

**MLP Survey 2016 - Healthcare Partner**

Welcome to the 2016 National MLP Survey

**Thank you for agreeing to participate in this survey. You are receiving this survey because you have indicated to the National Center for Medical-Legal Partnership that your organization participates in a medical-legal partnership (MLP). Your responses are essential to helping us understand the impact of MLP activities, particularly as we continue efforts to draw private and public investment in your work. Please complete this survey by January 13th, 2017.**

**This survey should be completed by someone at your HEALTHCARE organization who is keenly aware and knowledgeable about your MLP's activities. The survey includes questions regarding general information about your MLP, staffing, training, funding, etc. We encourage you to have data regarding these areas readily available when completing the survey. We have attached pdf copies of the healthcare and legal surveys to the email you received for you to refer to and to determine the types of data you will need to complete the survey. Please note that all survey responses should be submitted online.**

**IMPORTANT NOTES:**

- 1) Your responses will be saved every time you click "NEXT" to move to the next page. Some questions require a response and you will be unable to move forward until you provide the missing response(s).**
- 2) You MUST complete the survey on the same computer/device that you begin the survey. If, for any reason, you leave in the middle of completing the survey, your responses up to that point will be saved. You may re-enter the survey at a later time and continue where you left off, as long as you are completing the survey ON THE SAME DEVICE. This holds true whether you leave the survey for 5 minutes or 5 days.**
- 3) Please ensure that you click "DONE" at the conclusion of the survey so that all of your responses are saved and your survey is successfully submitted to our system.**

**Please also note that this is an annual survey, so many of these questions will be familiar to you if you completed a survey last year.**

**If you have any questions regarding the survey, please do not hesitate to contact Ellen Lawton (ellawton@gwu.edu) at the National Center for Medical-Legal Partnership. We sincerely appreciate your time and participation - Thank You!**



MLP Survey 2016 - Healthcare Partner

**General Information**

\* 1. What is the name of your healthcare organization?

\* 2. Address

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

\* 3. What is your name?

\* 4. Which of the following best describes your profession?

- Nurse
- Nurse Practitioner
- Physician
- Physician Assistant
- Social Worker
- Other (please specify)

\* 5. How would you best describe your organization?

- General Hospital/Health System
- Children's Hospital
- VA Healthcare System
- HRSA-funded Health Center
- Private Clinic
- Behavioral Health Clinic
- Other (please specify)

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General Information

6. Does your HRSA-funded health center currently use enabling services funding to support civil legal services?

- Yes
- No
- Don't know

MLP Survey 2016 - Healthcare Partner

General Information

7. Is your organization certified as a Patient-centered Medical Home (PCMH)?

- Yes
- No
- Don't know

8. Please indicate if your organization is:

	Yes	No	Don't Know
Located in an underserved area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Part of an Accountable Care Organization (ACO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A high Medicaid site (at least 25% of patients are on Medicaid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A high uninsured site (at least 25% of patients are uninsured)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MLP Survey 2016 - Healthcare Partner

General Information

\* 9. What is the name of the legal partner that you operate an MLP with?

10. In what year was your MLP established?

11. Please specify the patient population(s) that your MLP serves.

- |   |  |
|---|--|
| <input type="checkbox"/> General Population     | <input type="checkbox"/> Homeless/Unstably housed people |
| <input type="checkbox"/> Children               | <input type="checkbox"/> Immigrants                      |
| <input type="checkbox"/> Elderly                | <input type="checkbox"/> Native Americans                |
| <input type="checkbox"/> High-Utilizers         | <input type="checkbox"/> Veterans                        |
| <input type="checkbox"/> Other (please specify) |  |

12. While some MLPs serve a general population, they may target patients with specific conditions for services. For example, an MLP may serve a general population but only target a clinic whose patients have cancer.

Please select the condition(s) that your MLP targets for services. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> HIV/AIDS   |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Mental Health Issues                                   |
| <input type="checkbox"/> Chronically Ill         | <input type="checkbox"/> Pregnancy  |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Sickle Cell Disease                                    |
| <input type="checkbox"/> Disability              | <input type="checkbox"/> Substance Use Issues                                   |
| <input type="checkbox"/> Domestic Violence/Abuse | <input type="checkbox"/> We do not target any specific conditions for services. |
| <input type="checkbox"/> Other (please specify)  |   |



## MLP Survey 2016 - Healthcare Partner

### General Information

13. Do you have a memorandum of understanding (MOU) or another formal legal agreement with your MLP's legal partner organization?

