



Policy Playbook

2024 Policy Recommendations
of the Vermont 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 stakeholders through regular meetings of 12 Regional Councils, seven Committees moving forward the work of Vermont's Early Childhood Action Plan (VECAP), and a 23-member State Advisory Council.

The Vermont Early Childhood State Advisory Council (SAC) is Vermont'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 Early Childhood 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 2024 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.**

While the Policy Recommendations are leveraged in a variety of ways by stakeholders from across sectors, their foundational goal 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 stakeholders 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 the Vermont 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 stakeholders 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 2024 Policy Recommendations of the Vermont Early Childhood State Advisory Council Network can be leveraged by a variety of stakeholders to move forward legislative proposals, advocate for change, and hold the system and its leaders accountable. The Policy Recommendations are utilized by early childhood stakeholders 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 stakeholders 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 stakeholders, 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.



2024 Policy Recommendations of the Vermont 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. Building Bright Futures (BBF) advises the Governor, Administration, and Legislature on policy and systems improvements for children 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 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)

Housing and Economic Security

- Continue to invest at high levels in the creation of housing, to expand access and create more affordable housing for Vermont families, including providing full statutory funding for the Vermont Housing and Conservation Board.
- Provide high-quality care coordination to support families in accessing housing and related services. Ensure that families navigating affordable housing and those experiencing homelessness are both supported through these processes and are assisted in navigating and accessing other related needs. Ensure documentation requirements are not a prohibitive barrier for families experiencing homelessness or those navigating affordable housing services.
- Increase the Reach Up housing allowance, currently based on applicant-reported housing costs in 2001, to match the current year's housing costs, and adjust annually. Study how TANF housing allowances are calculated in other states, and propose a method that accurately captures the cost of housing in Vermont.

Paid Family and Medical Leave Insurance

- 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 generous enough that loss of income is not a barrier for those looking to utilize the program.



FAMILY PARTNERSHIP AND RESILIENCE (VECAP GOAL 2)

Renewed Policy Recommendation (2022): Guidance for Legislatively Mandated Bodies

- Develop and enact a formal guidance/protocol for naming membership when creating new legislatively mandated bodies (study sections, councils, etc.). A membership template must include individuals with relevant and current lived experience. This guidance should also include resources and best practices for holding accessible meetings that are welcoming and inclusive for community and family representatives, as well as considerations for adopting a trauma and resilience-informed lens.

Renewed Policy Recommendation (2022): Leveraging the Findings from the Family Needs Assessment

- Utilize the findings of the 2022 Vermont Early Childhood Family Needs Assessment and future Family Needs Assessment projects and data collection efforts of the Families and Communities VECAP Committee to inform program implementation, policymaking, and decision-making.

Invest in Statewide Family Leadership Training Opportunities

- Invest in statewide family leadership training opportunities to prepare and support parents and caregivers with serving on boards, commissions, etc. In order to be effective in supporting the leadership development of families with lived experiences that will inform policymaking and decision-making, these opportunities must be free of charge and must compensate parents/caregivers for their time and any associated child care and transportation costs. Outreach and admissions for training opportunities must prioritize groups underrepresented in existing Vermont family leadership circles, including parents/caregivers of color, LGBTQ+ families, and families with special health care needs and disabilities.



HIGH-QUALITY AND INCLUSIVE PHYSICAL AND MENTAL HEALTH SERVICES (VECAP GOAL 3)

Invest in Perinatal Supports

- Invest in statewide strategies that center early relational health to ensure families are supported across clinical and community settings during the critical perinatal period, including after experiencing the loss of a child or loss of a caregiver.
 - ▶ Fund the expansion of Developmental Understanding and Legal Collaboration for Everyone (DULCE) approach sites.
 - ▶ Invest in peer- and community-based strategies such as multiagency collaboration teams, like regional CHARM/Community Response teams, to ensure families have the supports they need through a strength-based approach and in recognition that Vermont's maternal mortality incidences have a concerning overlap with substance use disorders (SUD).
 - ▶ Ensure continuity of care and high-quality services are available for the perinatal population. Expand Children's Integrated Services (CIS) supports past the 8-week postpartum period to the full year postpartum for the birthing person, in alignment with postpartum Medicaid expansion.
 - ▶ Pursue strategies that center equitable services and birth-related outcomes for parents/caregivers of color, including expanding Medicaid coverage to doula services.

