



Executive Summary of the
Fiscal Year 2010
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 Health care 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 Fiscal Year (FY) 2010 (July 1, 2009 through June 30, 2010) HeLP Annual Program Evaluation Final Report.

National Literature Review

MLPs 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, persons formerly incarcerated and reentering the community. By teaming legal providers with health care 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 lawsⁱⁱ. MLPs may address social variables that include issues related housing, hunger, education, employment security, access to public benefits, health care coverage, guardianship and other family law matters.

In 2009, 81 MLPs were active in the nationally. MLPs provided direct legal services to over 13,000 individuals and families and provided an additional 3,000 families with information and resources through case consultations with frontline health care providersⁱⁱⁱ.”

In addition to its focus on individual patient-client service, many MLPs advocate for systemic change, pushing to promote legislation and public agency policy that favors the health and well-being of individuals and families.

MLPs also are working to transform how vulnerable individuals and families receive care through interdisciplinary education. Many MLPs offer professional training opportunities for legal, health care and social services providers and staff to screen for the social determinants of health and encourage lawyers to practice public health law. By working as an interdisciplinary team the legal, medical and social services providers can improve the health and well-being of the patients and families they serve.

As the model progresses and the MLP Network expands, efforts continue to measure the impact of the medical-legal partnership model on individual and family's access to legal services and on their health. Collaborations between medical centers and legal entities now number over 200; the collaborations serve children, the elderly, cancer-stricken patients, the formerly incarcerated reentrants to society, and other vulnerable populations. The National Center for MLPs plans to formalize the Medical-Legal partnership model in the future, which will include membership benefits and requirements.

Many MLPs incorporate a formal interdisciplinary educational component. The educational experiences may include academically accredited courses and clinical learning opportunities for medical students, medical residents, and law students. As these programs continue to develop, additional emphasis has been directed towards determining how formal educational opportunities affect the way participants

practice their profession and how it may improve the health and well-being of the patients and families they serve.

The MLP models are evolving by expanding the types of health care providers engaged in the partnership, to serving in disease-specific client cohorts. Other models have isolated a cohort of their client population by problem type and have developed an institutional intervention process to help address the need.

Recently, there has been exciting legislative activity around a potential federal demonstration project for medical-legal partnerships. A demonstration project would support and expand the integration of MLPs into health care settings and collect data on the effectiveness of the MLP model from both legal and health care perspectives, including measuring cost-effectiveness and patient health outcomes. There is strong interest in both the House and Senate for the MLP for Health Act, which lays the groundwork for an MLP federal demonstration project. The Act is now being revised and finalized.

The 2010 MLP Network Partnership Site Survey was administered in January 2010 to the 79 partnership sites in the MLP Network. 55 partnership sites (72% of the MLP Network) completed the on-line survey. The study was deemed exempt by the National's Center affiliated IRB and asked partnership sites to report on 2009 program activities. This data reflects the work of MLP survey respondents across the U.S.

In 2009, the MLP Network:

- Served nearly 13,000 individuals and families, and gave nearly 3,000 legal consultations to front-line health care staff.
- Trained nearly 8,000 front-line health care staff to recognize the links between unmet legal needs and health.
- Recovered over \$5 million in public benefits for vulnerable individuals and families.
- Recovered over \$800,000 for hospitals and health centers in Medicaid appeals.
- Engaged in dozens of initiatives on behalf of patient-families to change institutional and regulatory systems.
- Received \$13 million in in-kind services from *pro bono* partners.
- Received over \$8 million in cash funding from legal, health, foundation, academic and government partners.

HeLP Literature Review

On November 23, 2009, the Center hosted the fifth annual one-day workshop/retreat for partners and stakeholders in the Health Law Partnership (HeLP). The retreat's agenda included reviewing each of the four components of HeLP (Research and Evaluation, Education, Public Health Legal Services, Advocacy), discussing these components in the context of the annual report, and developing strategic priorities for the upcoming year including the role of the advisory council and program awareness and fund-raising, and research and publication.

The retreat was attended by HeLP partner representatives, staff attorneys and fellows, administrative staff, and physician champions. Priorities and planned actions generated in each of HeLP's four component areas included items such as:

- developing case acceptance priorities and streamlining the intake process to increase process efficiency (public health legal services);
- evaluating the frequency of educational programs for social work staff, expanding medical/clinical education opportunities for legal staff and students through increased participation in programs offered at the hospitals,
- revising surveys instruments that are directed towards increased interdisciplinary participation (education);

- creating opportunities to extend advocacy with Children's and other organizations and utilize the patient stories to demonstrate the advocacy benefits of HeLP (advocacy);
- exploring options for streamlining the informed consent process for research;
- improving response rates among annual survey participants;
- developing smaller, prioritize research and publication efforts; and,
- exploring annual evaluation cost-reduction strategies and funding resources (research and evaluation).

Other areas addressed include the structure and operation of the Advisory Council. In FY2010, the Advisory Council agreed to once again use subcommittees to help engage members in program activities. The three subcommittees are (1) program awareness, (2) research and evaluation, and (3) fund raising and resources.

Other FY2010 accomplishments included:

- expanding interdisciplinary educational opportunities:
 - presented three academic lectures at Morehouse School of Medicine,
 - implemented a one-month HeLP rotation for fourth year Morehouse School of Medicine students,
 - attended Morbidity and Mortality conferences,
 - shadowed Children's social workers,
 - opened HeLP Legal Services Clinic Case Rounds to medical residents at Hughes Spalding,
 - participated in Clinical Rounds at Hughes Spalding,
 - co-hosted the first Interdisciplinary Education Conference in September 2009 that was attended by approximately 90 attorneys, physicians, social workers and students from around the country;
- serving as a demonstration program:
 - recognized by The Joint Commission as a best practice at Hughes Spalding,
 - contacted by Wilmington, NC hospital to gain information on establishing a HeLP program using this model,
 - contacted by Georgia Legal Services in Savannah who is considering developing a medical/legal partnership at Memorial and St. Joe's Candler hospitals,
 - provided advice and consultative support to Floyd Medical Center/Project Remedy, provided advice and consultation to other programs interested in developing a medical legal collaboration (i.e. Loyola in Chicago).
- expanding Research and Publication efforts:
 - continued discussions with Children's in its works to expand resources to research, including outcomes research,
 - continued discussions with Emory School of Public Health regarding potential research opportunities,
 - conducted working subcommittee meetings and developed timelines for publication of existing evaluation findings
 - developed new evaluation and research protocols and instruments to expand opportunities for research and publications.
- expanding the diversity of the HeLP Advisory Council with the addition of a clinical social worker and four pediatricians;
- 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 ongoing in-kind support from the Atlanta Legal Aid Society to support office operations and the delivery of legal services;

- received ongoing in-kind gifts from GSU totaling approximately \$332,000 to support salaries, rent, utilities, and literary subscriptions;
- received one year grant funding from the 1998 Society, Children’s Health care of Atlanta Foundation, the physician’s philanthropic arm, to support a full-time attorney fellow to staff the HeLP office at the Children’s Hughes Spalding campus;
- received grant funding from six foundations and one county program totaling \$365,630:
 - UPS Foundation awarded \$20,000 for a one-year period,
 - Ida Alice Ryan Charitable Trust awarded \$25,000 for a one-year period,
 - Kresge Foundation awarded \$229,130 for a two-year period, and
 - Fulton County Human Services Program awarded \$50,000 for a one-year period,
 - Equal Justice Works awarded \$23,600, and
 - Department of Human Services, Department of Family and Children’s Services Safe & Stable Families Programs awarded \$17,900;
- received eight private donations totaling \$3,350 in FY2010,
- submitted six additional grant funding opportunities of which four were denied and two are pending as of the date of this report; and
- increasing program awareness efforts and interdisciplinary educational opportunities by presenting at 30 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, developing program policies and procedures including succession planning, developing operational manuals and protocols, and ensuring that adequate program-wide communication opportunities exist for sharing best practices and problem – solving.

