



COMMUNITY

# NEEDS ASSESSMENT

---

BENNINGTON COUNTY, VERMONT

2024



PREPARED BY:

Crescendo Consulting Group

## Contents

EXECUTIVE SUMMARY	1
ABOUT UNITED COUNSELING SERVICE	5
COMMUNITY NEEDS ASSESSMENT	6
METHODOLOGY	7
SECONDARY DATA	8
Bennington County Overview	9
Youth and Families	18
Head Start Program Information	19
QUALITATIVE RESEARCH	34
COMMUNITY SURVEY	45
ACCESS AUDIT	56
NEEDS PRIORITIZATION	58
CONCLUSIONS	62
APPENDICES	63
<i>Appendix A: Supplementary Secondary Data - Bennington County</i>	63
<i>Appendix B: Supplementary Secondary Data – MA and NY Counties</i>	92
<i>Appendix C: Service Use Data</i>	106
<i>Appendix D: Resources Available for Youth and Families</i>	110
<i>Appendix E: Stakeholder Interview Guide and Focus Group Discussion Moderator’s Guide</i>	116
<i>Appendix F: Community Survey</i>	120
<i>Appendix G: Needs Prioritization Process Results</i>	130
<i>Appendix H: Community Survey Open-Ended Response Highlights</i>	135

## Executive Summary

A Community Needs Assessment of Bennington County was conducted for the United Counseling Service, which operates both a non-profit community mental health center and Head Start and Early Head Start programs. The Community Needs Assessment (CNA) provides a critical process that examines prevailing behavioral health and childcare issues and conditions while identifying resources and opportunities to meet specific community needs.

Between January and April 2024, Crescendo Consulting Group (“Crescendo”) worked in collaboration with United Counseling Service (UCS) and United Children’s Services to conduct a community needs assessment. A combination of quantitative and qualitative research methods was used to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and underrepresented populations.

## Community Engagement



20 Stakeholder  
Interviews



10 Focus Groups



333 Survey  
Responses

After analyzing secondary and primary quantitative and qualitative data collected throughout the project, 40 community needs were identified. Due to two distinct programs, the UCS Leadership Group decided to have two top community needs list – one for each program – to address in the needs of the community.

## Top Head Start Focused Needs

Need Category	Identified Need
<b>Childcare Availability</b>	Extended hour childcare (evening hours)
	Summer childcare options
	Affordable childcare
<b>Childcare Capacity</b>	Childcare providers
	Long wait lists for childcare
<b>Family Supports and Basic Needs</b>	Parenting resources and/or support
	Affordable housing
	Emergency shelters for people experiencing homelessness
	Transitional housing for people experiencing homelessness
	Recreational options or programs for youth
	Transportation
	Food insecurity
	Dentists and dental services
	Primary care providers
<b>Root Causes</b>	Generational trauma
	Awareness of service availability and accessibility
	Stigma

## Top Behavioral Health Focused Needs

Need Category	Identified Need
<b>Mental Health Services</b>	Inpatient mental health services
	Case Management
	School-based mental health services
	Post-crisis care follow-up
	Crisis care, especially for youth
	School-based early intervention programs for behavioral health
	Permanent supportive housing with wraparound services for people experiencing homelessness and chronic behavioral health conditions
<b>Substance Use Services</b>	Outpatient substance use services
	Recovery support services
	Detox facility / services
<b>Community Prevention</b>	Suicide prevention
	Substance use prevention, especially for youth
<b>Provider Capacity</b>	Outpatient Mental Health Providers
	Psychiatrists
	Child or adolescent mental health providers
	Specialist providers, such as specific BH diagnoses, IDD
	Dentists and dental services
	Primary care providers
<b>Root Causes</b>	Generational trauma
	Awareness of service availability and accessibility

	Stigma
	Long wait lists
	UCS Intake Difficulty
	Limited health insurance coverage and/or high copays
<b>Basic Needs</b>	Affordable housing
	Emergency shelters for people experiencing homelessness
	Transitional housing for people experiencing homelessness
	Transportation
	Senior housing / housing for people living with disabilities
	Food insecurity

# About United Counseling Service

In May 1958, Bennington Family Service Center and the state-operated Bennington Child Guidance Clinic merged and established United Counseling Service of Bennington County, Inc. (UCS). In 1995, United Community Services became the parent of three subsidiaries, including: United Counseling Service, Inc. and United Children's Services, Inc.

## Mission

Building a stronger community by empowering individuals and families to live healthy and meaningful lives.



United Counseling Service is a private, non-profit community mental health center that plays an essential part of Bennington County's integrated healthcare system. It is the Designated Agency for community mental health and developmental services in Bennington County. UCS offers care at 15 different facilities, including two primary outpatient facilities in Bennington and Manchester.

UCS provides outpatient counseling and addictions services, emergency mental health services, extensive rehabilitation services, home, community, and school-based services, and employment services for people with mental illness or a developmental disability.



Bennington County Head Start/Early Head Start is a federally funded educational program for children ages 6 weeks to 5 years that has been providing early childhood/pre-k education in Bennington County for more than 50 years. The program specializes in education, school readiness, family engagement, mental health and disabilities, and health and family services.

Head Start serves children ages 3 to 5, and Early Head Start serves children from 6 weeks to 3 years. Program services are free for eligible families.

In addition to a rich educational experience, the program includes free health screenings, healthy meals and snacks, and both structured and unstructured play indoors and outdoors in a safe setting. Children with disabilities are welcome at Bennington County Head Start/Early Head Start. Space is reserved for children with special needs (hearing, speech, vision impairment, or emotional or physical challenges).

# Community Needs Assessment

Between January and April 2024, Crescendo Consulting Group (“Crescendo”) worked in collaboration with United Counseling Service (UCS) and United Children’s Services to conduct a community needs assessment. A combination of quantitative and qualitative research methods was used to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and underrepresented populations.

The Community Needs Assessment (CNA) provides a critical process that examines prevailing behavioral health and childcare issues and conditions while identifying resources and opportunities to meet specific community needs.

A Community Needs Assessment:

- Establishes a profile of a community, noting both needs as well as community resources.
- Determines the needs in a community that can be addressed and the population that is most impacted by the need.
- Includes both qualitative and quantitative data to assist in identifying needs in the community.
- Assists an agency in determining the outcomes and strategic planning they plan to achieve based on the identification of needs at the family, community, and agency levels.

## Head Start

Additionally, United Children’s Services worked with Crescendo to conduct its 2024 community needs assessment between January and April 2024. Head Start Program Performance Standards require the periodic determination of community strengths, needs, and resources in the form of an assessment.<sup>1</sup>

This community assessment provides valuable insights into the environment within which Head Start and Early Head Start programs function. It is instrumental in ensuring that services are tailored to meet the needs of the targeted population. This aids program staff in aligning their activities to collect essential community assessment data. Through this assessment, a comprehensive view of the community is depicted, highlighting the varied needs of families eligible for services.

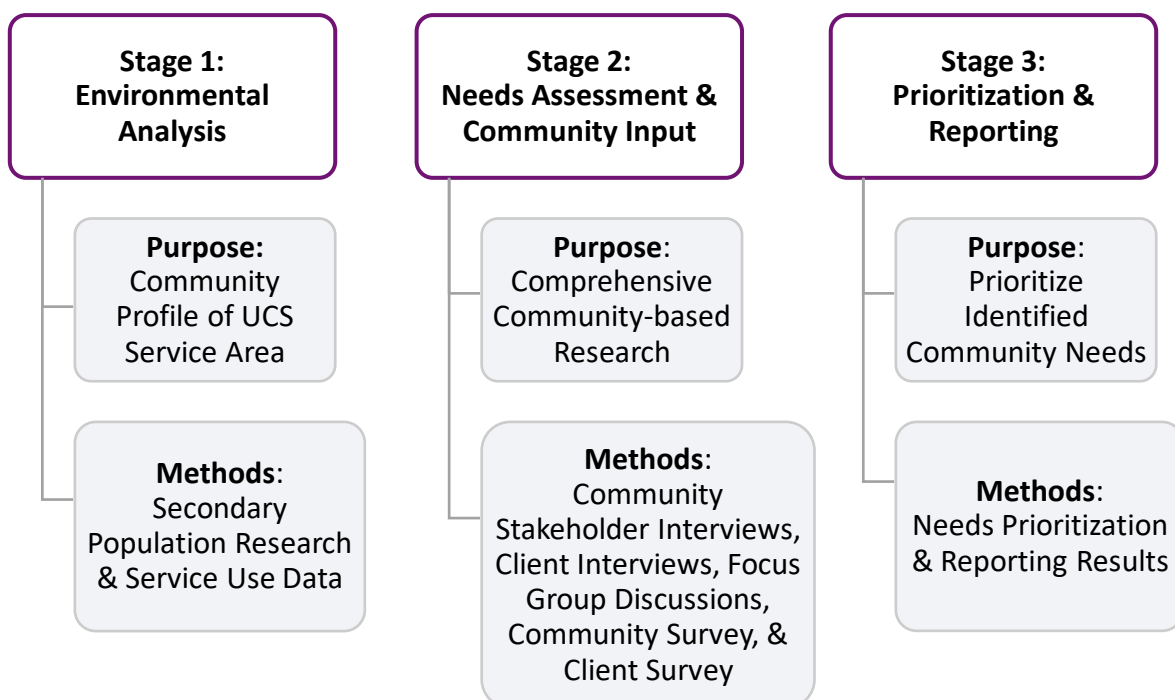
---

<sup>1</sup> U.S. Department of Health & Human Services. Administration for Children & Families, Head Start Early Childhood Learning & Knowledge Center. *Community Assessment Matrix*. Available at: <https://eclkc.ohs.acf.hhs.gov/>



# Methodology

Results of the major research activities employed in this CNA include secondary data research, community surveying, reviewing resource guides, conducting primary qualitative interviews and focus groups, and conducting a needs prioritization process, all of which are explained in more detail below.



**Secondary Data Analysis** provided a critical insight into Bennington County demographics, social determinants of health, and behavioral health-related measures, among many others.

**Qualitative Research** included 20 one-on-one stakeholder interviews and 10 focus groups, speaking with a total of more than 100 participants.

A **Community Survey** was conducted via SurveyMonkey to evaluate and address behavioral health, childcare, and other needs, gaps, and resources in the community. The survey included high-level themes that emerged from secondary data analysis, qualitative research, and other research activities. Over 333 responses were collected.

An **Access Audit** provided insights into access to care barriers and challenges experienced by Bennington County residents when accessing services and resources.

The **Needs Prioritization Process** was held virtually with the project leadership, agency staff, a client receiving services, a parent of a child enrolled in Head Start/Early Head Start, and Crescendo to review the identified needs and discuss prioritized needs based on UCS's capacity and degree of control.

## Secondary Data

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social determinants of health, behavioral health risk factors, and other key indicators to further guide the development of effective strategies to meet evolving needs.

The following data was primarily gathered from the United States Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, the CDC Behavioral Risk Factor Surveillance System, and the Vermont Agency of Education, among others.

**For additional, more in-depth data, please see the data tables in the appendix. The following pages show key findings and high-level summary data.**



*Data tables supporting the following exhibits can be found in **Appendix A**.*

### American Community Survey: *Five-year Estimates*

**There is an intentional purpose in using five-year data estimates compared to one-year data estimates.**

Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.

Source: <https://www.census.gov/data/developers/data-sets/acs-5year.html>

# Bennington County, Vermont

## Overview

Total  
Households  
**14,566**

### Population by Age



Age Under 18  
**18.9%**



Age 18-64  
**57.8%**



Age 65+  
**23.3%**



Median Age  
**46.7**

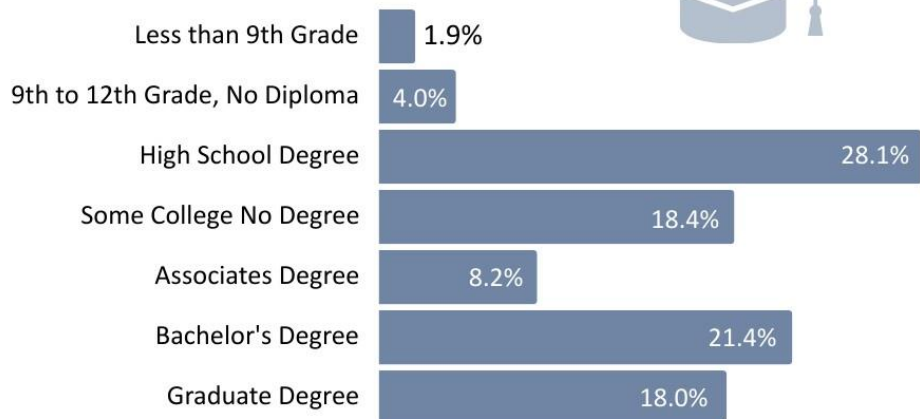


**93.6%**  
White

**2.4%**  
Hispanic / Latino

**4.2%**  
Speak a Language Other  
than English at Home

### Education



Nearly **50%** of Bennington County residents have **earned a degree**.



Median Household  
Income  
**\$68,558**



Households Below  
Poverty Level  
**11.2%**



Population Living  
with a Disability  
**17.3%**



Veterans  
**8.8%**

### Population Change



### Employment

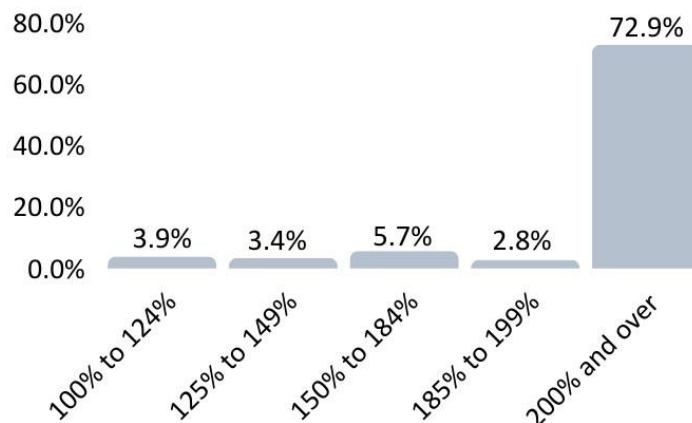
#### Top Industries

Management	11.6%
Sales	11.1%
Office and Administrative Support	9.0%
Education, Training, and Library	8.7%

Unemployment Rate  
**4.2%**

Average Commute Time  
**19.3 minutes**

### Income to Poverty Ratio

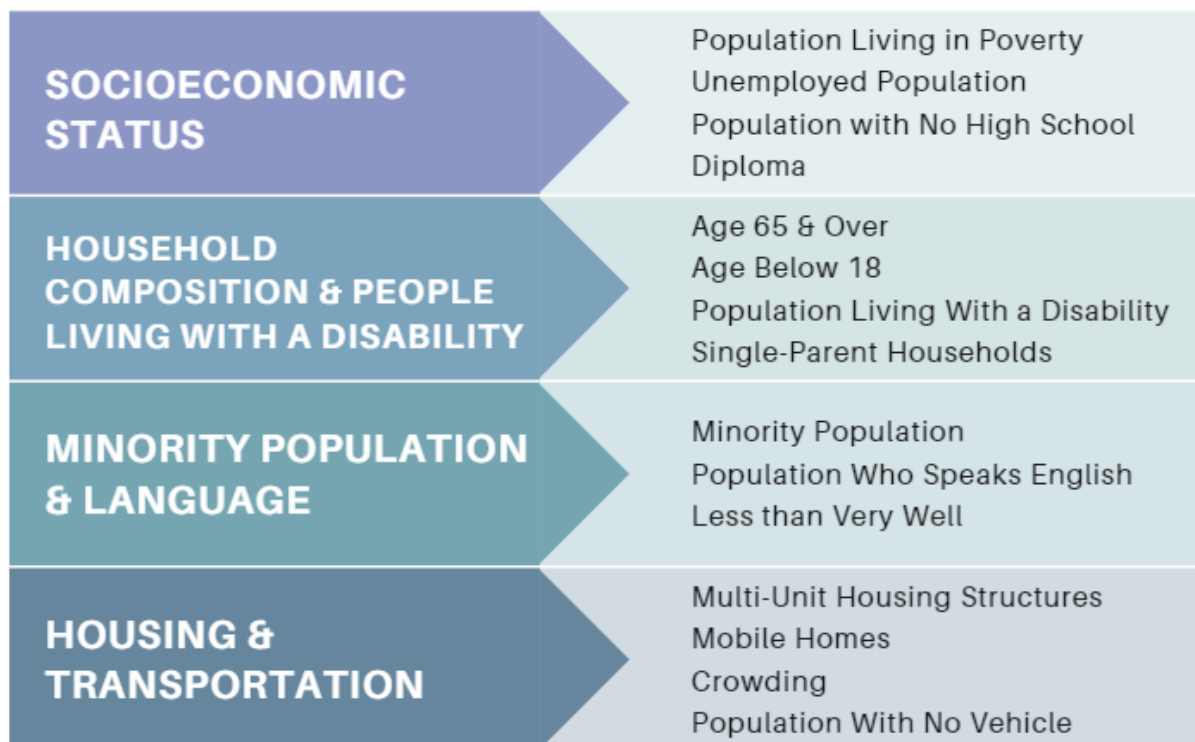


## The Social Vulnerability Index

The Social Vulnerability Index (SVI) was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations. The SVI may be used to rank overall population well-being and mobility relative to county and state QA data. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.<sup>2</sup>

For example, during a public health emergency, such as a pandemic, the SVI can be instrumental in guiding response efforts. Using SVI data, targeted interventions can be implemented, such as providing multilingual public health messaging, offering financial assistance to vulnerable households, and deploying mobile units to isolated areas. Tailoring responses through the lens of SVI allows specific needs of at-risk communities to be met, fostering resilience, and reducing health disparities.

The SVI measures are grouped into four major categories:



<sup>2</sup> Agency for Toxic Substances & Disease Registry, CDC/ATSDR Social Vulnerability Index.

## SOCIAL VULNERABILITY INDEX

Category	Measure	Bennington County	Vermont	United States
Socioeconomic Status	Population Below Poverty Level	11.2%	10.4%	12.5%
	Unemployment Rate	4.2%	3.8%	5.3%
	Median Household Income	\$68,558	\$74,014	\$75,149
	No High School Diploma	5.9%	5.8%	10.9%
	Uninsured Population	4.5%	4.1%	8.6%
Household Composition & Disability	Under Age 18	18.9%	18.1%	22.1%
	Age 65 and Over	23.3%	20.3%	16.5%
	Single-Parent Households	26.6%	21.1%	24.9%
	Living with a Disability	17.3%	14.3%	12.7%
Minority Status & Language	Minority Population	7.6%	8.6%	41.1%
	Limited or No English Proficiency	0.5%	1.3%	8.2%
Household Type & Transportation	Multi-Unit Housing Structures <sup>3</sup>	18.9%	22.3%	26.6%
	Mobile Homes	5.1%	6.0%	5.8%
	No Vehicle for Housing Unit	8.5%	6.4%	8.3%
	Overcrowded Housing Units	1.3%	1.6%	3.4%
	Group Quarters	3.4%	3.9%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



### Bennington County

2020 Statewide Overall SVI Score:

**0.7692**

Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability).

A score of 0.7692 indicates a high level of vulnerability.

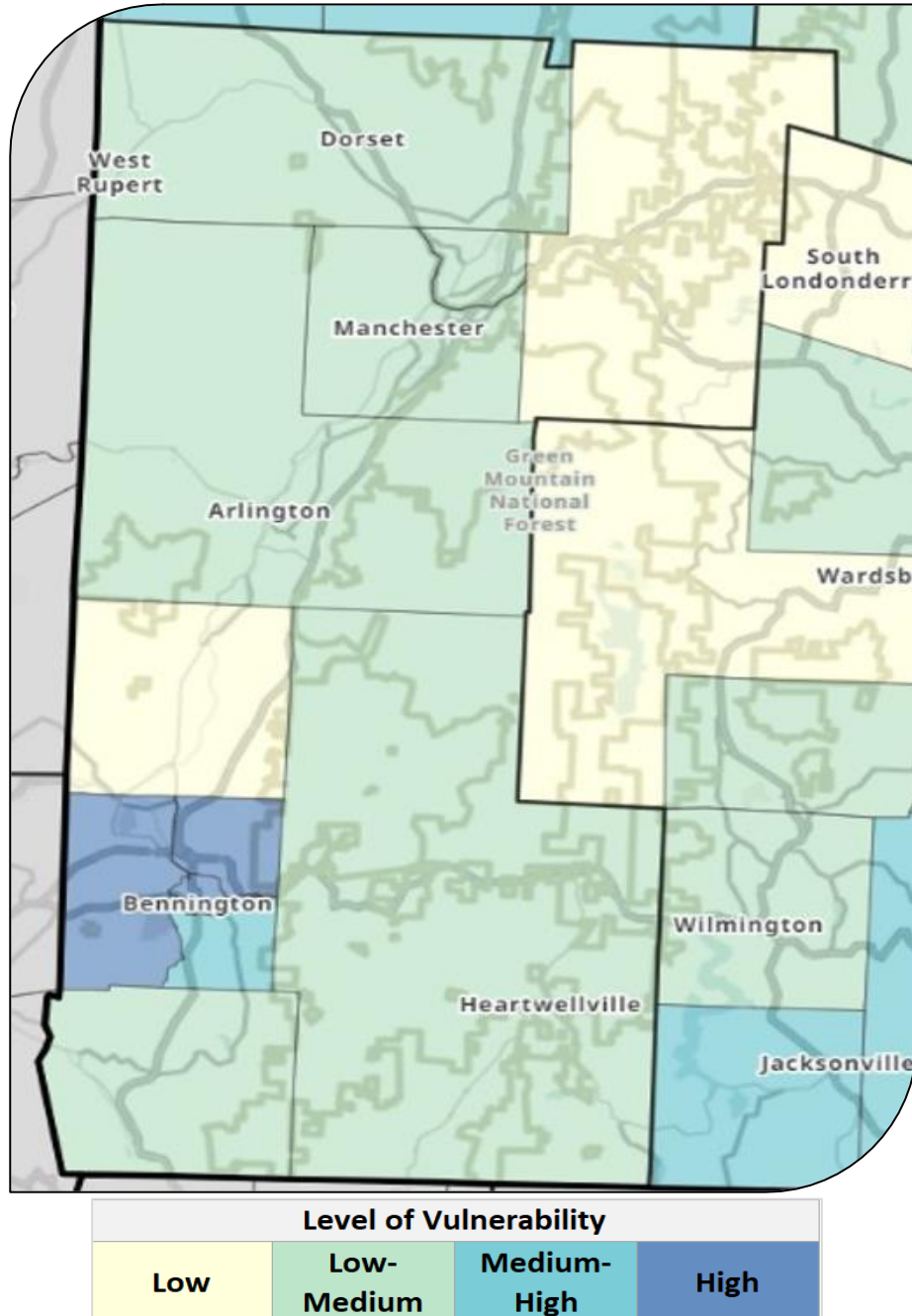
For more information,  
visit:

CDC/ATSDR Social  
Vulnerability Index 2020

<sup>3</sup> Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing 2 or more housing units.



SVI MAP OF CENSUS TRACTS IN BENNINGTON COUNTY



Source: CDC/ASTDR Social Vulnerability Index

Looking closer at census tracts within Bennington County, the majority of census tracts in the county have a low-medium level of vulnerability on the SVI scale. The area surrounding the town of Bennington has a higher SVI score than the rest of the county, indicating a higher level of vulnerability. The town of Bennington serves as the hub of this rural county, where people who need more services and resources are likely to gather to obtain community support.

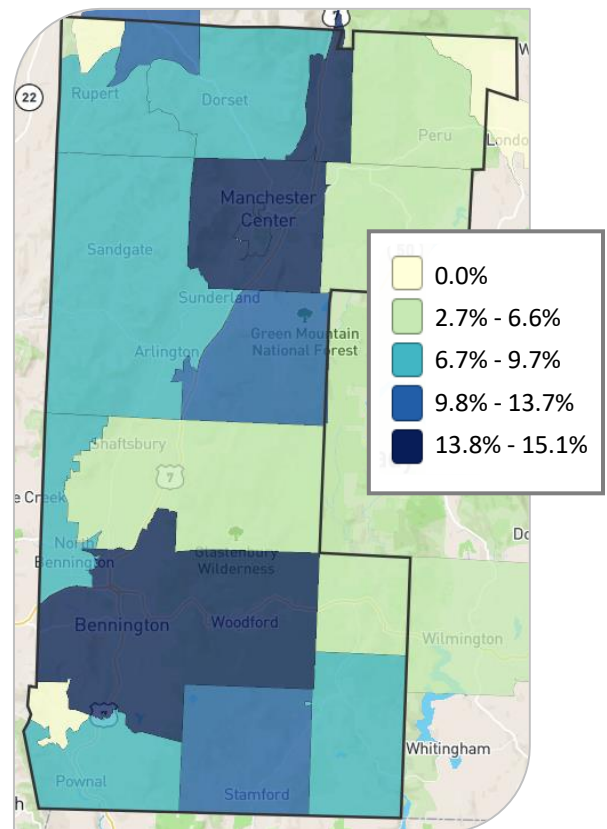
## Economic Stability

People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.<sup>4</sup>

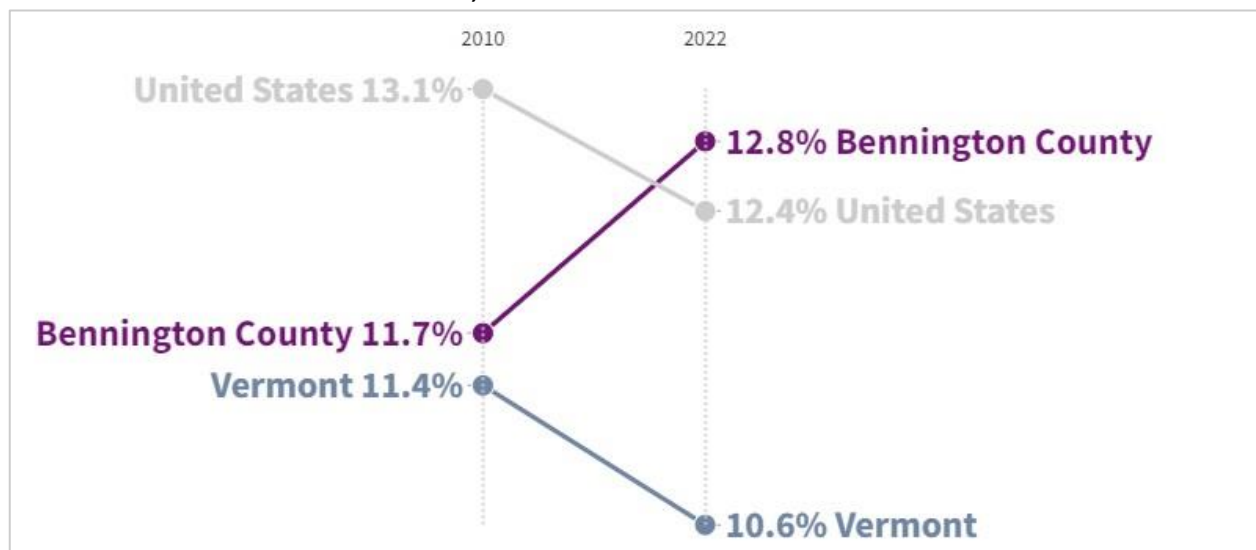
In total, 12.8% of the households in Bennington County live below the federal poverty level as of 2022, an increase from 11.7% of households in 2010. Notably, the percentage of households living below the poverty level in Vermont and the United States decreased between 2010 and 2022.

Looking closer at the percent of households living below the poverty level within Bennington County, there are pockets of higher concentrations of poverty. There are higher concentrations surrounding the towns of Bennington and Manchester.

TOTAL BENNINGTON COUNTY HOUSEHOLDS LIVING IN POVERTY  
(2022), BY ZIP CODE



TOTAL HOUSEHOLDS LIVING IN POVERTY, 2010-2022



Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

<sup>4</sup> American Academy Of Family Physicians, Poverty & Health. *The Family Medicine Perspective*, April 2021.

## Neighborhood and Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds, and the chances for recreational opportunities.<sup>5</sup> Neighborhood quality is shaped in part by how well individual homes are maintained, and widespread residential deterioration in a neighborhood can negatively affect the mental health of residents.<sup>6</sup>

### Housing

Difficulties with housing can serve as a primary source of stress and can be a direct barrier to well-being for members of a community. Nearly 56% (55.9%) of households have excessive renter housing costs, meaning more than 30% of their income goes to pay for housing.



#### What Does the Community Say?

There's a lack of any housing, especially affordable housing and subsidized housing takes forever to get approved. Bennington County needs more safe, stable housing, especially for more vulnerable populations like seniors and people living with a disability.

Employers can't hire employees because there's no place to live. Not having any new people come to live here diminishes the tax base and then services can't get funded.

- Community members interviewed for needs assessment

<sup>5</sup> Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>6</sup> U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health Literature Summaries: Quality of Housing. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing>

## National Low Income Housing Coalition 2023



Median Household  
Income

**\$68,558**



2 Bedroom Fair Market  
Rent

**\$1,120**



Annual Income Needed  
to Afford 2 Bedroom  
FMR

**\$44,800**

In Bennington County, Vermont, the Fair Market Rent (FMR) for a two-bedroom apartment is \$1,120. In order to afford this level of rent and utilities - without paying more than 30% of income on housing - a household must earn **\$3,733** monthly or **\$44,800** annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into:

**\$21.54**

**Hourly Housing Wage**

**65**



Work hours per week at  
minimum wage to afford a  
2-bedroom rental (at FMR)

**1.6**



Number of full-time jobs at  
minimum wage to afford a  
2-bedroom rental (at FMR)



## Physical and Behavioral Health

Equitable, affordable, and available access to needed healthcare services is a critical component of ensuring positive outcomes for a population. Unfortunately, many people do not receive the physical or behavioral health that they need, whether due to unaffordability or unavailability.

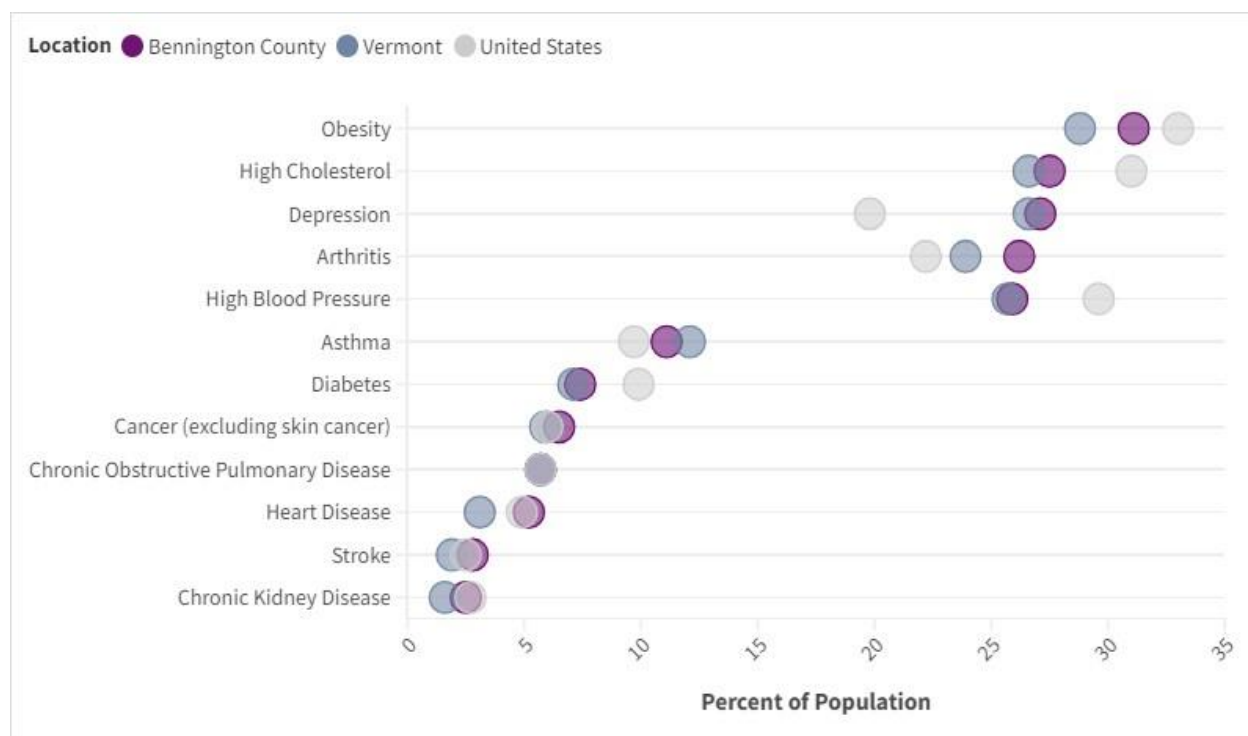
Availability and access to healthcare can be impacted by a lack of providers in the area or limited transportation options to get to appointments.

