



Policy Playbook

2025 Policy Recommendations
of Vermont's Early Childhood State
Advisory Council Network

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The Role of the Policy Recommendations and BBF's Mission

The mission of Building Bright Futures (BBF) is to improve the well-being of each and every child and family in Vermont by using evidence to inform policy and bringing voices together to discuss critical challenges and problem-solve. BBF brings together a robust network of policymakers, early childhood professionals, educators, health and mental health providers, business leaders, families, and other partners through regular meetings of 12 Early Childhood Regional Councils, seven Committees moving forward the work of Vermont's Early Childhood Action Plan (VECAP), and a 23-member State Advisory Council.

Vermont's Early Childhood State Advisory Council (SAC) is the state's Governor-appointed, primary advisory body on the well-being of children in the prenatal period through age 8 and their families. In partnership with the VECAP Committees and the Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives using the VECAP and up-to-date data. **The annual Policy Recommendations are developed with input from across all BBF Network gatherings and seek to identify the current gaps and needs in early childhood policy, promote action in strategic areas for the coming year, provide recommendations that are measurable, and move Vermont toward a more equitable early childhood system.** While the 2025 Policy Recommendations are significant in scope and depth, they are by no means exhaustive of each and every priority within Vermont's early childhood system.

The foundational goal of the Policy Recommendations is to provide a common agenda and unifying vision for the state's early childhood system and its partners. The Policy Recommendations are a tool that requires championing and monitoring in order to be successful; see page 2 for ways in which early childhood partners in Vermont put the Policy Recommendations into action. The Policy Recommendations' intended role within the BBF Network and for Vermont's early childhood partners and system is outlined below.



The value and purpose

of the Policy Recommendations of Vermont's Early Childhood State Advisory Council Network:

- ★ Elevate urgent statewide issues and priorities that need to be addressed from across the Network and Vermont's early childhood partners more broadly
- ★ Provide common language to inform decision-making and support partners in their advocacy efforts
- ★ Communicate about cross-sector early childhood needs and priorities to decision-makers
- ★ Validate the work that VECAP Committees, Regional Councils, the SAC, and others are doing to improve the well-being of young children and their families
- ★ Create accountability for policy change toward the vision articulated in the VECAP

Putting the Policy Recommendations into Action

The 2025 Policy Recommendations of Vermont's Early Childhood State Advisory Council Network can be leveraged to move forward legislative proposals, advocate for change, and hold the system and its leaders accountable. The Policy Recommendations are utilized by early childhood partners across sectors for myriad purposes and are designed to be leveraged by public and private partners alike. **The recommendations vary in their intended audience, with some recommendations targeting specific legislative action or investment, and others empowering state agency leaders or private partners to implement policies or services with a particular focus.**

The following are examples of ways early childhood partners across Vermont can use the recommendations of Vermont's Governor-appointed, designated Early Childhood State Advisory Council to improve the well-being of children and families.

- ★ Legislators, the Administration, and early childhood leaders can reference the Policy Recommendations and Vermont's Early Childhood Action Plan (VECAP) when considering funding allocations, formulating priorities, and developing legislation.
- ★ Early childhood partners, program administrators, advocates, and family leaders can reference the Policy Recommendations alongside the VECAP in legislative testimony or when advocating for change in a variety of settings.
- ★ Public and private early childhood program administrators can reference the recommendations when monitoring progress or aligning their team's priorities.



2025 Policy Recommendations of Vermont's Early Childhood State Advisory Council Network

Vermont's Early Childhood State Advisory Council (SAC) is the state's Governor-appointed, primary advisory body on the well-being of children from the prenatal period through age 8 and their families. Each year, in partnership with Vermont's Early Childhood Action Plan (VECAP) Committees and Regional Councils, the SAC sets priorities and strategic direction for statewide initiatives by endorsing a series of Policy Recommendations. These annual Policy Recommendations of Vermont's Early Childhood State Advisory Council Network are developed using the VECAP, up-to-date data, and the most pressing feedback and challenges being faced in the early childhood system collected throughout the year. The annual Policy Recommendations identify the current gaps and needs in policy, promote action in strategic areas for the coming year, and aim to be measurable.

ACCESS TO BASIC NEEDS (VECAP GOAL 1)

Enact a Strong Paid Family and Medical Leave Insurance Program

- Enact a Paid Family and Medical Leave Insurance program for Vermonters seeking to take time off to care for a family member or themselves while welcoming a new child into the family, while navigating an illness or injury, or after experiencing a loss. Ensure that the benefit through this program covers all caregivers in the case of a two-parent household, and that the benefit is sufficiently generous for low-income families to utilize the program. *Renewed Policy Recommendation (2024)*

Invest to Ensure Families Have Access to Safe and Secure Housing in the Immediate and Long-Term

- Immediately stand up critically needed safe, accessible, non-congregate emergency solutions for sheltering families and children in crisis. Provide quality services and service coordination to support families accessing these shelters who are navigating a variety of complex needs (special health care needs, mental health conditions, substance use disorder, etc.). Ensure there is a long-term plan to continue to shelter families with young children as needed and sufficient funding to sustain this strategy.
- Prioritize data collection related to the demographics of those navigating homelessness to inform outreach and mitigation efforts, and to recognize the racial disparities embedded in our systems impacting families with young children.
- Support families navigating housing instability with a continuum of services that move them into more consistent housing. Invest in strategies that support families in finding and affording safe and stable housing, including funding for the HOME voucher program for families and a potential expansion of the Family Supportive Housing program.
- Prioritize significant and sustained investments in the creation of new housing units to alleviate the housing crisis, which has only been exacerbated by extreme weather events. When creating new housing units, invested parties should aim to locate housing in priority areas and near services needed by families, including transportation, schools, and child care, but outside of areas at high risk for flooding. Priority should be given to creating or rehabilitating housing that is designed to be permanently affordable.

