1d. Homelessness

Table 7: Count of Homeless Children (0-18 Years)				
	Vermont		**Bennington County**	
	Count	**% of Entire Homeless Population Counted**	**Count**	**% of Entire Homeless Population Counted**
2018[1]	292	23%	39	30%
2019[2]	251	23%	24	31.17%
2020[3]	216	19%	25	28.41%
2021[4]	360	14%	51	14%

Table 8: Count of Homeless Students, 2019-2020			
School Year	**Battenkill Valley**	**Bennington Rutland[5]**	**Southwest Vermont[6]**
2019	***	***	109
2020	10[7]	30[8]	112[9]

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[1] http://helpingtohousevt.org/wp-content/uploads/2018/05/2018-PIT-Report-FINAL-5-30-18.pdf pages 10-11.

[2] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 10.

[3] https://helpingtohousevt.org/pointintime/2020-pit/ page 4.

[4] https://helpingtohousevt.org/wp-content/uploads/2021/08/2021-Vermont-PIT-Count-by-County-and-AHS-District-Summary-FINAL.pdf

[5] Data are as of 12/1 annually. Received from Pam Latourelle, 9/4/2020.

[6] Data represent the year end count. Received from Tori Stevens, 9/4/2020.

[7] Data represent the year end count. Received from William Bazyk, 8/6/2021.

[8] Data represents the year end count. Received from Paul Eaton, 8/10/21.

[9] Data represents the year end count. Received from Laura Boudreau, 8/5/21.

1e. Children in the child welfare system

2020 Community Needs Assessment (p.17):

We were unable to locate data about children in foster care in Bennington County on the Vermont Agency of Human Services - Department for Children and Families website, and they did not respond to our data request. However, Vermont Insights reported in 2019 that in Bennington County, there were an estimated 64 children under age 9 in DCF custody as of September 30, 2019.[10] In addition, as of August 20, 2020 the Children's Integrated Services Early Intervention Program (Southwestern Vermont Medical Center) was providing services to 150 children in Bennington County ages 0-3 years, of whom 12 were in DCF custody.[11] An additional 14 children were in the process on intake/evaluation to receive services, 3 of whom were in DCF custody.[12]

2021 Update:

46 children under the age of five years were in State's custody within the time frame of 08/01/20 – 07/31/21 in Bennington County[13].

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[10] http://vermontinsights.org/wp-content/uploads/2020/01/Bennington-2019.pdf

[11] Data as at 8/20/2020. Received from Jennie Moon, Program Coordinator of Children's Integrated Services Early Intervention, (Southwestern Vermont Medical Center).

[12] Ibid.

[13] Data provided 9/10/21. Received from Michele Webster, Administrative Coordinator for Department for Children and Families (Bennington).

1f. Disabilities

Children's Integrated Services (CIS) Early Intervention (EI) Program Services

	2020 Community Assessment[14]	2021 Update[15]
Number of children ages 0-3 years **receiving EI services**	150	163
Of number of children receiving services, number of children with **Autism Spectrum Disorder (ASD) diagnosis**	3	11
Of number of children receiving services, number of children **suspected to have ASD**	17	18

Table 12: Bennington County Children with an IFSP, 2013-2017[16]	
Year	Number
2013-2014	45
2014-2015	47
2015-2016	70
2016-2017	81
2020-2021	163

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[14] Data as at 8/20/2020. Received from Jennie Moon, Program Coordinator of Children's Integrated Services Early Intervention, (Southwestern Vermont Medical Center).

[15] Data as of 9/9/2021. Received from Jennie Moon, Program Coordinator of Children's Integrated Services Early Intervention, (Southwestern Vermont Medical Center).

[16] Note: the most recent data available is 2016-2017. Agency of Human Services, Department of Children and Families, IDEA Part C Public Reporting of APR Data.
https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/Indicator_6_Part_C_Public_Reporting_APRs.pdf

Table 14: School-aged Children with Disabilities in Bennington County, 2019-2021								
Supervisory Union								
	Battenkill Valley			**Bennington Rutland**	**Southwest Vermont**			**Windham Southwest**
	2019	**2020**	**2021[17]**	No update reported	**2019**	**2020**	**2021[18]**	No update reported
Students with Autism[19]	*** (< 11)	No data	16		40	No data	73	
Students with Emotional Disturbance[20]	*** (<11)	***(< 11)	4		55	52	51	
Total count Students with Disabilities[21]	68	No data	Not reported		489	No data	822	
Students with IEPs[22]	75	80	Not reported		687	709	710	

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[17] Data from Rachel Boisvert, Battenkill Valley Supervisory Union, 9/9/21.

[18] Data from Meghan Mezkat, Southwest Supervisory Union, 9/13/21.

[19] Data from Rob Galloway, Vermont Agency of Education, 9/4/2020.

[20] Data from Rob Galloway, Vermont Agency of Education, 10/13/2020

[21] Data from Rob Galloway, Vermont Agency of Education, 9/4/2020.

[22] Data from Rob Galloway, Vermont Agency of Education, 10/13/2020

Table 26: Social and Mental Health Service Needs of Head Start/Early Head Start Enrolled Children, 2018-2021				
Indicator	**Head Start 2018-2019**	**Head Start 2020-2021**	**Early Head Start 2018-2019**	**Early Head Start 2020-2021**
Cumulative enrollment	136	109	76	64
Experienced homelessness	11	9	8	5
In foster care	10	9	13	6
Referred by CPS	23	13	18	8
# Children mental health consulted w/staff about	19	16[23]	1	1[24]
# Children mental health consulted w/parents about	10	No longer reported as part of PIR	1	No longer reported as part of PIR
# Children referred for mental health services	5	No longer reported as part of PIR	0	No longer reported as part of PIR

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[23] Data provided 9/10/21 by Judy Lamoureaux, Bennington County Head Start/Early Head Start Health and Disabilities Coordinator. It should be noted that this figure is different than the 2020-2021 PIR report.

[24] Data provided 9/10/21 by Judy Lamoureaux, Bennington County Head Start/Early Head Start Health and Disabilities Coordinator. It should be noted that this figure is different than the 2020-2021 PIR report.

2f. Substance Misuse and Opioid Addiction

Total numbers for **January 2021 through March, 2021**:

According to Vermont Department of Health, there were 49 fatal opioid-overdose incidents in the state of Vermont**,** compared to the 2020 figure of 32 fatal opioid-overdose incidents, for the same time frame. *Note that there are 7 cases not included in the total for 2021 that are due to pending death certificates.*

Month	**2020**	**2021**	**% of Change 2020-2021**
January	12	13	+8.3%
February	9	12	+33.3%
March	11	24	+118.2%

At the *county level*, in 2021, the counties with the greatest number **fatal overdose/overdose deaths for January through March** are Chittenden (11), Windsor (8) and Bennington (6) Counties[25].

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[25] Data as of June 17, 2021. Provided by Vermont Department of Health. Distributed by Alexander Figueroa, then Project Director, Bennington Opioid Response Team (Southwestern Vermont Medical Center) on June 18, 2021.
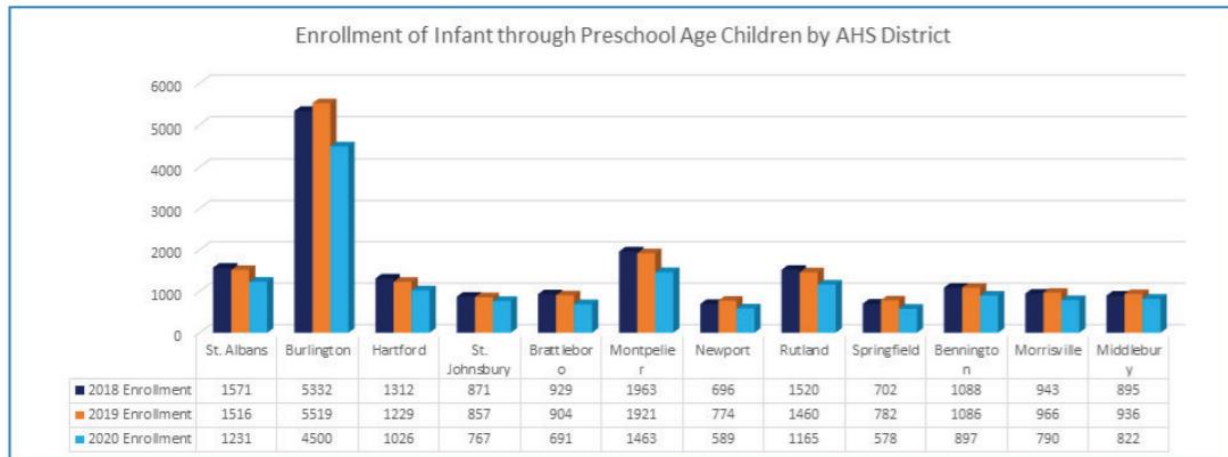
4a. Access to childcare and preschool programs

Update: The Southwest Supervisory Union's Early Childhood Education Division Street program has reduced its capacity by one classroom for the 2021-2022 school year.

Other capacity data has not yet been updated by Let's Grow Kids, Vermont Insights or the local child care referral agency, Bennington County Child Care Association.

New table added 2021:

Enrollment of Infant through Preschool Age Children by AHS District

	St. Albans	Burlington	Hartford	St. Johnsbury	Brattleboro	Montpelier	Newport	Rutland	Springfield	Bennington	Morrisville	Middlebury
2018 Enrollment	1571	5332	1312	871	929	1963	696	1520	702	1088	943	895
2019 Enrollment	1516	5519	1229	857	904	1921	774	1460	782	1086	966	936
2020 Enrollment	1231	4500	1026	767	691	1463	589	1165	578	897	790	822

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[26] https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/December_2020_CC_Programs_Report.pdf

As noted in the Vermont Child Development Division's December 2020 Child Care Report:
Enrollment can be impacted by many factors, and this survey does not ask the reasons for any changes in enrollment. Some factors might include family choice/need, program capacity, COVID-19 response, and more.

Table 41: Cost of Child Care in Bennington County by Age, 2017-2019				
	2017 Licensed Program Weekly Rate (75th Percentile)[27]	2019 Average Weekly Market Rate[28]	2019 Licensed Child Care Weekly Rate (75th Percentile)	Number of Providers with a Rate Agreement for this age group 2019
Full time - infants	$275.00	$277.12	$300.00	13
Full time - toddlers	$250	$273.83	$280	15
Full-time preschool	$235.63	$235.15	$250	20
Full time - school age	$212.50	$237.00	$246.88	10
Part-time school age	$128.75	$137.16	$152.50	11

It is important to note that the number of providers with a rate agreement decreased for each age group from 2017 to 2019.

[27] https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Market_Rate_Survey_2019_full-final.pdf
[28] https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Market_Rate_Survey_2017_Counties_Supplement.pdf

Update Summary:

Homelessness

According to State figures, the percentage of children experiencing homelessness in 2020 fell by nearly half, however the Southwest Supervisory Union reports a slight increase in students experiencing homelessness. The difference may be explained by differing definitions of homelessness. Due to increase funding to house homeless families and individuals during the COVID-19 pandemic, many people previously counted as "homeless" by the state are now living in hotels and motels. While this is not permanent housing, it is consistent housing and has impacted how families receiving this state-funded, temporary housing are counted. It is too soon to assume that homelessness has decreased.

Children in the Child Welfare System

With forty-six children under the age of five years in state's custody last year, fifteen were served by Bennington County Head Start/Early Head Start (BCHS/EHS). BCHS/EHS prioritizes children in foster care and those referred by the Department of Children and Families (DCF) Family Services (FS) department. However, slots are not always available due to age of the child or staffing. BCHS/EHS continues to have a strong, collaborative relationship with DCF FS staff, soliciting and prioritizing these referrals.

Disabilities

Among infants and toddlers, we have seen a seven percent increase in children receiving services since 2020, and a fifty percent increase since 2018. Children with diagnoses of autism continue to increase in both infants/toddlers and preschool/school age children. Early Intervention reported a seventy-two percent increase in the number of children receiving services for autism between 2020 and 2021. The SVSU reported a forty-five percent increase between 2019 and 2021.

Consultations for child mental health remained steady for children enrolled in Head Start, however the need outweighs the capacity of the Mental Health Consultant and the position of Family Outreach Clinician has been vacant for over one year.

Substance Misuse

Fatal opioid overdoses more than doubled in March 2021 from the following year. While more recent data has not yet been presented, it is suspected that fatal overdoses continue to increase. Students and staff have been impacted by the loss of loved ones due to fatal overdoes, underscoring the need for increased and continued mental health supports.

The family service department again distributed Harm Reduction Bags to families during registration this year and continue to refer family members caring the children of loved ones to the Kincare Support Group. During preservice 2021, all Head Start/Early Head Start staff participated in a Substance Misuse awareness training and received instruction in how to administer Narcan. Funds to provide a to-be-hired Family Outreach Clinician additional coursework in substance misuse are still available.

Access to Child Care

While enrollment in preschool programs for infants, toddlers and preschoolers in Bennington County decreased in 2020, causes are unclear and may vary. The COVID-19 pandemic undoubtedly had an impact on child care classroom capacity as well as parents' confidence and need to enroll children in child care when many were working from home and yet others were afraid that their children may be exposed to the virus in child care settings.
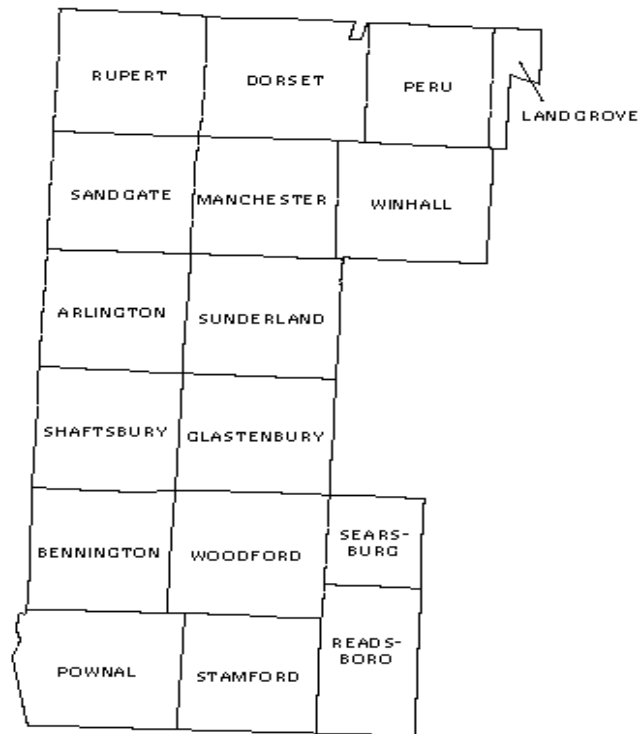
The average weekly market rate increased from 2017 to 2019 most dramatically for full-time toddlers and preschoolers. The number of providers with rate agreements have decreased, indicating less community capacity.

Next Steps

Children with disabilities and their families require support, as do the programs and teachers who provide their care. BCHS/EHS has identified supporting children, families and classrooms with disabilities as part of the five year goals. Already staff are receiving more training in specific disabilities and administrators are working closely with Early Intervention and Early Childhood Education partners to identify additional ways to collaborate.

Families need support. Whether it be families of children with high needs, families suffering the impact of addiction or families unsure of temporary housing supports, the families we serve are experiencing more stress than ever before. Continuing to work with our mental health partners and prioritizing the hiring of a Family Outreach Clinician is critical. Continuing to build on strong community partnerships, such as with Economic Services, United Counseling Outpatient services, and the new Family Engagement staff at the Southwest Supervisory Union will strengthen supports offered to Head Start families.

BCHS/EHS will continue to look around the corner, assessing trends in enrollment and identifying the age groups that most need expanded capacity. At this time, we know that infants and school age slots are in high demand. Converting preschool slots to infant slots and adding school age care are important options to explore.

Bennington County Community Needs Assessment

Prepared for United Counseling Services &
United Children's Services

Respectfully submitted on October 30, 2020
Kristen Hayes, MPM, Principal, Kristen Hayes Consulting
Jenny Dahlstein, Consultant, Jenny Dahlstein Consulting

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Section 3: Workforce and the Economy

Section 4: Early Education and Care

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ACRONYMS LIST

3SVT	3SquaresVT / Vermont's SNAP Program
ACE	Adverse Childhood Experience
ACS	American Community Survey (US Census Bureau data)
ASD	Autism Spectrum Disorder
BCHS/EHS	Bennington County Head Start / Early Head Start
BFIS	Bright Futures Information System
BIPOC	Black, Indigenous, and People of Color
BPI	Bennington Project Independence
BRFS	Behavioral Risk Factor Survey
BROC	Bennington Rutland Community Action
CCFAP	Child Care Financial Assistance Program
CDD	Child Development Division
CHNA	Community Health Needs Assessment
CIS	Children's Integrated Services
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Novel Coronavirus 19
CPS	Child Protective Services
CUD	Communication Union District
DAIL	Disabilities, Ageing and Independent Living
DCF	Department for Children and Families
DD	Developmental Disabilities
DDS	Disability Determination Services
DDSD	Developmental Disabilities Services Division

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DOC	Vermont Department of Corrections
ECE	Early Childhood Education
ED	Emotional Disturbance
EHS	Early Head Start
EPSDT	Early Period Screening, Diagnosis and Treatment
FFF	Flexible Family Funding
FMR	Family Managed Respite
FPL	Federal Poverty Level
FFY	Federal Fiscal Year
FTE	Full-Time Equivalent
FY	Fiscal Year
GMCN	Green Mountain Community Network
GMX	Green Mountain Express
HCBS	Home and Community-based Services
HS	Head Start program
IEP	Individualized Educational Plan
IFSP	Individualized Family Service Plan
K	Kindergarten
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer +
MAUMS	Mount Anthony Union Middle School
MH	Mental Health
MHP	Mental Health care Provider
NAEYC	National Association for the Education of Young Children
NFI	National Fatherhood Initiative
PEP	Population Estimates Program (US Census Bureau data)

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PIT	Point-in-Time
SNAP	Supplemental Nutrition Assistance Program
STARS	Step Ahead Recognition System
SU	Supervisory Union
SVCOA	Southwestern Vermont Council on Aging
SVHC	Southwestern Vermont Health Care
SVMC	Southwestern Vermont Medical Center
SY	School Year
TANF	Temporary Assistance for Needy Families
UCH	United Children's Services
UCS	United Counseling Service (of Bennington County)
US	United States
USDA	United States Department of Agriculture
VABVI	Vermont Association for the Blind and Visually Impaired
VCP	Vermont Care Partners
VDH	Vermont Department of Health
VELS	Vermont Early Learning Standards
VT	Vermont

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INDEX OF TABLES (Tables in green below were updated on 12/10/2020)

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Community Assessment Executive Summary

<u>Approach</u>

In the summer of 2020, United Counseling Services (UCS) and United Children's Services (UCH) engaged with Kristen Hayes Consulting to conduct a community-wide needs and strengths assessment of Bennington County, Vermont. The purpose of this undertaking was to support the development of the year 1 Head Start grant proposal and the broader strategic planning efforts at both UCS and UCH.

