

FY11 United Way Mid-Year Report

Program: Medical-Legal Partnership|Charlottesville (formerly CHAP)
Agency: Legal Aid Justice Center
Due Date: February 4, 2011

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

The Medical-Legal Partnership|Charlottesville (MLP), formerly known at the Child Health Advocacy Program (or CHAP), addresses the needs of low-income, medically involved families with legal problems. We identify MLP clients through outreach at the various pediatrics clinics at University of Virginia Hospital, where thousands of children are served each year. We participate in medical rounds with the UVA pediatric medical providers, and also take referrals made by social workers and medical professionals who work in the clinic. In this way, families who need our assistance, but may not have otherwise found the Legal Aid Justice Center, get the help that they need. Cases referred through MLP involve a wide variety of problems that can affect families' health and well being, including housing, employment, consumer matters, and public benefits.

Our goals are to train health providers to recognize legal issues impacting child health, to give the medical providers the tools (including consultations with our advocates) to help troubleshoot those legal issues, and to provide legal services (advice and extended representation) to eligible families referred to the program by medical providers. We also work on systemic advocacy, as the work suggests needs for systemic change to help our low-income clients.

One change we've made to the program is to encourage doctors, nurses, and social workers to provide front-line advocacy themselves, with support and backup from the MLP attorney. To that end, we've started creating a series of trainings, with accompanying form letters, so doctors can write better letters to meet their patients' needs, without a referral to the MLP attorney. We've also started a project, in conjunction with the UVA Law School, to create frequently-asked-question summaries for the SNAP (Food Stamps) and TANF (Transitional Aid to Needy Families) programs, so medical providers will have the answers at their fingertips.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client's multiple needs.

Ms. A is deaf, and raising two children. Her oldest child is having seizures. Mrs. A was receiving child support, but that has stopped, and she is now collecting TANF (welfare). Mrs. A had applied for SSI (Supplemental Security Income) for her daughter with epilepsy, but was denied. MLP|Charlottesville is helping Mrs. A in several ways. Connecting her with the Division of Child Support Enforcement, an attorney will go court to get an order resume receiving her child support payments, scheduled for March. Mrs. A has submitted a request

for reconsideration, and we are working with the doctors to gather the information the Social Security Administration needs to make a better evaluation of her daughter’s seizures. The income from child support and SSI will allow Mrs. A to stop receiving TANF payments, and raise her family out of the extreme poverty they currently live in (56% of the Federal Poverty Level).

3. Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year to date.

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results to Date (provide specific numbers and percentages)
Clients reached through outreach at the pediatric clinics and at local health fairs will receive information and/or referrals to help them effectively seek legal assistance with securing benefits, solving employment issues, maintaining housing and other legal problems, thus promoting an improved health outcome.	434 families (79% of the projection listed in the FY11 application, based on an award at 79% of request)	295 families or 68% of projection
MLP staff represent or advise eligible families on issues relating to public benefits, employment, housing and other issues affecting their child's health outcomes.	We plan to provide full representation to 12 clients with a success rate of 70%, and to provide advice to an additional 27 clients. (79% of the projection listed in the FY11 application, based on an award at 79% of request)	We are currently representing 7 clients or 58% of projection (outcome not yet determined) and have provided advice to an additional 41 clients or over 100% of projection.
MLP staff train health professionals to recognize family issues that can affect their children's health and to make referrals.	40 professionals (79% of the projection listed in the FY11 application, based on an award at 79% of request)	106 professionals, or over 200% of the projection.

4. **Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served.

Community Needs or Issues Your Program Addresses -- please include at least 3 local issues/statistics and cite your source

In 2009, 25,543 people in the Region 10 service area were living in poverty, including 6,014 children, a significant increase from 2008 (22,694 people, including 5,612 children.)ⁱ Local unemployment rates have more than doubled in the past 5 years.ⁱⁱ Income-related disparities in child health outcomes persist despite advances in medical technology and increased global wealth. The “social determinants of health” approach is useful in explaining these disparities. Controlling for other factors, children are more likely to have illnesses (including asthma, migraine/severe headaches, or ear infections) if their family is closer to the federal poverty level.ⁱⁱⁱ This rising poverty is seen in the 40% increase in children on TANF/VIEW from 2008 to 2009 in Charlottesville.^{iv}

What this means is that we have a rising number of children living in poverty in our area, and this puts them at risk for poor health. Working with the doctors, nurses and social workers at the UVA Children’s Hospital, the Legal Aid Justice Center’s Medical-Legal Partnership program aims to stop this link between poverty and illness.

Your Program’s Solutions that United Way Community Impact Funds Support

MLP|Charlottesville recognizes that low-income persons interacting with the health care system often have multiple problems, many of which have an impact on the health of their children. By viewing these medical clients holistically and seeing the interrelatedness of their problems, MLP|Charlottesville provides “preventive legal services.” In other words, we can help persons address problems in their lives before the problems turn into crises. Poor living conditions, inadequate heat or other utilities, fear of losing shelter, lack of access to public benefits – all of these are issues that MLP|Charlottesville help address that will produce better medical outcomes for their children.

Actual Results - based on your stated outcomes; please use percentages and numbers served to help show outcomes.

For the first six months of the 2011 fiscal year (July 1, 2010-December 31, 2010), our direct client outreach reached 295 families, through health fairs, participation in medical rounds at UVA Medical Center, and offering parent trainings. This is 68% of our goal of reaching 434 families. (All target numbers have been adjusted to reflect our funding grant was 79% of our request.) We trained over 100 medical providers, more than doubling our target of training 40 health providers. We received 43 referrals in that time, with 2 receiving extended representation. Five clients are currently receiving extended representation, but their cases are not closed, so they are not included in that number. This more than meets our goal of providing 27 clients with advice, and is 58% of meeting our goal of providing extended representation to 15 clients.

Our systemic advocacy has been particularly successful this year. For example, we’ve learned from our medical partners that families with sick or chronically ill children have a hard time dealing with utilities shut-offs. Working with Dominion Power, the Virginia Poverty Law Center, the American Academy of Pediatrics, and our statewide MLP partners, legislation was introduced in the Virginia General Assembly that would direct the State Corporation Commission to create regulations that would allow people with verified medical conditions to get a respite period to work out a payment plan before their utilities are shut off.

We are very excited about this, and look forward to sharing good news with our final report at the end of the fiscal year.

ⁱ US Census data.

ⁱⁱ Annie E. Casey, “Kids Count” <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=VA>

ⁱⁱⁱ The social determinants of child health: variations across health outcomes - a population-based cross-sectional analysis. [BMC Pediatr.](https://doi.org/10.1186/1471-2288-9-53) 2009 Aug 17;9:53.

^{iv} Annie E. Casey, “Kids Count” <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=VA>