

Vermont Child Health Improvement Program, Vermont Department of Health and the *Bright Futures* Road Shows 2018

From October 2017 through June 2018, **eight*** regional dinner meetings were conducted throughout Vermont (in alignment with the 12 **Building Bright Futures** regions). Planning was overseen by Stephanie Winters, Executive Director of the Vermont chapter of the American Academy of Pediatrics (AAPVT) and the Vermont Academy of Family Physicians (VAFP), with assistance from Breena Holmes (Director, Maternal and Child Health/MCH, Vermont Department of Health/VDH), Ilisa Stalberg (Deputy Director, MCH/VDH), Wendy Davis (senior faculty, the Vermont Child Health Improvement Program/VCHIP and District I Chairperson, American Academy of Pediatrics), and regional representatives as appropriate.

This initiative was supported with funding from the Vermont Department of Health, as part of a long-standing collaboration with AAPVT and VAFP to improve access to and the quality of health care for children receiving Medicaid/Dr. Dynasaur and their families, with a special focus on care for the most vulnerable among this population.

A specific shared objective was to develop and implement strategies to assure the delivery of services outlined in the recommendations for pediatric preventive health care from the ***Bright Futures - Guidelines for Health Supervision of Infants, Children and Adolescents*** (4th ed.) in an efficient and effective manner. Vermont has adopted the ***Bright Futures Guidelines*** and Periodicity Schedule as Vermont's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule. This shared objective includes identifying gaps or duplication in services, removing barriers to care, and supporting the effective use of these services by Medicaid/Dr. Dynasaur beneficiaries and their parents/guardians. Areas of special concern include early brain and child development, immunizations, mental health, oral health, nutrition and physical activity, school health service delivery, and substance abuse prevention.

As a strategy to achieve these objectives, partners seek to develop and enhance regular avenues of communication and collaboration among AAPVT, VAFP, VDH, and other departments, agencies, organizations and professionals related to efforts to improve the quality, access, and availability of services for Medicaid/Dr. Dynasaur-eligible children and youth, and their families.

Target audience:

- Health care professionals serving children and families
- Building Bright Futures (BBF) Regional Coordinators and teams
- Children's Integrated Services (CIS) Directors and teams
- Early care and education (child care) community representatives
- Parent Child Center leadership and staff
- Vermont Agency of Human Services and Vermont Department of Health (VDH) central and district office staff (special focus on Maternal and Child Health Coordinators and programs)

- School personnel (school nurses, supervisory union staff, etc.)
- Vermont Blueprint for Health practice facilitators

Meeting objectives:

- Describe ***Bright Futures Guidelines*** (4th edition) as the preventive service guideline for care of Vermont’s children, including NEW focus on screening for social determinants of health (SDoH)
- Understand implementation strategies to strengthen and streamline connections among between health care and human service professionals and their community partners
- 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 SDoH)

Meeting format:

- PowerPoint presentation (see Appendix I: presented by Breena Holmes, Wendy Davis, Judy Shaw) including:
 - “What’s new” in the 4th edition
 - Overview of state efforts to strengthen the system of care and services for Vermont’s children and families (e.g., VCHIP’s Universal Developmental Screening initiative, Strengthening Families framework, Nurse Home Visiting, Help Me Grow, DULCE)
- Group discussions re: systems and supports for a (hypothetical) first-time mother of a 4-month old infant. Participants were asked to consider:
 - Where and how SDoH screening might already be occurring in communities
 - Existing community connections and bridges already in place to address needs identified through this screening
 - Brainstorm improvements to address gaps identified through these discussions
- **All participants received a copy of the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents (4th edition)* and the accompanying Pocket Guide at the end of the meeting.**

Meeting Outcomes:

- Total of 312 attendees statewide (excluding central planning group); includes 48 health care professionals.
- Written responses to aforementioned questions were collected (attendees also provided oral summaries at the end of each meeting). Common themes that emerged at multiple meetings are reflected in the section below entitled “**Global Themes.**”
- BBF Regional Coordinators conducted follow up meetings in their regions to identify and operationalize community-specific next steps. Examples to date include (but are not limited to):
 - New practices have been identified who are interested in being next sites for DULCE pilots.

