

# **DULCE BIANNUAL REPORT**

***MAY 2021 -  
OCTOBER 2021***



**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

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# 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.

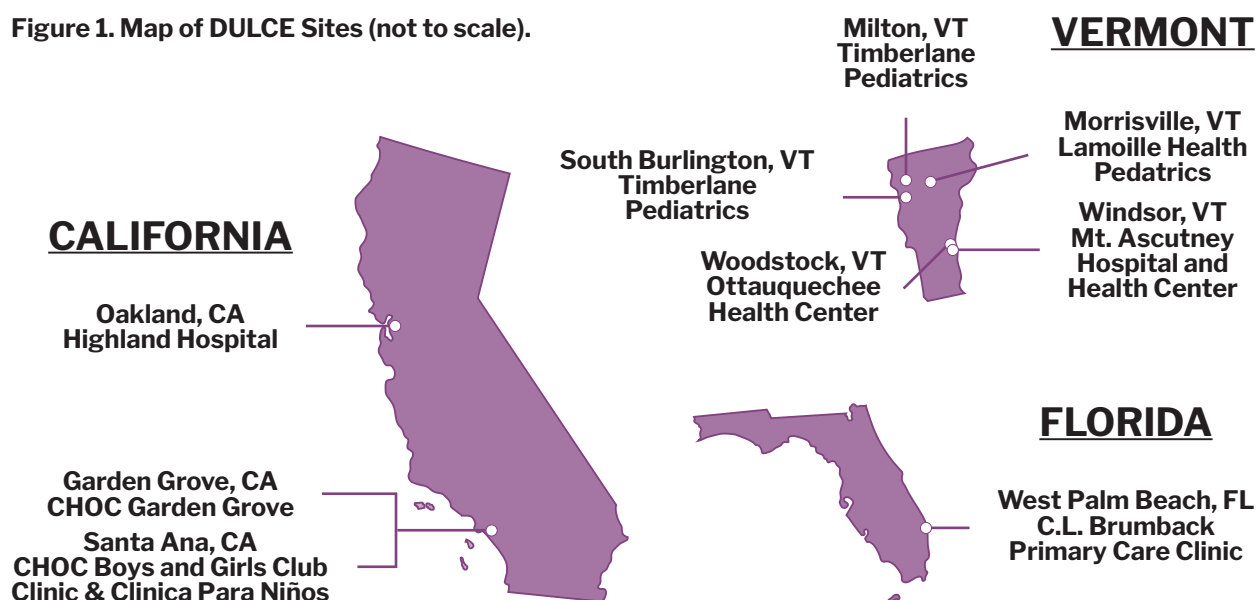
DULCE is informed by CSSP's commitment to equity and journey toward becoming an anti-racist organization. The DULCE National Center recognizes that disparities in health outcomes between and within social groups are a result of inequities in the distribution of power and resources, rooted in a history 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).



# Data Collection

Since its inception, DULCE has used data to inform and support its work. DULCE has a decentralized data collection system in which communities use Microsoft Excel-based tools (provided by the DULCE National Center) or their own in-house data collection tools to enter individual data for DULCE infants and run summary reports on key DULCE indicators. DULCE sites report data on a biannual basis to the DULCE National Center through Qualtrics, an online survey tool.

Both the decentralized data collection and tracking system and biannual reporting support the following programmatic objectives:

- Maintain affiliation<sup>1</sup> of DULCE communities
- Inform the scale and spread of the DULCE approach
- Convey the effectiveness of the DULCE approach
- Inform continuous quality improvement (CQI) activities

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## BIANNUAL REPORTING

The purpose of biannual reporting is to harvest rich information from DULCE communities based on the local DULCE cross-sector collaboration. The biannual reporting cycle is November 1 – April 30 & May 1 – October 31.

### Required Data

DULCE communities are required to submit both quantitative and qualitative site-level data to help answer the following results-based framework questions: Who are we serving? How are we doing it? What are we doing and who is better off? What difference are we making?

This results-based framework provides the structure for DULCE data collection. Additionally, DULCE's levers of change can be understood through the DULCE Key Driver Diagram, which can be found in the Appendix. Below in Table 1, you will find the three drivers and aims of focus for this biannual report. The findings section of this report will be framed using the results-based framework questions and highlight the primary drivers where relevant.



**Table 1. Primary drivers, measurements, and aims of focus for the DULCE Biannual Report.**

PRIMARY DRIVERS	AIMS
Comprehensive, strengths based care enriched by Family Specialist engagement during and between Well Child Visits	Aim = 90% of Well Child Visits attended by the Family Specialist
Systematic identification of families' strengths and health related social needs and implementation of family led problem solving	Aim = 95% of families screened for seven HRSN
Cross-sector team provides ongoing collaboration to improve families' access to benefits, services and legal protections and to identify opportunities to effect policy change and systems improvements	<p>Aim = 90% of families with concrete supports needs receive support</p> <p>Aim = 75% of families with caregiver depression or IPV needs receive support</p>



# Findings

To provide an overall picture of DULCE families, DULCE sites collect and report data on enrollment, retention, insurance type, sex assigned at birth, race and ethnicity, and languages spoken at home.