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 FY2009, HeLP implemented new and revised evaluation instruments.

Client Population

Since receiving IRB approval from Georgia State University and Children’s Health care of Atlanta in January 2005, HeLP Staff have completed intake applications for 1,401 unique clients representing 99 counties throughout the state.

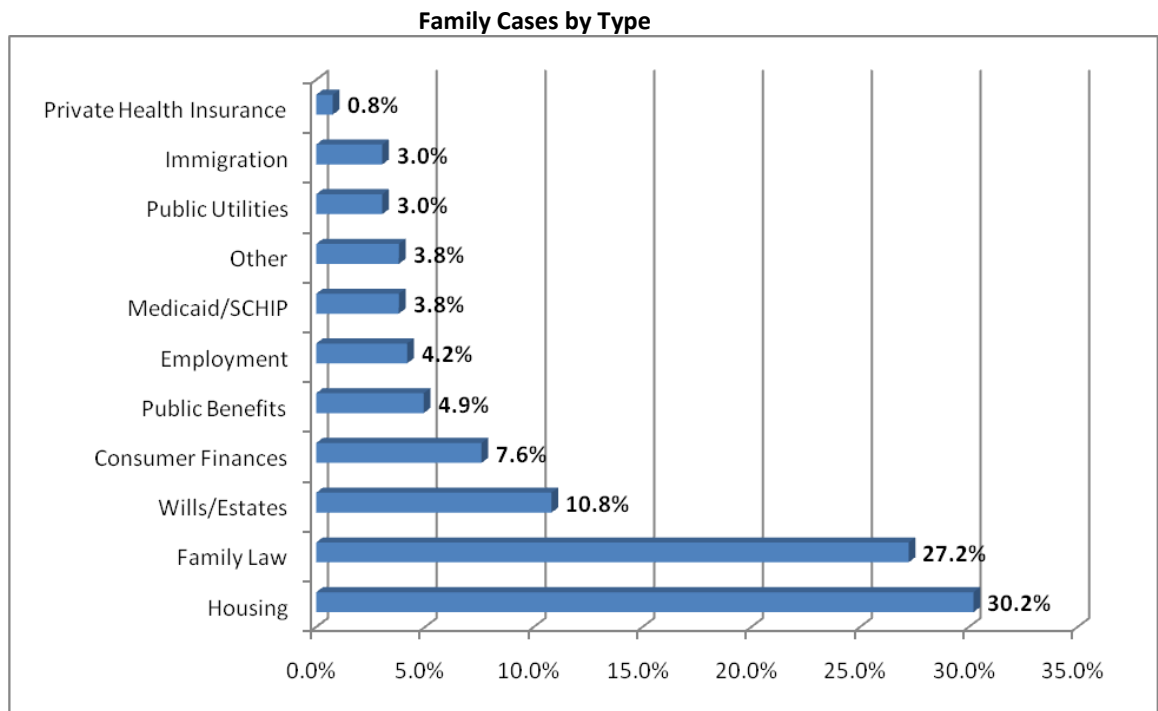
Annual Client Intake by State Fiscal Year

State Fiscal Year	Client Intakes
2005 (a)	23
2006	195
2007	240
2008	276
2009	325
2010	344
Total	1,403

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

In FY2010, HeLP increased the number of client intakes by almost 6 percent from FY2009. The following summarizes the other aspects of the program during FY2010:

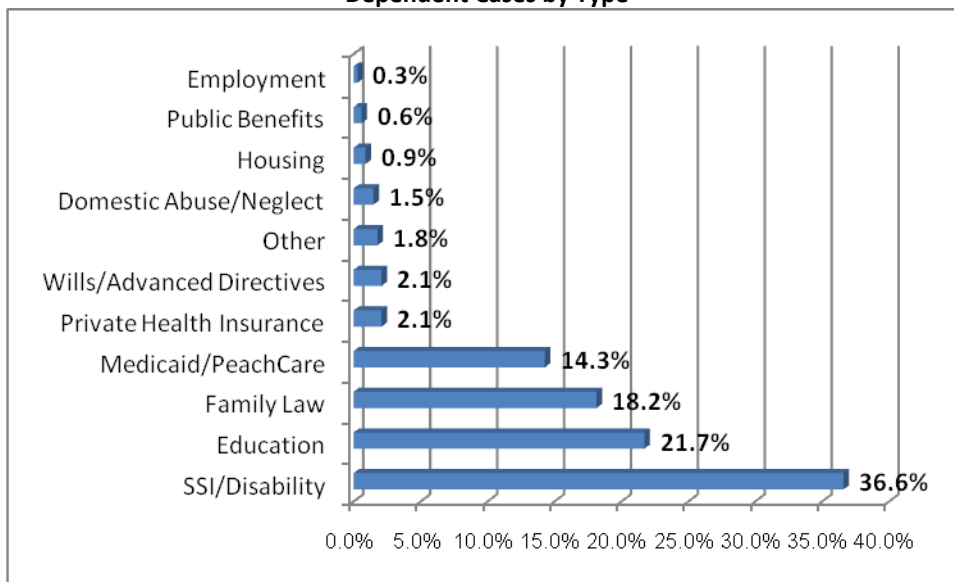
- HeLP handled 614 active cases representing 502 unique clients.
- 57.6% of all referrals come from the Social Workers from the 3 hospitals and clinic sites.
- HeLP clients represented 55 of the state's 159 counties.
- More than 64% of HeLP clients resided in the 5 metro-Atlanta counties (Clayton, Cobb, Dekalb, Fulton, and Gwinnett).
- Age composition of HeLP Clients:
 - 9.8 % are less than 18 years;
 - 73.5% are between the ages of 18-44 years;
 - 15.1% between the ages of 45-64 years; and,
 - 2.6% are 65 years or older or age is unknown.
- Clients represented a multitude of races including:
 - Asian (1.6%)
 - Black/African American (54%)
 - Hispanic/Latino (14.3%)
 - White (26.1%)
 - Others/unknown (4.0).
- 30.4% of clients indicated that they did not complete high school.
- 68% of clients served represented single-parent households (single, divorced, separated, and widow(ed)).
- 31% of clients reported that they had to quit or were terminated from their jobs due to their child's illness.
- 14.9% of clients reported that their spouse/partner had to quit or was terminated from their job(s) due to their child's illness.
- 67.7% of HeLP clients reported receiving public assistance benefits (TANF, WIC, Food Stamps, SSI, etc).
- 58.4% of clients reported occupying private rental or owned residences.
- 49% of clients reported experiencing mental health, physical health, or learning problems/issues.
- 37% of those who reported experiencing health or leaning problems/issues (212) indicated that it affected their ability to work.
- 37.1% of reporting clients indicated that their family has no health insurance.
- Housing (30.2%), Family Law (27.2%), Wills/Estate (10.8%), were the most common problems/issues presented by clients during case intake in FY2010. The following illustration includes the problems or issues presented by clients during case intake.



