

Promise Community Application Cover Sheet

Attachment 1 Coversheet

Person to contact with questions about this application:

Name of contact person: Nicole Carter Title: RCPS, Allen Street Campus, Director

Telephone: 802-770-1239 Email: ncarter@rutlandhs.k12.vt.us

Organization/agency/school submitting application

Name of Organization/Agency: Rutland City Public Schools

Address: Le Church St.

City: Rutland, UT Zip code: 05701

Name of Executive Director/ President/ CEO/ Superintendent: Mary Moran

County: Rutland

Agency of Human Service District:

Targeted School District/ Supervisory Union: Rutland City Public Schools

Targeted School(s): Northwest, Northeast and Rutland Intermediate

Building Bright Futures Regional Coordinator: Peg Bolgioni

Sponsor:

Building Bright Futures Regional Coordinator or Agency of Human Services Field Director

Name: Peg Bolgioni Email: Pbolgioni@buildingbrightfuturesag

Lynne Kamm Email: Lynne.Kamm@state.vt.us

The following checklist is to help you prepare your Promise Community application.

- Attachment 1 Application Coversheet
- Attachment 2 Pledge of Commitment and Signatures- mail hard copy
- Narrative on your community needs, will and impact

Promise Community Pledge of Commitment

Attachment 2 Pledge of Commitment

Organization/agency submitting application

Targeted School District/ Supervisory Union:

Targeted School(s):

Sponsor:

We pledge to support the local community of Putland City to improve the lives of the young children in a Promise Community. To do this we will work together in a coalition of partnerships with regular meetings and communication to reach the community goals to fulfill the *promise of every child*. The goals and outcomes will be developed as part of needs assessment, strategic planning and implementation process.

This form must be signed by Building Bright Futures Regional Coordinator; targeted school principal (s); targeted school superintendent; Regional Agency of Human Services Field Director; and community child health care provider, indicating their pledge to participate as a partner in the implementation of the work plan presented in this application. Other partners are encouraged to sign as well to make a commitment to be a Promise Community.

Peg Bolgioni PEG BOLGIONI 3/16/15
Building Bright Futures Regional Coordinator
SIGNATURE PRINT DATE

Mary E Moran MARY E. MORAN 3/16/15
School Superintendent
SIGNATURE PRINT DATE

Kristin Hubert Kristin Hubert 3/17/15
School Principal
SIGNATURE PRINT DATE

Laura Edwards Laura Edwards 3/17/15
Child Healthcare Provider
SIGNATURE PRINT DATE

Lynne Klamm Lynne Klamm 3/16/15
AFHS Field Director
SIGNATURE PRINT DATE

1. Narrative of community addressing Community NEED, Community WILL, and possible impact

○ Community NEED/ Community Profile:

- Poverty (use the Free and Reduced Lunch data from school)- 54.35% (Statewide is 40.67%)
- Kindergarten readiness scores- 34.5%
- 3rd grade achievement levels- 58.39%
- Access to high quality childcare- 31.48%
- Capacity and Vacancies of Regulated Child Care Programs - Total 12%

○ What is your community story on high needs children?

The community story on high needs students is unique. Rutland City is a quasi-rural community with the struggles of an urban area. For a variety of reasons, city residents are vulnerable to substance addiction, domestic violence, food scarcity, unstable housing, and complex mental health needs. The high-needs children in Rutland City are outstripping not only our resources, including the number of available case managers, DCF workers, police officers, school teachers and mental health clinicians, but also our “systems of care” which were not originally designed to “do whatever it takes.” Sadly, these factors have coalesced as a perfect storm of mismatched systems and service delivery models that do not meet the needs of the children and families who are challenged by these vulnerabilities. Like most communities across Vermont and the nation, we address our community needs with patchwork systems that limit our ability to “do whatever it takes.”

○ Self-Identified need that data does not show: your community story

○ What is good about your community?

