



## BBF Child Outcomes Accountability Team Notes

May 27, 2021 | 9:00-10:30 am

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

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

### Desired Outcomes

- Review COAT team charge, topics and process to develop policy recommendations for the State Advisory Council
- Share concerns for children's mental health as we enter a new phase of covid recovery period (transitions, anxiety, resuming being in social situations, etc.)
- Review qualitative feedback from child health professionals on children's mental health during the pandemic
- Explore how pediatric healthcare is an important access point to improve child outcomes
- Discuss how to build bridges to pediatric healthcare as important partners in supporting children's mental health particularly in this recovery phase

Present: Breena Holmes/VCHIP, Ashley Miller/South Royalton Health Center, Amy Johnson/NCSS, Pam McCarthy/VFN, Bev Boguet/LGK, Scott Johnson/DULCE, Tanya LaChapelle/LGK, Becca Webb/Barre Unified Union SD, Cheryle Wilcox/Dept Mental Health, Morgan Crossman/BBF, Sheila Duranleau/CDD, Amy Bolger/CDD, Amanda Biggs/BBF, Linda January/Otter Creek Children's Center, Renee Kelly/CDD-Head Start Assn, Elizabeth Gilman/United Way 211, Charlotte Safran/VDH and UVM MC, Michelle Johnson/Agency of Education, Lauren Smith/Vermont Dept Health, Janet Kilburn/Vermont Dept Health, Beth Truzansky/BBF (21 people)

Time	Agenda Item
9:00 - 9:05	<b>Welcome and Introductions in the chat bar</b> <b>Record</b>
9:05 - 9:20	<b>Child Outcomes Accountability Team - Review of accomplishments and emerging priorities</b>

- We are coming to the end of the VECAP implementation cycle and will hold a summit in July where we reflect on accomplishments, identify priorities as well as elevate policy recommendations to the SAC
- Take a moment to reflect on the work of the COAT over the last 8 months. When we convened in October, we identified priorities as:
  - To improve early identification of developmental delays and disabilities by increasing parent engaged developmental monitoring so children and their families can get the early services and support they need.
  - Improve children and family physical and mental health by building an integrated, accessible and equitable system.
  - Build connection between the impact on child development with environmental and social factors. Reduce gaps and barriers to families accessing basic needs (adequate nutrition, safe and stable housing, connectivity, transportation).

#### Review of team charge and VECAP Implementation Cycle

- [October](#) - About COAT and ACCD grant, relationship building and sharing how we contribute to the team's charge "I love the cross-sector view-across mental health, education, human services."
- [November](#) - built vision of baby Mariah in 2021 (VECAP 5 year vision), connect about surge in COVID cases and needs of children and families - how to keep schools open and support provider exhaustion, concerned about long-term impact of the pandemic, how to use VECAP indicator data to guide decision making
- [December](#) -Family engagement as a strategy to improve child outcomes, concern about transitions into K, review Act Early Needs Assessment
- [January](#) - Review importance of screening for social determinants of health and child development and current efforts in Vermont, build vision of successful universal screening - concern about doing this universally to improve access and reduce bias and gaps. "I appreciate being part of this group. Fabulous content shared and work being done."
- [February](#) -Discuss strategies to improve child outcomes through high performing medical homes and the use of care coordinators and improve care delivery
- [March](#) - Explore how Vermont is doing to create a more seamless system of service for children and families impacted by Substance Use Disorder, strategies to support families impacted by SUD through COVID recovery
- [April](#) - Explore how to improve child outcomes by providing nutritious food through ECE programs, discussion of funding and policy mechanisms to do this

- Explore what topics we have discussed and gather input via ideaboardz to identify policy recommendations for the State Advisory Council

**2021 Priorities-** these are key priorities and discussion topics. The group used an [ideaboard](#) to add and indicate their top priorities.

- Improve children and family physical and mental health by building an integrated, accessible and equitable system.
- Improve early identification of developmental delays and disabilities
- Build connection between the impact on child development with environmental and social factors.
- Use data and research to inform decision making
- Support coordination, alignment and collaboration across early childhood partners (ie reduce duplication, quality management)
- Build connections between child and adult service systems.
- Elevate and empower family, provider, educator and community voices.
- Evolved to changing needs of the EC system (ie response to COVID pandemic)
- Monitor progress and hold partners accountable to goal 1 of the Vermont Early Childhood Action Plan

Discussion themes:

- There has been progress toward integration, collaboration yet there is still work to do. This team is meeting key mandates in meeting BBF mandates - building an integrated, accessible system. More work to do with AOE and AHS emphasizing social-emotional health, child development, prevention and early intervention.
- Elevating parent voice and intersection of health/mental health - make more connections w F&C committee (integration of committees), integrating families into meetings (give families supports they need to participate)

Volunteers for policy recommendation process if needed: Bev Boget, Amy Bolger, Amy Johnson, Pam McCarthy

9:20 -  
9:50

**Children’s Mental Health In COVID Recovery**

Gather with early childhood partners invested in improving child outcomes to share concerns for children’s mental health as we enter a new phase of covid recovery period (transitions, anxiety, resuming being in social situations, etc.). All kids have been impacted in some way. Asked Child health professionals what are you seeing? Mental health- disruption in child development. On occasion, some children did better not having social pressures that are out in the world

- Health operations center - needed to communicate when there were covid cases so now have stronger connections across VDH, health providers, schools, childcare, head start etc. Don’t want these tables to dissolve post-covid.
- What are you seeing as a pediatrician, parent, school nurse, mental health clinician, home visitor or Head Start health consultant? Dr. Ashley Miller, Pediatrician from the South Royalton Health Center who also works at school

based clinics. She shared a story about a 6 year old experiencing panic attacks from anxiety of changes with health guidance (ie: adults not wearing masks). In light of this, supporting this child and family is challenging due to many things: at the time unable to meet some clients in person, limited mental health workforce "I don't have people to refer to!" She also shared "I've been dealing with a lot of biting in daycare settings and providers not comfortable with why the kids are doing it and how to prevent/help, they are just calling parents and sending home, not addressing the issues, so that may be a very helpful learning topic." as well as a need to reinstate local play groups to address parents isolation and support developmentally appropriate play ideas.

