

LEGAL PARTNERING FOR CHILD AND FAMILY HEALTH

An Opportunity and Call to Action for Early Childhood Systems

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ABOUT MLPB

MLPB believes in the power of justice to advance health. We equip health and human services teams with problem-solving strategies that disrupt the evolution of a person's social, economic, or environmental need into a legal—and health—crisis. Through robust training and technical assistance support, we help workforce partners understand their unique capacities to *unlock access* to a range of health-promoting benefits, services, and legal protections—for which many individuals, families, and populations are eligible. For more information, visit <http://www.mlpboston.org>.

ABOUT CSSP

The Center for the Study of Social Policy works to achieve a racially, economically, and socially just society in which all children and families thrive. We do this by advocating with and for children, youth, and families marginalized by public policies and institutional practices. For more information, visit <http://www.CSSP.org>.

ABOUT DULCE

DULCE is an innovative intervention based in the pediatric care setting that proactively addresses social determinants of health, promotes the healthy development of infants from birth to six months of age, and provides support to their parents. DULCE does this by introducing a Family Specialist, trained in child development, relational practice, and concrete support problem-solving, into the pediatric care team. The DULCE model is currently being replicated and evaluated at seven sites in five Early Childhood Learning and Innovation Network for Communities (EC-LINC) communities as a component of their local early childhood systems.

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Table Of Contents

Introduction	4
Demystifying the Legal Community: An Ally to Early Childhood Systems in Furthering Family Health and Well-Being.....	5
Legally Informed Concrete Support Problem-Solving: A Critical Strategy to Expand the Early Childhood Systems “Toolbox” with Families	10
Aligning Legal Community Levers with Impact Analysis: <i>A Health-Promoting Legal Partnering Impact Pyramid</i>	14
Health-Promoting Legal Partnering in Action: The DULCE National Demonstration Project	16
Calls to Action	20
Appendix A: Timeline of MLPB’s Refinement of “Team-facing” Legally Informed Problem-Solving.....	23
Appendix B: What You Can Do When There is Nothing to Do.....	24
Endnotes.....	26

I. Introduction

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 attachment¹—reflects who we are as a society. Developmentally, early childhood is a time of great promise.² It also is a time of significant vulnerability, both for the child and the family.³ Systems and communities should support families by, among other things, promoting access to and practice of the *Strengthening Families*[™] protective factors:⁴

1. **Parental resilience.** Managing stress and functioning well when faced with challenges, adversity, and trauma.
2. **Social connections.** Positive relationships that provide emotional, informational, instrumental, and spiritual support.
3. **Knowledge of parenting and child development.** Understanding child development and parenting strategies that support physical, cognitive, language, social, and emotional development.
4. **Concrete support in times of need.** Access to concrete support and services that address a family's needs and help minimize stress caused by challenges.
5. **Social and emotional competence of children.** Family and child interactions that help children develop the ability to communicate clearly, recognize and regulate their emotions, and establish and maintain relationships.

The fourth protective factor—**concrete support in times of need**—is vital to child and family health. Concrete support relates to food security, housing stability, freedom from interpersonal violence, and many other key ingredients for healthy growth and development.⁵ Yet it is increasingly difficult for many families to access and experience this protective factor:

- **41% of children under 18 experience low income**, and 19% experience poverty (meaning that their households have incomes at 100% or less of the federal poverty level)⁶; moreover, African-American, Latinx, and American Indian/Alaska Native children are three times more likely than white or Asian children to experience poverty.⁷
- **Federal laws and policies increasingly marginalize immigrant families**, through, for example, family separations at the border,⁸ increased risks of detention and deportation for non-criminals,⁹ and pending proposed changes to the public charge rule.¹⁰
- **State laws and policies that curb family access to concrete support like TANF** (Temporary Assistance for Needy Families) through untenable work requirements and other mechanisms.¹¹
- **Families of color confront a persistent and widening racial wealth gap.**¹² This means that Black and Latinx parents, in particular, struggle to meet the needs of their growing children on already-tight budgets. While extended family members in communities of color often are sources of support in many important ways, concrete support that would enable stable housing or food access often is not available.
- **Families of color also are disproportionately impacted by family separation policies** (spanning the child welfare, criminal justice, and immigration systems) with myriad repercussions for child mental health and household economic stability.¹³

It is critical that early childhood systems expand their “toolbox” of strategies for optimizing concrete support in times of need with and for the children and families they serve. Emerging evidence strongly suggests that structured partnerships with legal community stakeholders can expand and accelerate families’ access to concrete support.¹⁴ This helps to create conditions in which newborns, children, and their families can thrive.

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.

What is an Early Childhood System?

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.

This paper will:

- Orient early childhood systems to the public interest law community and how enforcing civil rights laws promotes family access to concrete support in times of need.
- Spotlight an evidence-based legal strategy pioneered and refined by MLPB that builds the capacity for legally informed concrete support problem-solving among early childhood providers working directly with families.
- Introduce a *Health-Promoting Legal Partnering Impact Pyramid* to guide how early childhood systems and legal community collaborators can partner to promote access to concrete supports and the health of young children.
- Illustrate, with some examples from the DULCE national demonstration project, the many levels of impact that can be achieved for families by partnering with legal community collaborators.
- Call upon early childhood systems to robustly integrate legal partnering into its concrete support “toolbox”—so that all families “know their rights” and more families can pursue those legal rights if they wish, either independently or in partnership with a trusted resource. This section will include guidance for early childhood systems on legal partner roles and structures that require special attention when forming and implementing any partnership.

II. Demystifying the Legal Community: An Ally to Early Childhood Systems in Furthering Family Health and Well-Being

Like many parts of our society—including early childhood systems and providers—the legal sector is diverse in purposes, structures, and roles. Broadly speaking, the practice of law is the provision of legal advice and/or assistance (applying specific facts to existing law) to clients with legal questions or concerns.¹⁵ Some lawyers and law firms work in the private sector, such as by advising corporations on their compliance obligations under federal, state, and international law, and represent them when they are involved in litigation. Other lawyers operate in government or non-profit settings. And others provide direct representation to individuals and families in a range of legal contexts and across income levels.

Examples of legal community contributions to the mission of the early childhood sector throughout American history are reflected in many United States Supreme Court decisions, including but not limited to:

- ***Prince v. Massachusetts*** (1944). Parental rights are not absolute, may be restricted by state’s interest in protecting child welfare.
- ***Griswold v. Connecticut*** (1965). Struck down a state law that had banned the dissemination of information about contraception.
- ***Loving v. Virginia*** (1967). Voided so-called “anti-miscegenation” laws in 16 states that had rendered interracial marriage a crime.
- ***Goldberg v. Kelly*** (1970). Due Process Clause requires evidentiary hearing before TANF enrollee’s benefits can be terminated.
- ***Santosky v. Kramer*** (1982). Terminating parental rights in the absence of clear and convincing evidence of permanent neglect violates the due process clause of the 14th amendment.
- ***Obergefell v. Hodges*** (2015). Ruled that the fundamental right to marry is guaranteed to same-sex couples by both the due process clause and equal protection clause of the 14th amendment.

In the United States, access to legal counsel still remains largely driven by one's financial means.¹⁶ In most criminal justice matters, people are systematically entitled to be appointed a lawyer at no cost if they are deemed "indigent."¹⁷ But this is not the case in the civil (non-criminal) justice system.

With very limited exceptions, there is no right to counsel (legal representation) in many high-stakes civil contexts like threatened eviction and foreclosure, divorce/custody/child support proceedings, wrongful termination (employment), and immigration law matters.¹⁸ This means that while organizations, families, and individuals with sufficient financial resources can obtain legal support in these situations, people with lower incomes largely go without legal support and experience greater adverse justice system outcomes.¹⁹ There is growing recognition that the inability to exercise one's legal rights within the civil justice system is linked to adverse social and economic prospects.²⁰

The public interest law community is comprised of specially trained legal practitioners (such as attorneys and paralegals) who dedicate their time and expertise to meet the needs of people who cannot afford legal representation. This community shares a commitment to supplying access to justice²¹ to those in our society who are at high risk for both (a) experiencing violations of their legal rights and (b) having little chance of getting legal assistance to pursue those rights—in other words they fall into a justice "gap."