Dependent Population

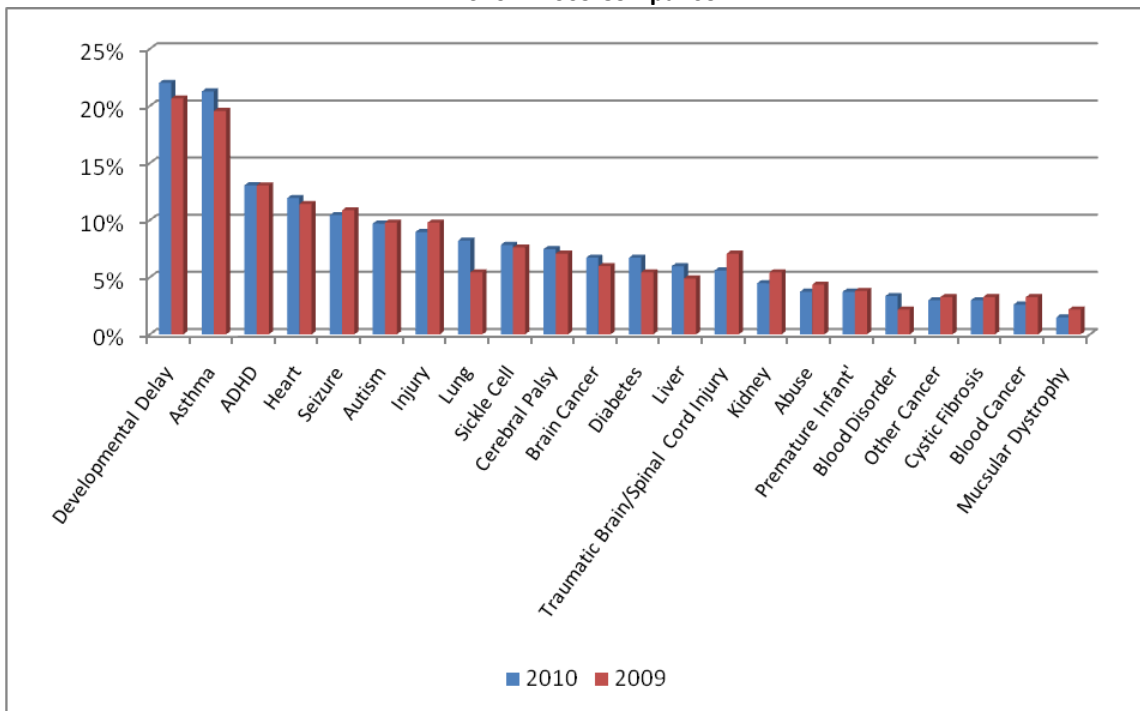
- 300 of the 614 active cases pertained directly to the child/dependent receiving treatment, or to another child in the same household.
- 300 unique dependents had cases active on their behalf.
- Parents contacted HeLP on behalf of 72.3 percent of the dependents assisted by HeLP.
- Age composition of dependents:
 - 28.3% were less than 5 yrs;
 - 31.7% were between the ages of 5 – 11 yrs.;
 - 26.0% were between the ages of 12 – 18 yrs.; and,
 - 14.0% were greater than 18 yrs. of age.
- Health Status of dependents as reported by parent/guardian:
 - 92.0% of dependents were reported as experiencing physical health problems;
 - 32.0% were reported as experiencing learning problems; and/or,
 - 18% were reported as experiencing mental health problems.
- SSI (36.6%), Education (21.7%), Family Law (18.2%), and Medicaid/PeachCare (14.3%) were the most common case types among dependents in FY2010. The following illustration includes the problems or issues presented during case intake:

Dependent Cases by Type



- 90% of dependents with cases report having an acute or debilitating disease or illness. 22% of dependents were reported as experiencing developmental delays and 20% reported suffering from asthma. 43% reported experiencing two or more conditions listed in the table below. The figure below demonstrates the distribution by disease cohorts for FY2010 and FY2009.

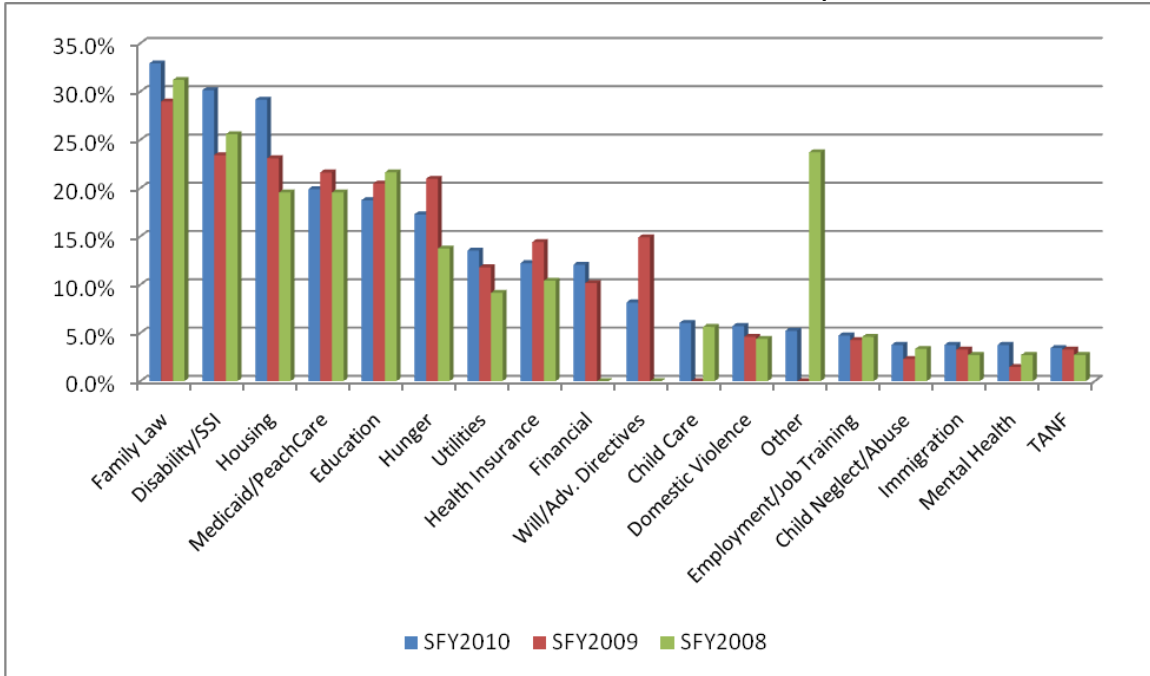
**Number of Dependents by Disease or Illness
FY2010 FY2009 Comparison**



Case Profile

- Of 614 cases opened in FY2010, 36.2% were completed, 19.1% were rejected, 21.8% were terminated prior to completion, and 22.9% remained active at the end of FY2010.
- Wills/Advanced Directives, Family Law, Disability/SSI, and Education were the most prevalent problems and issues HeLP clients and their families faced. In 51% of the cases, clients identified more than one problem/issue.

