DULCE
An initiative of CSSP

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DULCE Expansion Case Study:
The State of Vermont

INTRODUCTION

Scott Johnson, the former Executive Director of Lamoille Family Center in Vermont, knew DULCE had potential because of the success of their pilot. During this period, many families were connected to preventative and concrete support services thanks to their relationship with Jenn Chittick, the Family Specialist hired through the Family Center. Johnson wanted to expand DULCE across the state because "DULCE was one of the most upstream and exciting pieces of work in my career." Even in retirement, he remains a statewide champion for DULCE. "When people asked what I was going to do in retirement, I said, sustain and expand DULCE!" Johnson knew he couldn't do it alone and engaged another DULCE champion, Breena Holmes, M.D., Director of Maternal Child Health at the Vermont Department of Health.

Dr. Holmes agreed that supporting pediatricians with screening and connecting new families to services, especially for social complexity, would transform both the lives of families and also pediatric health care. Additionally, they brought on Wendy Davis M.D., F.A.A.P., a Professor of Pediatrics at the University of Vermont College of Medicine and Vermont Child Health Improvement

Lamoille Family Center, in partnership with Appleseed Pediatrics and Vermont Legal Aid, began implementation of DULCE in 2016. The DULCE Family Specialist, an employee of Lamoille Family Center is stationed at Appleseed Pediatrics, and is part of the health care team at the clinic.

Vermont Legal Aid, well-versed in family rights and system responsibilities, offers a professional orientation toward problem-solving and advocacy, and offers ongoing identification of supports and strategies to address family needs.

Lamoille Family Center provides clinical support to the Family Specialist, serves as the hub for weekly interdisciplinary case reviews and connects families with complex needs to the local Children's Integrated Services (CIS) system. This DULCE sites serves approximately 100 families per year.

This case study was authored by CSSP Program & Research Assistant Ciara Malaugh. She thanks the many people in Vermont who spoke to her about their work, and all those who reviewed and provided feedback to make this brief possible.

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Program (VCHIP), who has expertise in Medicaid and maternal-child health. Together, Johnson, Holmes, and Davis form the Vermont DULCE Implementation Team. Their goal? To expand DULCE across the state of Vermont, reaching at least 25% of the state's newborns across 10 or more pediatric practices.

The team envisions DULCE as a universal access point for service providers to reach newborns and their families early, which DULCE does by transforming the pediatric home into a space that screens families for social determinants of health, then referring and connecting families to appropriate social services in the community via warm handoffs.

To fortify the work, the team tapped into the expertise of Reeva Murphy and Kay Johnson, both of whom act as advisors to DULCE expansion. Reeva Murphy is the Deputy Commissioner of the Child Development Division at the VT Department for Children and Families.* Kay Johnson is a private national consultant on maternal-child health and Medicaid. Together, they have positioned DULCE for statewide adoption by employing three different strategies—rallying the base, educating state leaders and building local connections with community implementers. CSSP supported the Implementation Team's efforts with regular calls to discuss updates and strategize. This brief will detail the team's expansion plan and provide recommendations to other DULCE communities who wish to saturate the approach.

RALLYING THE BASE

For Johnson and Holmes, it was critical to build a large base of people who support and advocate for DULCE. "If we knock on 10 doors, hopefully two or three will open." The Vermont DULCE Implementation Team started this process in July 2017 by building a strategic plan with the help of the DULCE National Center at CSSP, an important first step because it gave them an outline for expansion.

This plan included mapping the key stakeholders for building awareness about and interest in DULCE. In early fall, they met with doctors at the Vermont Child Health Improvement Program (VCHIP) Child Health Advances Measured in Practice (CHAMP) Learning Collaborative, where they gave a presentation on DULCE as one of several promising approaches to addressing social determinants of health and adverse childhood experiences (ACEs). They generated interest among the doctors, none of whom had previous knowledge of the approach. Then, the team embedded DULCE into the Bright Futures Roadshow, which showcased the 4th Edition of the AAP Bright Futures to communities around the state.

Bright Futures is of particular importance in Vermont as the three co-editors all call the state their home. The Roadshow went to every district in Vermont and invited medical and community service providers to dinner, during which they gave a presentation about the 4th edition of Bright Futures. In total, the roadshow team met with 264 community service providers and 48 medical providers. The very last slide of the presentation was on DULCE as a paragon of Bright Futures screening recommendations, since the approach universally screens for social determinants of health. There were table-talk discussions after dinner, and during the conversation, a global theme emerged: the need to increase capacity for screening in the pediatric home. Universally, DULCE was acknowledged as a promising approach for achieving this goal, and many expressed interest in learning more about the approach. Some even approached Holmes and Davis to say that they wanted DULCE in their practice or community. The Roadshow generated several follow-up conversations between community pediatricians and state leadership about the DULCE approach.

