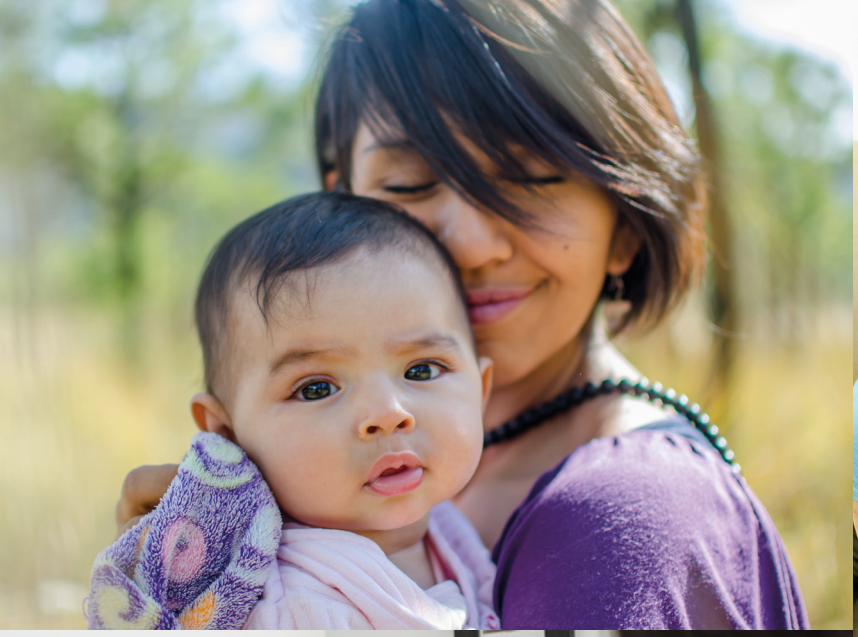

Legal Partnering for Child Health: Snapshots of Programs Across California

The Children's Partnership

CHILDRENSPARTNERSHIP.ORG

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Introduction

From Detention to Dulce: An Immigrant Mother's Tale

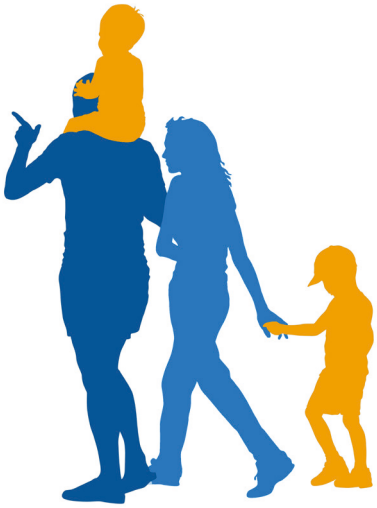
When Johanna arrived in Southern California, she had just days earlier given birth to a son in a Texas hospital while in federal immigration custody. In the midst of a thousand-mile journey from Guatemala to meet her husband and three-year-old in the United States, she held her brand new infant in a detention center cell that was "cold, crowded, and full of fear."[1]

Upon release, she travelled by bus to the San Fernando Valley and sought medical care for her new baby at the Newhall Health Center. She was met by a DULCE (Developmental Understanding & Legal Collaboration for Everyone) family specialist at the clinic, a national innovation based in the pediatric care setting that proactively addresses social determinants of health, promotes the healthy development of infants, and provides support to their parents during the critical first 6 months of life. Piloted by First 5s in Alameda, Los Angeles, and Orange Counties, the DULCE team includes a Family Specialist, a medical provider, an early childhood representative, a mental health representative, a clinic administrator – and, importantly, a legal partner. Like thousands of new parents in California over the last few years, Johanna worked with the Project DULCE team to ensure her baby had food, clothes, health care coverage, and that she had access to behavioral health supports and immigration attorneys.