## WHO ARE WE SERVING?

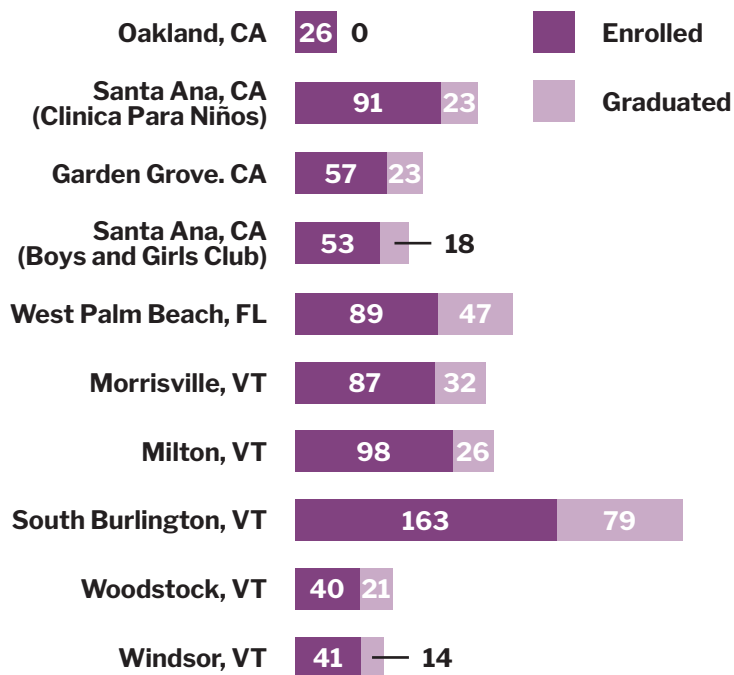
### Enrollment

DULCE is universally offered to families with newborns. This universal approach works to reduce stigma families may feel accessing supports and services. Family Specialists meet with families during routine healthcare visits and/or via telephone check-ins. They identify families' specific strengths and needs and connect families to relevant resources and supports. At the sixth month well child visit, the DULCE Family Specialist transitions care to the medical provider and provides key contacts to the family of community resources aligned with identified goals and needs.

DULCE enrollment refers to all infants who were provided any service or graduated within the reporting period. Graduation refers to all infants who are at least 165 days old and completed the transition process while still enrolled in DULCE.

During the reporting period (May 2021 - October 2021), DULCE sites enrolled 745 children, 283 of whom graduated during this period. Figure 2 shows enrollment and graduation broken down by site. Due to staff changes during the reporting period, Oakland, CA had a relatively smaller caseload as compared to other DULCE sites this reporting period.

Figure 2. Enrollment and Graduation by Site

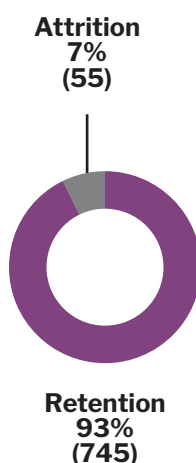


## Retention and Attrition

2017 – 2018 enrollment data for 692 DULCE children reported in a recent Pediatrics article indicated a 79 percent retention rate and a 21 percent attrition rate.<sup>2</sup> For the 745 DULCE children enrolled during this reporting period, the retention rate was 93 percent and the attrition rate was 7 percent. These rates are consistent with retention and attrition data from the previous reporting cycle.<sup>3</sup>

The reported reasons for attrition were: having moved (4%), changes in health insurance status (1%), scheduling difficulties (1%), and other (1%). DULCE teams explained that housing stability and safety, especially during the pandemic, was challenging within their communities. Additionally, moving as the top reason for DULCE attrition is consistent with previous study findings.<sup>4</sup>

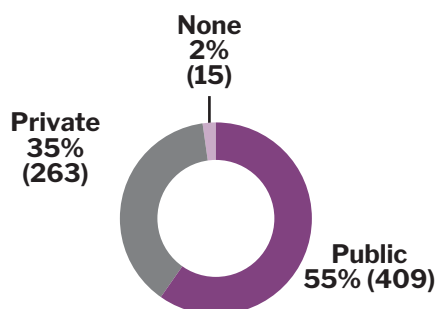
**Figure 3. Retention and Attrition Rates**



## Insurance Type

More than half (55%) of DULCE families have public health insurance, 35 percent of DULCE families have private health insurance, and two percent of DULCE families have no health insurance.

**Figure 4. Insurance Type**



Missing data: n = 58

## Sex Assigned at Birth

For sex assigned at birth, there was almost an equal number of male and female infants enrolled in DULCE during this reporting period. No children were reported as assigned intersex at birth.

Figure 5. Sex Assigned at Birth

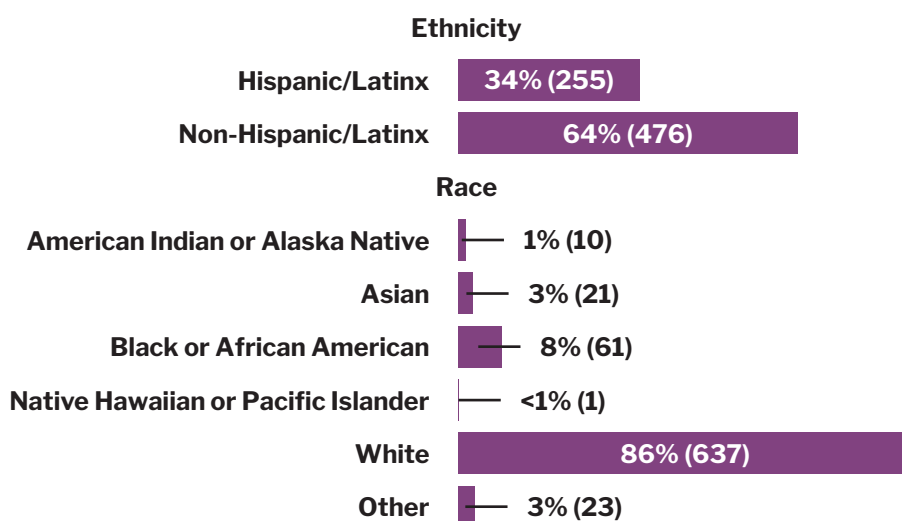


Missing data: n = 1

## Race and Ethnicity

Data on race and ethnicity of DULCE families are collected through self-report from families across sites. Families can indicate more than one racial identity. The data reported represent the percentage of families indicating a particular racial category out of the total number of families. 34 percent of DULCE families identified as Hispanic/Latinx and 86 percent identified as White.

