

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



AUTHORS

Jay Chaudhary, JD

Managing Attorney & Director of Medical-Legal Partnerships
Indiana Legal Services
Adjunct Faculty
Indiana University Richard M. Fairbanks School of Public Health

Kate Marple, MSc

Senior Research Scientist & Director of Communications
National Center for Medical-Legal Partnership

Jillian Bajema

Research Assistant
National Center for Medical-Legal Partnership

This issue brief is possible thanks to generous support from the Robert Wood Johnson Foundation and The Kresge Foundation.

Introduction

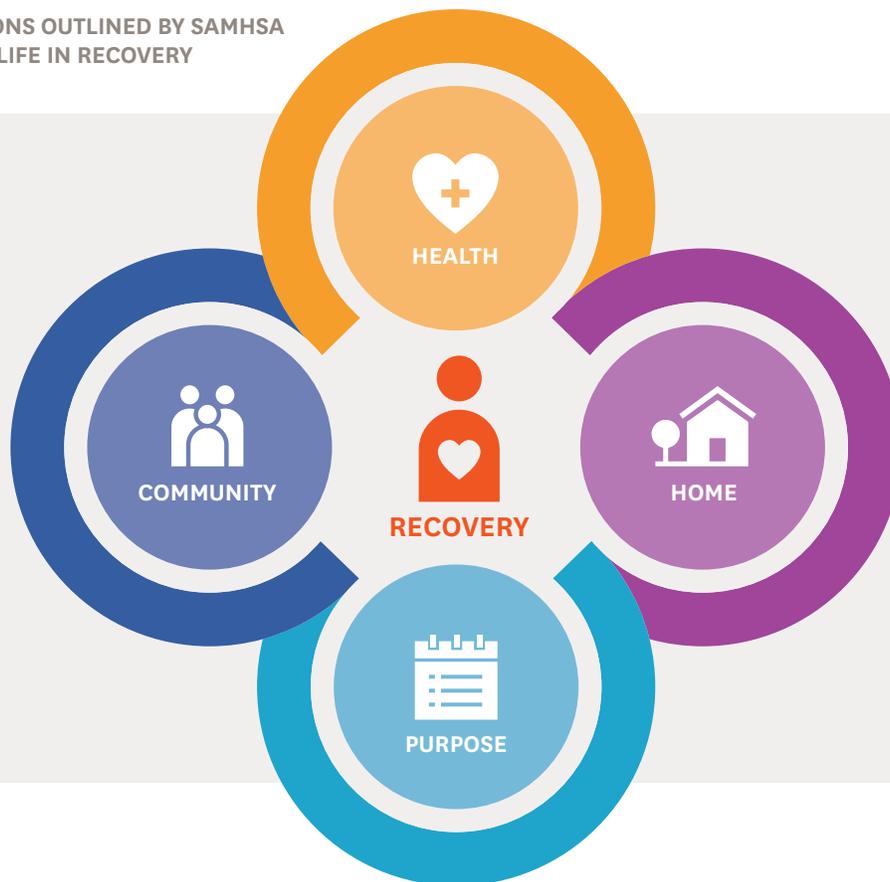
The current opioid epidemic is a public health crisis, devastating urban, suburban, and rural communities across the United States. The problem — rooted both in the overprescribing of prescription opioids as painkillers, and the increased accessibility of cheap heroin and synthetic heroin substitutes — resulted in more than 42,000 opioid overdose-related deaths in 2016.¹ At the end of that same year, 2.1 million Americans were living with an opioid-related substance use disorder (SUD)², and the problem is getting worse daily.

The economic burden the crisis creates is significant. More than 1,000 people are treated in emergency departments for opioid overdoses every day, at a cost of more than \$20 billion per year to the health care system.³ And a 2011 study estimated the United States spends around \$55 billion in health care and social services each year to treat SUDs related to prescription opioids.⁴ Most important, opioid-related SUDs are physically and psychologically crippling to the individuals, devastating family connections and preventing them from living full lives.

