

Medical-Legal Partnership Annual Site Survey March 2008

Since 2006, the Medical-Legal Partnership for Children (MLPC) has surveyed medical-legal partnership sites across the country on a range of topics from funding to evaluation to program challenges. Participating sites are medical-legal partnerships that form the MLP National Network, a voluntary affiliation that signals participation in a variety of activities including MLP Working Groups, annual conferences, and the MLP Funding Program.

As of March 2008, 72 partnership sites in the United States and Canada comprise the MLP Network; an additional 15 sites are in development. 54 partnership sites (75% of the Network) completed the on-line survey, which contained questions crafted, in part, by the MLP Working Groups.

The Site Survey has three main goals:

- Learn what MLP partnership sites are doing in a broad range of programmatic areas;
- Understand and describe site successes and challenges; and
- Describe overall impact of MLP Network.

This summary of survey results will be followed by dissemination of a complete aggregation of survey data in April 2008.

Site Survey Highlights

In 2007, medical-legal partnerships:

- ◆ Expanded to 72 partnership sites, with active and emerging state-wide and regional networks in Ohio, Northern California, New England, Virginia and New York.
- ◆ Served over 7,500 individuals and families, and gave legal consultations to nearly 7,000 front-line health care staff.
- ◆ Conducted almost 1,000 training sessions for health care and legal staff.
- ◆ Received over \$7 million in funding from legal, health, foundation, academic and government partners.
- ◆ Evaluated a range of activities, from the impact of advocacy training on physician and resident behavior, to the impact of legal intervention on health, with six sites conducting IRB-approved research.
- ◆ Advocated on a range of systemic issues, from housing to SSI, at the local, state and federal level, by convening meetings, writing letters and testifying in the legislature.

Getting Started

Respondents were asked to report on four stages of development — when their partnership site: 1. Commenced planning; 2. Received its first funding; 3. Began accepting referrals; and 4. Started training providers. The average amount of time between a partnership commencing planning and receiving its first funding was 13 months. On average, 15 months passed between commencing planning and beginning to accept referrals.

Direct Service

In 2007,

- Over 7500 families received direct assistance at one of 54 medical-legal partnership sites nationwide.
- Medical-legal partnerships consulted with health care staff on behalf of their patients nearly 7000 times.
- Eight sites utilized Electronic Medical Record during at least one stage of advocacy intervention.

Medical Partners

Medical-legal partnerships are active in over 50 hospitals and 70 health centers across the country. Clinical populations served include (n=134):

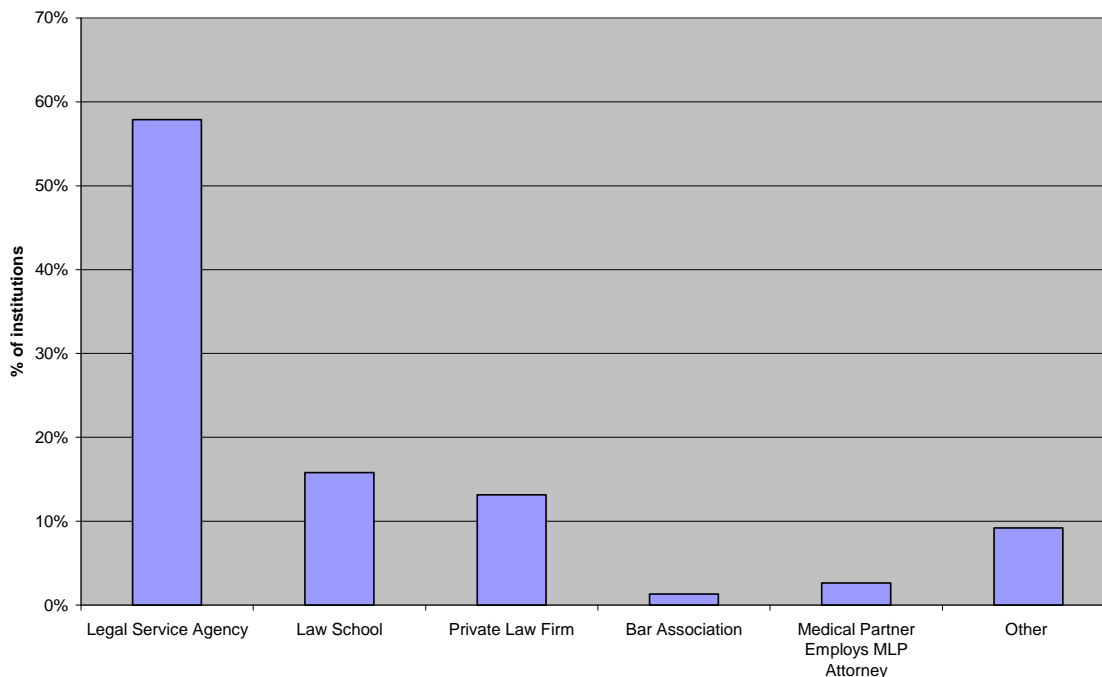
- Pediatrics (64%)
- Family Medicine (26%)
- OBGYN (5%)
- Oncology (3%)
- Internal Medicine (3%)
- Other (20%)