Figure 6. Self-Reported Race and Ethnicity

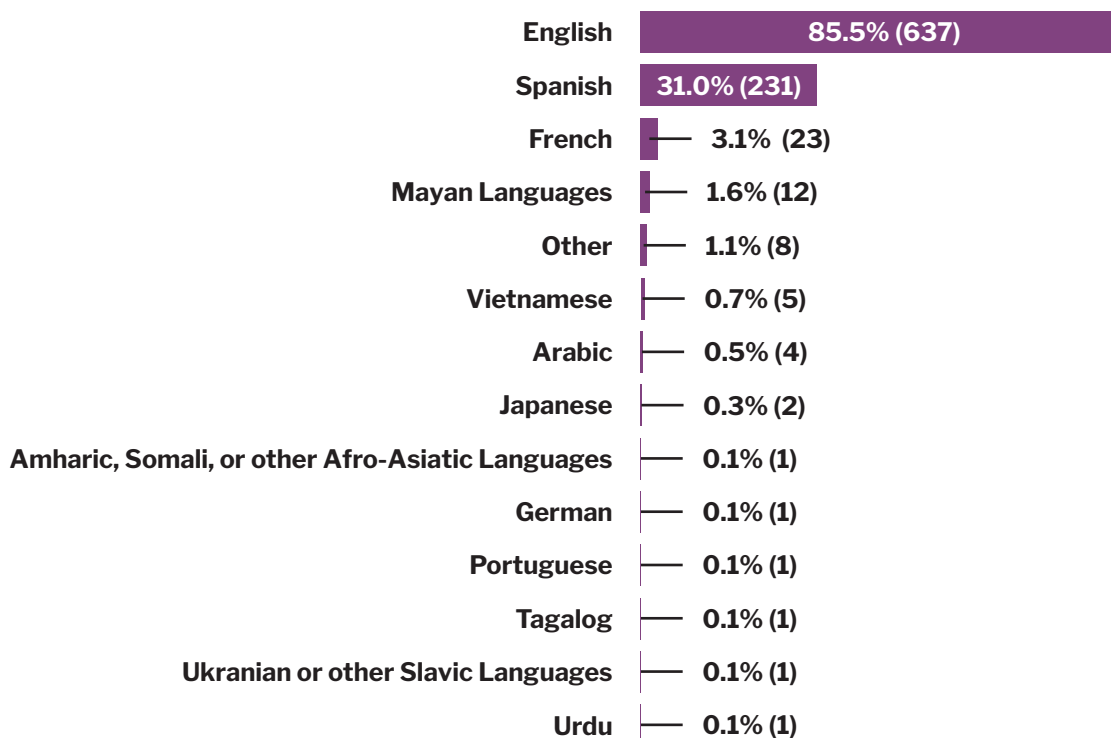


Missing data: n = 14 (Ethnicity), n = 2 (Race)

## Languages Spoken at Home

Data on languages spoken at home are also collected through self-report for DULCE families. Families can indicate more than one language spoken at home. Figure 7 shows that most DULCE families (86%) speak English and almost a third (31%) speak Spanish. About three percent of families reported speaking French, all of whom are from DULCE's West Palm Beach, FL community, which serves many families who identify as Haitian.

Figure 7. Languages Spoken at Home



## HOW ARE WE DOING IT?

As indicated in Table 1, one of DULCE's aims is to have 90% of routine healthcare visits (RHCs) attended by a Family Specialist; the aim aligns with the primary driver: *Comprehensive, strengths-based care enriched by Family Specialist engagement during and between routine health care visits (RHCs)*. During this reporting period, there were a total of 1,475 routine healthcare visits completed for DULCE children with 89% (1,316) of these visits occurring on time, and 72% (1,063) occurred with a Family Specialist present. DULCE communities reported various factors that contributed to impacting these metrics including Saturday routine healthcare visits, restrictions on the number of people at visits due to COVID-19, and limited schedules for the Family Specialists.

# WHAT ARE WE DOING AND WHO IS BETTER OFF?

## Family Screenings and Connections to Resources

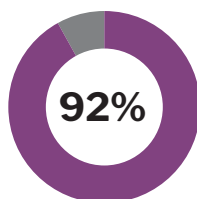
An aim of DULCE is to have at least 95 percent of families screened in each health-related social need (HRSN) domain which aligns with the DULCE primary driver: *Systematic identification of families' strengths and health-related social needs and implementation of family-led problem-solving*. Health-related social needs are the immediate individual-level needs that, when addressed, ensure improved health outcomes and quality of life. Table 2 below shows screening results during this reporting period.

**Table 2. Family Screenings and Connection to Resources for Seven HRSNs and Two Social-Emotional Factors at Four Months**

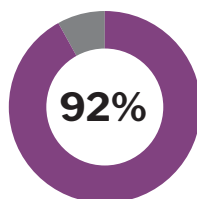
	Screened		Positive Screen		Positive Screen and Connected	
<b>Mental Health/Caregiver Depression</b>	<b>700</b>	<b>94%</b>	<b>89</b>	<b>13%</b>	<b>67</b>	<b>75%</b>
<b>Intimate Partner Violence</b>	<b>617</b>	<b>83%</b>	<b>13</b>	<b>2%</b>	<b>7</b>	<b>54%</b>
<b>Food Security</b>	<b>686</b>	<b>92%</b>	<b>154</b>	<b>22%</b>	<b>90</b>	<b>58%</b>
<b>Employment Security</b>	<b>689</b>	<b>92%</b>	<b>99</b>	<b>14%</b>	<b>10</b>	<b>10%</b>
<b>Financial Supports</b>	<b>685</b>	<b>92%</b>	<b>123</b>	<b>18%</b>	<b>45</b>	<b>37%</b>
<b>Utilities</b>	<b>671</b>	<b>90%</b>	<b>61</b>	<b>9%</b>	<b>55</b>	<b>90%</b>
<b>Transportation</b>	<b>640</b>	<b>86%</b>	<b>75</b>	<b>12%</b>	<b>70</b>	<b>93%</b>
<b>Housing Stability</b>	<b>692</b>	<b>93%</b>	<b>100</b>	<b>14%</b>	<b>19</b>	<b>19%</b>
<b>Housing Health &amp; Safety</b>	<b>659</b>	<b>88%</b>	<b>19</b>	<b>3%</b>	<b>9</b>	<b>47%</b>