**Client-reported Problems/Issues
as a Percent of Total Cases: FY2010 FY2009 FY2008 Comparison**



- 73.4% of the 22 closed cases required only limited HeLP services (Counsel and Advice or Limited Action) as defined by the Legal Services Corporation closing codes. 599 cases closed in FY2010 required extended services from HeLP Staff.
- Extended Services Case Actions:
 - 22% of the cases we resolved through an Agency Decision;
 - 32.2% required legal representation and court intervention;
 - 35.6% included legal negotiation and settlement without litigation;
 - 10.2% required other extensive services.
- SSI (23.7), private landlord (13.6%), special education, (11.9%), and adult guardianship/conservatorship (11.9%) were the most common case types that required extended services.

Case Outcomes

- Outcome data was obtained in 116 closed cases.
- HeLP generated \$976,394 in financial support, savings and benefits.

HeLP Case Outcomes Summary

Outcome Category	FY2010 Outcome Value	FY2010 Annualized Value	FY2009 Annualized Value	FY2008 Annualized Value	FY2007 Annualized Value
Benefits					
Monthly Amount of Benefits Obtained or Retained	\$16,806	\$201,675	\$58,380		
Amount of Other Benefits Obtained or Retained	\$74,763	\$74,763	\$64,637		
Number of Persons Getting or Retaining Benefits (Count ALL affected)	31		30		
Consumer					
Number of Persons Avoiding Excessive or Unlawful Debt (TOTAL HH)	3		2		
Total Amount of Consumer Savings (Include Debt Avoided, Damages Awarded, Savings by Refinance, etc.)	\$3,989	\$3,989	\$258		
Education					
Amount of Educational Benefits Obtained or Retained (Assume \$100 a day)	\$23,750	\$23,750	\$212,500	\$147,700	NA
Number of Persons Assisted in Obtaining or Retaining Educational Benefits	13		12	17	3
Number of Persons Entering/Returning to School or Home-bound Services	2		12		
Comprehensive Eval @ \$1000, Psych, Speech or OT Evaluation @ \$750, Independent Evaluation @ \$2000, Functional Behavioral Assessment @ \$1200	\$13,950	\$13,950	\$5,500		
Speech Therapy @ \$75 per hour, OT or Physical Therapy @ \$55 per hour	\$28,125	\$28,125	\$14,400		
Vocational School Tuition @ \$5000 per year, Summer School Tuition @ \$200 per session	\$400	\$400	\$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	\$46,750	\$46,750	\$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	\$31,733	\$31,733	\$46,000		
Special Transportation @ \$5000/yr; Assistive Technology @ cost of same; 2nd set of school books @ \$250	\$3,000	\$3,000	\$28,750		
Employment					
Number of Persons Retaining Work or Returning to Work	0		3		
Monthly Amount of Employment Benefit Received	\$0	\$0	\$25,740		
Family Law					
Amount of Financial Support (Per Family per Month)	\$1,596	\$19,162	\$978	\$25,919	\$22,968

	FY2010 Outcome Value	FY2010 Annualized Value	FY2009 Annualized Value	FY2008 Annualized Value	FY2007 Annualized Value
Amount of Other Financial Gain in a Family Law Case	\$0	\$0	\$402		
Number of Adults and Children Protected from Violence (Count ALL Household Members Protected)	8		3	26	10
Number of Children Provided Financial Support	11		2	5	5
Number of Persons Provided Family Stability (Count ALL Household Members)	67		26	42	NA
Health Insurance					
Number of Persons Obtaining or Retaining Health Care Coverage/Benefits	24		21		
Number of Persons Obtaining ACCESS to Health Care Services	13		20	36	10
Monthly Amount of Health Benefits Obtained or Retained (If Amount is Unknown, Use \$500 per Person)	\$20,400	\$244,800	\$156,264	\$1,414,080*	\$70,033
Amount of Other Health Benefits Gained (Report here if health care debt is avoided or paid)	\$100,341	\$100,341	\$64,366		
Housing					
Amount of Other Housing Benefits Obtained or Retained	\$14,268	\$14,268	\$4,157	\$1,640	NA
Monthly Amount of Housing Benefits Obtained or Retained	\$9,974	\$119,688	\$61,872	\$9,180	\$5,400
Number of Homes Saved/Protected	5		7	2	2
Number of Persons Getting Improved Housing Conditions (Count ALL Household Members)	120		72	28	28
Number of Persons Getting or Retaining Affordable Housing (Count ALL Household Members)	51		27	24	26
Other					
Number of Persons Receiving Other Outcome	10		18		
Amount of Other Financial Gain	\$50,000	\$50,000	\$27,351	\$11,399	\$18,100
Number of Persons Assisted in End-of-Life Planning (Wills, POA, Adv. Directives)	8		17	9	3
Number of Persons Assisted in Retaining Skilled Care or Personal Care	0		2	2	1
Total Monetary Value		\$976,394	\$816,055	\$1,711,564*	\$152,629

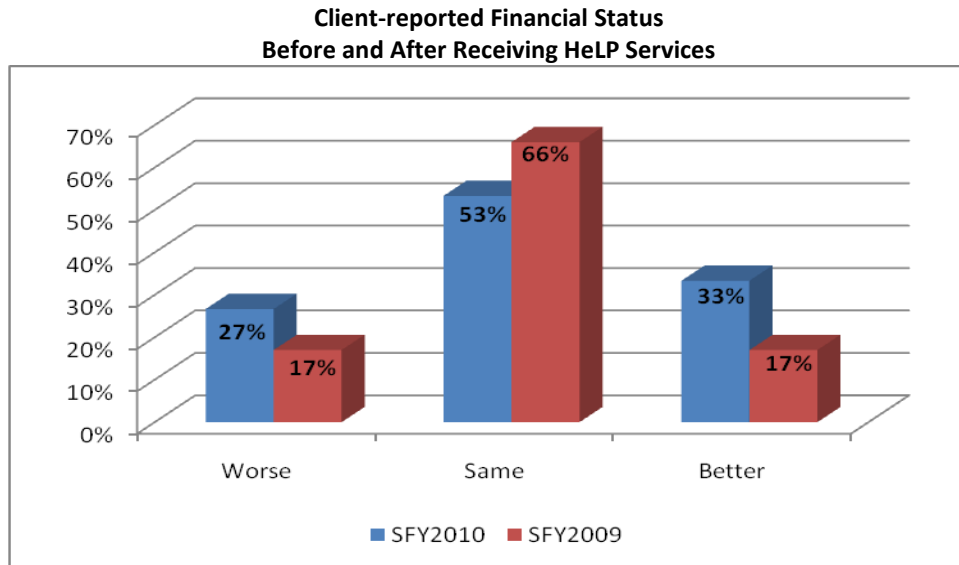
* Includes cost of coverage of an experimental drug with an estimated valued at more than \$1.17 million.

- HeLP obtained or retained benefits in the amount of \$91,569 for 31 persons, an average benefit of \$2,954 per affected person. Most of these benefits related to SSI cases.
- In the area of education, HeLP services impacted 13 individuals and obtained or retained educational benefits exceeding \$145,000 in value.
- HeLP assisted in the protection of 8 individuals from family violence and helped to provide stability to 67 family members. HeLP services also resulted in generating more than \$1,597 in financial support for the families served.

