

**MLP Survey 2016 - Legal 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. Please complete this survey by January 13th, 2017.**

**This survey should be completed by someone at your LEGAL 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 - Legal Partner

General Information

\* 1. What is your name?

\* 2. Contact Information

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

\* 3. Which of the following best describes your profession?

- Lawyer
- Paralegal
- Other (please specify)

\* 4. What is the name of your legal organization?

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

- LSC-funded legal aid organization
- Non-LSC- funded legal aid organization
- Law School
- Bar association
- Other (please specify)

6. How many healthcare organizations (hospitals, health systems, health centers, clinics) do you actively operate an MLP with? (DO NOT count medical schools.)

7. Please list the name(s) of the healthcare organization(s) that you actively operate an MLP with.

8. When was your MLP founded?

If your organization has multiple healthcare partners, when was each partnership started?

9. Does the data provided for this survey reflect that of all of your organization's healthcare partners?

- Yes
- No
- Other (please specify)

10. In forming your MLP, did you do a community assessment to identify civil legal needs in your community?

- Yes
- No
- Don't know

11. Do you have pro bono partners to do case handling or other activities related to your MLP?

Yes

No

Don't know

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Pro Bono Partner Information

12. How many pro bono partners do you have?

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

## MLP Survey 2016 - Legal Partner

### MLP Collaboration & Integration

13. Do you provide legal services on-site at any of your MLP's healthcare partner(s) facilities?

- Yes
- No
- Don't know

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

- 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 Partner(s) CEO, COO, other senior leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Partner(s) Board of Directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare Partner(s) 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 organization(s) often include their legal partner in team discussions about specific patients/clients in order to provide efficient and effective integrated care.

About how often do you participate in clinical team discussions at any of your MLP healthcare partner(s)?

- Once a week
- Once a month
- Once a quarter
- We don't participate in clinical team discussions.
- Other (please specify)

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MLP Funding

17. Over the last 12-month period, what was the total budget for your MLP?

(Please include dedicated time and DO NOT include in-kind support. 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. If you have any explanatory comments on the information you provided regarding the total budget for your MLP, please share below.

19. Does any part of your total budget from the MLP come from one or more of your health care partners?

- Yes
- No
- I don't know

20. Below, please check all funding sources that apply to your total MLP budget.

- IOLTA Funds
- LSC Funding
- Government Contract or Grant
- Foundation
- Legal Aid Fellowship
- Hospital/Health System – Operating Budget, Foundation, and/or Community Benefit
- Health Center Funding
- Other (please specify)





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MLP Staffing

21. Over the last 12-month period, please estimate the total FTE dedicated to MLP activities at your organization. Please include FTE employed at your legal organization only. Do not include volunteers or students.

(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 staff members who each work 0.1 FTE each on MLP activities, you would answer 0.3 FTE for total FTE below. Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you do not have any FTE dedicated to your MLP.)

22. If you have any explanatory comments on the information you provided regarding the total FTE for your organization's staff that participates in MLP activities, please share below.

23. Over the last 12-month period, please estimate the total number of pro-bono hours your organization received for assistance with MLP activities.

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you do not receive any pro-bono hours.)

24. If you have any explanatory comments on the information you provided regarding the total number of pro-bono hours your organization received, please share below.

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MLP Referrals & Legal Service Statistics

25. Over the last 12-month period, please estimate the total number of patients who have been referred to you by all of your healthcare partner(s). (Do not include patients who self-referred to your MLP in this number).

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

26. If you have any explanatory comments on the information you provided regarding the total number of patients who have been referred to you, please share below.

27. Over the last 12-month period, please estimate the total number of patients seen at your health care partner(s) who have self-referred to your organization. (This number should not include patients who are included in question 25 above.)

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

28. If you have any explanatory comments on the information you provided regarding the total number of patients who have self-referred to you, please share below.

29. Of all referrals, including self-referrals you received over the last 12-month period, please estimate the percent that fall in each of the following categories.

(Please note that patients referred to you may fall into more than one category below. Please note that percentages can add up to less than or more than 100%.)