Sometimes the access to justice "gap" relates to the unavailability of affordable legal counsel; other times people who routinely and disproportionately experience discrimination—such as people of color, older adults, persons with disabilities, English language learners, or LGBTQ+ people—are afraid to interact with an additional bureaucracy that might harm them or lack confidence that existing systems will help them meet their goals.

What is Access to Justice?

Most states have convened Access to Justice Commissions to better align courts, private lawyers and law firms with the public interest law community in **efforts to reduce barriers to legal support and to enable more people to pursue their legal rights and remedies.***

However, **access to justice is not merely a process issue**, as eloquently observed by legal scholar Rebecca Sandefur in a recent publication (*emphasis added*):

"The access-to-justice crisis is bigger than law and lawyers. It is a crisis of exclusion and inequality. Today, access to justice is restricted: only some people, and only some kinds of justice problems, receive lawful resolution. *Access is also systematically unequal: some groups—wealthy people and white people, for example—get more access than other groups, like poor people and racial minorities. Traditionally, lawyers and judges call this a "crisis of unmet legal need."* It is not. Justice is about just resolution, not legal services. Resolving justice problems lawfully does not always require lawyers' assistance, as a growing body of evidence shows. Because the problem is unresolved justice issues, there is a wider range of options. *Solutions to the access-to-justice crisis require a new understanding of the problem. It must guide a quest for just resolutions shaped by lawyers working with problem-solvers in other disciplines and with other members of the American public whom the justice system is meant to serve.*" **

*Access to Justice Commissions. (n.d.). Center on Court Access to Justice. Retrieved from <https://www.ncsc.org/microsites/access-to-justice/home/Topics/Access-to-Justice-Commissions.aspx>

** Sandefur, R. L. (2019). Access to What? Daedalus, 148(1), 49-55. doi:10.1162/daed_a_00534

What is the Difference Between a Civil Case and a Criminal Case?

Both types of cases involve a dispute (conflict). A **civil case**—such as divorce proceedings—is between two parties and grounded in their specific legal rights. A **criminal case** is between the government (state or federal) and an individual or entity. Criminal cases are initiated when the government accuses someone of doing something that, under existing law, is considered harmful to society. For instance, when someone who is intoxicated drives a car and causes an accident, they not only have caused harm to a person or property, they also have threatened the health and welfare of the community.

Each type of case involves different:

- **Goals** (e.g., restitution v. deterrence v. punishment)
- **Consequences** (e.g., financial obligation v. incarceration)
- **Standards of proof** and **burdens of proof**
- **Constitutional protections**
- **Types of lawyers**

"[W]hile organizations, families, and individuals with sufficient financial resources can obtain legal support in these situations, people with lower incomes largely go without legal support and experience greater adverse justice system outcomes."

Structurally, the public interest law community that helps people with civil justice needs is highly varied in structure and composition. This complexity almost assuredly is another barrier to people's access to justice. Historically, key stakeholders have included (but are not limited to):

- Organizations that primarily focus on supplying direct legal representation to individuals and families who are low-income and reside in a defined geographic region (e.g., civil legal services);
- Organizations that dedicate their legal resources to either:
 - Specific populations, e.g., immigrants, prisoners or formerly incarcerated people, survivors of domestic violence or sexual assault, people experiencing homelessness, LGBTQ+ people, etc.; or
 - Specific types of legal violations, e.g., civil rights/civil liberties, environmental justice, housing law rights, employment law rights, and more.
- Corporate- and bar association-driven pro bono programs (coordinating volunteer lawyers typically from the private sector primarily to provide free direct legal representation to individuals and families);²²
- Law school clinics and related law school-based public interest-focused programming;²³
- Federal and state government agencies with a range of legal enforcement responsibility (e.g., consumer protection divisions of state attorney general offices);
- Private law firms that dedicate all or some portion of their workload to public interest law cases; and
- Creative health and human service organizations that have long integrated public interest lawyers on their staffs to support people with health-harming legal needs.²⁴



While many public interest law resources are structured in ways that enable them to provide services at no cost to their clients, the need for legal services is far greater than existing resources and the field can only reach a small proportion of people who need legal services.²⁵ Admirably, there has been tremendous experimentation over the last several decades involving a range of innovations, including but not limited to:

- *Civil Right to Counsel* strategies to assure free representation for low-income people in some civil law proceedings like housing and immigration cases—similar to how public defender services are guaranteed in some criminal justice contexts;²⁶
- Limited assistance representation and *Lawyer for the Day* programs, through which a lawyer steps in to represent a client for a specific point in the case, but not the entire case—often making it more feasible for the lawyer to make the commitment;²⁷
- “Low bono” programs available to people via flexible pricing models such as an income-based sliding scale;²⁸
- *Roles Beyond Lawyers*, e.g., the embrace of domestic violence advocates in restraining order (and other IPV-related) hearings in many jurisdictions,²⁹ the Washington State Limited License Legal Technician Program,³⁰ and the New York City Court Navigators Program;³¹
- Medical-legal partnership programs that help to bridge access to legal services for specific populations served by participating healthcare organizations;³² and
- Legal technology innovations.³³

The public interest law community is deeply resource-challenged and, in some instances, subject to additional, substantial constraints. For civil legal services agencies that receive specific federal funding, these constraints include statutory policies that dictate whom many of these lawyers can and cannot sue on behalf of people and populations who have been harmed in some way.³⁴ Moreover, in our country’s political environment over the last 40 years, many constituencies served by the public interest law community—such as pregnant and parenting women of color—have been deeply and publicly stigmatized.³⁵

Against this challenging backdrop and across the diversity of stakeholders and structures, historically the public interest law community has advanced family health and well-being through several strategies described in

Figure A, including:

- Provision of direct legal representation to individuals or households in a range of contexts; and
- System oversight, law reform, and accountability strategies

This impressive roster illustrates the deep connections and alignment between the public interest law community’s work and the imperatives of early childhood systems to facilitate greater family access to *concrete support in times of need*. This overview is the beginning, however, not the end, of how legal partnerships can support individual families to better secure concrete support and increase early childhood systems impact across populations of families.

The public interest law community is deeply resource-challenged and in some instances subject to additional, substantial constraints.