Mental Health

- Invest in the mental health workforce and other proven strategies that are necessary to support Vermont children currently in high levels of crisis care in or out of state.
 - ▶ Expand rate increases for mental health services provided to Designated Agencies (DAs) and Specialized Services Agencies (SSAs) to include all mental health service providers that receive Medicaid funding.
 - ▶ Ensure that rate increases for mental health services keep pace with the true rate of inflation for those services.
 - ▶ Prioritize recruiting mental health professionals that represent Vermont's population including people of color and disabled professionals.
- Elevate the promise of mental health integration strategies as described in the [Mental Health Integration Council's Interim Report](#). 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.



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

Renewed Policy Recommendation (2022): Universal Pre-K Access and Equity

- Within the Universal Pre-K Implementation Committee mandated under Act 76, center equity of access by examining and making recommendations on how best to implement a full school-day, school-year prekindergarten education program and ensuring that the vision of universal, high-quality, equitable, mixed-delivery, inclusive education for all 3-, 4-, and 5-year-olds not yet enrolled in kindergarten is maintained. The committee should specifically address the following related to equity in access:
 - ▶ Determining how best to expand prekindergarten access from 10 hours per week to 35 hours per week while ensuring sufficient access to year-round services for children 0-8, including early childhood education, afterschool, and summer care
 - ▶ Determining appropriate weighting for full school-day pre-K students in regards to education funding
 - ▶ Examining parity between the quality, workforce qualifications, governing rules, and compensation in school-based and private program-based pre-K programs, including comparisons to national best practices
 - ▶ Ensuring that 3-year-olds are able to access Early Childhood Special Education services. Ensuring that funds for ECSE follow the child, even outside of their home district, to improve access and reduce barriers/burdens on families
 - ▶ Examining how best to provide a continuity of pre-K and related services for children in rural regions and border regions, some of whom go on to attend kindergarten in bordering states

Screening, Assessment, and Services for Children with Autism Spectrum Disorder or Other Developmental Delays

- Improve access to family-engaged developmental and behavioral/autism screening to improve early identification and support timely follow-up and referral to needed services.
 - ▶ Build capacity to improve access to autism assessments by training health care providers, early interventionists, and others to conduct developmental and autism screenings and by increasing collaboration between Children's Integrated Services (CIS) and pediatric medical homes.
 - ▶ Support families by addressing barriers to accessing assessments including assessment paperwork, transportation, cost if not covered by insurance, and having documents in other languages and/or having interpreters available.



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

Renewed Policy Recommendation (2023): Inequities in Data Collection

- Respond to inequities in data collection and reporting in order to better represent and understand the intersectional experiences of people of color, children with disabilities, and other marginalized communities in Vermont.
 - ▶ Develop a statewide strategy to gather demographic information that allows people to self-identify in an authentic and appropriate manner while meeting federal demographic reporting requirements.
 - ▶ Value qualitative data. When the small population size of a group necessitates the suppression of their quantitative data, utilize qualitative data collection to ensure that everyone is counted.
 - ▶ Secure sustained funding to support high-quality data through compensation for direct service providers who collect and report data.
 - ▶ Partner with impacted communities throughout the data cycle to ensure that traditionally marginalized communities, in particular, have ownership of their experiences and are empowered to advocate for and make decisions for themselves.
 - ▶ To enable Vermont to execute the above recommendations, secure sustained funding for additional personnel to increase capacity with a specific focus on equitable data.

Make Critical Investments in Data & Technological Infrastructure

- Renewed Policy Recommendations (2020, 2021): Commit to early childhood data integration and governance through sustained funding, dedicated staffing, data infrastructure, and data-driven accountability.
 - ▶ Increase availability, coordination, and publication of cross-sector early childhood data.
 - ▶ Secure data-sharing agreements and prioritize data-sharing activities and procedures.
 - ▶ Fully fund and expedite the development and execution of the Child Development Division's Information System (CDDIS), including a module for Children's Integrated Services (CIS) that supports data collection, monitoring, and case management.
 - ▶ New policy recommendation: Secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS).
 - ▶ Secure sustained funding for personnel to ensure high-quality data.
- New Policy Recommendation: Invest in state agencies' ability to execute contracts, grants, and agreements; make payments in a timely manner; and improve efficiencies.
 - ▶ Improve state agencies' technological infrastructure, increase staff capacity, and build systems that prioritize transparency and communication among business offices, Departments/Divisions, and organizations/payees.
 - ▶ Prioritize providing accessible grant and contract opportunities that seek to reduce barriers for individuals and organizations who face challenges when applying for or receiving grant funding, including having sufficient funds on hand, having a bank account, and having the time, skill, and capacity to write a grant application.

