



**Goal 2: All Children Are Raised in Safe, Healthy, and Healing Environments**  
**BBF Strategic Plan Committee**  
**Agenda**

**January 22, 2026 | 9:00 - 10:30 a.m.**

**Zoom: <https://us02web.zoom.us/j/88628794750>**

The focus of this committee is to monitor Goal 2 of [Vermont's Early Childhood Strategic Plan](#) 'Goal 2: All Children Are Raised in Safe, Healthy, and Healing Environments.' The Goal 2 committee is composed of public and private partners that convenes four times a year to: 1) monitor how the state is doing toward the priorities outlined in goal 2; 2) identify barriers to progress including policy or funding gaps; and 3) build connections across public and private partners to build a more integrated system.

**January 22 Meeting Desired Outcomes**

- Familiarize ourselves with Goal 2 of Vermont's Early Childhood Strategic Plan and scope of the committee.
- Hear from partners about key changes and challenges facing the early childhood and family mental health system in Vermont including:
  - Transition to Certified Community Based Integrated Health Centers
  - Changes to Medicaid billing for children with autism
  - Impact of the delay to Medicaid funding on doula services
- Build connections across public and private partners to build a more integrated system.

Time	Agenda Item
9:00 – 9:05	<b>Welcome</b> <ul style="list-style-type: none"><li>• Introductions</li></ul>
9:05 – 9:20	<b>Review Goal 2 priorities and committee purpose (formerly COAT) - Beth Truzansky, Deputy Director, Building Bright Futures</b> <ul style="list-style-type: none"><li>• About the committee's role to monitor progress toward goal 2 of <a href="#">Vermont's Early Childhood Strategic Plan</a>.</li><li>• What does it actually say? Explore Goal 2 priorities: preventative health care, access to health insurance, emergency preparedness and climate resilience, community infrastructure, and center racial equity in the child protection and health and human services systems. (see p3 of this agenda)</li></ul>

9:20 – 10:20	<p><b>Key changes and challenges facing the early childhood and family mental health system in Vermont.</b> Short presentations followed by discussion.</p> <p><b>Process for Designated Agencies to become Certified Community Based Integrated Health Centers</b> - Cheryle Wilcox, Mental Health Collaborations Director, Vermont Department of Mental Health</p> <p><b>Changes to Medicaid billing for children with autism</b> - Grace Johnson, Policy and Planning Manager, Vermont Health Access.</p> <p><b>Impact of delays to Medicaid funding on doula services</b> - Maria Rossi, Social Worker/Doula/Advocate, The Doula Project, Washington County Mental Health Services</p>
10:20 – 10:30	<p><b>End of Meeting Pulse for pattern spotting.</b></p> <ul style="list-style-type: none"> <li>BBF's role is to monitor the strategic plan and advise system leaders. Help us identify bright spots, challenges, system gaps you heard today?</li> </ul> <p>Next Meeting: March 26, 2026 9-10:30 am</p>

**Contacts:**

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 Beth Truzansky, BBF Deputy Director, [btruzansky@buildingbrightfutures.org](mailto:btruzansky@buildingbrightfutures.org)

**Present:**

**Recording:**

## **Vermont's Early Childhood Strategic Plan 2026-2030**

### **Goal 2: All Children Are Raised in Safe, Healthy, and Healing Environments**

About Goal 2: With the foundational belief that every child should grow up in conditions that support health, safety, and resilience. Stable, nurturing environments help children thrive in school, build strong relationships, and grow into healthy adults. Unsafe or unstable settings, trauma, and poor health can disrupt development and increase risks of chronic illness, mental health challenges, academic struggles, and involvement in child welfare or justice systems. To advance this goal, Vermont must invest in preventative health care, ensure access to health insurance, build emergency preparedness and climate resilience, invest in community infrastructure such as parks and broadband, and center racial equity in the child protection and health and human services systems.

#### **OBJECTIVE 2.A.: ENSURE EQUITABLE ACCESS TO COMPREHENSIVE MENTAL AND PHYSICAL HEALTH CARE FROM PREGNANCY THROUGH EARLY CHILDHOOD**

##### **➤ 2.A.1. Invest in preventative health care strategies.**

Example Actions:

- Ensure all perinatal individuals, infants, and children are covered by adequate and continuous health insurance.
- Promote the importance of regular well-child visits, oral health care, developmental monitoring and screening, and vaccinations across all early childhood sectors and with families.
- Ensure universal screening for perinatal mental health, food security, housing security, and developmental delays in medical settings and ensure it is followed by timely, trauma-informed, and culturally and linguistically responsive referrals.
- Sustain home visiting for families with young children or who are expecting a baby through birth or adoption.
- Expand timely access to mental health treatment for parents, caregivers, and family members.
- Ensure services are delivered and covered by insurance in the most appropriate setting for the child or family, including home and community settings.

##### **➤ 2.A.2 Ensure family-centered, coordinated, and culturally responsive care.**

Example Actions:

- Integrate pediatric physical, mental, and oral health, providing coordinated care through shared referrals, joint care planning, co-located services, and culturally responsive family engagement.
- Increase access to doula services through expanded Medicaid coverage, family outreach, and workforce development.
- Ensure coordinated, equitable care across systems by developing an anti-racism accountability framework for health and human services systems in collaboration with Black, Indigenous, and People of Color (BIPOC), immigrant, and disability justice coalitions.
- Ensure culturally and linguistically appropriate services, translation, interpretation, and staff training.
- Integrate multigenerational strategies in medical settings (e.g., Developmental Understanding Legal Collaboration for Everyone (DULCE) and Touchpoints, two strategies

- that promote whole family engagement and build caregiver confidence through developmentally informed support).
- Expand navigation support with coordinators, community health workers, and clear crisis guidance for families.

