



Children's Integrated Services 2023 Workforce Report

2022 Data on the Children's Integrated Services Workforce

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The Vermont Department for Children and Families' mission is to foster the healthy development, safety, well-being, and self-sufficiency of Vermonters. The Department is structured around six divisions that deliver programs and services to Vermonters; one of those is the Child Development Division. The Child Development Division strives to improve the well-being of Vermont's children. It does this by working in partnership with families, early childhood and afterschool program staff, community members, and state and federal entities to increase statewide, client-centered access to developmentally appropriate and equitable child development services. Children's Integrated Services connects Vermont families to supports they need to help young children thrive including early intervention, early childhood mental health, specialized child care, and home visiting.



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Executive Summary

Nurses, developmental educators, family support home visitors, mental health clinicians, specialized child care coordinators, team leaders, and executive directors make up an often unrecognized but valuable component of Vermont's early childhood workforce. The Children's Integrated Services Workforce Data Report is a Child Development Division (CDD) publication that provides foundational information about the group of people supporting a strong start for Vermont's children through individualized prevention and early intervention services.

The CIS workforce makes a unique contribution to positive developmental and resiliency outcomes for young children birth to age six and their families. Facilitated via a network of partner agencies in each region of Vermont, CIS professionals work across settings and sectors to facilitate the health, optimal development, and well-being of their clients. Family homes, early childhood education and afterschool programs, and community settings such as schools, playgrounds, libraries, health offices, grocery stores, and coffee shops are some of the settings for CIS visits.



Health, mental health, child development, early care and education, and family support services are all the domain of CIS. Service integration that reflects the multi-faceted life experiences of children and those who care for them is rare in any system. Sustaining the workforce that delivers these quality, comprehensive services in the early childhood system begins with data about the composition, needs, educational attainment, compensation, and satisfaction of its members. The data in this report is intended to inform planning and action related to the CIS workforce and its singular role.

Explanation of Data Sources

There are two sources for the CIS workforce data: a May 2023 point in time count of CIS professionals conducted by regional CIS Coordinators, and the responses to the 2022 CIS Workforce Recruitment and Retention Survey, open between May 3 and May 24, 2023.

Key Findings

1. CIS professionals are well-educated, with the vast majority holding bachelor's or master's degrees. The distribution of those degrees within the workforce, however, may be shifting. Over the last six years of Recruitment and Retention Survey responses, CIS professionals holding bachelor's degrees have climbed from 49% to 64%, while those holding master's degrees have fallen from 40% to 27%.
2. The most recent Recruitment and Retention Survey responses indicate that "low wages," "stress and burn-out" and "too much paperwork" were the most frequent responses to the



survey question “Why might you leave CIS?” The largest percentage of CIS professionals earn an annual salary of between \$30,000 and \$50,000, and although “low wages” is consistently the most frequent response, there is a clearly decreasing trend within that response as well as within the responses of: “few benefits,” “few opportunities to advance,” and, “another profession is calling.”

3. Some data suggests that the CIS workforce is becoming more stable. From 2018 through 2022, the percentage of CIS professionals who see themselves in their current position or at a different position in their current program in 3 – 5 years increased by 23% and 8% respectively. At the same time, those who express interest in taking on a different position, working in a different career, or responding ‘I don’t know’ all decreased or remained consistent.

4. A portion of CIS professionals have expertise in more than one set of services within CIS, such as Early Intervention and Family Support, or Family Support and Specialized Child Care. Like many others in the early childhood workforce, some CIS professionals have both direct service and administrative roles. Of the 296 CIS professionals who made up the workforce in May 2023, 13.5%, or 40 professionals, fulfilled more than one role in the CIS system.

Conclusions

In the United States, and in Vermont specifically, there is a new understanding of and willingness to invest in early childhood services. This was demonstrated in this year’s passage of Act 76 (Vermont’s 2023 Child Care bill). To maximize the fiscal and



policy changes affecting children enrolled in early childhood education and afterschool programs, Vermonters may look to initiatives such as CIS that individualize supports, facilitate partnerships between families and community programs including early childhood education programs, and assist quality early childhood education programs in becoming certified to serve children with special health needs, children in the care of protective services, and families experiencing significant, short term stress. CIS intervenes even earlier (during pregnancy) and serves children who remain at home with their families or are in the care of relatives or friends.

A skilled and stable CIS workforce is required for Vermont to realize the benefits of the early intervention, family support, and prevention services CIS provides. Although the current CIS workforce is highly educated, the data suggests a recent shift from advanced, graduate degrees (master's level) to more general, undergraduate degrees (bachelor's level). This and anecdotal reports of frequent vacancies, high turnover rates, and limited capacity within CIS underscore the findings from Workforce Recruitment and Retention Survey data regarding reasons a CIS professional might leave their position. Salaries competitive with those paid by agencies hiring similarly qualified professionals to do comparable work, along with a reduction in paperwork and stress, would likely facilitate recruitment and increase retention of CIS professionals. With greater capacity, CIS professionals would be more likely to meet CIS service timelines, intensify their services, build trusting relationships with clients, and contribute more consistently to the data that demonstrates CIS impact.



Introduction

Purpose of the Report

The CIS Workforce Data Report presents current information about the body of professionals delivering CIS: its composition, needs, educational attainment, compensation, and stability. These skilled and committed professionals act on the mission of CIS: to connect pregnant and postpartum people, infants, and children with high quality health care and community support services so that progress on family and child safety, family stability, and optimal healthy development is achieved. CIS' mission in turn contributes to the Child Development Division (CDD)'s goal of increasing access to high-quality, sustainable services that are developmentally beneficial for children, strengthen families, and meet their needs. This work and its outcomes, achieved in collaboration with regional partners, depend on a thriving CIS workforce. Effective planning for that workforce is grounded in relevant and accessible data. CDD shares its 2023 CIS Workforce Data Report in the hopes of informing professional development and recruitment and retention strategies regarding CIS professionals.