### Physical Health

The consequences of not having a primary care physician or dentist include a lapse in routine screenings and treatments and health status dangerously deteriorating.

In Bennington County, there's a lack of healthcare providers, including primary care physicians, dentists, pediatricians, and OB/GYNs. In conjunction, 10% of adults in the county report being unhealthy for two weeks or more in a month and more than 25% of the population has at least one of the following chronic health conditions: obesity, high cholesterol, depression, arthritis, and high blood pressure.

#### CHRONIC HEALTH INDICATORS



Source: Behavioral Risk Factor Surveillance System, 2021



### What Does the Community Say?

Primary care doctors, dentists, and mental health providers are all hard to come by in Bennington County, which is a real problem. [There are staffing shortages] because not many people want to come to this type of rural community setting. And even if providers do want to work here, they may not be able to move here because they can't find housing. There are also barriers to care when it comes to insurance.

- Community members interviewed for needs assessment

**1 in 10**

adults in Bennington County report having **poor physical health** on more than 14 days in a month



Total Uninsured Population: **1,697** (4.6%)



Leading Cause of Death:

**Heart Disease**

Rate: **383.3**

(per 100,000 people)

**1 in 3**



adults in Bennington County are **obese**.

Obesity-related conditions, like heart disease and diabetes, are among the leading causes of preventable, premature death.

### Ratio of People per Providers



Primary Care Provider

**1,204 : 1**

(Vermont 740 : 1)



Dentist

**1,555 : 1**

(Vermont 1,526 : 1)



Pediatrician

**2,346 : 1**

(Vermont 567 : 1)



OB / GYN

**6,361 : 1**

(Vermont 2,888 : 1)

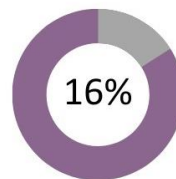
Sources: Behavioral Risk Factor Surveillance System, 2021; CDC WONDER Causes of Death, 2021; CDC, Adult Obesity Facts 2022; U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates; National Plan & Provider Enumeration System NPI, 2022.

## Behavioral Health

Factors such as limited household income, lower levels of educational achievement, economic hardships, unemployment, and social isolation significantly contribute to behavioral health challenges.

In Bennington County, 16% of adults report having poor mental health for more than two weeks in a month and 36% of high school-aged youth reported that their mental health was not good 'most of the time' or was 'always not good.'

### Mental Health in Bennington County



adults in Bennington County report having **poor mental health** on more than 14 days in a month

Ratio of People per  
Mental Health Provider

**498 : 1**

Vermont 318 : 1

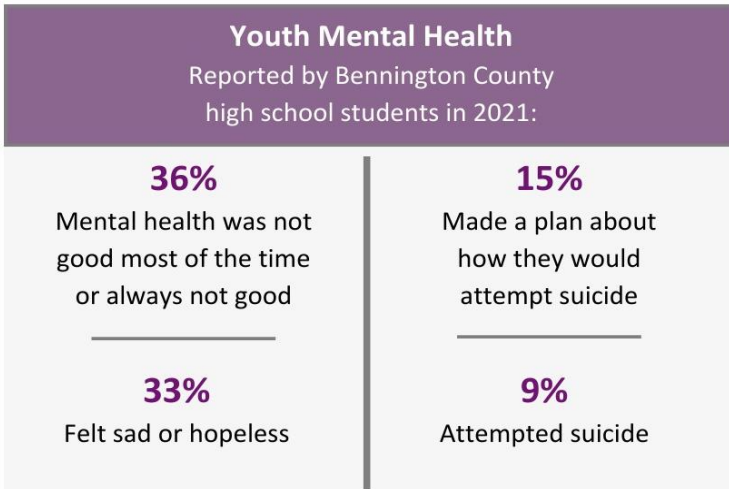
Suicide Rate

(per 100,000 people)

**19.0**

Vermont 18.0

Sources: Behavioral Risk Factor Surveillance System, 2021; County Health Rankings & Roadmaps 2023; National Plan & Provider Enumeration System NPI, 2022



Source: Vermont Department of Health, Youth Risk Behavior Survey, Bennington County, 2021

Behavioral health includes substance use. Bennington County has higher rates and percentages of substance use issues compared to the state of Vermont.

In 2023, Bennington County's rate of opioid deaths per 100,000 residents was 50.9, compared to 32.8 for the state.

Substance use among youth in Bennington County is also higher in some categories compared to Vermont. In 2021, 24% of high school students reported that they smoke marijuana, compared to 20% at the state level.

Similarly, 19% of high school students reported that they currently use an electronic vapor product, compared to 16% for the state.



#### What Does the Community Say?

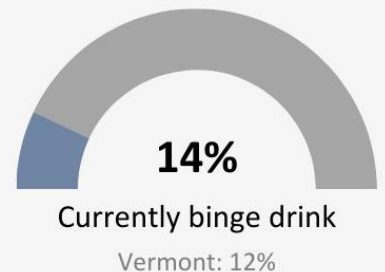
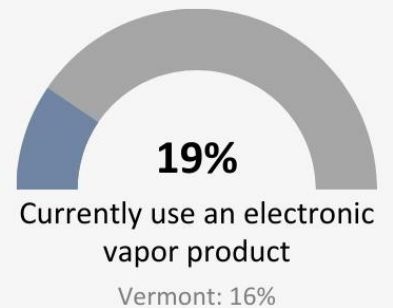
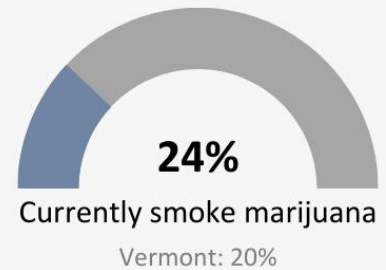
Mental health is the number one behavioral health challenge in the community, from age zero to 99. Especially youth mental health is really important, kids are struggling. There's a lack of providers overall. It's really hard to meet the need that is so great.

Mental health and substance use has increased in the last 5 years, especially in the wake of COVID. Rural areas are now starting to see those impacts.

- Community members interviewed for needs assessment

### Youth Substance Use

Reported by Bennington County high school students in 2021:



### Adult Substance Use



**Binge Drinking**  
**18%**

**Current Smoking Prevalence**  
**16%**

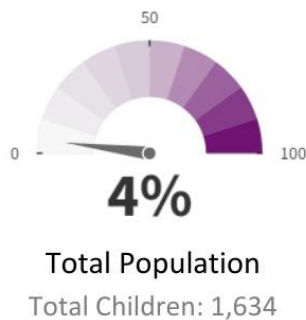


Source: Vermont Department of Health, Youth Risk Behavior Survey, Bennington County, 2021; Behavioral Risk Factor Surveillance System, 2021

# Youth and Families



## Children Under 5 Years Old



## Number of Children

**869**  
Age Under 3

**765**  
Age 3-4

## Support Services

Households Eligible for TANF

**10%**

Households Eligible for SNAP

**15%**

Students Eligible for  
Free/Reduced Lunch

**62%**

Households with  
Children



**23%**

Households with  
Single Parents



**27%**

Households Living with  
Grandchildren



**3%**

### Bennington County:

Count of homeless  
children (age 0-18)  
in 2022

**66**

Bennington County:  
Children (under age 5)  
entered State custody  
between 8/20/2022  
and 8/20/2023

**16**

Bennington County:  
Children (age under 3)  
receiving Early  
Intervention services  
as of 9/9/2022

**177**

## WIC Enrollment

**1,779** Infants

**6,409** Children

**2,079** Women

As of 1/1/2024



Bennington County has 2 school supervisory  
unions: **Bennington Rutland SU**  
and **Southwest Vermont SU**.

	Bennington Rutland	Southwest Vermont	Vermont (state)
<b>504 Plan</b>	2.5%	2.8%	4.7%
<b>Education Support Team</b>	12.2%	1.7%	6.4%
<b>Proficiency on English Language Standardized Tests, 2023 - Grade 3</b>	52.1%	26.9%	48.9%

## Head Start Program Information

United Children’s Services is a Head Start and Early Head Start agency that provides services to children and families. As such, the agency must meet the Head Start Program Performance Standards and the requirements set forth in the Head Start Act of 2007. Information and data on the following pages is set forth to meet these requirements.

### BENNINGTON COUNTY POPULATION UNDER AGE 5

Age Group	Under Age 3		Age 3 to 4		Age 5	
	# of children	% of population	# of children	% of population	# of children	% of population
Bennington County	869	2.3%	765	2.0%	319	0.9%

Source: Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### CHILD POPULATION AGE UNDER 5 BY RACE (ALONE) AND ETHNICITY IN VERMONT, 2022

	Number	Percent
White	24,165	88.0%
Two or More Race Groups	1,217	4.0%
Asian	650	2.0%
Black or African American	587	2.0%
American Indian and Alaskan Native	69	<0.5%
Native Hawaiian and Other Pacific Islander	5	<0.5%
Hispanic or Latino	901	3.0%

Source: Annie E. Casey Foundation, KIDSCOUNT Data Center (2022)

According to United Children’s Services, as of May 2024, primary languages other than English fluently spoken by children and their families enrolled in Bennington County Head Start/Early Head Start during the 2023/2024 school year include Brazilian Portuguese, Dari, Mandarin Chinese, and Spanish.



#### POPULATION AGE UNDER 5 LIVING WITH DISABILITY BY TYPE

	Bennington County	Vermont	United States
Hearing Difficulty	1.8%	1.0%	0.5%
Vision Difficulty	0.0%	0.1%	0.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### SCHOOL-AGED CHILDREN WITH DISABILITIES IN BENNINGTON COUNTY

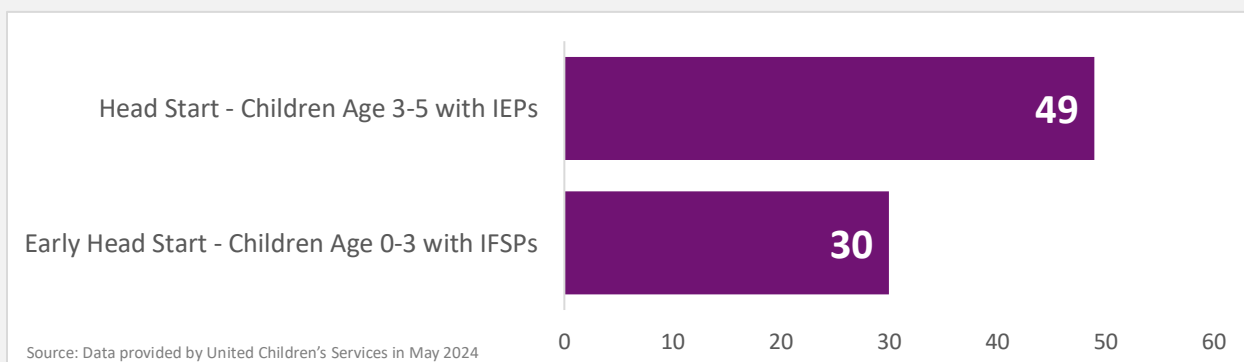
	Bennington Rutland SU	Southwest Vermont SU	
	2023	2021	2022
Students with Autism	ND	73	85
Students with Emotional Disturbance	ND	51	65
Total Students with Disabilities	48	822	ND
Students with IEPs	ND	710	860

Source: Retrieved from United Children's Services, Bennington County Community Needs Assessment 2023 Update. Data provided by Early Childhood Education and Special Education Director and Southwest Supervisory Union. <https://www.ucsvt.org/wp-content/uploads/2024/01/Community-Assessment-Update-September-202386.pdf>

#### CHILDREN UNDER AGE 5 WITH DISABILITIES

According to the United States Census Bureau 2018-2022 American Community Survey Five-year Estimates, 30 children in Bennington County under the age of 5 have a disability. The US Census defines a disability as “a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering.”

However, this is contrary to the information reported by professionals in Bennington County. In the Early Head Start and Head Start programs operated by UCS and its partners childcare providers, 79 children are on an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). IFSPs are plans designed to help babies and toddlers aged 0-3 with developmental delays catch up. IEPs are educational programs designed for children receiving special education and related services.



Source: Data provided by United Children's Services in May 2024

**BENNINGTON COUNTY CHILDREN’S INTEGRATED SERVICES EARLY INTERVENTION (EI) PROGRAM SERVICES, 2020 – 2023**

	2020	2021	2022	2023
Number of children ages 0-3 years receiving EI services	150	163	177	ND
Of the number of children receiving services, number of children with Autism Spectrum Disorder (ASD)	3	11	11	9
Of the number of children receiving services, number of children suspected to have ASD	17	18	16	25

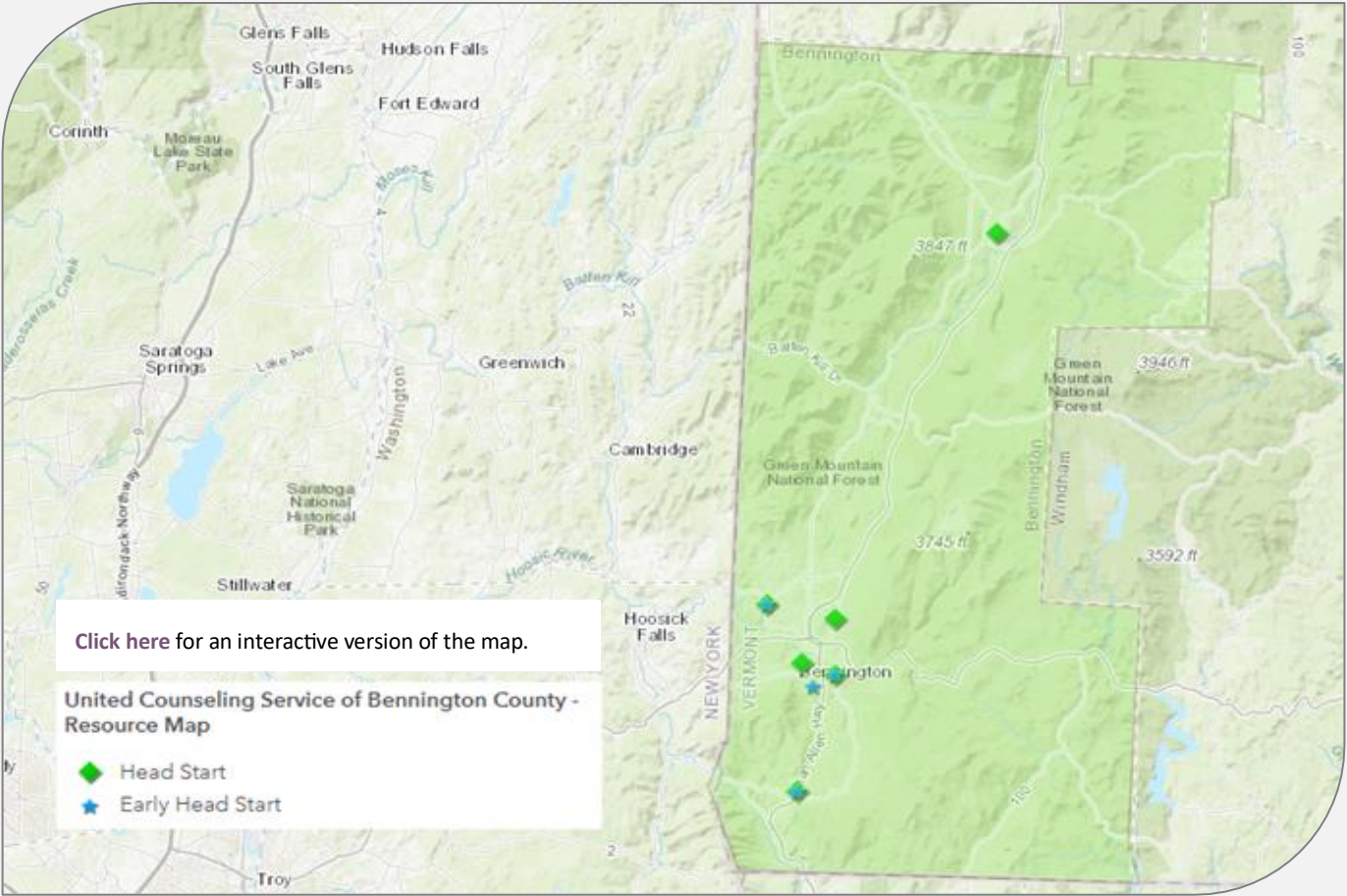
Source: Retrieved from United Children’s Services, Bennington County Community Needs Assessment 2023 Update. Data provided by Program Coordinator of Children’s Integrated Services Early Intervention (Southwestern Vermont Medical Center). <https://www.ucsvt.org/wp-content/uploads/2024/01/Community-Assessment-Update-September-202386.pdf>

**CHILDREN UNDER AGE 3 WITH A DEVELOPMENTAL SCREENING, 2020 – 2022**

	2020	2021	2022
Bennington Hospital Service Area	61%	61%	63%
Vermont (All Hospital Service Areas)	62%	63%	65%

Source: State of Vermont Blueprint for Health, Community Health Profile Data <https://blueprintforhealth.vermont.gov/community-health-profiles>

# Early Head Start and Head Start: Locations and Enrollment in Bennington County



Source: Map created using ArcGIS, powered by ESRI using data provided by United Children’s service in May 2024

## EARLY HEAD START AND HEAD START ENROLLMENT IN BENNINGTON COUNTY, 2022-2023

	Early Head Start	Head Start
Funded Enrollment Slots	48	121
Cumulative Enrollment	73	91

Source: 2022-2023 EARLY HEAD START PROGRAM NFORMATION REPORT, 01CH011932-200 United Children’s Services, Inc. of Bennington County | 2022-2023 EARLY HEAD START PROGRAM INFORMATION REPORT, 01CH011932-200 United Children’s Services, Inc. of Bennington County

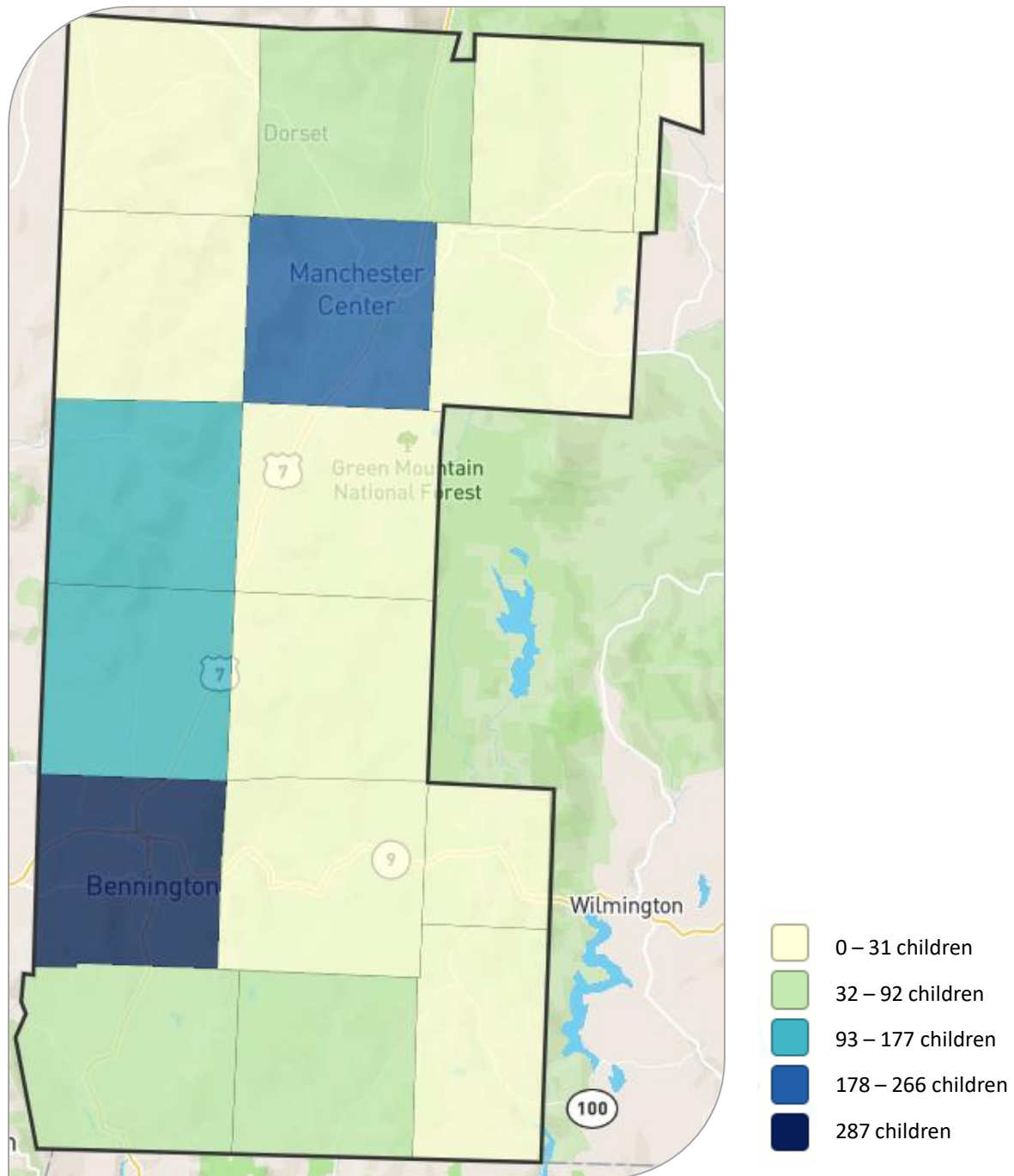
## LIST OF EARLY HEAD START, HEAD START, AND CHILD CARE PARTNER LOCATIONS IN BENNINGTON COUNTY

	Early Head Start	Head Start
Pownal Head Start Center		◆
North Bennington Campus	★	◆
Forever Friends (Partner)		◆
Spring Center	★	◆
Oak Hill Children’s Center (Partner)	★	
UCS Infant Toddler Center	★	
Northshire Day School (Partner)		◆
MPCC Monument (Partner)		◆

Source: Data provided by United Children’s Services in May 2024

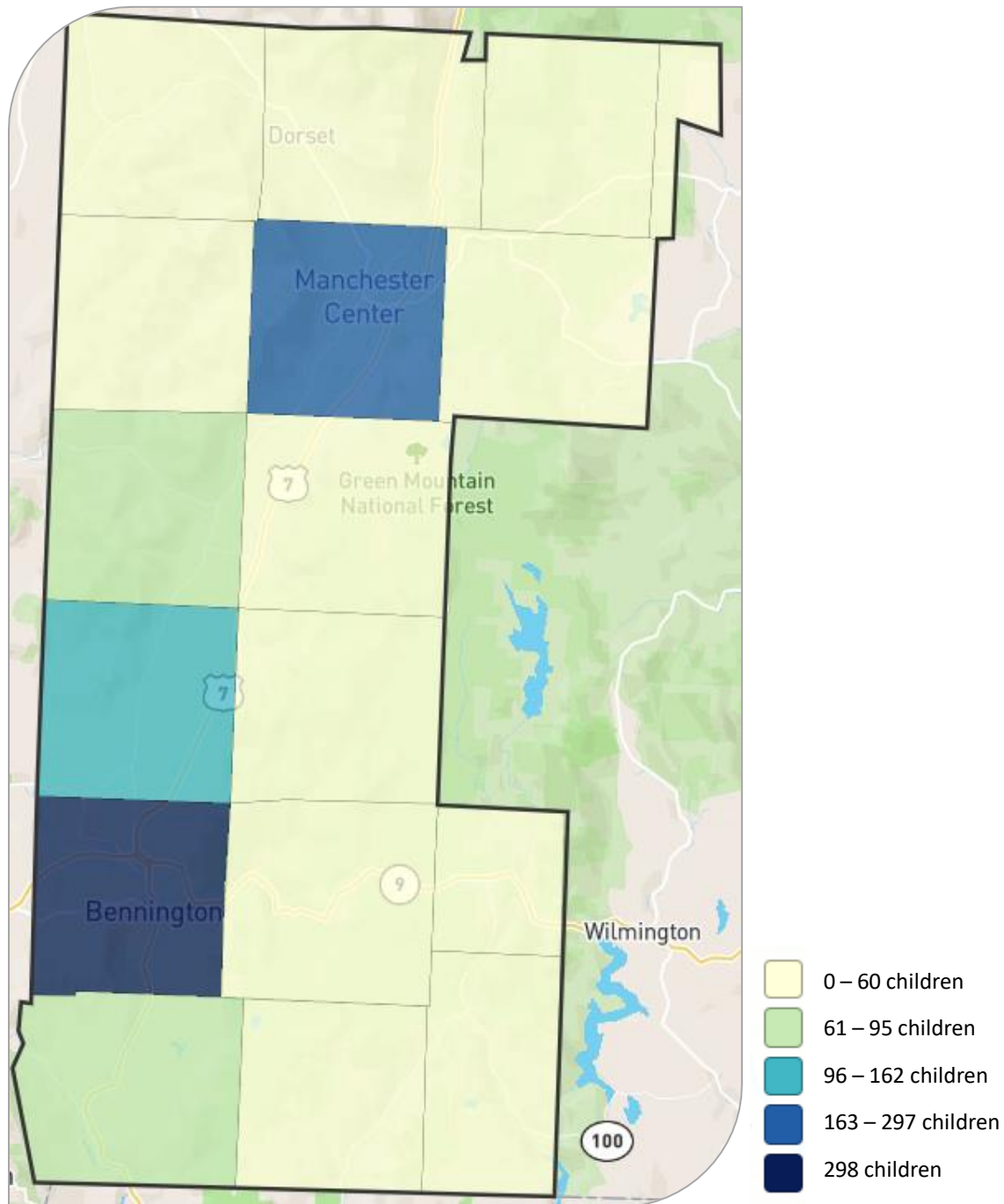


## GEOGRAPHIC DISTRIBUTION OF CHILDREN UNDER AGE 3 IN BENNINGTON COUNTY (BY COUNTY SUB-DIVISION)



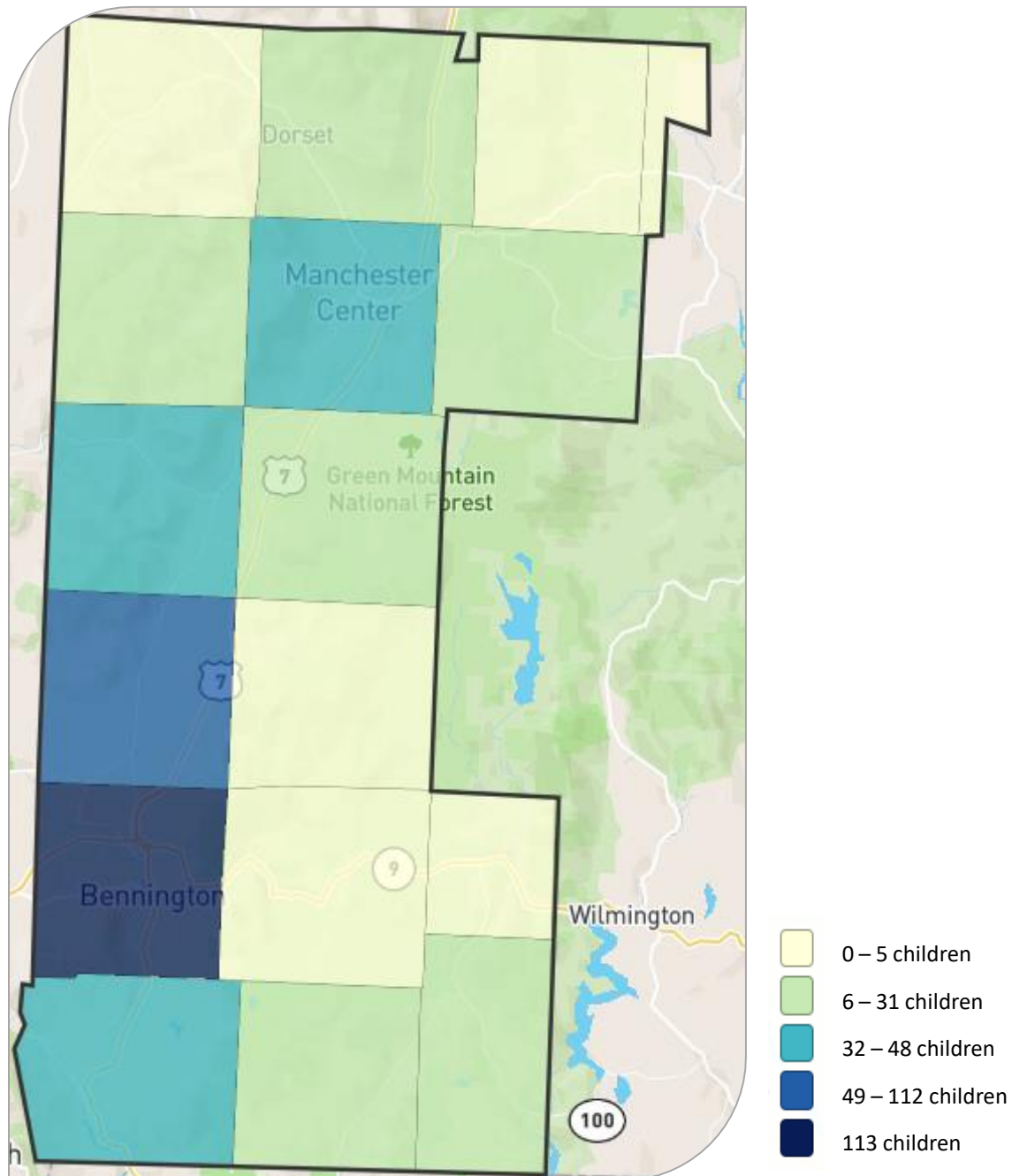
Source: Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## GEOGRAPHIC DISTRIBUTION OF CHILDREN AGE 3-4 IN BENNINGTON COUNTY (BY COUNTY SUB-DIVISION)



Source: Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## GEOGRAPHIC DISTRIBUTION OF CHILDREN AGE 5 IN BENNINGTON COUNTY (BY COUNTY SUB-DIVISION)



Source: Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## TYPICAL WORK SCHEDULES FOR ADULTS IN BENNINGTON COUNTY

Population 16 to 64 years old	Number of People	Percent of Population
<b>Workers who worked full-time, year-round</b>	<b>11,001</b>	<b>63.7%</b>
<b>Weeks Worked</b>		
Worked 50 to 52 weeks	12,772	56.8%
Worked 48 to 49 weeks	339	1.5%
Worked 40 to 47 weeks	962	4.3%
Worked 27 to 39 weeks	661	2.9%
Worked 14 to 26 weeks	1,109	4.9%
Worked 1 to 13 weeks	1,429	6.4%
Did not work	5,208	23.2%
<b>Usual Hours Worked</b>		
Usually worked 35 or more hours per week	13,005	57.9%
Usually worked 15 to 34 hours per week	3,149	14.0%
Usually worked 1 to 14 hours per week	1,118	5.0%
Did not work	5,208	23.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



### Bennington County

Approximate childcare costs for a family with 2 children:

**\$28,500**

Percentage of median income required to cover childcare costs for 2 children:

**41.5%**

**BIRTH RATE (RATE PER 1,000 FEMALES), 2021**

	Bennington County	Vermont
Birth Rate	51.2	51.6

Source: Source: Vermont Department of Health, Agency of Human Services, 2021 Vital Statistics

**LIVE BIRTHS AND PREGNANCIES IN VERMONT, 2017 - 2021**

	2017		2018		2019		2020		2021	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Live Births <sup>7</sup>	9.1	5,655	8.7	5,432	8.6	5,361	8.0	5,127	8.3	5,379
Pregnancies <sup>8</sup>	49.6	6,663	47.1	6,434	46.6	6,310	44.6	6,163	44.7	6,221

Source: Vermont Department of Health, Agency of Human Services, 2021 Vital Statistics

**BIRTH RECORDS IN VERMONT AND NATION, 2022 - 2024**

	Vermont <sup>9</sup>	United States
Births occurring 1/1/2022 – 12/31/2022	5,316	3,667,758
Births occurring 1/1/2023 – 2/29/2024	5,830	4,170,570

Source: [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Dataset\\_Documentation/DVS/natality/UserGuide2022.pdf](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2022.pdf)

**SUBSTANCE USE DURING PREGNANCY OF VERMONT RESIDENTS, 2018, 2020, 2021**

	2018	2020	2021
Alcohol	11.0%	11.0%	11.0%
Marijuana	10.0%	11.0%	9.8%
Cigarette Smoking	15.0%	11.0%	10.7%
Other Substances	13.0%	14.0%	11.8%

Source: Vermont's Early Childhood Data & Policy Center, Vermont's Early Childhood Data Portal, Substance Use During Pregnancy

<sup>7</sup> Rate per 1,000 population.

