



Executive Summary of the
State Fiscal Year 2009
Annual Program Evaluation of the
Health Law Partnership (HeLP)

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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, 2008 through June 30, 2009) HeLP Annual Program Evaluation Final Report.

National Literature Review

Medical-legal collaborations serve to help address the social and non-medical factors that influence the health of low-income, vulnerable populations including children and their families, the elderly, disease-specific populations, pregnant women, and persons formerly incarcerated and reentering the community. By teaming legal providers with healthcare and social service providers, the collaborative team is able to better ensure that these individuals and their families have access to the benefits and services they are entitled to under programs, policies, regulations and laws.ⁱⁱ

In January 2009 the Medical Legal Partnership for Children, officially became the National Center for Medical-Legal Partnership (NCMLP). Located in Boston, the National Center 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 81 active programs nationally representing 160 hospitals and health care centers.ⁱⁱⁱ

According to figures published by the National Center, medical legal partnerships (MLPs) provided direct legal services to more than 10,500 individuals and families, and resource information to more than 7,800 additional families through consultations with health care and social work providers.^{iv}

Many MLPs possess a professional education component to train medical professionals to screen for social determinants of health. This component may be informal one-on-one consultations or may include formal educational seminars or academic rotations held with physicians, interns, nurses, social workers, and other health care staff, or a combination of both formal and informal training efforts.

In addition to the provision of legal services, MLPs advocate for systemic change that addresses the barriers that impede access to vital services and sources of unmet basic needs. The NCMLP has three primary policy initiatives: (1) Child Health Impact Assessment, (2) Regulatory Change, and (3) MLP Systemic Innovations.

During the last year, the National Center continued to develop its Website. The NCMLP Website contains an on-line library that includes white papers presentations and publications by MLP participants nationally. The site provides informational and technical resources that site-visitors may access. Resources include start-up documents for new sites and leadership and project support for existing sites. The site is designed to facilitate MLP networking, coordinate policy, evaluation, and research activities, and provide updates on the plans and accomplishments of the four working groups, the Advisory Board and the National Medical Advisory Board.

The four NCMLP working groups were developed to identify “. . . best practices, current activities, and gaps in practice, research and resources.” The four working groups are: (1) Capacity and Sustainability, (2) Evaluation (HeLP participants include Sylvia Caley, Dr. Robert Pettignano, and Susan McLaren), (3) Systemic Advocacy, and (4) Training and Education (HeLP participants include Sylvia Caley, Charity Scott, and Lisa Bliss). Each working group consists of a broad array of members from MLPs across the country. Meetings were held primarily via conference call with face-to-face meetings available during the NCMLP Annual Summit.

Site Survey Summary:

At the NCMLP Annual Summit, the National Center presented preliminary results from the annual site surveys and posted the full report on the NCMLP Web site (<http://www.medical-legalpartnership.org>). The most recent annual site survey hosted by the NCMLP indicates that 81 sites in the United States and Canada comprise the MLP Network.

Sixty-six partnership sites (81 percent of the network) completed the on-line, IRB-approved survey, which contained questions crafted, in part, by the MLP working groups.

The 2009 NCMLP Site Survey Report highlights the following accomplishments made by reporting MLP sites during 2008:

- Expanded from 72 MLP sites serving 50 hospitals and 70 health centers in 2007 to 81 MLP sites serving 73 hospitals and 112 health centers in 2008.
- Served nearly 10,500 individuals and families and gave more than 7,800 legal consultations.
- Trained 17,236 health care and legal staff.
- Obtained the services of more than 400 pro bono attorneys for individual representation of clients and other types of assistance, and received more than 11,000 hours of *support* from volunteers.
- Secured nearly \$8.5 million in cash funding from legal, health, foundation, academic, and government partners.
- Performed evaluation activities to assess the impact of advocacy training on front-line health care staff and to assess the impact of legal intervention on health.^v

Challenges and Opportunities for Improvement:

- Partnerships identified the following as core areas where more assistance is needed:
- fundraising (79%);
- evaluation (52%); and
- engaged medical involvement (44%).

HeLP Literature Review

After the completion of the SFY2008 Annual Program Evaluation, HeLP hosted its annual retreat to review program findings and recommendations and to develop priorities and action plans for the next 12 months. Retreat participants included HeLP Partners, program staff, the HeLP Advisory Council Chair, medical and legal champions, and the program evaluator.

