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</thead>
<tbody>
<tr>
<td>1</td>
<td>Descriptive &amp; Observational</td>
<td>Beck AF, Klein MD, Schaftin JK, Talvert V, Gillam M, Kahn RS. (2012). Identifying and treating a substantial housing cluster using a medical-legal partnership. Pediatrics, 2012 Nov;130(5):831-8. doi: 10.1542/peds.2012-0769.</td>
<td>To describe substantial housing identified and treated by a pediatric primary care, MLP</td>
<td>Clients of a pediatric MLP in Cincinnati</td>
<td>Social risk is screened with medical history; clinician refers to legal services if necessary</td>
<td>Food; housing; safety; education</td>
<td>Identified cases; Housing repairs completed</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>2</td>
<td>Descriptive &amp; Practice Report</td>
<td>Bliss, L., Caley, S., &amp; Pettigiano, R. (2011). An interdisciplinary collaborative approach to wellness. To explore potential for MLPs in the pediatric setting; training of providers; system-level change.</td>
<td>To explain collaboration between large, urban-based health system, a state university law school, and an urban-based legal services organization that created, implemented, funds, evaluates and integrates legal services into the hospital setting.</td>
<td>MLP (HalP) in Georgia</td>
<td>Evaluation component with pre- and post-surveys to detect impact on patients and monetary impact on provider; 6 lawyers on-site at one clinic</td>
<td>Not described</td>
<td>Recovery dollars; private and public funding streams; Not described</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>4</td>
<td>Descriptive &amp; Practice Report</td>
<td>Campbell, A. T., Sicklick, J., Orlowicz, P., Retkin, J., &amp; Fleishman, S. B. (2010). How bioethics can enrich medical-legal collaborations. The Journal of Law, Medicine &amp; Ethics, 36(4), 647-682. doi: 10.1111/j.1748-728X.2010.00588.x</td>
<td>To discuss interdisciplinary challenges between lawyers and health care providers and suggest bioethics as a resolution method</td>
<td>Pediatrics, oncology, palliative care, HIV/AIDS, geriatrics, family medicine, internal medicine, and maternal health.</td>
<td>Legal service entity partners with a health provider to establish an onsite legal clinic at the health care facility. Direct legal services; Training of health providers and lawyers. Bioethics includes ethical concerns of a range of professions and individuals, expands the scope of ethical inquiry to include what happens at the institutional, research, public health, and policy level</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
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<tr>
<td>5</td>
<td>Descriptive &amp; Practice Report</td>
<td>Colvin JD, Nelson B, Cronin K. Integrating social workers into medical-legal partnerships: comprehensive problem solving for patients. Soc Work, 2012 Oct;57(4):333-41.</td>
<td>To discuss the history of the MLP movement and the integration of social workers into the model.</td>
<td>Clients of a MLP at Mercy Children’s Hospital in Kansas City, Missouri</td>
<td>Direct services to patients; training for providers; system-level change.</td>
<td>100 social workers integrated by holding lectures to discuss legal issues and creation of a frontline social worker advisory group that regularly works with the MLP</td>
<td>Housing</td>
<td>Number of referrals; number of successful cases</td>
<td>Not described</td>
</tr>
<tr>
<td>6</td>
<td>Descriptive &amp; Practice Report</td>
<td>Gilkesha, A., &amp; Groves, B. (2007, Fall). Partnering providers and advocates for child wellness and family stability. Clinician Quarterly.</td>
<td>To offer a case study of a MLP responding to advocacy needs for family wellness and stability</td>
<td>Boston-area MLP serving children and their families</td>
<td>Preventive legal assistance; provider training; advocacy; a collaboration of front line health care providers, mental health clinicians, and legal advocates working to improve children’s health and well-being.</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>7</td>
<td>Descriptive &amp; Practice Report</td>
<td>Hunt T, Faulkner J. Medical-legal partnerships: a new beginning to help Australian children in need. J Law Med. 2009 Aug;17(1):105-18.</td>
<td>To explore potential for MLPs in Australia in the pediatric setting</td>
<td>Low SES children and families</td>
<td>Training of providers; Direct legal services; advocacy to affect policy change</td>
<td>Not described</td>
<td>Housing; food; access to medicine and vaccines; safety</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>8</td>
<td>Descriptive &amp; Practice Report</td>
<td>Houston RL, Zinn S, Leal-Castanon S. Medical-legal partnerships. Virtual Mentor. 2011 Aug 11;13(6):555-8. doi: 10.1001/virtualmentor.2011.11.8.Havel1-1108.</td>
<td>To lay out a scenario in which a MLP would be useful and describe MLPs</td>
<td>Low income children and their families</td>
<td>Legal assistance in the health care setting; training of providers; policy change; MLP; a health care and legal services delivery model that aims to improve the health and well-being of vulnerable individuals, children and families by integrating legal assistance into the medical setting</td>
<td>Not described</td>
<td>Public benefits; education; housing Not described</td>
<td>Not described</td>
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<td>9</td>
<td>Descriptive &amp; Practice Report</td>