Figure A: Historically Dominant Public Interest Law Strategies

LEGAL STRATEGY 1	
PROVIDING DIRECT LEGAL REPRESENTATION TO INDIVIDUALS OR HOUSEHOLDS	
While some legal representation happens in the courtroom, representation actually includes a wide range of services types—from case assessment to provision of discrete legal advice/counsel to more time-intensive case handling in court or administrative proceedings—and can consume a highly variable amount of time and effort from legal practitioners	
Timing of Service	Examples
<i>Reactive:</i> legal representation is provided to an individual or family with a confirmed legal need	<ul style="list-style-type: none"> Defending, in housing court proceedings, a family that has been served with a written eviction notice Representing, in a legal appeal process, an adult or child whose disability benefits have been unlawfully reduced or terminated Representing a foreign-born person in detention or deportation proceedings in Immigration Court
<i>More proactive:</i> legal representation is offered in an anticipatory fashion when a population of people may be eligible for new or time-sensitive legal protections	<ul style="list-style-type: none"> Hosting legal clinics to support transgender people to successfully change their name and gender on critical identity documents Hosting application assistance clinics for specific consumer populations, e.g., people with TPS (Temporary Protected Status) who are legally eligible to renew their legal status through a complex application (some of whom are parents in <i>mixed status households</i>—e.g., foreign-born caregivers and citizen children)
<i>Across the reactive/proactive continuum:</i> generating and delivering language-sensitive and reading-level-appropriate consumer-facing <i>Know Your Rights</i> information; large-scale legal planning and application assistance	<ul style="list-style-type: none"> Written and web-based materials made available in multiple languages In-person workshops for parents and students on specific high-need topics <i>Pro se</i> clinics (meaning support for people who are representing themselves in a range of legal settings) Providing large-scale legal assistance to mixed status families on high-stakes family preparedness planning in anticipation of the potential detention/deportation of a child's parent or guardian
LEGAL STRATEGY 2	
SYSTEM OVERSIGHT, LAW REFORM, AND ACCOUNTABILITY	
Legal community stakeholders dedicated to the interests of marginalized people and populations play a critical function in our society: identifying root causes of injustice and threats to health and well-being, including that of young children and families; and influencing public policy, laws, and systems to promote—not constrain—people's access to concrete support.	
Timing of Service	Examples
<i>Reactive</i> litigation. Some members of the public interest law community sue government and private entities whose conduct/practices are determined to violate the legal rights of people and populations, often in ways that are health-harming	<ul style="list-style-type: none"> Impact litigation (e.g., <u>Brown v. Board of Education</u> (1954), an affirmative lawsuit filed by the NAACP that resulted in a U.S. Supreme Court decision that invalidated racial segregation in schools) Class action litigation (e.g., the two civil rights lawsuits underway on behalf of residents of Flint, Michigan who were harmed by lead contamination in the city's water supply)
<i>Proactive</i> system oversight. Some public interest law providers are formal or informal “watchdogs” who actively monitor how public/private actors implement policies and practices that impact low-income and marginalized populations	<ul style="list-style-type: none"> This oversight role may be derived from an organization's overall mission, a project-related responsibility it has undertaken, a formal ombudsman function vested by state or federal authorities (such as a formal, designated Long-Term Care Ombudsman), and in some instances court-ordered receiver or monitoring functions
<i>Across the proactive/reactive continuum:</i> Public interest law advocates often are key co-designers and co-architects of public policy at the federal and state level	<ul style="list-style-type: none"> Informing policy development in a range of concrete support contexts, such as state-level TANF “family caps” (sanctions) and public benefit application design that can reduce fear among mixed-status families who wish to apply on behalf of their citizen children Frequent, formal testimony before federal and state legislative bodies Systematized engagement with policymakers and agencies that control family access to concrete support in times of need (e.g., SSA, housing authorities, welfare agencies), undertaken in good faith to identify and seek remediation of harmful policies and practices in advance of proceeding with litigation

III. Legally Informed Concrete Support Problem-Solving: A Critical Strategy to Expand the Early Childhood Systems “Toolbox” with Families

In 2010-2012, MLPB (formerly known as Medical-Legal Partnership | Boston) participated in a research study known as DULCE (Developmental and Legal Understanding for Everyone, described in the sidebar). The results of this study inspired a new organizational mission and operating model that MLPB has refined energetically over the last several years—focused on building team capacity to engage in legally informed concrete support problem-solving with individuals and families.

The DULCE Randomized Controlled Trial At Boston Medical Center*

In 2009, the Quality Improvement Center on Early Childhood, led by the Center for the Study of Social Policy, sponsored a randomized controlled trial of DULCE at **Boston Medical Center** (BMC). BMC's **Pediatrics Department** tested this new care delivery approach.

Under the leadership of Principal Investigator and DULCE co-developer Robert Sege, the DULCE trial adapted and combined elements of two existing programs: **Healthy Steps** and **MLPB**.

In addition to usual care, families randomly assigned to the DULCE intervention group were assigned a DULCE Family Specialist, who offered intensive, relationship-based services to enrolled families. Family Specialists had postgraduate training in child development or a related field and underwent additional training by Healthy Steps staff so they could support parents with milestone-based developmental guidance. MLPB staff trained the Family Specialist on the landscape of barriers to concrete support that enrolled families likely would confront and on best-practice, role-appropriate problem-solving strategies the Family Specialist could offer families given current law and public policy. MLPB also was on stand-by to facilitate safe hand-offs of families with acute or complex legal needs relating to concrete support to members of its *pro bono* (volunteer lawyer) panel.

DULCE's results were published in *Pediatrics* in 2015 and included:

- Improved preventive care (routine health care visits and immunizations; fewer ED visits; retention at clinic); and
- Accelerated access to concrete support.

* The DULCE trial was funded by the US Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under Cooperative Agreement 90CA1763 with the Center for the Study of Social Policy. Matching funding was provided by the Child Health Foundation at Boston University, as well as via generous donations to the Boston Medical Center Child Protection Team.

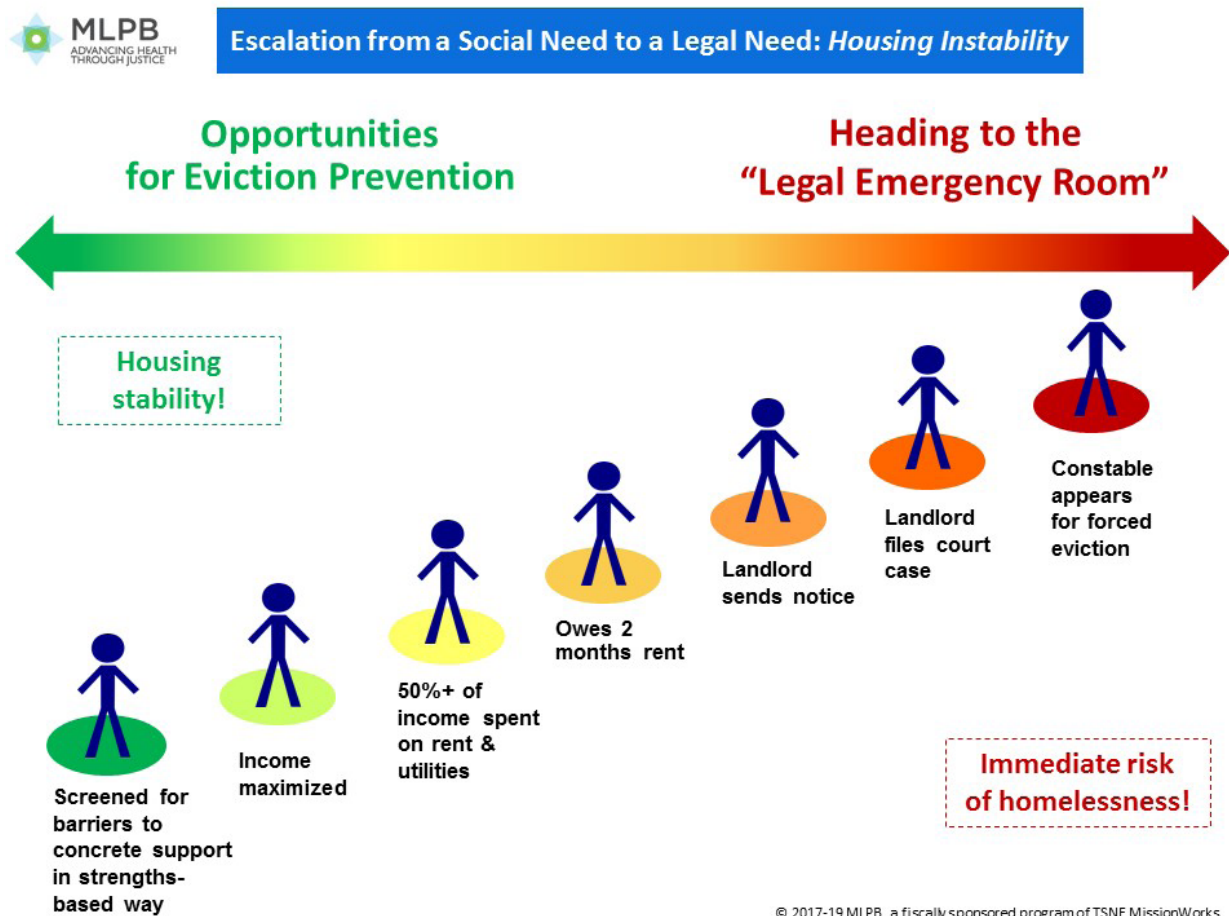
MLPB's contributions to the DULCE intervention were intentionally geared to proactive identification, triage, and resolution of barriers to concrete support that involved families' legal risks, rights, and remedies. Specifically, MLPB:

- **Was highly integrated within the DULCE team and host pediatrics clinic.** MLPB staff members were actual employees of Boston Medical Center during the full tenure of the DULCE randomized controlled trial and its office was on the hospital campus. MLPB was not a separate community-based legal organization.
- **Informed design of DULCE screening tools** that were administered to families by Family Specialists to detect barriers to concrete support among intervention families.