Priorities were established in the areas of public health legal services, education, advocacy, research and evaluation, program awareness, the Advisory Council, and program resources. A top priority of the HeLP Retreat was to strengthen the research component of HeLP. Towards this goal, HeLP was awarded its first research grant from the Georgia Department of Community Health in the amount of \$100,000 to study the impact of HeLP services on health disparities. In May 2009, HeLP submitted its first targeted research study grant proposal to Robert Wood Johnson Foundation. Though the proposal was not chosen for additional consideration, HeLP was able to assemble a team of psychologists, public health researchers,

attorneys and physicians to help define potential studies for pursuit by other potential funding sources. Other SFY2009 accomplishments include:

- appointing a new legal champion at Children's;
- appointing a new HeLP Advisory Council Chairperson;
- recruiting additional medical professionals to serve on the HeLP Advisory Council;
- hiring a new staff attorney to serve Hughes Spalding hospital as a part of the Health Disparities grant;
- hiring a new administrative coordinator for the GSU HeLP Legal Services Clinic;
- coordinating interdisciplinary education opportunities for medical and legal professionals and students
 - Legal professionals and students attended medical school classes, symposiums and conferences related to academic medicine hierarchy review of medical records, morbidity and mortality and acute care;
 - Legal professionals and students participated in physician shadowing opportunities;
 - Medical professionals and students attended HeLP educational sessions;
 - HeLP presented at medical grand rounds and scheduled for additional presentation opportunities with physicians at each hospital campuses;
- expanding advocacy opportunities by developing a directed study for graduate students;
- applying and receiving pro bono communications services from Leadership Atlanta;
- receiving pro bono public relations services from the Edelman Firm;
- securing additional operating funds
 - received ongoing in-kind gifts from Children's in the donation of office space at Scottish Rite, Egleston and Hughes Spalding campuses;
 - received the donation from Children's of ten percent of Dr. Pettignano's time;
 - received in-kind support from the Atlanta Legal Aid Society to support office operations and the delivery of legal services;
 - received in-kind gifts from GSU totaling approximately \$331,915 to support salaries, rent, utilities, and literary subscriptions;
 - received grant funds from three organizations in SFY2009 totaling \$52,500;
 - received eight private donations totaling \$4,150 in SFY2009; and
 - submitted two grant requests in SFY2009 with pending decisions as of June 30, 2009; and
- increasing program awareness efforts by presenting at 23 conferences/meetings.

Continued challenges for HeLP include securing on-going funding, meeting demand for services based on funding options, and demonstrating the impact of HeLP services on the health status of the families served and the cost-savings to the hospital system.

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 SFY2009, HeLP implemented new and revised evaluation instruments.

Client Population

Since receiving IRB approval from Georgia State University and Children’s Healthcare of Atlanta in January 2005, HeLP Staff have completed intake applications for 1,059 unique clients representing 88 counties throughout the state.

Annual Client Intake by State Fiscal Year

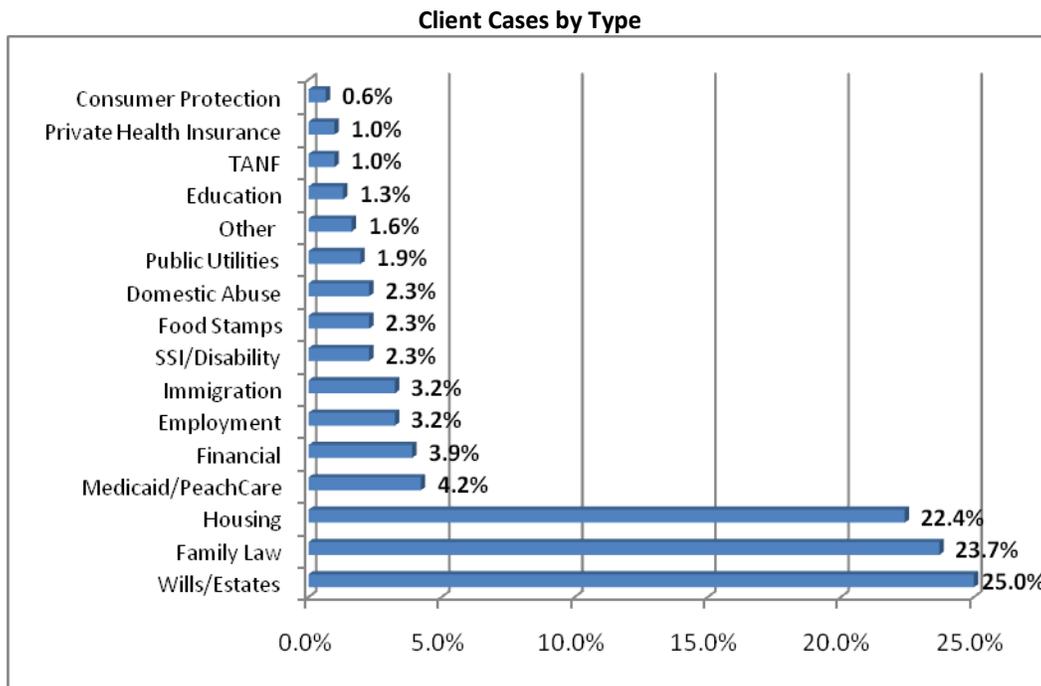
State Fiscal Year	Client Intakes
2005 (a)	23
2006	195
2007	240
2008	276
2009	325
Total	1,059