<td>Lawton, E., Coon, B., &amp; Fung, A. (2010). Meeting basic needs and reducing health disparities by integrating legal services into the healthcare setting. Philadelphia Social Innovations Journal.</td>
<td>To describe need for and methods of a MLP</td>
<td>MLP for people with disabilities in Philadelphia</td>
<td>Patient &amp; Community Health and Wellbeing; Legal Advice and Assistance; External System Change; Internal Process Improvement</td>
<td>Legal services integrated into nurse-managed care setting</td>
<td>Personal stability; family law; public benefits</td>
<td>Health care recovery dollars, cost cutting, reduced post-discharge adverse events, systemic impact (not defined), patient outcomes such as employing more effective strategies to solve legal problems, feeling supported when receiving legal assistance, noting improvements in family's well-being, ability to assist other families with knowledge they gained, provider outcomes such as knowledge, attitudes, and behaviors, feeling comfortable with legal issues etc.</td>
<td>Not described</td>
</tr>
<tr>
<td>10</td>
<td>Descriptive &amp; Practice Report</td>
<td>Locke R, Gaunt J, Barloshesky L, Musumeci M, Atkins D. Medical-legal partnerships: lawyers and physicians working together to improve health outcomes. Del Med J. 2011 Aug;33(8):237-45.</td>
<td>To describe how MLPs can address the social determinants of health in meaningful, cost-effective ways</td>
<td>Low-income MLP clients nationally</td>
<td>Direct legal services; training of providers; Systemic change on the policy level</td>
<td>Legal Aid Society &amp; PGHC Partnership, utilizes standardized screening questions to help clinicians identify unmet legal needs</td>
<td>Food security; personal safety; housing; education</td>
<td>Percent surveyed with various legal needs, percent receiving/eligible for public benefits; Number of clients served</td>
<td>Not described</td>
</tr>
<tr>
<td>11</td>
<td>Descriptive</td>
<td>McCabe, H. A., &amp; Kinney, E. D. (2010). Medical legal partnerships: A key strategy for addressing social determinants of health. Journal of General Internal Medicine. 25 Suppl 2. S200-1. doi: 10.1007/s11606-010-1296-9</td>
<td>To describe the need for MLP</td>
<td>Low socioeconomic status patients</td>
<td>Medical and legal professional who work together to address patient concerns</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>12</td>
<td>Descriptive &amp; Practice Report</td>
<td>Newman, J. (2012). Miami's Medical-Legal Partnership: Preparing Lawyers and Physicians for Holistic Practice. Indiana Health Law Review, Forthcoming. University of Miami Law Review, Forthcoming. Available at SSRN: <a href="http://ssrn.com/abstract=2014494">http://ssrn.com/abstract=2014494</a></td>
<td>To describe a pilot course with a weekly hospital-based clinical practicum and lectures for doctors and lawyers designed to foster collaborative team-based interdisciplinary work</td>
<td>MLP in Miami, FL</td>
<td>Direct onsite legal services, legal check ups. Lawyers assess client profiles for potential eligibility, joint clinical rotation for students</td>
<td>Legal &quot;check ups&quot; and on-site legal services for patients; patients are referred to legal services by social workers directly after clinical appointment</td>
<td>Family matter; housing; special education advocacy; immigration issues; disability; end of life care; employment; public benefits; food</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>13</td>
<td>Descriptive</td>
<td>Noble, P. (2012). Advocacy-health alliances: Better health through medical-legal partnership. Advocacy &amp; Rights Centre Ltd.</td>
<td>To explain need for MLPs and to describe US experience with them to encourage Australian uptake of the model</td>
<td>MLP practitioners in US and Australia</td>
<td>Joint planning, priority setting, facilitating and communicating feedback, on-site legal services, healthcare training, evaluation/impact planning, systems improvement; Healthcare delivery model that integrates legal assistance built on the understanding of three key factors: (1) social, economic and political context in which people live has a fundamental impact on their health; (2) these social determinants of health manifest in the form of legal needs; (3) attorneys have special tools and skills to address these needs.</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>14</td>
<td>Descriptive</td>
<td>Mary E. Northridge, R. Telea Lawyers to Deliver Health Care. Am J Public Health. 2005 March; 95(3): 376.</td>
<td>To advocate for medical/legal integration</td>
<td>MLP in Miami, FL</td>
<td>Identifying of legal issues, provision of legal advice and services, incorporation with other health care team members</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
</tr>
<tr>
<td>15</td>
<td>Descriptive &amp; Practice Report</td>
<td>Pai, N., Miller, W., Chapman, L. A., Fort-Jones, E., McNell, T., &amp; Jackson, S. (2011). Tipping the scales: A lawyer joins the health care team Paediatrics &amp; Child Health, 16(6), 336.</td>
<td>Describing the first MLP in Canada, linking public and private legal partners across Toronto with patients in the hospital.</td>
<td>Low-income patients at Toronto’s children’s hospital</td>
<td>Identification of legal issues, provision of legal advice and services, incorporation with other health care team members</td>
<td>Not described</td>
<td>Not described</td>
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</tr>
</tbody>
</table>
Medical-Legal Partnership Literature Matrix

