Vermont Children's Integrated Services and the MECSH® program

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There is increasing evidence that integrated services provide improved outcomes. The State of Vermont has developed and implemented a Children's Integrated Services (CIS) system that offers early intervention, child-focused family support, and prevention services that help ensure the healthy development and well-being of children pre-birth to age 5. The services are delivered through a network of providers throughout Vermont with the type and intensity of service related to families' needs. Critical to the success of Vermont CIS is integration of evidence-based programs within the system. The Maternal Early Childhood Sustained Home-visiting (MECSH®) intervention is a key program within CIS. The MECSH program integrates with and promotes integration of services to support families. Through the MECSH program additional programs to meet families' needs are integrated, including obesity prevention and promotion of maternal wellbeing and responsivity. This poster will introduce Vermont CIS, its collaboration, quality and outcome drivers and facilitators, and the core MECSH program.

VERMONT CIS

Vermont has created a unique model for integrating early childhood health, mental health, evidence based home visiting, early intervention and specialized child care services for pregnant and postpartum women and children birth to age five. The model is designed to improve child and family outcomes by providing family-centric holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion, and accountability.

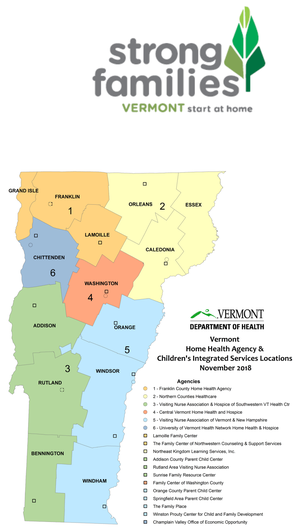
Administered by the Vermont Department for Children and Families, Child Development Division (CDD), Children's Integrated Services (CIS) is the early childhood component of Integrating Family Services (IFS) - the Agency of Human Services (AHS) approach to transforming how Vermont provides services and resources to help children and families reach their full potential. CIS reaches children early in life cycle promoting optimal development in a critical growth period and building protective factors in families that mitigate the need for more costly interventions later in life. CIS operates within the "no wrong door" concept with referrals triaged through the CIS Coordinator.

CIS uses a combination of funding sources to carry out and evolve our model, including:

- Federal IDEA Part C Grant
- Federal MIECHV Grant
- Medicaid
- General Fund
- Assorted grant funding as appropriate (e.g. Race to the Top Early Learning Challenge Grant)

The State reimburses direct service provision through three primary mechanisms:

- Contract with a fiscal agent in each region of the state, utilizing a bundled case rate inclusive of the majority of CIS services
- Fee-for-Service reimbursement for selected early intervention therapies
- Grants to service providers (e.g. Home health agencies for nurse home visiting program)



5,000
CIS clients served in 2018

Strong Families Vermont, the CIS home visiting program, supports pregnant people and new parents through home visits delivered by trained professionals using a continuum of services. Strong Families Vermont provides a proportionate response for families with young children with a range of home visiting services available relative to client needs. Services are informed by evidence and customized at both the community level, integrating with and building on local services and population need, and individually, to meet the needs of each family and provide precision home visiting. Home visitors partner with each family to set goals and promote optimal development, health and wellbeing. Home visits also provide an opportunity for early screening and identification of potential challenges facing families, as well as connections to the broader array of Children's Integrated Services (CIS) and other local services and supports. The Maternal Early Childhood Sustained Home-visiting (MECSH®) program is a key nursing service within Strong Families Vermont.

Key Points

Vermont Children's Integrated Services and its Strong Families Vermont home visiting program provide:

- Community based family centric holistic services
- Primary service coordinator as a single point of contact for families working with multiple service providers
- Multidisciplinary approach: administered by The Vermont Department of Children and Families, Child Development Division (CDD), Children's Integrated Services (CIS) in partnership with the Vermont Department of Health Division of Maternal and Child Health and local communities
- Customized services at both the community and individual levels to promote precision home visiting
- MECSH® sustained home visiting; a MIECHV funded evidence-based program custom-built for Strong Families Vermont

Figure 1 **All Referrals**

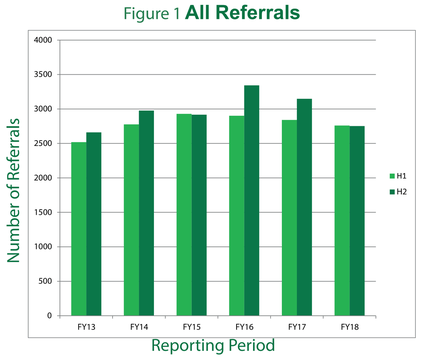
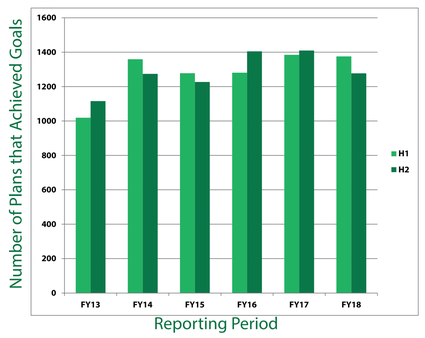


Figure 2 **Families Served - Achieved ≥ 1 Goal**



strong families NURSE HOME VISITING PROGRAM
VERMONT start at home

VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES
CHILD DEVELOPMENT DIVISION

