

2020 Legislative Agenda

The Vermont Early Childhood Advocacy Alliance is a statewide coalition of early childhood professionals, parents, organizations, businesses, and strategic partners committed to improving public policies that impact young children between birth and age eight in the areas of health, safety, food security, economic security, and early care and education.

The Alliance works with allies to support essential programs and direct services, and in support of a state budget based on needs, not revenue limitations.

In addition to crafting this annual Legislative Agenda in partnership with early childhood organizations, the Alliance provides year-round advocacy support, and facilitates meaningful discussions with policymakers at key times during the decision-making process.

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a program of the Vermont Community Loan Fund

Strengthen Vermont's Child Care Financial Assistance Program (CCFAP)

CCFAP is a critical resource that helps Vermont families afford child care. However, the level of financial assistance offered by the program does not reflect the current cost of child care in Vermont, meaning that eligible families and child care providers still struggle. The Building Our Future Think Tank recommends that CCFAP provide the full cost of child care tuition for all families earning less than Vermont's livable wage. The Alliance supports its members' advocacy to make immediate continued progress toward this goal by allocating additional funds to support necessary IT upgrades and to continue to make progress to increase the rates paid by the program to reflect the most current data on the cost of child care.

Data Point: Vermont families eligible for CCFAP are spending nearly 30% of their income on child care, even with financial assistance from the program, due to the current funding gap.

Increase Access to Safe, Stable and Affordable Housing for All Children

Safe, stable, and affordable housing is essential to children's well-being and success, and is a key social determinant of health. Housing instability, homelessness, and unsafe housing contribute to childhood trauma, ACEs, and negative outcomes. Increasing state investments in affordable housing, reducing homelessness, and improving the health and safety of rental

housing are critical to improving children's outcomes. The Alliance supports the Vermont Affordable Housing Coalition in securing substantial new funding for the Vermont Housing and Conservation Board, rental assistance and supportive services, and statewide housing code enforcement. The state's chronic underfunding of housing needs means we must find equitable new revenue sources, like the proposed \$2 motel/hotel occupancy fee.

Data Point: 52 days is the average length of stay in Vermont's homeless shelters- the highest level in 18 years for the second year in a row.

Increase Reach Up Grants to Meet Basic Needs

Investing in children is key to turning the curve on a number of issues that impact state budgets now and in the future. Children raised without enough resources experience poor health and wellness outcomes in relationship to their more affluent peers. Current appropriations to the Reach Up program effectively ensure that this safety-net program meant "to improve the well-being of children by providing for their immediate basic needs" provides less than 40% of the income needed to achieve its purpose. The Alliance supports Voices for Vermont's Children's proposal to increase the Reach Up cash grant to children and families incrementally until it meets 100% of the basic needs of participants, with automatic inflation indexing going forward.

Data Point: In 2018, a monthly average of 6,978 children lived in families receiving Reach Up. 45% (3,148) of children on the program are younger than six.

Establish an Office of Child Advocate for Vermont's Child Protection System

An Office of Child Advocate (OCA) is needed to provide independent and impartial oversight of Vermont's child protection system. An OCA will instill trust by adding transparency and giving voice to Vermont's constituents. An OCA will make our system more child-centered and improve outcomes for youth and families by listening to concerns about DCF and responding to complaints with a credible review process. The OCA will maintain independence and impartiality of all aspects for oversight over DCF while providing a systemic review for responsive public policy. The Alliance supports Voices for Vermont's Children's proposal to create an effective OCA, which will require a minimum of two FTE staff as well as administrative support, and a \$350,000 annual budget.

Data Point: Every state in New England except Vermont has an OCA.

Expand Universal School Meals to All Public Schools

Every student should have access to the same things while at school, whether it's educational opportunities or food. Right now, not every student has access to school breakfast and lunch, and all students need good nutrition to learn well. When schools switch to universal school meals, the social climate in the cafeteria and the entire school shifts as differences in family income become less visible, students are more ready to learn, and school administrators report more positive relationships with students' families. The Alliance supports Hunger Free Vermont's efforts to ensure that every student can eat at school every day by requiring all public schools in Vermont to provide universal school meals as part of a student's education by 2025, and by increasing current state funding to supplement the federal funding all schools receive.

Data Point: Universal school meals improve math test scores, an increase equivalent to up to 10 weeks of extra learning.

Stop the Historic Underfunding of Essential Early Intervention and Prevention Services

Children's Integrated Services (CIS) maximizes children's health, development, and learning by providing individualized support to families and specialized childcare programs. Due to inadequate funding over the last 10 years, Vermont is coming up short in meeting its obligation to its youngest learners, particularly those who are entitled to early intervention services mandated by federal law. CIS was designed to lessen, if not eliminate, the need for future services that are costlier and less efficient. Yet today, children are unable to access early intervention and prevention services with the timeliness and frequency needed for good outcomes. The Alliance supports its members' efforts to secure an increased investment in CIS, which would ensure continued progress on optimal, healthy child development; family safety and stability; and young children's access to quality early care and education.

