



Evaluating Community Approaches to Preventing or Mitigating Toxic Stress

Research Brief 6

Before Crisis Hits: Embedding Legal Support in Preventive Health Care for Families with Young Children

October 2020

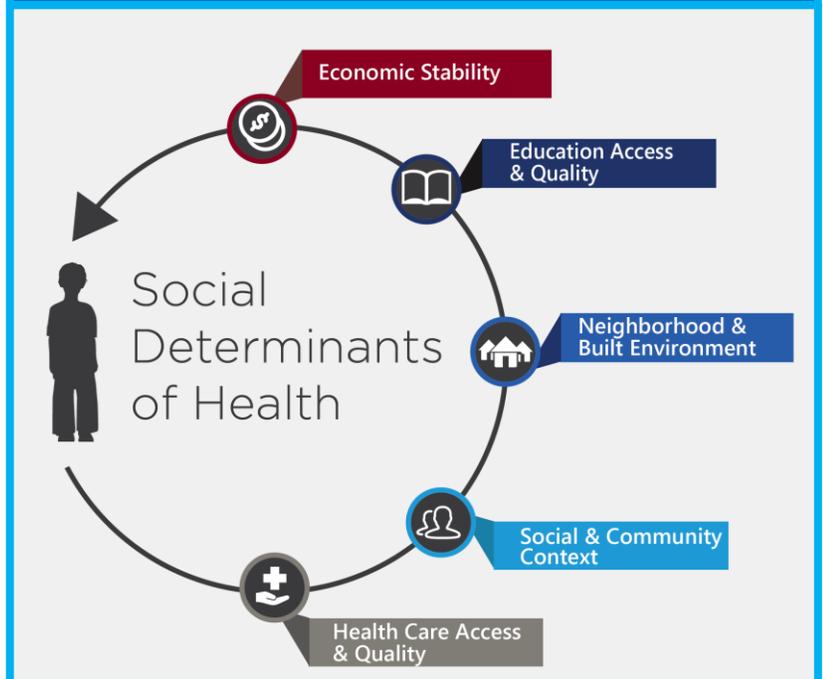
This brief, sixth in a series, reports on the multisite implementation of the preventive legal partnership component of Developmental Understanding and Legal Collaboration for Everyone (DULCE).

Overview

Stressors like not having enough food, unstable housing or homelessness, and inconsistent access to programs to help pay for medical expenses directly impact healthy child development and family wellbeing.¹ Health care systems are increasingly recognizing the value of legal expertise as a tool for addressing some of the social determinants of health² that patients experience. Medical-legal partnerships integrate legal services and expertise into health care settings. These partnerships have expanded rapidly in the past decade and now exist in 48 states.³ A growing evidence base suggests that medical-legal partnerships can amplify the ability of health care systems to address families' social needs and mitigate contributors to toxic stress.⁴ However, system implementation of medical-legal partnerships differs considerably. Some of these differences are: (1) whether the health care system hires an attorney directly or collaborates with public interest law organizations in the community; (2) the range of legal services offered to patients, such as direct representation; and (3) the degree to which these partnerships include legal education and workshops for health care providers and other staff.

What are Social Determinants of Health?

Social determinants of health powerfully influence people's wellbeing and quality of life risks and outcomes.



Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved September 24, 2020 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

This brief examines the multisite implementation of the preventive legal partnership component of Developmental Understanding and Legal Collaboration for Everyone (DULCE). DULCE is a pediatric primary care innovation supported by the Center for the Study of Social Policy, with legal partnering codesign and technical assistance by MLPB. Based on learning from the DULCE randomized controlled trial, DULCE embraces holistic, team-based problem solving with families that include legal support (see Figure 1).⁵ DULCE legal partners offer this support in two ways. First, the attorneys that serve as legal partners for DULCE train and support DULCE family specialists to screen for legal issues related to social determinants of health, provide legal information, and refer families for legal intake if desired. Second, the attorneys participate in a weekly care planning meeting for families served by DULCE. They bring a legal lens to identifying and addressing family concerns. In their DULCE legal partner capacity and depending on local scopes of work, attorneys and/or their organizations also provide immediate legal advice and represent families in court.