Amidst this backdrop, best practices for treatment and recovery are emerging. Overdose reversal agents, such as Naloxone, are widely distributed and used by first responders throughout the country. Policymakers are beginning to embrace Medication-Assisted Treatment (MAT) programs, which combine behavioral therapy with the careful use of milder opiates to prevent withdrawal symptoms. An important barrier to treating all SUDs, including those related to opioids, is overcoming the stigma that blames individuals for their drug use.⁵ Reframing public opinion of SUD as a chronic medical condition can encourage people in need of help to identify themselves and seek treatment.

However, while increasing access to Naloxone and MAT can reduce opioid-related SUD deaths, policymakers, the criminal justice system, and public health officials have begun to recognize that a holistic, multi-pronged approach is needed in order to both help people recover from SUDs and to prevent additional individuals from becoming addicted in the future. Thanks to the leadership of the Substance Abuse and Mental Health Services Administration (SAMHSA), there is an increased focus on the impact of social determinants of health (SDOH) on SUDs and recovery,⁶ and how social supports, stability, and connections to one's community can help build the resiliency in individuals that is critical for recovery. This issue brief explores how legal services delivered as part of a medical-legal partnership — where lawyers are embedded on-site in clinical settings and receive referrals from health care providers to address patients' health-harming legal problems — can function as one critical recovery service alongside medical treatment and other supportive services.

FOUR DIMENSIONS OUTLINED BY SAMHSA THAT SUPPORT LIFE IN RECOVERY



The Role Social Supports and Services Play in Recovery

SAMHSA has identified four evidence-based areas that are crucial to managing life in recovery. They are⁷:

HEALTH

Overcoming or managing one's disease(s) or symptoms — for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem — and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.

HOME

Having a stable and safe place to live.

PURPOSE

Conducting meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.

COMMUNITY

Having relationships and social networks that provide support, friendship, love, and hope.

These external and internal assets that allow a person to succeed in recovery are collectively referred to as recovery capital.⁸ While support and connection from nondrug using family and friends can help reduce substance use,⁹ many individuals with opioid-related SUDs are estranged from natural supports like friends and family, and are living in poverty.^{10,11} The lower a person's recovery capital, is the more recovery support services they need to succeed in treatment. SAMHSA describes these services as a full range of social, legal, and other services, coordinated among service providers, that improve quality of life in the four areas described above.¹² Medical-legal partnerships are well-positioned to support patients in recovery, both because legal services can help individuals address issues and barriers to health, home, purpose, and community, and also because they are already based in health care settings, where legal care and health care are coordinated.

Medical-Legal Partnership as a Recovery Service

Medical-legal partnerships (MLPs) are flexible, collaborative arrangements in which legal professionals are embedded in a health care organization to address the unmet civil legal needs of patients. Legal services providers from civil legal aid organizations and/or law schools are available on-site to address unmet social needs of patients that directly impact health outcomes, but that would otherwise not be addressed within the clinical setting. These include many issues that increase recovery capital, including establishing guardianships for children and other custody issues, enforcing workplace rights and ensuring people are legally able to work, and preventing housing evictions.

Three real case studies (shown to the right in blue) from the medical-legal partnership at Eskenazi Health Midtown Community Mental Health in Indianapolis, Indiana, demonstrate the potential for legal services to strengthen and support recovery and help individuals thrive when delivered in tandem with health and behavioral health care.

NOTE: The names of the individuals have been changed.

“MEDICAL-LEGAL PARTNERSHIPS ARE WELL-POSITIONED TO SUPPORT PATIENTS IN RECOVERY, BOTH BECAUSE LEGAL SERVICES CAN HELP INDIVIDUALS ADDRESS ISSUES AND BARRIERS TO HEALTH, HOME, PURPOSE, AND COMMUNITY, AND ALSO BECAUSE THEY ARE ALREADY BASED IN HEALTH CARE SETTINGS.”