### 17 Descriptive


To describe the importance of MLPs during a recession

- **Low-income clients of MLPs during a recession**
  - The medical-legal partnership (MLP) model, a method of care in which doctors and lawyers work together to prevent or overcome many of the nonmedical problems that affect patients' health, channels limited legal services resources to vulnerable clients.
  - Not described

- **Program Characteristics**
  - Not described

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - Clients served; increase in certain types of cases over time (due to economic downturn)

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 18 Descriptive & Practice Report


To describe how medical-legal partnerships can change clinical systems

- **Low-income patients of MLPs**
  - Legal advice and assistance; improving health care systems; change outside the system; preventive law

- **Program Characteristics**
  - Not described

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - Letters generated on behalf of patients; Percent of patients screened for SDH

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 19 Descriptive


To discuss the need for preventive and acutcrisis legal services

- **Low income patients**
  - Billing legal services to a preventive tool; Training and Education of Front-Line Healthcare Staff on Basic Legal Needs Issues; Direct Legal Assistance to Patient Families on a Broad Range of Legal Issues; Systemic Advocacy; Feedback Loop with Medical Staff; National Expansion; Research & Evaluation

- **Program Characteristics**
  - Not described

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - PC: Reduced worry and stress, Positive effect on financial situation and family or loved ones, Maintains treatment regiments; Keep medical appointments; Process: legal referrals in the last 6 months, referrals recommended in precepting sessions, agreement that it part of job duty to make legal referrals, assisting patients to fill out forms for government benefits and patient obtaining benefits in past 6 months, provision of housing assistance

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 20 Descriptive


To describe the potential for MLPs in the FDHC setting

- **Low income patients of FDHCs nationally**
  - Attorneys work with front-line health center staff to screen for health-related legal problems; Working with social workers and case managers, MLP staff help to remedy legal issues

- **Program Characteristics**
  - Not described

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - Percent & number of patients with unmet legal need; estimated 40-100% at each FDHC, 50-85% nationally; 10-17M nationally; Ancillary services on-site or referred to; Private and public funding; Clients served; Consultations to health care staff; Recovery dollars; Treatment adherence; Preventive health care services received; Reduced ED visits and admissions

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 21 Descriptive

- **Tyler, E. (2012).** Aligning public health, health care, law and policy: Medical legal partnership as a multilevel response to the social determinants of health. Journal of Health & Biomedical Law, 8(2), 211.

To explore current health care, law, and policy responses to the social determinants of health (SDH)

- **Not described**

- **Program Characteristics**
  - Medical-legal partnerships create an effective community-level mechanism for identifying and addressing systemic and policy issues which impact the health of vulnerable populations.; In MLPs, lawyers are part of the health care team, training health care providers to identify unmet legal needs and enforcing legal rights as a targeted intervention directed at SDH

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - Not described

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 22 Descriptive & Practice Report


To encourage an active strategy of promoting the enforcement of existing laws that protect children—especially those laws that ensure access to children's basic needs, such as food, housing, safety, healthcare and education.

