%
American Indian or Alaska Native	0.3%	0.3%
Asian	1.4%	1.5%
Native Hawaiian or Other Pacific Islander		0.0%
Some Other Race	0.6%	0.4%
Two or More Races	4.2%	1.9%
Hispanic or Latino	2.6%	1.8%

FIGURE 2: GEOGRAPHY



Vermont Communities



A child's sense of self and how they interact with the world depends on the quality and stability of their relationships with family and their community.

The Importance of Families and Communities in the Lives of Children

For children, living in supportive families and communities provides the foundation for healthy and successful lives. These strong social and family connections are contributors to long-term success as children grow (see Figure 3). Conversely, when children experience trauma and toxic stress in their

early years, it can negatively impact their current and long-term physical and mental health. Vermont has embraced the Strengthening Families Approach, five protective factors that mitigate risk and promote strong families and healthy child development.⁵

Living Arrangements

Almost two-thirds of Vermont's children under age 18 live in two-parent households, and over a third have other living arrangements.⁶

FIGURE 3: THE STRENGTHENING FAMILIES APPROACH

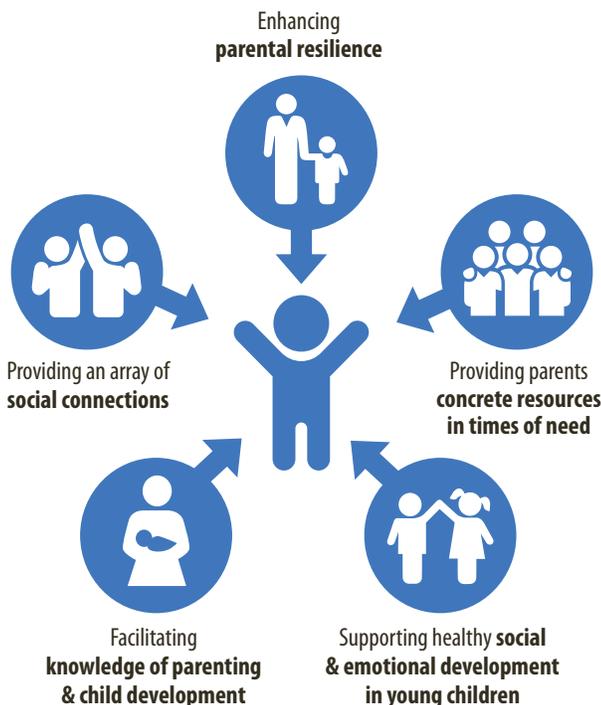
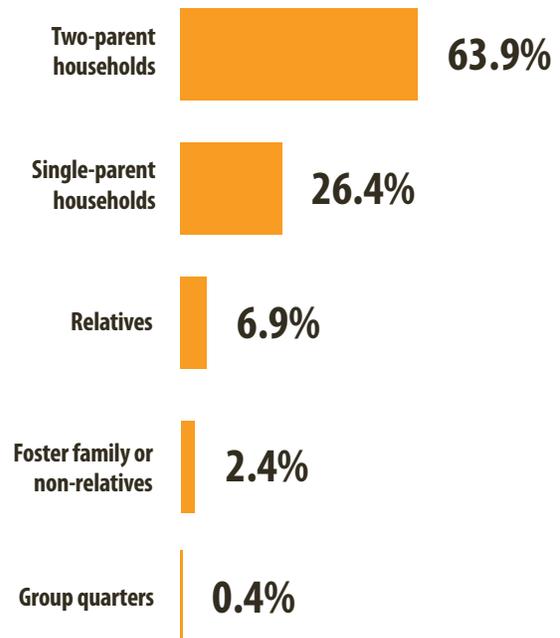


FIGURE 4: LIVING ARRANGEMENTS

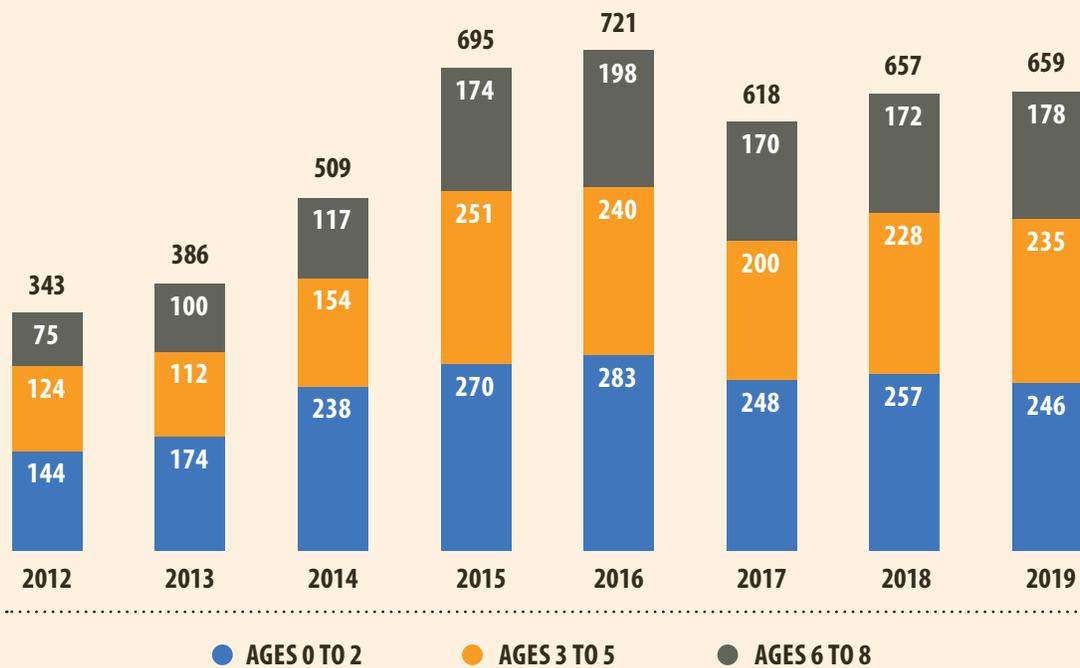


Children in Protective Custody

When a child's safety is threatened and that threat is substantiated, the child may be placed in the custody of the Department for Children and Families (DCF), Family Services Division. Custody arrangements vary; the child may remain at home with supportive services, or be placed with a relative or foster family, as can be seen in **Figure 5**. Since 2012 the number of children in custody has steadily increased in all age categories.⁷



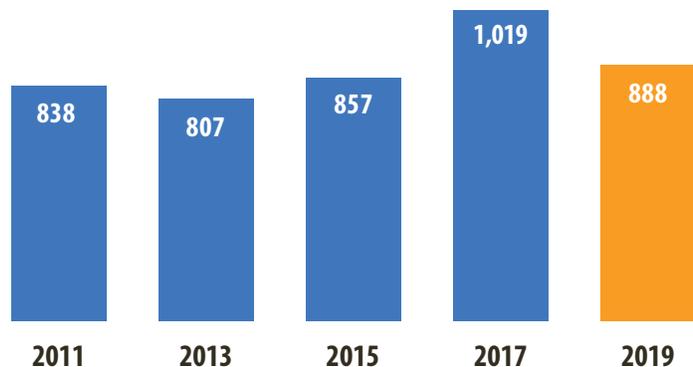
FIGURE 5: CHILDREN IN PROTECTIVE CUSTODY



Children Experiencing Homelessness

Factors contributing to family homelessness include a lack of affordable housing and the cost of living in Vermont, as discussed in the Family Economic Well-being chapter. The number of children under the age of 18 in publicly-funded homeless shelters has decreased within the last year, and may be attributed in part due to decreased capacity in emergency shelters for families (*see Figure 6*).⁸

FIGURE 6: HOMELESS CHILDREN

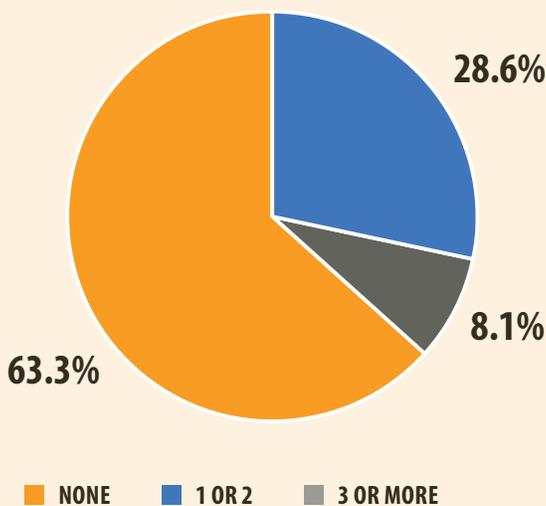


Childhood Adversity

Toxic stress can affect anyone, and children are no exception. Prolonged, severe, or repetitive adversity may lead to toxic stress, which is detrimental to a child's development if not buffered by nurturing and supportive relationships with caregivers. While Adverse Childhood Experiences (ACEs) are currently one of the most aligned indicators used to measure exposure to toxic stress and childhood adversity, it does not tell the whole story. The four most common ACEs in Vermont are living in a home where it is hard to cover basic needs, experiencing the divorce of a parent or guardian, living with someone with substance use disorder, and living with someone who has a severe mental health challenge.

In Vermont, children are exposed to ACEs at a similar rate to children nationally with **over a third of children under 9 experiencing at least one adverse childhood experience.** (See Figure 7.) Vermont is committed to building families' capacity and resilience to promote optimal child development and buffer negative impacts.

FIGURE 7: ADVERSE CHILDHOOD EXPERIENCES* (ACEs)



*Includes 4 or more residential moves in lifetime



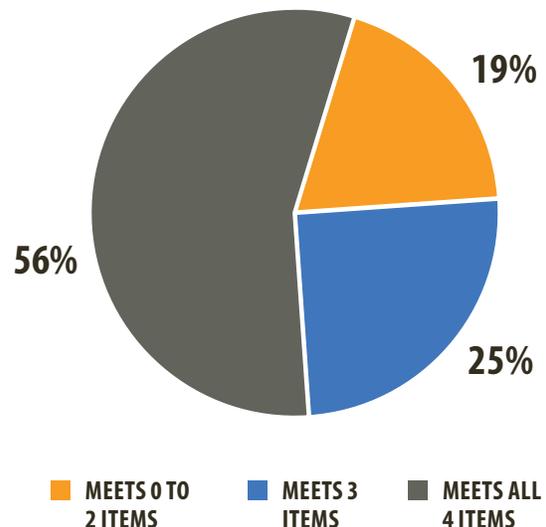
Community Supports Help Children Build Resilience

Strong, supportive communities and healthy social and family relationships can tip the scale in favor of healthy development, which can build resilience to overcome toxic stress. One outcome measure that begins to show our collective impact in this area is whether children are flourishing. The National Survey of Children's Health (NSCH) measures this by asking parents whether their children are affectionate and tender, if they bounce back quickly when things don't go their way, if they show interest and curiosity in learning new things, and if they smile and laugh a lot.

Only about half of Vermont's children 6 months to 5 years old meet all characteristics of flourishing (Figure 8 below), and even fewer between the ages of 6-8 (20%).⁹

Despite existing efforts, there is more work to be done to build resilience in our young children and their families.

FIGURE 8: FLOURISHING



Strategies to Turn the Curve

To better support Vermont's children and families, there are several strategies outlined in Vermont's Early Childhood Action Plan:

- Support families as children's primary and most important teachers
- Provide families support where they are: at home, through medical homes, and in early care and learning environments
- Build resilience in children and families to prevent or counteract toxic stress
- Build resilience by investing in promotion of health and development of all children and their families to counter adverse childhood experiences

Vermont has embraced the following key efforts to implement these strategies.

Strengthening Families Framework™: Strengthening Families helps build resilience in families, preventing or counteracting ACEs while leveraging parenting skills to best meet children's developmental needs. The framework is a research-informed strategy that employs five protective factors to support healthy development for children. It is in use by 53 child care programs in Vermont.