➤ **2.A.3 Promote Health Care Access and Sustainability by Investing in Innovative Service Delivery.**

Example Actions:

- Invest in flexible service delivery models that meet children and families where they are, including in homes, schools, Parent Child Centers, designated agencies, and via telehealth.
- Sustain rural health care access by exploring regional health care strategies, such as the ability to access services across state lines.
- Sustain programming that supports primary care and health care providers in responding to pediatric and perinatal patients' mental health, such as the Vermont Consultation and Psychiatry Access Program.
- Engage state and local leaders to explore successful implementation strategies used in other contexts to increase access and utilization to early childhood mental health consultation and training.

➤ **2.A.4 Increase access to specialized health care services and care.**

Example Actions:

- Expand access to substance use treatment and recovery supports for parents and caregivers.
- Address barriers limiting the availability of specialized service workforce such as early childhood and family mental health providers, occupational therapists, physical therapists, and speech-language pathologists due to payment structures and low reimbursement rates.
- Address service gaps by investing in consultation programs, training, and cross-sector partnerships to better support children with chronic health conditions and disabilities across every region of the state.
- Expand access to intensive home-based and crisis services for children with complex, high-level needs.
- Expand support for perinatal loss by connecting families to peer support resources and bolstering professional training in bereavement care.
- Lift the legislative moratorium so that new therapeutic independent schools can be created to support Vermont's complex students.

## **OBJECTIVE 2.B.: CULTIVATE SAFE AND VIBRANT COMMUNITIES**

➤ **2.B.1. Advance climate resilience and community emergency preparedness to mitigate impact on children and families with a focus on under-resourced communities.**

Example Actions:

- Build stronger partnerships across early childhood, environmental, and emergency preparedness systems to advance climate resilience strategies that protect children and families.
- Budget for current and future climate costs, prioritizing under-resourced communities, communities of color, and those facing environmental and social injustice.

- In alignment with the Vermont Climate Action Plan, expand equitable access to weatherization, electrification, and utility upgrades to help rural homeowners, landlords, municipalities, and institutions (e.g., school districts, universities, and hospitals) to reduce costs and improve family well-being.
- Support community-based, energy-efficient mobility solutions (e.g., micro-transit, ride shares, EV access) to address transportation barriers for families.
- Identify and prioritize funding for Black, Indigenous, and People of Color (BIPOC)-led environmental justice initiatives as central to Vermont's resilience and sustainability.

➤ **2.B.2. Build essential community infrastructure that supports children's health, safety, development, and family connection.**

Example Actions:

- Prioritize sidewalks, crosswalks, playgrounds, and parks that allow families with young children to move safely, play, and access community services, especially in historically disadvantaged communities.
- Invest in free and low-cost family connection opportunities (e.g., peer support groups, playgroups, affinity groups, library programming, and other connection points), to reduce isolation and stress for caregivers.
- Ensure that health and safety infrastructure (e.g., pediatric and family health clinics, urgent care, mental health supports, fire/EMS, community-centered safety alternatives) is trauma-responsive and accessible to families with infants and young children.
- Increase investment in housing, broadband, and transportation infrastructure that fosters families' access to child care, health care, and early learning opportunities.

➤ **2.B.3. Make Vermont a place where every family feels welcome, supported, and safe.**

Example Actions:

- Abolish discriminatory and carceral policies that disproportionately criminalize and surveil Black, Indigenous, and People of Color (BIPOC) Black, Indigenous, and People of Color (BIPOC), disabled, and immigrant families, disrupting childhood stability and harming children's sense of safety and belonging.
- Strengthen and enforce policies that ensure Vermont communities are safe and welcoming for people of all backgrounds, races, ethnicities, family structures, sexual orientations, gender identities, disability statuses, socio-economic statuses, immigration statuses, and religious or spiritual affiliations.
- Respond to violence, abuse, and neglect by investing in trauma-informed, survivor-centered supports and culturally responsive crisis services that mitigate children from the impact of trauma.
- Develop policies and practices that recognize that all families do not feel the same level of safety in communities based on immigration status.
- Fund transformative justice and community-led safety alternatives that support families in crisis and prevent children's exposure to traumatic systems involvement (e.g., BIPOC-led crisis response teams, non-police emergency supports, restorative justice practices for family conflict).

➤ **2.B.4 Advance a child protection system that reduces harm and centers racial equity with a focus on reducing unnecessary child welfare involvement rooted in poverty.**

Example Actions:

- Conduct an equity impact review of mandatory reporting statutes with a focus on reducing unnecessary child welfare involvement rooted in poverty. Partner with families who are directly impacted to reduce harm, build trust, and support prevention.
- Develop targeted recruitment, culturally responsive training, mentoring, and support to increase the number of licensed Black, Indigenous, and People of Color (BIPOC) foster parents and kinship placements to ensure children in custody are cared for in culturally affirming, family-like homes that reflect their identities and support continuity of relationships.
- Shift toward family-like treatment settings and commission an updated evaluation of child welfare practices, with particular attention to treatment and congregate care settings, aligned with the Stop Institutional Child Abuse Act.
- Implement and monitor Family Care Plans with continuous quality improvement processes to support families impacted by substance use within health and social systems.