



ADVANCING INTEGRATED HEALTHCARE

DULCE: Kick-Off Meeting

DULCE | September 28, 2023

Care Transformation Collaborative of RI

Presenter/Topic	Time
Welcome & Introductions <i>Susanne Campbell, RN, MS, PCMH CCE, Senior Project Administrator</i>	10 minutes
Partners & Roles	15 minutes
What is DULCE & Rhode Island's Experience in DULCE <i>Samantha Morton, JD, Consultant, Center for the Study of Social Policy</i> <i>Jalyn Alzate, Family Specialist, Care New England Family Care Center</i> <i>Lauren Landry, Family Specialist, Coastal Toll Gate Pediatrics</i>	40 minutes
Milestone Summary and Next Steps <i>Liz Cantor, PhD, Pediatric IBH Practice Facilitator & Consultant</i>	10 minutes
Q&A / Discussion	5 minutes

Thank you!



Congressional Direct Spend



Getting to Know CTC-RI



Patricia Flanagan, MD, FAAP,
Clinical Director &
PCMH Kids Co-chair



Susanne Campbell, RN, MS, PCMH CCE
Senior Project Director



Liz Cantor, PhD,
Pediatric IBH Practice
Facilitator & Consultant



Sue Dettling, BS, PCMH CCE,
Program Manager &
Practice Facilitator



Michelle Mooney, MPA
Program Coordinator II



Sarah Albert-Rozenberg
Public Health Student,
Pre-med & Primary care
pediatrics



Family Service
OF RHODE ISLAND
healthy families • strong communities



Marie Palumbo-Hayes
Vice President, Health

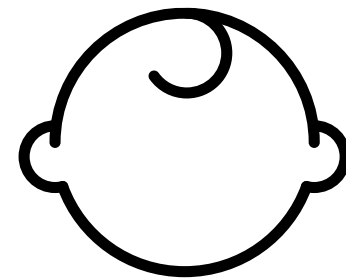


Swanette Salazar, CCHW
Community Health
Worker Supervisor

Coastal Toll Gate Pediatrics



Warwick, RI



170 unique newborns seen during calendar year 2022

93 DULCE Patients
Enrolled

Team Members

Lauren Landry, Family Specialist

Stacey Nickerson, Practice Manager

Dr. Raymond Zarlengo, MD

Denise Green, RN

Cynthia Walbridge, LICSW

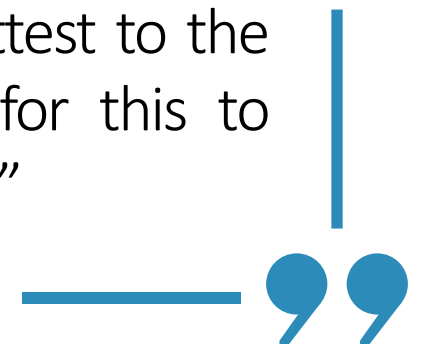
Mice Chen, MBA, MIS, Chief Information Officer

Practice Facilitator: Liz Cantor



A postpartum mother commented "I never thought that a pediatrician's office could provide support for me and be so resourceful, I thought this office really only focused on my baby, my family and I are so thankful for the conversations I have had with you (family specialist)."

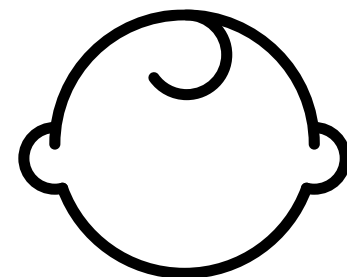
Physician feedback includes "Where can I attest to the implementation of DULCE and my want for this to continue here, this role is so important to us!"



CNEMG Family Care Center



Pawtucket, RI



112 unique newborns seen during calendar year 2022

19 prenatal patients

64 DULCE Patients Enrolled

Team Members

Jalyn Alzate, Family Specialist

Dr. Marybeth Sutter, MD

Nicole Quindazzi, MS, Practice Manager

Margaret Lebeau, Nurse Care Manager

Debra Moorhead, Academic Social Worker

Practice Facilitator: Sue Dettling



Patients have received connections to needed resources to ensure the health and well-being of their infant and the staff have received specialized training to be able to support this work. The interdisciplinary team that has been involved with this project has really enjoyed working together and truly feels that they are making a difference in the lives of the families they have helped.



