



BBF Child Outcomes Accountability Team Notes

October 28, 2021 | 9:00-10:30 am

Join Zoom Meeting: <https://us02web.zoom.us/j/85664773532>

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The BBF Child Outcomes Accountability Team works to improve integration and coordination of early childhood public and private partners committed to the health and well-being of children and their families. The group will inform strategies and monitor progress to ensure that children are healthy, thriving and developmentally on track from the prenatal period to third grade by promoting and monitoring outcomes in the following domains: physical health, development and educational outcomes, mental health outcomes, and basic needs outcomes. Goal 1 also promotes the importance of prevention and early identification across the same domains.

Desired Outcomes

- Review goal of Act Early grant to improve the Early Identification system particularly improve the connection of when a child is referred to accessing EI services
- Review data about how early identification is being done in Vermont currently
- Identify strengths and gaps (why are kids who need services not getting them? What are the barriers?)
- Discuss strategies to do early identification in a more coordinated manner

Present: Michele Jonson/AOE, Amy Murphy/AOE, Breena Holmes/VCHIP, Amy Johnson/NCSS, Pam McCarthy/VT Family Network, Alison Wheeler/CIS, Winston Prouty, Sarah Whitmore/CIS, Springfield, Amy Tatro/Lund, Amy Bolger/CDD, Monica Newell/EI St. Johnsbury, Elizabeth Gilman/Help Me Grow, Denise Main/Sunrise PCC, Kheya Ganguly/DMH, Keith Williams/CIS CDD, Lauren Smith/VDH, Margaret Atkinson/Winston Prouty, Danielle Howes/CIS CDD, Liza Boyle/CIS NCSS, Liza Fleischer/CIS Newport, Floyd Nease/Lamoille Family Center, Bev Boget/Let's Grow Kids, Cynthia Greene/VT FEED Shelburne Farms, Tanya LaChapelle/Let's Grow Kids, Sheila Duranleau/CDD, Amy bolger/CDD, Becca Webb/BUUSD, Anna Brouillette/BBF, Claire Kendall/Family Center of Washington County, Kelly Belville/Sunrise Family Resource Center, Jennie Moon/SVMC-Southwestern Vermont Medical Center, Jen Fortman/parent, Joa Ferrada, Beth Truzansky/BBF, Morgan Crossman/BBF, Jill ?
36 people- 29 organizations, 1 parent

Time	Agenda Item
9:00 - 9:10	<p>Introductions, Review Agenda, & Record</p> <ul style="list-style-type: none"> ● Meeting was opened by Anna Brouillette, Policy and Program Director at Building Bright Futures ● Attendees introduce themselves in the chat bar

	<ul style="list-style-type: none"> ● Given today’s agenda focusing on the Act Early grant, and the Needs Assessment related to early identification and intervention that COAT completed last year, we also invited members of CIS and EI community to join today’s meeting and conversation - so a special welcome to those of us who could join us in that capacity ● Given our work with Act Early we want to ensure that we are tracking and quantifying how COAT is doing in terms of serving as a table for our partners to learn about, share, and contribute resources and knowledge, so we launched a brief poll for everyone to fill out. <ul style="list-style-type: none"> ○ Poll: How well does COAT support shared knowledge and resources among partners within and beyond COAT? <ul style="list-style-type: none"> ■ 1 - Not at all, 0% ■ 2 - Somewhat, 4.5% ■ 3 - A fair amount, 27.3% ■ 4 - Substantially, 18.2% ■ 5 - N/A, I am not a regular member of COAT, 50% ● We asked participants to reflect on and enter your next response in that chat, “what would improve the sharing of knowledge in and beyond COAT?”. If you have more to share or want to contribute a response more privately - please feel free to send thoughts on this next question to someone on the BBF team, as we would be happy to incorporate further feedback. ● We reviewed the agenda, which focuses on re-reviewing the Act Early Needs Assessment, and discussion surrounding the current early identification, intervention, and referral system’s current strengths and challenges.
<p>9:10 - 9:40</p>	<p>Early Identification: Identified strengths and gaps in Vermont’s system</p> <ul style="list-style-type: none"> ● Beth Truzansky, BBF’s Deputy Director, reviewed for the group, VECAP goal 1 and its alignment with the COAT committee and today’s agenda. Additionally, an overview was provided of the ecological framework and how it relates to our work on COAT. ● Discussed last year’s effort from COAT to conduct the Needs Assessment as part of the Act Early Work ● We are excited to be given the opportunity to do another year of Act Early work, and find alignment with the new 5-year HRSA grant, Early Childhood Comprehensive Systems (ECCS) work, which has many of the same goals ● The Child Outcomes Accountability Team is the state advisory team for the Act Early grant awarded to Vermont from AUCD - there is membership and we welcome <u>new</u> folks that help inform strategy and decision making. ● We briefly review the high level goals of year two of the Act Early Grant <ul style="list-style-type: none"> ○ Continuing to promote Learn the Signs Act Early and Resilience at Regional Councils ○ Working in partnership with CIS to retrospectively review and synthesize data ● Data walk: Review Act Early Needs Assessment data from 2020 <ul style="list-style-type: none"> ○ Themes from responses - many similar challenges and barriers were identified by those that participated in the survey. Some of the most consistent challenges and concerns were:

- Need for more alignment and integration
- Workforce challenges - from high turnover, to limited capacity and the concerns about the implications of these challenges (wait times, etc.)
- Need for shared vision and messaging - across regions, programs, teams, etc.
- Related to integration, limited data capacity and ability to collaborate across programs/sectors because of it
- Current strengths of system:
 - We've got a great program in CIS but haven't been able to document impact, only financial and administrative burden
 - If we really want to figure out how to move system forward, need to understand impact of CIS
 - Addressing basic needs and social conditions has a **direct impact on family health and mental health**
 - For low-income families, meeting basic needs is the highest priority
 - Vermont has pivoted, recognizing that a family's ability to connect with and engage in services is interrelated with their environment, social and economic conditions which has significantly deteriorated for low-income families since the pandemic
 - Current **network of partners and stakeholders referring** to Help Me Grow and CIS
 - Let's Grow Kids, Head Start, BBF Regional Councils, 211, and many ECE providers referring/promoting
 - Need for non-ECE providers (pediatricians, other members of health care community, etc.) to refer as well
 - The **quality and eligibility criteria** of currently offered services and supports
 - Broad eligibility criteria of Part C, ASQ training and online system, DULCE, etc.
 - Need for those who are deemed eligible for services to receive them in a timely manner
- Covid-19 impact - given the timing of the survey, many themes emerged related to the impact of the pandemic on delivering and implementing early identification and intervention services:
 - Capacity of providers to deliver virtual services
 - Coaching and training for best practices related to providing virtual services
 - New needs and roles for families in virtual environment
 - Need to be connected to high-speed internet and access to capable devices
 - Relying on families more to implement strategies, and monitor progress
 - Timeliness of screening and referrals, different needs (shift from child development to basic needs)
 - Mental health

- Increased provider focus on addressing family mental health challenges, in order to better support and connect family to necessary services, etc.
 - Need to address mental health access gaps in some regions of state
- Top emerging needs identified by responses
 - Workforce Capacity and Support - staffing to address the demand for services, workforce support and training, integration of other providers and communities
 - Sustainable, braided funding - and the need to make reimbursement more seamless
 - Serving more children (and in a more timely manner) after completion of a screen - as well as a desire to capture stories and data from those not served
 - Access to technology - reducing tech barriers such as broadband and a lack of devices, support with delivering telehealth services
- Morgan Crossman, Executive Director of BBF provides some bigger picture framing and tees up the group for a discussion on the Needs Assessment data, our current system, and where we go from here.
 - Act Early Grant
 - Focus on early identification, screening, referral, receiving EI and ECSE
 - HRSA Grant
 - Focus on alignment of EC and MCH
 - Early Childhood Systems Mapping and Budget
 - Political tension and worries about CIS because of last year's proposal - many of us are feeling that and it is important to reconize
 - Another bill from last session was H171/Act 45: Vermont Child Care and Early Childhood Education Systems Analysis
 - Governance and administration of child care and early childhood education
 - May address CIS from a big picture - this is what's important, vision, org of state gov and capacity but it won't solve other more granular challenges
 - Big picture there are so many strengths and assets of CIS and HMG, and Vermont's referral, early identification, and intervention systems
 - In Vermont, we also know about the range of challenges associated with the administration of these programs. To date, we haven't been able to truly document the impact of CIS on a broad level. What we do have is documentation of administrative burden on behalf of some of our providers across sectors, as well as the financial cost associated with programs that have strong coordination efforts. We all recognize how much time it takes to collaborate, coordinate and integrate and that