Kristen Hayes met with Heidi French, UCS Director of Community Relations and Development, Betsy Rathbun-Gunn, UCH Director of Early Childhood Services, and Beth Wallace, UCH Family and Community Partnership Manager to review indicators of interest for the two organizations. UCH staff requested data in support of the community assessment requirements as stated in the Head Start Program Performance Standards (45 CFR 1302.11). UCS staff were interested in understanding unique demographics of the community including health, social services, special populations and more. The result was a matrix of indicators that both organizations were interested in, some of which overlapped.

A wide range of sources and data collection methods were used including:

- Compilation of primary source data from entities such as the US Census Bureau, state-level government offices, and local community-based organizations. While some of this data was available on publicly accessible websites, other data were gathered directly through outreach with State and local contacts.
- Review of secondary sources such as reports issued by Bennington County and Vermont-based social services, health, mental health, and economic development organizations.
- Interviews with representatives from organizations in Bennington County working on behalf of the populations UCH and UCS expressed interest in learning more about.

Throughout this report, each data source is cited via a footnote. Where data was extracted from a primary source, the path to the data is also noted. For example, if the primary source is the US Census Bureau, the footnote provides a reference to the table that was accessed. This will allow UCS and UCH staff in subsequent years to add to the tables in this report, while utilizing the same search approach.

This report utilizes tables that can be converted to graphics for use in annual reports and websites. Tables are presented in Times New Roman size 12 font, to align with grant formatting requirements. This will allow tables to be "copied and pasted" into proposals.

Data Limitations

Data collection took place from early August - late October 2020. On October 6, 2020, the above named representatives from UCS and UCH were advised that additional data indicators would not be added to the collection, and that the report would address the indicators initially requested based on data available in early October. October was spent completing interviews with key stakeholders and clarifying data that had already been collected. As a result, if data was released after early October, it may not appear in this report.

Every effort was made to gather data to lend context and understanding to the indicators requested by UCS and UCH. However, as is the nature with data collected by government entities and non-profits, it is not always organized and available in a manner that perfectly aligns with our data interests! This report attempts to explore indicators of interest by pairing multiple data points where available, using data that from primary and secondary sources.

There is typically a time delay between data collection and data reporting. This report utilizes the US Census Bureau's 2018 5-Year American Community Survey (ACS) data. The 5-Year data covers the period 2014-2018. This report contrasts the 2018 ACS data with the 2017 ACS (2013-2017) and 2016 ACS (2012-2016) to demonstrate trend over time. The 2019 ACS (2015-2019) is scheduled for release on December 10, 2020. As an in-kind contribution to UCH, Kristen Hayes Consulting will update all of the ACS tables in this report to contain the 2019 ACS data no later than December 31, 2020.

ACS data is available in 1, 3 and 5-Year estimates. While 1-Year estimates reflect the most "current" data, the 5-Year estimates are considered the most reliable and are based on the largest sample size.[1] However, 1-Year estimates are only available for populations 65,000 and over, and as result, this report utilizes the 5-Year data as Bennington County has under 40,000 residents.

Other State-issued data will also be updated in the near future. For example, the Department for Children and Families (DCF), Child Development Division (CDD) typically releases an update to information about child care and preschool in January. UCS and UCH are encouraged to develop an approach to updating indicators in this report on an annual basis.

Finally, it is imperative to recognize that the data included in this report support our understanding of the community's strengths and needs pre-COVID-19. The only data included in this report that factor in the pandemic are summaries of informational interviews and unemployment data (which is reported monthly). The impact of the pandemic on the ACS data will not be known until the December 2021 data release. Other data collections will likely show the impact in the winter of 2021 (CDD data) or spring of 2021 (data collected by the Vermont Agency of Education for school year 2020-2021).

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[1] For more information about when to use the 1-year vs. 5-year estimates, please see
https://www.census.gov/programs-surveys/acs/guidance/estimates.html

Findings of Interest

The authors considered indicators where Bennington County looks "different" from the rest of the state to be "of interest." We also considered differences within the communities or characteristics of residents in Bennington County to be "of interest."

Table 1: Findings of Interest from the 2020 Community Assessment			
Indicator of Interest	**Finding**	**Related Table(s)**	**Implications for UCH/UCS**
Poverty	Nearly 23% of Bennington County children ages 5 and under live at or below the Federal Poverty Level (FPL); this is noticeably higher than the state average of 15.4%.	3	Supports UCH expansion of EHS; indicates that the County's youngest children are at risk for ACEs.
Homelessness	Children 0-18 years in Bennington County make up a larger proportion of the total homeless population counted (almost one third) as compared with the Vermont state-level data (between one-fifth and a quarter). No McKinney-Vento liaisons in Bennington County participated in a state-wide effort to better understand the needs of homeless youth according to the Vermont Coalition to End Homelessness and Chittenden County Homeless Alliance.	7	Supports delivery of services to homeless youth. UCH has working relationships with McKinney-Vento liaisons that could be leveraged in support of the state-level work.
Children with disabilities	There has been a significant increase in the number of children 0-3 with disabilities in the past four years; the count has increased by over 80%. The number of preschoolers with IEPs has increased 54% from 2016/2017 to	12, 13	Given the trajectory of the data, it is likely that UCH's Early Head Start expansion (which began delivering services in 2017-2018) will significantly contribute to the increasing number of children with diagnosed disabilities, due to the developmental and social emotional screenings,

	2019/2020. In 2017, just 48% of Bennington County children received a developmental screening (lower than the state average of 61%).		efforts to ensure children are receiving well-baby and well-child exams, and ongoing assessment conducted by UCH. It is likely that given the low developmental screening rates, there are unidentified children with disabilities.
Adults with disabilities	Adults in Bennington County exceed VT's average rate of adults with disabilities across all disability types.	17, 18	Adults with disabilities may be more likely to require assistance and support in order to connect with resource providers, stay on track with appointments, etc.
Life expectancy	On average, life expectancy in Bennington County is 82 years. However, two census tracts have significantly lower life expectancy: 9709.00 (northeast Bennington, 73.5 years) and 9712.00 (downtown Bennington, 75.1 years). These are also the two lowest median income tracts.	23	UCS/UCH are in a unique position - with the combined expertise in mental health services and supporting families and individuals in poverty - to target resources to these two communities.
Food insecurity	The Bennington County child food insecurity rate increased 57% from 2018 to 2020. The pandemic will likely exacerbate food insecurity.	25	This will likely be an issue for some time due to the pandemic. There are multiple providers supporting efforts,
Internet/ broadband access	There is great variability in broadband access across individual Bennington County towns. For all County locations taken together, 1% of buildings are served at 100/100 or better; the statewide average is 17%.	33	It is unclear how UCS and UCH, given their organizational missions, can support improving this data point. However, the broader narrative on connectivity does speak to the need to understand client access to the Internet to deliver remote services during the pandemic and beyond.

Substance abuse	In 2019, Bennington County had the highest rate of prescriptions per 100 residents by drug class in VT (50.5 prescriptions/100 residents vs. 36.9/100 for opioids, medication assisted treatments, benzodiazepines and stimulants).		The data speak to the need for both organizations to offer individuals and families training and support to manage substance abuse.
Special populations: LGBTQ+	The 2019 Vermont Youth Risk Behavior Survey Results for Bennington County High School found there were statistically significant differences between LGBT students and their heterosexual peers in several key areas of physical and emotional health and wellness, with LGBT youth reporting significant higher numbers of negative incidents and behaviors than their heterosexual peers. There are limited resources to support these youth.	N/A	One of the providers, Queer Connect, was clear in their desire to partner with UCS and UCH to meet the needs of LGBTQ+ families. Per Queer Connect, a UCS staffer sits on their Board of Directors but they are seeking more engagement from UCS. This narrative contains Queer Connect's assessment of structural barriers impacting youth in particular.
Unemployment	Bennington County's unemployment rate has been higher than the state average for the past five years. The pandemic sharply increased unemployment in Bennington County. The rate jumped from 4.2% in March 2020 to 18.7% in April 2020. The September 2020 rate was 4.9%.	35	It is likely that additional post-pandemic data will be needed to assess the full impact on unemployment. Connections with job training and placement organizations are important in responding to fluctuation in employment rates.
Access to child care	UCH has been focused on increasing access to the 0-3 population for good reason: 61% of infants need care and	38	Supports UCH expansion of EHS; would support the development of protective factors to combat ACEs.

	don't have access to regulated programs and 72% of infants do not have access to high-quality programs in Bennington County.		
Affordability of child care	Per the 2017 market study, the parent of an infant could expect to spend $14,300 for the year. The median household income in 2018 was $53,040, meaning a family earning the median income would need to spend 27% of their income on care for their infant. According to the US Department of Health and Human Services, child care is affordable if it costs families no more than 7% of their income.	41	Supports UCH expansion of EHS; would support the development of protective factors to combat ACEs.
Quality of child care	As of January 2020, 47% of providers were considered "high quality" with a STARS rating of a 4 or 5. This reflects a slight increase over 2019, when 43% of providers were considered high quality. In 2015, 31% were considered high quality. Thus while quality is improving as measured by STARS, the increase in quality is not especially rapid.	42	Supports UCH expansion of EHS. UCH can support County-wide quality through continued partnerships with child care providers.

1a. Introduction to Bennington County

Bennington County is located in the southwestern corner of the state of Vermont, bordering the states of Massachusetts to the south and New York to the west. Covering nearly 675 square miles, the County is the State's 8th-largest by area. Bennington County is considered a rural area, with the population ranking the 6th-highest by County in Vermont (VT). There are two population concentrations in the towns of Bennington (population 14,964) and Manchester (population 4,224).

Historically, Bennington County has been divided in geography, resources and culture into Northshire and Southshire. The towns making up the Northshire include Manchester, Dorset, Sunderland, Arlington, and Sandgate. The Southshire consists of the County's southernmost towns: Shaftsbury, Bennington, North Bennington, Pownal and Woodford. The towns of Readsboro, Searsburg and Stamford are geographically isolated from the rest of Bennington County. Residents of these mountain towns receive social services from nearby North Adams, Massachusetts.

1b. Population size

The population of Bennington County has slowly declined over the past decade. According to the annual population estimates, from April 1, 2010 to July 1, 2019, the population decreased from 37,125 to 35,470 (a decline of 4.4%).[2] As is depicted in Table 1, 5.9% of the population is five years old and younger, while youth from birth to age 17 years make up 18.4% of the population. This is similar to the state of VT, where 18.1% of the population is age birth to 17 years.[3]

The data below are from the US Census Bureau's Population Estimates Program (PEP) which uses current data on births, deaths and mitigation to calculate population size and produce a time series of estimates. This data for 2019 are built out from the most recent decennial census (2010) and thus we should expect that once the PEP data from the 2020 Census is released, a more accurate count will be available. However, the PEP is widely used and considered accurate for planning purposes.

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[2] 2019: PEP Population Estimates from the US Census Bureau. TableID PEPANNRES.
[3] 2019: ACS Supplemental Estimates Detailed Tables. TableID K200102.

Table 2: Bennington County Population by Age, 2019[4]		
Age	**Count**	**Margin of Error[5]**
Under 3	995	+/- 310
3 to 5 years	1,096	+/-382
6 to 8 years	1,166	+/- 504
9 to 11 years	1,104	+/-615
12 to 14 years	975	+/- 428
15 to 17 years	1,212	+/-103
18 to 24 years	3,240	+/-283
25 to 34 years	3,815	+/-326
35 to 44 years	3,389	+/-116
45 to 54 years	4,293	+/-137
55 to 64 years	5,697	+/-140
65 years and over	8,488	+/-156
Population total	**35,470**	

1c. Poverty in Bennington County

According to the US Census Bureau's American Community Survey (ACS), 11.3% of Bennington County currently lives at or below the Federal Poverty Level (FPL). This is in-line with Vermont's state-wide poverty rate of 11.2%. For context, the FPL was $26,200 for a family of four in 2020.

Where Bennington County differs substantially from the State is in the percentage of children ages five years and younger living in poverty. As is noted in Table 3, nearly 23% of Bennington County children ages 5 and under live at or below the FPL, whereas in the state, 15.4% lived in poverty in 2018.

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[4] 2019: ACS Supplemental Estimates Detailed Tables. TableID K200102 and K200104.

[5] It should be noted that there are significant margins of error associated with the count by age given the small sample size that is Bennington County's population.

Table 3: Bennington County Population by Age and Poverty Status, 2018[6]				
Age	Number of Residents	Number of Residents Below 100% FPL	Percentage of Residents Below 100% FPL	Percentage of VT Residents Below 100% FPL
<5 years	1,641	376	**22.9%**	**15.4%**
5 to 17 years	5,131	676	13.2%	13.6%
18 to 34 years	5,892	901	15.3%	16.5%
35 to 64 years	14,255	1,420	10.0%	8.8%
65 years and over	7,563	519	6.9%	7.6%
Population total	**34,482**	**3,892**	**11.3%**	**12.4%**

Updated Table 3: Bennington County Population by Age and Poverty Status, 2019				
Age	Number of Residents	Number of Residents Below 100% FPL	Percentage of Residents Below 100% FPL	Percentage of VT Residents Below 100% FPL
<5 years	1,685	378	**22.4%**	**14.4%**
5 to 17 years	5,045	612	12.1%	12.5%
18 to 34 years	6,027	805	13.4%	16.4%
35 to 64 years	13,881	1,329	9.6%	8.8%
65 years and over	7,719	618	8.0%	7.6%
Population total	**34,357**	**3,742**	**13.1%**	**12.0%**

[6] 2018: ACS 5-Year Estimates Subject Tables. Table ID S1701. While the most recent population size count available is from the 2019 Census update, the most current breakdown of poverty is from 2018. As a result, the total population size in Table 2 is different from the total population reported in Table 1. Please note that the data reflects the 5-year estimates, as single year estimates are not available for Bennington County.

Poverty has been declining in Bennington County. This is in keeping with state and national trends, as the economy was generally strong and unemployment low prior to the pandemic. (Additional information on unemployment can be found in Section 3 of this report.

Table 4: Percent of the Population Living in Poverty, 2015-2019 5-Year Estimates		
Data Source	**Time Period Covered**	**Percent of Bennington County Population Living in Poverty**
2015 ACS 5-Year Estimates	2011-2015	13.5%
2016 ACS 5-Year Estimates	2012-2016	13.4%
2017 ACS 5-Year Estimates	2013-2017	12.8%
2018 ACS 5-Year Estimates	2014-2018	11.3%
2019 ACS 5-Year Estimates	2015-2019	10.9%

The decline in poverty is also supported by a decline in the percentage of births to women living in poverty. The percentage of births to women in poverty declined substantially in the two ACS 5-Year reporting cycles years leading up to the pandemic.

Table 5: Fertility and Poverty in Bennington County, 2015-2019 5-Year Estimates[7]					
Data Source	**Number of Women Who Gave Birth**	**Women Whose Income Was < 100% FPL**	**Women Whose Income Was 100-199% FPL**	**Women Who Received Public Assistance[8]**	**Women With a High School Diploma or Less**
2015 ACS 5-Year Estimates	296	110 (37% of births)	86	18	77
2016 ACS 5-Year Estimates	302	108 (36% of births)	35	22	78

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[7] 2015, 2016, 2017 and 2018: ACS 5-Year Estimates Subject Tables. TableID S1301.
[8] Public assistance includes cash and non-cash benefits including Social Security payments, Unemployment Compensation, and VA Benefits.

2017 ACS 5-Year Estimates	297	45 (15% of births)	33	10	28
2018 ACS 5-Year Estimates	329	56 (17% of births)	75	0	51
2019 ACS 5-Year Estimates	308	27 (8.8% of births)	88	7	52

Head Start/Early Head Start eligibility: There are an estimated 376 children in the county under five years of age living in poverty;[9] we further estimate **226 are EHS eligible and 150 are Head Start eligible.** However, this estimate is associated with a high margin of error of +/- 135 children given the total size of Bennington County. As was noted earlier, the 1-Year estimates (which are considered more accurate) are not available given the County's total population is less than 65,000.

One of the challenges with identifying the location of eligible children by community within Bennington County is the small size of the communities themselves. For example, in Northshire, the town of Arlington (total population 1,358) has a margin of error of 24% of the total population when calculating the number of children living in poverty. For the smaller towns (for example, Dorset with a population of 250), the Census Bureau does not have a breakdown of demographics such as age, fertility, or poverty.

UCH recruits families broadly but the majority of families that are served reside in Bennington. The need in Bennington becomes evident when reviewing the Temporary Assistance for Needy Families (TANF) Reach Up enrollment figures for the past few years. Reach Up provides cash assistance for low income families. While the number of children ages birth to four years receiving Reach Up has declined, Bennington is home to 77-88% of families receiving Reach Up in Bennington County. Receipt of TANF automatically qualifies a child for Head Start or Early Head Start.

Table 6: Location of Children Ages 0-4 Years Receiving TANF Reach Up Benefits, 2017-2019			
Town	TANF Enrollment 1/2017	TANF Enrollment 1/2018	TANF Enrollment 1/2019
Arlington	12	12	9
Bennington	223	204	203
Dorset	5	4	6

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[9] 2018: ACS 5-Year Estimates Subject Tables. Table ID S1701.

Manchester	4	4	4
Peru	No data	0	0
Pownal	24	23	13
Readsboro	0	1	4
Rupert	2	0	0
Sandgate	0	0	0
Searsburg	1	0	0
Shaftsbury	15	8	12
Stamford	0	0	0
Sunderland	1	0	0
Winhall	0	1	0
Woodford	1	0	0
Total	**288**	**257**	**251**

1d. Homelessness

Children experiencing homelessness: Notably, in Bennington County children ages 0-18 make up a larger proportion of the total homeless population counted (almost one third) as compared with Vermont state level data (between one fifth and a quarter).

Table 7: Count of Homeless Children (0-18 Years)				
	Vermont		**Bennington County**	
	Count	**% of Entire Homeless Population Counted**	**Count**	**% of Entire Homeless Population Counted**
2018[10]	292	23%	39	30%
2019[11]	251	23%	24	31.17%

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[10] http://helpingtohousevt.org/wp-content/uploads/2018/05/2018-PIT-Report-FINAL-5-30-18.pdf pages 10-11.

[11] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 10.