**Denominators: Screened (745), Positive Screen (Screened #), Positive Screen and Connected (Positive Screen #)**

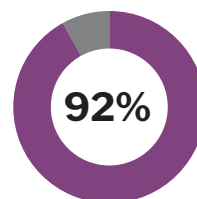
By four months, several domains came close to meeting the screening metric including food security (92%), employment security (92%), financial supports (92%), and housing stability (93%). Screening rates for DULCE families for mental health/caregiver depression and intimate partner violence were at 94 percent and 83 percent respectively.



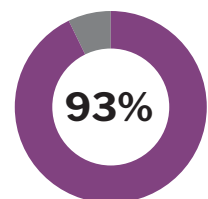
**FOOD  
SECURITY**



**EMPLOYMENT  
SECURITY**



**FINANCIAL  
SUPPORTS**



**HOUSING  
STABILITY**

Another DULCE aim is to connect at least 90% of families with concrete supports needs and to connect at least 75% of families with support for mental health/caregiver depression or intimate partner violence. This aim aligns with the DULCE primary driver: *Cross-sector team provides ongoing collaboration to improve families' access to benefits, services and legal protections and to identify opportunities to effect policy change and systems improvements*. DULCE sites met this aim in two concrete supports domains (transportation (93%) and utilities (90%)) and for mental health/caregiver depression (75%). The lowest rate for connection to resources was seen in the following domains: employment security (10%), housing stability (19%), and financial supports (37%). DULCE sites described the resource strengths and gaps in their communities related to the seven HRSN domains and two social-emotional factors. Their responses can be found on the next page.

By graduation, DULCE sites reported having screened families at a rate of 95% or higher for seven HRSN (see Table 3). This meets the DULCE aim for the primary driver: *Systematic identification of families' strengths and health-related social needs and implementation of family-led problem solving*. DULCE sites met and exceeded the DULCE connection to resources aim for utilities (100%), transportation (98%) and mental health/caregiver depression (80%). The food security domain was 88 percent, which almost met the aim for connection to resources for concrete support needs. The lowest connection to resources were seen in employment security (10%), housing stability (21%), and financial supports (48%), which aligns with the gaps around resources in DULCE communities that sites reported.

**Table 3. Family Screenings and Connections to Resources for Seven HRSNs and Two Social-Emotional Factors at Graduation**

	Screened		Positive Screen		Positive Screen and Connected	
<b>Mental Health/Caregiver Depression</b>	<b>277</b>	<b>98%</b>	<b>40</b>	<b>14%</b>	<b>32</b>	<b>80%</b>
<b>Intimate Partner Violence</b>	<b>271</b>	<b>96%</b>	<b>7</b>	<b>3%</b>	<b>5</b>	<b>71%</b>
<b>Food Security</b>	<b>280</b>	<b>99%</b>	<b>80</b>	<b>29%</b>	<b>70</b>	<b>88%</b>
<b>Employment Security</b>	<b>280</b>	<b>99%</b>	<b>50</b>	<b>18%</b>	<b>5</b>	<b>10%</b>
<b>Financial Supports</b>	<b>282</b>	<b>100%</b>	<b>62</b>	<b>22%</b>	<b>30</b>	<b>48%</b>
<b>Utilities</b>	<b>280</b>	<b>99%</b>	<b>22</b>	<b>8%</b>	<b>22</b>	<b>100%</b>
<b>Transportation</b>	<b>268</b>	<b>95%</b>	<b>47</b>	<b>18%</b>	<b>46</b>	<b>98%</b>
<b>Housing Stability</b>	<b>283</b>	<b>100%</b>	<b>58</b>	<b>20%</b>	<b>12</b>	<b>21%</b>
<b>Housing Health &amp; Safety</b>	<b>278</b>	<b>98%</b>	<b>8</b>	<b>3%</b>	<b>5</b>	<b>63%</b>
<b>Denominators: Screened (283), Positive Screen (Screened #), Positive Screen and Connected (Positive Screen #)</b>						

## RESOURCE STRENGTHS

### Mental Health/ Caregiver Depression

*‘Mental Health and Depression are being recognized earlier and referrals are being made. The clinic recognized the need to support postpartum families and created a 4th Trimester Group that was offered biweekly and virtually. There is momentum to revisiting this group once transitions of staff have been complete.’*  
Woodstock, VT

### Food Security

*‘Our local food bank provides emergency food to families in need. In addition, several distribution hubs have been identified throughout Alameda County where food distribution occurs on a weekly basis.’*  
Oakland, CA

### Transportation

*‘[Children’s Services Council] funded Uber services for DULCE families. CSC funded taxi service for medical appointments for families in the early childhood system of care.’*  
West Palm Beach, FL

### Utilities

*‘A lot of programs such as fuel assistance, electricity assistance, and low cost internet options available.’*  
Milton, VT