The CIS System

CIS provides comprehensive prevention and early intervention services for pregnant and postpartum people, children birth to age six (6), or age thirteen (13) for those receiving Specialized Child Care, and their families. Early childhood education programs also receive consultation and education through CIS. There are four sets of services within CIS: Early Intervention, Specialized Child Care, Early Childhood and Family Mental Health, and Strong Families Vermont Home Visiting. The services have certain shared, core elements: the provision of a primary service coordinator for each



client, an emphasis on connecting clients and families to community resources, and the infusion of information about healthy child development into visits. Infrastructure elements (e.g., 3 CIS teams in each region: Administrative, Consultation, and Intake and Referral) also support service integration. CIS professionals receive approximately 5,400 referrals annually and serve approximately 1,550 clients a month, most of whom are eligible for Medicaid and/or receive CIS Early Intervention for children birth to three years of age with developmental delays or medical conditions that put them at risk of delay.

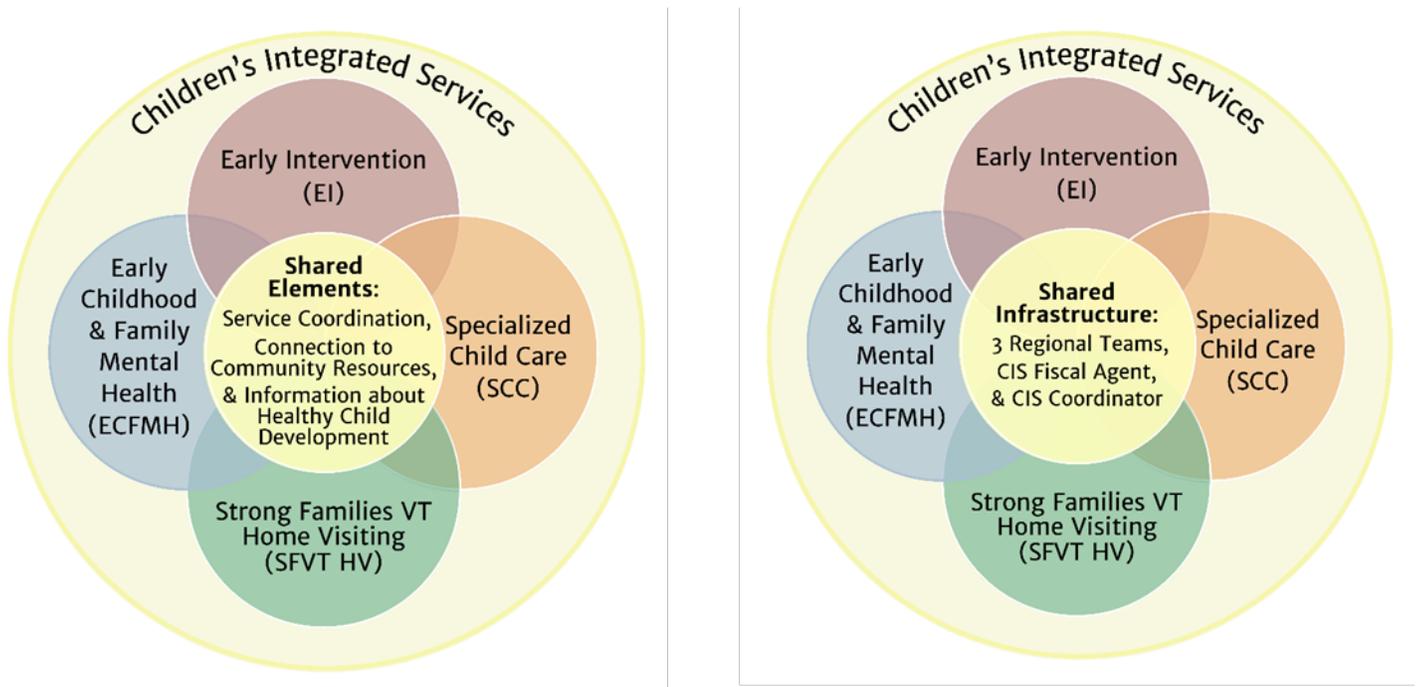


Figure 1: Four sets of services with shared elements and a common infrastructure across Vermont regions define CIS.

CIS professionals cross-train, consult with one another, conduct co-visits, and act on the core elements that bring the services together. CIS implementation requires confidence in one’s own area of expertise as well as interdisciplinary preparation and advanced teaming skills.

For more about CIS, please visit [Children's Integrated Services \(CIS\) | Department for Children and Families \(vermont.gov\)](https://www.vermont.gov/childrens-integrated-services).



Roles Within the Children's Integrated Services Workforce

"CIS Coordinator" provides leadership to the regional CIS teams in all aspects of systems building, service delivery, professional development, financing, data collection and quality improvement with the goal of supporting clients/families in accessing needed services in a coordinated and integrated manner. The CIS Coordinator serves as the "central door" for CIS referrals and is a liaison between the Child Development Division and regional CIS professionals and teams.

"CIS Specialized Child Care Coordinator" works primarily with the regional CIS team, Department for Children and Families' Family Services Division, specialized child care providers and families of eligible children to support placement stability and inclusion for children with identified, specialized needs.

"CIS Fiscal Agent Contact" represents the single regional fiscal agent in the bundled contract with CDD for the full array of services within CIS. This person oversees the CIS per member per month payment model and subcontracts with partner agencies as needed.

"CIS Primary Service Coordinator" provides service coordination for CIS clients and families to ensure services are planned, client/family centered, goal-driven, and integrated.