Data Point: The proposed monthly CIS payment is \$502 per client; the actual monthly cost is \$634 per client. This difference represents an annual underpayment of \$2.4 million to the nonprofit agencies providing CIS services.

Create a Statewide Family and Medical Leave Insurance Program

Nearly every working Vermonter at some point will need to take time away from their job to care for or bond with a new child, or to deal with a serious personal or family illness. A statewide paid family and personal medical leave insurance program will support the health, well-being, and

economic security of Vermont's children and families, and ensure that future generations thrive. The Alliance supports the VT Family and Medical Leave Insurance (FaMLI) Coalition in advocating for passage of a strong, universal, and inclusive bill in 2020.

Data Point: 1 in 4 new moms go back to work 10 days after childbirth.

Fund Vermonters Feeding Vermonters to Provide Fresh, Local Food to People Facing Hunger

Access to healthy, fresh food during early childhood is critical for healthy physical and social development. With 18,700 Vermont children facing food insecurity, the state needs a creative solution to ensure that Vermont's bounty of local, fresh food makes it onto the plates of those who need it most. The Alliance supports the Vermont Foodbank's request for a \$500,000 state allocation to fund Vermonters Feeding Vermonters, a program to purchase locally grown, fresh produce directly from Vermont farmers to distribute to people struggling with hunger.

Data Point: Nearly 1 in 6 Vermont children are food insecure (that's 18,700 children across the state).

Increase Access to Farm to School and Early Childhood Programming

Vermont Farm to School is a nationally recognized initiative that supports Vermont's economy, communities, and healthy development and learning for Vermont's children. In 2017, Act 63, the Farm to School bill, was signed into law allowing both registered and licensed child care providers to be eligible for Vermont Farm to School grants. The Alliance supports Vermont FEED, Hunger Free Vermont, and champion organizations in their efforts to fully fund Farm to School and Early Childhood at \$500,000 each year. An increase of \$269,000 in state funds will ensure we reach this goal, and support early childhood programs and K-3 classrooms in accessing Farm to School and Early Childhood programming.

Data Point: 91% of early childhood providers polled are interested in implementing Farm to Early Childhood programming.

Strengthen Vermont's Early Childhood Education Workforce

Research shows that experienced, well-educated early childhood educators are the key to quality early care and learning programs. Unfortunately, Vermont does not have enough qualified early educators to fill the need. A significant factor in this shortage is low wages. The

median hourly wage for child care workers in Vermont is \$13.27 an hour, often without benefits. The Alliance supports its members' advocacy to expand scholarship opportunities for current early childhood educators, including to obtain bachelor's degrees; establish a student loan repayment support program for new early childhood educators; and create a wage supplement program for the field in order to recruit, retain, and support those who care for and educate our youngest children.

Data Point: College graduates who earn a bachelor's degree in early childhood education earn the least of any with a college degree in the country.

Provide Access to Birth Doulas to Promote Better Outcomes

Birth doulas provide continuous physical, emotional, and informational support to a pregnant person before, during, and shortly after childbirth, and have been shown to improve outcomes for both infants and parents. Research shows stronger beneficial effects for families who are low income. However, birth doulas are mostly available to families who can afford to pay out-of-pocket. The Alliance supports Voices for Vermont's Children's efforts to guarantee access to birth doulas to pregnant people covered by Medicaid. This is an evidence-based policy that can support safer, less expensive births and improve perinatal and infant outcomes. This policy would address multiple issues of public health concern in a cost effective way.

Data Point: Research has shown that doulas are associated with a 39% decrease in the risk of Cesarean sections, among other significant benefits.

Adequately Fund PCCs State Service Delivery

Childhood experiences have a tremendous impact on the future of Vermont's children and families. Early experiences, providing the foundation for lifelong physical and mental health, are an important public health issue. Vermont's Parent Child Centers (PCCs) have a mandate from the legislature to strengthen protective factors in families and are often the first to partner with them to overcome adversity and enhance resiliency. Family challenges have grown exponentially, yet PCC funding has not. Investment in prevention and early intervention services PCCs provide, via their eight core services, is imperative. The Alliance supports the PCC Network's request to incrementally increase state funding to the Master Grant to total \$10 million for all 15 network PCCs. In FY '21, PCCs are requesting a \$4 million increase.

Data Point: The eight core services provided by PCCs are directly in line with the Center for Disease Control's recommended strategies for preventing adverse childhood experiences and building resiliency in children and families.