## RESOURCE GAPS

### Housing Stability/ Housing Health & Safety

*‘Insufficient affordable housing throughout the community. A significant number of families in the program report living in informal living arrangements that makes them vulnerable to conditions such as: overcrowding, health hazards, inability to access legal recourse when there is no lease.’*  
West Palm Beach, FL

### Financial Supports

*‘Not all families are eligible for financial supports for the state. There are a few resources for working lower middle-class families. COVID has caused financial stress on families who may need to be at home due to school and childcare quarantine requirements.’*  
Morrisville, VT

### Intimate Partner Violence

*‘Even with the DULCE approach, we still have families who will not disclose IPV. We also have heard of cases where the women will not come forward because the male threatens to report her immigration status to ICE.’*  
Orange County, CA

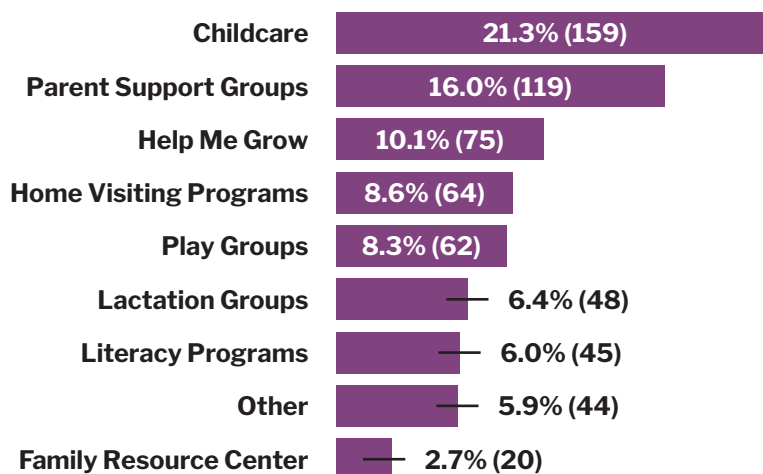
### Employment Security

*‘Low wages for some employment opportunities continue to hinder families’ ability to earn enough to support their families.’*  
Oakland, CA

## Connections to Parenting Supports

Parenting supports, which include resources such as home visiting, Help Me Grow, literacy programs, lactation support, and childcare, represents how DULCE supports families through the early childhood system. During this reporting period, the largest parenting supports categories that families were connected to at DULCE graduation included childcare (21.3%), parent support groups (16%), and Help Me Grow (10.1%). The smallest parenting support category that families were connected to was Family Resource Center (2.7%). Morrisville, VT did not report parenting supports data for this reporting period.

**Figure 8. Families Connected to Parenting Supports**



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# WHAT DIFFERENCE ARE WE MAKING?

## The Effectiveness of DULCE

Consistent with the previous reporting period, DULCE remains an effective approach for families and communities. As the COVID-19 pandemic continues to directly affect families, communities, and systems of care, DULCE sites have maintained flexibility, adaptability, and sustained their commitment to DULCE families, especially in a virtual environment. For example, DULCE's West Palm Beach site shared that due to COVID-19 pandemic restrictions, aside from the pediatrician, their team has not had a physical presence at the pediatric clinic for routine healthcare visits. The clinic does not provide telehealth services, therefore, the DULCE team supports families virtually. DULCE's West Palm Beach site noted,

***“DULCE offers the emotional and human support that families need.”***

***South Burlington, VT***

*The virtual delivery of services has removed transportation barriers for families as they navigate services in the community; it also allows families to interact more frequently with their Family Specialist. We are also unfortunately recognizing that this accessibility issue prevents the Family Specialists from being present in the pediatric visits as the model intends. This prevents the Family Specialists from being able to support the pediatrician and families during their pediatric visits. The Family Specialists and the pediatrician have been committed to assist the families despite this challenge and communicate daily to discuss new families, upcoming appointments, and care coordination. The flexibility and commitment to the program demonstrated by the DULCE has been unparalleled (West Palm Beach, FL).*

West Palm Beach's DULCE team has learned to be flexible and adapt to challenges associated with the COVID-19 pandemic in order to support families and coordinate care. The challenges of the COVID-19 pandemic also have revealed the critical importance of the Family Specialist in supporting families through relationship building and resource connection.

As DULCE's site in South Burlington, VT shared,

*DULCE offers the emotional and human support that families need. Non-judgmental approach. Families are continuing to report feeling connected despite COVID because of their participation in DULCE. The [Family Specialist] is able to build the relationship where moms are able to share their personal story. As community services continue to be reduced due to COVID, [Family Specialist] supports have been more critical to helping coordinate and cover gaps (South Burlington, VT).*

Family Specialists serve as the glue for DULCE communities by creating meaningful

relationships with families to ensure their needs and goals are met and by connecting families to resources despite persistent and increasing gaps in services. The relationships that Family Specialists cultivate with families are vital as the COVID-19 pandemic continues to exacerbate systemic inequities. A family from DULCE's Woodstock, VT site described their experience as follows:

*[The Family Specialist] has been with us on this journey every step of the way and has gone above and beyond someone before now I would have only considered a friend or acquaintance. This program has made us feel safe, heard and supported in every way possible especially now when so many of us as parents to young children have very limited access to most things without having to risk the safety of their health. We feel as though we have been accepted into a very large family. Ours now has the opportunity to thrive in the face of the chaos that is our life at present (Woodstock, VT).*

This family highlighted the importance of the Family Specialist's support and presence. Families feel heard and cared for and Family Specialists can extend the health systems' reach/capacity to support families.

## The Impact on the Medical Clinic

DULCE sites shared that medical providers understand the value of the Family Specialist, team collaboration, and DULCE overall. As a result of understanding the value and significance of DULCE, particularly the team-based collaboration, medical providers note that they provide better quality care. The DULCE site in Milton, VT explained,



*Scheduled weekly discussions have enabled close follow up and collaborative planning to support families. In a practice with several clinicians, that collaborative discussion has been hugely beneficial and has allowed us to be more informed to better serve our patients and families during office visits and in follow up (Milton, VT).*

The DULCE approach provides additional support to medical providers to serve families in an informed way.

