

AHS supports a public health approach to working with pregnant women, children and families for optimizing child development and preventing ACES. To do this, we design our programs to meet children and families where they are:



I will discuss 2 of these domains and their connection today.

- 1) **The healthcare setting (pediatric medical home)** offers three key advantages in providing parenting support:
 - a. 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)
 - b. Lack of social stigma attached to using medical care
 - c. High level of trust that families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services
- 2) 2018 *Bright Futures 4th edition* road show
 - Eight Regional Dinners, **264** Human Service community providers, **48** health care providers
 - Objective: Discuss collaboration among pediatric medical homes, community agencies and organizations in each region to strengthen families and improve care delivery (with special focus on addressing social determinants and ACES prevention)

Global Theme emerged: Importance of increasing capacity in pediatric medical homes to conduct screening, provide parent/family support and facilitate connections (through Children's Integrated Services) to community resources. **DULCE** is universally acknowledged as a promising model to accomplish these objectives. *Scott will do a deeper dive into the DULCE model after this testimony*

Through the universal access point of DULCE in a medical home, families in need of support are referred to local *Children's Integrated Services* teams where service coordination occurs.

OVERVIEW OF CIS: SERVICE ARRAY



- 2) Sustained Home Visiting = Effective Intervention
 - 1) Recently rebranded the continuum **Strong Families- *Start at Home***
 - 2) Partnership between Department of Health and Department for Children and Families Child Development Division guides system of voluntary home visiting in Vermont.
 - 3) Support of Pregnant people and new parents through home visits delivered by trained professional using a continuum of services through *Children's Integrated Services*
 - 4) Partner with families to set goals and promote optimal child development, health and well-being, early screening and identification of challenges
 - 5) Continuum under Strong Families Vermont umbrella
 - a. Responsive Home Visits through CIS (3-6 home visits depending on families' needs)
 - b. Sustained Home visiting through CIS
 - i. Nurse Home Visiting Program (formerly MEC SH)
 - ii. Family Support Home Visiting Program

Summary

- We spent a year planning how to integrate human services into pediatric primary care for prevention of ACES with the *Bright Futures 4th edition* roadshow
- The consensus is that we need a full-time Parent Child Center family specialist in pediatric medical homes (DULCE) for universal access to new families
- One of the most effective interventions for families who are identified through medical home = Home Visiting (Strong Families Vermont)