FAMILY PARTNERSHIP AND RESILIENCE (VECAP GOAL 2)

Enact Best Practices Statewide for Elevating Community and Family Voice

- Enact a formal guidance/protocol for naming membership when creating new legislatively mandated bodies. This protocol should become a required part of standard operating procedure for the legislature. A membership template must include individuals with relevant lived experience, based on a given bill's impacted communities. *Renewed Policy Recommendation (2022, 2024)*
- Require the coordinating entity to receive training on how best to incorporate the knowledge of family and community members with lived experience into the legislatively mandated bodies' processes and deliverables. This includes how to ready the table for their success and ensure the inclusion of their voices. Once recruited to serve, family representatives should be provided an orientation and targeted supports to reduce barriers to full participation.

Improve and Provide Transparency in Family and Parent Compensation Practices for Involvement in State-Convended Entities

- Implement consistent State of Vermont policies for compensating families with lived experience who serve on state-convended entities within the early childhood system. When a state-convended entity, such as a Commission, is asking families to share valuable and vulnerable information about their experiences, compensation should be aligned with the National Center for Family & Parent Leadership's Parent Leader Compensation Scale. Transparent information about the compensation rate, frequency, and method (and any paperwork requirements) should be advertised when recruiting for the opportunity so that families know what to expect financially.



HIGH-QUALITY AND INCLUSIVE EARLY CARE/ EDUCATION/AFTERSCHOOL PROGRAMS (VECAP GOAL 3)

Monitor to Ensure Equitable Access for All 3- and 4-Year-Olds in Vermont's Universal Pre-K Program

- Ensure Vermont's Universal Prekindergarten Education (UPK) program continues to lead the country by maintaining universal access for 3- and 4-year-olds in a mixed-delivery system (school-based, center-based, and home-based programs) and centering the developmental needs of young children and their families. *Renewed Policy Recommendation (2022, 2023)*
- Task the Agency of Education, Child Development Division, and Building Bright Futures to create, implement, and update as necessary a monitoring and accountability protocol to better monitor Vermont's Universal Prekindergarten Education (UPK), including robust data collection and analysis. The development of the process should include feedback from impacted communities and individuals (families, educators, Act 166 Coordinators, the Prekindergarten Education Implementation Committee, preK-12 administrators, etc.) and should be mindful of the additional capacity and skills reporting this data requires from programs. Collected data should include financial information, enrollment by student characteristics, staffing, and student outcomes.
- Secure sustained funding for personnel across all three entities to ensure high-quality data through the following activities: data management and reporting activities, training and TA to support quality collection and reporting, engagement in data integration meetings and visioning, data analysis, and making data publicly available.

Ensure Access to Quality Child Care for Families Eligible for TANF

- Ensure that children from families eligible for TANF, including children experiencing homelessness, have ready access to child care by establishing a presumptive eligibility policy for TANF-eligible families for Vermont's Child Care Financial Assistance Program (CCFAP). This policy would reduce administrative burdens and potential lags in child care coverage for families, and ensure that children experiencing adversity have access to quality early education environments.



HIGH-QUALITY SERVICES FOR FAMILIES FACING ADVERSITY (VECAP GOAL 3)

Support those Navigating the Child Welfare System by Investing in System Improvements

- Secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS). *Renewed Policy Recommendation (2024)*
- Utilize the Family Services Division's federal case review report and program improvement plan to make data-informed programming and financing decisions to improve the systems serving young children in Vermont's foster care system.

Make Mental Health Services Accessible to Families Across Settings

- Develop financial incentives and implementation support for initiatives aiming to integrate mental health into primary care settings serving children and families to promote wellness and upstream prevention. *Renewed Policy Recommendation (2024)*

EARLY CHILDHOOD WORKFORCE (VECAP GOAL 3)

Invest to Ensure Inclusion and Meet Social-Emotional Health Needs in Early Education and Afterschool Programs

- Ensure early childhood educators have access to sufficient support staff (occupational therapists, speech and language pathologists, physical therapists, paraeducators, and early childhood mental health practitioners) and ongoing coaching to support full inclusion and the social-emotional well-being of every child. Explore recruitment and retention strategies, such as expanding eligibility for student loan repayment programs and increasing compensation rates.
- Prioritize investments in teaching practices that are developmentally appropriate and increase the capacity of the early childhood education workforce and system. These investments will build new and reinforce existing supports to foster the development, learning, and individualized needs of every child.
- Ensure that populations that have historically been marginalized and disproportionately experience discriminatory practices are no more likely to experience exclusionary practices by identifying and addressing discriminatory practices, biases, and structures.