- **Vulnerable children in SDH settings**
  - Training and education of health care workers, direct legal assistance to patients, systemic advocacy

- **Program Characteristics**
  - Not described

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - Not described

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 23 Descriptive


To advocate for MLPs

- **Low income families**
  - Health institutions partnering with lawyers to offer legal assistance in the healthcare setting to advocate for patients

- **Program Characteristics**
  - Not described

- **Types of Assistance**
  - Not described

- **Measures Used or Suggested**
  - Not described

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described

### 24 Practice Report


To describe legal issues affecting health

- **Low income patients of Harlem Hospital in New York City**
  - Not described

- **Program Characteristics**
  - Contracted out or on-site legal services

- **Types of Assistance**
  - Housing; Personal safety and stability

- **Measures Used or Suggested**
  - Cost of legal intervention compared to cost of disease later (preventive savings); Clients served

- **Policy Level Changes**
  - Not described

- **System Level Changes**
  - Not described
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<td>25</td>
<td>Practice Report</td>
<td>Cheryn, M. (2005). Lawyers and doctors partner for healthy housing. Clearinghouse Review, 39(1-2), 65.</td>
<td>To describe a pediatric MLP in Boston advocating for healthy housing conditions</td>
<td>Family Advocacy Program, serving low income families in and near Boston</td>
<td>Not described</td>
<td>Partnered with private and public agencies to create web-based referral and tracking for home inspections, trained inspectors on asthma triggers, and educated tenants on maintaining appropriate housing conditions</td>
<td>Housing inspection and assistance</td>
<td>Patients per year reporting unhealthy housing conditions; Number of issues resolved</td>
<td>Not described</td>
</tr>
<tr>
<td>26</td>
<td>Practice Report</td>
<td>Conover, C. J., &amp; Whitten-Goldstein, K. (2002). The impact of ancillary services on primary care use and outcomes for HIV/AIDS patients with public insurance coverage AIDS Care, 14(sup001), 59-89; last page 71.</td>
<td>To study adult HIV/AIDS patients eligible for public insurance for low-income people (Medicaid) in eastern North Carolina.</td>
<td>Adult Medicaid-eligible HIV/AIDS patients in North Carolina</td>
<td>Not described</td>
<td>Case management; Nutrition assistance; Housing assistance; Pharmaceutical assistance; Mental health and substance abuse services; Transportation services; Legal assistance; child care</td>
<td>Income supports; Housing; Education; Immigration; Personal safety</td>
<td>Provider knowledge; Provider attitudes regarding responsibility to address social needs; Provider capability of addressing social issues; Training sessions for health care providers; Clients referred; Clients served; Medical school core courses; Medical school electives</td>
<td>Not described</td>
</tr>
<tr>
<td>27</td>
<td>Practice Report &amp; Observational Study</td>
<td>Lawton, E. (2007). Medical-legal partnerships: From surgery to prevention? Management Information Exchange Journal, 37-38-42, 53.</td>
<td>To describe a MLP serving low-income Minnesotans</td>
<td>Low-income patients in Minneapolis</td>
<td>Not described</td>
<td>2 attorneys &amp; 1 law clerk from a large law firm (paid for by the firm) partnered with the University of Minnesota to provide on site legal services; Coordinator screens for legal needs and assigns case to a lawyer who may refer out to social services if legal assistance not required</td>
<td>Consumer issues; Housing; Unemployment; Public benefits; Personal safety; Discrimination; Immigration</td>
<td>Calls received; calls referred out; cases taken; Hours spent</td>
<td>Not described</td>
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<td>28</td>
<td>Practice Report</td>
<td>Conover, C. J., &amp; Whitten-Goldstein, K. (2002). The impact of ancillary services on primary care use and outcomes for HIV/AIDS patients with public insurance coverage AIDS Care, 14(sup001), 59-89; last page 71.</td>
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<td>Calls received; calls referred out; cases taken; Hours spent</td>
<td>Not described</td>
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<td>To describe a MLP serving low-income Minnesotans</td>
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<td>2 attorneys &amp; 1 law clerk from a large law firm (paid for by the firm) partnered with the University of Minnesota to provide on site legal services; Coordinator screens for legal needs and assigns case to a lawyer who may refer out to social services if legal assistance not required</td>