"CIS Supervisor / Director" provides oversight, guidance, and accountability to professionals delivering CIS.

"Developmental Educator / Early Interventionist" provides CIS Early Intervention (EI) services for infants and toddlers, birth to age three, and their families. Services are provided in accordance with Part C of IDEA and State Special Education Rules for Part C services. The Developmental Educator / Early Interventionist / Specialized Instructor models, coaches, and supports a child's caregivers to use strategies identified in the child's One Plan to help the child develop and learn.

"Early Childhood Family Mental Health (ECFMH) Clinician / Social Worker" provides consultation and education and/or preventative services focused on children through age five (5), their family members, caregivers, parents, and community-based providers to support the social, emotional, and behavioral health and development of young children across settings.

"Specialty Provider" is a Speech Language Pathologist (SLP), Physical Therapist (PT), Occupational Therapist (OT), vision specialist, hearing specialist, or nutrition specialist who conducts comprehensive evaluations and provides CIS EI services.



“Strong Families Vermont (SFVT) Family Support Home Visitor” delivers CIS responsive or sustained evidence-informed or evidence-based family support home visiting services for pregnant people and families with children through age five. The Family Support Home Visitors are trained human service professionals. The services strengthen the parent-child relationship, build social connections, prevent child abuse and neglect, promote healthy child development and school readiness, and connect families to community resources. CIS SFVT’s evidence-based family support home visiting program is Parents as Teachers (PAT).

“Strong Families Vermont (SFVT) Nurse Home Visitor” delivers CIS responsive or sustained evidence-informed or evidence-based home visiting services for pregnant people and families with children through age five. The trained family and child health nurses provide prenatal support, lactation and breastfeeding support, and general health education. The services strengthen the parent-child relationship, build social connections, prevent child abuse and neglect, improve family and child health and family economic self-sufficiency, promote healthy child development, and connect families to community resources. CIS SFVT’s evidence-based nurse home visiting program is Maternal Early Childhood Sustained Home Visiting (MECSH).

Data Sources and Limitations

Each year, CIS sends out a comprehensive 59 question Recruitment and Retention Survey. This survey gathers self-reported information from the CIS workforce representing all roles. The CIS State Team has administered the Recruitment and Retention survey annually since 2016, although no data was gathered in 2020. With this survey, CDD can compare CIS workforce data to national recruitment and retention benchmark data, which aligns 25 of the 59 survey questions. This data is used to analyze state trends over time regarding professionals’ reasons for joining the CIS workforce, their education and credentials, their current salary ranges, their professional plans for the next 3 to 5 years, their perceptions of their workplace environment, reasons they might leave the CIS workforces, and more. CIS professionals are encouraged, but not required, to complete the Recruitment and Retention Survey.

This year, the CIS State Team also conducted a point-in-time count of the CIS professionals in each of the 12 regions. CIS Coordinators reported the name and assigned set(s) of services within CIS for each CIS professional in their region.

The data sources listed above include the following limitations:

- The 2022 CIS Workforce Recruitment and Retention Survey responses included 144 of 296 individuals, or 49% of the CIS workforce. A higher response rate would allow more confidence in using the results to inform policy and practice.



- Data from the Recruitment and Retention Survey is self-reported. Neither CDD nor CIS employers have validated education, credentials, or salaries reported by CIS professionals.
- The point-in-time count was an unduplicated count of CIS professionals, without information about hours worked, or Full-Time Equivalents (FTEs). CIS FTEs would inform the analysis of salary ranges and future information about CIS professionals' workload. Collecting data about FTEs is complicated by the fact that many CIS professionals split their time between CIS and other programs and funding streams.
- A point-in-time count does not reflect the variation across the year in CIS capacity. The number of individuals in the CIS workforce is in constant flux. The CIS Coordinators verbally report, but do not officially track new vacancies and new hires each month. Although the point in time count afforded new accuracy in determining a Recruitment and Retention Survey response rate, it did not inform CDD or its regional partners about the turnover rate among CIS professionals.
- Neither the workforce survey nor the point-in-time count data can be linked directly to CIS performance measures or child, family, or program outcomes. Without a true measure of staff capacity, and given the large number of confounding variables, CDD cannot assess the correlation between that data and other CIS data. Analysis of causal relationships, of course, would require experimental design.
- The survey and point-in-time count provided quantitative data. Responses to open-ended questions would provide more nuanced and complete insight into the status of the CIS workforce. Notably, data about recruitment and retention efforts and challenges, client and family feedback, and CIS professionals' teaming experiences, so essential to service integration, were missing.



Children’s Integrated Services (CIS) Workforce Data

Number and Roles of CIS Professionals

In May 2023, approximately 296 individuals worked in CIS across a variety of settings. This is an unduplicated count. This data was collected by the May 2023 Point in Time Count as reported by the regional CIS Coordinators.