- **Focused on capacity-building in health staff to identify legal risks before they evolved into legal crises.** MLPB's DULCE participation was primarily in the form of proactive training as well as consultative support for the Family Specialists (through both integration within weekly interdisciplinary case conferences as well as rapid response consults outside of case conferences).
- **Was composed of legal generalists, not specialists.** By the time of the DULCE study, MLPB had evolved from a prior "specialty law" staffing model to an upstream, holistic approach to legal care for families: a premium was placed on prevention and family empowerment through team-facing capacity-building. In the small subset of cases where legal representation for families was necessary, MLPB facilitated referral to external *pro bono* volunteers or public interest law specialists for family-facing legal representation.

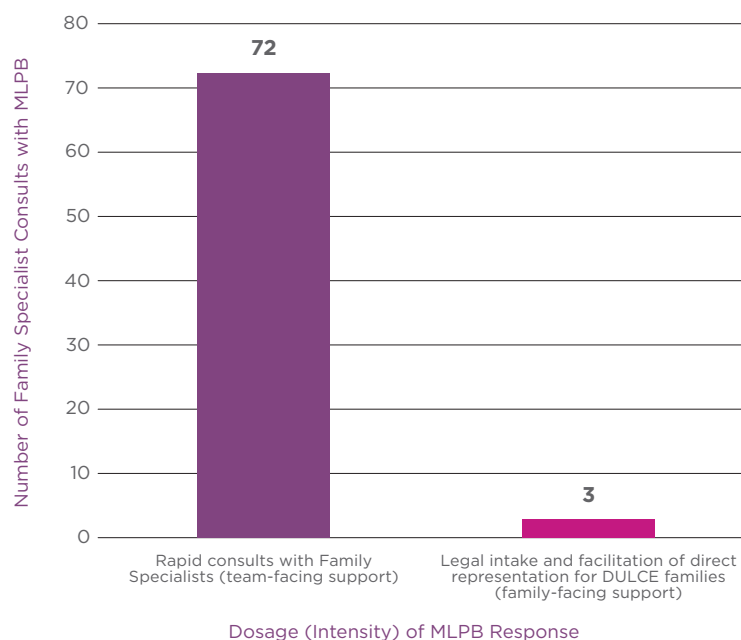
This unique approach to legal partnering honors a prevention and public health lens by seeking to "interrupt" the development of legal needs—which generally begin as social, economic, or environmental needs³⁶ and are not necessarily perceived by families themselves as "legal needs."³⁷ As depicted in **Figure B**, well before a family receives a formal eviction notice, there are many opportunities to detect and offer support relating to affordability-driven housing instability. These windows of preventive opportunity are no doubt very familiar to early childhood providers, since they are a large component of early childhood system programmatic support for families.

Figure B



In the original DULCE pilot study, intervention families accessed more concrete support during their infant's first six months of life than the control families did.³⁸ Notably, the type and level of MLPB support that helped to produce those results was not what many on the original study team expected. As illustrated in **Figure C**, DULCE's outcomes were not driven by a large volume of family-facing case handling by MLPB or its affiliated *pro bono* volunteers that would have required a high level of legal resources. Rather, MLPB's dominant contribution to successful concrete support problem-solving with and for families was training and consultative support for the Family Specialists³⁹—team-facing capacity-building tools aimed at the person most likely to be trusted by families.

Figure C: Dosage (Intensity) of MLPB Response (in Original DULCE Trial)



MLPB hypothesizes that this focus on strengthening the ability of the Family Specialists to successfully navigate concrete supports access barriers with families promoted:

- Early detection of barriers, well before those social and economic conditions had evolved into legal (and health) crises;
- Effective triage of these barriers, including best practices for the sequencing of problem-solving strategies in relation to families' goals and available legal remedies; and
- The offering to families, by Family Specialists, of role-appropriate and effective problem-solving support.

Defining a New Legal Strategy: Building Team Capacity to Engage in Legally informed Concrete Support Problem-Solving with Families

While legally informed capacity-building for early childhood systems (and other sectors) can take many forms, in MLPB's experience—during and since the original DULCE study—the unifying features are continuous training and consultative support for colleagues. And not just any colleagues, but those whom—by virtue of strengths-based practice,⁴⁰ structural competence,⁴¹ and trusting relationships with families—are most often invited by families to be “primary partners in problem-solving” around accessing the concrete supports they need.

As MLPB's work has continued to grow and evolve since the conclusion of the DULCE trial (see [Appendix A](#)), it has identified the following core capacity-building mechanisms as foundational to this strategy:

1. **System design support** in the planning and implementation of programs, such as:
 - Informing development of screening tools that effectively detect barriers to concrete supports;
 - Identifying role-appropriate responses to positive screens when legal risks are detected (through process mapping and other steps); and
 - Curation of a complex—or barren—legal services landscape to enhance the likelihood of safe hand-offs for families.
2. **Workforce Training and Interprofessional Education (IPE)** for cross-sector team members to bolster effective screening and triage of barriers to concrete support that are linked to people's legal risks, rights, and remedies—as well as identification of role-appropriate problem-solving strategies.
3. **Continuous consultation through at least two mechanisms** (embedding in regular case review meetings as well as “rapid response consults” outside of those meetings) in order to:
 - “Issue-spot” potential legal risks, rights, and remedies.
 - Equip colleagues with valuable legal information that can (a) then be conveyed to families, and (b) enable implementation of creative, role-appropriate problem-solving strategies when families are informed and can make decisions.
 - Assure that families have realistic expectations when no solutions exist under current law or public policy.
4. **Informing potential care delivery system modifications and policy change efforts** based on learning from training and consultation encounters that reveal trends in family needs or barriers at the population level.

These activities ideally proceed in parallel and converge to produce continuous, legally informed problem-solving skill-building for cross-sector colleagues, equipping them with a new baseline of knowledge and competencies as they partner with families confronting complex, intimidating bureaucracies and violations of their legal rights. If we can educate early childhood teams to *Know Their Families’* Rights then we are—as a society and as communities—one major step closer to empowering more families to *Know Their Rights*—at least relating to the concrete support they need or want.

Fundamentally, most barriers to concrete support that families encounter are bundled up in complex, dynamic law and policy frameworks governing families’ eligibility for, and access to, a range of benefits and services that promote their health. Tackling these barriers effectively with families demands awareness of people’s legal risks, rights, and remedies in many contexts all at once—a task that calls for a legal generalist. Recognizing that the complexity of the laws and policies that govern people living in the United States is itself a significant barrier to access to justice—how could anyone stay up to date on all of one’s legal risks, rights, and remedies at the federal, state, and local level?—this is where public interest law resources come in. Early childhood systems can be well supported by public interest law partners who embrace and maintain generalist proficiency across a range of legal domains impacting the families they serve.