2020[12]	216	19%	25	28.41%

In January each year, communities across American participate in the point-in-time (PIT) count of homeless individuals. The Vermont Coalition to End Homelessness and Chittenden County Homeless Alliance authored a 2020 report that noted efforts were made to: **…***reach out to providers around the state who are most likely to be connected to youth experiencing precarious housing. These include, among others, McKinney-Vento liaisons in all school districts/supervisory unions, runaway and homeless youth programs, and the Youth Development Program, which serves youth in or aging out of foster care. Each year we have seen the response rate increase and have targeted outreach to new providers in hopes that they will participate in the count. As such, we believe that year-to-year increases in the number of youth counted is reflective of growing provider participation rather than significant changes in how many youth are precariously housed. Although some of our new outreach efforts this year did not result in participation, we will continue to expand our efforts in hopes of determining an accurate baseline from which we can measure our success as a state to end youth homelessness.* Notably, no McKinney-Vento liaisons in Bennington County participated in the PIT effort.[13]

Via a request to the Vermont Agency on Education, Rob Galloway provided a count of the number of students enrolled in each Supervisory Union (SU) who were homeless in school year 2018-2019. To maintain confidentiality, the State will not provide a count when the number is 10 or fewer. Only the Southwest Vermont Supervisory Union reported a count over 10 as is depicted below. This means there are likely 10 times (or more) as many homeless students in the Southwest Vermont Supervisory Union when compared to the other Supervisory Unions in the service area. Schools associated with this SU include Mount Anthony Union High School and Middle School, Bennington Elementary, Molly Stark Elementary, Monument Elementary, Pownal Elementary, Shaftsbury Elementary, Woodford Hollow Elementary and the SVSU Early Education Program in Bennington.[14]

Table 8: Count of Homeless Students, 2019				
School Year	**Battenkill Valley**	**Bennington Rutland**[15]	**Southwest Vermont**[16]	**Windham Southwest**
2019	***	***	109	***

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[12] https://helpingtohousevt.org/pointintime/2020-pit/ page 4.

[13] https://helpingtohousevt.org/pointintime/2020-pit/

[14] http://earlyed.svsu.org/

[15] Data are as of 12/1 annually. Received from Pam Latourelle, 9/4/2020.

[16] Data represent the year end count. Received from Tori Stevens, 9/4/2020.

Homeless adults: PIT data for Bennington County shows a doubling in the count of homeless persons of any age from 64 persons in 2016 to 130 persons in 2018[17] followed by a decline in the 2018-2020 period. Interestingly, the number of homeless *adults* dropped from 2018 to 2019 but rose from 2019 to 2020 as shown below.

Table 9: Number of Homeless Adults in Bennington County, 2018-2020			
	Point-in-time 2018[18]	Point-in-time 2019[19]	Point-in-time 2020[20]
Adults (25-54)	60	25	41
Adults (unreported age)	9	16	0
Adults (55+)	10	3	15
Total	79	44	56

Homeless youth: Starting with the 2019 point-in-time report, young adults (ages 18 to 24) were no longer reported as part of the adult population experiencing homelessness, and are now counted in "children and youth." People ages 18-24 mark a population where data can easily mask the extent of the situation. The point-in-time counts are relatively low as shown below.

Table 10: Number of Homeless Youth in Bennington County, 2018-2020						
	Point-in-time 2018[21]		Point-in-time 2019[22]		Point-in-time 2020[23]	
	Count	% of total homeless pop	Count	% of total homeless pop	Count	% of total homeless pop
Young adults (age 18 to 24)	12	9.23%	9	11.69%	7	7.95%

Yet, people ages 18-24 represent a population whose experiences of homelessness are different than older adults, as they commonly experience not just "literal homelessness" but also couch-

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[17] http://helpingtohousevt.org/wp-content/uploads/2018/05/2018-PIT-Report-FINAL-5-30-18.pdf page 13.

[18] http://helpingtohousevt.org/wp-content/uploads/2018/05/2018-PIT-Report-FINAL-5-30-18.pdf page 10.

[19] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 21.

[20] https://helpingtohousevt.org/pointintime/2020-pit/ page 11

[21] http://helpingtohousevt.org/wp-content/uploads/2018/05/2018-PIT-Report-FINAL-5-30-18.pdf page 11.

[22] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 10.

[23] https://helpingtohousevt.org/pointintime/2020-pit/ page 10.

surfing (technically having a roof over their head for some period of time). 2020 marked the fourth year of counting precariously-housed youth in Vermont: *"A national study by Chapin Hall found that couch surfing is a common experience for youth and young adults, especially those between the ages of 18-25. Nearly two-thirds of the youth in their study who had episodes of literal homelessness also experienced episodes of couch-surfing. Precarious housing, including couch surfing, can act as a precursor to other types of homelessness for youth, but it often goes unseen and uncounted. As explained earlier, the Point-in-Time (PIT) Count does not include those who are precariously housed, "couch surfing", "doubled up," facing eviction, etc. For this reason, the Vermont Coalition of Runaway & Homeless Youth Programs (VCRHYP) and the Vermont Coalition to End Homelessness (VCEH) conduct a count of precariously housed youth and young adults on a single night, in conjunction with the PIT Count. Now in its fourth year, the Precariously Housed Youth Count has provided vital information to youth and housing providers. Counting youth and young adults who are precariously housed requires a concerted effort amongst partner organizations and schools. With each year, outreach and data collection efforts have improved. As a result, the data collected during the count continues to grow, providing an ever more complete picture of the number of youth and young adults experiencing precarious housing around the state."*[24]

The 2019 PIT report notes the positive development that "the number of partner organizations [statewide] participating in the Youth Count has grown each year: 23, 34, 45 respectively"[25] which accounts for the steep incline in numbers year-to-year statewide: 109 (2017), 251 (2018), 617 (2019), to 782 (2020). While it is not clear why there were no precariously-housed youth data at all reported for 2017 and 2018 for Bennington County, the 2019 PIT report notes that "low response rates from Bennington and Rutland Counties are likely a factor in the low number of youth reported for these areas: in Bennington County, 2 (out of 6) community partners participated."[26] In 2019, there were 3 precariously-housed youth,[27] and in 2020 there were 97,[28] possibly partly reflecting improved participation/engagement this year.

1e. Children in the child welfare system

Building Bright Futures reports that since 2012, the number of children in custody of DCF has steadily climbed in all age groups in VT. According to their 2019 report, there were 246 children birth to 2 years, 235 children 3 to 5 years, and 178 children 6-8 years in DCF protective custody in Vermont.[29]

The Federal government makes foster care data available via the Adoption and Foster Care Analysis and Reporting System. Between Federal Fiscal Year 2017 and 2018 the number of Vermont children who entered foster care increased by nearly 17%.

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[24] https://helpingtohousevt.org/pointintime/2020-pit/ page 21

[25] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 22

[26] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 26

[27] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 22

[28] https://www.vsha.org/wp/wp-content/uploads/2019/05/2019-PIT-Report-FINAL.docx.pdf page 26

[29] Building Bright Futures 2019 Report: How are Vermont's Young Children and Families? https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/BBF-2019-HAVYCF-REPORT-SinglePgs.pdf

Table 11: Number of Children in Foster Care (VT state-level data), FFY 2017 & 2018[30]		
Indicator & Definition	**FFY 2017** 10/1/2016-9/30/2017	**FFY 2018[31]** 10/1/2017 -9/30/2018
Served: Estimated count of all children who were in the public foster care system during the FFY. Sum of two mutually exclusive groups of children: the children who are already in care on the first day of the fiscal year (as of October 1) and the children who enter foster care during the year. An individual child is counted only *once* for each year.	2,013	2,045
In care on 9/30: Estimated count of all the children in foster care on the last day of the FFY. An individual child is included in the count for each year for which he or she is in foster care on the last day.	1,270	1,308
Entered: Estimated count of all children who entered foster care during the FFY. An individual child is counted only *once* for each year, even if the child entered, exited and reentered care during the year. The most recent date of removal from home is used to determine whether the child entered foster care during the period. If an individual child entered in one year and then exits and re-enters in a subsequent year, he or she is included in the count of entries for both years.	756	881
Exited: Estimated count of all children who exited foster care during the FFY at the end of their most recent foster care episode. An individual child is counted only once for each year, even if the child exited, re-entered and exited again during the year. The most recent date of discharge (from foster care) is the one counted. If an individual child exited care in one year and then re-enters and exits again in a subsequent year, he or she is included in the count of exits for both years.	745	740
Waiting for: Estimated count: all children waiting to be adopted on the last day of the FFY. An individual child is included in the count for each year in which he or she is waiting to be adopted on	329	324

[30] U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS), data as of 8/22/2019: Children's Bureau, an Office of the Administration for Children and Families (ACH) accessed on 8/12/2020: https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption
[31] Last date available

the last day.[32]		
Parental rights: Estimated count of all children in care on the last day of the FFY whose parental rights have been terminated and who are waiting for adoption. An individual child who has these characteristics on the last day of the year is counted only once for that year.	240	233
Adopted: Estimated count of all children adopted with public child welfare agency involvement during the FFY. An individual child is counted only *once* for each year, even if (in rare cases) the child was adopted multiple times during the year. In cases when an individual child is adopted in one year and then adopted again in a subsequent year, he or she is included in the count of adoptions for both years.	287	262

We were unable to locate data about children in foster care in Bennington County on the Vermont Agency of Human Services - Department for Children and Families website, and they did not respond to our data request. However, Vermont Insights reported in 2019 that in Bennington County, there were an estimated 64 children under age 9 in DCF custody as of September 30, 2019.[33] In addition, as of August 20, 2020 the Children's Integrated Services Early Intervention Program (Southwestern Vermont Medical Center) was providing services to 150 children in Bennington County ages 0-3 years, of whom 12 were in DCF custody.[34] An additional 14 children were in the process on intake/evaluation to receive services, 3 of whom were in DCF custody.[35]

1f. Disabilities

Finding data about children and adults with disabilities in Vermont was not straightforward. When we contacted the Vermont Agency of Human Services - Disability Determination Services (DDSS) on August 12, 2020, they claimed not to have data about children with disabilities, and they referred us to the Rutland Social Security District office (which serves Bennington). We were asked to submit a faxed data request to the office manager, Molly Mitchell, but never heard a reply. The data presented below are attributable to multiple data sources and requests as depicted in the footnotes.

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[32] There is no Federal definition for children waiting to be adopted. For the purposes of this analysis, children waiting to be adopted include children with a goal of adoption and/or whose parental rights have been terminated. The "waiting" population excludes children whose parents' rights have been terminated, who are 16 years old and older, and who have a goal of emancipation. An individual child is included in the count for each year that he or she has these characteristics on the last day of the year.

[33] http://vermontinsights.org/wp-content/uploads/2020/01/Bennington-2019.pdf

[34] Data as at 8/20/2020. Received from Jennie Moon, Program Coordinator of Children's Integrated Services Early Intervention, (Southwestern Vermont Medical Center).

[35] Ibid.

Children 0-3 with disabilities: The number of children with disabilities under age three has been steadily increasing. A review of the most recent data found that the count has increased by 80% over a four-year period. Based on the most recent estimate, 81 children ages 0-3 are believed to have an Individualized Family Service Plan (IFSP).

Table 12: Bennington County Children with an IFSP, 2013-2017[36]	
Year	**Number**
2013-2014	45
2014-2015	47
2015-2016	70
2016-2017	81

The Early Head Start program is serving high numbers of children with IFSPs; in 2018-2019 of the 76 children who were cumulatively served, 28 (nearly 36%) had an IFSP. This is likely due to EHS's screening requirements and relationships with other service providers. In Vermont, 61% of children received a developmental screening in 2017; in Bennington County, just 48% received a developmental screening.[37] Because EHS seeks to screen all enrolled children within 45 days, it is expected that more children would be identified with the expansion of UCH's EHS program a few years ago. In a communication from the State Part C Coordinator to the CIS Program Coordinator at Southwestern Vermont Medical Center (dated September 2019), the State provided the CIS Coordinator with the results of a survey completed by parents of children 0-3 with IFSPs. Generally Bennington was in the upper-mid range of parent feedback; for example, 95% of survey respondents noted that the early intervention services had helped their child develop and learn and 90% reported that earlier intervention had supported the parent with having support systems.

As of August 20, 2020 the Children's Integrated Services (CIS) Early Intervention Program (Southwestern Vermont Medical Center (SVMC)) was providing services to 150 children ages 0-3, of whom three had been diagnosed with autism spectrum disorder (ASD) and 17 were suspected to have ASD.[38] An additional 14 children were in the intake/evaluation process.

Children 3-5 with disabilities: The number of children ages 3-5 years with an IEP is difficult to estimate, as the most recent publicly accessible data is from FY2015. At that time, of the four Supervisory Unions in the service area, two reported actual counts of children with disabilities,

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[36] Note: the most recent data available is 2016-2017. Agency of Human Services, Department of Children and Families, IDEA Part C Public Reporting of APR Data.
https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Part_C/Indicator_6_Part_C_Public_Reporting_APRs.pdf

[37] Building Bright Futures 2019 Report: How are Vermont's Young Children and Families?
https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/BBF-2019-HAVYCF-REPORT-SinglePgs.pdf

[38] Data as at 8/20/2020. Received from Jennie Moon, Program Coordinator of Children's Integrated Services Early Intervention, (Southwestern Vermont Medical Center).

whereas the other two did not due to confidentiality concerns. Those Supervisory Unions could only report that "less than 11" children ages 3-5 years had an IEP. This results in an estimate of anywhere from 48 (assuming the <11 is a "1") to 66 children (assuming the <11 is a "10").

To support the development of the UCH FY2021 grant proposal to the Administration for Children and Families, Office of Head Start, we reached out to the Supervisory Unions to ascertain whether the data could be accessed post 2015. We now know that the number of preschoolers with an IEP has increased significantly, from 97 in 2016-2017 to 150 in 2019-2020. The Southwest Vermont Supervisory Union is driving this change, where the number of children nearly doubled (from 50 to 98) over a four year period. The data from the Agency on Education suggests that in the four Supervisory Unions, the most common disability in children ages 3-5 years as of the last count in 2015-2016 was developmental delay. This aligns with the Head Start program, where in 2018-2019, all 17 IEP children had non-categorical developmental delay.

Table 13: Count of Preschoolers with an IEP in Bennington County, 2016-2020					
	Supervisory Union[39]				Total
	Battenkill Valley	Bennington Rutland[40]	Southwest Vermont[41]	Windham Southwest[42]	
2016-2017	3	40	50	4	97
2017-2018	0	33	76	4	113
2018-2019	3	30	78	5	116
2019-2020	8	34	98	2	150
Total	14	137	302	15	

School-aged population with disabilities: We were only able to locate data for two years (2019 and 2020) for school-aged children with disabilities in Bennington County, and --as with the other age groups-- it was challenging to find information about the breakdown of types of disabilities. The 2020 data about the number of students with autism is not yet available.

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[39] Note: Data for children ages 3-5 years is only available in the detailed reports, the most recent of which is for FY2015. https://education.vermont.gov/data-and-reporting/school-reports/special-education-reports. The total count of children K-12 with IEPs is available via the Special Education Expenditures by Supervisory Union Reports, which are available through FY2018. Individual inquiries were placed with each Supervisory Union to gather data post 2015.

[40] Data are as of 12/1 annually. Received from Pam Latourelle, 9/4/2020.

[41] Data represent the year end count. Received from Tori Stevens, 9/4/2020.

[42] Data from Jennifer Jordan, 9/23/2020 and 9/25/2020.

Table 14: School-aged Children with Disabilities in Bennington County, 2019-2020								
Supervisory Union								
	Battenkill Valley		**Bennington Rutland**		**Southwest Vermont**		**Windham Southwest**	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Students with Autism[43]	*** (< 11)	No data	18	No data	40	No data	*** (<11)	No data
Students with Emotional Disturbance[44]	*** (<11)	***(<11)	52	40	55	52	15	15
Total count Students with Disabilities[45]	68	No data	163	No data	489	No data	100	TBD
Students with IEPs[46]	75	80	387	379	687	709	138	139

A note about the discrepancy between the "total count of students with disabilities" and "students with IEPs" data in the above table, which one would expect to be the same or very similar: Rob Galloway believes the discrepancy is likely due to a small difference in the queries between the two cited source datasets or, more likely, that the Vermont Agency of Education's special education team made an update to the dataset between our two dataset requests. We have elected to present both numbers in the table, realizing that the difference between the two measures is particularly large for Bennington-Rutland SU (163 students with disabilities v. 387 students with IEPs in 2019). Depending on which measure you rely on, the total number of students with disabilities in the county in 2019 was anywhere from 820 ("students with disabilities") to 1,287 ("students with IEPs"). The number of students on IEPs increased from 1,287 in 2019 to 1,307 total in 2020.

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[43] Data from Rob Galloway, Vermont Agency of Education, 9/4/2020.

[44] Data from Rob Galloway, Vermont Agency of Education, 10/13/2020

[45] Data from Rob Galloway, Vermont Agency of Education, 9/4/2020.

[46] Data from Rob Galloway, Vermont Agency of Education, 10/13/2020

Rob Galloway at Vermont Agency of Education also provided data about students with 504 plans (table below) broken out by elementary, middle and high school, noting that "the data source for counting 504 plans does not include independent schools, so they are not included in the counts" (UCS had noted being interested in this data from Long Trail, Burr and Burton, and Vermont School for Girls). 504 plans are formal plans that schools develop to support students with disabilities.

Table 15: School-aged Children with 504 Plans in Bennington County, 2017-2020[47]				
Supervisory Union	**2017**	**2018**	**2019**	**2020**
Battenkill Valley SU				
Elementary (K-5)	Data suppressed	***	***	***
Middle (6-8)	Data suppressed	***	***	***
High (9-12)	Data suppressed	***	11 (ca 50%)	***
Total	Data suppressed	22	22	16
Bennington Rutland SU				
Elementary	20 (ca 54%)	***	Data suppressed	21 (ca 51%)
Middle	17 (ca 46%)	***	Data suppressed	20 (ca 49%)
High	0	***	Data suppressed	0
Total	37	1	Data suppressed	41
Southwest Vermont SU				
Elementary	46 (ca 30%)	51 (ca 30%)	36 (ca 21%)	25 (ca 20%)
Middle	33 (ca 22%)	47 (ca 27%)	56 (ca 33%)	36 (ca 29%)
High	74 (ca 48%)	74 (ca 43%)	79 (ca 46%)	65 (ca 52%)
Total	153	172	171	126
Windham Southwest SU				

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[47] Data from Rob Galloway, Vermont Agency of Education, 10/13/2020.

Elementary	***	***	***	***
Middle	***	***	***	***
High	14 (ca 52%)	13 (ca 52%)	14 (ca 48%)	11 (ca 52%)
Total	27	25	29	21
Grand Total Bennington area	**217**	**220**	**222**	**204**

While the total number of students on 504 plans has fluctuated year-to-year within each of the above four SUs, the grand total for the Bennington County area has remained relatively stable in the 2017-2020 period (last row in above table). Because data has been suppressed for Battenkill Valley SU for most of the last four years, it is impossible to know the distribution of students with 504 plans across the elementary-middle-, and high-school levels (with exception of 2019, where we know that half the students on 504 plans were in high school). For Windham Southwest SU, we don't know the distribution between elementary and middle school students on 504 plans, but we know that half the students are in high school, and that percentage remains relatively stable across the four years, ranging between 48-52%. Concerned that the Bennington-Rutland SU data drops and increases year-to-year seem remarkably dramatic, we contacted Rob Galloway at Vermont Department of Education, who provided us with the above data. He agreed, doubting that the enrollments would vary by that much from year to year, and is investigating whether this is due to an error in the suppression logic. We will revise the data and this report once further information that addresses this issue is received.