- HeLP obtained or retained health care benefits and services for 32 cases in FY2010. In doing so, HeLP generated more than \$20,000 in monthly savings to the health care system in care that would have gone otherwise uncompensated. In addition, HeLP assisted two families with negotiating medical debt avoidance for services valued at approximately \$100,000.
- HeLP obtained or retained affordable housing for 52 individuals. In addition, HeLP services assisted 120 individuals with obtaining or retaining improved housing conditions. HeLP services resulted in generating \$9,974 in monthly housing benefits and other housing benefits valued at \$14,268.

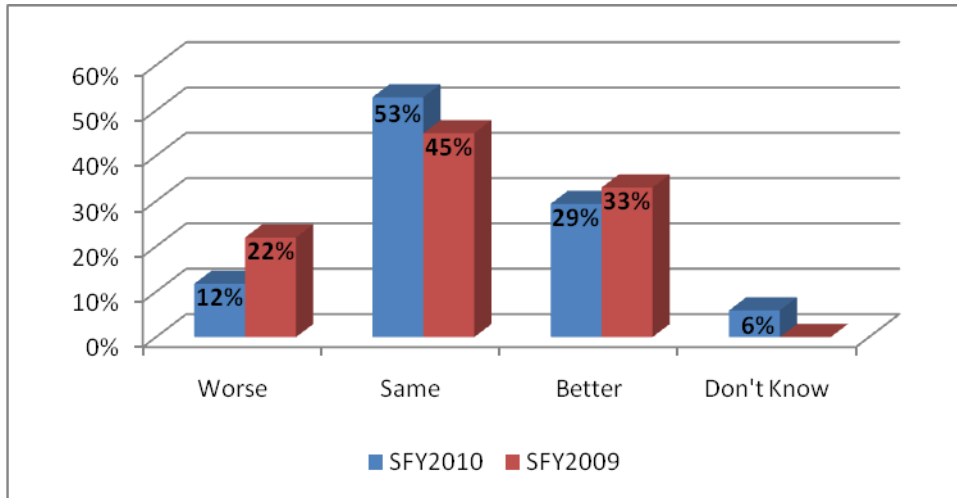
Impact of HeLP Services on the Well-being of Clients Served

- 59% percent of clients responded that HeLP services had a positive impact on their family’s financial situation.
- In FY2010 53% rated their family’s financial situation as the Same after receiving HeLP services, and 27% rated it Worse, and 33% rated it Better. Compared to FY2009, collectively 16% more clients reported that their financial status was Better on the post-intervention survey in FY2010.



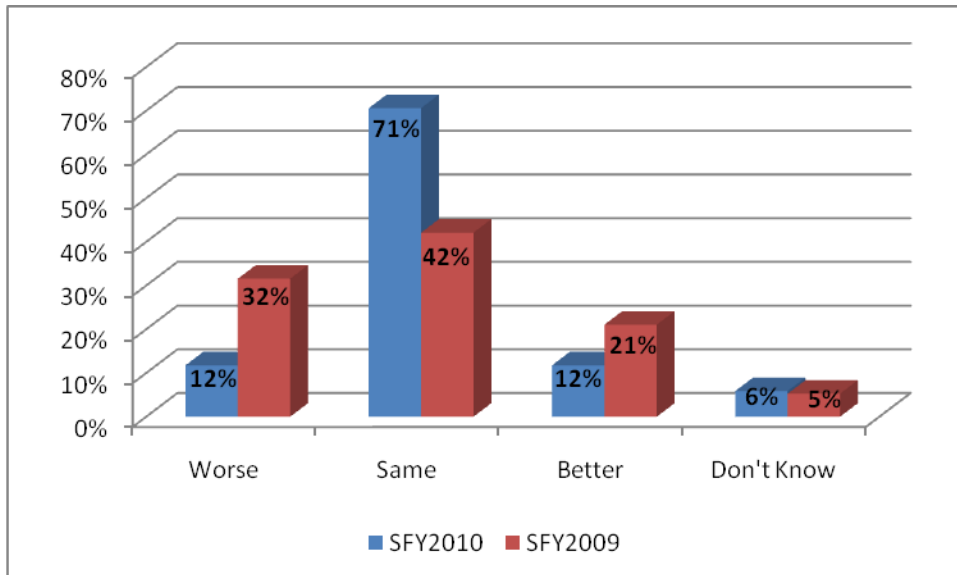
- 53% of the clients rated their physical health as the Same during the pre-intervention survey period as they did during the post-intervention survey period and 29% rated their physical health Better. In FY2009 22% of clients reported their physical health as Worse during the post-intervention survey as compared to only 12% in FY2010.

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



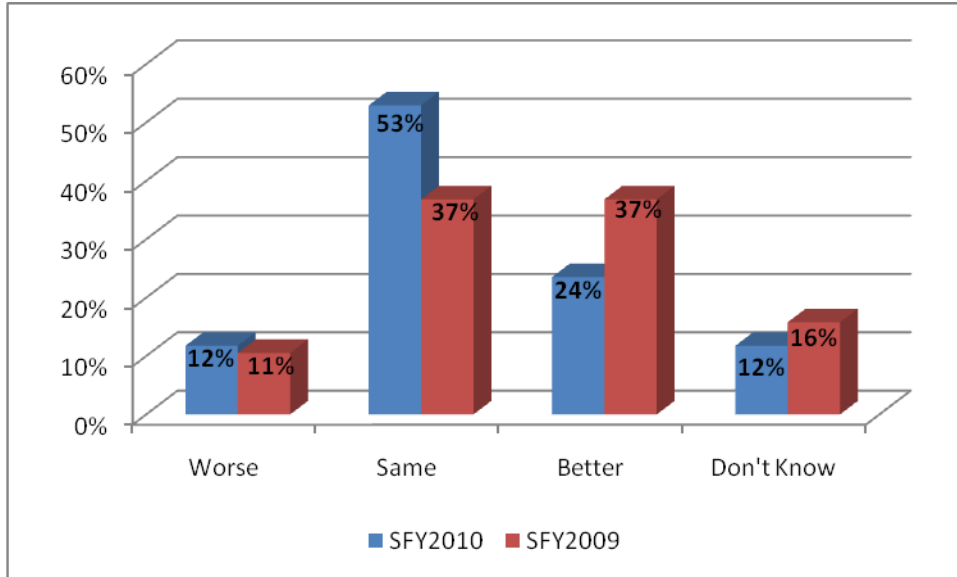
- In FY2010 93% of clients reported their emotional health as the Same or Better during the post-intervention survey than during the pre-intervention survey. Comparatively, on FY2009 on 63% of clients reported their emotional health as the Same or Better. 12% of clients reported their emotional health as Worse in FY2010 compared to 32% in FY2009.

