



Executive Summary
State Fiscal Year 2008
Health Law Partnership (HeLP)
Annual Program Evaluation
Final Report

Table of Contents

Executive Summary	1
National Literature Review	1
Site Survey Summary.....	2
HeLP Literature Review.....	2
Program Profile	3
Client Population.....	3
Dependent Population	5
Case Profile.....	5
Case Outcomes.....	6
Client-reported Impact on Health Status.....	8
Professional Education	9
Evaluation Modifications	9

**Health Law Partnership
SFY2008 Annual Program Evaluation
Executive Summary**

The Health Law Partnership (HeLP) is an innovative community collaboration among Children’s Healthcare of Atlanta (Children’s), the Georgia State University College of Law (GSU), and the Atlanta Legal Aid Society (ALAS) that serves low-income and minority children by addressing the social, environmental, and economic factors that adversely impact their health and well-being. HeLP was the first medical-legal community partnership for children established in the South, and is part of a growing number of such partnerships across the nation. HeLP is a recognized innovator and leader in this national medical-legal partnership trend to develop what are called “public health legal services.”ⁱ

The evaluation involves a multi-source and quasi-quantitative/qualitative approach. The sources of data include a national and program-specific literature review, internal and external program stakeholder interviews, participant satisfaction surveys, and analysis of de-identified program utilization data.

The following is a brief summary and excerpts from the State Fiscal Year (SFY) 2008 (July 1, 2007 through June 30, 2008) HeLP Annual Program Evaluation Final Report.

National Literature Review

The Medical-Legal Partnership for Children (MLPC), often referenced as the “National Center” by MLP participants, is located in Boston and serves as an informational, technical and networking resource center for existing and emerging medical-legal partnerships. Based on the most recent report from an annual site survey administered by the center, there are more than 72 active or developing programs nationally. Fifteen additional sites are being developed.ⁱⁱ

Medical-legal collaborations serve to help address the social and non-medical factors that influence the health of a child and their families. By teaming legal providers with healthcare and social service providers, the collaborative team is able to better ensure that ill children and their families have access to the benefits and services they are entitled to under programs, policies, regulations and laws.ⁱⁱⁱ

During the last year, the national center launched its official website. The MLPC website contains an on-line library that contains white papers presentations and publications by MLP participants nationally. The site provides informational and technical resources that site-visitors may access. New sites can also download sample start-up documents including grant proposals and memoranda of understanding, standardized needs assessment and advocacy assessment tools.

Also in 2007, MLPC participated with a national Task Force that drafted and presented a resolution to the American Bar Association’s (ABA) health law section, requesting that the ABA House of Delegates adopt a formal resolution (see **APPENDIX A**) endorsing and encouraging the concept of medical-legal partnerships nationally. Representatives from MLP sites nationally contributed to the Task Force including HeLP Partner Charity Scott. In August 2007, the ABA House of Delegates adopted the formal resolution.

In the spring of 2007 MLPC convened four working groups to focus on core components of the medical-legal partnership model in order to identify “. . . best practices, current activities, and gaps in practice, research and resources” (MLPC website). The four working groups are: (1) Capacity and Sustainability, (2) Evaluation (HeLP participants include Sylvia Caley and Susan McLaren), (3) Systemic Advocacy and (4) Training and Education (HeLP participants include Sylvia Caley, Charity Scott and Lisa Bliss). Each workgroup consists of a broad array of members from MLPs across the country. Meetings are held primarily via conference call with face-to-face meetings available during the Annual Summit.

Site Survey Summary

At the MLPC Annual Summit, the National Center presented preliminary results from the annual site surveys and posted the full report on the MLPC website. The intent of the survey is to:

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

A complete copy of the Site Survey Report is included in **Appendix B**.

Fifty-four partnership sites (75% of the Network) completed the on-line survey, which contained questions crafted, in part, by the MLP Working Groups. The 2008 MLPC Site Survey Report highlights the following accomplishments made by reporting MLP sites during 2007.

- 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.

HeLP Literature Review

Information for the literature review was obtained from HeLP Advisory Council Meeting Minutes, program publications and articles, and working notes from on-site visits and working meetings.

