



Call for Applications

DULCE

Developmental Understanding and Legal Collaboration for Everyone

The Opportunity

Babies under age 3 in RI are the most likely to be homeless, live in poverty, and experience effects of parental substance use disorders and/or maltreatment/neglect, risks known to be associated with poor health and development. These challenges have been exacerbated by the pandemic, especially for families living in communities that are under-resourced and that have been marginalized by systemic racism. Pediatric primary care is in a unique position to identify a family's community-based challenges, strengths and needs, and to promote early relational health, all critical for building a strong foundation for lifelong health and mental health. We know that this is best practice, and we know that pediatricians cannot do it alone.

The Care Transformation Collaborative of Rhode Island is pleased to offer the opportunity for up to two pediatric/primary care practices that provide newborn care to participate in a fifteen (15) month DULCE learning collaborative during which a Community Health Worker (CHW) Family Specialist – a Community Health Worker provided with specialized training– will help families with their identified goals, connect them to needed resources and co-create conditions for life-long health.

Pediatric/primary care practices are invited to submit an application by **August 22, 2022**

About DULCE

DULCE (**D**evelopmental **U**nderstanding and **L**egal **C**ollaboration for **E**veryone) is a universal, early relational approach to strengths-based, family-centered child health care during the critical first six months of life. Families engage with DULCE when they bring their infants for routine care. All infants in the child health primary care practice are eligible to participate, starting with their baby's very first routine healthcare visit, and continuing for the next six months. Families enrolled in DULCE develop a relationship with the pediatric practitioner and the CHW family specialist. The CHW/Family Specialist works to better understand the needs of families by meeting with them during and in-between routine well-child visits, screen for health related social needs and support the parent/infant relationship and infant's development. The CHW Family Specialist and the interdisciplinary team (consisting of medical provider, legal partner, CHW/Family Specialist, mental health representative and practice lead) meet weekly to review positive screens and identify appropriate services or resources to assist families. The CHW/Family Specialist follows up with families to ensure that family goals and strengths are identified, positive screens are addressed and families are thoroughly supported between well-child visits. CHW Family Specialist serves as a bridge in connecting families to supports, building trusted relationships and providing support that parents need to raise healthy infants and advocating for their well-being.

DULCE is an evidence-based approach that was piloted in the context of a [Randomized Controlled Trial](#) conducted at Boston Medical Center during 2010-12, involving Healthy Steps, the Department of Pediatrics, and MLPB (formerly known as Medical-Legal Partnership | Boston).



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Now an initiative of the Center for the Study of Social Policy (CSSP), DULCE is currently being implemented in 17 clinical sites across 9 states. DULCE bridges the health, early childhood, and legal sectors to provide interdisciplinary team-based care that supports the early relational health of families by addressing their health-related social needs (HRSN) and social determinants of health (SDOH). DULCE is universally offered to families with newborns in strategically targeted under-resourced communities. DULCE's approach helps to reduce the systemic exclusion and stigma families often experience when accessing support, all the while providing tailored resources based on family-identified goals and needs during this first phase of their child's life. More information on how DULCE works and the evidence based results can be found in Appendix A

Learning Collaborative Benefits:

This opportunity, offered through funding from UnitedHealthcare and the Rhode Island Department of Health, provides pediatric/ primary care practices with funding (\$20,000.00 per practice) to support:

- a) Hiring and integration of a CHW Family Specialist into the practice. Integration will vary by practice depending on whether the CHW Family Specialist is newly hired, contracted, or is already employed by the pediatric/primary care practice
- b) Training for the CHW Family Specialist and interdisciplinary team in relational approaches to family-centered care (See Appendix B for Training Description) The interdisciplinary team may include but is not limited to Medical Provider, Early Childhood Lead/Project Lead, Clinical Administrator, Mental Health Lead, Legal Partner, Nurse/Nurse Care Manager, Medical Assistant, Practice Manager;
- c) Fully leveraging the Interdisciplinary Team meeting, by having regularly attended case reviews, to improve care for families enrolled in DULCE;

Additional support provided to pediatric/primary care practices in the Learning Collaborative include:

- d) Integration of MLPB (formerly known as Medical-Legal Partnership | Boston), the original DULCE legal partner, as the Learning Collaborative team-facing legal partner, who will provide continuous legal information and rights education to the CHW Family Specialist and DULCE Interdisciplinary Team, and orient the team to other legal assets that can partner with families directly.
- e) Practice facilitation services to assist practices with using a performance-based approach to integrate tools/workflow for enrolling and scheduling families with CHW Family Specialist support, capture key quality metrics and bill for Family Specialist/CHW services.
- f) Infant Relationship content expert who will participate in interdisciplinary team meetings monthly and meet monthly with CHW/Family Specialist to provide reflective supervision.