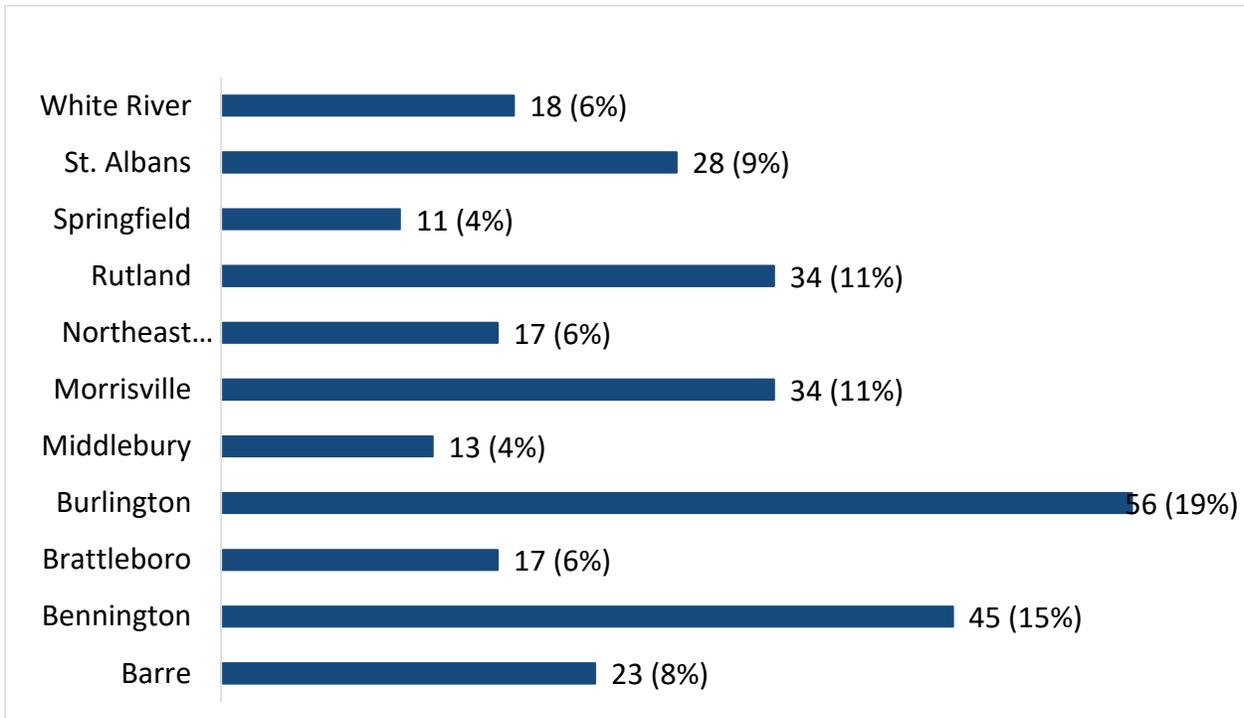


Figure 2: Number and Percent of Individuals in the CIS Workforce by Region.



CIS professionals may work in multiple areas of service and/or occupy multiple administrative roles. The data reported by area of service, therefore, reflects a duplicated count of professionals in the CIS workforce. During the May 2023 count, CIS professionals reported all the service areas and administrative roles that applied to their work. Overall, there were 40 CIS professionals (13.5%) who worked in more than one service area, including administrative roles, within CIS. For example, thirteen (13) Early Intervention professionals also work in Early Childhood and Family Mental Health and/or Strong Families Vermont Family Support Home Visiting. This data was collected by the May 2023 Point-in-Time Count as reported by the regional CIS Coordinators.

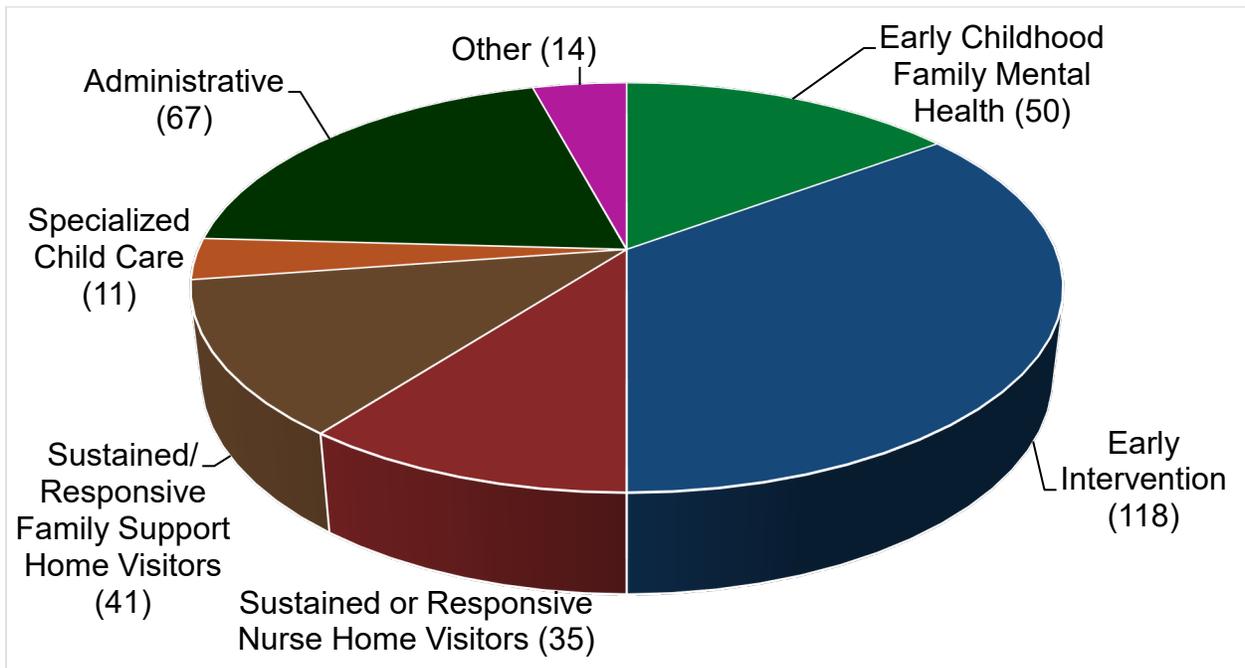


Figure 3: Number of Individuals Working in CIS by Service Area.



The data set below focuses on providers’ primary role as either administrative/management or direct service. Respondents to the 2016 through 2019 CIS Workforce Recruitment and Retention Surveys increasingly identified direct service as their primary role. Interrupting that trend, the percentage of respondents to the 2021 and 2022 surveys identifying administrative/management as their primary role increased while that of respondents identifying direct service as their primary role decreased. This data was collected by the 2022 CIS Workforce Recruitment and Retention Survey.

