

Medical Legal Partnership for Children in Durham

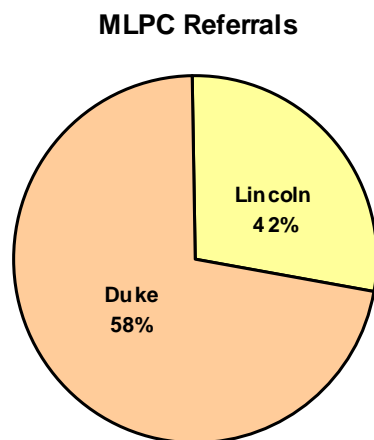
Initial Year Report March 2008

Following a six-month planning period, the Medical-Legal Partnership for Children in Durham was launched in March 2007 to create a collaborative relationship between local pediatricians and local lawyers to benefit low-income children. The legal team, consisting of lawyers, a paralegal, and law students from the Duke Children's Law Clinic and Legal Aid of North Carolina, and the medical team, consisting of pediatricians and pediatric clinicians at Duke Primary Care for Children and Lincoln Community Health Center, met together on a monthly basis throughout 2007. The purpose of the meetings was to educate the pediatricians about legal issues that their patients might be facing and to facilitate the referral of those patients to the legal team. Throughout the year, pediatricians and their staffs consulted with the legal team and referred their patients. The lawyers often collaborated with the pediatricians when their assistance was needed to accomplish the patient's legal goal.

The following is a summary of the accomplishments of the Medical-Legal Partnership for Children in Durham.

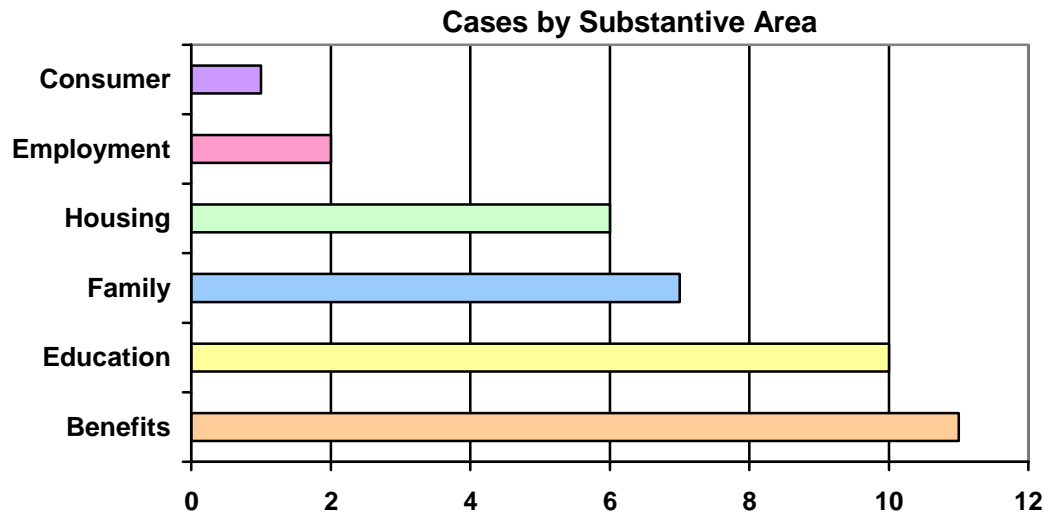
I. Overview: Referrals & Services Rendered

In its first year the Medical Legal Partnership for Children in Durham served 76 individuals from 33 families. The total number of individuals served includes clients and their families, as the legal assistance aims to bring stability to the entire household. Legal assistance was provided in the areas of housing, government benefits, family law, consumer law, employment law and education law.



A total of 36 referrals were received by the legal team from the medical partners at Lincoln Community Health Center (10 referrals) and Duke Children's Primary Care (26 referrals). One referral came from the Duke University Medical Center Pediatric Blood and Bone Marrow Transplant Program. Of the 37 referrals, 33 were eligible for legal services. Furthermore, the accepted 33 referrals yielded 38 cases, as some of the clients required legal counsel in multiple areas.

The medical providers most commonly referred patients to MLPC with questions and concerns involving government benefits (11), education law (10), family law (7), and housing issues (6). The MLPC legal team represented clients in 11 proceedings, provided advice in 14 cases, provided brief legal service in 4 cases, and 1 case is pending at the time of this report.



