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Formative Evaluation of a Medical-Legal Partnership on the Westside of Chicago

Final Research Report

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice
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Medical Legal Partnership Under the Rainbow, Sinai Chicago and Legal Council for Health Justice

Program Protocol and Guidelines



Sinai Urban Health
Institute

Developed by Sinai Urban Health Institute

Version 1 || December 2020

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Introduction

Overview

In February 2016, Under the Rainbow (UTR), a pediatric trauma-based therapy program within Sinai Chicago's Behavioral Health department, formed a partnership with Legal Council for Health Justice to develop a Medical Legal Partnership (MLP). The **UTR-Legal Council Medical Legal Partnership (MLP)**, is an established, research-based intervention that has integrated their innovative "legal care" model to partner directly with hospitals, health systems, and community providers. An MLP is "a healthcare delivery model that incorporates legal services as a vital component of healthcare."¹ The goal of these partnerships is to provide training and support to providers on legal and social barriers to health and provide free legal assistance to patients. This is key as access to judicial and legal services is an often overlooked social determinant of health that can lead to improved health outcomes.¹

The aim of this partnership is to train healthcare staff on legal and social barriers to health and well-being and use direct referrals from UTR's pediatric mental health providers to legal services in order to assist clients with common legal issues that impact the stress, safety, and mental health outcomes of both clients and their families. Recognizing that children and families with behavioral health issues frequently have unmet legal needs impacting their well-being, this partnership places an attorney on the child's treatment team in order to promote early identification of and intervention for those legal and social barriers to address unmet needs. The scope of the legal services provided by the Legal Council are on special education and public benefits, including assistance with health insurance (i.e. Medicaid eligibility), supplemental security income (SSI), early intervention (EI), and enforcing Individualized Education Plans (IEP).

Partner Agencies

Under the Rainbow (UTR) is an outpatient pediatric trauma-based therapy program for youth between the ages of 3-18, and their families. UTR mental health providers evaluate and treat children and adolescents with mild, moderate and severe emotional and behavioral psychiatric disorders within a trauma-informed framework. UTR specializes in assessing and treating youth with histories of neglect, abuse, and other traumas while expanding their services to include youth challenged with all mental and behavioral health issues. All services are available in English, Spanish, and American Sign Language and may include crisis assessment, general assessment, treatment plan, counseling/therapy (individual, group & family) case management, and community support (individual and group). The program is well immersed in the community through longstanding partnerships with local community organizations, as well as through the provision of services at community schools. Partnership services at the community

schools include classroom interventions, individualized care, linkage, and training and support to school administrators, teachers, and guardians.

Founded in 1987, **Legal Council for Health Justice** (“Legal Council”) uses the power of the law to secure health, dignity, and stability for people facing barriers due to illness and disability. Their programs strive to address discrimination, disadvantage, and disparities in health, wealth, and well-being across the lifespan of adults and children. The Legal Council provides bilingual legal services and advocacy across three different focus areas: children and families, HIV/AIDS and homelessness. They provide free, expert legal assistance to low-income individuals, conduct trainings and provide technical assistance with stakeholders on legal advocacy, and advocate for legal changes to improve the wellbeing of all individuals.

Roles and Responsibilities

UTR Clinicians and Staff

Program Manager: The UTR program manager oversees the UTR program and UTR clinicians as well as manages a small caseload. The program manager will support the maintenance of the UTR-Legal Council MLP by coordinating legal service trainings for UTR staff with the MLP Lawyer and ensuring that the MLP lawyer has space onsite. Their other responsibilities outside of the MLP include management of grants that support other programs and services within UTR.

Clinicians: The UTR clinicians are Sinai Chicago employed psychiatrists, licensed clinical professional counselors, licensed marriage therapists, psychologists or social workers, and bachelor-level mental health workers that provide behavioral health services to UTR clients. Their primary role is to identify situations in which their clients may benefit from receiving legal services and connect them with Legal Council staff to discuss their options.

UTR Responsibilities:

- UTR program manager will assist MLP staff with securing space onsite at UTR that will allow easy access to clients and client-lawyer confidentiality;
- UTR clinicians will refer clients who may need legal support to the MLP Program Associate or MLP lawyer;
- UTR clinicians will work with MLP lawyer via “curbside consultations” or official meetings, in order to determine appropriateness of a legal referral;
- UTR clinicians will support MLP Program Associate and lawyer with contacting clients who may be loss to follow up;

¹ Tyler, E. T., Lawton, E., Conroy, K., Zuckerman, B., & Sandel, M. (Eds.). (2011). *Poverty, health and law: Readings and cases for medical-legal partnership*. Durham, NC: Carolina Academic Press.

- UTR clinicians will ensure referrals are properly documented in NextGen and delivered to MLP program staff through email or the MLP mailbox.

Legal Council MLP Staff Roles and Responsibilities

MLP Lawyer: The Legal Council will assign one, ideally, bilingual lawyer to provide services to UTR patients and to provide trainings to UTR staff. This lawyer will be in charge of assessing the legal needs of referred clients, determining the legal recommendation, and carrying out all required legal activities.

MLP Program Associate: The Legal Council has typically contracted with Avodah to employ one of their volunteers who will be responsible for providing administrative support to the MLP. In this role, the program associate supports clients at various stages of their case. The program associate is also responsible for administrative duties such as calling clients to set up intake appointments, completing intakes and ensuring that referrals are connected to the MLP lawyer. The MLP program associate also supports case work after the intake is completed, including follow-up correspondence and communication with clients. In addition, they collaborate with the MLP lawyer to prepare and develop training materials and gathering of other legal and community services that UTR clients utilize.

MLP Responsibilities:

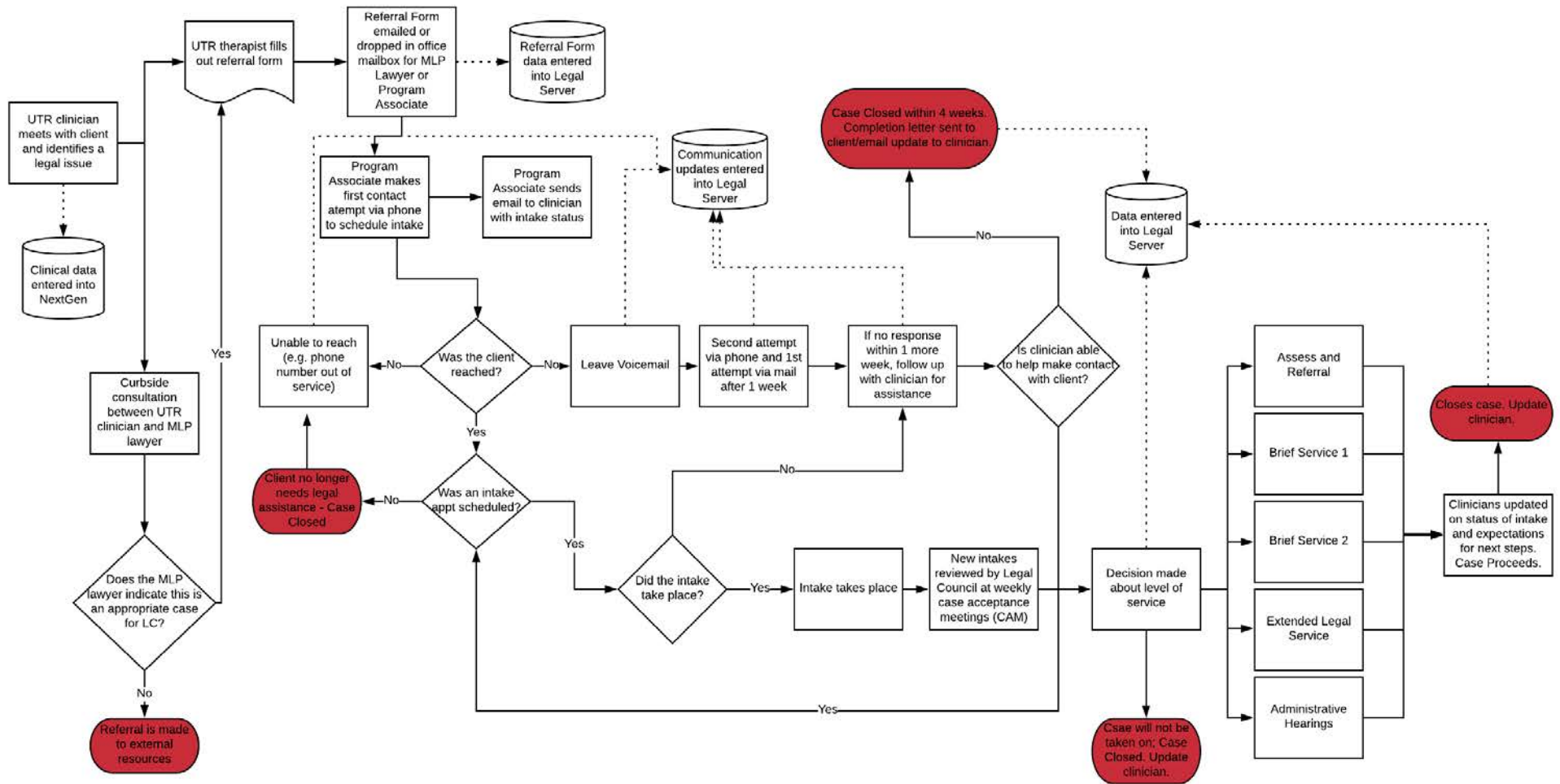
- Legal Council will ensure a lawyer is assigned to be onsite two to three days per week or whatever frequency is deemed appropriate between UTR and the Legal Council;
- MLP program associate will follow up with referrals made by UTR clinicians in a timely manner;
- MLP lawyer will provide appropriate referrals to legal services that are outside of the expertise of the Legal Council (i.e. custody, divorce, immigration, housing, criminal);
- MLP lawyer will provide training and guidance for UTR clinicians on appropriate types of referrals;
- MLP lawyer will provide legal services at various levels of intensity to UTR clients;
- MLP lawyer will inform and provide UTR clinicians of updates on legal services;
- MLP lawyer Provide trainings to UTR clinicians on legal services on an as needed basis.