CASE STUDY #1: Regaining Custody of a Child

RECOVERY AREAS SUPPORTED BY MLP SERVICES:



“Jamie” is an individual with an opioid-related SUD. Jaime’s daughter was born with opioids in her system, and was consequently placed in foster care by the state child welfare agency as a newborn. When her child was taken away, Jamie committed to recovery. She enrolled in a MAT program, which combined therapy with replacement opioids to prevent withdrawal. Medication-Assisted Treatment worked for Jamie, and she remained clean and committed to treatment for almost a year, at which time, the child welfare agency recommended that she regain full custody of her daughter. At the final placement hearing, however, the judge demanded that she “wean” off her MAT because the judge viewed it as merely, “replacing one addiction with another,” a common stigma and misconception about MAT. Jamie was referred by her health care provider to the health center’s on-site medical-legal partnership. The MLP attorney wrote a letter with Jamie’s treatment team explaining that: (1) Ending MAT was a purely medical decision that could only be made by Jamie’s doctor; and (2) Jamie was thriving in recovery and committed to staying clean. This letter was presented to the judge, who changed her mind and awarded Jamie full, permanent custody of her now two-year old daughter.

MLPs Currently Supporting SUD Recovery Efforts

Nationally, more than 300 health care organizations operate MLPs, and many more are in the planning stage. Historically, MLPs grew out of children’s hospitals and were focused on pediatric populations. MLPs have since spread to other organizations serving a variety of patient populations. General hospitals and health systems, Federally Qualified Health Centers, Veteran’s health systems, private and non-profit community clinics, and other specialty health care providers now include MLP services in their operations.

For two decades, MLPs in these settings have been addressing patients’ family law, employment, housing, and other legal issues. However, despite the connection between those legal issues and the conditions needed for successful recovery, MLPs have only very recently begun operating in treatment facilities and other settings focused on SUDs. As of September 2017, there were only four medical-legal partnerships in the United States specifically focused on helping people with SUDs. Each of these programs — in Cincinnati, Ohio, Indianapolis, Indiana, Portsmouth, Ohio, and Reno, Nevada — are in the planning or pilot stage, and have been delivering services for less than two years. Staff from the National Center for Medical-Legal Partnership conducted interviews with these four MLP teams in Fall 2017 to better understand the target population, operations, and goals of each program.



HOPE PROGRAM AT GOOD SAMARITAN HOSPITAL FACULTY MEDICAL CENTER (CINCINNATI, OHIO)

Patients Treated Annually at HOPE Program

500

MLP Partner

Legal Aid Society of Greater Cincinnati

Good Samaritan Hospital Faculty Medical Center is part of TriHealth, a large integrated health system in Cincinnati, Ohio. Their Helping Opiate-addicted Pregnant women Evolve (HOPE) program connects with more than 500 pregnant women with opioid-related SUDs annually, and about 40 percent deliver at Good Samaritan Hospital annually. Many of these women

CASE STUDY #2: Protecting a Person’s Job

RECOVERY AREAS SUPPORTED BY MLP SERVICES:



“Sally” is an individual in long-term recovery from an opioid-related SUD, having participated in MAT for almost 15 years. She works as a school bus driver, and one day while driving the bus, there was a minor traffic accident. No one was hurt, but pursuant to school district policy, Sally was drug tested. She tested positive for Methadone, which was the replacement opioid prescribed to her in the MAT program. She showed them her prescription, but the district moved to terminate her due to a “zero tolerance” policy for drugs and alcohol. Sally’s health care provider made a referral to the MLP attorney, who then informed the district that they could not fire Sally for receiving legitimate medical treatment. The district relented, and Sally was able to keep her job.