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

In SFY2009, HeLP increased the number of client intakes by almost 18 percent from SFY2008. The following summarizes the other aspects of the program during SFY2009:

- HeLP handled 611 active cases representing 433 unique clients (of which 502 were new to HeLP in SFY2009).
- 52% of all referrals come from the Social Workers from the 3 hospitals and clinic sites.
- HeLP clients represented 55 of the state’s 159 counties.
- More than 62 percent (271) of HeLP clients resided in the 5 metro-Atlanta counties (Clayton, Cobb, Dekalb, Fulton, and Gwinnett).
- Age composition of HeLP Clients:
 - 9.2 % are less than 18 years;
 - 71.4% are between the ages of 18-44 years;
 - 17.1% between the ages of 45-64 years; and,
 - 2.3% are 65 years or older or age is unknown.
- Clients represented a multitude of races including:
 - Asian (1.4%);
 - Black/African American (48.5%);
 - Hispanic/Latino (16.0%);
 - White (27.5 %); and,
 - Others/unknown (6.6%).
- 31.3% of clients indicated that they did not complete high school.
- 60% of clients served represented single-parent households (single, divorced, separated, and widow(ed)).
- 29% clients reported no one in the household working at the time of intake, 20.0% of clients reported that they had to quit or were terminated from their jobs due to their child’s illness.

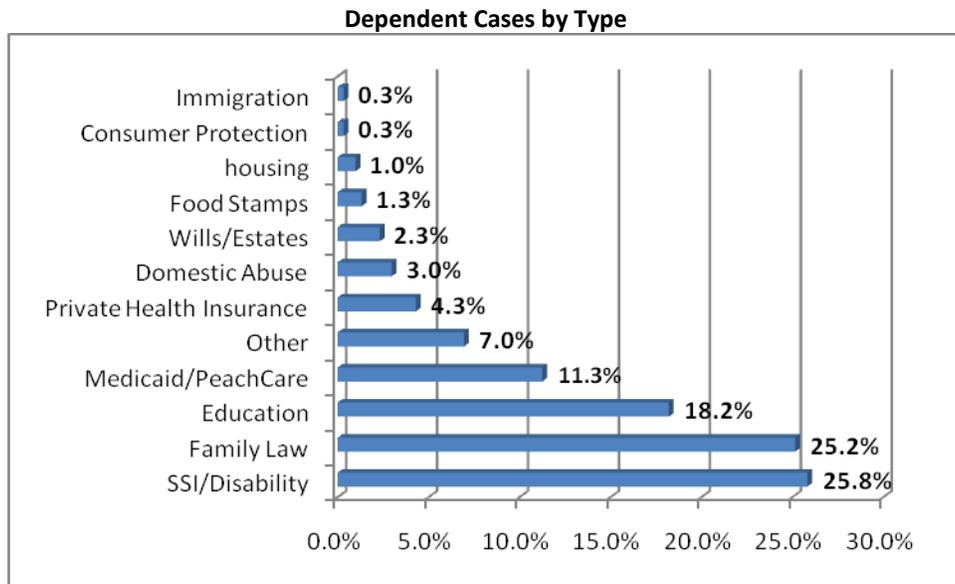
- 55% of HeLP clients reported receiving public assistance benefits (TANF, WIC, Food Stamps, SSI, etc).
- 68% of clients reported occupying private rental or owned residences.
- 32.9% of clients reported experiencing mental health, physical health, or learning problems/issues.
- 49% of those who reported experiencing health or leaning problems/issues indicated that it affected their ability to work.
- 38.4% of reporting clients indicated that the family has no health insurance.
- Wills/Estate (25%), Family Law (23.7%), and Housing (22.4%) were the most common problems/issues presented by clients during case intake in SFY2009. The following illustration includes the problems or issues presented by clients during case intake.