<sup>8</sup> Rate per 1,000 women ages 15-44.

<sup>9</sup> Births by place of maternal residence.

## FOUNDED INVESTIGATIONS FOR CHILD ABUSE AND NEGLECT, VERMONT 2017-2021

	2017	2018	2019	2020	2021
Rate per 1,000	40.2	38.8	38.7	26.9	24.8

Source: Administration for Children and Families, Department of Health and Human Services. <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/vermont.html>

## BENNINGTON DISTRICT OFFICE CHILD SAFETY INTERVENTIONS, 2018 – 2022

	2018	2019	2020	2021	2022
<b>Total Child Safety Interventions</b>	<b>420</b>	<b>402</b>	<b>308</b>	<b>381</b>	<b>347</b>
Investigations	234	224	139	165	175
Assessments	186	178	169	216	172
<b>Outcomes of Interventions</b>					
Investigations Substantiated	66	79	47	37	26
Cases Opened for Services	149	129	96	118	95

Source: <https://outside.vermont.gov/dept/DCF/Shared%20Documents/FSD/Reports/CP-BENNINGTON.pdf>

## CHILDREN IN FOSTER CARE, OCTOBER 2021 – SEPTEMBER 2022

	Bennington County	Vermont
Total Removals to Foster Care, Rate per 10,000	32.1	20.3
Average Monthly Removals to Foster Care, Rate per 10,000	17.3	10.3
Children in Foster Care on September 30, 2022, Rate per 10,000	147.0	97.0
Removal to Foster Care due to Neglect	46%	47%
Removal to Foster Care due to Caretaker Drug or Alcohol Use	18%	36%
Removal to Foster Care due to Physical Abuse	7%	7%
Removal to Foster Care due to Child Behavior	27%	14%

Source: Vermont Child Welfare Measures <https://fosteringcourtimprovement.org/vt/County/Bennington/>

**BENNINGTON COUNTY CHILDREN UNDER AGE 5 IN STATE CUSTODY, 2020 – 2023**

Number of Children Under 5	46	39	16

Source: Retrieved from United Children's Services, Bennington County Community Needs Assessment 2023 Update. Data provided by Administrative Coordinator for Department of Children and Families (Bennington). <https://www.ucsvt.org/wp-content/uploads/2024/01/Community-Assessment-Update-September-202386.pdf>

**INDIVIDUALS IN VERMONT SERVED BY HEAD START AND EARLY HEAD START PROGRAMS, 2020 – 2023**

	FY 2020	FY 2021	FY 2022	FY 2023
Birthing Individuals	58	38	37	41
Infants and Toddlers	686	513	536	508
Preschoolers	1,810	746	787	725

Source: Vermont's Early Childhood Data & Policy Center, Vermont's Early Childhood Data Portal, Child Care

**VERMONT FAMILIES WITHOUT ACCESS TO 0-5 EARLY CARE AND EDUCATION, 2020, 2022, 2024**

	2020	2022	2024
Infants	62.0%	61.0%	65.0%
Preschool Aged	29.0%	31.0%	39.0%
Toddlers	27.0%	25.0%	32.0%

Source: Vermont's Early Childhood Data & Policy Center, Vermont's Early Childhood Data Portal, Child Care

**LIST OF CHILD CARE CENTERS IN BENNINGTON COUNTY**

Name	Type	City/Town	Children Served
Village School of North Bennington Daycare	School Based	Bennington	25
Molly Stark School Child Care Program	School Based	Bennington	35
SVSU Afterschool Program - Pownal Elementary	School Based	Pownal	38
SVSU Afterschool Program Shaftsbury Elementary	School Based	Shaftsbury	54
MPCC Main Street Campus	Center Based	Bennington	45
Mems After School Program	School Based	Manchester	59
Sunderland Elementary School After School Program	School Based	Sunderland	30
The Dorset School After School Program	School Based	Dorset	50
United Children's Services of Bennington County - Pownal Head Start	Head Start	Pownal	17

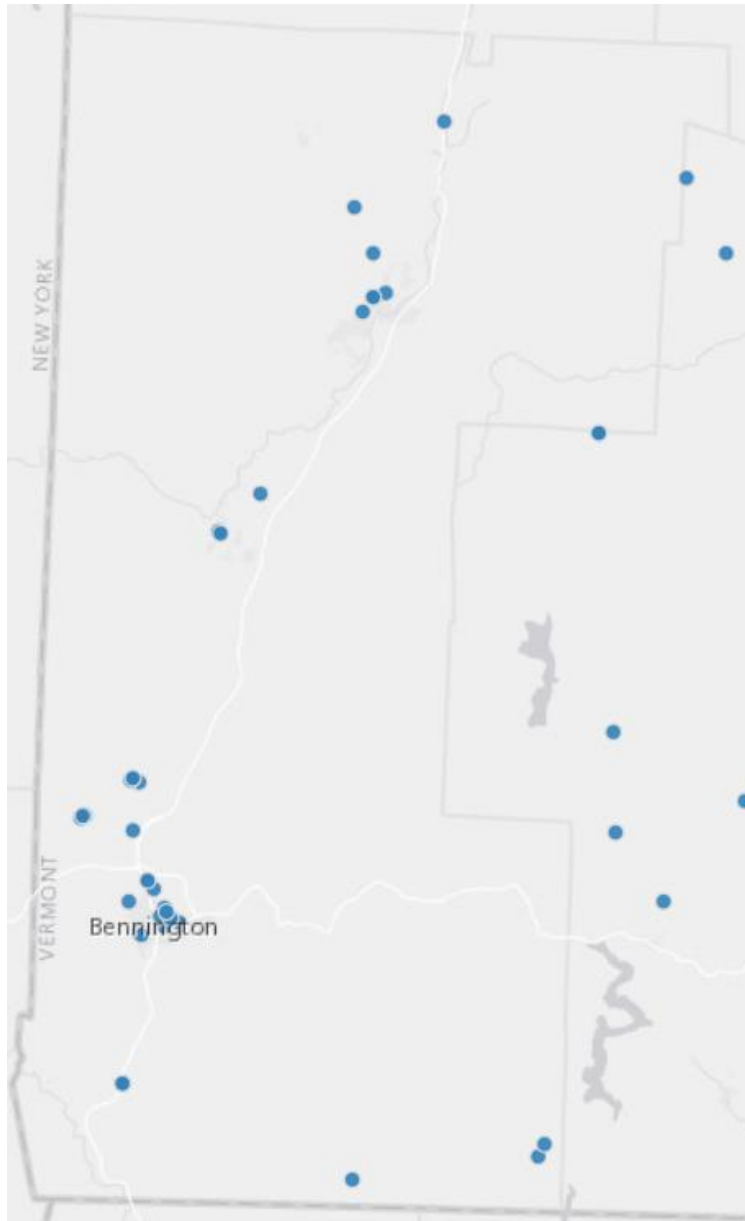
Name	Type	City/Town	Children Served
Village School of North Bennington Pre School	School Based	Bennington	15
Bennington Early Childhood Center	Center Based	Bennington	58
Arlington Area Child Care, Inc	Center Based	Arlington	73
Growing Up Right - Southwestern VT CDC	Center Based	Bennington	20
Grace Christian School Corporation	Religious Facility	Bennington	38
Sunrise Family Resource Center, Inc.	Center Based	Bennington	22
Oak Hill Children's Center	Center Based	Pownal	50
Take Five, LLC	Center Based	Manchester	33
The Learning Tree	Center Based	Bennington	59
The School of Sacred Heart St Francis De Sales	School Based	Bennington	20
Lawrence School For Young Children	School Based	Dorset	40
Readsboro Preschool, Incorporated	School Based	Readsboro	20
Home Away From Home Preschool And Childcare Center, Inc.	School Based	Manchester	32
UCS Infant - Toddler Center	Center Based	Bennington	8
United Children's Services of Bennington County - (North Bennington Campus, N)	Center Based	Bennington	86
United Children's Services of Bennington County at 655 Gage Street	Center Based	Bennington	70
MPCC North Bennington Campus	Center Based	Bennington	30
Lil Peeps Preschool LLC	School Based	Shaftsbury	30
MPCC Monument Campus	Center Based	Bennington	25
MPCC Shaftsbury Campus	Center Based	Shaftsbury	42
Northshire Day School, Inc.	School Based	Manchester	96
Fisher Elementary Pre - K Program	School Based	Arlington	45
Manchester Early Education Program	Center Based	Manchester	34
Readsboro Elementary School Preschool	School Based	Readsboro	15
SVSU Early Education Program	Center Based	Bennington	34
SVSU Early Education Program at 233 Division St.	Center Based	Bennington	36



Name	Type	City/Town	Children Served
Stamford Preschool	School Based	Stamford	20

Source: Homeland Infrastructure Foundation-Level Data (Updated 12/2022)

#### MAP OF ALL CHILDCARE CENTERS IN BENNINGTON COUNTY



Source: Homeland Infrastructure Foundation-Level Data (Updated 12/2022)

# POINT IN TIME FOR BENNINGTON COUNTY, 2023

	Emergency Shelter	Transitional Housing	Unsheltered	Total
<b>Total Homeless Persons</b>	<b>1,118</b>	<b>2,040</b>	<b>137</b>	<b>3,295</b>
<b>Summary of persons in each household type</b>				
<b>Persons in households without children - Total</b>	<b>757</b>	<b>1,244</b>	<b>122</b>	<b>2,123</b>
Persons Age 18 to 24	82	86	13	181
Persons Age 25 to 34	152	214	21	387
Persons Age 35 to 44	105	299	44	548
Persons Age 45 to 54	134	260	21	415
Persons Age 55 to 64	119	266	17	402
Persons Over Age 64	65	119	6	190
<b>Persons in households with at least one adult and one child - Total</b>	<b>360</b>	<b>792</b>	<b>14</b>	<b>1,166</b>
Children Under Age 18	204	436	8	648
Persons Age 18 to 24	17	47	2	66
Persons Age 25 to 34	64	126	3	193
Persons Age 35 to 44	54	131	1	186
Persons Age 45 to 54	17	37	0	54
Persons Age 55 to 64	2	13	0	15
Persons Over Age 64	2	2	0	4
<b>Persons in households with only children</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>6</b>

Source: U.S. Department of Housing and Urban Development, HUD Exchange. CoC Homeless Populations and Subpopulations Reports, 2023.

[https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_State\\_VT\\_2023.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_State_VT_2023.pdf)

### COUNT OF HOMELESS CHILDREN UNDER AGE 18, 2018 – 2022<sup>10</sup>ERROR! BOOKMARK NOT DEFINED.

	2021		2022		2023	
	#	%	#	%	#	%
Bennington County	51	18.8%	66	23.7%	75	24.0%
Vermont	360	13.9%	481	17.3%	654	19.8%

Helping to House VT PIT Report 2021 <https://helpingtohousevt.org/wp-content/uploads/2021/08/2021-Vermont-PIT-Count-by-County-and-AHS-District-Summary-FINAL.pdf> |

Helping to House VT PIT Report 2022 [https://helpingtohousevt.org/wp-content/uploads/2022/08/2022-Vermont-PIT-Count-by-County-and-Local-CoC-Summary\\_Details\\_Summary\\_FINAL.xlsx.pdf](https://helpingtohousevt.org/wp-content/uploads/2022/08/2022-Vermont-PIT-Count-by-County-and-Local-CoC-Summary_Details_Summary_FINAL.xlsx.pdf) |

Helping to House VT PIT Report 2023 <https://helpingtohousevt.org/wp-content/uploads/2023/09/2023-Vermont-PIT-Count-by-AHS-and-Local-CoC-Summary-FINAL.pdf>

### COUNT OF HOMELESS STUDENTS IN BENNINGTON COUNTY, 2021 – 2023<sup>11</sup>

	2021	2022	2023
Bennington Rutland SU	30	ND	23
Southwest Vermont SU	112	104	119

Source: Retrieved from United Children's Services, Bennington County Community Needs Assessment 2023 Update <https://www.ucsvt.org/wp-content/uploads/2024/01/Community-Assessment-Update-September-202386.pdf>

### MCKINNEY-VENTO CHILDREN IDENTIFIED IN PUBLIC SCHOOLS FOR VERMONT, 2017-2023

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Enrolled Homeless Children/Youth	722	1,008	883	1,006	1,312	1,620

Source: State of Vermont Agency of Education, Vermont EHCY Program Data, 2023

<sup>10</sup> Percentages represent the percent of children out of the total counted homeless population.

<sup>11</sup> Numbers represent year-end counts.

# Qualitative Research

## Overview

The qualitative primary research stage included one-to-one interviews and focused group discussions across the United Counseling Service area in Bennington County, Vermont.

The interviews provided an opportunity to have an in-depth discussion about community needs, mental health and substance use, and service issues with community leaders, professionals, and people with lived experience.

The focus groups enabled the participants to highlight areas of consensus and to compare differences as to what they see as the biggest needs facing the community.

## Participation

The interview and focus group discussions covered participants' broad perceptions of community needs, as well as more detailed areas of needs.

In total, across both qualitative research stages, over 100 individuals provided input from the following segments and others:

- Faith-based Organizations
- Healthcare Organizations
- Governmental Organizations
- Community Partners
- Educators
- Head Start Parents and Families
- Head Start Policy Council
- Head Start Staff
- UCS and UCH Staff and Board Members
- UCS Clients and Family Members

Please note that these categories are not mutually exclusive for some individuals.

## Results

The combination of qualitative individual interviews and focus group discussions provided information on the **Community Strengths** identified by Bennington County residents.

The qualitative discussions also resulted in several themes about areas of need, described as **Qualitative Themes**. Each of these themes cuts across and impacts the subsequent Needs and Action Areas.

Following the themes are the **Needs Areas**. Each of these areas includes de-identified Illustrative Comments, which are representative of respondents' consensus perspectives. In some cases, the observations highlight examples of potential interventions.



## Community Strengths

For this Community Needs Assessment, it is important to highlight the strengths that Bennington County residents see in their community and to recognize programs and services seeing success in addressing community needs.

There are generations of families that have proudly called Bennington County home; some people grow up and stay in the area their entire lives. Other people have transplanted to the community, drawn by its rural appeal and natural beauty. Community perception of Bennington County's strengths include its strong community fabric and a sense that neighbors are accepting and supportive.

Additionally, the community positively recognizes the commitment of organizations and agencies, including UCS, to work cooperatively to find solutions to challenges. As one stakeholder eloquently stated, "I like the human service collaboration in this community and the spirit and willingness to work on challenging things."

Additional strengths identified by community members include the following:

- "There's a strong community fabric that makes the areas feel like a close, connected neighborhood."
- "There's significant community participation and people want to contribute."
- "The community has a lot of social service partners who want to help and do good."



# Themes

## Generational Trauma and Adverse Childhood Experiences

Almost all stakeholder interviews and many focus group participants identified mental health and substance use as the top challenges facing Bennington County residents. It's easy to cite the limited number of providers and the abundance of alcohol and illicit drugs as the root cause of why mental health and substance misuse are the top identified need, but the root causes lie deeper. One community partner summed it up nicely, "Substance misuse is the number one challenge in our community. **But really it is the systemic, untreated trauma that is the problem.** There are generational cycles of trauma and abuse. I've been here long enough to see kids become parents and continue the cycle."

Another community partner said, "Generational poverty and generational trauma often results in untreated and unrecognized mental health and substance use." Adverse Childhood Experiences (ACEs) were also identified as a root cause of many of the challenges within Bennington County and are often linked to generational trauma.

## Stigma

Two types of stigma were identified during the qualitative research. The first form of stigma identified was the stigma around "asking for help" with a variety of things from basic needs, such as housing and food, to behavioral health services. Community members recognized people in Bennington County struggle with both "self-stigma," an internal form of stigma where people assign labels to themselves claiming they are "unacceptable" or undeserving of help, and "public stigma," which is an external collection of stereotypes about people who seek help or assistance.

## Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood (0-17 years) such as experiencing violence, abuse, or neglect, witnessing violence in the home; and many more. Traumatic events in childhood can have lasting effects well into adulthood for many children.

Factors such as the nature, frequency and seriousness of the traumatic event, history or trauma, and available family and community supports can all shape a child's current and future response to trauma.

The CDC estimated that 62% of adults surveyed in 23 states reported having experienced at least one ACE during childhood and one-quarter experienced three or more ACEs.

Research has shown that ACEs can negatively impact a person's education, employment, and earnings potential.

One of the suggested strategies to preventing ACEs is strengthen economic supports to families, which includes providing childcare subsidies and public assistance, and ensuring a strong start for children, including high-quality childcare and preschool enrichment with family engagement. Some of the programs, such as Head Start and Early Head Start, may have a direct impact on preventing ACEs.

One community partner said that many Bennington County residents don't ask for help because they have a "pull ourselves up from our bootstraps" mentality. In addition to the general stigma around asking for help, mental health and substance use are even more stigmatized in the community. A local first responder said that mental health is **"very stigmatized in the community that needs it the most.** They fear the label or diagnosis. Often times we find that it links to generational trauma."

Additional community perceptions include the following:

- "Stigma is baked into social programs, making it hard for people who need help to get it."
- "It can be hard for certain people to admit that they need care. Especially people who are living alone and isolated, it's easier to continue with their behavior than it is to actively get help."
- "The real issue is homelessness and that is where the stigma lies."

### Provider Shortages

Long wait times and providers not accepting new patients are all indicative of limited provider capacity. New projections published by the Association of American Medical Colleges (AAMC) estimates by 2036 there will be a physician shortage of up to 86,000 physicians across the United States<sup>12</sup>. Additionally, more than half of the United States population lives in a Mental



"There's a lack of all kinds of doctors. People are begging to find care, but they can't find open appointments."

Health Professional Shortage Area. Health Resources and Services Administration estimates that by 2036, there will be a substantial shortage of addiction counselors, marriage and family therapists, mental health counselors, psychologists, and psychiatrists<sup>13</sup>.

The lack of primary care providers, dentists, and behavioral health providers were identified as some of the top challenges in Bennington County that often lead to access to care challenges and potential negative health outcomes. Many community members in both stakeholder interviews and focus groups stated that they or people they knew would drive up to two hours for dental care as there are almost no dentists in Bennington County that are accepting new dentists. One community partner stated that when the local Federally Qualified Health Center (FQHC) opened 100 new patient slots for dental care, the spots were taken in under six minutes.

<sup>12</sup> AAMC. New AAMC Report Shows Continuing Projected Physician Shortage. <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>

<sup>13</sup> HRSA. Behavioral Health Workforce, 2023. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf>



Not seeking care, especially preventive care, can lead to worse health outcomes and higher acuity cases in the future with patients often ending up in the emergency department. Multiple community partners indicated the need for more providers of virtually any and all licensure from nurses to clinical social workers to primary care physicians.

### **Cost of Living**

While the cost of living has slowly been increasing over time, the COVID-19 pandemic, affordable housing crisis, and the record-high inflation over the recent years has created the perfect storm which has greatly impacted people's wallets and budgets. The rising costs of living have been felt locally in Bennington County where housing costs are so high that even new physicians being recruited to the area cannot afford to live in the county. Affordable housing is a national crisis that has huge impacts on the local community. Additionally, coupled with the costs of food, utilities, and transportation, many families are struggling to make ends meet. One community partner stated, "poverty adds risk for all social determinants of health."

The lack of affordable housing has led to an increase in people experiencing housing instability and homelessness. Additionally, several community partners are concerned about food insecurity. One community partner said they have seen a 30-40% increase of people at the local food banks due to people not being able to afford food.





## Action Areas

The following action area categories were derived from the qualitative themes that arose as a result of stakeholder interviews and focus group discussions. Each action area includes an overview of the subject and de-identified illustrative observations gathered from stakeholder interviews and focus group discussions. The illustrative observations are representative of respondents' consensus perspectives.

**For people to lead full and healthy lives, all these needs must be addressed.**

### Access to Preventive Care

The lack of primary care providers and dentists was overwhelmingly the top needs identified in the qualitative research from community residents to providers to UCS board members. The lack of providers has led many Bennington County residents to travel upwards of two hours to seek dental care, especially for children. Not receiving preventive, diagnostic, and dental care in a timely manner or even at all can result in delayed or missed diagnosis of chronic diseases and possibly life-threatening illnesses such as cancer. Often times people will end up in the hospital emergency department with high acuity conditions that result in expensive health bills that they may or may not be able to afford.



#### Common Access to Care Barriers Identified:

Insurance  
Transportation  
Wait Times  
Provider Shortages  
Stigma

Insights from the community include the following:

- “Primary care and dentists are hard to come by, which is a real problem. We can't hire providers because not many people want to come to this type of rural community setting.”
- “General providers are missing in this area, there's hardly any primary care doctors and there are almost no dentists, especially ones that accept Medicaid.”
- “Limited availability of PCPs – children may not be able to get appointments for months. Children are sent to urgent care instead of visiting a PCP, which can potentially jeopardize their health. A lot of people don't have PCPs, or their PCP is an hour away and the ones that are here are extremely busy and don't have time to see their clients.”

## Access to Behavioral Health Services

Similar to preventive care providers, there is a lack of behavioral health providers in Bennington County, which is the primary reason for access to behavioral health service challenges in the community. The COVID-19 pandemic exacerbated mental health and substance use acuity in many communities across the United States. With limited resources and capacity within a community coupled with stigma, there are many people who are struggling in silence or self-medicating with substances.



UCS has a satellite location in Manchester. Based on feedback from some community residents, the level of service between the Manchester office and the Bennington office is viewed as less accessible. Residents report high staff turnover and staff retirements and low community engagement in the Manchester office.

Many community partners stated that UCS is a great community partner that provides a variety of behavioral services in Bennington County, especially for people with Medicaid. Several community partners and a variety of community residents stated that for people with Medicaid, finding providers who accept Medicaid is very difficult. Additionally, there are long waiting lists and sometimes the intake process is time-consuming and difficult.

While there are crisis services within Bennington County, several community partners and local first responders have said it's just not enough for the need within the community.

One community partner said, "Besides Middlebury, UCS is one of the best in the state for crisis care." On the other hand, another community partner said, "People in the community do not trust [the crisis] team. When someone has a crisis and they call the crisis team, they're told the team isn't coming." The conflicting views of the crisis team is likely impacted by the provider shortage and the large geography of Bennington County.

Insights from the community include the following:

- "There is a lack of providers and mental health counselors. Everyone is doing what they can but there aren't enough providers, especially for mental health and social services."
- "Insurance is a problem, people don't know what's covered under their insurance and even if something is covered, they might not be able to pay for it."
- "There are very long wait lists to see a mental health provider. Especially youth mental health providers. Kids who really need care and therapy can't get it because there's no one to provide it."
- "Barrier to care is insurance. Some private practice mental health providers don't take any insurance. Telehealth is an option but seeing a provider over state lines online can lead to problems with insurance. Virtual was a savior during the pandemic."

## Accessible Childcare Options

UCS is one of the largest childcare and early childhood educators in the community with locations and partnerships with multiple childcare providers throughout Bennington County. Overall, compared to other needs within Bennington County, early childcare education and childcare was not identified as a top need. However, within the childcare category, accessible childcare options outside of the traditional 9 to 5 work hours, affordable childcare during the summer months, and affordable childcare for families that make over the Head Start income limits were the top three childcare-related needs within the community.

Many childcare providers, including UCS, are running on limited capacity or hours due to staffing shortages. While Vermont has invested and supported early childhood education providers with education and training programs, the average wage for a childcare provider is generally not a living wage. Additionally, many children in UCS classrooms have a disability of some form that requires specialty training and external providers to provide services to the child. There is a lack of external providers and high turnover because the staff are not supported or paid well.

For families that make over the income for Head Start or childcare subsidies, childcare can be very expensive, especially for the limited infant slots. Many grandparents in the community serve as the primary childcare providers for their grandchildren due to the high costs and available hours of the childcare options.

Insights from the community include the following:

- “We have providers, but the demands are greater than the supply.”
- “[Childcare] is absolutely a need in the community. The childcare that is here, even Head Start, have hours that are difficult for families that aren't 8-4 workers.”
- “Hours can be a struggle because the centers close early and there are no weekend hours.”
- “Not enough teachers. Classes have been cut because there isn't staffing.”
- “There's a good amount of childcare in the county, but a lack of affordable childcare – all day and all year programs.”

## The Link Between Childcare and Behavioral Health

Emerging research published in the recent years has identified an increase in children with developmental delays, learning disabilities, and behavioral disorders during and post-COVID-19 pandemic. During the UCS Head Start staff focus group, several educators stated that approximately half of the children in their classrooms have a disability of some sort requiring an IEP or external services. Educators identified many children having speech and/or developmental delays.

Even before the pandemic, some parents have low parenting skills and struggle with communication. Some educators observe parents spending more time on their phones or screens than with their children.

Lack of adequate parental involvement and nurturing coupled with the COVID-19 pandemic may result in long-term developmental delays and behaviors in young children that may negatively impact their overall health and development into adulthood. Children as young as three and four are in need of behavioral services from screening to diagnostics to treatment in Bennington County.

- “Difficult to find affordable daycare, especially for infants. Now pregnant women have to look for daycare while pregnant to get on a waitlist.”

## Affordable Housing

Many Vermonters, especially Bennington County residents, face a real crisis in finding and maintaining safe, affordable housing. While the housing stock was limited for years, the COVID-19 pandemic led to extremely low vacancy rates and an influx of new, often high-income, remote workers to the community that resulted in an increase in rent and housing prices. According to the National Low Income Housing Coalition, to afford the average two-bedroom apartment in Bennington County, a resident would need to earn \$21.54 per hour<sup>14</sup>.



“There's a lack of housing, affordable housing; subsidized housing takes forever to get approved. Employers can't hire employees because there's no place to live. Not having any new people come to live here diminishes the tax base and then services can't get funded.”



With the rising costs of housing, many community residents have expressed the concern for people becoming unhoused. There is no emergency shelter and resources for people experiencing homelessness is very limited. While the State of Vermont provided temporary housing in local motels, during the research, the program was changing on a daily basis and people were being told to leave the motels. However, most people had no place to go.

One community partner said, “Housing in Vermont is very expensive, even the middle class can’t afford a house.” Several community partners stated that the lack of affordable housing is one of the main root causes of the provider shortage in the county. Many community partners

interviewed have stated they live in New York as they could not find affordable housing within Bennington County. One long-time community partner said, “We have seen a one-bedroom go from about \$500 to \$800 to \$1,800 a month.”

In addition to the high costs of rent and house prices, the quality and size of housing in the community is also a concern. Vermont has one of the oldest housing stocks in the country, which often means more maintenance and repair costs. With the constraints of low vacancies and limited housing options for older adults, many people are opting to age in place and thus not selling their homes. This may also result in the deterioration of

<sup>14</sup> National Low Income Housing Coalition. Bennington County, Vermont. <https://nlihc.org/oor/state/vt>

houses in the community. One community member said, “The older housing stock are costly to upkeep and keep up to code. People, especially seniors, can’t afford it.”

Insights from the community include:

- “My experience – I rented in Bennington since 2005. My building sold to a new landlord who wanted to live in my unit. I looked everywhere in the state of Vermont, New York, and Massachusetts, and I couldn't find anything that I could afford and was large enough for three kids. I was approved for an FHA loan, but what I could have bought, the conditions of homes in my area wouldn't have worked. This is why I now live in North Carolina.”
- “Like Vermont, we have a super low vacancy rate and combined with old housing stock – even if you can find something, it’s probably not the quality you want.”
- “There's a general lack of housing, especially for more vulnerable populations like seniors. Seniors need special accommodations, and there are no places for these people to go that's affordable and safe.”
- “If you have a housing voucher, you're going to get denied for housing, they're told that another applicant was accepted. There's discrimination for people with a housing voucher. I don't know many people who make three times the monthly rent and can pay first/last/security and then don't ever get their security deposit back.”
- “The Northshire is extremely expensive. There is a split-level three-bedroom ranch that is for sale for over \$500,000. No one can afford that who works in the community.”

## Transportation

Transportation is one of the main barriers to access to care and services challenges in almost every community, but especially for rural communities that typically lack public transportation infrastructure. Bennington County has several transportation options, especially for people with Medicaid, seniors, and persons with disabilities. Green Mountain Express provides a fixed route bus largely within Bennington (town) but does have routes that extend north to Manchester and as far south as Williamstown, Massachusetts.

Despite having some public and on-demand public transportation, Bennington County residents are largely dependent on personal vehicles. Due to healthcare provider shortages, many community residents travel upwards of two hours to see providers. Many people with complex medical conditions typically travel to Dartmouth Hitchcock Medical Center or Albany.

Transportation is also a barrier for people to seek employment opportunities. The current bus schedule runs on a limited schedule; if a person works a job outside of the bus schedule hours, it can be difficult for that person to maintain employment without reliable transportation.

Similarly, transportation can be a barrier to childcare. There are age limits and other requirements for children to take public transportation to a childcare facility. Consequently, to access childcare, parents need a personal vehicle or need to live within walking distance to a childcare facility. Furthermore, not all public transportation can accommodate children requiring car seats.

As a result of these barriers, many people living in this community rely on personal vehicles, but this is not a completely effective solution to overcome the public transportation barrier. As one community member noted, a person may have a vehicle, but may not be able to afford gas or repairs if their vehicle breaks down.

Insights from the community include the following:

- “Public transportation is a barrier for a lot of people. You need to have a car to get around the county or get the care that you need if it's further away.”
- “There's very limited public transportation and people tend to only use it if they really have to. It doesn't reach the most rural areas.”
- “For one of the students I work with to come for a 20-minute appointment with me, it would take 5.5 hours on the bus from where she lives. She could walk the four miles to me faster.”
- “Transportation is difficult for some families and getting to/from appointments. There's a bus route on Route 7 but getting to the bus stop can be a barrier. Some children take Green Mountain transportation but it's through DCF [Department of Children and Families] and limited. Families might have transportation but it's unreliable.”





# Community Survey

The purpose of the community survey is to enable a greater share of people living and working in Bennington County to share their perspectives on the greatest needs affecting their community.

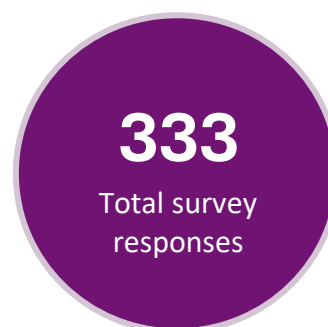
## Methodology

The community survey was made available online and via print copies in English, Spanish, Portuguese, Mandarin, and Persian (Dari). The questionnaire included closed-ended, need-specific questions and demographic questions. Invitations to participate were distributed by partners through channels including community events, email, and social media. Strategic outreach was conducted to ensure maximum participation from community members, especially in vulnerable communities.

A total of 333 survey responses were collected from a variety of community members.