More than half of the patient-population is Medicare or Medicaid eligible at 73% of partner hospitals and health centers.

Legal Partners

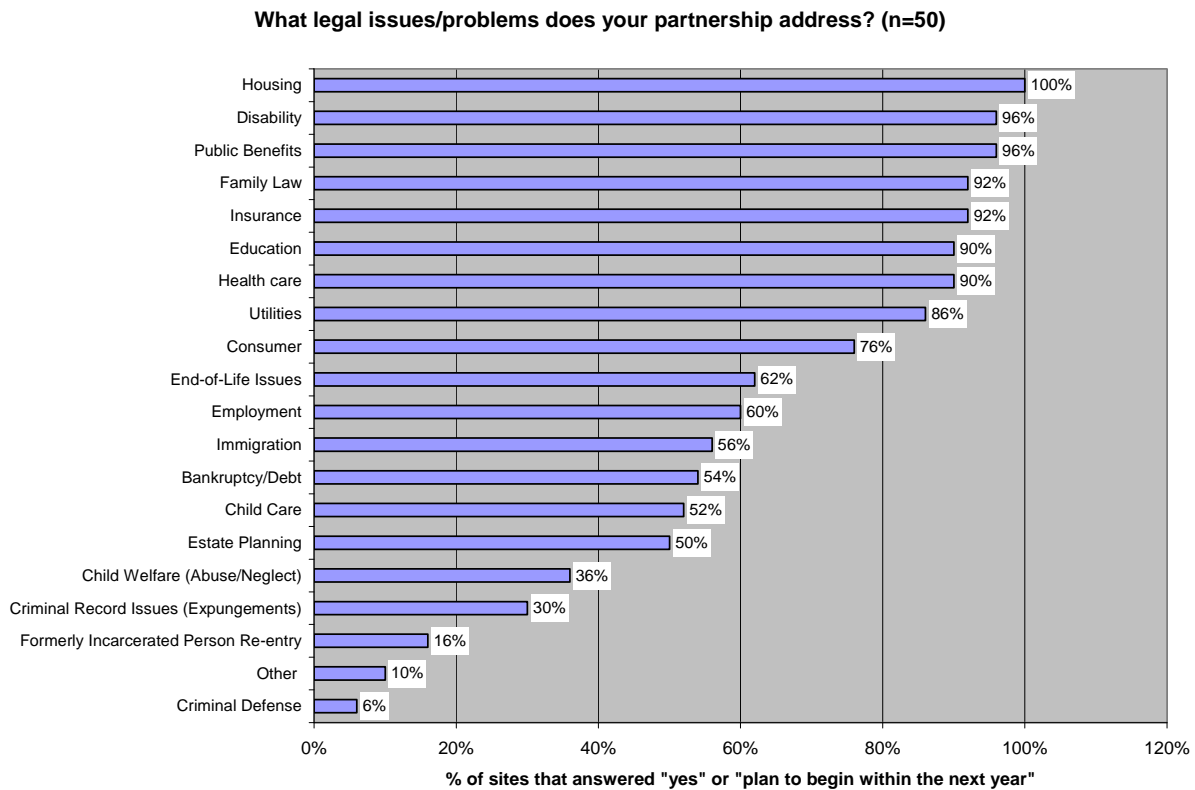
54 medical-legal partnerships are affiliated with over 75 legal programs or institutions, with the large majority of attorneys emanating from a legal services agency.