Services for children with disabilities: "Services for children and youth with developmental disabilities (DD) are typically provided through Early Period Screening, Diagnosis and Treatment (EPSDT) state plan services (up to age 21) and the education system (minimally up to age 18). In addition, children may receive Children's Personal Care Services through the Vermont Department of Health (VDH) up through age 21."[48] The Vermont Department of Disabilities, Aging & Independent Living (DAIL) provides services through Home and Community-based Services (HCBS), The Bridge Program: Care Coordination for Children with Developmental Disabilities, Family Managed Respite (FMR), and Flexible Family Funding (FFF).

We were not able to locate county-level data, but the below table shows state-level information about children served and unmet need. As is depicted, it is difficult to make sense of the data given the number of fields for which there is no data.

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[48] Feb 2020 "Developmental Disabilities Services State Fiscal Year 2019 Annual Report": https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_DDS_Annual_report.pdf

Table 16: Vermont, Number of Children Served and Waiting (FY2019)[49]				
Type of Service	**Number of Children (up to 18) Served**	**Number of Transition age youth Served (ages 18-22)**	**Number of Adults Served**	**Number Of Individuals Waiting for Services Who Did Not Meet a Funding Priority by Type of Service and Cost**
Home and Community-based Services Total:				
Service Coordination	No data	No data	No data	181
Employment Services	No data	No data	No data	23
Community Supports	No data	No data	No data	50
Clinical Services	No data	No data	No data	85
Supportive Services	No data	No data	No data	8
Crisis Services (Individual)	No data	No data	No data	24
Supervised Living - Family (in-home)	No data	No data	No data	64
Respite - Family	No data	No data	No data	101
Supervised Living - Home Support	No data	No data	208	27
Respite - Shared Living	No data	No data		1
Staffed Living - Home Support	No data	No data	45	1

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[49] Feb 2020 "Developmental Disabilities Services State Fiscal Year 2019 Annual Report": https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_DDS_Annual_report.pdf

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Group Living - Home Support	No data	No data	91	1
Home Modification	No data	No data	No data	10
Transportation	No data	No data	No data	12
Subtotal HCBS	63	210	3,125	276
Other DD Services				
Bridge Program	395 (up to age 22)	0	No data	
Flexible Family Funding	735	216	1,113	13
Family Managed Respite	275 (up to age 21)	0	23	
Targeted Case Management	302 (all ages)			0
Post-Secondary Education Initiative	No data	No data	No data	0
Subtotal	-	-	-	36

Adults with disabilities & complexity of needs: According to the Vermont Department of Health, about 110,000 adults in Vermont have a disability (representing 22% of adults overall), and women and men are equally likely to have a disability.[50] Half of these adults have more than one disability.[51] Additionally, "[p]eople with disabilities have higher rates of chronic conditions compared to people who don't have a disability."[52] In fact, "95% of adults with a disability have a chronic condition. Two out of three adults with a disability have two or more chronic conditions. Adults with a disability are three times as likely than adults without a disability to have asthma, COPD, diabetes, cardiovascular disease, kidney disease, cognitive decline and depression. Three-quarters of Vermont adults with a disability are overweight or obese."[53] State-

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[50] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf, page 12.

[51] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf, page 26.

[52] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf, page 3.

[53] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf, page 9.

wide data about health, specific mental health issues, and other key demographic data (housing, income, economic participation) are available in the National Core Indicators Adult Consumer Survey Reports and In Person Survey reports for Vermont for 2016-2017, 2017-2018, and 2018-2019.

Compared to other counties in Vermont, in 2016 people in Essex (36%) and Bennington (30%) Counties were quite a bit more likely to have a disability.[54] Thirty percent of Bennington county's adult population (using 2016 ACS count) was 8,500 people.[55] The table below compares the percentage of Bennington adults with a disability to the percentage of adults in Vermont. The table utilizes the 2016 ACS adult population estimates to provide an approximate count per type disability type (naturally, it's possible for someone to have more than one of the listed disabilities). Notably, for all disability types listed in the table, adults in Bennington County are more likely to have the disability than is the average for the state.

Table 17: Bennington County Adults with Disabilities, By Type (2016)[56]			
Type	**Approximate Bennington County Count[57]**	**Percent**	**Vermont State-Wide Percent of Adults with Disability**
Mobility Disability	4,816	17%	11%
Cognitive Disability	2,833	10%*	9%
Hearing Disability	2,267	8%	6%
Independent Living Disability	2,267	8%	6%
Visual Disability	850	3%	3%
Self-care Disability	1,133	4%	3%

*) The real number of people with cognitive disability is higher, as data does not include adults with cognitive disability living in an institution or group home, and also because adults with cognitive disability may have been less likely to answer the phone to complete the Behavioral Risk Factor Surveillance Survey which is the source of these data.

The 2017 Vermont DAIL Demographic Projections (Population Projections by Age and Disability) databook offers insight into how the population of people with disabilities has

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[54] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf, showing data source 2016 Behavioral Risk Factor Surveillance System, page 13. (Actually, Grand Isle percentage is 32%, but the population in that county is small).

[55] The 2016 ACS Bennington County population figure for people ages >19 years is 28,331.

[56] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf,

[57] Estimated based on 2016 ACS total adult population

changed since 2016, and might look like now and in ten years' time.[58] The projections rely on data from the American Community Survey (ACS) and work by Jones & Schwartz from 2013.[59]

Table 18: Bennington County Adults with Disabilities, Projections 2020 & 2030				
Type	2020 Low -High Estimate Scenario A*	2020 Low-High Estimate Scenario B**	2030 Low Estimate Scenario A*	2030 High Estimate Scenario B**
Functional only	660 - 1,039	642 - 1,010	660 - 1,039	620 - 976
Cognitive only	2,150 - 2,629	2,019-2,556	2,150 - 2,629	2,021 - 2,470
Both functional and cognitive	1,404 - 1,881	1,365-1,829	1,404 - 1,881	1,319 - 1,768
Neither functional nor cognitive	26,479 - 27,256	25,744 - 26,500	26,475 - 27,252	24,879 - 25,609
Total Estimated population ***	35,834	35,834	38,828	33,668

*) Scenario A is projected using 1990s data, and assumes a greater level of migration and stronger economy overall.

**) Scenario B is projected using 2000s data, and assumes less migration and a weaker economy overall.

***) Total row does not equal the sum of the disability subcategories, and includes people aged >5 years old.

Services for adults with disabilities: There are fewer state plan and education funding and service options available to adults with disabilities than for children. Adults are primarily served through the Home and Community-Based Services (HCBS) program, which provides service coordination, community supports, employment supports, various home supports (24-hour shared living, staffed living, group living), supervised living (hourly supports in person's own home or family member's home), respite, clinical services, supportive services, crisis services,

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[58] https://dail.vermont.gov/sites/dail/files//documents/VT_Demographic_Projections.pdf (2017)

[59] We were not able to find more details about the "Jones & Schwartz, 2013" data source cited in VT DAIL's demographic projections.

home modifications, and transportation. UCS provided HCBS services to 166 individuals in FY19.[60]

Several statewide and local area organizations/entities provide elderly, disabled and visually Impaired Services to Bennington County residents: Southwestern Vermont Medical Center (SVMC), United Counseling Services (UCS), Bennington Project Independence (BPI), Southwestern VT Council on Aging (SVCOA) and VT Association for the Blind and Visually Impaired (VABVI).

Adults with disabilities with children: As noted previously in this report, UCS expressed interest in data about adults with disabilities with children ages 0-5, 6-18; and 27+. Although we were unable to locate data about the number of parents with disabilities, the February 2020 "Developmental Disabilities Services State Fiscal Year 2019 Annual Report"[61] notes an increase over time of the number of parents who receive support to parent their child. Eighty individuals in Vermont received support to parent their child who lives with them, and 55 parents whose minor children do not live with them received support.[62]

1g. Racial and ethnic composition of Bennington County children, families, and individuals

Bennington County is relatively homogenous. The vast majority of individuals in Bennington County identify as one race, White (95.7%).[63] Using the 2016-2018 ACS 5-Year estimates, we can confirm that this data has remained consistent.

Table 19: Race in Bennington County, 2016-2019 5-Year Estimates[64]				
	2016	**2017**	**2018**	**2019**
Total population	**36,503**	**36,054**	**35,920**	**35,746**
One race	**35,683**	**35,282**	**35,197**	**35,124**
White	35,076 (96.1%)	34,672 (96.2%)	34,393 (95.7%)	34,210 (97.4%)
Black or African American	236	350	230	247

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[60] Feb 2020 "Developmental Disabilities Services State Fiscal Year 2019 Annual Report": https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_DDS_Annual_report.pdf, page 35.

[61] https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_DDS_Annual_report.pdf

[62] Feb 2020 "Developmental Disabilities Services State Fiscal Year 2019 Annual Report": https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_DDS_Annual_report.pdf, page 22.

[63] 2018: ACS 5-Year Estimates Detailed Tables (B02001)

[64] 2016, 2017 & 2018: ACS 5-Year Estimates Data Profiles. TableID DP05.

American Indian and Alaskan Native	29	31	62	89
Asian	211	140	390	360
Native Hawaiian and Other Pacific Islander	14	12	15	92
Two or more races	**820**	**772**	**723**	**622**
White and Black or African American	53	130	41	87
White and American Indian and Alaska Native	493	451	541	211
White and Asian	199	77	84	124
Black or African American and American Indian and Alaska Native	25	102	0	0

There is also very little diversity of home language. Approximately 96% of Bennington County residents over the age of five years speak only English. This is similar to the Vermont average of 94-95%. Of those who speak a language other than English, the other Indo-European languages are most common.

Table 20: Language in Bennington County, 2016-2019 5-Year Estimates[65]				
	2016	**2017**	**2018**	**2019**
Population 5 Years and Older	34,775	34,368	34,274	34,042
Speak only English	95.7%	96.1%	95.3%	95.4%
Of those who speak a language other than English				
Speak Spanish	1%	.8%	1%	1.2%
Speak other Indo-European languages	2.6%	2.5%	2.7%	2.5%
Speak Asian and Pacific Islander languages	.7%	.5%	.9%	.7%
Other languages	0%	0%	.1%	.2%

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[65] 2016, 2017 & 2018: ACS 5-Year Estimates Data Profiles. TableID S1601.

Within the total 2018 population of 35,920, just 675 identify as Hispanic (1.9%). This is also true of the Vermont general population, where 1.9% identify as Hispanic.[66] In the UCH Head Start and Early Head Start programs, the vast majority of families speak English at home. As is depicted below, the percentage of families who speak a language other than English ranges from 1.6-2.4% over a three-year period. The most common non-English language is Spanish.

Table 21: Primary Language of Head Start/EHS Families Served, 2016-2019[67]	
Program Year	**Head Start Families Who Speak a Language Other Than English**
2016-2017[68]	1.6%
2017-2018	2%
2018-2019	2.4%

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[66] Ibid.

[67] United Children's Services Head Start and Early Head Start Program Information Reports, 2016-2019 as provided by UCH.

[68] 2016-2017 is Head Start only; 2017-2018 and 2018-2019 include both Head Start and Early Head Start.

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SECTION 2: NEEDS OF CHILDREN, FAMILIES, AND INDIVIDUALS IN BENNINGTON COUNTY

2a. Education

The US Census Bureau reports that 35.7% of Bennington adults ages 25 years and older hold a bachelor's degree or higher. This is slightly lower than VT's average of 38.7%. As is depicted below, 38% of Bennington's population holds a high school diploma or less. Education is directly correlated to median income; in Bennington County, a high school graduate's median income is $30,355, while holding a bachelor's is associated with a median income of $39,140 and a graduate degree a median income of $52,242.[69]

Table 22: Education Attainment, 2018 5-Year Estimates[70]			
	18-24 year olds	**25 year olds +**	**Total**
Total population	3,413	25,587	29,000
< High school graduate	337 (10%)	2,079 (8%)	2,416 (8%)
High school graduate	1,253 (37%)	7,495 (29%)	8,748 (30%)
Some college or associate's degree	1593 (47%)	6,868 (27%)	8,461 (29%)
Bachelor's degree or higher	230 (7%)	9,145 (36%)	9,375 (32%)

Updated Table 22: Education Attainment, 2018 5-Year Estimates			
	18-24 year olds	**25 year olds +**	**Total**
Total population	3,456	25,485	28,941
< High school graduate	356 (10%)	2,250 (9%)	2,606 (9%)
High school graduate	1,230 (36%)	7,409 (29%)	8,693 (30%)
Some college or associate's degree	1,560 (455)	6,599 (26%)	8,159 (28%)
Bachelor's degree or higher	310 (9%)	9,227 (36%)	9,537 (33%)

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[69] 2018: ACS 5-Year Estimates Subject Tables. TableID S1501.

[70] 2018: ACS 5-Year Estimates Subject Tables. TableID S1501.

In Bennington County, just 51% of children ages 3-4 years are enrolled in preschool.[71] One of the indicators that BCHS/EHS considers in their program planning is the percentage of students who are "ready" for kindergarten by the Supervisory Union. There are four in Bennington County and in 2018-2019, the rate of kindergarten readiness varied from a low of 80.7% (Southwest Vermont Supervisory Union) to a high of 94.9% (Windham Southwest Supervisory Union).[72]

2b. Health

Moving up three spots since 2018, Vermont ranked first (!) in America's Health Rankings in 2019, which bases its state ranking on 35 measures of health from 19 data sources.[73] Among the strengths cited in America's Health Rankings for Vermont (2019) are low incidence of chlamydia, low violent crime rate, and low percentage of uninsured population, and --notably-- that from 2018 to 2019 disparity in health status decreased rather dramatically from 33.8% to 17.4%.[74] The Behavioral Risk Factor Surveillance System defines disparity in health status as the "difference between the percentage of adults ages 25 and older with at least a high school education compared with those without, who reported their health is very good or excellent."

Prenatal care and teen pregnancy: Prenatal care information is limited to the State-level data in both national datasets (such as the National Center for Health Statistics) or organizations that support healthy pregnancy such as the March of Dimes. Vermont women fare better than national averages in three key indicators: receipt of prenatal care, delivery of a full term baby, and birth weight as noted below.[75]

- In 2018, 89.2% of births were to women receiving early prenatal care (first trimester), nearly 9% were in the second trimester, and nearly 2% were late or received no care.
- Nearly 92% of births were full term, while approximately 7% were moderately preterm (32-36 weeks) and 1% were very preterm (32 weeks or earlier).
- Nearly 93% of births were not low birth weight (5.5 pounds or greater), while 6% were moderately low (3.33 to 5 pounds)and 1% were very low (3.33 pounds or less)

We also looked into the challenge of **teen pregnancy** (defined as pregnancy to a young woman ages 15-19). Using The National Center for Health Statistics, we learned that in 2018 in Bennington County, an estimated 15 out of every 1,000 females aged 15-19 years. In 2017, the rate was 15.8 per 1,000. In Vermont, the rate is 8.8 per 1,000, one of the lowest in the nation.[76]

Children's medical needs: According to the *2019 How are Vermont's Young Children and Families?* report, Vermont children have very high rates of health insurance (97%) and families

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[71] 2018: ACS 5-Year Estimates Subject Tables. TableID S1401.

[72] http://vermontinsights.org/wp-content/uploads/2020/01/Bennington-2019.pdf

[73] America's Health Rankings Annual Report 2019:
https://www.dropbox.com/home/United%20Counseling_Children's%20Services%20Needs%20Assessment%202020/Data%20%26%20Reports/Mental%20Health?preview=AmericasHealthRankings_2019annualreport.pdf

[74] 2019: https://www.americashealthrankings.org/explore/annual/measure/MHP/state/VT, accessed 10/7/2020.

[75] https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=50&top=4&stop=42&lev=1&slev=4&obj=3

[76] https://www.cdc.gov/nchs/data-visualization/county-teen-births/

report that insurance for their child is adequate (nearly 80%). The vast majority of children under age six (91%) have seen a doctor in the last year for a well child visit or treatment.

Where Vermont struggles is typically in dental services; for example, children 1-2 years are unlikely to have seen a dentist for preventive care (only 29% have) and while the number is substantially higher for children 3 to 5 years (86%) this is an area that the state and communities have invested in. UCH supports children with accessing dental services; in 2018-2019, 80 Head Start children had access to a dental home at the start of their enrollment and this increased to 100 by the end of the enrollment period. Of the 136 children cumulatively enrolled in the Head Start program, 124 (91%) were able to receive preventive care. Staff assist families of dual language learners with identifying and accessing appropriate healthcare services in their home language, and communicate all pertinent health information about their child in their home language.

Life expectancy: We were not asked to look into life expectancy by UCH or UCS. However, while utilizing the National Center for Health Statistics Data Visualization Gallery, we were struck to see such variation in life expectancy by census tract in Bennington County. Per the NCHS, "Census tracts are sub-county geographic areas with an average population size of 4,000, ranging from 1,200 to 8,000 people. The mortality data used to produce the estimates by census tract are final death counts for each year of the 2010–2015 period, collected from death certificates, filed in state vital statistics offices and geocoded with census tract codes." As is depicted below, the average life expectancy is just over 82 years. However, there are two tracts that are noticeably lower: 9709.00 (73.5 years) and 9712.00 (75.1 years). A review of a census tract map found that tract 9712 is downtown Bennington, and 9709 is northeast Bennington.

To better understand what might be influencing life expectancy, we also looked at data organized by the Federal Financial Institutions Examination Council (which reports data based on Census tracts) and there were noticeable differences in median income. Unsurprisingly, the tracts with the highest income had the highest life expectancy; the lowest income is associated with the lowest expectancy. We also looked at the percentage of individuals noted as being a "minority" living in the census tract and found income was the bigger predictor of life expectancy.

Table 23: Life Expectancy in Bennington County			
Bennington Census Tract	**Life Expectancy 2010-2015**[77]	**2020 Estimated Tract Median Family Income**[78]	**Tract Minority Percentage (number)**
9702.00	88.1	$88,103	2.07% (45)
9703.00	79.3	$70,743	5.67% (61)

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[77] Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.https://www.cdc.gov/nchs/data-visualization/life-expectancy/
[78] Federal Financial Institution Examination Council Census Report - Summary Census Demographic Information, Bennington County. https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx

9704.00	86.5	$64,656	2.97% (129)
9705.00	81.5	$78,561	4.07% (40)
9706.00	82.9	$75,100	2.09% (64)
9707.00	84.9	$71,153	3.02% (74)
9708.00	89.0	$83,060	2.52% (89)
9709.00	**73.5**	**$60,911**	**3.67% (74)**
9710.00	84.6	$87,096	12.05% (463)
9711.00	78.3	$65,626	4.60% (218)
9712.00	**75.1**	**$38,785**	**8.50% (415)**
9713.00	81.9	$71,116	4.28% (149)

Access to medical services: Southwestern Vermont Health Care (SVHC) consists of a medical center, satellite practices and affiliates serving southern Vermont, eastern New York, and northern Massachusetts; more than 10% of SVHC's service volume is in the Bennington area.[79] SVHC conducted an extensive community health needs assessment in 2018, which is rich with data and also includes a comprehensive list of healthcare facilities and institution names in the CHNA report's Appendix C.[80] Summarized in the table below are the number of providers (facilities/resources) by service type.