II. Cases by Substantive Area

A. Benefits

Eligibility for public benefits was the most common issue among our clients. The legal team provided advice regarding eligibility requirements and appeal rights for a variety of public benefits programs, including Supplemental Security Income, Food Stamps, and Medicaid. The legal team also took on the cases of three children who had applied and been denied Supplemental Security Income benefits, which are monthly cash benefits made available to low-income children with disabilities. This representation is in the administrative appeal process set up by the Social Security Administration. In one of these cases, the child was awarded benefits. Appeals are still pending in two of the cases. In all the cases, the legal team has worked directly with Duke Primary Care for Children providers to develop the evidence needed to prove the children’s eligibility for the benefits.

B. Education

❖ Special Education

Seven families were referred with special education issues. These cases generally involve advice and advocacy with school personnel to help the parent assure that the child is receiving special education services that are responsive to an identified disability that is affecting the child’s education. MLPC’s usual practice is to interview the child’s parent, meet and talk with the child (if age is appropriate), collect, review, and analyze the child’s school records, and accompany the parent to a “IEP” meeting, at which a plan for the student’s “Individualized Education Program” is developed. Negotiation with the school district attorney is often involved. With regard to two of the referrals, MLPC interviewed the parents, collected and analyzed the school records and provided advice

only. One of those parents has recently returned to MLPC for additional advocacy. One family is scheduled to be interviewed.

MLPC has taken on very active representation for three families. The work is nearly complete in one case and is ongoing in two additional cases. In the case that is nearly complete, the legal team worked with the parent to establish eligibility for special education after the school personnel had determined she was not eligible. Through negotiation, the legal team helped get the child specialized testing, established her eligibility for services, and successfully advocated for appropriate services in school.

❖ School Discipline

Two cases involved school discipline. In both cases, the children involved had been accused of rule violations and suspended from school for the rest of the school year. In one case, the child's hearing was the day after the legal team made initial contact with the parent. The parent was thoroughly interviewed and provided advice regarding how to present the case. The parent was successful in handling the case on her own with the legal team's advice. In the second case, the legal team took on representation of the child and represented her before the school board. This representation was successful and the suspension was ended following the hearing. The child was able to re-enroll in school.

C. Family Law

❖ Domestic Violence

Referrals related to domestic violence fell into two categories; clients who were seeking domestic violence protective orders (DVPO) and those who were in domestic violence situations, but not ready to take legal action. In its first court hearing, the legal team secured a DVPO and temporary custody for a client, and advised her of other legal options that she could pursue. Clients who were not in a position to seek a protective order received advice on how to file for a DVPO and were directed to local domestic violence resources.

❖ Custody

A few clients were interested in obtaining legal guardianship for children in their care. MLPC generally only accepts these cases in order to ensure caregivers are authorized to make medical decisions on behalf of the child when a parent is absent. The legal team is representing two grandmothers to obtain legal custody of their grandchildren. In one case, the grandmother agreed to care for a significantly disabled boy whose parents were unwilling or ill-equipped to care for him. The grandmother needs custody to be able to get government benefits, consent to medical care, and otherwise carry out parental duties. Prior to engaging in the custody representation, we drafted some preliminary documents that allowed the grandmother to enroll the child in school. In the other case, the grandmother took on care of her three grandchildren when their mother died in a car accident. Their father is in prison for life. The grandmother is particularly concerned about establishing custody because of some difficulties with the father's relatives. She also needs to have legal authority to carry out parental duties and obtain necessary services for the children. After the legal team accepted this case, it

became contested when the other grandmother asserted an interest in custody. The case likely will involve a full custody trial.

D. Housing

Housing was one of the most common legal issues the families referred to the legal team faced. Among the housing concerns, landlord/tenant issues were the most prevalent, followed by Section 8 housing voucher concerns. To assist those clients, the legal team advised them on landlord/tenant law, the significance of obtaining a housing inspection, and the steps required to pursue legal action for damages, when necessary.

E. Employment

This year MLPC has served clients in various employment related cases. One client was a mentally handicapped individual who had been sexually harassed on the job and been significantly mistreated by her co-workers. The client's lawyer worked with her to file a complaint with the Equal Employment Opportunity Commission (EEOC). Another employment case involved a mother with a seriously ill child. The mother was required to miss work frequently in order to take her child to doctor's appointments. Consequently, her employer sought to reduce her hours. The mother was in a difficult position because she needed the full-time position to support her family. MLPC's legal team was able to advise the client on her rights under the Family and Medical Leave Act (FMLA).