- Yes
- No
- Don't know

14. Does your organization provide an office or other designated space for your legal partner to provide legal services on-site?

- Yes
- No
- Don't know

15. Over the last 12-month period, has anyone from your organization met with any of the following groups to discuss MLP activities?

	Yes	No	Don't Know
Healthcare Organization CEO, COO or other senior leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Organization Board of Directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Organization General Counsel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Aid Organization Executive Director or other senior leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Aid Organization Board of Directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. MLP Healthcare organizations often include their legal partner(s) in clinical team discussions about specific patients to provide efficient and effective integrated care.

About how often do your legal partner's staff participate in clinical team discussions?

- Once a week
- Once a month
- Once a quarter
- Once a year
- Our legal partner's staff does not participate in clinical team discussions.
- Other (please specify)

MLP Survey 2016 - Healthcare Partner

MLP Funding

17. Taking into account all of the sources of funding for your MLP, what is the total budget of the MLP?  
(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you do not have a budget for your MLP.)

18. Over the last 12-month period, did your health care organization include MLP as part of its operating budget?

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MLP Funding

19. How much money from the operating budget was dedicated to MLP?

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text.)

20. Over the last 12-month period, did your health care organization donate funds from a foundation or charity affiliated with your organization for MLP?

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MLP Funding

21. How much money from your health care organization foundation or charity was donated to the MLP?  
(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text.)

22. Over the last 12-month period, did a community health foundation, trust, or health-focused charitable organization outside of your health care organization provide funds for your MLP? (e.g. community foundation, local or national health care foundation, other health foundation)

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MLP Funding

23. How much money from the health foundation, trust, or health-focused charitable organization outside of your health care organization was donated to the MLP?

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text.)

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Screening for Health-Harming Legal Needs

Many healthcare organizations screen patients to determine if they have "health-harming legal needs." Health-harming legal needs are defined as social, financial, or environmental issues, which can have a negative impact on patients' health, and are amenable to civil legal solutions. Common health-harming legal needs include but are not limited to:

(1) Income & Insurance Issues

(2) Housing & Utilities Issues

(3) Employment & Education Issues

(4) Legal Status Issues (Veterans & Immigration)

(5) Personal & Family Stability Issues

Please follow the link [HERE](#) for more information on the "I-HELP" categories.

24. Does your organization screen for health-harming legal needs?

- Yes
- No
- Don't know

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Screening for Health-Harming Legal Needs

25. What method does your organization use to screen patients for health-harming legal needs? Check all that apply

- Paper-based screening tool
- EHR-based screening tool
- Verbal screening (i.e. no formal tool)
- Do not screen
- Other (please specify)

26. Who conducts or administers the process for screening for health-harming legal needs? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Self-administered by the patient | <input type="checkbox"/> Medical assistant or Physician assistant |
| <input type="checkbox"/> Registration staff               | <input type="checkbox"/> Social worker                            |
| <input type="checkbox"/> Nurse                            | <input type="checkbox"/> Don't know                               |
| <input type="checkbox"/> Physician                        |   |
| <input type="checkbox"/> Other (please specify)           |   |



27. How often do the following patient populations trigger a screen for health-harming legal needs?

	All of the time	Some of the time	Never	N/A
General Population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Utilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless/Unstably	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immigrants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native Americans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How often do the following conditions trigger a screen for health-harming legal needs?

	All of the time	Some of the Time	Never	N/A
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence/Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV/AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sickle Cell Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MLP Survey 2016 - Healthcare Partner

MLP Staffing

29. Over the last 12-month period, please estimate the **TOTAL FTE** devoted to MLP activities at your health care organization.

Please include FTE **employed** at the health care organization only. Please do not include volunteers.