Tri-County Community Action Agency



Tri-County
Community Action Agency

Johnston, RI

Team Members

Brenda Dowlatshahi – COO & Health Center Director

Rebecca Friedman, MD, Pediatrician

Bettina Cullinane, RN, NCM, Nurse Care Manager

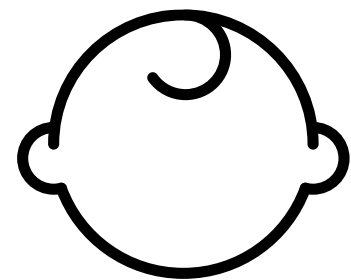
Jennifer Caffrey, LICSW, Director of Behavioral Health

Family Engagement Specialist – to be hired

Pre-Natal Partner: Suzanne Lowe, CNM, Director of Women's Health

Anne Marie Barone, Director of Health Information Management

Practice Facilitator: Sue Dettling



42 unique newborns seen during calendar year 2022

7 pregnant patients in 3rd trimester

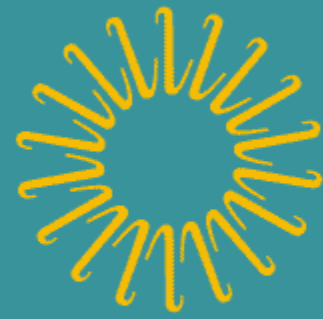
Why join the learning collaborative?



Tri-County's motivation, as a Medically Underserved Area (MUA), is to expand its pre-natal/pediatric, newborn practice and to integrate DULCE into its practice, establishing a more accessible, comprehensive and coordinated system of care to enhance and improve delivery of pediatric services with our existing and staff, to further identify a family's community-based challenges, strengths and needs to promote early relational health, all critical for building a strong foundation for lifelong health and mental health.

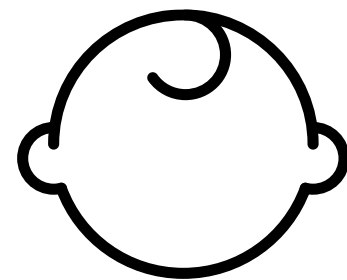


Hasbro



Hasbro Children's Hospital
 The Pediatric Division of Rhode Island Hospital
Lifespan. Delivering health with care.®

Providence, RI



500 unique newborns seen during calendar year 2022

500 pregnant patients/year

Team Members

Jennifer Jencks, LICSW, PhD, Manager of Pediatric Social Work

Carol Lewis, MD, Director of Refugee Health

Heather Carvalho, Practice Manager

Angelo Franco, LCSW – Social Worker

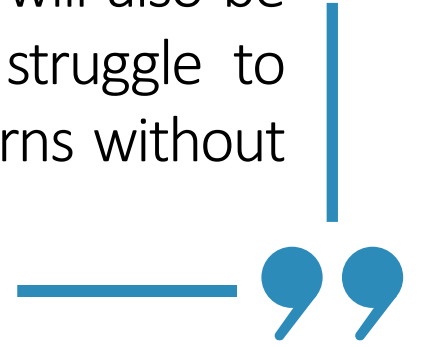
CHW/ Family Engagement Specialist – to be identified

Practice Facilitator: Liz Cantor

Why join the learning collaborative?



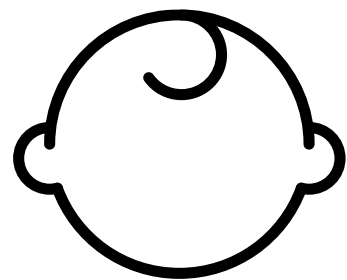
Assessing and monitoring families will allow our CHWs to intervene effectively in the community and home environments and will undoubtedly improve medical and relational outcomes for our patients. Access to legal consultation will also be critically important to our most vulnerable families as they often struggle to navigate our immigration system and some have complex legal concerns without adequate legal support.



