

HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



Session 10

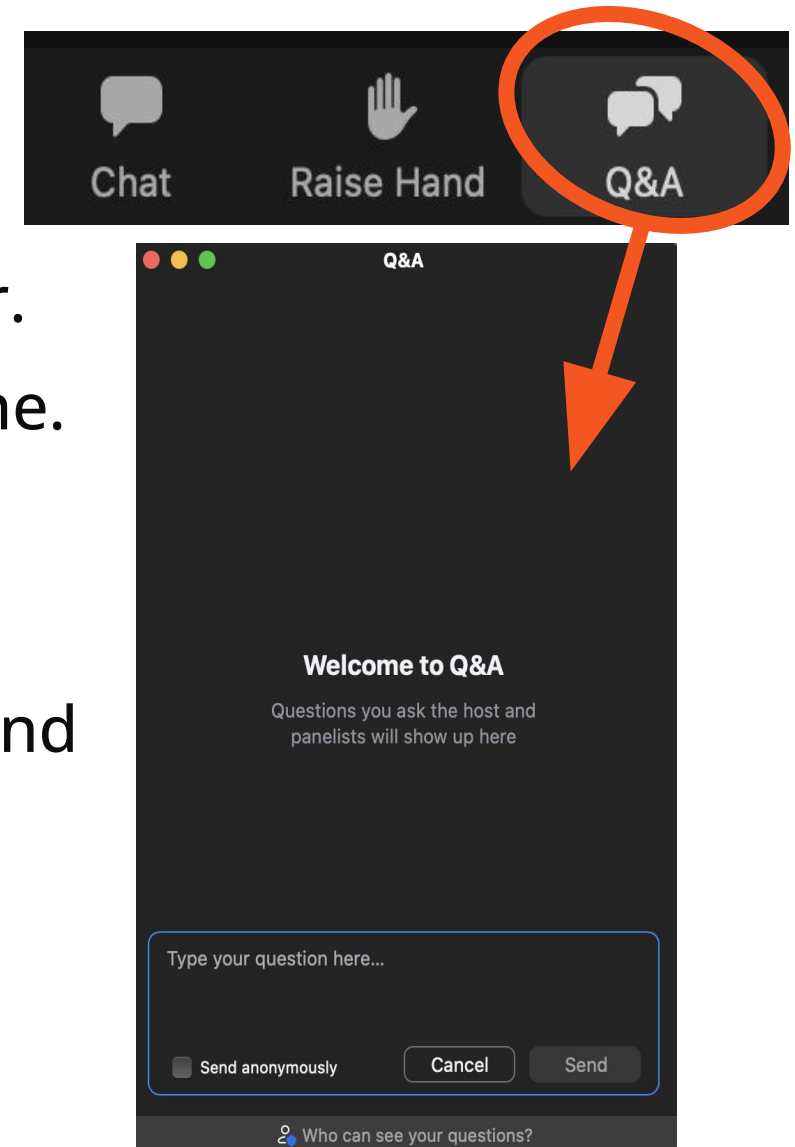
Moving OUD/SUD Care Upstream through Partnership with Legal Aid



June 20, 2024 | 1 PM ET

Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into Questions & Answers pane.
- The chat will also be open for engagement.
- Send a chat to the Hosts & Panelists for help.
- To activate captions, select “Live Transcript” and “Show Subtitle.”
- This webinar will be recorded and shared at medical-legalpartnership.org/resources/



Housekeeping

We want to hear from you!

At certain points, we'll invite members of the audience to speak. Look out for this instruction on the slide.



Raise your hand to unmute.



Housekeeping



HRSA

Health Resources & Services Administration

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Medical-Legal Partnership Planning, Implementation & Practice (PIP) Webinar Series

February – June 2024

THE WEBINAR SERIES

The [National Center for Medical-Legal Partnership \(NCMLP\)](#) is partnering with the [Texas A&M University Institute for Healthcare Access \(HAI\)](#) to offer a webinar series to support health center-based MLP planning, implementation, and practice (PIP series).

USE THE TOOLKIT AS YOUR GUIDE BEFORE, DURING & AFTER THE WEBINARS

The [Health Center MLP Toolkit](#) will serve as a resource for participants throughout the series.

ACTIVE LEARNING

For each webinar in the PIP series, we are going to call on participants from health centers, primary care associations, health center controlled networks, and legal services organizations to share insights regarding the specific domain or topic begin covered during the webinar.

Poll Question: Let's find out who is in the audience today.