The team continued to build relationships with their base. In March 2018 Holmes and Johnson met with the director of RiseVT and the RiseVT medical director in order to gain insight into RiseVT's successful expansion process. OneCare is Vermont's accountable care organization (ACO) comprised of an extensive network of primary and specialty care physician members, hospitals, post-acute care facilities, and other health care stakeholders. RiseVT a program under the OneCare umbrella and the ACO's lead prevention strategy, using an evidence-based model to engage employers, schools, municipal government, and citizens to improve conditions where people live and lower health care costs. The RiseVT team appreciated the DULCE approach to early intervention and agreed to continue the discussion on how the DULCE team and OneCare could partner in the future. With a strong base comes many advocates, and by meeting with everybody from medical providers to community programmers, the Implementation Team built critical mass for statewide implementation of DULCE.

EDUCATING STATE LEADERS

Alongside building a wide network of support for DULCE, the Implementation Team educated influential state officials, ensuring the groundswell of interest had the infrastructure to support it. In October 2017, the Adverse Childhood Experiences (ACEs) Legislative Working Group of Vermont spent half a day at Lamoille Family Center to learn more about DULCE and its ability to mitigate early-life stress, solidifying the interest of legislative leaders in DULCE.

The working group was interested in DULCE in part because of a law the legislature had recently passed that required hospitals and health care organizations to ensure a "coordinated public health approach to addressing childhood adversity and promoting resilience" starting in 2018. The Green Mountain Care Board, an or-

** Reeva Murphy stepped down from this role in August 2019.*

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ganization that regulates and certifies accountable care organizations, helps carry out this law by certifying only the hospital and health care systems that are working. Thus, the Board was of particular strategic importance to the DULCE expansion effort. In late 2017, the Implementation Team presented to the OneCare Pediatric Subcommittee and in May 2018 to two members of the Green Mountain Care Board, noting that both entities are leaders in state health care reform.

In April 2018, Holmes and Murphy designed a shared approach to describe their work to optimize child development that was adopted by leadership at the Agency of Human Services. This approach works in three domains—one of which is the pediatric medical home—within this domain, the Agency of Human Services (AHS) promotes the DULCE approach. This approach and adoption by AHS brought with it the significance of state government support of DULCE. "Having partners like Breena and Reeva shows support for DULCE and brings a level of clout that no one person could do alone," Johnson said. "It legitimizes opportunities for education about DULCE at the state legislature."

Throughout 2018, the RiseVT team explored the idea of adding DULCE to the primary prevention portfolio of OneCare with assistance from legislative, medical, and administrative leaders. The ACO leadership was very supportive of this approach and announced in January 2019 that they chose DULCE as their strategy for upstream ACEs work, as a fulfillment of the Green Mountain Care Board certification requirement. OneCare worked with the RiseVT team to contract with the state of Vermont to draw down Delivery Service Reform (DSR) funds from the federal government to support the expansion of the DULCE approach. They committed to giving the Vermont Implementation Team $294,000 of their federal funds as start-up funding for three sites that will be reduced over a three-year period. After the announcement that OneCare would partner with DULCE, the COO of OneCare, Victoria Loner, presented with Johnson and Holmes to the Senate Health and Welfare committee, sharing DULCE's expansion plan in coordination with the ACO.

BUILDING LOCAL CONNECTIONS

Of course, expansion efforts are futile unless there are communities and clinics eager to implement the DULCE approach; fortunately, the Implementation Team was fastidious in identifying potential DULCE adopters. Not long after the Bright Futures Roadshow, they mapped high volume pediatric practices to Parent-Child Centers across Vermont, which will serve as the lead Early Childhood Agency for the DULCE community and hire Family Specialists. Simultaneously, they both contacted and were contacted by Parent-Child Centers and pediatric practices in Burlington and St. Alban's. Starting early summer 2018, the Parent-Child Centers, pediatric practices, and DULCE expansion team met regularly to prepare for eventual DULCE implementation sometime in 2019.

Not only did the team conduct outreach to communities they identified as potential DULCE implementers, but some communities also reached out to them. For example, Mt. Ascutney Hospital and Health Care Center expressed interest in DULCE, and so in February of 2019, the Implementation Team began discussions with them about implementation and financing. The community is unique because it is rural and sparse, with a 120 newborn patient panel, across two clinic sites 25 minutes apart, with families from both Vermont and New Hampshire. Part of the beauty of DULCE is its adaptability, and ideas quickly blossomed, such as bringing on a Family Specialist with a part-time caseload who dedicates the other half of her time to critical pediatric care activities, with DULCE funding from OneCare and other sources for the expanded age (six months to six years) pediatric care activities.

CONCLUSION

The Vermont Implementation Team will expand in four additional sites for a total of five sites by the end of 2019, with a goal of expanding to 10 sites in three years. With 5,700 statewidebirths annually, serving 1,400 babies would allow them to reach 25% of the state's newborns per year at an approximate cost of $1.5 million. They will continue efforts to secure long-term, sustainable funding for DULCE sites already in place and for newly developing sites.

Maintaining strong key relationships with supportive partners, state leaders, and community implementers will help build the necessary critical mass to realize stability and any efforts at expansion. Reaching 25% of newborns will require creativity and commitment, but with the three-pronged approach—rallying the base, educating state leaders, and building local connections—they have cemented DULCE's capacity to expand. Thanks to the relentless efforts of the Implementation Team, there is statewide will for DULCE.

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