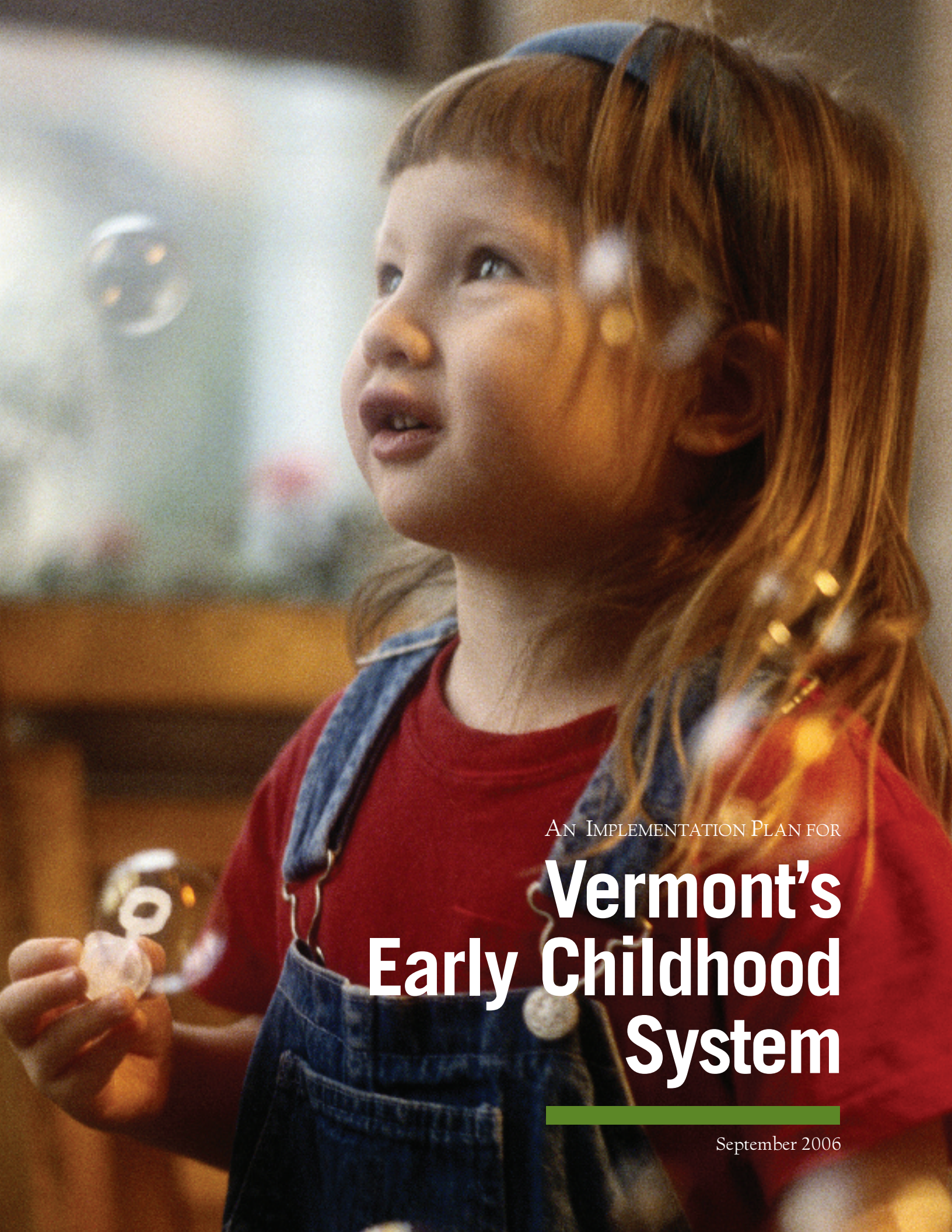

An Implementation Plan for

Vermont's Early Childhood System

September 2006

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- Vermont Department of Education
- American Academy of Pediatrics - Vermont Chapter (AAP-VT)
- Vermont Children's Health Improvement Project (VCHIP)
- Home Health Agencies
- Community Mental Health Agencies
- Head Start/Early Head Start Programs
- Head Start State Collaboration Office
- Children with Special Health Needs
- Parent to Parent of Vermont
- Family, Infant & Toddler Program (Part C)
- Public School Health
- Children's Upstream Services
- Healthy Babies, Kids & Families
- Parent Child Centers
- Success by Six
- Visiting Nurses Association
- Vermont Campaign to End Childhood Hunger
- Vermont Refugee Resettlement Program
- Vermont Children's Forum
- Pediatricians and other health care providers

Background

Vermont's Early Childhood Comprehensive System (ECCS) Initiative is administered by the Vermont Department for Children & Families, in partnership with the Vermont Departments of Health and Education, and it is supported by a grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

In each state, ECCS grant activities are designed to integrate a stronger maternal and child health focus within existing early childhood systems, and in the process, develop a more comprehensive and unified early care, health and education system. The goals of ECCS grant activities are:

1. Provide leadership in efforts to develop a comprehensive and unified early care, health and education system in Vermont;
2. Expand and integrate a stronger maternal and child health focus within the overall early childhood system;
3. Address specific needs related to the health and well-being of children and families within the early childhood system including: access to a medical and dental home; mental health and social-emotional development; early care and education; parent education; and family support.

Vermont has been working for more than a decade to build a unified early care, health and education system. Many of the requisite tools and components needed to support such a comprehensive system have been developed, and a wide range of effective programs for families and children exists. However, Vermont's current early childhood service delivery system might best be described as a patchwork of services. Overlap, inequities and fragmentation often occur. This document is designed to serve as an implementation plan to guide Vermont's efforts over the next two years to build a truly unified early care, health and education system.

The Case for Change

Vermont has a wide range of early childhood programs administered through various state agencies. There are informal structures for the coordination of these services. Due to the lack of a formal relationship and inadequate infrastructure support, these structures have not been successful in creating a unified system of early care, health and education services for the state. This has resulted in a maze of services that is not readily understandable to families, providers, administrators or legislators. In this maze are excellent services as well as overlapping and duplicative services and service gaps.

Vermont's Children

Beyond maximizing resources and reducing inefficiencies, there are many good reasons to build on existing efforts to create a sustainable, accessible early childhood system. However, the overarching goal of this system building is to improve outcomes for children and to help them achieve their greatest potential. In many ways, Vermont's children fare well when compared to children living in other states. But there is work to be done to assure that all children and their families have access to the services and support they need. Here are some things we know about Vermont's children.