What Exactly is a Rapid Response Consult with a Legal Partner?

Two Examples from MLPB’s Partnership with Healthy Families Massachusetts, a program of The Children’s Trust

A home visitor was concerned that a parent with a medically complex pregnancy might be facing discrimination in the workplace—an urgent threat to her health and to the family’s income stability. The employer had rejected several reasonable requests for accommodation—for example, seeking time off to attend medical appointments and permission to sit down more (often where doing so did *not* impair her ability to perform her job functions). MLPB shared with the family support worker that pregnancy can be considered a disability under civil rights law, and that the parent had related rights in this situation. The family support worker conveyed this legal information to the parent and she re-approached her employer with this new knowledge. This time, she was successful in securing the reasonable accommodations she needed (and was entitled to) at work.

A home visitor was working with the parent of a medically fragile infant and the family was concerned about losing access to Special (enteral) Formula, a prescription-based nutritional support for children who need help with growth and development. Special Formula is expensive—often costing more than \$200 per month out of pocket—and the family had only one day of formula left. The parent had learned that her current supplier was going out of business and hit a dead-end when she contacted an alternate supplier. MLPB coached the home visitor on how to communicate with the child’s health insurance company about the need to expedite this prescription renewal, and she did so successfully—the formula was ready at the pharmacy the next day.

IV. Aligning Legal Community Levers with Impact Analysis: A Health-Promoting Legal Partnering Impact Pyramid

In Parts II and III, MLPB identified several important and related legal strategies that can further child and family health:

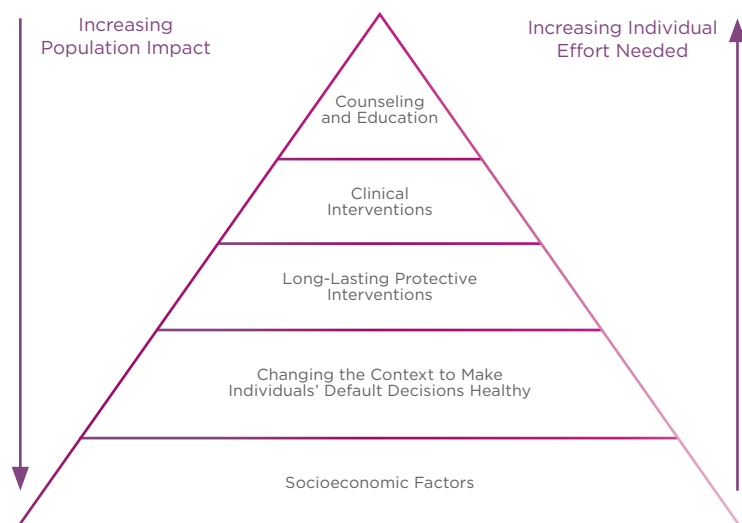
1. Providing direct legal representation to individuals or households;
2. Building team capacity for legally informed concrete support problem-solving with families; and
3. System oversight, law reform, and accountability strategies.

Each of these three strategies generates impact at different levels of scale in the early childhood systems context:

1. Impacts on *individual families*;
2. Impacts on *care delivery teams, organizations, and systems that serve populations of families*; and
3. Impacts on *populations of families* well beyond a particular clinic's patient panel.

Serving individual families is a shared value of the early childhood sector and the access to justice community—and a critical infrastructure in a just society. However, this legal strategy often functions as a “legal emergency room,” meeting people’s needs when they are in crisis. Yet providing concrete support in times of need is not only or even typically about providing health-promoting services during times of crisis. Rather, preventing the emergence of legal (and often intertwined health) crises is—or should be—a foundational goal.

Figure D: The Health Impact Pyramid



Against this backdrop, it may be useful to consider these three legal strategies in relation to a key public health framework relevant to achieving population-level health and wellness: the *Health Impact Pyramid* developed and published by Thomas Frieden in 2010,⁴² reproduced in **Figure D**.

The *Health Impact Pyramid* teaches that when foundational social, economic, and environmental conditions are improved for people, population-level impact increases and fewer people are in need of individual, intensive interventions. When legal strategies are refracted through the prism of the *Health Impact*



Serving individual families is a shared value of the early childhood sector and the access to justice community—and a critical infrastructure in a just society. However, this legal strategy often functions as a “legal emergency room,” meeting people’s needs when they are in crisis.

Pyramid, the public interest law community’s robust problem-solving assets are highlighted. For instance, when a public interest law organization addresses barriers embedded in the processes of a state agency that connects families with health-promoting benefits and services to which they are legally entitled, this both eases individual family access and population-level access. Indeed, this kind of advocacy can make a health difference for a population of young children and their families, rather than just a single family. Welcoming and integrating legal partners into the early childhood system offers a highly valuable (and more just) toolbox for advancing the health of young children and families at a community level.

What follows in **Figure E** is a new *Health-Promoting Legal Partnering Impact Pyramid* inspired by Frieden’s public health equivalent:

Figure E: Health-Promoting Legal Partnering Impact Pyramid



When an early childhood system explores potential partnerships with public interest law colleagues, evaluating their collective capacity across these three levels of impact will be important to setting the stage for long-term success and assuring that the partnerships can achieve potential population health impact. Yet there cannot be a mad dash to the highest-impact base of the *Health-Promoting Legal Partnering Impact Pyramid* to the exclusion of interventions that achieve other goals. In order to meet families where they truly are in the United States in 2019—and currently families are navigating dynamic public policy, complex care delivery systems, and intimidating local courtrooms and administrative hearings—embarking on legal community partnerships should adopt a multi-level approach. And this will require a “village” of public interest law resources in order to be successful, as discussed below.

Welcoming and integrating legal partners into the early childhood system offers a highly valuable (and more just) toolbox for advancing the health of young children and families at a community level.

V. Health-Promoting Legal Partnering in Action: The DULCE National Demonstration Project

As of 2019, DULCE has evolved in a range of ways thanks to a national demonstration project that moved the work into community settings (See sidebar below).⁴³ Several DULCE adaptations provide an opportunity to apply the *Health-Promoting Legal Partnering Impact Pyramid*:

- Alignment of early childhood system-building organizations with pediatrics clinics and legal partners in a cross-sector triad as opposed to dyad;
- Embrace of community health worker-equivalents in the Family Specialist role, as opposed to master's level personnel; and
- Welcoming of civil legal services organizations to explore the dimensions of DULCE legal partnering.

The DULCE National Demonstration Project

In 2015, the Center for the Study of Social Policy (CSSP) received a three-year grant from The JPB Foundation to continue implement and refine DULCE by testing implementation outside of academic medicine and in five counties across the country:

- Alameda County, CA
- Los Angeles County, CA
- Orange County, CA
- Palm Beach County, FL
- Lamoille County, VT

DULCE integrates a Family Specialist (FS) as part of the primary care team, which fosters families' trusting relationship with the medical home and supports their parenting and relationship with their baby through the developmental Touchpoints® (periods of behavioral and relational change necessary for development, yet sources of stress), and connects families to various types of support as they wish.

Starting with their baby's very first routine healthcare visit, families develop a relationship with the FS that transforms the way they experience and navigate the delivery of supports and services within and beyond the medical home—in a manner designed to enhance their experience of their child and their parenting as a driving protective factor. The family and their FS are supported by a cross-sector DULCE team that focuses on family-driven strengths and priorities and engages in reflective practice and continuous quality improvement. This interdisciplinary DULCE team—which includes the pediatric clinician, mental health specialist, a legal partner, and an early childhood system representative—is anchored by a weekly case review meeting that provides structured time to engage multiple professional perspectives in problem-solving with and for families. Participation of the early child systems ensures connection of families to community supports such as intensive home visiting and parenting groups.