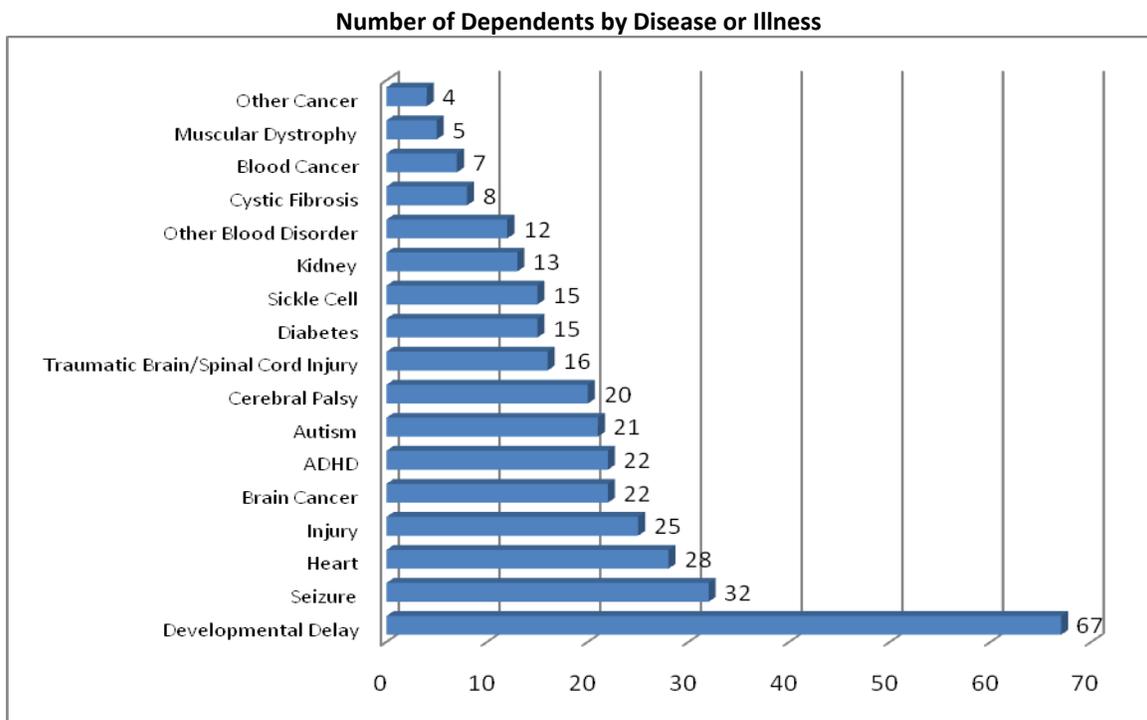
Dependent Population

- 302 of the 611 active cases pertained directly to the child/dependent receiving treatment, or to another child in the same household.
- 276 unique dependents had cases active on their behalf.
- Parents contacted HeLP on behalf of 75.6 percent of the dependents assisted by HeLP.
- Age composition of dependents:
 - 27.2% were less than 5 yrs;
 - 30.7% were between the ages of 5 – 11 yrs.;
 - 30.0% were between the ages of 12 – 18 yrs.; and,
 - 11.7% were greater than 18 yrs. of age.
- Health Status of dependents as reported by parent/guardian:
 - 97.0% of dependents were reported as experiencing physical health problems;
 - 17.0% were reported as experiencing learning problems; and/or,
 - 8.0% were reported as experiencing mental health problems.

- SSI (25.8%), Family Law (25.2%), Education (18.2%), and Medicaid/PeachCare (11.3%) were the most common case types among dependents in SFY2009. The following illustration includes the problems or issues presented during case intake:

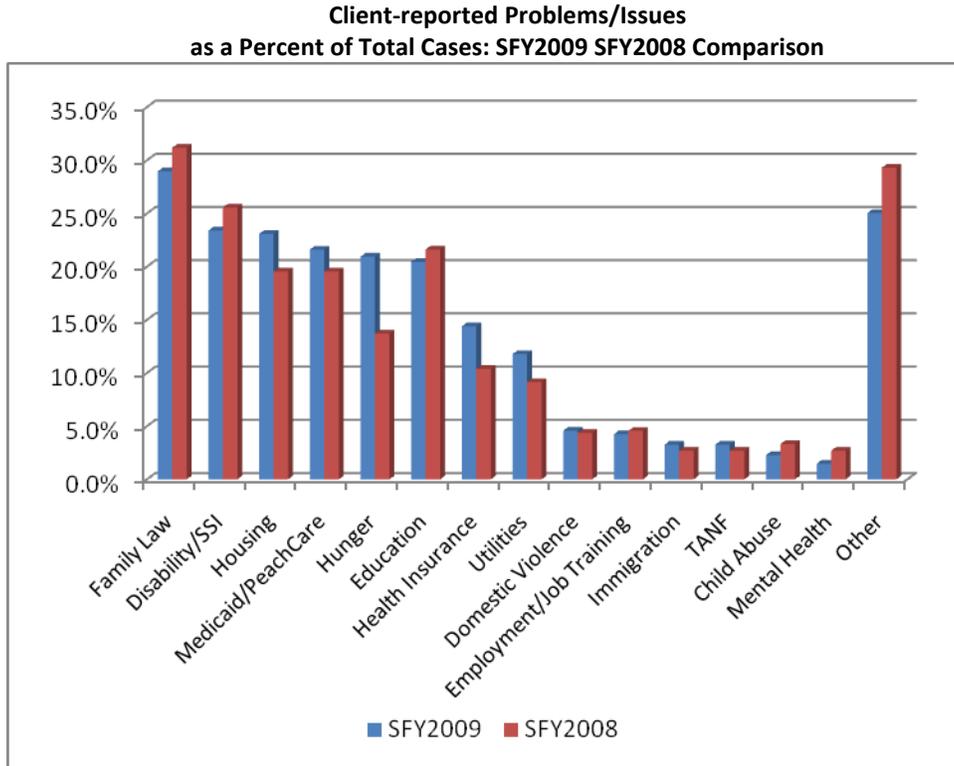


- 82% of dependents with cases report having an acute or debilitating disease or illness. 67 dependents were reported as experiencing developmental delays. The figure below demonstrates the distribution by disease cohorts.



