



Center for the  
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# DULCE: A REVIEW OF IMPACT AND INSIGHTS

Lessons from the Field on Bringing Together Health, Legal, and Early  
Childhood Partners to Reach Families of Infants in the First Six Months of Life

SEPTEMBER 2019



## ABOUT CSSP

The Center for the Study of Social Policy works to achieve a racially, economically, and socially just society in which all children and families thrive. We do this by advocating with and for children, youth, and families marginalized by public policies and institutional practices. For more information, visit <http://www.CSSP.org>.

## ABOUT DULCE

DULCE is an innovative intervention based in the pediatric care setting that proactively addresses social determinants of health, promotes the healthy development of infants from birth to six months of age, and provides support to their parents. DULCE does this by introducing a Family Specialist, trained in child development, relational practice, and concrete support problem solving, into the pediatric care team. The DULCE model is currently being replicated and evaluated at seven sites in five Early Childhood Learning and Innovation Network for Communities (EC-LINC) communities as a component of their local early childhood systems.

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## OVERVIEW

This brief provides an overview and initial lessons learned from DULCE, an intervention that brings together health, legal, and early childhood systems partners to better support families of infants during the critical first six months of life. We hope this information helps system and program leaders, managers, and other decision makers in the pediatric and family health care, early childhood, and legal fields as they work to help families give their children the best start in life. The brief draws examples and lessons from DULCE's expansion from a single pilot site in Boston to five communities across the country. The information comes primarily from interviews conducted with frontline partners and system leaders in the DULCE expansion communities—the people who know best what it takes and what it means to implement this approach.

**DULCE (Developmental Understanding and Legal Collaboration for Everyone) is an innovative intervention designed to improve children's health and well-being** by transforming how infants and their families experience services and supports. DULCE reaches families with infants from birth through six months by meeting them where they bring their babies for health care: the pediatric medical home. DULCE then leverages the early childhood and legal sectors to help the health system bolster family strengths by coaching parents on infant development milestones, proactively detecting negative social determinants of health, and connecting families to concrete services and supports, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP), affordable housing, help with immigration and other legal issues, treatment for maternal depression, child care, and jobs programs. (For more on DULCE's core features and how they operate, please see the boxes below and on the following pages.)

DULCE's design is based on findings from a randomized controlled trial conducted at the Boston Medical Center from 2010–2012. In 2015, with funding from The JPB Foundation, the Center for the Study of Social Policy launched a multi-year initiative to refine DULCE and expand its reach to communities across the country. Starting initially in five counties—Lamoille County, VT; Palm Beach County, FL; Alameda County, CA; Los Angeles County, CA; and Orange County, CA—the expansion will continue with an additional five counties in 2018–2021. One of the major refinements from the Boston pilot was to integrate DULCE into county-level early childhood systems<sup>1</sup> affiliated with EC-LINC (Early Childhood-Learning and Innovation Network for Communities).

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The information comes primarily from interviews conducted with frontline partners and system leaders in the DULCE expansion communities.

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### DULCE'S CORE FEATURES

- **The medical home as a point of entry**, leveraging families' comfort with newborn health care to connect infants and families with other needed services and supports;
- **Integration into the early childhood system**, to eliminate silos and improve families' connections to services and supports;
- **An interdisciplinary approach** that links health care with legal services and the early childhood system;
- **Universal enrollment**, so that every family with an infant aged 0–6 months who visits a participating medical practice has a chance to participate, and no family feels stigmatized;
- **Grounding in research-informed frameworks** (see following page); and
- **Families at the center**, using individual family priorities to guide interactions, customize responses, and build parent/caregivers' independence.

<sup>1</sup>By this we mean the agencies that are the backbone in a community for bringing health, public health, early care and education, family support, and often many other systems together to improve outcomes for young children and their families.

## HOW DULCE OPERATES

A dedicated, trained **Family Specialist** is integrated into the primary care team to proactively detect and address families' health-related social needs and to help families promote their children's development. The Family Specialist's preparation includes:

- An introduction to *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents* (4th Edition 2017), which prioritizes strengths-based screening of families for the social determinants of health;
- Training and reflective mentorship on the Brazelton Touchpoints model, which teaches parents and caregivers to anticipate and understand potentially disruptive periods during a child's early development, thereby building parents' confidence and strengthening family relationships.
- An introduction to the Strengthening Families™ framework, designed to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. Strengthening Families™ engages families, programs, and communities in building five essential protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children
- Mentoring and joint problem-solving with legal partners to address social determinants of health and provide concrete support to families in need; and
- An introduction to community resources from the early childhood systems partner, along with mentoring and problem-solving on connecting families to available services and supports.