Children's Integrated Services (CIS): CIS offers family-centered, child-focused health services to pregnant and post-partum women, and children up to age 6. Services are delivered via a network of integrated providers to families and children at home, in the community, or in their early care and learning programs.

Evidence-Based Home Visiting: Supporting families in their homes through ongoing home visiting invests in the caregiver's capacity to care for their child. Home visiting helps families provide their young children with nurturing and healthy environments that improve a child's overall health, social-emotional development, and economic stability in the home.

Early Childhood and Family Mental Health: Early childhood and family mental health refers to the social, emotional, and behavioral well-being of young children and their families. BBF's State Advisory Council convened a Task Force to create a visual framework and common language to promote coordination and collaboration across service sectors. More detail on those strategies are in the Recommendations section of this report.



Head Start and Early Head Start: Head Start and Early Head Start provide early education, health, and child development services for children ages birth to 5. This integration of health and education is a model used across the nation. The program serves children in income-eligible households via seven programs throughout the state.

Parent Child Centers (PCCs): Across Vermont, a network of 15 Parent Child Centers helps families ensure children are off to a healthy start. Services include early care, home visits to families with young children, playgroups, parent education, parent support, and connecting families with additional financial, housing, job, or community resources they need to be successful.

Building Flourishing Communities: This initiative engages local leaders to help build resilient communities. This statewide model trains communities in neuroscience, epigenetics, adverse childhood experiences, and resilience so that communities become places where all children can thrive.

Partnerships to Address Substance Use: Following our report in 2017 on Opiate Use Disorder in Vermont, several key groups have taken up its recommendations including the Governor's Opioid Council, the Chittenden County Opioid Alliance, and the Children's Directors of several key mental health agencies.

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.

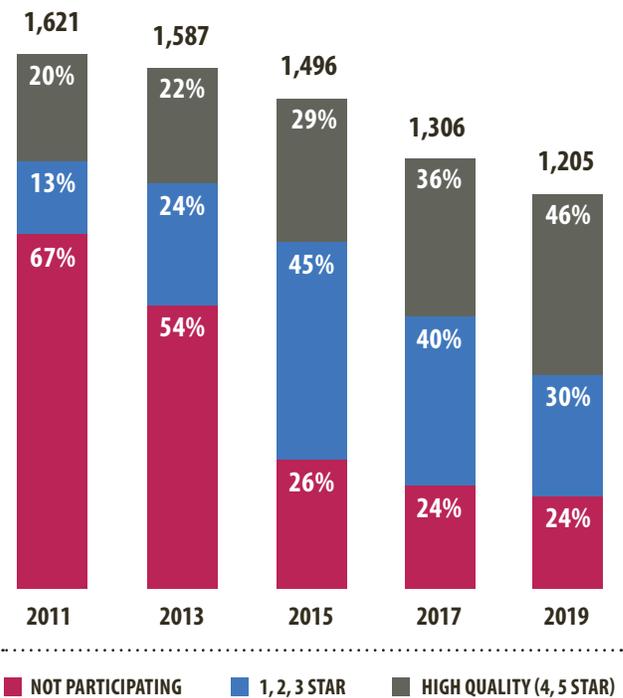
Vermont’s early care and learning system is comprised of a mix of regulated in-home, center-based, and school-based early care and learning programs, including universal, publicly-funded pre-Kindergarten education for 3- and 4-year-olds and 5-year-olds not in kindergarten.

to find regulated child care. 65% of infants and toddlers and 23% of preschool-age children do not have access to regulated child care programs, and 84% of infants and toddlers and 64% of preschool-aged children do not have access to high-quality, regulated child care programs.¹⁰

Improving Program Quality

High quality early care and learning programs go beyond the required regulations to provide the best environment for child development. (Vermont is in the process of updating the way that the quality of programs is measured.) While the total number of regulated child care programs in Vermont has declined, the quality of programs is improving. STARS, which stands for S**T**ep Ahead Recognition System, is Vermont’s quality recognition and improvement system for child care and early learning programs. The percentage of high-quality programs has been increasing. **Since 2011, the percent of programs achieving 4 or 5 stars has increased from 20% or 321 programs to 46% or 550 programs in 2019** as can be seen in *Figure 9*.

FIGURE 9: PROGRAM QUALITY (STARS)



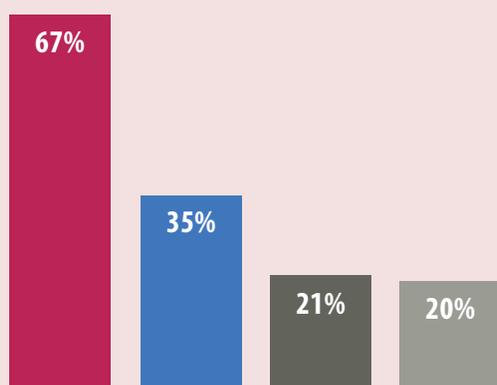
Access to Early Care and Learning Programs

As shown in *Figure 10*, two-thirds of families with children up to age 2 and 79% of families with children 3 to 5 use regular, non-parental child care. However, many Vermont families with young children struggle

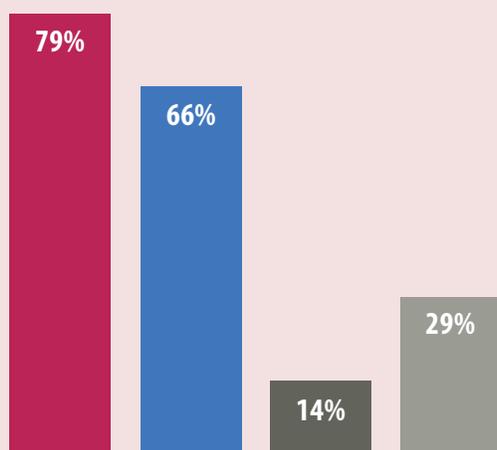
For more information about child care capacity and need in Vermont, see the *Stalled at the Start* report at <https://www.letsgrowkids.org/resources-publications#SAS>



FIGURE 10: TYPE OF CARE



AGES 0 TO 2

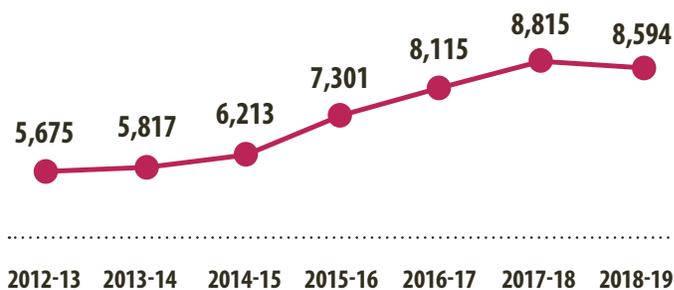


AGES 3 TO 5

■ ANY CARE ■ PAID HOME BASE
■ CENTER BASED ■ UNPAID HOME BASE

Many families take advantage of Vermont’s voluntary, universal, publicly-funded pre-Kindergarten program. In 2014, Vermont passed Act 166, also known as the Universal Pre-Kindergarten Law, which offers all 3- and 4-year olds, and 5-year-olds not yet enrolled for kindergarten, up to 10 hours a week of publicly-funded pre-kindergarten, up to 35 weeks per year.¹¹ **Since 2014, the number of children enrolled in public pre-K has increased by more than 2,000 (see Figure 11).**

FIGURE 11: PUBLIC PRE-K ENROLLMENT



Kindergarten Readiness

The Agency of Education’s Ready for Kindergarten! Survey is an assessment of a child’s readiness for school used throughout Vermont each fall. Teachers assess students in five key areas: Physical Development and Health, Social and Emotional Development, Approaches to Learning, Communication, and Cognitive Development.

The data helps schools and early childhood partners assess student strengths and challenges. The percent of children ready for kindergarten has remained relatively stable since 2015. As can be seen in **Table 2, 74% of children who are eligible for free or reduced-price lunch are considered ready for kindergarten, compared to 89% of students who are not eligible.**

TABLE 2: READY FOR KINDERGARTEN

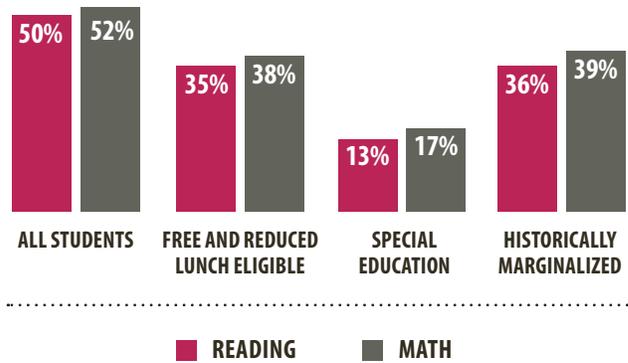
Vermont	83%
Boys	78%
Girls	88%
Free & Reduced Lunch Eligible	74%
Not Free & Reduced Lunch Eligible	89%
Attended Publicly Funded Pre-K	83%
Did Not Attend Publicly Funded Pre-K	83%
<i>Percent of Students Surveyed</i>	85%

The Early Elementary Years

At the end of third grade, Vermont students are assessed on their proficiency in reading and math. These scores can help us understand how we best support young children across the continuum from birth to age 8.

Proficiency rates vary significantly based on race, economic status, and other factors, as can be seen in **Figure 12.** Of all students assessed, **50% are proficient in reading and 52% are proficient in math.** For students eligible for free or reduced lunch, proficiency rates are **35% and 38%, respectively.**¹²

FIGURE 12: READING AND MATH PROFICIENCY



Strategies to Turn the Curve

Vermont's Early Childhood Action Plan outlines several strategies to improve access to the state's early care and learning programs, and also to improve quality:

- Expand access to high-quality services and programs for all families with young children by increasing quality, capacity, and affordability
- Strengthen quality of early childhood services throughout the early childhood system via a focus on alignment and best practices
- Ensure quality by adequately supporting the early childhood workforce

In Vermont, there are several actions underway to implement these strategies:

Increasing Childcare Availability:

Vermont is responding to our child care supply crisis through strategic grantmaking and technical assistance for child care and early learning programs. With new public and private investment including from philanthropy, businesses, and municipalities, Vermont is working to increase the number of high-quality child care spots. A focus has been on supporting new program start-up and expansion of existing high-quality programs. Let's Grow Kids' Make Way for Kids grant program, the Vermont Community Loan Fund, and the City of Burlington's Early Learning Initiative are among several leaders strengthening Vermont's child care capacity. In 2019 the Vermont Legislature allocated new, one-time funds for child care capacity development for state fiscal year 2020.

Early Educator Recruitment and Retention:

Strengthening the quality and supply of child care includes building a robust workforce. The BBF Early Learning and Development Committee is working on the early educator workforce turnover statewide. New recruitment materials are now available targeting child care entrepreneurs and others to help promote early childhood careers to high school and college-age students. In addition, Let's Grow Kids' Shared Services website has a new Job Board to centralize and promote early childhood workforce hiring in our state. Read more about the Early Learning Development Committee's work on child care capacity and workforce development in the recommendations section at the end of this report.



Vermont T.E.A.C.H. Program:

Vermont's T.E.A.C.H. program is a national, evidence-based initiative that provides scholarships through a cost-sharing model to support early childhood educators to pursue higher education. The program supports educators currently working in early care and learning programs to achieve a higher degree or certification, which are in demand in Vermont. This includes educators seeking an associate's degree in early childhood education, individuals with a bachelor's degree who are seeking early childhood teacher licensure or endorsement through the Vermont Agency of Education, or individuals participating in a child care and early education apprenticeship through the Vermont Child Care Industry and Career Council. The T.E.A.C.H. program is administered by the Vermont Association for the Education of Young Children (VTAEYC).