- 1) **What type of organization are you from?**
 - a) Health care
 - b) Legal services
 - c) Academia
 - d) Other
- 2) **Does your organization have an MLP?**
 - a) Yes
 - b) No
 - c) I don't know
- 3) **Does your MLP involve a partnership with a behavioral or mental health care provider?**
 - a) Yes
 - b) No
 - c) Not yet
- 4) **Does your MLP specifically work with patients recovering from substance or opioid use disorder?**
 - a) Yes
 - b) No
 - c) Not yet



PIP Webinar Sessions	Corresponding Toolkit Topic
Part 1: 9 Conversations that Will Help Lay a Strong Foundation	
1. What SDOH problems do we want to address?	Part 1, Conversation 1
2. What staff do we need to meet the need(s) we identified and accomplish our goals?	Part 1, Conversation 2
3. Staffing the Legal Services of an MLP - Should we directly hire a lawyer or contract with another organization?	Part 1, Conversation 3
4. How are we going to pay for it?	Part 1, Conversation 4
5. How do we develop a strong MOU for our MLP?	Part 1, Conversation 5
6. What other partners in the community can be helpful?	Part 1, Conversation 6
7. How will we address patient consent and information sharing?	Part 1, Conversation 7
8. Integrating legal services into the workflows and systems	Part 1, Conversation 8
9. How can we make sure our MLP is effective and sustainable?	Part 1, Conversation 9
Part 2: Implementing Workflows for Screening and Legal Services & Part 3: Strengthening the Health Center Workforce	
10. MLP Trainings to Strengthen the Health Center Workforce	Parts 2 and 3
Part 4: Moving Upstream from Patients-to-Policy	
11. Using MLP to Move Upstream & Address Emerging Issues	Part 4



HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



Final Session



UP NEXT

MLP Townhall: Interactive Forum on
MLP Planning, Implementation, and
Practice



June 27, 2024 | 1 PM ET



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The registration links for upcoming webinars and the archives of past presentations will be shared at https://medical-legalpartnership.org/mlp-resources/pipwebinarseries_2024/

National Center for Medical  Legal Partnership
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Today's Learning Objectives

1

Understand lessons learned from integrating legal advocates and expanding to address new demographic needs

2

Examine key factors in effectively serving patients in OUD MAT Treatment Programs

3

Interpret evaluation findings on efficacy and economic impact of the MLP model



Faculty



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Today's Moderator

Guest Speakers



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James Tiderington, Esq.

Supervising Attorney
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Erin Davison, MPH

Founder and Principal Consultant
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Support During and Between the Live Sessions

The National Center for Medical-Legal Partnership has funding from the Health Resources and Services Administration (HRSA) to provide free technical assistance to health centers, look-alikes, primary care associations, and health center controlled networks interested in integrating legal services into their care delivery. As you work through this guide and the webinar series, the National Center for Medical-Legal Partnership can answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources. Contact us at ncmlp@gwu.edu.



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Send questions to Reha at ncmlp@gwu.edu.

Session 9 Recap

Ditch the (Elevator) Pitch: Building Effective Messaging for Different MLP Audiences

Learning Objectives

1

Understand
what inspires to
people to take
action

2

Identify how to
build strategic
messages for any
audience

3

Develop MLP
messaging that
focuses on
outcomes rather
than process, with
a special focus on
health care and
funders



Moving OUD/SUD Care Upstream through Partnership with Legal Aid



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Overview

1. The Medical Legal Community Partnership at Philadelphia
Legal Assistance

- History, Partners and Communities Served

2. Working with Medication Assisted Treatment Programs for
patients in recovery from Opioid Use Disorder

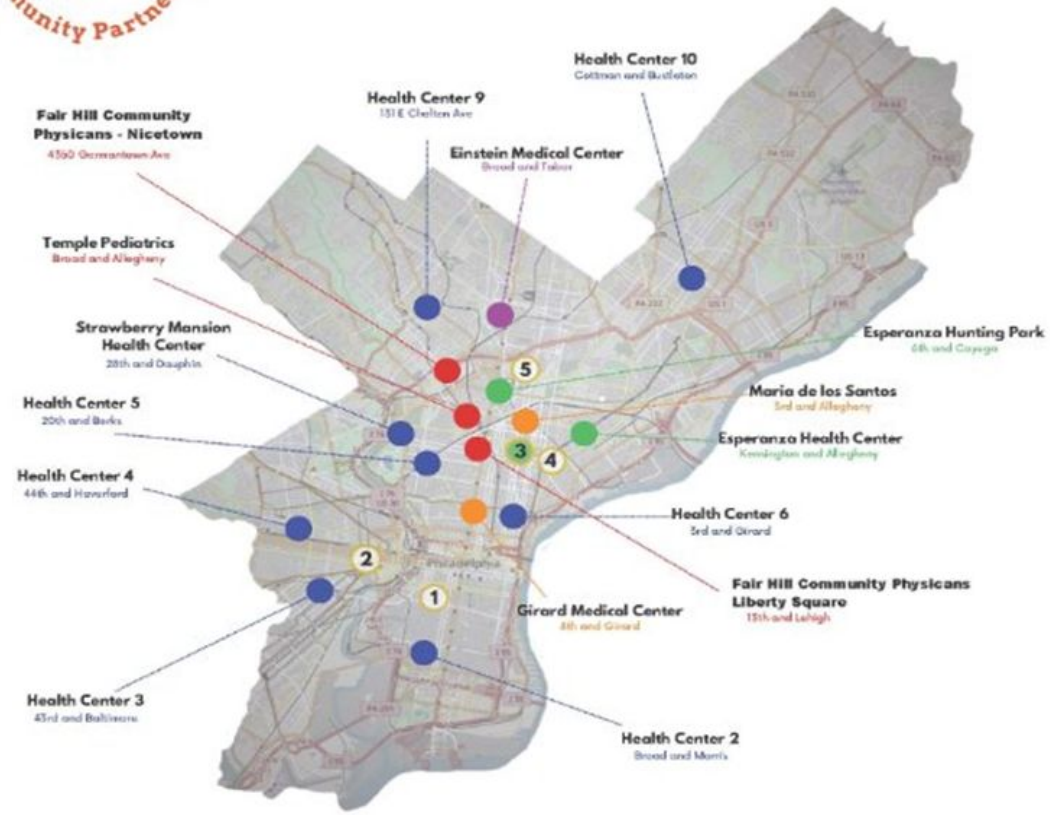
3. Evaluating the Efficacy of the MLP model to calculate
Return on Investment