Response validity was adjudicated based on respondent completion of one or more non-demographic survey questions. Special care was exercised to minimize the amount of non-sampling error through the assessment of design effects (e.g., question order and wording). The survey was designed to maximize accessibility in evaluating respondents' insights with regards to an array of potential community needs.

While the survey served as a practical tool for capturing insights of individuals across Bennington County, this was not a random sample. Findings should not be interpreted as representative of the full population. Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.



*Survey instrument can be found in **Appendix F**.*

## Survey Results

Survey respondents were asked to identify their role in the community, and they were able to select more than one option. Approximately two in three respondents lived in Bennington County. One in four respondents worked at a non-profit organization followed by approximately one in seven respondents who were parents or family members of persons receiving services from UCS.

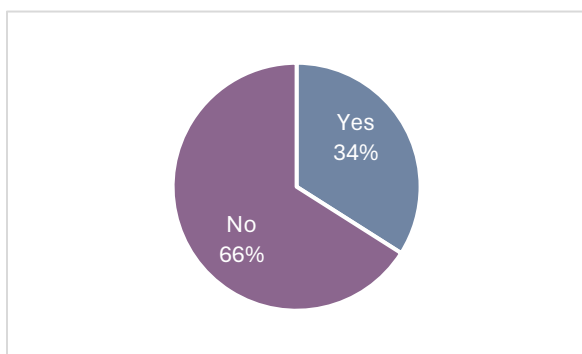
### TYPES OF SURVEY RESPONDENTS

Survey Respondent	Percent
Community Resident	60.4%
Non-Profit Organization	25.5%
Parent/Family Member of Person(s) in Services	13.8%
Educator (K-12)	10.5%
Social Worker	9.6%
Business Owners	8.1%
Case Manager	6.6%
School-based Behavioral Health Provider	4.2%
UCS Leadership or Staff	3.9%
Local/County Government	3.6%
First Responder	3.0%
Educator (Higher Education)	2.1%
Psychologist or Psychiatrist	1.8%
Veteran/Active Duty	1.2%
Juvenile Justice Services	0.3%

## Behavioral Health

One in three survey responses reported needing mental health or substance use services for themselves or a family member within the past 12 months but chose not to get it.

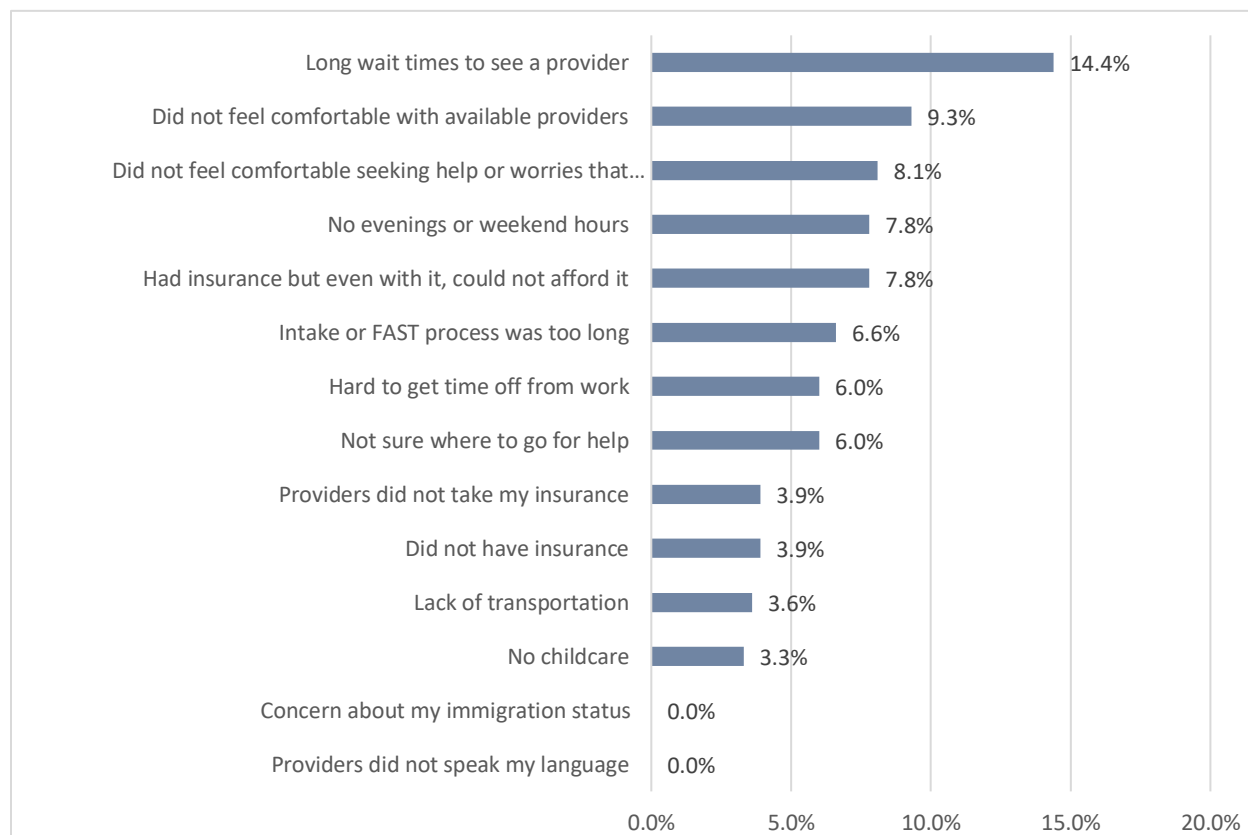
### SURVEY RESPONDENTS WHO NEEDED BEHAVIORAL HEALTH CARE BUT CHOSE NOT TO GET IT



Of those who reported not seeking mental health or substance use care, the top reasons for not getting care were long wait times to see a provider (14.4%), did not feel comfortable with available providers (9.3%), and did not feel comfortable seeking help or worry that others would find out about it.

The survey responses indicate that stigma around mental health and substance use treatment is still prevalent in the community. The results also support the qualitative findings of provider shortages, which often lead to long wait times and limited providers that might be a better match for someone.

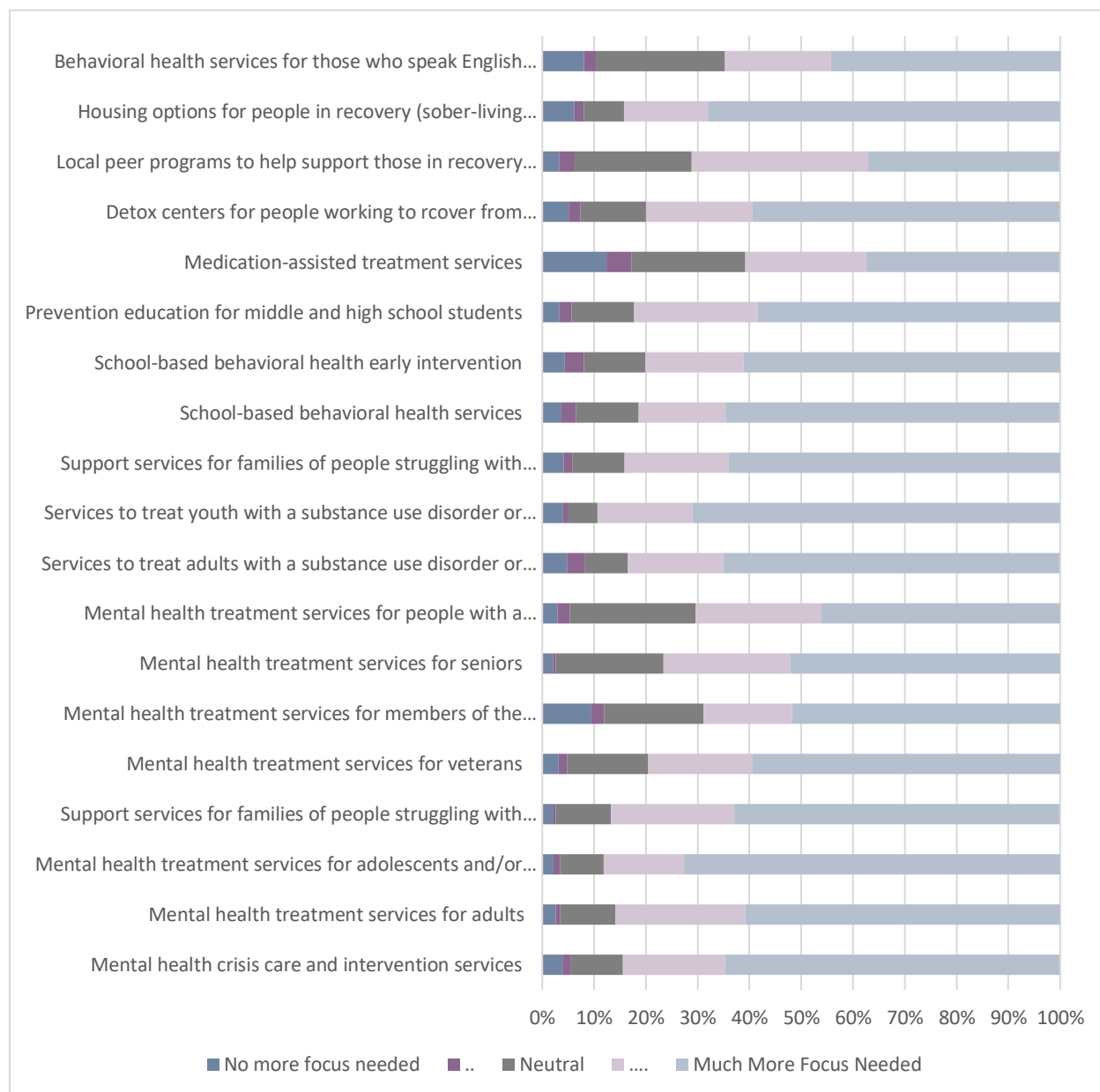
### REASONS WHY RESPONDENTS DID NOT SEEK CARE



## Behavioral Health Services

Survey respondents were asked to rate on a scale how much more focus is needed on a variety of behavioral health services within Bennington County. While virtually all the services need more focus in the county, the top three are mental health treatment services for adolescents and/or children (72.7%), services to treat youth with substance use disorder or addiction (70.9%), and housing options for people in recovery (67.9%).

### BEHAVIORAL HEALTH SERVICES

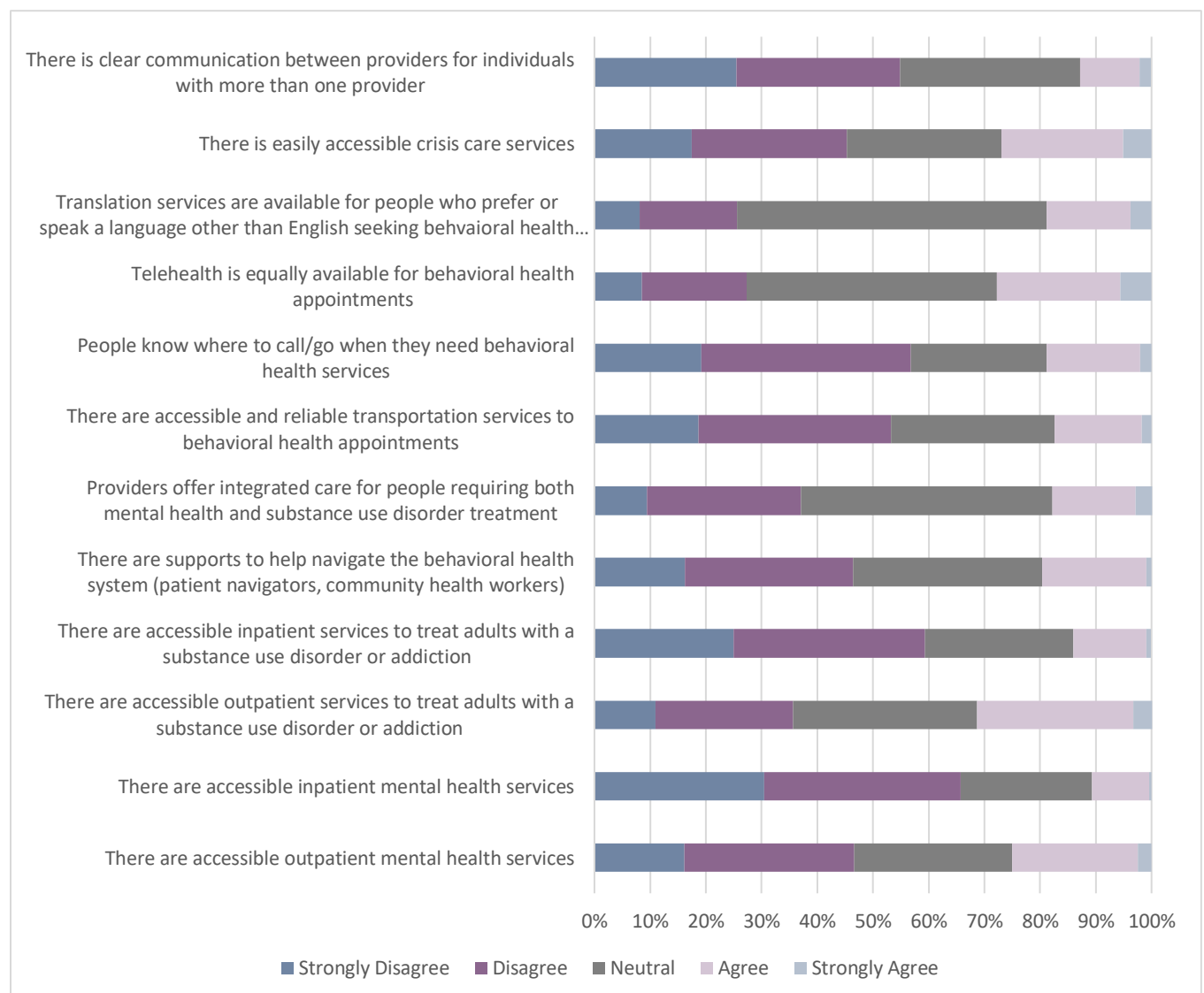


## Availability and Accessibility of Services

Survey respondents were asked to measure on a scale of agreement on a variety of availability and accessibility factors of behavioral health services in Bennington County. Survey respondents indicate that they *strongly disagree* that there are accessible inpatient mental health services (30.5%), accessible inpatient services to treat adults with a substance use disorder or addiction (25.0%), and people know where to call/go when they need behavioral health services (19.2%).

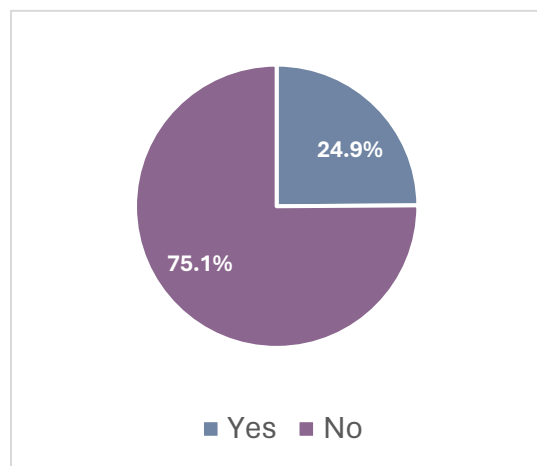
While addressing the inpatient mental health and substance use services in Bennington County will be difficult due to provider shortages and limited beds and licensed facilities, addressing the challenge that community residents are not aware of where to go for behavioral health services may be an easier need to address through public service campaigns, marketing, and community outreach and engagement.

### AVAILABILITY AND ACCESSIBILITY OF BEHAVIORAL HEALTH SERVICES



## UCS Behavioral Health Clients

### SURVEY RESPONDENTS WHO IDENTIFIED AS PART OR CURRENT UCS CLIENTS

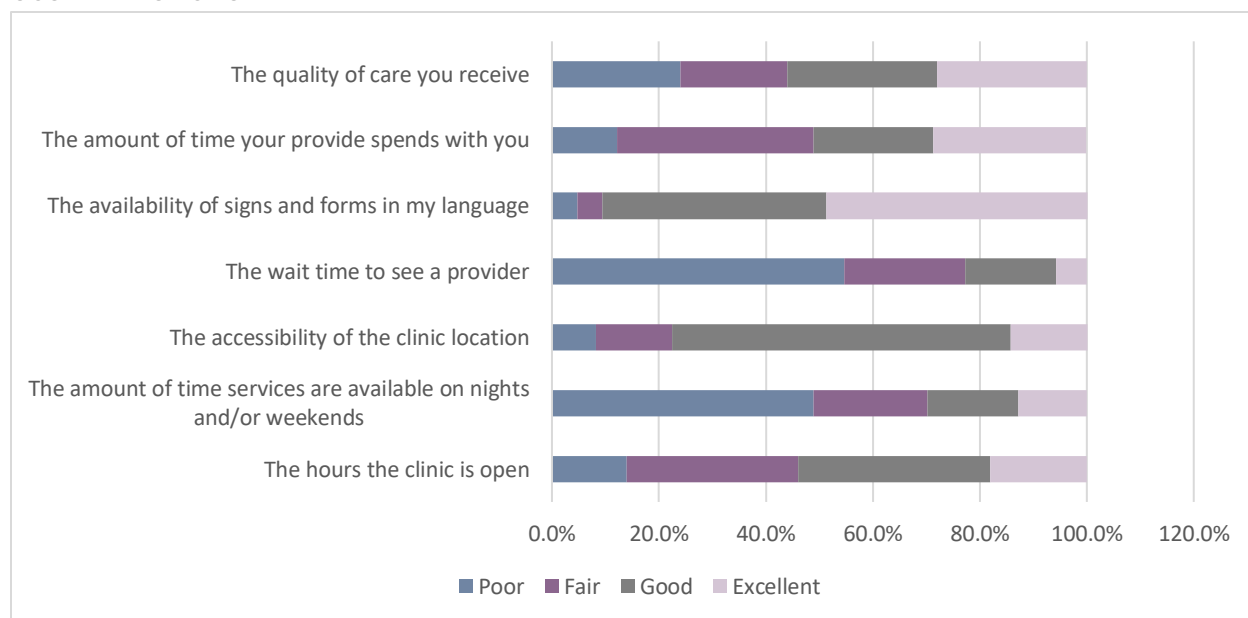


Of the total survey respondents, one in four (24.9%) identified as a current or past UCS behavioral health services client.

They were then asked to rate on a scale of poor to excellent access to care attributes of UCS. Similar to the qualitative findings, the wait times to see a provider were rated poor (54.7%) and the hours that UCS is open on nights and/or weekends was also rated poor (48.9%). Survey respondents largely found the signage and forms to be excellent, which is

likely due to the result that there is a very low percentage of non-English speakers in Bennington County. The amount of time a provider spends with a client and the quality of care received also ranked favorably.

### UCS ATTRIBUTIONS

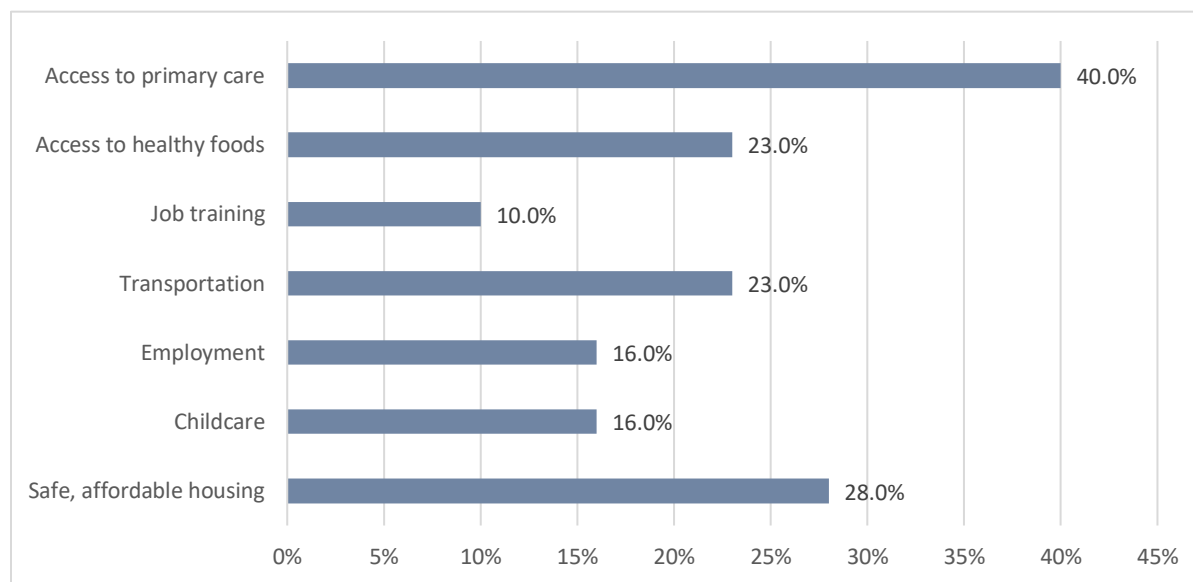




## Social Determinants of Health

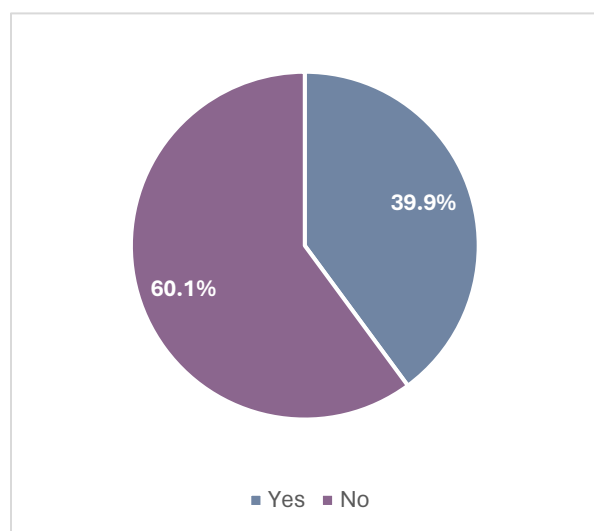
UCS current or past clients were asked to identify any social determinants of health-related needs that they may struggle or have challenges with accessing in Bennington County. Access to primary care and safe, affordable housing were the top two needs followed by access to healthy foods and transportation.

### SOCIAL DETERMINANTS OF HEALTH NEEDS



## Head Start and Childcare

### SURVEY RESPONDENTS WITH CHILDREN UNDER AGE 18

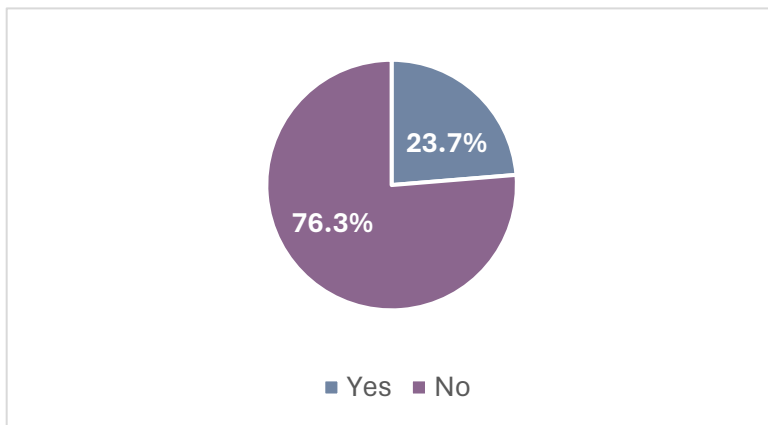


Approximately 40% of survey respondents had children under the age of 18. For those with children, survey respondents were asked additional questions regarding childcare in Bennington County. Approximately 93 of the 333 survey respondents completed the childcare section of the report.

Survey respondents were asked if they or someone they know needed an early childhood education and care program in the past year but had difficulty finding a program that met all their needs. Approximately one in four respondents

said yes.

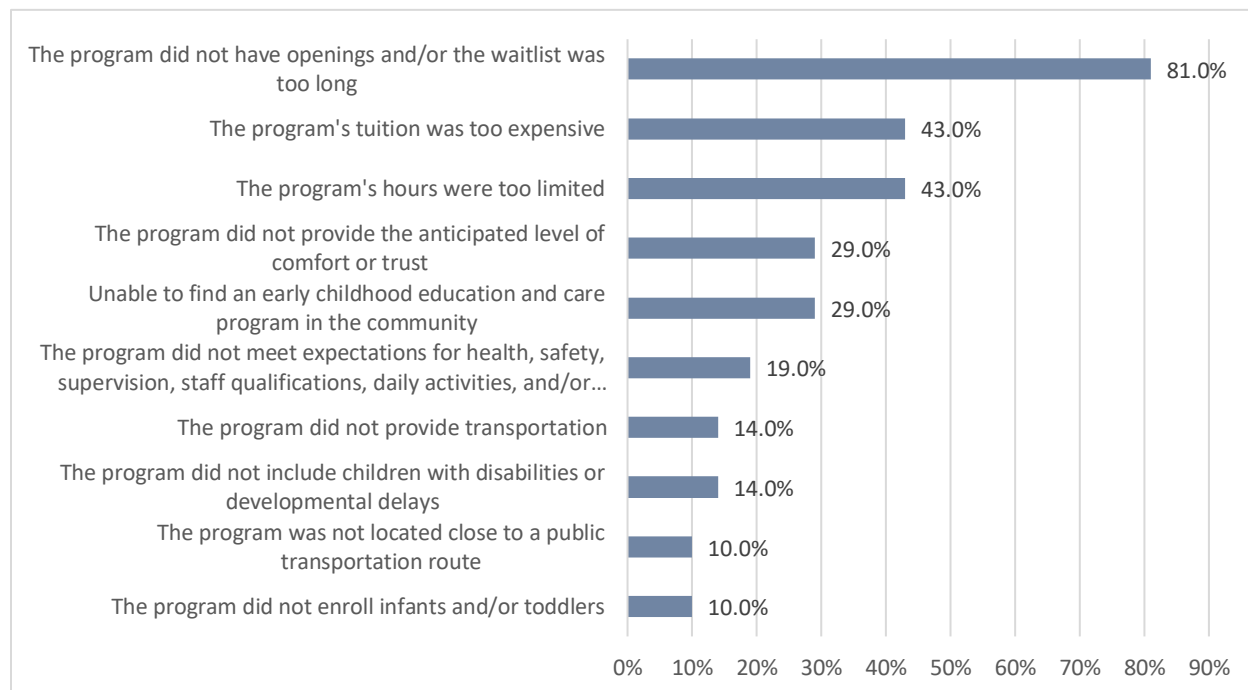
## SURVEY RESPONDENTS WHO NEED EARLY CHILDHOOD EDUCATION BUT HAD DIFFICULTY FINDING A PROGRAM



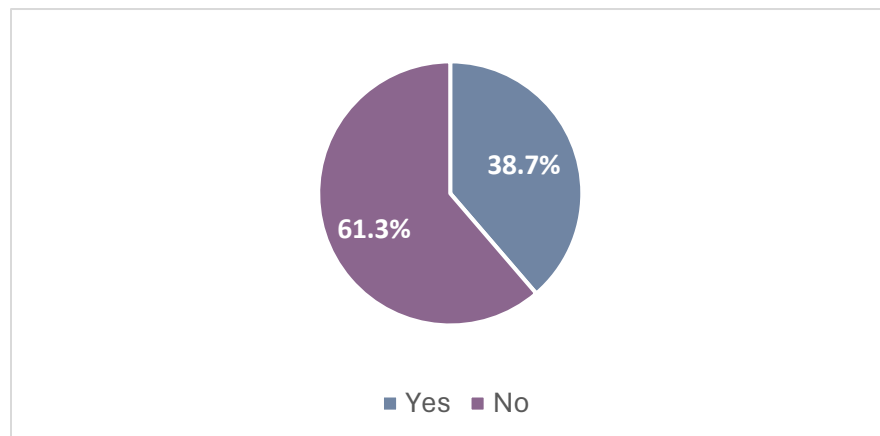
Of those who identified having difficulty finding a program, the top reasons were there were no openings and/or the waitlist was too long (81.0%), the program tuition was too expensive (43.0%), and the hours were too limited (43.0%).

## REASONS WHY FINDING A PROGRAM WAS

### DIFFICULT



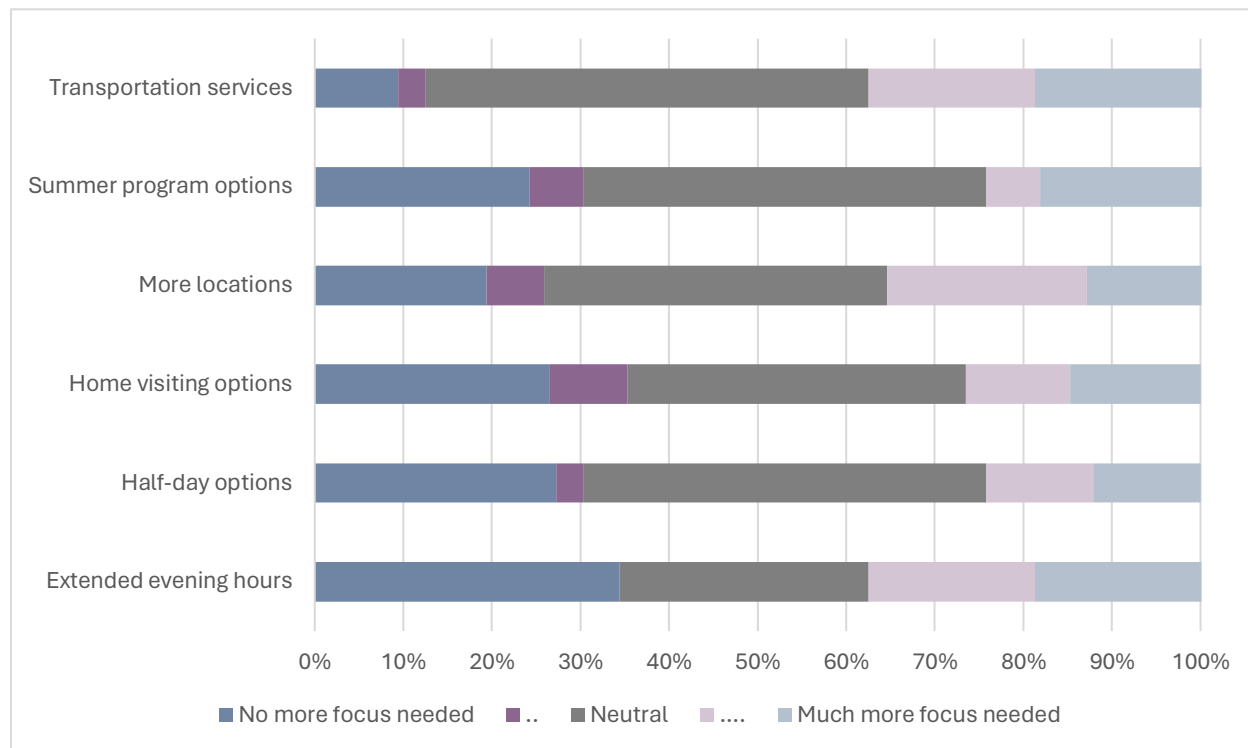
## UCS HEAD START PARENT RESPONDENTS



Of the survey respondents with children under age 18, approximately 40% of respondents currently or previously had children enrolled in UCS's Head Start or Early Head Start programs.

Head Start parents were asked to identify where more focus was needed on a variety of hours and services. Most survey respondents agreed that transportation services, summer program options, and extended evening hours needed more focus.

#### UCS HEAD START NEEDS



While survey respondents could select more than one option, most use their personal vehicle to bring their child to Head Start. One in four use the Head Start bus.