A highly structured, **cross-sector interdisciplinary team** is established; its members include the primary care physician and/or nurse practitioner, Family Specialist, legal partner, mental health lead, and early childhood system representative. The team meets weekly to provide case management and connections to the services and supports families need. The meetings also serve as one aspect of clinical supervision for the Family Specialist.

A **legal partner** integrates legal knowledge and resources into the primary care team, strengthening families' ability to secure concrete supports. Legal partners help identify families' legal risks, rights, and remedies proactively—before families experience an acute legal (and health) crisis. These partners create a “bridge” to free, high-quality, direct legal representation in high-stakes court and administrative proceedings for families with complex legal needs. They also identify health-harming violations of families' legal rights and seek resolution through system- and policy-level strategies, legislation, regulatory reform, and impact litigation.

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These partners create a “bridge” to free, high-quality, direct legal representation in high-stakes court and administrative proceedings for families with complex legal needs.

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A **local early childhood umbrella organization** engaged in building and connecting multiple service systems for young children and their families works in partnership with the pediatric and legal partners to help families access the resources they need.

## SERVICES AND SUPPORTS PROVIDED THROUGH DULCE

**Routine newborn, 1-month, 2-month, and 4-month well-child clinic visits**, at which the Family Specialist and primary care team (a) screen for maternal depression and interpersonal violence, (b) screen for barriers to meeting basic needs and then connect families to available supports, (c) use Brazelton Touchpoints to help families understand how their baby is growing and changing, and (d) provide targeted coaching grounded in parents' relationship with their baby.

**A 6-month visit**, at which the Family Specialist wraps up the intervention and provides a customized transition plan to ensure the family knows where to go for support within the family-centered medical home.

**A weekly interdisciplinary case review**, which brings the entire team together for collaborative problem-solving and to plan the follow-up for each positive screening result.

Efforts by the **legal partner** to help families overcome barriers to obtaining support for basic needs outside the courtroom. The legal partner trains the Family Specialist in legal issues, resources, and rights relevant to the families; supports the Family Specialist in how to provide families with information to solve their legal problems; consults directly with families; and provides direct, rapid-response support to families.

**Continuous quality improvement** to guide implementation and adapt the model locally in response to implementation data.

## WHY INTEGRATE DULCE INTO LOCAL EARLY CHILDHOOD SYSTEMS?

In each DULCE community, an early childhood umbrella agency or organization sponsors and helps support DULCE, bringing it into the local mix of health, early learning, family support, legal, and related systems that serve the community's young children and families. In addition, the local umbrella agency/organization plays an instrumental role in spreading DULCE to new sites in the community in order to more fully serve the population.

Integrating DULCE into local early childhood systems helps to ensure that (1) families receive services they need beyond the health system (2) families develop relationships with community-based organizations so that when their participation in DULCE ends after six months, they continue to be connected to needed services across sectors and they know where to go in the future if developmental concerns arise or another of their children needs help; and (3) each community has an overarching focus on both sustaining and spreading DULCE to new sites to more fully reach the population in need.

By housing the intervention in health care locations and also integrating it into early childhood systems, DULCE helps break down silos between health and other community systems that serve babies during their earliest stage of life, transforming practices across sectors, and identifying gaps and barriers to needed services.

For example, as physicians and nurse practitioners learn more about where they can refer parents for help with problems that negatively affect the family—and as they realize they can rely on the Family Specialist to follow up with referrals—they take more time to explore with parents what obstacles they face. Do they have financial constraints? Is the landlord upset because there is a new baby in the apartment? Are they living in unsafe or unhealthy housing? And they ask what supports families might need to ensure their children have a stable, secure, and healthy home environment. These changes in health care practice have a ripple effect, as physicians begin to apply the broader concept of a well-child visit to their work with families outside the DULCE age group, too.

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“The things I intuited about patients before, I now know definitively. I can ask the questions now, because I have a Family Specialist to follow up on the answers.” —*Medical Provider*

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Practitioners in the early childhood system learn through DULCE what services are not easily available to families, where the breakdowns occur in connecting families with needed supports, and how the array of services could be changed to be more accessible and responsive to families. In one DULCE site, for example, physicians were initially reluctant to refer families to home visiting programs because they rarely received feedback from home visitors on what they were learning that might affect the families' medical care. With support from the DULCE Family Specialist and the early childhood lead, the physicians invited home visiting programs to tour the clinic and learn how they use DULCE to partner with families. That outreach opened the door to creating a strong referral pathway and feedback loop between the clinic and home visiting program.