CASE STUDY #3: Maintaining Stable Housing

RECOVERY AREAS SUPPORTED BY MLP SERVICES



“Melissa” lives in a home with her adult son “Brian.” Brian has been in recovery for a couple months for an opioid-related SUD. While Brian was still actively using opioids, he drained Melissa’s bank account to buy drugs, and she consequently fell behind on her mortgage. Melissa’s health care provider referred her to the health center’s MLP attorney who advocated with the bank for a loan modification program. Melissa was able to meet the terms of the program, and as a result was able to stay in her home, along with Brian, who remains in active recovery with a stable place to live.

have legal needs related to custody, homelessness, domestic violence, sex trafficking and enslavement, and access to public benefits. Dr. Michael Marcotte, Medical Director for the HOPE program, says that these women have two main goals: sobriety and parenting, and that these goals are intertwined. He said that their legal needs can directly and indirectly interfere with the stability and support needed to pursue both goals.

The Maternal Health Law Partnership (M-HeLP), a joint initiative of TriHealth, the Legal Aid Society of Greater Cincinnati, and Cincinnati Children’s Hospital began taking referrals of pregnant women with legal issues in January 2017, and expanded to include women in the HOPE program in December 2017. Select high-risk pregnant women in the clinic are screened for legal needs at every visit by nurse case managers. They refer anyone who screens positive for a legal need via fax to legal aid, and the referral is tracked both on the clinical side in EPIC, the clinic’s Electronic Health Record (EHR), and in the legal aid office’s case management database. The legal team also provides ongoing feedback and summaries to providers including hours spent on cases, what type of resolution was achieved, and any other outcomes identified in the process. The project leadership from both the legal aid and health care partners meet regularly to foster an ongoing dialogue about service priorities, successes, and challenges.

In preparation for taking referrals, the partnership engaged in bi-directional training of health care and legal aid staff. Doctors trained all attorneys and paralegals at the legal aid office who will work on cases to better understand SUDs, and in particular the most common concerns women express during treatment. Legal aid attorneys trained the nurse case managers in charge of screening as well as hospital social workers about what legal aid can do in various areas, what happens when they get a referral, and how to reach out with questions. The MLP’s broad goals, including for HOPE patients, are to: (1) screen all high-risk patients for legal needs; (2) support every woman who screens positive with legal advocacy as possible; (3) connect the provided legal services to women’s goals; and (4) find sustainable funding for the program.

Cincinnati Children’s Hospital Medical Center — which together with the Legal Aid Society of Greater Cincinnati has operated a pediatric-focused MLP for a decade — has helped to design M-HeLP’s quality improvement measures. And despite being in the early stages, the MLP is looking ahead to potential policy work. Dr. Marcotte is a member of the Ohio Perinatal Quality Collaborative (www.opqc.net), which advises the Governor, State Medicaid Office, and State Department of Health on care of pregnant women and newborns. Recently, the collaborative helped standardize care for newborns who are opioid-exposed, and is planning to focus on standardizing care for pregnant women with opioid-related SUDs next. There could be opportunities to fold MLP learnings into this group’s advice on state policy and process for payment and standardization of care.



ESKENAZI HEALTH MIDTOWN COMMUNITY MENTAL HEALTH (INDIANAPOLIS, INDIANA)

Patients Treated Annually at Midtown

15,000 – 17,000

MLP Partner

Indiana Legal Services

Eskenazi Health Midtown Community Mental Health is the mental health division of Eskenazi Health, the safety net hospital for Marion County in Indiana, and it sees 15,000 – 17,000 unique patients annually. Even though Midtown is located in an urban area, it has two addiction programs that cover all of central Indiana, serving both urban and rural populations. In 2010, the health center started a medical-legal partnership with Indiana Legal Services to assist people who have been diagnosed with mental health disorders with their health-related legal needs. In 2014, the MLP began accepting referrals from providers in treatment programs for patients with SUD diagnoses, but it is not currently the focus of the partnership. Any patient at Midtown is eligible for MLP services, but there is no universal legal needs screening procedure in place. Attorneys are on-site every week to do intakes and participate in clinical meetings. Since 2014, approximately 25 referrals for patients with SUDs were made for assistance with expunging criminal records, housing, and assistance with custody and other family law issues.