A key component to determining the success of a collaborative program is to set milestones and assess oneself in their achievement. The Partners of HeLP found this to be a necessary exercise to help the program progress to its anticipated success and to document its path in serving as a demonstration project for other programs nationally. A continued strength of HeLP is its ability to effectively address the challenges it experiences. During the last year, HeLP has had tremendous success in achieving many of its program milestones. HeLP recruited and secured a replacement staff attorney. In addition, Children's approved HeLP's operations at Children's Hospital at Hughes Spalding and named Dr. Robert Pettignano as HeLP's Physician Champion. Other milestones achieved in SFY2008 include:

- Accepted 400 new cases and closed 375 cases;
- Began ongoing education programs on the HeLP program and substantive legal issues at Hughes Spalding;
- Developed and adopted HeLP Financial Protocols;
- Established five working committees among the Advisory Council;
- Acquired an Equal Justice Fellow to focus on education cases;
- Developed a new platform to address the HeLP Advocacy component through the establishment of directive studies for students who monitor the GA legislative session;
- Completed evaluation of and revisions to the HeLP case management database system;
- Revised existing and developed new evaluation protocols for HeLP effective in SFY2009;
- Received IRB approval from GSU and Children's for new evaluation protocols effective SFY2009;
- Provided four students from GSU, Emory and John Marshall Law Schools with 10-week summer externship opportunities;
- Secured Additional Operating Funds

- Fulfilled a 3-year commitment with GSU to become fully funded by the University for the following positions: Co-Associate Directors of the HeLP GSU Legal Services Clinic and HeLP GSU Legal Services Clinic support staff;
- Received ongoing in-kind gifts from Children’s in the donation of office space at Scottish Rite, Egleston and recently added Hughes Spalding campuses.
- Received in-kind gifts from GSU totaling approximately \$331,915 which provided funding for salaries, rent, utilities, and literary subscriptions;
- Received grant funds from five organizations in SFY2008 totaling \$66,250;
- Received three private donations totaling \$1,219 in SFY2008;
- Submitted three grant requests in SFY2008 with pending decisions as of June 30, 2008;
- Submitted one grant request in SFY2008 that was denied.
- Increased program awareness efforts by presenting at 24 conferences/meetings.

Program Profile

Program quantitative and qualitative data was obtained from multiple sources including the HeLP internal database system, stakeholder interviews and participant satisfaction surveys. In SFY08, HeLP received Institutional Review Board (IRB) approval from GSU and Children’s to revise several evaluation instruments for utilization effective SFY09. These original and revised questionnaires and survey instruments along with additional supporting documentation are included in Appendices C through F.

Client Population

HeLP clients are the parents, guardians, custodians, or other caretakers of children who are receiving services at one of the three hospitals or from the outpatients clinics operated by Children's Healthcare of Atlanta. In addition, client income must not exceed 200 percent of the Federal Poverty Level (FPL) based on family size.

Since receiving IRB approval from Georgia State University and Children’s Healthcare of Atlanta in January 2005, HeLP Staff have completed intake forms on 732 unique clients representing 83 counties throughout the state. The table below displays the annual distribution.

Annual Client Intake by State Fiscal Year

State Fiscal Year	Client Intakes
2005 (a)	23
2006 (b)	195
2007 (b)	240
2008 (b)	274
Total	732

(a) Represents intakes beginning in January 2005 through June 30, 2005

(b) Represents intakes beginning July 1 through June 30 of each state fiscal year.

In SFY2008, HeLP increased the number of client intakes by almost 15 percent from SFY2007. The following summarizes the other aspects of the program during SFY2008:

- HeLP handled 481 active cases representing 353 unique clients (of which 274 were new to HeLP in SFY2008).
- 63% of all referrals come from the Social Workers at Egleston and Scottish Rite.
- HeLP clients represented 61 of the state’s 159 counties.
- More than 60 percent (221) of HeLP clients resided in the 5 metro-Atlanta counties (Clayton, Cobb, Dekalb, Fulton, and Gwinnett).
- Age composition of HeLP Clients:
 - 10.2 % are less than 18 years;

