

Interdisciplinary Legal Partnering for Health

ACEs as a Social Determinant of Health: Innovations and Interventions

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Health Action 2019
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1. Why are Public Interest Lawyers Going Upstream?

2. A Family-Friendly Quiz!

3. DULCE: An Evidence-based Care Delivery Model for Families with Infants 0-6 months



Social, Economic and Environmental Drivers of Health (SDOH)



Source:
Healthy People 2020

SDOH can be Positive or Negative: These Variables Matter



Adapted by
MLPB from
publicly-
available
Healthy People
2020
infographic

Escalation of an SDOH
(Social Determinant of Health):
Housing Instability

Opportunities
for Prevention



Owes 2 months rent



Landlord sends
notice



Landlord files
court case

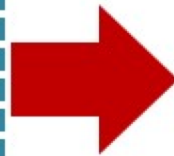


Constable appears
for forced eviction

**Immediate Risk
of Homelessness!**



50%+ of income spent
on rent & utilities



Heading to the
“Legal Emergency Room”



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MLPB

- **SDOH training and tools for care teams** with focus on **people's legal risks, rights and remedies**
- **SDOH technical assistance for care teams**
 - Embedding of public interest law generalists within standing **case reviews**
 - Supplying **rapid-response consults** to team members outside of standing meetings, advising on role-appropriate problem-solving strategies with families
 - Some **safe hand-offs** of families with acute/complex legal needs to curated legal specialists
- **SDOH systems design support for organizations** (screening customization, workflows, priority-setting and expectation management strategies)
- **Advancing the field through research and policy activity**



Boston Medical Center
Boston University School of Medicine

**Emergency Department*
Elders Living at Home Program
Pediatrics

**Women's Health/Oncology*
**Children's Health Watch*
Vital Village Network

Boston Allied Partners (*MassHealth-certified
Community Partner for LTSS*)

Care Transformation Collaborative – RI

Hasbro Children's Hospital (Lifespan)

Kent Hospital Family Care Center
(Care New England)

**Rhode Island Hospital Center for
Primary Care Clinic** (Care New England)

**The Warren Alpert Medical School of Brown
University**

Current MLPB Partners

Brigham Health Medicaid ACO

Community Care Cooperative

***Steward Health Care Network**

**Saint Anne's Hospital St. Elizabeth's
Medical Center**

Center for the Study of Social Policy
(DULCE national demo project – CA, FL, VT)

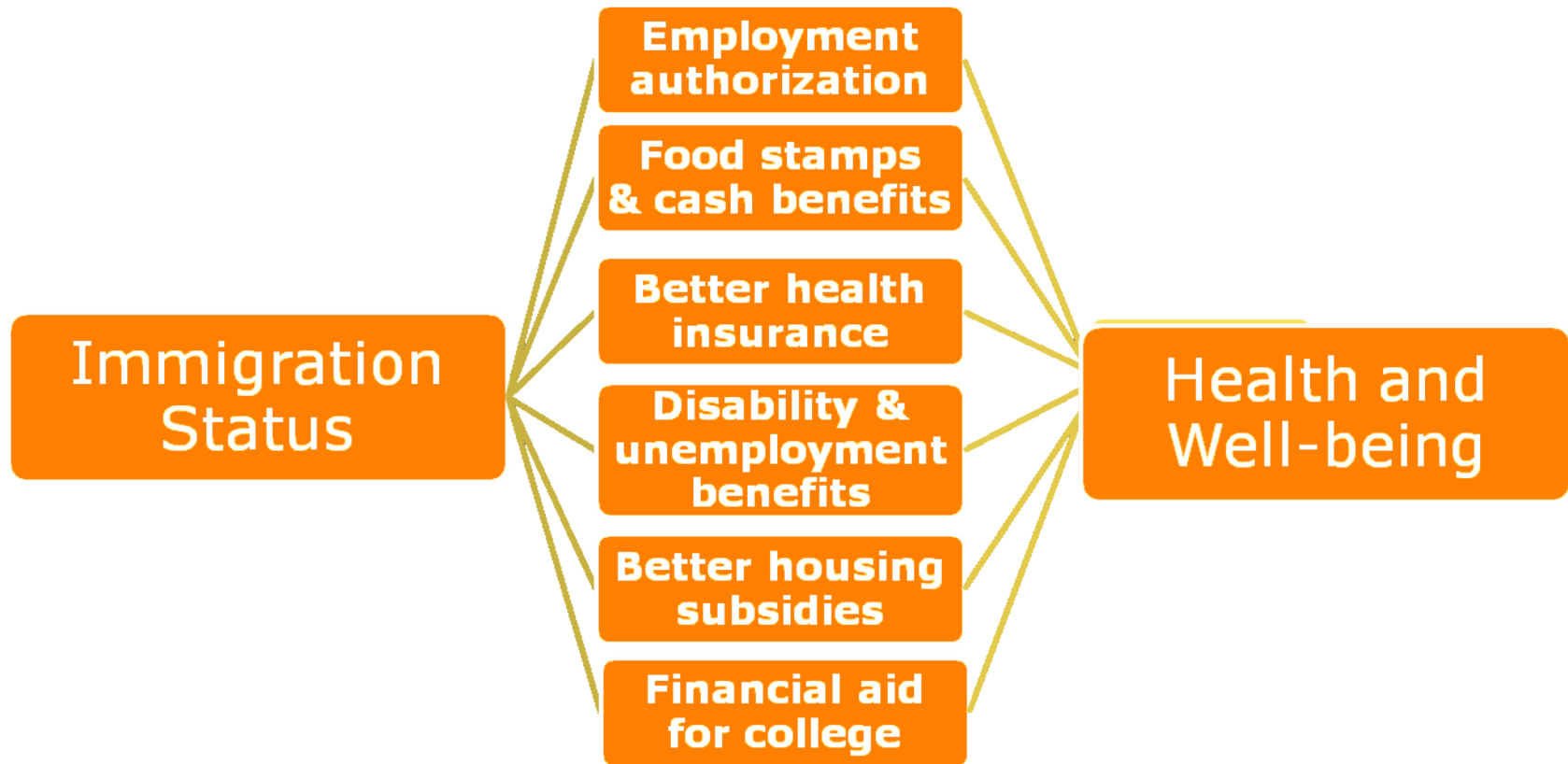
**The Children's Trust /
Healthy Families Massachusetts**
(state-wide home visiting for first-time parents,
age 20 and under, with children 0-3)