There are 93,436 children ages birth through twelve in Vermont. Thirty-one percent of Vermont's children are classified as low-income (200% of the federal poverty level) and 12% are living in poor families (below the federal poverty level). On any given day, about 1,300 children and youth are living in out-of-home care provided by the state. In 2005, 257 children age 0-4 were involved in substantiated cases of abuse or neglect.

Approximately 22,000 children younger than six are in child care while their parents work. While Vermont's child care network has received generally high ratings in national reviews, there are still significant gaps to be bridged in the areas of quality, affordability, and access.

Eighty percent of Vermont women with children under six years of age are in the out-of-home workforce and up to 87 % of Vermont women with school age children work outside of the home. The Vermont Child Development Division estimates the overall capacity in regulated child care can only meet 50%-60% of the estimated need in Vermont.

Concerning school readiness, kindergartners in Vermont are evaluated by their teachers in five domains (social-emotional development; approaches to learning; communication; cognitive development and general knowledge; and, health and physical well-being). In 2005-2006, 44 % of children were thought to be ready for school in all five domains. Teachers also reported that 9% of kindergartners were receiving special education services.

The Vermont Response

The Infrastructure: Building Bright Futures

A broad, thoughtful process was used to develop a strategic plan for the overall coordination of Vermont's early care, health and education system. (A brief history and list of planning partners can be found in the Appendices.) This strategic plan was intended to address the need to restructure Vermont's existing early care and education system into a new entity referred to as Building Bright Futures. It is this infrastructure that will enable the direct services in early care, health and education to function effectively and efficiently.

Building Bright Futures (BBF) is an innovative public/private partnership comprised of private sector providers, business leaders, community members and state government decision makers designed to create a unified, sustainable system of early care, health, and education for young children and their families. BBF is a new way to fund and deliver services for Vermont's children and their families. A statewide partnership, BBF will coordinate early care, health and education services for Vermont children and their families. A Building Bright Futures office in each region of the state will bring together parents, service providers, employers, and others at the community level to develop their community plan for existing and new services.

VISION, PURPOSE AND MISSION

Vision Statement: All Vermont children will be healthy and successful.

Statement of Purpose: Vermont will create a unified, sustainable system of early care, health and education for young children and their families.

Mission Statement: Through the coordination and restructuring of the existing system of early care, health, education and related family support services in Vermont, all Vermont families and young children will have access to a continuum of comprehensive, high quality early childhood programs that meet established standards, promote school readiness, and address the needs of the child and family.

BUILDING BRIGHT FUTURES GOVERNANCE STRUCTURE

The Building Bright Futures State Council was established in June 2006 through Executive Order as an advisory council to the Governor. The council is charged with improving the quality of services for families and young children by establishing a formal system for planning, coordinating, integrating and developing early childhood programs, policies, information and resources at the State and regional levels. The council creates a mechanism to examine the current delivery of services, explore possible improvements and involve both public and private sectors in the planning and development of a seamless system of services for young children.

The BBF State Council has 19 appointed members: Five members are state agency or department heads from the Agency of Human Services, Agency of Commerce and Community Development, Department of Health, Department of Education and Department of Children and Families. Other members include two legislators, two business representatives and a variety of community and early care representatives. The Council meets at least four times per year and is co-chaired by a public and private sector representative.

A list of State Council members can be found in the Appendices.

FINANCE

A primary objective for the creation of a different structure for the coordination and management of the early care, health and education system in Vermont is to assure adequate and sustainable funding to support access to services for all children and families in need of early childhood services. Based on review of funding formulas and strategies utilized by other states and a financial mapping of the resources currently in Vermont's early care, health and education system, the following financial principles have been recommended:

- Funding supports access for all children
- Funding is diversified using a variety of public and private funds including fees for services and tuition paid by families
- Resources must be aligned with defined outcomes
- Resources must be aligned to meet the developmental needs of children
- Funding for services to children with special needs must be assured
- Funding formulas should be developed based on comprehensive demographics including access to transportation
- Resources are distributed and utilized in a fair and equitable manner to assure access statewide
- Parental fees for services are based on a sliding fee scale which assures access without creating an undue financial burden for families
- Resources support the system infrastructure as well as direct services
- Quality standards and indicators are compensated

EVALUATION

The Data and Evaluation Committee is a standing committee under the BBF structure. The committee defines needs for standard data and methods for collecting, utilizing and disseminating this information. Real and substantive evaluation of the early care, health and education system is a core component of the ECCS structure, both its process and outcomes. The work done by this committee was integrated into system planning and the implementation plan for ECCS.

The work of ECCS is focused on BBF system development. However, evaluation of the effectiveness of the direct services, as well as of the system infrastructure is equally important. The essential purpose of evaluation is to: (a) ensure that the system works in a timely and adequate manner; (b) identify where changes may be necessary; (c) measure accountability, efficiency and efficacy of the system; and (d) provide decision makers and stakeholders with data and reports that will support their abilities to make the best decisions possible for the children and families of Vermont.

These are the Core Principles in an evaluation plan:

- The plan is relevant and useful to stakeholders
- The plan focuses on a set of indicators - using currently collected data and standardizing data collection
- It creates a monitoring and reporting system that allows continuous feedback and focus on quality improvement
- An independent and credible evaluation team reviews and evaluates the plan on an ongoing basis

The Planning Process

Four System Components

A good deal of the framework and early content for the ECCS effort was drawn from the early Childhood System Building Tool: a Framework for the Role of Title V MCH Programs in Early Childhood Systems. The areas of focus align with those of the US Maternal and Child Health Bureau and take best advantage of the research and work on best practices that have been developed nationwide. The following brief information is Vermont specific.

ACCESS TO HEALTH INSURANCE AND A MEDICAL AND DENTAL HOME

There are 5,400 (3.9%) children under 19 years of age who have no health insurance in Vermont. Children need access to preventive and comprehensive health services to become healthy productive adults. Health insurance is a major factor in achieving this access. Comprehensive health services for children are best obtained from a medical home. A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. In a medical home, a pediatric clinician works in partnership with the child and family to assure that the child achieves the best possible level of lifelong health. Through this partnership, the pediatric clinicians help the child and family access and coordinate oral health care, specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child and family.[1]

MENTAL HEALTH AND SOCIAL/EMOTIONAL DEVELOPMENT

As more information about a child's brain development has emerged, the importance of attending to the emotional and social development and mental health of young children has become increasingly evident. It is also clear that social-emotional development and cognitive development are intertwined and is needed for children to grow up healthy and succeed in school.[2] All young children and their families can benefit from interventions aimed at promoting healthy child and family development. Although there is growing evidence of the importance of early identification and intervention for risks of impaired social-emotional development, many young children and their families go unidentified. Additionally, parental mental health issues, particularly depression and substance abuse, if left untreated also puts children at risk for developing emotional and developmental problems.