Medical Legal Community Partnership: Lessons Learned Since 2013

1. The MLCP has a staff of 20 and operates at 17 different clinics throughout Philadelphia
2. Current Partners:
 - Philadelphia Department of Public Health
 - Delaware Valley Community Health
 - Esperanza Health Center
 - Einstein Medical Center
 - Temple University Hospital
 - Fair Hill Community Practice
 - Jefferson Health Plans





- | | | |
|---|---|---|
|  DVCH
Delaware Valley Community Health |  EHC
Esperanza Health Centers | PLA expanded their MLCOP to include a special partnership with Jefferson Health Plans (JHP). At the following locations, HPP-insured Medicaid members can be referred to PLA's MLCOP: |
|  TUHS
Temple University Health System and Fair Hill Community Physicians |  EMC
Einstein Medical Center | |
|  PDPH
Philadelphia Department of Public Health | | |
| |  1 Broad Street Ministry
315 S Broad St | |
| |  2 Penn Family Care
3757 Market St | |
| |  3 Esperanza Health Center, 5th Street
2940 N 5th St | |
| |  4 Fair Hill Community Physicians Comprehensive Health Center
100 E Lehigh Ave | |
| |  5 Fair Hill Community Physicians Hunting Park
155 W Hunting Park Ave | |

Philadelphia Department of Public Health FQHCs

- 2013 – MLCP begins as a student volunteer project at Health Center 3 in West Philadelphia
- 2014 – MLCP expands to Health Center 4
- 2020 – MLCP expands to Health Center 6 and Health Center 10
- 2023 – MLCP expands to all 8 Ambulatory Health Centers



Lessons Learned from our PDPH Partnership

1. Patient demographics
 - Uninsured Patients
 - Recent immigrants
 - Strong community hubs
2. Flexibility
 - Physical Presence and Work Space
 - Providing Advice and Information to Staff Members



Lessons Learned from our PDPH Partnership

3. Relationship Building

- What factors increase referrals?
 - Clinic Protocols
 - Relationships with Staff - Clinical and Non-Clinical
 - Face Time at Meetings and Emails
 - Patient Word of Mouth

4. Electronic Health Records

- Challenges and Benefits



PDPH Legal Issues

1. Intersection of Health Insurance and Immigration Status
2. Public Benefits and Income Support
3. Personal Planning Documents
4. Utilities



Esperanza Health Center and Delaware Valley Community Health

- 2018 HRSA grant to provide services to MAT patients
- 2018-Present Ongoing funding from Partners and Private Foundations
- 2023 funding from Pennsylvania Commission on Crime and Delinquency to expand services

Lessons Learned in our MAT Population Work - Next Section (no spoilers!)



Jefferson Health Plans

- 2020 – Partnership with Maria de los Santos Health Center (part of Delaware Valley Community Health) to serve patients with Health Partners Medicaid
- 2021 – Expansion to Einstein Medical Center
Adult and Pediatric Clinics
- 2022 Expansion to Temple Pediatrics and Fair Hill Community Practice
- 2022 Portal Project



Lessons Learned from JHP Partnership

1. Understanding Managed Care Organization's Approach to Addressing Social Determinants of Health
 - Working with Nurse Navigators, Social Workers, Behavioral Health Providers and Community Health Workers
 - Sharing Outcomes and Client Data
2. Limiting Services to Patients with One Type of Insurance
 - Working with Provider Staff at the Point of Referral
 - Information and Referral for Other Patients



Lessons Learned from JHP Partnership

3. Pediatrics MLPs

- Specialized Legal Issues (Special Education, Custody, Asthma, Lead)
- Ethical Issues Representing Children

4. Portal Project

- Working with Community Based Care Management Team
- Challenges of Not Working on Site



JHP Pediatrics Legal Issues

1. Custody: Authorization for Treatment and Custody Disputes
2. Housing Conditions: Mold, Lead and Pests
3. Special Education and School Bullying
4. Utilities



Let's do a Poll!

How many legal needs does a MAT Patient have compared to a non-MAT patient?