Program Processes

MLP Referral

Figure 1 shows the process for an MLP client to receive legal services. The process begins when a UTR clinician identifies a potential need or legal services for a client. This may be a direct

Figure 1: MLP Process Map



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Legal Intake Process

Once a referral is received by the Legal Council, an MLP program associate or MLP lawyer will attempt to contact the UTR client via telephone. If they are not able to make contact with the client after two phone attempts, the MLP staff member will attempt to contact them using the email address they provided as a secondary method. If the MLP program staff are unable to successfully contact the UTR client two weeks after the referral was received by MLP staff, the MLP staff will follow up with the UTR clinician who made the original referral. If the clinician is not able to connect the UTR client with MLP program staff, the case will be closed 4 weeks after the initial date the referral was made.

Once MLP staff make contact with the client, an appointment will be scheduled to complete an intake. The intake will provide the MLP lawyer with information to assess the client's legal needs and determine the type of legal service(s) that would be most appropriate for the client. The Legal Council focuses on providing legal services in the following areas: (1) education-related cases, including special education and (2) accessing health insurance and public benefits including Medicaid, children's SSI, Early Intervention (EI). If the case is outside of the scope of services, the client will be referred to a different organization that provides legal services. All efforts will be made to refer the UTR client to an organization that provides pro bono services or services that matches the client's financial capacity (ex: sliding scale or private legal services).

If the case is determined to fall under the purview of the MLP, the intake will be reviewed by the Legal Council's weekly Case Acceptance Meetings (CAM). During these weekly meetings, the Legal Council determines the level of service a client should receive. Upon the completion of the intake and determination of appropriate legal services, the MLP staff will follow up with the assigned UTR clinician. The MLP staff will define expectations and clarify next steps for legal services.

The types of services provided by the Legal Council for MLP client are categorized as the following:

Table 1: Level of services provided by the Legal Council	
Type of Service	Service description
Curbside Consultations	These are informal consultations that happen between the MLP lawyer and a UTR clinician without an intake. The purpose of these consultations is to discuss the scope of the client's legal needs to determine if a referral would be appropriate or if they need to be referred to outside services.

Assessment and Referral Only	This type of service constitutes referral to other services outside the scope of Legal Council after an intake has been completed. UTR clinicians are encouraged to refer the client for an intake if they are unsure if a client would benefit from connecting with the Legal Council. The Legal Council may help UTR clients by connecting them with other organizations that provide legal services in additional areas. Examples of when Legal Council may refer a client would be with issues related to family law and immigration services. Once the client is referred to an external organization, the legal services provided no longer fall within the parameters of the MLP and the Legal Council will close this case as they will not be an “MLP client”.
Brief Service 1	Clients will be provided with legal services and advice in a one-time encounter. This level of service may include clients who are referred to other legal services in addition to the one-time encounter with Legal Council.
Brief Service 2	Clients will be provided with legal counsel and advice through more than one consultations and client-tailored work product (such as drafting correspondence, preparing documents for the client to file pro se; or creating simple advance directives). These services are provided through a limited engagement, without expectation of ongoing representation.
Extended Legal Service	For clients who need more extensive support, legal representation that involves substantial investigation will be provided. In addition, the MLP lawyer will conduct legal research and help prepare complex letters or other legal documents for UTR clients. In addition, when necessary, the MLP lawyer will negotiate with third parties, conduct transactional work and support clients with in-court representation.
Administrative Hearings	This type of legal support is provided to clients when necessary and in most extreme cases. The MLP lawyer will provide representation in formal proceedings and/or hearing before an administrative agency.
Full Representation in Litigation	Clients will receive full representation in a court proceeding, for the duration of the legal matter. This includes matters settled without a court decision.

Upon resolution of legal needs, the MLP lawyer will close the case and inform the UTR clinician that the client no longer needs legal services.

Legal Training and Capacity Building for UTR staff

In addition to the collaborative process that enables UTR clients to receive legal services, the Legal Council will also provide educational resources on identifying legal needs among clients and the legal services offered. These capacity-building opportunities take place through “Brown Bag” informal trainings and newsletters. The Brown Bag sessions are hosted once a month and are focused on relevant and timely topics related to legal services or policy. During the Brown Bag, the MLP lawyer typically provides a brief overview of the topic and leads a discussion in which UTR clinicians can discuss how the topic applies directly to their service population.

Additionally, a newsletter is developed by the MLP lawyer and shared monthly with UTR clinicians through email and posted on the bulletin board outside of the MLP office at UTR for UTR clients to receive information directly. Each month has a different focus and is written both for the UTR clinician as well as the UTR patients and families.

Topic areas that have been presented during Brown Bag sessions and/or newsletters have included:

- Bullying in school
- Special Education
- Housing
- Public Benefits
- Remote Learning Plans
- Termination of public benefits

Data Collection

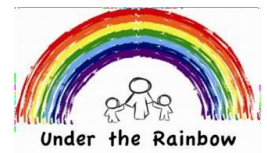
The MLP utilizes program data from both UTR and MLP. These data can be used for quality improvement activities by either partner organization. Data from programmatic forms are described below.

- **MLP Referral form** – The referral form (Appendix 1) is completed by UTR clinicians upon the determination that a client may be eligible for legal services. The UTR clinician will provide demographic data and contact information for the client. In addition, the referral form will clarify who the referral is for (client, client’s sibling, client’s parent, or other) and the reason(s) for the referral.

UTR clinicians will complete the referral form in NextGen, and then submit the referral form to MLP staff through the MLP mailbox or via email.

- **Intake** – Once MLP staff successfully contact a UTR client, an intake will be completed to assess the client’s legal needs (Appendix 2). The intake will be utilized to assess what level of services the UTR client needs. During the intake process, the MLP staff member will document the following demographic information *for each member of the household*: name, age, sex, income (employment or public benefits), citizenship status, and disability (if any). For the UTR client, additional information will be obtained including education needs (special education details: IEP, 504, eligibility category for special education if relevant).
- **Documentation of Legal Services** - Legal services are documented in the Legal Council case management software, Legal Server. Services that are documented are described in Table 1: curbside consultation, assessment and referral, brief service 1, brief service 2, extended legal services, administrative hearing and full representation in litigation.
- **Other data collected by Legal Council:** The Legal Council also collects any additional documentation that may be relevant to the client’s case. For cases focused on special education, documents may include: school records, Individual Education Plans (IEP), a student’s 504 plan, and if the client is receiving special education, information on the client’s eligibility category. For cases focused on public benefits, documents can include: notices received by the Department of Human Services, letters of denial of public benefits, and letters requesting more information.