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



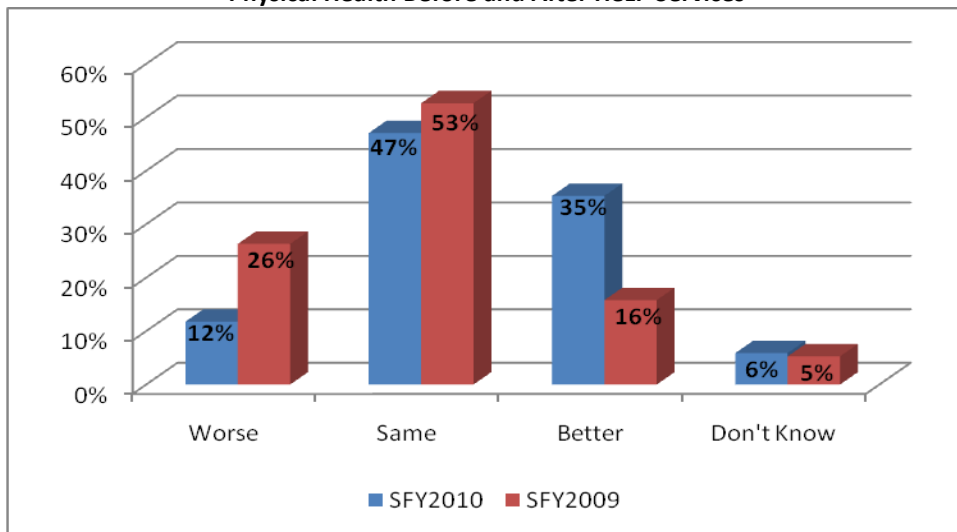
- Collectively, the percentage of clients reported their overall well-being as the Same or Better in FY2010 (77%) was slightly higher than that reported in FY2009 (74%). The percentage of clients who reported their overall well-being as Worse remained relatively stable in FY2010 (12%) and FY2009 (11%).

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



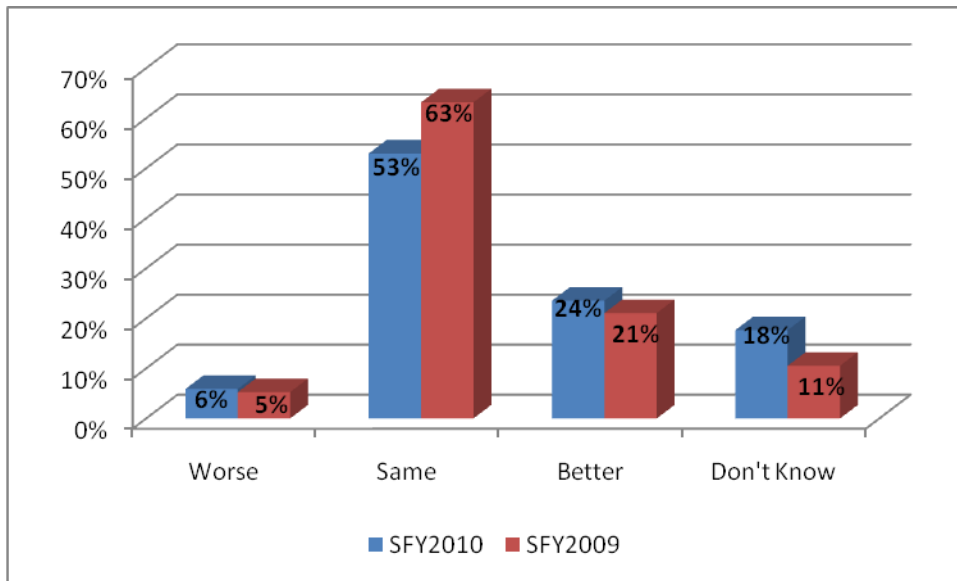
- 82% of clients rated their child's physical health as the Same or Better on the post-intervention survey in FY2010. This represents a 13% increase from that reported in FY2009. 12% of clients rated their child's physical health as Worse on the post-intervention survey as compared to 26% in FY2009.

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



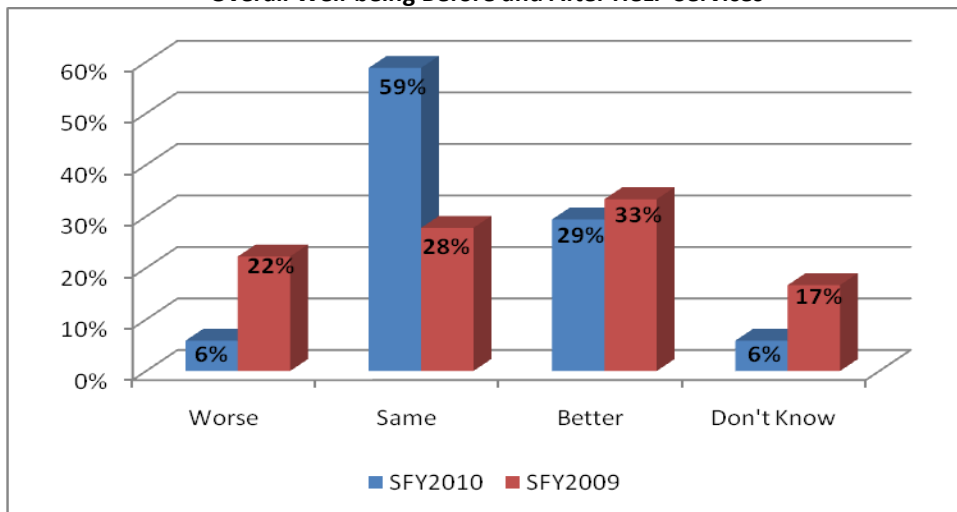
- 53% rated the emotional health of their child the Same during each survey administration period, 24% rated the child's health Worse, and 6% rated the child's health as Better. Collectively, the percentage of clients who rated their child's emotional health as the Same or Better after receiving services from HeLP decreased by 7% from 84% in FY2009 to 77% in FY2010. 18% of clients did not feel they could assess their child's emotional health and reported Don't Know as compared to only 11% in FY2009.

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



- 59% rated their child's overall well-being the Same during each survey administration period and 33% rated it Better during the post-intervention administration period. Collectively, 27 percent more clients rated their child's overall well-being as the Same or Better after receiving services from HeLP than in FY2009. In FY2010, only 6% of clients rated the overall well-being of their child as Worse on the post-intervention survey as compared to 22% in FY2009.

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



Stakeholder Interviews

Stakeholder interviews provide an opportunity to gain additional insight into program quality and effectiveness. The interview questionnaire was modified in FY2010 from questions designed to glean information on program implementation and operational processes toward questions that focus on program accomplishments, impact and sustainability as perceived by the stakeholders. The following is a summary of program strengths and challenges identified by the participants.

Strengths: As reported in past evaluations, stakeholders continue to identify the quality of the people involved in the program including partners, HeLP staff, Advisory Council members, and Children's staff as its biggest strength. Specifically, stakeholders reported that the dedication, capability, and commitment among the HeLP staff continue to be essential attributes that give the program its driving strength. Other areas of program strength include:

- ◆ the provision of free legal service to those who may otherwise not have access;
- ◆ the quality of services provided by HeLP staff;
- ◆ reputation of the Partner organizations;
- ◆ the interdisciplinary opportunities offered that promote collaboration among providers to improve the outcomes for the patients/clients served;
- ◆ the legal advocacy opportunities to change state laws and regulations; and,
- ◆ management of the program.