- 66.6% are between the ages of 18-44 years; and,
- 21.5% between the ages of 45-64 years.
- Clients represented a multitude of races including:
 - Asian (1.4%);
 - Black/African American (33.7%);
 - Hispanic/Latino (14.4%);
 - White (28.6 %); and,
 - Others/unknown (21.5%).
- 62% of clients served represented single-parent households (single, divorced, separated, and widow(ed)).
- 42% clients reported being employed at the time of intake and 39.7% of clients reported spouse employment.
- 46% of HeLP clients reported receiving public assistance benefits (TANF, WIC, Food Stamps, SSI, etc).
- 67% of clients reported occupying private rental or owned residences.
- 32.9% of clients reported experiencing mental health, physical health, or learning problems/issues.
- 28% of those who reported experiencing health or leaning problems/issues indicated that it affected their ability to work.
- Family Law, Disability/SSI, “Other” and Education were the most common problems/issues presented by clients during case intake in SFY2008. The following table provides a complete list of the problems or issues presented by clients during case intake:

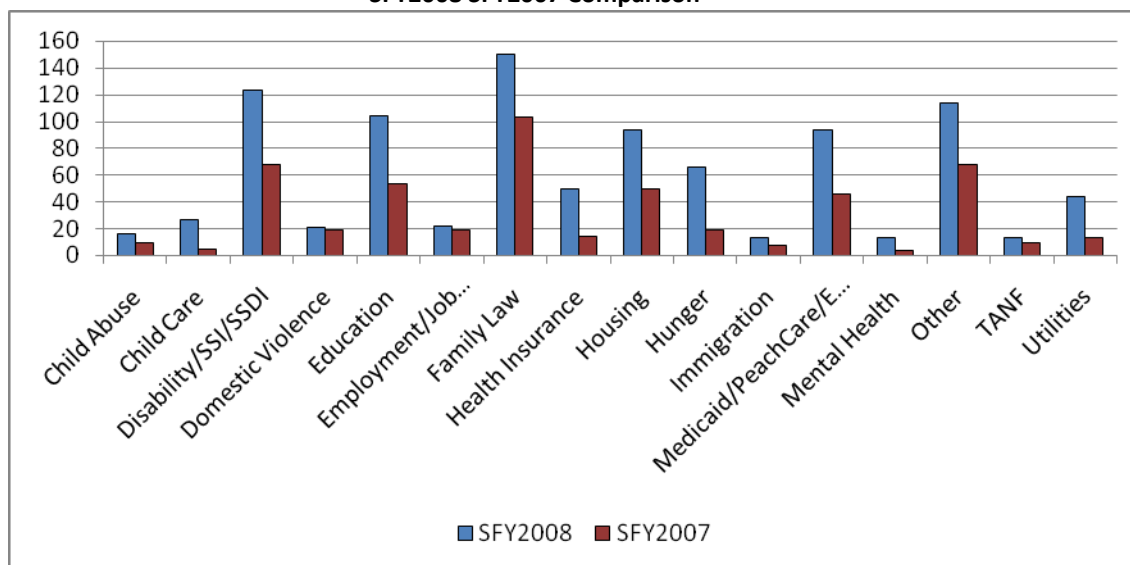
SFY2008 Problems/Issues Presented by Clients during Intake

Problems/Issues	Total Cases (a)	Percent of Total
Family Law	150	15.6%
Disability/SSI/SSDI	123	12.8%
Other	114	11.8%
Education	104	10.8%
Medicaid/PeachCare/EPSTD	94	9.8%
Housing	94	9.8%
Hunger	66	6.8%
Health Insurance	50	5.2%
Utilities	44	4.6%
Child Care	27	2.8%
Employment/Job Training	22	2.3%
Domestic Violence	21	2.2%
Child Abuse	16	1.7%
Immigration	13	1.3%
Mental Health	13	1.3%
TANF	13	1.3%
Total (a)	964	100.0%

(a) Case count exceeds 481 as more than one problem may be identified per case.

Figure A on the following page provides a graphical comparison of the problems/issues presented by clients during case intake in SFY2008 to SFY2007.