-This story is a summary of an article published on December 18, 2019 by Jeff Schnaufer for First 5 LA

> "***How families are supported when they welcome new babies and nurture them throughout early childhood****—a critical time for healthy brain development and foundational child-parent attachment—****reflects who we are as a society."***
>
> -Samantha Morton, MLPB. "Legal Partnering for Child and Family Health" [2]

Young children are able to thrive when their families have access to the tools and resources necessary for a healthy and nurturing environment. The first six months of a child's life are uniquely challenging for families and it is the timeframe that children are at the highest risk of abuse and neglect. Developmentally, early childhood is a time of great promise. It is also a particularly difficult time for a family complicated by fears related to immigration policy, accessing public benefits, securing safe housing, or any number of other complications that can render families vulnerable. A team of providers, legal advocates, and family specialists offers a new family the concrete support and services that address a family's needs and help minimize stress caused by challenges.[3]



In its prioritization of early childhood development, California must seek to create a coordinated system of programs, policies, and services that promotes the healthy development of, and responds to the needs of, young children and their families. Emerging evidence strongly suggests that structured partnerships with legal community stakeholders can expand and accelerate families' access to the supports and services they need to help children and their families thrive. [4]

This brief highlights five legal partnering initiatives serving families with young children in different regions of the state. Each snapshot of the programs discusses practices related to equitably serving families and offers strategies to help policymakers in California ensure young children, particularly those from marginalized communities, feel safe, healthy, and ready to learn.

Legal Partnering

The integration of legal partners[5] into the early childhood system is a community-level intervention to advance health equity and address the social determinants of health. For decades, public health experts have researched the impact that social determinants such as economic security, safe communities, and access to nutritious food have on health outcomes.[6] There is now growing awareness among the public and policymakers of the need to address social determinants of health in order to reduce inequities in health and support overall wellbeing. Strengthening the network between the early childhood, health and legal sectors is a key strategy for addressing negative social determinants of health that inhibit the healthy development of children.

A whole-family wellness approach to better meet the needs of children in California should include "systematic attention to the parents' wellbeing and psychological needs; remedies to sources of discrimination; and the fostering of dignity, love, and healing within the context of empowered communities."[7] Often referred to as the "**community hubs**" model, community hubs represent a transformation in how we conceptualize our health care delivery system: they respond to the holistic, inter-disciplinary needs of a family, rather than a medical diagnosis, and focus on cultural and linguistic responsive strategies that are trauma-informed.[8] Co-locating services for families in settings they already visit is one crucial strategy in efforts to address the social determinants of health and support the building of trusted relationships.

Integration of legal problem-solving resources also reduces the barriers to legal support experienced by many communities. Legal questions are intimately intertwined with accessing public benefits and health care, yet many low-income families lack access to legal help. Legal partnering models, such as DULCE, are evidence-backed strategies for reducing access barriers and improving family health outcomes. In a Randomized Controlled Trial, families assigned to DULCE in Boston, MA experienced both improved preventive care and accelerated access to concrete support.[9] Like referrals to medical specialists when a child is facing a complex health concern, referrals to legal services are another critical tool in ensuring every child receives the care to which they are entitled.

Examples of Legal Partnering for Child Health in California

Project DULCE, Alameda County [10]

Project DULCE at Oakland's Highland Hospital is one of seven DULCE sites across the nation. Supported by First 5 Commissions in three California counties—Alameda, Los Angeles, and Orange—the DULCE model places parent engagement at its foundation. At all DULCE sites, a Family Specialist paraprofessional accompanies families to well-child appointments in the pediatric primary clinic for the first six months of an infant's life. Through building a trusted relationship with families during this period, the specialist is able to identify potential legal needs that can then be referred to attorneys from the East Bay Community Law Center (EBCLC). Each week, the family specialist, pediatricians, attorneys, and other child-serving providers sit down together for a meeting at Highland Hospital to review cases related to immigration, access to public benefits, and housing. EBCLC attorneys follow-up and work with families individually to remedy the identified issues. According to Erin Le, legal director of the partnership, major successes of the partnership include county-level advocacy to increase the number of babies enrolled in Medi-Cal by 4 months of age, as well as increased capacity of both medical professionals and legal professionals to support family wellbeing. DULCE is funded through the Center for the Study of Social Policy, the national center for DULCE.

Peninsula Family Advocacy Program, San Mateo County [11]

The Peninsula Family Advocacy Program is a medical-legal partnership between the Lucile Packard Children's Hospital at Stanford (LPCH) and Legal Aid Society of San Mateo County. It was established by Dr. Dana Weintraub in 2002 in partnership with Legal Aid Society of San Mateo County (LASSMC) and is now co-led by Drs. Weintraub and Baraka Floyd and Legal Director Michelle de Blank. At the LPCH and affiliated clinics, the pediatric team refers families—with their consent—to the intake specialist at LASSMC when legal concerns such as immigration, public benefit use, educational needs are identified during appointments. The Legal Aid team then contacts families to find a time and a convenient, safe place to meet with them outside of the hospital. In recent years, the program has worked extensively to ensure children with special education needs have the support they need in their Individual Education Plans (IEPs), and full access to accommodations. The Peninsula Family Advocacy Program is funded through the Community Benefits Department of the LPCH, LASSMC, and individual donors.