Legal partners learn through DULCE that if they ask families questions about legal issues at the outset, they usually can focus on preventive practices and avoid the time- and resource-intensive process of initiating legal action later on. For instance, sending a boilerplate letter that notifies a landlord of a new baby in the household will keep the family in compliance with their lease, thus preventing an eviction.

**The relationships cultivated through DULCE lead to greater utilization of services and supports across systems**, including after families' participation in DULCE ends. In Palm Beach County, for instance, DULCE encourages cross-referrals with the Help Me Grow, Healthy Steps, Centering Pregnancy, and BRIDGES programs and the Healthy Beginnings and Quality Child Care systems. During the centralized intake process, staff look for other programs in the early childhood system that can supplement DULCE's services with deeper intervention and ongoing care coordination.

Similarly, when the Lamoille Valley Family Specialist realizes that a DULCE family needs long-term support, she conducts a few home visits alongside a colleague from Children's Integrated Services, a state network that offers free or low-cost early intervention, family support, and prevention services to eligible children from pre-birth to age five. The family gets to know and trust both specialists, so services continue smoothly after the infant ages out of DULCE. The result: A continuum of care and support that meets families' evolving needs, and better understanding, coordination, and alignment across systems.

Often, the improvements that DULCE brings to a host clinic extend through the system to other locales and families not participating in DULCE. For example, when clinic staff at a Los Angeles DULCE site learned they could bill Medicaid for an infant's one-month well-baby visit, that change was implemented across clinics in the medical system. The practice of connecting mother's and infants' medical records as part of the maternal depression screening, which DULCE piloted at a First 5 LA site, also was so useful that the medical system implemented it in its other clinics.

## DULCE SITES: KEY PARTNERS AND THE FAMILIES THEY SERVE

In **Alameda County, CA**, DULCE is a partnership between First 5 Alameda County, the Highland Pediatric Clinic (part of Highland Hospital in Oakland), and the East Bay Community Law Center. Highland Hospital is the main campus of the county's public health system, and it houses a new birthing center. The pediatric clinic has 12 physicians on staff and is a major site for Help Me Grow. Almost half (46%) of DULCE families are Hispanic or Latinx, and 29% are Black or African American. Highland Pediatric Clinic serves many families new to the country and like many other DULCE sites, provides legal support to help families navigate their new environment.

In **Orange County, CA**, DULCE is a partnership between the Children and Families Commission of Orange County, Clínica CHOC Para Niños (run by Children's Hospital of Orange County), and the Public Law Center. Orange County is one of the most densely populated areas in the United States. Clínica CHOC Para Niños is located in Santa Ana, where about 12% of children are uninsured. It is a neighborhood clinic, well-known to the families who use it and was the country's first freestanding, full-service clinic located at a Boys & Girls Club. About 75% of residents in Santa Ana are Hispanic or Latinx. Orange County has a robust Help Me Grow program, based at the Children's Hospital of Orange County, and a community resources worker from Help Me Grow has participated on the DULCE team to share knowledge of community resources and referrals.

DULCE in **Los Angeles County, CA** is a partnership between First 5 Los Angeles; The Children's Clinic, Long Beach; Northeast Valley Health Corporation, Sun Valley; Legal Aid Foundation of Los Angeles; and Neighborhood Legal Services of Los Angeles County. DULCE operates at DULCE operates at four sites in LA County (two added late in 2018), all of which serve a large number of poor/low-income immigrant families who lack health care coverage. Features of the original two sites:

- The neighborhood clinic in **Long Beach** that hosts DULCE is one of The Children's Clinic's smallest facilities. Slightly more than half (55%) of DULCE participants are Hispanic or Latinx, and 27% are Black or African American. The DULCE Family

Specialist is from the surrounding neighborhood, and her own children all used the clinic when they were growing up. Other staff include a nurse practitioner who is a strong champion of DULCE.

- **Northeast Valley Health Corporation in Sun Valley** is a large, full-service facility that encompasses behavioral health, OB-GYN, and WIC services as well as a pediatric clinic. The DULCE Family Specialist is a former home visitor for Early Head Start. Almost all of the DULCE families (95%) are Hispanic or Latinx.