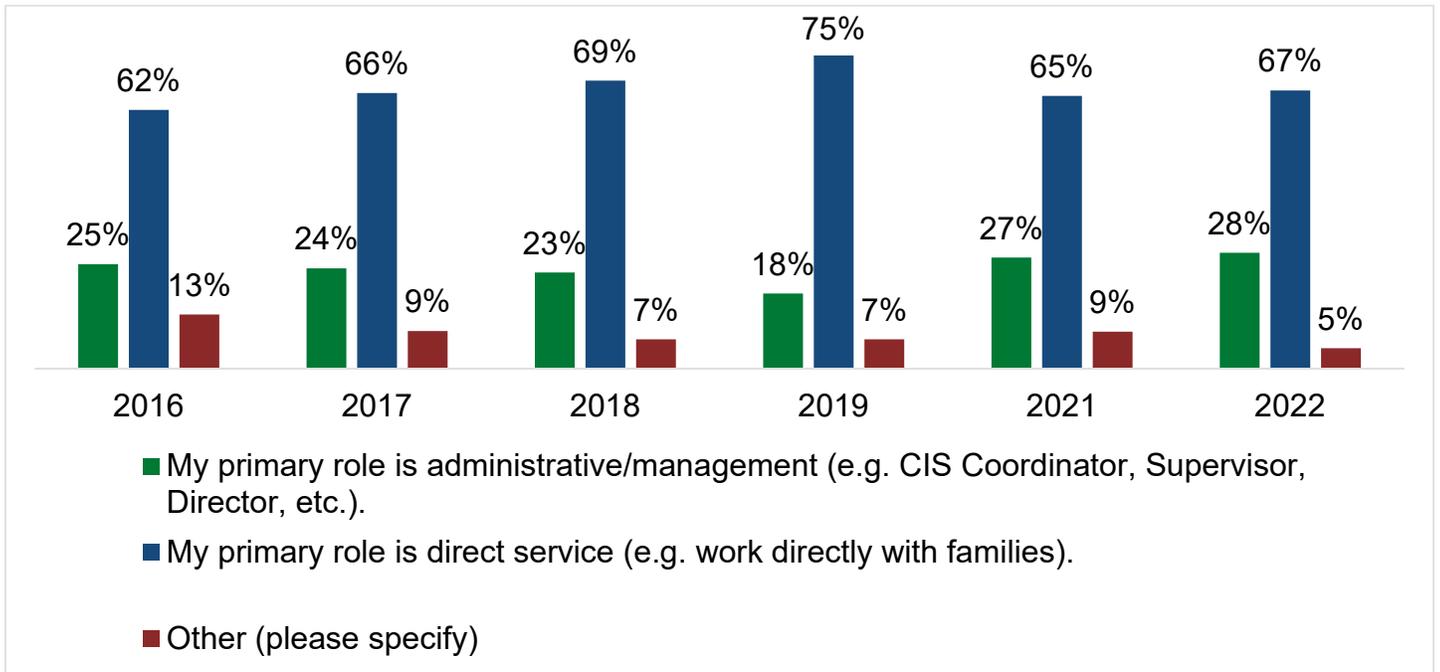


Figure 4: CIS Providers Primary Role (More Than 50% of the Time) within CIS.



Credentials of CIS Professionals

The CIS workforce is well-educated. In the most recent survey, most CIS respondents (64%) report holding a bachelor's degree and over a quarter (27%) report holding a master's degree. Small numbers report in the following categories: holding an associate degree (6%), "Other"/did not answer (2%) or holding a doctorate (1%). Over the last six years of responses, CIS providers holding bachelor's degrees have climbed from 49% to 64%, while those holding master's degrees have fallen from 40% to 27%. This data was collected from the 2022 CIS Workforce Recruitment and Retention Survey.