Indiana Legal Services and Midtown are planning a significant expansion of their recovery-focused MLP work. Rather than training health care staff on how to identify legal needs, the lead MLP attorney spent most of 2017 engaged in a “listening tour” with front-line health care providers, case managers, and Emergency Management Services (EMS) staff to better understand the various points of intervention for SUDs, and to understand from their perspective how MLP services could aid in recovery. Indiana Legal Services is working with the Marion County Health and Hospital Corporation, which serves as the umbrella organization for the Marion County Public Health Department, and the Sidney & Lois Eskenazi Hospital, to find funding for a full-time SUD MLP attorney to work closely with a continuum of front-line providers across the city’s health, public health, and public safety infrastructure. Of particular note, the proposed collaboration will work with Indianapolis EMS to provide legal services as part of wrap-around services to individuals who are revived following an overdose.



**THE COUNSELING CENTER
(PORTSMOUTH, OHIO)**

**Patients Treated Annually
at the Center**

400

MLP Partner

Southeastern Ohio State Legal
Services Association

The Counseling Center is a treatment facility associated with Compass Community Health, a Federally Qualified Health Center that began operating a medical-legal partnership with the Portsmouth office of Southeastern Ohio State Legal Services Association in 2016. Prior to starting the partnership, the clinic conducted a legal needs survey of its inpatients, in which 100 people responded. That survey found that all respondents had at least one legal need, and 740 total legal needs were identified. While they do not universally screen patients for legal needs, case managers can make referrals to the MLP attorneys for any of the 400 patients seen annually at The Counseling Center for either inpatient or outpatient services if they identify a legal issue. Attorneys train case managers about the legal services that are available. When a legal issue is identified, case managers complete the legal intake form and set-up appointments with the attorney, who is on-site once a week to conduct intakes. The referrals are not tracked by the clinical team in the EHR. During the part-

nership’s first year, case managers made 119 referrals for MLP services; seventy of those referrals were related to custody or divorce issues. Other referrals were for help reinstating driver’s licenses, sealing criminal records, and preventing housing evictions.



**NORTHERN NEVADA HOPES
(RENO, NEVADA)**

**Patients Treated Annually
at the FQHC**

10,000

MLP Partner

Washoe Legal Services

Northern Nevada HOPES is a Federally Qualified Health Center that sees 10,000 unique patients annually. In May 2017, it began operating a medical-legal partnership with Washoe Legal Services. At the inception of the program, a legal needs assessment was administered to patients at the health center’s registration desks. Three months later, the MLP narrowed its target population to focus on patients with SUDs. At this time, there is no universal screening of patients for legal needs at the health center, but any patient with an SUD diagnosis is eligible for MLP services through a referral from their health care, case management, or behavioral health provider. Referrals are made to the attorney directly through eClinicalWorks, the health center’s EHR. The MLP attorney has access to the EHR, and works on-site at the health center 40 hours every week. During the first month of the MLP’s SUD focus, providers referred 20 patients for assistance with criminal record expungement and resulting housing and employment issues. Additionally, since the program’s inception, 10 patients who are also receiving care through the MAT program were referred for legal services. The MLP regularly hosts Legal Education Clinics that help patients understand potential legal issues related to their recovery, such as criminal record sealing, so that they are better able to find a job and be stably employed. Trainings also help patients understand their eligibility for public housing and public benefits, and the immigration process. The immigration trainings cover topics related to immigration status adjustment, such as how to get a Green Card and the Naturalization process. A person’s legal status is critical to applying for work, obtaining insurance and public benefits, and can be a crucial component for successful recovery and improved health outcomes.