Appendix 1: MLP Forms UTR Referral Form



Email referral to:

Rachel Roberts Rachel.Roberts@sinai.org
 and cc: Jonnsebastian Orozco
jorozco@legalcouncil.org

LEGAL COUNCIL
 FOR HEALTH JUSTICE

Name of Referral Source: _____ Phone: _____

Email: _____ Date of Referral: _____

Caregiver / Client (if age 18 or over) Consented to Referral

CLIENT INFORMATION

Name: _____ Date of Birth: _____
 Race/Ethnicity: _____ Gender: M F T/Other
 Primary Clinician: _____ Other Clinician(s): _____
 Mental Health Condition(s): _____ Next Appt Date: _____
 Other Health Condition(s): _____ Recurring Appt Info: _____
 Was this referral made at client intake? Yes No Language: _____

CAREGIVER INFORMATION

Name(s): _____ Language: _____
 Relationship to Client: _____ Phone 1: _____
 Address: _____ Phone 2: _____
 Email: _____

INDIVIDUAL REFERRED

(indicate the primary individual(s) you are referring for legal services)

- Client Client's guardian
 Client's parent(s) Client's sibling
 Other: _____

REASON FOR REFERRAL

(check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicaid/Private Insurance access, service denials, redeterm., waiver programs, managed care | <input type="checkbox"/> Family & Dom Violence DCFS, Restraining Order, paternity guardianship, child support, adopt | <input type="checkbox"/> Housing conditions, eviction, landlord/tenant, subsidized housing, utility shut-offs |
| <input type="checkbox"/> Immigration eligibility for public benefits | <input type="checkbox"/> Non-Medical Public Benefits TANF, SNAP, WIC, DSCC, other | <input type="checkbox"/> Social Security (SSI/SSDI) eligibility, termination, overpayments |
| <input type="checkbox"/> Education Issues early intervention, discipline, special education, transition | <input type="checkbox"/> Estate Planning adult guardianship, POAs special needs trusts, wills | <input type="checkbox"/> Miscellaneous/Other collections, bankruptcy, foreclosure, employment, juvenile delinquency |

Comments: _____

Appendix 2: MLP Forms – Legal Council Intake Form

Receiving Referral

Look over referral to make sure it's not urgent upon receiving it.

Background

- Keep the process predictable, repetitive, maintain the structure
- Frequent, short contacts are better than long infrequent visits
- Address developmental age (not chronological age), but also treat everyone, including minors, as capable, autonomous individuals
- Acknowledge small gains
- A relationship can be therapeutic without being a therapist

Do CMLPC Intake

Introduce as your name only (wait to announce Legal Council until confirm you're talking to the right person), and your connection to the person who made the referral (whoever the patient-client knows)

Explain:

- Roadmap: I'd like to hear about what's going on, and then ask you some questions to see if we can help you, or if not, connect you to services. This will probably take about 45 minutes or maybe a little more, but we usually have shorter calls after that.
- Referral process – some questions are personal and some may not seem to fit your situation, but these questions are important for us to be able to serve you
- No cost – sometimes we can just provide brief information, in other cases we provide representation
- Confidentiality:
 - UTR made the referral, so they know we are speaking with you, but the things you tell us are confidential and we're not going to share information about you or your case unless you agree. However, in order to keep our program going, we would like to share that we worked with you and the outcome of your case, for example. You don't have to agree in order to get our services. Do we have your consent to share that we worked with you and the outcome of your case with UTR?
 - We are not mandated reporters like UTR, so details you share with us will stay confidential.
 - *Our duty of confidentiality ends if we believe that you are planning to hurt yourself or someone else. In that case, we would like your consent to call the mental health team at UTR. Do we have your consent?*

Accurate name spelling and DOB?

Good contact info? Safe to call/text? Alternate phone number?

Asking income questions because we want to make sure that you're receiving the most help that you can, and because some organizations we might refer you to can't help people if they can afford a private attorney

Any representation or conversations with other lawyers yet?

Housing Intake

Pay your rent – very few instances for not paying it; paying late is grounds for having an eviction filed against you, even if there are other problems or if the LL is doing it to get back at you for something else

- Do you have problems with your landlord? Eviction?
- Do you have conditions problems like pests, lead paint, no heat?

Public Benefits (Medicaid eligibility for 1 is less than \$1321)

- Trouble with Medicaid, seeing doctors, or getting prescriptions?
- Trouble with SNAP, TANF, WIC?
- Trouble with Social Security, or disability?
- Income – Trouble at work? FMLA

Education (if yes to any questions, get name/address of school, grade, begin Education intake)

- Trouble enrolling in school?
- Getting evaluation or services for child's needs?
- School sends child home frequently for behavioral or medical issues?
- Problems with school fees?

Immigration or Veteran's Status

- Would you like help in creating a safety plan for your children?
- Do your US citizen children have passports?
- Do you have trouble accessing benefits?
- Questions about changing immigration status?

Family Stability

- Legal guardianship issues – trouble making decisions about a child you care for or who will make decisions if you're unable to?
- Disabled adult guardianship?
- Custody, divorce issues?
- Fear someone, need order of protection?
- Trouble with DCFS?

What are the client's goals? Repeat back to them what you think they are

Get all necessary ROIs (health, school, SSA, 3rd party, UTR release, CFC, DCFS (open or closed case, and provider-specific forms – do you know which providers they see?))

Closing Intake

Communication: feel free to call us, but make sure to leave a voicemail or we won't call you back; feel free to text; we usually respond within a day or so, but not usually outside of 9-5pm office hours.

Intake Notes:

Age, sex, diagnosis:

Summary of legal issue:

Key facts per legal issue:

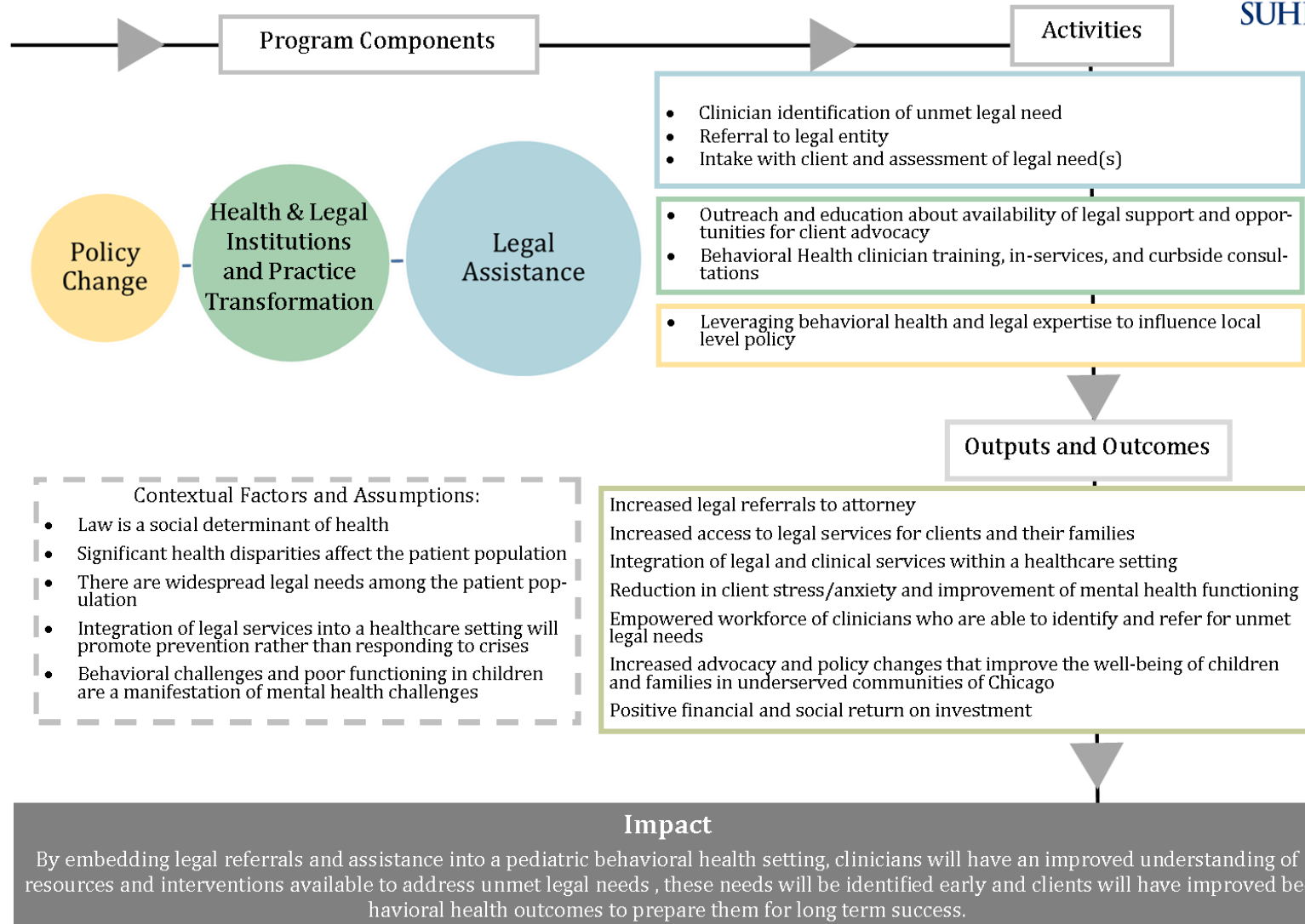
Client priorities:

Next steps:

Appendix 3: UTR and Legal Council Logic Model



Under the Rainbow and Legal Council Medical-Legal Partnership Logic Model



Framework adapted from Poverty, Health and Law, 2011

Updated April 10, 2020

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Appendix V: Implementation Guide

4-step Implementation Guide to launch and maintain a Medical-Legal Partnership:

*How to meet the
legal needs of your
community*

*Prepared by Sinai Urban Health Institute
in collaboration with Under the Rainbow
Sinai Chicago and Legal Council for Health Justice*



ABOUT THE AUTHORS

The Sinai Urban Health Institute (SUHI) is the unique, nationally-recognized community research center of Sinai Chicago. We strive to achieve our mission by employing a community-driven process to identify and address health inequities in some of the most underserved communities in Chicago. Established in 2000, SUHI is a leader in the development, implementation, and evaluation of innovative approaches to improve population health with a primary focus on communities facing financial and social challenges.

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This implementation guide was created with key input and collaboration from Under the Rainbow – Sinai Chicago and the Legal Council for Health Justice. Their dedication to serving and working with communities and families in Chicago’s most disinvested communities is unwavering and evident through all their work. We are thankful for their partnership.

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BACKGROUND

Many individuals do not adequately understand their legal rights. According to the Legal Services Corporation's 2017 Justice Gap Report, 86% of civil legal issues reported by low-income individuals received inadequate or no legal assistance.¹ Although legal support should be accessible to all, there is significant evidence to support lack of adequate resources, and awareness of individual rights.

Medical-Legal Partnerships (MLP) merge the disciplines of health and law to provide legal services for victims of crime. An MLP is a unique "healthcare delivery model that incorporates legal services as a vital component of healthcare" and as such, uses a multi-disciplinary approach to address the social determinants of health to impact individual and community well-being.² The social determinants of health refer to the social factors that shape the conditions in which people are born, grow, live, work, and age, and the broader systems which influence those conditions.³ They are typically thought of as including domains such as housing, employment, and access to healthcare; however law also has a critical role in addressing health. MLPs are one model for integrating the value and influence of law into improving health outcomes. Studies that have examined the implementation of MLPs in healthcare settings have seen improvements in health and wellbeing.¹⁻⁴

In February 2016, Under the Rainbow (UTR), a pediatric trauma-based therapy program within Sinai Chicago's Behavioral Health department, formed a partnership with Legal Council for Health Justice to develop an MLP. The following implementation guide was developed based on this MLP and the formative evaluation conducted by Sinai Urban Health Institute.

PURPOSE, AUDIENCE AND OBJECTIVES

The purpose of this resource is to provide guidance on the implementation of an MLP.

There are 4 key steps to establishing an MLP:



STEP 1:

Identify potential partners and the scope of the MLP



STEP 2:

Identify necessary resources/costs and funding sources



STEP 3:

Create a program protocol



STEP 4:

Quality improvement to improve programmatic outcomes

Who should use this guide?

This guide is for pro bono legal service providers, any medical care provider including Federally Qualified Health Centers (FQHCs) and Free and Charitable Clinics.

What will users of this guide gain?

- Users will understand the key components, partners, and inputs necessary to develop an MLP.
- Users will be able to review an MLP protocol, process map and roles and responsibilities that supported the strategic planning for the UTR-Legal Council MLP.
- Users will learn about quality improvement processes implemented into the MLP that allowed both health and legal partners to understand the impact of their services.



Step 1: Identify potential partners and the scope of the MLP

Who is involved in an MLP?

A Medical-Legal Partnership is comprised of both a legal entity and a healthcare provider. Either entity can approach the other to begin the establishment of an MLP.

When a healthcare entity is the initiator, the organization may have identified that its patient population has unmet legal needs. These legal needs may be directly related to patients' health and access to healthcare, such as Medicaid or Medicare coverage, or they may be related to patients' socioeconomic wellbeing such as issues with housing rights, immigration or access to other public services.

When the legal entity is the initiator, this organization, usually a legal service provider that typically provides pro bono services, may seek to fill a critical gap in access to legal services. They may also be interested in leveraging the relationship a healthcare entity has with the community to connect residents with legal services.

How to find potential partners?

Healthcare entities seeking to establish an MLP should identify a legal entity in their area that provides legal services for free or on a sliding scale. Healthcare entities may search for established MLPs in their state or local area to identify who legal service providers have provided legal services through an MLP. In some states, there are statewide MLP coalitions and healthcare providers may find legal entities that may be interested in establishing an MLP with a healthcare entity.

Legal service providers should look to identify healthcare entities that are FQHCs or Free and Charitable Clinics. FQHCs are community health centers that are federally funded and are designed to provide affordable healthcare services on a sliding fee scale and based on ability to pay.⁵ They typically provide healthcare services to low-income communities who are Medicaid eligible. You can identify FQHCs in your area through the following database created by the Human Resource Service Administration: <https://findahealthcenter.hrsa.gov/>.

Free and Charitable Clinics provide healthcare services specifically to uninsured populations. The target population of these clinics are also underserved and low-income communities. You can find Free and Charitable Clinics in your area through this resource from the National Association of Free and Charitable Clinics: <https://www.nafcclinics.org/find-clinic>

Scope of the MLP

Once partners are identified, it is important to identify the scope or focus of the MLP based on the needs of the target population. Some MLPs may choose to conduct a needs assessment as part of the planning phase in order to identify the most critical legal needs. The needs assessment may be conducted by either the legal or healthcare entity. It is unlikely one legal service provider will be able to support every potential legal need, and a process will need to be established to connect clients with legal service providers if their legal concerns fall outside of the purview of the MLP established. At times, the type of legal services may also be limited by the type of legal expertise contained within the legal service provider. The following are common focuses of an MLP:

- Public Benefits, such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid/Medicare, and Supplemental Security Income (SSI)*
- Housing Rights
- Family Law and Parental Rights
- Criminal Law
- Immigration Rights
- Educational Rights and accessibility of educational supports such as Early Intervention and the enforcement of Individualized Education Plans*

**This was the focus of the UTR-Legal Council MLP.*

In addition, the target population should also be determined. The target population will largely be determined by the healthcare entity's patient population. In addition, the MLP may focus on a subset of the patients serviced by the healthcare entity (e.g., pediatric patients, behavioral health patients or patients who are HIV+).



Step 2: Identify necessary resources/costs and funding sources

There are several components that will require funding for an MLP. This section will provide an overview of inputs that will require funding:

Input	Description	Funding
Staff Time	Staff from the legal entity (i.e., lawyer, program associate) and healthcare entity (i.e., clinical manager, medical assistants, clinical providers)	Staff time may be funded by the staff member's home institution or grant funds to support health- or justice-related projects. Volunteer staff can be hired for program associate roles.
Overhead Costs	Supplies and space inside the health entity so the MLP lawyer can provide services on site	These costs will likely be absorbed by both the health and legal entity.
Quality Improvement Activities	Managing the data and carrying out activities that can improve program outcomes will require dedicated clinical and MLP staff time	If the health center has a quality assurance department or evaluation team, that team may be able to provide support in this area. Alternatively, funding may be available specifically for the evaluation of the MLP.