Rutland City Public Schools (RCPS) currently participates in a “collaborative model,” working with Rutland County Head Start to provide services to pre- K student’s ages 3-4 in several different locations around Rutland City. In addition, Rutland City provides EEE (Early Essential Education) programming at Pierpoint Learning Center, located adjacent to Northwest Primary School, as well as in one classroom in the Northeast Primary School building. Both programs, Head Start and Pierpoint, provide access to Rutland Mental Health (RMH) Clinical and Case Management services, through which families can access additional RMH community resources that are space-limited available: Intensive Family Based Services, Community Skills Workers, Wrap Around Case Management, and Psychiatric services. These programs, along with outreach services provided through Rutland City Public Schools to local daycare centers and homes, are access points for specialized instruction and other related services (including speech/language). Rutland County’s Second Step Program is also integrated into the Head Start program. The Rutland Area Prevention Coalition trained Head Start staff in this evidence-based prevention program that guides preschoolers in understanding and building social and emotional skills.

Rutland County Head Start (RCHS) provides comprehensive services for children 3-5 that are delivered in a learning environment individualized to support children’s growth in the five essential domains of learning. Congress mandated that children with disabilities comprise at least 10 percent of Head Start enrollment. Rutland Head Start is able to serve a much higher percentage of children with disabilities in its inclusionary classrooms. Of the children Head Start currently serves, 26 percent are diagnosed with a disability.

The need for mental health services continue to grow as multiple stressors are at play for many low-income families. Through a collaboration with Rutland Mental Health Services an integrated mental health model is provided at Head Start. This model consists of classroom-based consultation provided by a team of program managers and mental health consultants. This

approach is extended to families, as family support specialists and RMHS case managers work to help families learn to implement strategies at home. Their work is supported in the classroom by Therapeutic Support Specialists who implement the clinical team's treatment plan. The primary focus for the integrated mental health approach is one of early intervention and prevention. Currently 39 percent of Head Start children are receiving RMH Therapeutic Case Management services. RCHS provides wrap-around child care services at its Meadow and Hickory St. sites for 90 out of 130 children enrolled in the program.

Prior to entry into the EEE programs, the Early Intervention program under Children's Integrated Services (CIS) works intensively to provide specialized instruction and coordinate services for families with children aged birth to three who are experiencing developmental delays. The CIS Early Intervention program helps to provide families with a smooth transition to EEE programs.

Once enrolled in the Rutland City EEE program, RCPS coordinates intensive needs services through its age 3 to 2nd grade Student Services programming, under the direction of school-based staff and the district's Director of Support Services. This means that all qualifying students aged 3 to 2nd grade are supported by a school team working in conjunction with community partners and families. This coordination provides a seamless transition from pre-k to each K-2 elementary school.

Children birth to age 6 also receive services through the Children's Integrated Services team. These services, which began 4 years ago, include: case management, mental health and nursing services. This team works closely with medical providers, the Department of Health, and the Child Development clinic to identify and serve young children and their families in a supportive environment. Children's Integrated Services (CIS) is an integrated funding model that allows us to break down the silos and provide prenatal women and children aged birth –six with wrap around in home services.

Rutland also benefits from the "Our Blueprint for Health" model has allowed for a Pediatric Social Worker to be embedded in all the pediatric practices in the county, including the largest located in Rutland City. This has allowed for the possibility of early referrals and increased communication between social service providers and medical staff.

The community is also fortunate to have the Nurse-Family Partnership, an evidence-based home visiting model that targets first-time Medicaid eligible moms before their 28th week of pregnancy. This effort engages women and their partners prior to them becoming parents and has been shown to improve parenting skills and decrease rates of child abuse and neglect. Another pregnancy service is BAMBI, a collaborative effort to support pregnant women who are addicted to opiates. The program provides Medication Assisted Treatment and the support of state funded SPOKE staff. A nurse and social worker provide additional support for an average of 25 women at any given time. The women are supported through their pregnancy and post-partum period to transition then into a community-based treatment program.

