# Vermont's Early Childhood Systems Needs Assessment 2020

## Data Gaps

Data gaps identified by 2020 Needs Assessment Survey respondents and focus group participants were outlined across the seven other themes identified in the Needs Assessment. Table 7 provides a thematic summary of the data gaps that have been identified by the VECAP Data and Evaluation committee, by focus group participants and responses to open-ended survey questions. The Vermont Early Childhood Action Plan (VECAP) Data and Evaluation committee is tasked with identifying, monitoring, and strategizing about how best to address data gaps within the EC system.


Click here for the full Needs Assessment Report and the 2020 Vermont Early Childhood Action Plan.

Theme 8: High Quality Data

| | Topic | Existing data/Progress | Limitations and Remaining Questions |
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| **Equity** | Equitable access to services, supports and resources | ● Basic national-level and Vermont specific data on age, race/ethnicity, sex<br>● IDEA data<br>● Education data collects child and family level characteristics | ● What is the true demand for services?<br>● What factors contribute to translating demand into access?<br>● Longitudinal tracking of child outcomes based on programs and services as well as vulnerability characteristics.<br>● Lack of standardized data collection across programs and services.<br>● Equitable access and programming for services and supports has not yet been well-defined and therefore lacks standardized outcomes and measurements. |
| | Survey respondents | ● Demographics sections on surveys<br>● Full population surveys | ● How to capture data from the voices most impacted by programs and services (e.g. capturing diverse voices from marginalized groups and vulnerable populations) |

| | Topic | Existing data/Progress | Limitations and Remaining Questions |
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| **Quality & Accessibility** | Children receiving early childhood services | ● October 2019 unduplicated count (within programs) | ● How many children receive one or more early childhood services? (Unduplicated count across programs)<br>● How many children are waiting on waitlists for services?<br>  ○ Which services? Geographically? By child and/or family characteristic?<br>● Can the unduplicated count be built out further through WIC, Title V, health, mental health, 3Squares, REACH, etc.?<br>● Longitudinal tracking of child outcomes based on programs and services.<br>● Various eligibility criteria across programs that benefit children; some based on child criteria, others on adult criteria<br>● Use of proxy data based on limited populations (e.g., families who are income eligible – WIC, CCFAP) |

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| **Quality & Accessibility** | Facilities | • 2015 report on early learning and education facilities/physical structures and needs | ● Are buildings safe for children and families?<br>● What is the true cost of maintaining existing infrastructure? |
| | **Child care (Universal Prekindergarten/Act 166 is separated below)** | | |
| | Demand | ● All parents in the labor force (proxy measure) | ● What is the true demand for child care?<br>  ○ By age? (0-3, 3-5, 6-8, afterschool)<br>  ○ By part-time vs. full-time child care?<br>● What factors contribute to demand? (e.g. preferences for program type, quality, location, commuting patterns, cost, ability to meet needs, hours etc)<br>● What are the specific needs of families of children with disabilities and special health care needs? |
| | Capacity | ● Licensed capacity by age<br>● Desired capacity<br>● Vacancies by program<br>● Geographic/ Regional capacity | ● How many children by age can be served?<br>  ○ Total<br>  ○ Part time and full time<br>  ○ Full year and school year<br>  ○ Integration of UPK hours with non-UPK hours<br>● BFIS is not updated regularly with vacancies and other program information |
| | Utilization | ● Enrollment for CCFAP<br>● Head Start /EHS enrollment | ● How many children are being served? (updated regularly)<br>  ○ Part time and full time<br>  ○ Full year and school year<br>  ○ Waitlists and vacancies<br>● Enrollment data are captured for children receiving a child care subsidy |
| | Cost | ● CCFAP<br>● Market Rate survey (2015, 2017, 2019) | ● What is the true cost of care?<br>● What are the funding streams? How do they interact?<br>  ○ Type of program<br>  ○ Part time and full time<br>  ○ CCFAP<br>  ○ Head Start/EHS<br>  ○ Education Fund |

# Theme 8: High Quality Data

| Quality & Accessibility | | | |
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| | Mixed–Delivery Model | ● GIS Mapping (in progress) through EDC/AOE & Stalled at the Start<br>● BFIS licensed and regulated programs by program type | ● Is the mixed delivery model sustainable?<br>● Are families able to enroll in their desired program type?<br>● Longitudinal tracking of child outcomes based on programs type.<br>● How to measure strength of mixed delivery model |
| | Access for vulnerable populations (children with special needs, children of parents/guardians with disabilities – long and short term) | | ● What are the barriers to accessing child care for subpopulations?<br>● Which subpopulations aren't able to access care?<br>● Some funding streams for supports identify the adult as the client (e.g., Family Support CCFAP) and others identify the child as the client (Protective Services CCFAP, CIS Early Childhood and Family Mental Health, CIS Family Support)<br>● Analysis of current data based on children with identified special needs/risk factors and Star level of programs they attend |
| | Quality | ● STARS ratings<br>● Accreditation (NAEYC, NAFCC), Head Start/EHS Quality Initiative<br>● Licensing violations<br>● STARS Evolution and assessment (in progress)<br>● ERS (Environmental Rating Scales: ITERS–R, ECERS–3, FCCERS–R, SACCERS)<br>● ECERS and CLASS<br>● YPQA or SAPQA<br>● Pyramid Model/MTSS | ● How are variables that are hard to measure being taken into consideration?<br>● Longitudinal tracking of child outcomes based on program's quality.<br>● Challenges understanding the quality of existing child care programs<br>   ○ regionally with relationship to EC workforce capacity |
| | Unregulated care and other care arrangements | ● Pulse surveys (COVID–19 Family Impact Survey etc) | ● How many children are using unregulated care?<br>   ○ No license necessary<br>   ○ In violation<br>   ○ Other arrangements<br>● Why are families making these decisions? |