Blackstone Valley Community Health Center (BVCHC)



Pawtucket, RI



49 unique newborns seen during calendar year 2022

56 pregnant patients in the 3rd trimester

Team Members

Scott Hewitt, Assoc. Dir. Of Integrated Care

Morgan Motia, MD, AE Medical Director

Kathleen Ricci, Nurse Care Manager

Social Worker – to be identified

CHW/Family Engagement Specialist – to be identified

Pre-Natal Partner: Rachel Ballester, OB/GYN Medical Director

Anh Kim Nguyen Leite, Director of Health Information Management

Practice Facilitator: Sue Dettling

Why join the learning collaborative?



Blackstone Valley Community Health Care is committed to providing comprehensive, holistic, multidisciplinary health care to the communities we serve. BVCHC has a tradition of incorporating new roles and care concepts to provide better care to patients, including Nurse Care Managers, Community Health Workers and Peer Recovery Coaches, Integrated Behavioral Health, MOMs PRN, and the ROSE Prenatal Program. DULCE provides an excellent opportunity for BVCHC to continue to enhance its patient care and achieve its mission to provide high quality affordable care and improve the health status of the population in the lower Blackstone Valley.





Susan Dickstein, PhD, IMH-E,
Executive Director



Cynthia Loncar, PhD,
Developmental Psychologist,
Brown Center for the Study of
Children at Risk at The
Warren Alpert Medical
School of Brown University



MLPB

ADVANCING HEALTH
THROUGH JUSTICE



Amy Copperman, JD
Executive Director



Jeannine Casselman, JD
Law & Policy Director



Center for the Study of Social Policy

Ideas into Action



Patsy Hampton
Senior Associate and
Director, EC-LINC



Samantha Morton, JD
Consultant



Understanding DULCE: ***Developmental Understanding and Legal Collaboration for Everyone***

Rhode Island DULCE community
Year 2 Kickoff Event
Sep. 28, 2023 – 7:30-9am EST



DULCE

An initiative
of CSSP



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



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 to create a fair and a just society in which all children and families thrive.
- ***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.



**Center for the
Study of Social Policy**

Ideas into Action



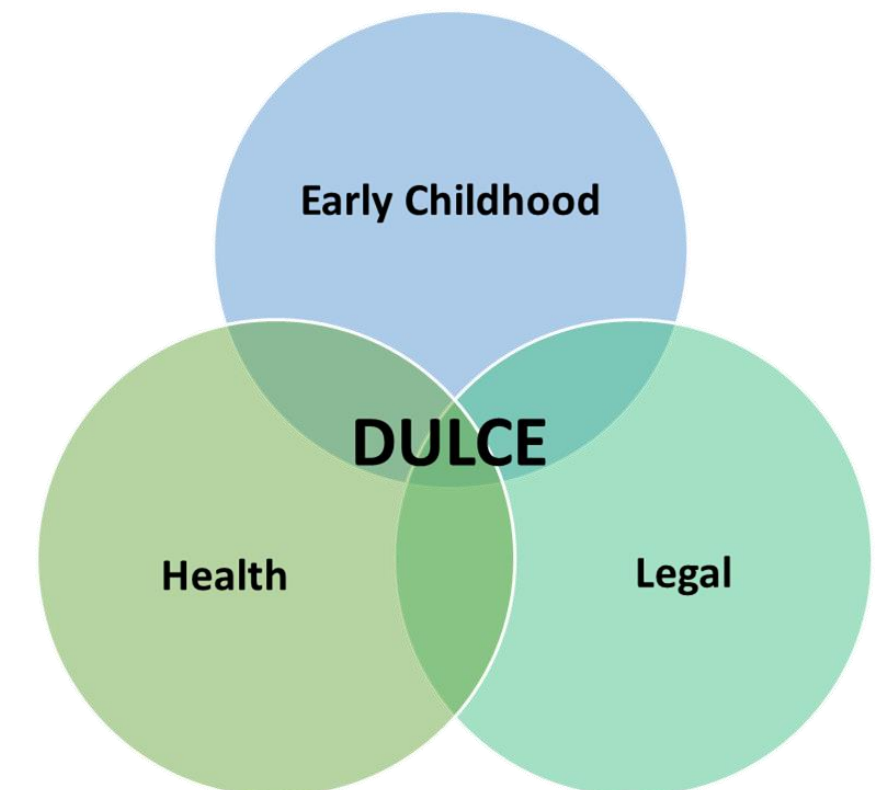
About DULCE

DULCE Mission Statement

Through the collaborative efforts of early childhood, health, and legal systems, **DULCE transforms the way that families with infants experience the delivery of support and services.** To do this, we employ a cross-sector, team-based model that proactively supports the health of families with infants in communities that are under-resourced and have been marginalized by racist systems.