Types of Institutions Employing Attorneys Involved in a Partnership (n=76)



Legal Issues Handled

While most medical-legal partnership sites provide direct services in a variety of civil legal service areas, virtually all partnership sites handle housing, disability (SSI and SSDI), public benefits (Food Stamps and TANF), and family law cases.



- ◆ A smaller percentage of partnership sites handle adoption cases (36%) than any other family law issue. (Percentage of partnership sites handling other types of family law cases: birth certificates (62%), child support (76%), divorce (68%), domestic violence (78%), guardianship (82%), and visitation (72%).)
- ◆ Insurance issues handled by partnership sites include Medicare/Medicaid (92%), SCHIP (72%), and private insurance (54%) cases.
- ◆ Fewer partnership sites handle bilingual and job training cases, at 38% and 22% respectively, than any other type of education case. (Percentage of partnership sites handling other types of education cases: special education (82%), early childhood care and education (58%), enrollment (64%), and expulsion (64%).)

Advocacy in Action: A Case Example

Child Health Advocacy Program
Charlottesville, VA

An undocumented mother gave birth to a daughter in 2007. She decided to give her baby up for adoption, but then changed her mind a few days later. The child's birth certificate was incorrect. The newborn nursery social worker referred the mother to the Child Health Advocacy Program (CHAP) to assist with the birth certificate advocacy.

The Virginia Vital Records Bureau denied the mother's request to correct the birth certificate, and required complicated court procedures to make the corrections. The CHAP attorney intervened with Vital Records and the birth certificate was corrected so that the infant had accurate citizenship documentation. Total advocacy by medical-legal partnership: **2.5 hours**.

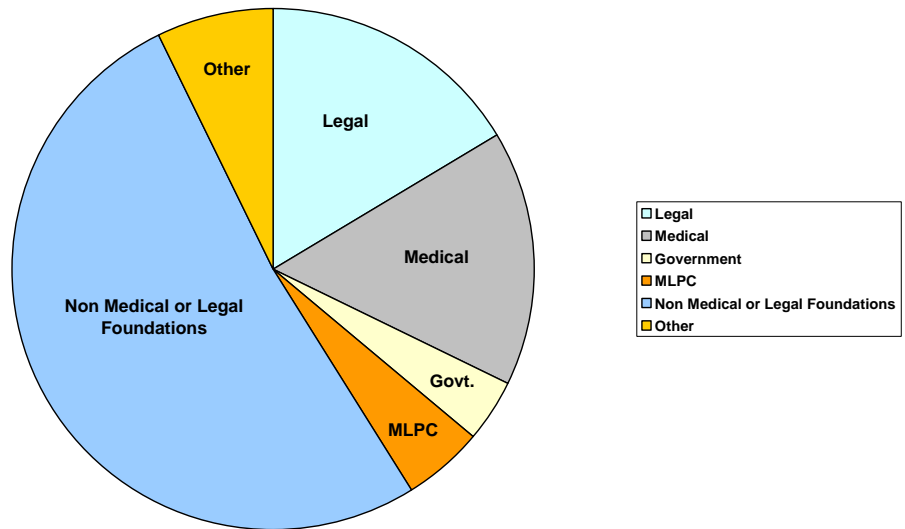
Budget

Over half of all partnership sites surveyed have an annual budget between \$101,000 — \$250,000. 16% of sites have a budget of \$25,000 or less, and 4% have a budget exceeding \$1 million or more.

58% of partnership sites reported an increase in their program's budget from the prior fiscal year, and only one partnership site reported a decrease in their program's budget.

Funding

Sources of funding (n=39)



Medical-legal partnership sites received \$7 million in funding during the last fiscal year.