	Percentage
Children	<input type="text"/>
Elderly	<input type="text"/>
High Utilizers	<input type="text"/>
Individuals with Chronic Illness	<input type="text"/>
Homeless/Unstably Housed People	<input type="text"/>
Immigrants	<input type="text"/>
Veterans	<input type="text"/>
Native Americans	<input type="text"/>

30. If you have any explanatory comments on the information you provided regarding the percent of referrals that fall in each of the categories listed above, please share below.

31. Of the referrals you received over the last 12-month period, including self-referrals, please estimate the percent that fall into each "I-HELP" category. For more information on "I-HELP" categories please [click here](#). (Please note that patients referred to you may fall into more than one category below. Please note that percentages can add up to less than or more than 100%.)

	Percentage
I - Income & Insurance Needs	<input type="text"/>
H - Housing & Utilities Needs	<input type="text"/>
E - Education & Employment Needs	<input type="text"/>
L - Legal Status (Veterans & Immigration) Needs	<input type="text"/>
P - Personal & Family Stability Needs	<input type="text"/>

32. If you have any explanatory comments on the information you provided regarding the percent of referrals that fall in each of the I-HELP categories, please share below.

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33. Over the last 12-month period, please estimate the total number of "consultations" you have had with healthcare providers at all of your healthcare partner(s).

(Consultations are defined as instances where you provided advice to healthcare providers about a patient or legal issue, but did not directly interact with the patient. Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not have any consultations.)

34. If you have any explanatory comments on the information you provided regarding the total number of consultations you have had with healthcare providers, please share below.

35. Over the last 12-month period, please estimate the total number of patients/clients referred to you by all of your healthcare partner(s) for whom you have provided "counsel and advice," "brief service," or "limited action."

(Please see the [LSC Case Service Report Handbook, Section 8.2](#) for definitions of these terms. Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not provide counsel and advice, brief service, or limited action to anyone.)

36. If you have any explanatory comments on the information you provided regarding the total number of patients/clients referred to you from whom you have provided "counsel and advice," "brief service," or "limited action" please share below.

37. Over the last 12-month period, please estimate the total number of patients/clients referred to you by all of your healthcare partner(s) for whom you have provided "extended service."

(Please see the [LSC Case Service Report Handbook, Section 8.3](#) for a definition of this term. Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not provide limited representation to anyone.)

38. If you have any explanatory comments on the information you provided regarding the total number of patients/clients referred to you from whom you have provided "extended service," please share below.

39. Over the last 12-month period, please estimate the total number of "cases your MLP has opened."

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

40. If you have any explanatory comments on the information you provided regarding the total number of cases your MLP has opened, please share below.

41. Over the last 12-month period, please estimate the total number of "cases your MLP has closed."

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not close any cases in your last fiscal year.)

42. If you have any explanatory comments on the information you provided regarding the total number of cases your MLP has closed, please share below.

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Financial Benefits of MLP

43. Do you calculate the total amount of financial benefits received by a patient/client as a result of the MLP services you provide?

- Yes
- No
- Don't know



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Financial Benefits of MLP

44. Please estimate the total dollar amount of financial benefits received by unique patients/clients served by your MLP(s) over the last 12-month period. Examples of financial benefits include: Medicaid or Medicare coverage reinstatement, SSI benefits, Disability benefits, workers compensation, SNAP benefits, TANF assistance, etc.

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if you did not have any unique clients who received any financial benefits.)

45. If you have any explanatory comments on the information you provided regarding the total amount of financial benefits received by patients/clients served by your MLP(s), please share below.

46. Given your estimate of the total dollar amount of financial benefits received by your patients/clients over the last 12-month period, please estimate the number of unique clients who received any financial benefits.

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if your patients received no financial benefits.)

47. If you have any explanatory comments on the information you provided regarding the total number of unique clients who received any financial benefits, please share below.

48. Do you calculate the dollars recovered by your MLP healthcare partner(s) or other healthcare organizations in the community as a result of your MLP's legal advocacy?

- Yes
- No
- Don't know

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Financial Benefit of MLP

49. Please estimate the total dollars recovered by your MLP healthcare partner(s) or other healthcare organizations in the community as a result of your MLP's legal advocacy over the last 12-month period.