In addition to the Nurse Family Partnership, other programs under the umbrella of CIS include: 1) Maternal Child Health nursing for all prenatal mothers and children up to age six, also provided by RAVNAH; 2) The Early Intervention (EI) Program for children aged birth-three experiencing a developmental delay or at risk of having a delay; 3) Family Support program for prenatal women and children aged birth-six that need extra support in parenting, connecting to community programs or just some general support. Both the EI and Family Support programs are offered by the Rutland County Parent Child Center; 4) Early Childhood and Family Mental Health (ECFMH) offered by the early childhood team at Rutland Mental Health for children aged birth-six. This program provides supports to families requiring extra support in parenting, parent/child relationships and behavior concerns; 5) Specialized Child Care Coordination offered through the Vermont Achievement Center, serving children aged birth – twelve to help our communities neediest families connect to high quality childcare. All programs under the CIS umbrella are designed to "meet the family where they are at" and provide wrap-around services until such a time

as the child or family no longer needs services or until the child becomes school aged and is more appropriately served by school based services.

Another strength in the community is the K-12 Multi-Disciplinary Teams (MDT) that address student supports in school, home and the community. Representatives from DCF, RMH, RCPS, CIS and The Rutland City Police all participate in these meetings. The focus of MDT is to meet the needs of students for whom current supports are not working.

Finally in response to a surge in opiate addiction and other related issues, a large, diverse and highly effective coalition of local service agencies, law enforcement, schools, the local hospital, faith based groups, businesses and neighbors have come together to address the underlying challenges facing Rutland City. The goal of this coalition, named Project VISION, is to make Rutland one of the healthiest, safest and happiest communities in America.

Project VISION operates under the auspices of three committees focusing on innovative law enforcement, building great neighborhoods and the prevention and treatment of substance abuse. Its goal is to foster new and creative collaborations that will advance the quality of life and help create opportunities for children to achieve their full potential. VISION's achievements have been widely reported and was the recipient of a Commendation from the Vermont Legislature. This model is currently being replicated within Vermont.

○ **What is the impact of Poverty on your community?**

As the data indicates (Attachments A3-7), Rutland City serves a community in which more than 50% of school children qualify for Free and Reduced Lunch. All schools in Rutland City currently work with children and families who are struggling with the following: drug/alcohol addiction and the underlying mental health needs; unstable housing that contributes to a high degree of housing transience; food scarcity; underemployment; childhood symptoms of developmental trauma and chronic stress; and a reliance on services to meet the most basic needs.

What this description does not reveal is the day-to-day impact of poverty observed by all service organizations in Rutland City. Children are exposed to drug and alcohol use that is impacting the ability of caregivers to effectively parent. Children watch parents use and sell drugs as a norm in the community, while other children are also exposed to high levels of domestic abuse, both emotional and physical, as well as being the victims themselves.

DCF reporting by Rutland City School staff is a common occurrence, although the school district does not collect this data because of the confidential nature of such reporting. While the Rutland City schools provide a location and the staffing for a variety of basic needs services, such as food, clothing, and supervision before and after school, the current needs of the community are outstripping the ability of the schools to provide such resources.

Likewise poverty impacts the ability of families to engage in early intervention services, often due to issues like precarious housing and transportation. It is not unusual for up to 40% of referred families in Children's Integrated Services to be "lost to follow-up" at least in part to the need for families to move.

The Rutland County Blueprint Pediatric Practice Profile for 2012 shows that Rutland County is 13th out of 14 hospital service areas when it comes to having 3 – 6 year olds in Patent Centered Medical Homes receive a well-child visit. The data shows that 67% of the Rutland County 3 – 6 year olds received one or more wellness visits in 2012, compared to a state rate of 75%.

Lastly, Rutland has an old stock of rental properties that impacts the health of the residents of those properties. Rutland County has the highest rate of Asthma in the state. This impacts both children and adults.