- One success from the last year were outdoor classrooms in use by schools
- Amy Johnson at NCSS shared some concerns her team is seeing in young children including regression connected to isolation from COVID and postpartum depression. NCSS is also experiencing challenge in hiring staff.
- Cheryl Wilcox from DMH reported the DAS have over 800 vacancies across the system. DMH launched workforce task force to strategize what will make an impact.
- Discussion about how to utilize pediatric providers:
  - Training of med students to understand typically developing children- Rettew when served as the Training Director of the Child Psychiatry Fellowship Program had students in their child development course the fellows observe at the YMCA childcare center a few hours once or twice a year to give them a sense about typically developing children and to show them in-person some of the things they were learning about in class. (gathering of this info happened in the chat fact finding during the meeting)
  - Workforce recruitment-recognizing challenges to get people to work in mental health direct service knowing the intensity and unrelenting nature of the work. Incentivizing those positions would help for sure, loans and licensing barriers are tangible places to start! DMH is utilizing "all of the amazing work we've done that identify gaps and what we need to do--and then target funds there!"
- ARPA investments- Vermont is experiencing unprecedented investment in federal funds through COVID relief funds - some short term, some over 4 years. At the time of the meeting, some state agencies were still getting guidance on what is eligible for spending. There was a brainstorm on how to best utilize:
  - Invest in care coordination, peer support and family support work
  - Workforce recruitment and retention for school loan repayment
  - Support Pediatric providers to connect to ECE programs on how to support families
  - Collaborative process to strategize using BBF network to advise on spending strategy
  - Increase insurance reimbursement rates for mental health providers "if we can get providers here with the funding, work on increasing payment for their services from insurances, then they will pay for themselves with their work, so it would be sustainable and not need more funds."
  - More effectively leverage the idea of peer support
  - Build capacity of adults to better support EVERY child- via parent/family support, home visiting, Pediatric medical home, and Early care and learning settings

	<ul style="list-style-type: none"> <li>○ MH program capacity to reduce wait for services- it was noted as a pediatric medical provider, “it can be damaging to ask question we can’t answer”</li> <li>○ Support networks- head start health managers, mental health supports, in-classroom supports to ECE teachers, playgroups, care coordination</li> <li>○ Coaching/reflective supervision for teachers in order to maintain and sustain the level of support they are providing children.</li> <li>○ Education investment-Act 166 legislative mandate for accountability - awareness of responsibility to children in community programs. <ul style="list-style-type: none"> <li>■ AOE creating EMTSS landing website and field guide</li> <li>■ Regional mentorship</li> <li>■ REnee writing PDG report summary and EMTSS as an effective tool is strong</li> </ul> </li> <li>○ Leverage VECAP as what is priority. Use COAT and partners to make concrete recommendations</li> <li>● Dr. Breena Holmes will review the experience of child health professionals with children and families in the pandemic</li> <li>● Understand current barriers to delivering services, particularly due to workforce shortages</li> <li>● Explore how pediatric healthcare is an important access point to improve child outcomes</li> </ul>
9:50 - 10:20	<p><b>Discussion</b></p> <p>What are strategies to build bridges to pediatric healthcare as partners in supporting children’s mental health?</p> <p>What other partnerships are needed to develop and sustain in the pandemic recovery to improve child outcomes?</p>
10:20 - 10:30	<p><b>Announcements</b></p> <ul style="list-style-type: none"> <li>● Please take a moment to provide feedback to the Building Bright Futures Network as we work to improve the well-being of children and families. Survey link: <a href="http://bit.ly/bbfsurvey2021">http://bit.ly/bbfsurvey2021</a>. Respond by June 30. Participants will be entered into a raffle for a \$50 gift certificate.</li> <li>● NCSS <ul style="list-style-type: none"> <li>○ hiring for Early Intervention team serving Chittenden County</li> <li>○ Amy is capturing perinatal stories- MOTH inspired type of story telling and sharing</li> </ul> </li> <li>● VT Family Network-outreach to families about COVID vaccinations and hopefully build sensory friendly vaccination events.</li> <li>● AOE-UPK cafe email series -</li> </ul>
10:30	<p><b>Adjourn</b></p>

**Quick Links**

[April 22 COAT Notes](#)

[March 25 Recording of COAT meeting](#)

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

[2020 Vermont Early Childhood Action Plan](#)

**Upcoming Meeting Dates and Topics**

June: no meeting, small group work on policy recommendations

July 22: Meeting rescheduled to attend VECAP Summit on July 26, 1:00-3:00pm

August 26: Equitable Access to Services for CSHN

September 9: joint meeting with the BBF Early Learning and Development on the recent [Early MTSS](#) and [PIES study](#). Meeting is 10:00 am - 12:00 pm.