	<p>relationships are a critical component of that. And...time is money.</p> <ul style="list-style-type: none"> ■ We need to understand the impact of CIS and how that impact is related to our HMG Vermont framework. Important to break down some silos and better understand what is going on within these systems. ○ As part of Act Early, there will be some type of data project /collaboration between BBF and CDD to prioritize reviewing CIS data (qualitative and quantitative). This work would focus on: <ul style="list-style-type: none"> ■ A a retrospective analysis <ul style="list-style-type: none"> ● Focus on providing EI services but more wholistic ■ Not just analysis capacity but really synthesis and data brief/dissemination to tell the picture in a digestible way ■ Data to inform decision-making ■ Honoring the incredible work of CDD ■ Also build alignment with data and narrative around the work of CIS and HMG
<p>9:40 - 10:25</p>	<p>Discussion:</p> <ul style="list-style-type: none"> ● Workforce challenges abound everywhere and they are only become more severe as baby boomers retire ● Broadband limits capacity for telehealth ● Data - Concerns around quality, etc. <p>How to use current data to fill gap in measuring impact of CIS?</p> <ul style="list-style-type: none"> ● Workforce capacity is important, but quality is, as well. We need to better compensate skilled early childhood educators/interventionists to attract and keep them in the field. Part C of IDEA (CIS-EI) and ECFMH are particularly important at this time... ● We need greater capacity for specialized child care, as well. Too many families are struggling with getting and keeping placements for children with special needs. This, too is about workforce, and quality... ● What is the opportunity to improve public school EEE access/services to meet child and family needs ages 3-5 with the potential to then help "offset" or open up resources for children and families birth - 3? (as a former ECE director, it was incredibly challenging to help families receive services for pre-K kiddos and this definitely impacted our capacity to attend to all children's needs) ● We have a lot of CIS data but is it helpful, good, accurate, etc.? How do we ensure that the story behind the numbers is highlighted so assumptions aren't made about what is or isn't working. I worry about that. ● The data is inconsistent because the integrated database was never realized for all the CIS providers. We have not necessarily been asking the right questions to know about IMPACT vs. activities... ● Use of medical homes as point of contact with families. Thinking about pyramid or funnel of services - very few families ultimately receive intervention services. We need more representation from the pediatric community at these tables - given that pediatricians see all VT families/children

	<ul style="list-style-type: none"> ● Calling out kids with special needs and health needs at the end, vision not fully realized. Results accountability - what did we do, how did we do it? How many people were positively impacted, how do we know? ● Including pediatricians and additional health colleagues is a key goal of the HRSA VIP-3 grant that we'll be working on this year and over the next 5! We're open to connections with pediatric health colleagues as we think about increasing representation across our VECAP committees <ul style="list-style-type: none"> ○ Suggestion: Jennie Moon to reach out to SVMC to have pediatricians to serve on COAT ● One of the many things that came up for me is around family/maternal mental health. Who is evaluated? Do parents seek it out or are parents being reached out to? ● Important to save original design/vision - since we are not anywhere near there. How do we tweak that vision to work in today's climate. How can we better understand original design - especially pediatric home model? A visual may be helpful? ● How to connect with the mental health integration work group? Seems like an opportunity to address silos, work from resilience/strengths based lens ● The workforce challenge is one of the biggest challenges right now - hard to isolate because it is impacting everything - parents in workforce, special accommodations grant (hard to staff program for this). Pandemic driven but not solely because of pandemic. Safety is biggest priority because of the lack of staff - have to think about basics rather than the highest quality/level of services. How do we think bigger and address significant barriers and invest money where it is needed? ● The intentionality of CIS in bringing together providers to support/collaborate on serving children and families. Dismantling system without thinking about a system to replace it is illogical. Bundle of CIS services - look at EI and outcomes for children. Represents what is possible for every other service under CIS. ● How do we work on the messaging/communication component of these services. Families/the general public doesn't understand what services exist, who does what, etc. ● There needs to be a focus on who are families' most trusted advisors-beyond Drs. & child care? Could it be peers, other entities in the community--food bank? library ? How do we help them help folks to connect to what they need? ● It has always been difficult for a family that feels vulnerable to the "system" to approach that system for help. There is no difference in their mind between the provider that judged them and the new one they have been referred to, to address their newest identified "problem", even if that provider is the warmest, friendliest most welcoming in the neighborhood. The idea of no wrong door was that wherever a family enters the system, even when the door is totally inappropriate, they are welcomed and their needs are met through warm handoffs from welcoming provider to welcoming provider.
10:20 - 10:30	<p>Updates and Announcements</p> <ul style="list-style-type: none"> ● Cynthia Greene - another future opportunity to review data from a Nemours Springboard project focused on geographic mapping - Farm to Early Childhood Coalition leading work to determine where food deserts are, CACFP, rates of food insecurity, etc.

	<ul style="list-style-type: none"> • BBF: Invitation from The Northern Windsor and Orange Council BBF Regional Council to participate in their discussion around workforce recruitment and retention on November 3rd from 1:30-3:00. We will be reviewing video from the State Advisory Council Meeting featuring Change the Story as well as have Kevin Stapleton the Assistant Chief of Economic & Labor Market Information Division present some data followed by a discussion. This is the agenda: https://docs.google.com/document/d/1sESSFNqDJGJG3mK6tc_FwYadV2MPfMWO/edit?usp=sharing&oid=113254312880905924452&rtpof=true&sd=true&urp=gmail_link
10:30	Adjourn

Quick Links

[October 28 recording](#)

[September 9 recording](#) (Joint meeting with Early Learning and Development Committee including a presentation of EMTSS and PIES report)

August 26 [recording](#)

[May 27 COAT Notes](#) and [recording](#)

[April 22 COAT Notes](#)

[March 25 Recording of COAT meeting](#)

[About the Child Outcomes Accountability Team](#) and archived meeting materials

[2020 Vermont Early Childhood Action Plan](#)

Upcoming Meeting Dates and Topics

November 18 (moved from 25 due to Thanksgiving)

December 23 meeting canceled

January 27