

St. Albans District BBF Council of Franklin and Grand Isle Counties Summary of Regional Plan

Building Bright Futures (BBF) seeks to assure that all of Vermont's children are healthy and successful by improving the quality, affordability, and accessibility of early health, care, and education services to all Vermont families with children under the age of six. The BBF Council of Franklin and Grand Isle Counties is one of twelve regional councils throughout the state which provides infrastructure to Vermont's early childhood system. The 2008-09 Regional Plan is the result of a three-year planning process reflective of the work of the, the BBF Council, representative stakeholder groups, and interviews with key community informants.

The St. Albans District encompasses two counties, Franklin and Grand Isle. This very rural region is comprised of five Supervisory Unions serving 20 towns. This area contains 9% of Vermont's population.

Quick Facts about Young Children and their Families

- Children under the age of six represent an estimated 6% of the population. The St. Albans District has approximately 700 births per year.
- Economic stability helps parents care and provide for their children. Families with young children are more likely to live in poverty than other families. Compared to 13% statewide, 14% of children ages 0 - 5 in the St. Albans District were in families living below poverty (i.e., in households earning less than the Federal Poverty Level).
- Young parents are less likely to have the resources and skills to nurture their children. Of the state's 188 new families at risk (single parents younger than 20 years with less than 12 years of education), 12% (23) lived in the St. Albans District in 2004.
- Most parents of young children are in the labor force, indicating a need for quality early care and education. Yet only 5% of our child care programs have either national accreditation or 4/5 STARS in 2008.
- Vermont measures school readiness with a survey in which kindergarten teachers are asked to report on children's competencies in five domains. In 2008, 22% of children in our region were ready for kindergarten in all five domains compared to the state average of 28%.
- The proportion of children (ages 2-4) enrolled in WIC (the Supplemental Nutrition Program for Women, Infants, and Children) who were overweight was 30% for the state and 32% for the St. Albans District in 2007.
- In 2006, Vermont's rate for substantiated cases of abuse and neglect among children under five was 84.5 per 10,000. In the St. Albans District, the rate was similar to the state average at 84.6.

Building Bright Futures Indicators and Strategies

The BBF planning approach uses a Results Based Accountability framework (Friedman), identifying outcomes, indicators, and key strategies and action steps for “turning the curve” toward improved early childhood health, development, and school readiness. Focusing on results-based accountability means: (1) understanding what outcomes/results our region hopes to achieve, (2) selecting indicators to monitor trends, and (3) engaging community stakeholders in efforts to “turn the curve” with proven strategies when the trend is not moving in the right direction.

The following outcomes and indicators were selected by the BBF Council of Franklin and Grand Isle Counties. Selected key strategies and action steps from our 2008-09 regional plan—as developed by our Council and an array of community partners—are highlighted below.

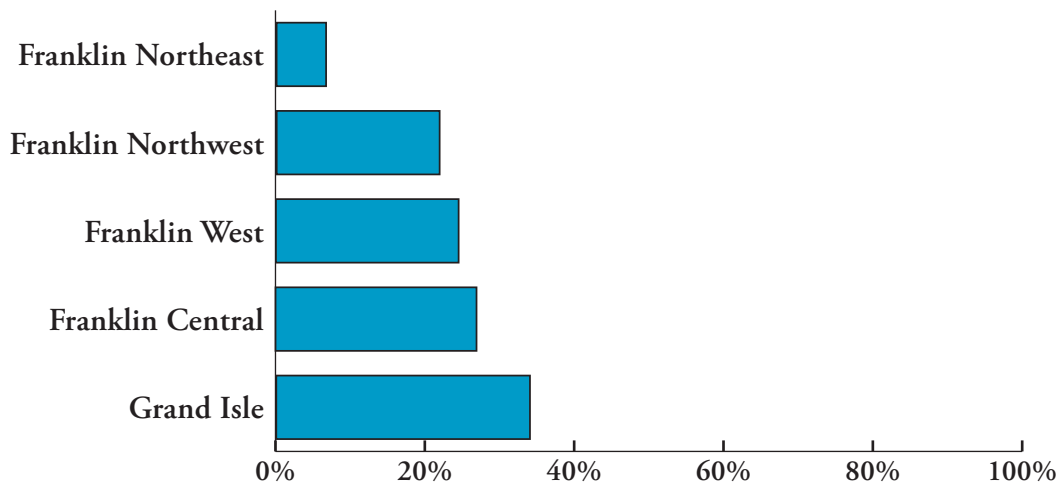
Outcome: Children are ready for school (and schools are ready for children)

Indicator: Percent of children ready in all five domains of kindergarten readiness.