Table 24: Catalogue of Healthcare Facilities and Resources in Bennington County, 2017[81]	
Type	**Number of facilities providing care**
Hospital / Medical Center	1 (SVMC)
Primary Care Physician Practice	17
Specialty Care Practice	16

[79] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190

[80] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190

[81] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190, Appendix C, pages 25-26.

Dentistry, Orthodontics, Oral Care	29
Behavioral Health Services	25
Visiting Nurses & Hospice Care	2
Long-term Care & Subacute Care	4
Physical Therapy & Rehabilitation	14

2c. Oral health

As mentioned above, oral health is a challenge for Vermont, and is compounded for people living with poverty and/or disabilities: "One third of Vermonters with a disability report poor physical health and one third report poor mental health. Adults with a disability are less likely to report seeing the dentist in the last year and are twice as likely to have ever had a tooth pulled compared to adults without a disability. Adults age 65 and older with a disability are twice as likely to report a fall in the last year than those adults with no disability."[82] Encouragingly, 87% of respondents to the Vermont's Guardianship services program adult in-person survey in FY 2018 reported they'd had a dental exam within the past year.[83] (Also see the subsection about oral health services in this report's Section 5: Resources to meet the needs of the community.)

Oral health services: The 2018 SVHC Community Health Needs Assessment notes that 72.22% of adults in Bennington County reported having visited a dentist in the past year, which is lower than the nearly three-quarter of Vermont adults having done so (74.84% state-level)[84]. While Vermont ranked first nationally in America's Health Rankings in 2019, it performs below the U.S. national score for number of dentists per 100,000 population. VDH reports that in 2015, Bennington had 45.5 dentist FTEs per 100,00 Vermonters, which was higher than the statewide 38.3[85]

A 2014 Vermont Department of Health survey found that Bennington students had "some of the worst oral health outcomes in the state"[86]. "Tooth decay compromises the health, development, and quality of life of children and adults alike. In fact, it can affect eating and sleeping habits,

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[82] "The Health of Vermonters Living with Disabilities", Vermont Department of Health, https://www.healthvermont.gov/sites/default/files/documents/pdf/DisabilityDataPages_AccessibleVersion.pdf, page 9.

[83] Feb 2020 "Developmental Disabilities Services State Fiscal Year 2019 Annual Report": https://ddsd.vermont.gov/sites/ddsd/files/documents/DAIL_DDS_Annual_report.pdf, page 41.

[84] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190, page 39. Nationally, only 69.5% of adults reported having visited a dentist in the past year.

[85] https://www.healthvermont.gov/ia/CHNA/District/atlas.html , accessed on 9/24/2020.

[86] https://gbicsbennington.org/programs/bennington-oral-health-coalition/

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self-esteem, speech development, and school performance. Moreover, tooth decay does not affect everyone equally. Children living in poverty are twice as likely to suffer from tooth decay and poor dental health, and their dental diseases are more than twice as likely to go untreated when compared to their wealthier peers. In Bennington County, that means 20% of children under 18 and 21% of children under 5 are at risk."[87]

The community-led Bennington Oral Health Coalition is managed by GBICS, and teaches families and children about the importance of oral health, works for community policymakers and decision-makers, and has set up a free dental health clinic in the Molly Stark Elementary School[88] (the school has 383 enrolled students[89]).

The Southwestern Vermont Medical Center (SVMC) dental clinic opened in January 2018 and in 2019 was serving more than 30 clients daily, most of whom were people covered by Medicaid and children.[90]

2d. Nutrition and food security

According to Annie E. Casey Foundation's Kids Count Data Center, data from the 2001-2019 Current Population Survey, Food Security Supplement indicate that the estimated number of children in Vermont living in households that were food insecure at some point during the year has remained stable for the 2013-2017 period (about 18,000-19,000 children or 14%-16% of children ages 0-18 in the state). This represents a decrease from the average 20.5% in the 2008-2012 period.[91] The Kids Count Data Center defines food insecurity for the above measure as "[c]hildren under age 18 living in households, where in the previous 12 months, there was an uncertainty of having, or an inability to acquire, enough food for all household members because of insufficient money or other resources."[92]

As a state, Vermont ranks relatively well compared to others; out of 50, where 1 is worst for food insecurity, Vermont ranked 40th in 2016 and 36th in 2017. 2018 had the lowest food insecurity

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[87] https://gbicsbennington.org/blog/dental-health/

[88] https://gbicsbennington.org/programs/bennington-oral-health-coalition/

[89] https://mollystark.svsu.org/

[90] Southwestern VT Health Care Community Needs Assessment Implementation Annual Report 2019: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/CHNA-2019.pdf?ver=2020-06-24-112551-037, page 5.

[91] Source: Annie E. Casey Foundation Data Center (accessed 9/29/2020): https://datacenter.kidscount.org/data/tables/5201-children-living-in-households-that-were-food-insecure-at-some-point-during-the-year?loc=47&loct=2#detailed/2/47/false/1757,1687,1652,1564,1491,1443,1218,1049,995,932/any/11674,11675

[92] Source: Annie E. Casey Foundation Data Center (accessed 10/21/2020): https://datacenter.kidscount.org/data/tables/5201-children-living-in-households-that-were-food-insecure-at-some-point-during-the-year?loc=47&loct=2#detailed/2/47/false/1757,1687,1652,1564,1491,1443,1218,1049,995,932/any/11674,11675

rates in the U.S. in ten years.[93] Feeding America produces biannual "Map the Meal Gap" reports on national, level and county levels. 2019 data is not yet available as the "Map the Meal Gap" reports lag by two years (so the 2021 report will have 2019 data). However, given the extraordinary circumstances in 2020 due to COVID-19 and its dramatic impact on the economy, Feeding America released a report earlier this year which used projections of unemployment and poverty that estimate an up to 46% (!) increase in number of people who "may experience food insecurity due to COVID-19 in 2020" -- that's 17 million more than the 37 million people nationally who lived "without consistent access to adequate food" in 2019.[94] Eleven million of the 37 million in 2019 were children.

Because the "Map the Meal Gap" reports use data from two years prior, the 2019 state- and county-level data will only be reported out in 2021. The jump from 2018's to 2020's estimates is significant, according to Feeding America's estimates about the impact of CVOID-19: state-wide, the child food insecurity rate is estimated to have increased by 60% from 2018 to 2020. In Bennington County, the child food insecurity rate is estimated to have increased 57% from 2018 to 2020 (see table below). And relative to Vermont's state-level child food insecurity rates, Bennington County's rate is higher each year 2016-2020.

	Vermont		Bennington County			
	# Children experiencing food insecurity	Child food insecurity rate (%)	# Food-insecure individuals all ages	# Food-insecure adults	Estimated # food-insecure children (<18 years)	Child food insecurity rate (%)
2016	18,620[a]	15.7%[a]	4,450[b], [c]	3,160	1,290[c]	18.1%
2017 [d]	18,760	15.9%	4,340	3,110	1,230	17.7%
2018	17,550 [e]	15.2%[f]	4,170[f]	3,010	1,160[g]	16.8%[g]

Table 25: Food Insecurity, Adults and Children in Vermont and Bennington County, 2016-2020

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[93] "Mind the Meal Gap" reports:
2016 data: https://map.feedingamerica.org/county/2016/overall/vermont/county/bennington,
2017 data: https://map.feedingamerica.org/county/2017/child/vermont/county/bennington,
2018 data: https://map.feedingamerica.org/county/2018/child/vermont/county/bennington

[94] 2020 "Mind the Meal Gap" report:
https://www.feedingamerica.org/sites/default/files/2020-06Map%20the%20Meal%20Gap%202020%20Combined%20Modules.pdf, page 2.

2019	State data not yet available	State data not yet available	County data not yet available	County data not yet available	County data not yet available	County data not yet available
2020 data (h)	28,160	24.4%	6,110	4,280	1,830	26.5%

(a) 2018: 2016 data: Tableau: https://public.tableau.com/profile/feeding.america.research#!/vizhome/MaptheMealGap-ChildFoodInsecurity/ChildFoodInsecurity

(b) 2018: 2016 data Food Insecurity in VT by County: https://www.feedingamerica.org/sites/default/files/research/map-the-meal-gap/2016/overall/VT_AllCounties_CDs_MMG_2016.pdf

(c) 2016 data: https://map.feedingamerica.org/county/2016/overall/vermont/county/bennington

(d) 2019: 2017 data https://map.feedingamerica.org/county/2017/overall/vermont/county/bennington

(e) Map the Meal Gap 2020 Child Food Insecurity Module.pdf: https://www.feedingamerica.org/sites/default/files/2020-06/Map%20the%20Meal%20Gap%202020%20Child%20Food%20Insecurity%20Moduled.pdf

(f) 2018 data: https://map.feedingamerica.org/county/2018/**overall**/vermont/county/bennington

(g) 2018 data: https://map.feedingamerica.org/county/2018/**child**/vermont/county/bennington

(h) 2018 data is most recent available from Feeding America for their "Map the Meals Gap" series, but they have issued a report about COVID-19 impact on food insecurity as well as 2020 projections, in this dataset received from them 9/1/2020 in response to our data request: "The Impact of Coronavirus on Food Insecurity" dataset. Also for information on how 2020 estimates were calculated see related FAQ doc, Source citation: Gundersen, C., M. Hake, A. Dewey, & E. Engelhard (2020). The Impact of the Coronavirus on Food Insecurity v1 [Data file and FAQ]. Available from Feeding America: research@feedingamerica.org. https://www.dropbox.com/home/United%20Counseling_Children's%20Services%20Needs%20Assessment%202020/Data%20%26%20Reports/Food%20Insecurity?preview=FI1+%26+FI1a+The+Impact+of+the+Coronavirus+on+Food+Insecurity+FAQ+6.4.pdf

Feeding America notes, "During this crisis, the charitable food system is even more critical to meeting the needs of families facing hunger."[95]

Services for food-insecure individuals: 3SquaresVT is the state's Supplemental Nutrition Assistance Program (SNAP) program. According to the FY19 3SquaresVT State Outreach Plan, in 2018 there were 160,349 Vermonters at or below 185% of the Federal Poverty Level (FPL) of whom only 45% participated in the 3SVTprogram as of May 2018.[96] That means 88,192 eligible people (55%) were not served by the program. A year later, although the overall number of eligible people decreased, the participation rate of eligible people remained at 45%.[97] Several

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[95] 2020 "Mind the Meal Gap" report: https://www.feedingamerica.org/sites/default/files/2020-06Map%20the%20Meal%20Gap%202020%20Combined%20Modules.pdf, page 2.

[96] FY19 3SquaresVT State Outreach Plan: https://dcf.vermont.gov/sites/dcf/files/ESD/Report/FFY19%20REVISED%203SVT%20State%20Outreach%20Plan%20Final%20%284%29.pdf page 5.

[97] FFY20 3 SquaresVT State Outreach Plan: https://dcf.vermont.gov/sites/dcf/files/ESD/Report/Revised%20FFY20%203SVT%20Outreach%20Plan.pdf, page 6

organizations are involved in a three-year (2018-2020) outreach effort funded by the Vermont Economic Services Division. The following three grantees specifically serve people experiencing food insecurity in the Bennington area:

- <u>BROC Community Action</u> in southwestern Vermont serves the Bennington-Rutland area (except the town of Pittsfield) and works to raise awareness of the 3SVT program, and, "reduce food insecurity by increasing the number of eligible Vermonters taking part in 3SVT."[98] BROC serves about 1,500 households annually and provides emergency food assistance and food provided by the US Department of Agriculture (USDA).[99]
- <u>Southwestern Vermont Council on Aging, Inc. (SVCOA)</u> specifically works to increase participation in 3SVT by people aged 60+ and aims to reach 14,500 individuals in Bennington and Rutland counties (except Pittsfield, Readsboro, Searsburg and Winhall) by end FY2020 through its grant agreement with the Vermont Economic Services Division[100]
- <u>GBICS Bennington</u> (pronounced gee-bix) is a community-based, non-profit organization serving people who live in or near poverty in Bennington County.[101] Their programs include the Food and Fuel Fund (where GBICS works with BROC and Vermont Department of Health) and the Kitchen Cupboard (which provides free food to over 1,000 Bennington-area households annually, with food provided by the Vermont Food Bank and local farms).

2e. Social service and mental health

<u>Children and mental health:</u> According to SVHC's 2018 community health needs assessment report, almost a quarter (23%) of students reported feeling sad/hopeless every day for >2 weeks in a row. The Vermont state-level figure is slightly lower (20%), but the national figure is much higher, an alarming 29.9%.[102] The Building Bright Futures 2020 Task Force Report on Early Childhood and Family Mental Health seeks to respond to the increasing number of children who are in DCF custody and the number of young children accessing specialized child care in Vermont. The number of children accessing mental health services in Vermont has climbed steadily for the past twenty years, hitting a peak in 2014 (3,400 children) and currently sitting at approximately 3,322 children. The report calls on Vermont early education and care programs to build the capacity of parents and caregivers to meet the mental health and well-being needs of

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[98] State of Vermont Outreach Plan, SNAP Amended Annual Plan for Rack Cards - FFY18 3SVT Outreach: https://dcf.vermont.gov/sites/dcf/files/ESD/Report/Amended%20FFY18%203SVT%20Outreach%20Plan%20for%20Rach%20cards%20%282%20.pdf ,pages 9-11.

[99] BROC website: https://www.broc.org/food-nutrition/community-food-shelves/19m

[100] State of Vermont Outreach Plan, SNAP Amended Annual Plan for Rack Cards - FFY18 3SVT Outreach: https://dcf.vermont.gov/sites/dcf/files/ESD/Report/Amended%20FFY18%203SVT%20Outreach%20Plan%20for%20Rach%20cards%20%282%20.pdf, pages 4, 43.

[101] GBICS website: https://gbicsbennington.org/

[102] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190, page 12.

families, promote parents as partners in mental health, invest in prevention and early detection, and make the early childhood system easier to navigate.

Childhood adversity, and adverse childhood experiences (ACEs) impact approximately one-third of US children, and the rate in VT is believed to be in-line with national averages. In VT, more than 28% of children have experienced one or two ACES, while 8% have experienced three or more ACEs. The most common ACEs in VT are believed to be living in a home where basic needs cannot be covered, experiencing the divorce of a parent/guardian, living with someone with substance abuse disorder, and living with someone with severe mental health challenges.[103] While there is no data specific to the number of children in Bennington County who are believed to have experienced multiple ACEs, it is noteworthy that UCH is in a unique position to respond to ACES, given the organization's emphasis on families as their children's primary teacher and advocate, and the support that the organization provides families through the nurturing of protective factors. UCS's work has also supported responding to ACEs by offering training on the science of adverse early childhood experiences and the prevention of toxic stress.

Generally, the number of Head Start and EHS children who have been engaged in the foster care system is consistent, as are referrals from partners as is depicted in the data below.

Table 26: Social and Mental Health Service Needs of Head Start/Early Head Start Enrolled Children, 2017-2019				
Indicator	Head Start 2017-2018	Head Start 2018-2019	Early Head Start 2017-2018	Early Head Start 2018-2019
Cumulative enrollment	137	136	67	76
Experienced homelessness	17	11	9	8
In foster care	9	10	11	13
Referred by CPS	21	23	18	18
# Children mental health consulted w/staff about	14	19	2	1
# Children mental health consulted w/parents about	14	10	2	1

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[103] Building Bright Futures 2019 Report: How are Vermont's Young Children and Families? https://477l7snyayj49hh0r38uhcqo-wpengine.netdna-ssl.com/wp-content/uploads/2020/01/BBF-2019-HAVYCF-REPORT-SinglePgs.pdf, page 10.

# Children referred for mental health services	9	5	1	0

One item of note regarding the table above: The number of children referred for mental health services (external) does not capture children being seen "in-house" by the mental health consultant. In order to lighten the burden on the local CIS system (where, according to UCH staff, three years ago a child waited 11 months for services), UCH now refers children to in-house mental health staff.

Adults and mental health: According to SVHC's 2018 community health needs assessment report, over one-fifth (22%) of adults in Bennington County have been told they have a depressive disorder (same as Vermont's state-level, at 22%).[104] This is higher than the 17% national-level figure.

Number of private mental health providers: Access to care for mental health care was rated second only to substance abuse as the top community health issue by the 90+ community members and leaders who participated in focus groups conducted in 2018 by SVHC for their comprehensive community health needs survey. According to SVHC's CHNA, the Mental health:Mental health provider ratio for Bennington County is 230:1, which is lower than for Vermont overall (257:1).[105] The Vermont Department of Health's count mental health professional FTEs per 100,00 Vermonters was 280.5 for Bennington health district, which is lower than the Vermont value of 341.7.[106]

As of September 8, 2020 the Vermont Secretary of State, Office of Professional Regulation, Licensee lookup database listed 1,006 active, private mental health providers licensed to practice in Vermont, of whom 30 were located in Bennington county[107] (see table below). There are 32 licensed providers in Rutland County.[108] Interestingly, of the 1,006 MHPs, 11 had no listed address/location, one was in Europe (the Hague, Netherlands), and 142 were located in other states, some as far away as Colorado, Washington, Texas and California.

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[104] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190, page 12.

[105] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190, page 37.

[106] https://www.healthvermont.gov/ia/CHNA/District/atlas.html , accessed on 9/24/2020.

[107] https://secure.professionals.vermont.gov/prweb/PRServletCustom/V9csDxL3sXkkjMC_FR2HrA%5B%5B*/!STANDARD?UserIdentifier=LicenseRoasterguestuser

[108] Source: Vermont Secretary of State, Office of Professional Regulation, Licensee lookup database: https://secure.professionals.vermont.gov/prweb/PRServletCustom/V9csDxL3sXkkjMC_FR2HrA%5B%5B*/!STANDARD?UserIdentifier=LicenseRoasterguestuser, accessed on 9/8/2020. Rutland County breakdown of the 32 licensed MHP is Brandon (5), Castleton (1), Danby (1), Fair Haven (3), Pawlet (1), Pittsford (1), Poultney (3), Rutland (16), West Rutland (1).

Table 27: Active, Private Mental Health Providers Licensed to Practice in Bennington County (2020)[109]

Location	Number of licensed providers
Arlington	3
Bennington	18
Dorset	1
Glastenbury	0
Landgrove	0
Manchester	5
Peru	0
Pownal	1
Readsboro	0
Rupert	0
Sandgate	0
Searsbury	0
Shaftsbury	1
Stamford	0
Sunderland	1
Winhall	0
Woodsford	0
Total	30

Quality of private mental health providers: Vermont Care Partners (VCP) offers 24/7 crisis lines for people experiencing a mental health crisis, and services "for anyone, regardless of diagnosis, disability, or ability to pay." Services include mobile outreach teams that provide community-

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[109] Source: Vermont Secretary of State, Office of Professional Regulation, Licensee lookup database: https://secure.professionals.vermont.gov/prweb/PRServletCustom/V9csDxL3sXkkjMC_FR2HrA%5B%5B*/!STANDARD?UserIdentifier=LicenseRoasterguestuser, accessed on 9/8/2020.

based support and intervention (only one-fifth of evaluations occurred in Emergency Department of inpatient hospital settings), crisis and respite beds, peer support warm lines and mentors, extra staffing and clinical support, collaboration with providers and families to promote stabilization, funding for hotels and/or support in homeless shelters, and coordinated follow-up care.[110]

Table 28: Follow-up Care for People Seeking Crisis Care via VCP in Vermont, 2019[111]		
Type of crisis service follow-up	**Vermont**	**National**
Mental health crisis follow-up within 24 hours	37%	Not provided
Mental health crisis follow-up within 7 days	79%	Not provided
Same-day follow-up after discharge from a psychiatric placement (FY 2018 data)	54%	Not provided
Follow-up within 7 days after discharge from a psychiatric placement (FY 2017 data)	83%	37%
Same-day follow-up after discharge from a psychiatric placement, for people with intellectual/developmental disabilities	99%	Not provided

2f. Substance Abuse & Opioid Addiction:

America's Health Rankings for Vermont (2019) noted that drug deaths increased 52% from 13.1 to 19.9 deaths per 100,000 population.[112] While Vermont ranked 1st of all states in overall health in 2019 Vermont ranked 27th among states on the measure of drug deaths, and 30th among states on the measure of excessive drinking (18.5% of adults).