**Figure A: Distribution of Problems/Issues Identified by Clients at Case Intake
SFY2008 SFY2007 Comparison**



Dependent Population

- HeLP collected dependent data on 587 unique dependents for the 353 unique clients with an active case.
- 242 of the 481 active cases pertained directly to the child/dependent receiving treatment, or to another child in the same household.
- 216 unique dependents had cases active on their behalf.
- Parents contacted HeLP on behalf of 75.5 percent of the dependents assisted by HeLP.
- Age composition of dependents:
 - 29% were less than 5 yrs;
 - 37% were between the ages of 5 – 11 yrs.;
 - 25% were between the ages of 12 – 18 yrs.; and,
 - 6% were greater than 18 yrs. of age.
- Health Status of dependents as reported by parent/guardian:
 - 98.1% of dependents were reported as experiencing physical health problems;
 - 28% were reported as experiencing learning problems; and/or,
 - 13.9% were reported as experiencing mental health problems.

Case Profile

- Of 481 active cases, 375 were closed.
- 24% of clients had more than one case active in SFY2008.
- 341 (90.9%) of the 375 closed cases required only limited HeLP services as defined by the Legal Services Corporation closing codes.
- HeLP provided brief counsel and advice in 59.8 percent of the cases.
- Family Law, Disability/SSI/SSDI, “Other” Case topics, Education, Medicaid/PeachCare/EPSDT and Housing were the most prevalent problems and issues HeLP clients and their families faced. In 39.1% of the cases, clients identified more than one problem/issue.
- 34 cases closed in SFY2008 required extended services from HeLP Staff.

- Extended Services Case Actions:
 - 30% of the cases we resolved through an Agency Decision;
 - 26% required legal representation and court intervention;
 - 23% included legal negotiation and settlement without litigation.

Topics Identified in Closed Extended Services Cases

Problems/Issues	No. of Cases	Percent of Total
Disability/SSI/SSDI	11	19.3%
Education	10	17.5%
Family Law	10	17.5%
Other	5	8.8%
Housing	4	7.0%
Medicaid/PeachCare/EPSDT	4	7.0%
Hunger	3	5.3%
Child Care	2	3.5%
Domestic Violence	2	3.5%
Health Insurance	2	3.5%
Utilities	2	3.5%
Employment/Job Training	1	1.8%
TANF	1	1.8%
Total	57	100.0%

Case count exceeds 34 as more than one problem may be identified per case.

Case Outcomes

- 23 of the 34 cases resulted in benefits or services granted.
- HeLP generated \$1,711,564.00 (approximately \$1M from a single Medicaid drug-coverage case) in financial support, savings and benefits.

HeLP SFY08 Case Outcomes Summary

Outcome Category	SFY2008 Outcome Value	SFY2008 Annualized Value	SFY2007 Annualized Value
Benefits			
Amount of Other Benefits Gotten or Retained	\$50,283	\$50,283	\$20,821
Monthly Amount of Benefits Gotten or Retained	\$4,280	\$51,364	\$15,307
Number of Persons Getting or Retaining Benefits (Count ALL Household Members Affected)	19	19	12
Education			
Amount of Educational Benefits Gotten or Retained (Assume \$100 a day)	\$147,700	\$147,700	NA
Number of Persons Assisted in Getting or Retaining Educational Benefits	17	17	3
Family Law			
Amount of Financial Support (Per Family per Month)	\$2,160	\$25,919	\$22,968