<td>Consumer issues; Housing; Unemployment; Public benefits; Personal safety; Discrimination; Immigration</td>
<td>Calls received; calls referred out; cases taken; Hours spent</td>
<td>Not described</td>
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<td>31</td>
<td>Practice Report</td>
<td>Lawton, E. (2007). Medical-legal partnerships: From surgery to prevention? Management Information Exchange Journal, 37-38-42, 53.</td>
<td>To describe a MLP serving low-income Minnesotans</td>
<td>Low-income patients in Minneapolis</td>
<td>Not described</td>
<td>2 attorneys &amp; 1 law clerk from a large law firm (paid for by the firm) partnered with the University of Minnesota to provide on site legal services; Coordinator screens for legal needs and assigns case to a lawyer who may refer out to social services if legal assistance not required</td>
<td>Consumer issues; Housing; Unemployment; Public benefits; Personal safety; Discrimination; Immigration</td>
<td>Calls received; calls referred out; cases taken; Hours spent</td>
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<td>32</td>
<td>Practice Report</td>
<td>Pettignano, R. (2011). A case for including lawyers on the care team.</td>
<td>To describe the health impact of a medical/legal intervention on inner-city patients with asthma</td>
<td>Inner-city patients with asthma in New York</td>
<td>Not described</td>
<td>Hospital clinic and LegalHealth partnership, referred asthmatic patients who self-reported adverse housing conditions, free weekly law clinic in hospital, attorney collects medical evidence to support legal need for housing remediation, works with physician who writes medical statement letter</td>
<td>Housing</td>
<td>Reduction in asthma severity; reduction in number of ED visits; reduction in hospital admissions; time spent per case; cost per case</td>
<td>Not described</td>
</tr>
<tr>
<td>33</td>
<td>Practice Report</td>
<td>Pettignano, R. (2011). A case for including lawyers on the care team.</td>
<td>To describe the first pediatric Southern MLP</td>
<td>Low-income children and their families</td>
<td>Direct legal services; Educational programming; Advocacy; Research and evaluation</td>
<td>Free legal services at three hospitals and a law school clinic on site at the school for additional support; 3rd year medical students and lawyers take joint classes</td>
<td>Consumer debts; medical education; employment; family stability; permanent planning; permanent; housing; utilities; public benefits</td>
<td>Number of client intake; To patient: public benefits; consumer; education; employment; family stability; health insurance; housing</td>
<td>Not described</td>
</tr>
<tr>
<td>34</td>
<td>Practice Report</td>
<td>Pettignano, R., Caley, S. B., &amp; Bliss, L. R. (2012). Medical-legal partnership: Impact on patients with sickle cell disease Pediatrics, 128(6), e1486-e1488. doi: 10.1542/peds.2011-0062</td>
<td>To determine if a MLP would positively affect the social determinants of health that affect patients with Sickle Cell Disease (SCD)</td>
<td>Children and families with SCD in Georgia</td>
<td>Not described</td>
<td>Free legal services at three hospitals and a law school clinic on site at the school for additional support; annual budget of $750,000; Legal check-up performed (sample form in file) on any client referred to legal services, eligibility for public benefits determined; cross-disciplinary meeting held and clinical information sought from &quot;medical champion&quot;; joint determination of whether to take on client as legal services client made</td>
<td>Not described</td>
<td>Families referred; number of legal issues; cases closed; cases won</td>
<td>Not described</td>
</tr>
<tr>
<td>35</td>
<td>Practice Report</td>
<td>Pettignano, R., Caley, S. B., &amp; Mariner, S. (2012). The health law partnership: Adding a lawyer to the health care team reduces system costs and improves provider satisfaction Journal of Public Health Management and Practice : JPHMP, 18(4), 10.1089/jpm.2009.0203</td>
<td>To assess cost savings associated with a MLP</td>
<td>Pediatric MLP in Georgia</td>
<td>Not described</td>
<td>Free legal services at three hospitals and a law school clinic on site at the school for additional support</td>
<td>Securing unreimbursed Medicaid payments</td>
<td>Patients served; Medicaid cost savings/claims recovered by coverage cohort; Provider satisfaction; CE credits rendered</td>
<td>Not described</td>
</tr>
<tr>
<td>36</td>
<td>Practice Report</td>