Pre-K for All 3 to 5 Year-Olds:

Vermont took a significant step forward in 2014 toward ensuring all young children have access to high-quality early education with the passage of Act 166, Vermont's voluntary, universal, publicly-funded pre-K program (UPK), which provides 10 hours of publicly-funded pre-K for all 3- and 4-year-olds, and 5-year-olds not yet enrolled for kindergarten for up to 35 weeks per year. UPK programming is available throughout the state through qualified family child care homes, center-based child care programs, and school-based programs to best meet the needs of Vermont's children and families.

Family Economic Well-Being



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

Overview

Providing children with an economically stable home creates an environment where children and families can thrive. Chronic poverty can lead to a wide range of challenges for children and families, negatively affecting their physical and social-emotional health and development, and their ability to learn and be successful in school.

Poverty

The Federal Poverty Level is a guideline used to determine eligibility for programs and services. In 2018, the poverty level for a family of four was \$25,100.¹³ Since 2012, Vermont's families with young children have seen a reduction in poverty, but some types of families continue to experience higher rates of poverty. **Single mothers with children under 5 experience poverty at three times the rate of other families.**¹⁴

FIGURE 13: POVERTY, 2017

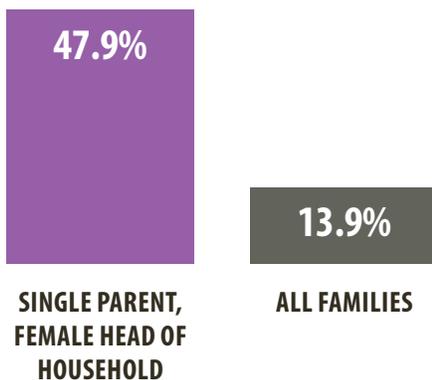
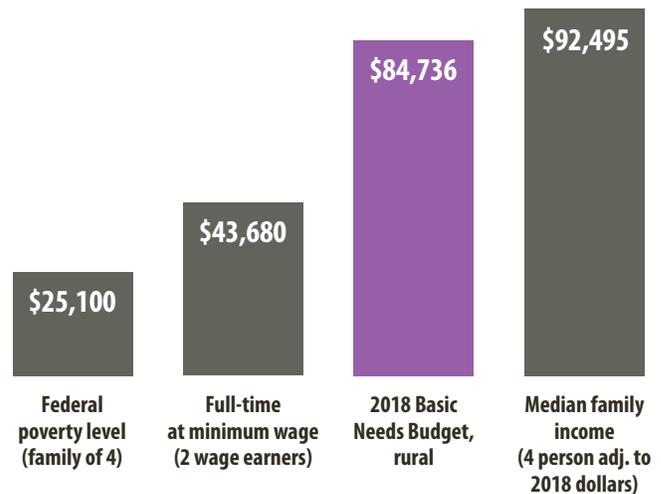


FIGURE 14: BASIC NEEDS BUDGET AND OTHER BENCHMARKS



Vermont Basic Needs Budget

The reality is that the federal poverty level is an insufficient measure for family economic well-being. The cost of basic needs such as housing, transportation and health care are an ongoing issue for Vermonters. Every two years the Joint Fiscal Office puts out a Basic Needs Budget, detailing the earnings necessary to live in Vermont. The 2018 Basic Needs Budget calculates that a two-adult two-child household with both adults working would need to make \$84,736, (or \$20.37 per hour per wage earner in 2018) to meet their household needs. This is almost double the income of two adults making minimum wage (**\$10.78 in Vermont**) (see Figure 14).

The Basic Needs Budget does not include services and benefits that assist qualified Vermonters to meet their basic needs. For these families, it can be challenging to navigate how getting a raise or promotion at work would impact their household budget, as additional income can actually destabilize their fragile economic situation by reducing their eligibility for these benefits. This “benefits cliff” can leave families worse off, even as they work to get ahead.

The next sections focus on housing, childcare, and food costs; three key household costs that have a particularly strong impact on economic well-being.

Housing

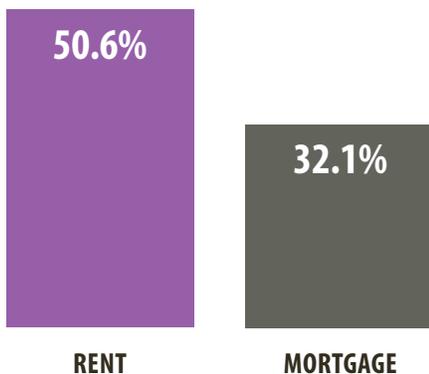
The cost and availability of housing is a significant challenge facing Vermont families.

Half of households report paying more than 30% of their income toward rent,¹⁵

a common metric of affordability. As discussed in the Vermont Communities chapter, stable housing is one key support to provide children with a positive environment to learn and grow.

The average Vermont renter makes \$13.40 an hour and can afford to spend about \$700 per month on rent, but the average two bedroom apartment costs \$1,184 per month.¹⁶

FIGURE 15: PERCENT OF INCOME SPENT ON HOUSING

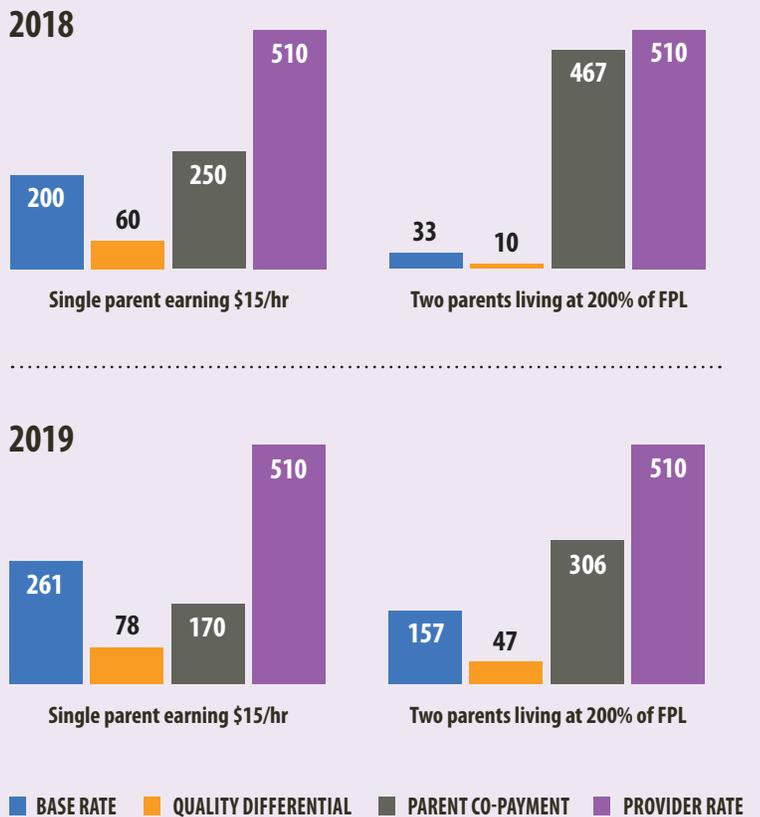


Child Care Financial Assistance Program (CCFAP)

For families using CCFAP, the program makes payments directly to child care providers on behalf of the child. The amount is based on the size and income level of the family, the age of the child or children in care, the type of child care program, the program’s quality designation, and the number of hours that care is needed. Families pay a co-payment directly to the provider to make up the difference between the amount of CCFAP and the actual cost of care.

In 2019, the Vermont legislature passed a bill increasing funding of and eligibility for CCFAP. New eligibility rules mean families below the poverty level will receive more benefit and pay less for child care. Also, more families will be eligible under the new rules. The new law better aligns rates of reimbursement with the market rates for child care, so that parents’ co-pays are reduced.¹⁷ With the average family of four investing a fifth of their income in child care, the state’s investments in CCFAP are aimed at making child care more affordable.

FIGURE 16: COST OF CHILD CARE WITH 2019 FUNDING



Food Security

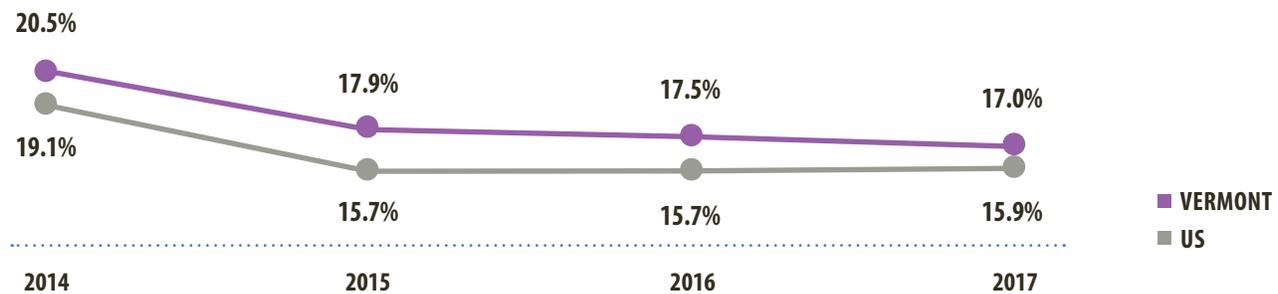
Food insecurity is defined as not having reliable access to adequate nutrition. In Vermont, **more than 1 in 7 children are food insecure**.¹⁸ While that puts our state slightly below the national average, that gap has been closing over time. Children who struggle with food insecurity may struggle to pay attention and be successful in school and learning environments. They may also face immediate and long-term risks to their physical and mental health, including increases in chronic disease, depression, suicide, nutritional deficiencies, and obesity.¹⁹

When families have to choose between competing needs, families often choose to reduce or “stretch” their food budget in order to pay rent, the electric bill or other less flexible expenses.

Providing nutritious breakfast and lunch in childcare and schools is an important support for children. In 2013, Vermont became the first state in the nation to cover the student cost for school meals for all free and reduced lunch-eligible students, which represents **38% of students**.²⁰

As can be seen in **Figure 17** the percent of children living in food-insecure households has decreased since 2014 but remains slightly higher than the national average.²¹

FIGURE 17: FOOD INSECURITY



Strategies to Turn the Curve

Investing in family economic wellness is a priority outlined in Vermont’s Early Childhood Action Plan including the following strategies:

- Ensure that all children have access to adequate nutrition at home, in early learning and development programs, at school, after school, and during the summer
- Implement policies that enhance family stability and economic security

Here are some key actions Vermont could take to support economic well-being for families.

Expand Families’ Access to Childcare:

Vermont’s investment of \$5.8M in the Child Care Financial Aid Program in 2019 is serving to relieve families of the economic pressure of paying for childcare and improving economic conditions for Vermont’s families with young children. **Figure 16** shows the impact of that investment on families. Families with higher wages are now eligible for CCFAP, and reimbursements are covering a higher

percentage of costs. However, further investment is needed in order to expand families’ access to child care to the extent it is needed.

Nutrition in Early Care and Learning Settings:

Meals provided in a child care setting ensure that children have access to adequate nutrition. The Child and Adult Food Program (CACFP) is a federal program that provides reimbursement for meals to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers. CACFP makes it more affordable for providers to serve healthy meals.

Another strategy is to increase participation in summer meal programs. Nationally, 6 out of 7 children who are eligible for free and reduced meals at school lose access when school is not in session. By partnering with local libraries, schools, and recreation programs, 3SquaresVT ensures that food continues to be available year-round.

For more details visit: <https://buildingbrightfutures.org/what-we-do/projects-pilots/building-vermonts-future-from-the-child-up-2/>

Health & Development



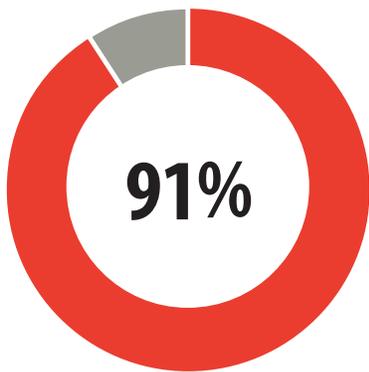
Healthy child development depends on a child’s early experiences and environmental factors such as access to health care, developmental screening, familial supports during pregnancy, and postpartum periods.