(FTE, or “full time equivalent” is defined as the total number of hours worked divided by the maximum number of compensable hours in a full-time schedule. For example, if you have 3 physicians who each work 0.1 FTE each on MLP activities, you would answer 0.3 FTE for total physician time below. Please enter numbers only **WITHOUT** using a \$, comma, other symbols or any text. Please write "0" if a particular category below does not have any FTE to work on MLP activities.)

30. If you have any explanatory comments on the information you provided regarding the FTE for your organization, please share below.

31. Over the last 12-month period, please check all of the professions included in the total FTE listed in question number 30.

**\*\*Only include Lawyers if they are employees of the healthcare organization.**

- |   |   |
|---|---|
| <input type="checkbox"/> Administrators         | <input type="checkbox"/> Nurse Practitioners  |
| <input type="checkbox"/> Case Managers          | <input type="checkbox"/> Patient Navigators   |
| <input type="checkbox"/> Dentists               | <input type="checkbox"/> Physicians           |
| <input type="checkbox"/> Interpreters           | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Lawyers**              | <input type="checkbox"/> Social Workers       |
| <input type="checkbox"/> Nurses                 |   |
| <input type="checkbox"/> Other (please specify) |   |

32. Do you have an MLP clinical champion at the organization who serves as a leader or facilitator of MLP (clinical champions are typically physicians, nurse practitioners, or other clinicians that promote the importance of a clinical area or service, often serving as change agents)?

Yes

No

Don't know

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MLP Staffing

33. What is the profession of the MLP clinical champion in your organization?

- Physician
- Nurse Practitioner
- Nurse
- Clinical Administrator
- Other (please specify)

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MLP Referrals

34. Over the last 12-month period, please estimate the number of patients who have been referred by your organization to your MLP legal partner.

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not refer any patients to your MLP legal partner.)

35. If you have any explanatory comments on the information you provided regarding the number of patients who been referred by your organization, please share below.

36. Over the last 12-month period, are you aware of any patients who have self-referred to the MLP legal partner?

- Yes
- No
- Don't know

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MLP Referrals

37. Which of the following best characterizes your knowledge of self-referrals?

- Many of our patients self-refer (100+)
- Some of our patients self-refer (26-100)
- Few or none of our patients self-refer (25 or less)

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MLP Training

38. Please estimate the total number of healthcare providers and staff at your organization who have been trained in MLP services and health-harming legal needs over the last 12-month period.

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not have any staff trained.)

39. If you have any explanatory comments on the information you provided regarding the total number of healthcare providers and staff at your organization who have been trained in MLP services and health-harming legal needs, please share below.

40. Which, if any, of the following groups have been trained in MLP services and health-harming legal needs? Check all that apply.

- Clinicians
- Clinical trainees (residents and students)
- Other Healthcare staff (e.g., administrators, community health workers, front office staff, etc.)
- None of our healthcare organization's staff are trained in MLP services or health-harming legal needs.

41. Do you train MLP lawyers or other legal staff on health topics such as conditions like asthma, cancer, or social determinants of health (e.g. the impact of homelessness on asthma)?

- Yes
- No
- Don't know

42. Are any members of your organization involved in undergraduate or graduate level courses in which MLP is discussed?

- Yes
- No
- Don't know



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MLP Training

43. For all course(s) in which MLP is discussed, please list the name(s) of the university, the full name of the course(s), and the types of student(s) likely to enroll.

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MLP Training

44. Over the last 12-month period, did you host any medical students on-site at your organization who worked with the MLP program?

- Yes
- No
- Don't know

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MLP Training

45. Which of the following programs do the on-site medical students represent? Check all that apply.

Medical school (not residency) elective rotation

Medical school volunteer opportunity

Other (please specify)

46. Please provide the name of the medical school(s) that the on-site medical students attend.

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MLP Training

47. Over the last 12-month period, did you have any nursing students who worked on-site at your organization on MLP services?

- Yes
- No
- Don't know

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MLP Training

48. Please provide the name of the nursing school(s) that the on-site students attend.

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MLP Training

49. Over the last 12-month period, did you have any social work students who worked on-site at your organization on MLP services?

- Yes
- No
- Don't know

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MLP Training

50. Please provide the name of the social work school(s) that the on-site social work students attend.

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MLP Training

51. Over the last 12-month period, did you have any public health students who worked on-site at your organization on MLP activities?