Case Profile

- Of 611 cases opened in SFY2009, 31% were completed, 15.4% were rejected, 22.3% were terminated prior to completion, and 31.4% remained active at the end of SFY2009.
- Family Law, Disability/SSI/SSDI, Housing, Medicaid/PeachCare, Hunger and Education were the most prevalent problems and issues HeLP clients and their families faced. In 48% of the cases, clients identified more than one problem/issue.



- 80% of the 189 closed cases required only limited HeLP services (Counsel and Advice or Limited Action) as defined by the Legal Services Corporation closing codes.
- 39 cases closed in SFY2009 required extended services from HeLP Staff.
- Extended Services Case Actions:
 - 30% of the cases we resolved through an Agency Decision;
 - 21% required legal representation and court intervention;
 - 49% included legal negotiation and settlement without litigation.
- Special Education (30%), SSI (18%), Adult Guardian/Conservatorship (7.7%), Medicaid (7.7%), Other Employment (5.1%), and Federally Subsidized Housing problems (5.1%) were the most common case types that required extended services.

Case Outcomes

- Outcome data was obtained in 92 closed cases.
- HeLP generated \$816,055 in financial support, savings and benefits.

HeLP Case Outcomes Summary

Outcome Category	SFY2009 Outcome Value	SFY2009 Annualized Value	SFY2008 Annualized Value	SFY2007 Annualized Value
Benefits				
Monthly Amount of Benefits Gotten or Retained	\$4,865	\$58,380		
Amount of Other Benefits Gotten or Retained	\$64,637	\$64,637		
Number of Persons Getting or Retaining Benefits (Count ALL affected)	30			
Consumer				
Number of Persons Avoiding Excessive or Unlawful Debt (TOTAL HH)	2			
Total Amount of Consumer Savings (Include Debt Avoided, Damages Awarded, Savings by Refinance, etc.)	\$258	\$258		
Education				
Amount of Educational Benefits Gotten or Retained (Assume \$100 a day)	\$212,500	\$212,500	\$147,700	NA
Number of Persons Assisted in Getting or Retaining Educational Benefits	12		17	3
Number of Persons Entering/Returning to School or Home-bound Services	12			
Comprehensive Eval @ \$1000, Psych, Speech or OT Evaluation @ \$750, Independent Evaluation @ \$2000, Functional Behavioral Assessment @ \$1200	\$5,500	\$5,500		
Speech Therapy @ \$75 per hour, OT or Physical Therapy @ \$55 per hour	\$14,400	\$14,400		
Vocational School Tuition @ \$5000 per year, Summer School Tuition @ \$200 per session	\$500	\$500		
One-on-One Paraprofessional @ \$14000 ann.; In-school Behavior Aide @ \$50/hr X # hrs/wk X # wks; Nursing Services @ \$25/hr X # hrs/wk X # of wks	\$44,000	\$44,000		
Compensatory Services @ \$50/hr X # hrs/wk X # of wks; Tutoring (General @ \$35/hr, Reading Specialist @ \$70/hr); Extended School Year @ \$250/wk; Hospital Homebound Services @ \$50/hr X # hrs/wk X # of wks	\$46,000	\$46,000		
Special Transportation @ \$5000/yr; Assistive Technology @ cost of same; 2nd set of school books @ \$250	\$28,750	\$28,750		
Employment				
Number of Persons Retaining Work or Returning to Work	3			
Monthly Amount of Employment Benefit Received	\$2,145	\$25,740		

Outcome Category	SFY2009 Outcome Value	SFY2009 Annualized Value	SFY2008 Annualized Value	SFY2007 Annualized Value
Family Law				
Amount of Financial Support (Per Family per Month)	\$81.47	\$978	\$25,919	\$22,968
Amount of Other Financial Gain in a Family Law Case	\$402	\$402		
Number of Adults and Children Protected from Violence (Count ALL Household Members Protected)	3		26	10
Number of Children Provided Financial Support	2		5	5
Number of Persons Provided Family Stability (Count ALL Household Members)	26		42	NA
Health Insurance				
Number of Persons Obtaining or Retaining Health Care Coverage/Benefits	21			
Number of Persons Obtaining ACCESS to Health Care Services	20		36	10
Monthly Amount of Health Benefits Gotten or Retained (If Amount is Unknown, Use \$500 per Person)	\$13,022	\$156,264	\$1,414,080*	\$70,033
Amount of Other Health Benefits Gained (Report here if health care debt is avoided or paid)	\$64,366	\$64,366		
Housing				
Amount of Other Housing Benefits Gotten or Retained	\$4,157	\$4,157	\$1,640	NA
Monthly Amount of Housing Benefits Gotten or Retained	\$5,156	\$61,872	\$9,180	\$5,400
Number of Homes Saved/Protected	7		2	2
Number of Persons Getting Improved Housing Conditions (Count ALL Household Members)	72		28	28
Number of Persons Getting or Retaining Affordable Housing (Count ALL Household Members)	27		24	26
Other				
Number of Persons Receiving Other Outcome	18			
Amount of Other Financial Gain	\$27,351	\$27,351	\$11,399	\$18,100
Number of Persons Assisted in End-of-Life Planning (Wills, POA, Adv. Directives)	17		9	3
Number of Persons Assisted in Retaining Skilled Care or Personal Care	2		2	1
Total Monetary Value		\$816,055	\$1,711,564*	\$152,629