In **Palm Beach County, FL**, DULCE is a partnership between the Children's Services Council of Palm Beach County; C.L. Brumback Primary Care Clinic of West Palm Beach, a federally qualified health center; and Legal Aid Society of Palm Beach County, Inc. The clinic, which also houses a pharmacy and behavioral health services, serves a large population of children of all ages, and one pediatrician sees nearly 600 newborns annually. The clinic offers open access: no appointment needed. Consequently, many families use the clinic instead of an emergency room, and the clinic has long wait times. DULCE's Family Specialists (there are two) have formed parent and play groups for waiting families. After learning that transportation problems prevented many families from making follow-up visits, the Children's Services Council developed a program in which private drivers (first Uber, and now a different transportation service) provide free rides for DULCE families to and from doctor's visits and any medically related follow-up visits. That service dramatically improved families' retention and reduced the no-show rate.

DULCE in **Lamoille County, VT** is a partnership between the Lamoille Family Center; Appleseed Pediatrics, part of a federally qualified health center; and Vermont Legal Aid. The county has about 25,000 residents, mostly (96%) white and U.S.-born. Appleseed Pediatrics is a small clinic serving approximately 150 newborns a year. The DULCE Family Specialist is located at the clinic but is an employee of the family center. Cross-system coordination and integration are practiced across the state of Vermont through local roundtables, at which representatives of different systems review new cases and make joint decisions to solve families' needs.

**Early childhood umbrella agencies position DULCE as a way to fill gaps and maximize existing services.** For example, **First 5 LA** implemented DULCE to capitalize on the health care system's shift toward more integrated practices and to build on the county's large investment in home visiting to provide developmental guidance. First 5 leaders reasoned that DULCE might reach the families who opt out of home visiting—and even if there was some overlap, “it’s OK to get guidance in two places [because] people see the same children in multiple contexts, and each brings a different lens,” a system leader noted. First 5 LA also was drawn to DULCE to help the pediatric clinics develop a more family-centered practice and to bring in the medical-legal partnership, because the sites serve many immigrant families who need help enrolling in health insurance and obtaining income and nutritional supports.

In **Orange County**, system leaders viewed DULCE as an additional entry point into the Bridges Maternal Child Health Network (a well-established portfolio of pre- and peri-natal health programs) and as a way to resolve families’ psycho-social, economic, and legal issues, which existing programs were not well-equipped to address. The medical-legal partnership and the Brazelton Touchpoints training, in particular, filled gaps in Orange County’s other parent support and education programs. DULCE’s emphasis on connecting families with concrete supports was especially appealing to a county facing a crisis in affordable housing and the high cost of living. “Many families are doubled- or tripled-up in their homes, and there’s a problem across Orange County trying to address it,” an interviewee said.

**Alameda County** system leaders saw DULCE as a way to fill gaps in home visiting services—the county offers 11 home visiting programs, each with very targeted eligibility criteria and scope of services. DULCE provides the opportunity to serve as an entry point for all families with infants at any given clinical site, thus the capacity to reach more families. In addition, DULCE offers legal assistance with immigration status and public assistance benefits, a critical component that is generally not included in home visiting and other navigation services. “Not a week goes by when the home visiting folks don’t ask us how they can get the legal component into home visiting,” a system leader said.

**The Family Specialist role is the linchpin for DULCE’s system-spanning approach.**

Family Specialists embrace an array of responsibilities: identifying the underlying factors that affect family health; serving as the bridge between families, medical staff, other service providers, and system leaders; updating members of the interdisciplinary team on each family’s status; developing a collaborative plan for solving family’s problems and coordinating care; helping parents register for benefits and schedule services; troubleshooting insurance issues; providing transportation to appointments; and more. The Family Specialist becomes the families’ trusted friend, connector, and advocate. Through the Family Specialist’s efforts, physicians learn more consistently and reliably about the social determinants of families’ health, such as food and housing insecurity or domestic violence, and parents learn to see the clinic as not only their medical home but as a place that responds to their needs more holistically and connecting them with additional services and supports that can help lay the foundations for long term health and development.

Family Specialists describe their role as being a point of contact for parents—a personal resource guide, a community liaison, an extra level of support, and “like a cheerleader” to help them through tough times. “It’s a unique position. I touch on content that is developmental, emotional, anticipatory guidance, advice on lactation and maternal depression, and community-based resources,” said one Family Specialist.

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“It’s really about the human connection. [My role] takes away from the sterility of the clinic, and with the human touch [families] can really open up and get to know us, and we get to know them.”

—*Family Specialist*

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But Family Specialists are equally aware of their other roles: helping system and program leaders better understand families' living situations; helping providers forge a more comfortable relationship with families so they can provide better services; and helping families feel not only understood but confident they can begin to solve some of their own problems. "The program isn't about doing it for them," a Family Specialist explained. "You show them how to do things and they take off finding resources on their own."