#### UCS HEAD START FAMILY TRANSPORTATION MODE

Transportation Mode	Percent
Personal vehicle	86.0%
Public transportation	22.0%
Rides from family member(s)	36.0%
Rides from friend(s) or neighbor(s)	25.0%
Van service provides by Childcare Financial Assistance or DCF	22.0%
Head Start bus	25.0%

## SURVEY RESPONDENT DEMOGRAPHICS

	Percent
<b>Age</b>	
<b>Under 18</b>	0.4%
18 to 24	3.1%
25 to 34	14.5%
35 to 44	27.2%
45 to 54	25.0%
55 to 64	20.2%
65 and over	9.6%
<b>Highest Level of Education</b>	
<b>Less than high school or GED</b>	0.4%
High school diploma or equivalent	7.6%
Some college	14.2%
Technical or trade school	1.8%
Associates degree	8.9%
Bachelor's degree	28.9%
Graduate or professional degree	38.2%
<b>Race</b>	
<b>White or Caucasian</b>	63.1%
Black or African American	0.9%
Asian or Asian American	0.9%
Native American or Alaska Native	3.0%

Native Hawaiian or other Pacific Islander	0.0%
Another Race	1.5%
I prefer not to answer	4.5%
<b>Ethnicity</b>	
<b>Hispanic, Latino, or other Spanish Origin</b>	3.7%
Not Hispanic, Latino, or other Spanish Origin	96.3%
I prefer not to answer	3.3%
<b>LGBTQIA+</b>	
<b>Yes</b>	9.6%
No	84.7%
I prefer not to answer	5.7%
<b>Annual Household Income</b>	
<b>Under \$15,000</b>	4.8%
Between \$15,000 and \$29,999	6.2%
Between \$30,000 and \$49,999	17.7%
Between \$50,000 and \$74,999	17.2%
Between \$75,000 and \$99,999	18.7%
Between \$100,000 and \$150,000	23.9%
Over \$150,000	11.5%
I prefer not to answer	6.0%

## Access Audit

Access audit calls are an effective way to evaluate the community's access to health care and social services within UCS's service area – not to profile any site. The goal of conducting access audits is to understand practical access to health care and other services and barriers experienced by community members seeking care. Results provide insight into access gaps, improvement strategies, and service variations. The service facilities were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact community member's access to services.

Calls were made to 12 health care, behavioral health, and childcare facilities across the service area. The following facilities were included in the access audit:

	Location	Service
1	Sunrise Family Resource Center	Childcare
2	UCS Head Start	Childcare
3	UCS Bennington	Mental Health
4	UCS Manchester	Mental Health
5	Battenkill Valley Health Center	Primary Care
6	Greater Bennington Community Services	Primary Care
7	Mt. Anthony Primary Care	Primary Care
8	Manchester Medical Center	Primary Care
9	SVMC Pediatrics	Primary Care - Pediatric
10	SVMC Psychiatry	Psychiatry
11	UCS Bennington	SUD
12	Turning Point Center of Bennington	SUD Recovery

Calls were made at different times throughout the business day, in late April 2024. Of the 12 calls made, five calls resulted in an automated response of which only one resulted in the caller being connected to a staff member, and the other four requested to leave a voicemail with callback information. Of these facilities, only one call back was received after 24 hours. The caller was immediately connected with a staff member who provided general information on five facilities. Of the remaining two facilities, one did not have a working phone number and the other connected the caller to another staff member who was not available at the time and a voicemail was left.



### **Ability of facilities to accept new patients.**

All six facilities reached are accepting new patients with same-day appointments available for primary care and mental health screenings, upon receipt of patient records. Staff members took the time to thoroughly explain the services offered and insurance coverages, delineate costs, and understand incoming patient needs.

### **Ability of facilities to answer questions and refer the caller elsewhere when the desired services are unavailable.**

Most facilities were extremely helpful in offering guidance and providing the names of different facilities/organizations, additional community resources, and contact information for other services in the area. One staff member provided the caller with two additional points of contact for additional information on childcare availability and subsidy programs in the area. Overall, the facilities had helpful and empathetic personnel answering the phone lines and offering a pleasant and informative client experience.

### **How staff inquiries help to determine a prospective patient's needs.**

Within the first couple of minutes of each phone call, most of the staff enquired about the caller's prospective needs, age, and location. When calling about Mental Health Services, staff members inquired about the patient's and family's needs as well as previous services offered. One staff member offered to take down the caller's information and have one of the coaches call back to get a better sense of the family's needs and which program would be best suited for the client.

For childcare inquiries, staff members asked for demographic information to determine enrollment availability and connected the caller with other staff members to answer more specific questions regarding subsidy, payment plans, and childcare slot availability.

### **Ease of speaking with a person.**

Accessing a staff member was not easy, as only six out of the 12 facilities were reached. Notably, almost half of the facilities had automated answers and complicated phone trees, making it difficult to speak with a staff member.

## Needs Prioritization

Building consensus among the Leadership Group was essential for prioritizing the needs identified throughout the Community Needs Assessment. The needs prioritization session provided the Leadership Group an opportunity to discuss the key findings and categorize which identified needs fall within UCS locus of control to address, as well as the time frame and level of resources available to address each need, among other considerations.

**The prioritization process consisted of two steps.**

1

First, an online survey was open for approximately one week to allow each Leadership Group participant to answer the following question about each of the 40 identified needs: *"How great is the need for additional focus on...?"* Participants were encouraged to provide comments supporting their selection.

No more needed	..	...	More needed	.....	.....	Much more needed	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2

The second step was the collaborative prioritization session. The Leadership Group participated in a virtual needs prioritization session to review the 40 community needs identified through the Community Needs Assessment process. Due to two separate programs – behavioral health and Head Start, the Leadership Group decided to develop two distinct top needs lists for each program.



*For the results of the immediate steps of the needs prioritization process, see **Appendix G**.*

## Top Head Start Focused Needs

Need Category	Identified Need
<b>Childcare Availability</b>	Extended hour childcare (evening hours)
	Summer childcare options
	Affordable childcare
<b>Childcare Capacity</b>	Childcare providers
	Long wait lists for childcare
<b>Family Supports and Basic Needs</b>	Parenting resources and/or support
	Affordable housing
	Emergency shelters for people experiencing homelessness
	Transitional housing for people experiencing homelessness
	Recreational options or programs for youth
	Transportation
	Food insecurity
	Dentists and dental services
	Primary care providers
<b>Root Causes</b>	Generational trauma
	Awareness of service availability and accessibility
	Stigma

## Top Behavioral Health Focused Needs

Need Category	Identified Need
<b>Mental Health Services</b>	Inpatient mental health services
	Case Management
	School-based mental health services
	Post-crisis care follow-up
	Crisis care, especially for youth
	School-based early intervention programs for behavioral health
	Permanent supportive housing with wraparound services for people experiencing homelessness and chronic behavioral health conditions
<b>Substance Use Services</b>	Outpatient substance use services
	Recovery support services
	Detox facility / services
<b>Community Prevention</b>	Suicide prevention
	Substance use prevention, especially for youth
<b>Provider Capacity</b>	Outpatient Mental Health Providers
	Psychiatrists
	Child or adolescent mental health providers
	Specialist providers, such as specific BH diagnoses, IDD
	Dentists and dental services
	Primary care providers
<b>Root Causes</b>	Generational trauma
	Awareness of service availability and accessibility

	Stigma
	Long wait lists
	UCS Intake Difficulty
	Limited health insurance coverage and/or high copays
<b>Basic Needs</b>	Affordable housing
	Emergency shelters for people experiencing homelessness
	Transitional housing for people experiencing homelessness
	Transportation
	Senior housing / housing for people living with disabilities
	Food insecurity



# Conclusions

Nestled amongst the Green Mountains along the borders of New York and Massachusetts, Bennington County is home to a variety of community-based organizations like United Counseling Service (UCS). UCS is well respected in the community providing both behavioral health and early childhood education services to many of the county's most vulnerable residents.

Despite the many resources and community strengths, there are pockets of disparities in county. Many residents, especially those with lower socioeconomic status, struggle with meeting their basic needs due to a variety of factors. With the increased demand of behavioral health and early childhood education services, UCS is positioned to provide important services to Bennington County residents.

## Potential Strategies and Recommendations

- Advocacy and education of local, state, and national elected officials and lawmakers of the behavioral health system and funding challenges.
- Support efforts to increase annual state funding allocations for behavioral health services, including prevention programs.
- Increase awareness of community resources and service options, including health education programs, among behavioral health and non-behavioral health providers, community organizations, and residents.
- Implement more peer support specialists, community health workers, or other non-licensed providers.
- Advocate for competitive salaries for behavioral health providers.
- Develop and/or expand afterschool activities or programs that help children develop healthy lifestyle choices and other social skills.
- Support and encourage youth-led conversations about behavioral health challenges.
- Expand assistance programs to help households that make just over the income eligibility requirements.
- Invest in safe, affordable housing options in the community.



# Appendices

## Appendix A: Supplementary Secondary Data - Bennington County

### Demographics

#### PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2031

	Bennington County	Vermont	United States
Total Population (2010)	37,126	625,741	308,745,538
Total Population (2022)	37,326	643,816	331,097,593
Percent Change (2010-2022)	+0.5%	+2.9%	+7.2%
Total Population (2031)	37,772	673,321	363,255,837
Percent Change (2022-2031)	+1.2%	+4.6%	+9.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### MEDIAN AGE PERCENT CHANGE, 2010 TO 2022

	Bennington County	Vermont	United States
Median Age (2010)	ND	41.5	37.2
Median Age (2022)	46.7	42.9	38.5
Percent Change (2010-2022)	ND	+3.4%	+3.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION BY AGE GROUP

	Bennington County	Vermont	United States
Under 18	18.9%	18.1%	22.1%
18 to 64	57.8%	61.5%	61.4%
65 and Over	23.3%	20.3%	16.5%
Under 5	4.4%	4.4%	5.7%
5 to 9	5.1%	5.0%	6.0%

	Bennington County	Vermont	United States
10 to 14	5.9%	5.4%	6.5%
15 to 19	6.3%	6.7%	6.6%
20 to 24	6.5%	7.3%	6.7%
25 to 34	10.0%	11.8%	13.7%
35 to 44	10.1%	11.8%	12.9%
45 to 54	12.3%	12.3%	12.4%
55 to 59	6.4%	7.2%	6.5%
60 to 64	9.8%	7.9%	6.4%
65 to 74	13.4%	12.4%	9.7%
75 to 84	6.6%	5.7%	4.8%
Over 85	3.4%	2.2%	2.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION BY RACE (ALONE)<sup>15</sup>

Race	Bennington County	Vermont	United States
White	93.6%	92.3%	65.9%
Two or More Races	3.4%	4.0%	8.8%
Asian	1.1%	1.7%	5.8%
Black or African American	1.0%	1.2%	12.5%
Some Other	0.8%	0.6%	6.0%
American Indian and Alaska Native	0.1%	0.2%	0.8%
Native Hawaiian and Other Pacific Islander	0.1%	0.0%	0.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

<sup>15</sup> Race (Alone) population is defined by the U.S. Census Bureau as people who responded to the question on race by indicating only one race, or the group who reported only one race. Source: <https://www.census.gov/glossary/?term=Race%20alone>

## POPULATION BY ETHNICITY

	Bennington County	Vermont	United States
Hispanic or Latino	2.4%	2.1%	18.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## POPULATION BY SEX

	Bennington County	Vermont	United States
Females	51.1%	50.2%	50.4%
Males	48.9%	49.8%	49.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5)

	Bennington County	Vermont	United States
English Only	95.8%	94.6%	78.3%
Spanish	1.5%	1.2%	13.3%
Asian-Pacific Islander	0.6%	0.8%	3.5%
Other Indo-European	1.8%	3.0%	3.7%
Other	0.3%	0.4%	1.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## FOREIGN-BORN POPULATION<sup>16</sup>

	Bennington County	Vermont	United States
Naturalized US Citizen	1.4%	2.6%	7.1%
Not US Citizen	1.3%	1.8%	6.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## POPULATION BY VETERAN STATUS

	Bennington County	Vermont	United States
Veterans	8.8%	6.5%	6.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

<sup>16</sup> Foreign-born population is defined by the U.S. Census Bureau as people who are not U.S. citizens at birth. This includes naturalized U.S. citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees and asylees), and persons illegally present in the United States. Percentages displayed are out of the full 100% population for each geography (e.g., 7.1% of the U.S. population is naturalized U.S. citizens).

## Population Living With Disability

### POPULATION LIVING WITH DISABILITY BY AGE

	Bennington County	Vermont	United States
<b>Population Living with a Disability</b>	<b>6,452</b>	<b>92,193</b>	<b>41,941,456</b>
Age Under 5	1.8%	1.1%	0.7%
Age 5 to 17	4.7%	7.0%	5.9%
Age 18 to 34	11.4%	9.7%	7.2%
Age 35 to 64	17.2%	13.4%	12.4%
Age 65 to 74	28.7%	21.1%	24.1%
Age 75 and Over	43.4%	44.4%	46.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### POPULATION LIVING WITH DISABILITY BY TYPE

	Bennington County	Vermont	United States
Ambulatory Difficulty	8.2%	6.0%	6.3%
Cognitive Difficulty	7.6%	6.0%	5.0%
Independent Living Difficulty	6.5%	4.6%	4.5%
Hearing Difficulty	5.7%	4.7%	3.6%
Vision Difficulty	1.8%	2.2%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### POPULATION LIVING WITH DISABILITY BY RACE

	Bennington County	Vermont	United States
American Indian and Alaska Native	38.6%	25.0%	16.0%
White	18.2%	14.6%	13.6%
Black or African American	9.4%	12.8%	14.2%

	Bennington County	Vermont	United States
Two or More Races	9.4%	14.7%	10.7%
Asian	3.7%	6.5%	7.6%
Some Other Race	3.1%	12.2%	9.7%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	11.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION LIVING WITH DISABILITY BY ETHNICITY

	Bennington County	Vermont	United States
Hispanic or Latino	9.4%	10.4%	9.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## Social Determinants of Health Secondary Data

In addition to collecting key demographic secondary data, research in this Community Needs Assessment looks at the Social Determinants of Health (SDoH). Social Determinants of Health include a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality affordable health care. These conditions contribute to wide health disparities and inequities.<sup>17</sup>



Image Source: Crescendo Consulting Group, Canva

The following secondary research includes pertinent data focused on the Social Determinants of Health to provide the most granular overview of the service area communities.

### Domain 1: Economic Stability

People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.<sup>18</sup>

#### POVERTY PERCENT CHANGE

	Bennington County	Vermont	United States
Total Households Below Poverty Level per household (2010)	11.7%	11.4%	13.1%
Total Households Below Poverty Level per household (2022)	12.8%	10.6%	12.4%
Percent Change (2010-2022)	+8.8%	-6.3%	-5.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

<sup>17</sup> Healthy People 2030, "Social Determinants of Health. <https://health.gov/healthypeople/objectives-and-data/social-determinantshealth>

<sup>18</sup> American Academy Of Family Physicians, Poverty & Health. The Family Medicine Perspective, April 2021.

[www.aafp.org/about/policies/all/poverty-health.html](http://www.aafp.org/about/policies/all/poverty-health.html)

## INCOME TO POVERTY RATIOS

	Bennington County	Vermont	United States
100% to 124%	3.9%	3.5%	3.9%
125% to 149%	3.4%	3.4%	4.1%
150% to 184%	5.7%	4.9%	5.8%
185% to 199%	2.8%	2.7%	2.6%
200% and over	72.9%	75%	71.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## PERCENT OF POPULATION LIVING IN POVERTY

	Bennington County	Vermont	United States
<b>Total People Below Poverty Level</b>	<b>11.2%</b>	<b>10.4%</b>	<b>12.5%</b>
<b>By Race</b>			
American Indian and Alaska Native	0.0%	20.9%	22.6%
Asian	49.2%	20.0%	10.1%
Black or African American	24.2%	22.3%	21.5%
Native Hawaiian and Other Pacific Islander	0.0%	4.9%	17.0%
Some Other Race	18.8%	14.1%	18.6%
Two or More Races	12.8%	15.2%	14.8%
White	10.6%	9.9%	10.1%
<b>By Ethnicity</b>			
Hispanic or Latino	29.7%	15.6%	17.2%
<b>By Age Group</b>			
Age Under 5	22.8%	11.5%	18.1%
Age Under 18	16.6%	11.3%	16.7%
Age 18 to 64	10.5%	11.0%	11.7%
Age 65 and Over	8.6%	8.0%	10.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



## MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	Bennington County	Vermont	United States
Median Household Income (2010)	\$50,501	\$53,422	\$52,762
Median Household Income (2022)	\$68,558	\$74,014	\$75,149
Percent Change (2010-2022)	+35.8%	+38.5%	+42.4%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## MEDIAN HOUSEHOLD INCOME BY RACE

	Bennington County	Vermont	United States
Two or More Races	\$97,750	\$77,146	\$70,596
White	\$68,913	\$74,499	\$80,042
Other Race	\$51,250	\$62,250	\$61,851
Asian	\$49,000	\$71,207	\$107,637
American Indian and Alaska Native	ND	\$48,725	\$55,925
Black or African American	ND	\$52,736	\$50,901
Native Hawaiian and Other Pacific Islander	ND	\$39,250	\$76,568

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	Bennington County	Vermont	United States
Hispanic or Latino	\$51,467	\$71,848	\$64,936

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## EMPLOYMENT BY INDUSTRY

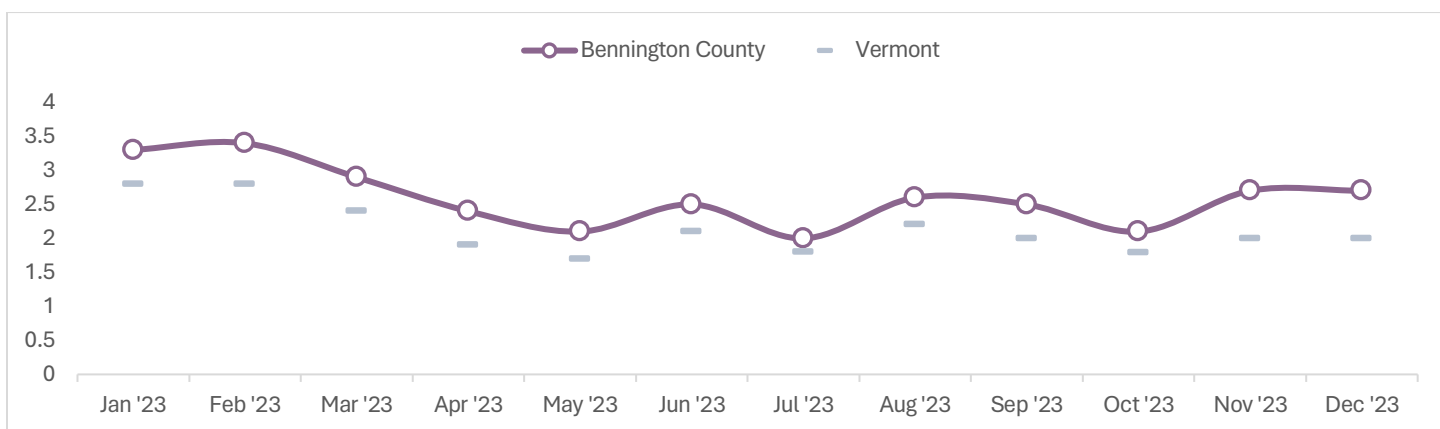
	Bennington County	Vermont	United States
Management	11.6%	11.8%	10.4%
Sales	11.1%	7.9%	9.1%
Office and Administrative Support	9.0%	9.5%	10.3%
Education, Training and Library	8.7%	8.0%	5.9%
Production	6.8%	5.6%	5.2%
Food Preparation and Serving	5.7%	5.1%	5.0%

	Bennington County	Vermont	United States
Health Diagnosis and Treating Practitioners	4.6%	4.7%	4.1%
Business and Finance	4.1%	4.9%	5.5%
Community and Social Service	4.0%	2.7%	1.7%
Construction and Extraction	4.0%	5.4%	4.7%
Building, Grounds Cleaning, and Maintenance	3.8%	3.7%	3.3%
Personal Care and Service	3.2%	2.4%	2.4%
Healthcare Support	2.7%	2.8%	3.1%
Installation, Maintenance, and Repair	2.6%	3.1%	2.9%
Transportation	2.1%	2.6%	3.6%
Arts, Design, Entertainment, Sports, and Media	2.0%	2.6%	2.0%
Computer and Mathematical	1.9%	2.7%	3.3%
Legal	1.6%	1.2%	1.1%
Material Moving	1.6%	2.2%	3.6%
Health Technologist and Technicians	1.5%	1.9%	1.9%
Architecture and Engineering	1.2%	1.9%	2.0%
Life, Physical, and Social Science	0.7%	1.1%	1.0%
Farming, Fishing and Forestry	0.6%	1.2%	0.6%
Fire Fighting and Prevention	0.5%	0.6%	1.1%
Law Enforcement	0.2%	0.7%	0.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### MONTHLY UNEMPLOYMENT RATE (NOT SEASONALLY ADJUSTED), JANUARY 2023 – DECEMBER 2023

	1/23	2/23	3/23	4/23	5/23	6/23	7/23	8/23	9/23	10/23	11/23	12/23
<b>Bennington County</b>	3.3	3.4	2.9	2.4	2.1	2.5	2.0	2.6	2.5	2.1	2.7	2.7
<b>Vermont</b>	2.8	2.8	2.4	1.9	1.7	2.1	1.8	2.2	2.0	1.8	2.0	2.0



Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics Information and Analysis

### HOUSEHOLDS RECEIVING SNAP

	Bennington County	Vermont	United States
Households Receiving Food Stamps/SNAP	14.9%	10.3%	11.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

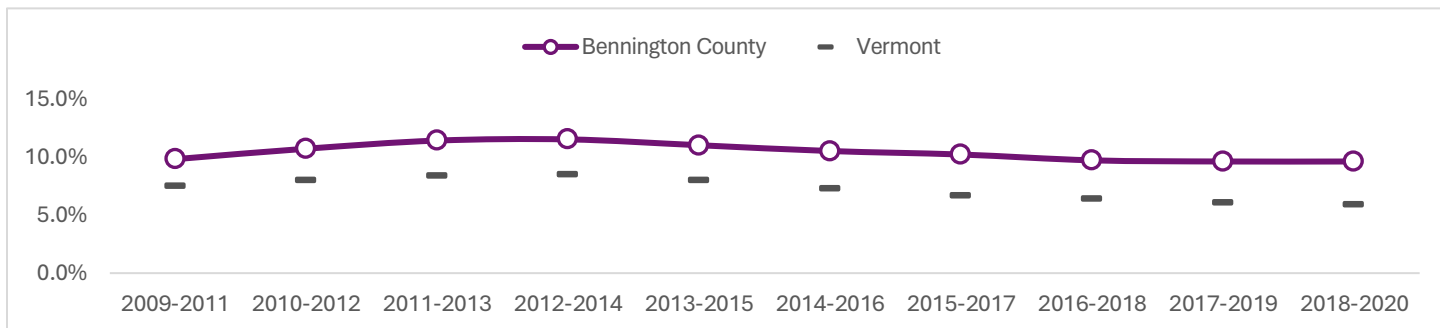
### STUDENTS ELIGIBLE FOR FREE/REDUCED LUNCH

	Number	Percent
Bennington Rutland SU	426	39.4%
Southwest Vermont SU	2,229	69.0%

Source: Vermont Agency of Education, Child Nutrition Programs, School Year 2021 – 2022

### PERCENT OF CHILDREN IN HOUSEHOLDS RECEIVING TANF BENEFITS<sup>19</sup>, 2009 – 2020

	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Bennington County	9.8%	10.7%	11.4%	11.5%	11.0%	10.5%	10.2%	9.7%	9.6%	9.6%
Vermont	7.5%	8.0%	8.4%	8.5%	8.0%	7.3%	6.7%	6.4%	6.1%	5.9%



Source: Annie E. Casey Foundation, KIDSCOUNT Data Center (2009-2020)

<sup>19</sup> Percent of children under age 18 who live in households receiving (Temporary Aid to Needy Families) TANF cash benefits. TANF programs in Vermont include Reach Up, Reach Ahead, and Reach First.

### COST OF LIVING, LIVING AND POVERTY WAGE IN BENNINGTON COUNTY

	1 Adult				2 Adults (1 working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	\$21.78	\$40.36	\$52.91	\$70.22	\$30.50	\$36.65	\$41.66	\$44.38	\$15.25	\$22.60	\$28.92	\$34.43
Poverty Wage	\$7.24	\$9.83	\$12.41	\$15.00	\$9.83	\$12.41	\$15.00	\$17.59	\$4.91	\$6.21	\$7.50	\$8.79
Minimum Wage	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67	\$13.67

Source: Massachusetts Institute of Technology Cost of Living Calculator, 2024

### COST OF LIVING, TYPICAL EXPENSES IN BENNINGTON COUNTY

	1 Adult				2 Adults (1 working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Food	\$4,687	\$6,908	\$10,362	\$13,773	\$8,592	\$10,695	\$13,774	\$16,794	\$8,592	\$10,695	\$13,774	\$16,794
Childcare	\$0	\$15,070	\$28,573	\$41,113	\$0	\$0	\$0	\$0	\$0	\$15,070	\$28,573	\$41,113
Medical	\$3,776	\$9,578	\$9,430	\$10,043	\$7,190	\$9,430	\$10,043	\$9,506	\$7,190	\$9,430	\$10,043	\$9,506
Housing	\$11,290	\$14,969	\$14,969	\$19,806	\$12,134	\$14,969	\$14,969	\$19,806	\$12,134	\$14,969	\$14,969	\$19,806
Transport	\$10,313	\$11,935	\$15,034	\$17,299	\$11,935	\$15,034	\$17,299	\$17,279	\$11,935	\$15,034	\$17,299	\$17,279
Internet & Mobile	\$1,629	\$1,629	\$1,629	\$1,629	\$2,195	\$2,195	\$2,195	\$2,195	\$2,195	\$2,195	\$2,195	\$2,195
Required income (after taxes)	\$39,125	\$73,277	\$95,056	\$122,980	\$55,234	\$67,381	\$77,597	\$83,944	\$55,234	\$82,451	\$106,170	\$125,057
Required income (before taxes)	\$45,312	\$83,954	\$110,043	\$146,065	\$63,441	\$76,236	\$86,656	\$92,318	\$63,441	\$94,028	\$120,314	\$143,229

Source: Massachusetts Institute of Technology Cost of Living Calculator, 2024

## Domain 2: Health Care and Access

### HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2023

	Bennington County	Vermont	United States
Primary Care Physician	1,204:1	740:1	959:1
Primary Care Nurse Practitioner	1,555:1	1,080:1	1,251:1
Dentist	1,555:1	1,526:1	1,657:1
Mental Health Provider	498:1	318:1	612:1
Pediatrician	2,346:1	567:1	860:1
OBGYN	6,361:1	2,888:1	3,762:1
Midwife and Doula	9,542:1	6,103:1	12,073:1

Source: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

### INSURANCE STATUS

	Bennington County	Vermont	United States
<b>Uninsured Population</b>	<b>1,697</b>	<b>26,141</b>	<b>28,315,092</b>
Uninsured Under Age 6	0.8%	1.9%	4.4%
Uninsured Age 6 to 18	3.7%	2.0%	5.7%
Uninsured Age 19 to 64	7.1%	6.1%	12.2%
Uninsured Over Age 65	0.0%	0.2%	0.8%
Uninsured Children Age 18 and Under with a Disability	0.0%	3.1%	3.9%
Uninsured Adults Age 19 to 64 with a Disability	7.9%	4.9%	10.1%
People in Labor Force without Health Insurance	7.5%	6.3%	11.5%
People with Private Health Insurance <sup>20</sup>	66.9%	72.4%	74.0%
People with Public Health Insurance	50.0%	43.5%	39.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

<sup>20</sup> The percentage of people with private and public health insurance add up to greater than 100% due to individuals having multiple health insurance plans. More information can be found here: <https://www.census.gov/library/stories/2023/07/multiple-health-coverage-plans-in-2021.html>

**PUBLIC HEALTH INSURANCE IN BENNINGTON COUNTY<sup>21</sup>**

	Number of People	Percent of Population
Medicare	12,955	35.0%
Medicaid	16,439	44.7%
VA Health Care	1,124	3.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

**DEATH RATE (RATE PER 100,000 PEOPLE), 2021**

	Bennington County	Vermont	United States
Death Rate	14.7	10.7	10.4

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

**LEADING CAUSES OF DEATH (RATE PER 100,000 PEOPLE), 2021**

	Bennington County	Vermont	United States
Heart Disease	383.3	175.7	173.8
Cancer	276.1	154.0	146.6
Accidents / Unintentional Injuries	104.5	77.8	64.7
Alzheimer's Disease	85.8	38.8	31.0
Chronic Lower Respiratory Disease	83.1	31.9	34.7
COVID-19	67.0	29.5	104.1
Stroke / Cerebrovascular Disease	53.6	31.9	41.1
Birth Defects	ND	ND	3.1
Chronic Liver Disease / Cirrhosis	ND	12.4	14.5
Condition Originating Around Time of Birth	ND	ND	3.7

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

<sup>21</sup> Represents people who have public health insurance and people who have public health insurance in conjunction with private insurance.

## CHRONIC HEALTH INDICATORS

	Bennington County	Vermont	United States
Obesity	31.1%	28.8%	33.0%
High Cholesterol	27.5%	26.6%	31.0%
Depression	27.1%	26.6%	19.8%
Arthritis	26.2%	23.9%	22.2%
High Blood Pressure	25.9%	25.7%	29.6%
Asthma	11.1%	12.1%	9.7%
Diabetes	7.4%	7.1%	9.9%
Cancer (excluding skin cancer)	6.5%	5.9%	6.0%
Chronic Obstructive Pulmonary Disease	5.7%	5.7%	5.7%
Heart Disease	5.2%	3.1%	5.2%
Stroke	2.8%	1.9%	2.8%
Chronic Kidney Disease	2.5%	1.6%	2.7%

Source: Behavioral Risk Factor Surveillance System, 2021

## NUMBER OF OPIOID DEATHS, 2023<sup>22</sup>

	Bennington County	Vermont
Number of Opioid Deaths	19	212
Death Rate per 100,000 Vermont Residents	50.9	32.8

Source: Vermont Department of Health, Monthly Opioid Report <https://www.healthvermont.gov/sites/default/files/document/dsu-monthly-opioid-report.pdf>

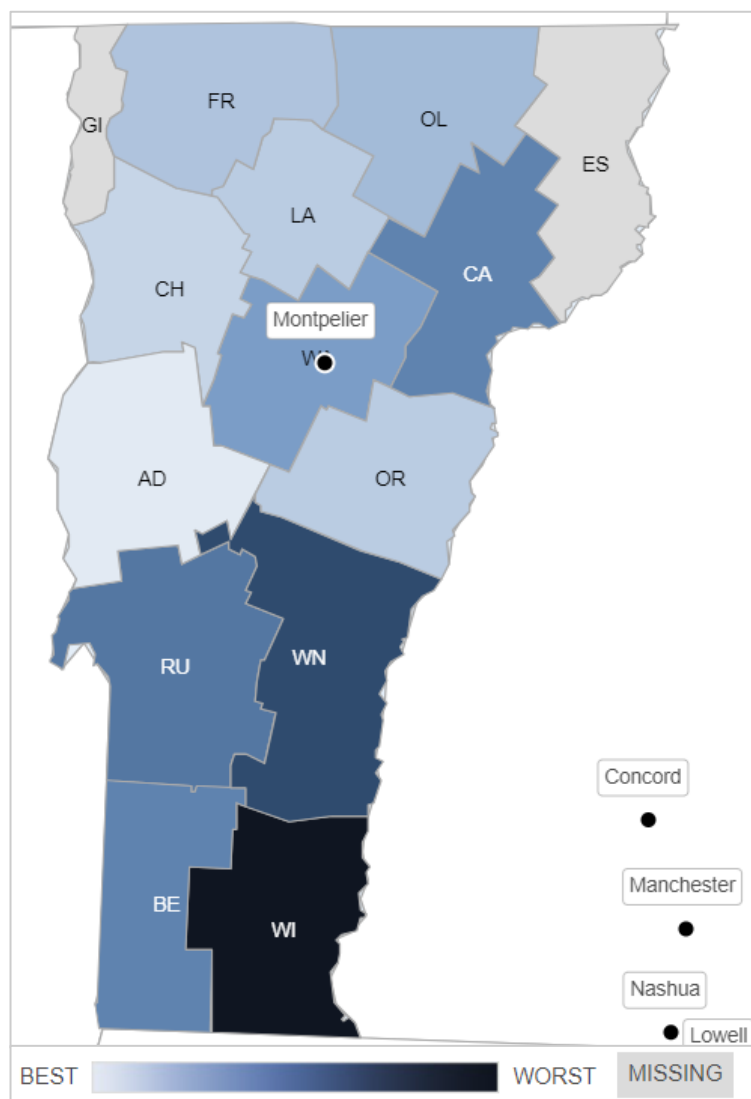
<sup>22</sup> Data reflects opioid-related accidental deaths from January 1, 2023 – November 30, 2023



## DRUG OVERDOSE MORTALITY IN VERMONT BY COUNTY, 2023<sup>23</sup>

	Bennington County	Vermont
Number of Overdose Deaths	35	476
Death Rate per 100,000 People	33.0	25.0

Source: County Health Rankings, Drug Overdose Deaths, 2023



<sup>23</sup> "Drug overdose mortality" includes deaths resulting from drug poisoning caused by both prescription and illicit drug use.