Methods

Chapin Hall researchers interviewed DULCE legal partners and other staff supporting DULCE (n = 60) across 7 pediatric clinics in two waves of interviews between 2018 and 2020. These interview waves encompassed initial implementation and adaptation over time.⁶ The interviews explored: implementation of DULCE's preventive legal partnering component; adaptations to clinic and community context; barriers to family participation; and lessons learned about integrating legal expertise into the pediatric health care setting. To validate findings, we cointerpreted emergent themes with DULCE teams at each clinic site following the first set of interviews.

Findings

Interview participants reported that DULCE's preventive legal partnering strengthened clinic capacity for holistic care and increased the range of resources offered to families. They said that implementing DULCE helped: connect families to legal information and supports; educate health care and early childhood staff to help identify families' social and material needs that legal help could address; and surface broader population-level advocacy opportunities revealed by persistent structural barriers confronting families.

Finding 1: Connecting Families to Legal Information, Legal Supports, and Direct Representation

Legal information through the DULCE family specialist. Family specialists at clinics implementing DULCE regularly offered families legal information and education as part of well-child visits (see Figure 2). At these visits, staff helped families understand and complete applications for concrete support including Supplemental Nutrition Assistant Program (SNAP) and Medicaid benefits. Trained and supported by the legal partner, DULCE family specialists now routinely provided families information about topics like public benefits and tenant rights during well-child visits. "Our family specialist has become an expert on resources for legal-type things that she would have [previously] referred," a DULCE legal partner commented.

Figure 1. DULCE Team Members



Family Specialist



Medical Champion
(MD or PNP)



Mental Health
Professional



Legal Partner



Early Childhood
Partner

Figure 2. DULCE Connects Families to Legal Information and Supports



Zady, a new mom, brought her baby to the clinic for her 1-month well-child visit. During the appointment, Marcia, the DULCE family specialist, informally interviewed Zady about how things were going with her baby.



Zady mentioned his frequent awakening and asked if mold in her apartment might be affecting his health. Zady was worried about eviction if she asked her landlord to address the mold issue.



Marcia had been trained to identify a range of family assets and concerns and talked to Zady about her legal rights as a tenant.



She also shared information with Zady that could help her prepare an effective letter to her landlord. Zady's story aggregates experiences of several staff supporting DULCE in connecting families to legal information and supports.

Legal supports. Family specialist staff also connected families directly to the legal partner for advice when needed. Participants reported that, in many cases, an attorney's help with writing a demand letter or contact a landlord quickly resolved the family's concern. According to one attorney, "All I did was make a call. The one issue that they had been dealing with for months was literally resolved within a day. . . it does something to people's position, demanding respect and demanding a response when they would not otherwise have received it, to be able to say 'I'm going to have my lawyer call you.'" Legal partners provided expertise and effort that families would not otherwise be able to afford.

Direct legal representation. Some families faced more complex legal situations that required extended work beyond the DULCE legal partner's capacity or scope of work, such as immigration or custody issues. In general, we found that legal partners recognized the importance of building a robust legal referral network because some legal needs cannot be met within the six months that families are served by DULCE. Some DULCE legal partners prioritized direct legal representation for families with complex cases, observing that yet another handoff risked a family not pursuing available legal remedies. Others chose to routinely refer families to attorneys with specialized expertise.

Finding 2: Educating Clinic Staff to Identify Where Legal Advice Can Help

Through their comments and observations at weekly care planning meetings, attorneys helped clinic staff learn where legal advice could help resolve family social and material needs. We found that participants consistently reported gaining knowledge about which legal concerns to discuss with families and how to discuss them. By leveraging legal expertise, participants describe their teams as better able to anticipate and problem solve for potential legal crises, in line with the prevention lens that DULCE brings to the legal sphere (see Figure 3). This lens recognizes that families are better off if they never experience the chronic stress and adversity that can come with the crisis situations where legal intervention typically occurs.

"I'm able to cover a lot more ground with the assistance of the family specialist [than through a traditional legal intake]. She's doing a lot of the fact gathering and issue spotting, and then relaying the information to the clients. I really get to help a lot more people a lot faster." – DULCE legal partner

Figure 3. DULCE's Approach to Health-Promoting Legal Partnering Impact⁸



Adapted from Morton, S.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/>

DULCE's emphasis on educating clinic staff also broadened opportunities to address families' legal needs beyond resource-intensive legal case assessment and representation with individual families. After the initial training period, DULCE family specialists gathered legal concerns from families. Supported by discussion of legal risks during weekly care planning, participants reported that DULCE's approach helped many families avoid the need for direct representation in court.

