

# DULCE BIANNUAL REPORT

*MAY 2021 -  
OCTOBER 2021*

**EXECUTIVE  
SUMMARY**



**DULCE**  
An initiative  
of CSSP



**Center for the  
Study of  
Social Policy**  
Ideas into Action

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## ABOUT DULCE

DULCE (Developmental Understanding and Legal Collaboration for Everyone) is a universal, evidence-based pediatric care approach. It supports healthy newborn development, partners with families of infants to meet their social needs, and promotes healthy communities. DULCE does this by introducing a specialized community health worker into an Interdisciplinary Team that includes representatives from the early childhood, health, and legal systems. DULCE was successfully piloted in five communities and continues to strategically expand in localities that are under-resourced and have been marginalized by racist systems. To learn more about DULCE, please visit [cssp.org/our-work/project/dulce/](https://cssp.org/our-work/project/dulce/).

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## ABOUT CSSP

The Center for the Study of Social Policy (CSSP) is a national, non-profit policy organization that connects community action, public system reform, and policy change. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.

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## ACKNOWLEDGMENTS

Whitney Hewlett Noël is the primary author of this report. CSSP gratefully acknowledges each of our 10 communities in Oakland, CA; Orange County, CA; West Palm Beach, FL; and Vermont for their tireless work in DULCE implementation and their contributions to this report. We wish to thank the DULCE National Team for their nimble leadership and guidance: MaryCatherine Arbour, Charlyn Harper Browne, Jeannine Casselman, Azieb Ermias, Dina Fico, Patsy Hampton, Lia Hsu-Rodriguez, Samantha Morton, Whitney Hewlett Noël, Robert Sege, Jennifer Murphy Sims, and Jayne Singer. We would like to thank our partners at the Center for Outcomes Research and Education (CORE) at Providence Health & Services for helping guide this process. CSSP finally wishes to thank The JPB Foundation for their generous support of this project and publication.

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## SUGGESTED CITATION

Center for the Study of Social Policy. (2022). *DULCE Biannual Report: May 1, 2021 - October 31, 2021*. Available at: <https://cssp.org/resource/dulce-biannual-report/>.

# Introduction

DULCE, an initiative of the Center for the Study of Social Policy (CSSP), is an innovative approach based in the pediatric care setting that brings together early childhood, health, and legal system partners to better support families of infants during the critical first six months of life.

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## HOW WE DO IT

- DULCE does this through a unique, collaborative Interdisciplinary Team comprised of a Family Specialist, a medical provider, a legal partner, an early childhood systems representative, a mental health representative, a project lead, and a clinic administrator.
  - By creating a team of early childhood, health, and legal providers, DULCE integrates traditionally siloed systems that work together through a six-month partnership with families to promote the healthy development of infants, strengthen parenting skills and parent-infant relationships, and meet specific family goals and needs.
  - Vital to the success of the Interdisciplinary Team is the Family Specialist, a specialized community health worker who is trained in child development and relational practice. Family Specialists attend well-child visits with families and providers, develop a relationship with families to identify goals and needs, problem solve collectively with other team members, and connect families to relevant resources and supports.
  - By identifying and addressing a family's goals, challenges, and needs—as well as bolstering their strengths—the Interdisciplinary Team helps to reduce the family's stress which gives them more time and energy to bond with and care for their new infant.
  - The DULCE National Center at CSSP is committed to transforming the way that families with infants experience the delivery of support and services.
  - Additionally, DULCE uses continuous quality improvement and Plan-Do-Study-Act cycles to support implementation and adaptations to the local context.
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## WHY WE DO IT

Stress in early life can have both short- and long-term effects on children's health and well-being, and on their parents. Many conditions contribute to a family's stress, including poverty, inadequate housing, food insecurity, under-resourced communities, and

discrimination—all of which are more likely to impact families with low income, families of color, and immigrant families.