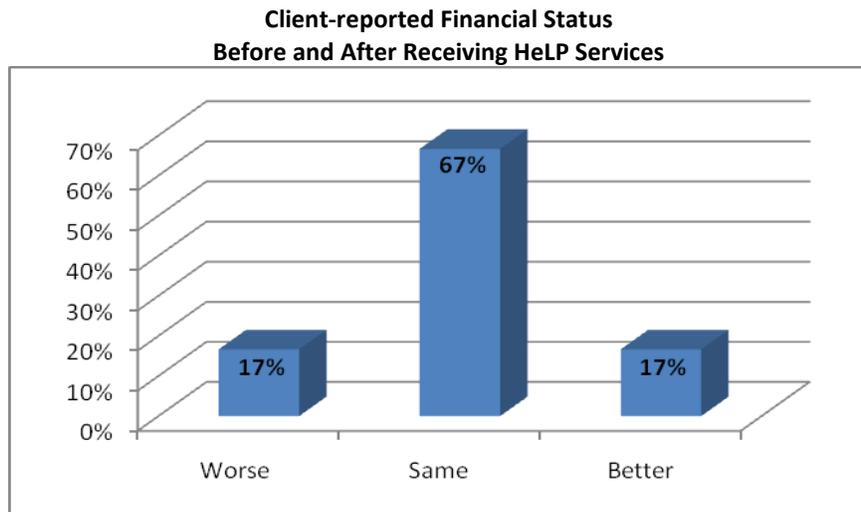
* Includes cost of coverage of an experimental drug with an estimated valued at more than \$1.17 million.

- HeLP obtained or retained benefits in the amount of \$119,657 for 30 persons, an average benefit of \$4,865 per affected person. Most of these benefits related to Food Stamps and SSI cases.
- In the area of education, HeLP services impacted 19 individuals and obtained or retained educational benefits exceeding \$351,650 in value.

- HeLP assisted in the protection of 3 individuals from family violence and helped to provide stability to 26 family members. HeLP services also resulted in generating more than \$480 in financial support for the families served.
- HeLP obtained or retained health care benefits and services for 20 cases in SFY2009. In doing so, HeLP generated more than \$220,000 in savings to the health care system in care that would have gone otherwise uncompensated.
- HeLP assisted 27 individuals obtain or retain affordable housing. In addition, HeLP services assisted 67 individuals with obtaining or retaining improved housing conditions HeLP services resulted in generating housing benefits in the amount of \$9,313.
- HeLP services helped 16 individuals with end-of-life care. HeLP generated additional financial gains for 17 clients exceeding \$26,000 which includes wills and estates (\$22,118), federally subsidized housing, and public utilities.

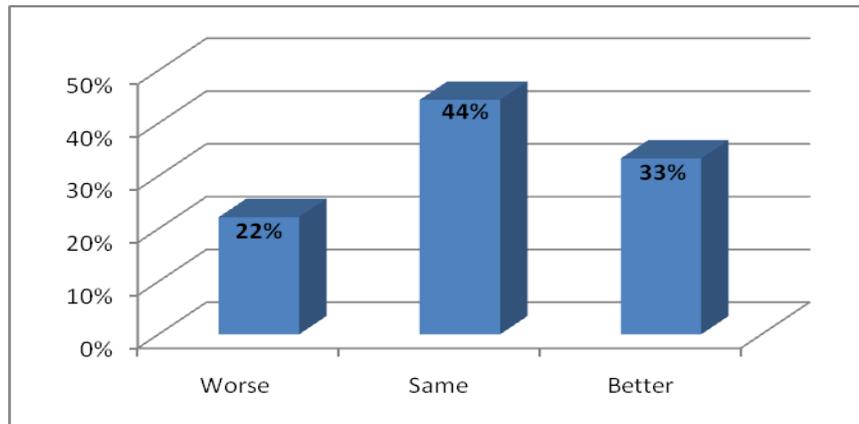
Impact of HeLP Services on the Well-being of Clients Served

- 63% percent of client responded that HeLP services had a positive impact on their family’s financial situation.
- 67% rated their family’s financial situation as the Same after receiving HeLP services, and 17% rated it Worse, and 17% rated it Better.