F. Consumer

Medical and other debt can severely hinder a family's well-being and stability. The legal team has been able to counsel families regarding mortgage foreclosures, fair debt collection practices, and how to best manage financial challenges. In addition to providing clients with information about their legal rights and options, the legal team has worked with community organizations to help our clients get back on their feet and improve their budgeting skills.

III. Clinician Education

The legal team provided ongoing training for the pediatricians, nurses, social workers, and other staff about legal issues that may be facing their patients. In order to increase awareness about our presence in the community, a website was created:

www.law.duke.edu/partnershipforchildren .

The website is currently directed at medical providers and includes power point presentations offered by the legal team during previous workshops, contact information, a fillable and printable referral form, and general information about the partnership's goals and mission.

Informal training and consultation occurs during weekly “office hours” at Lincoln Community Health Center, where a member of the legal team is present to field questions from providers, follow up on referrals, and build relationships with various members of the medical team. More formally, medical providers learned more about the basic rights of children and when to refer their patients to the legal team during in-service training sessions. The following workshops were offered by the legal team at both Lincoln Community Health Center and Duke Children’s Primary Care:

- Introduction to the Medical-Legal Partnership
- Special Education and IEP’s
- Supplemental Security Income
- Housing Issues
- Basic Welfare Benefits
- Domestic Violence
- Family law, as it relates to Consent for Health Care for Minors
- Evaluation of the Medical Legal Partnership

In addition, throughout 2007 and in early 2008 the legal team has conducted introductory presentations to various departments at Duke University Medical Center (DUMC), the Durham County Health Department, and the Durham Community Health Network including:

- DUMC – Ellen Lawton presented Grand Rounds for pediatricians (7/31/07)
- DUMC– Department of Speech Pathology and Audiology (10/16/07)
- DUMC – Child Development and Behavioral Health Clinic (10/18/07)
- DUMC – Duke ADHD Program staff (1/28/08)
- DUMC – Pediatric Residents (4/19/07)
- UNC Hospital – Pediatric Social Work staff (10/24/07)
- Durham Community Health Network – Carolina Access social workers (11/2007)
- Lincoln Community Health Center – Pediatric nursing staff (2/14/2008)
- Durham County Health Dept. – Child Service Coordination Program (2/20/08)
- Durham Community Health Network - Local Access to Coordinated Health Care (LATCH), social workers, community health workers (2/21/08)
- Durham County Health Dept. – Baby Love, maternal care program staff (3/11/08)

IV. Evaluation

The Medical-Legal Partnership engaged a Ph.D. research scientist at the Duke University Center for Child and Family Policy to evaluate the clinician training aspect of the partnership. Following is her report:

Attendance

A total of 10 staff from Duke Primary Care completed the final evaluation survey of the Medical Legal Partnership: 3 physicians; 3 nurses; 3 licensed registered practitioners; one social worker and one psychologist (Table 1). Five staff from Lincoln Primary Care attended the final session

for a total of 15 attendees. However, staff from Lincoln did not complete a final feedback form. Results below are based on feedback from the 10 staff from Duke Primary Care that attended the final MLP workshop.

Table 1: Attendance Final Session (N = 10)

Type of Staff	%
Social worker 10%	10
Registered Nurse 30%	30
Medical assistant or LPN 20%	20
Attending Physician 30%	30
Other: Psychologist 10%	10
Total	100

Training Sessions

Staff rated three of the six sessions *extremely to very useful*: Session 2: Special Education and IEPs; Session 3: SSI/Disability; and Session 4: Housing Issues (Table 2). However, when asked which topic was of greatest interest, staff rated the session on domestic violence most highly (40%) (Table 3). For future trainings, staff reported they are most interested in hearing about the following:

- In loco parentis consent forms;
- Any updates, changes in medical legal issues;
- Family law – foster care guardianship, divorce law; and
- Family law.

Finally, when asked what is the most important thing learned (now know without referring to the materials) as a result of attending the MLP trainings staff responded:

- The information about housing; and
- The SSI appeals information.