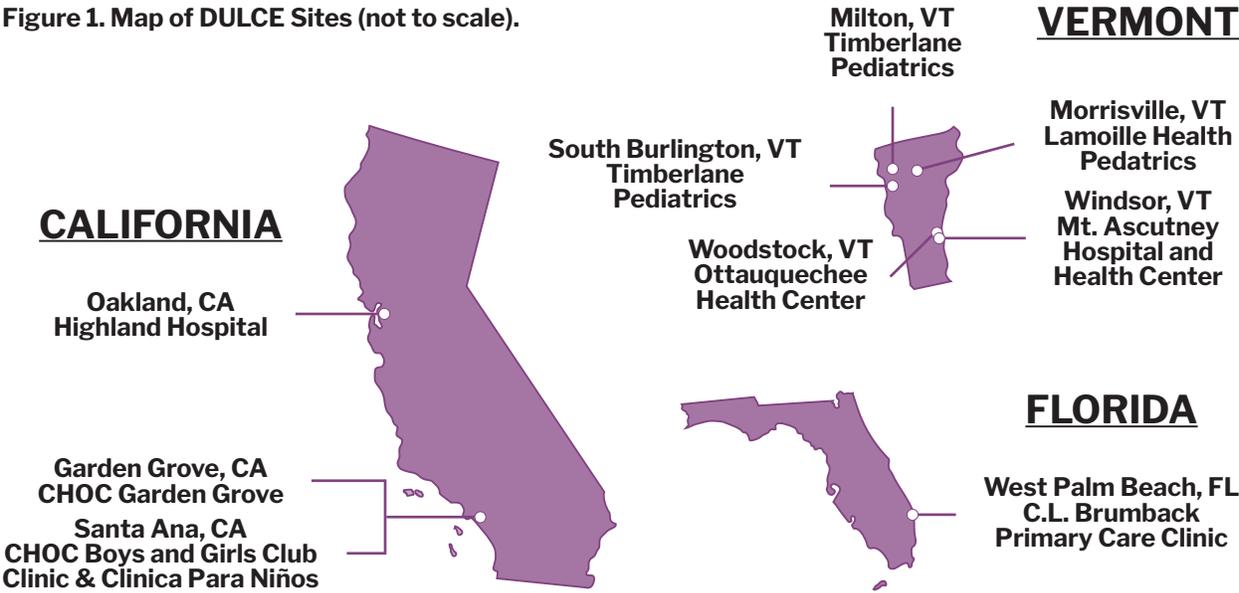
DULCE is informed by CSSP’s commitment to equity and journey toward becoming an anti-racist organization. The DULCE National Center recognizes that disparities in health outcomes between and within social groups are a result of inequities in the distribution of power and resources, rooted in a history of racist local, state, and federal policies. DULCE strives to achieve a more just and equitable society in which all infants and their families thrive. DULCE moves this agenda by prioritizing families’ goals and needs, using community health models, accelerating access to justice, and advocating for systems change.

## WHERE WE DO IT

DULCE is led by early childhood system-building organizations, based in pediatric clinics, and supported by local public interest law organizations. All families with newborns who come to the clinic are invited to participate in DULCE. This universal approach minimizes stigma and recognizes that all families need support, encouragement, and positive regard during this first phase of their infant’s life.

DULCE is currently located in 17 sites across 9 states. The data in this report is from 10 of these communities which are in California, Vermont, and Florida (see Figure 1 below). The newest DULCE communities are in Rhode Island, New Jersey, Michigan, Wisconsin, Vermont (Newport), Kentucky, and Mississippi. These DULCE communities are in varying stages of early implementation at the time of publication of this report, and, thus not included in the data for this reporting period.

Figure 1. Map of DULCE Sites (not to scale).