DULCE Vision Statement

When DULCE is fully implemented nationwide, all families with infants will experience holistic, connected care and receive the support they need to provide newborns with a healthy start in life.





DULCE

- **Developmental Understanding-** Promoting parent knowledge of child development and supporting the relational health of infants and their families – in collaboration with the *Brazelton TouchPoints Center*.
- **Legal Collaboration-** Helping families access the concrete supports they want and are legally entitled to.
- For **Everyone-** reaching families where they already bring their babies – universal access in *Primary Care Clinics*.





DULCE: The Intervention

- ◉ **First 4 well-child visits**: screening for caregiver depression, intimate partner violence (IPV), and barriers to concrete supports, Touchpoints-informed focus on the baby's developing temperament, personality, anticipatory guidance and related parent coaching.
- ◉ **6-month visit**: wrap-up to the intervention, transition plan implementation to assure ongoing support within the family-centered medical home.
- ◉ **Weekly interdisciplinary case review**: assures all positive screens are addressed on ongoing basis.
- ◉ **Leveraging of legal partnerships throughout**: to help families overcome barriers to concrete supports (including rapid response representation).
- ◉ **Continuous Quality Improvement**: to monitor implementation and allow data-based adaptation to local environments.



How Does DULCE Work?



Practice-Level Elements

- Family Specialist is part of the primary care team
- Universal access during a child's first six months of life
- Families determine the supports they receive
- Weekly cross sector case conferences



Community-Level Elements

- Driven by the early childhood system
- Leverages overall community investment in early childhood, health and legal



Strategies to Address the Root Causes of Health Inequities

- Families at the Center
- Reducing Stigma through Targeted Universalism
- Building Trust Through Family Specialists
- Cross-sector Collaboration
- Access to Justice
- Upstream Approach to Creating Healthy Outcomes





Families at the Center

- DULCE gives communities an option to meet the needs and interests of all families –regardless of maternal age, higher risk, or prior children or family size.

“My confidence as a mom has improved, which helps me express our needs as a family better.”

“I understand changes [in my child] and how to address them. I know when I’m getting overwhelmed and need a break and always make time to relax.”



Universal Approach



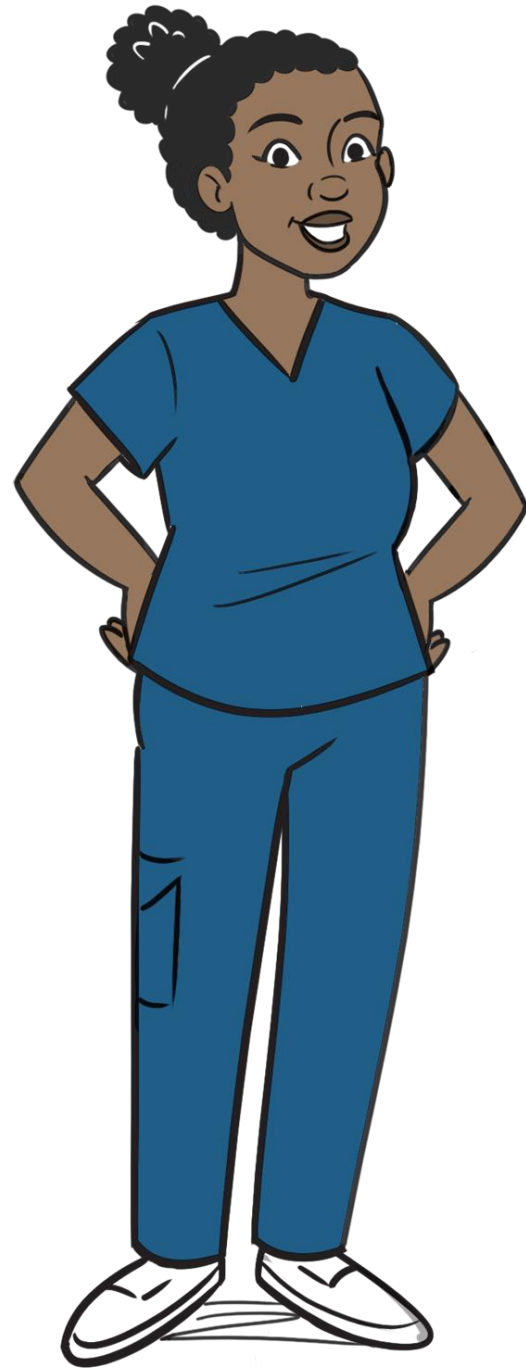
Findings from a [2022 paper](#) comparing DULCE families based on traditional “risk criteria” (low-income, foster care, first-time parent, teen parent) used by targeted programs:

- **53%** of DULCE families who did not meet traditional risk criteria had HRSN.
 - Very few of these families were accessing resources at enrollment; half were connected to resources through DULCE.
- **72%** of DULCE families with HRSN would have not been identified if risk-based enrollment criteria had been used.
- Many of the families who were already utilizing HRSN resources before DULCE, including SNAP, WIC, and TANF, had unmet needs at DULCE enrollment.

Data from [Arbour, et al. \(2022\)](#)



Family Specialist



- Works with the Pediatrician or Nurse Practitioner as part of the primary care team.
- Meets with families at well child visits through the 6-month check-up.
- Utilizes developmental-relational Touchpoints framework to:
 - Provide strengths-based parenting support and anticipatory guidance.
 - Support families in addressing unmet health-related social needs.

Family Specialist



What Does The Family Specialist Do?

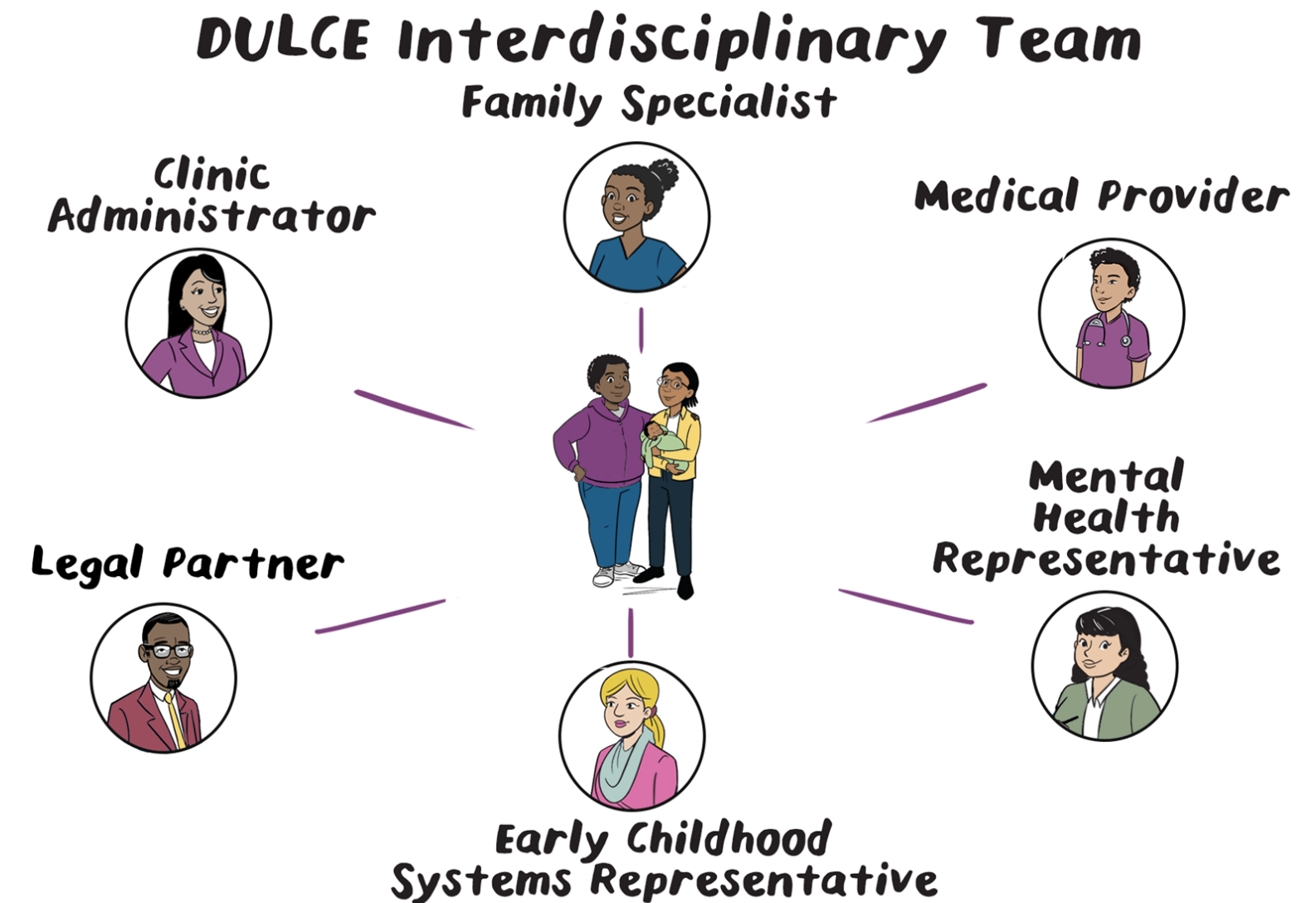


- Meets with families at clinic visits and accompanies them in the exam room to provide support. Acts as support between medical visits.
- Screens for health-related social needs and provides resources for identified needs.
- Uses relational strategies from Brazelton Touchpoints model and Newborn Behavioral Observation to provide parenting support and anticipatory guidance.



Cross-Sector Collaboration

- Existing primary care team
 - Medical Provider
 - Medical assistant and/or nurse
 - Clinic administrative and support staff
- DULCE team
 - Early Childhood System Representative
 - Family Specialist
 - Legal Partner
 - Mental Health Representative





DULCE Evidence: Outcomes discerned through Continuous Quality Improvement (CQI) commitment

- **100%** of families offered choose to enroll and **79%** of families complete DULCE.
- **65%** of families receive all well-child visits on time, with DULCE implementation and CQI increasing this proportion by **50%**.
- **70%** of well-child visits occur with the DULCE Family Specialist present.
- DULCE helps clinics implement highly reliable universal screening practices; **92%** of families are screened for seven health-related social needs (HRSN).
- **95%** of DULCE families with concrete support needs received resource referrals at time of positive screening results.

Data from [Arbour, et al. \(2021\)](#)



Access to Justice - *Let's take a poll!*