Learning Collaborative Objectives:

Teams piloting the DULCE approach will be successful in:

- 1) Building a culture that honors family-driven goals for care during a timeframe often marked by both joy and stress;
- 2) Implementing strengths-based screening for health-related social needs (HRSN) as well as more effective referral and response through the efforts of the CHW Family Specialist and the broader DULCE team;



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- 3) Improving completion rates for key preventive care (well-child visits, immunizations) and reducing avoidable emergency department care.

Who can apply:

Pediatric/primary care practices that provide care to:

- a) a steady source of newborns (approximately 150 unique newborns a year)
OR
- b) less than 150 newborns a year with a pediatric population that would benefit from services provided by a CHW/FS due to high HRSN

Practices must also be invested in family-centered, strengths-based communication and care, and seek to collaborate with cross-sector resources to enhance the experience of care for newborns and their families.

Priority may be given to pediatric/primary care practices in communities that are located in medically underserved areas, serving a population that includes $\geq 50\%$ Medicaid eligible families, or serving at least 25% of families whose primary language is one other than English and can provide interdisciplinary team support.

Application deadline:

Due by: **Monday, August 22, 2022**

Fifteen (15) Month DULCE Learning Collaborative Expectations

Co-Planning Phase (September 2022 -November 2022)

In the first three months of the planning phase, the designated practices will meet monthly with the practice facilitator and, as needed, members of the planning committee, to design and plan for a practice culture that supports the following activities:

- Identification of the optimal child health practitioner and practice lead to join the DULCE Interdisciplinary Team
- Integration of the CHW Family Specialist – whether that be a practice hire/assignment, a contract with another agency, or a relationship with an independent CHW, etc.
- Training of the CHW Family Specialist, the pediatric practitioner, and the practice team.
- Workflow for incorporating CHW Family Specialists into well-child visits and structured screening of families for a range of goals relating to maternal depression, health-related social needs and connection to community resources.
- Work flow for weekly Interdisciplinary Team meeting, also known as case review, that will include:
 - a Mental Health Lead
 - early childhood system-building ambassador (such as family visiting)
 - team-facing legal partner
 - CHW Family Specialist
 - pediatric practitioner
 - practice lead

Practices are not expected to have all members of the Interdisciplinary Team identified when applying.

See Appendix A for additional details about the Interdisciplinary Team.

Implementation plan that will support ongoing CQI regarding family-centered goal-setting, implementation of Bright Futures guidelines (including social screening standards), screening completion, referral of DULCE families to, and successful linkages with, desired resources.

Implementation Phase (December 2022-November 2023)

Meet monthly with the practice facilitator and strengthen the practice culture that supports the following activities

- Train team, staff and partners begin to meet and work together
- Begin offering DULCE enrollment families on universal basis
- Welcome CHW Family Specialist into well-child visits for families enrolled in DULCE
- Launch weekly DULCE Interdisciplinary Team meetings
- Partner across the DULCE Interdisciplinary Team to co-create process maps for each screening domain
- Use performance improvement approach, test clinic work flows, capture and report key metrics, and adapt screening and workflow support processes;
- Submit quarterly CQI data, meet quarterly with peer learning community and spotlight family engagement, practice enhancements, and opportunities to turn trends in household-level social needs into population health-advancing change efforts;
- Strategize for long-term, sustainable funding. Including but not limited to development of a sustainable business plan for billing for CHW Family Specialist services into the pediatric primary care practice.

Measurement and Reporting

Practices will measure and report quarterly on the following, using the [DULCE Family Specialist Data Collection Template](#) or from practice EHR:

1. Household Demographic Information
2. Number of visits with CHW/FS, including routine visits and other encounters
3. Number of screenings of health-related social needs, including number of positive screens, and linkages to resources using a strength based approach performed;
4. Number of linkages completed for parent identified needs;
5. Implementation of *Bright Futures* guidelines and *Bright Future* Health Related Social Need (HRSN) requirements, if not already completed.



