Project DULCE: A Randomized Controlled Trial Demonstrating Compassion Aligns with Cost Containment

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Overview

Families face a series of unique challenges during the first six months following the birth of a child. Project DULCE (Developmental Understanding & Legal Collaboration for Everyone) is an innovative pediatrics-based intervention, through which primary care clinical sites bolster family strengths, including proactively addressing social determinants of health to promote the healthy development of infants 0-6 months and provide support to their parents.

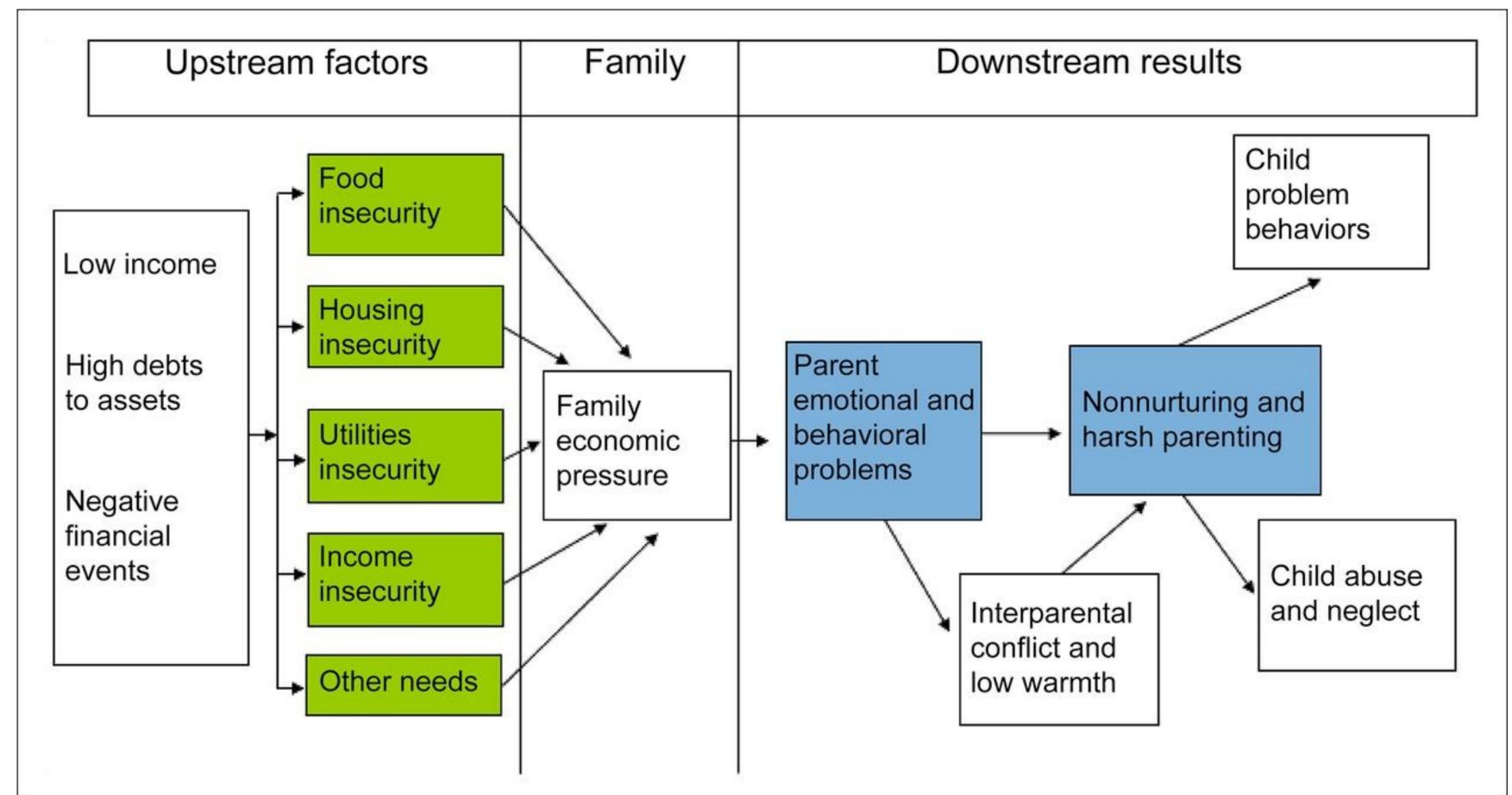
Tested through a randomized controlled trial in the Pediatrics Department at Boston Medical Center from 2010-12, DULCE generated within the intervention group, on a statistically significant basis:

- Reduced emergency department utilization;
- Enhanced adherence to preventive care such as immunizations; and
- Accelerated access to concrete supports like utility service and food.