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Step 3: Create a Program Protocol

Once a legal entity and healthcare entity have agreed to partner to establish an MLP, a program protocol will need to be established with defined roles and responsibilities. Setting a process of collaboration early on will help provide clarity to staff as they become involved in the MLP and support its implementation and continuous quality improvement. This section will include an overview of roles and responsibilities for staff, an example of a process map, and a description of how clients may enter the MLP and the various levels of services they may receive in the MLP.

Roles and Responsibilities

Healthcare Entity

Staffing

Program Manager: A Program Manager will oversee clinical staff and all aspects of the MLP that fall under the purview of the healthcare entity. This person may be a clinic manager or lead medical staff. The program manager will support the maintenance of the MLP by coordinating legal service trainings for clinical staff, led by the MLP lawyer, and ensuring the MLP lawyer has space onsite.

Clinicians: The clinicians' primary role is to identify clients who may benefit from receiving legal services and connect them with MLP legal staff to discuss their options.

Responsibilities

- Program Manager will assist MLP staff with securing space onsite that will allow for easy access to clients and client-lawyer confidentiality;
- Clinicians will refer clients who may need legal support to the MLP program associate or MLP lawyer;
- Clinicians will work with the MLP lawyer via "curbside consultations" or official meetings, in order to determine appropriateness of a legal referral;
- Clinicians will support the MLP program associate and lawyer with contacting clients who may be hard to reach;
- Clinicians will ensure referrals are properly documented and delivered to MLP program staff.

Legal Entity Staff

Staffing

MLP Lawyer: The Legal Entity will assign a lawyer to provide services to the healthcare entity's patients and to provide trainings to clinical staff. This lawyer will be in charge of assessing the legal needs of referred clients, determining the appropriate legal service(s), and carrying out all required legal activities.

MLP Program Associate: It is recommended that the MLP lawyer has a support staff person to carry out administrative duties. The MLP program associate will be responsible for providing administrative support to the MLP. In this role, the program associate supports clients at various stages of their case. The program associate is also responsible for administrative duties such as calling clients to set up intake appointments, completing intakes, and ensuring that referrals are connected to the MLP lawyer. The MLP program associate also supports case work after the intake is completed, including follow-up correspondence and communication with clients. The MLP program associate will close the loop on the referral and report back to the clinician what services clients received. In addition, they collaborate with the MLP lawyer to prepare and develop training materials and in the gathering of other legal and community services that clients utilize.

Responsibilities

- Legal entity will ensure a lawyer is assigned to be onsite for an agreed upon weekly schedule;
- MLP program associate will follow up with referrals made by clinicians in a timely manner;
- MLP lawyer will provide appropriate referrals to legal services that are outside the scope of the MLP;
- MLP lawyer will provide training and guidance for clinicians on appropriate types of referrals as well as provide technical assistance to clinicians on legal services as needed;
- MLP lawyer will provide legal services at various levels of intensity to clients;
- MLP lawyer will inform and provide clinicians of updates on legal services.

Identifying the Right MLP staff:

When selecting which legal staff should work directly with the target populations serviced by the healthcare entity, ensuring that the staff from the legal entity are able to build trust and rapport with clients is key. For some communities, this may mean the MLP lawyer must be bilingual and/or bicultural and is representative of the community they are servicing. The MLP lawyer and associate, if unfamiliar with the communities served by the health entity, would benefit from familiarizing themselves with the history and context of the target population by examining past literature, interviewing clinical staff from the health entity, or requesting community health needs assessments.

PROGRAMMATIC PROCESS

Once roles and responsibilities are established and assigned to staff, processes should be developed to carry out the activities of the MLP. These are detailed below and also summarized in the MLP Process Map (Figure 1).

MLP Referral

The MLP process begins when a clinician identifies a potential legal need of a client. This may be a direct request from a client or their family. Alternatively, the clinician may identify a legal need based on what the client shares during a healthcare visit. Once the legal need is identified, the client should be referred to the MLP and connected with an MLP staff person. Based on information from the client, a clinician may do one of the following:

- 1) Complete a referral form that would provide the MLP lawyer with demographic and contact information as well as the reason for the referral;
- 2) Seek guidance from the MLP lawyer via a “curbside consultation,” an informal conversation between a clinician and a consultant, in this case the MLP lawyer. These casual conversations allow the clinician to make an informed decision about whether or not the client’s need warrants legal support.⁶

Legal Intake Process

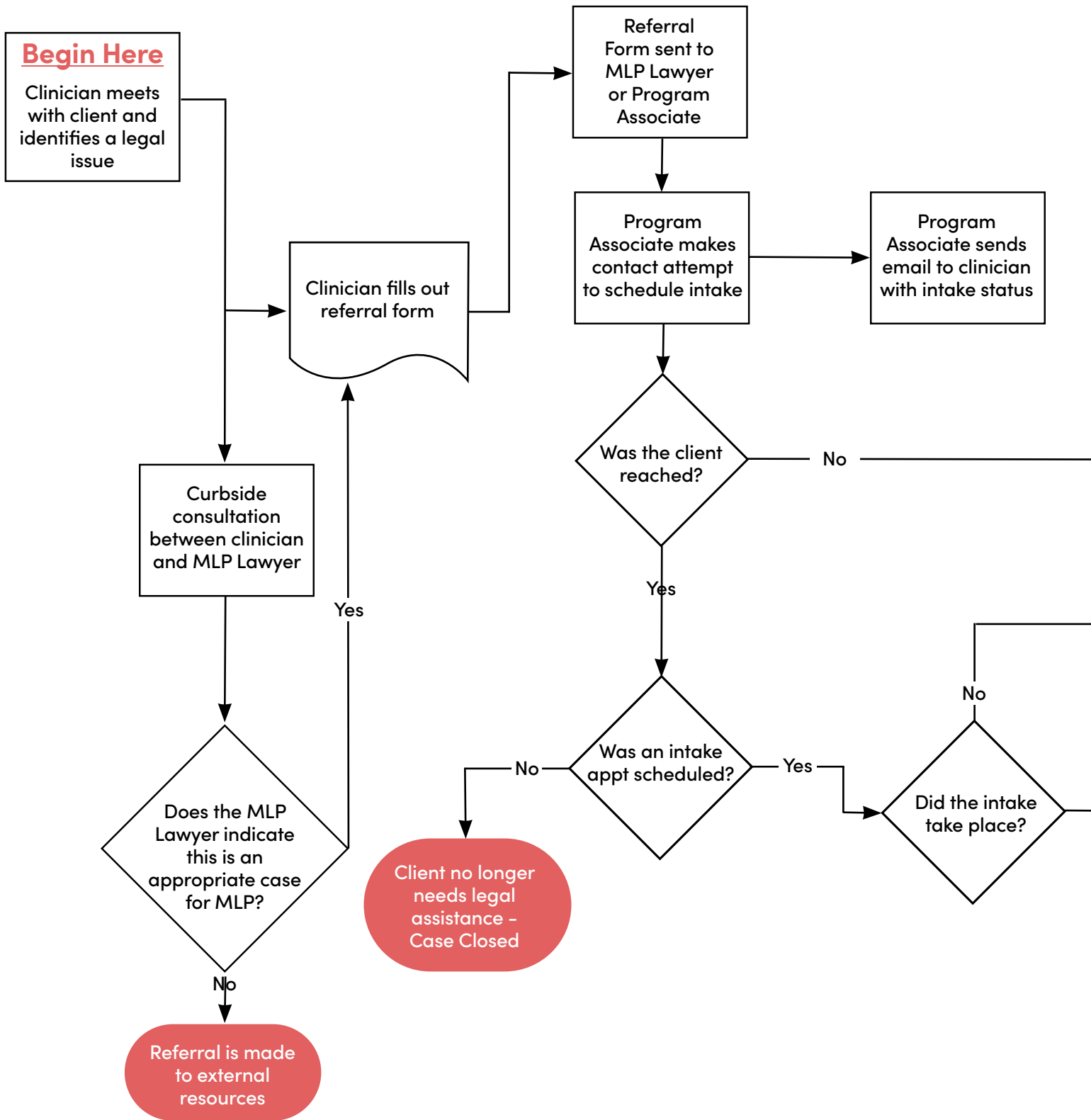
Once MLP staff receive a referral, an MLP program associate or MLP lawyer will attempt to conduct an intake with the client. The intake will provide the MLP lawyer with information to assess the client's legal needs and determine the type of legal service(s) that would be most appropriate for the client. In addition, the MLP staff person will determine if the legal needs fall under the purview of the MLP. If the case is outside of the scope of offered services, the client will be referred to another organization.