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Payment Schedule: Practices are eligible to receive:

- First infrastructure payment (\$5,000.00) with execution of:
 - Participative Agreement
 - Team participation in kick off meeting
 - Participation in first monthly planning meeting;
- Second infrastructure payment (\$5,000.00) with completion of:
 - Planning phase
 - Submission of practice work plan and performance improvement plan
 - Participation in quarterly learning collaborative meetings;
- Third infrastructure payment (\$7,000.00) with:
 - Submission of first quarterly data report
 - Staff participation in co-designed staffing plan;
- Performance/Final payment (\$3,000.00) with:
 - Submission of final quarterly data report
 - Staff completion of staffing plan
 - Performance improvement plan
 - Participation in final learning collaborative meeting

Timeline and Selection Process

Step	Activity	Date
1.	Call for applications released	
2.	Conference call with interested parties to answer any questions. Zoom Meeting: https://ctc-ri.zoom.us/j/82774933310?pwd=UIVnSXN5U3pYaElaQjZlWGZsWVlIQT09 Meeting ID: 827 7493 3310 Passcode: 646876 One tap mobile +16468769923,,82774933310# US (New York)	Wednesday 8/10/22 12pm – 1pm Thursday 8/11/22 7:30am – 8:30am
3.	Submit letter of intent to: knguyenleite@ctc-ri.org (optional)	
4.	Submit application electronically via Survey Monkey	Monday August 22, 2022
5.	Notification will be sent to practices together with the Participative Agreement	Friday 9/1/2022
6.	Orientation kick off meeting for newly selected practices Virtual via Zoom	Thursday* 9/8/2022 7:30am – 9am
		*Subject to change

Application Process and Checklist

Item	Check if complete
1. Letter of Intent: to knguyenleite@ctc-ri.org (Optional)	
2. Application form: filled out completely via Survey Monkey (Please see next page of application questions)	
3. Practice cover letter: indicating the practice’s commitment and acceptance of the conditions stated in the application, digitally signed by members of the practice-identified team and by a practice leadership representative. Email to Kim Nguyen-Leite, knguyenleite@ctc-ri.org (Please see Appendix C for template)	
4. If applicable, system of care (e.g., accountable care organization or accountable entity) cover letter indicating the level of support provided for this initiative. Email to Kim Nguyen-Leite, knguyenleite@ctc-ri.org (Please see Appendix D for template).	

Completed application packages must be received by 5:00 PM EST on August 22, 2022

Submit completed application via survey monkey by 5:00 PM on August 22, 2022

Email appendix items A and B to: knguyeneleite@ctc-ri.org by 5:00 PM on August 22, 2022

For questions, contact: CTC-RI Program Coordinator II, Kim Nguyen-Leite, Email: knguyenleite@ctc-ri.org Telephone number: 401-529-3920 x 102



DULCE Learning Collaborative Application

Please complete via Survey Monkey

1. Applicant Contact Information			
Pediatric/ primary care practice	Name:	Address:	
	Phone	Practice Tax ID Number (TIN)	
	Primary Contact person	Email address	Phone
	Pediatric practitioner	Email address	Phone
	Nurse Care Manager/Care Coordinator	Email Address	Phone
	Mental Health Lead	Email Address	Phone
	Community Health Worker Family Specialist (if identified)	Email Address	Phone
	Other team member(s) such as IT	Email Address	Phone
	Family visiting partner (if applicable)	Email Address	Phone
Comments re: practice team:			

2. Practice Patient Population information (based on calendar year 2021 data)

	Total # of Patients
Total Number of unique newborns seen during calendar year 2021	

Demographics (as of 12/31/2021)	Total # of Patients
Age 0-6 months	
Age 7 months-11 months	
Age 1 year to 2 year	



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Age 2 year to 3 year	
Age 3 year to 4 year	
Total	
% of patients insured by Medicaid (primary or dual eligible)	
% of patients uninsured	
% of patients that identify as Hispanic/Latinx	
% of patients that have a primary language other than English	

- Provide name of the electronic health record your practice presently uses: _____
- Please answer Yes or No to the following questions. If Yes, please provide additional details in the comments/descriptions field.

Does your practice	Yes	No	Comments/Descriptions
Anticipate changes to your EHR in the next 15 months			
Screen families for health related social needs			
Generate reports on health related social needs			
Meet as a team to review screening rates or other related reports			
Have a process for connecting families to community resources when needed			
Have a process for tracking successful linkages outcomes			
Belong to a system of care			

- Does your practice presently have a community health worker on staff?

Yes__ No__

If yes, please describe the level of participation your existing CHW staff will have in this learning collaborative.