Diving Deeper:

2024 Policy Recommendations of the Vermont 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 toward the recommendations when writing policy or making implementation decisions, as well as those looking to use the recommendations as an advocacy tool.

Housing and Economic Security

WHAT IT MEANS: With the lowest rental vacancy rate in the country of 2.4% in 2021¹, and a 36% increase in the number of persons experiencing homelessness and in a household with children in 2023 compared to the prior year according to the Vermont Coalition to End Homelessness' point-in-time count², it is increasingly hard for Vermont families to find and afford housing. Creating more housing and supporting families with navigating housing resources are critical tasks during this time.

WHY IT MATTERS: Barriers accessing basic needs continue to undergird many of the challenges that families and the workforce face within our early childhood system. Of all households in Vermont, 32% are cost-burdened by their rent or mortgage.³ Early experiences related to financial hardship during childhood can be traumatic and can compromise long-term health and well-being. Additionally, when families are financially stressed, they can have less time and emotional capacity to engage in the warm and responsive interactions that support early childhood development.⁴ Access to basic needs, including safe and secure housing and nutritious food, is a foundational requirement for a family's well-being.

Policy Recommendation

- Continue to invest at high levels in the creation of housing, to expand access and create more affordable housing for Vermont families, including providing full statutory funding for the Vermont Housing and Conservation Board.
- Provide high-quality care coordination to support families in accessing housing and related services. Ensure that families navigating affordable housing and those experiencing homelessness are both supported through these processes and are assisted in navigating and accessing other related needs. Ensure documentation requirements are not a prohibitive barrier for families experiencing homelessness or those navigating affordable housing services.
- Increase the Reach Up housing allowance, currently based on applicant-reported housing costs in 2001, to match the current year's housing costs, and adjust annually. Study how TANF housing allowances are calculated in other states, and propose a method that accurately captures the cost of housing in Vermont.



Paid Family and Medical Leave Insurance

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. Last legislative session, Vermont lawmakers seriously considering a proposal that would cover up to 12 weeks of paid leave for a variety of eligible events (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). 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 not unable to utilize the program due to significant lost wages.

WHY IT MATTERS: In Vermont, 47% of women returning to work after having a child do not have paid leave. Women returning to work in Vermont having had paid leave are more likely to have private insurance (72%), while only 26% of women with access to paid leave are on Medicaid.⁵ Access to paid family leave has been associated with women 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 mothers of 1-year-olds.⁶

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 generous enough that loss of income is not a barrier for those looking to utilize the program.

Renewed Policy Recommendation (2022): Guidance for Legislatively Managed Bodies

WHAT IT MEANS: Alongside legislative partners, the BBF Network has identified a lack of a formal process or protocol that is used when implementing advisory bodies such as study sections, task forces, and/or councils. Instead, each time lawmakers enact a new advisory body, they go through a new process of brainstorming necessary representation. Partially due to the lack of accountability or checks in that process, those with lived experience are often either minimally represented (with a singular representative who may feel tokenized) or not represented at all. In addition to a membership template, guidance outlining best practices for holding holistically accessible meetings that embed a culture of being welcoming to family leaders would support Vermont in advancing more equitable systems of decision-making.

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.⁷ 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.⁸ Despite the best intentions, meetings—especially those held formally and/or mandated by legislative action—are not necessarily welcoming or safe places for all people with lived experience. 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.



Policy Recommendation

Develop and enact a formal guidance/protocol for naming membership when creating new legislatively mandated bodies (study sections, councils, etc.). A membership template must include individuals with relevant and current lived experience. This guidance should also include resources and best practices for holding accessible meetings that are welcoming and inclusive for community and family representatives, as well as considerations for adopting a trauma and resilience-informed lens.