# Findings (At a Glance)

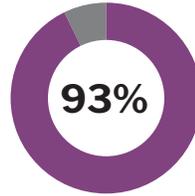
DURING THIS REPORTING PERIOD, DULCE SITES SAW:



**745  
ENROLLED  
INFANTS**



**283  
GRADUATED  
INFANTS, WITH**



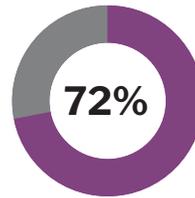
**RETAINED UNTIL  
GRADUATION**

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**1,475  
ROUTINE HEALTHCARE  
VISITS, WHERE**



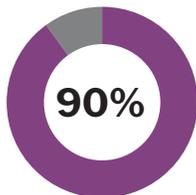
**OCCURED  
ON TIME**



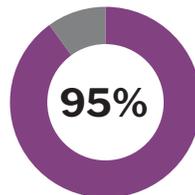
**HAD A FAMILY  
SPECIALIST  
PRESENT**

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**SCREENING RATES ACROSS ALL SEVEN  
HEALTH-RELATED SOCIAL NEEDS DOMAINS AT**



**OR HIGHER  
AT FOUR  
MONTHS**



**OR HIGHER  
AT GRADUATION**

# Key Themes

**Adaptation through team collaboration.** The COVID-19 pandemic continues to pose challenges and constraints for families, communities, DULCE sites, and systems of care. As a result, DULCE Interdisciplinary Teams have leaned heavily on collaboration to share expertise, problem-solve, and navigate difficulties to optimize care experiences for families. Through collaboration, DULCE teams have learned how to be flexible in their approach to care coordination to best serve DULCE families.

**DULCE is an essential service.** Sites have described DULCE as both an essential service and a constant, grounding force for providers and families. Families shared that they find the relationship with the Family Specialist and the care they receive through DULCE to be invaluable. The Family Specialist listens to families and provides them with non-judgmental care; in turn, families noted that they feel heard, safe, connected, and supported. Family Specialists serve as the glue for DULCE communities by creating meaningful relationships with families to ensure their goals and needs are met and by connecting families to resources despite persistent and increasing gaps in services.

**DULCE enables faster connections to resources.** Having the early childhood system as a part of the Interdisciplinary Team enables DULCE teams to connect families to services in a timely and efficient manner. DULCE's formalized connections through the early childhood system translate into increased accessibility to resources for families. Additionally, weekly case review meetings, where teams discuss families seen and develop a plan of action for supporting their goals and needs, ensure more timely care and resource connection.

**DULCE empowers the Interdisciplinary Team to advocate.** Interdisciplinary Team members, especially medical and legal partners, gain a better understanding of and appreciation for holistic wrap-around services through DULCE implementation. Through implementation, team members become DULCE champions and utilize lessons learned to inform policy and advocacy efforts. DULCE teams have used lessons learned from identifying systemic gaps and injustices, as well as CQI findings, to improve practices and procedures within the clinic space, engage families with the legal partner, and serve as DULCE champions at the local and state level.

**Continuous quality improvement (CQI) and parent engagement efforts are growing.** DULCE teams' CQI efforts are continually evolving; DULCE sites are at varying stages of engaging in CQI work including establishing new data collection systems and carrying out formalized projects. Lessons learned through continuous quality improvement (CQI) projects are enhancing DULCE teamwork, care delivery, resource connections, and easing pandemic barriers. DULCE teams are also leveraging CQI to engage families, with their participation in DULCE implementation through exit surveys and monthly CQI meetings.

# Recommendations

DULCE sites have continued to make great strides during the reporting period despite the constraints and challenges of the COVID-19 pandemic. Given learnings from the data, the DULCE National Center provides the following recommendations to DULCE sites:

- Continue to grow efforts to engage families in DULCE at the local level to improve implementation, advocacy, and systems change endeavors. DULCE sites can also work towards increasing partnership with parents and families in advocacy efforts. In parallel, the DULCE National Center will continue parent engagement efforts to support local and national DULCE priorities.
- Continue to leverage the DULCE infrastructure, including weekly case review and monthly CQI meetings as a source of support and to facilitate team cohesion, particularly during the COVID-19 pandemic. Sites can consider enhancing the DULCE infrastructure by integrating parent leaders into CQI meetings.
- Collect more information from families by developing or leveraging existing parent exit surveys at DULCE graduation. The data points can be helpful for monthly CQI meetings, CQI projects, and ongoing work to improve the DULCE approach.





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