If no, please describe your intent/plan to hire/assign/contract with another organization/individual for a community health worker:

- Does your practice currently partner with MLPB or any other entity that provides any form of legal support?

Yes__ No__

If yes, please describe the partnership: _____

Please provide a narrative response to the following questions:

1. What is your motivation for pursuing implementation of DULCE in your practice and why you want to participate? Please describe if you have prior experience with the DULCE model.
2. How will this funding assist you in achieving your community's/practice's goals to promote children's healthy development and address both health-related social needs and social determinants of health? Be as specific as possible by identifying the gaps that you expect DULCE will help address.
3. Please describe previous and /or current quality improvement/collaborative efforts to improve care including experience of identified practice lead who will lead this effort.
4. What challenges or barriers do you foresee in engaging in both the training and implementation period of this learning collaborative? Explain how you would address these challenges.
5. Please describe any collaboration experience your practice has regarding advancing health equity and outcomes.
6. Describe existing relationships, if any, your practice has with family/parent-leaders, early childhood system-builders, and/or public interest law organizations. Include any collaborative activities or initiatives you have been involved in and how you collaborate with existing initiatives in system change.
7. Describe how your practice (a) deploys health disparities data to design/modify care and program, and (b) engages with families in program and system design.
8. What challenges or barriers do you foresee in sustaining the DULCE model? Explain how you would address these challenges?
9. If you are a small practice, less than 150 newborns a year, please describe what other needs your families may have that could be addressed by a CHW/FS trained in early relational health and your plan to support the CHW/FS in doing this work.
10. If you are a practice without integrated behavioral health services, please describe how you would support and provide supervision to the CHW/FS?
11. Additional Information

(Optional free text field to share additional information about your practice)

CTC-RI PCMH Kids Selection Committee Policy and Procedure (2022)

To ensure an objective, fair, and transparent process for reviewing applications, the following policy and procedure for application review is being shared with applicants:

Selection Criteria. Priority will be given to completed applications that demonstrates that it has a patient population that is in need of additional resources, treats sufficient number of newborns each year and a commitment to implementation in the following ways:

- Commitment to equity and reducing disparities based on race, ethnicity, immigration status, sovereignty, gender, sexual orientation, gender identity and socioeconomic status.
- Patient population that is in need of additional resources/supports
- Clearly defined description of the needs and gaps DULCE will be addressing in the community, including but not limited to population-level social determinants of health.
- Clear practice leadership support
- Clear commitment to DULCE's vision of team-based relational health care for infants and their families, deployment of CHW Family Specialist as key team member partnering with families, and centering families' social health
- Clear initial plan for recruiting someone for the CHW Family Specialist role
- Demonstrated capacity to use data to drive change.
- Initial vision for expansion and sustainability over time.

Selection Committee Process for Review of Applications: The CTC-RI Selection team will meet the week of August 29, 2022 – September 2, 2022. All reviewers will read and score each application independently using the scoring criteria below.

The Selection Committee reserves the right to interview applicants for further review of information.

Conflict of interest: Reviewers will disclose any conflict of interest related to a specific applicant. A conflict of interest is defined as having a direct affiliation with the applicant practice or receiving any actual or potential monetary benefit from the applicant practice. The Selection Committee will discuss conflicts of interest disclosures and modify the structure of the Committee accordingly, including requiring specific Committee members to recuse themselves from review of implicated applications.



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Application Category Scoring (Max 17 Points)

Commitment to Equity and Reducing Disparities	Max 3 Score	Practice Leadership, Support and Staffing	Max 3 Score	Practice sustainability	Max 3 Score
Responses to application questions speak to equity and reducing disparities	Add 1 point	Application shows strong clinical and operational leadership support	Add 1 point	Practice team has articulated anticipated challenges and barriers and plan(s) to address	Add 1 point
Community and practice goals address equity and reducing disparities	Add 1 point	Application clearly states plan to assign, recruit/hire, or contract CHW Family Specialist	Add 1 point	Practice team is part of a system of care that is interested in supporting this effort	Add 1 point
Practice application conveys a strong culture of equity and commitment to reducing disparities	Add 1 point	Practice has commitment to team-based care	Add 1 point	Sustainability is considered in application	Add 1 point
Practice impact	Max Score 4	Practice Readiness	Max Score 4		
Practice has identified benefit to patients served	Add 1 point	Practice has experience with quality improvement activities	Add 1 point		
Practice team has potential population of patients that would benefit from initiative (race/ethnicity/income)	Add 1 point	Practice has ability to produce data and reports	Add 1 point		
Practice treats 150 newborns per year	Add 1 point	Practice has participated in prior collaborative activities or has existing relationships with family/parent-leaders, early childhood system-builders, and/or public interest law organizations	Add 1 point		
Practice has identified gaps that DULCE could help to address	Add a point	Practice has experience engaging with families in programs and system design	Add 1 point		