## HEALTH STATUS AND BEHAVIORAL HEALTH CARE

	Bennington County	Vermont	United States
Poor Physical Health Days <sup>24</sup>	9.4%	10.9%	10.3%
Poor Mental Health Days <sup>25</sup>	12.2%	11.4%	15.2%
Fair or Poor Health <sup>26</sup>	16.1%	17.8%	15.2%
Binge Drinking <sup>27</sup>	18.1%	19.2%	16.7%
Current Smoking Prevalence	16.3%	15.6%	12.8%

Source: Behavioral Risk Factor Surveillance System, 2021

## HEALTH STATUS AND BEHAVIORAL HEALTH CARE RATES PER 100,000

	Vermont	United States
HIV	128.8	382.2
STDs	187.1	872.3
TB	0.5	2.7
Viral Hepatitis	ND	3.9

Source: U.S. Department of Health & Human Services, Centers for Disease Control and Prevention. National Center for HIV, Viral Hepatitis, STD, and TB Prevention AtlasPlus, Chronic Health Indicators, 2021

## NUMBER OF SUICIDE DEATHS AMONG VERMONT RESIDENTS, 2018-2022

	2018	2019	2020	2021	2022
Bennington County	4	7	2	13	9
Vermont	125	109	116	142	127

Source: Vermont Department of Health, Annual Intentional Self-Harm and Death by Suicide, 2023

<sup>24</sup> Adults aged 18 or over reporting that their physical health was not good for 14 days or more in the past 30 days.

<sup>25</sup> Adults aged 18 or over reporting that their mental health was not good for 14 days or more in the past 30 days.

<sup>26</sup> Adults aged 18 or over reporting that their general status is “fair” or “poor”.

<sup>27</sup> Adults aged 18 or over reporting having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

**YOUTH SUBSTANCE USE AMONG HIGH SCHOOLERS, 2021**

	Bennington County	Vermont
Currently smoke cigarettes	7%	5%
Currently use an electronic vapor product	19%	16%
Currently drink alcohol	27%	25%
Currently binge drink	14%	12%
Currently use marijuana	24%	20%
Attended school under the influence of alcohol or other illegal drugs	12%	10%

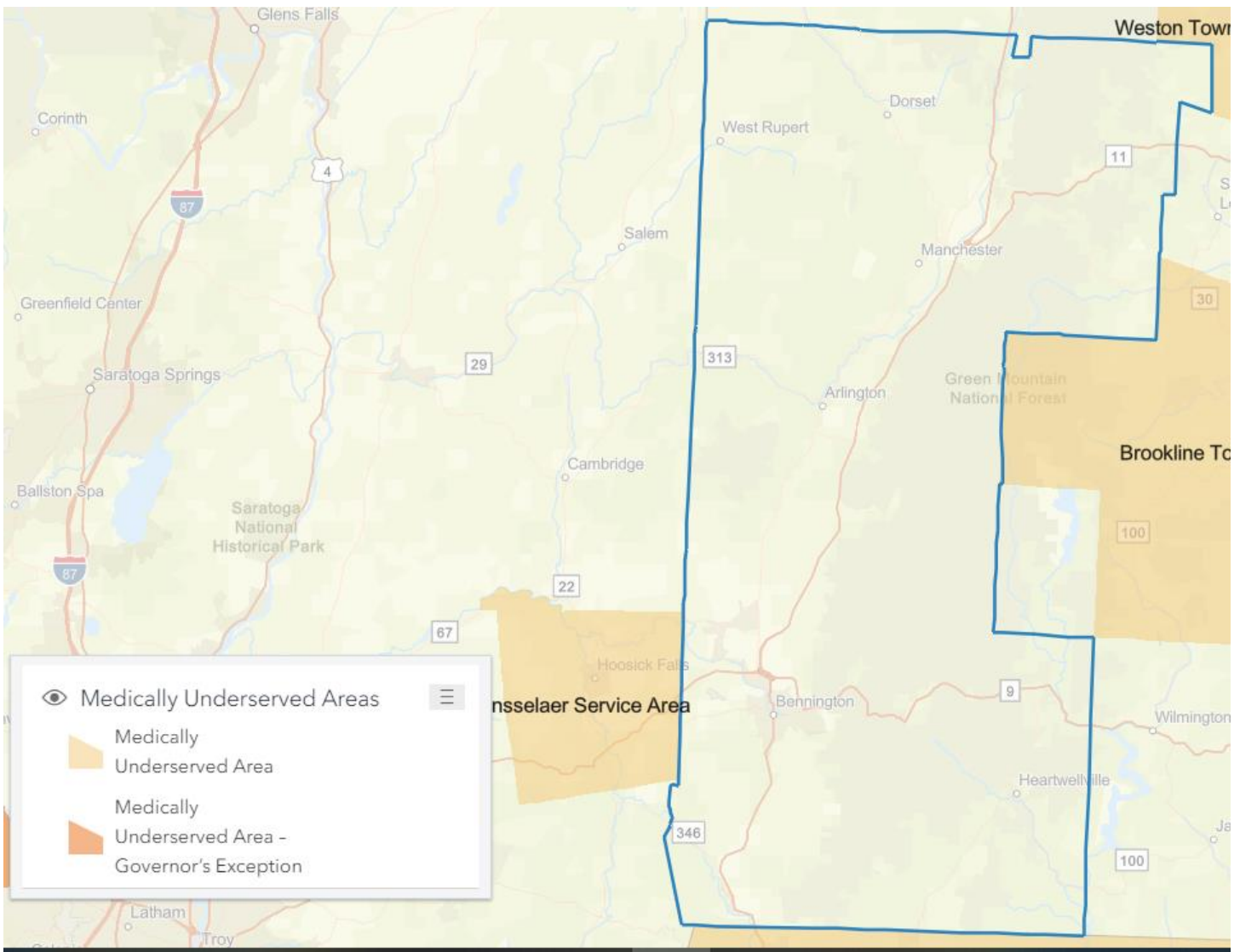
Source: Vermont Department of Health, Youth Risk Behavior Survey, Bennington County, 2021

**YOUTH MENTAL HEALTH AMONG HIGH SCHOOLERS, 2021**

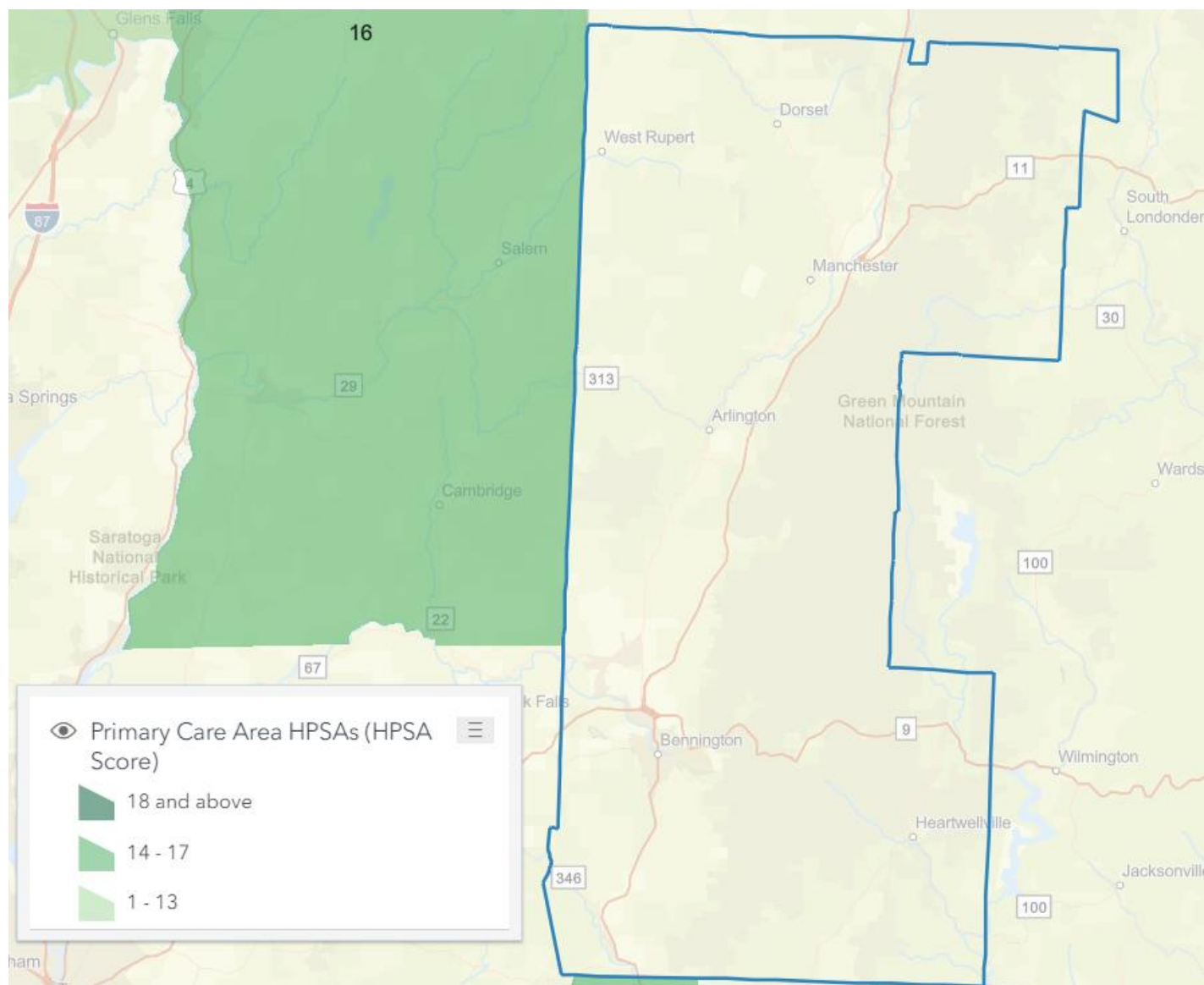
	Bennington County	Vermont
Reported that their mental health was not good most of the time or always not good	36%	35%
Have been bothered by feeling nervous, anxious, or on edge most of the time or always	36%	36%
Felt sad or hopeless	33%	30%
Did something to purposely hurt themselves without wanting to die	23%	22%
Made a plan about how they would attempt suicide	15%	14%
Attempted suicide	9%	7%

Source: Vermont Department of Health, Youth Risk Behavior Survey, Bennington County, 2021

## MEDICALLY UNDERSERVED POPULATION IN BENNINGTON COUNTY



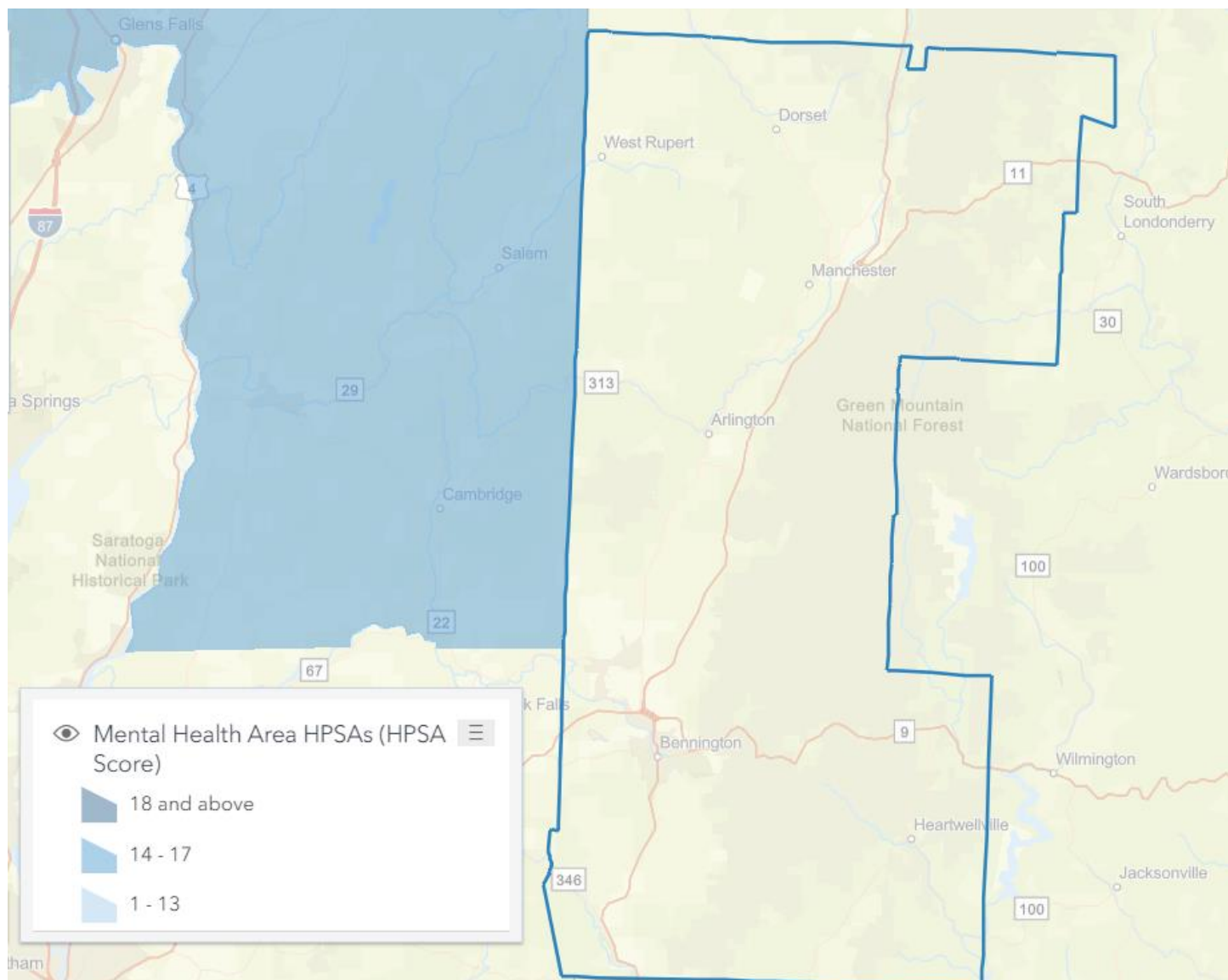
PRIMARY CARE HPSAS IN BENNINGTON COUNTY<sup>28</sup>



Source: Health Resources & Services Administration

<sup>28</sup> The Health Professional Shortage Area (HPSA) Score was developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.

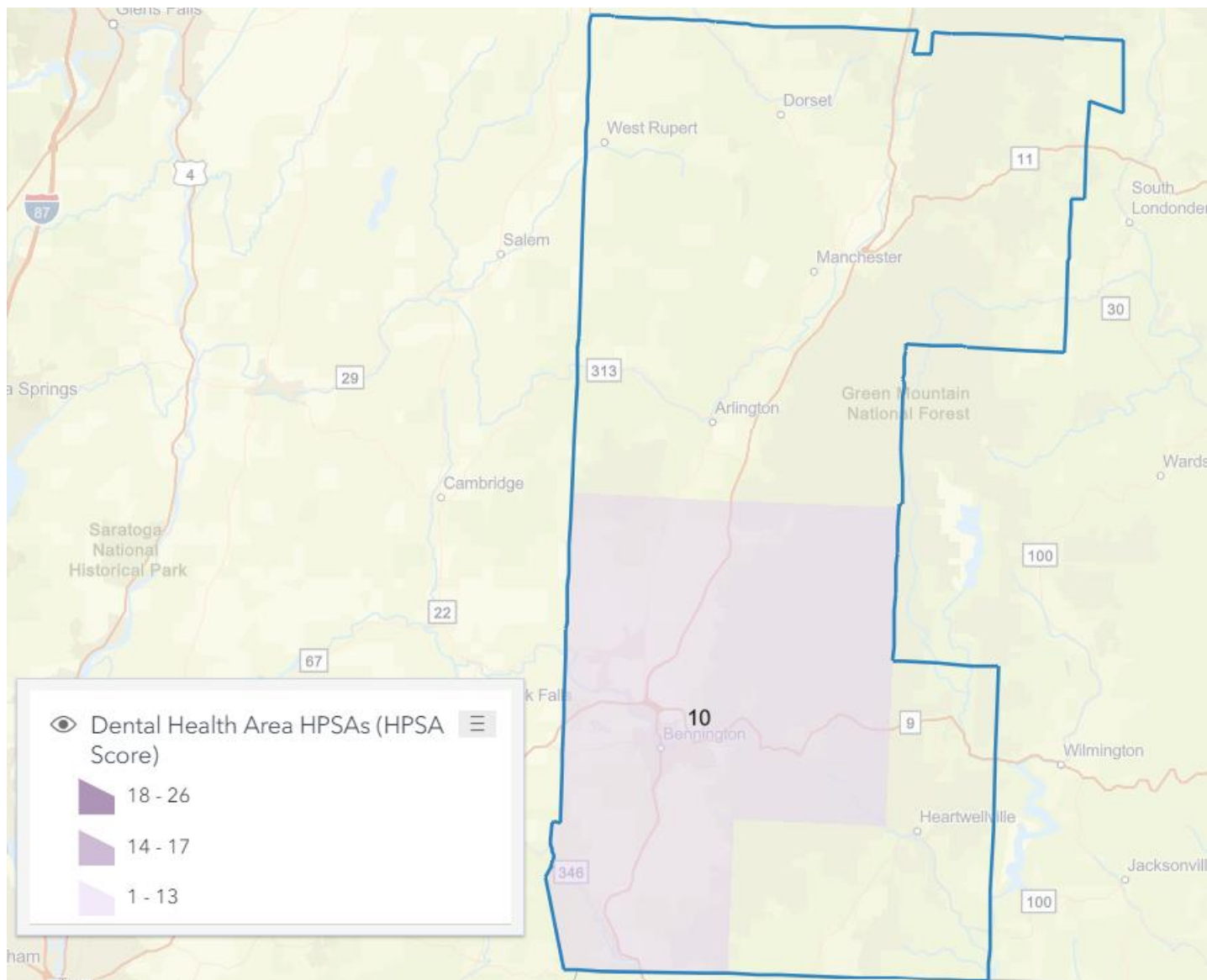
## MENTAL HEALTH HPSAS IN BENNINGTON COUNTY<sup>29</sup>



Source: Health Resources & Services Administration

<sup>29</sup> The Health Professional Shortage Area (HPSA) Score was developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.

DENTAL HPSAS IN BENNINGTON COUNTY<sup>30</sup>

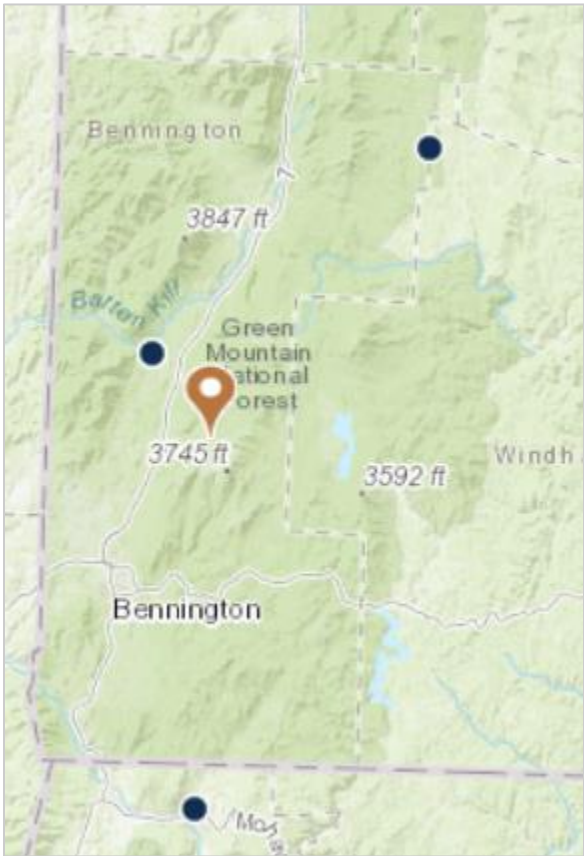


Source: Health Resources & Services Administration

<sup>30</sup> The Health Professional Shortage Area (HPSA) Score was developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.



FQHCS IN BENNINGTON COUNTY



Source: <https://findahealthcenter.hrsa.gov/>. Accessed 2024-02-09.

Domain 3: Social and Community Context

Neighborhoods are important in influencing health and health equity, therefore, policies or actions that focus on neighborhood context can improve health inequities among community members.<sup>31</sup>

HATE CRIMES IN BENNINGTON COUNTY AND VERMONT

	2018	2019	2020	2021	2022
Bennington County <sup>32</sup>	2	5	2	2	4
Vermont	43	34	70	52	49

Source: Federal Bureau of Investigation, Crime Data Explorer. Hate Crimes, 2018-2022

<sup>31</sup> American Society on Aging. Addressing Health Equity for Older Adults at the Neighborhood Level (2021). <https://generations.asaging.org/health-equity-elders-neighborhood-level>

<sup>32</sup> Based on hate crimes reported by Bennington County’s Sheriff’s Office, Bennington Police Department, Manchester Police Department, Shaftsbury State Police and Winhall Police Department

VIOLENT CRIME RATES PER 100,000 IN VERMONT AND UNITED STATES

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Vermont	124	103	119	137	173	185	207	173	194	222
United States	369	362	374	398	395	383	381	399	387	381

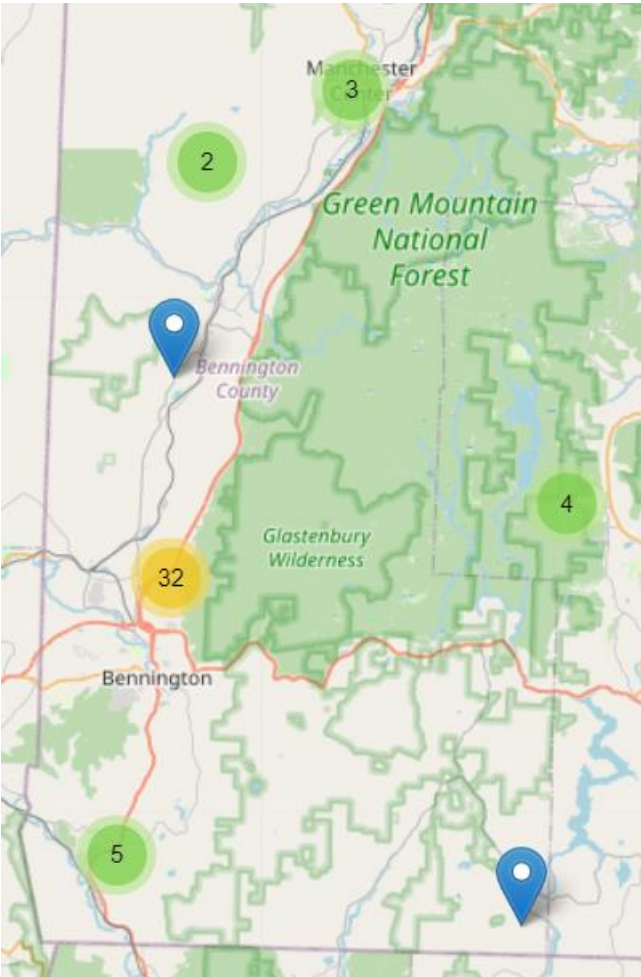
Source: Federal Bureau of Investigation, Crime Data Explorer. Violent Crimes 2013-2022.

PROPERTY CRIME RATES PER 100,000 IN VERMONT AND UNITED STATES

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Vermont	2,215	1,551	1,448	1,557	1,495	1,315	1,437	1,217	1,384	1,671
United States	2,734	2,574	2,501	2,452	2,363	2,210	2,131	1,958	1,832	1,954

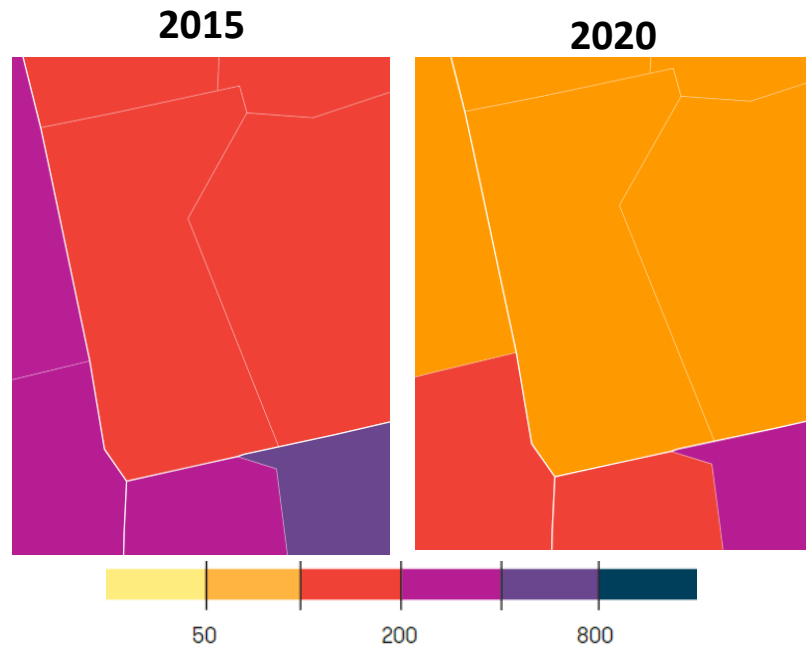
Source: Federal Bureau of Investigation, Crime Data Explorer. Property Crimes 2013-2022.

GUN VIOLENCE ARCHIVE INCIDENTS IN BENNINGTON COUNTY, JAN 2014 – FEB 2024



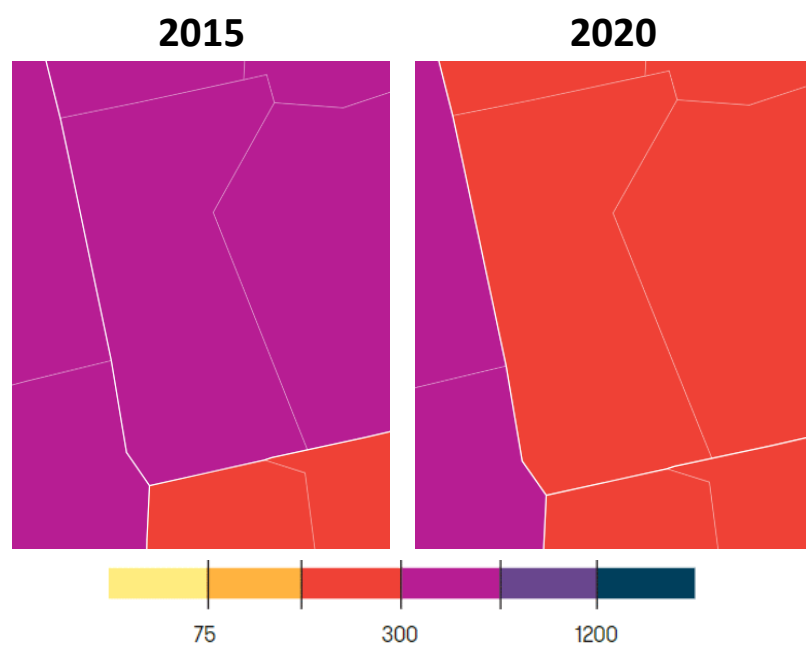
Source: Gun Violence Archive, Atlas of American Gun Violence. Accessed 2024-02-09

JAIL INCARCERATION RATE PER 100,000 RESIDENT AGE 15-64, BENNINGTON COUNTY



Source: Vera Institute of Justice. Incarceration Trends, 2015 and 2020

PRISON INCARCERATION RATE PER 100,000 RESIDENT AGE 15-64, BENNINGTON COUNTY



Source: Vera Institute of Justice. Incarceration Trends, 2015 and 2020

## Domain 4: Education

Education is not only about the schools or higher education opportunities within a community, but also includes languages spoken, literacy, vocational training, and early childhood education.<sup>33</sup> Some children live in places with poorly performing schools, and the stress of living in poverty can affect children's brain development, making it harder for them to do well in school.<sup>34</sup>

### HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT

	Bennington County	Vermont	United States
Less than 9th Grade	1.9%	1.8%	4.7%
9th to 12th Grade, No Diploma	4.0%	4.0%	6.1%
High School Degree	28.1%	27.6%	26.4%
Some College No Degree	18.4%	16.3%	19.7%
Associates Degree	8.2%	8.6%	8.7%
Bachelor's Degree	21.4%	24.3%	20.9%
Graduate Degree	18.0%	17.4%	13.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE

	Bennington County	Vermont	United States
Native Hawaiian and Other Pacific Islander	100.0%	43.9%	18.7%
Black or African American	83.5%	39.7%	24.0%
Asian	63.0%	55.1%	56.3%
Two or More Races	39.7%	43.2%	28.3%
White	38.8%	41.5%	36.5%
Some Other Race	33.1%	39.1%	14.8%
American Indian and Alaska Native	0.0%	21.2%	15.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

<sup>33</sup> Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>34</sup> U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Education Access & Quality. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

**EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY**

	Bennington County	Vermont	United States
Hispanic or Latino	41.1%	46.0%	19.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

**STUDENT SUPPORT SERVICES, 2021**

	Bennington Rutland SU	Southwest Vermont SU	Vermont
504 Plan	2.5%	2.8%	4.7%
Education Support Team	12.2%	1.7%	6.4%

Source: State of Vermont, Agency of Education, Vermont Education Dashboard: Student Characteristics 2021

**PROFICIENCY ON ENGLISH LANGUAGE ARTS STANDARDIZED TESTS, 2023**

	Bennington Rutland SU	Southwest Vermont SU	Vermont
Grade 03	52.1%	26.9%	48.9%
Grade 06	63.0%	ND	55.7%

Source: State of Vermont, Agency of Education, Vermont Education Dashboard: Assessment 2023

**CHILD CARE CENTERS**

	Bennington County	Vermont	United States
Child Care Centers	20	251	77,383

Source: U.S. Census Bureau County Business Patterns 2021.