DULCE has advanced access to justice for families with young children in the following documented ways:

- A. Increasing screening for social needs, enabling detection/addressing of “pre-legal” needs before crisis hits
- B. Connecting families rapidly to a range of legal supports
- C. Engaging EC and pediatrics stakeholders in access to justice priorities
- D. Bridging household-level legal needs and population-level barriers to health justice
- E. All of the above
- F. None of the above



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- D. Bridging household-level legal needs and population-level barriers to health justice
- E. All of the above**
- F. None of the above



What's the evidence for this?



A. Increasing screening for social needs, enabling detection/addressing of “pre-legal” needs before crisis hits

Brown, A., Spain, A. K., Sander, A., Rathore, K., & McCrae, J. S. (2020). **Before crisis hits: legal support in preventive health care for families with young children.** Chicago, IL: University of Chicago. **Embedding** Chapin Hall at the

B. Connecting families rapidly to a range of legal supports

Sege R, Preer G, Morton SJ, Cabral H, Morakinyo O, Lee V, Abreu C, De Vos E, Kaplan-Sanoff M. **Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial.** Pediatrics. 2015 Jul;136(1):97-106. doi: 10.1542/peds.2014-2955.

C. Engaging EC and pediatrics stakeholders in access to justice priorities

Morton, Samantha J. Health Affairs Forefront (2021). **Legal Information And Rights Education As An Element of Care: A Promising Health Justice Strategy.**

Morton, Samantha J. (2019). **“Legal Partnering for Child and Family Health: An Opportunity and Call to Action for Early Childhood Systems.”** Washington, DC: Center for the Study of Social Policy. Available at: <https://cssp.org/resource/legal-partnering/>

D. Bridging household-level legal needs and population-level barriers to health justice

Ciara Malaugh & Samantha Morton. CSSP blog (2019). **DULCE Legal Partners Drive Improvements in Medical Enrollment Procedures for Babies in Two California Counties.**



Upstream Approach – *voices of DULCE families*

Resilience & Social Connection

At that time I was just—I just felt like—don't know why I felt like I couldn't care for someone else other than myself. But then when I went to her [Family Specialist], like, it was okay because she was a mother too. So it was, kind of like, what I was feeling was normal. It wasn't like I was a bad mother.