(Please enter numbers only WITHOUT using a \$, comma, other symbols or any text. Please write "0" if your MLP healthcare partner(s) or other healthcare organizations in the community did not recover any dollars.)

50. If you have any explanatory comments on the information you provided regarding the total dollars recovered by your MLP healthcare partner(s) or other healthcare organizations in the community, please share below.

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MLP Training

51. Please estimate the total number of healthcare providers and staff across all of your healthcare partner(s) 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 train any healthcare providers and staff.)

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

53. Which, if any, of the following groups does your MLP train in MLP services and health-harming legal needs? Check all that apply.

- Clinicians
- Clinical trainees (includes residents and students)
- Other healthcare staff (e.g., administrators, community health workers, front office staff, etc.)
- We do not train any types of healthcare staff.

54. Does your healthcare partner(s) 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

55. 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

56. Please list the name(s) of the university AND the respective course(s) in which MLP is discussed.

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MLP Training

57. Does your organization provide didactic (classroom) training for medical residents?

Yes

No

Don't know

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MLP Training

58. Please indicate the type(s) of medical residents who received didactic (classroom) training. Check all that apply.

- Emergency Medicine
- Family Medicine
- Pediatrics
- Geriatrics
- Internal Medicine
- OB/GYN
- Other (please specify)



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MLP Training

59. Over the last 12-month period, did your MLP(s) have any law students who worked on-site at either your organization or at your healthcare partner(s)?

- Yes
- No
- Don't know

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MLP Training

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

- Law School Clinic
- Law School Externship
- Law School Pro-bono Project
- Other (please specify)

61. Please provide the name of the law school(s) that provides the law students to participate on-site with the MLP.

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Documentation & Data Sharing

62. Does your organization have a Data Sharing or other formal agreement to share patient-level data with any of your healthcare partner(s)?

- Yes
- No
- Don't know

63. Over the last 12-month period, what types of patient-level information have you received from your healthcare partner(s) to help you provide MLP services? Check all that apply.

- Primary Diagnosis
- Secondary Diagnosis
- Prior healthcare utilization history
- Current medications/treatments
- Reasons for referral
- Other (please specify)

64. Does your organization use a legal database or case management software to track information about MLP activities?

- Yes
- No
- Don't know

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Documentation & Data Sharing

65. What is the name of the legal database or case management software that your organization uses?

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MLP Impact

66. Does your legal organization (beyond the MLP) formally document where all potential clients receive their healthcare?

- Yes
- No
- Don't know

67. Does your organization follow up with your health care partner(s) about the impact of the MLP services their patients have received?

- Yes, we send information *all* of the time.
- Yes, we send information *some* of the time.
- No

68. Does your organization formally document data on legal impacts for clients that receive MLP Services?

(Examples of legal impacts include prevented eviction, obtained Medicaid, reinstated utilities, etc.)

- Yes, through the health care partner's EHR.
- Yes, through a legal database/case management software.
- Yes, both through the health care partner's EHR and a legal database/case management software.
- No
- Don't know

69. To what extent do you feel that your MLP can meet the demand of patients'/clients' health-harming legal needs?

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

70. How best do you address the health-harming legal needs of MLP clients who exceed your available resources or are beyond the scope of services you provide? Check all that apply.

- Refer clients to pro-bono attorneys
- Refer clients to other legal aid organizations
- Refer clients to non-legal supports
- Place clients on a waiting list
- Our resources address all of our MLP clients' health-harming legal needs
- Other (please specify)

71. Thinking of the priorities for your MLP, if you had additional resources that could only support one of the following activities, which of the following activities would you invest in? Choose one only.

- Provide services to more clients
- Provide better follow up to clients that you currently have
- Expand the breadth of legal interventions
- Invest in better ways to document MLP data
- Add more health care partners
- Other (please specify)

72. 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 patients with asthma.

Over the last 12-month period, which, if any, of the following types of policy and advocacy work has your MLP(s) 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)

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

**MLP Survey 2016 - Legal 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!**