The Opioid Response Team of Bennington prepared the May 2020 "Need Assessment for Bennington County: Drug Misuse and Overdose Prevention" report, which contains a thorough analysis of the current data, needs and existing services and resources.[113] Excerpted here are just a few salient points (data from Vermont Department of Health, 2020):
- Bennington County saw 12 accidental and undetermined opioid-related fatalities in 2019 (which represents a rate of 33.7 deaths per 100,000 residents, the second highest in the state)

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[110] 2019 Vermont Care Partners (VCP) Outcomes report https://vermontcarepartners.org/wp-content/uploads/2020/02/02212020-2019_VCP_Outcomes_WEB-021429-1.pdf, page 10.

[111] 2019 Vermont Care Partners (VCP) Outcomes report https://vermontcarepartners.org/wp-content/uploads/2020/02/02212020-2019_VCP_Outcomes_WEB-021429-1.pdf, page 10.

[112] 2019: https://www.americashealthrankings.org/explore/annual/measure/MHP/state/VT, accessed 10/7/2020.

[113] May 2020 "Need Assessment for Bennington County: Drug Misuse and Overdose Prevention" report: https://www.dropbox.com/home/United%20Counseling_Children's%20Services%20Needs%20Assessment%202020/Data%20%26%20Reports/Substance%20Abuse_Opioids?preview=Bennington+Drug+Misuse+and+Overdoes+Prevention+Needs+Assessment+May+2020.docx

- In 2019, Bennington County had the highest rate of prescriptions per 100 residents by drug class in Vermont. Between October and December 2019, Bennington County had a combined rate of 50.5 prescriptions per 100 residents versus the state average of 36.9 per 100 for opioids, medication assisted treatments, benzodiazepines and stimulants. Specifically, Bennington County has the highest prescription rates in the state for:
    - stimulant prescriptions: 3.6% of the county population reported a stimulant prescription versus the state average of 2.7%
    - benzodiazepine prescriptions: 5% of the county population reporting a benzodiazepine prescription versus the state average of 4.1%
- Fentanyl and cocaine are increasingly involved in drug deaths:
    - In 2019, fentanyl accounted for 86% of drug deaths in VT compared to 77% in 2018
    - In 2019, cocaine was present in 43% of opioid-related fatalities in VT, up from 36% in 2018, surpassing the number of deaths that involved heroin for the first time in a decade. (VDH, 2020).

Substance Abuse & Opioid Addiction Services: A number of substance use disorder service providers and programs exist in or near Bennington County:

- The Substance Abuse Treatment Collaboration is a joint effort between Southwest Vermont Medical Center (SVMC), local providers and the designated mental health agency, who together oversee an opioid addiction treatment program.[114]
- SVMC also participates in Catalyst which is a neighborhood-based program focusing on reducing crime, substance abuse and school truancy.[115]
- Five Spoke practices located in Bennington, Arlington, Shaftsbury, and Deerfield[116].
- United Counseling Service in Bennington and Manchester[117]

Challenges Bennington County face include: a lack of substance use disorder Hubs that provide more intensive treatment services, underutilization of syringe services, and only one free distribution site for Narcan.[118]

2g. Transportation

Funded in part by the State of Vermont Transportation Budget, the Federal Transit Administration and Medicaid the Green Mountain Community Network (GMCN) manages

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[114] Southwestern VT Health Care Community Needs Assessment Annual Implementation Report Update 2019: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/CHNA-2019.pdf?ver=2020-06-24-112551-037, page 6.

[115] Southwestern VT Health Care Community Needs Assessment Annual Implementation Report Update 2019: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/CHNA-2019.pdf?ver=2020-06-24-112551-037, page 6.

[116] May 2020 "Need Assessment for Bennington County: Drug Misuse and Overdose Prevention" report: https://www.dropbox.com/home/United%20Counseling_Children's%20Services%20Needs%20Assessment%202020/Data%20%26%20Reports/Substance%20Abuse_Opioids?preview=Bennington+Drug+Misuse+and+Overdoes+Prevention+Needs+Assessment+May+2020.docx

[117] Ibid.

[118] Ibid.

Green Mountain Express (GMX), which is the main public transportation provider in the Bennington area, "offering deviated fixed bus routes, demand response, Medicaid, Reach-up, elder/disabled transportation and private pay services."[119] "Deviated fixed route services include: Bennington to Manchester, Bennington to Pownal and on to Williamstown, MA, Bennington to Wilmington, North Bennington, Shaftsbury, and around the town and up to Southern Vermont College... GMCN provides non- emergency medical transportation to both Bennington and Windham counties under contract to VPTA (see below). GMCN also maintains a pool of volunteer drivers who use their personal vehicles to transport a variety of clients."[120]

Vermont's Agency of Human Services (AHS) works with VTrans and the various regional transit providers (e.g. GMCN/GMX) on "transportation to and from medical appointments, community meals programs, shopping opportunities, adult day centers and other essential services."[121] "The two AHS departments with the most active relationships are the Department of Disabilities, Aging and Independent Living (DAIL) and the Department of Vermont Health Access (DVHA) which administers the Medicaid program and contracts with VPTA (see below) to provide non-emergency medical transportation. The Department for Children and Families, which administers the Reach Up program, also interacts with transit providers to meet the mobility needs of the clients of that program… VTrans and DAIL are coordinating their policy efforts to address the growing needs of older adults for mobility assistance. With the leading edge of the Baby Boom generation entering their 80s during the 10-year timeframe of [the 2019 public transit policy plan], it is essential that Vermont prepare for the mobility challenges ahead."

Table 29: Households & Vehicles, 2018 5-Year Estimates[122]						
	Vermont			**Bennington County**		
	Estimate	**Percent**	**Percent margin of error**	**Estimate**	**Percent**	**Percent margin of error**
Occupied housing units	259,589	-	-	14,927	-	-

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[119] http://www.greenmtncn.org/about.html

[120] Vermont Public Transit Policy Plan 2019: Source accessed on 10/27/2020: https://vtrans.vermont.gov/sites/aot/files/planning/documents/planning/PTPP%20Draft%20Report_Existing%20Conditions_8-14.pdf

[121] Vermont Public Transit Policy Plan 2019: Source accessed on 10/27/2020: https://vtrans.vermont.gov/sites/aot/files/planning/documents/planning/PTPP%20Draft%20Report_Existing%20Conditions_8-14.pdf

[122] *Source:* SELECTED HOUSING CHARACTERISTICS, Survey/Program: American Community Survey TableID: DP04, Product: 2018: ACS 5-Year Estimates Data Profiles, 2018: https://data.census.gov/cedsci/table?g=0400000US50_0500000US50003&y=2018&d=ACS%205-Year%20Estimates%20Data%20Profiles&tid=ACSDP5Y2018.DP04&hidePreview=true, accessed on 8/14/2020.

No vehicles available	17,260	6.6%	0.3%	1,282	8.6%	1.7%
1 vehicle available	88,749	34.2%	0.5%	5,231	35%	2.4%
2 vehicles available	105,489	40.6%	0.5%	5,767	38.6%	2.4%
3 or more vehicles available	48,091	18.5%	0.4%	2,647	17.7%	1.9%

Table 30: Transportation: Commuting to Work, 2016-2018 5-Year Estimates [123]						
	2016[124]		**2017**[125]		**2018**[126]	
	Vermont	**Bennington County**	**Vermont**	**Bennington County**	**Vermont**	**Bennington County**
Workers 16 years and over commuting to work						
Number	319,484	17,301	319,512	17,050	321,624	17,098
Margin of Error	1,813	467	1,907	504	1,780	536
Commuting to work in car, truck or van (drove alone)						
Number	241,546	13,170	242,439	12,898	244,038	13,010
Margin of Error	2,135	523	2,333	601	2,034	602
Percent	75.6%	76.1%	75.9%	75.6%	75.9%	76.1%
Percent Margin of Error	0.5%	2.5%	0.5%	2.7%	0.4%	2.7%
Commuting to work in car, truck or van (carpooled)						
Number	29,013	1,566	28,351	1,525	27,960	1,340
Margin of Error	1,219	278	1,187	309	1,026	266

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[123] "Source: SELECTED ECONOMIC CHARACTERISTICS, Survey/Program: American Community Survey, TableID: DP03, Product: 2018: ACS 5-Year Estimates Data Profiles", accessed on 8/14/2020.

[124] 2016: ACSDP5Y2016.DP03_data_with_overlays_2020-08-14T123521.csv, accessed on 8/14/2020.

[125] 2017: ACSDP5Y2017.DP03_data_with_overlays_2020-08-14T123521.csv, accessed on 8/14/2020.

[126] 2018: ACSDP5Y2018.DP03_data_with_overlays_2020-08-14T123521.csv, accessed on 8/14/2020.

Percent	9.1%	9.1%	8.9%	8.9%	8.7%	7.8%
Percent Margin of Error	0.4%	1.5%	0.4%	1.8%	0.3%	1.5%

Commuting to work using public transportation (excluding taxicab)

Number	3,901	77	3,958	89	3,971	67
Margin of Error	351	47	456	50	401	41
Percent	1.2%	0.4%	1.2%	0.5%	1.2%	0.4%
Percent Margin of Error	0.1%	0.3%	0.1%	0.3%	0.1%	0.2%

Commuting to work: Walked

Number	18,156	908	17,791	834	17,852	850
Margin of Error	755	164	658	165	864	191
Percent	5.7%	5.2%	5.6%	4.9%	5.6%	5%
Percent Margin of Error	0.2%	0.9%	0.2%	1%	0.3%	1.1%

Commuting to work by other means

Number	5,306	344	5,269	347	5,528	338
Margin of Error	522	118	379	129	473	113
Percent	1.7%	2%	1.6%	2%	1.7%	2%
Percent Margin of Error	0.2%	0.7%	0.1%	0.8%	0.1%	0.7%

No commute to work: Worked at home

Number	21,562	1,236	21,704	1,357	22,275	1,493
Margin of Error	796	205	830	241	800	260
Percent	6.7%	7.1%	6.8%	8%	6.9%	8.7%
Percent Margin of Error	0.2%	1.2%	0.3%	1.4%	0.2%	1.5%

Commuting to work: Mean travel time to work (minutes)

Number	22.7 minutes	19 minutes	22.8 minutes	19.3 minutes	22.9 minutes	19.5 minutes
Margin of Error	0.2	0.9	0.2	1	0.2	0.8

Lack of public transportation in Bennington County has a direct impact on individuals in poverty. Of the estimated 16,637 workers in the County over age 16, 743 (4.5%) are living at 100 percent FPL or below. The 2018 American Community Survey 5-Year Estimates report that just three (3) of these individuals took public transit to work. The vast majority (73%) drive alone to work, putting them at risk for missing when in the event of a car breakdown or poor weather. An additional 13% carpool to work.[127]

To better understand the transportation needs of Bennington County, we did reach out to Green Mountain to conduct an informational interview, and were referred to Jim Ware, Operations Manager. He was unresponsive to our request for an informational interview.

2h. Technology

Table 31: Census Data: Computer and Internet Use, 2014-2018[128]	Bennington County	Vermont
Households with a computer, percent, 2014-2018	88.40%	88.90%
Households with a broadband Internet subscription, percent, 2014-2018	78.70%	80.20%

Vermont is one of the worst states in terms of high speed internet accessibility (only 84.5% of the population able to get high speed internet) but with only 24.4% of Vermont having no internet connection at all, it ranks much better than some states on that measure.[129] BroadbandSearch.net provides data about the number of providers and broadband scores for locations with more than 50,000 residents (table below), though many of the locations listed in the search results for Vermont in fact have fewer than 50,000 residents (only Washington, Windsor, and Chittenden are over 50,000). Unfortunately, BroadbandSearch doesn't provide a definition for what its broadband score is based on, nor whether a score of 1 is best or worst. As a comparative reference point, the average Vermont broadband score is a low 17 (but presumably that includes all locations in the state regardless of population). Given that the state average score includes rural areas that typically have worse broadband access and quality than the more populous locations in the below table, we have assumed that 1 means worst score and 100 means best score. Other websites that prepare broadband scores typically assess broadband speed, overall download and upload speed and coverage, though BroadbandSearch was the only one we found that provided the level of location detail found in the below table. Note that Bennington was the only location in all of Vermont that received a broadband score of 100 (followed by Burlington at 94, then Essex Junction, South Burlington, and Winooski which all got an 88).

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[127] 2018: ACS 5-Year Estimates Detailed Tables. TableID B08122.

[128] U.S. Census Bureau, website & data set accessed on: 8/12/2020:
https://www.census.gov/quickfacts/fact/table/benningtoncountyvermont,VT/PST045219

[129] https://www.broadbandsearch.net/service/vermont, accessed on 9/24/2020.

Table 32: Broadband / Internet Service by County and Largest Cities in Vermont, 2020[130]		
Location	**Providers**	**Broadband Score**
Addison County		
Bristol	17	36
Middlebury	21	45
Vergennes	15	43
Bennington County		
Bennington	16	100
Dorset	14	32
Manchester Center	10	32
Caledonia County		
Barnet	11	34
Danville	11	27
Hardwick	16	30
Chittenden County		
Burlington	17	94
Charlotte	4	N/A
Essex Junction	18	88
Hinesburg	11	41
Milton	16	32
Richmond	10	59
Shelburne	17	32

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[130] https://www.broadbandsearch.net/service/vermont, accessed on 9/24/2020.

South Burlington	18	88
Winooski	18	88
Franklin County		
Fairfax	12	33
Richford	9	26
Swanton	10	32
Lamoille County		
Morrisville	16	31
Stowe	15	33
Orange County		
Randolph	9	32
Williamstown	16	33
Orleans County		
Newport	17	32
Troy	15	27
Rutland County		
Castleton	16	32
Fair Haven	17	42
Pittsford	12	32
Rutland	14	31
West Rutland	17	32
Washington County		
Barre	20	40
East Montpelier	15	25

Montpelier	16	30
Northfield	19	21
Waitsfield	12	68
Waterbury	20	39
Windham County		
Bellows Falls	11	33
Brattleboro	11	33
Putney	14	29
Wilmington	15	23
Windsor County		
Bethel	13	64
Chester	11	69
Hartland	16	69
Norwich	12	67
Springfield	12	69
White River Junction	15	33
Wilder	15	32
Windsor	11	32

Another, more granular data point to understand broadband availability and service quality is to look at the Vermont Department of Public Service's annual surveys, where they map the availability of high-speed broadband internet access in Vermont "in order to inform broadband policy and planning." For context, broadband speeds "are measured in 'megabits per second', often shortened to Mb Mbits p/s or Mbps. Bits are tiny units of data, with a megabit representing a million of them. The higher the number of Mbps (megabits per second) you have, the speedier your online activity should be". The Vermont Department of Public Service maps broadband availability as follows, categories depicted in Table 33 below:

- 100/100 = download speed of at least 100 Mbps and is symmetrical.
- 25/3 = at least 25 Mbps and an upload speed of at least 3 Mbps
- 4/1 = 4 Mbps and an upload speed of at least 1 Mbps

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- Underserved = If monetarily feasible, the Department also maps areas served and the areas not served by wireless communications service.[131]

For additional context, the Dorset Council in the United Kingdom provides an excellent layperson's guide to what different broadband speeds mean for households. Although their Mbps thresholds are different than the VT Department of Public Service's categories, they do give a good sense of what the varying speeds mean:[132]

- 17 Mbps - Ideal for browsing and downloading
    - great for small households
    - good for multiple devices online
    - 30 mins to download an HD movie
    - good to stream online TV
- 38 Mbps - Great for multi user downloading & streaming
    - ideal for families with many devices
    - better for multiple devices online
    - 15 min to download an HD movie
    - better to stream online TV
- 76 Mbps - Best for multi-user downloading & streaming
    - ideal for speed freak families with many devices
    - best for multiple devices online
    - 8 min to download an HD movie
    - the best to stream online TV

Table 33: Broadband Statistics Summary by Town as of December 31, 2019[133] (Served locations are affirmatively reported as serviceable by specific providers)					
Town (in Bennington County)	Total Buildings	Percent Served 100/100 or Better	Percent Served 25/3 or Better	Percent Served 4/1 or Better	Percent Underserved
Arlington	1,314	0.2%	87.7%	92.6%	7.4%
Bennington	6,151	0.6%	98.9%	99.3%	0.7%
Dorset	1,482	1.0%	83.5%	93.9%	6.1%

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[131] Source accessed on 9/24/2020: VT Dept of Public Service, https://publicservice.vermont.gov/content/broadband-availability

[132] https://www.dorsetcouncil.gov.uk/business-consumers-licences/superfast-dorset/what-is-fibre-broadband/what-different-internet-speeds-mean.aspx#:~:text=Broadband%20speeds%20are%20measured%20in,your%20online%20activity%20should%20be.

[133] Source accessed on 9/24/2020: VT Dept of Public Service, https://publicservice.vermont.gov/content/broadband-availability

Glastenbury	5	0.0%	0.0%	40.0%	60.0%
Landgrove	172	0 .0%	8.7%	78.5%	21.5%
Manchester	2,848	0.6%	97.4%	98.9%	1.1%
Peru	522	0.0%	37.0%	87.9%	12.1%
Pownal	1,735	0.2%	91.1%	96.9%	3.1%
Readsboro	545	0.4%	10.8%	77.8%	22.2%
Rupert	505	23.2%	32.1%	79.4%	20.6%
Sandgate	320	0.9%	19.4%	73.8%	26.3%
Searsburg	130	0.0%	30.8%	75.4%	24.6%
Shaftsbury	1,733	0.2%	77.0%	85.5%	14.5%
Stamford	493	0.2%	20.3%	69.2%	30.8%
Sunderland	604	0.5%	94.4%	95.9%	4.1%
Winhall	1,705	0.2%	92.1%	96.2%	3.8%
Woodford	396	0.5%	93.2%	93.2%	6.8%
Bennington County total	**20,660**	**1.0%**	**83.7%**	**93.8%**	**6.2%**
Vermont statewide total	**308,082**	**17.5%**	**77.3%**	**93.2%**	**6.8%**

Data from the Vermont Department of Public Service's latest town-level, broadband statistics report in the above table show great variability among towns in Bennington County: Rupert stands out as the only location where its 29% of buildings that were served 100/100 or better by specific broadband providers exceeded the otherwise dismal next runner-up locations (Dorset and "unspecified location" which both had 1%). On the other end of the spectrum, Glastenbury stands out for 60% of its buildings being underserved, though only 5 buildings comprise their total count. A little more than half of the listed towns had underserved buildings in the 0.7-20% range, the rest fell in the 20.6-60% range. For all Bennington County locations taken together, in the "percent of buildings served 100/100 or better" the county fares significantly worse (1%) than the statewide figure (17.5%).