- a) For every 1 legal issue a non-MAT Patient has, a MAT Patient has .5 legal issue
- b) For every 1 legal issue a non-MAT Patient has, a MAT Patient has 1 legal issue
- c) For every 1 legal issue a non-MAT Patient has, a MAT Patient has 1.5 legal issue
- d) For every 1 legal issue a non-MAT Patient has, a MAT Patient has 2 legal issues
- e) For every 1 legal issue a non-MAT Patient has, a MAT Patient has 2.5 legal issues

Answer:

e) For every 1 legal issue a non-MAT Patient has, a MAT Patient has 2.5 legal issues



Impact on Patients

MLCP advocates help those affected by opioid use disorder with legal problems such as child custody, guardianship, housing, and unemployment, and help promote stability, recovery, and independence for those affected and their family's health related needs.

Philadelphia Legal Assistance | 2021



**THE MLCP
HELPS
TREAT
THE
WHOLE
PERSON!**

Even the best medical care is ineffective if the underlying social problems- like access to medical insurance, food stamps, and safe housing, are not addressed



MAT and MLP

1. OUD in the U.S.

- In 2021, 2.5 million Americans 18 years or older had OUD (NIDA)
- In 2022, 81,806 people in the U.S. died from an Opioid overdose (NIDA)
- In 2021, approximately 550,000 adult Americans receive MAT (NIDA)
 - 22% of OUD users

2. OUD in Philly

- In 2020, 76,373 Philadelphians had OUD (SAMSHA)
- In 2022, 1,413 Philadelphians died from an Opioid overdose (PDPH)



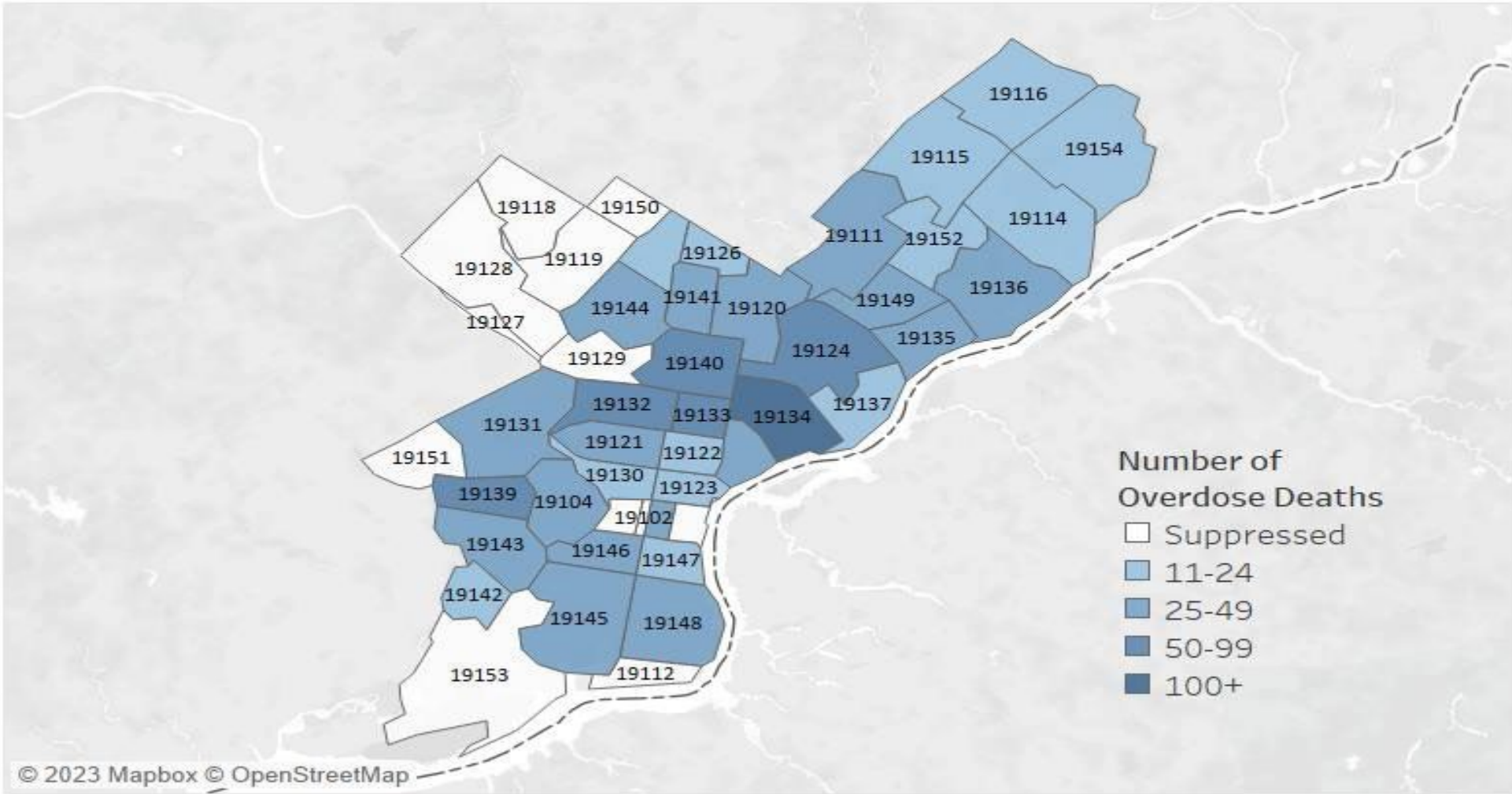
MAT and MLP (cont.)