Staff supporting DULCE perceived that preventative legal partnering helped improve the quality of problem solving and provide remedies for families sooner than a traditional legal referral would. We also found that legal partners reported introducing new family-centered approaches to their work with clients, guided by their participation in DULCE's holistic care planning. Early childhood staff supporting DULCE also described new understanding about how addressing common community concerns through a legal avenue could improve service delivery.⁷

Finding 3: Leveraging Legal Expertise to Promote Population Health

Finally, participating in weekly care planning helped attorneys identify common problems experienced by families and pursue policy advocacy work to help remedy these systemic issues. At two clinics, staff supporting DULCE reported that these meetings raised awareness of systemic

problems with timely enrollment of eligible newborns in Medicaid.⁸ DULCE legal partners engaged in direct negotiation and advocacy with county officials to resolve these issues for all affected families. At another clinic, the staff supporting DULCE decided to ask families about their immigration status as part of standard social determinants of health screening. This decision was informed by legal partner feedback about how this information shaped family eligibility for particular community resources. At a fourth clinic, participants reported that DULCE family specialists and legal partners identified and helped resolve a routine problem with billing errors in a large hospital system. Across these cases, being able to identify the legal ramifications of common issues and working toward their resolution systemwide increased the likelihood that more families could receive support before circumstances became critical.

Although DULCE legal partners support families in many ways, these attorneys consistently noted that their work exceeded the resources allocated through their local DULCE contracts. In addition, they stressed the need to reconsider data collection priorities and practices to more robustly capture the positive outcomes associated with DULCE's preventive legal partnering. They recognized the value of building the emerging evidence base to strengthen understanding of the power of preventing legal crises among families with young children.

Conclusion

DULCE's multisite implementation illustrates the promise of legal partnering to enhance preventive pediatric health care and, in turn, child and family health and wellbeing. We conducted qualitative analysis of interviews with staff who support DULCE's multisite implementation. The analysis demonstrated that health care, early childhood, and legal practitioners believe DULCE's preventative legal partnering approach generates new opportunities to positively impact children's health at scale.

One limitation of this analysis is that we drew from interviews conducted with staff that support DULCE. This study design did not include staff less actively involved in this work, who may have offered a different perspective. Nevertheless, the staff that support DULCE's multisite implementation consistently reported that the integration of legal support expanded the range of services to which they sought to connect families. Their experiences also strengthened their cross-sector collaboration and capacity to work effectively to prevent adversity more broadly. Based on these findings, we offer three suggestions for clinics and communities exploring the potential of preventive legal partnering to advance child and family health:

1. *Articulate priorities to be addressed through investments in preventive legal partnering.* Identify what common legal issues are faced by families in the community and determine whether the partnership's aim is to address all or a subset of these priorities, and in what time frame.
2. *Explore legal partner capacity to contribute to holistic problem solving, specialized legal referrals, and direct legal representation.* Any single legal partner likely does not have the breadth or depth to act on all legal concerns faced by families in a community. Established referral practices and networks are critical elements in being able to respond to legal concerns disclosed by families in the health care setting.
3. *Further develop the emergent evidence base for integrating legal support into preventive health care.* Integrating legal support requires innovation and flexibility to allocate the legal partners' time to actions intended to reduce the need for traditional direct representation. New strategies are needed to more fully document the resource needs, direct outcomes, and broader impacts through DULCE and beyond.

Mitigating Toxic Stress Study Overview

The Mitigating Toxic Stress study is investigating family engagement with pediatric care during their infant's first year of life. This multi-year developmental evaluation documents family, clinic, and community experiences with three pediatric health innovations created to mitigate and prevent downstream conditions related to early childhood adversity:

- Developmental Understanding and Legal Collaboration for Everyone (DULCE) model
- Improving Screening, Connections with Families, and Referral Networks (I-SCRN) model
- Help Me Grow system model

The study includes five communities: Alameda County (CA), Los Angeles County (CA), Orange County (CA), Lamoille County (VT), and Palm Beach County (FL).