Recruit a Representative Mental Health Workforce

- Prioritize recruiting mental health professionals that represent Vermont's population, including people of color, disabled professionals, and those with lived experience related to mental health conditions and the mental health system. *Renewed Policy Recommendation (2024)*

SEAMLESS, EQUITABLE, DATA-DRIVEN SYSTEM OF CARE (VECAP GOAL 4)

Align Demographic Data Collection Across Agencies

- Align data collection practices across agencies to improve systems and programs that are not currently meeting the needs of people of color, children with disabilities, and other vulnerable populations in Vermont. This will require determining and allocating necessary funding to update infrastructure to comply with expected changes in federal reporting of demographic data. Ensure that the strategy allows individuals to fill out required forms in a way that aligns with the ways in which they self-identify while meeting federal requirements. *Renewed Policy Recommendation (2023, 2024)*

Promote Access to Advance Payments for State-Funded Grants and Contracts

- Address inequitable access to state funding opportunities by exploring strategies to enable all early childhood partners to compete regardless of current financial resources. The State should develop consistent, realistic policy standards and guidance on advance payment procedures; whenever possible advance payments should be considered as a default when funding sources allow.



Diving Deeper:

2025 Policy Recommendations of Vermont's Early Childhood State Advisory Council (SAC) Network

While the Policy Recommendations stand alone and speak to the depth and breadth of the challenges and priorities the BBF Network and the State Advisory Council have addressed, the additional context and data below illustrate the importance of these priorities for Vermont's early childhood system. This additional information also serves to provide support and guidance for those turning towards the recommendations when writing policy or making implementation decisions, as well as those looking to use the recommendations as an advocacy tool.

This year, we have added a "spotlight on equity" to each Policy Recommendation section to elevate the ways in which the priorities being elevated throughout the BBF Network and the early childhood system are deeply tied to Building Bright Future's commitment to centering the needs of those young children, families, and members of the early childhood workforce who are furthest from opportunity and justice.



Enact a Strong Paid Family and Medical Leave Insurance Program

WHAT IT MEANS: Enacting a universal Paid Family and Medical Leave Insurance Program would make Vermont one of a growing number of states that offers all workers protected and paid leave from work. A universal insurance model would ensure all workers in Vermont are able to take paid leave for a variety of eligible events as defined by a potential law (a serious health condition; providing caregiving for a family member with a serious health condition; the employee's pregnancy; recovering from childbirth or miscarriage; caring for and bonding with a child after birth, adoption, or foster care placement; military leave and care; safe leave; and up to two weeks of bereavement leave). The legislation that Vermont lawmakers have previously considered is highly inclusive in terms of both eligible events and its definition of family, making it a strong and equitable approach. Within the context of this proposal, workers would be reimbursed up to 90% of their wages, up to a maximum benefit of 90% of the state average weekly wage. This component of Paid Family and Medical Leave Insurance Programs, known as the "wage replacement," is a critical element from an equity perspective and needs to be high and/or progressive enough that lower-income workers are able to utilize the program due to significant lost wages.

WHY IT MATTERS: Vermont's current strategy for paid leave does not meet the needs of its workforce. The administration's voluntary paid leave program has provided important access to paid family and medical leave for state employees and those whose companies enroll in The Hartford's coverage, but the coverage lacks inclusive eligible events and leaves many Vermont workers unprotected. In Vermont, 47% of birthing parents returning to work after having a child do not have paid leave.

SPOTLIGHT ON EQUITY: Birthing parents returning to work in Vermont having had paid leave are more likely to have private insurance (72%), while only 26% of birthing parents with access to paid leave are on Medicaid, and have low-incomes.¹ Access to paid family leave has been associated with birthing parents being more likely to be working (18.3% higher probability) one year following birth, and an average increase of \$3,400 in household income among birthing parents of 1-year-olds.²

Policy Recommendation

Enact a Paid Family and Medical Leave Insurance program for Vermonters seeking to take time off to care for a family member or themselves while welcoming a new child into the family, while navigating an illness or injury, or after experiencing a loss. Ensure that the benefit through this program covers all caregivers in the case of a two-parent household, and that the benefit is sufficiently generous for low-income families to utilize the program. *Renewed Policy Recommendation (2024)*

Invest to Ensure Families Have Access to Safe and Secure Housing in the Immediate and Long-Term