- Yes
- No
- Don't know



MLP Survey 2016 - Healthcare Partner

MLP Training

52. Please provide the name of the public health school(s) that the on-site public health students attend.

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MLP Documentation and Data Sharing

53. Does your organization have a Data-Sharing Agreement or other formal agreement to share patient-level data with your legal partner?

- Yes
- No
- Don't know

54. Does your organization use an Electronic Health Record (EHR) system?

- Yes
- No
- Don't know

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55. What kind of EHR system does your organization use?

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MLP Documentation and Data Sharing

56. Does your organization formally document any of the following?

	Yes, through an EHR System	Yes, through another database	No	Don't know
Results of screening for health-harming legal needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MLP Interactions with the Patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing Form Letters or other similar templates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals to the MLP Legal Partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

MLP Survey 2016 - Healthcare Partner

Impact

57. Do you receive information from your legal partner staff regarding a patient's legal outcome after an MLP intervention?

- Yes** - We receive information regarding the outcome of a patient's MLP intervention **all** the time.
- Yes** - We receive information regarding the outcome of a patient's MLP intervention **some** of the time.
- No** - We do not receive information regarding the outcome a patient's MLP intervention.

58. To what extent do you feel that your MLP can meet the demand for patients' health-harming legal needs?

- Our MLP **can** meet the demand for our patients' health-harming legal needs.
- Our MLP **cannot** meet the demand for our patients' health-harming legal needs.
- Don't know

59. Many MLPs engage in policy and advocacy work as a core component of their MLP. Through cases that are resolved, many MLPs work to change local, state, and national level policies to advocate for the communities that their MLP serve. For example, some MLPs have successfully changed city-wide housing policies/codes to accommodate the needs of asthmatic patients.

Over the last 12 month period, which, if any, of the following policy and advocacy work has your MLP engaged in? Check all that apply.

- Legislative (e.g., changing a statewide child safety seat law)
- Regulatory (e.g., expanding categories of protection for utilities services)
- Clinic-level changes (e.g., adding form letter to EHR)
- System-level changes (e.g., improved compliance special education mandates)
- Participating in Coalitions (e.g., actively participating in coalition to improve veterans access to justice)
- We do not engage in policy and advocacy work in any area.
- Other (please specify)

60. If you have a recent example of a policy/advocacy impact led by your MLP, please use the space below to share.

61. Please choose the impacts below that you often hear from patients that receive MLP services. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Reduced stress  | <input type="checkbox"/> Improved access to diagnostic services                  |
| <input type="checkbox"/> Improved ability to adhere to prescribed medical treatments | <input type="checkbox"/> Improved access to income and insurance needs           |
| <input type="checkbox"/> Improved engagement with healthcare clinicians and staff    | <input type="checkbox"/> Improved access to housing and utilities needs          |
| <input type="checkbox"/> Improved access to specialty/inpatient services             | <input type="checkbox"/> Improved access to education and employment needs       |
| <input type="checkbox"/> Improved access to behavioral health services               | <input type="checkbox"/> Improved access to personal and family stability needs. |
| <input type="checkbox"/> Other (please specify)                                      |  |

62. Have you personally heard of any clinicians at your organization describe the following as a result of their participation in MLP?

	Yes	No	Don't know
Ability to perform at "top of license"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved patient compliance with medical treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improved health outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. On a 1-5 scale, with "5" indicating strong agreement and "1" indicating strong disagreement, please indicate your level of agreement with the following statement:

"My organization has fully embraced the MLP approach to care."

- 5 - Strongly Agree
- 4 - Agree
- 3 - Neither
- 2 - Disagree
- 1 - Strongly Disagree

**MLP Survey 2016 - Healthcare Partner**

Thank you for participating!

**Please remember to click "DONE" below to ensure that all your responses are saved in the system.**

**The National Center for Medical-Legal Partnership would like to sincerely thank you for completing the 2016 MLP National Survey.**

**If you have any questions about the survey, please contact Ellen Lawton ([ellawton@gwu.edu](mailto:ellawton@gwu.edu)) at the National Center for Medical-Legal Partnership. Thanks!**