With many rural areas in Vermont still lacking access to high speed internet service, a 2015 law enabled districts to band together at a community level into local governance bodies or municipal

entities called Communication Union Districts (CUDs) that work together to build communication infrastructure and make high-speed internet more widely available[134].

The Vermont Department of Public Services September 2020 CUD map[135] showed that most districts in Bennington County have formed the Southern Vermont CUD (Rupert, Dorset, Landgrove, Peru, Sandgate, Manchester, Arlington, Sunderland, Shaftsbury, Bennington, Woodford, and Pownal). Winhall, Glastenbury, Searsburg are unaffiliated with any CUD. Two Bennington districts (Stamford and Readsboro) are part of the DVFiber CUD which mostly includes districts in Windham County.

Vermont has an emergency plan to boost broadband access given COVID-19's impact on the economy, and increased people working and students attending school remotely, but some CUDs raised concerns that the plan's reverse auctions could stifle the growth of the CUDs.[136]

2i. Special populations (LGBTQ+, BIPOC, grandparents raising grandchildren, children of incarcerated parents)

LGBTQ+: According to a 2015-2016 GALLUP poll, 5.3% of Vermont residents identify as LGBT (this is the term used by the researchers; "Q+" was not included), topping the nation in the proportion of adults who identify as LGBT.[137] Since that time, the Behavioral Risk Factor Surveillance System 2018 Report published by the Vermont Department of Health in January 2020[138] noted that 92% of Vermont adults identify as heterosexual; 4% are bisexual, 2% are Lesbian/Gay, and 2% are "Other" sexual orientation. Less than 1% of the adult population identifies as transgender. Applied against the estimated Bennington population of 35,470, there could be as many as 2,838 non-heterosexual adults in Bennington County.

Using the Behavioral Risk Factor Survey (BRFS) results, the Vermont Department of Health has produced *LGBT Health Data Briefs* using both the 2014[139] and 2016[140]survey data. These reports indicate that:

- Vermont LGBT adults are more than twice as likely as hetero-sexual adults to report poor mental health;
- Poor physical health is also more likely among LGBT adults than heterosexual adults (in 2016, the difference was statistically significant);
- LGBT adults are significantly less likely than non-LGBT adults to "always" get needed emotional and social support;

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[134] VT Dept of Public Service https://publicservice.vermont.gov/content/communications-union-districts , accessed on 9/24/2020, and https://vtdigger.org/2020/08/16/community-startups-wary-of-state-emergency-broadband-plan/, accessed on 9/24/2020.

[135] VT Dept of Public Service https://publicservice.vermont.gov/content/communications-union-districts , accessed on 9/24/2020.

[136] https://vtdigger.org/2020/08/16/community-startups-wary-of-state-emergency-broadband-plan/, accessed on 9/24/2020.

[137] https://news.gallup.com/poll/203513/vermont-leads-states-lgbt-identification.aspx

[138] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_2018_BRFSSReport.pdf

[139] https://www.healthvermont.gov/sites/default/files/documents/2016/12/brfss_data_brief_201511_lgbt_health.pdf

[140] https://www.healthvermont.gov/sites/default/files/documents/pdf/HSVR_BRFSS_db_LGBT.pdf

- LGBT adults are significantly more likely to report currently smoking, using marijuana and binge drinking;
- LGBT men are at an increased risk of HIV infection.

The 2019 Vermont Youth Risk Behavior Survey Results for Bennington County High School found there were statistically significant differences between LGBT students and their heterosexual peers in several key areas of physical and emotional health. For all of the indicators below, LGBT youth reported statistically significant higher numbers of incidents than their heterosexual peers.

- Threatened or injured with a weapon on school property in the last 30 days;
- Did not go to school because they felt unsafe at school or on their way to/from school in the last 30 days;
- Reported that someone has done sexual things to them that they did not want;
- Reported that someone they were dating or going out with purposely tried to control them or emotionally hurt them one or more times in the past years;
- Has sent or received revealing sexual photos of someone;
- Rode in a car with someone who had been using marijuana in the past 30 days
- Drove a car where they had been drinking alcohol in the past 30 days;
- Did something to purposely hurt themselves without wanting to die in the past year;
- Felt sad or hopeless in the past year;
- Made a plan about how they would attempt suicide in the past year;
- Attempted suicide in the past year;
- First tried cigarettes, alcohol and marijuana before age 13;
- Ever tried cigarettes, electronic vaping, flavored tobacco, alcohol or marijuana.

To lend context to the needs of LGBTQ+ community members in Bennington County, an informational interview was conducted with Lisa Curtain at Queer Connect on October 26, 2020. The organization's mission is to increase visibility in the community and to build resources for LGBTQ+ people and their families living in and around Bennington. A special focus for the organization is supporting queer youth and families. The organization is just two years old, and has two main programs: Lesbian Story Hour and Queer Youth Leadership. In 2019, Queer Connect hosted the area's first Pride event; 2020 Pride was canceled due to COVID-19. Lisa noted that their services are paid for entirely through donations, and that the loss of revenue from canceled 2020 Pride is having a detrimental impact on the organization.

In the interview, Lisa identified several concerns including increased risk of substance abuse use and suicide in the queer population, as is supported by the BRFS data above. However, her greatest concern is the impact of the pandemic on queer youth who are at home, potentially in unsupportive homes and isolated from resources. In her comments, Lisa noted that the, "lack of resources here is so, so severe" and that "we [Bennington County] are nowhere near having the things we need." Lisa identified several structural barriers impacting queer youth:

- Many community events that target queer youth are dependent on parents for transportation;
- There are a few clubs in schools meant to support queer youth; however, to participate in clubs, students must be in good academic standing and this may prove challenging for youth in the pandemic who are struggling with the way in which school is operating;
- There are insufficient supports for queer youth who are in foster care;

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- When youth attend medical appoints (for example, at Southwest Vermont Medical Center) they are not asked about their identity and as a result, service are referrals may not meet their needs;
- There are insufficient parent education programs to help parents understand gender identity.

Lisa's vision is for the community to validate the spectrum of human experiences. She was delighted to be interviewed for this project and noted that she is always looking for new partners in the community and would welcome UCS and UCH to work with her in support of families and youth. She also indicated that PFLAG in Dorset is another community partner that UCS/UCH should engage with. PFLAG is the nation's largest family and ally organization and there is just one affiliate in VT.

BIPOC: This report contains some information about race and ethnicity. To better understand the needs of the BIPOC (Black, Indigenous, and People of Color) community, the authors reached out to The Roots Social Justice Center located in Brattleboro, Vermont. Despite multiple attempts to schedule an informational interview, the authors were unable to connect with staff at The Roots. A review of their website indicates that the organization may also be struggling with fundraising as they are currently recruiting for support mapping out fundraising for the next year.

Grandparents raising grandchildren: For the past 5-6 years, there has been a national recognition of the increasing numbers of grandparents raising grandchildren in the United States has grown. There are a number of reasons why this is happening - in New England, the opioid crisis is potentially a component of this trend. According to the 2018 ACS 5-Year Estimates, 8,909 Vermont grandparents were living with their own grandchildren under 18 years of age. We sought to understand whether grandparents raising grandchildren is a significant issue in Bennington County.

The US Census Bureau provides an estimate of the number of grandparents living with grandchildren under 18 years of age. Over the past three years, there has been a noticeable decline (30%) in the number of grandparents that the Census Bureau estimates are raising grandchildren in Bennington County. Further, there has been a decline in the number that are estimated to be living at or below the FPL. The most recent 2018 data reveals that 28 grandparents are raising children 18 years or younger, and living below the FPL. The Census data does not further break down the number of grandparents raising grandchildren five years and younger who might be eligible for the Head Start/Early Head Start program.

Table 34: Grandparents Raising Grandchildren in Bennington County, 2016-2019[141]				
	2016	2017	2018	2019
Total number of grandparents living with grandchildren <18 yrs	576	516	403	474
Grandparents below 100% FPL				

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[141] 2016, 2017 and 2018 ACS 5-Year Estimates Detailed Tables. TableID B10059.

Income in the past 12 months below poverty	73	89	31	33
Grandparent responsible for grandchildren under 18 years	48	73	28	30
Grandparent not responsible for own grandchildren under 18 years	25	16	3	3
Grandparents above 100% FPL				
Income in the past 12 months above poverty	503	427	372	441
Grandparent responsible for grandchildren under 18 years	183	154	133	179
Grandparent not responsible for own grandchildren under 18 years	320	273	239	262

Children of incarcerated parents: It was difficult to find statewide or more local level data. In fact, while there are programs serving this population group, we were not able to find much data. Indeed, Jill Evans, then Director of Women and Family Services at the Vermont Department of Corrections observed in her 2015 DOC report to the state legislature that, "there is no Department, Agency or collaboration in Vermont collecting data on the impact of the needs of children with incarcerated parents. In fact, there is no systematic way to identify who these children and caregivers are. Whether a child has a parent in prison is not entered into any database."[142]

Annie E. Casey Foundation's Kids Count program is a great resource for many kinds of data about the well-being of children in the US. Their 2016 report, *"A Shared Sentence: the devastating toll of parental incarceration on kids, families, and communities,"* describes the many ways prison time disrupts families and adds pressures on remaining caregivers' to care for impacted children.[143] The report notes that "having a parent incarcerated is a stressful, traumatic experience of the same magnitude as abuse, domestic violence and divorce."[144] In fact, "having a parent who is incarcerated is now recognized as an 'adverse childhood experience' (ACE)."[145] And children with incarcerated parents are up to 3.75 times more likely to experience ACEs. The compounding effects can be stark in terms of mental health impact, but also in economic terms (lost income, unstable living situations).

Notably, according to data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of

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[142] Supporting Children of Incarcerated Parents Fact Sheet and Resources, accessed on 9/24/2020: https://lrcvt.org/wp-content/uploads/2018/11/facts-resources-VLS-11-30-16.pdf

[143] Annie E. Casey Foundation report accessed on 9/29/2020: https://www.aecf.org/resources/a-shared-sentence/
[144] Ibid, page 3.
[145] https://www.fatherhood.org/fatherhood/fathers-behind-bars-the-problem-and-solution-for-americas-children-infographic?hsCtaTracking=dd797d05-34ee-4c7a-99a3-4c200f72c260%7C1292de94-30c5-4482-bc60-e07e62d25f10

Children's Health, a large number of children in Vermont were reported to have experienced *two or more* ACEs:[146] one-fifth or 25,234 children in 2016-2017, and one-fifth or 24,439 children in 2017-2018.

According to 2017 U.S. Census Bureau statistics, the more than 25% children in America who live without a (biological, step or adoptive) father in the home are affected negatively in a number of ways. While the father's absence may not exclusively be due to incarceration, children living without a father in the home are:

- Four times greater risk of poverty
- Seven times more likely to becomes pregnant as a teen
- More likely to have behavioral problems
- More likely to face abuse and neglect
- Mother-child health: Twice as likely risk of infant mortality
- More likely to abuse drugs and alcohol
- More likely to go to prison
- Twice as likely to experience child obesity
- More likely to commit crime
- Twice as likely to drop out of high school[147]

InsideOut Dad is an evidence-based parenting program for fathers who are incarcerated, and is offered in 48 states.[148] According to the National Fatherhood Initiative (NFI), which runs the InsideOutDad program, 92% of parents in prison are fathers. In response to our request, NFI provided a list of agencies and organizations that serve fathers and families in Vermont:[149]

- Care Net Pregnancy Center of the Tri-State Area (Shaftsbury, Bennington County)
- Danville Health Center (Danville, Caledonia County)
- Visiting Nurse Association of Chittenden and Grand Isle Counties (offer InsideOut Dad program) (Colchester, Chittenden County)
- Marble Valley Regional Correctional Facility (offer InsideOut Dad program) (Rutland, Rutland County)
- West Ridge Center (Wallingford, Rutland County)
- Family Center of Washington County (Montpelier, Washington County)
- Good Beginnings of Central Vermont (Montpelier, Washington County)
- Early Education Services-BIRGE (Brattleboro, Windham County)

In Vermont, an estimated 7,000 children (or 6% of the state's child population) in 2011-2012 (latest available year) had a parent in jail or prison. Unfortunately, we were unable to access

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[146] Children were included if the respondent answered that the child had ever experienced two or more of the following adverse experiences: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, family violence, neighborhood violence, living with someone who was mentally ill or suicidal, living with someone who had a substance abuse problem or racial bias.

[147] https://www.fatherhood.org/father-absence-statistic

[148] https://www.fatherhood.org/free-resources/topic/insideout-dad

[149] October 29, 2020 email from Ave M. Mulhern, Program Implementation Specialist, National Fatherhood Initiative. Ave noted that the listed organizations listed are only ones that NFI is aware of, so there could be others in VT. The New England Fathering Conference https://www.nefatheringconference.org/ might be another resource.

more recent data, and there was no data at all about children of incarcerated parents, or number of incarcerated parents, available via the Vermont Department of Corrections website. The "A Shared Sentence" report offers several recommendations to support children and caregivers affected by incarceration, including:

- Providing mental health and counseling programs to caregivers who have stepped in, in order to help children manage the disruption in their lives
- Preserving a child's relationship with their incarcerated parent (which benefits both the child and parent)
- Advocating for state and federal criminal justice systems to "require courts to inform local social service agencies and community-based organizations when a parent is incarcerated so that they can make contact with families"
- Advocating for prison and jail visitation policies and kid-friendly visiting rooms where children can meet and maintain their relationships with parents.
- ECEs, schools, child welfare agencies, community-based health centers and other local organizations should consider offering programs that support children and teens with incarcerated parents.

We identified two Vermont organizations that work on the above recommendations, and whose focus is on serving children of incarcerated parents:

Resilience Beyond Incarceration:[150] This program at the Lamoille Restorative Center in Lamoille County reported great results in 2017: kids in their program had a 6% conviction rate later in life (compared to 24%-61% conviction rates in similar cohorts elsewhere), a 20% high-school dropout rate (lower than expected). Parents in the program showed "an overall gain of 44% across measurable domains on the self-sufficiency matrix including physical health (70%), mental health (63%, substance use (30%, safety in relationship (47%), housing (58%), transportation (48%), criminal justice (51%), financial stability (60%), parenting skills (23%), education (37%), community connections (49%), and social support system (64%)."[151] In July of 2020 RBI announced a shift from providing individual clinical case support in Lamoille to instead "focus on convening and supporting regional teams around the state… to identify and implement local/regional strategies to improve outcomes for children impacted by parental incarceration."[152] Resilience Beyond Incarceration's director Tricia Long participated in 2017 on a working group that presented information about ACEs and children of incarcerated parents to the Vermont Legislature. The working group noted that these children are at an increased risk "for depression, anxiety, cognitive delay, delinquency, school failure, substance abuse, poor

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[150] Resilience Beyond Incarceration program website: https://lrcvt.org/resilience-beyond-incarceration/

[151] Accessed on 9/24/2020:
https://legislature.vermont.gov/Documents/2018/WorkGroups/Adverse%20Childhood/Act%2043%20Report/W~Tricia%20Long~ACE's%20and%20Children%20of%20Incarcerated%20Parents~10-20-2017.pdf

[152] Accessed on 10/29/2020: https://lrcvt.org/resilience-beyond-incarceration/

health outcomes, and eventual incarceration themselves."[153] We were not able to identify which specific statewide policy or outcomes emerged from this working group.

Kids-A-Part is located in Burlington but serves the whole state. We interviewed Heidi Wener, Community Case Manager at Kids-A-Part on September 29, 2020 to learn more about the challenges facing children of incarcerated parents and services to support them. Kids-A-Part's Jess Kell works full-time as a case manager located inside the women's correctional facility in Burlington (which is the only women's facility in Vermont). She oversees supervised visits (group visits, two Saturday visits monthly, plus one-on-one supervised visits in a specially-designed, family-friendly space).[154] All women arriving to serve time in the women's correctional facility in Burlington are screened (asked if she has any minor children, even if her parental rights or custody have been terminated). While Heidi noted that it is unclear if the facility captures that data, Kids-A-Part's case manager will refer any woman who answers yes to Kids-A-Part orientation session to learn about the program and resources for maintaining a relationship with her child(ren). Then the woman decides if wants to participate in the program.

As the Kids-A-Part community case manager, Heidi receives referrals for children in VT (and sometimes other states, if children live with a caregiver in another state). Her main role is to build communication between the incarcerated mom and outside caregiver, and she has found most success when a good team is wrapped around them (school team contacts, caregiver). Heidi also teaches a six-week parenting class in the women's facility that is focused on ACEs and that also offers resiliency resources (helps mitigate moms' guilt).

The majority of children in the Kids-A-Part program are either on a 504 or an IEP.

Heidi noted that 75-85% of incarcerated women are the parent of a minor child (although some of these women may have had their parenting rights terminated, or are not necessarily in an active parenting role at the point of incarceration). Most women leaving the facility transition first to a residential program or other treatment program before returning to their home community. Kids-A-Part has found that mental health, trauma and substance abuse are often co-occurring issues for incarcerated mothers. In March 2020, Kids-A-Part was serving about 160 women, but with the correctional facility implementing massive temporary releases of inmates due to COVID-19, the program is now serving about 90 women.

Kids-A-Part also works with dads serving as caregivers while the mother is incarcerated. For most cases, the dads and moms were not in a relationship when she was incarcerated. And 50-75% of the dads themselves have had some law enforcement/criminal justice system connection/relationship.

One of Kids-A-Part's key intervention and support areas is working with children of incarcerated parents, their caregivers and school teams to support the children. Heidi mentioned working with Barre City Elementary and Middle School (Washington County), North Country Union High

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[153] Accessed on 9/24/2020:
https://legislature.vermont.gov/Documents/2018/WorkGroups/Adverse%20Childhood/Act%2043%20Report/W~Tricia%20Long~ACE's%20and%20Children%20of%20Incarcerated%20Parents~10-20-2017.pdf

[154] September 29, 2020 interview with Heidi Wener, Kids-A-Part Community Case Manager, www.lundvt.org

School (Orleans County), and Mount Anthony Union Middle School (MAUMS) in Bennington. Heidi was especially proud of her work with Allie Wheelock, the school-based clinician at MAUMS and the school-based resource officer. Heidi noted that it can be challenging to know which children might have incarcerated parents. She mentioned one school that wanted to add a question on the school registration form where a student could identify whether they had an incarcerated parent, but that data might only be true on the day the child answers the question, and it also wouldn't answer what social needs the child might have. All schools Heidi works with have resource officers, but with the realization that students of color and students on IEPs have higher incidence of punitive responses to behavior incidents, there's been a push to remove that role from schools, and focus on engaging in restorative vs. punitive practices.