My husband and I . . . left our family and community to come to the United States to further our education. My husband works two jobs and is in school . . . , and I stay at home with our two children while attending college online. It has been very lonely and isolating living here. Whenever I make our visits to the doctor's office I always look forward to hearing from [the Family Specialist]. She is always there to provide counsel on how I can promote and raise a healthy infant, SNAP, linked me to a lactation consultant when I was struggling to breastfeed my infant.



Upstream Approach – *voices of DULCE families*

Concrete Support: Reducing financial hardship

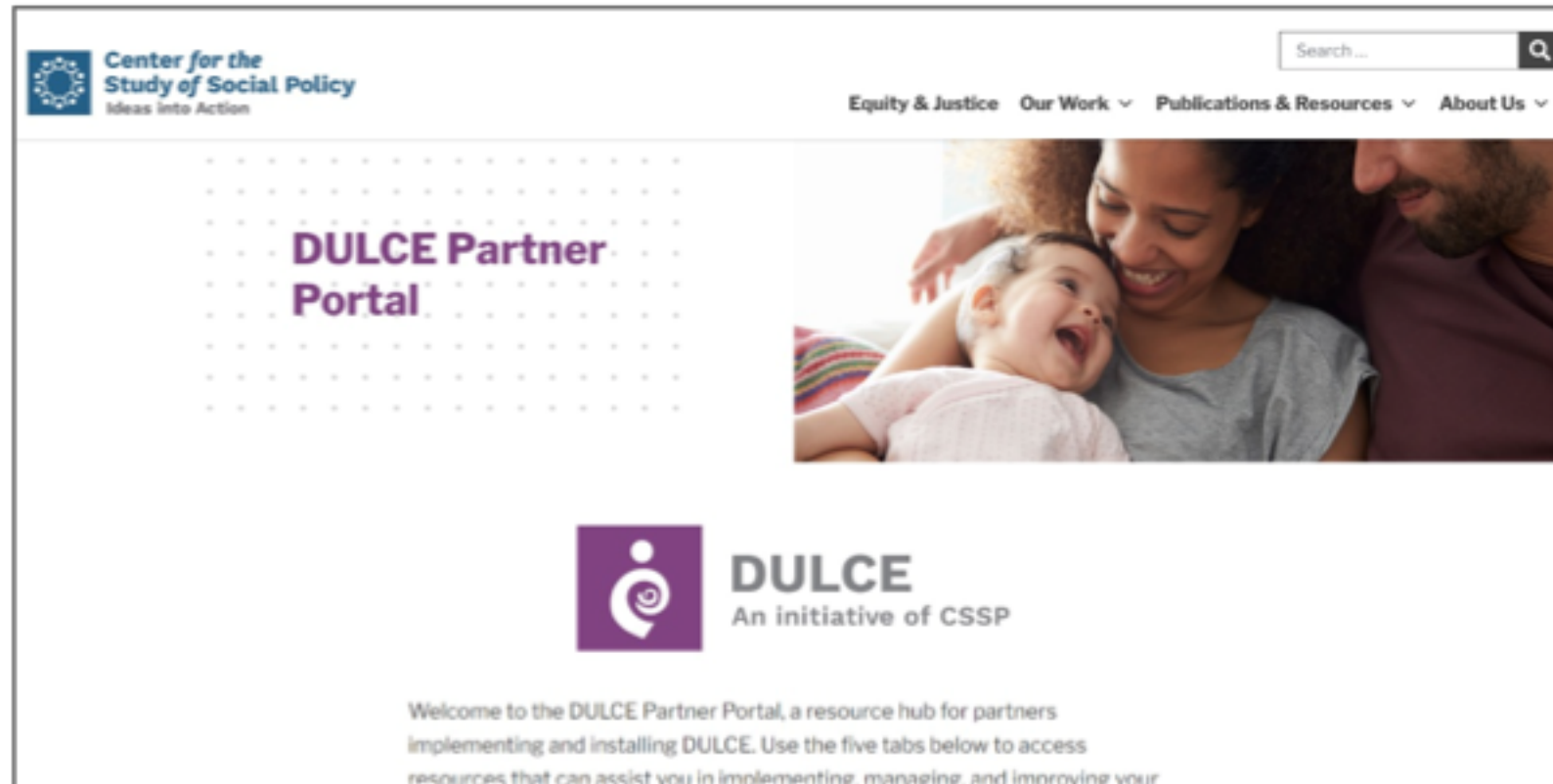
After my caesarian section I had a \$5000 medical bill to pay for my surgery that I couldn't afford. [The Family Specialist] addressed this burden of economic hardship by obtaining the financial aid form from the hospital that I delivered at and, even when I was reluctant that I may not be considered, she encouraged me to apply and the bill was waived off.