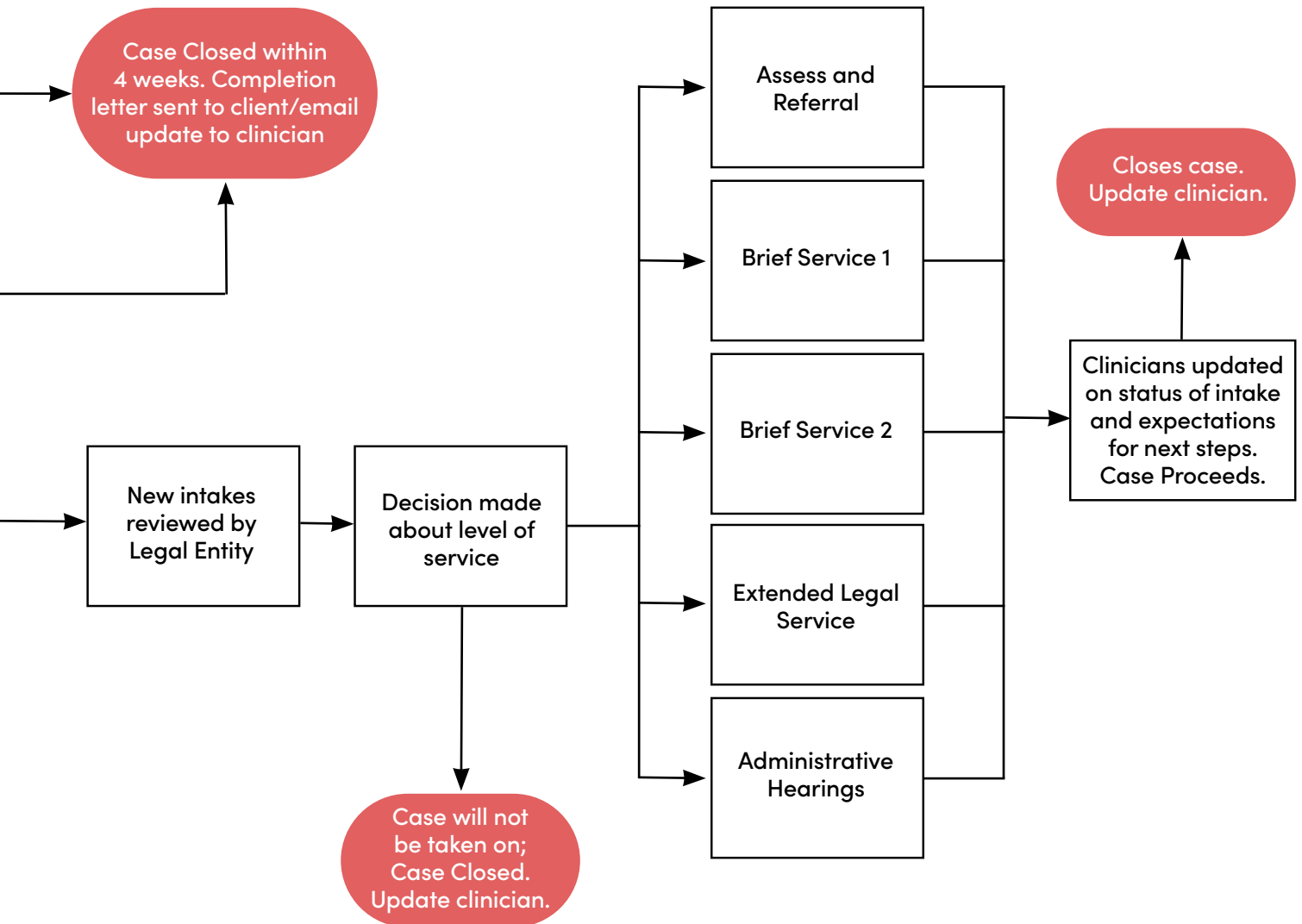
If the client's need falls within the scope of the MLP's expertise, the intake will be reviewed by a larger legal team to determine the appropriate type level of service (see Table 1 for potential levels of service). At this point, it is imperative that the MLP legal staff communicate next steps to the clinician to ensure coordination of services. The MLP lawyer will continue to work with the client until resolution of legal needs at which point the MLP lawyer will close the case and inform the clinician that the client no longer needs legal services.

Table 1: Services provided by Legal Council

Type of Service	Service description
Curbside Consultations	These are informal consultations that happen between the MLP lawyer and a clinician prior to an intake. The purpose of these consultations is to discuss the scope of the client's legal needs to determine if a referral would be appropriate or beneficial.
Assessment and Referral Only	This type of service constitutes referral to external services outside the scope of the MLP after an intake has been completed. The Legal Council may assist clients by connecting them with another legal organization that provides the relevant legal services.
Brief Service 1	Clients will receive legal services and advice for a one-time encounter. This level of service may include clients who are referred to other legal services (see above, Assessment and Referral) in addition to the one-time encounter with the MLP lawyer.
Brief Service 2	Clients will receive legal counsel and advice through more than one consultation and receive a client-tailored work product (such as drafting correspondence, preparing documents for the client to file on their own behalf or "pro se"; or creating simple advance directives). These services are provided through a limited engagement, without expectation of ongoing representation.
Extended Legal Service	For clients who need more extensive support, legal representation that involves substantial investigation will be provided. In addition, the MLP lawyer will conduct legal research and help prepare complex letters or other legal documents for clients. In addition, when necessary, the MLP lawyer will negotiate with third parties, conduct transactional work, and support clients with in-court representation.
Administrative Hearings	This type of legal support is provided to clients when necessary and in most extreme cases. The MLP lawyer will provide representation in formal proceedings and/or hearings before an administrative agency.
Full Representation in Litigation	Clients will receive full representation in a court proceeding, for the duration of the legal matter. This includes matters settled without a court decision.

Figure 1: Example of MLP Process Map (Modified from the UTR-Legal Council MLP Process Map)





LEGAL TRAINING AND CAPACITY BUILDING FOR CLINICAL STAFF

Another important component of the MLP that can enhance access to and understanding of legal services are trainings and opportunities for capacity-building for clinicians. These trainings focus on educational resources to identify legal needs among clients and the legal services offered to address those needs. In addition, these trainings can increase clinicians' ability to support their clients in advocating for their legal rights. These capacity-building opportunities take place through a variety of mediums, including "Brown Bag" informal trainings and newsletters. The trainings should focus on relevant and timely topics related to legal services or policy. A newsletter, if posted publicly can also directly increase clients' knowledge of relevant legal issues.

The UTR-MLP utilized "Brown Bag" trainings and newsletters for clinician and client capacity building in the following topic areas:

- Bullying in school
- Special Education
- Housing
- Accessing and handling the termination of Public Benefits
- Remote Learning Plans



Step 4: Quality improvement to improve programmatic outcomes

In order to understand the impact and success of the MLP, quality improvement (QI) processes should be integrated from the beginning. Goals and objectives should be established that are relevant to all stakeholders. Figure 2 shows the logic model developed for the UTR-Legal Council; this can be modified for other MLPs. This logic model demonstrates how program components and activities will improve clinicians' understanding of resources and interventions to address unmet legal needs and ultimately improve health outcomes for their clients.

Data Collection

Regular data collection is important for continuous quality improvement and to determine effectiveness of the MLP. In order to assess the implementation and outcomes associated with the MLP, data may be gathered from the following sources:

- **Fidelity Checklist** (Appendix I) – The fidelity checklist can be used to guide activities in preparation for implementation, during implementation, and for ongoing monitoring and evaluation.
- **MLP Referral Form** (Appendix II) – The referral form is completed by a clinician once they determine a client may be eligible for legal services. The clinician will provide demographic data and contact information for the client. In addition, the referral form will clarify who the referral is for (client, client's sibling, client's parent, or other) and the reason(s) for the referral.
- **MLP Intake Form** (Appendix III) –The intake form is used to capture more detail about a client's legal need. Information from this form allows the legal team to identify what type of service the client needs. During the intake process, the MLP staff member will also document any additional information needed (i.e., name, age, sex, income [employment or public benefits], citizenship status, and disability).