Legal Partners

Legal services/legal aid, state and local bar foundations (including IOLTA funds), law firms, and law schools dedicated over **\$1.1 million** in funds to medical-legal partnerships.

*Reporting of LSC status was inconsistent, but we estimate that 37% of partnership sites in the MLP Network have LSC-funded legal aid partners.

Medical Partners

Hospitals, health centers, health foundations, health insurance companies, and pharmaceutical companies contributed over **\$1.1 million** to medical-legal partnerships.

No funding from medical schools was reported.

Other Sources

The majority of medical-legal partnership funds came from *foundations* (almost **\$3.7 million**); with \$1.2 million from family foundations and \$2.5 million from other types of foundations.

Government funding included federal and local funding.

Other sources included community funding, individuals, endowment, fund-raising events, and other corporations.

In-Kind Funding

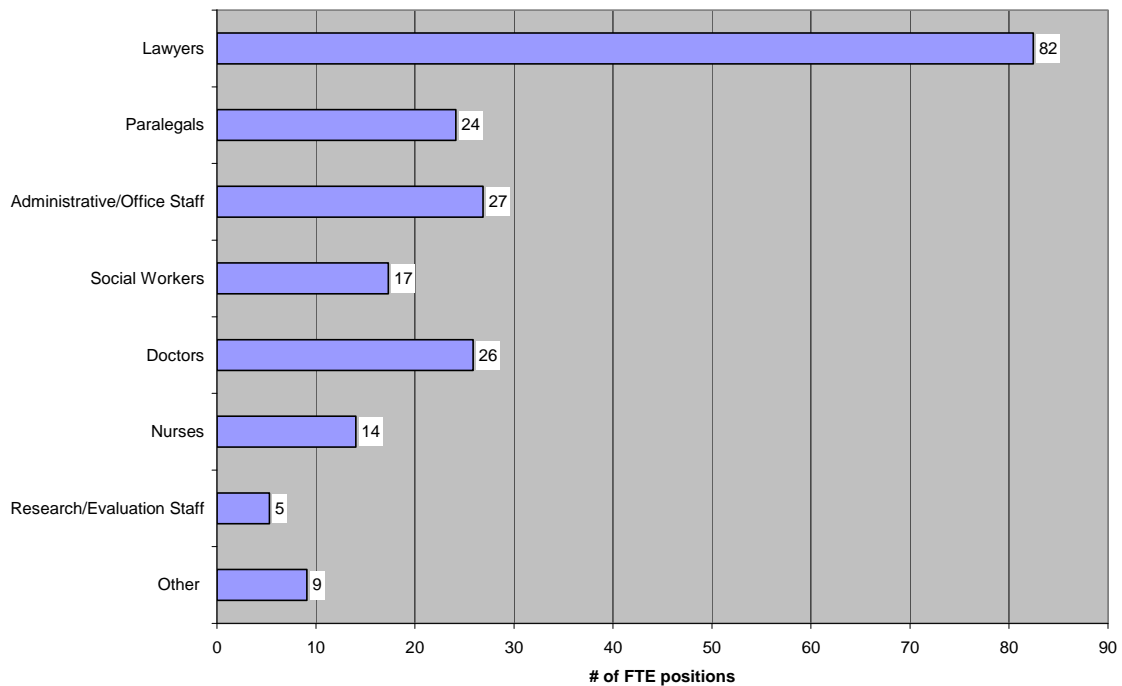
- ◆ In 2007, in-kind funding supported staff time, office space, printing, and technology. 86% of in-kind funding came from medical and legal sources, split evenly.
- ◆ 69% of partnership sites reported hospital/health center development offices were helpful in fundraising.
- ◆ 72% of partnership sites said legal aid/legal services development offices were helpful in fundraising.
- ◆ 10% of partnership sites reported that law school and medical school development offices were helpful in fundraising efforts.

Staffing

Because of the interdisciplinary nature of medical-legal partnership, the staff at MLP sites are a composite of legal, medical, administrative, research, and other personnel.



MLP Network Staffing (n=48)



In addition to staff receiving salary or in-kind support, medical-legal partnerships rely heavily on volunteers, fellows and interns (from all disciplines) to help meet demand.