Renewed Policy Recommendation (2022): Leveraging the Findings from the Family Needs Assessment

WHAT IT MEANS: The Families and Communities Committee (FCC), one of seven Vermont’s Early Childhood Action Plan (VECAP) Committees that drives and oversees the state’s early childhood strategic plan, published the 2022 Vermont Early Childhood Family Needs Assessment this year. The assessment focused on better understanding the experiences that families with children prenatal to age 8 have with Vermont’s early childhood system. This report provides a look at the challenges and barriers families face when seeking support as well as what is currently working well for families in Vermont.⁹ Leveraging the data collected over the course of this project, as well as the policy considerations presented in it by the FCC, is an important next step in elevating the power and opportunity of family-led projects.

WHY IT MATTERS: The 2022 Early Childhood Family Needs Assessment report elevates lived experiences from 654 primary caregivers of young children.¹⁰ The FCC led the process of developing the survey, engaging in outreach, overseeing report production, and facilitating a virtual briefing. This is one of several strategies of the FCC and the BBF Network to empower family leaders and strengthen the FCC’s opportunity to play a key advisory role in Vermont’s early childhood system. Future data collection efforts and projects led by family leaders in Vermont (on the FCC or otherwise) should be similarly elevated to inform policy, implementation, and practice.

Policy Recommendation

Utilize the findings of the 2022 Vermont Early Childhood Family Needs Assessment and future Family Needs Assessment projects and data collection efforts of the Families and Communities VECAP Committee to inform program implementation, policymaking, and decision-making.





Invest in Statewide Family Leadership Training Opportunities

WHAT IT MEANS: Family leadership and participation are integral to decision-making within the early childhood system. To empower family leadership we must “not only invite parents to the table, but also provide opportunities to build skills and capacity that support their participation.”¹¹ Other states, including Michigan, have invested in and developed statewide family leadership programs that provide formal training to parents and caregivers as they get ready to take on more leadership roles within the state. Within Michigan’s program, family leaders are compensated for their time to attend three half-days of training that are designed to prepare them to sit on advisory bodies at the state, regional, or local level; make meetings effective; and understand different communication styles.¹²

WHY IT MATTERS: Meaningful participation of primary caregivers in decision-making is a key goal articulated in Vermont’s Early Childhood Action Plan. In order to cultivate environments that are conducive to joint decision-making and empowerment for family leaders, barriers to entry and full participation must be examined and addressed. In other states that have invested in statewide family leadership training, data suggests family leaders are able to have significant learning outcomes and use their experiences and skills to actively impact change.¹³



Policy Recommendation

Invest in statewide family leadership training opportunities to prepare and support parents and caregivers with serving on boards, commissions, etc. In order to be effective in supporting the leadership development of families with lived experiences that will inform policymaking and decision-making, these opportunities must be free of charge and must compensate parents/caregivers for their time and any associated child care and transportation costs. Outreach and admissions for training opportunities must prioritize groups underrepresented in existing Vermont family leadership circles, including parents/caregivers of color, LGBTQ+ families, and families with special health care needs and disabilities.

Invest in Perinatal Supports

WHAT IT MEANS: Vermont's experts in family and child health, including the medical community, the Vermont Child Health Improvement Program team, and the Family and Child Health team within the Vermont Department of Health, have identified and piloted a variety of strategies that have illustrated their ability to support families and their children during the perinatal period. These strategies include embedding more targeted supports directly in pediatric practices through DULCE and connecting families with Community Response teams, like the CHARM team that use strengths-based approaches to working with families. These partners are also prioritizing strengthening infant/parent attachment and supporting early relational health through training a variety of providers on cross-sector approaches like Brazelton's Touchpoints. Vermont can continue leading the way in providing high-quality and equitable services to families during the perinatal period through strategies such as expanding Medicaid coverage for doula services.

WHY IT MATTERS: Research illustrates that the perinatal period plays a critical and foundational role for the health and well-being of a child and their family, particularly the birthing parent. In Vermont, one of the most significant concerns related to maternal mortality and challenges during this period is found to be substance use disorders. Perinatal mood and anxiety disorders, or PMADs, are also a prevalent and serious challenge; untreated PMADs are estimated to cost Vermont at least \$35,500 per birthing parent-child pair from conception to five years postpartum.¹⁴ Many evidence-based strategies and preventive measures mentioned in this year's Policy Recommendations can support families during this period with accessing the services and resources that they might benefit from.