EARLY CARE AND EDUCATION

By the time children in Vermont enter school, seven out of ten children will have been cared for outside of their home. All early care and education settings have a role in promoting development, safety, nurturing and dependable relationships and interactions that promote learning. Early care and education settings should provide safe and healthy learning environments that are inclusive; can support cognitive, social, emotional and physical development; information to parents about positive parenting practices; and linkages between parents, early care and education, pediatric care, and other community resources. Far too often families are unable to locate or afford quality child care. Many early care and education providers face working conditions that include low wages and minimal benefits such as health insurance. It is essential that these problems be addressed so that all early care and education promotes healthy behaviors and links families to community resources.

[1] American Academy of Pediatrics, National Center for Medical Home Initiatives for Children with Special Needs, November 5, 2004.

[2] VT Dept of Developmental and Mental Health Services, Finding Help for Young Children with Social-Emotional-Behavioral Challenges and their Families: The VT Children's Upstream Services Handbook.

PARENTING EDUCATION AND FAMILY SUPPORT

Families are the primary educators of children. Most families seek information to assist them in that role and therefore need to find accurate information. Family mobility is changing the source of parenting "know-how" from extended family to the media. Family support is an approach to strengthening and empowering families and communities so that they can foster the optimal development of children, youth, and adult family members. Parenting supports include the information, advice, guidance and parent education that strengthen and promote the knowledge and skills of parents to provide their children with learning opportunities. Family supports include financial, psychological, physical, and other kinds of resources necessary for parents to have the time and energy to attend to and carry out parenting responsibilities. Examples include life skills training; parent education and support groups; parent-child groups and family activities; child care for children of parents who are participating in program activities; home visiting; respite care; information and referral services; advocacy; crisis intervention and family counseling; housing and transportation. Parenting education and family support are done in a family-centered manner to maximize the benefits.

For more information on the framework and methodology used to develop this implementation plan, please see Assessment and Environmental Scan in the Appendices.

Overarching Themes

The purpose of the environmental scan and assessment was to identify existing strengths, assets and resources as well as unmet or inadequately met needs related to the health of pregnant women and families with young children. Several overarching themes emerged from the assessment process that were considered as the ECCS Committee developed its goals and strategies.

- **Family-centered philosophy and approach.** The significance of this topic resonated throughout the key informant interviews. The majority of informants raised this issue, recognizing it as a critical component to assuring access to care and supporting and promoting health. This theme also extends to how services for families are coordinated.

- **Quality Improvement & Quality Assurance activities.** The need for quality improvement and assurance activities cuts across all four focus areas, but in a number of different capacities. For example, how services are coordinated for families; training and professional development opportunities for staff fulfilling a variety of roles; and, working health into licensing standards and curricula for childcare.

- **Evidence-based practice.** The value of evidence-based practice is widely recognized as an important means to improve how services are provided. All four focus areas would benefit from support in integrating evidence-based practice into service delivery.

Implementation of Targeted Priorities

The next steps for Vermont involve putting this knowledge into action through the Building Bright Futures State Council and the regional BBF councils. Each of the twelve districts of the state will have a regional BBF office, with a BBF Council Director. It is expected that funding and fiscal arrangements for the local BBF Directors will be in place for the regional Directors to be hired in 2007.

One of the major priorities for the regional councils will be the development of regional early care, health and education plans. The regions are all currently working on important early childhood issues. However, as they take on more integrated, comprehensive planning for Building Bright Futures, there has to be agreement on what common information will be included in those plans. In fact, this work has already begun. In the past several months, work has focused on a common template which will be used for the regional plans. There has also been agreement on a core set of common indicators that will be used as the regions begin their planning.

The following list of goals, results and strategies developed through the ECCS planning phase will be presented to the BBF State Council and to the regional BBF councils for implementation. Although the goals relate to the four MCH system components (access to medical insurance and medical and dental home; mental health and social/emotional development; early care and education; parent education and family support) for consistency, they are organized within the framework of established Vermont state outcomes. As the BBF governing Board and the infrastructure of BBF become more solidified, the regional BBF councils will proceed with their local planning process. Although local programs and initiatives will vary according to the needs of local communities, these important goal areas will guide the development of a statewide comprehensive early care, health and education system for Vermont.

Goals, Results, Strategies

Cross Sector Goals

Children's Integrated Services

Over two decades ago, Vermont's early childhood (early care, health and education) policy makers and service providers began linking and coordinating services in ways that many of their colleagues across the nation are still struggling to accomplish.

The Vermont Department for Children and Families, Child Development Division (CDD) has developed a concrete plan known as Children's Integrated Services to move beyond coordination to integration. The goal of Children's Integrated Services is to provide holistic, integrated and seamless services that result in positive child and family outcomes. The task at hand for the Division is to first integrate its three programs that provide prevention and early intervention services for pregnant women, young children and their families. These programs are:

- Healthy, Babies, Kids and Families (prenatal, child and family healthy development);
- Children's Upstream Services (early childhood and family mental health); and
- Family, Infant and Toddler Program (Part C);

As the Children's Integrated Services work evolves, it will continually seek approaches and opportunities to coordinate with other prevention and early intervention services.