Health Access

Vermont children have some of the highest rates of health insurance in the US, with **98% of children under 18 having some type of health insurance.**²² Nearly **80% of families report that insurance for their children is adequate**, with reasonable out-of-pocket costs, benefits that meet their children’s needs, and the ability to seek medical care when necessary.²³

doctor during the last year, as seen in **Figure 18.** Vermont emphasizes the importance of well child visits. A well child visit is a routine healthcare visit held when the child is healthy, which allows the provider and parent to focus on a child’s wellness and development, preventing future health problems. It also provides the opportunity for the family to learn about what to expect as their child grows and develops.

FIGURE 18: HEALTH CARE VISITS

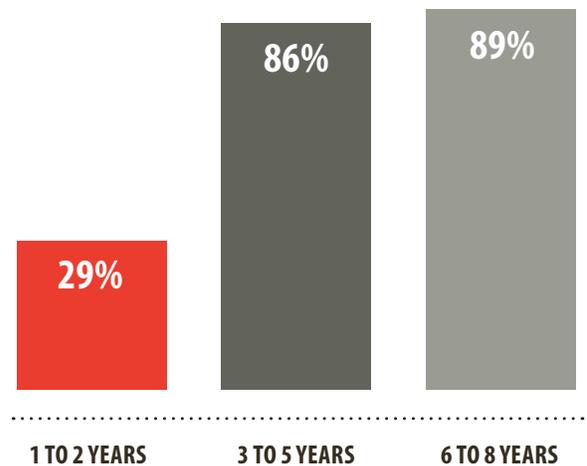


91% OF CHILDREN UNDER 6 HAVE SEEN A HEALTH CARE PROVIDER DURING THE LAST YEAR

Vermont families are regularly going to their pediatrician or family doctor for their young children, which supports their overall healthy development. As of 2016, 91% of children under 6 have seen a

As can be seen in **Figure 19,** Vermont children ages 3 to 8 regularly see the dentist for preventive care.²⁴ Vermont also recognizes the importance of oral health within the first two years of life and has initiated efforts to increase preventive dental care visits for children under 3.

FIGURE 19: DENTAL CARE





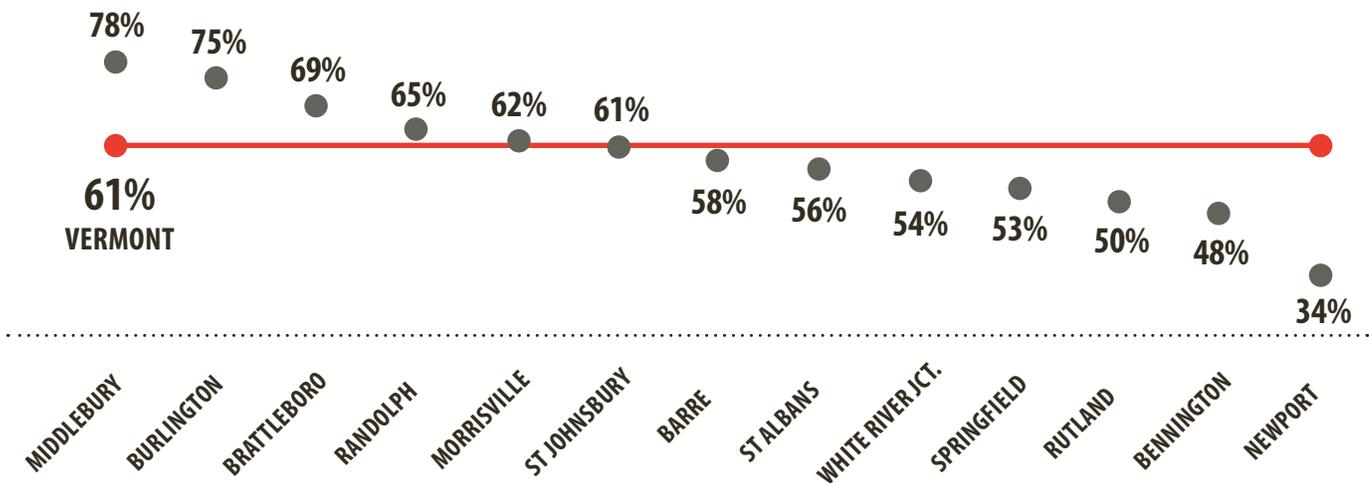
Developmental Screening

The way a child plays, learns, speaks, acts, and moves offers important clues about their development. Developmental screenings are a tool to engage families in healthy child development as well as identify successes and concerns, and serves as a proxy for the child’s social contributors of health. Identifying concerns early and connecting families with concrete supports like early intervention provide children the greatest opportunity to overcome any delays. **61% of Vermont's children received a developmental screening in 2017** (see Figure 20).

Breastfeeding

Exclusive breastfeeding for the first six months of an infant’s life has significant health benefits for both mother and child. Breastfeeding helps prevent obesity and diabetes in children, and puts mothers at lower risk for breast and ovarian cancer, diabetes, hypertension, and cardiovascular disease. While Vermont has high rates of initiation (**89.3% in 2015**), breastfeeding is sustained at a much lower rate (**38.0%**).²⁵ Disparities in breastfeeding persist by education, marital status, age, and WIC participation. Vermont continues to work to reduce barriers to breastfeeding and support the needs of all parents to engage in behaviors that work toward the optimal health, development, and well-being of their children.

FIGURE 20: DEVELOPMENTAL SCREENING



Prenatal Substance Use

Working to reduce women's use of harmful substances during pregnancy has been one of Vermont's key public health initiatives in recent years. This includes reducing the number of women using tobacco, alcohol, marijuana, and other harmful substances during pregnancy. A substance-free pregnancy increases the health of a baby. While opioids have received significant attention, it is actually prenatal alcohol use that is one of Vermont's leading preventable causes of birth defects.²⁶ **Figure 21** shows that alcohol use during pregnancy continues to be higher in Vermont, even with concerted efforts. **Figure 22** shows a trend of fewer women smoking during pregnancy over the last 10 years.



FIGURE 21: ALCOHOL USE DURING PREGNANCY

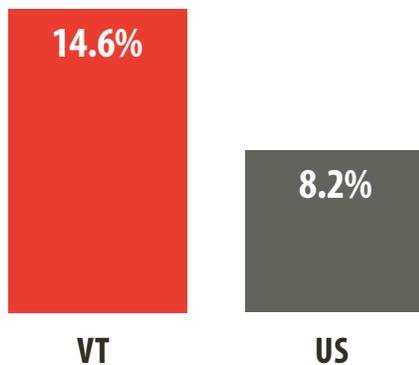
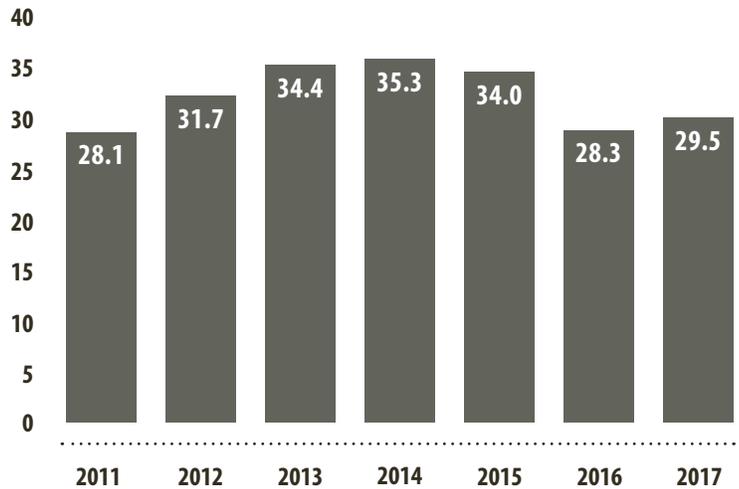


FIGURE 23: NEWBORNS WITH DRUG WITHDRAWAL SYNDROME



Although the rate of infants born exposed to opioids in Vermont hit a peak in 2014, more recent data suggests a leveling off. Vermont is committed to ongoing systems of care for screening and diagnosis of substance use disorder in pregnancy and communities are working together to provide treatment and supportive care for these disorders.

FIGURE 22: SMOKING DURING PREGNANCY



For more information about how Vermont addresses the health of children and families, access the State Health Improvement Plan at www.healthvermont.gov/about-us/how-are-we-doing/state-health-improvement-plan and the Division of Maternal and Child Health's strategic plan at www.healthvermont.gov/sites/default/files/documents/pdf/CYF_MCH%20strategic%20plan%204-page%20web.pdf

SPOTLIGHT: Early Childhood & Family Mental Health

Mental health is a crucial part of a person's overall health and well-being. Early childhood mental health refers to the social, emotional, and behavioral well-being of young children and their families, including the capacity to experience, regulate, and express emotion, form close, secure relationships, and explore the environment and learn. Optimal mental health allows children to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. For children, mental health challenges can impact their ability to access school or child care, develop peer relationships, and can have lifelong impacts. Over time, Vermont's mental health system has seen a consistent increase in young children accessing many types of services from Designated Agencies, and a striking growth in the use of crisis services (see Figures 24 and 25).

For this reason, in addition to reports of increased acuity from practitioners, BBF's State Advisory Council made early childhood and family mental health a top priority for 2019. The Council's recommendations to improve systems and supports for families can be found in the Recommendations section of this report.

FIGURE 24: CRISIS SERVICES

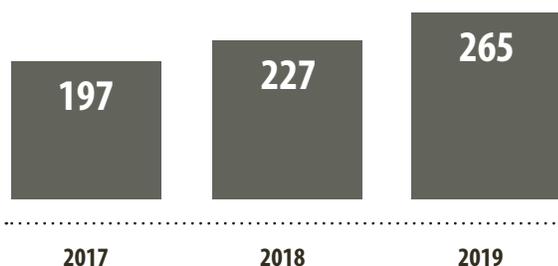
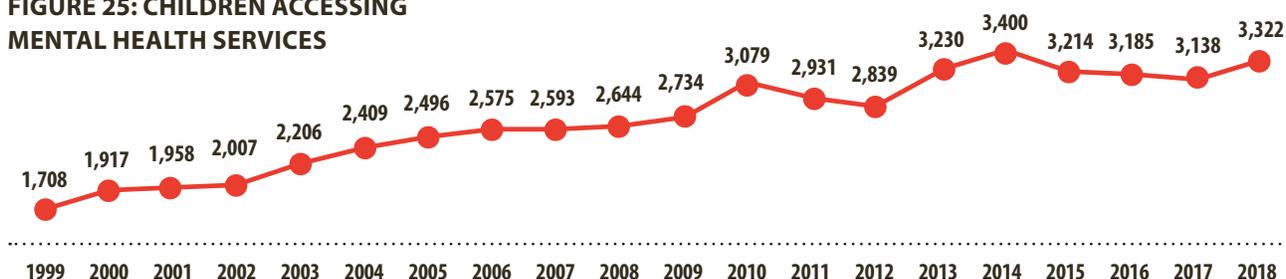


FIGURE 25: CHILDREN ACCESSING MENTAL HEALTH SERVICES

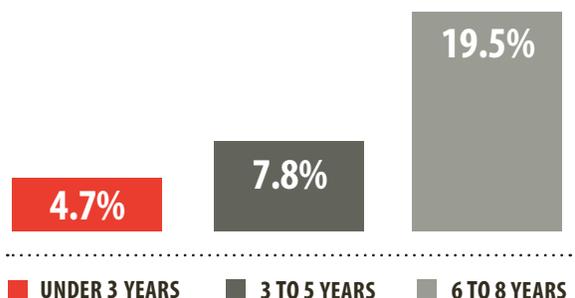


Learn more about our recommendations around early childhood and family mental health at <https://buildingbrightfutures.org/what-we-do/projects-pilots/ecfmh-task-force>

The Need for Services

Children's mental health problems are real, common, and treatable. They include depression, anxiety, and attention and behavioral concerns. One in five children between the ages of 6 and 8 has a social, emotional, or behavioral health condition.²⁷

FIGURE 26: SOCIAL, EMOTIONAL, AND BEHAVIORAL CONDITIONS



While the need for residential care is uncommon for young children, for some, programming aimed at behavioral change administered by qualified staff in a 24-hour residential setting is necessary. **In 2019, thirty-five children ages 5-10 were placed in residential care.**²⁸

Assessing Children's Needs and Strengths

Children exposed to trauma may develop mental health challenges. When a child's ability to cope with trauma is overwhelmed and social-emotional difficulties emerge, practitioners will assess their situation using the Child and Adolescent Needs and Strengths (CANS) tool. **Of children assessed in Vermont, 89% have a history of trauma. Just over half report having a stable caregiver in their lives. Also, only 40% report having a connection to their community.**²⁹

Strategies to Turn the Curve

Vermont's Early Childhood Action Plan outlines several strategies to promote healthy development of young children in Vermont:

- Establish a voluntary system that connects families with children birth through age 8 with the resources they need to support optimal growth and development, including developmental screening
- Ensure access to prenatal care and child health services, including preventative services and dental care, and support services for adults including mental health and substance abuse treatment
- Ensure that all children have access to adequate nutrition at home, in early learning and development programs, at school, after school, and during the summer

Below are several actions being taken in Vermont to implement these strategies:

Help Me Grow and Developmental Screening:

Screening provides an assessment of a child's developmental progress, improves early identification of developmental concerns, and ensures that children and families are linked to resources and services.