In 2007, medical-legal partnerships received assistance from:

- 64 fellows and interns (FTE)
- 39 volunteers (FTE)

Medical-legal partnerships had participating fellows from several programs including:

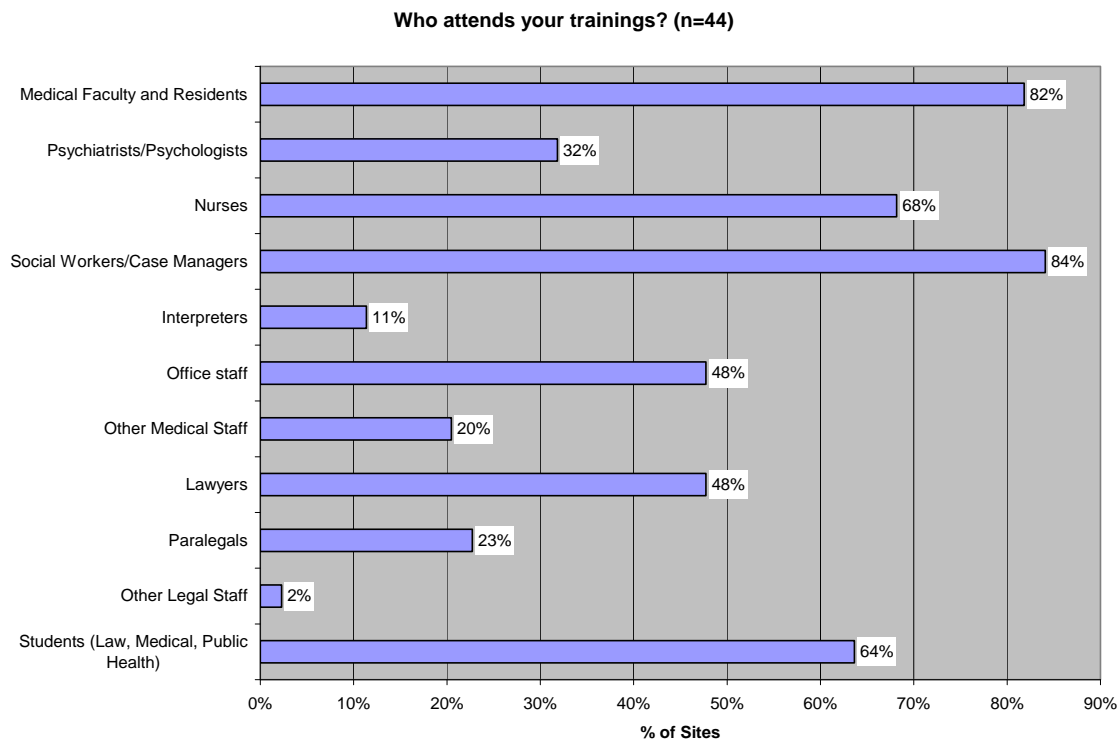
- Skadden
- Equal Justice Works
- Equal Justice Works AmeriCorps

Training and Education

Training frontline health care staff, legal partners, community partners and students is key to the adaptation and implementation of the medical-legal partnership model.

In 2007, medical-legal partnerships conducted over **950 training sessions** for both medical and legal staff. These trainings reached approximately **17,000 people**.

The majority of trainings conducted were for frontline health care staff, of which the primary audience was medical faculty, residents, social workers and case managers. The trainings extended to staff in pediatrics, family medicine, internal medicine and other clinical settings.



Trainings were most frequently offered in the following subject areas:

- Medical-legal partnership overview
- Housing
- Medicaid/Medicare
- Domestic Violence
- SSI
- Special Education
- Advocacy 101

13 sites have developed specialized training initiatives aimed at patient-clients and/or community organizations.

The most popular training venue among partnership sites is clinical faculty or staff meetings (38 sites). Other common training venues include noon conferences (28 sites) and grand rounds (20 sites).

Joint Law School/Medical School Courses

Five medical-legal partnerships offer joint courses for medical and law students to foster early interest and knowledge about the social determinants of health among future health care and legal professionals.