Goal 1:

Create an integrated, comprehensive early care, health and education system (Building Bright Futures) that supports families' strengths and meet their needs

Results

- BBF State Council moves forward in its work to create a comprehensive early care, health and education system
- Prevention and early intervention services for all children and their families are integrated
- Barriers to programs and services are reduced

Strategies

- Develop ongoing public awareness campaign about the importance of early childhood development
- Work on passage of enabling legislation for Building Bright Futures
- Develop a common evaluation system for Building Bright Futures regional councils
- Develop a common system for reporting statewide individual and population outcomes
- Integrate prevention and early intervention programs, beginning with Healthy Babies, Kids and Families; Children's Upstream Services; and Family Infant Toddler Program - referred to as Children's Integrated Services

Goal 2:

Early care, health and education programs and providers are knowledgeable about and linked to the overall service system and community resources

Results

- Links exist between early care, health and education providers and programs through collaboration and referrals
- Early care, health and education programs have a common referral system
- All programs have access to child health and development consultants

Strategies

- Increase access to health and safety consultation for early care and education programs and providers
- Integrate consultation services provided through Healthy Child Care Vermont, Children's Integrated Services and Community Child Care Support Agencies
- Increase the number of child health and development consultants available to early care and education providers
- Secure additional funding for child health and development consultants to early care and education programs

Goal 3:

Professional development for providers is supported through early care, health and education systems

Results

- Comprehensive professional development opportunities available for early care, health and education providers regionally and throughout the state
- Training and education opportunities are linked with statewide professional development systems
- Competencies are used as a framework to structure professional development opportunities

Strategies

- Increase professional development opportunities that reflect an integrated approach to early care, health and education
- Link training and education with existing professional development systems such as the Northern Lights Career Development Center

Pregnant Women and Young Children Thrive

Title V Maternal and Child Health Services

The Title V Maternal and Child Health (MCH) block grant is key to a broad range of MCH planning and services offered by the Vermont Department of Health.

The Title V 2005 Needs Assessment provided opportunities for creativity in Title V planning. MCH Program administrators were challenged to create a Strengths and Needs Assessment. This work emerges from previous research from Vermont and other states participating in the School Readiness Indicators Initiative. Vermont is participating in this planning process with all other New England states.

The themes of strengths and needs assessment have also been developed within the planning process employed by the ECCS initiative. The Title V Strengths and Needs Assessment and the ECCS Implementation Plan were composed in a collaborative way to maximize efficiency in planning for the health services and support for the early childhood aged population. Title V's expertise in the physical and emotional health needs of this age group were utilized in the planning.

Goal 1:

All pregnant women and children have a source of coordinated, comprehensive, family-centered medical and dental care

Results

- Pregnant women and children have a medical home
- Pregnant women and children have a dental home
- Medical homes have care coordinators
- Pregnant women and children have health insurance

Strategies

- Establish standards for medical home
- Increase the number of practices that meet the definition of medical home
- Develop a plan for oral health promotion in early care and education settings
- Facilitate enrollment of all children and families in public or private health insurance programs

Goal 2:

All children are routinely screened in all areas of development, including social, emotional and behavioral

Results

- Children are routinely screened in their medical home using standardized tools
- Health care providers have access to early childhood developmental and early childhood and family mental health consultation
- Children and families identified by developmental screening are referred for assessment and follow-up to Vermont FITP (Part C) or EEE (Part B) within a mandated timeframe, or to a standing interdisciplinary team

Strategies

- Identify screening tools which may be used to look at protective and risk factors for children and families
- Provide primary health care providers with clear, consistent guidelines for screening
- Develop a referral system from the primary health care provider to community services and programs
- Provide reimbursement for a child health and development specialist (social worker, mental health worker, early interventionist or nurse) to provide screening for or consultation to primary care providers

Goal 3:

Prevention, early intervention and consultation services are available to children, their families and early care, health and education providers

Results

- Children and families with intense service needs will have a pro-active, integrated family plan
- Parents and families receive mental health, substance abuse and/or domestic violence services as needed
- State and local agencies accept responsibility for services for children with autism and parents with disabilities

Strategies

- Increase service capacity to meet the needs of children and families
- Address barriers to providing services to children in their natural settings
- Replicate and expand successful models that increase the capacity of early care and education programs to meet the changing needs of Vermont families, with particular attention to families with intense needs

Goal 4:

Parents and families are informed and involved health care consumers

Results

- Parents and families are educated about the concept of a medical home
- Parents and families can identify primary health care provider
- Parents and families have the self-management skills that allow them to be competent participants in all health care decisions and interventions impacting their children

Strategies

- Help parents understand the importance of quality services and how to seek and identify quality programs for their children
- Plan and implement public media campaigns and other public relations activities to inform parents
- Increase parent education and family support through existing community organizations (e.g. parent/child centers, early childhood councils, regional partnerships, Early Head Start and Head Start)
- Increase parent access to existing self-management programs (e.g. those provided through Blueprint for Health)

Children Are Ready for School

Healthy Child Care Vermont

Since the inception of the Healthy Child Care Vermont (HCCVT) initiative in 1996, a strong partnership between the Vermont Department of Health (VDH) and the Department for Children & Families, Child Development Division (CDD) supported this work.

Each of the twelve regions in the state is served by a child care health consultant from the local VDH district offices and is supported through CDD.

Concerning training, Vermont has been a participant in the Healthy Child Care New England (HCC-NE) Training Collaborative since its inception in 2003. This collaborative has shared planning, implementation, evaluation and technical assistance of a health and safety consultant training series, based on the North Carolina National Training Institute (NTI) for Child Care Health Consultation certified trainers model.

Goal 1:

All children have access to high quality and developmentally appropriate early care and education which includes all aspects of health

Results

- Quality standards for licensed center-based early care and education programs and registered family home providers are raised, monitored, enforced and financially supported
- High quality programs are financially accessible to all Vermont families with young children
- Health, nutrition and safety promotion activities are integrated into early care and education settings
- Parents and families identify higher quality child care and education programs

Strategies

- Ongoing monitoring and revision of standards, including licensing regulations, for early care and education programs
- Revise Vermont child care regulations for registered family homes
- Link licensing to the Vermont Early Learning Standards
- Increase professional development opportunities for providers and child health and development consultants
- Improve quality of care through STARS, nationally recognized accreditation programs (e.g. NAEYC, NAA and NAFCC) and teachers credentials (e.g. CDA)
- Provide consumer education about high quality child care through statewide initiatives
- Promote oral health in early child care settings
- Promote and monitor level of physical activity and nutrition in early care and education programs
- Adjust the child care eligibility fee scale for families to current federal poverty and state median income guidelines

Goal 2:

Early care, health and education providers are knowledgeable about child development and family systems, including information about risk and protective factors and the use of best practices for screenings and interventions

Results

- Providers are educated and trained for early childhood mental health competencies
- Training programs are available for developmental and behavioral screening in early care and education settings

Strategies

- Design and deliver professional development opportunities that build upon knowledge base of different disciplines
- Continue to support the use of Touchpoints and other family supportive approaches that improve the competence of parents and build strong child-family relationships
- Regional CUPS workers provide early childhood and family mental health training and consultation for early care and education providers

Children Live in Stable, Supported Families

Program Quality

Vermont's system to recognize and reward quality child care is called the STARS program. STARS stands for the STep Ahead Recognition System and includes health and safety in a variety of ways in the arenas of professional development and program policies. STARS and its managers and oversight committee continue to examine the ways STARS can continue to enhance the integration of health and safety.