Additional Application Scoring (Max 5 points)					
Practice Location	Max 1 Score	Practice Population	Max 4 Score		
Practice is located in a medically underserved area	Add 1 point	Practice has ≥ 150 unique newborns each year	Add 1 point		
		Practice is serving a population that includes $\geq 50\%$ Medicaid eligible families	Add 1 point		
		Practice is serving at least 25% of families whose primary language is one other than English.	Add 1 point		
		Practice shared data on patient ethnicity	Add 1 point		

Appendix A: How the DULCE Program Works and the Evidence Based Results

How does DULCE work?

Teams implementing DULCE are located in communities that can benefit most. All families with newborns receiving care at the clinical site are invited to participate in DULCE. This universal approach minimizes stigma and recognizes that all families need support during this critical first phase of a child's life.

DULCE leverages a powerful cross-sector infrastructure – weekly meetings of a robust interdisciplinary team – to bolster this innovative practice approach that explicitly recognizes household-level health-related social needs (HRSN) and population-level social determinants of health (SDOH), alongside clinical and behavioral health priorities: The DULCE interdisciplinary team is comprised of:

- The CHW **Family Specialist** described above;
- Child health stakeholders – both a **pediatric practitioner** who partners directly with the CHW Family Specialist and DULCE families during routine healthcare visits and a **clinic/practice lead** who manages clinic-based enrollment processes, compliance considerations, and ongoing CQI learning.
- A **Mental Health Lead** who offers both behavioral health expertise in relation to DULCE families' goals and reflective practice modeling for a team that is navigating vicarious trauma. The Mental Health Representative provides leadership for integration of mental health into interdisciplinary service delivery. They bring reflective and relational practice skills, clinical infant mental health expertise, and knowledge of trauma-informed care to the Interdisciplinary Team. They work closely with the Family Specialist often serving as their supervisor. For the Mental Health Lead, they are also bringing their lens to weekly case review (Interdisciplinary Team meetings) where they provide education to the team on trauma-informed care.
- An **early childhood system-building ambassador** who can bridge household-level needs identified among DULCE families to potential population-level system-building strategies, among other things. The EC Systems Representative oversees and supports the overall implementation of DULCE, serving as the backbone organization, working with other leaders to plan implementation with an eye toward sustainability, track the progress and engage in CQI to improve the DULCE intervention and the EC system.
- A **team-facing legal partner** (see below) who will build the DULCE team's legal problem-solving capacity through education and consultation, and identify family-facing legal resources that can offer families conflict-free direct legal representation as needed.

What is the Evidence?

The randomized control trial published in [Pediatrics](#) in 2015 found DULCE resulted in:

- Accelerated access to support. DULCE families secured supports for which they were eligible at roughly twice the pace of control families.
- Better completion rates for well-child visits and immunizations.

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- Reduced use of emergency care by DULCE families.

- In 2021, DULCE leadership again published in [Pediatrics](#) on findings that remain unparalleled in the pediatrics field:
 - Of those families offered DULCE, 99% chose to enroll and 83% completed the program.
 - Successful screening and linkage to resources for health-related social needs.
 - 90% were screened for seven health-related social needs (intimate partner violence, maternal depression, food insecurity, housing instability, housing conditions, utility needs, and employment/financial supports).
 - Resource information was provided to 70% of families in need of financial assistance, 98% of families in need of food, 84% of families with needs for behavioral health support for maternal depression, and 86% of those with housing instability.
 - High linkage rates for supports and resources related to maternal depression and intimate partner violence.
 - 83% of mothers were screened for intimate partner violence, 3.5% screened positive, 84% received information about available supports and 66% accessed supports.
 - 85% of mothers were screened for maternal depression, 18% screened positive, 90% of those with a positive screen received information about available supports and 78% accessed support.

Chapin Hall published a series of reports investigating the role of DULCE in preventing and mitigating toxic stress. Find these reports and more information [here](#).

More information on DULCE. This [video](#) describes DULCE from the perspective of the Interdisciplinary Team. Additional information on DULCE can be found on the Center for the Study of Social Policy [website](#).