<td>Rodabaugh, K. J., Hammond, M., Myzika, D., &amp; Sandel, M. (2010). A medical-legal partnership as component of a palliative care model Journal of Palliative Medicine, 13(1), 15-18. doi: 10.1089/jpm.2009.0023</td>
<td>To review the experience of one MLP and quantify the benefits of the program for both patients and the host health care institution</td>
<td>Cancer patients of a MLP</td>
<td>Not described</td>
<td>Free legal services at three hospitals and a law school clinic on site at the school for additional support</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
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<tr>
<td>37</td>
<td>Practice Report</td>
<td>Shrestha, S., Judge, K. E., Wilson, N. L., Moyer, J. A., Snow, A. L., &amp; Kunk, M. E. (2011). Utilization of legal and financial services in the partners in dementia care study American Journal of Alzheimer’s Disease and Other Dementias, doi: 10.1177/1533317010394156</td>
<td>To examine the experience of one MLP and quantify the benefits of the program for both patients and the host health care institution</td>
<td>Veterans with dementia and their caregivers</td>
<td>Not described</td>
<td>Telephone-based case coordination and supportive services; Partnership with VA and local Alzheimer's Association chapters</td>
<td>Not described</td>
<td>Not described</td>
<td>Not described</td>
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<tr>
<td>38</td>
<td>Practice Report</td>
<td>Kufel, J. A., &amp; Werner, D. &amp; Goforth, D. &amp; Thorne, W. &amp; Brown, S. L. &amp; Getlinger, L. (2012). Rural Medical-Legal Partnership and Advocacy: A Three Year Follow-up Study. Journal of Health Care for the Poor and Underserved 23(2), 705-714. The Johns Hopkins University Press. Retrieved September 26, 2012, from Project MUSE database.</td>
<td>To examine the effectiveness and projected sustainability of a rural MLP</td>
<td>Vulnerable populations served by a rural MLP</td>
<td>Not described</td>
<td>Rural MLP of 27% over three years for hospital and $4 million in health care debt relieved for patients</td>
<td>Social Security benefits; family law services; end-of-life guidance; housing; employment</td>
<td>Number of referrals, proportion of cases won, health care recovery dollars, benefits recovered, number of patients served, health care debt relieved, types of cases closed</td>
<td>Not described</td>
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<td>#</td>
<td>Type</td>
<td>Citation</td>
<td>Study Setting/ Population</td>
<td>Elements/Definitions of Model</td>
<td>Program Characteristics</td>
<td>Types of Assistance</td>
<td>Measures Used or Suggested</td>
<td>Policy Level Changes</td>
<td>System Level Changes</td>
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<td>39</td>
<td>Practice Report</td>
<td>Weintraub D, Rodgers MA, Botcheva L, Loeb A, Knight R, Ortega K, Haynach B, Sandel M, Huffman L. Pilot study of medical-legal partnership to address social and legal needs of patients. J Health Care Poor Underserved. 2010 May;21(2 Suppl):S157-68. doi: 10.1353/hec.0.0311.</td>
<td>3 full-time lawyers conduct in-person interventions</td>
<td>Clients of a California MLP</td>
<td>Integrating preventive law into preventive medicine: Defines legal case-closing &quot;as the point at which the attorney met the goals agreed to with participants at baseline.&quot;</td>
<td>Provides free legal and social services through a full-time Staff Attorney, full-time Project Coordinator, &amp; 1 FTE Medical Director. Also partnered with local law firms to provide pro-bono special education &amp; guardianship services. Trains health care workers to identify legal needs of patients; recommends social worker on staff because majority of cases do not require legal representation</td>
<td>Public benefits, personal safety, immigration, housing, and education</td>
<td>Percent of patients accessing legal services; Percent of issues resolved; Percent of patients with improved health and wellbeing; Client satisfaction</td>
<td>Not described</td>
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<tr>
<td>40</td>
<td>Practice Report &amp; Observational Study</td>
<td>Winters DR, Costa MV, O'duramri AO, Mohammadi SA. Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. J Public Health Manag Pract. 2009 Nov;14 Suppl:S8-17. doi: 10.1086/653389.</td>
<td>To discuss a MLP’s potential for affecting social determinants of health</td>
<td>Clients of various medical-legal interventions</td>
<td>Not described</td>
<td>Programs with nurses and other providers making home visits</td>
<td>Family safety and stability; employment; housing; education</td>
<td>Improved educational attainment; Improved prenatal behavior; Improved housing conditions</td>