2. OUD in Philly (cont.)

- Fentanyl
 - In 2010, Fentanyl was detected in less than 10% of overdose deaths
 - In 2020, Fentanyl was detected in 81% of overdose deaths
- Kensington neighborhood (19134)
 - Between 2018 and 2022, the number of overdose deaths increased 87% and 43% among NH Black and Hispanic individuals respectively
 - In 2020, Highest number of Opioid overdoses in the 19134 zip code



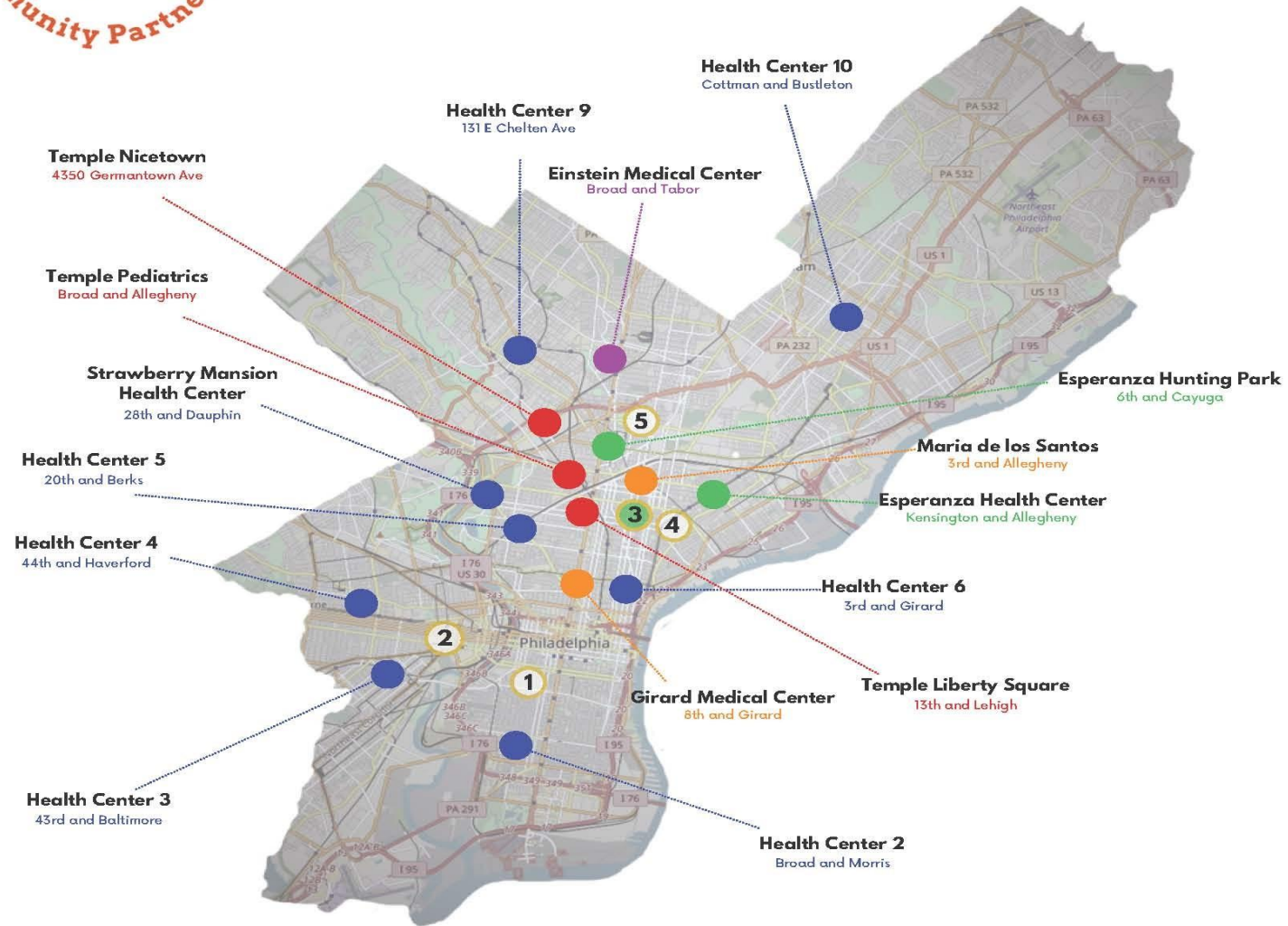
Number of Overdose Deaths by Incident Location, 2022





MLCP SITE MAP

Last updated July 20, 2023



Medication Assisted Treatment (MAT)

1. Medicines

- Buprenorphine (suboxone), methadone, and naltrexone are used to treat OUD.
- These MAT medications are safe to use for months, years, or even a lifetime with close consultation of a doctor.
- The MAT medication operates to normalize the brain chemistry, block the euphoric effects, relieve cravings, and normalize body functions without the negative and euphoric effects of the substance being used.