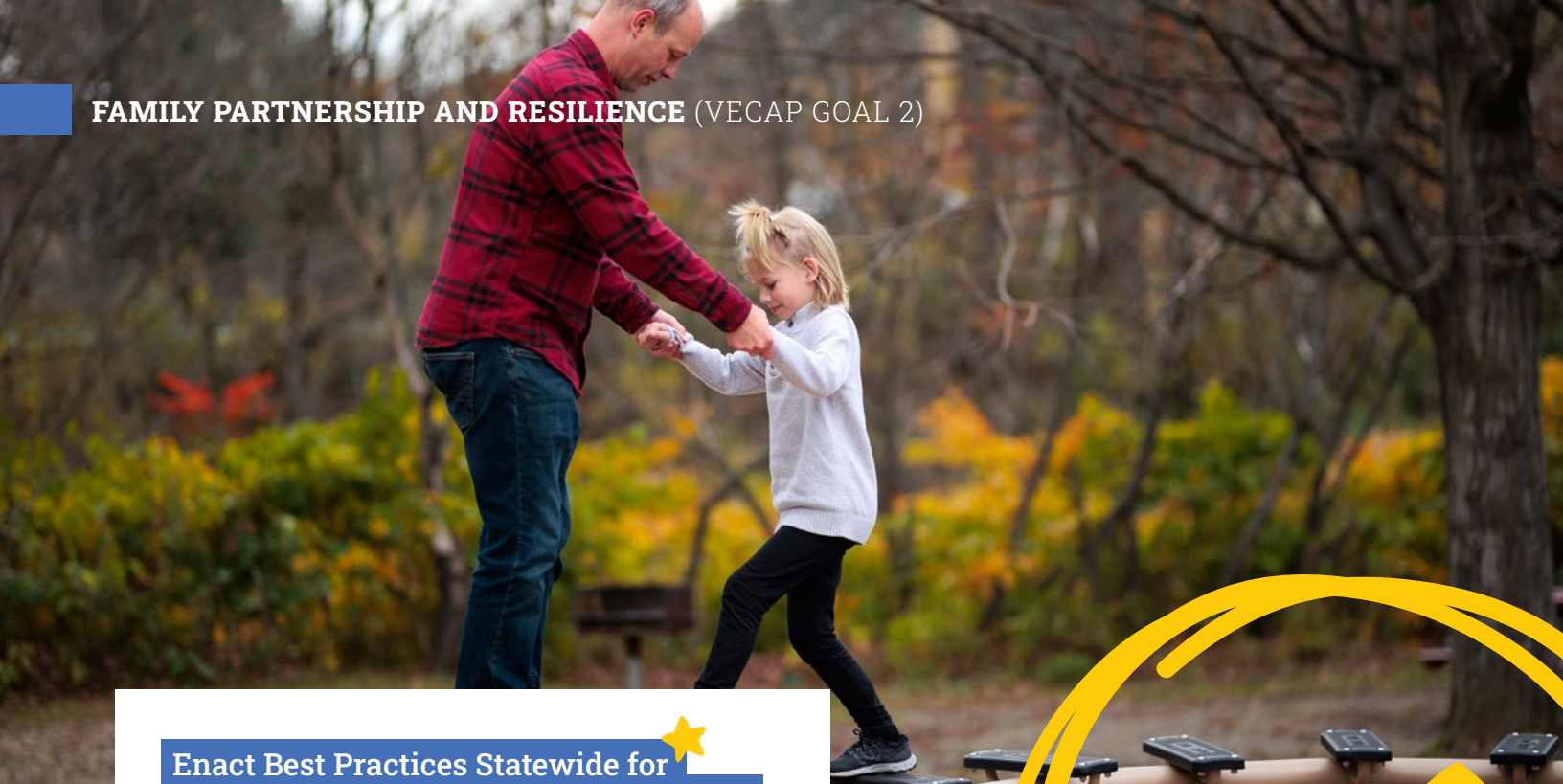
WHAT IT MEANS: Vermont is experiencing a long-term housing and homelessness crisis. On July 1, changes to the General Assistance Emergency Housing Program went into effect, capping the number of nights a family could utilize the program and limiting the total number of beds available statewide. This crisis became acute in September when families began reaching the 80-day cap. The 2024 Point In Time (PIT) count showed 3,458 unhoused Vermonters on a single night, including 737 children (this number is an undercount, as it includes only people engaged with shelter service providers on the PIT count day.) The number of people who did not have access to emergency shelter increased by more than 21% from 2023.³ According to the most recent Vermont Housing Needs Assessment, Vermont has a rental vacancy rate of 3%, one of the lowest in the country, and well below the 5% rate of a healthy market. The state would need to create between 24,000 and 36,000 homes between 2025 to 2029 to meet the need, according to the report.⁴

WHY IT MATTERS: High-quality stable housing is required to meet families' basic needs and is a foundational building block for early childhood development. Without it, families and children experience high levels of toxic stress. According to the Harvard Center for the Developing Child, the basic principles of neuroscience show that providing supportive and positive conditions for early childhood is more effective and less costly than addressing the consequences of early adversity later in life.⁵ In the first week of October 2024, families housed by the GA Emergency Housing Program began hitting the 80-day cap implemented on July 1, 2024. 220 households with 355 children and 17 households with a pregnant person qualified for GA Emergency Housing at this time. These families experienced a gap in shelter until adverse weather protections went into effect December 1. Families with children likely had no option but to resort to camping, living in cars, and navigating other dangerous housing situations.

SPOTLIGHT ON EQUITY: While the state does not currently break down GA Emergency Housing data by race, the Housing Needs Assessment shows that Black Vermonters are 5.6 times more likely than white Vermonters to be unhoused. Black Vermonters make up 1% of the population but were 8% of the people experiencing homelessness in the 2023 PIT count. Hispanic and Native American Vermonters also disproportionately experience homelessness.