Challenges: A majority of the stakeholders expressed two areas that are challenging for HeLP: (1) maintaining capacity to meet demand, and (2) ensuring program sustainability in terms of both human resources and funding. Other key challenges noted by stakeholders include:

- ◆ improving communications across the program as a whole including among HeLP staff at different hospital locations, between the legal services staff and the student participants, and among the Partners and the HeLP staff;
- ◆ engaging Children's administrative leadership in the program;
- ◆ increasing provider awareness and experience;
- ◆ expanding educational opportunities to include those that are more helpful to the hospital and the physicians;
- ◆ increasing awareness among referring providers to better identify eligible candidates for HeLP services;
- ◆ increasing public awareness of program accomplishments and successes;
- ◆ increasing patient awareness;
- ◆ developing a Partner representation and HeLP Director succession plan;
- ◆ minimizing staff emotional burn-out and sustaining a healthy morale;
- ◆ demonstrating the program's impact and worth (evaluation, public relations/marketing/publications, and serving as a demonstration project); and
- ◆ addressing the disconnects created among multiple HeLP offices.

Annual Satisfaction Assessments

This evaluation included the administration of satisfaction surveys to HeLP referring providers (health care providers, social workers and hospital school educators), students, pro bono volunteers and educational seminar participants. General survey design was based on a five-point scale (5 representing "Excellent", 4 representing "Good," 3 representing "Fair," and 2 representing "Poor" and 1 representing "Don't Know") with additional questions requesting participant comments/feedback.

Referring Provider Satisfaction

- 70% of referring providers rate their understanding of what the HeLP program does as Excellent.
- Family Law (74%), Disability/SSI (61%), and Housing/Utility (61%) were the top referral issues for which clients were referred to HeLP according to referring providers.

- Respondents were asked to rate HeLP's ability to effectively communicate with specific program participant cohorts.
 - 65% of referring providers rated HeLP's ability to communicate effectively with clients/families as Excellent.
 - 70% rated HeLP's ability to communicate effectively with health care providers as Excellent or Good.
 - 56.5% of referring providers rated HeLP's ability to communicate effectively with social workers as Excellent.
- 70% of referring providers reported that they felt the services provided by HeLP allowed them to reallocate time to other cases.
- Compared to FY2009, 33.5% *more* referring providers indicated that they felt that HeLP services helped to decrease ED visits, 22.4% more providers felt that HeLP services helped to decrease readmissions, and 32.4% *more* providers felt that HeLP services helped to decrease inpatient LOS.
- 95% of referring providers reported that working with the HeLP program resulted in a positive impact on their perceptions of working collaboratively with the legal community to serve their patients and family.

Student Satisfaction

- 64% percent of student respondents rated their understanding of what HeLP does as Excellent.
- The most common case types that student participants provided assistance included Disabilities/SSI (92%), Wills (71%) and Housing/Utilities (71%)
- 50% of students rated HeLP's ability to support them with the legal resources need to serve clients as Excellent and 50 percent responded Good.
- 64 percent of student participants rated HeLP's ability to make appropriate referrals to other agencies as Excellent or Good.
- 88% of students reported that based on their experience with HeLP they will have Definite or Likely Involvement in public service activities.
- 100% of all student survey participants felt they learned better professional skills through their HeLP experience.

Pro Bono Satisfaction

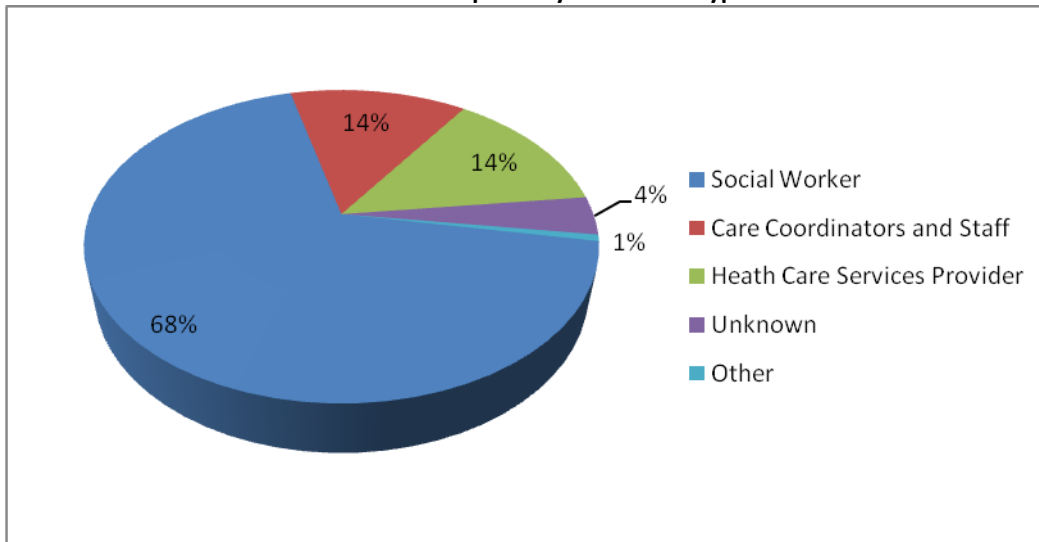
- 60% of volunteers rated his/her understanding of HeLP's objectives as Excellent.
- 40% of Volunteers rated HeLP's ability to effectively communicate with clients as Excellent or Good.
- 100% of the volunteers rated HeLP's ability to communicate effectively with pro bono volunteers as Excellent or Good.
- 80% of volunteers rated HeLP's ability to make appropriate client referrals to the pro bono volunteers as Excellent or Good.
- 60% of volunteers rated the overall quality of the response received when they contacted HeLP for support as Excellent.

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.

- 408 professionals attended the Educational Seminars in FY2010 and 303 completed seminar evaluations. The following table illustrates survey participants by professional type.

FY2010 Seminar Participants by Profession Type



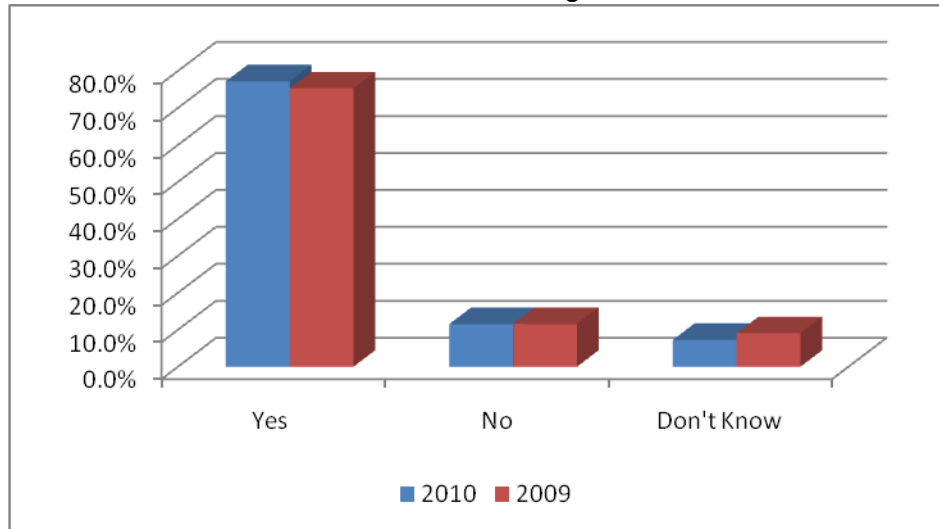
- HeLP hosted 22 education seminars in 8 topic areas in FY2010 as illustrated in the table below:

Table 6-14: Educational Seminar Topics

Education Topic	Seminars Conducted
Custody and Visitation	5
SSI Disability	3
Medicaid Waiver Programs	3
Georgia Justice Project	3
Public Benefits for Children of Relative Caregivers	2
Katie Beckett and EPSDT	2
HeLP 2009 in Review	2
GRN Family Wraparound	2
Total	22

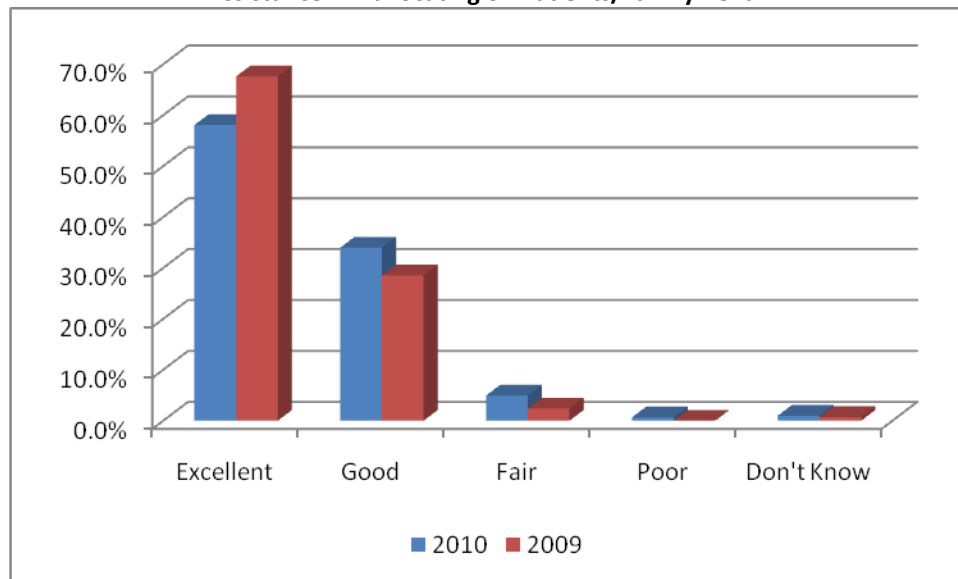
- Approximately 93% of participants rated the topic as helpful in identifying potential clients/families that may need legal services as Excellent or Good.
- 77.2% of participants indicated they felt they were more likely to ask patients/families about their legal needs after attending the educational session.

**Impact of Topic on Increased
Likeliness to Ask about Legal Needs**



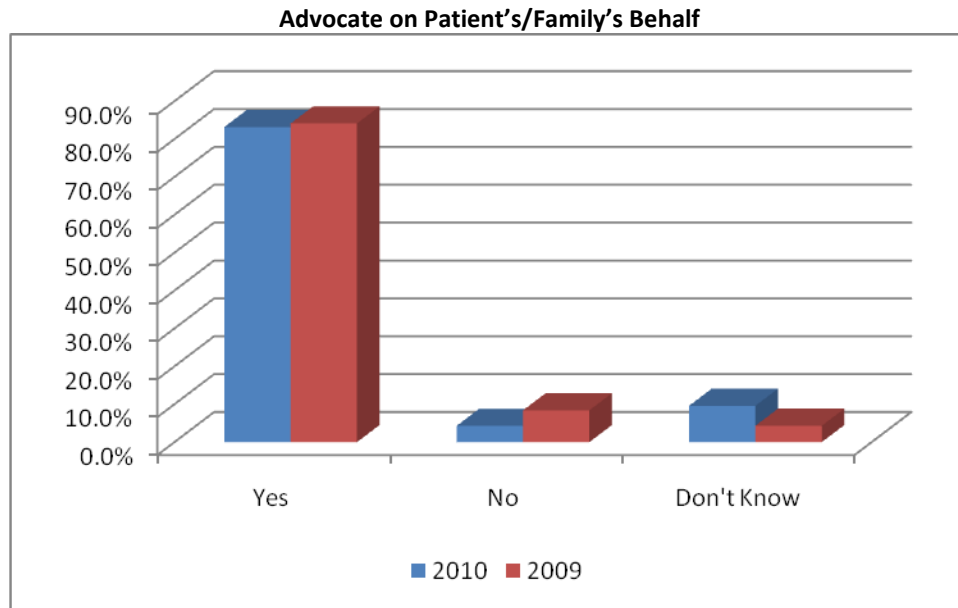
- 92% of survey participants rated the education topic as Excellent or Good in helping them to advocate on behalf of the patients/families as opposed to 96 percent in FY2009.

Assistance in Advocating on Patients/Family Behalf

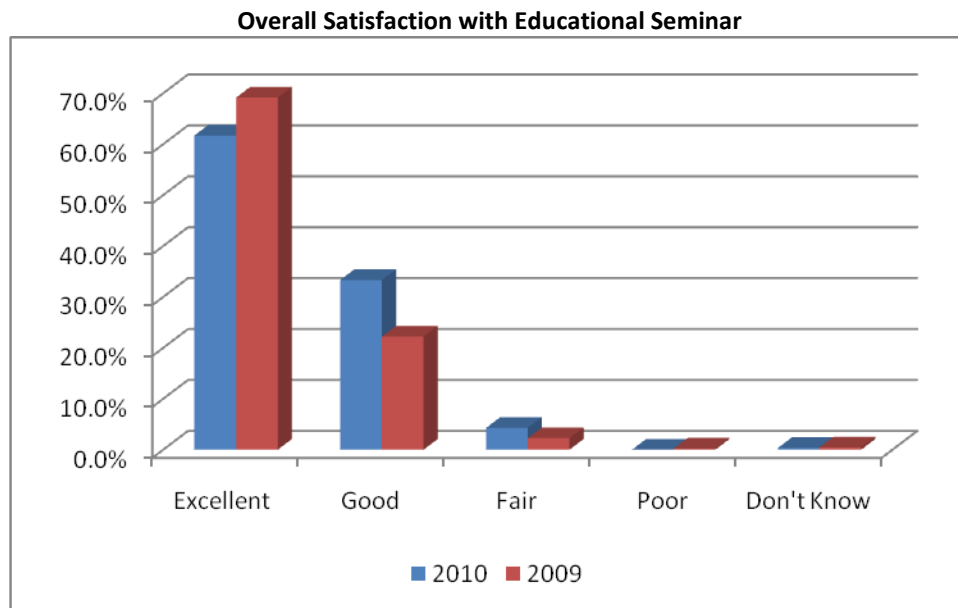


2 seminars held in SF2009 were erroneously administered the previous evaluation instrument, 6.1 percent of responding participants did not receive this question.

- 83% of participants indicated they felt like were more likely to advocate for the legal needs of their patients/families given the educational topic presented.



- 95% of participants rated their overall satisfaction with the educational seminar as Excellent or Good in FY2010. In FY2009, 91% rated their satisfaction as Excellent or Good.



2 seminars held in SF2009 were erroneously administered the previous evaluation instrument, 6.1 percent of responding participants did not receive this question.

- Approximately 97% of all participants indicated that they would recommend the HeLP educational seminars to a colleague. This represents a two percent decline from that reported in FY2009 (99%).

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;14(1):224-228

ⁱⁱⁱ <http://www.medical-legalpartnership.org/impact>