Legal Advocates for Children and Youth, Santa Clara County [13]

In Santa Clara County, the Legal Advocates for Children and Youth (LACY) operates legal partnering sites at three different locations of Valley Medical—Santa Clara County's public hospital. Beginning in 2009 in one Pediatric wing, the legal team from the Law Foundation of Silicon Valley have worked with families on education, child welfare, housing, and public benefits cases. Families are most often referred to LACY intake staff by the pediatric care team through the county's e-links health system, but individuals can also stop by the clinic for assistance during open "office hours." Andrew Cain, Directing Attorney at LACY, highlights the model's success in advancing individual-level changes by direct service to children and families while simultaneously advancing systems-level changes by strengthening coordination and shared learning between medical and legal professionals. The partnership is funded through the hospital's budget, designated by the County of Santa Clara.

California Rural Legal Assistance, Monterey County [12]

The Monterey County Medical-Legal Partnership is a partnership between California Rural Legal Assistance, Inc. (CRLA) and the Monterey County Health Department. It initially emerged as the Equal Justice Works Fellowship project of Aaron Voit, now managing attorney of the MLP, to address the harms of pesticide exposure in the Central Valley, especially for pregnant women. Since 2016, the work has expanded to encompass two additional attorneys and to serve families who receive care at the nine Federally Qualified Health Centers (FQHCs) operated by the Monterey County Health Department on issues related to environmental health, immigration, education, housing, and public benefits. The legal team is fully integrated in the County Electronic Health Records System, meaning that any members of the clinic staff can refer patients to the partnership. Voit spends each Wednesday at one of the clinics, meeting with participating families for one-hour appointments, and is then able to notify the referring clinic staff of the meeting via the electronic health record. The team has successfully advocated for profound policy changes informed by community need, including replacement income for pregnant women exposed to pesticides, greater access to transgender health resources and gender-affirming care, and anti-bullying protocols in local school districts. At its inception, the partnership was funded through the Equal Justice Works Fellowship (a privately funded initiative), but is now primarily supported by the Monterey County Health Department's Whole Person Care budget.

Whole Person Care LA Medical Legal Community Partnership, Los Angeles County [14]

Since 2017, LA County's Medical Legal Community Partnership (MLCP)—a component of the Department of Health Care Service's (DHCS) Whole Person Care pilot—has expanded to eight sites, and is now the largest network of legal partnering sites in California. The partnership between Whole Person Care, Neighborhood Legal Services of Los Angeles, the Legal Aid Foundation of Los Angeles, and Mental Health Advocacy Services works with families at clinics including St. John's Wellness Center, Harbor-UCLA Medical Center, and two DULCE sites. Legal providers are on-site at most clinics two days a week for confidential meetings with individuals who have been referred to the partnership by nurses, doctors, and Community Health Workers. Recently, MLCP has dedicated increased time and resources to supporting families with immigration concerns, and training providers on the federal administration's public charge rule and the resulting chilling effect. Families are increasingly fearful about enrolling in and accessing Medi-Cal services, according to Neighborhood Legal Services attorneys, and the MLCP has been working to reconnect with immigrant families and support them in continuing to access care. Additionally, the county operates a virtual partnership in which providers, including Community Health Workers, refer patients through a secure electronic portal for concerns related to immigration, housing, and access to healthcare, nutrition, and disability services. The partnership is funded through DHCS, as one of twenty-five Whole Person Care pilots authorized in a Medicaid 1115 Waiver. Los Angeles County is currently exploring additional sites for potential expansion in 2020.

Critical Factors for Advancing Legal Partnering in California

In California, there are at least forty examples of legal partnering for children and families, most readily through the medical-legal partnership model.[15] As the case studies highlight, these examples differ in their formats and funding. However, there is no dedicated state funding or avenue through Medi-Cal for legal partnering models.

In order to expand access to needed legal resources, California should dedicate funds to incentivize the creation of partnerships between health and legal services that serve low-income children and their families in their communities.

With a dedicated investment to establish partnerships, the state could then explore strategies for sustainable financing that leverage federal Medicaid dollars, county mental health dollars, and other revenue streams.

