Supporting Patients and Families Through a Medical Legal Partnership

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SOCIAL DETERMINANTS OF HEALTH

Vulnerable populations

• suffer disproportionate share of chronic illness
• do not receive adequate primary care
• experience multiple social conditions that complicate the delivery of high quality healthcare
“When Poverty Makes You Sick, a Lawyer Can Be the Cure” –NYTimes.com

- Social factors influence development & severity of disease

- Inconsistent program implementation results in denials of benefits/services

- Many social factors are remediable by enforcement of existing laws and regulations
Vulnerable or Privileged?
Let’s take a walk.

Steven Ma, MD
Current Service Models

• Medical
  – Multiple entry points
  – High capacity
  – Focus on prevention

• Legal Services
  – Various entry points and community partnerships
  – Limited capacity
  – Reactive vs. proactive
Medical-Legal Partnership Model

Healthcare team
Legal team
+ Patient

Identify, treat, and prevent health-harming legal needs.
What is a MLP?

- Singular partnerships can be traced back to the 1960’s
- First true MLP was formed in 1993
  - Boston Medical Center
  - Greater Boston Legal Services
  - Formed to address housing sanitation for children with asthma
- “Explosion” since early 2000’s
- National Center for Medical Legal Partnerships - 2006
MLP Joint Goals

• Integrated, collaborative medical & legal care
• Enhance patient access to legal protections and benefits
• Diminished barriers to health and well being
MLP Activities

- **TRAIN** healthcare, public health and legal teams to work collaboratively and identify needs upstream;
- **TREAT** individual patients’ health-harming social and legal needs with legal care ranging from triage and consultations to legal representation;
- **TRANSFORM** clinic practice and institutional policies to better respond to patients’ health-harming social and legal needs;
- **PREVENT** health-harming legal needs broadly by detecting patterns and improving policies and regulations that have an impact on population health.
MLP Activities

• Train healthcare and legal teams
  – Education
    • Social determinants of health
    • Resources
    • Screening for legal barriers
    • Laws
MLP I-HELP

I  Income, insurance
H  Housing, utilities
E  Education
L  Legal status
P  Personal, safety
MLP Activities

• Treatment
  – Medical team
    • Preventative, acute, and chronic care
    • Identification of barriers to care
    • Patient education
    • Advocacy
  – Legal Team
    • Patient education
    • Legal consultation
    • Legal representation
    • Advocacy
MLP Activities

• Transform practice
  – Geographic co-location

• Prevention
  – Identify trends
  – Advocacy
  – Policy change
Where are MLP’s?

• Currently established in 262 healthcare institutions in 36 states
2016 South Carolina Medical Legal Partnership

• Furman University

• South Carolina Legal Services

• Greenville Health System
  – Division of Developmental-Behavioral Pediatrics, GHS Children’s Hospital
  – LEND
  – Children’s Advocacy

• Future partners
  – USC School of Law
  – ?
South Carolina MLP

• Pilot project
  – Grant funded SC Developmental Disabilities Council
  – Adolescents with ASD (beginning at age 14)
  – Insure that necessary supports for transition of care are in place prior to the age of majority
    • Guardianship
    • Supplemental Security Income (SSI)
    • Social Security Disability Insurance/Disabled Adult Child Benefits (SSDI)
    • Health insurance
    • Transition health care needs

• Location
  – Center for Developmental Services
Case Studies
Please indicate any concern you might have about your income/benefits, housing, education or employment, legal status, or personal/family stability.

<table>
<thead>
<tr>
<th>IEP not being followed</th>
<th>SNAP/WIC</th>
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<tr>
<td>Special education</td>
<td>Housing - conditions/landlord disputes, threat of eviction</td>
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<td>Immigration status</td>
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<td>Disability status/benefits</td>
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Case 1

1. TW is an 11 year old girl being seen for follow up of attention-deficit/hyperactivity disorder (ADHD). She has also been diagnosed with cerebral palsy and uses either crutches or a wheelchair for community ambulation. At school she receives 1 hour of resource support/day. Grades are barely passing. TW complains of not having many friends at school but otherwise she denies any problems at school. On physical examination you note that her body mass index (BMI) is > 99%. When asking her about exercise, you learn that she does not go to recess at school as the playground is not easily accessible for her.