Medication Assisted Treatment (MAT) (cont.)

2. Therapy

- MAT is the use of medication, in combination with counseling and behavioral therapies. “Whole-patient” approach.
- Research shows that a combination of medication and therapy can successfully treat these disorders, and for some, MAT can help sustain recovery.

2. Continuing Treatment

- MAT Patients start MAT at 1-2 visits per week
- Move to 2 visits per month if doing well
- Finally, 1 visit per month if stable
- PT may or may not stop MAT altogether in consultation with their MAT provider

Fairmount Primary Care Center at Girard Medical Center (GMC)

1. MAT Clinic at GMC

- GMC is one of 9 sites of the FQHC Delaware Valley Community Health
- Offers PCP visits, routine physicals, sick visits, HIV care, MAT care, etc.
- Clinic is located within a separate D&A Treatment Center
 - Patients in-patient at the D&A Treatment Center will receive MAT care at GMC
- MAT providers, BHC services, Recovery Specialist, Case Managers, and MLP
- 9,671 Patient visits in 2023
- 300-400 MAT Patients



MAT at GMC

1. Day 1

- Meet with Care Coordinator
- Review and sign MAT program agreement
- Set short-term goals
- SDOH screener (PRAPARE)
 - <https://prapare.org/wp-content/uploads/2023/01/PRAPARE-English.pdf>
- Provider Assessment
- Urine Screen
- IOP Requirement
- MLCP intake



Esperanza Health Center (EHC)

1. MAT Clinic at EHC

- Esperanza Health Center is a FQHC that has 3 sites in Philadelphia
- Offers PCP visits, routine physicals, sick visits, HIV care, MAT care, dental care, pediatrics, OBGYN etc.
- MAT providers, BHC services, Recovery Specialist, Case Managers, and MLP
- 59,826 Patient visits in 2023
- ~125 MAT Patients
- MAT PT's are required to attend Group therapy or individual sessions with BHC