- **Peninsula Family Advocacy Program**, San Mateo, CA (Stanford Law School and Stanford School of Medicine)
- **Rhode Island MLPC**, Providence, RI (Roger Williams University School of Law and Warren Alper School of Medicine at Brown University)
- **Pediatric Advocacy Initiative**, Ann Arbor, MI
- **Child & Youth Law Program**, Columbus, OH (Ohio State University Moritz School of Law)
- **Chicago MLPC**, Chicago, IL
- **Tufts-NEMC Family Advocacy Center**, Boston, MA (Northeastern University Law School and Tufts University Medical School)

Evaluation

Medical-legal partnerships engage in evaluation to improve trainings, improve service delivery for clients, report on funding deliverables, and *make the case for medical-legal partnership*.

Evaluation of Provider Trainings

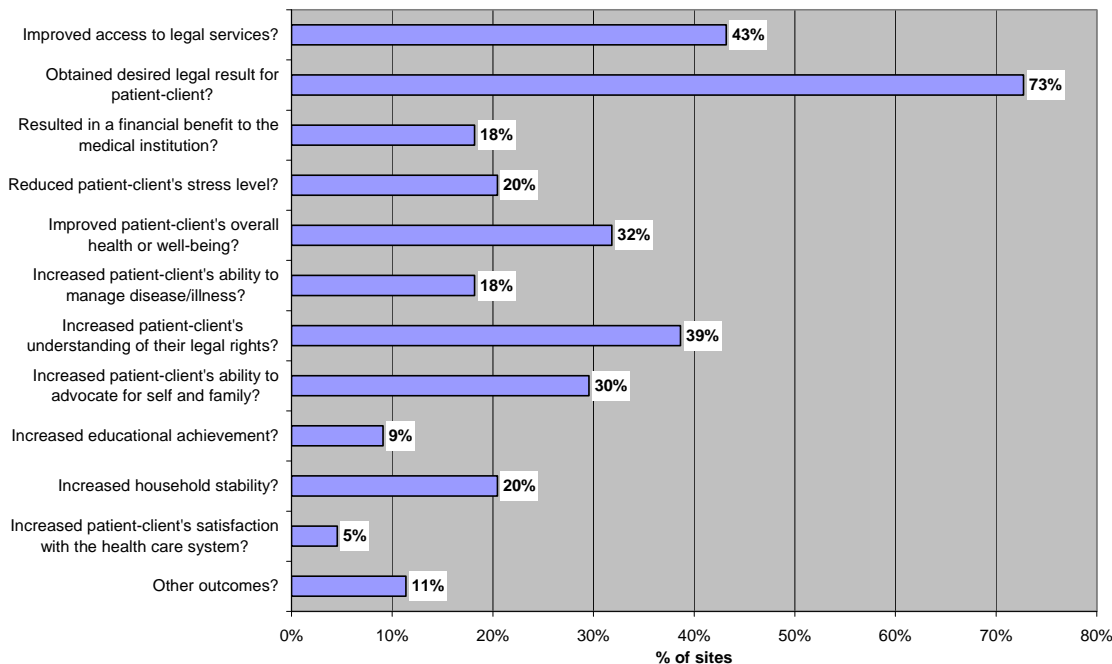
Medical-legal partnership sites currently evaluate trainings for provider satisfaction and outcomes.

- 54% of partnership sites evaluate for satisfaction with training.
- 41% of partnership sites evaluate for satisfaction with materials.
- 49% of partnership sites evaluate the extent to which providers understand legal issues affecting patients.
- 37% of partnership sites evaluate the extent to which providers are comfortable discussing legal issues with patients.
- 32% of partnership sites evaluate the extent to which providers screen for legal needs.
- 24% of partnership sites evaluate the extent to which they refer patients to appropriate resources for help with legal needs.
- 27% of partnership sites evaluate the extent to which providers engage in advocacy on behalf of their patients.

13 sites currently evaluate at least some of these issues both pre-training and post-training. 15 sites evaluate some of these issues post-training only.