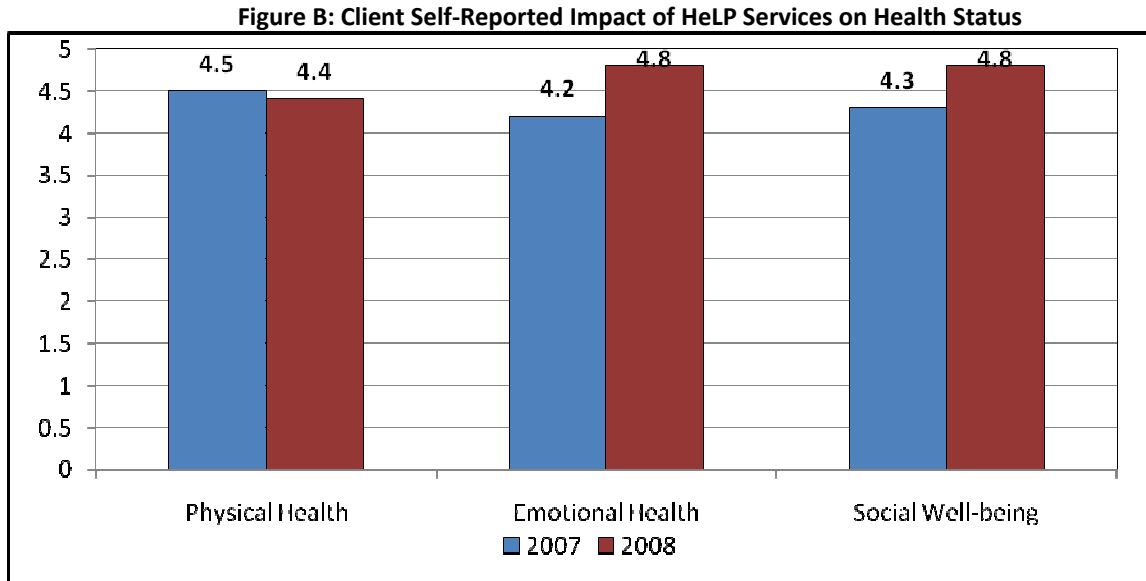
Outcome Category	SFY2008 Outcome Value	SFY2008 Annualized Value	SFY2007 Annualized Value
Number of Adults and Children Protected from Violence (Count ALL Household Members Protected)	26	26	10
Number of Children Provided Financial Support	5	5	5
Number of Persons Provided Family Stability (Count ALL Household Members)	42	42	NA
Health Insurance			
Monthly Amount of Health Benefits Gotten or Retained (If Amount is Unknown, Use \$500 per Person)	\$117,840	\$1,414,080*	\$70,033
Number of Persons Getting or Retaining Health Care Benefits or Services	36	36	10
Housing			
Amount of Other Housing Benefits Gotten or Retained	\$1,640	\$1,640	NA
Monthly Amount of Housing Benefits Gotten or Retained	\$765	\$9,180	\$5,400
Number of Homes Saved/Protected	2	2	2
Number of Persons Getting Improved Housing Conditions (Count ALL Household Members)	28	28	28
Number of Persons Getting or Retaining Affordable Housing (Count ALL Household Members)	24	24	26
Other			
Amount of Other Financial Gain	\$11,399	\$11,399	\$18,100
Number of Persons Assisted in End-of-Life Planning (Wills, Power Of Attorney, Advanced. Directives)	9	9	3
Number of Persons Assisted in Retaining Skilled Care or Personal Care	2	2	1
Total	\$336,277	\$1,711,564*	\$152,629

* Includes cost of coverage of an experimental drug with an estimated valued at more than \$1 million.

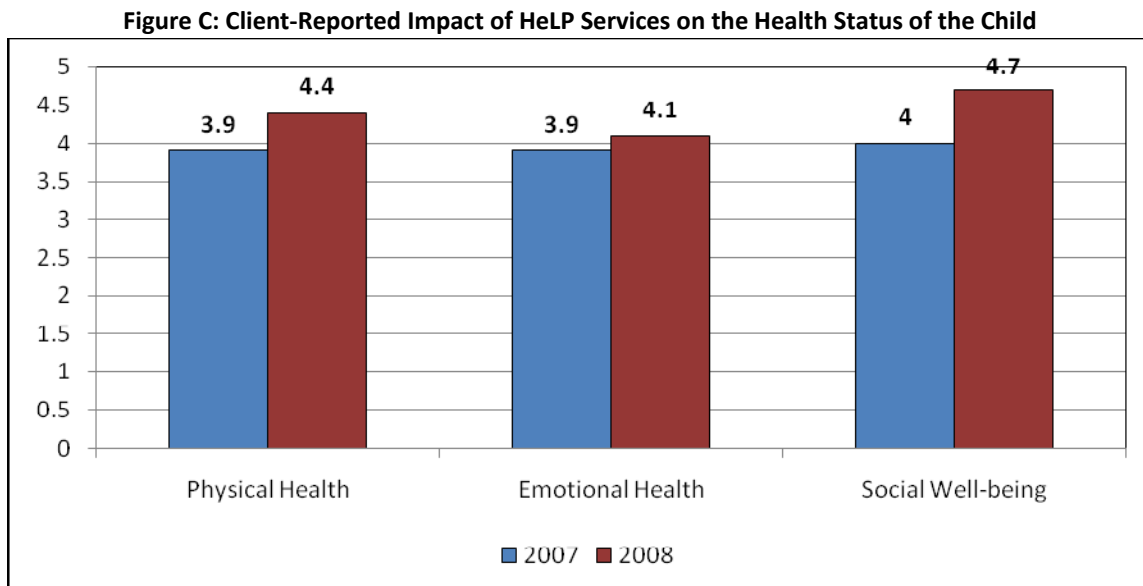
- HeLP obtained or retained benefits in the amount of \$101,646 for 19 persons, an average benefit of \$5,350 per affected person. Most of these benefits related to SSI cases.
- In the area of education, HeLP services impacted 17 individuals and obtained or retained educational benefits exceeding \$147,000 in value.
- HeLP assisted in the protection of 26 individuals from family violence and helped to provide stability to 42 family members. HeLP services also resulted in generating more than \$25,000 in financial support for the families served.
- HeLP obtained or retained health care benefits and services for 36 individuals in SFY2008. In doing so, HeLP generated more than \$1.4 million (including \$1 million in case regarding experimental drug coverage) in savings to the health care system in care that would have gone otherwise uncompensated.
- HeLP obtained or retained housing for 28 individuals in SFY2008. In addition they helped 24 individuals obtain or retain affordable housing. HeLP services resulted in generating housing benefits in the amount of \$10,820.
- HeLP services helped nine individuals with end-of-life care and retained skilled and personal care for 2 individuals. HeLP generated additional financial gains exceeding \$11,000 in other areas.