The National Association for the Education of Young Children (NAEYC) is recommending the practice of having health consultants linked to accredited programs. The CDD is beginning to develop a partnership with health providers, Vermont Child Care Health Consultants and the Vermont Chapter of the American Academy of Pediatrics to create a system of consistent delivery and support of this consultant model.

Goal 1:

Children's basic needs are met and families have the resources to meet those needs

Results

- Children and their families have adequate nutrition and housing
- Parents and families have access to jobs that provide a livable wage and family-friendly workplaces

Strategies

- Support adequate housing initiatives for families with young children
- Link families to needed services such as financial, food, and housing assistance programs, school readiness programs, child care, job training programs, family support centers, substance abuse treatment programs, and domestic violence shelters
- Support employers to provide livable wages, benefits and workplace practices

Goal 2:

All children are raised in a safe, supportive healthy, nurturing environment

Results

- Parents, caregivers and service providers have the necessary information and skills to provide a safe, healthy and nurturing environment for children
- All early care and education programs offer nutritious meals and snacks
- All early care and education programs allow for appropriate physical activity
- Ensure that children have access to affordable programs during out-of-school time

Strategies

- Increase participation in Child and Adult Care Food programs in both center and home-based child care settings
- Support parents and other caregivers in understanding, practicing and teaching children the value of positive health behaviors
- Encourage parents and early care and education providers to implement safety measures to protect children (i.e. seat belt/car seat use, bicycle helmet use, poison prevention, etc.)
- Identify and offer preventive services to families at risk of abuse and neglect

Goal 3:

Parents have access to and use training and resources they need to support their children's health and development

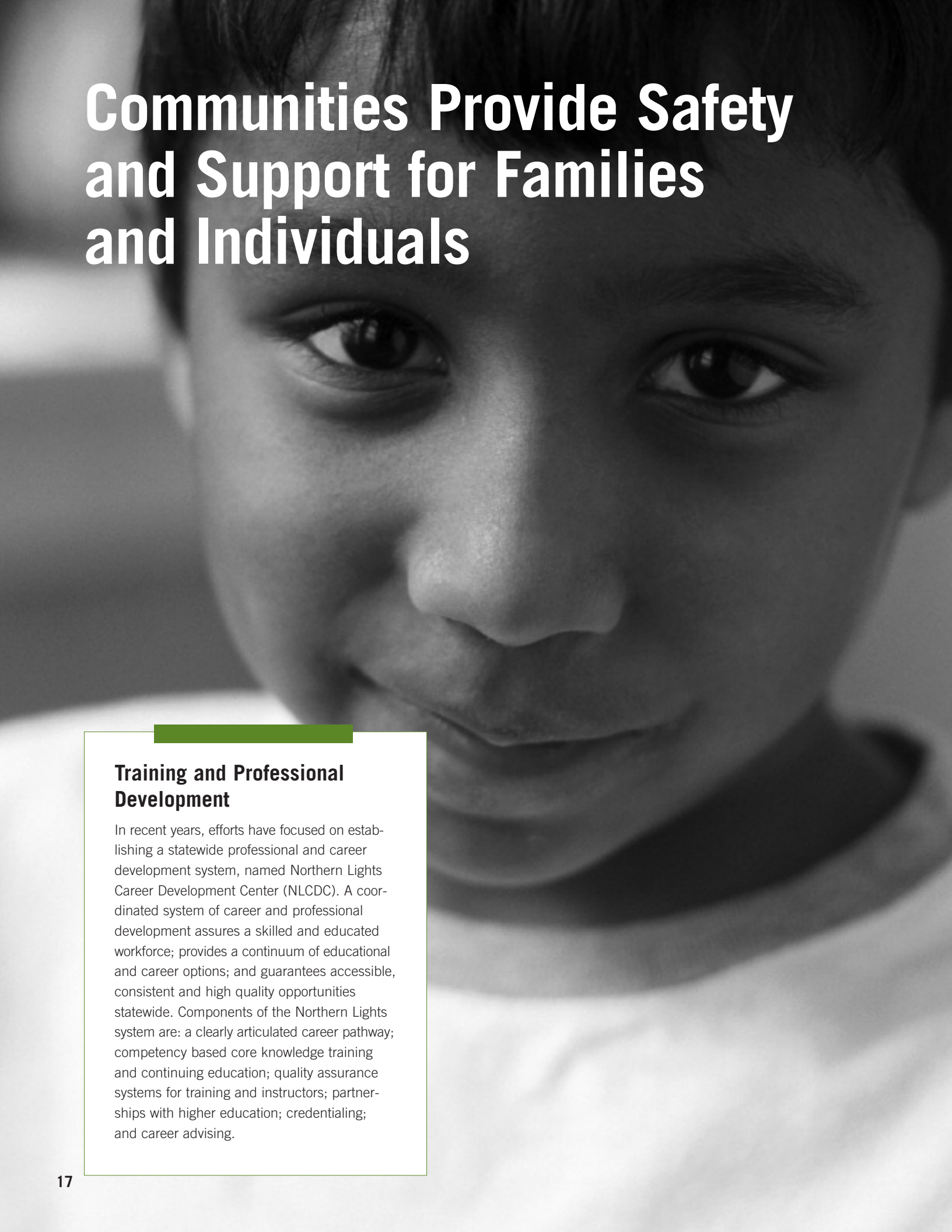
Results

- Families participate in formal and informal parent education and support programs
- An organized infrastructure for parent education programs exists statewide

Strategies

- Ensure that parents have access to literacy programs
- Support mechanisms to provide health and safety-related parenting education for parents of young children
- Provide parents with materials on child development, early literacy and school readiness so they can support their child's early learning and healthy development

Communities Provide Safety and Support for Families and Individuals



Training and Professional Development

In recent years, efforts have focused on establishing a statewide professional and career development system, named Northern Lights Career Development Center (NLCDC). A coordinated system of career and professional development assures a skilled and educated workforce; provides a continuum of educational and career options; and guarantees accessible, consistent and high quality opportunities statewide. Components of the Northern Lights system are: a clearly articulated career pathway; competency based core knowledge training and continuing education; quality assurance systems for training and instructors; partnerships with higher education; credentialing; and career advising.