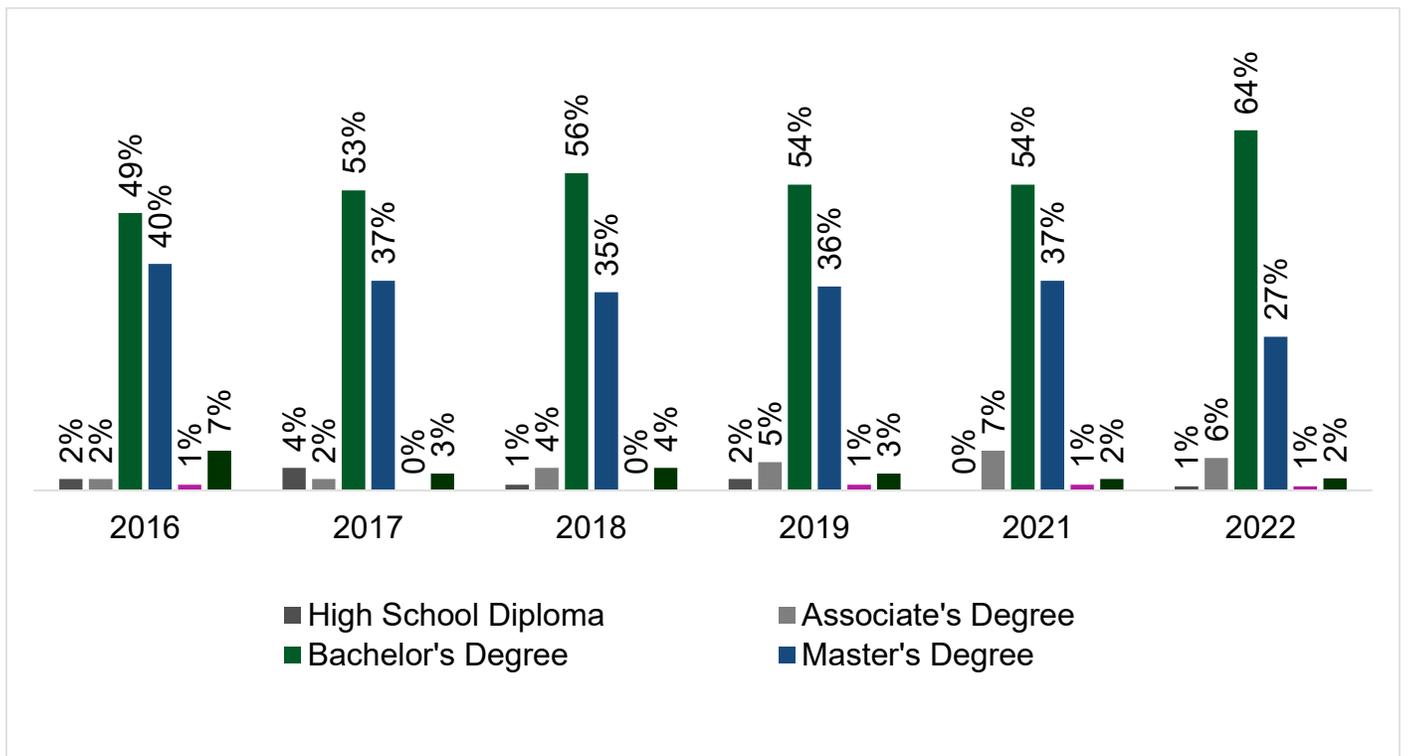


Figure 5: Distribution of Degrees Reported by CIS Professionals.



Degree by CIS Area of Service

Within CIS, the distribution of degrees varies by area of service. The following graph illustrates the distribution of the highest degrees earned by survey respondents within each area of service. Individuals may be counted in more than one area of service. The highest percentages of master’s degrees were reported by respondents working in Early Childhood and Family Mental Health (71%). The highest percentages of bachelor’s degrees were reported by respondents working in Early Intervention, including Specialty Providers (65%) and SFVT Family Support Home Visiting (61%). The highest percentages of associate degrees were reported by respondents working in SFVT Nurse Home Visiting (26%). Per the School of Nursing and Health Professions at Vermont State University, those with an Associate of Science or Bachelor of Science are eligible for licensure testing to become Registered Nurses (RNs) in Vermont. This data was collected from the 2022 CIS Workforce Recruitment and Retention Survey.

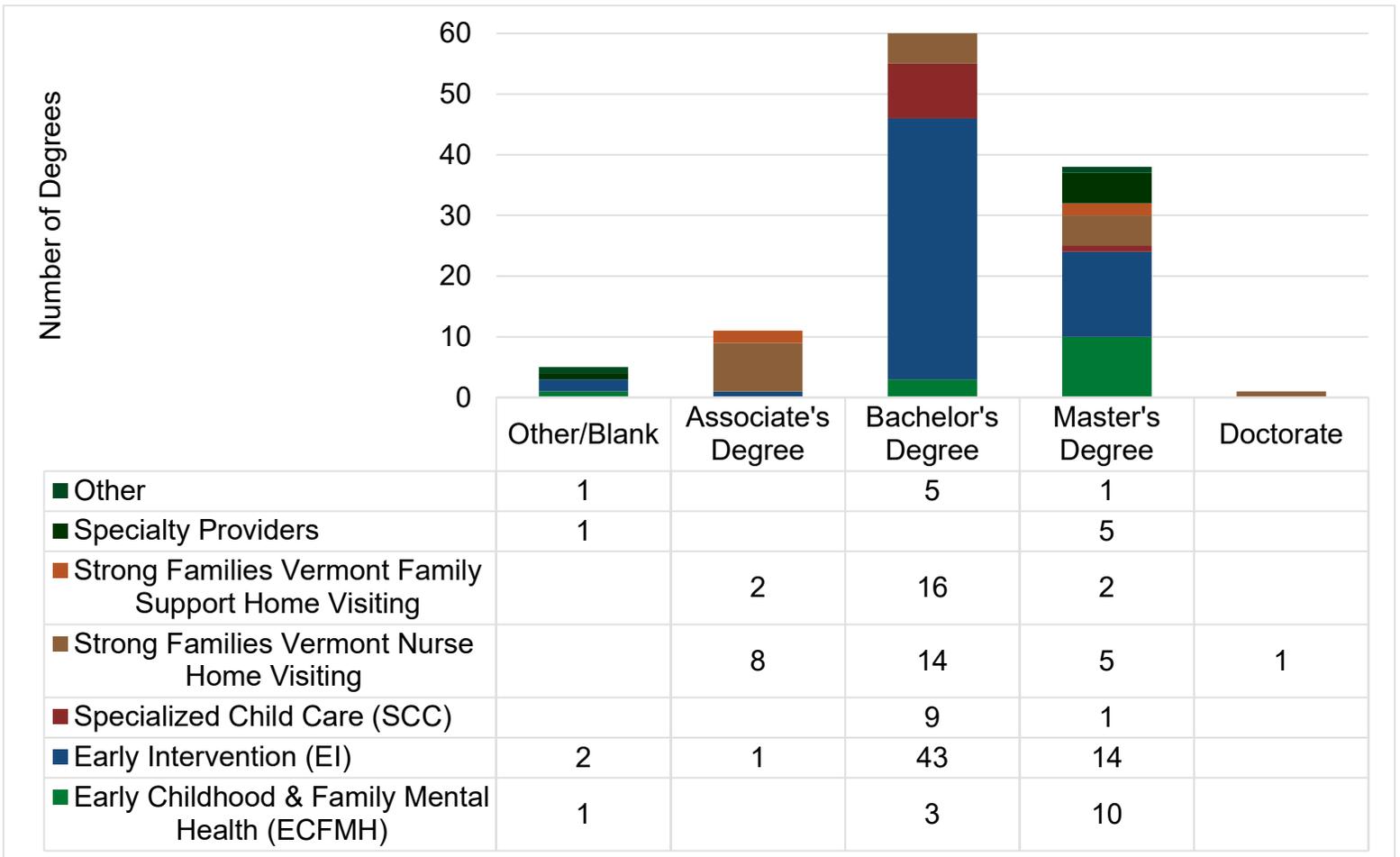


Figure 6: Distribution of Degrees Reported by CIS Professionals by Area of Services.