“HEALTH CARE PROVIDERS AND ATTORNEYS ALIKE REINFORCED THAT LEGAL SERVICES ARE MORE LIKELY TO BE EFFECTIVE TOWARD THE GOAL OF SOBRIETY WHEN THEY ARE DELIVERED ALONGSIDE AND IN CONJUNCTION WITH HEALTH CARE AND BEHAVIORAL HEALTH SERVICES.”

Early Learnings from MLPs Engaged in Recovery Work

While the core issues MLPs assist with in a variety of settings are well-aligned with principles of recovery, these early SUD-focused programs are too young to reveal best practices for MLPs operating in the opioid space, and do not yet provide concrete data to support their effectiveness. However, several important themes emerged from the interviews with these four sites and from their anecdotal evidence that offer insights for growth in this area.

01

Legal Care Should Be an Integrated (Not Stand Alone) Service for People with SUDs

- Stress can cause relapses,¹³ and factors such as threatened evictions or custody issues, can contribute to that stress. Health care providers and attorneys alike cited the importance of legal assistance in helping people maintain housing, regain custody of their children, and reduce stress, but reinforced the idea that legal services are just one part of effective treatment, and are more likely to be effective toward the goal of sobriety when they are delivered alongside and in conjunction with health care and behavioral health services.

- Individuals with SUDs have a high correlation of involvement with the criminal justice system that has made many of them distrust lawyers and the legal system generally.^{14,15} Being referred for legal services through a health care provider can help them trust the service because they already have a trusting relationship with their health care provider. Additionally, many people do not know their legal rights or understand that a problem they are facing has a legal solution, and will not self-select into community-based legal aid services, making screening in a health care setting a potentially more effective way to reach many individuals.
- Practitioners at every program talked about the continued stigma that surrounds SUDs generally, and those related to opioid use specifically, and that more work is needed on a policy and practice level to convince individuals, their families, and the public that SUDs are a health problem affecting many people, not a personal failing or weakness. Practitioners in these programs mentioned that the more legal services can be delivered in a health care setting and tied to treatment, the more it can help feed this shift. To further demonstrate the need for new funding across the board for all types of treatment services, one MLP attorney in Portsmouth, Ohio referred to the opioid crisis as, “the equivalent of a natural disaster that needs to be funded that way, with a massive influx of funding for four to five years.”

02

Family Law and Policy Work Present Significant Opportunities for Medical-Legal Partnerships to Impact Recovery

- Regardless of the health care setting — primary care versus treatment facility — health care providers and attorneys at all programs cited custody issues as one of the biggest areas for MLPs to have an impact on recovery. This was based on: (1) the high number of parents with previous involvement with their state’s child welfare agency; (2) parenthood as one of the strongest motivating factors in recovery; (3) the systemic and policy barriers many states’ child welfare agencies put up for parents who are in various stages of addiction treatment, many of which are based on false stereotypes about treatment; and (4) the unique capability of lawyers to aid in this area.

- While the main focus of MLPs in all health care settings is providing direct legal services to individuals, MLPs are also well-positioned to engage in work to promote policy changes that improve population health. Trends in patient needs often emerge as a result of systematic screening and the provision of civil legal assistance within a community, and MLP advocacy and education efforts are conducted at the local, state, and federal levels. In interviews, several MLP teams identified many areas ripe for this type of policy advocacy related to SUDs. For example, the MLP team at Good Samaritan Hospital Faculty Medical Center in Cincinnati, Ohio, thought MLP could play a role in statewide conversations about how to standardize care for pregnant women with opioid-related SUDs. Practitioners at The Counseling Center in Portsmouth, Ohio, mentioned the desire to reform laws that barred people with felony drug convictions from employment opportunities. They cited that many now sober individuals want to be treatment counselors and case workers, but are not able to because, in Ohio, 20-year old felonies keep people from working. They also mentioned a desire to advocate for a change to a 50 year-old Medicaid Institutions for Mental Diseases (IMD) rule that prevents a mental health treatment center from having more than 16 beds, which applies to the treatment of SUDs.
- All programs talked about the need for clearer metrics to demonstrate the value of this work. The MLP at the Good Samaritan Hospital Faculty Medical Center in Cincinnati, Ohio, is designing metrics to correlate legal outcomes to women's goals of sobriety and parenthood. They are looking at health and wellbeing metrics, like gestational age at delivery, and prenatal care engagement metrics, such as gestational age of pregnancy at first prenatal visit and the number of prenatal visits kept, to see if they can correlate legal outcomes and SDOH outcomes to traditional clinical markers.