- Individual meetings are being scheduled among partners who made new connections as a result of the meeting.
- Blueprint for Health staff are identifying new opportunities to focus on children and families under existing structures
- SDoH screening initiatives are being established and or expanded in various child-serving settings.

***Regional Meeting Locations/Dates:**

- Waterbury (Lamoille Valley/Central VT Regions), 10/26/17
- Burke (Caledonia/Essex/Orleans), 12/6/17
- Bellows Falls (Springfield and Brattleboro or SE Vermont), 2/8/18)
- Burlington (Chittenden), 3/28/18
- Bennington, 4/26/18
- Quechee (White River Junction/Hartford, or N. Windsor/Orange), 5/8/18
- St. Albans (Franklin/Grand Isle), 5/23/18
- Brandon (Addison/Rutland), 6/13/18

Personnel/staff who are currently conducting SDoH screening:

- Health care professionals (physicians, nurses, family specialists, other practice team members)
- Early childhood personnel: Head Start staff, child care professionals (developmental screening, including sporadic use of Developmental Screening tab in Child Health Profile)
- State/community agency staff: WIC, Parent Child Centers, Designated Agency personnel (CSAC), home health agency personnel

Screening Tools [Note: where possible, tools are listed by name. Otherwise, tools are described below as reported by attendees]

- ACEs screen
- ASQ
- CANS
- DULCE screening tools
- Edinburgh; other postpartum depression screening
- Formal, open-ended questions
- Healthy Habits questionnaire
- Housing (including 3-question screener)
- Hunger Vital Sign
- MTSS form for school
- PHQ-2, PHQ-9
- PRAPARE
- Safety: sunscreen, helmets, smoke detectors
- School
- Socializing with friends

- Strengthening Families surveys
- Women’s Health Initiative screener: includes housing, IPV, Hunger Vital Sign, depression screening, substance use screening
- Housing (including 3-question housing screener)
- Safety (created by MD office): sunscreen, helmets, smoke detectors
- Schools
- Self-sufficiency matrix
- Socializing with friends
- SWYC

Current Community Bridges/Connections

- WIC
- Childcare Resource & Referral
- Community Health Teams of Blueprint for Health
- Designated community mental health agencies
- Parent Child Centers
- Pediatric health care professionals
- Childcare Resource & Referral

Global Themes: multiple themes were identified through review of written output and notes reflecting oral discussion. These are identified below with brief summaries of relevant points from these discussions:

Current health and human service landscape in Vermont:

Care Coordination

- Care coordination – essential for optimizing care delivery in medical home and community settings. Care coordinators can assist with promulgation of **Bright Futures Guidelines** as a common platform for service delivery and strengthen communication channels among service providers and stakeholders.

Medical Home

- Preferred model of pediatric health care delivery in Vermont, but could be enhanced by increased resource investment (e.g., to support increased staff capacity).
- Importance of capacity to conduct screening, provide parent/family support, and facilitate connections to community resources. **DULCE** acknowledged as a promising model by which to accomplish these objectives.

Evidence-based (health) care delivery

- **Bright Futures Guidelines** acknowledged as preventive service standard for prenatal – 21 y.o.

- Can serve as common platform across multiple service sectors
- Potential to increase awareness of **Bright Futures** as a tool to strengthen pediatric care delivery in family medicine practices

Vermont Health Reform and Child and Family Health

- Community Health Teams are a welcome innovation and offer flexibility and community choice in use of funding (e.g., Bennington community uses available funding to support nurse care coordination)
- Schools – role of SNs
- Partnerships/relationships – groups/individuals that don't know each other
- Poverty – (esp. Bellows Falls); lack of resources. One ped + RN + PA – “doing everything.”
- Engagement of ECE/child care professionals (untapped resource)
- Pediatric Health Care setting is a place to screen parents – family-based approach.