Key Strategies and Action Steps:

1. Increase qualifications of early care and education providers.
 - Bring the Apprenticeship program to the region.
 - Develop and implement cross-sector training on four core models related to early childhood.
 - Train providers to implement curriculum and assessment models consistent with Vermont Early Learning Standards (VELS) and Department of Education standards.
 - Promote training opportunities using the Foundations for Early Learning curriculum.
 2. Increase the numbers of regulated programs who have 4/5 STARS or national accreditation.
 - Develop and implement cross-sector training on four core models related to early childhood.
 - Train providers to implement curriculum and assessment models consistent with Vermont Early Learning Standards (VELS) and Department of Education standards.
 - Promote training opportunities using the Foundations for Early Learning curriculum.
 3. Support initiatives aimed at increasing access to high-quality early care and education opportunities.
 - Partner with Parents Rising (KAP-1) to identify and nurture parent leaders in our community.
 - Participate in activities designed to increase the subsidy rate.
 4. Strengthen and enhance BBF Direct Service Activities.
 - Review current use of direct service dollars.
 - Conduct a best practices/what works analysis of existing efforts.
 - Implement improvements and enhancements to activities (e.g. play groups, literacy activities).
-

**Percent of Children Ready for Kindergarten in All Five Domains of Development,
By Supervisory Union, St. Albans AHS District, 2007-08**



Outcome: Pregnant Women and Young Children Thrive

Indicator: Percent of children in kindergarten, first and second grade who are identified with a previously undetected developmental delay or previously undetected chronic health challenge.

Key Strategies and Action Steps:

1. Fully integrate children's services and family supports.
 - Deliver comprehensive Children's Integrated Services (CIS) messaging to providers, families, and community members.
 - Support creation and advance use of "One Plan" document to serve as Individualized Family Plans.
2. Improve screening and referral systems for children and families.
 - Align American Academy of Pediatrics (AAP) Bright Futures Service Delivery Model with current practices within CIS.
 - Implement Bright Futures curriculum for pediatric provider education.
 - Promote timely, consistent use of assessment tools for children and families and follow-through to family plan creation/implementation.
3. Increase professional development and training.
 - Provide professional support to increase use of developmental screening, referrals, and follow up.
 - Train CIS providers consistently.
 - Link the Tobacco Coalition trainings to Bright Futures and connect with providers around smoking cessation training opportunities.



4. Empower families to advocate for needed services.
 - Develop and follow through with families' individual One Plans.
 - Empower parents to expect a pediatric medical home and quality well-child visits (Bright Futures).
 - Provide fliers to parents via community partners and programs.

Outcome: Children live in stable, supported families

Indicator: Percent of children birth to five years having exposure to three or fewer risk factors.

Key Strategies and Action Steps:

1. Empower families to access supports and programs to reduce risks (e.g., poverty, inadequate parent skills).
 - Develop and follow through with family One Plans.
 - Support families through the process of applying for and attaining supports.
2. Collaborate with existing community entities engaged in combating poverty.
 - Identify a Regional Council member to serve as liaison to poverty groups and coalitions.
 - Bring the “Early Childhood System’s Voice” and resources to poverty discussions.
 - Inform the BBF Regional Council regarding community strategies and roles for BBF.
3. Enhance professional development and training.
 - Create a plan to provide trainings on relevant service models.
 - Provide access to training opportunities for other categories of professionals (through cross-training, etc.).
 - Continue to advance other community development opportunities such as mentoring, “Family Keepers” and Parents Rising.

For more information, visit www.buildingbrightfutures.org



Building
Bright
Futures