VERMONT AGENCY OF HUMAN SERVICES
DEPARTMENT OF HEALTH

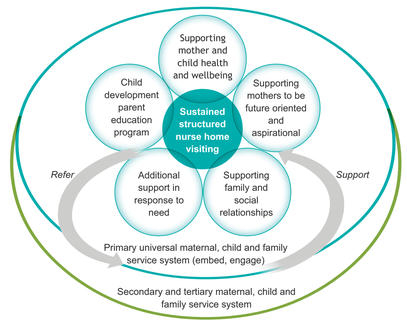
"I had a high risk pregnancy and stress following the birth. As a first time mother it's been great to have the knowledge they provide and someone I can ask, other than my doctors, about the smaller things. My nurse has also been helpful about making sure I had all the resources I need to be a successful mother to my son."

MECSH® MODEL

MECSH is a high-quality, evidence based, child focused prevention model uniquely embedded within a universal child and family health service system, operating from three underpinning principles:

1. A core and adaptation model of local implementation.
2. Supporting families to learn the skills to build their capacity and source the resources they need to adapt and self-manage in their parenting journey, and parent effectively despite the difficulties and challenges they face.
3. A salutogenic (health creating), rather than pathogenic (illness treating) approach.

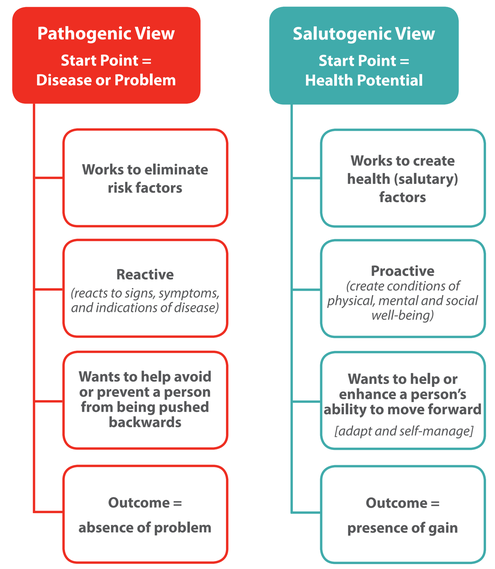
Figure 4 **MECSH Model**



MECSH
Maternal Early Childhood Sustained Home-visiting

WESTERN SYDNEY UNIVERSITY

Figure 3 **Comparison of Pathogenic vs Salutogenic health perspectives** (based on data from Becker et al.)



PROGRAM GOALS

Improve transition to parenting by supporting mothers through pregnancy. This includes providing support with the mother's and family's psychosocial and environmental issues, supporting the health and development of the family including older children, providing opportunity for discussion, clarification and reinforcement of clinical antenatal care provided by usual antenatal midwifery and obstetric services, and preparation for parenting.

Improve maternal health and wellbeing by helping mothers to care for themselves. Guided by a strengths-based approach, the health visitor will support and enable the mother and the family to enhance their coping skills, problem solving skills and ability to mobilise resources; foster positive parenting skills; support the family to establish supportive relationships in their community; mentor maternal-infant bonding and attachment; and provide primary health care and health education.

Improve child health and development by helping parents to interact with their children in developmentally supportive ways. This includes supporting and modelling positive parent-infant interaction and delivery of a standardized, structured child development parent education program.

Develop and promote parents' aspirations for themselves and their children. This includes supporting parents to be future oriented for themselves and their children, modeling and supporting effective skills in solving day to day problems and promoting parents' capacities to parent effectively despite the difficulties they face in their lives.

Improve family and social relationships and networks by helping parents to foster relationships within the family and with other families and services. This includes modeling and supporting family problem solving skills, supporting families to access family and formal and informal community resources and providing opportunities for families to interact with other local families.

MODEL APPROACH

Home visits take place based on the child's age. Families may receive three prenatal visits. After the baby is born, families receive weekly visits until the child is 6 weeks old, visits are then every two weeks until the child is 12 weeks old and then every 3 weeks until the child is 6 months old. After this time, the visits are incrementally spaced further apart but visits continue until the child is 2 years old. Families are ideally recruited prenatally, but the program allows for families to enrol until the baby is 6 weeks old.

MECSH's target population are families who are in need of additional support. Women are assessed antenatally for risk factors such as: lack of support, history of mental illness or childhood abuse, depression, life stressors, history of domestic violence, or alcohol or drug use in the home.

EVIDENCE

The original MECSH trial demonstrated the intervention was effective in improving child, maternal outcomes and the developmental quality of the home environment. The program evidence has been subjected to independent scrutiny and received approval as a quality evidence-based program by the USA Department of Health and Human Services Home Visiting Evidence of Effectiveness (HomVEE) review. The results from an Australian multi-site randomized controlled trial scaffolded on the MECSH model has shown that proportionate universalism can really work. Sustained nurse home visiting improved child wellbeing: mothers were more likely to be engaged in warm parenting practices with their child, children were more likely to have a regular bedtime, mothers were more likely to facilitate their child's learning, children were shown to have more opportunity for varied social interaction with adults, there were fewer safety risks at home,and mothers were less likely to engage in hostile parenting practices with their child.

References

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Acknowledgement

The MECSH® program is a registered trademark of UNSW Australia and from 2016 for the duration of 5 years is being sublicensed to Western Sydney University.