Though this effort is currently on hold, prior to COVID-19, Heidi was working on creating a blueprint within schools in each of the above communities to formalize network resources, identify who in the community will have a positive impact on these kids, and connect with Community Justice Centers, community providers, and private providers. The blueprint would help fill gaps; in her work Heidi sees many individuals making huge well-intentioned efforts, but often programs will address one area but not another co-occurring issue.

<u>Survivors of domestic and sexual violence</u>: Project Against Violent Encounters (PAVE) in Bennington. PAVE's mission is to end domestic and sexual violence and to provide supportive and educational services to individuals, families and the community. Their services include:

- A hotline that supports immediate assistance and referrals, as well as emotional support
- Legal advocacy – advocates provide information to people trying to navigate the level system in instances of a relief of abuse order, divorce, separation, child support, or criminal court proceeding
- The Emergency Housing Program provides housing to victims and include wraparound services including food, transportation, toiletries, cleaning supplies and more
- PAVE also conducts education and outreach to the community.

When we initially reached out to PAVE in early September, Nadia Lucchin, the Executive Director, noted that the organization was working on pandemic-related issues and were not able to provide any data to support this community assessment project. We continued to follow-up, and on October 15, 2020, we conducted a 30 minute informational interview with Nadia. Subsequently, she was able to send data that is referenced in this report. We were interested in learning about the needs of their clients and connections to other organizations in Bennington County.

There are limitations to data collection at PAVE. For example, the organization tracks incoming calls via the hotline, but does not have a way to aggregate and synthesize the data to demonstrate what the needs are. This means that services such as referrals to other organizations are not tracked. It also means that while Nadia could offer insight into what the needs are, it is not easily quantifiable.

Nadia stated that the three biggest needs of their clients are (1) child care; (2) housing; and (3) transportation assistance, all of which require PAVE work with other organizations to support. She also noted that callers typically have emergency needs such as access to a cell phone, help

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increasing the number of cell phone minutes, and assistance connecting to food resources. During the pandemic, Nadia stated that instead of referring individuals to other organizations for support, PAVE was doing some of the work internally (for example, picking up food and delivering it to families). Nadia also stated that hotline callers are sometimes looking for support for their animals, as shelters allow service dogs and their clients do not want to leave their pets behind.

While PAVE does not track all referrals or services provided, we were able to obtain information about the number of calls they receive and the number of shelter nights they provided over the past two calendar years. But a note of caution: Nadia advised that there are data integrity issues prior to June 2019. She stated that she became the Executive Director in June 2019, and through a review of policies and procedures, identified that their count of shelter nights (which was 4,524 January – March and 3,519 April – June) was incorrect. As a result, she believes the data beginning with July 2019 more accurately reflect the need for emergency services in Bennington County. Those data are reported below. The data suggest that the pandemic has resulted in fewer calls to PAVE, presumably because victims are at home with their abusers. It has also resulted in fewer shelter nights.

- In the first 9 months of 2019, PAVE averaged 50.1 calls per month. In the first 9 months of 2020, PAVE averaged 39.7 calls per month.
- Typically, PAVE sees more calls around the November/December holidays and it remains to be seen how the pandemic influences the 2020 end of year holiday calls.
- From July – September 2019, PAVE supported their clients with 2,370 shelter nights. However, July – September 2020 saw a drastic decline to 280 shelter nights.
- From October – December 2019, PAVE supported their clients with 2,068 shelter nights. Data for October – December 2020 will not be available until early 2021.

Nadia was interested in speaking with us, as she wanted to provide feedback on how UCS specifically could support PAVE. She noted that while UCS has "same day" services, it does not mean that individuals in crisis are able to connect with (for example) a counselor on that day. In our discussion, we likened it to "same day intake" but stated it can take anywhere from 2-6 weeks for someone in crisis to speak with a counselor at UCS. She also indicated that their clients have been offered services with as little frequency as once a month, which does not meet the needs of an individual in crisis. She was interested in partnering with UCS to better support the mental health needs of her clients.

SECTION 3: WORKFORCE AND THE ECONOMY

3a. Unemployment and the workforce

Like in many places in the United States and globally, Bennington County has been very severely impacted by COVID-19 in terms of unemployment. Prior to 2020, the highest unemployment rate recorded in Bennington county since February 1991's 7.5% was 9.1% in March and April 2009. Since that time, unemployment had steadily dropped, down to a monthly low of 2.2% in October 2019.

The annual average unemployment rates (shown in the table below) also steadily declined year-to-year 2016 through 2019. The annual average so far for 2020, which includes data for January to September, is 8.3% though the final 12-month average may end up lower, as the rate has been dropping each month since the record April 2020 monthly high 18.7% unemployment rate. Note that the monthly rate is as at the first day of the month, so April 2020's rate is actually from April 1st, thus reflecting the previous month's reality.

Looking at Bennington County's rates compared to Vermont's statewide figures, Bennington County's unemployment rates have consistently been higher, both for annual averages and for the monthly breakdown thus far in 2020. This suggests Bennington County is dealing with an additional burden.

Table 35: Unemployment Rates, 2016-2020[155]		
	Bennington County	**Vermont**
Annual average unemployment rates		
2016	3.8%	3.2%
2017	3.6%	2.9%
2018	3.0%	2.6%
2019	2.9%	2.4%
2020 (Jan - Sept)	8.3%	7.1%
Monthly unemployment rates 2020		
January 2020	3.6%	2.4%
February 2020	3.2%	2.4%

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[155] U.S. Bureau of Labor Statistics, Unemployment Rate in Bennington County, VT [VTBENN3URN], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/VTBENN3URN, October 28, 2020.

March 2020	4.2%	3.1%
April 2020	18.7%	16.5%
May 2020	14.7%	12.8%
June 2020	10.6%	9.5%
July 2020	9.4%	8.3%
August 2020	5.3%	4.8%
September 2020	4.9%	4.3%
October 2020	2.8%	3.2%

"Civilian Labor Force includes all persons in the civilian noninstitutional population ages 16 and older classified as either employed or unemployed. Employed persons are all persons who, during the reference week (the week including the 12th day of the month), (a) did any work as paid employees, worked in their own business or profession or on their own farm, or worked 15 hours or more as unpaid workers in an enterprise operated by a member of their family, or (b) were not working but who had jobs from which they were temporarily absent because of vacation, illness, bad weather, childcare problems, maternity or paternity leave, labor-management dispute, job training, or other family or personal reasons, whether or not they were paid for the time off or were seeking other jobs. Each employed person is counted only once, even if he or she holds more than one job. Unemployed persons are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed. The unemployment rate is the unemployed percent of the civilian labor force [100 times (unemployed/civilian labor force)]."[156]

It is easy to make the connection that a lack of income directly impacts a person's or household's ability to purchase food, pay rent, maintain a car or afford transportation, or pay for medical expenses. Indeed, among social determinants of health, income is the single strongest predictor of health.[157]

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[156] U.S. Bureau of Labor Statistics, Unemployment Rate in Bennington County, VT [VTBENN3URN], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/VTBENN3URN, October 28, 2020.

[157] Southwestern Vermont Health Care Community Health Needs Assessment Report 2018: https://svhealthcare.org/Portals/0/files/departments/planning-compliance/SVHC-CHNA-2018.pdf?ver=2020-08-20-105426-190, page 50.

A smaller percentage of Bennington county residents make up the civilian labor force compared to VT statewide: in 2014-2018, 61.4% of people aged 16 or over in Bennington county vs. 65.7% in VT. And 58.4% of Bennington women aged 16 or over participated in the civilian labor force compared to 63% of women in the state.[158]

3b. Typical work, school and training schedules of individuals

In Bennington County, the average male resident works 39 hours a week, while the average female resident works 33 hours a week. The American Community Survey divides up industries into five broad categories as depicted below. According to the most recent data, the most prevalent industry is management, business, science and arts.

Table 36: Class of Workers in Bennington County, 2018 5-Year Estimates[159]	
Industry	**Percentage of all Workers**
Management, business, science, and arts	38%
Service occupations	17.5%
Sales and office occupations	20.1%
Natural resources, construction and maintenance operations	9.5%
Production, transportation and material moving occupations	14.1%

Table 36: Class of Workers in Bennington County, 2019 5-Year Estimates	
Industry	**Percentage of all Workers**
Management, business, science, and arts	39.3%
Service occupations	18.6%
Sales and office occupations	20.3%
Natural resources, construction and maintenance operations	8.5%
Production, transportation and material moving occupations	13.3%

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[158] U.S. Census Bureau: Website & data set accessed on: 8/12/2020
https://www.census.gov/quickfacts/fact/table/benningtoncountyvermont,VT/PST045219
[159] 2018: ACS 5-Year Estimates Subject Tables. TableID S2406.

Of Bennington residents ages 16 and older, an estimated 2,929 are living in poverty. Of these, 225 (7.7%) worked full-time, year-round in the past 12 months, while 793 (27.1%) worked part-time or part-year in the past 12 months. However the majority of those in poverty - 1,911 persons or 65.2% of those in poverty - did not work at all in the past 12 months.[160]

Within UCH's Head Start and EHS programs, typically single-parents are less likely to have a parent working outside of the home than are two-parent families. Over two Program Information Report (PIR) reporting cycles, half of the single parents did not work outside of the home, whereas 18% of two parent families did not have someone working outside of the home.

Table 37: Working Parents in the UCH Head Start and Early Head Start Programs, 2017-2019				
	Head Start 2017-2018	**Early Head Start 2017-2018**	**Head Start 2018-2019**	**Early Head Start 2018-2019**
Two parent families				
Total enrolled	64	30	60	27
Both parents are employed	23 (36%)	13 (43%)	20 (33%)	8 (30%)
One parent is employed	34 (53%)	13 (43%)	25 (42%)	13 (48%)
Neither parent is working	7 (11%)	4 (13%)	15 (25%)	6 (22%)
Single parent families				
Total enrolled	65	29	66	38
Parent is working	39 (60%)	15 (52%)	30 (45%)	15 (39%)
Parent is not working	26 (40%)	14 (48%)	36 (55%)	23 (61%)

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[160] 2018: ACS 5-Year Estimates Subject Tables. TableIDS1701.

SECTION 4: EARLY EDUCATION AND CARE

4a. Access to child care and preschool programs

Stalled at the Start Vermont's Child Care Challenge: An Analysis of the Supply and Demand for Regulated Child Care for Children Birth through Five in Vermont (January 2020) produced by Let's Grow Kids, offers insight into the estimated need for care by age group. In Vermont, "infants" are children six weeks - under 13 months; toddlers are children 13 - 35 months; and preschoolers are children 36-60 months (3-5 years). Licensing regulations break down toddlers further into "younger" (children under 24 months) and "older" (children 24-35 months).

Bennington is one of eight counties in Vermont that has significantly increased in the number of infants who are able to access high-quality care; as is depicted below, from 2018 to 2020 there was a noticeable drop in the percentage of infants who need care and don't have access to high-quality care (from 78% to 72%). However, Bennington is still noted as being "stalled at the start" (defined as 51-100% of children in need of care going without care) relative to the County's ability to meet the need for infant care.

Table 38: Bennington County Infants, Toddlers and Preschoolers Without Access to Child Care, 2016-2020[161]			
	2020	**2018**	**2016**
Infants			
% likely to need care but don't have access to regulated programs	61%	61%	50%
% likely to need care and don't have access to high-quality programs	72%	78%	75%
Toddlers			
% likely to need care but don't have access to regulated programs	24%	21%	0%
% likely to need care and don't have access to high-quality programs	45%	53%	44%
Preschoolers			
% likely to need care but don't have access to regulated programs	25%	Earlier reports do not address preschoolers	
% likely to need care and don't have access to high-quality	40%		

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[161] *Stalled at the Start Vermont's Child Care Challenge: An Analysis of the Supply and Demand for Regulated Child Care for Children Birth through Five in Vermont* (2020) and *Stalled at the Start Vermont's Child Care Challenge: An Analysis of the Supply of and Demand for Regulated Infant and Toddler Care in Vermont* (2018).

programs		

The Vermont Child Development Division (CDD) licenses providers and makes data available through data.vermont.gov. The most recent data update was on January 16, 2020, before the pandemic. In a voicemail on September 9, 2020, Heather Mattison with CDD noted that the data has not been updated recently, but that she does not expect significant changes. It remains to be seen how the pandemic influences the number of providers.

Per the January 2020 data, there are 66 providers in Bennington County serving the child care needs of 1,363 children from birth - age 12. It is important to note that licensed capacity may not reflect the actual enrollment at a particular provider. For example, a classroom may be licensed to serve up to 20 children, but an individual center-based program may opt to keep enrollment at 17 children based on their program philosophy, staffing, and the needs of the children. Thus the reported 1,363 reflects the maximum number of licensed slots available.

Table 39: Number of Child Care Providers and Licensed Capacity in Bennington County, January 2020		
	Number of providers	**Licensed capacity**
Center-based child care and preschool programs	30	1,095
Licensed family child care homes	2	24
Registered child care homes	28	Not applicable
After school providers	6	244
Total	**66**	**1,363**

Further examination of the number of slots available reveals that there is a significant gap relative to the number of children. As was presented in Table 1, there are an estimated 2,091 children from birth to age 5 in Bennington County, yet CDD reports a total of 1,033 licensed child care slots. In addition, there are an estimated 2,270 children ages 6-11 years, and there are just 330 licensed school age-slots. This speaks to the high number of children who may need care, but be in unregulated care such as kinship care. The location of child care is generally aligned with the population centers; the town of Bennington is home to 38 (58%) of the providers and 617 (45%) of the total slots available.

Table 40: Licensed Care for Infants, Toddlers, Preschoolers, and School-Age Children in Bennington County, January 2020						
		Number of licensed slots				
Location	**Number of**	**Infant**	**Toddler**	**Preschool**	**School age**	**Total slots**

	providers[162]	slots	slots	slots	slots	
Arlington	3	14	10	70	24	**118**
Bennington	38	69	44	385	119	**617**
Dorset	2	8	10	20	50	**88**
Manchester	6	56	47	104	88	**295**
Peru	1	16	5	0	0	**21**
Pownal	7	12	8	32	15	**67**
Readsboro	3	4	5	26	0	**35**
Shaftsbury	3	16	11	41	4	**72**
Stamford	2	0	0	20	0	**20**
Sunderland	1	0	0	0	30	**30**
Total	**66**	**195**	**140**	**698**	**330**	**1,363**

It is important to note that five of the Bennington County programs are public prequalified PreK programs. Prequalified PreK is funded through Act 166 in Vermont. Such programs must be licensed or registered by the Department of Children and Families, aligned with the Vermont Early Learning Standards (VELS), have at least one licensed early childhood or early childhood special educator on staff or supervising, and accredited by NAEYC or recognized as a 3 STAR or higher program. These five programs account for 164 of the 698 (23%) total preschool slots in the County.

- Fisher Elementary Pre-K Program (Arlington) - 45 preschoolers
- Manchester Early Education Program - 34 preschoolers
- Readsboro Elementary School Program - 15 preschoolers
- SVSU Early Education Program (Bennington) - 34 preschoolers
- SVSU Early Education Program @ 233 Division Street (Bennington) - 36 preschoolers

There are also 15 private prequalified PreK programs in the County that account for 357 of the 698 (51%) preschool slots. UCH is one such provider.

4b. Affordability of care

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[162] Providers include child care centers, licensed family child care homes (these programs operate under regulations similar to a licensed center) and registered family child care homes (in-home child care businesses regulated by the State)

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According to the 2017 Child Care Market Rate Survey, the cost of care in Bennington County far outpaces what most families can pay. The 2017 Child Care Market Rate Survey found that the average cost of infant care (full-time) is $251 per week.[163] If a parent was under contract for 52 weeks a year, this amounts to just over $13,000. At the 75th percentile (which is more closely aligned with higher quality care, as rates tend to increase as quality increases), the parent of an infant could expect to spend $14,300 for the year. The median household income in Bennington County in 2018 was $53,040, meaning a family earning the median income would need to spend 27% of their income on care for their infant. According to the US Department of Health and Human Services, child care is affordable if it costs families no more than seven (7) percent of their income.[164]

As depicted below, center-based child care rates increased substantially between 2014 and 2017. In 2014 the weekly rate for an infant at the 75th percentile was $221; this jumped to $275 in 2017 (a 24% increase).

Table 41: Cost of Child Care in Bennington County by Age, 2014-2017				
	2014 Licensed Program Weekly Rate (75th Percentile)[165]	**2017 Average Weekly Market Rate[166]**	**2017Licnsed Child Care Weekly Rate (75th Percentile)**	**Number of Providers with a Rate Agreement for this age group**
Full time - infants	$221.25	$250.94	$275	17
Full time - toddlers	$200	$243.29	$250	17
Full-time preschool	$200	$213.83	$235.63	22
Full time - school age	$186.25	$187.97	$212.50	15
Part-time school age	$112.50	$106.08	$128.75	15

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[163] The market rate is the price of child care charged by a program to parents as collected through the Bright Futures Information System (BFIS).

[164] Center for American Progress. https://www.americanprogress.org/issues/early-childhood/reports/2019/06/20/471141/working-families-spending-big-money-child-care/#:~:text=According%20to%20the%20U.S.%20Department,7%20percent%20of%20their%20income.

[165] https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Market_Rate_Survey_Report_2014.pdf

[166] https://dcf.vermont.gov/sites/dcf/files/CDD/Reports/Market_Rate_Survey_2017_Counties_Supplement.pdf

Child care programs may accept payments from the Vermont State Child Care Subsidy Program; however, the amount of the approved subsidy for each family (a percentage based on income and service need) does not always cover the full cost of what providers charge. Many families have a weekly co-payment. The Bennington County agency that supports families with finding child care providers and with applying for financial assistance is located in the town of Bennington (Bennington County Child Care Association, located within the local Parent Child Center, Sunrise Family Resource Center). The local resource and referral agency provided data that showed that in 2020 (December – July) there had been 966 calls from individuals looking for assistance through the 2-1-1- line; however none of these calls were for child care assistance.

4c. Quality of care

Childcare providers vary in quality as rated by the Vermont Step Ahead Recognition System (STARS). According to CDD's January 2020 data, 47% of providers are considered "high quality" with a STARS rating of a 4 or 5. This reflects a slight increase over 2019, when 43% of providers were considered high quality. In 2015, 31% were considered high quality. Thus while quality is improving as measured by STARS, the increase in quality is not especially rapid.

Table 42: Program Quality as Measured by STARS, January 2020[167]	
Description	**Number of providers**
1-STAR	13
2-STARS	6
3-STARS	16
4-STARS (high quality)	12
5--STARS (high quality)	19
Total providers	**66**

The Child Care Financial Assistance Program (CCFAP) pays a higher rate on behalf of families based on the number of stars the program has earned, which can result in a change to the parent co-payment. For example, if a program has 3 STARS, CCFAP will pay the provider 20% above the base rate. This incentivizes providers to participate in STARS.

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[167] Vermont Child Care Provider Data. Last updated January 16, 2020 on data.vermont.gov.