

# ACT 52: Social Services and Pediatric Primary Care Integration

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**As directed in Act 52, 2019:**

This is a presentation of an assessment of models of social service and pediatric primary care integration, which may include home visiting, for possible further development of these models in coordination with any proposals for reform resulting from the CHINS review conducted pursuant to 2018 (Sp. Sess.).

# CONTENT:

- **Findings/Key Points**
- **Why does integration matter?**
  - Why integrate social services into pediatric health care?
- **What is integration in Vermont?**
  - What is service integration and how is it happening in Vermont?
  - Survey results
- **Examples and highlights:**
  - Description and assessment of current examples in Vermont
    - DULCE model
    - CHILD (Children's Health Integration, Linkage & Detection) Grant

## **FINDINGS and KEY POINTS:**

Vermont is in the process of successful social service integration in pediatric settings:

- Integration is happening in a variety of ways.
- We are poised for further integration of social services into pediatric settings and to make an impact on the social components of health for children and families.

# WHY CARE ABOUT INTEGRATION?



Trauma Prevention and  
Resilience  
Development (ACT 204)

Effects of Trauma  
and Toxic Stress  
Childhood  
Adversity  
Protective Factors



Building protective factors  
(STRENGTHENING FAMILIES)



Children and Brain Development

# Definition of Service Integration (SAMHSA)

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## Coordinated

- Minimal collaboration
- Basic collaboration at a distance

## Co Located

- Basic collaboration onsite
- Close collaboration onsite with some system integration

## Integrated

- Close collaboration approaching an integrated practice
- Full collaboration in a transformed and merged integrated practice

# Social Services and Pediatric Medical Homes Examples

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- Blueprint Community Health Teams
- Designated Agency staff embedded in pediatric offices
- Children with Special Health Care Needs (CSHN) Medical Social Workers
- ❖ DULCE Model
- ❖ CHILD grant

# Pediatrics and Social Determinants of Health

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Pediatric health care is the ideal platform to address the social components of child health

1. Reach virtually all families in early years (> 95% of Vermont infants receive routine health care with a child health provider in the first month of life)
2. Lack of social stigma attached to using medical care
3. High level of trust that families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services

***Bright Futures Guidelines***: a national health promotion/ disease prevention initiative that addresses children's health needs in the context of family and community.



# Talking Integration in Vermont

## 2017-18 Bright Futures Guidelines Roadshow

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### **STATEWIDE MEETING Objectives**

- To describe the new Bright Futures Guidelines (4<sup>th</sup> Edition)
- To provide strategies for strengthening integration between health care and human services
- To discuss collaborations and improve care delivery, including ACO

### **Attendance:**

- 48 Health Care Providers
- 264 Human Services Professionals

### **Topics included:**

Adverse childhood experiences, building protective factors, screening for social determinants of health, and assisting families in need of social services.

# Social Service Integration Survey of Pediatricians in Vermont 2019

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## RESPONSE:

- 27 practices out of 32
- Statewide
- Highest volume practices

# Social Service Integration Survey of Pediatricians in Vermont 2019

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More than half of respondents reported having mental health staff present in their offices while fewer than a quarter have social service providers in the office.

➤ Funded by Blueprint community health teams, FQHC, and Designated Agencies directly

- Of those who have social services providers in their offices, several practices name DULCE model.
- Over half of all respondents are screening for social determinants of health and/or trauma.
  - Respondents use these terms interchangeably

# DULCE – A community response to toxic stress

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**D**evelopmental **U**nderstanding – A Family Specialist promotes knowledge of child development and parenting from birth to six months utilizing the Brazelton Institute Touch Points model

and **L**egal **C**ollaboration – Helping families meet their basic needs in collaboration with the Medical Legal Partnership and the DULCE team

For **E**veryone – Universally reaching families where they already bring their babies – healthcare clinics

# DULCE in VERMONT

**2017**

Appleseed Pediatrics  
Lamoille Family  
Center (PCC)  
Lamoille

**September 2019**

Mt. Ascutney Hospital  
and Health Center  
Springfield PCC  
Windsor

**October 2019**

Timberlane Pediatrics  
Lund Family Center  
(PCC)  
South Burlington

**August 2019**

Timberlane Pediatrics  
NCSS (PCC)  
Milton

**September 2019**

Mt. Ascutney Hospital  
and Health Center  
The Family Place (PCC)  
Woodstock

# DULCE in Vermont

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Interviewed 2 teams: Lamoille and South Burlington

## Key Common Strengths of Model:

- Partnered with local PCC
- Universal access (all patients)
- DULCE Family Specialist
- The Medical-Legal partnership
- Integration into the health visit
- Access point to other interventions when needed – i.e. home visiting

# DULCE is Access Point

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## DULCE

- In office connection to Family Specialist
- Referral and support to further connection



## Children's Integrated Services

- Helps you decide what you need and helps you to access those services



## SUSTAINED INTERVENTION

- Home Visiting
- Mental Health Services
- Social supports

# DMH CHILD grant

## (Children's Health Integration, Linkage & Detection)

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*Promoting Integration of Primary and Behavioral\* Health Care (PIPBHC)*  
2017-2022 (federal grant):

Adopting *One Location, One Visit* model developed by Michelle Duprey

- Establishes role of Behavioral Health Consultant\*\* embedded on PCP team
- Creates ability to say: I have someone for that, rather than: go somewhere for that
- Must be able to engage patients in an exam room and function at the same pace as medical team – normalizes integration of efforts
- Many pediatric health issues have mental health component or consequences

Currently in Franklin/Grand Isle and Springfield (DA/FQHCs) and expanding to 2 additional regions with potential for Pediatric & Family Practices



## **TAKE AWAYS:**

Vermont is in the process of successful social service integration in pediatric settings.

We are poised for further integration of social services into more pediatric settings and to make an impact on the social components of health for children and families.

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# Discussion