<td>Not described</td>
</tr>
<tr>
<td>41</td>
<td>Practice Report</td>
<td>Wong, C. F., Tsai, J., Kline, A., Uddi, H. R., Harkness, L., &amp; Middleton, M. (2012). Helping veterans with mental illness overcome civil legal issues: Collaboration between a veterans affairs psychosocial rehabilitation center and a nonprofit legal center Psychological Services. doi: 10.1037/a0029979</td>
<td>To describe a VA community-based psychosocial rehabilitation center and a nonprofit legal center collaboration that addresses the civil legal issues of veterans who have mental illness and/or are homeless.</td>
<td>Veterans with mental health needs</td>
<td>Not described</td>
<td>3 full-time lawyers conduct in-person legal interviews at the clinic</td>
<td>Family matters; public entitlements; housing; consumer debt; discharge upgrades; employment; estate planning; tax matters</td>
<td>Number of legal cases</td>
<td>Not described</td>
</tr>
<tr>
<td>42</td>
<td>Practice Report</td>
<td>Zehfus, J., &amp; Fulton, S. (2011). MFY legal services: mental health–legal partnership. Clearinghouse Review. Journal of Poverty Law and Policy, 44, 535.</td>
<td>To describe a MLP designed to assist individuals with mental health issues</td>
<td>Psychiatric patients at 11 NYC Hospitals</td>
<td>Not described</td>
<td>MLP attorneys at one location, each staff attorney partners with a set number of hospitals to be their liaison and an open intake line also maintained; MLP attorneys not located on site and work with hospitals across NY but do occasionally visit the hospital; MLP attorneys train clinicians on types of legal problems patients they may face; Health care providers submit potential clients through a phone-intake line</td>
<td>Maintaining or increasing income; preventing homelessness</td>
<td>Not described</td>
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<td>43</td>
<td>Practice Report</td>
<td>Zuckerman B, Sandel M, Smith L, Lawton E. Why pediatrics need lawyers to keep children healthy. Pediatrics. 2004 Jul;114(1):224-8.</td>
<td>To describe the benefit of a MLP in the pediatric setting</td>
<td>Clients of the Family Advocacy Program at Boston Medical Center</td>
<td>Not described</td>
<td>4 on-site lawyers &amp; 1 outreach coordinator with 8-10 students and volunteers; 4 weekly legal clinics at BMC and 3 FQHCs</td>
<td>Housing; immigration; income supports; disability; health insurance; family law; education access</td>
<td>Families served; Hours spent on cases; Percent of cases successfully in achieving desired benefit or resolution</td>
<td>Not described</td>
</tr>
<tr>
<td>44</td>
<td>Observational Study</td>
<td>Knight R. 2008. Health Care Recovery Dollars: A Sustainable Strategy for Medical-Legal Partnerships?</td>
<td>To identify key components and goals of a health care recovery dollars strategy</td>
<td>4 MLPs, in Illinois, Missouri, California, &amp; NY</td>
<td>Not described</td>
<td>Offers 8 Recommendations for Creating Health Care Recovery Dollars Funded Programs</td>
<td>Insurance denial reversal; avoided ED visits. Reduction of bad debt. Amount netted per patient referred</td>
<td>Not described</td>
<td>Not described</td>
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<td>#</td>
<td>Type</td>
<td>Citation</td>
<td>Research Aim/ Intro</td>
<td>Study Setting/ Population</td>
<td>Elements/Definitions of Model</td>
<td>Program Characteristics</td>
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<td>Measures Used or Suggested</td>
<td>Policy Level Changes</td>
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<td>45</td>
<td>Observational Study</td>
<td>O'Toole J, Burkhardt MC, Solan LG, Vaughn LA, Rain MD. Resilience confidence addressing social history: is it influenced by availability of social and legal resources? Clin Pediatr (PHN). 2012 Jul;51(7):625-31. doi: 10.1177/0009922812438081.</td>
<td>To examine the effects of clinic-based social and legal resources on resident knowledge and screening patterns for social determinants of health.</td>
<td>Convenience sample of residents from 3 continuity clinics with different social and legal resources</td>
<td>Not described</td>
<td>Electronic Health Record integrating SDM at all clinics. 3 full-time social workers, 2 lawyers, 1 paralegal</td>
<td>Food; housing conditions; public benefits; personal safety</td>
<td>Increased provider confidence and knowledge of screening for SDM</td>
<td>Not described</td>
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<tr>
<td>46</td>
<td>Observational Study</td>
<td>Paul J, Fullerston DF, Cohen E, Lawton E, Ryan A, Sandel M. Medical-legal partnerships: addressing competency needs through lawyers. J Grad Med Educ. 2009 Dec;1(2):304-9. doi: 10.4300/JGME-D-09-00016.1.</td>