Policy Recommendation

- Immediately stand up critically needed safe, accessible, non-congregate emergency solutions for sheltering families and children in crisis. Provide quality services and service coordination to support families accessing these shelters who are navigating a variety of complex needs (special health care needs, mental health conditions, substance use disorder, etc.). Ensure there is a long-term plan to continue to shelter families with young children as needed and sufficient funding to sustain this strategy.
- Prioritize data collection related to the demographics of those navigating homelessness to inform outreach and mitigation efforts, and to recognize the racial disparities embedded in our systems impacting families with young children.
- Support families navigating housing instability with a continuum of services that move them into more consistent housing. Invest in strategies that support families in finding and affording safe and stable housing, including funding for the HOME voucher program for families and a potential expansion of the Family Supportive Housing program.
- Prioritize significant and sustained investments in the creation of new housing units to alleviate the housing crisis, which has only been exacerbated by extreme weather events. When creating new housing units, invested parties should aim to locate housing in priority areas and near services needed by families, including transportation, schools, and child care, but outside of areas at high risk for flooding. Priority should be given to creating or rehabilitating housing that is designed to be permanently affordable.



Enact Best Practices Statewide for Elevating Community and Family Voice

WHAT IT MEANS: Vermont does not have a formal process or consistent protocol for engaging the expertise of those with lived experience in the policymaking process. When legislatively mandated bodies such as study committees, task forces, and/or councils are formed, they may or may not go through a process of identifying necessary representation. The result is that those with lived experience are often minimally represented or not represented at all. Even when they are represented, the structure and process of the bodies are not adapted to allow the expertise of those who are directly impacted to be fully included and incorporated in findings and recommendations.

WHY IT MATTERS: Effective public policy solutions must be informed by the knowledge and experience of those most directly impacted and grounded in local and regional context. Considering the barriers that representatives with lived experience may face—both logistical (transportation, child care, time off work, language barriers, etc.) as well as psychological (meeting format and/or pace, acronym and jargon use, unfamiliar setting, unknown fellow representatives, etc.)—and supporting or alleviating these barriers are critical to ensuring all of a body’s membership is empowered to fully participate.

SPOTLIGHT ON EQUITY: Historically, systemic barriers to the inclusion of a broad range of voices have resulted in inequitable systems that impact historically marginalized communities disproportionately. Addressing long-term systemic inequities requires challenging previously held assumptions of “expert knowledge” to include lived experience.

Policy Recommendation

- Enact a formal guidance/protocol for naming membership when creating new legislatively mandated bodies. This protocol should become a required part of standard operating procedure for the legislature. A membership template must include individuals with relevant lived experience, based on a given bill’s impacted communities. *Renewed Policy Recommendation (2022, 2024)*
- Require the coordinating entity to receive training on how best to incorporate the knowledge of family and community members with lived experience into the legislatively mandated bodies’ processes and deliverables. This includes how to ready the table for their success and ensure the inclusion of their voices. Once recruited to serve, family representatives should be provided an orientation and targeted supports to reduce barriers to full participation.

Improve and Provide Transparency in Family and Parent Compensation Practices for Involvement in State Convened Entities

WHAT IT MEANS: When family and community representatives are recruited to provide their time and expertise to legislatively mandated bodies, too often they are not compensated adequately or at all. Often these experts serve alongside early childhood education professionals and others who are highly paid and receive support and accommodations (such as mileage reimbursement). This creates an inherently inequitable environment that negatively impacts families' full participation in the work of the legislatively mandated body.

WHY IT MATTERS: The most effective advocacy, policymaking, and implementation efforts require partnering with families in order to ensure that our systems and policies are designed based on the needs of children and families.⁶ We know that when primary caregivers are consulted and valued as experts on their own experiences and needs, outcomes for children improve, as do relationships between families and the systems and individuals that serve them.⁷ Family and community representatives need to be given information on how any compensation offered will impact them for tax purposes and for the purposes of eligibility for needed programs.

SPOTLIGHT ON EQUITY: Despite the best intentions, meetings—especially those held formally and/or mandated by legislative action—often have invisible barriers to the participation of those with lived experience. Transportation, child care, time off from other paid employment, and translation and interpretation services can all impact whether or not a legislatively mandated body can fully benefit from the expertise of those with lived experience.

Policy Recommendation

Implement consistent State of Vermont policies for compensating families with lived experience who serve on state-convened entities within the early childhood system. When a state-convened entity, such as a Commission, is asking families to share valuable and vulnerable information about their experiences, compensation should be aligned with the National Center for Family & Parent Leadership's Parent Leader Compensation Scale. Transparent information about the compensation rate, frequency, and method (and any paperwork requirements) should be advertised when recruiting for the opportunity so that families know what to expect financially.