Goal 1:

State policies promote and support smooth transitions for all children, including children receiving early intervention/special education services, children in foster care and other special populations

Results

- State policies strengthen links among early care, health and education services to facilitate child and family transitions (e.g. birth and infancy, 0-3, 3-5 and entry into school)

Strategies

- Increase awareness of services for providers and families
- Increase investment in child development and school readiness in early care and education settings
- Promote service delivery models that promote interagency partnerships and co-location of services
- Develop statewide policies that support integrated services

Goal 2:

Families have meaningful involvement in the development and implementation of policies and programs

Results

- Parents and families participate in policy and program development, implementation and evaluation
- Parents and families participate on state and local boards and committees

Strategies

- Work with parents to build communication strategies that engage parents in a meaningful way
- Support family participation by reducing financial and other barriers (e.g. child care)
- Develop family leadership programs in each region

Appendices

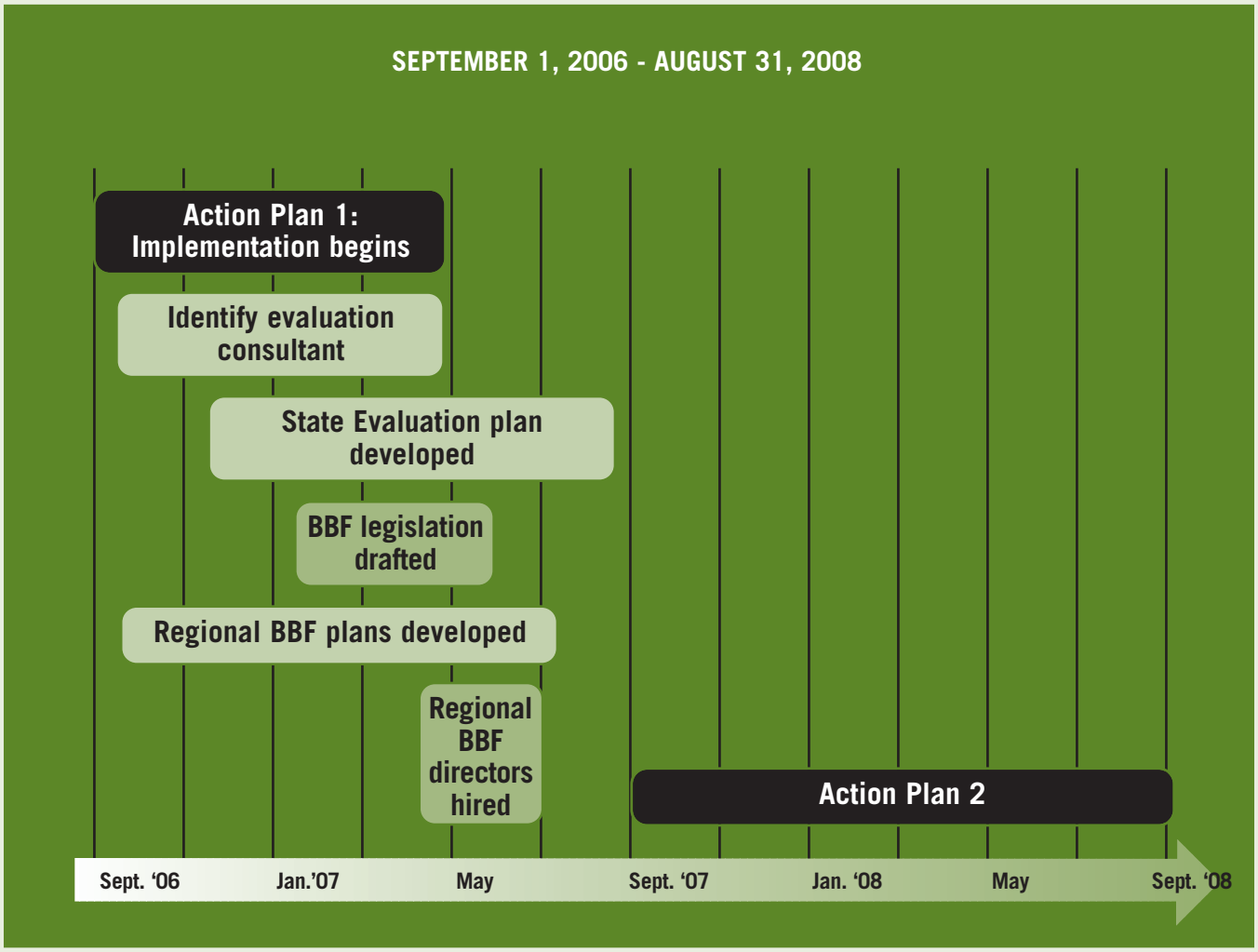
Vermont ECCS Action Plan 2006-2007

The ECCS Committee has developed a draft Action Plan. Specific results, strategies, partners and benchmarks have been identified for each of the goals described earlier in this document. The Committee will meet with and solicit feedback and commitment from, each of the Partners necessary to put this plan into action.

Goal:

- Results
- Action Strategies
- Partners
- Benchmarks

Vermont ECCS Timeline



Partners in Vermont's Early Childhood System Planning Process

Following is a brief synopsis of the key elements of the early childhood effort to date and a description of the transition to the present work being done to create a unified early care, health and education system in Vermont.

STATE TEAM

The State Team was formed in 1994 to help achieve a vision where all Vermont children, families and individuals thrive. The State Team consists of the managers of state agencies that serve children, families and individuals, state level coordinators of interagency teams, directors of several major service and family advocacy organizations, people from higher educations institutions, parents, and the coordinators of Vermont's twelve Regional Partnerships. The twelve Regional Partnerships are local collaborative groups formed to improve the well being of children, families, and individuals and to make their respective communities healthier places to live. The function of Regional Partnerships is that of planning and decision making for the development and implementation of local strategies to achieve our adopted outcomes. The State Team for Children, Families and Individuals, and the Regional Partnerships work closely to foster relationships that are reciprocal and systems that are collaborative. They have a rich history of working together to develop creative solutions to improve the well-being of the people of Vermont.