- **Documentation of Legal Services** – Legal services can be documented in a case management software or system. All clients referred for MLP services via the referral forms should be documented as a potential MLP client. Those that are offered services described in Table 1 are considered an MLP client.
- **Medical Record** – The health entity may have access to electronic medical records and may pull medical records to understand the demographics of the clients serviced by the MLP. In addition, open-text notes and data related to health indicators, like biometric or patient reported outcomes may help staff understand the impact of the MLP.
- **Staff Interview Guide and/or Survey** – Building in mechanisms to survey the staff of both the health and legal entities can provide feedback on whether the programmatic processes implemented are efficient in connecting clients to services. In addition, they may clarify if the scope of the MLP meets the legal needs of clients and if adjustments to that scope or service delivery are necessary.

MLP partners from each entity should continually meet in order to review programmatic and outcome data to understand MLP strengths and areas for improvement. Changes that can be made from these checkpoints can aid in streamlining the referral process or identifying emerging and persistent legal needs among clients. The data collection tools described above will help MLP staff and partners understand the success of the MLP. Table 2 shares a list of the outcome measures that can be captured in order to evaluate the impact of the MLP.

Table 2: Potential Outcome Measures

Outcome	Measure	Data Source
Increase identification of legal needs among client population	# of patients with a legal need # of referrals	Legal entity data collection system or electronic medical record (EMR) system
Increase access to legal services for clients and their families	# of clients who receive legal services	Legal entity data collection system or EMR system
Integrate legal and clinical services within a healthcare setting	# of MLP lawyer on site # of hours MLP lawyer spends onsite Changes in clinician’s knowledge of legal services	Employment documentation Key Informant interviews with legal staff and clinicians
Reduce client stress/anxiety and improve mental health functioning	Change in stress/anxiety/other mental health measure	Mental health screening tool (PHQ-9, GAD-9, etc.) in EMR Client interviews
Empower workforce of clinicians who are able to identify and refer for unmet legal needs	Changes in clinician’s knowledge of legal services # of trainings conducted	Key Informant Interviews with clinicians Pre/Post tests on knowledge attained by clinicians

CONCLUSION

This implementation guide is meant to provide general direction for how to begin an MLP from the ground up. Although there are unique elements to each MLP, the required relationships, key components and tools described in this guide are relevant to any type of MLP. It is also important to prioritize evaluation and data in order to ensure opportunity for ongoing quality improvement, and to determine the impact of your program.

Under the Rainbow and Legal Council Medical-Legal Partnership Logic Model

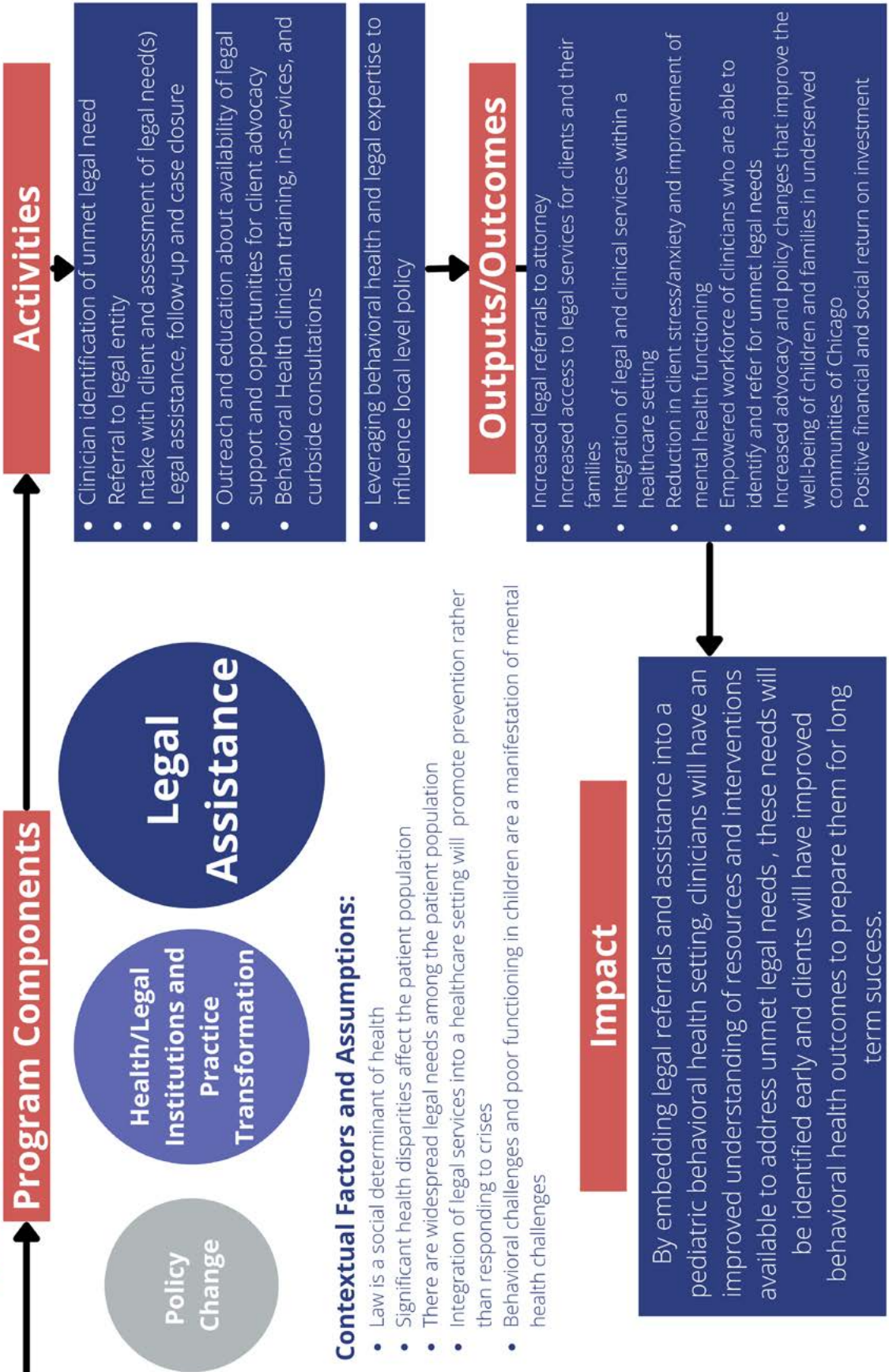


Figure 2: Under the Rainbow and Legal Council Medical-Legal Partnership Logic Model

Appendix I: Fidelity Checklist

Medical Legal Partnership Fidelity Checklist for Implementation and Monitoring & Evaluation

Purpose: This fidelity checklist can be used by staff to prepare for implementation, monitoring and evaluation of a medical-legal partnership. These elements may be adapted to best fit your particular program.

Legal Entity: _____

Medical Entity: _____

Population Served: _____

Legal Issues to be addressed:

Medicaid/Private Insurance
(access, service denials, redetermination, waiver programs, managed care)

Immigration

Education
(early intervention, discipline, special education, transition)

Family and Domestic Violence
(Department of Child and Family Services, restraining order, paternity guardianship, child support, adoption, divorce)

Non-Medical Public Benefits
(TANF, SNAP, WIC, DSCC)

Estate Planning
(adult guardianship, POAs, special needs trust, wills)

Housing
(conditions, eviction, landlord/tenant, subsidized housing, utility shut-offs)

Social Security
(SSI/SSDI) (eligibility, termination, overpayments)

Employment

Criminal

Traffic

Employer or Work
(worker's compensation, discrimination, retaliation)

Other
(collections, bankruptcy, foreclosure)

Staff Roles:

Program Manager: A program manager will oversee clinical staff and all aspects of the MLP that fall under the purview of the healthcare entity. They will support the maintenance of the MLP by coordinating legal service trainings for clinical staff, led by the MLP Lawyer, and ensuring the MLP lawyer has space onsite.

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For more information, see the [Roles and Responsibilities](#) section of the Implementation Guide.