Evaluation of Program Outcomes

Are you collecting data in order to assess whether the program has... (n=44)



Most partnership sites report conducting some kind of program outcome or impact evaluation.

Six sites are currently assessing two or more of the categories in the adjacent figure in an IRB approved study.

COMING SOON...

Many partnership sites noted that they plan to begin evaluation activities in 2008, including:

- 54% of partnership sites reported that they plan to begin evaluating at least one aspect of provider trainings within the next year.
- 52% of partnership sites reported that they plan to begin evaluating at least one program outcome within the next year.

WHAT'S NEW?

While medical-legal partnership sites continue to measure outcomes related to cases handled, over the last year, partnership sites have begun to measure outcomes related to case consultations with providers.

- Seven partnership sites currently evaluate the effectiveness of case consultations.

Systemic Advocacy

Systemic Problems

Most partnership sites reported that both the medical and legal partner(s) had specific substantive systemic concerns, including:

- Housing (58%)
- Access to Behavioral/Emotional/Mental Health Services (50%)
- Special Education (47%)
- Health Care Access (44%)
- Medicare/Medicaid (42%)
- Immigration (39%)
- SSI (33%)
- SCHIP (28%)
- Food Stamps (28%)

Possible Solutions?

Overall, partnership sites agree that the majority of their systemic concerns require BOTH national and state/local solutions; only their SSI/SSDI concerns require national solutions.

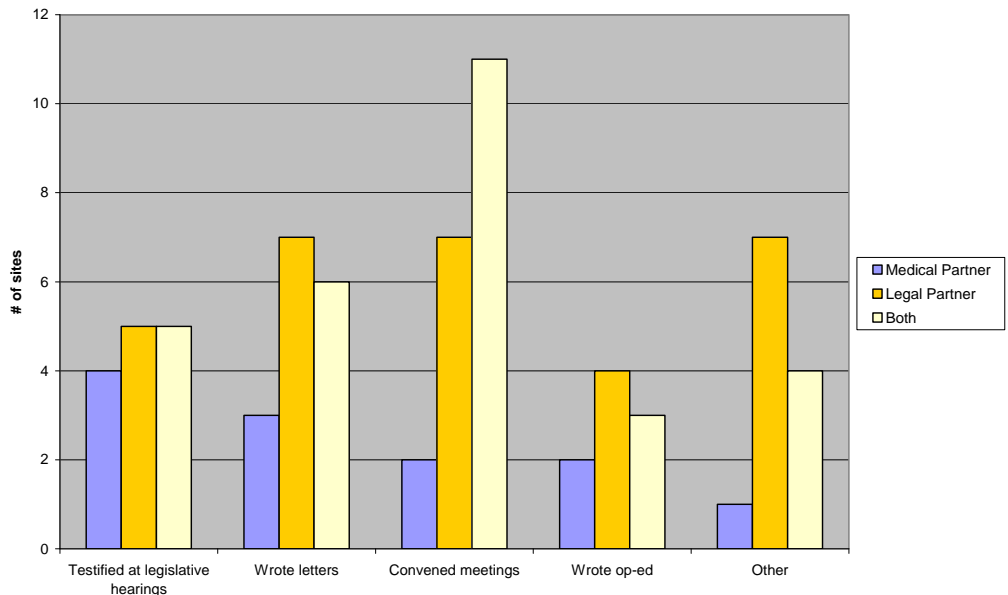
The problems partnership sites felt were more likely to have state/local solutions were:

- Special Education
- Access to behavioral/emotional/mental health services
- Food stamps
- Utilities
- End of Life issues
- Child welfare (abuse/neglect)
- Consumer

Systemic Action

Medical and legal partners engaged in numerous forms of advocacy to address systemic problems. 31 of the 54 partnership sites surveyed reported participating in some form of systemic advocacy in 2007.