Policy Recommendation

Invest in statewide strategies that center early relational health to ensure families are supported across clinical and community settings during the critical perinatal period, including after experiencing the loss of a child or loss of a caregiver.

- Fund the expansion of Developmental Understanding and Legal Collaboration for Everyone (DULCE) approach sites.
- Invest in peer- and community-based strategies such as multiagency collaboration teams, like regional CHARM/Community Response teams, to ensure families have the supports they need through a strength-based approach and in recognition that Vermont's maternal mortality incidences have a concerning overlap with substance use disorders (SUD).
- Ensure continuity of care and high-quality services are available for the perinatal population. Expand CIS supports past the 8-week postpartum period to the full year postpartum for the birthing person, in alignment with postpartum Medicaid expansion.
- Pursue strategies that center equitable services and birth-related outcomes for parents/caregivers of color, including expanding Medicaid coverage to doula services.

Mental Health

WHAT IT MEANS: The evolving mental health needs of children and their families in Vermont, along with the increasing costs of providing care, have put significant strain on the mental health workforce. This year in Vermont, rate increases for mental health providers were only available to Designated Agencies (DAs) and Specialized Services Agencies (SSAs), not community-based programs or other mental health providers. Making these rate increases available to all providers and ensuring that they keep pace with the increasing cost of providing services are critical ways to support mental health providers and the workforce. Additionally, continuing to recruit 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. When it comes to delivering mental health services in the most effective way to children and their families, 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 included a pediatric care work group, whose recommendations should be elevated and invested in, in order to best promote wellness and upstream prevention for children and families.

WHY IT MATTERS: Data continues to suggest that the mental health workforce is struggling to recruit and retain mental health professionals at the rate that families and their children in the state need care. In April 2023, the average vacancy rate for DAs and SSAs was 15.3% of positions.¹⁵ At the same time, it appears that the rate of children in Vermont with behavioral/conduct problems, anxiety, and/or depression is on the rise.¹⁶ 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 care, Vermont needs to employ both existing mechanisms, like expanding access to and increasing provider rate increases, as well as more innovative strategies, such as those outlined by the pediatric care work group within the Mental Health Integration Council.

Policy Recommendation

Invest in the mental health workforce and other proven strategies that are necessary to support Vermont children currently in high levels of crisis care in or out of state.

- Expand rate increases for mental health services provided to Designated Agencies (DAs) and Specialized Services Agencies (SSAs) to include all mental health service providers that receive Medicaid funding.
- Ensure that rate increases for mental health services keep pace with the true rate of inflation for those services.
- Prioritize recruiting mental health professionals that represent Vermont's population including people of color and disabled professionals

Elevate the promise of mental health integration strategies as described in the Mental Health Integration Council's Interim Report. 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 (2022): Universal Pre-K Access and Equity

WHAT IT MEANS: With the enactment of Act 76, the legislature has determined the next steps for providing full school-day universal prekindergarten education in Vermont. Despite this determination by the legislature, many other early childhood stakeholders continue to elevate data and express concerns and considerations related to preserving the success of the current mixed-delivery universal pre-K program for children 3, 4, and 5 years of age who are not yet enrolled in kindergarten. The legislature has charged a group of public and private partners, including two parents with lived experience, who are serving on the Prekindergarten Education Implementation Committee 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. While the Implementation Committee does this work, we urge them to center the vision for equity of access to high-quality preschool programming outlined within Vermont's Early Childhood Action Plan. In considering potential changes to the universal pre-K system, it is crucial to ensure that the diversity of needs of children and their families be elevated, including, but not limited to, ensuring sufficient capacity to support high-quality services for children with disabilities and special health care needs, pre-K access for children living in ultra-rural regions of the state, and seamless systems and programs that meet the needs of all families, including those who need care before and after a typical school day, during holiday breaks, and during the summer.