As critical partners in California's health system, health care plans—particularly those with Medi-Cal contracts—also have an important role to play in the integration of legal services to address the social determinants of health. Addressing social determinants offers managed care plans an opportunity to improve the population-level health of their beneficiaries and lower system costs, furthering plan objectives to deliver quality, patient-centered health care.

Evaluation of legal partnering programs, such as DULCE, has documented higher rates of immunization, better utilization of well-child preventive visits in the first year, and fewer visits to the ER before six months.[16] These findings present an opportunity to tie Medi-Cal managed care plan data criteria, such as HEDIS measures[17], into contract requirements.

Significant savings to hospitals providing legal partnering services have also been documented, as families are helped to document eligibility services and supports. In one rural partnership, the participating hospital made a 319% return on its investment in legal partnering services by recovering dollars for clinical services that were previously unable to be reimbursed before the partnership helped patients become insured.[18]

While the financing of legal partnerships varies, a common theme throughout the programs in California is the valuing of a community workforce as a critical component of the care team. California's work to improve care delivery has increasingly recognized the contributions of a community workforce in better addressing social determinants of health for Californians.

For example, in 2016, California established Whole Child Care for children with special health care needs with the goal of improving "coordination and integration of services to meet the needs of the whole child."[19]

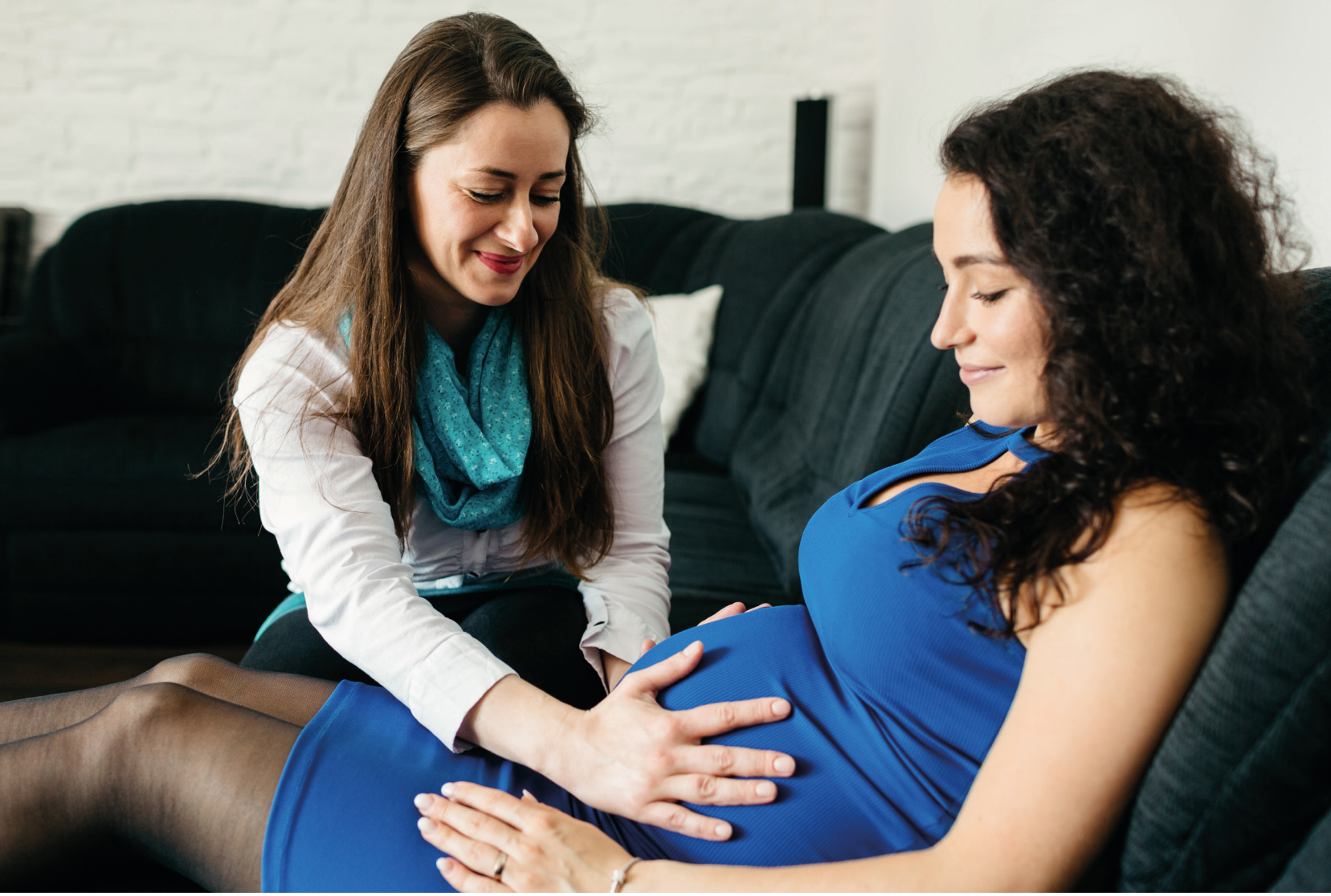
In 2018, twenty other California counties adopted the Whole Child Model. Under its Medicaid Section 1115 waiver, in 2017, the California Department of Health Care Services — recognizing that medical services only address part of a person's overall health care status — launched the Whole Person Care pilot program.[20]