- **How are the children doing in terms of Kindergarten readiness and 3rd grade achievement scores?**

Current Kindergarten readiness scores are 34.5% and 3rd grade achievement levels are 58.9%. Each fall, teachers throughout the state of Vermont participate in completing the Kindergarten readiness report, defining the following areas for each of their students: social-emotional development, approaches to learning, communications, cognitive development-general knowledge, and physical health and development. In addition, teachers are asked to respond to students' ability to learn in the face of potential inhibitors: illness, fatigue, and hunger. Teachers rate individual students along a continuum of beginning, practicing, and performing independently, which ultimately is turned into a classroom, school, district-level, and y state-level summary of findings.

- **What is unique about your community?**

Rutland City is a unique community because there is already considerable dedication and engagement in both community and interagency collaboration to tackle the symptoms and root causes of poverty in our locale. School, Mental Health, and the Department of Children and Families are continuously refining systems and programs to increase their collaboration.

Joining forces with these agencies is Project VISION, whose innovative community-model is similarly committed to integrating services to more effectively and efficiently support children in meeting grade-level standards. This collaboration is currently focused on the central ways in which poverty impacts Rutland City: unsafe housing; substance abuse, including opiate addiction; understanding and responding to developmental trauma; and providing resiliency education to school-aged children. Project VISION and Rutland City's Agencies- RCPS, RMH, DCF- are currently following a logic model to design and implement a collaborative inter-agency response to the need for trauma-informed resiliency education and supports, ages 0 to 9.

In sum, what is unique about Rutland City is what is unique about Vermont. Our partnerships at both the agency and community-level speak to Vermont's continued place in American history as a cultural region caring for our neighbors, regardless of what it takes.

- **Understanding the resources of the community**

- **What are the resources of your community or lack of resources?**

Rutland City offers a number of services and resources available for those facing vulnerabilities due to poverty. These resources include: Rutland Mental Health's case management services, intensive family based services, and clinical services; DCF's Eckerd Family Service programs including family safety planning; Rutland's after-school Tapestry program; the school-based student support services K-12; and Vermont 211-United Ways of Vermont.

Rutland also has an active Parent-Child Center which provides both early childhood opportunities as well as case management services, employing the Strengthening Families framework. RCPCC partners with DCF Family Services in the Strengthening Families Demonstration Project, targeting high-needs families with children under the age of 3. Rutland also is host to the Family Supportive Housing Project, overseen by the Homeless Prevention Center in collaboration with the Rutland County Women's Network and Shelter. Both of these projects provide intensive case management and coordination for up to two years to our most needy families, but because of the intensity of the work, they are limited in the number of families with whom they can work.

Despite these offerings, Rutland City faces two difficulties in matching needs with resources. The first difficulty is the need for services versus the available offerings; caseworkers, case managers, skill workers all face waiting lists. In addition, both DCF and RCPS can only provide supports when needs meet a particular set of state and federally mandated qualifying

factors. It is often the case that only the most intensive needs children and families qualify for these supports.

Add to this the second difficulty, which is family engagement/service-provision. Families and children face a host of systems and services which are difficult to access. Service sites are in various locations throughout the city, family engagement is supported by varied engagement-practices and the communication between and amongst service providers is dependent more upon personality/will than systems. When families and children do access services, the quality and efficacy of those services are dependent upon informal qualifiers versus formal evidence-based systems.

Rutland has struggled to maintain adequate Pediatric Psychiatry Services. There have been periods when the service does not exist, yet children are being prescribed medications that require this level of specialized medical care. It has been very difficult for families as there is lack of continuity in addition to the travel outside of the local area for care. Two years ago the Community Health Team hired one Pediatric Social Worker who assists children and families who are referred to her. The case load for this service has consistently been over 100 patients at any given time. Families are in dire need of support in care coordination for their children's health needs. The Rutland Community also struggles with a lack of pediatric rehabilitation-providers. Children in need of Speech, Physical and Occupational therapy are often put on wait lists at the most crucial time in their development due to a lack of providers.