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**"Seeing how DULCE impacted so many lives made me want to be a part of that. It grew my passion for social services."**

*—Family Specialist*

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Given the breadth of the role, Family Specialists come to the job from many backgrounds. Within the DULCE expansion sites, a few have academic training in child development; several had their own experiences as vulnerable, unsupported young parents; some have filled other roles, such as community worker, at the clinic where DULCE is located; and one is the former executive director of a nonprofit that provides direct services to immigrant families. The Family Specialists in some sites share the DULCE families' ethnicity and speak their native language, and all are skilled at connecting with families of many different cultures. They are people who "want to make a difference," as one put it.

**Collaborative, cross-sector case management strategies abound in the DULCE sites.**

In Palm Beach County, for example, DULCE encourages cross-referrals with the Help Me Grow, Healthy Steps, Centering Pregnancy, and BRIDGES programs and the Healthy Beginnings and Quality Child Care systems. During the centralized intake process, staff look for other programs in the early childhood system that can supplement DULCE's services with deeper intervention and ongoing care coordination. See the call out box later in this paper, which provides many more examples from across the DULCE sites. Common themes include efforts to create a continuum of care and support that meets families' evolving needs and to increase understanding, coordination, and alignment across systems.

The weekly interdisciplinary case reviews play an important role in cross-sector collaboration. During case reviews, lead DULCE team members:

- Listen actively to the Family Specialist's presentation of family profiles, to suggest potential additional areas of strength, need, risk, or vulnerability;
- Conduct triage of each family's presenting needs and help the Family Specialist prioritize next steps;
- Identify potential areas of further inquiry for the Family Specialist to pursue with the family;
- Identify strategies for addressing families' barriers to receiving concrete supports, including their rights to benefits, services, and legal protections;
- Identify strategies for addressing families' barriers to engaging with support available through behavioral health, legal partnerships, the early childhood system, community linkages, etc.;
- Discuss the Family Specialist's capacity and resources for problem solving with families;
- Identify role-appropriate steps the Family Specialist may take with families to solve their problems; and
- Identify steps that other members of the DULCE team must take to resolve barriers.

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**"Maybe a family isn't opening up [to other providers] or isn't responding to calls. I can say, 'Oh, here's what's going on with them,' and then staff can use that information the next time they interact....A provider we work with has learned from case review to ask deeper questions about families' support systems and well-being and even [access to] benefits."**

*—Family Specialist*

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## WHAT DOES DULCE LOOK LIKE FOR FAMILIES?

In **Los Angeles**, a single mother entered **First 5 LA's** DULCE intervention after her second child was born. They had lived in shelters after fleeing a violent home life, and struggled to obtain enough food and other basic supports. As the mother got to know the Family Specialist, she opened up about her experience with domestic violence. The family wasn't eligible for some services because she was an undocumented resident, but because of the violence in her history DULCE's medical-legal partner applied for her to receive a U-VISA (a non-immigrant visa available to victims of crimes, and their immediate family members, who have suffered substantial mental or physical abuse and are willing to assist law enforcement and government officials in the investigation or prosecution of the criminal activity). Eventually the mother was able to obtain food stamps and Medicaid and began seeing a therapist biweekly. "I could see that she changed, just through the energy and confidence coming off her," the Family Specialist observed.

The mother of a newborn seen at the **First 5 Alameda County** clinic was so anxious she could barely care for her baby. She had crossed into the United States when she was nine months pregnant, traveling by foot from Guatemala with a four-year-old in tow. The new baby's father was missing—presumably hiding from gang members who had threatened to kill him unless the wife paid money she didn't have. DULCE's legal partners located the father in immigration custody and got him a lawyer. Relief at knowing he was alive enabled the mother to begin taking care of her new child.

In **Los Angeles**, a mother with three older children gave birth to twins. As she gained trust in the DULCE Family Specialist, the mother revealed that she suffered from a chronic disease, had difficulty obtaining public benefits, and lived in an apartment that needed repairs. The woman had a steady partner, but as an undocumented day laborer he had no consistent income. The Family Specialist visited the family's home, bringing diapers, an infant swing, and a children's book. She connected them to the medical-legal partner, who helped resolve many of the problems. However, the family decided to move to another county to live with a relative. When that didn't work out they returned, living in a van as the mother cycled in and out of the hospital for kidney treatment. The DULCE Family Specialist connected the family to a multiservice center for people who are homeless, where they received a 30-day motel voucher. Then, with help from DULCE's medical-legal partner, they applied for and received Section 8 housing. "I'm sure they could have

accessed resources in time, but because of DULCE they could navigate the system better and access care and services quicker," the Family Specialist said.