The program was designed to address not just the physical health but also the behavioral health and social needs of high-cost, high-need Medi-Cal enrollees. Each pilot – whether Whole Person Care or Whole Child Model – differs in size, target populations, and interventions based on community needs, priorities, and resources.

However, common elements include the utilization of community health workers to improve outreach and provide care coordination, and the availability of a range of supportive services, often reliant on the development of both intragovernmental and external partnerships.[21]

Similarly, throughout the program referenced in this brief and those additional programs available in other areas of the state, community health workers offer families a trusted pathway to much needed services.

It is important to note that these workers have a variety of titles. While this brief refers to the integration of a community health worker as part of the care team,



terms such as promotora, health navigator, health coach, and community outreach worker, among others, are also utilized.[22]

In the DULCE model, it is the Family Specialist that develops trusted relationships with families and provides direct support to parents as well as to pediatric providers. In Los Angeles County, community health workers are fully integrated members of the Whole Person Care team, and provide resources and navigation to participants in the program.

In recognizing the role and leadership of community health workers, legal partnering offers continuous training and consultation to build team capacity to offer families legally-informed concrete supports and problem-solving.

Understanding and connecting with the available range of health, nutrition, education, and other social services can be challenging for any parent, and even more so for one with limited English proficiency or concerns related to immigration status. With close ties to the communities where they both live and work, a community workforce is recognized for its unique ability to forge trusting relationships.[23]

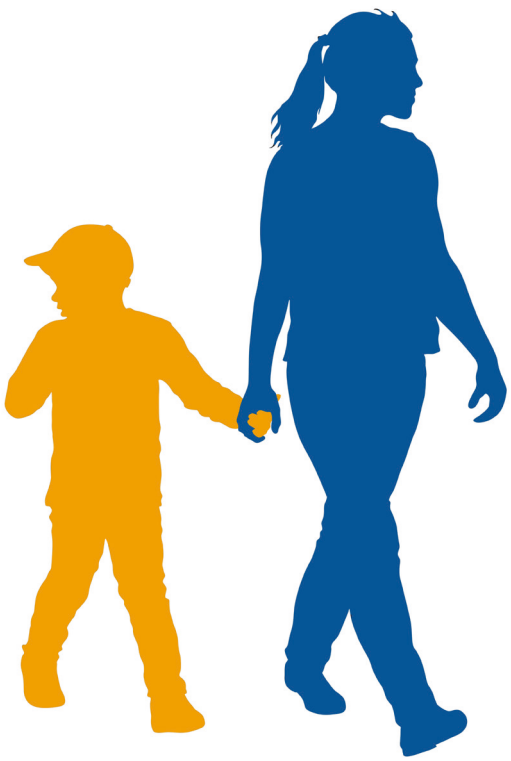
> ***"This strategy capitalizes on the assets of the early childhood front-line workforce*** *(for instance, community health workers and home visitors)* ***who work directly with families and are most likely to be a trusted source of help."***
>
> – Samantha Morton, MLPB
> "Legal Partnering for Child and Family Health" [24]

Conclusion

Building a successful early childhood system requires a comprehensive approach to best meet the diverse needs of families. Legal partnering is an opportunity to provide high-quality, holistic care to children during their most critical developmental state. Models, such as those described in this brief, allow for the uncovering of barriers faced by families while encouraging a systematic re-shaping of practice to better serve patients. As research continues to emphasize the influence of social determinants of health, legal partnering offers child-serving providers concrete opportunities to better serve families, while also improving quality of care, including implementation of Bright Futures recommendations.[25]