Help Me Grow Vermont is a systems effort to extend developmental screening to all families. Help Me Grow also works to connect the systems that work with a child's medical, educational, and community-based providers. Help Me Grow offers a one-stop call center at 2-1-1 to help families and providers find answers to questions and identify regional resources.

Embedding Family Support in Pediatric Practices:

Across the state, partnerships are underway between pediatric practices and social services to ensure families receive quality medical care as well as all the social services and community support needed during the earliest years of life. One model is Project DULCE (Developmental Understanding and Legal Collaboration for Everyone), implemented by the Community Health Services of Lamoille Valley and the Lamoille Valley Family Center. This model is expanding to four new sites: Timber Lane Pediatrics in South Burlington and Milton, Mt. Ascutney Hospital, and Health Center at sites in Windsor and Woodstock.



A key feature of the DULCE intervention is a Family Specialist — a Parent Child Center employee and a member of the pediatric team — who connects families to resources based on parents' needs and priorities. DULCE employs the Medical-Legal Partnership model to provide families more intensive assistance obtaining concrete supports when needed.

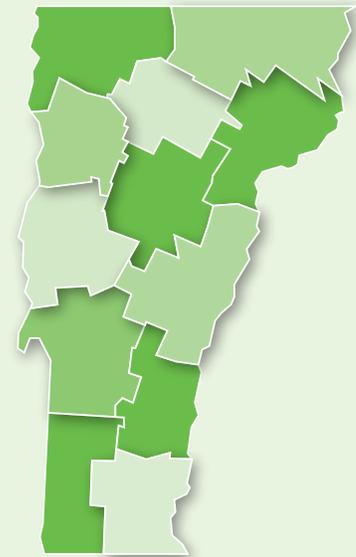
Supporting the Mental Health of Pregnant and Postpartum Women:

As many as one in five Vermont women suffer from symptoms of perinatal mood and anxiety disorders such as depression, anxiety, and bipolar disorder during pregnancy or in the year after delivery. These common and treatable conditions can have serious impacts on maternal health and well-being as well as significant, long-lasting effects on children's cognitive, behavioral, and academic development. The consequences of these disorders can include decreased attendance at well-child visits, lower vaccination rates, and safety concerns.

Screening in medical practices is an important step in identifying women in need of treatment. The Vermont Department of Health works with obstetric, pediatric, and family medicine providers and practices to increase screening and improve the system of referral and treatment for perinatal mood and anxiety disorders.

About the Regions

BBF has 12 Regions within Vermont, each with its own Regional Council working to implement strategies that serve the unique priorities of their area and also align with statewide issues. The Regional Councils bring together a wide range of stakeholders including professionals in education, healthcare, early care, and social services in addition to parents and community members that share wisdom and experience to create collective strategies that serve children and families. Statewide, nearly 250 people bring their perspectives together on Regional Councils.



Current Status

CHILD POPULATION

(2017)

Decreased by -4% from 57,412 in 2012

54,964
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Decreased by -7% from 41% (15,329) in 2012

38% (13,447)
children under 6

*Living below 200% of the Federal Poverty Level

CHILDREN IN DCF CUSTODY** (2019)

Increased by 29% from 509 in 2014

659
children under 9

**As of September 30th each year

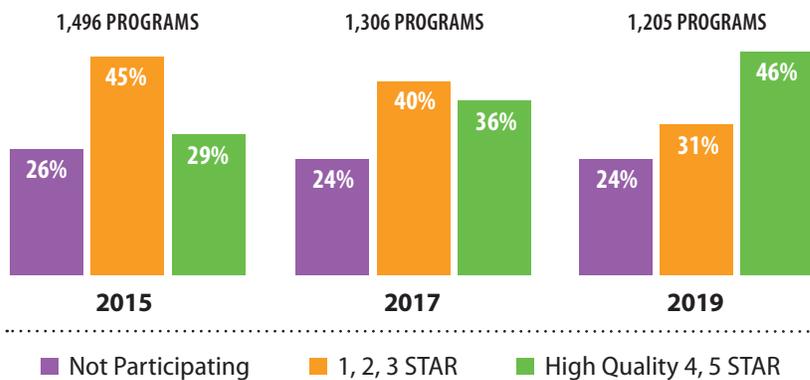
ABOUT THE REGIONAL PROFILES

The following pages offer snapshots of regional data intended to highlight how families and their young children are faring in different parts of the state.

These profiles focus on child population, poverty, DCF custody rates, kindergarten readiness, and the amount and quality (STARS) of child care available. For more data about Vermont's regions visit VermontInsights.org, a program of BBF focused on collecting and providing data about young children in Vermont.

Note: 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. 2017 = September 30, 2017).

STARS Rating of Regulated Programs by Year*



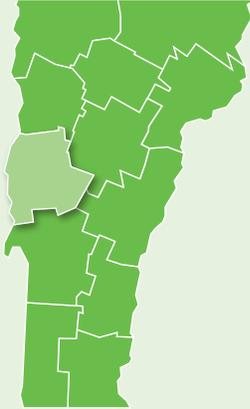
*As of June for each year.

Percent of All Students Ready for Kindergarten

SCHOOL YEAR	PERCENT OF STUDENTS SURVEYED	PERCENT READY*
2018-2019	84.8%	82.9%

Addison Region

About the Region



The Addison region works independently to improve outcomes for children and families and collaborates with regional partners to integrate the Building Bright Futures and Integrated Family Services Councils, creating a continuum of care for children birth to age 21. The number of children in need of special services continues to climb, perhaps driven by family economic stressors caused by a lack of affordable housing, limited transportation, and lack of high-quality child care spaces available, especially for infants. The region has a significant child care workforce shortage, affecting the region's economy. Addison Council's public awareness and education campaign, "OK, You've Got This," has worked to support families and help children believe in their ability to handle life's inevitable challenges.

This year the council supported:

- Workforce development & recruitment
- Supports for families dealing with the effects of trauma and poverty (37% of children under 6 live below 200% of poverty)

Current Status

CHILD POPULATION

(2017)

Decreased by -6% from 3,091 in 2012

2,895
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Decreased by -7% from 40.5% (829) in 2012

37.7% (722)
children under 6

*Living below 200% of the Federal Poverty Level

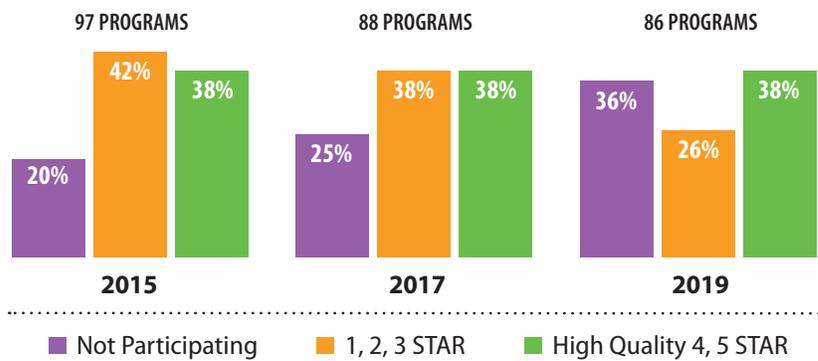
CHILDREN IN DCF CUSTODY** (2019)

Increased by 80% from 25 in 2014

45
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



*As of June for each year.

Percent of All Students Ready for Kindergarten

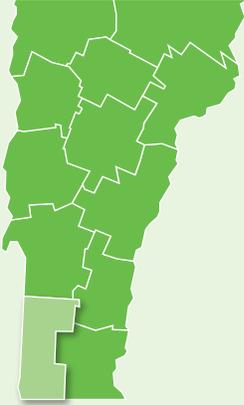
SUPERVISORY UNION / DISTRICT

2018-19

Addison Central SD	95.1%
Addison Northeast SU	92.3%
Addison Northwest SU	78.8%
Addison Rutland SU	90.6%

Bennington Region

About the Region



Bennington County has a long history of cooperation with families, organizations, and programs to support positive outcomes for children and families. Bennington has a high rate of poverty, maternal depression, and children in DCF custody. These indicators affect the economic well-being of the region and the resilience of children and families. Bennington's council identified early detection, early intervention, workforce development, and social-emotional health for children and their families as regional priorities.

In support of this Bennington has:

- Piloted the Devereux Early Childhood Assessment. The Professional Development Committee is advancing additional cross-sector learning opportunities including Pyramid Model trainings and Flip-it.
- Provided cross-sector professional development to ensure a well-trained workforce with a common language and expectations.
- Supported building capacity to serve all children needing specialized services (CIS) and a smooth transition to school-based services. Bennington's CIS team supported the increase in children receiving early intervention services.

Current Status

CHILD POPULATION

(2017)

Decreased by -6% from 3,346 in 2012

3,133
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Decreased by -23% from 56.5% (1,269) in 2012

43.5% (870)
children under 6

*Living below 200% of the Federal Poverty Level

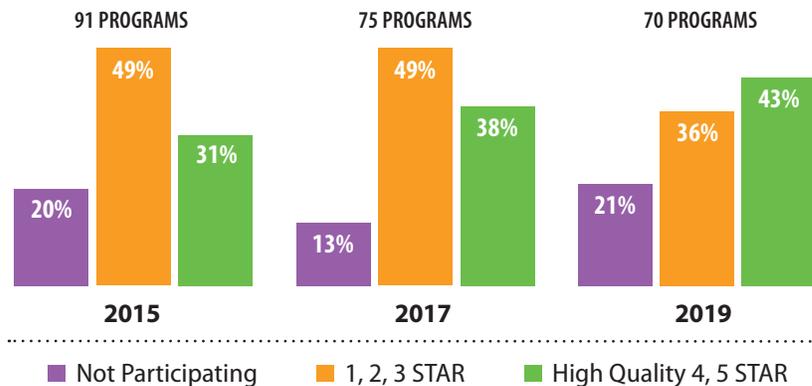
CHILDREN IN DCF CUSTODY** (2019)

Increased by 52% from 42 in 2014

64
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



*As of June for each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT

2018-19

Battenkill Valley SU

88.5%

Bennington Rutland SU

87.9%

Southwest Vermont SU

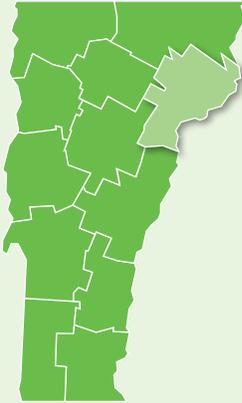
80.7%

Windham Southwest SU

94.9%

Caledonia & Southern Essex Region

About the Region



The Caledonia & Southern Essex BBF Council is comprised of a diverse group of community partners that are dedicated to enhancing services and experiences for young children and their families, as well as the providers that care for them.