As an integral part of its work, the State Team focused on the importance of connecting social, physical, educational and economic systems in ways that address the whole person or the family as a unit. They put a great deal of effort into developing a system for Outcome-Based Planning in Vermont as a way to evaluate progress on indicators of social well-being. In 1998, the Vermont General Assembly made a decision to write the outcomes into law. The Regional Partnership Coordinators and State Team continue to meet together monthly to coordinate activities, identify best practices, engage new partners, and focus on state progress on each of the ten outcomes that were developed.

EARLY CHILDHOOD STEERING COMMITTEE

The Early Childhood Steering Committee (ECSC) is a consortium of agencies, organizations, programs and individuals concerned about the development and learning of young children, and the well-being of Vermont families. The purpose of the Early Childhood Steering Committee is to ensure that policies and decisions necessary to the development of a unified, comprehensive early childhood service system are made in a thoughtful, inclusive and expedient manner. The ECSC has convened since the early 1990s to identify areas for improvement in Vermont's early care and education system. The membership of the ECSC is comprised of representatives from the Vermont State Departments of Health, Children and Families, Education, and Employment and Training; Parent Child Centers; Success by Six; Early Childhood Councils; Head Start; Regional Partnerships; childcare providers; and parent groups.

GOVERNORS CABINET ON CHILDREN AND YOUTH

In February 2002, a Governor's Cabinet on Children and Youth was established to monitor the well-being of Vermont's children, improve the policies relating to children's services, and coordinate services. The cabinet was chaired by the Secretary of the Human Services Agency and members included the commissioners of each AHS Department (including Health and Children and Families), as well as Education; Employment and Training; and Public Safety. Soon after the creation of the Cabinet, a Subcommittee was formed on Access to Early Care, Education, and Prevention (referred to as the EC Subcommittee). The EC Subcommittee included diverse representatives of Vermont's early child care system, as well as state agency directors and commissioners of relevant AHS departments, funding and business representatives and other key partners.

AGENCY OF HUMAN SERVICES REORGANIZATION

Several years ago, concern was voiced within the Vermont legislature about the functioning of the Agency of Human Services (AHS) due to the categorical structure of its departments, and the resulting duplication of administrative functions and fragmentation of services for individuals and families. As a result, the 2003 Appropriations Act included language directing the Secretary of AHS to develop a comprehensive plan for re-organizing the Agency's operations.

In response, the Secretary of Human Services issued a report in January 2003 which agreed that the compartmentalized structure of the agency impeded efforts to deliver comprehensive and coordinated services, and recommended a re-alignment of departments and divisions. This Report stimulated much discussion among all stakeholders during the 2003 legislative session, culminating in recognition that more inquiry was needed to truly understand all the issues impacting on effective service delivery.

Working with the AHS Secretary, in May 2003 the legislature passed Act 45 which provided a framework to guide the AHS restructuring process. It required that AHS get input from its stakeholders to guide the restructuring effort, and to submit a report to the legislature in January 2004 detailing initial recommendations for agency restructuring based on this input.

During the summer and fall of 2003, AHS led an intensive effort to get input from as many people as possible affected by the agency's work. A number of different strategies were implemented to gather information, including regional stakeholders meetings, a statewide conference, focus groups and discussion groups. Synthesizing information from all these activities, a report was submitted that described the above activities and identified themes about changes needed regarding how services were delivered.

The findings gathered through the Agency of Human Services Reorganization process also substantiate and align with parallel issues in the early care, health and education field, e.g. the need to address service gaps and overlaps and more effective coordination of services. These findings confirmed the need to design a system that more equitably and effectively meet the needs of young children and their families.

These many agencies, organizations and other initiatives have charted a clear and steady path over the years and their influence is clear in the progress they have made. There are numerous foundational components in place within the early childhood care, health and education system in Vermont poised for movement and development. These pieces serve as an important foundation to assure that Vermont continues its forward progress to a comprehensive and unified system.

SMART START TECHNICAL ASSISTANCE GRANT

Recognizing the need for a governance structure that unifies these diverse pieces, in 2002 the Early Childhood Steering Committee applied for and received an Intensive Technical Assistance Grant (ITAG) from North Carolina's Smart Start program. Smart Start is a nationally recognized program, offering states technical assistance in developing integrated, comprehensive early childhood systems. It is renowned for realizing successful outcomes in the areas of quality child care for all children; improved teacher education and retention; school readiness; improved access to health care and support services for families; and improved collaboration and coordination among child and family service providers.

As the first step in the grant process, Vermont received a detailed, customized Technical Assistance (TA) Plan from the Smart Start National Technical Assistance Center in North Carolina. This plan was the result of site visits and interviews with key participants in Vermont's early care and education system, and served as a report on the status of Vermont's early childhood system from a developmental perspective.

The North Carolina technical assistance team findings confirmed our own assessment "Vermont's early childhood system might be best described as many diverse patches, or pieces, ready to be linked and sewn together... Numerous programs and organizations are committed and working diligently at both the state and community level but there is often overlap, particularly at the community level, and fragmentation as to which organization is doing what." *(ITAG Report)* The first recommendation of the TA plan was to "develop a strategic plan for a unified system of early care and education that builds upon previous accomplishments and documents." The primary work of the ECSC since summer 2002 was to carry out the stages of a strategic planning process to restructure Vermont's early care and education system.

Assessment and Environmental Scan

In spring 2005, through the ECCS Planning Grant, the John Snow Institute Research & Training Institute was contracted to conduct an environmental scan and assessment of Vermont's early childhood systems. The purpose of the environmental scan and assessment was to identify existing strengths, assets and resources as well as unmet or inadequately met needs related to the health of pregnant women and families with young children. The environmental scan and assessment consisted of a review of quantitative data and a series of key informant/stakeholder interviews in the maternal and child health community. Findings from the assessment helped to inform the work of the ECCS Committee in developing a comprehensive plan.

METHODOLOGY

The assessment focused on the four system components:

- Access to Health Insurance and a Medical/Dental home;
- Mental Health and Social and Emotional Development;
- Early Care and Education; and,
- Parenting Education and Family Support.

The assessment consisted of both a qualitative and quantitative component, guided by the following research questions developed by Health Research Systems, Inc.:

- What are we doing in this area?
- What is working well about it? How do we know this (i.e. do we have performance measures, evaluations, customer feedback?)?
- What are the challenges? (E.g, a need for more extensive geographic coverage, a need for the involvement of additional agencies or organizations, better evidence of the effectiveness of current activity, a need to combine funding streams to encourage the integration of services, improved mechanisms to reach special population groups?)