When a first-time mother in **Lamoille Valley** met the DULCE Family Specialist, she was overwhelmed by the stress of her child's needs, her family's financial situation, and her relationship with the baby's father. The Family Specialist referred her to the county's economic services department to apply for Reach Up, a work skills and job placement program, and for supplemental income support. Next, the Family Specialist engaged the medical-legal partner to help the baby's father obtain Social Security benefits. She also connected the family to Vermont's Children's Integrated Services network, from which they received in-home parenting support and education. These efforts helped the family stay on track with pediatric visits, reduce stress, and become more stable.

It took six months for a mother in the **Orange County** DULCE program to open up to the Family Specialist, but finally the mother divulged that she had a history of substance abuse and was afraid of falling back into it. The DULCE Family Specialist connected the mother to a social worker, and after several hours of consultation they had developed a prevention plan and put the necessary resources in place.

When a mother and infant son—the youngest of her four boys—in **Palm Beach County** began participating in DULCE, it was hurricane season. When the four-year-old in the family told the Family Specialist that they needed clothes and sheets because their beds were always wet from a broken window, the Family Specialist spoke to the mom and confirmed that, after a recent hurricane, their window was broken. Each time it rained, water poured into the house and the landlord had refused to repair the broken window. The legal partner stepped in and wrote a letter to the landlord demanding repairs, which resulted in the landlord repairing the window with the help of the family's father. The Family Specialist sought help for the family from a local church, resulting in new clothing, furniture, and more than \$1,000 in cash. Later the church reached out and provided the children with gifts for Christmas. Not long after, the 14-year-old son in the family was shot in the stomach during a drive-by shooting in the neighborhood. The Family Specialist connected the 14-year-old with victim services, and the entire family began to receive counseling.

**A randomized controlled trial of the initial DULCE pilot, conducted at Boston Medical Center in 2010-12, showed very positive results.** Participating families reduced their usage of emergency department services, were more likely to adhere to well-child visits and immunizations, improved their access to concrete supports (SNAP benefits, continuous utility services, etc.), and secured valuable supports for which they were eligible (e.g., food, utility service) at roughly twice the pace of control families (i.e., six months vs. 12 months).<sup>2</sup>

Families responded very positively to DULCE: 98% of families to whom DULCE was offered accepted the intervention, and 87% of families who enrolled in DULCE completed it. (The main reason for non-completion was that the family moved away from the clinic that offered DULCE.)

**The DULCE expansion sites also report evidence of positive impact for children and families and for the health care, legal, and community early childhood systems.**<sup>3</sup>

**Impact on children and families.** As examples in this brief illustrate, DULCE operates as a problem solver, confidence builder, link to services and supports, and path to knowledge and skills in child development and parenting. Families receive more comprehensive and effective services to meet their needs than they would get without DULCE, thanks to the Family Specialist, medical-legal partner, and the relationships within the cross-sector case review team. The universal delivery model avoids stigmatizing families who need extra support, and DULCE's ability to serve the entire family, including infants' older siblings, further simplifies the families' experience. "In a clinic, everyone is getting assistance in some form. Everybody gets to see the Family Specialist. So, it's not stigmatized," an early childhood system partner at a DULCE site in California explains.

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"These families carry trauma, so for them to open up and share their stories—that is already a success. Yes, our successes in getting them [Medicaid and other supports] are important, but healing emotion, trauma-caring, and trust are the biggest success." —*Family Specialist*

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DULCE often uncovers issues not revealed through typical medical or developmental screening, including housing stability, food security, employment and financial problems, maternal depression, and interpersonal violence. The model's ability to connect families with multiple services and supports simplifies the task of lining up resources and reduces the "too-many-cooks-in-the-kitchen" syndrome (i.e., multiple providers treating each person and problem in isolation). The connections to social supports go beyond mere referral; DULCE makes sure that families actually get the benefits they need.

<sup>2</sup> Robert Sege et al., *Medical-legal strategies to Improve Infant Health care: A Randomized Trial, Pediatrics (July 2015)*

<sup>3</sup> Chapin Hall is currently conducting an evaluation of DULCE's expansion sites, to be completed in February 2020, which will provide additional qualitative analysis on DULCE, as well as administrative data on DULCE's impact on health services.