## Domain 5: Neighborhood & Built Environment

The neighborhoods people live in have a major impact on their health and well-being. The physical environment includes housing and transportation, parks and playgrounds, and the chances for recreational opportunities.<sup>35</sup> Neighborhood quality is shaped in part by how well individual homes are maintained, and widespread residential deterioration in a neighborhood can negatively affect the mental health of residents.<sup>36</sup>

### HOUSING COSTS & HOME VALUE

	Bennington County	Vermont	United States
Median Household Income	\$50,501	\$53,422	\$52,762
Excessive Renter Housing Costs	55.9%	47.2%	46.4%
Excessive Owner Housing Costs	23.3%	24.6%	21.9%
Owner Occupied Housing Units - Mobile Homes	4.9%	6.9%	5.8%
Renter Occupied Housing Units - Mobile Homes	5.2%	4.4%	4.0%
Homeowner Vacancy Rate	1.4%	1.2%	1.1%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### FAIR MARKET RENT (FMR), BENNINGTON COUNTY

	2023	2024
0 Bedrooms	\$849	\$936
1 Bedrooms	\$886	\$1,006
2 Bedrooms	\$1,120	\$1,241
3 Bedrooms	\$1,455	\$1,642
4 Bedrooms	\$1,578	\$1,929

Source: U.S. Department of Housing and Urban Development, HUD USER. Office of Policy Development & Research. Fair Market Rents, 2024

<sup>35</sup> Kaiser Family Foundation. Beyond Health Care: The Role of Social Determinants in Promoting Health & Health Equity, 2018.  
<https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

<sup>36</sup> U.S. Department of Health and Human Services. Healthy People 2030. Social Determinants of Health Literature Summaries: Quality of Housing.  
<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing>

## HOUSEHOLD COMPOSITION

	Bennington County	Vermont	United States
Households with Children	22.9%	24.1%	30.2%
Households with Grandchildren <sup>37</sup>	3.0%	2.3%	4.6%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## TRANSPORTATION

	Bennington County	Vermont	United States
Mean Travel Time to Work (in minutes)	19.3	23.3	26.7
Workers Commuting by Public Transit	0.2%	0.9%	3.8%
Workers who Drive Alone to Work	72.6%	71.6%	71.7%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## BROADBAND

	Bennington County	Vermont	United States
Household Without Internet Access	10.6%	8.7%	9%
Number of Internet Providers (2021)	14	35	3,003

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## WIC ENROLLMENT IN BENNINGTON COUNTY, 2022 – 2024

	January 1, 2022	January 1, 2023	January 1, 2024
Infants	1,923	1,869	1,779
Children	7,136	6,835	6,409
Women	2,164	2,161	2,079

Source: Vermont Department of Health, WIC Plans & Reports, Vermont WIC Data Dashboard. Accessed February 12, 2024.

<sup>37</sup> This dataset represents the number of grandchildren under 18 living in a grandparent household. The Census Bureau defines grandparents as caregivers for those grandparents “who provide most of the basic care of their grandchildren on a temporary or permanent live-in basis.” Source: <https://www.census.gov/glossary/?term=Grandparents+as+caregivers>

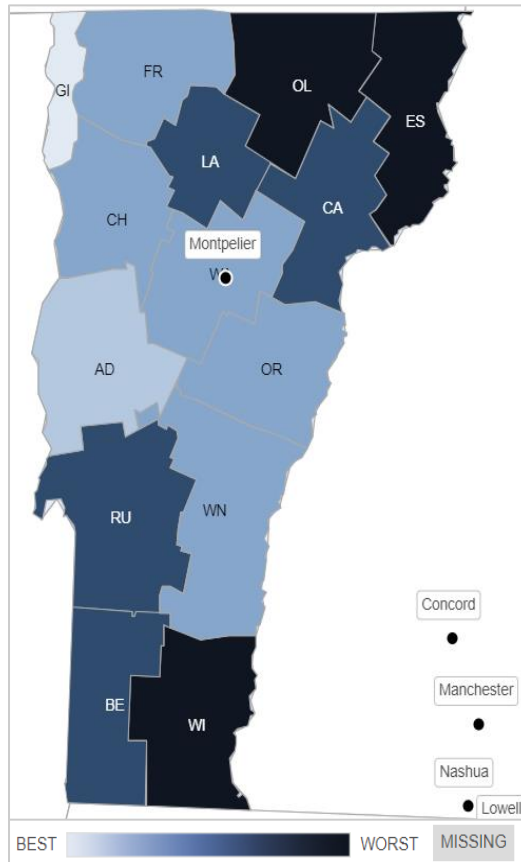


## FOOD INSECURITY, 2021 - 2023

	2021		2022		2023	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Bennington County	4,170	12.0%	4,090	11.0%	4,040	11.0%
Vermont	70,580	11.0%	68,590	11.0%	56,010	9.0%

Source: County Health Rankings, Food Insecurity, 2021-2023

## MAP OF FOOD INSECURITY IN VERMONT



# Appendix B: Supplementary Secondary Data – MA and NY Counties

Berkshire County, MA | Rensselaer County, NY | Washington County, NY

## Demographics

### SOCIAL VULNERABILITY INDEX

Category	Measure	Washington County	Rensselaer County	Berkshire County
Socioeconomic Status	Population Below Poverty Level	11.4%	11.5%	11.0%
	Unemployment Rate	5.1%	5.6%	5.3%
	Median Household Income	\$68,703	\$83,734	\$69,744
	No High School Diploma	10.9%	7.6%	6.6%
	Uninsured Population	5.2%	3.1%	2.1%
Household Composition & Disability	Under Age 18	18.4%	19.0%	16.4%
	Age 65 and Over	20.4%	17.6%	24.1%
	Children Living in Single-Parent Households	19.8%	25.1%	27.3%
	Living with a Disability	14.7%	14.4%	14.7%
Minority Status & Language	Minority Population	9.0%	19.3%	13.6%
	Limited or No English Proficiency	2.0%	2.4%	1.7%
Household Type & Transportation	Multi-Unit Housing Structures <sup>38</sup>	19.3%	38.1%	30.1%
	Mobile Homes	4.8%	2.7%	1.7%
	No Vehicle for Housing Unit	8.8%	10.3%	9.4%
	Overcrowded Housing Units	1.4%	1.4%	0.8%
	Group Quarters	4.6%	3.8%	4.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2031

<sup>38</sup> Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing 2 or more housing units.

	Washington County	Rensselaer County	Berkshire County
Total Population (2010)	63,216	159,429	131,219
Total Population (2022)	61,310	160,943	128,763
<b>Percent Change (2010-2022)</b>	<b>-3.0%</b>	<b>+0.9%</b>	<b>-1.9%</b>
Total Population (2031)	62606.8	164455.5	124802.1
<b>Percent Change (2022-2031)</b>	<b>+2.1%</b>	<b>+2.2%</b>	<b>-3.1%</b>

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### MEDIAN AGE PERCENT CHANGE, 2010 TO 2022

	Washington County	Rensselaer County	Berkshire County
Median Age (2010)	ND	39.7	44.6
Median Age (2022)	44.6	40.0	47.5
<b>Percent Change (2010-2022)</b>	<b>ND</b>	<b>+0.8%</b>	<b>+6.5%</b>

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION BY AGE GROUP

	Washington County	Rensselaer County	Berkshire County
Under 18	18.4%	19.0%	16.4%
18 to 64	61.2%	63.4%	59.5%
65 and Over	20.4%	17.6%	24.1%
Under 5	4.5%	4.9%	4.0%
5 to 9	5.2%	5.2%	4.4%
10 to 14	5.3%	5.5%	4.7%
15 to 19	5.5%	7.1%	6.2%
20 to 24	5.6%	6.8%	6.4%
25 to 34	12.1%	13.8%	10.6%
35 to 44	12.1%	12.4%	11.1%
45 to 54	13.7%	12.3%	12.2%
55 to 59	8.2%	7.1%	8.0%

	Washington County	Rensselaer County	Berkshire County
60 to 64	7.3%	7.2%	8.3%
65 to 74	11.9%	10.6%	13.8%
75 to 84	5.6%	4.9%	7.0%
Over 85	2.9%	2.1%	3.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION BY RACE (ALONE)

	Washington County	Rensselaer County	Berkshire County
White	92.1%	82.7%	88.2%
Black or African American	2.6%	6.7%	2.9%
Two or More Races	3.4%	5.8%	5.1%
Asian	0.6%	3.1%	1.7%
Some Other	1.2%	1.6%	1.9%
American Indian and Alaska Native	0.1%	0.1%	0.2%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION BY ETHNICITY

	Washington County	Rensselaer County	Berkshire County
Hispanic	3.0%	5.4%	5.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION BY SEX

Race	Washington County	Rensselaer County	Berkshire County
Females	48.1%	50.0%	51.0%
Males	51.9%	50.0%	49.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5)

	Washington County	Rensselaer County	Berkshire County
English Only	94.6%	92.4%	92.6%
Spanish	2.2%	2.4%	3.0%
Asian-Pacific Islander	0.5%	1.8%	0.8%
Other Indo-European	2.4%	2.5%	2.8%
Other	0.4%	0.9%	0.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## FOREIGN-BORN POPULATION

	Washington County	Rensselaer County	Berkshire County
Naturalized US Citizen	1.8%	3.0%	3.7%
Not US Citizen	1.1%	2.7%	2.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## POPULATION BY VETERAN STATUS

	Washington County	Rensselaer County	Berkshire County
Veterans	7.6%	6.7%	6.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## Disability

### POPULATION LIVING WITH DISABILITY BY AGE

	Washington County	Rensselaer County	Berkshire County
<b>Population Living with a Disability</b>	<b>9,009</b>	<b>23,155</b>	<b>18,905</b>
Age Under 5	0.0%	0.7%	0.1%
Age 5 to 17	6.2%	6.8%	7.2%
Age 18 to 34	7.5%	9.4%	10.9%
Age 35 to 64	15.4%	14.1%	12.8%
Age 65 to 74	21.6%	24.4%	18.2%

	Washington County	Rensselaer County	Berkshire County
Age 75 and Over	48.3%	47.0%	42.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION LIVING WITH DISABILITY BY TYPE

	Washington County	Rensselaer County	Berkshire County
Vision Difficulty	1.8%	1.9%	2.3%
Hearing Difficulty	4.2%	3.5%	4.1%
Cognitive Difficulty	6.3%	6.3%	6.2%
Ambulatory Difficulty	7.8%	7.4%	6.7%
Independent Living Difficulty	6.3%	5.8%	5.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### POPULATION LIVING WITH DISABILITY BY RACE

	Washington County	Rensselaer County	Berkshire County
American Indian and Alaska Native	30.2%	8.4%	9.3%
Asian	3.6%	3.8%	6.0%
Black or African American	19.2%	20.9%	16.8%
Some Other Race	12.1%	17.3%	10.1%
White	15.6%	14.5%	15.6%
Two or More Races	8.3%	12.3%	7.0%
Native Hawaiian and Other Pacific Islander	4.3%	0.0%	44.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## POPULATION LIVING WITH DISABILITY BY ETHNICITY

	Washington County	Rensselaer County	Berkshire County
Hispanic or Latino	7.6%	12.8%	9.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## Economic Stability

### POVERTY PERCENT CHANGE

	Washington County	Rensselaer County	Berkshire County
Total Households Below Poverty Level per household (2010)	11.5%	11.7%	12.5%
Total Households Below Poverty Level per household (2022)	11.8%	11.4%	10.7%
Percent Change (2010-2022)	+2.3%	-2.6%	-14.3%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### INCOME TO POVERTY RATIOS

	Washington County	Rensselaer County	Berkshire County
100% to 124%	2.8%	2.7%	4.1%
125% to 149%	4.8%	3.1%	3.4%
150% to 184%	5.5%	4.1%	4.7%
185% to 199%	2.9%	1.9%	1.8%
200% and over	72.6%	76.7%	75.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### PERCENT OF POPULATION LIVING IN POVERTY

	Washington County	Rensselaer County	Berkshire County
<b>Total People Below Poverty Level</b>	<b>11.4%</b>	<b>11.5%</b>	<b>11.0%</b>
<b>By Race</b>			
American Indian and Alaska Native	36.0%	1.4%	9.8%
Asian	8.6%	15.7%	9.5%
Black or African American	14.9%	28.2%	27.9%

	Washington County	Rensselaer County	Berkshire County
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%
Some Other Race	10.4%	16.2%	20.9%
Two or More Races	29.8%	21.7%	21.2%
White	10.7%	9.2%	9.7%
<b>By Ethnicity</b>			
Hispanic or Latino	9.1%	20.6%	23.0%
<b>By Age Group</b>			
Age Under 5	17.1%	23.9%	15.5%
Age Under 18	13.9%	16.6%	17.0%
Age 18 to 64	11.4%	11.2%	10.5%
Age 65 and Over	9.1%	6.9%	8.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	Washington County	Rensselaer County	Berkshire County
Median Household Income (2010)	\$49,941	\$59,077	\$52,317
Median Household Income (2022)	\$68,703	\$83,734	\$69,744
Percent Change (2010-2022)	+37.6%	+41.7%	+33.3%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### MEDIAN HOUSEHOLD INCOME BY RACE

	Washington County	Rensselaer County	Berkshire County
American Indian and Alaska Native	\$88,125	\$13,0774	\$76,932
Asian	\$87,946	\$93,912	\$67,991
Black or African American	\$117,917	\$45,150	\$41,042



	Washington County	Rensselaer County	Berkshire County
Native Hawaiian and Other Pacific Islander	ND	ND	ND
Other Race	\$81,875	\$88,720	\$49,943
Two or More Race	\$64,432	\$81,250	\$72,164
White	\$68,502	\$86,605	\$71,309

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### MEDIAN HOUSEHOLD INCOME BY ETHNICITY

	Washington County	Rensselaer County	Berkshire County
Hispanic or Latino	\$86,175	\$80,483	\$65,139

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### EMPLOYMENT BY INDUSTRY

	Washington County	Rensselaer County	Berkshire County
Office and Administrative Support	11.4%	12.2%	8.8%
Sales	8.9%	6.9%	8.0%
Management	8.6%	10.6%	10.0%
Production	7.5%	3.8%	4.3%
Construction and Extraction	6.0%	4.6%	5.2%
Food Preparation and Serving	5.5%	4.4%	4.7%
Education, Training and Library	5.1%	6.8%	8.9%
Health Diagnosis and Treating Practitioners	4.2%	4.4%	5.3%
Installation, Maintenance, and Repair	4.2%	2.5%	2.3%
Material Moving	3.9%	3.0%	2.6%
Transportation	3.6%	3.2%	2.9%
Business and Finance	3.5%	6.7%	4.3%
Healthcare Support	3.4%	2.4%	3.7%

	Washington County	Rensselaer County	Berkshire County
Building, Grounds Cleaning, and Maintenance	3.3%	3.2%	3.9%
Personal Care and Service	2.5%	2.5%	3.3%
Health Technologist and Technicians	2.2%	2.1%	2.3%
Law Enforcement	1.9%	1.2%	1.1%
Arts, Design, Entertainment, Sports and Media	1.7%	1.5%	2.3%
Computer and Mathematical	1.4%	3.6%	2.5%
Legal	1.4%	0.9%	1.0%
Architecture and Engineering	1.3%	2.9%	2.1%
Community and Social Service	1.3%	1.7%	2.9%
Farming, Fishing and Forestry	1.1%	0.6%	0.2%
Life, Physical, and Social Science	0.5%	1.7%	1.0%
Fire Fighting and Prevention	0.4%	1.1%	1.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### HOUSEHOLDS RECEIVING SNAP

	Washington County	Rensselaer County	Berkshire County
Households Receiving Food Stamps/SNAP	12.6%	10.8%	14.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## Health Care Access and Quality

#### HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2023

	Washington County	Rensselaer County	Berkshire County
Primary Care Physician	2,044:1	2,012:1	876:1
Primary Care Nurse Practitioner	3,066:1	1,916:1	1,515:1
Dentist	5,574:1	3,353:1	1,694:1
Mental Health Provider	1,393:1	1,045:1	546:1

	Washington County	Rensselaer County	Berkshire County
Pediatrician	ND	2,550:1	1,409:1
OB/GYN	29,504:1	20,100:1	6,566:1
Midwife and Doula	29,504:1	16,080:1	ND

Sources: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

## HEALTH INSURANCE

	Washington County	Rensselaer County	Berkshire County
<b>Total Uninsured Population</b>	<b>3,218</b>	<b>4,978</b>	<b>2,712</b>
Uninsured Under Age 6	3.6%	0.7%	0.7%
Uninsured Age 6 to 18	5.3%	1.5%	1.1%
Uninsured Age 19 to 64	7.6%	4.6%	3.3%
Uninsured Over Age 65	0.1%	0.2%	0.2%
Uninsured Children Age 18 and Under with a Disability	0.0%	1.2%	0.8%
Uninsured Adults Age 19 to 64 with a Disability	6.2%	2.4%	2.9%
Uninsured People in Labor Force	7.3%	4.4%	3.2%
People with Private Health Insurance*	68.4%	76.8%	72.3%
People with Public Health Insurance*	48.5%	39.2%	47.4%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

\*The percentage of people with private and public health insurance adds up to greater than 100% due to individuals having multiple health insurance plans. More information can be found here:

<https://www.census.gov/library/stories/2023/07/multiple-health-coverage-plans-in-2021.html>

## BIRTH AND DEATH RATES, 2021

	Washington County	Rensselaer County	Berkshire County
Birth Rate per 1,000 people	ND	9.3	7.6
Death Rate per 100,000 people	12.8	11.2	13.7

Source: CDC WONDER Natality Birth Rate, 2021 <https://wonder.cdc.gov/> | CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

**LEADING CAUSES OF DEATH (RATE PER 100,000 PEOPLE), 2021**

	Washington County	Rensselaer County	Berkshire County
Heart Disease	265.8	230.9	268.9
Cancer	229.7	212.8	254.9
COVID-19	149.3	104.2	99.5
Chronic Lower Respiratory Disease	55.8	43.1	55.2
Alzheimer's Disease	68.9	42.4	28.8
Stroke / Cerebrovascular Disease	50.9	34.9	60.6
Accidents / Unintentional Injuries	ND	31.2	111.9
Diabetes	44.3	24.3	28.8
Kidney Disease	ND	21.8	21.0
High Blood Pressure / Related Kidney Disease	ND	17.5	21.0

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

**HEALTH STATUS AND BEHAVIORAL HEALTH CARE, 2021**

	Washington County	Rensselaer County	Berkshire County
Poor Physical Health Days <sup>39</sup>	10.9%	10.0%	9.8%
Poor Mental Health Days <sup>40</sup>	16.0%	15.1%	16.5%
Fair or Poor Health <sup>41</sup>	14.7%	12.8%	12.5%
Binge Drinking <sup>42</sup>	20.1%	19.9%	18.0%
Current Smoking Prevalence	20.4%	17.3%	15.1%

Source: Behavioral Risk Factor Surveillance System, 2021

<sup>39</sup> Adults aged 18 or over reporting that their physical health was not good for 14 days or more in the past 30 days.

<sup>40</sup> Adults aged 18 or over reporting that their mental health was not good for 14 days or more in the past 30 days.

<sup>41</sup> Adults aged 18 or over reporting that their general status is "fair" or "poor".

<sup>42</sup> Adults aged 18 or over reporting having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

## SUICIDES, RATE PER 100,000

	Washington County	Rensselaer County	Berkshire County
Adults	13.0	10.0	15.0

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023

## DRUG OVERDOSE DEATHS, RATE PER 100,000

	Washington County	Rensselaer County	Berkshire County
Adults	18.0	23.0	51.0

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2023

## Education

### HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT

	Washington County	Rensselaer County	Berkshire County
Less than 9th Grade	4.0%	2.7%	2.1%
9th to 12th Grade, No Diploma	6.9%	4.9%	4.5%
High School Degree	38.9%	26.7%	28.8%
Some College No Degree	18.0%	16.7%	18%
Associates Degree	11.1%	13.7%	8.7%
Bachelor's Degree	12.5%	20.6%	20.5%
Graduate Degree	8.6%	14.7%	17.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

### EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE

	Washington County	Rensselaer County	Berkshire County
Asian	35.2%	72.8%	62.5%
Some Other Race	8.6%	38.6%	12.0%
American Indian and Alaska Native	28.8%	36.6%	7.8%
Two or More Races	16.9%	35.8%	45.0%
White	21.7%	35.2%	38.3%

	Washington County	Rensselaer County	Berkshire County
Black or African American	5.3%	21.8%	21.4%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	55.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY

	Washington County	Rensselaer County	Berkshire County
Hispanic or Latino	14.1%	33.1%	25.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

#### CHILD CARE CENTERS

	Washington County	Rensselaer County	Berkshire County
Child Care Centers	14	52	28

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

## Neighborhood and Built Environment

#### HOUSING COSTS & HOME VALUE

	Washington County	Rensselaer County	Berkshire County
Median Household Income	\$49,941	\$59,077	\$52,317
Excessive Renter Housing Costs	42.2%	43.2%	49.2%
Excessive Owner Housing Costs	20.5%	16.2%	25.0%
Owner Occupied Housing Units - Mobile Homes	5.2%	3.1%	2.2%
Renter Occupied Housing Units - Mobile Homes	3.0%	1.9%	0.3%
Homeowner Vacancy Rate	1.5%	1.0%	0.9%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## FAIR MARKET RENT (FMR), BENNINGTON COUNTY

	Washington County	Rensselaer County	Berkshire County
0 Bedrooms	\$790	\$968	\$949
1 Bedrooms	\$896	\$1,079	\$1,090
2 Bedrooms	\$1,119	\$1,313	\$1,419
3 Bedrooms	\$1,451	\$1,598	\$1,753
4 Bedrooms	\$1,503	\$1,764	\$2,034

Source: U.S. Department of Housing and Urban Development, HUD USER. Office of Policy Development & Research. Fair Market Rents, 2024

## HOUSEHOLD COMPOSITION

	Washington County	Rensselaer County	Berkshire County
Household with Children	25.2%	25.8%	22.0%
Grandchildren	3.1%	2.2%	2.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## TRANSPORTATION

	Washington County	Rensselaer County	Berkshire County
Mean Travel Time to Work (in minutes)	26.0	23.8	21.0
Workers Commuting by Public Transit	0.4%	2.5%	1.1%
Workers who Drive Alone to Work	80.6%	75.1%	73.6%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## BROADBAND

	Washington County	Rensselaer County	Berkshire County
Household Without Internet Access	13.8%	6.9%	9.3%
Number of Internet Providers (2021)	11	11	16

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

## Appendix C: Service Use Data

The following data tables contain de-identified service use information from individuals utilizing United Counseling Service support from January 1, 2019, through December 31, 2023. Almost 90% of the services were outpatient and nearly 40% of the encounters were with clients who reside in Bennington (town). Please note that the following information is encounter data and not unique patient data, therefore, the numbers are much higher as patients/clients often have many encounters throughout the year.

### Encounter Profile

#### SERVICE TYPE

Service Type	Encounters	Percent of Encounters
<b>Inpatient</b>	51,807	11.2%
<b>IOP</b>	5,412	1.2%
<b>Outpatient</b>	403,725	87.6%

#### MOST COMMON ZIP CODES

Top Zip Codes	Encounters	Percent of Total
05201	180,361	39.1%
05255	18,393	4.0%
05261	18,195	3.9%
05257	15,024	3.3%
12090	12,988	2.8%
05250	12,590	2.7%
05262	10,585	2.3%
05251	3,900	0.8%
12057	3,129	0.7%
12138	3,045	0.7%
05350	2,314	0.5%
05253	2,290	0.5%
<b>Cumulative</b>	<b>282,814</b>	<b>61.4%</b>

#### SERVICE SITE LOCATIONS



	Service Site	Encounters	Percent of Encounters
1	Community - Bennington	110,276	23.9%
2	Office	96,234	20.9%
3	Community	38,451	8.3%
4	Home - Bennington	28,286	6.1%
5	Ledge Hill Drive	26,130	5.7%
6	Community (INACTIVE)	18,211	4.0%
7	Phone (Audio Only) - Bennington	12,595	2.7%
8	UCS CRT	10,318	2.2%
9	Atwood Building/Developmental Services	9,255	2.0%
10	Union Street Group Home	8,511	1.8%
11	School	7,934	1.7%
12	Telehealth - other than home Bennington	7,839	1.7%
	<b>Cumulative</b>	<b>374,040</b>	<b>81.1%</b>

#### SERVICE USE BY RACE

Race	Percent of People
Alaskan Native	0.0%
American Indian	0.2%
Asian	0.1%
Black/African American	1.4%
Middle Eastern	0.2%
Native Hawaiian or Pacific Islander	0.0%
White/Caucasian	93.1%
Other	1.1%
Unknown	2.1%
Declined to answer	0.0%
No Entry	1.7%

#### SERVICE USE BY ETHNICITY

Ethnicity	Percent of People
Declined to Answer	0.2%
Hispanic - specific origin not specified	0.3%
Mexican/Mexican American	0.1%
No Entry	0.8%
Not of Hispanic Origin	54.2%
Other Hispanic	0.2%
Puerto Rican	0.3%
Unknown	43.9%

Nearly half of all primary diagnoses of UCS clients are intellectual and developmental disability (IDD).

## Diagnoses Profile

### MOST COMMON PRIMARY DIAGNOSES

Rank	Primary Diagnoses	Percent of Primary Diagnoses
1	F70: Mild intellectual disabilities	26.9%
2	F71: Mild intellectual disabilities	12.9%
3	F84.0: Pervasive developmental disorders	7.0%
4	F43.10: PTSD, Unspecified	6.0%
5	F20.9: Schizophrenia	3.9%
6	F41.1: Generalized anxiety disorder	2.9%
7	F34.1: Dysthymic disorder	2.9%
8	F90.2: ADHD, Combined type	2.6%
9	F31.81: Bipolar II disorder	1.9%
10	F33.1: Major Depressive Disorder, Recurrent, Moderate	1.7%
11	F72: Severe intellectual disabilities	1.6%
12	F73: Profound intellectual disabilities	1.6%
	<b>Cumulative</b>	<b>72.0%</b>

#### MOST COMMON DIAGNOSES – PRIMARY AND OTHERWISE

Rank	All Diagnoses	Percent of All Diagnoses
1	F70: Mild intellectual disabilities	15.9%
2	F43.10: PTSD, Unspecified	10.0%
3	F71: Mild intellectual disabilities	7.5%
4	F41.1: Generalized anxiety disorder	5.9%
5	F84.0: Pervasive developmental disorders	5.1%
6	F90.2: ADHD, Combined type	3.6%
7	F34.1: Dysthymic disorder	2.7%
8	F42.2: Mixed obsessional thoughts and acts	2.3%
9	F60.3: Borderline personality disorder	2.2%
10	F20.9: Schizophrenia	2.1%
11	F33.1: Major Depressive Disorder, Recurrent, Moderate	2.1%
12	F90.1: ADHD, Predominantly hyperactive type	1.7%
	<b>Cumulative</b>	<b>137.3%</b>

## Appendix D: Resources Available for Youth and Families

The following list contains disability resources that are available to youth and families living in Bennington County, Vermont.

### Medical/ Health Services

**Aids Project of Southern Vermont** strives to provide direct services to those whose lives are affected by HIV/AIDS, to offer education and supplies to help prevent its spread, and to promote understanding within the communities served.

**Battenkill Valley Health Center** is a 501(c)(3) non-profit and Federally Qualified Health Center funded in part through a grant from the U.S. Department of Health & Human Services. Offering a complete array of services including: Primary and Preventative Care, Behavioral Health, Nutritional Health, Nurse Care Management, Laboratory Services and Dental Services.

**GBCS Bennington** is a community-based, non-profit organization. We work with people who live in or near poverty in Bennington County, Vermont. Our mission is to advance the health of our neighbors by helping them meet their basic human needs including food, shelter and access to health care.

**Bennington Project Independence**, Adult Day Service provides an exceptional blend of quality nursing and wellness services with social and personal enrichment programs in an Adult Day Center setting for older persons and younger adults with disabling conditions in Bennington County.

**Bennington Rescue** provides EMS response and interfacility transport, billing, and education services in Southwestern Vermont and surrounding communities

**Bennington VA outpatient Clinic** provides primary care and specialty health services, including mental health services, laboratory services, and specialists among other services.

**Southwestern Vermont Health Care (SVHC)**, an integrated non-profit health system, has a proud 100-year history as an innovator in healthcare delivery. It includes a 99-bed hospital, 25 primary care and specialty care practices, two nursing homes, and a foundation at nine total locations in Bennington and nearby New York and Massachusetts.

### Mental Health

**Mindful Solutions, PLLC** is a medical group practice located in Bennington, VT that specializes in Pediatric Clinical Psychology.

Founded with a mission to redefine opioid addiction treatment, **SaVida Health** has consistently prioritized a holistic and patient-centric approach.

All mental health services offered through Counseling and Psychological Services at **Bennington College**—including counseling sessions, crisis intervention, psychiatric/medication appointments, and groups—will continue to be offered in-person or remotely through live video conferencing and/or telephone as needed.

## Housing and Homelessness

**Bennington County Coalition** for the Homeless provides safe shelter, food, and support services from homeless families and individuals in Bennington County. Established in 2000, BCCH is a 501 (c) 3 non-profit organization in Bennington, Vermont. We provide two year-round shelters for those in our community experiencing homelessness; a family shelter and a shelter for adults. We also provide Outreach Case Management for those experiencing homelessness not in our shelters. Our shelters provide more than just a bed; we offer financial literacy, budgeting, and credit repair programming along with case management and employment readiness. We believe it is essential to provide the tools necessary to maintain and sustain permanent housing that will ultimately break the cycle of homelessness.

**Shires Housing (formerly Regional Affordable Housing Corporation, or RAHC)** is a 501(c)(3) not-for-profit housing development corporation serving Bennington County and headquartered in Bennington. Shires Housing's mission is to provide safe, decent and perpetually affordable housing options for limited income residents of Bennington County

**NeighborWorks** of Western Vermont is a community development nonprofit located in West Rutland and serving Addison, Rutland, and Bennington Counties (and beyond for many of our services). We support individuals, neighborhoods, and communities through five lines of business and through community building and engagement efforts.

## Childcare/Education

The mission of the **Bennington Early Childhood Center (BECC)** is to provide an intellectually challenging, developmentally appropriate educational program for children aged one to six. The environment and program are designed to encourage each child to develop as an individual and as part of a group, while exploration, positive social interaction, and emotional security are also fostered.

**LEARN** is a collective group of ABA providers who work together to deliver the highest form of research-based ABA therapy, tailored exclusively to the needs, interests, and personality of your child.

**Northshire Day School** is a quality, licensed non-profit early education and childcare center which serves area families by providing a safe and nurturing environment for their children ages 0-5 years.

**Sunrise Family Resource Center** located in Bennington Vermont is a licensed childcare center that offers a nurturing environment to children under its care. It provides developmentally appropriate programs for infants

**Southwest Vermont Supervisory Union (SVSU)** is made up of seven public elementary schools, a middle school, a high school, a middle/high school, and an early education program with two locations

**Vermont Arts Exchange** is a non-profit arts and community development organization that offers after-school sessions and vacation art camps for children as well as evening classes for teens and adults.

## Emergency Support and Crisis Assistance

**The Alliance for Community Transformations** provides responsive and preventative services to individuals and families and works through partnerships and collective action to create truly safe, healthy, and socially just communities where every member thrives. Based in Mariposa and Merced Counties, there are six programs that help us achieve our mission: Mountain Crisis Services, Valley Crisis Center, Ethos Youth Center, Mariposa Heritage House, CASA (Court-Appointed Special Advocates) of Mariposa, and Connections emergency shelter.

**The Interfaith Council of the Northshire (IFC)**, is composed of ten faith-based congregations in the northern part of Bennington County. Clergy and representatives from member houses of worship collaborate on programs and projects designed to educate, enlighten, and provide for unmet community needs including: Emergency Needs Fund, Auto Angels, IFC Storage Locker, Holiday Outreach, Neighbor to Neighbor, Kids Summer Lunch, Community Food Cupboard

**PAVE** provides free and confidential services to victims of domestic and sexual violence in Bennington County.

## Food Security/ Hygiene

**3SquaresVT** helps you buy food from grocery and convenience stores, farmers markets, and co-ops. 3SquaresVT benefits are loaded each month on an EBT card, which works like a debit card. To find out more and get help applying visit [VermontFoodHelp.com](http://VermontFoodHelp.com) or text VFBSNAP to 8551

**Crop Cash** helps Vermonters purchase more fresh produce from local farmers! Crop Cash is a coupon program that promotes the purchase of fresh fruits, vegetables, and herbs at farmers markets that accept 3SquaresVT/SNAP benefits.

**The Take Care Project** is on a mission to expand access to free period products and hygiene essentials in the Bennington region.

**The Kitchen Cupboard** provides free food to individuals and families. Availability depends on funds and donations; however, we sometimes have diapers, wipes, and hygiene items.

**BROC Community Action** operates two food shelves in Bennington and Rutland counties. Both have the mission to serve those who are in need.

**VeggieVanGo** events provide an opportunity for participants to bring home free fresh produce. The Vermont Foodbank partners with schools and healthcare organizations around the state to distribute fresh produce. You do not need to register or provide personal information to receive food, and there are no age or income requirements for VeggieVanGo. Some events are open to the public, and some are for a designated school community only. Most events are drive-up but some allow for walk-up participation.