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Implementation:**Have the following staff been identified and trained?**

Clinicians	<input type="checkbox"/> Yes, How many? _____	<input type="checkbox"/> No
MLP Lawyer(s)	<input type="checkbox"/> Yes, How many? _____	<input type="checkbox"/> No
MLP Program Associate	<input type="checkbox"/> Yes, How many? _____	<input type="checkbox"/> No

Do you have an onsite space for the MLP legal staff so they can meet with patients privately to protect confidentiality?

MLP Lawyer(s)	<input type="checkbox"/> Yes, Where? _____	<input type="checkbox"/> No
MLP Program Associate	<input type="checkbox"/> Yes, Where? _____	<input type="checkbox"/> No

How many days will the MLP Lawyer(s) and Program Associate be on site?

MLP Lawyer(s)	Name: _____
	Days onsite: _____
	Name: _____
	Days onsite: _____
MLP Program Associate	Name: _____
	Days onsite: _____

Are the following data collection tools developed and available to staff either in paper form or electronically?

- Referral form
 Case log
 Intake form
 Close-out form

For each potential MLP client:

Check off the following for each step that has been completed for the client*:

Step	Confirmed by
<input type="checkbox"/> Client has a legal need	
<input type="checkbox"/> Referral form was completed and provided to MLP Lawyer or Program Associate	
<input type="checkbox"/> Intake was completed	
<input type="checkbox"/> Level of service was determined	
<input type="checkbox"/> Case closed	

*This may also be integrated into a medical record or legal tracking system

Monitoring and Evaluation:

Who is responsible for ongoing monitoring and evaluation?

- MLP Lawyer
 External Evaluator, _____
- MLP Program Associate
 Other Clinical Staff Person, _____
- Clinical Program Manager
 Other Legal Staff Person, _____

What is the planned frequency of internal reporting for quality improvement?

- Weekly
 Quarterly
- Bimonthly
 Annually
- Monthly
 Other, _____

Items to track for Monitoring and Evaluation

Number of clients in need of legal services, by race/ethnicity, sex, and age

Number of clients referred to the MLP, by legal need

Number of clients contacted and intake completed

Number of clients served, by level of service

Legal outcomes

Other, _____

Appendix II: MLP Referral Form

Name of Referral Source: _____ Phone: _____

Email: _____ Date of Referral: _____

Caregiver / Client (if age 18 or over) Consented to Referral

Name: _____ Date of Birth: _____

Race/Ethnicity: _____ Gender: M F T/Other

Primary Clinician: _____ Other Clinician(s): _____

Mental Health Condition(s): _____ Next Appt Date: _____

Other Health Condition(s): _____ Recurring Appt Info: _____

Was this referral made at client intake: Yes No Language: _____

CAREGIVER INFORMATION

Name(s): _____ Language: _____

Relationship to Client: _____ Phone 1: _____

Address: _____ Phone 2: _____

Email: _____

INDIVIDUAL REFERRED

(indicate the primary individual(s) you are referring for legal service)

- Client Client's guardian
 Client's parent(s) Client's sibling
 Other: _____

REASON FOR REFERRAL

(check all that apply)

Medicaid/Private Insurance
(access, service denials, redetermination, waiver programs, managed care)

Immigration
(eligibility for public benefits)

Education Issues
(early intervention, discipline, special education, transition)

Family and Domestic Violence
(DCFS, restraining order, paternity guardianship, child support, adoption, divorce)

Non-Medical Public Benefits
(TANF, SNAP, WIC, DSCC)

Estate Planning
(adult guardianship, POAs, special needs trust, wills)

Housing
(conditions, eviction, landlord/tenant, subsidized housing, utility shut-offs)

Social Security
(SSI/SSDI) (eligibility, termination, overpayments)

Miscellaneous/Other
(collections, bankruptcy, foreclosure, employment, juvenile, delinquency)

COMMENTS:

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Appendix III: MLP Intake Form

Receiving Referral

Look over referral to make sure it's not urgent upon receiving it.

Background

- Keep the process predictable, repetitive, maintain the structure
- Frequent, short contacts are better than long infrequent visits
- Address developmental age (not chronological age), but also treat everyone, including minors, as capable, autonomous individuals
- Acknowledge small gains
- A relationship can be therapeutic without being a therapist

Do CMLPC Intake

Introduce as your name only (wait to announce Legal Council until confirm you're talking to the right person), and your connection to the person who made the referral (whoever the patient-client knows)

Explain:

- Roadmap: I'd like to hear about what's going on, and then ask you some questions to see if we can help you, or if not, connect you to services. This will probably take about 45 minutes or maybe a little more, but we usually have shorter calls after that.
- Referral process – some questions are personal and some may not seem to fit your situation, but these questions are important for us to be able to serve you
- No cost – sometimes we can just provide brief information, in other cases we provide representation
- Confidentiality:
 - UTR made the referral, so they know we are speaking with you, but the things you tell us are confidential and we're not going to share information about you or your case unless you agree. However, in order to keep our program going, we would like to share that we worked with you and the outcome of your case, for example. You don't have to agree in order to get our services. Do we have your consent to share that we worked with you and the outcome of your case with UTR?
 - We are not mandated reporters like UTR, so details you share with us will stay confidential.
 - *Our duty of confidentiality ends if we believe that you are planning to hurt yourself or someone else. In that case, we would like your consent to call the mental health team at UTR. Do we have your consent?*

Accurate name spelling and DOB?

Good contact info? Safe to call/text? Alternate phone number?

Asking income questions because we want to make sure that you're receiving the most help that you can, and because some organizations we might refer you to can't help people if they can afford a private attorney

Any representation or conversations with other lawyers yet?

Housing Intake

Pay your rent – very few instances for not paying it; paying late is grounds for having an eviction filed against you, even if there are other problems or if the LL is doing it to get back at your for something else

- Do you have problems with your landlord? Eviction?
- Do you have conditions problems like pests, lead paint, no heat?

Public Benefits – (Medicaid eligibility for 1 is less than \$1321)

- Trouble with Medicaid, seeing doctors, or getting prescriptions?
- Trouble with SNAP, TANF, WIC?
- Trouble with Social Security, or disability?
- Income – Trouble at work? FMLA

Education (if yes to any questions, get name/address of school, grade, begin Education intake)

- Trouble enrolling in school?
- Getting evaluation or services for child's needs?
- School sends child home frequently for behavioral or medical issues?
- Problems with school fees?

Immigration or Veteran's Status

- Would you like help in creating a safety plan for your children?
- Do your US citizen children have passports?
- Do you have trouble accessing benefits?
- Questions about changing immigration status?

Family Stability

- Legal guardianship issues – trouble making decisions about a child you care for or who will make decisions if you're unable to?
- Disabled adult guardianship?
- Custody, divorce issues?
- Fear someone, need order of protection?
- Trouble with DCFS?

What are the client's goals? Repeat back to them what you think they are

Get all necessary ROIs (health, school, SSA, 3rd party, UTR release, CFC, DCFS (open or closed case, and provider-specific forms – do you know which providers they see?)

Closing Intake

Communication: feel free to call us, but make sure to leave a voicemail or we won't call you back; feel free to text; we usually respond within a day or so, but not usually outside of 9–5pm office hours.

Intake Notes:**Age, sex, diagnosis:**

Summary of legal issue:

Key facts per legal issue:

Client priorities:

Next steps:

REFERENCES

1. Tobin Tyler E. Medical-Legal Partnership in Primary Care: Moving Upstream in the *Clinic*. *Am J Lifestyle Med*. 2019; 13:282-91.
2. Ryan AM, Kutob RM, Suther E, Hansen M, Sandel M. Pilot study of impact of medical-legal partnership services on patients' perceived stress and wellbeing. *J Health Care Poor Underserved*. 2012; 23:1536-46.
3. Weintraub D, Rodgers MA, Botcheva L, Loeb A, Knight R, Ortega K, et al. Pilot study of medical-legal partnership to address social and legal needs of patients. *J Health Care Poor Underserved*. 2010; 21:157-68.
4. Sege R, Preer G, Morton SJ, Cabral H, Morakinyo O, Lee V, et al. *Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial*. *Pediatrics*. 2015; 136:97-106.
5. Administraiton HRS. Federally Qualified Health Centers. 2018 [cited 2021 5-1-2021]; Available from: <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>.
6. Curbside consultations. *Psychiatry (Edgmont)*. 2010; 7:51-3.

NOTES



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