As a result of medical providers participating in DULCE, they share that they have become champions for DULCE. Clinic partners communicate about DULCE to educate and advocate both to and on behalf of the community at large as shared by Morrisville, VT,

*DULCE is seen as an essential service and has continued to be a service offered to all families with a newborn. During this reporting period nursing and medical students from the University of Vermont, Copley Hospital and the*

*Vermont Technical College have learned about DULCE during their onsite internships. One nurse wrote about DULCE services for a class further spreading the success of DULCE in Vermont. Providing DULCE education and outreach in the community and beyond will only further show the effectiveness and support for the program (Morrisville, VT).*

As a result of learning about and participating in DULCE, medical providers share the successes of the approach with others. Medical providers also have noted increased collaboration to coordinate care. The medical providers from Woodstock's DULCE site explained, "Increased collaboration within the clinic, increased culture of wrap around services' and increased holistic approach all around. Both clinics and Parent Child Center's knowledge of community resources continues to broaden through this partnership."

## The Impact on the Early Childhood System

DULCE sites shared that having the early childhood system as a part of the Interdisciplinary Team enables them to connect families to services in a timely and efficient manner. Orange County's DULCE sites explained that they helped to improve families' access to resources because of the formalized connections to services established through the early childhood system. Orange County shared, "DULCE's model of team integration and formalized connections serves as a platform to achieve other initiatives and allows for families to access new programs first." Through DULCE, sites can help bridge the silos between systems to facilitate a more seamless care experience for families. DULCE in South Burlington, VT also noted the importance of integration across sectors; their team cited that the "warm handoff approach" the Family Specialist provides (relationship-building and tailored connection to services with follow up) increases a family's likelihood of engaging in services as compared to when a physician provides a referral on their own. South Burlington's team shared that, moving forward, this was an important observation from their DULCE work that will help to inform their efforts to engage families in services.

The early childhood system plays a crucial role in uncovering service gaps especially in the context of the pandemic's continuing effect upon families' livelihoods. Oakland's DULCE team shared,

*Families are still being impacted by the pandemic and are experiencing greater need for rent assistance and housing. Families are also expressing social isolation due to fear of COVID-19 exposure. These are ongoing issues that systems are working to address by identifying resources that can support these needs and helping families navigate systems to access these supports. There is also a growing understanding of the importance of navigation work and its critical role in providing support to families (Oakland, CA).*

***"DULCE's model of team integration and formalized connections serves as a platform to achieve other initiatives and allows for families to access new programs first."***

**Orange County, CA**



DULCE teams also have shared how the identification of systemic gaps in care and services then informs their advocacy efforts. Milton's DULCE team explained,

*DULCE in our community is helping us to truly understand what is going on for families in our region. We are given insight into the needs of families and the gaps that exist in the system of care. While this information has helped us to identify strategies in our own community, we have also connected with statewide partners and legislators to develop strategies for addressing these needs and gaps at a larger system's level. For example, perinatal mental health supports [have] become a larger statewide issue that DULCE has had a hand in impacting (Milton, VT).*

### **The Impact on the Legal Sector**

During this reporting period, DULCE sites shared that legal partners increase their understanding of families' needs through DULCE and in turn, this informs the legal partners' research and advocacy priorities and efforts. For example,

through the knowledge gained from working with the Interdisciplinary Team, Orange County's legal partner was able to effectively advocate for the Momnibus bill (SB 65) which successfully passed in October 2021. The legislation enables increased postpartum benefits for mothers, coverage for doula care through Medi-Cal, and oversight on maternal and infant morbidity and mortality. Oakland shared the following about the impact of DULCE on their legal partner,

*DULCE provides the legal partner with an opportunity to align the support [provided] to DULCE families, many of which are headed by women of color, with their organizational platform that centers their services around women of color. The legal team often relies on the DULCE providers and team meetings to learn about topics that are of most concern to DULCE families. These topics then become areas of research and learning for the legal team, with the goal of disseminating accurate and updated information. The legal partner continues to update the DULCE team on changes in housing protections, particularly around the local eviction moratorium and rental assistance programs (Oakland, CA).*

DULCE teams noted that weekly case review meetings serve as an important platform for knowledge sharing among Interdisciplinary Team members, especially as it supports the legal partner's ability to effectively prioritize and utilize the information.

Additionally, continuous quality improvement (CQI) has helped to inform legal partner strategies. As a part of DULCE, sites engage in monthly CQI meetings to view and discuss individual site data. West Palm Beach, FL shared that they used CQI to improve family

engagement with preventive legal services. Their team decreased families' no show rate for meetings with the legal partner from 40% to close to 0% during this reporting period by implementing TeleLegal Services (virtual appointments for families with the legal partner) which removed transportation as a barrier and created flexible and extended service hours. Through this CQI project, Family Specialists developed greater experience and knowledge of legal issues, which aided in identifying and addressing families' legal needs before DULCE graduation. West Palm Beach, FL shared, "What [the] DULCE legal team continues to learn is that the Family Specialists are an important liaison between legal services and social services, the importance of approaching the whole family, and the reminder of how the social services barriers can directly affect the legal barriers."

## Weekly Case Review

Weekly case review is an integral part of the DULCE Interdisciplinary Team's work. The DULCE Interdisciplinary Team convenes on a weekly basis for case review meetings to discuss families seen during the previous week and develop a plan of action for supporting their goals and needs. During this reporting period, sites noted that weekly case review helps to create a supportive learning environment in which team members bring questions and collaborate to resolve issues. In this way, the team members build trust with one another and come to rely on and seek each other's expertise. For example, DULCE's Orange County, CA sites shared that Family Specialists felt supported through weekly case review and, in collaboration with the team, were able to identify resources to help families. As trust was built through this process, Family Specialists shared more with the clinical team and, in turn, health providers increasingly sought out the Family Specialists.