CIS Workforce Compensation

When asked “Why might you choose to leave CIS?”, “low wages” has consistently received the highest percentage of responses from CIS professionals completing the CIS Workforce Recruitment and Retention Survey though it has decreased from 73% in 2016 and 43% in 2022. There has also been a decreasing trend for: “few benefits (30% to 9%),” “few opportunities to advance (49% to 17%),” and, “another profession is calling (17% - 4%).” The percentage of responses for other options (e.g., “I’m not planning to leave (35% to 36%),” “stress and burn-out (32% to 33%),” and “too much paperwork (22% to 24%)” has remained stable. The following graph shows the salary ranges selected by CIS professionals completing the 2022 CIS Workforce Recruitment and Retention Survey. This data was collected from the 2022 CIS Workforce Recruitment and Retention Survey.

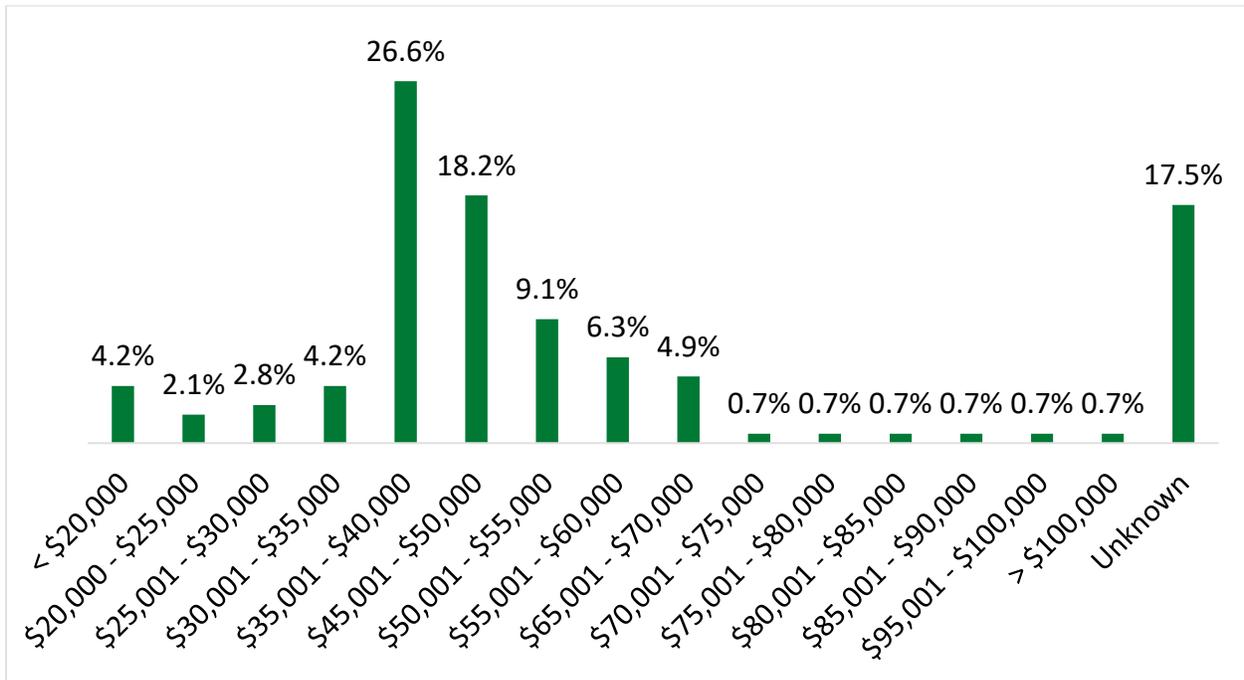


Figure 7: Self-Reported Salary Distribution for CIS Professionals.



CIS Workforce Stability

Over recent years, the percentage of survey responses indicating that CIS professionals see themselves at their current program have increased. Those that see themselves in their same position in 3 to 5 years has risen from 34% in 2018 to 42% in 2022, while those that see themselves in a different position fell from 12% in 2018, to 4% in 2019, and has climbed back to 13% in 2022." At the same time, those who express interest in taking on a different position, working in a different career, or responding 'I don't know' have all decreased or remained consistent. This data was gathered from the 2018-2022 CIS Workforce Recruitment and Retention surveys.