Table 2: Usefulness of Topics (N =10)

	Extremely useful	Very useful	Somewhat useful	A little useful	Not at all useful	Did not attend	Total
Topic	%	%	%	%	%	%	%
a) Session 1 Overview of Medical Legal Partnership							
b) Session 2 Special Education and IEPs	10	70		10		10	100
c) Session 3 SSI/ Disability Benefits	10	70	10	10			100
d) Session 4 Housing Issues		80		10		10	100
e) Session 5 Basic Welfare Benefits	10	50	10	10		20	100
f) Session 5 Domestic Violence	30	30	10	10		20	100
g) Session 6 Family Law (Consent for Medical Treatment)		40	10	10		40	100

Table 3: Topic of Greatest Interest/On Which More Information Desired

	Greatest Interest	More Information
Topic	%	%
Domestic Violence	40	0
Special Education and IEPs	30	20%
SSI/ Disability Benefits	30	0
Family Law (Consent for Medical Treatment)	20	30%
Basic Welfare Benefits	20	0
Housing Issues	10	10%
None	0	30
Other: How you re actually functionally doing the referrals with patients	0	10

Training Materials

Thirty percent of staff reported they *sometimes* refer to the training materials 40% reported that they *rarely* refer to the training materials and 30% *never* refer to the training materials. Those that do refer to the material reported that they refer most to the following:

- Special Ed/SSI
- SSI
- Domestic violence and housing info

Staff was asked if presenting the materials in a different way (from Power Points and handouts) would increase the likelihood of looking at them. They responded that the power points recently posted on the web were most helpful, and that web-based training for CME credit would help *a lot to some* in increasing the likelihood of their referring back to them. Staff was more divided on the usefulness of pocket reminder cards saying that they already have many of these and that having them does not mean they are used. Staff was least enthusiastic about web-based standing orders as a way of increasing the use of the materials (Table 4).

Table 4: Likelihood of looking at the materials if format changed

Presentation Format	A lot	Some	A Little	Not at all	No Answer
	%	%	%	%	%
Web-based training for CME credit	*30	40	10		20
Power points posted on the web	30	50	10		10
Pocket reminder cards	40	30		20	10
Web-based standing orders	10	40	10	10	30

Referrals to Medical Legal Partnership

Forty percent of staff reported they have referred patients to the Medical Legal Partnership since the training began. Staff referred, on average, 4.5 patients. Staff was instructed to check one or more factor that made it difficult to refer patients. Responses fell into three broad categories: 1) too little time for too many other issues to address; 2) communication issues related to privacy and/or inability to translate; and 3) discomfort in the referral role/insufficient knowledge to address the issue (Table 5).

Table 5: Reasons for Not Referring (N=10)

Reason	%
Not thinking about it while interacting with patients	20
I do not have sufficient knowledge about the issues	10
Privacy issues dealing with my patients	10
Too many other issues to address during the visit	10
Lack of time	10
Translation issues	20
This is the role of other individuals	30

Comfort Level

Staff reported greater comfort with the referral process than with the screening questions as seen below in Tables 6 and 7.

Table 6: How comfortable are you asking screening questions about medical legal issues?

Comfort Level	%
Extremely comfortable	10
Very comfortable	10
Somewhat comfortable	50
A little comfortable	0
Not at all comfortable	20
Other: depends	10
Total	100

Table 7: How comfortable are you making a referral to the medical legal partnership?

Comfort Level	%
Extremely comfortable	20
Very comfortable	30
Somewhat comfortable	20
A little comfortable	10
Not at all comfortable	10
Other: Depends on the reason	10
Total	100

Future of the Medical Legal Partnership

In spite of some of the difficulties associated with screening and referring patients for medical legal issues, 40% of staff reported that it was *extremely likely* that they will refer patients to the Medical Legal Partnership in the future and 30% reported it *somewhat likely*. Only 20% reported that it was *not at all likely*. And, almost all (90%) of staff reported that they believe that a child's overall health can be improved by legal intervention.

V. Conclusions

All the partners are enthusiastic about continuing to engage in the Medical-Legal Partnership for Children in Durham. Plans are currently underway to create on-line, web-based training modules for medical clinicians that will include video to accompany the slide presentations. The clinicians will be able to access these at their own convenience. Both legal partners have continued capacity to accept referrals of pediatric patients. If sufficient funding is available, the Partnership will continue to participate with the national group working on evaluating the efficacy of medical-legal partnerships in improving the health and well-being of low-income children.