Monitor to Ensure Equitable Access for All 3- and 4-Year-Olds in Vermont's Universal Pre-K Program

WHAT IT MEANS: Vermont is seen as a national leader for its mixed-delivery pre-K program for children 3, 4, and 5 years of age not yet enrolled in kindergarten. As of 2023, the state ranked sixth in the country for access for 4-year-olds and second for access for 3-year-olds.⁸ During the 2022-2023 school year, universal pre-K enrollment was at 8,334.⁹ In June 2024, 42% of capacity for universal pre-K children was in school-based programs and 58% in private programs.¹⁰ This year, the Prekindergarten Education Implementation Committee (PEIC) has been convened under the legislature's charge to examine existing delivery of universal pre-K and make recommendations for expanding access for children through the public school system, private providers in contract with the school district, or both. The BBF Network sees it as critical to continue our state's commitment to serving both 3- and 4-year-olds in the program and maintaining the program's mixed-delivery model, which aligns with national best practices and meets the varied needs of children and families.¹¹ In addition to this commitment, increased resources and capacity are needed to build out a more robust system for monitoring and data collection work to understand and track over time key characteristics of the program, such as student outcomes, staffing, and student characteristics in order to ensure equitable access and program efficacy.

WHY IT MATTERS: Based on the experiences of families, early educators, and young children, the current universal pre-K system has many strengths to continue leaning into, especially its mixed-delivery model, which centers the developmental and varied needs of young children and families. Within the work of the PEIC, the need for stronger data and research systems has become increasingly apparent. Without investing more resources to collect needed data on pre-K, it will not be possible for the legislature to make data-informed decisions while considering expanding access to the program.

SPOTLIGHT ON EQUITY: Access to high-quality preschool programs has long been known to support narrowing disparities in "achievement gaps" between Black and white children.¹² Despite the pre-K programs outcomes, studies also show that Black children have less access to high-quality pre-K programs than their peers from other racial and ethnic groups.¹³

Policy Recommendation

- Ensure Vermont's Universal Prekindergarten Education (UPK) program continues to lead the country by maintaining universal access for 3- and 4-year-olds in a mixed-delivery system (school-based, center-based, and home-based programs) and centering the developmental needs of young children and their families. *Renewed Policy Recommendation (2022, 2023)*
- Task the Agency of Education, Child Development Division, and Building Bright Futures to create, implement, and update as necessary a monitoring and accountability protocol to better monitor Vermont's Universal Prekindergarten Education (UPK), including robust data collection and analysis. The development of the process should include feedback from impacted communities and individuals (families, educators, Act 166 Coordinators, the Prekindergarten Education Implementation Committee, preK-12 administrators, etc.) and should be mindful of the additional capacity and skills reporting this data requires from programs. Collected data should include financial information, enrollment by student characteristics, staffing, and student outcomes.
- Secure sustained funding for personnel across all three entities to ensure high-quality data through the following activities: data management and reporting activities, training and TA to support quality collection and reporting, engagement in data integration meetings and visioning, data analysis, and making data publicly available.



Ensure Access to Quality Child Care for Families Eligible for TANF


WHAT IT MEANS: Presumptive eligibility for the Child Care Financial Assistance Program (CCFAP) for targeted populations is an approach that would eliminate a lag in access to child care by assuming families' eligibility and allowing for immediate enrollment. Often when states implement presumptive eligibility for programs (it is frequently used for the Medicaid program), they allow for a period of 30 to 60 days of presumed eligibility while paperwork is processed and families, eligibility specialists, and other providers work to get a family officially enrolled.¹⁴ While Vermont has a number of other mechanisms that can support families eligible for TANF, including those experiencing homelessness, with eligibility and enrollment in CCFAP, presumptive eligibility goes a step further and targets eliminating a lag in service delivery.

WHY IT MATTERS: Presumptive eligibility is increasingly being elevated nationally as a best practice for reducing administrative burden in service delivery, and is a practice newly encouraged by the federal government specific to Child Care and Development Fund, the primary federal funding source for CCFAP, for a period up to three months.¹⁵ Specifically supporting homeless families with a presumptive eligibility policy recognizes that the likely toxic stress and trauma of homelessness is a uniquely challenging experience faced by families with young children, and that whatever can be done to promote stability and access to high-quality services for children and families who are unhoused should be prioritized.

SPOTLIGHT ON EQUITY: Studies related to presumptive eligibility (typically done on Medicaid programs) suggest that the policy successfully expands access to services, particularly for those identified as having lower levels of education.^{16 17} Implementing presumptive eligibility for families eligible for TANF in Vermont could similarly result in increased access to CCFAP for families with lower levels of education.

Policy Recommendation

Ensure that children from families eligible for TANF, including children experiencing homelessness, have ready access to child care by establishing a presumptive eligibility policy for TANF-eligible families for Vermont's Child Care Financial Assistance Program (CCFAP). This policy would reduce administrative burdens and potential lags in child care coverage for families, and ensure that children experiencing adversity have access to quality early education environments.





Support those Navigating the Child Welfare System by Investing in System Improvements

WHAT IT MEANS: While 45 states and territories have implemented the national standard, Comprehensive Child Welfare Information Systems (CCWIS), Vermont continues to have one of the oldest data information systems in the country, built in 1983.¹⁸ Navigating this outdated system takes time away from social workers who are already managing large and complex caseloads with high levels of risk. The administrative burden of the outdated system takes them away from important and time-sensitive work with families and children. Unmet data and technological infrastructure needs cause inefficiencies and prevent the system's ability to make data-informed program and finance decisions.