WHY IT MATTERS: Within the current universal pre-K system, which provides 10 hours a week of free high-quality pre-K education to children 3, 4, and 5 years of age not yet enrolled in kindergarten, there are existing equity gaps, including geographic ones. For instance, in 2022, 90% of preschool-aged children likely to need care in Essex County did not have access to a regulated program, whereas in Chittenden County, 5% of preschool-aged children likely to need care lacked access.¹⁷ Despite some of these challenges, Vermont's program is nationally recognized, and as of 2022 ranked 4th in the country for access for 4-year-olds and 2nd for access for 3-year-olds. During the 2022-2023 school year, universal pre-K enrollment was at 8,334.¹⁸ In June 2023, 41% of capacity for universal pre-K children was in school-based programs and 59% in private programs.¹⁹ As the Implementation Committee considers significant changes in both the hours of pre-K offered and the model by which we offer it, it is important that the Committee makes recommendations that are informed by data and national best practices (including NIEER) for how to deliver universal pre-K and provide the most equitable access possible for young children and their families.²⁰

Policy Recommendation

Within the Universal Pre-K Implementation Committee mandated under Act 76, center equity of access by examining and making recommendations on how best to implement a full school-day, school-year prekindergarten education program and ensuring that the vision of universal, high-quality, equitable, mixed-delivery, inclusive education for all 3-, 4-, and 5-year-olds not yet enrolled in kindergarten is maintained. The committee should specifically address the following related to equity in access:

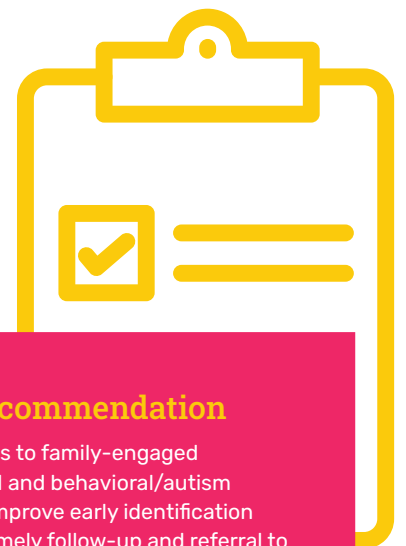
- Determining how best to expand prekindergarten access from 10 hours per week to 35 hours per week while ensuring sufficient access to year-round services for children 0-8, including early childhood education, afterschool, and summer care
- Determining appropriate weighting for full school-day pre-K students in regards to education funding
- Examining parity between the quality, workforce qualifications, governing rules, and compensation in school-based and private program-based pre-K programs, including comparisons to national best practices
- Ensuring that 3-year-olds are able to access Early Childhood Special Education (ECSE) services. Ensuring that funds for ECSE follow the child, even outside of their home district, to improve access and reduce barriers/burdens on families
- Examining how best to provide a continuity of pre-K and related services for children in rural regions and border regions, some of whom go on to attend kindergarten in bordering states



Screening, Assessment, and Services for Children with Autism/on the Autism Spectrum

WHAT IT MEANS: Ensuring children and their families have high-quality and timely developmental screenings, including behavioral/autism screening and follow-up assessment, is a critical step in ensuring they can access needed services. Following screening, there are currently several potential barriers that families face when seeking follow-up assessment/evaluation for their child, including long wait times, completing assessment paperwork, securing transportation, and navigating language barriers. Vermont’s pediatric and early intervention communities have identified a need for community-based developmental and autism assessments. Through a partnership with the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont, pediatricians are receiving training to conduct autism assessment and diagnosis in collaboration with Children’s Integrated Service teams. Ensuring that families have access as needed to interpretation services, cultural liaison support, and assessment forms in other languages is also imperative to ensuring equity of access.

WHY IT MATTERS: National data shows the prevalence of autism spectrum disorders has increased significantly between 2000 (1 in 150 children) and 2020 (1 in 36 children).²¹ While waiting for next-level assessment for autism or other developmental delays, families and their children are likely to experience a variety of stressors and may be unable or unsure of how to access services. By strengthening community-pediatric medical home partnerships, Vermont has the potential to decrease the wait time for families and increase access to services for children at an early age when the impact is greatest.



Policy Recommendation

Improve access to family-engaged developmental and behavioral/autism screening to improve early identification and support timely follow-up and referral to needed services.

- Build capacity to improve access to autism assessments by training health care providers, early interventionists, and others to conduct developmental and autism screenings and by increasing collaboration between Children’s Integrated Services (CIS) and pediatric medical homes.
- Support families by addressing barriers to accessing assessments including assessment paperwork, transportation, cost if not covered by insurance, and having documents in other languages and/or having interpreters available.