During case review, families' screening administration results are shared by the FS and a care plan is developed in the setting that features robust “whole person, whole family” expertise. DULCE Family Specialists are equipped with training commensurate with their responsibilities around strengths-based, structurally competent problem-solving with families, as well as caseloads and supervision structures appropriate to their job descriptions and associated risks for vicarious trauma.

In this phase of DULCE expansion, sites use a continuous quality improvement (CQI) approach to engage local leaders in a co-design process to facilitate adoption of DULCE in different settings.

Since November 2015, the five counties participating in DULCE have partnered with a range of public interest law contributors:

- East Bay Community Law Center
- Legal Aid Foundation of Los Angeles
- Legal Aid Society of Palm Beach County
- Neighborhood Legal Services of Los Angeles County
- Public Law Center
- Vermont Legal Aid
- A Legal Services Coordinator employed by The Children's Clinic (Long Beach)

Each of the participating organizations has dedicated a portion of an attorney's time to support DULCE—specifically the effort to promote robust access to concrete supports through early detection of families' barriers to resources and services, and identification of their related legal risks, rights, and remedies. Some of these organizations also deploy paralegals, legal assistants, and law students to support DULCE.

Importantly, what the broader cross-sector DULCE community had imagined they would value in their legal partnerships turned out to be just the tip of the iceberg. Many early child systems and providers are accustomed to informally cultivating referral relationships with local public interest law organizations so that the families they serve can better access legal services in the form of free legal representation for families. Joining the DULCE national demonstration project seemed to largely promise a structured pathway to more, difficult-to-access direct legal representation for families.

But the contributions of the DULCE legal partners have transcended this expectation in many ways in the communities, as was the case in the original DULCE trial. As described below in **Figure F**, DULCE legal partners have contributed to family health and well-being by leveraging all three distinct legal strategies that align with the *Health-Promoting Legal Partnering Impact Pyramid*:

1. Provision of direct legal representation to individuals or households;
2. Building team capacity for legally informed concrete support problem-solving with families; and
3. System oversight, law reform, and accountability strategies



Figure F: DULCE legal partner contributions categorized by legal strategy

LEGAL STRATEGY 1	
PROVIDING DIRECT LEGAL REPRESENTATION TO INDIVIDUALS OR HOUSEHOLDS	
While some legal representation happens in the courtroom, representation actually includes a wide range of services types—from case assessment to provision of discrete legal advice/counsel to more time-intensive case handling in court or administrative proceedings—and can consume a highly variable amount of time and effort from legal practitioners	
Timing of Service	DULCE National Demonstration Project Examples
<i>Reactive:</i> legal representation is provided to an individual or family with a confirmed legal need.	<ul style="list-style-type: none"> • "Family notified that baby was not enrolled in CalFresh, CalWORKs, or Medi-Cal because of lack of proof that infant lives in home and is resident of Alameda County. Further, baby's name was incorrect in SSA [Social Security Administration] database, so [their] (temporary) medical card indicated wrong name, which could pose barrier to healthcare access. Submitted appeal and contacted management. Baby's name has been corrected. Baby has been added to assistance unit retroactive to spring 2017, resulting in increase in family income." (<i>East Bay Community Law Center</i>) • "I assisted a DULCE mother in moving her immigration hearing to [LA] from Northern [CA] and obtaining legal representation. Without this assistance she would likely have missed her hearing and been ordered deported." (<i>Neighborhood Legal Services of Los Angeles County</i>) • "[Mom] was initially mailed a notice of intent to deny money to refile. Client only had two weeks left to respond by the time we saw it. We responded with all necessary documents and explained we would assist with: adjusting to residency (form I-485); work authorization (form I-765); and the affidavit of support for [dad] who is sponsoring his wife (form I-864) from this previous filing. We received the I-130 approval within three weeks of responding to the initial request[;] we are about to file the adjustment packet." (<i>Legal Aid Society of Palm Beach County</i>)
<i>More proactive:</i> legal representation is offered in an anticipatory fashion when a population of people may be eligible for new or time-sensitive legal protections.	<ul style="list-style-type: none"> • In 2017-18, several DULCE legal partners offered limited representation to caregivers who—based on country-of-origin-related (and other) eligibility criteria—were eligible to renew their TPS (Temporary Protected Status) or DACA (Deferred Action for Childhood Arrivals). This support for families demands expert legal risk analysis and application preparation, and when successful can protect a family from the threat of disruption and maintain a parent's continuity of access to a work permit.
<i>Across the reactive/proactive continuum:</i> generating and delivering language-sensitive and reading level-appropriate consumer-facing <i>Know Your Rights</i> information; large-scale legal planning and application assistance.	<ul style="list-style-type: none"> • My office. . . conducts 'charlas' for DULCE families [on immigration and special education]. . . these are Know Your Rights presentations that are bilingual and include the opportunity for one-on-one consultation at the end." (<i>Neighborhood Legal Services of Los Angeles County</i>)
LEGAL STRATEGY 2	
BUILDING TEAM CAPACITY FOR LEGALLY INFORMED CONCRETE SUPPORT PROBLEM-SOLVING WITH FAMILIES	
Integrated strategies that strengthen the capacity of the cross-sector care team to support families to access concrete support that they want. Includes:	
<ul style="list-style-type: none"> • System design support • Workforce training and interprofessional education • Embedding of public interest law generalist in standing case review • Rapid response consults • Observing trends in family needs and barriers throughout all above activities and informing system and policy change efforts with that learning 	

Figure F Continued

Timing of Service	DULCE National Demonstration Project Examples
Continuous; embedded in cross-sector primary care for infants 0–6 months	<ul style="list-style-type: none"> • “[My organization] trained [the] DULCE team on impact of receiving cash aid (CalWORKs) on immigration status—distinct from impact of receiving Medi-Cal and CalFresh. Also clarified that [state agency] will never release families’ contact information or immigration status to the federal government; only permitted to release name and income level. By educating team on the interactions between public benefits and immigration, more DULCE families may feel safe enough to apply for assistance.” (<i>Legal Aid Foundation of Los Angeles</i>) • “[At] Case Review . . . I was able to [share legal information that could support] a family with an imminent housing issue before they received formal [eviction] notice. This will hopefully allow the family to resolve the issue with the landlord privately and maintain housing.” (<i>Legal Aid Foundation of Los Angeles</i>) • “I was able to share an update with the team on AB 480 which is a new law effective April 1, 2018 which provides CalWORKs recipients with \$30 extra per month per child under the age of two for diapers. This is a great new resource for [families] because CalFresh cannot be used for diapers and many families struggle to afford them.” (<i>Legal Aid Foundation of Los Angeles</i>) • In the wake of Hurricane Irma, the DULCE team in Palm Beach County, FL was mindful that many families were lacking resources to meet their basic needs. Equipped with legal information from its partners at the Legal Aid Society of Palm Beach County, the team modified its DULCE screening encounter to assure that families were connected to the following emergency resources if they wished: financial relief; assistance with baby supplies; clothing; and support for hurricane-related legal problems. (<i>Legal Aid Society of Palm Beach County</i>) • “My participation in Case Review made a big difference for DULCE this month because [I was able to answer] several questions about immigration status, [where] HIV+ parents [can get legal] help, [and] regarding public charge and child support and custody for a single mother.” (<i>Public Law Center</i>) • “My participation in Case Review made a big difference for the DULCE team this month because I provided training on basic family law issues.” (<i>Vermont Legal Aid</i>)

LEGAL STRATEGY 3

SYSTEM OVERSIGHT, LAW REFORM, AND ACCOUNTABILITY

Legal community stakeholders dedicated to the interests of marginalized people and populations play a critical function in our society: identifying root causes of injustice and threats to health and well-being, including that of young children and families; and influencing related public policy, laws, and systems to promote—not constrain—families’ access to concrete support.