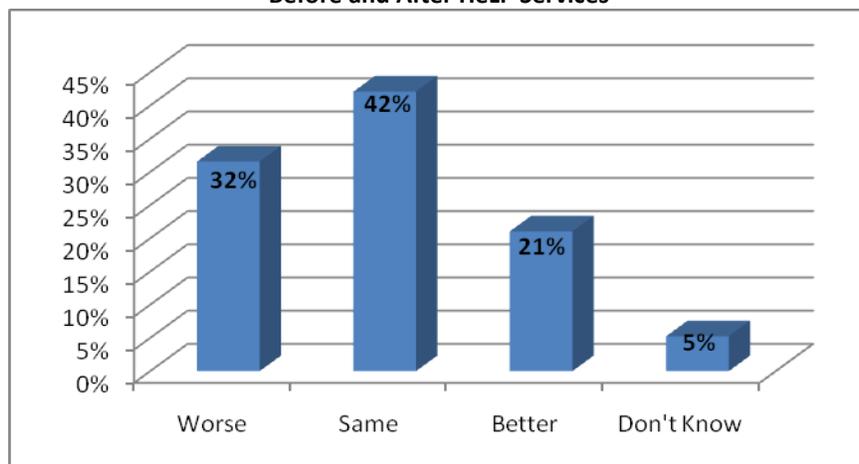
- 44% of the clients rated their physical health as the Same during the pre-intervention survey period as they did during the post-intervention survey period, 33% rated their physical health Better, and 22% rated it Worse.

**Client Pre- and Post-Intervention Physical Health
Before and After HeLP Services**



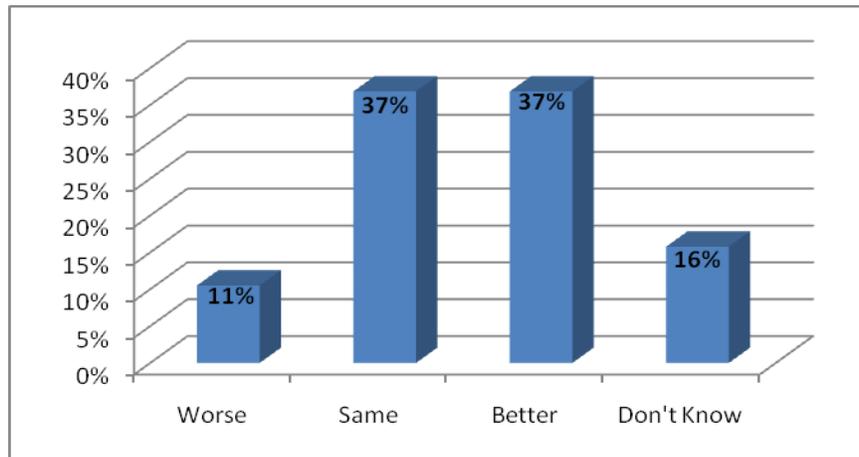
- 42% of the clients rated their emotional health as the Same during the pre-intervention and the post-intervention periods, 32% rated their emotional health Worse, 21% rated it Better.

**Client Pre- and Post-Intervention Emotional Health
Before and After HeLP Services**



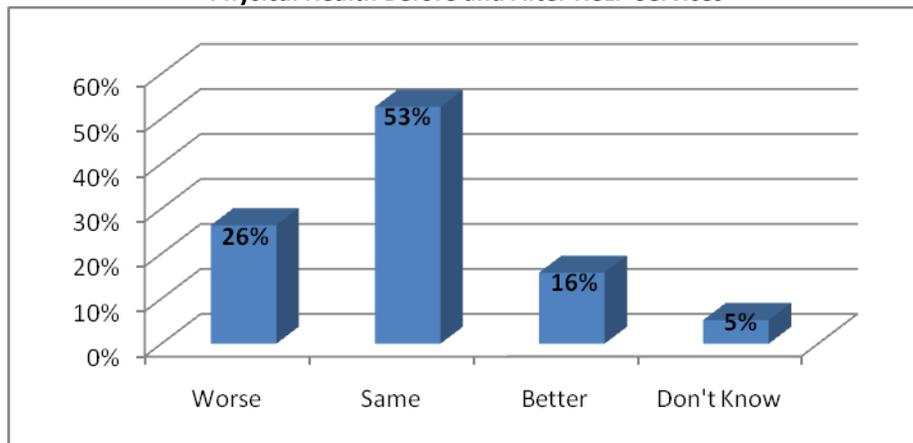
- 37% of the clients rated their overall well-being as the Same during the pre-intervention and the post-intervention periods, 11% rated it Worse, and 37% of clients rated it Better.