The region has a high percentage of children under age 6 living below 200% of the federal poverty level. The impact to the physical and mental well-being of families due to financial insecurity, and continuing to decrease the number of children in DCF custody, are priority areas.

The Council is supporting many community-based parenting programs that support families to meet their children's developmental needs.

The Council's Professional Development committee is focusing on supporting child care workforce development by increasing the number of advanced-level professional development opportunities offered in the area.

Current Status

CHILD POPULATION

(2017)

Decreased by -12% from 3,396 in 2012

2,992
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Decreased by -15% from 53.0% (1,081) in 2012

45.0% (875)
children under 6

*Living below 200% of the Federal Poverty Level

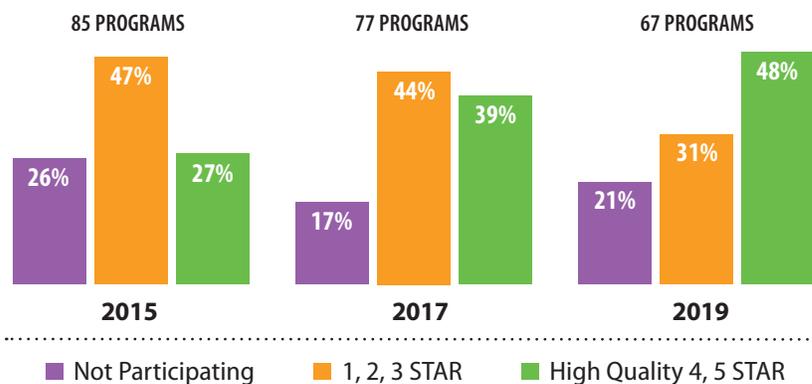
CHILDREN IN DCF CUSTODY** (2019)

Decreased by -25% from 36 in 2014

27
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



*As of June for each year.

Percent of All Students Ready for Kindergarten

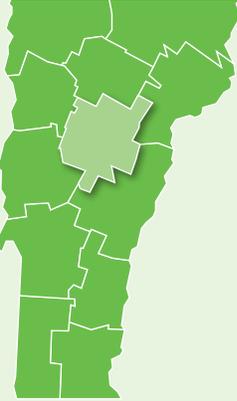
SUPERVISORY UNION / DISTRICT

2018-19

Blue Mountain SD	Unavailable
Caledonia Central SU	89.4%
Kingdom East	87.4%
Orange East SU	83.6%
St Johnsbury SD	85.2%

Central Vermont Region

About the Region



The Central Vermont Regional Council provides members a critical venue for early childhood leaders to understand and build support for challenges and changes in the field. Mental health and wellness in pregnancy, early childhood, and within families was a growing area of focus for the Council in the past year. To engage in this work, they partnered with the Department of Health and Washington County Mental Health.

The Council is invested in assuring that early childhood professionals have access to high-quality professional development opportunities, and have elevated this sentiment to the State Advisory Council to support broader recommendations around workforce development and leadership opportunities. The Council continues to diversify its membership and connect all key stakeholders in the early childhood arena. The Central Vermont Council is invested in a successful pre-K system and works to ensure continued support for a public-private partnership for Universal pre-Kindergarten.

Current Status

CHILD POPULATION

(2017)

Decreased by -5% from 6,239 in 2012

5,907
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Increased by 11% from 36.0% (1,401) in 2012

39.8% (870)
children under 6

*Living below 200% of the Federal Poverty Level

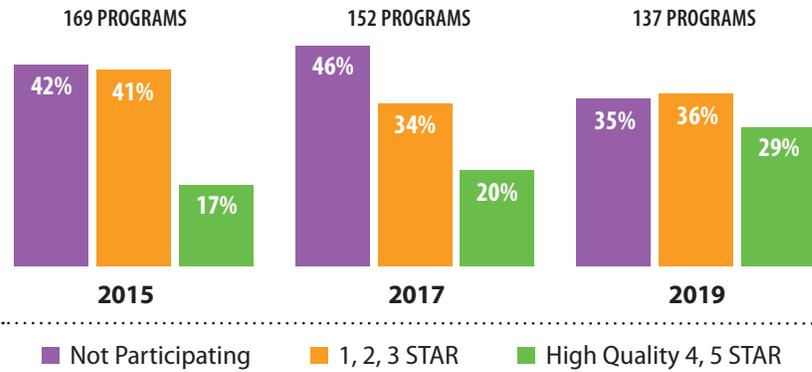
CHILDREN IN DCF CUSTODY** (2019)

Increased by 23% from 48 in 2014

59
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



*As of June for each year.

Percent of All Students Ready for Kindergarten

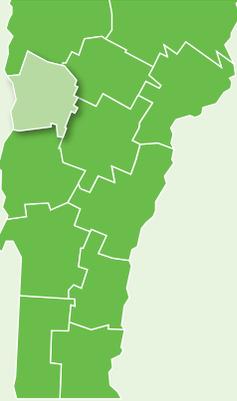
SUPERVISORY UNION / DISTRICT

2018-19

Barre SU	64.9%
Central Vermont SU	59.4%
Harwood Unified Union SD	95.3%
Orange Southwest SU	78.6%
Washington Central SU	96.0%
Washington Northeast SU	80.7%

Chittenden Region

About the Region



The Chittenden Council strives to provide opportunities for all voices to have a place at meeting tables and community events. In 2019, the Council formally adopted the value of addressing its work through an equity lens, because our children, families, and communities are rich in diversity.

The Council focused on two initiatives that are impactful in establishing inclusive practices to support each and every child and family:

- A Collective Impact project to improve and integrate supports and services for children and families seeking treatment for substance use disorder. The Council convened a Community of Practice (CoP) planning team of expert partners.
- Addressing the increasing need for training to support early childhood providers that are serving more high-needs children. In partnership with Help Me Grow and community collaborators, the Council has trained over 100 early childhood professionals in Early Multi-Tiered Systems of Support.

Current Status

CHILD POPULATION

(2017)

Consistent with 14,116 in 2012

13,998
children under 9

CHILDREN LIVING IN POVERTY*

(2017)
Decreased by -2% from 29.7% (2,823) in 2012

29.1% (2,702)
children under 6

*Living below 200% of the Federal Poverty Level

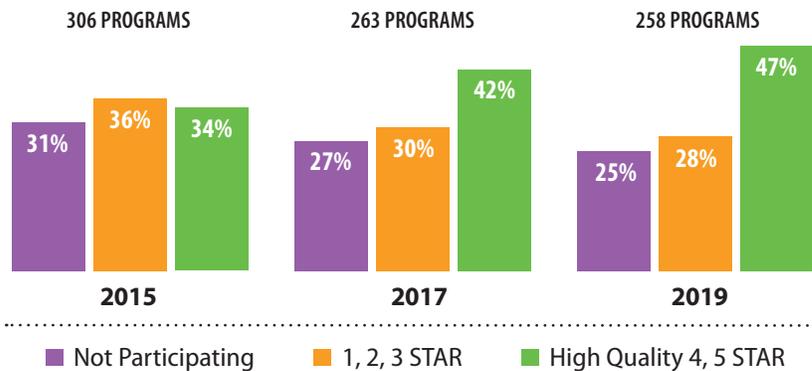
CHILDREN IN DCF CUSTODY**

(2019)
Increased by 16% from 76 in 2014

88
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*

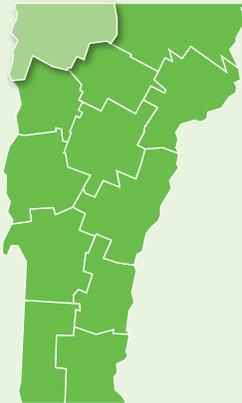


Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT	2018-19
Burlington SD	69.9%
Champlain Valley SD	93.8%
Chittenden East SU	90.8%
Colchester SD	84.3%
Essex Westford SD	81.6%
Milton SD	89.0%
South Burlington SD	93.4%
Winooski SD	79.0%

Franklin / Grand Isle Region

About the Region



In the northwestern part of the state, the families of Franklin and Grand Isle counties continue to trail blaze in areas of perinatal, early childhood, and overall family mental health, while also working to reduce food insecurity, support early childhood development, and engage an active, motivated network of early care providers.

The STARS high-quality ratings among child care centers, both in-home and center-based, are at the highest percentage they have ever been. The region's population of children under 6 remains consistent and the percentage of children living in poverty has dropped nearly 15% over a two-year period.

The region's BBF council has made food security a constant mission, facilitating local food, toiletry, and infant care drives to benefit food shelves. Additionally, the council has worked to create trauma-informed family visitation rooms at the local DCF offices to offer a safe space to promote healthy family interactions and developmentally-informed activities.

Current Status

CHILD POPULATION

(2017)

Consistent with 6,001 in 2012

5,907
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Decreased by -32% from 46.4% (1,674) in 2012

31.7% (1,177)
children under 6

*Living below 200% of the Federal Poverty Level

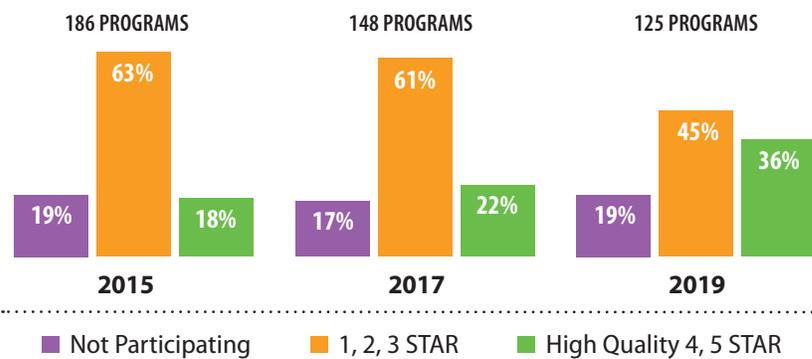
CHILDREN IN DCF CUSTODY** (2019)

Increased by 17% from 72 in 2014

84
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



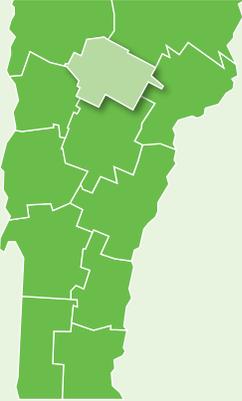
*As of June for each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT	2018-19
Franklin Northeast SU	84.1%
Franklin Northwest SU	87.8%
Franklin West SU	87.0%
Grand Isle SU	94.7%
Maple Run SD	79.0%

Lamoille Valley Region

About the Region



In the past year, The Lamoille Valley community has come together to support families and develop a shared agenda. The Lamoille Council is particularly invested in building resources for families experiencing homelessness, poverty, and substance use disorder. The council also recognizes that poverty hurts Vermont's children, often resulting in a range of poor long-term outcomes.

At the council table, the agenda continues to focus on three areas to improve outcomes for children and families: increasing child care quality and capacity, especially for infants and toddlers; investment in elevating family voice and leadership opportunities; and working to tip the scale to mitigate the challenges of poverty so that children can reach their full potential.

Additionally, the Council underscored the critical and continued support and investment in Children's Integrated Services (CIS) to support all families in need.