Dana-Farber Cancer Institute

Lynn Community Health Center

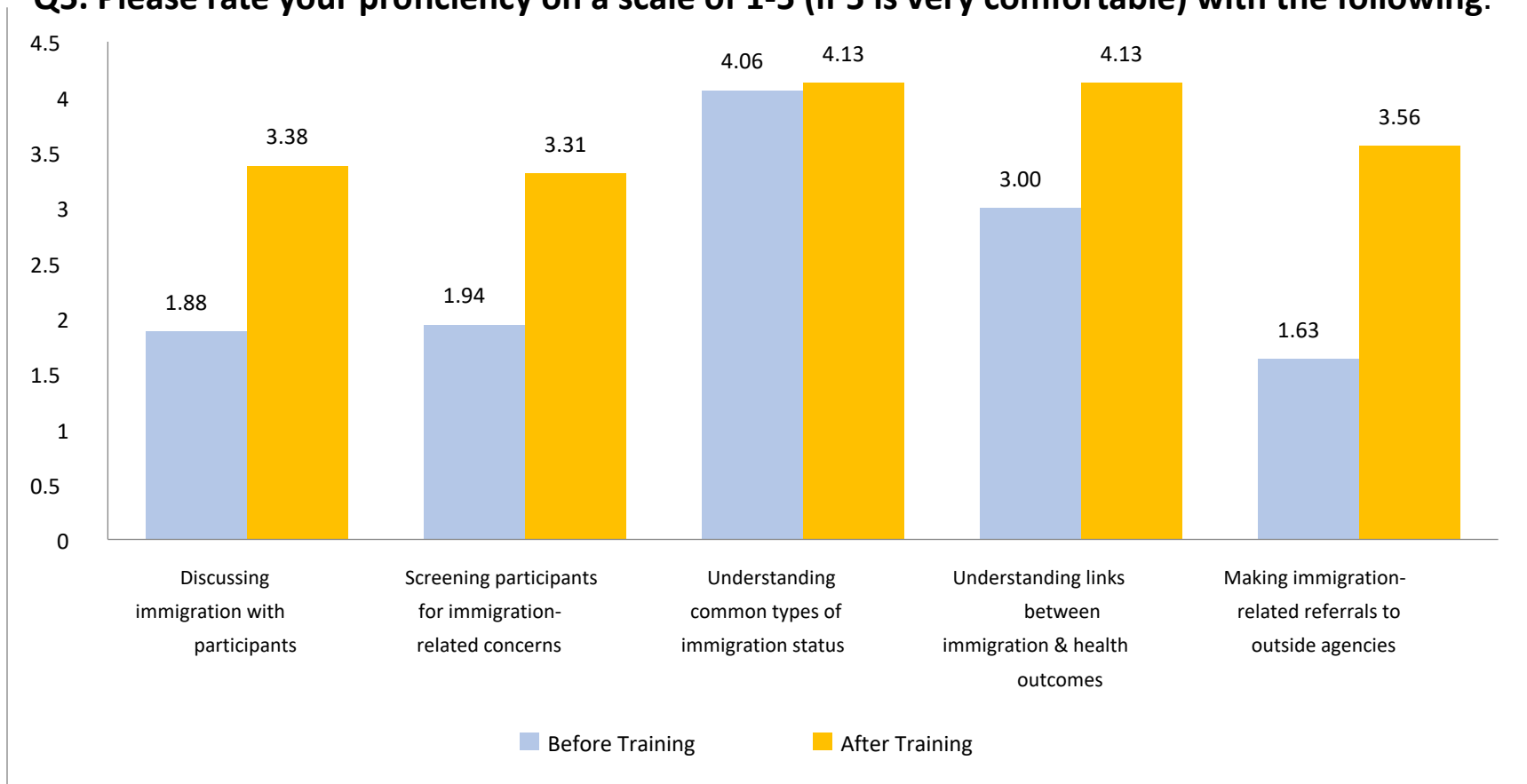


Training



Training

Q5. Please rate your proficiency on a scale of 1-5 (if 5 is very comfortable) with the following:



Tools: Family Preparedness Plan (FPP)

- **Mixed status families** frequently include *older family members* who are deportable and *younger children* who cannot legally be deported
- What happens to the **citizen children** if **adult caretakers** are not able to stay in the country?

Family-centered tool developed in 2017 by:

- Ivys Fernández-Pastrana, JD - BMC
- Kara Hurvitz, JD, MSW - MLPB
- Carmen Rosa Noroña, LCSW, Ms.Ed., CEIS - BMC

Consults

- A hospital-based social worker contacted MLPB about how best to help the mother of two young patients* with some immigration concerns. Mom had been in the U.S. for a decade and had a green card. The green card had expired, and while Mom was eligible to naturalize (gain citizenship), there was a problem. Due to a developmental disability, she is functionally illiterate — making it virtually impossible for her to succeed on the written portion of the citizenship exam.
- MLPB advised the social worker on Mom's legal eligibility for an exemption to the written exam, described the medical assessments that would be necessary to verify her eligibility, and supported the attesting clinician when they had questions about preparing the related paperwork. With support from an interdisciplinary team, ultimately Mom was sworn in as U.S. citizen!

**facts have been modified to preserve patient confidentiality*



Safe Hand-offs