| | | Universal Prekindergarten (Act 166) | |
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| **Quality & Accessibility** | UPK Success | ● Teaching Strategies Gold (TSGold)<br>● Ready for Kindergarten Survey (R4K!S)<br>● SLDS (in progress) | ● What are optimal outcome measures for Act 166?<br>● TSGold is only measured for children enrolled in UPK.<br>● R4K!S is not disaggregated by child characteristics within "Attending Publicly Funded PreK"<br>● Longitudinal tracking of child outcomes based on UPK attendance. |
| | Demand/eligibility | ● SLDS (in progress) | ● See child care demand section above |
| | UPK capacity | ● Total number of programs<br>● Geographic location<br>● Licensed capacity<br>● 2020 Stalled at the Start (# likely to need care, number of spaces, number without access) | ● See child care capacity section above |
| | Utilization | ● UPK Enrollment | ● Data collection/monitoring practices limit the ability to understand service utilization (ex. hourly vs. daily UPK attendance) See child care capacity section above |
| | Cost | ● Act 166 payments | ● What is the true cost of care?<br>  ○ By program type<br>● Funding streams |
| | Program type/mixed delivery/program choice | ● GIS Mapping (in progress) through EDC/AOE | ● See child care mixed delivery model section above |
| | Quality | | ● See child care quality section above |
| | Hours | | ● What is the optimal number of hours for preK? Is there capacity to meet the demand?<br>● The total number of hours children are in UPK programs beyond the 10 hours is not integrated. |

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| **Quality & Accessibility** | Suspensions and expulsions | ● Suspension and expulsion reporting to AOE | ● The reliability of suspension and expulsion data is limited due to the timing (within or outside the 10 UPK hours) and options for families to withdraw a child. |
| | **Early Childhood and Family Mental Health** | | |
| | Demand | ● Designated Agency service provision and waitlists | ● What is the true demand for mental health services for young children?<br>● What factors contribute to demand? (e.g. preferences for program type, quality, location, commuting patterns, cost, ability to meet needs, hours etc.)<br>● Demand by type of service (clinical assessment, psychiatry, individual child therapy, family therapy, crisis, inpatient care etc.) |
| | Capacity | • CIS case rate analysis and fund redistribution effective Jan 1, 2021 | ● What services are available through ECFMH? https://mentalhealth.vermont.gov/services/children-youth-and-family/services-and-support-children-youth-and-family/early-childhood<br>● https://dcf.vermont.gov/child-development/cis<br>● Funding streams dictate how much is available- budgets are capped by legislative allocation.<br>● How many children by age can be served?<br>　○ Total<br>　○ By type of service |

Theme 8: High Quality Data

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| **Quality & Accessibility** | Utilization | ● Designated Agency service provision<br>● DCF–FS data on families involved, substantiated cases by age/type of abuse, children in custody, permanency data<br>● Adoption data<br>● Claims data<br>● Private sector counseling, VT Center for Children Youth and Families, NFI, School based counseling, residential programs | ● How many children are being served? (updated regularly)<br>  ○ Total<br>  ○ By type of service<br>● Current data on services received does not capture all ECFMH services |
| | Cost | ● Case rate<br>● Claims data<br>● Assessment of funds, funding streams and cost of care | ● What is the true cost of care?<br>  ○ By type of service<br>  ○ Funding streams |
| | Quality | ● Parenting Stress Index pre-post data, Family Self-Sufficiency Matrix<br>● How many Evidence-Based Practices are being utilized (some examples include PCIT, CPP, ARC, HNC, STAMPP)?<br>● The DA system has min. standards, designation rules, grievance and appeals, agency review and final reports assessing quality. | ● Lacking longitudinal tracking of child outcomes based on provider quality<br>● Lack of integrated data system across providers<br>● Challenges understanding the quality of existing ECFMH service providers<br>● Moving towards structured tool for outcomes measurement |