- What are the concerns?
- What interventions would you recommend?
2. MS is a 12 year old girl with autism, ADHD, and disruptive behaviors. Her intelligence quotient (IQ) is in the average range of ability. After a difficult start and several revisions to her individualized education program (IEP), she was able to successfully complete her 5th grade year. Transition to 6th grade has been extremely challenging with multiple behavior outbursts. During one outburst, the security officer threatened to handcuff her if she did not behave. Her parents perceive the current behavior plan as not working and the school not being willing to change her behavior intervention plan. Currently the school is recommending placing her on homebound and have stated that she will be expelled if she has another outburst at school.

- What are the concerns?
- What interventions would you recommend?
3. Ms. S. lives on the second floor of subsidized housing with her 2 children, age 2 and 4. The 4 year old has been diagnosed with autism and Ms. S is concerned that her 2 year old also has autism. The 4 year old is in preschool and is on the waiting list to receive applied behavior analysis (ABA) therapy. The 2 year old is not receiving any services. Ms. S does not work. Neither father provides child support. When asked if there is anything she needs help with, she requests a note in order to get a ground floor apartment as the neighbors are complaining about excessive noise from the children jumping and she is worried about eviction.

- What are the concerns?
- What interventions would you recommend?
Case 4

4. AC is a 19 year old man who will be graduating from high school this year. He has been diagnosed with autism and generalized anxiety. He has had an IEP since elementary school and repeated the 11th grade at his parent’s request to give him additional time to develop organizational skills and social maturity. His previous work experience has been limited to working with his family and family friends. He was a bag boy at local grocery store but was fired after 1 week due to failure to bag all items (he forgot) and failure to greet the customers. Recently he applied for and was denied disability. The psychologist who was assessing him for supplemental security income (SSI) eligibility did note poor eye contact, significant anxiety, and poor communication skills. Additional concerns are that his father was diagnosed with Stage IV pancreatic cancer 3 months ago and had to close the family business. The family has been self-insured.

• What are the concerns?
• What interventions would you recommend?
Case 5

5. JS is a 6 year old boy being seen for follow up of autism and seizure disorder. He is in a self-contained classroom. He receives speech therapy (ST), occupational therapy (OT), as well as ABA therapy after school in addition to ST and OT at school. He lives with his mother and sees his father about once a month. His father is not available to provide transportation to/from therapy or medical appointments. His mother was recently reprimanded for excessive absences from work and is worried about being fired. She would like to know if therapy limited to what is provided at school would be adequate.

- What are the concerns?
- What interventions would you recommend?
Case 6

6. AV is an 8 year old boy who was brought to the emergency department (ED) by his parents for treatment of a minor illness. A Spanish interpreter was required due to language barriers. Follow up plans were complicated by lack of primary care provider and difficulty with transportation. When asked if his parents would like to meet with a SW to help with resources, his parents appeared fearful and replied “no”, saying they did not have any unmet needs.

• What are the concerns?
• What interventions would you recommend?
7. JS is a 4 year old boy with moderate-persistent asthma who has had multiple past ED visits for status asthmaticus. He was brought to the ED today by emergency medical services (EMS), who note as part of a thorough report, that the squalid apartment had mold/ mildew on the walls and dead roaches scattered on the floor. Upon further history, parents note that they have spoken with the landlord, but the landlord has refused to address the problem.

- What are the concerns?
- What interventions would you recommend?
8. Following her daughter’s death one year prior, a grandmother began fully caring for her three young grandchildren, one of whom was seriously ill. The children were in grandmother’s care before their mother’s untimely death. The grandmother presents to the clinic today with the frail child, reporting worry that she has significant difficulty obtaining Medicaid services, accessing SNAP and receiving disability checks.

• What are the concerns?
• What interventions would you recommend?
WRAP UP & Discussion