Current Status

CHILD POPULATION

(2017)

Decreased by -6% from 3,190 in 2012

2,984
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Increased by 10% from 40.9% (914) in 2012

45.0% (892)
children under 6

*Living below 200% of the Federal Poverty Level

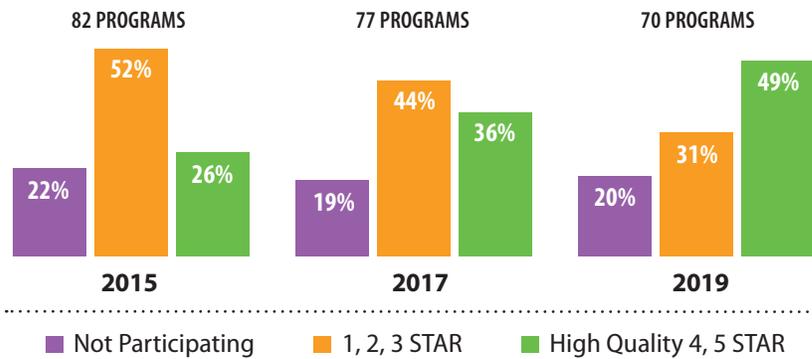
CHILDREN IN DCF CUSTODY** (2019)

Increased by 26% from 19 in 2014

24
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT

2018-19

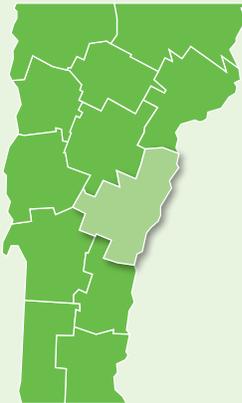
Lamoille North SU 84.2%

Lamoille South SU 90.7%

Orleans Southwest SU 83.1%

Northern Windsor & Orange Region

About the Region



The Northern Windsor and Orange County region has a large network of partners that span state lines and defined catchment areas encompassing communities with diverse characteristics. The region struggles to find workforce to fill child care provider positions and as a result, is experiencing a decline in the number of child care facilities open. The region notices a need to support children's social and emotional development with stressors in the community such as poverty, substance use, and familial stress.

This year the council worked to:

- Increase community awareness of adverse childhood experiences through screenings of the film *Resilience* and educational events
- Increase child care providers' skills to promote social and emotional development by providing training in Early Multi-Tiered Systems of Support
- Promote a deeper understanding and use of the Ages and Stages Questionnaire and use of the Universal Developmental Screening Registry

Current Status

CHILD POPULATION

(2017)

Decreased by -5% from 4,233 in 2012

4,025
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Consistent with 41.0% (1,179) in 2012

41.8% (1,073)
children under 6

*Living below 200% of the Federal Poverty Level

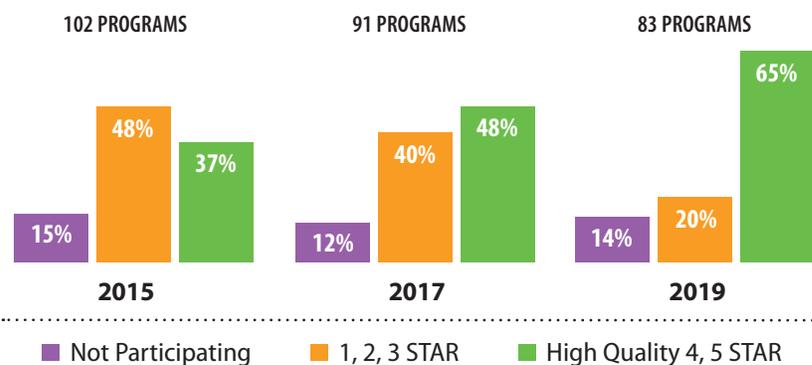
CHILDREN IN DCF CUSTODY** (2019)

Decreased by -30% from 47 in 2014

33
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



*As of June for each year.

Percent of All Students Ready for Kindergarten

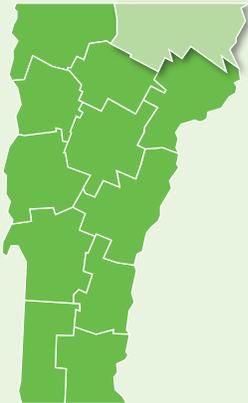
SUPERVISORY UNION / DISTRICT

2018-19

Hartford SD	60.9%
Orange East SU	83.6%
Orange Southwest SU	78.6%
Rivendell Interstate SD	81.5%
SAU 70	90.0%
White River Valley SU	80.2%
Windsor Central SU	78.7%
Windsor Southeast SU	76.6%

Orleans & Northern Essex Region

About the Region



The Orleans & Northern Essex Region's leaders are committed to improving the lives of young children and their families. A focus of the Council is on informing early childhood professionals and parents about the impact of poverty and trauma on infant brain development and early childhood social-emotional development.

In partnership with the Building Flourishing Communities group, the Council is advancing community-led action and strategies aimed at preventing adverse childhood experiences and strengthening resilience.

More than half of children under age 6 are living in poverty, the highest rate of all regions, and significantly higher than the state rate of 38%. Job security is a factor in assisting families to move out of poverty; access to childcare plays an important role in keeping employment.

The Regional Council has identified child care capacity and workforce development as another priority area, due to the lack of child care programs in the region.

Current Status

CHILD POPULATION

(2017)

Consistent with 2,566 in 2012

2,539
children under 9

CHILDREN LIVING IN POVERTY*

(2017)
Decreased by -3% from 54.4% (879) in 2012

52.7% (807)
children under 6

*Living below 200% of the Federal Poverty Level

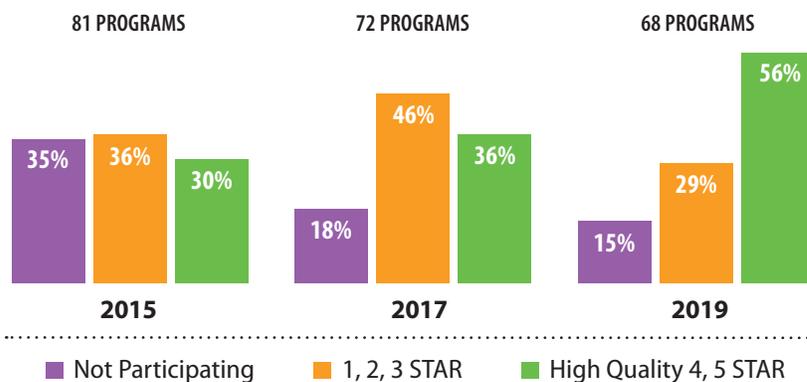
CHILDREN IN DCF CUSTODY**

(2019)
Increased by 257% from 14 in 2014

50
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



Percent of All Students Ready for Kindergarten

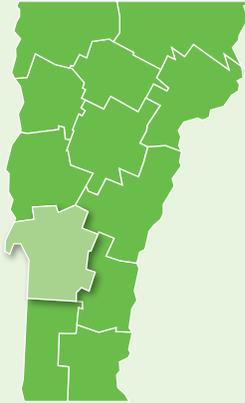
SUPERVISORY UNION / DISTRICT

2018-19

Essex North SU	66.67%
North Country SU	84.36%
Orleans Central SU	66.07%

Rutland Region

About the Region



The Rutland region is a combination of rural and urban areas and is the second largest county in Vermont. The Regional Council is a diverse group of partners working to ease the lasting effects of childhood trauma and poverty. The Council acknowledges that early educators need more support as they support children and families with challenging behaviors and life circumstances, including children impacted by Adverse Childhood Experience (ACEs), mental health challenges, and incarcerated family members. The region saw the rate of children under 9 in DCF custody rise despite the fact that the population of children in that age group decreased.

This year the council worked to:

- Promote literacy with the Stern Center's Building Blocks for Literacy training for early educators as they work with children birth to five to become successful literacy learners
- Support successful kindergarten transitions for children, families and educators
- Support professional development of the workforce

Current Status

CHILD POPULATION

(2017)

Decreased by -5% from 5,175 in 2012

4,942
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Decreased by -17% from 44.6% (1,397) in 2012

37.2% (1,137)
children under 6

*Living below 200% of the Federal Poverty Level

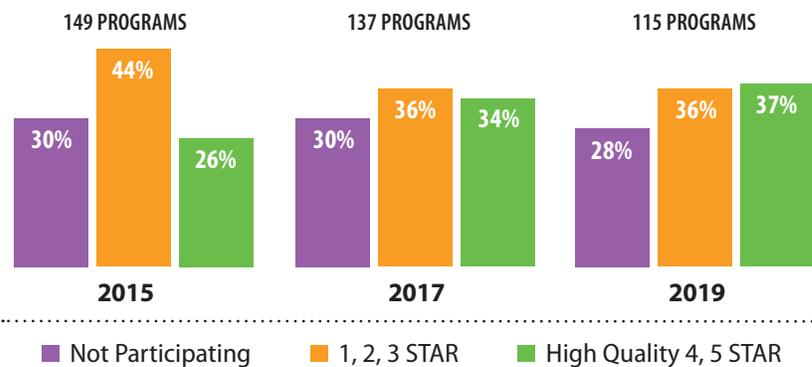
CHILDREN IN DCF CUSTODY** (2019)

Increased by 40% from 52 in 2014

73
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



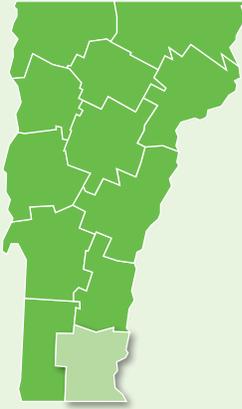
*As of June for each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT	2018-19
Addison Rutland SU	90.6%
Bennington Rutland SU	87.9%
Greater Rutland County SU	82.5%
Mill River Unified Union SD	74.1%
Rutland City SD	68.0%
Rutland Northeast SU	83.9%
Two Rivers SU	91.0%
Windsor Central SU	78.7%

Southeast Vermont Region

About the Region



The Southeast Vermont region is both fiercely independent and highly collaborative. The region has an aging workforce, a shrinking population, a consistently high number of children in DCF custody, and almost half of all children under 6 living in poverty. Agencies, organizations, businesses, and individuals continue to come together to mitigate the impacts of trauma and poverty on children and families. Community leaders are developing innovative approaches by working together with a common goal of supporting resilience of children, families, and our communities.

Two collaborative efforts the council has supported this year are:

- The launch of The Basics, an evidence-based community saturation campaign to cultivate greater early childhood brain development through quality interactions between children from birth to age 3 and parents and caregivers.
- Formation of the Advisory Committee for the Early Childhood Education Pathway at the Windham Regional Career Center where students will be able to graduate with up to 24 early childhood college credits and up to two years of classroom experience.

Current Status

CHILD POPULATION

(2017)

Decreased by -6% from 3,035 in 2012

2,840
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Increased by 10% from 42.2% (893) in 2012

46.5% (812)
children under 6

*Living below 200% of the Federal Poverty Level

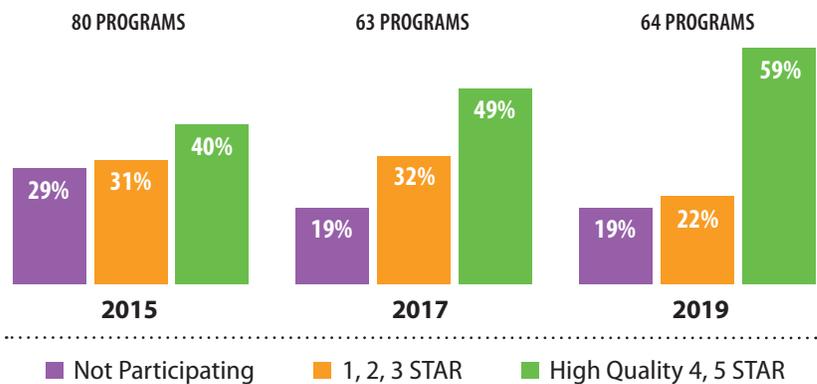
CHILDREN IN DCF CUSTODY** (2019)

Increased by 76% from 45 in 2014

79
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*

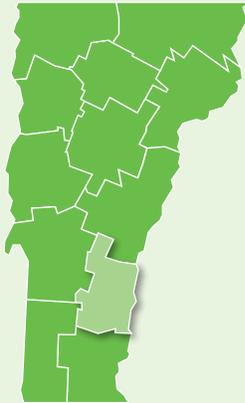


Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT	2018-19
Windham Central SU	80.7%
Windham Northeast SU	80.6%
Windham Southeast SU	84.7%
Windham Southwest SU	94.9%

Springfield Area Region

About the Region



The Springfield Area has a strong sense of working together across sectors to improve outcomes for children despite persistent challenges, including poverty and other factors (almost half our children under 9 live 200% below the poverty line) and a high number of adults reporting poor mental health. To support families through these challenges, the Council intentionally partners to create and strengthen programs such as the Welcome Baby Bag project and Same Page Initiative. The Council recognizes the importance of family engagement and building relationships among partners including Supervisory Unions, child care providers, and families to mitigate these impacts and support thriving children.