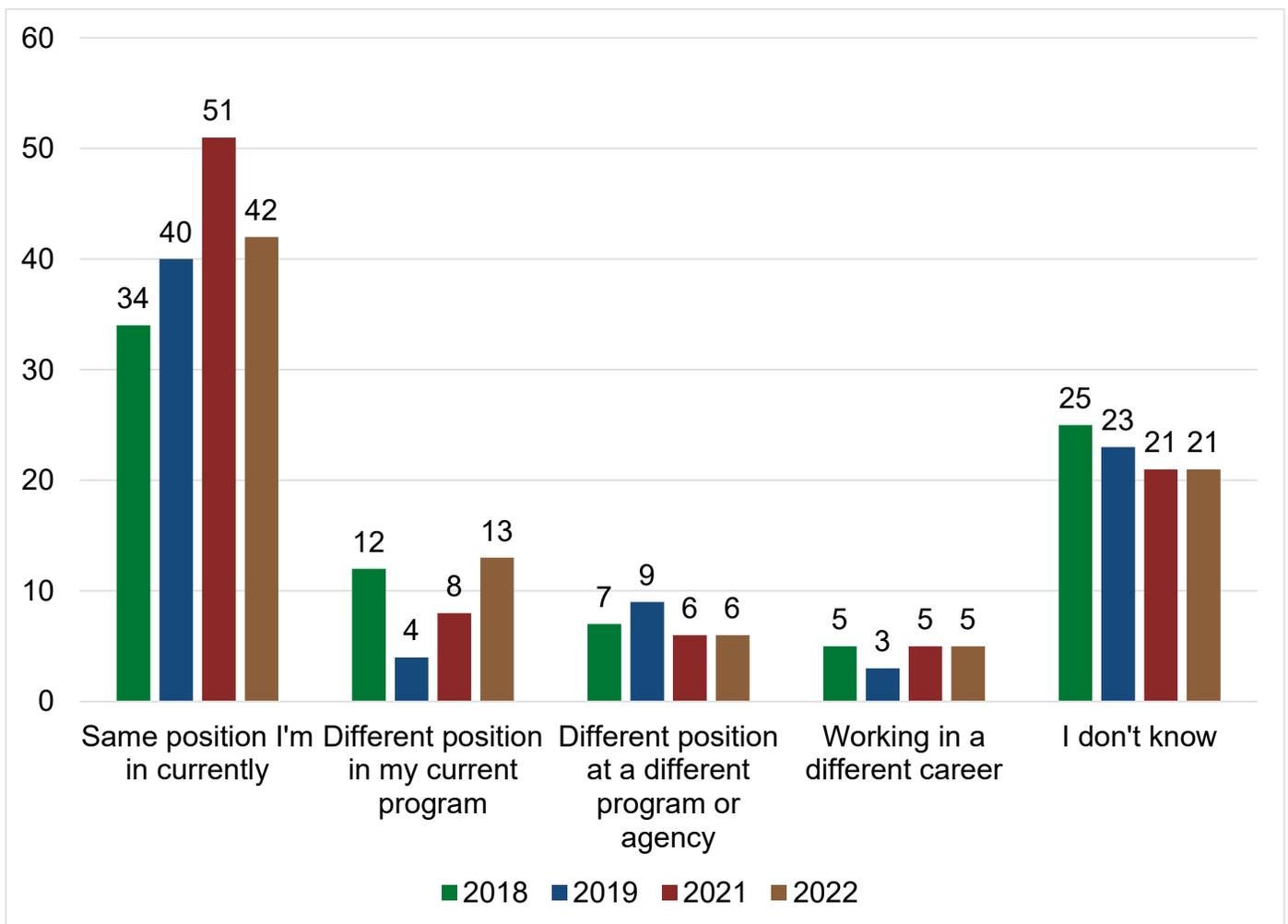


Figure 8: Number of CIS Professionals Responding to the Question, "Where Do You See Yourself in 3-5 Years?".



Conclusions and Implications

The workforce challenges Vermont has experienced across industries includes the early childhood workforce. Vermont, a relatively small state with an aging population and a largely rural nature, has difficulty equitably resourcing its communities. The status of Vermont's CIS workforce reflects these challenges, along with some significant opportunities.

The CIS workforce is highly educated, with a portion working in more than one area of service within CIS. Their advanced and sometimes cross-discipline training allows CIS professionals to:

- coach families with children birth to three years with developmental delays,
- give technical assistance to early childhood educators seeking to include children through 12 years of age with specialized needs,
- prevent the future need for intensive mental health services for young children through 5 years of age,
- screen for health and developmental concerns, and
- implement evidence-based home visiting programs.

Working across settings and within collaborative teams, CIS professionals fulfill a unique role in the early childhood system.

"Low salaries" has consistently been the primary survey response professionals give for why they might leave the CIS workforce. Recruiting and retaining CIS professionals is a priority as Vermont adds capacity to its early childhood system. The Child Development Division acted on this priority when the CIS State Team allocated 1.2 million dollars of American Rescue Plan (ARP), IDEA Part C funds for CIS workforce recruitment and retention, personnel development, teleintervention, and family engagement. This, along with investments by community agencies who employ CIS professionals, may sustain the upward trend in CIS survey respondents who see themselves in their current position in 3 to 5 years.

A second opportunity to act on the data in this report is to address CIS professionals' survey responses that "too much paperwork" and "stress" might be other reasons for leaving the CIS workforce. In the 2021 and 2022 Workforce Recruitment and Retention Surveys, a higher percentage of CIS respondents identified "administration/management" as their primary role, and a correspondingly lower percentage identified "direct service," than in the four preceding years. CIS and its partners have long recognized the need for a program-wide data system that would support service integration, create efficiencies for CIS professionals, and improve the quality of data reports about the effect of CIS implementation. Reducing the



administrative burden and communication challenges inherent in a cross-sector system would be a meaningful CIS workforce retention strategy.

The data shared here adds to the data regarding the CIS Workforce shared in CDD's 2020 Early Childhood and Afterschool Workforce Report. A point-in-time count of CIS professionals, an accurate rather than estimated Workforce Recruitment and Retention Survey response rate, reported salary ranges for CIS professionals, and the percent of CIS professionals who work in more than one area of service within CIS are all newly reported data elements. As CDD continues to expand its CIS Workforce Data Report with qualitative data, including direct feedback from CIS clients and families, and responses to additional survey questions, more action steps for supporting CIS professionals as part of Vermont's early childhood workforce will become apparent.