**Sacred Heart Saint Francis De Sales Parish** offers His Pantry which is a ministry of Sacred Heart St Francis de Sales parish that serves locally those in need of supplemental food.

**AIDS Project of Southern Vermont** provides frozen food, non-perishable food, fresh fruits and vegetables, nutritional supplements and personal care items to our HIV-positive clients.

## Parenting

**Burr and Burton Academy** is a private, non-profit, co-educational, day and boarding school in Manchester, Vermont, United States.

**The Bennington County Child Advocacy Center** is a tax-exempt 501(c)3 non-profit organization. Services are provided for child victims of sexual abuse and serious physical abuse, child witnesses to violent crimes, adult victims of sexual abuse, non-offending family members and caregivers, and the Bennington County community at large through prevention and education efforts.

**Vermont Department for Children and Families' (DCF)** mission is to foster the healthy development, safety, well-being, and self-sufficiency of Vermonters. We provide benefits, services, and supports to some 200,000 Vermonters every year, including children, youth, families, older Vermonters, and people with disabilities.

## Employment

**HireAbility Vermont** is an employment and career development resource for Vermonters living with a disability.

**Vermont Department of Labor** regional Job Centers help Vermonters access in-person career services where they live and work. Career exploration, counseling, consultation, and connection services are available virtually as well. Our local career specialists and specialized counselors can help match job seekers and employers with resources they need to meet their goals. Contact information to schedule virtual or in-person appointments, and local walk-in hours are available through the links below.

## Older Adults

**Southwestern Vermont Council on Aging (SVCOA)** is a non-profit senior services organization that plans, develops and coordinates comprehensive services for older adults in support of their independence, self-choice, and well-being in Bennington and Rutland Counties. Services include, but are not limited to, information and referral assistance, case/care management, nutrition services, healthy living programs, health insurance counseling, hoarding issues, and support for caregivers

## Youth

**Queer Connect** is dedicated to increasing our visibility in the community and to building resources for LGBTQ+ people and their families living in and around Bennington, Vermont

**Threads** is a nearly new free clothing shop for teens, run by teens. All teens are welcome to come browse Threads to find clothes and accessories for school or even a job interview. Open M-Th 2:30-4:15 pm

**The Sage Street Mill** offers wellness camps for kids with a focus on art-making, nature, and mindfulness activities.

**MCity Students** is a youth group that meets weekly on Tuesdays from 6:00pm - 7:30pm to help the students of Bennington build relationships with one another, develop leadership skills, give back to our community, and learn about what faith really looks like. Everyone is welcome, and the group is open to any youth in the community grade 7th-12th.

**The MAYCA Studio** gives children the opportunity to learn healthy lifestyle habits through athletics while helping to foster positive friendships with peers and adults. MAYCA provides affordable cheerleading, baton, and gymnastic classes to local youth.



**Paran Recreations** is a locally run not-for-profit organization dedicated to helping the community enjoy the beauty of Southern Vermont while having healthy and educational fun in the outdoors throughout all four seasons!

**GIRLS ON THE RUN** is a physical activity-based positive youth development program for girls of all abilities. Girls on the Run teaches life skills through dynamic, interactive lessons and running games.

**Gallop To Success** is a 501c3 organization that serves at-risk youth in the local community through horse-related activities to develop confidence, compassion, self-esteem, and leadership. We believe that horses and kids equal success!

**The DREAM Program** brings high quality mentoring and activity programming to at-risk youth through Summer Enrichment, Academic Enrichment, Village Mentoring, and Adventures Unlimited.

**The Center for Restorative Justice (CRJ)** is a non-profit organization serving Bennington County, Vermont. CRJ offers a full continuum of alternative community justice programs, including school-based programs, mentoring, and after-school programming. CRJ also operates Threads, a nearly new free clothing shop for teens.

Through its partnership with the **Berkshire Family YMCA (BFYMCA)**, the Bennington Rec Center offers adult and youth fitness programs, summer camp, after-school programming, teen leadership programming, and events for families.

# Appendix E: Stakeholder Interview Guide and Focus Group Discussion Moderator's Guide

## Stakeholder Interview Guide

United Counseling Service is conducting a Community Needs Assessment (CNA) to help learn ideas, gain insights, and identify strengths, resources, and perspectives to further analyze and prioritize community behavioral health, Head Start, and childcare needs in our community for potential ways to address identified gaps.

While I will be taking notes, **please consider our conversation confidential.** The discussion will include questions from a few broad categories and will take less than 30 minutes. Do you have any questions before we begin?

- Tell me a little about yourself and how you interact with the community.

### About the Community [ALL]

- When you think of the good things about living in this community, what are the first things that come to mind? *[PROBE EXAMPLES: things to do, green spaces, strong sense of family, cultural diversity]*
- What are the three biggest behavioral health [OR CHILDCARE] challenges facing your community, you, your friends, or your family?

### Access to Care [BH FOCUSED]

- To what degree are community members struggling to find behavioral healthcare (which includes mental health, substance use disorder treatment, and services for individuals with developmental disabilities)?
- Are there certain types of care or providers that are more difficult to find?
- How are people accessing care, for example, virtual/telemedicine, face-to-face?
  - What barriers exist for telehealth services?
- Are mental health and substance abuse treatment services equally available to everyone?
  - Are there any barriers to access to services based on economic, race / ethnicity, gender, location? days and hours of operations, or other factors?

- Does everyone typically have reliable transportation to appointments, work, the grocery store, doctors, and school?
  - If not, are there services in the community that help those without a vehicle?
- What is access like to other medical or health providers like in the community? [*PROBE: primary care, specialty care, dental care*]
- If you're familiar with UCS service locations, is there enough accessibility for community members? For example, are the hours of operation and physical service locations adequate?
- Are community members aware of the Northshire UCS office in Manchester? What services would be useful in that area?

### **Crisis Services [BH FOCUSED]**

- If someone is experiencing a mental health crisis, what resources or services are available in the community?
  - Does it work well? If not, what is missing?
  - Is follow-up care provided after stabilization?
- What types of services and resources are available that address suicide prevention?
- Are there opportunities for families, community members, and professionals to learn more about actions to take in a crisis?

### **Stigma & Prevention [BH FOCUSED]**

- What is your community's perception of mental health and substance use disorder?
  - How, if any, has the perception changed over time?
- What types of prevention programs are available in your community?
- Do you feel that there is any stigma around mental health and/or substance user providers?

### **Impact of the Pandemic [ALL]**

- Since the pandemic, what would you say are the two or three most pressing issues facing the community?

### **Specific Populations [BH FOCUSED]**

- What populations are especially vulnerable and/or underserved in your community? (*PROBE: People living in specific geographic areas, Individuals with Developmental Disabilities, LGBTQ+, Veterans, Undocumented,*)

- **People Living with a Disability**
  - Are there specific programs for people living with a seen and unseen disability?  
Are there programs for Individuals with Developmental Disabilities?
- **Children & Adolescents**
  - Is mental health care available in both schools and childcare settings for children and adolescents?
- **New Americans/Minority Populations**
  - To what degree do providers care for patients in a culturally sensitive manner?
  - Are there mental health and substance abuse services specifically for those who speak English as a second language?
  - Are there mental health and substance abuse services for undocumented individuals?
- **Older Adults**
  - Are there mental health and substance abuse services for older adults?

## **Awareness [ALL]**

- How do individuals generally learn about access to and availability of services in the area?

## **Health Equity [BH FOCUSED]**

- How can you improve current services for marginalized or hard-to-reach populations in your community?
- What are some of the community-level actions that can be done to provide for community mental health and well-being more equitably?
  - Are there any 'low-hanging fruit' that could be addressed quickly?

## **Social Determinants of Health [ALL]**

- How difficult is it to find safe and affordable housing in your community? What are some of the greatest challenges?
- To what degree do people experiencing mental health challenges and/or substance use disorder struggle with finding and maintaining employment?
- To what extent do people struggle with literacy?

- **[General for non-subject matter experts]** Is it easy for families to find affordable, quality childcare?

### **Head Start and Childcare [Questions for subject matter experts]**

- Is it easy for families to find affordable, quality childcare?
- Are the hours and costs accommodable for all types of families? [Examples: Single-parents, grandparents taking care of children]
  - What are some of the challenges and/or barriers?
  - What are childcare options like for teen moms?
- Are there parts of the county where needs are greater? [Examples: Geographic areas/towns, lower-income neighborhoods, ethnic or racially defined communities]
- What is your general perception of the ability of the area to meet Early Childhood (Head Start services for those prenatal to age five) services and education needs in the area?
- What are the greatest challenges for families with complex needs such as learning disabilities or other special needs with regard to early childhood services and education?
- Are there programs to help children catch up from disruptions caused by the pandemic?
- How has the pandemic affected the behavior of children?

### **Closing Question [ALL]**

- If there was one issue that you could change about mental health and substance abuse [OR CHILDCARE-RELATED] in the area with the wave of a magic wand, what would it be?

## Appendix F: Community Survey

This survey is being conducted by United Counseling Service as part of a Community Needs Assessment. Comprehensive Healthcare will use the results to evaluate and address behavioral health, childcare, and other needs, gaps, and resources in Bennington County.

**This survey will close on Wednesday, April 10th at 5:00 PM.**

**All survey responses will be kept confidential.**

---

**What zip code do you live in?**

---

**What is your role in the community? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Community resident           | <input type="checkbox"/> Local/County Government                         |
| <input type="checkbox"/> Business Owner               | <input type="checkbox"/> Comprehensive Healthcare Leadership or Staff    |
| <input type="checkbox"/> Case Manager                 | <input type="checkbox"/> School-based Behavioral Health Provider         |
| <input type="checkbox"/> Social Worker                | <input type="checkbox"/> Parent / Family Member of Person(s) in Services |
| <input type="checkbox"/> Psychologist or Psychiatrist | <input type="checkbox"/> Veteran / Active Duty                           |
| <input type="checkbox"/> Educator (K-12)              | <input type="checkbox"/> Other (please specify):                         |
| <input type="checkbox"/> Educator (higher education)  |  |
| <input type="checkbox"/> First Responder              |  |
| <input type="checkbox"/> Non-profit Organization      |  |
| <input type="checkbox"/> Juvenile Justice Services    |  |

**In the past year, have there been one or more occasions when you or a family member needed mental health care or substance use disorder treatment but chose NOT to get it?**

- ☐ Yes
- ☐ No (skip to next question)

**If yes, what prevented you from accessing care when you needed it? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Did not have insurance                              | <input type="checkbox"/> Did not feel comfortable with available providers                                    |
| <input type="checkbox"/> Had insurance but even with it, could not afford it | <input type="checkbox"/> Providers did not speak my language  |
| <input type="checkbox"/> Providers did not take my insurance                 | <input type="checkbox"/> Concern about my immigration status  |
| <input type="checkbox"/> No childcare  | <input type="checkbox"/> Lack of transportation   |
| <input type="checkbox"/> Not sure where to go for help                       | <input type="checkbox"/> Did not feel comfortable seeking help or worried that others would find out about it |
| <input type="checkbox"/> Hard to get time off from work                      | <input type="checkbox"/> Long wait times to see a provider  |
| <input type="checkbox"/> No evenings or weekend hours                        | <input type="checkbox"/> Other (please specify):  |
| <input type="checkbox"/> Intake or FAST process was too long                 |   |

**Please list one or two things you like about living and/or working in your community.**

**What is the first thing that comes to mind when you think about the behavioral health of your community?**

Please rate how much focus is needed on each of the following services. Please answer using the 1 to 5 scale below.

Behavioral Health Care Services	1 No More Focus Needed	2	3 Neutral	4	5 Much More Focus Needed	I Do Not Know
<b>Mental health crisis care</b> and intervention services						
<b>Mental health treatment</b> services for <b>adults</b>						
Mental health treatment services for <b>adolescents and/or children</b>						
<b>Support services for families</b> of people struggling with mental health disorders						
Mental health treatment services for <b>veterans</b>						
Mental health treatment services for <b>members of the LGBTQIA+ community</b>						
Mental health treatment services for <b>seniors</b>						
Mental health treatment services for people with a physical, intellectual, or developmental <b>disability</b>						
Services to treat <b>adults with a substance use disorder</b> or addiction						
Services to treat <b>youth with a substance use disorder</b> or addiction						
Support services for <b>families of people struggling with substance use disorder</b>						
<b>School-based</b> behavioral health services						
School-based behavioral health <b>early intervention</b>						
<b>Prevention</b> education for middle and high school students						
<b>Medication-assisted treatment services</b> (suboxone, buprenorphine, methadone, naltrexone, etc.)						
<b>Detox centers</b> for people working to recover from substance use issues						
<b>Local peer programs</b> to help support those in recovery (AA, NA meetings)						
<b>Housing options for people in recovery</b> (sober-living facilities, transitional housing, permanent supportive housing)						



Behavioral health services for those who speak English as a second language						
---	--	--	--	--	--	--

Of all the challenges listed above, what do you think are the community's top two greatest behavioral health challenges?

1.
2.

Thinking about your community, to what degree do you agree or disagree with the statements below?

In My Community,	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
There are accessible <b>Outpatient</b> mental health services					
There are accessible <b>Inpatient</b> mental health services					
There are accessible <b>Outpatient Services</b> to treat <b>adults with a substance use disorder</b> or addiction					
There are accessible <b>Inpatient Services</b> to treat <b>adults with a substance use disorder</b> or addiction					

In My Community,	1 Strongly Disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly Agree
There are <b>supports to help navigate</b> the behavioral health system (patient navigators, community health workers)					
Providers offer <b>integrated care</b> for people requiring both mental health <u>and</u> substance use disorder treatment					
There are <b>accessible and reliable transportation</b> services to behavioral health appointments					
People know where to call/go when they need behavioral health services					
Telehealth is equally available for behavioral health appointments					
Translation services are available for people who prefer or speak a language other than English seeking behavioral health services					
There is easily accessible crisis care services					
There is clear communication between providers for individuals with more than one provider					

**FOR CURRENT AND PAST BEHAVIORAL HEALTH CLIENTS. (Skip if not a current or past client)**

**Thinking about your experience receiving services at UCS, please rate each of the following:**

Would you say ...	1 Poor	2 Fair	3 Good	4 Excellent	N/A
The hours the clinic is open are ...					
The amount of time services are available on nights and/or weekends is ...					
The accessibility of the clinic location is ...					
The wait time to see a provider is ...					
The availability of signs and forms in my language is ....					
The amount of time spent your provider spends with you is ...					
The quality of care you receive is...					

**Do you struggle or have challenges with any of the following (check all that apply):**

- ☐ Safe, affordable housing
- ☐ Childcare
- ☐ Employment
- ☐ Transportation
- ☐ Job training
- ☐ Access to healthy foods
- ☐ Access to primary care
- ☐ Other (please specify)\_\_\_\_\_

**Do you have children in your household under the age of 18?**

- ☐ Yes
- ☐ No (skip to the About You section)

## Head Start, Early Childhood Education, and Childcare

Have you or someone you know (family, service recipient, client) needed an early childhood education and care program (Head Start/Early Head Start, community preschool, PreK, etc.) in the past year, but have had difficulty finding one that met all needs?

☐ Yes

☐ No (skip to next question)

If you answered yes, what was the reason for the difficulty? (Check all that apply)

- ☐ Unable to find an early childhood education and care program in the community
- ☐ The program did not enroll infants and/or toddlers
- ☐ The program did not have openings and/or the waitlist was too long
- ☐ The program did not include children with disabilities or developmental delays
- ☐ The program did not provide the anticipated level of comfort or trust
- ☐ Other (specify): \_\_\_\_\_
- ☐ The program did not provide transportation
- ☐ The program was not located close to a public transportation route
- ☐ The program's hours were too limited
- ☐ The program's tuition was too expensive
- ☐ The program did not meet expectations for health, safety, supervision, staff qualifications, daily activities, and/or extend a family-friendly atmosphere

Do you currently have children or previously had children in UCS's Head Start or Early Head Start programs?

☐ Yes

☐ No (skip to the next question)

Thinking about Head Start / Early Head Start, please rate how much focus should be given to each topic listed below.

Head Start / Early Head Start	1 No More Focus Needed	2	3 Neutral	4	5 Much More Focus Needed	I Do Not Know
Early drop-off options						
Extended evening hours						
Half-day options						
Full-day options						

Home visiting options						
More locations						
Summer program options						
Transportation services						

**What type of transportation method do you or someone you know use to access early childhood education and care providers? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Personal vehicle            | <input type="checkbox"/> Rides from friend(s) or neighbor(s)                            |
| <input type="checkbox"/> Public transportation       | <input type="checkbox"/> Van service provided by Child Care Financial Assistance or DCF |
| <input type="checkbox"/> Rides from family member(s) | <input type="checkbox"/> Head Start Bus   |
| <input type="checkbox"/> Other (specify):            |   |

**Thinking about UCS Head Start and Early Head Start, please rate how much you agree with each statement listed below.**

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree	I Do Not Know
Most expecting parents in my community have heard about UCS Head Start and Early Head Start.						
Most families with children birth to age five in my community have heard about UCS Head Start and Early Head Start.						
Most organizations serving expecting parents and families with children birth to five years old in my community have heard of UCS Head Start and Early Head Start.						

**How did you learn about UCS's Head Start / Early Head Start program in your community?**

- |  |   |
|--|---|
| <input type="checkbox"/> I did not know about UCS before receiving this survey | <input type="checkbox"/> Link from another website                              |
| <input type="checkbox"/> Billboard   | <input type="checkbox"/> Mailing  |
| <input type="checkbox"/> Community event                                       | <input type="checkbox"/> Newspaper  |
| <input type="checkbox"/> Community organization                                | <input type="checkbox"/> Radio  |
| <input type="checkbox"/> Child Care Resource and Referral agency staff         | <input type="checkbox"/> Social media   |
| <input type="checkbox"/> Pre- K Program at SVSU                                | <input type="checkbox"/> Television   |
| <input type="checkbox"/> Direct contact from a UCS staff member                | <input type="checkbox"/> Word of mouth  |
| <input type="checkbox"/> Flyer/pamphlet  | <input type="checkbox"/> Past Parent/ older children attended                   |
| <input type="checkbox"/> Internet search                                       | <input type="checkbox"/> Past Head Start Child/ attended the program as a child |
| <input type="checkbox"/> Other (specify): _____                                |   |

**About You**

**The following questions are used to sort and compare groups of responses. All responses are confidential.**

**How old are you?**

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45 to 54    |
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 55 to 64    |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 65 and over |
| <input type="checkbox"/> 35 to 44 |                                      |

**What is your highest level of education?**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than high school or GED      | <input type="checkbox"/> Associate degree                |
| <input type="checkbox"/> High school diploma or equivalent | <input type="checkbox"/> Bachelor's degree               |
| <input type="checkbox"/> Some college                      | <input type="checkbox"/> Graduate or professional degree |
| <input type="checkbox"/> Technical or trades school        | <input type="checkbox"/> I prefer not to share           |

**What is your race? (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Black or African American |
|---|--|

- ☐ Asian
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific  
Islander

- ☐ Another race
- ☐ I prefer not to answer

**Are you Hispanic or Latino?**

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

**Are you a member of the LGBTQIA+ community?**

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

**Which of the following best describes your total annual household income in the past year?**

- ☐ Under \$15,000
- ☐ Between \$15,000 and \$29,999
- ☐ Between \$30,000 and \$49,999
- ☐ Between \$50,000 and \$74,999
- ☐ Between \$75,000 and \$99,999
- ☐ Between \$100,000 and \$150,000
- ☐ Over \$150,000
- ☐ I prefer not to share

## Appendix G: Needs Prioritization Process Results

The following table is after Step 1 of the needs prioritization process where Leadership Group members were asked to rate the magnitude of need for each of the 40 community needs.

Rank	Identified Need	Score
1	Dentists and dental services	6.67
2	Primary care providers	6.50
3	Extended hour childcare (evening hours)	6.33
4	Summer childcare options	6.33
5	Affordable housing	6.20
6	Inpatient mental health services	6.00
7	Emergency shelters for people experiencing homelessness	6.00
8	Transitional housing for people experiencing homelessness	6.00
9	Outpatient Mental Health Providers	5.80
10	Psychiatrists	5.67
11	Expansion of UCS presence in the Northshire	5.50
12	Case Management	5.40
13	Child or adolescent mental health providers	5.40
14	Affordable childcare	5.40
15	Substance use prevention, especially for youth	5.33
16	Recreational options or programs for youth	5.33
17	Permanent supportive housing with wraparound services for people experiencing homelessness and chronic behavioral health conditions	5.25
18	Outpatient substance use services	5.20
19	Long wait lists	5.00
20	UCS Intake Difficulty	5.00



<b>21</b>	Generational trauma	5.00
<b>22</b>	Parenting resources and/or support	5.00
<b>23</b>	Suicide prevention	4.83
<b>24</b>	School-based mental health services	4.67
<b>25</b>	Childcare providers	4.67
<b>26</b>	Post-crisis care follow-up	4.60
<b>27</b>	Specialist providers, such as specific BH diagnoses, IDD	4.50
<b>28</b>	Awareness of service availability and accessibility	4.50
<b>29</b>	Recovery support services	4.40
<b>30</b>	Detox facility / services	4.40
<b>31</b>	Crisis care, especially for youth	4.33
<b>32</b>	Caregiver or family support	4.25
<b>33</b>	Limited health insurance coverage and/or high copays	4.20
<b>34</b>	School-based early intervention programs for behavioral health	4.20
<b>35</b>	Transportation	4.00
<b>36</b>	Senior housing / housing for people living with disabilities	4.00
<b>37</b>	Food insecurity	4.00
<b>38</b>	Mobile / in-home health services	3.75
<b>39</b>	Stigma	3.20
<b>40</b>	Long wait lists for childcare	3.17

Crescendo then created “buckets” of needs to help facilitate the needs prioritization meeting with the Leadership Group. The Leadership Group discussed which needs could be addressed by the Head Start and/or the behavioral health programs. The Leadership Group decided to move forward with two top needs lists – one for Head Start and one for the behavioral health program.

### Mental Health

Rank	Identified Need	Score
6	Inpatient mental health services	6.00
9	Outpatient Mental Health Providers	5.80
10	Psychiatrists	5.67
12	Case Management	5.40
13	Child or adolescent mental health providers	5.40
17	Permanent supportive housing with wraparound services for people experiencing homelessness and chronic behavioral health conditions	5.25
23	Suicide prevention	4.83
24	School-based mental health services	4.67
26	Post-crisis care follow-up	4.60
27	Specialist providers, such as specific BH diagnoses, IDD	4.50
31	Crisis care, especially for youth	4.33
34	School-based early intervention programs for behavioral health	4.20

### Substance Use

Rank	Identified Need	Score
15	Substance use prevention, especially for youth	5.33
18	Outpatient substance use services	5.20
29	Recovery support services	4.40
30	Detox facility / services	4.40

## Childcare

Rank	Identified Need	Score
3	Extended hour childcare (evening hours)	6.33
4	Summer childcare options	6.33
14	Affordable childcare	5.40
22	Parenting resources and/or support	5.00
25	Childcare providers	4.67
40	Long wait lists for childcare	3.17

## Healthcare

Rank	Identified Need	Score
1	Dentists and dental services	6.67
2	Primary care providers	6.50
32	Caregiver or family support	4.25
33	Limited health insurance coverage and/or high copays	4.20
38	Mobile / in-home health services	3.75

## Social Determinants of Health

Rank	Identified Need	Score
5	Affordable housing	6.20
7	Emergency shelters for people experiencing homelessness	6.00
8	Transitional housing for people experiencing homelessness	6.00
16	Recreational options or programs for youth	5.33
35	Transportation	4.00
36	Senior housing / housing for people living with disabilities	4.00
37	Food insecurity	4.00

## Root Causes

Rank	Identified Need	Score
21	Generational trauma	5.00
28	Awareness of service availability and accessibility	4.50
39	Stigma	3.20

## Organizational Capacity

Rank	Identified Need	Score
11	Expansion of UCS presence in the Northshire	5.50
19	Long wait lists	5.00
20	UCS Intake Difficulty	5.00

## Appendix H: Community Survey Open-Ended Response Highlights

What is the first thing that comes to mind when you think about the behavioral health of your community?



***Sometimes it scares me seeing how many people are on drugs and a lot of them teens.***

*Citizens appear to need help with smoking, drugs, obesity, trash buildup in yards.*

***Lacking consistency, no child psychiatrist, and services not always met and more a social time.***

*Divisiveness based on age and income level.*

***Many of our kids need intense mental health services, but there is just nobody to provide them. Some kids come to school in crisis every single day, and they never get the tools to help them cope.***

*It is really mixed; Shaftsbury is much different than Bennington.*

***There is a seemingly stagnant tension of mental health issues in our community, with overwhelming numbers that local organizations cannot handle and address quickly or deeply enough.***

*Those who have resources (e.g. money, housing, community connections, etc.) are doing fine regarding behavioral health. Those who have few or limited resources (e.g. poverty or close to the poverty line, housing insecurity, etc.) are struggling.*

***We have limited availability for patients seeking treatment. There is a need for comprehensive fully mobile mental health treatment throughout Bennington County, not just M-F 9-5pm.***

*Misunderstanding of what behavioral health is and means and how to support it.*

*Stigma of mental health issues and feeling judged by those who are not willing to accept the reality of such.*

*I am seeing more needs from our elementary age students.*

***There needs to be more people educated in mental health and substance abuse, how to deal with an individual whether it be an adult or child in a crisis.***

***It's not good. There seem to be more people struggling and acting out than ever before.***

*Children exhibit the effects of immediate and generational trauma.*

***Very concerned. More residents are having behavioral issues and are not receiving the treatment they need. A lot of them are homeless.***

*It is challenging to find services for children under 5.*

***In need of serious care.***

*Struggling with underlying trauma and poverty, and services that judge them for it.*

*It's worrisome.*

***The first thing I think about is the behavior of children in elementary schools, which is on the uptick. I don't think parents know how to parent anymore and would benefit from widespread public information on how to set boundaries and limit screen time. They also need to know how to***

***handle their children's behavioral outbursts at school.***

*Improving access to resources, better support for those providing behavioral health services, and normalizing the importance of accessing support, and more proactive care.*

***Our community struggles with active addicts and children of addicts. We do not have enough support in elementary schools to support students. Students bring their trauma into the schools which in turn affect their peers. I am a middle school teacher and a parent of elementary students, and I am horrified at what my children have to witness in their schools because of lack of support and alternative programs for students of trauma.***

*Not enough programs available especially within schools. Plus, too many children being exposed to out-of-control children on a daily basis even their language is inappropriate for a classroom.*

***This community sucks with all the drugs around right now***

*It seems that there is a strong generational cycle within families regarding mental health care (lack of), along with diminished knowledge of the severe consequences of substance use/abuse.*

Please list one or two things you like about living and/or working in your community.



*Everyone works to help others. My children are at BBA and MEMS and the way I've observed kindness and generosity from community members and local businesses is stellar.*

***The growth of community programming and the number of people passionate about improving our community.***

*The environment, the open land.*

***The desire of the community partners to work together to increase services for mental health, substance abuse, affordable housing and more.***

*It is walkable and generally safe. There are lots of people who care about the community and want to make it a better place for all.*

***Compassionate people who want to help.***

*Natural beauty, small enough feel that issues can be addressed with partnership and collaboration.*

***There's a certain charm to Bennington that is hard to describe. It feels cozy. I love the amount of independent and small businesses. I love the nature and the people who appreciate it too.***

*I love my job and helping the elderly in need. This community seems almost like one great big family.*

***The library and Linda Jarah and the Jewish community she created. The parks and hiking trails.***

**Of all the challenges listed above, what do you think are the community's top two greatest behavioral health challenges?**



*Intensive out-patient for youth psychiatric care  
for youth.*

***Drug mules, low wages.***

*Support for Families struggling not just with  
substances but with Parenting skills and guidance.  
Housing*

***Services for Seniors and Veterans***

*Offering behavioral health resources for young  
adolescents.*

***Medication-assisted treatment services (suboxone,  
buprenorphine, etc.) that are readily available in  
Bennington. Mental health crisis care,  
intervention, and support services (including  
housing options) especially for those struggling  
with substance use and addiction.***

*Mental health treatment and services for children  
and families and substance abuse/use related detox  
or treatment for all (adults and youth) in town.*

***Insufficient focus on youth programs that  
recognize and prevent mental health challenges  
from requiring medical intervention. Lack of use of***

***digital systems and AI to extend services to more  
folks, particularly in off hours. We will never have  
enough counselors, despite their awesome work,  
we must augment them with digital extenders.***

*Local support for addiction/recovery housing  
options.*

*The lack of knowledge about the community's role  
in prevention which includes behavioral health  
supports. Lack of services in  
Manchester/Northshire.*

***Access to services. It is extremely difficult for  
working people to go to UCS during the day for  
the Open Same Day Access option.***

*I think we need more mental health services for  
older adults as well as LGBTQIA+ youth and adults.*

*Addiction treatment - housing and MAT (And not  
listed but mental health services for preteens and  
children)*

***Housing options for recovery/treatment;  
behavioral health options for youth***

*LGBTQIA+ support, elder support*



*Housing options and detox centers*

***Medicated assisted treatment HUB for substance use. In-patient treatment/living for mental health - not crisis level, but not able to live on own.***

*The drug epidemic in this community is sadly contributing greatly to all of the other challenges above-it soaks up most of our resources to help others because there are not enough preventative versus reactive approaches in place-sadly there needs to be more focus on ending the drug highway and more funds and effort spent on that before we can even begin to work on the fallout that has happened because of it-it just feels like a hamster wheel if we keep reacting versus proactively trying to rid the area of this plague. It is nationwide but for such a small area the number of issues seems disproportionate.*

***Access to trained therapists for children, not therapeutic case managers. Consistent services***

*Mental health treatment services for adolescents and children services to treat adults with a substance use disorder.*

***Free, effective treatment options for individuals with mental health or emotional disorders. Free, high-quality childcare and family support systems.***

*We need a place that not only detoxes people but also helps them learn new coping skills and holds*

*them accountable. We need a task force that helps to rid our town of drugs, but illegal and prescribed.*

*Mental health treatment services for adults  
Services to treat adults with a substance use disorder or addiction.*

***Support services for people struggling with substance use disorder+ addiction, school based behavioral health services.***

*Detox centers for people working to recover from substance use issues, Support services for families of people struggling with mental health disorders.*

***Early behavioral health intervention and reducing barriers to engage in UCS mental health. The current process is inaccessible and not equitable.***

*Mental health crisis care and intervention services, Mental health treatment services for people with a physical, intellectual, or developmental disability.*

***Housing - specifically transition housing for those seeking treatment for long term mental health and/or substance use disorders.***

*The biggest behavioral health challenges in my community are children's mental health in school and support for their family and every and all substance use support is needed.*

***Medication for people struggling who need immediate relief. Medication comes too late and takes 2-4 months before they work. My child was spiraling and needed more immediate help.***

***High ACE scores with a lack of mental health supports***

***A lack of behavioral assistance in educational settings, especially elementary schools, where these issues have never been as present as they are now. The police should not have to be called. UCS should increase their response time and help remove students from schools where they are harming others.***

***Substance prevention at the school level. Available support without waiting periods. Same person attending to the same patients.***

***Our greatest challenges are supporting our elementary aged children. They are the most neglected age for substance abuse and mental health related trauma. These students in turn disrupt learning environments and expose other students to trauma in school. Alternative/Therapeutic learning environments MUST be added.***

***All substance use-related services and services for the elderly. Many people on Medicare are unable to get services due to lack of therapists who are able to take Medicare.***

***Detox centers and mental health services.***

***Youth in crisis, and elders without support networks, facing isolation and deprivation.***

***Housing options for people in recovery (sober-living facilities, transitional housing, permanent supportive housing), and School-based behavioral health early intervention.***

***children's mental health-long wait lists to get intensive support vs just once per month check ins, significant need for Autism programming in the community.***

***Focusing on our youth and adolescence with mental health and substance abuse issues.***

***The fact that between mental health failure with UC and providing subsidized food for disabled and old people with no car, I don't need to commit suicide. Will die by default.***