Renewed Policy Recommendation (2023): Inequities in Data Collection

WHAT IT MEANS: Developing a unified statewide strategy to collect and report on required demographic data, while allowing people to self-identify in the ways that feel most authentic to them, is critical in better understanding the current experiences of traditionally marginalized communities in Vermont. Having access to rich demographic and identity data also supports our ability to reform systems or programs that are not currently designed to meet the needs of people of color, children with disabilities, and other vulnerable populations in Vermont. While pursuing these strategies, it is critical that we partner with impacted communities, secure sufficient funding to compensate those collecting data for their time, 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. 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. 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.

Policy Recommendation

Respond to inequities in data collection and reporting in order to better represent and understand the intersectional experiences of people of color, children with disabilities, and other marginalized communities in Vermont.

- Develop a statewide strategy to gather demographic information that allows people to self-identify in an authentic and appropriate manner while meeting federal demographic reporting requirements.
- Value qualitative data. When the small population size of a group necessitates the suppression of their quantitative data, utilize qualitative data collection to ensure that everyone is counted.
- Secure sustained funding to support high-quality data through compensation for direct service providers who collect and report data.
- Partner with impacted communities throughout the data cycle to ensure that traditionally marginalized communities, in particular, have ownership of their experiences and are empowered to advocate for and make decisions for themselves.
- To enable Vermont to execute the above recommendations, secure sustained funding for additional personnel to increase capacity with a specific focus on equitable data.





Make Critical Investments in Data & Technological Infrastructure

WHAT IT MEANS: The state of Vermont continues to have a variety of unmet data and technological infrastructure needs, many of which cause significant delays and unintended harm to community-based organizations, service delivery, and other critical processes. For our agencies serving young children and their families, this should be taken especially seriously. The Comprehensive Child Welfare Information System (CCWIS) is one instance of this; the state doesn't have the required funding to move forward with implementing what is seen as a critical tool to monitor outcomes and improve prevention services within the child welfare system.²² In a similar vein, state agencies have gaps in their ability to execute contracts, grants, and agreements and make payments in a timely manner, which is directly linked to insufficient staffing, lack of technological infrastructure, and a need for more communication and transparency among all parties involved in executing agreements. In some cases, we have the specific tool that has been identified as critical, as in the case of the Child Development Division's Information System (CDDIS), including a module for CIS as well as the CCWIS. In other circumstances, including the need to strengthen the state's ability to expedite grant and payment practices, more innovation, learning, and community outreach to inform the appropriate next steps and potential strategies is required.

WHY IT MATTERS: Our ability to measure and monitor outcomes of the services that we are investing in for young children and their families is the foundational element of strengthening policy and service delivery and identifying inequities and gaps. Without strong data systems and a commitment to increasing the integration of our early childhood data, we are left without a compass to indicate what our next investments and priorities should be. By investing both in systems and in the individuals charged with supporting data management and collection, including training and technical assistance to support quality collection and reporting, and by simplifying existing data management and reporting activities, we will strengthen Vermont's ability to adapt policy, practice, and implementation more responsively.

Policy Recommendation

Renewed Policy Recommendations (2020, 2021):

Commit to early childhood data integration and governance through sustained funding, dedicated staffing, data infrastructure, and data-driven accountability.

- Increase availability, coordination, and publication of cross-sector early childhood data.
- Secure data-sharing agreements and prioritize data-sharing activities and procedures.
- Fully fund and expedite the development and execution of the Child Development Division's Information System (CDDIS), including a module for Children's Integrated Services (CIS) that supports data collection, monitoring, and case management.
- **New policy recommendation:** Secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS).
- Secure sustained funding for personnel to ensure high-quality data.

New Policy Recommendation: Invest in state agencies' ability to execute contracts, grants, and agreements; make payments in a timely manner; and improve efficiencies.

- Improve state agencies' technological infrastructure, increase staff capacity, and build systems that prioritize transparency and communication among business offices, Departments/Divisions, and organizations/payees.
- Prioritize providing accessible grant and contract opportunities that seek to reduce barriers for individuals and organizations who face challenges when applying for or receiving grant funding, including having sufficient funds on hand, having a bank account, and having the time, skill, and capacity to write a grant application.

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