Robert Sege, MD, Ph.D et al. <u>Medical-legal strategies to Improve Infant Heallthcare: A Randomized Trial</u>. Pediatrics (July 2015)

On the strength of these findings, in 2015, the Center for the Study of Social Policy convened a national demonstration project to refine and spread DULCE in seven communities affiliated with EC-LINC (Early Childhood-Learning and Innovation Network for Communities).

Logic Model for Project DULCE

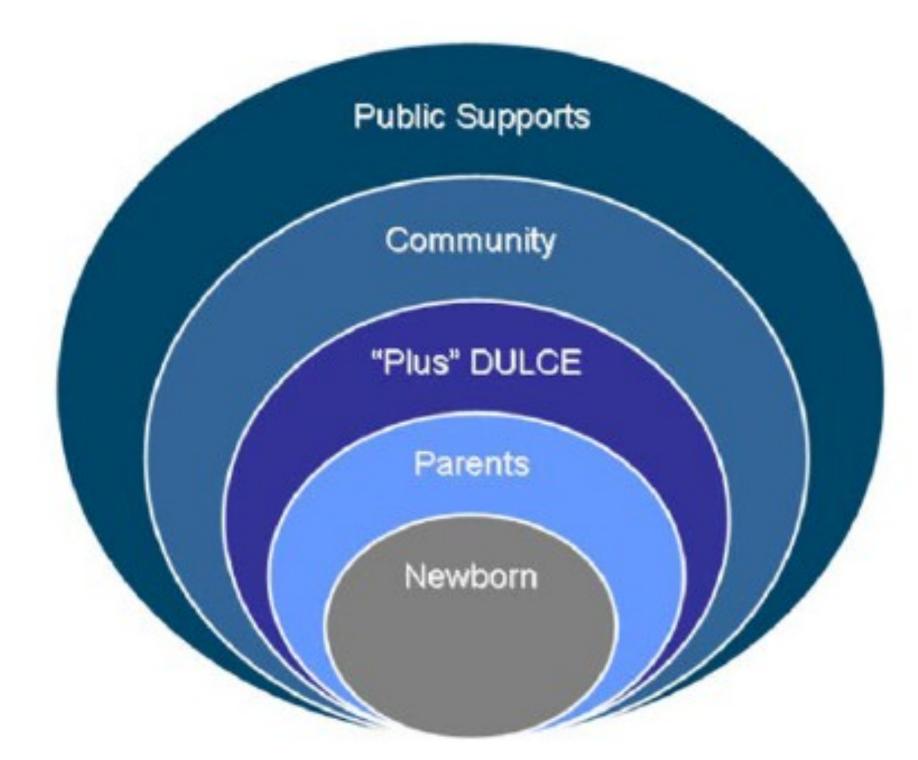


Strengths-based Approach

The DULCE intervention is based on the Strengthening Families[™] Protective Factors approach to help families, drawing on and incorporating the following key components:

- The support of a legal community partner invested in medical-legal partnership approaches to ensure that families have access to the concrete supports they need;
- Brazelton Touchpoints training and reflective mentorship to promote knowledge of parenting and child development and to strengthen collaborative parent, child and provider relationships;
- Promoting social connection through city and county partners who are members of the EC-LINC network, a quality improvement process for continuous practice and program improvement in the local context.

Social Ecological Model for Project DULCE



The Intervention

DULCE focuses on supporting five family protective factors:

- I. PARENTAL RESILIENCE: a parent's ability to bounce back from difficulties
- 2. **SOCIAL CONNECTIONS:** a network of informal or formal supports (e.g., friends, family, faith group)
- 3. **CONCRETE SUPPORTS:** knowing where to turn for help and how to navigate these systems (e.g., identifying and accessing programs to help with food, housing, utilities, child care, etc.)
- 4. KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT: parents know what to expect as their children grow and what behaviors are appropriate for a given age
- 5. SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN: children learn to talk about and handle feelings

The intervention model, based on the relationship between the *DULCE Family Specialist* and the family, builds upon the known trajectory of child and family development. The DULCE Family Specialists provide: I) information on healthy child development, 2) parenting support, and 3) advocacy by connecting families to existing community resources available to them.

The first four visits focus on concrete needs, child care, and the baby's developing temperament and personality. The six-month visit is used as a wrap-up to the intervention and transferring any ongoing support to the family-centered medical home. The goal is to inform and empower families to become independent with the skills needed to advocate for themselves.

National Spread and Scale

Seven clinics located in five communities launched DULCE implementation in the spring of 2016. DULCE now operates in partnership with California First 5 Commissions in **Alameda**, **Los Angeles and Orange counties**, the Children's Services Council of **Palm Beach County**, **Florida**, and the Lamoille Family Center in **Lamoille County**, **Vermont**.