2. Community WILL (spirit):

- **Why should your community be part of this initiative?**

Rutland City should be part of this initiative for two reasons. There is a history and experience of interagency collaboration for children and families that makes "doing whatever it takes" likely to be successful. We know how to work together. Secondly, as we currently work together, each agency is finding that there is a need to find a new way to bring the resources and expertise of the various agencies together in service of the community.

The work that is already underway is rich in potential. Project VISOIN is bringing together Rutland City Public Schools, Rutland City Police Department, DCF, Rutland Mental Health, Medical Organizations, and Early Childhood Agencies to address citywide needs. This work is happening alongside a solid history of interagency engagement through both state-mandated and locally-developed multidisciplinary teams. While this collaboration is contributing to more children and families being supported towards educational success, all partners agree much more could and should be done. As our data shows there are too many families and children who are not meeting academic standards in kindergarten and third grade.

As we work collaboratively, meeting the needs of few and working feverishly to meet the needs of many more, there is unanimous recognition in all interagency meetings that our current systems of services and support is not adequate. This recognition stems not from the hard working intelligent women and men tasked with supervising and implementing programs, but is instead experienced as a systemic problem. Rutland City provides its high needs children and families with a patchwork of services that are difficult to navigate even for the professionals tasked with doing so. The community is desperate for an opportunity to create and implement systems that are effective and efficient for the children and families for whom third grade achievement gaps result in a continued cycle of intergenerational poverty and the associated symptoms of addiction, domestic violence and mental health struggles. Rutland City is at a turning point. All agency partners agree something has to change.

- **How is the community coming together to make a difference for the young children to help with school outcomes?**

The community currently comes together to make a difference for young children to help with school outcomes in the following ways:

- Head Start programming/Collaborative
- RCPS Early Childhood Interventions
- Rutland Mental Health supports in Head Start, RCPS, CIS
- School Resource Officer/DARE program
- Truancy Prevention Project
- Positive Behavior Intervention and Supports (PBIS programming)
- Parent/Teacher Collaborative (PTC)
- Mentor Connector
- Tapestry/Academy (school-year and summer programming)
- Coordinated Service Plans
- Special Education Programming
- Educational Support Teams
- Multi-Tiered Systems of Support in RCPS Schools
- Multi-Disciplinary Team
- Vermont Birth-3 Children's Integrated Services
- Vermont Department of Health
- Children's Integrated Services through RAVNAH
- Rutland County Parent Child Center
- Department of Health through WIC, Children with Special Health Needs
- Child Development Clinic
- Specialized Childcare
- Intensive Family Based Services
- Eckerd Family Services

- **What is the plan for engaging families in the work ahead?**

The plan for engaging families is to come together across sectors, including health, education, human services and community planning, and to collaboratively plan for doing 'whatever it takes' to improve the educational and developmental outcomes for children in their communities. This work has already begin under the auspices of Project VISION. The plan is to further this work by involving more community partners to then increase the scope of our work. We want to meet the needs of all of our children, age birth to 3rd grade.

Family engagement will be driven by innovative systems developed to meet the specific needs of our families. We will look to what the evidence-based literature already recommends for successful family engagement and also develop bold transformative ways to engage families who face the innumerable ways poverty undermines the parenting one's children.

We are ready to stand alongside the Harlem Children's Zone as innovators as a community dedicated to the academic achievement of all.

- **Who are the partners to help make this work happen?**
 - Rutland City Public Schools
 - Rutland Mental Health
 - Rutland's Department of Children and Families
 - Rutland City Police
 - Project VISION
 - Head Start
 - Building Bright Futures
 - Parent Child Center
 - Rutland Regional Medical Center
 - Children's Integrated Services
 - Eckerd Family Services
 - Department of Health, RAVNAH
 - Rutland County Women's Network and Shelter

3. Anticipated Impact:

- **Need to serve *at least* 40 children (birth to age 6) to be a Promise Community**

The 2010 census identified that there are approximately 800 children age 5 and under in Rutland City. Add to this the 560 children enrolled in RCPS grades K-3, for a total of 1,360 children who will be impacted by our selection as a Promise Community.