***"What [the] DULCE legal team continues to learn is... the importance of approaching the whole family."***

***West Palm Beach, FL***

DULCE teams also shared that weekly case review helps with identifying system and resource gaps and strengths, ensures more timely care and resource connection, enables team building, and facilitates care coordination. West Palm Beach, FL described weekly case review as being "one of the most valuable aspects of our care coordination." They shared:

*The weekly case review allows us to come together to develop solutions when there is no clear referral pass or resource for an unusual need. For example, we recently encountered a family in crisis and had significant challenges communicating with them because they speak a Mayan dialect and not Spanish. During the [weekly case review], we discussed the circumstances and developed a plan to engage a community organization to ask for voluntary interpretation services (West Palm Beach, FL).*

Through weekly case review, teams can identify issues and streamline team processes to ensure high quality care and families' access to resources. South Burlington's DULCE team explained how weekly case review has been vital during the COVID-19 pandemic as it

keeps them grounded in DULCE implementation and better serving families. DULCE sites also shared that Interdisciplinary Team members improve their understanding of systemic injustices through case review meetings. Morrisville, VT's DULCE team noted that weekly case review has provided a necessary forum to discuss the housing crisis affecting their community, particularly lack of affordable housing and unsafe housing conditions.

## Continuous Quality Improvement (CQI)

DULCE communities have shared that CQI has been a key component of successful DULCE implementation and improved data collection. 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. Overall, DULCE teams note that implementing CQI this reporting period has enhanced teamwork, team-based care delivery, family support, connection of families to resources, and improved how teams address pandemic barriers. DULCE teams also have begun involving families in their CQI monthly meetings. An example of a CQI project includes the following:

Milton's DULCE site aimed to improve the percentage of routine health care visits with the Family Specialist present, a DULCE primary driver, as well as increase their DULCE enrollment. Their team tested two changes which included having the Family Specialist share a space with a nurse practitioner on-site (as opposed to teleworking) and having the Family Specialist join the full visit with the medical provider (instead of meeting the family in between the nurse and medical provider). As a result of implementing these changes, the percentage of RHCs with the Family Specialist present increased from 0% to 57%. Additionally, since the Family Specialist participates in most RHCs, Milton's DULCE site also saw an increase in the percentage and number of families enrolled in DULCE. Milton reported that during the last six months of 2020, 33 families enrolled and in this reporting period, 98 families enrolled.



## Parent Engagement

Much like CQI efforts, parent engagement continues to be an area of growth with some DULCE sites in the beginning stages while others have implemented various methods to involve families in DULCE implementation. West Palm Beach, FL noted that due to the pandemic, the virtual environment helped to eliminate transportation barriers for families and enabled greater participation and engagement. Their team shared:

*Prior to the pandemic, we held quarterly parent education/engagement groups to not only provide our clients with resources but to also help them form relationships and increase their natural support system. We quickly switched gears and began offering virtual groups. Right*

away, we noticed an increase in participation as being virtual eliminated transportation barriers. The Family Specialists noticed this trend very quickly and capitalized on that. In addition to creating a platform to link parents through group chats, we have also collaborated with community agencies to engage our DULCE clients. [The Family Specialist] was able to pilot a group with a liaison from Healthy Mothers Healthy Babies to provide education on stress, depression, coping skills and resources. The group was very well attended and provided a safe place for mothers to be open with one another and express their feelings in a supportive environment of their peers (West Palm Beach, FL).

Other DULCE communities have implemented parent exit surveys and had parent representation at CQI meetings. Woodstock, VT shared that they created a DULCE CQI one pager for parents to highlight the purpose of DULCE, explain what CQI is, and the roles and expectations around participation in CQI meetings. The one-pager supported Woodstock in recruiting parents to join CQI meetings as well as their communication with parents about the significance of parent involvement in CQI efforts. Overall, DULCE teams are figuring out how to intentionally engage parents through planning efforts and parent surveys.

***“[DULCE] provided a safe place for mothers to be open with one another and express their feelings in a supportive environment of their peers.”***

**West Palm Beach, FL**

## **Learnings From DULCE Implementation**

Through the implementation of the DULCE approach, Interdisciplinary Teams are growing in their ability to collaborate effectively, engage parents, navigate challenges, provide holistic care, collect and use data, and advocate on behalf of DULCE families for policy and legislative change. In this reporting period, 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 DULCE champions at the local and state level. DULCE teams cited several examples of how their understanding of the community landscape in terms of resources and barriers has informed their advocacy. West Palm Beach’s DULCE site mentioned, “DULCE is one of many strategies for us to learn about gaps in service, systemic issues creating barriers for families of color and to hear directly from residents how we can build a system of care that is driven, by community, and for community.” Morrisville explained how learnings from weekly case review informs their legal partner’s advocacy efforts:

*Case review of DULCE families provides an ongoing snapshot of the housing, job, childcare, and transportation issues affecting an economic cross-section of families. Lamoille County has enormous pressure on its housing stock. We hear in case review about new families who are doubled up, have lost or in peril of losing housing, or living in substandard conditions out of necessity. Our legal partner incorporates information garnered from Lamoille County through DULCE in her advocacy for solutions to the*

*housing crisis in Vermont (Morrisville, VT).*

The information gained through DULCE at the site level is being leveraged to support changes at the community and state level. Similarly, Oakland's DULCE team has used information learned through DULCE to effect change and the broader community. They said:

*The clinic and legal partner continue to work together to identify gaps in Medi-Cal enrollment for newborns. The legal partner has also identified similar enrollment issues taking place at other pediatric sites and have presented the issue to County management. Additionally, system and resource gaps identified in DULCE are also shared in a broader convening of Family Navigators throughout Alameda County to identify where non-DULCE families are having similar experiences and what measures are being taken to address some of the gaps in services and resources (Oakland, CA).*

Learnings from DULCE implementation create a ripple effect for the communities where DULCE families reside. DULCE teams continue to evolve and expand in their efforts to translate implementation learnings into action to enhance conditions, not only for DULCE families, but also for the entire community. Given the persistent constraints and impact of the COVID-19 pandemic, DULCE Interdisciplinary Teams continue to maneuver challenges creatively to deliver high quality care to DULCE families.