Timing of Service	DULCE National Demonstration Project Examples
<i>Reactive</i> litigation. Some members of the public interest law community sue government and private entities whose conduct/practices are determined to violate the legal rights of people and populations, often in ways that are dramatically.	<ul style="list-style-type: none"> • In 2016, NLSLA and co-counsel filed a lawsuit against the LA County Department of Public Social Services alleging that (DPSS) was failing to timely process Medi-Cal renewal applications and then terminating people’s benefits unlawfully. A Los Angeles Superior Court judge ruled in favor of NLSLA in May 2018, ordering DPSS to cease this harmful practice.⁴⁴ While this impact litigation did not focus specifically on newborns given the renewal application context, it will benefit children and adults alike who must navigate the Medi-Cal renewal process. (<i>Neighborhood Legal Services of Los Angeles County</i>)
<i>Proactive</i> system oversight. Some public interest law providers are formal or informal “watchdogs” who actively monitor how public/private actors implement policies and practices that impact populations that are low-income and marginalized.	<ul style="list-style-type: none"> • NLSLA advocated with the Los Angeles DPSS for timely enrollment of deemed-eligible babies served at Northeast Valley Health Corporation into Medi-Cal and improvements to the enrollment process for all LA County newborns. They also successfully pushed DPSS to correct a high-stakes problem with its new case management technology. The technology was not programmed to automatically protect newborn enrollment for a full 12 months, leading a number of infants to have their Medi-Cal coverage terminated unlawfully and to lose access to medically necessary pediatric check-ups, vaccinations, and medications for months. In at least one instance, this problem threatened an infant’s access to oxygen and special formula.⁴⁵ (<i>Neighborhood Legal Services of Los Angeles County</i>)
<i>Across the proactive/reactive continuum:</i> Public interest law advocates often are key co-designers and co-architects of public policy at the federal and state level—for instance, partnering with food security advocates to craft SNAP and TANF policy in ways that promote better outcomes for children and families.	<ul style="list-style-type: none"> • NLSLA recently was awarded a grant from the California Community Foundation to engage with DPSS on further policy improvements relating to newborn enrollment in Medi-Cal and a host of other barriers to family health and well-being.⁴⁶ (<i>Neighborhood Legal Services of Los Angeles County</i>)

VI. Calls to Action

Early childhood systems are committed to supporting families with young children to thrive and flourish. Meanwhile, family health and stability are shaped by a range of social, economic, and environmental conditions—nearly all of which are governed to some degree by federal, state, and local laws that administered by complex, bureaucratic systems generated by many of those laws. We call upon early childhood systems to:

Widen the Tent: Develop robust partnerships with public interest law resources in your communities.

For too long, public interest law practitioners and early childhood systems have been serving a mutual constituency—families with young children who often are lower-income—in relative isolation. Silos like this are a significant barrier to meeting families' needs effectively.

Legal practitioners bring many assets to family-centered care:

- The capacity to solve some problems that have already advanced to litigation contexts.
- General and specialized knowledge of people's legal risks, rights, and remedies in a range of domains.
- Systems thinking and familiarity with best practices for successful problem-solving with large bureaucracies that can be difficult for families to navigate.

In addition, the ability to merge early childhood systems data about family health and well-being with legal community data about civil rights violations will accelerate public understanding that civil rights and health equity are two sides of the same coin; and, similarly, that civil rights violations are health inequity drivers. This fusion also will enable thoughtful allocation of finite civil rights enforcement resources in ways that align with emerging population-level data about health inequities impacting young children and their families. For instance, the evidence base for SNAP and WIC as critical food programs for young children continues to grow, yet in many states eligible families confront eligibility certification processes that seem designed more to dis-enroll families than anything else. Scarce impact litigation resources could be targeted to this challenge.

Recognize that High-Impact Legal Partnering Takes a Village: Develop legal partnerships in ways that optimize impact for families across the Health-Promoting Legal Partnering Impact Pyramid.

To reiterate key points from Parts IV and V, in an exploratory phase, the question an early childhood system should pose to local legal colleagues is not:

"What do you do?"

Rather, guided by the *Health-Promoting Legal Partnering Impact Pyramid*, the question is:

"How can you and other legal organizations and practitioners in our community support family health and well-being across all levels of impact? And how would you propose to structure—even re-organize—those resources in a potential partnership with us in order to achieve multiple levels of impact?"

Leading the conversation in this manner is critical to assuring that new partners are aligned about mutual goals, expectations, and accountability. It also creates space to determine how a potential legal partnership will include the newer legal strategy spotlighted in Parts III and IV, above: **continuous training and consultation to build team capacity to offer families legally informed concrete support problem-solving.**

In addition, the ability to merge early childhood systems data about family health and well-being with legal community data about civil rights violations will accelerate public understanding that civil rights and health equity are two sides of the same coin; and, similarly, that civil rights violations are health inequity drivers.

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,⁴⁷ enhancing their ability to:

- Detect barriers to concrete support through strengths-based screening encounters that:
 - Develop relationships of trust and respect with families in ways that often are informed both by shared lived experience, and by a culturally humble approach,⁴⁸ and
 - Create safety for supporting the parent-infant relationship as a primary protective factor.
- Conduct efficient and effective tiered problem-solving that integrates required pathways for consultation with legal partners when a families' situation may involve complex legal risks, rights, and/or remedies⁴⁹
- Problem-solve in robust ways with families given ongoing channels for:
 - Conveyance of accurate legal information to families through trusted messengers;
 - “Busting” of harmful myths (for examples, educating tenants that one cannot be evicted through a voicemail);
 - Application assistance for families (both on paper and via in-person escorts to high-stakes, stressful agency appointments) that benefits from legal partner insight about common bureaucratic barriers and best practices for avoiding/overcoming them;
 - Bolstering a family's sense of competence and power to manage the next “bump in the road”; and
 - Being direct with families when there is no way to meet their need under current law or policy; focusing with them instead on risk/harm reduction and offering of realistic alternatives in the current environment. See **Appendix B, MLPB's *What You Can Do When There is Nothing to Do*.**

Understand and Respect Boundaries: Structure legal partnerships with early childhood systems in ways that rigorously account for scope-of-practice and professional responsibility considerations as well as fully informed family decision-making.

In the course of innovating and breaking down rigid sectoral silos, participating innovators must assure that the interests of both families and workforce members are respected and protected. Concretely, this means that when early childhood systems explore legal partnerships, early childhood systems leads should assure that:

- **Legal partner roles, responsibilities, and fiduciary obligations (requirements to act in ways that benefit/do not pose harm to a specific person or organization) need to be clearly defined and account for conflicts that can and do develop between families and the systems and workforce members that serve them.** A prime example is state law-mandated reporting of suspected child abuse and neglect, which introduces for parents the risk of removal of their children from their custody. As the increasingly integrated health and human services sector calls upon care delivery systems to respond in more accountable ways to people's barriers to concrete supports,⁵⁰ conflicts of interest will grow as care teams take on more responsibility for comprehensive, high-quality care planning on behalf of families experiencing health-related social needs, many of which are barriers to concrete support.

Because fiduciary duties are defined by the legal profession in specific ways (and even vary based on state law), a critical first step with prospective legal partners is defining “Who is the legal client?” (e.g., across different legal strategies, who is reasonably relying on the accuracy and quality of the legal information and/or advice and assistance being provided by the legal partners?). Delineating “team-facing” and “family-facing” legal partners and their respective fiduciary obligations is a critical first step in sound partnering. For support in this exploration and planning, see **Figure G**.



In the course of innovating and breaking down rigid sectoral silos, participating innovators must assure that the interests of both families and workforce members are respected and protected.

