

I wanted to quickly follow up re: the questions this morning about DULCE as I know you are pressed on time for decisions! See below.

I also wanted to make a slight correction to the DA rate increase history — in 2023 was 5%. The 8% increase was actually in 2022. I had gotten them backwards. [Here is the history of DA rate increases.](#)

DULCE

The report you are looking for might be the Blueprint annual report (<https://legislature.vermont.gov/assets/Legislative-Reports/2024-Blueprint-for-Health-Annual-Report-Updated-2.pdf>), although this doesn't have much information about DULCE specifically.

An overview of DULCE is available in this 1-pager - <https://www.healthvermont.gov/sites/default/files/document/cyf-dulce-fact-sheet.pdf>

DULCE Program Description and Impact

- Vermont
 - DULCE began in 2017. It has been operating as a pilot in collaboration with the Blueprint since FY 2023.
 - Current DULCE pilot ends at the end of FY 2025.
 - Vermont currently supports eight sites--five funded under the Blueprint for Health; 3 through a federal HRSA grant. Blueprint funding was for six sites, but one recently ended due to staff turnover and the uncertainty of sustainable funding.
- General
 - DULCE is an evidence-based approach to pediatric care for infants aged 0-6 months (some sites continue to one year) and their families that seeks to proactively address the social determinants of health, promote the healthy development of the infant, and provide support to their families.
 - The DULCE approach relies on a family specialist to build relationships with families, provide screenings and referrals to the families, and connect the families with services in Vermont's existing early childhood system.
 - There is also a legal partner to provide legal support services to families and facilitate access to services (e.g., through qualification).
 - The interdisciplinary team meets weekly to discuss families and the system of care.
- Impacts
 - The DULCE approach has proven successful nationally at improving screening for health-related social needs, connecting families to resources to address these needs, and reducing the burden on health care providers. Ultimately, integrating health-related social needs screening and support into pediatric care improves population health outcomes.
 - Vermont has been successful so far in engaging families in the DULCE program: when offered DULCE, 99% chose to enroll and 92% completed the program. The DULCE program has also been successful in

connecting participating families to supports (66% of participating families were connected to parenting support) and screening families for health-related social needs (81% of participating families were screened for all 10 domains, 22% screened positive in one or more domain).

Continued funding of these programs would allow the state to continue to implement high-quality, evidence-based programming for Vermont families and assess the impact of the work to date.

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