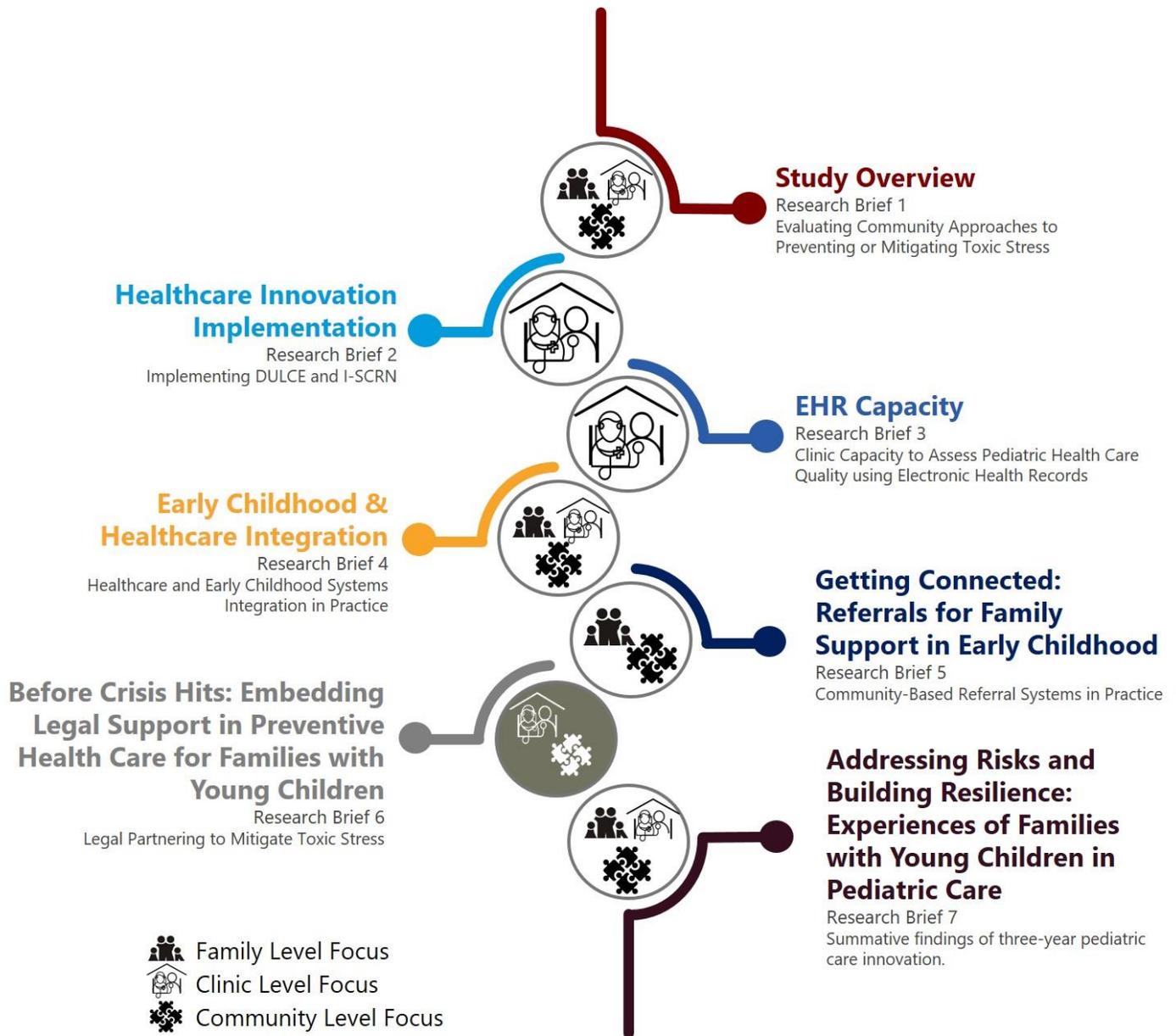
The main study components are:

- **Family longitudinal surveys.** In-person surveys with 908 families of infants about risk, resilience, and pediatric care experiences. Surveys are conducted at three time points: when their baby was newborn–6 months, 8–10 months, and 12–15 months.
- **Pediatric health innovation interviews and focus groups.** Qualitative interviews with clinic staff and partner agencies collaborating on the pediatric health innovations and family focus groups. Ten clinics are participating in the study.
- **Rapid-cycle feedback and co-interpretation.** Point-in-time feedback and review of emergent themes with pediatric health innovation team members and families.
- **Community systems interviews and focus groups.** Qualitative interviews with early childhood organization leaders and focus groups with community providers and families receiving early childhood services.
- **Administrative data analysis.** Analysis of health care quality and utilization using clinic electronic health record and Medicaid data.