- **Community health workers and other members of the Early Childhood Systems workforce are not put in the position of inadvertently engaging in the unauthorized practice of law (UPL)**, which is a crime in most states. Similarly, legal practitioners must not be in the position of inadvertently *enabling* UPL by colleagues in a team-based care environment. A key consideration is drawing a clear boundary line between conveying legal information to a team as opposed to conveying legal advice (a form of legal representation) to a team. All this said, any collaborating early childhood system and legal partners should assure that planning and protocols related to UPL are developed through the lens of consumer protection and not legal industry protectionism. After all, the community of public interest law problem-solvers is broader than historically recognized, as illustrated by exemplary teams of community organizers.

With these safeguards in place, the sky is the limit on what early childhood systems and the public interest law community can accomplish through innovative partnerships like DULCE. The stakes are extremely high during the prenatal to age five developmental window—for infants and children, their families and caregivers, communities, and our society. When working together in intentional ways driven by the *Health-Promoting Legal Partnering Impact Pyramid*, early childhood systems and legal sector colleagues with expertise in civil rights law can measurably advance not only access to justice but also health equity for populations of families—in the process transforming how families with infants and young children are supported in the United States.

Figure G: Why Does High-Impact Legal Partnering Take a Village?

	What is being transmitted?*	Who is relying on the quality of that transmission?*	How does the transmission happen?*	Key Skills & Qualifications
Team-facing legal partnering	Legal information	Cross-sector team including early childhood systems, clinic staff, and clinic administration	<ul style="list-style-type: none"> • Workforce training and IPE • Embedding in weekly case Review (CR) • Responding rapidly to consults outside of CR 	<ul style="list-style-type: none"> • Legal generalists • Capacity to distill complex legal landscapes for cross-sector audiences
Family-facing legal partnering	Minimally, legal advice (a form of direct legal representation); maximally, additional forms of direct legal representation	Individuals and families	<ul style="list-style-type: none"> • Case assessments/ legal intake interviews • Direct legal representation ranging from brief advice and counsel to limited assistance representation to full representation in court/admin. proceedings • Class action lawsuits 	<ul style="list-style-type: none"> • Legal specialists • Structural competence when communicating with potential and/or actual legal clients.

*Each of these variables is linked to strict, state-specific legal professional responsibility rules governing fiduciary obligations and other ethical requirements.

Appendix A: Timeline of MLPB's Refinement of "Team-facing" Legally Informed Problem-Solving

2019 Thanks to a new grant program sponsored by the **Massachusetts Attorney General's Office**, MLPB joins *Up-streaming Housing for Health*—a pilot to enhance the health of Boston-based pregnant and parenting mothers with young children through the *Healthy Start in Housing* program. Led by Medicaid ACO (accountable care organization) **Community Care Cooperative**, this pilot also integrates the **Boston Public Health Commission** and **Boston Housing Authority**.

2018 The **Children's Trust** invites MLPB to expand state-wide across its full network of **Healthy Families MA (HFM)** home visitors effective July 1, 2018.

2017 MLPB partners with **Hasbro Children's Hospital** in Providence, RI and the **Kent Hospital Family Care Center** in ways that are newly focused on building primary care workforce capacity for legally informed problem-solving with families.

2016 MLPB joins initiatives sponsored by the **Massachusetts Health Policy Commission**, **Steward Health Care Network, Inc.**, and **MassHealth** that enable MLPB to pilot capacity-building strategies in new settings and also experiment with "accountable legal care" subcontracts with housing law specialists willing to bear some level of risk in a changing care delivery and financing environment.

The **Elders Living at Home Program at Boston Medical Center** and MLPB publish a report on the outcome of their three-year quality improvement pilot seeded by the **Oak Foundation**, known as *Aging Right in the Community*. Having served 120 medically complex older adults confronting housing instability with a "high dose" of ELAHP case management and a "low dose" of MLPB legally informed capacity-building, the pilot **prevented homelessness at an overall rate of 94%**.

Children's HealthWatch at Boston Medical Center invites MLPB to join *Housing Prescriptions as Health Care*, a **Boston Foundation**-funded pilot that aligns cross-sector providers to operate in a highly structured interdisciplinary setting to meet the needs of families with young children who screen positive for certain types of housing instability in the pediatric emergency room setting.

MLPB joins the DULCE National Team, convened by the **Center for the Study of Social Policy**, as Legal technical assistance lead for the DULCE national demonstration project.

2015 Inspired by DULCE, the **Children's Trust** contracts with MLPB to pilot integration with a *Healthy Families Massachusetts* site based in Fall River, MA. *Healthy Families* offers voluntary home visiting to first-time parents of children aged 0–3 that is grounded in strengths-based practice.

The **DULCE study is published** in *Pediatrics*.

What You Can Do When There's Nothing to Do

Compassionate Agent of Reality Strategies for SDOH "First Responders"

Background

Health and human service members increasingly are serving as “first responders” to disclosures of high-stakes social, economic and environmental barriers to health. Frequently, the needs involved – such as stable housing and immigration status – are fundamental to a person’s well-being. Meanwhile, often neither federal nor state law offers a remedy and the person has to confront the profound stress, even grief, of learning that an eviction is going to happen or that gaining legal status is out of reach.

MLPB understands that an “occupational hazard” of increasingly systematic SDOH screening practice is the surfacing of profound needs that simply cannot be met in the current law and policy landscape.

We offer the approaches outlined below to help facilitate this daunting kind of communication in ways that may buffer against workforce burn-out and despair among the people they serve.

There's *always* one thing you can do:

Put yourself in their shoes and treat the person with authentic dignity and respect.

- Unfortunately, a person who screens positive for barriers to food, housing, energy or safety likely has been treated disrespectfully in other encounters with people in positions of power and authority.
- A statement as simple as “This all must be very stressful for you and your family” or “Making sure to have enough food shouldn’t be this hard, should it?” can mean a lot to someone who was recently “talked down to” or ignored at a government office or on a consumer hotline.

Don't underestimate the value of this type of communication!

Don't forget to take care of yourself . . .

No matter how well-managed a *no-more-options* interaction is, it can seriously deplete a workforce member’s “resiliency reserves.” The effort to boost resiliency in the patient/client who desperately needs it can take a toll on those trying to offer support. Talk about the case with your co-workers and supervisor. Talk about it both to learn if there is anything else that can be done, and also just to say it out loud: it hurts to hit rock bottom as a person and as an advocate. Show compassion to yourself so you may continue serving others with compassion.

A *Compassionate Agent of Reality* also can lean on these strengths-based, trauma-informed strategies:

- Remember that experiencing unmet essential need (lack of stable food or housing) is traumatic in its own right. Universally use trauma-informed practice skills. In the interaction and action planning, focus on these person-centered priorities:
 - Safety
 - Predictability
 - Control
- Honor that an individual is the “#1 expert” about their life. A strengths-based approach involves asking the person about how they have managed crises in the past, and helps them identify safe, healthy, coping supports from their own network and inner reserves.
- Practice *structural competence*: poverty in general, and housing and immigration instability in particular, result from long-standing public policies beyond any one person’s control. It can help to acknowledge historical context, for example, so the person does not feel blamed for their crisis.
- Think about strength in numbers and the power of storytelling: while one person’s challenge may not have a happy ending right now, identifying that story as part of a pattern may help inform efforts to change public policy! Supporting a person to contact elected officials to tell their story (if doing so is safe) may not result in a quick solution, but it may help build a “record” that leads to improvements over time (e.g. more investment in public housing, or broadened grounds for asylum) that may help the individual down the line, or others in the future facing similar challenges.
- Offer a variety of potential support group connections, recognizing that people may have many different communities of affinity and in some contexts may wish to seek support from people from the same nation of origin, for example, and on the other hand may prefer to share their personal crisis in a more anonymous community of support.
- Maintain updated contact information for the patient/client so you can reach out in case new strategies are available. This simple gesture keeps the door open even when the interaction concludes without easy resolution.

Endnotes

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