This year the council worked to:

- Strengthen the nutritional education that child care providers deliver with the Women Infants and Children (WIC) Program
- Support family engagement activities through festivals, parenting classes, and local trips to support family needs and provide child development education

Current Status

CHILD POPULATION

(2017)

Decreased by -7% from 3,024 in 2012

2,802
children under 9

CHILDREN LIVING IN POVERTY* (2017)

Consistent with 48.0% (912) in 2012

47.7% (894)
children under 6

*Living below 200% of the Federal Poverty Level

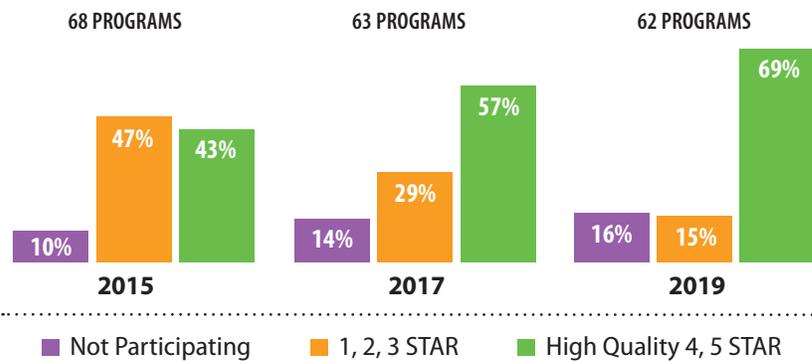
CHILDREN IN DCF CUSTODY** (2019)

Consistent with 33 in 2014

33
children under 9

**As of September 30th each year

STARS Rating of Regulated Programs by Year*



*As of June for each year.

Percent of All Students Ready for Kindergarten

SUPERVISORY UNION / DISTRICT 2018-19

Bennington Rutland SU	87.9%
Springfield SD	84.8%
Two Rivers SU	91.0%
Windham Central SU	80.7%
Windham Northeast SU	80.6%
Windsor Central SU	78.7%
Windsor Southeast SU	76.6%

Recommendations



Recommendations of the BBF State Advisory Council

The State Advisory Council (SAC) is the Governor-appointed early childhood advisory body that works to set priorities and direction for statewide initiatives on behalf of Vermont's young children. In 2019, the SAC worked to drive collective action in Vermont around two key areas: addressing early childhood and family mental health, and building capacity for Vermont's early care and learning system.

Supporting the Early Care and Education Workforce

Why It Matters

As brain science developed to teach us about how much growth and learning happens before age 5, the child care profession has changed to encompass a wider range of skills and responsibilities befitting that important time in a child's life. The expectations for child care professionals has grown to include knowledge of child development, education, and psychology.

According to a survey of Vermont parents of young children published as the Early Care and Learning Household Study, 67% of parents of children birth to age 2 are using some form of child care, and 79% of families with children ages 3 to 5. The need for a robust early care system with educated, well-compensated providers is driven by the needs of families.

Opportunity for Vermont to Turn the Curve

In early 2018, the Child Development Division (CDD), inspired by the BBF SAC's commitment to address capacity in the early learning system, convened a Capacity Coalition that identified key strategies to begin to develop workforce capacity. Since that time,

BBF's Early Learning and Development Committee has been coordinating action and monitoring progress on these strategies.

In 2018, BBF published the *Building Vermont's Future from the Child Up Think Tank Report*, including six key recommendations on how Vermont can improve our child care system so that professionals can get adequate education, be compensated appropriately for their work, and create long-term stability and viability for the industry. In addition, a Child Care Demand Study was released, exposing an even greater need for child care in Vermont, underlining the importance of growing capacity.

Also last year, the Vermont Legislature passed some investments in the child care system, including \$600,000 in one-time money for workforce incentives, including a scholarship program. The SAC recommends the following actions to continue to move the needle for Vermont's early care and education system.

RECOMMENDATION 1: Support education costs and compensation for the early childhood education workforce, including scholarships, loan repayment, and wage supplementation.

The BBF Early Learning and Development committee has identified three opportunities for state-level policy to support the early childhood education workforce:

- A.** Funding to maintain and expand scholarship programs for early educators
- B.** Establishment of a loan repayment program for early educators
- C.** Establishment of a wage supplement program as we work toward adequate compensation for early educators

Scholarships support early childhood educators who need and/or desire to increase their qualifications. For those who have already accrued related educational expenses, paying back their student loans is a barrier to employment in the field with wages at their current levels. A wage supplement program will allow those who desire to work in the field to do so. Even before a long-term solution is in place, Vermont needs to invest in this essential workforce.

RECOMMENDATION 2: Continue investment in redesigning the state’s Child Care Financial Assistance Program.

There is a need for continued progress and investment in the state’s planned 5-year redesign of the Child Care Financial Assistance Program. In order to reach the state’s Early Childhood Action Plan result that “all children have access to high-quality early learning opportunities that meet their needs,” Vermont must continue to make progress in Year 2 of its 5-year plan, including:

- A.** Increasing the CCFAP rate paid to child care providers so those reimbursement rates are closer to the true cost of high-quality care
- B.** Investing in the costs of higher education for the early childhood education workforce
- C.** Fully supporting the needed investment in the technology system required to implement the redesigned CCFAP structure and provide an accessible platform for families, educators, and administrators



Supporting the Mental Health of Children and Families

Why It Matters

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

Opportunity for Vermont to Turn the Curve

Building Bright Futures State Advisory Council identified early childhood and family mental health as a priority on which to focus in 2019. The Council learned from families and those working in early childhood about the increased demand for early childhood mental health services across the state. They also had a growing concern for increased acuity of needs by Vermont families with young children. In response, BBF convened an Early Childhood Mental Health Taskforce to identify barriers and policy needs to reach a more integrated system. The following recommendations are highlighted for policy makers to note where greater investment is needed.

RECOMMENDATION 1: Build the capacity of parents and caregivers to promote children's health and well-being.

The healthier parents and caregivers are, the greater the capacity to stay calm under pressure and support their children's emotional development. We must provide adults involved in the lives of infants, toddlers, and preschoolers the knowledge to promote social and emotional development.

Opportunity for Vermont to Turn the Curve:

- A.** Embed the Strengthening Families Protective Factors framework in all early care and learning programs to build family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. The five protective factors are: parental resilience; social connection; knowledge of parenting and child development; concrete support in times of need; and social and emotional competence of children.



- B.** Expand opportunities to foster secure attachment between children and their parents. Successful models include MESCH home visiting; home visiting and parental support through Parent Child Centers; Children's Integrated Services; and the Resources Parent Curriculum for foster, adoptive, and kin caregivers about the impact of trauma on the development, attachment, and behaviors of children in their care.

RECOMMENDATION 2: Ensure families are partners in mental health.

Family-centered care ensures families have a primary decision-making role in the care of their children. Creating meaningful partnerships leads to better outcomes for children.

Opportunity for Vermont to Turn the Curve:

- A.** Build a system where families know where to go for help, and supports are provided in an accessible, culturally-competent way. Ensure families are involved in what care their child needs, and support transitions from early childhood to pre-K to the elementary education system.
- B.** Ensure families are in leadership positions to inform policy, practice, and funding decisions such as Head Start Policy Councils, Designated Agency committees with families advising on early childhood Part B and C services, BBF Families and Communities Committee, and Local and State Interagency Teams (Act 264 Teams).



RECOMMENDATION 3: Investment in prevention and early detection builds resilient children who turn into resilient adults.

Interventions at this age have the biggest impact at the smallest dosage. A tiered approach provides universal supports and prevention practices to all children and individualized interventions to the very small number of children with persistent challenges.

Opportunity for Vermont to Turn the Curve:

- A.** Vermont’s Early Multi-Tiered System of Supports (Early MTSS) framework promotes Pyramid Model research-based practices and strategies to support positive social and emotional skills. Practices are geared to families, home visitors, teachers, special educators, and mental health providers. Tier 1: universal supports through responsive relationships and high-quality environments. Tier 2: prevention practices target social-emotional strategies for children at risk of challenging behavior. Tier 3: individualized intensive interventions. The Early MTSS framework includes ongoing training, on-site coaching, use of fidelity measures, and mental health consultation.
- B.** Invest in flexible funding to support Early Childhood and Family Mental Health consultation to help children struggling in early care and learning programs. ECFMH consultation provides a specialist to strategize with early educators. Preschool teachers with access to mental health consultation are less likely to expel children with behavioral problems from their programs¹.
- C.** Increase the use of universal developmental screening to assess children’s development, identify challenges and connect children to supports as soon as possible. Help Me Grow is building a coordinated developmental screening and response system and trains early educators to use screening practices.

RECOMMENDATION 4: Make the early childhood system easier to navigate so families receive high-quality and timely care.

Vermont’s early childhood system requires coordination across sectors including healthcare, education, early care, social service, and early intervention programs. Many services still operate in silos, often due to rigid policies and funding, making it difficult for families to navigate. It is important to create more flexible funding for innovative solutions such as Children’s Integrated Services (CIS), Integrating Family Services (IFS) and mental health payment reform.

Opportunity for Vermont to Turn the Curve:

- A.** Utilize BBF, the entity charged with being Vermont’s State Advisory Council on Early Childhood by both state and federal mandates, to bring together partners across state agencies, regions and communities to facilitate effective communication and collaboration, information gathering and dissemination of best practices.
- B.** Create more resilient and trauma-informed communities that include community-based mental health supports such as Mobile Response and Stabilization Services to provide supports and interventions for families and their children before emotional and behavioral difficulties escalate.
- C.** Invest in up-to-date, high-quality data and longitudinal data systems required to address data gaps and key policy, program and service challenges for children and families. This will guide more equitable and strategic resource investments.

¹Gilliam, W. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University Child Study Center.)

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ACKNOWLEDGEMENTS

The 2019 *How Are Vermont's Young Children and Families?* report is truly a collaborative effort.

As the Executive Director of BBF, I would like to express my sincerest gratitude to the following agencies, stakeholders and organizations for their contributions to developing content, identifying and sharing key topics, and providing data: The Vermont Agency of Education, the Vermont Care Partners Data Repository, the Vermont Department for Children and Families, the Vermont Department of Health, the Vermont Department of Mental Health, and Let's Grow Kids.

I would also like to recognize the work of the BBF staff as a whole, and thank the Regional Coordinators for advising on and contributing to the regional pages and their content expertise throughout the report. I am grateful to the report's Advisory Committee and the BBF State Advisory Council for their collaboration and guidance.

I would especially like to thank two key contributors. First, Julia Andrews, BBF's Communications Director, for her leadership in managing the compilation, content development, and editing of the report. Second, Dora Levinson, BBF's Data and Policy Analyst, for partnering with data stewards, collecting and organizing data, and contributing her content expertise.

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

Morgan Crossman, Executive Director



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Design and Layout: Stride Creative Group

Building Bright Futures would like to thank the National Life Foundation for their generous contribution to the production of this report.



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