The qualitative component of the assessment consisted of a series of key informant/stakeholder interviews for each focus area. Key informants were identified by the Health Committee core team, representative of state agencies, community based organizations and advocacy groups. A total of twelve interviews were conducted. In addition to the qualitative component of the assessment, a review of key quantitative data was conducted for each focus area. Primary data sources were State reports from the Agency of Human Services and augmented by information provided by the Vermont Department of Health, Title V Maternal and Child Health Strengths and Needs Assessment.

ACCESS TO HEALTH INSURANCE AND A MEDICAL AND DENTAL HOME

A medical home addresses how a primary health care professional works in partnership with the family/patient to assure that all of the medical and non-medical needs of the patient are met. A medical home is defined as primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. (American Academy of Pediatrics)

Numerous indicators demonstrate that Vermont is progressing towards a system of care for children in which a medical and dental home is supported and effective.

- Immunization rates are upwards of 86.9 percent according to 2003 CDC National Immunization Program reports for Vermont
- Uninsured rates for children between the ages of 0 - 17 are 4.2 percent (BISHCA 2000 Family Health Insurance Survey)
- Between 97 percent (2000 VT Physician Licensing Survey) and 100 percent (VCHIP key informant interview) of all pediatricians currently are accepting new Medicaid patients.

Qualitative information obtained through key informant interviews indicates significant effort being put toward promoting and evolving the medical home concept, broadening the scope of services which are available to support the medical home and the populations served. Conversely, a few key data elements indicate that there are some noteworthy gaps in children's ability to obtain and maintain a dental home.

Data illustrates that financial access through public insurance coverage does not predicate access or utilization of dental services by children enrolled in public insurance. There are disparities between public insurance and private insurance. This may indicate that children publicly insured lack ongoing education and preventative care, however, access services for restorative purposes.

As a result of the qualitative and quantitative data analysis, several findings were noted:

- The concept of medical/dental home should continue to evolve within and beyond CSHN.
- Focus efforts on promoting dental home.
- Broaden scope of services to support the medical home.
- Increase and improve quality improvement and quality assurance activities regarding:
    - Systems
    - Service Coordination (case management)
    - Skills/professional development
- Increase workforce capacity.

MENTAL HEALTH AND SOCIAL-EMOTIONAL DEVELOPMENT

Mental health is seen as the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. (A Report of the Surgeon General on Mental Health, 1999)

While quantitative indicators of the progression of children's mental health are not as numerous, several key informants indicated a strong effort to provide mental health services in a comprehensive and family-centered manner. Initiatives that include the collocation of social workers and mental health counselors were cited as models that may provide important insight to how to better address the needs of children. Similarly, progress in developmental screening and asset based approaches by pediatricians are encouraged and supported by the work of the Vermont Child Health Improvement Project (VCHIP), in collaboration and partnership with numerous other agencies and organizations, both state and not for profit.

Given the significant strengths, accomplishments and ongoing efforts, key informants underscored that there is simply not enough capacity in this area of children's health and that improvements in the quality of what exists are equally important.

Data indicates there is outstanding and growing need for mental health services (both diagnosed and undiagnosed). The state capacity, in terms of psychiatry workforce is inadequate. By the Graduate Medical Education National Advisory Council standards, child psychiatry is at approximately 20 percent of capacity for children and 50 percent of capacity for adults. Although the American Academy of Child and Adolescent Psychiatrists recommend a board certified child psychiatrist, some adult psychiatrists provide services for children.

In Vermont, the adult psychiatry capacity is too low to expect that the adult psychiatry workforce can have an impact on meeting the gap in capacity for children's psychiatry.

As a result of the qualitative and quantitative data analysis, several findings were noted:

- Because the adult and child psychiatry workforce is not expected to increase dramatically, both the recruitment of additional psychiatrists and alternative ways of meeting children's mental health needs will need to be explored.
- There is a need to increase and improve quality improvement and quality assurance activities regarding:
    - Standards and evidence-based practice
    - Systems
    - Professional skills
    - Promoting family centered practice and philosophy
- There is a need to increase mental health screening, prevention and treatment

EARLY CARE AND EDUCATION

Early Care and Education attempts to address curriculum and assessment issues related to the education of young children and discuss ways schools and school staff can change to become ready for children and to assure children are successful in their learning and transitions through learning.

There are a significant number of activities to ensure the system of child care and early childhood education is high quality, stable and accessible to children. However, the focus of these activities on the role of health related to child care and early childhood education appear to be few. Child care and early childhood education has, overall, not been used as a direct venue for teaching children and families about health and safety to the fullest extent. While providing quality care and education can have profound impact on health outcomes and other socioeconomic indicators; this assessment found that there are also many opportunities to work with existing activities (such as licensing, mentoring and training) to infuse curriculum and standards related to health.

There are few quantitative indicators that could be used as performance measures or benchmarks for the health aspect of child care and early education. While immunizations are tracked through licensed childcare facilities, the rate of immunizations is really a function of the adequacy of the medical home. As a result, it was difficult to identify extensive quantitative information to support the need to further integrate health into this topic area.

As a result of the qualitative and quantitative data analysis, there were several findings noted:

- There is an opportunity to integrate health and safety content into quality improvement and quality assurance activities in early childhood education settings.
- Quality improvement and quality assurance activities should continue in regard to:
    - Standards (licensing)
    - Training (professional development)
    - Mentoring and support activities should continue with childcare and early childhood education partners.

FAMILY SUPPORT AND PARENT EDUCATION

Family support describes family centered services that empower families to respond to situations that impair their ability to nurture and support the development of their children and supports self sufficiency

Similar to the previous section, there is more qualitative information to describe the health aspect of family support and parenting education than there is quantitative information available. Key informants indicated that there is a significant amount of activities related to this topic in Vermont, however, the numerous programs are not well grounded in best practices or evidence based practice, nor is the coordination among programs occurring efficiently. Several important comments were made regarding the definition of diversity (i.e., diverse populations) and the emphasis on the maternally-based system that exists.

As a result of the qualitative and quantitative data analysis, there were findings noted:

- There are valuable opportunities to focus on and promote health and safety issues.
- Most key informants identified the need to better coordinate initiatives.
- There are limited statewide initiatives and those that are most successful should be promoted.
- There is a need to increase and improve targeted outreach to high-risk families.
- There is a need improve educator knowledge and skills regarding mental health and health and safety.
- There is a strong maternally based system, however there is opportunity to work with fathers.
- The concept of diversity should be expanded.

Building Bright Futures: State Council Members

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