# 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.



# Conclusion

The COVID-19 pandemic, systemic injustices, housing crises, and rising costs of consumer goods continue to inform the implementation of DULCE. DULCE teams have been highly responsive and nimble to meet the needs of families and provide holistic wrap-around care. DULCE sites shared that families have benefited from Interdisciplinary team-based care within the clinic setting, connection to concrete supports, and peer support through parenting groups with DULCE families. Future funding of DULCE locally and nationally will support continued and more robust data collection as well as DULCE site expansion (including expansion of DULCE into prenatal period and 9 – 12 months). In the interim, continued connection of DULCE communities at a national level to share implementation successes, challenges, and funding strategies will contribute to the growth and sustainability of the DULCE approach.



# Endnotes

<sup>1</sup> For DULCE sites, DULCE affiliation includes recognition by the DULCE National Center, access to technical assistance, and the ability to participate in DULCE's Learning Network which is comprised of DULCE communities from across the U.S.

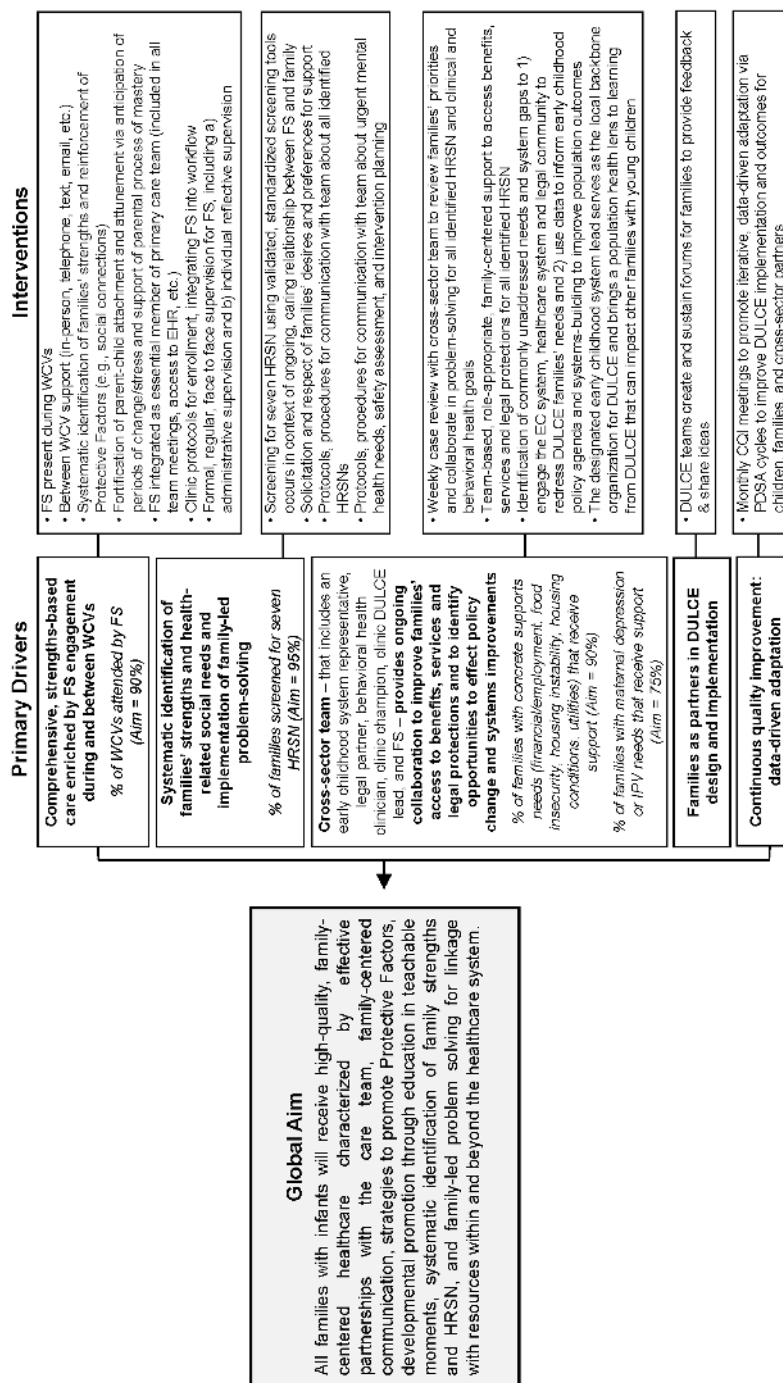
<sup>2</sup> Arbour, MaryCatherine et al. "Cross-sector approach expands screening and addresses health-related social needs in primary care." *Pediatrics*, 148, no. 5, November 2021.

<sup>3</sup> During the November 2020 - April 2021 reporting cycle, DULCE sites enrolled 711 children with a retention rate of 95.8% and an attrition rate of 4.2%.

<sup>4</sup> Ibid.

# Appendix

## KEY DRIVER DIAGRAM





**DULCE**  
An initiative of CSSP



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