The Center for the Study of Social Policy, American Academy of Pediatrics, and Help Me Grow National Center provide leadership and technical assistance to the communities and clinics implementing the pediatric health innovations and are national partners in this evaluation.

Chapin Hall at the University of Chicago is committed to delivering actionable recommendations from our research to inform our partners, policymakers, and the early childhood field, broadly. Figure 4, below, outlines the timeline for a series of research briefs tailored to clinics, families, and national partners that highlight our key study findings.

Figure 4. Evaluating Community Approaches to Preventing or Mitigating Toxic Stress: Research Brief Series



Acknowledgement and Disclaimer

This project was funded by a grant from The JPB Foundation.

The Chapin Hall team would like to thank our national partner—Center for the Study of Social Policy—and MLPB for their support of this work. Data were obtained with the support and guidance of our partners. We are grateful to them for their willingness to support this project and for their commitment to sharing the authentic voice of the families they serve.

The opinions, findings, and recommendations expressed in this publication are solely those of the authors and do not necessarily reflect those of The JPB Foundation, Center for the Study of Social Policy, or our clinic partners.

Suggested Citation

Brown, A., Spain, A. K., Garza, A.M., Rathore, K., & McCrae, J.S. (2020). *Before Crisis Hits: Embedding Legal Supports in Preventive Pediatric Care for Families with Young Children*. Chicago, IL: Chapin Hall at the University of Chicago.

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¹ Beeson, T., McAllister, B. D., & Regenstien, M. (2013). Making the case for medical-legal partnerships: A review of the evidence. *National Center for Medical-Legal Partnership*. Available at <https://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>; Zuckerman, B., Sandel, M., Lawton, E., & Morton, S. (2008). Medical-legal partnerships: transforming health care. *The Lancet*, 372(9650), 1615–1617.; Valverde, J. N. R., Backstrand, J., Hills, L., & Tanuos, H. (2019). Medical-legal partnership impact on parents' perceived stress: A pilot study. *Behavioral Medicine*, 45(1), 70–77.; Sege, R., Preer, G., Morton, S. J., Cabral, H., Morakinyo, O., Lee, V., . . . Kaplan-Sanoff, M. (2015). Medical-legal strategies to improve infant health care: a randomized trial. *Pediatrics*, 136(1), 97–106.

² Kuznetsova, D. (2012). *Healthy Places: Councils leading on public health*. New Local Government Network. Retrieved from http://www.nlgn.org.uk/public/wp-content/uploads/Health-Places_FINAL.pdf; Marmot, M., & Allen, J. J. (2014). Social determinants of health equity. *American Journal of Public Health*, 104, S517–S519.; Milliken-Smith, S., & Potter, C.M. (2018). Paternal origins of obesity: Emerging evidence for incorporating epigenetic pathways into the social determinants of health framework. *Social Science & Medicine*, 112066.

³ National Center for Medical-Legal Partnership Center. (2020). Home. <https://medical-legalpartnership.org/>

⁴ Beeson et al., 2013; Zuckerman et al., 2008

⁵ Morton, S. (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.; Sege, R., Preer, G., Morton, S. J., Cabral, H., Morakinyo, O., Lee, V., . . . Kaplan-Sanoff, M. (2015). Medical-legal strategies to improve infant health care: a randomized trial. *Pediatrics*, 136(1), 97–106.

⁶ These staff included clinicians, family specialists, behavioral health specialists, clinic administrators, chief medical officers and early childhood system leaders.

⁷ In two communities, these implementers reported exploring how legal partnering could be embedded into other areas of the early childhood system such as home visiting and community referral systems.

⁸ Malaugh, C., & Morton, S. (2019, January 19). DULCE Legal Partners Drive Improvements in Medi-Cal Enrollment Procedures for Babies in Two California Counties. Retrieved from <https://cssp.org/2019/01/dulce-medi-cal/>