<td>Describes innovative, residency-based medical-legal partnership educational experiences in pediatrics, internal medicine, and family medicine at 3 different sites (Boston, Massachusetts; Newark, New Jersey; and Tucson, Arizona).</td>
<td>Low and moderate income individuals and families who are clients of various MLPs nationwide</td>
<td>Not described</td>
<td>Training characteristics: focuses on multidisciplinary team participation and advocacy</td>
<td>1. HELP, Income supports; Housing; Employment/Education; Legal status; Personal stability</td>
<td>Consultations held; Percent of patients referred who had not sought legal help for health-related problems before creation of MLP; Number of unmet legal needs; Number of unmet legal needs per patient</td>
<td>Training providers on letter writing and legislative hearing testimony</td>
</tr>
<tr>
<td>47</td>
<td>Observational Study</td>
<td>Ryan, A. M. &amp; Kubili, P. M. &amp; Sufrin P. &amp; Hansen, M. &amp; Sandel, M. (2012). Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress and Wellbeing. Journal of Health Care for the Poor and Underserved 23(4), 1536-1546.</td>
<td>This pilot project examined whether MLP services impact patients' perceptions of stress and wellbeing.</td>
<td>Low-income adults or parents of minors who are patients of a family medicine clinic in Tucson, AZ</td>
<td>Not described</td>
<td>MLP with the University of Arizona Department of Family and Community Medicine residency program; Legal intake in private office or patient exam room</td>
<td>Public benefits; housing; advance directives; nutrition assistance; family/personal stability; income maintenance; consumer assistance</td>
<td>Median case resolution time (avg. 76 days); Patients referred (346 over 3 years); Legal matters opened (170 for 104 clients); Perceived Stress Scale (PSS-10) test result; Measure Yourself Concerns and Wellbeing (MYCaW) instrument results</td>
<td>Not described</td>
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<tr>
<td>48</td>
<td>Observational Study</td>
<td>Tobin Tyler, Elizabeth. The law school clinic as a partner in a medical-legal partnership (2008). Tennessee Law Review, 75, 305-313.</td>
<td>To discuss how a law school clinic can be an effective partner in a MLP.</td>
<td>Not described</td>
<td>Medical-legal partnerships typically consist of at least one medical practice and one law practice, with a partnership medical director and a partnership legal director. In many partnerships, the lawyers are on-site at the hospital or clinic, which allows for informal collaboration and relationship building.</td>
<td>Not described</td>
<td>Not described</td>
<td>Perceived benefits to law students: communication, application of legal standards, presentation skills, development of an interdisciplinary outlook.</td>
<td>Not described</td>
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<tr>
<td>49</td>
<td>Observational Study</td>
<td>Tobin Tyler, Elizabeth. <em>Allies Not Adversaries: Teaching Collaboration to the next Generation of Doctors and Lawyers to Address Social Inequality</em> (2008). Roger Williams University School of Law Faculty Papers. Paper 17. <a href="http://ir.law.rwu.edu/fwp/v/17">http://ir.law.rwu.edu/fwp/v/17</a></td>
<td>To discuss the training of medical and law students in the nature of the MLP model.</td>
<td>Pediatric MLP in Rhode Island with an academic component/partnership with a medical school and a law school</td>
<td>Not described</td>
<td>2 law students work at the MLP each semester under supervision of a director or attorney; medical students work under physician supervision; Joint course for both medical and law students; at times, medical and law students work together in the MLP setting</td>
<td>Family law; utilities; housing</td>
<td>Not described</td>
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</table>

**Study Setting/Population**
- Convenience sample of residents from 3 continuity clinics with different social and legal resources.

**Program Characteristics**
- Electronic Health Record integrating SDM at all clinics. 3 full-time social workers, 2 lawyers, 1 paralegal.

**Types of Assistance**
- Food; housing conditions; public benefits; personal safety.

**Measures Used or Suggested**
- Increased provider confidence and knowledge of screening for SDM.

**Policy Level Changes**
- Training providers on letter writing and legislative hearing testimony.

**System Level Changes**
- Perceived benefits to law students: communication, application of legal standards, presentation skills, development of an interdisciplinary outlook.