> ***This Budget*** *[Governor Newsom's 2020-2021 Budget]* ***is a reflection of our shared values as Californians: it goes beyond funding Departments and programs. It invests in all of us as human beings, each with our own strengths and struggles."***
>
> – Dr. Mark Ghaly, Secretary,
> California Health and Human Services Agency

Legal partnering for family health offers a low-dose, high-impact intervention that is cost-effective and squarely aligns with California's recent initiatives to address the social determinants of health. Beyond Whole Person Care pilots for children and adults, this year's Medi-Cal Healthier California for All proposal and Governor Newsom's Proposed 2020-2021 budget both include bold language to transform California's health system, seeking to address the many social determinants impacting the wellbeing of children and families. At the same time, the Newsom Administration has increased funding for early childhood programs like home visiting for low-income families and has demonstrated a recognition of the need to equip families with the necessary supports from the earliest years of a child's life. As such important investments are made, we must ensure these proposals and actions extend to broader populations. All children enrolled in Medi-Cal should be provided with every tool we have that can support their healthy development and overall well-being.



California policymakers have the opportunity to demonstrate proactive leadership in strengthening cross-sector collaborations to support the health and wellbeing of all California children and their families. The barriers that low-income families and families of color face in accessing legal support perpetuate health inequities. In the wake of continued attacks on negative effects of these harmful actions. California must take the lead to protect and defend the wellbeing of children and their families with smart and supportive policies.

The Children's Partnership seeks to expand legal partnering for child and family health. For more information, please contact Stephanie Thornton at sthornton@childrenspartnership.org, Gabriella Barbosa at gbarbosa@childrenspartnership.org, or Mayra E. Alvarez at malvarez@childrenspartnership.org.

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Endnotes

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[3] Ibid.

[4] Ibid.

[5] This brief uses the term "legal partnering" throughout to refer to structured partnerships between early childhood, health, and legal sectors. This includes models that have historically been named "medical legal partnerships," as well as the integration of legal supports for families in other formats.

[6] *Closing the Gap on a Generation: Health Equity Through Action on the Social Determinants of Health*. World Health Organization Commission on Social Determinants of Health Final Report. Geneva, 2008. Available at: https://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf?sequence=1

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[9] Morton, Samantha J. "Legal Partnering for Child and Family Health: An Opportunity and Call to Action for Early Childhood Systems."

[10] Interview with Erin Le, East Bay Community Law Center, November 19, 2019. Notes on file with author.

[11] Interview with Michelle deBlank, San Mateo Legal Aid, November 26, 2019. Interview with Dr. Dana Weintraub, Lucile Packard Children's Hospital at Stanford, November 27, 2019. Notes on file with author.

[12] Interview with Aaron Voit, California Rural Legal Assistance, Inc. and Monterey County Medical Legal Partnership. December 5, 2019. Notes on file with author.

[13] Interview with Andrew Cain, Silicon Valley Legal Advocates for Children and Youth, November 25, 2019. Notes on file with author.

[14] Interview with Dennis Hsieh, LA County, January 10, 2020. Interview with Gerson Sorto, Neighborhood Legal Services of LA, January 29, 2020. Notes on file with author.

[15] For list of California partnerships: see the National Center for Medical Legal Partnership State Directory at https://medical-legalpartnership.org/partnerships/

[16] Evaluation of Project DULCE in Boston documented significant savings to the health care system including:Higher rates of immunization (77% vs 63%, P < .005) and by 8 months (88% vs 77%, P < .01) Better utilization of well-child preventative visits in the first year ((78% vs 67%, P < .01)Fewer visits to the ER before 6 months (37% vs 49.7%, P < .03). Robert Sege, Genevieve Preer, Samantha J. Morton, Howard Cabral, Oluwatomisin Morakinyo, Vonne Lee, Catarina Abreu, Edward De Vos, Margot Kaplan-Sanoff, Pediatrics Jul 2015, 136 (1) 97-106.

[17] HEDIS measures are Healthcare Effectiveness Data and Information Set performance measures, established to provide healthcare consumers information about health plans.

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[21] Ibid.

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[23] Ibid.

[24] Morton, Samantha J. (2019). "Legal Partnering for Child and Family Health: An Opportunity and Call to Action for Early Childhood Systems."

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