WHY IT MATTERS: Failure to meet the needs of young children in the foster care system quickly and comprehensively has long-term consequences for the life trajectory of children, and for costs to the system of serving them as they grow. A modern CCWIS would enable Vermont's Family Services Division to move away from paper files, reduce administrative burden for frontline workers, and expand data reporting. Stronger reporting within the state's child welfare system would enable Vermont to track programmatic interventions and fully draw down federal funding. The current system is preventing Vermont from accessing all federally available dollars for child welfare and is resulting in increased federal financial penalties annually.

SPOTLIGHT ON EQUITY: Research has shown that families of color disproportionately experience the trauma of family separation in the child welfare system. Nationally in 2018, Black children made up less than 14% of the population but were 23% of the children in foster care nationally. Native American children made up 1% of the population and 2.4% of the children in care. Present-day systemic racism perpetuates and compounds the history of family separation and intergenerational trauma experienced by Black, Indigenous, and immigrant families due to slavery, residential boarding schools, and separation at the border (National Conference of State Legislatures, 2021).

Policy Recommendation

- Secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS). *Renewed Policy Recommendation (2024)*
- Utilize the Family Services Division's federal case review report and program improvement plan to make data-informed programming and financing decisions to improve the systems serving young children in Vermont's foster care system.



Make Mental Health Services Accessible to Families Across Settings

WHAT IT MEANS: The evolving mental health needs of children and their families in Vermont require new approaches and innovation for service delivery to improve accessibility. A cross-sector group of experts and partners have come together as part of the Mental Health Integration Council to examine and provide recommendations for how best to move forward with innovative integration strategies to better serve Vermont's health needs. This work has included a pediatric care work group that has elevated recommendations related to the state financially supporting the integration of mental health services into primary care settings to provide more easily accessible preventative care to children and families.¹⁹

WHY IT MATTERS: The rate of children in Vermont with behavioral/conduct problems, anxiety, and/or depression continues to be on the rise.²⁰ Providing the best possible care to these children and their families is becoming increasingly challenging for mental health providers and agencies, whose ability to do so is only as strong as their workforce. To alleviate challenges and provide more preventative, upstream care, Vermont should develop financial incentives for the integration of mental health services into more primary care settings, a practice that has been shown to have significant benefits, including improved depression scores and improved experiences for both patients and providers.²¹

SPOTLIGHT ON EQUITY: People of color and low-income people are more likely to experience greater levels of chronic stress than white people and those with wealth.²² These populations are also less likely to have access to mental health care than white people, and are more likely to receive poor-quality care when treated.²³



Policy Recommendation

Develop financial incentives and implementation support for initiatives aiming to integrate mental health into primary care settings serving children and families to promote wellness and upstream prevention. *Renewed Policy Recommendation (2024)*

Invest to Ensure Inclusion and Meet Social-Emotional Health Needs in Early Education and Afterschool Programs

WHAT IT MEANS: Vermont's early childhood education system is under-resourced to equitably include children with disabilities and special health care needs and support children's social-emotional health. Parents report that their children are not receiving the supports identified as necessary in their Individualized Education Plans due to insufficient staffing. The social-emotional and mental health needs of young children are at an all-time high, in part due to the unique circumstances of children born during the isolation of the pandemic entering early childhood programs. The workforce is experiencing high rates of burnout due to the high level of need of the children they are serving and insufficient resources, further exacerbating the staffing crisis.

WHY IT MATTERS: "Behavior is communication. We need people who are trained to understand this form of communication. It is a type of translation," according to Special Needs Support Center Executive Director Kenda Laroche. When people working with young children do not have sufficient training or do not have the time or resources to interpret the underlying cause of behavior and meet each individual child's needs, the result is too often punitive interventions that further exacerbate the issue and isolate the child. The number of children requiring services and the acuity of those needs has been on the rise in recent years. Between 2017 and 2021, the rate of children with diagnosis of ADHD, anxiety, depression, and/or a behavioral or conduct condition in Vermont rose from 8.8% to 16% for children ages 3 to 8. During this same period, overall U.S. rates remained stable between 9.8% and 10.5%.²⁴ To ensure that children receive timely evaluation and that needed services are fully implemented, all teachers and staff need access to developmentally appropriate training.

SPOTLIGHT ON EQUITY: The impact of the lack of resources for social-emotional learning and inclusion falls disproportionately on marginalized students and compounds inequity. From 2018 to 2021, students eligible for free and reduced lunch made up 35% of the student population but accounted for 72% of suspensions. Children receiving special education services made up 15% of the student population but accounted for 36% of suspensions. Historically marginalized students make up 82% of suspensions in children ages 5 through 8.²⁵

Policy Recommendation

- Ensure early childhood educators have access to sufficient support staff (occupational therapists, speech and language pathologists, physical therapists, paraeducators, and early childhood mental health practitioners) and ongoing coaching to support full inclusion and the social-emotional well-being of every child. Explore recruitment and retention strategies, such as expanding eligibility for student loan repayment programs and increasing compensation rates.
- Prioritize investments in teaching practices that are developmentally appropriate and increase the capacity of the early childhood education workforce and system. These investments will build new and reinforce existing supports to foster the development, learning, and individualized needs of every child.
- Ensure that populations that have historically been marginalized and disproportionately experience discriminatory practices are no more likely to experience exclusionary practices by identifying and addressing discriminatory practices, biases, and structures.