Appendix B: Community Health Worker (CHW)/Family Specialist (FS) Training Outline

CHW/FS are required to attend trainings. All other team members are encouraged to attend. Training schedule to be determined.

DULCE (Virtual) – 9 hours

Orientation to DULCE Model and Implementation.

Newborn Behavioral Observations (Virtual)¹ – 16 hours

While babies may not speak their first word for a year, they are born ready to communicate with a rich vocabulary of body movements, cries and visual responses: all part of the complex language of infant behavior. Family Specialists should be able to work with families to understand their babies and identify infant needs.

The NBO training will help Family Specialists:

- *Become familiar with current findings on neurobehavioral development, the transition to parenthood and early parent-infant relationship development and the theoretical foundations on which the NBO is built.*
- *Become familiar with the content and uses of the NBO. Learn how to administer the NBO to make behavioral observations of newborn behavior and identify newborn behavioral patterns.*
- *Learn how to interpret these observations from a developmental point-of-view and will learn how to communicate this information to parents as a form of support and guidance in a way that is individualized, non-judgmental, non-prescriptive and culturally sensitive.*
- *Learn to use the NBO in the context of relationship-building.*

Brazelton Touchpoints¹ – 23 hours

In-person Option: 6 Sessions, 4 hour sessions Note: Session 6 is only 3 hours

The Touchpoints™ Approach is another key element of DULCE implementation that enhances infant-parent mental and emotional health. It is a “developmental-relational” approach to family engagement that uses strengths-based attitudes and relationship-based strategies to enhance emotional attachment and healthy relationships within families as primary Protective Factors in child development and family functioning. It helps professionals anticipate and engage with families around key points of change in their child’s development. With Touchpoints™, Family Specialists can help parents understand and expect regressions and stress before growth as necessary to their child’s development. This decreases stress, promotes comfort in parenting skills, and reduces doubts. Note, the Touchpoints™ Approach is a method of reflective practice, which can also assist DULCE Family Specialists in their critical responsibilities of HRSN screening, implementing these sensitive conversations in a strengths-based and collaborative manner.

The Brazelton Touchpoints™ Approach will help Family Specialists:

- *Enhance their delivery of care to families by practicing intentional strengths-based attitudes towards families and using relationship-building strategies and communication tools based on the Brazelton Touchpoints™ approach.*



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- *Observe and participate in family encounters that implement the Brazelton Touchpoints™ approach of collaborative anticipatory guidance.*
- *Engage in Reflective Practice of this strengths-based approach to understanding challenges in development and family engagement.*

¹ The Center for the Study of Social Policy. (2021, June 01). DULCE Partner Portal - Implementation Resource Packet. Retrieved 2022, from The Center for the Study of Social Policy: https://drive.google.com/file/d/1oqG37v_CTEHtI-CNq8ldOK7WwXp7eLEq/view



Appendix C: Practice cover letter template

Letter should include practice name, practice address, physician champion, practice leadership person, application key contact name of person responsible for project implementation, email address, and phone.

Date:

To Care Transformation Collaborative of Rhode Island/PCMH Kids:

Please accept the following practice participation agreement letter to apply for the DULCE

(Developmental Understanding and Legal Collaboration for Everyone) Learning Collaborative on behalf of (practice name). As an organizational leadership representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative including clinical participation in the monthly quarterly peer learning meetings.

Person completing practice letter of support: _____

Letter signed by the members of the practice team that will be participating in the interdisciplinary team meetings (with understanding that not all practices have staff members for each role (electronic signatures are acceptable):

Practice Lead	Date	Pediatric Practitioner	Date
Nurse Care Manager /Care Coordinator	Date	Mental Health Lead	Date
Community Health Worker (if known)	Date		



Appendix D: System of Care (i.e. managed care organization or accountable entity) cover letter

To: CTC-RI

From: System of Care [redacted]

RE: DULCE (Developmental Understanding and Legal Collaboration for Everyone) Learning Collaborative

Date: [redacted]

[Insert practice name and/or site] is a member of our system of care. The practice is interested in participating in the DULCE (Developmental Understanding and Legal Collaboration for Everyone) Learning Collaborative. We believe that this practice and/or site location would benefit from participation and, as a system of care, we are willing to provide the management support to assist the practice with making this transformation.

_____	_____	_____	_____
Signature of SOC Representative	Date	Signature of Practice	Date
_____		_____	
Position/Title		Position/Title	
_____		_____	
Email		Email	
_____		_____	
Phone		Phone	