Resilience & Social Connection

I feel relaxed around her, she is very supportive, and she is someone I believe my kids are safe around. ...She has developed a trusting relationship with me and my family.



Partner Portal



About: The DULCE Partner Portal is the web-based resource hub for the DULCE Learning Network. It includes a regularly updated catalogue of technical assistance materials related to implementation, branding, and project management.

Purpose: The DULCE Partner Portal is a resource repository for members to quickly access materials they may need during DULCE implementation. For example, process maps and screening guidance can be found on the Partner Portal.

Access: To access the DULCE Partner Portal, visit cssp.org/dulce-partner-portal/. The password is *Family*Specialist2*.

**“This is why I became a pediatrician:
to address the things that really
matter for families and children.
Through DULCE, I can.”**

-DULCE Medical Provider

Thank you!



1 Project Start-Up

- Kick-off meeting: Sept 28th, 2023
- Monthly meetings scheduled with PF

2 Team Setup and Training: By December 2023

- Interdisciplinary team confirmed or new members identified.
- New Community Health Worker/Family Specialist onboarded.
- Training completion by new CHW/FS in DULCE, Brazelton Touchpoints, and NBO between Sept 2023 and Nov 2023.

3 Practice Facilitation and Meetings: Sep 2023 – Aug 2024

- Interdisciplinary team attends practice facilitation meetings from Sept to Nov.
- Team meets bi-monthly from Jan 2024 to Aug 2024.
- CHW/FS continues to participate in monthly Reflective Consultation with RIAIMH
- Interdisciplinary team participates in weekly team meetings (case review) from Nov 2023 to Aug 2024.

4 PDSA Improvement Plan

- Initial PDSA plan completed by December 31, 2023
 - Subsequent cycles due:
 - April 15, 2024
 - July 15, 2024
 - August 15, 2024*

5 Data and Reporting: Ongoing, with quarterly submissions:

- Due January 15, 2024: Patients enrolled 09/01/2023 – 12/31/2023.
- Due April 15, 2024: Patients enrolled 09/01/2023 – 03/31/2024.
- Due July 15, 2024: Patients enrolled 09/01/2023 – 06/30/2024.
- Due August 30, 2024*: Patients enrolled 09/01/2023 – 08/15/2024.

6 Ongoing learning collaborative meetings

	Link
New Practices	https://public.3.basecamp.com/p/Cc3Kw3LGp3K5k2AQUneE2CBJE
Continuation Practices	https://public.3.basecamp.com/p/P3yuuG7VCDWCcmqPKFQhntXs

Next Steps

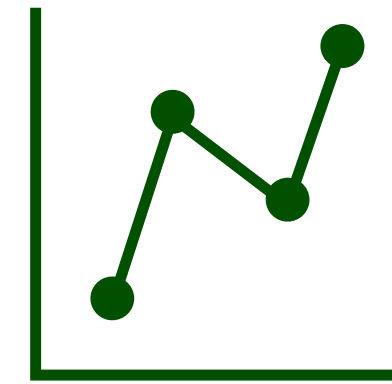


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**Schedule Practice Facilitation
Monthly Meetings**

Next Quarterly Meeting
Thursday, December 14, 2023 @ 7:30am



Practices to report on:

- Training Experience
- Interdisciplinary Team Plan
- CHW/FS Staffing Plan

THANK YOU

 www.ctc-ri.org

 [CTC-RI](#)