Recruit a Representative Mental Health Workforce

WHAT IT MEANS: The number of children needing mental health, behavioral, and emotional supports and services and the acuity of those needs are continuing to increase. The evolving mental health needs of children and their families in Vermont, along with the increasing costs of providing care, continue to put significant strain on the mental health workforce. While the population of Vermont is changing, the mental health workforce does not yet reflect these changes.

WHY IT MATTERS: Between 2017 and 2021, the rate of children with a diagnosis of ADHD, anxiety, depression, and/or a behavioral or conduct condition in Vermont rose from 8.8% to 16% for children ages 3 to 8. Data continues to suggest that the mental health workforce is struggling to recruit and retain mental health professionals to match the rate that families and their children in the state need care. Recruiting new mental health providers to the state, particularly those who identify as Black, Indigenous, people of color, or disabled, is critical to ensure we can best serve the mental health needs of an increasingly diverse state.

SPOTLIGHT ON EQUITY: While Vermont's population is 91% white, 18% of Vermont's youth identify as people of color and 26% identify as queer. It is critical for young people to have access to mental health practitioners who have shared lived experience.

Policy Recommendation

Prioritize recruiting mental health professionals that represent Vermont's population, including people of color, disabled professionals, and those with lived experience related to mental health conditions and the mental health system. *Renewed Policy Recommendation (2024)*



Align Demographic Data Collection Across Agencies

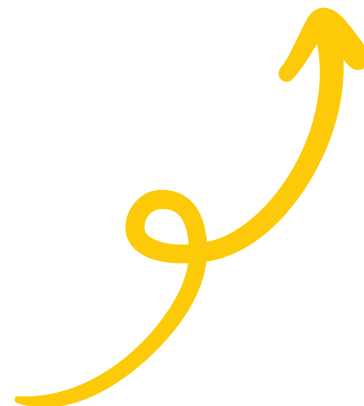
WHAT IT MEANS: In March 2024, the federal Office of Management and Budget revised the Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. All federal reporting will be required to meet these standards within four years. Vermont has a unique opportunity to align data collection and reporting across agencies, departments, and divisions to inform investments, policies, and programs while updating data systems to meet new federal guidance.²⁶ While pursuing these strategies, it is critical that we partner with impacted communities, secure sufficient funding to compensate those collecting data, and in the interim, find ways to elevate and meaningfully utilize qualitative data that illustrates the nuances, specific challenges, and opportunities identified from individuals' experiences.

WHY IT MATTERS: Closing access or service gaps is a key element of striving toward equity and quality in Vermont's early childhood system. In some cases, a program or resource might even require a complete reimagining to best meet the needs and preferences of those it is seeking to serve. In order to support those designing and implementing programs in making data-informed policies that reflect the needs of all families and children in the state, we need to invest more capacity and resources into collecting, analyzing, and reporting data that tells the stories of marginalized or vulnerable people in Vermont.

SPOTLIGHT ON EQUITY: Equity in service means providing resources to people based on their needs, even when they may require increased provision of resources compared to others. However, we do not currently have a full picture of who is being adequately served and whether or not we are missing specific groups or communities when administering programs or delivering services.

Policy Recommendation

Align data collection practices across agencies to improve systems and programs that are not currently meeting the needs of people of color, children with disabilities, and other vulnerable populations in Vermont. This will require determining and allocating necessary funding to update infrastructure to comply with expected changes in federal reporting of demographic data. Ensure that the strategy allows individuals to fill out required forms in a way that aligns with the ways in which they self-identify while meeting federal requirements. *Renewed Policy Recommendation (2023, 2024)*





Promote Access to Advance Payments for State-Funded Grants and Contracts

WHAT IT MEANS: The State of Vermont practices reimbursement-based grantmaking and contract-making. This means that organizations and businesses offering services or programming on behalf of the state typically have to cover expenses from their own reserves before receiving payment. Recently, the Office of Federal Financial Management, Office of Management and Budget (OMB), clarified that the guidance for federal agencies is that upfront payment is preferable and that reimbursable grants are only preferred when financial and written procedures cannot be met.²⁷ Vermont can lead the way in ensuring that state grantmaking practices promote equity and support the financial well-being of Vermont-based organizations and businesses.

WHY IT MATTERS: For organizations or businesses that are small or have limited access to liquid capital, reimbursement-based grantmaking can be either a significant challenge or a complete barrier to their participation in the grant program.

SPOTLIGHT ON EQUITY: Unsurprisingly, data suggests that this challenge likely has an outsized impact on businesses owned by people of color, resulting in inequities in who is likely able to participate in state contracts. A nationwide survey conducted by Goldman Sachs suggests that Black small business owners disproportionately don't have access to necessary capital, with 86% concerned about access to capital (compared to 77% of small business owners overall with this concern).²⁸



Policy Recommendation

Address inequitable access to state funding opportunities by exploring strategies to enable all early childhood partners to compete regardless of current financial resources. The State should develop consistent, realistic policy standards and guidance on advance payment procedures; whenever possible advance payments should be considered as a default when funding sources allow.

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