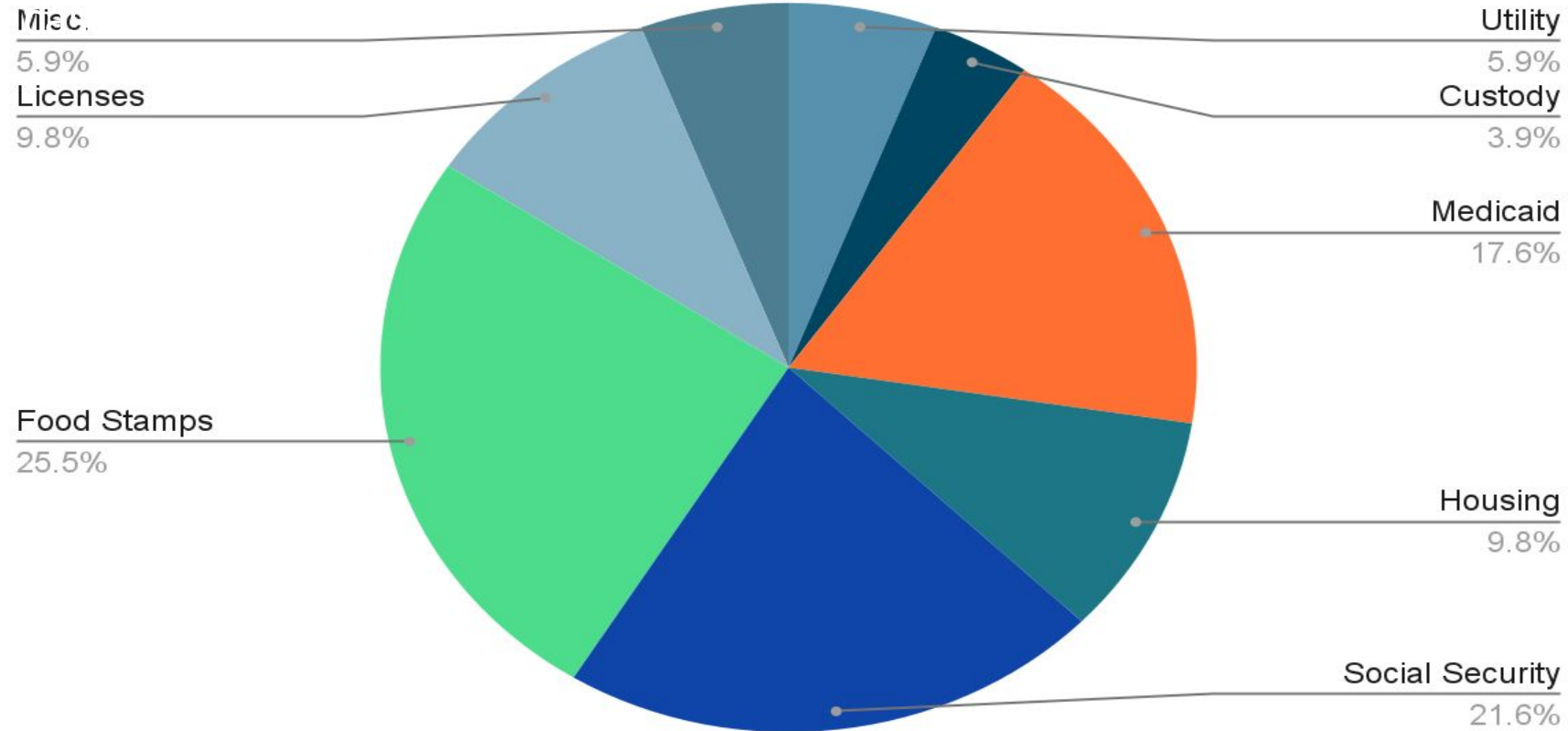
MAT at EHC

1. Intake A
 - Meet with Care Coordinator
 - Urine Screen
 - Review and sign MAT program agreement
2. Intake B
 - Set short-term goals
 - Provider Assessment
3. Care Plan (Intake C)
 - Meet with BHC
 - SDOH screener
 - MLCP intake



MLCP Case Types in MAT

2023 - 142



Why MLP in Recovery Programs?



Legal aid can help stabilize income, housing, healthcare, families, and communities



Medical partners reported an increase in medication compliance, group attendance, and primary care retention



Patients reported a decrease in stress, lower utilization of emergency rooms, and increase in commitment to recovery



Connect patients with social services, decrease stigma, decrease the risk of relapse and overdose

An effective MLP in a MAT setting

1. Integration
 - EHR/EMR Access
 - communication w/out HIPAA concerns
 - Attend huddles/meetings
 - be an extension of the Health Center (add value)
 - multidisciplinary/"Whole Approach"
2. Flexibility
 - work within the existing workflow
 - accommodate Health Center needs
3. Partner building
 - find a Health Center champion for the MLP
4. MAT Specific
 - Come in with no stigma or judgement
 - Relate to CL's/be real
 - follow through (word of mouth)



Investigating the ROI of Medical Legal Partnerships



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Understanding Impact



What is the impact on clients?



What is the impact, if any, on the wider community and economy?



How can we conceptualize this impact?



How can we best communicate these results to stakeholders?





Return on Investment

- Return on investment (ROI) is a performance measure used to evaluate the efficiency of an investment or compare the efficiency of several investments.
- Social return on investment analysis links social impacts and financial investments.
- Social returns can be monetized (hard) or non-monetized (soft).
- They can also be direct (tangible benefits that enter the economy), or indirect (costs avoided, emotional/social dividends).



Background Information: Economic Insecurity

Income serves as a crucial indicator of health, with low income significantly increasing the risk of disease incidence, severity, and reduced life expectancy (Proctor, 2015; Zimmerman, 2019).

Economic insecurity hampers individual well-being and perpetuates a cycle of socio-legal challenges, profoundly affecting the health of low-income households.

Extensive literature underscores the correlation between economic insecurity and adverse health outcomes, emphasizing its role as a barrier to accessing medical care and essential resources that promote wellness (Braveman, 2018; Mode, 2016; Shields, 2020; Weida, 2020).

Medical-Legal Partnerships (MLPs) can address these challenges, offering integrated support to prevent or mitigate the health impacts of economic instability.



Assessment Tools

- 5 years of case data (outputs)
- 5 years of program budgets
- 5 years of client survey responses
- Client responses from 2020 Needs Assessment
- Staff survey responses



Case Selection: IHELP

	Income	Housing	Employment	Personal and Family Stability
Legal Issue	<ul style="list-style-type: none"> Barriers to Care Denials of disability accommodations Cost of health care Administrative roadblocks Unreimbursed services 	<ul style="list-style-type: none"> Eviction Habitability concerns / unhealthy housing conditions Disputes with landlords Hospitalizations 	<ul style="list-style-type: none"> Denials in unemployment benefits Administrative roadblocks Wrongful exclusion from unemployment benefits Wage disputes Workplace discrimination Wrongful termination 	<ul style="list-style-type: none"> Divorce Intimate Partner and/or Domestic Violence Child protection cases
Intervention (Case Type)	<ul style="list-style-type: none"> General Assistance (GA) SSDI/SSDI SNAP/Food Stamps Medicaid, Medicare, ACA Marketplace Debt relief 	<ul style="list-style-type: none"> Eviction prevention or diversion Avoiding foreclosure or sheriff sale Rental/Mortgage Assistance 	<ul style="list-style-type: none"> Unemployment benefits FMLA 	<ul style="list-style-type: none"> Protection from abuse orders Spousal support cases Divorce representation



Methods: Financial Return on Investment



Direct Benefits: tangible, financial benefits that *enter* the economy. Federal and state benefit payments.



Indirect: costs avoided. I examined four types of costs related to income as a determinant of health: the costs associated with homelessness, domestic violence, health insurance and medical debt, and utility payments.



The multiplier effect: a regional spending multiplier of 1.65 applied to the total sum of federal dollars (the direct benefits).