What systemic advocacy has your partnership engaged in during the last year? (n=31)



Partners Also:

- Trained medical staff how to meet with legislators
- Drafted/Revised plans and forms (ex: public benefits forms)
- Negotiated with offices (ex: Medicaid office)
- Commented on proposed rules/regulations

Advocacy in Action: A Case Example

Medical-Legal Partnership Project
Hartford, CT

The Medical-Legal Partnership Project introduced legislation to address specific issues of access to therapeutic services (physical therapy, occupational therapy, speech and language therapy) for children with special health care needs. The partnership conducted intakes through therapists at Children's Medical Center and followed-up with health care providers and parents. The second year of advocacy resulted in a change in the statutory scheme that allows the provision of these services outside of the home — at child care centers and post-school day care — and these services can now be reimbursed through the Connecticut's fee-for service Medicaid program.

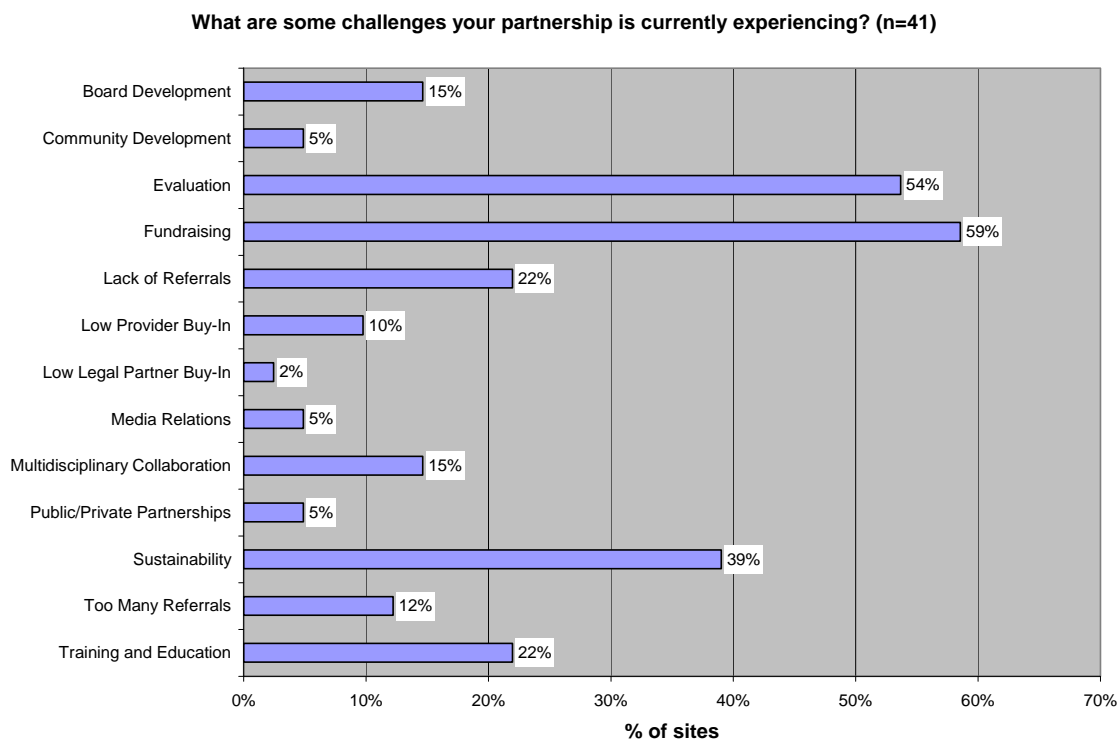
Challenges

When asked about the challenges facing their program, medical-legal partnership sites most frequently reported problems with:

- Evaluation;
- Fundraising; and
- Sustainability.

Other challenges reported include:

- Finding clinical space to meet with clients;
- Engaging hospital administration;
- Developing and closing feedback loops with providers; and
- Performing outreach to more patients with legal needs.



HELP STILL NEEDED:

As the Medical-Legal Partnership Network continues to grow and evolve, so does the need for technical assistance and collaboration among Network sites. Partnerships identified the following as core areas where more assistance is needed:

- Funding ideas/resources;
- Links to national fundraisers;
- Access to training material used by other sites;
- Access to evaluation tools used by other sites;
- Advice on setting up a referral system;
- Ideas for funding and sustainability;
- Advice on database development;
- Use of volunteers; and
- Access to experts in board development and media relations.