

Family Justice Partnership: A Medical Legal Partnership Making the Case for Kids at CHOP

[Family & Community Health](#)

Date Posted:

Jan 18, 2019

Image



Children's Hospital of Philadelphia (CHOP) pediatricians provide high-quality, evidence-based and compassionate patient care. Yet, for CHOP's most vulnerable patients top-notch medical care may not be enough to ensure children can thrive and be healthy. Let's take Sean* as an example. Sean is a 10-year-old child with severe disabilities that keep him bedbound and dependent on medical devices to stay alive. During a routine home visit, his social worker and resident physician learned that the gas company had shut off his family's heat, and that the family had lost their health insurance and SNAP benefits (food stamps) due to some income changes.

Research has shown that [social determinants of health](#)—the conditions in which we live, work and play—put children like Sean at risk for poor health outcomes. In practice, CHOP pediatricians know that there are certain things their patients need to be healthy that they cannot fix such as safe housing free of lead, mold and pests; stable utility access to keep families warm in the winter and cool in the summer; and steady household income to ensure children have access to food and basic necessities. That's where Medical Legal Partnerships can play a significant role.

CHOP's Medical Legal Partnership: Family Justice Partnership

Recognizing the significant needs of our patients and families, CHOP began a Medical Legal Partnership (MLP) pilot in 2015, which has since grown into a multi-partner effort with the University of Pennsylvania Law School's Interdisciplinary Child Advocacy Clinic (ICAC) and Community Legal Services of Philadelphia (CLS) that we call the Family Justice Partnership. As Ellen Lawton, co-director of the National Center for Medical-Legal Partnership, discussed in her [previous blog post](#), the MLP model embeds lawyers into health care settings to support patients and their families with critical legal needs such as benefits access, housing stability and repair, utilities assistance, special education rights and more. Children's hospitals have a unique opportunity to [identify and address social determinants of health](#), and [evidence is emerging](#) that the MLP model can [impact health outcomes](#), [decrease utilization](#) and [lower costs for health care institutions](#).

In Sean's case, the medical team that witnessed his living conditions made an immediate referral to the CLS attorney at CHOP's Karabots Pediatric Care Center. Within days, the attorney negotiated with Philadelphia Gas Works to get the family's gas turned back on. She also helped them to navigate complicated rules around income reporting for public benefits. Today, the family has heat for the winter, access to health care and they can afford healthy food—factors that are critical to managing Sean's complex health needs. While social workers and support staff are trained to address many of these needs, often they require legal expertise to navigate the complicated systems governing benefits, utilities and housing.

Three key lessons we learned from piloting the Family Justice Partnership

Thus far, CHOP's partnership with ICAC and CLS has helped us serve more than 100 families, impacting over 250 children on a range of issues, including benefits access, utilities assistance, housing, special education and family law. Building on the expertise of ICAC, CLS, as well as CHOP's Division of Social Work, General Counsel and PolicyLab, we have learned some key lessons that have driven the successful implementation of our MLP sites thus far.

1. Having the lawyer on-site is critical for high-needs families.

Often families face myriad of barriers to accessing legal services, including inflexible work schedules, lack of affordable child care and transportation costs. These barriers stand in the way of obtaining legal and other services through a traditional model of health care providers giving families a list of suggested community resources that can help address their needs.

At CHOP, we learned very quickly that patient families are more likely to access legal services when the lawyer was on-site in our specialty and primary care clinics, with the ability to meet with families during their child's visit. This access to a lawyer immediately following an appointment is key to reaching many families who may otherwise have difficulty reaching legal services. Additionally, the on-site legal team is critical in consulting with staff and determining the urgency of a legal issue, with the hopes of addressing concerns early to prevent a crisis such as eviction or loss of utility service.

2. A close partnership with on-site social workers and clinical champions is key to a MLP's success.

As in any program or intervention, supporting patients and their families is built off of strong relationships and trust. At CHOP, we are lucky to have teams of passionate and innovative social workers and clinicians who have dedicated hours of time to planning, implementing and sustaining the Family Justice Partnership for our patients and families alongside our legal staff. For both of the primary care sites where we offer MLP services, the on-site social work team begins a discussion with families around potential legal needs, and then facilitates a face-to-face introduction for families to the lawyer whenever possible. Because social workers have often worked with the family before making the referral, they can build on the trust gained with the family to make a smooth and warm handoff to the lawyer.

This process has resulted in more families connecting with legal advocates and receiving representation than when we were making electronic referrals to community services at the beginning of the work. With their training in assessment and experience addressing social needs, social workers are also well-equipped to determine when an issue may need legal services versus social work support. They are then able to partner with the lawyers to address accompanying non-legal family needs to ensure the family gets holistic support and follow-up.

Additionally, at each of the Family Justice Partnership sites the programs have had strong, dedicated physician champions, who provided important leadership and guidance for the project, identifying legal issues, advising on workflow, spreading the word to colleagues and organizing trainings for clinical staff.

3. Trainings and direct communication between legal and medical staff complements direct patient care.

The multi-disciplinary partnership between clinicians, social workers and lawyers has the added benefit of cross-training for all stakeholders in the Family Justice Partnership. Over the past three years, there have been

numerous trainings held by both CHOP clinicians for law staff and students on their patient populations, clinical goals and treatment methods, as well as by the MLP lawyers for CHOP clinical teams on key issues such as utilities, benefits access and special education advocacy. The cross training provides a robust opportunity for identifying trends among cases, areas for additional research and advocacy and an increased understanding of the overlap between the patient family's health concerns and their legal needs.

Our goals for the Family Justice Partnership moving forward

Over the last three years, the Family Justice Partnership has been focused on establishing effective workflows with our specialty and primary care clinical teams. Like many MLPs across the country, we are interested in evaluating our efforts and its impact on children and their families. As the health care world becomes increasingly aware of social determinants of health, we know that gathering these types of outcomes is key to the growth and sustainability of our program. We are excited to embark on these next steps, and to continue to serve CHOP children and their families along the way.

*Name has been changed to protect patient privacy.

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