Emerging Federal Opportunities to Align Legal Services with Recovery Efforts

In September 2017, the National Center for Medical-Legal Partnership teamed with the Office for Access to Justice at the U.S. Department of Justice and the Legal Aid Interagency Roundtable to host a meeting on the ongoing opioid crisis and how MLPs can play a role in alleviating its effects. The meeting was attended by representatives from the Department of Health and Human Services (HRSA, SAMHSA, and ASPE), the Department of Justice, the Department of Veterans Affairs, the Legal Services Corporation, the Social Security Administration, and several national partner organizations.

Participants gained a better understanding of areas where legal services could support recovery, and opportunities for legal, health, and public health agencies to collaborate to support patient care. The group discussed potential pathways to support these types of partnerships, and agreed that the next steps are to raise awareness of these linkages with colleagues at their various agencies, and to reconvene to explore further opportunities. Two programs, described below, were mentioned that may be used to fund legal services delivered in treatment-focused MLPs.

03

Integrated Financing and Metrics are Needed to Support Medical-Legal Partnerships Moving Forward

- Most programs expressed the desire for legal needs screening and legal services to be recognized as critical recovery services in both health care and treatment funding streams in order to support legal services and ensure they are properly integrated.

“THOSE LEGAL ISSUES THAT CAN BE HARDEST FOR INDIVIDUALS TO OVERCOME AND THAT ARE MOST CLOSELY LINKED WITH RECOVERY, ARE AREAS WHERE MLPS HAVE ALREADY DEMONSTRATED IMPACT AND PROMISE.”

SAMHSA BLOCK GRANTS

The Substance Abuse and Mental Health Services Administration provides grants to states through two types of block grants to support community mental health and SUD prevention/treatment. Grants are awarded to state mental health agencies and single state agencies. The application for the 2018-2019 grants specifically draws attention to medical-legal partnership, stating that mental health agencies, “May wish to develop and support partnerships and programs to help address social determinants of health and advance overall health equity. For instance, some organizations have established medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment, and education needs.”¹⁶

This provides an opportunity for MLPs to work with their state mental health agencies, and collaborate on ways to fold legal services into recovery efforts.

HRSA ENABLING SERVICES

In 2014, the federal Health Resources & Services Administration (HRSA) recognized civil legal aid as an “enabling service” that health centers can include under their federal grants. More than one-third (38 percent) of health centers with MLPs report using enabling services funding to provide legal aid services to their patients.¹⁷ This is an avenue that health-center based MLPs focused on SUDs could pursue to support these programs.

Looking Ahead

There is a natural relationship between MLP services and the supports needed to help patients with SUDs. Those legal issues that can be hardest for individuals to overcome and that are most closely linked with SAMHSA’s evidence-based areas crucial to supporting recovery — maintaining or regaining custody of kids while in treatment, getting or keeping a job with a criminal record or while in MAT, and avoiding eviction — are areas where MLPs in other health care settings for other populations have already demonstrated impact and promise. Settings that focus on SUDs are an area ripe for MLP growth and research. New programs should look to link services with existing state treatment programs, while more research is needed on how legal services impact treatment overall.