The trusting relationships that families form with Family Specialist and other providers help them develop protective factors. Parents gain a sense of personal agency through the relationship-based practices embedded in Brazelton Touchpoints and Bright Futures and as they learn to successfully navigate complicated eligibility and enrollment systems for concrete supports, such as Medicaid. These positive impacts leave parents less stressed, more solidly connected to a medical home, and better able to focus on their infants' healthy development.

**Impact on the health care system.** DULCE's approach integrates seamlessly into pediatric clinics and other medical settings without disrupting services—and, in fact, some practices report that it improves the workflow. With more knowledge, resources, and tools available pediatricians and clinic staff are better able to meet families' multiple needs, which makes them more likely to ask families about the factors that affect their health. By asking these questions, practitioners begin to take a more proactive, preventive approach to addressing the social determinants of health that can lead to toxic stress and its long term consequences. This approach often transfers to practitioners' work with other patients are not in the DULCE intervention.

DULCE's Family Specialists have strengthened connections between pediatricians and home visiting programs, and DULCE's legal partners have helped pediatricians look at family issues through a broader policy lens, rather than just in terms of discrete families. DULCE also can identify and resolve systemic flaws. For example:

- In **LA County**, a pattern of missed four-month well-baby visits prompted the DULCE Family Specialist to reach out to families. She learned that Medicaid's process for determining babies' eligibility was backlogged, so when the automatic coverage expired after two visits, families' coverage lapsed. DULCE's legal partner was able to fix the problem in the county public health system and initiate administrative advocacy at the state level.
- At one **First 5 LA** DULCE site, clinic staff learned from the legal partner that they could bill Medicaid for one-month well-child visits, leading to more timely scheduling of visits to track infants' development.
- At the **Alameda County** DULCE site, the Family Specialist found that families were extending their credit card debt to pay hospital bills that were being generated incorrectly. The Family Specialist worked with the billing department to figure out and resolve the billing glitch.

As pediatricians and clinic staff become better informed about their patients and better equipped to treat the whole child and family, they report having more job satisfaction. "That matters to me, because we're worried that pediatricians are leaving the field," said an early childhood systems leader in Vermont.

**Impact on the legal system.** DULCE creates opportunities to solve families' legal concerns in a way that is proactive rather than crisis-driven. Examples include situations that dramatically affect children and parents' lives: resolving immigration problems, putting provisions in place for children whose parents might be deported, obtaining custody and child support, gaining protection from an abusive relationship, understanding and asserting tenant rights, obtaining Medicaid coverage and resolving billing issues, and accessing supports such as SNAP. "Before DULCE we had a very reactive, crisis-driven model [of serving families]," a DULCE partner in California recalled. "You waited until a family was about to get evicted and become homeless, or until a woman was being beat up by her partner, and then you called a social worker. That felt terrible....For me, that's one of the most powerful things about DULCE: Meeting families before they reach a crisis."

DULCE's built-in legal partnership leads to greater utilization of legal services and supports. As more families avoid legal problems that can undermine healthy parenting, the attorneys who partner with DULCE gain a new perspective on family law—through the eyes of children and families.

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"This is why I went to medical school. I always wanted to practice this way."

—*Medical Provider*

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**Impact on community early childhood systems.** DULCE's focus on infants attracts families that might not otherwise connect to or accept services from the early childhood system. System leaders appreciate DULCE's potential to reach large numbers of children and families at less cost than other strategies, while enhancing those services rather than replacing them. In Alameda County, where 11 home visiting programs operate and where the hospital sponsoring DULCE is also a major Help Me Grow site, partners find that DULCE complements other programs. "People see the same children in multiple contexts and bring a different lens to the analysis," said a collaborator in Los Angeles.

DULCE's interdisciplinary approach creates a continuum of care that reduces silos and duplication between systems, programs, and services. It allows warm handoffs between stages of care and intervention. For example, DULCE and Help Me Grow staff in Alameda County work closely to develop a continuing plan of care for children and ensure that when the family leaves DULCE, the child is well-connected to other services

DULCE's case management system forms a communication bridge between the early childhood, health care, human services, and legal systems; encourages cross-referrals; and facilitates partnership across those systems and programs. In Lamoille County, VT, for example, families that will need long-term support are referred to Children's Integrated Services (CIS), which encompasses childhood and family medical health, nursing, specialized child care, and home visiting. The DULCE Family Specialist and CIS home visiting staff spend the last three months of DULCE working together with the family so parents feel comfortable making the transition.



