

Family Advocates of Central Massachusetts: A Medical-Legal Partnership for Children

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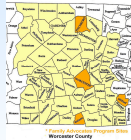


FAMILY ADVOCATES
OF CENTRAL
MASSACHUSETTS

Background

Medical-Legal Partnerships for Children are medical-legal collaboratives designed to link children and families with support to counter the impact of poverty on child health. In Worcester County MA, we have created Family Advocates of Central Massachusetts (FACM), consisting of the Legal Assistance Corporation of Central Massachusetts and five practices in Central Massachusetts

- Worcester
 - Pediatric Primary Care
 - Family Health Center
- Webster
 - South County Pediatrics
- Milford
 - Milford Pediatrics
- Fitchburg
 - CHC Family Health Center



Intervention Methods:

- Patient identification and referral from practices
- Provider training on legal issues and how they affect health
- Advice and counsel for patients and families in need

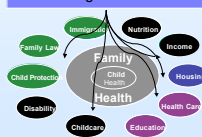
Model of Service: Focused advocacy on legal issues likely to affect child health outcomes

Definition of Focused Advocacy: Areas of legal advocacy likely to affect child health

- **Housing security** (e.g. lead poisoning, homelessness, mold and allergens)
- **Financial security** (e.g. disability benefits, food stamps, Medicaid)
- **Dignity and safety** (e.g. immigration status, domestic violence)
- **Access to health-related services** (e.g. medical, dental, mental health, special ed.)

Medical Partner Legal Partner

Medical Legal Collaborative



Methods

Medical-Legal Collaboration:

- Regular meetings between attorneys and providers at member practices
- E-mail, telephone and personal "curbside" consultation
- Referral of patients and families identified in practice



Process evaluation:

- **Referrals:** Patients are identified by providers and offered referral to the program for assistance. All referrals are faxed to the program coordinator, located at LACCM, and are logged before attorney review.
- **Trainings:** Trainings are topic specific and are conducted by LACCM staff in collaboration with the FACM medical advisor. All trainings are logged by the program coordinator, who also collects and collates training evaluations.
- **Advice and counsel:** At the time of the referral, demographic and income information are collected, and the case is then referred to one of the FACM attorneys, who opens a client file on the LACCM database and conducts a detailed legal needs assessment, reviewing all four domains of potential legal advocacy with the client. The attorney then determines if the case warrants brief advice or a more extensive intervention. The appropriate intervention is then undertaken until the case is closed. Case status is logged and tracked by the program coordinator.

Outcome evaluation:

- **Legal outcome:** At the conclusion of the case, the attorney conducts a legal outcomes assessment of the four possible outcome areas: housing security, financial security, dignity and safety, and access to health-related services. A positive legal outcome is recorded if there have been two indicators of a favorable outcome (for example, a favorable judicial or administrative decision and a meaningful planning process with the client to avoid a recurrence of the problem).
- **Practice outcomes:** As part of the training protocol, participants are asked to identify useful information that they have acquired in the training. Reports are collated as noted previously. In addition, focus groups were conducted at 4 of the 5 practices during the second year of operation, to assess provider perception of changes in the practice.
- **Health and system outcomes:** Currently, health outcomes and system outcomes are not assessed in a systematic fashion.

Results/ Impact

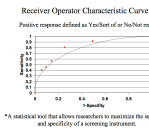
In the first two years of the project, we have handled a total of 187 cases.

CASES	Year 1	Year 2
78	107	
Family Characteristics		
Sex	43	51
- African American	2	7
- Hispanic	28	42
- Unknown	6	7
- Other	1	7
Family Poverty Level		
Less than 125%	63	85
125% to 147.5%	12	15
Other 15%	2	6
Unknown	1	3
Referral Practice		
Financial Security	18	26
Housing Stability	26	27
Dignity and Safety	17	31
Access to Health Care	11	8
Services Provided		
Counsel and Advice	21	29
Referral Services	26	41
Other	10	4
Total Representation	65	81

TABLE I: Case Mix by Year 1 and 2

In addition, we have made substantial progress on our project goals:

Referrals: Implement a practical screening protocol within each medical practice: In the summer of 2005, the program developed and showed that the Massachusetts Advocacy Screening Questionnaire (MASQ) can identify patients in a primary care setting in need of legal advocacy as effectively than practitioner assessment alone.



*A medical test that allows clinicians to maximize the sensitivity and specificity of a screening instrument.

MASQ

Screen	Referral	
	Positive	Negative
Positive >2	30	55
Negative	7	163

Sensitivity	0.81
Specificity	0.76
Pos PV	0.35
Neg PV	0.96

Physician

Screen	Referral	
	Positive	Negative
Positive	24	11
Negative	13	207

Sensitivity	0.65
Specificity	0.95
Pos PV	0.69
Neg PV	0.94

Results/ Impact (Cont.)

Train health care providers to recognize and refer patients with legal issues to FACM for triage and management. In the first year of the program, we conducted 41 trainings at our 5 clinical sites, and we have continued that process into the second year. To maximize participation, training topics cover a broad array of issues and schedules are purposefully light during the summer months (see Table II)

Table II. Trainings provided to the five participating practices.

Site	Yr 1	Yr 2
UMass	14	5
Fitchburg	6	2
Webster	9	0
Milford	5	0
FHC	7	4
	41	11

Provide advocacy and/or full representation in cases requiring those services within practice population. All 19 cases receiving full representation met the criteria for successful conclusion,

Results of Focus Groups within Practice Sites Four focus groups were conducted in the spring of 2006. They identified several problems in the practices. The results are summarized below.

Identification process—improve outreach to patients/families and involve more non-physician staff. Consider survey instruments in busy practices. More education needed in some sites.

Referral process—sites with care coordinators/social workers made more referrals; this demographic should be focus for future education sessions. Must raise provider awareness. Have as much face-to-face interaction with lawyers as possible.

Feedback—a major concern. Notifying providers that patient has been contacted will enhance collaboration, encourage future referrals. **Practice changes**—providers feel supported. Broader changes subject to standards of each practice.

Children's health—anecdotal evidence of improvements. Participants agree the service is valuable and necessary. Direction for future research.

Conclusion

Medical-Legal Collaborations can be useful in care of children, especially those living in poverty.

Future efforts should focus on evaluation of the effectiveness of the intervention.

THANKS TO:
 HHS/AMA/NCJTB Health Transition Partnership for Children
 (SH17M/0216-62-80)
 The Greater Worcester Community Foundation
 The Massachusetts Bar Association
 The Jane B Cox Foundation and
 The Polina-Orlino Community Fund