- Direct benefits totaled **\$16,095,207.51**.
- Indirect benefits totaled **13,648,247.51**.
- When the multiplier effect is applied to the direct benefits, an additional **\$11,483,316.03** was brought into the Philadelphia economy.
- The MLCP at PLA's financial impact on the economy was **\$41,226,771.05** between 2018 and 2023.
- This represents a return of **\$11** for every single dollar invested in PLA's MLCP.

Financial ROI





- 59.7% reported that they felt less stressed or anxious
- 59.7% reported that they had “greater peace of mind”
- 66.6% reported that they are “better able to cope with or manage the challenges” in their life
- 66.1% reported that they can “be a better advocate for myself”
- 65% reported that they “better understand my legal rights.”
- 90% of clients reported that they would refer a friend or family member to the MLCP
- 40% reported that they had already referred at least one person

Social and Emotional Dividends



Takeaways and Implications: MAT Population



Supporting Stability



Facilitating Access to Benefits
and Services



Empowering
Clients through Education
and Advocacy



Takeaways and Implications: Policy



LEVERAGING LEGAL AID TO BOOST
ECONOMIC GROWTH



PROMOTION OF LEGAL AID AS A
COST-SAVING MEASURE



SUPPORT FOR MEDICAL-LEGAL
PARTNERSHIPS (MLPS) AND
COMPREHENSIVE LEGAL SERVICES



Questions & Answers



Raise your hand to unmute.



Key Resources

OTHER LANGUAGES

GET LEGAL HELP EXPLORE BY LEGAL ISSUE NEWS RESOURCES ABOUT DONATE

PLA PHILADELPHIA LEGAL ASSISTANCE

UPDATES

The Key to Ten Years of Medical Legal Partnership Success

March 2024 | By Cynthia Haskin and Boston Gordon

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Medical-Legal Partnership Population Series March 2018

Issue Brief One

THE OPIOID CRISIS IN AMERICA & THE ROLE MEDICAL-LEGAL PARTNERSHIP CAN PLAY IN RECOVERY

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[PHILADELPHIA LEGAL ASSISTANCE- THE KEY TO TEN YEARS OF MEDICAL LEGAL PARTNERSHIP SUCCESS](#)

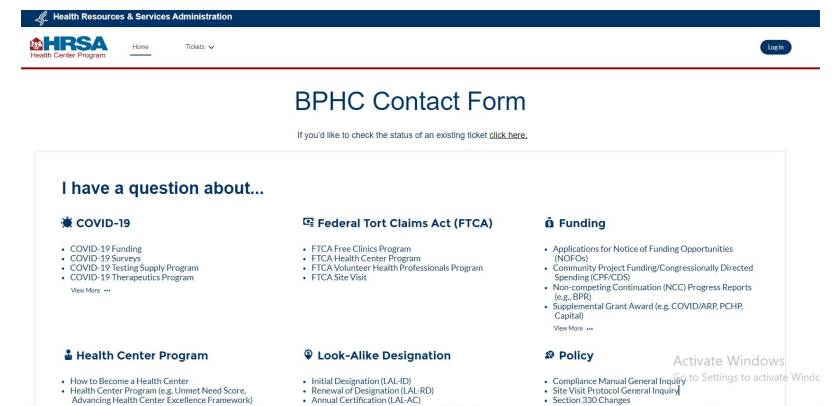
[THE OPIOID CRISIS IN AMERICA & THE ROLE MEDICAL-LEGAL PARTNERSHIP CAN PLAY IN RECOVERY](#)

Key Resources



Health Center MLP Toolkit: ["Bringing lawyers onto the health center care team to promote patient & community health"](#)

Health Center Program Support:
[BPHC Contact Form](#)



Screenshot of BPHC Contact Form at <https://hrsa.my.site.com/support/s/> (Accessed on Jan. 29, 2024)

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New Resource

New Publication!

[Fostering Sustainability through Performance Measurement in Health Center Medical-Legal Partnerships: Insights from a Diverse Learning Collaborative](#)

AUTHORED BY

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JUNE X, 2024

Fostering Sustainability through Performance Measurement in Health Center Medical-Legal Partnerships: Insights from a Diverse Learning Collaborative

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PUBLICATION DESIGN BY

OPUS Design

What is a health center?

HEALTH CENTERS:

- Are community-based and serve more than 30 million people, about 90% of whom have incomes less than 200% of the federal poverty level.
- Provide access to medical, dental, behavioral, and other health care services.
- Provide care for all, with special initiatives for people experiencing homelessness, agricultural workers, and residents of public housing.
- A public or nonprofit entity can become a HRSA-supported health center by applying for Health Center Program funding or receiving designation as a Health Center Program look-alike. HRSA's Bureau of Primary Health Care (BPHC) oversees the

Summary

This paper underscores the vital role of sustainability in clinical settings, focusing on medical-legal partnerships (MLPs) within health centers (HCs). Drawing insights from a learning collaborative initiative facilitated by the National Center for Medical-Legal Partnership (NCMLP), supported by the U.S. Health Resources & Services Administration (HRSA), we introduce performance measures and metrics



Thank you!

Please help us improve future sessions by completing our short evaluation.



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