### What factors lead to success in DULCE expansion sites?

- **The Family Specialist's qualities.** Essential assets include a warm and comforting demeanor; experience and training in psychology, social work, early child development, and/or parent education; knowledge of community resources; the ability to work independently; systems-thinking skills; and confidence advocating for clients.
- **A delivery setting that maximizes effectiveness for specific populations.** Key features include easy access for high-need families, a welcoming ambiance, and a willingness by representatives of the systems and organizations to work across boundaries. In a nutshell, lodging DULCE in a pediatric practice with supportive physicians helps to jumpstart the process of gaining parents' trust.
- **Pediatricians, legal partners, and system leaders who are committed to the model** and will serve as champions within their clinics, state and regional service systems, and public discourse.
- **Close connections to social work resources.** "I would suggest putting DULCE in a clinic that has at least one day a week of social work time available," advised a site lead.
- **Positioning DULCE as one part of a continuum of services and supports** accessible to children and families throughout their lifetimes.
- **Anchoring DULCE in an umbrella organization or agency** that can work with legal and clinical partners to sustain current sites and can plan and lead further spread to new sites within the community.

### What implementation challenges does DULCE face, and how do sites resolve them?

- **Fragmentation across health and human services programs and systems.** Poor communication about shared families, competition for resources, incompatible record-keeping systems, and competing priorities for care coordination are among the many challenges posed by fragmentation across systems at levels—national, state, and local. DULCE sites address these challenges locally by cultivating relationships with staff in other systems, using case conferences to increase communication, sharing costs across systems, and positioning DULCE as a bridge—not a replacement—for other services.
- **Data sharing challenges.** Barriers to data sharing exist both within and across sectors—a problem for many in the early childhood field. At least one DULCE expansion site experienced long delays getting data-sharing agreements in place with all of the partnering systems. Their recommendation: Start early to negotiate arrangements so the data are ready when you need them for quality improvement and fundraising.
- **Sustainability issues.** Sustainability is a perpetual problem within health and human services, particularly for preventive services, and DULCE is no exception. The solutions: local umbrella organizations have begun to advocate for DULCE at many levels of system management, not just the front lines; gather persuasive data on DULCE's effectiveness; integrate budgets across systems; and seek alignment and cost sharing among programs funded by Medicaid, local health and early childhood systems, private insurers, and philanthropy.

### **DULCE's initial expansion communities are continuing implementation of DULCE in current sites and are working to expand to new sites.**

By the end of 2018, all of the DULCE sites were in a growth and expansion phase:

- The Palm Beach County site hired a second Family Specialist to work at the clinic originally funded to implement DULCE, so that location can serve more families, and is in the early stages of adding DULCE to a federally qualified health center in the same networks as the original clinic.
- In Los Angeles, where the DULCE expansion funded one site and First 5 LA funded two others, First 5 LA began funding two additional sites in September 20.
- In Vermont, the early childhood system formed an alliance with the state public health agency's department of maternal and child health, resulting in funding through an accountable care organization for three new communities implementing DULCE.
- Alameda County, seeking to normalize and institutionalize the protective factors approach, has identified an expansion site within the public health system. Leaders are compiling evidence of DULCE's impact and beginning to make the case for expansion to local funders.
- Orange County has plans expand to two additional pediatric outpatient clinics through Children's Hospital Orange County using dollars available through a county Intergovernmental Transfer.

**During this next phase of growth, the DULCE National Center at CSSP will continue partnering with early childhood systems to expand DULCE to new geographic areas across the country,** including the Midwest and Deep South, to learn how the model works to address a variety of family situations. The team also wants to learn what it would take to reach a critical saturation level within a county, with a particular focus on reaching the population of Medicaid-eligible infants.

DULCE's next phase also involves efforts to collect more data on the intervention's impact and effectiveness. And DULCE's developers are working with implementers to figure out how DULCE can be financed by health, and other long-term funding streams, thus reducing reliance on private dollars.

As these plans roll out, the people on DULCE's front lines continue to transform practices, programs, systems—and lives. A Family Specialist sums up DULCE's value, and its potential, in this observation about her work:

*"I'm proud every day. I'm proud of parents who leave DULCE because they relocate for better opportunities, like if a parent got a new job elsewhere. I'm proud they feel like they can move, sometimes from a place they've lived their entire lives; that's strength. I'm proud of those who stay the full six months, too; it's like gaining an additional friend. After DULCE, when they bring their kids to the clinic, they might just say hello and keep going and I'll think, 'Why didn't you stop and talk to me?' But it's because they've figured it out, they're doing things for themselves now. So I'm happy for them."*