CITATIONS

1. Hedegaard, H., Warner, M., & Miniño, A. M. (2017). *Drug overdose deaths in the United States, 1999-2016*. NCHS Data Brief No. 294. Atlanta (GA): US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Retrieved from: <https://www.cdc.gov/nchs/data/databriefs/db294.pdf>
2. Ahrnsbrak, R., Bose J., Hedden, S., Lipari, R., & Park-Lee, (2017, Sept). E. Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Washington (DC): Substance Abuse and Mental Health Services Administration; Retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>
3. Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical care*, 54(10), 901-906.
4. Birnbaum, H. G., White, A. G., Schiller, M., Waldman, T., Cleveland, J. M., & Roland, C. L. (2011). Societal costs of prescription opioid abuse, dependence, and misuse in the United States. *Pain Medicine*, 12(4), 657-667.
5. Radcliffe, P., & Stevens, A. (2008). Are drug treatment services only for 'thieving junkie scumbags'? Drug users and the management of stigmatised identities. *Social Science & Medicine*, 67(7), 1065-1073.
6. Substance Abuse and Mental Health Services Administration. (2017, Sept. 17). *Substance Abuse and Mental Health Block Grants*. Retrieved from: <https://www.samhsa.gov/sites/default/files/grants/fy18-19-block-grant-application.pdf>
7. Substance Abuse and Mental Health Services Administration. (2017, Sept. 20). *Recovery and Recovery Support*. Retrieved from: <https://www.samhsa.gov/recovery>
8. Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance use & misuse*, 43(12-13), 1971-1986.
9. Cheney, A. M., Booth, B. M., Borders, T. F., & Curran, G. M. (2016). The role of social capital in African Americans' attempts to reduce and quit cocaine use. *Substance use & misuse*, 51(6), 777-787.
10. Zoorob, M. J., & Salemi, J. L. (2017). Bowling alone, dying together: The role of social capital in mitigating the drug overdose epidemic in the United States. *Drug and alcohol dependence*, 173, 1-9.
11. Feng, J., Iser, J. P., & Yang, W. (2016). Medical encounters for opioid-related intoxications in Southern Nevada: sociodemographic and clinical correlates. *BMC health services research*, 16(1), 438.
12. Substance Abuse and Mental Health Services Administration. (2017, Sept. 20). *Recovery and Recovery Support*.
13. Al-Hasani, R., McCall, J. G., & Bruchas, M. R. (2013). Exposure to chronic mild stress prevents kappa opioid-mediated reinstatement of cocaine and nicotine place preference. *Frontiers in pharmacology*, 4.
14. Marlowe, D. B. (2003). Integrating substance abuse treatment and criminal justice supervision. *Science & Practice Perspectives*, 2(1), 4.
15. Degenhardt, L., Gisev, N., Trevena, J., Larney, S., Kimber, J., Burns, L., & Weatherburn, D. (2013). Engagement with the criminal justice system among opioid-dependent people: a retrospective cohort study. *Addiction*, 108(12), 2152-2165.
16. Substance Abuse and Mental Health Services Administration. (2017, Sept. 17). *Substance Abuse and Mental Health Block Grants*.
17. Regensteim M, Trott J, & Williamson A. (2017, Aug). The state of the Medical-Legal Partnership field: findings from the 2016 National Center for Medical-Legal Partnership surveys. Washington (DC): National Center for Medical-Legal Partnership; Retrieved from: <http://medical-legalpartnership.org/wp-content/uploads/2017/07/2016-MLP-Survey-Report.pdf>

MISSION

Recognizing the enormous potential for legal services to help health care providers respond to the social needs and deficiencies they see every day in their clinics, the National Center for Medical-Legal Partnership's mission is to foster a system in which all health organizations can leverage these services. Over the last decade, the National Center's work has helped cultivate programs that do just that at more than 300 hospitals and health centers across the U.S.

CONTACT

The National Center for Medical-Legal Partnership

Department of Health Policy and Management

Milken Institute School of Public Health

The George Washington University

2175 K Street, NW
Suite 513A
Washington, DC 20037

www.medical-legalpartnership.org
(202) 994-4119

Twitter: @National_MLP

Facebook: NCMLP