Client-reported Impact on Health Status

Clients were asked to rate the effect HeLP services had on their physical and emotional health and overall social well-being (5-Excellent, 4-Good, 3-Fair, 2-Poor, 1-No Effect). Figure B is a graphical composite of how clients rated the impact of HeLP services on their health in SFY2008 and SFY2007.



Clients were also asked to rate the impact of HeLP services on the physical and emotional health and social well-being of the child who HeLP served (5-Excellent, 4-Good, 3-Fair, 2-Poor, 1-No Effect). Figure C is a graphical composite of how clients rated the impact of HeLP services on their health in SFY2008 and SFY2007.



Professional Education

An integral component of HeLP is to provide educational seminars to social workers at Children's on the type of legal problems HeLP may provide assistance. After each seminar, participants are asked to complete an educational seminar evaluation. The evaluation instrument is included in Appendix G.

- 359 social worker and/or healthcare professionals attended the Educational Seminars in SFY2008.
- HeLP hosted 25 education seminars in 13 topic areas in SFY2008 as illustrated in the table below:

SFY2008 Educational Seminar Topics

Education Topic	Seminars Conducted	Percent of Total
Avoiding Identity Theft	3	12.0%
Bankruptcy	3	12.0%
Benefits Navigator Project	2	8.0%
Children's Medical Services	2	8.0%
Coordinating Advocacy	2	8.0%
Family Law Issues and Policies	2	8.0%
Foreclosures	2	8.0%
GA Advance Directives for Health Care	2	8.0%
Georgia Law Center for the Homeless	2	8.0%
Lead Poisoning in GA	2	8.0%
Bridging the Gap: Improving relations with DFCS	1	4.0%
Issues in Special Education	1	4.0%
Update on HeLP Operations	1	4.0%
Total	25	100.0%

Evaluation Modifications

In addition to approving modifications to the existing evaluation instruments, IRB approved the implementation of two new components to the evaluation model (1) Client Case Study Interviews and (2) Administrative Claims Data Exchanges and Analysis. A copy of the interview questionnaire is included in Appendix H.

REFERENCES

ⁱ Shulman et al., *Public Health Legal Services: A New and Powerful Vision?*, Boston College Law School Legal Studies Research Paper No. 150 (March 2008), *forthcoming* in Georgetown Journal on Poverty Law & Policy (Summer 2008).

ⁱⁱ Medical-Legal Partnership Annual Site Survey March 2008 see <http://www.mlpforchildren.org/NetworkSiteSurvey.aspx>

ⁱⁱⁱ Zuckerman B, Sandel M, Smith L, Lawton E. Why Pediatricians Need Lawyers to Keep Children Healthy. *Pediatrics*. 2004;14(1):224-228