Client Pre- and Post-Intervention Overall Well-being Before and After HeLP Services



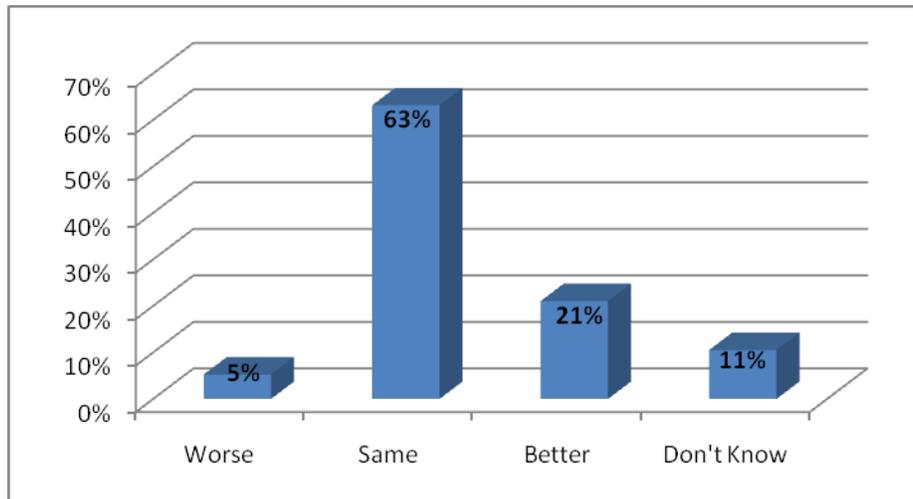
- 53% rated the physical health of their child the Same during each survey administration period, 26% rated the child’s health Worse, and 16% rated the child’s health as Better.

Figure 6-L: Client-reported Child Pre- and Post-Intervention Physical Health Before and After HeLP Services



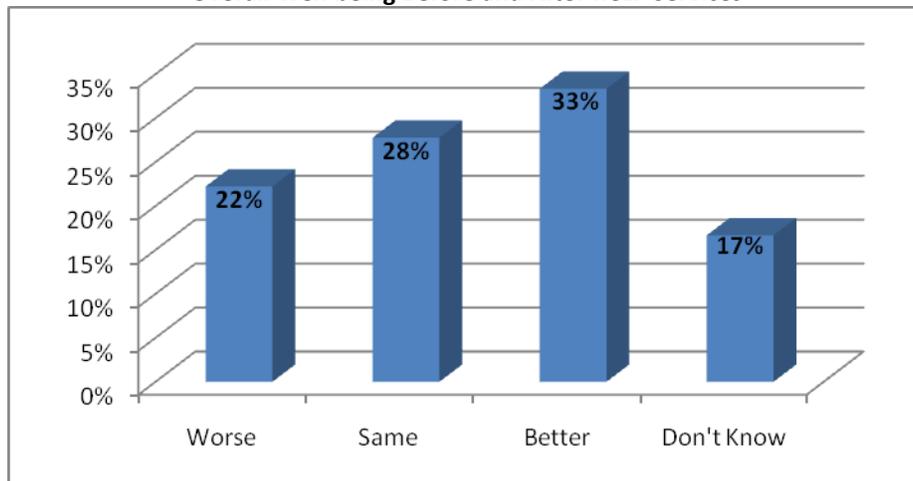
- 63% rated their child’s emotional health the Same during each survey administration period, 5% rated the child’s emotional health Worse, and 21 percent rated the child’s emotional health as Better.

Client-reported Child Pre- and Post-Intervention Emotional Health Before and After HeLP Services



- 28% rated their child’s overall well-being the Same during each survey administration period, 22% rated the child’s overall well-being as Worse, and 33% rated it Better during the post-intervention administration period.

Client-reported Child Pre- and Post-Intervention Overall Well-being Before and After HeLP Services



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.

- 441 social worker and/or healthcare professionals attended the Educational Seminars in SFY2008.
- HeLP hosted 38 education seminars in 23 topic areas in SFY2009 as illustrated in the table below:

Table 6-14: Educational Seminar Topics

Education Topic	Seminars Conducted
Substandard Housing Conditions	4
Domestic Violence	3
HeLP - The Year in Review	3
Immigration Law	3
Legislative Wrap-up	3
Children's Disability & SSI	2
Education Law	2
Effect of Poverty on Children's Education	2
Guardianship	2
SCHIP Reauthorization	2
Voice for Georgia's Children	2
Adoption and Assessment of Cultural Competency	1
Adult Guardianship	1
Characteristics of Cultural Competency in Health Care	1
Child Support Guidelines	1
Children's Behavior Policy	1
Handling Disruptive Behavior	1
Introduction to Cultural Competency in Health Care	1
Legitimation	1
Stages of Cultural Competency	1
Strategies of Cultural Competence in Health	1
Total	38

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 Zuckerman B, Sandel M, Smith L, Lawton E. Why Pediatricians Need Lawyers to Keep Children Healthy. *Pediatrics*. 2004;114(1):224-228

ⁱⁱⁱ Medical-Legal Partnership Annual Site Survey March 2009 see <http://www.medical-legalpartnership.org/mlp-network>

^{iv} <http://www.medical-legalpartnership.org/results/patient-client-stories>

^v <http://www.medical-legalpartnership.org/mlp-network/network-site-survey>