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| **Early Childhood and Family Mental Health** | Trauma and Resilience | ● ACEs (NSCH)<br>● Flourishing (NSCH)<br>● Lund data on children with incarcerated parents | ● The Adverse Childhood Experiences score does not account for factors which mitigate or exacerbate toxic stress<br>● Longitudinal tracking of child outcomes based on standardized measures of trauma and resilience. |

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| **Workforce** | Education/ Training & Professional Development | ● Total BFIS accounts<br>● Competencies and credentials awarded<br>● Annual report by Northern Lights at CCV | ● Quality of training and PD<br>● Lack of data on the effectiveness and of child care PD programs (ex. TEACH)<br>● Monitoring accountability<br>● Challenges with data tracking across AOE and AHS – CDD data systems, VT Dept. of Labor |
| | Wage & Compensation | ● VHSCO Wage and Fringe Comparability Study is anticipated to be released August of 21 | ● Some data exists, but many contributing factors are not captured (e.g. insurance, etc.) |
| | Capacity | ● Total number of programs<br>● Geographic location<br>● Licensed capacity<br>● 2020 Stalled at the Start (# likely to need care, number of spaces, number without access) | ● Information about the size of the EC workforce uses "best estimates" which is an inaccurate measure of capacity.<br>● What cross-sector data is available about workforce capacity (e.g. mental health, health, education, etc.)?<br>● Turnover and staff retention data |

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| | | • Provisional Licensure Awarded | |
| | Definitions and measures | • Progress in creating standard definitions under NAEYC Power to the Profession & Unifying Framework | • Challenges in how to measure/operationalize workforce in EC<br>• No one system integrates workforce data with child and service data across sectors |
| | Workforce perceptions | | • Provider/educator perspectives of training, professional development |

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| **System Integration** | Cross-sector data sharing and definitions | • Progress under PDG and through SLDS toward an unduplicated across-program count | • Limited ability to link data across systems (e.g. duplicative eligibility and enrollment forms; duplicative misaligned standards, duplicative data collection) |
| | Longitudinal and multigenerational data on child and family outcomes | • SLDS | • Limited two-generation child and family outcome data<br>• Limited longitudinal data on child and family outcomes (especially for vulnerable populations and those at elevated risk)<br>• Limited ability to capture or share information on factors contributing to child and family outcomes<br>• Challenge understanding continuity in service provision because of inability to track child or services longitudinally<br>• DCF–FS does not yet have uniform data collection and reporting on parental substance use<br>• Vermont does not yet have a unified substance use disorder treatment and recovery case management and reporting system. Screening, Brief Intervention, and Referral to Treatment (SBIRT) does not currently connect practices and data collection in both family and adult focused services.<br>• Children's Integrated Services (CIS) does not yet have a case management data system |
| | Aligned | • Existing cross-agency | • A multitude of data exists across the EC system, but existing data |

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| | language/priorities/guidance | document describing guidelines for suspensions and expulsions | doesn't necessarily answer the most important questions policy/decision-makers have<br>● Lack of integration in priorities and high-level planning around what data is needed and useful |
| | IT Infrastructure | | ● Service systems do not have capability of tracking nuanced service utilization and child and family outcomes<br>● Limited ability to track service provision (care coordination, pilot models, etc.) |
| System Integration | Definitions/measurement of integration, collaboration, partnership | ● Vermont set a goal that by 2026, we will be able to measure integration within the early childhood system, to identify resource allocation and whether decision-makers at all levels are using data to inform decisions. BBF will develop a mechanism to capture this information annually.<br>● VHSCO Needs Assessment looks at measuring collaboration, integration, partnership | ● No existing data currently captures integration in Vermont's early childhood service system. |

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| Family Leadership & Engagement | Child and family perspectives on need and service utilization | ● Pulse surveys<br>● Legislative testimony<br>● Quantitative and qualitative data from VT Family Network (VFN), Vermont Federation of Families for Children's Mental | ● Limited data available on family perspectives on whether programs and systems meet the needs of children and families<br>● No standardized data collection |

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| | | Health (VFFCMH), Vermont Coalition for Disability Rights (VCDR), VOICES for Vermont's Children, etc. | |
| | Definitions/measures of family leadership and engagement | ● BBF Family Engagement Survey | ● What is successful family leadership and engagement?<br>● Family engagement and family leadership has not yet been well-defined statewide and therefore lacks standardized outcomes and measurements. |
| | Family outcomes | ● Strengthening Families framework, DCF–Family Services, Easter Seals | ● What are the most appropriate family outcomes to measure (e.g. parental resilience, stress/depression, social connections, competence)?<br>● What measures could capture outcomes described in the Strengthening Families framework? |

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| **Resources and Funding** | Cost of child care | ● Act 166 payments<br>● Market Rate Surveys | ● See Quality and Access child care cost above. |
| | Early childhood resources & expenditures | | ● Vermont does not have a universal early childhood budget that identifies the resources, finances and supports allocated across all early childhood programs and services<br>● There is a lack of resources (person time and political will) available to crosswalk all budget data sources to create such a budget and use it to inform decision-making. |