- A Dana-Farber Cancer Institute social worker shared with MLPB that an unemployed patient was willing and able to work during treatment, but was not able to attend Department of Unemployment Assistance (DUA) job search sessions due to her chemotherapy and radiation treatment schedule. The DUA had suspended her benefits, inaccurately claiming that she was ineligible for benefits if she was not well enough to attend the mandatory sessions.
- Attorneys with Fish & Richardson P.C. volunteered to take on this case. Thanks to their advocacy, the DUA reversed its decision and brought it into alignment with its own standards for reasonable accommodation of disabilities. As a result, the patient's benefits were restored retroactively and prospectively, restoring her bank account and her spirits as she returns to the workforce after successful cancer treatment!



Impact of Legal Partnering on HFM service to foreign-born HFM participants

- MLPB curates landscape of legal services, including for immigration needs
- MLPB imparts valuable information – building knowledge of family support staff and allowing for informed decision-making by participants
- MLPB supports creative, successful problem-solving with participants

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Multiple Choice

As a practical matter, as long as you're income-eligible and meet other eligibility requirements, you'll start receiving the following benefits within a matter of days or weeks:

A. SNAP (food stamps)

B. TANF (welfare)

C. Federally subsidized housing (public, Section 8, etc.)

D. A & B



D

True or False?

Addiction is considered a qualifying disability for SSI/SSDI.

False

True or False?

An immigrant placed into deportation proceedings is constitutionally entitled to a lawyer free of charge.



False

True or False?

A child who is in the U.S. on a visitor visa can automatically extend that visa if they get very sick and need intensive medical care here.

False

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



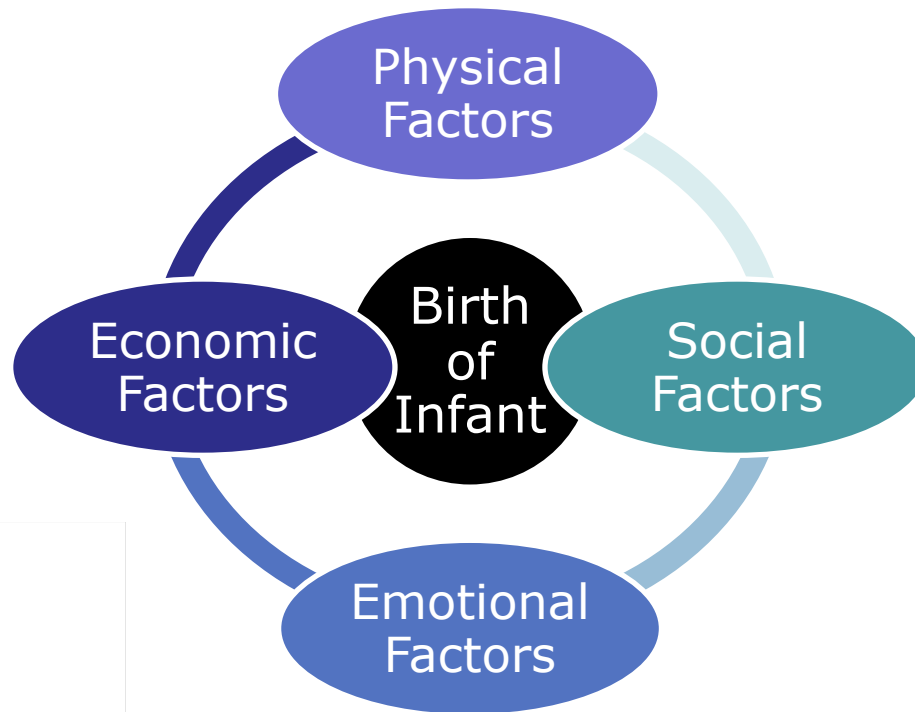
DULCE'S Intention

Improve health and well-being by transforming the way that families experience the delivery of supports and services *from the moment their children are born* **through the collaborative effort of pediatric, legal, and early childhood system builders.**



Why DULCE?

First six months of infant's life are uniquely challenging for families



Peripartum depression extremely common
highest risk timeframe for child abuse and neglect

What is DULCE?

- **Universal** pediatrics-based intervention available to families with infants 0-6 months
- Primary care sites bolster family strengths through **6-month partnerships with families** that include:
 - Structured coaching for parents on infant development milestones
 - Proactively detecting and addressing negative SDOH (bolstering family access to Concrete Supports is a *Strengthening Families*TM protective factor)
- Key intervention actors:
 - **Highly structured cross-sector interdisciplinary team** that meets weekly
 - **Dedicated *Family Specialist*** trained and supported by:
 - **Legal partnerships** that strengthen families' ability to secure concrete supports
 - ***Brazelton Touchpoints*** training and reflective mentorship to promote knowledge of parenting and child development and to strengthen collaborative parent, child and provider relationships

DULCE: Evidence

Randomized controlled trial conducted at Boston Medical Center (Pediatrics) in 2010-12 showed:

Improved preventive care:

- RHC visits & immunizations,
- fewer ED visits,
- Retention at clinic

Increased access to concrete supports:

- utilities,
- food,
- cash supports

Robert Sege, MD, Ph.D et al. Medical-legal strategies to Improve Infant Healthcare: A Randomized Trial. *Pediatrics* (July 2015)

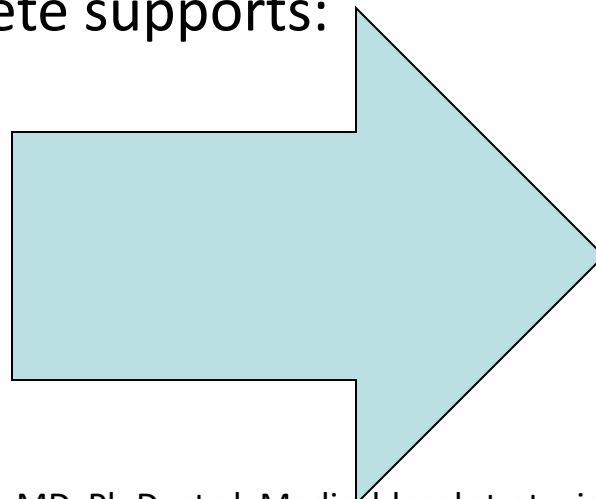
DULCE: National Expansion

Randomized controlled trial conducted at Boston Medical Center (Pediatrics) in 2010-12 showed:

Improved preventive care:

RHC visits & immunizations,
fewer ED visits,
Retention at clinic

Increased access to concrete supports:
utilities,
food,
cash supports



THE  FOUNDATION

In 2015, a DULCE national demonstration project launched in 5 counties in 3 states (CA, FL, VT). For more information: www.dulcenational.org

DULCE leverages the strengths of 3 sectors

- Universal reach
- Longitudinal relationships with families
- Well-versed in the use of standard protocols to improve quality of care

Health



- Accountable to communities and families
- Immersed in community resources & connections
- Able to drive evidence-informed practices and programs
- Organized to influence policy and practice

Early Childhood



- Well-versed in family rights and system responsibilities
- Professional orientation toward problem-solving and advocacy
- Policy lens and expertise

Legal



DULCE: The Intervention

- First 4 well-child visits: screening for maternal depression 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 to assure ongoing support within the family-centered medical home & early childhood system
- 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

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