Medical-Legal Partnership
Pilot Project

Community Legal Aid Society, Inc.
Equal Access to Justice

Delaware Division of Public Health
Department of Health and Social Services

Pilot Period:
April 1, 2013- September 30, 2013

FINAL REPORT

A pilot study collaboration between Community Legal Aid Society, Inc. and the Delaware Division of Public Health provided four Healthy Women Healthy Babies health care sites - Brandywine Women's Health Associates and Westside Family Healthcare sites in Bear, Newark, and Wilmington - with Medical-Legal Partnership services for a vital demographic: low-income high-risk pregnant women.

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CLASI's Final Report to the
Delaware Healthy Mother and Infants Consortium

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Medical-Legal Partnership Pilot Project
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I. EXECUTIVE SUMMARY

A pilot study collaboration between Community Legal Aid Society, Inc. ("CLASI") and the Delaware Division of Public Health provided four *Healthy Women Healthy Babies* health care sites (Brandywine Women's Health Associates and Westside Family Healthcare sites in Bear, Newark, and Wilmington), with Medical-Legal Partnership services for a vital demographic: low-income high-risk pregnant women. This is a crucial population to study because of the significant public health and financial ramifications of un-remediated maternal stress. The causal connection between maternal stress and low birth weight and preterm birth is well documented in the scientific literature. A pre-pilot needs assessment at Westside revealed that the vast majority of civil legal needs were unmet among the Westside client community, which is consistent with national studies estimating that more than eighty percent of the civil legal needs of poor people go unmet.

During the pilot study, thirty-nine women were provided with some form of free legal assistance in eighty-one distinct legal matters. Most common case types were personal and family stability, income maintenance, housing, immigration, and employment. Pre- and post-surveys were administered to measure whether legal services impacted perceived stress and self-reported physical health and mental wellbeing. Five of the twelve objectives assessed (Vitality, Mental Health Component Summary, Role-Physical, Physical Health Component Summary, and Overall Mental and Physical Health) featured statistically significant results, all of which revealed improved average scores between the surveys. Three objectives with aggregated subscale scores (Mental Health Component Summary, Physical Health Component Summary, and Overall Mental and Physical Health) had favorable, statistically significant results even though the majority of subscales did not have statistically significant findings.

The results of the pilot study suggest that providing MLP services to high-risk pregnant women correlates with improved self-reported health and wellbeing. Together with the other interventions offered by *Healthy Women Healthy Babies* providers, MLP are a vital tool to improve the birth outcomes for high-risk women. Extending MLP services to all of the *Healthy Women Healthy Babies* sites across the state will contribute to Delaware's significant efforts to reduce infant mortality and improve birth outcomes for at-risk women.

II. INTRODUCTION

It is widely understood in the public health community that poor health is a result of more than biological agents alone.[1,2] In low-income communities, the roots of health, legal, and social problems are complex and the resultant cost has been enormous:

[1] U.S. Department of Health and Human Services. With understanding and improving health, and objectives for improving health. In *Healthy people 2010.* 2nd ed. Atlanta: U.S. Department of Health and Human Services, Office

- Decreased quality of life and morale of the community;
- Physical, emotional, and developmental problems for the most vulnerable residents; and
- Increased public service and health care costs.

In addition, the Robert Wood Johnson Foundation recently released a study of 1,000 physicians nationwide, which found:

- 85% of physicians believe that unmet social needs are directly leading to worse health;
- 85% (95% serving low-income communities) believe patients' social needs are as important to address as their medical conditions; and
- 80% are not confident in their capacity to address their patients' social needs.[3]

The Medical-Legal Partnership (MLP) model developed Dr. Barry Zuckerman, at Boston Medical Center (BMC),[4] provides a construct for legal and health care professionals to work together to improve the health and wellbeing of vulnerable populations. The MLP model integrates on-site lawyers into the network of health care providers in the primary care setting. MLPs offer an intervention that coalesces diverse disciplines – medicine, nursing, social work, public health, and the law – to benefit low income, vulnerable women, and young children and their families. This intervention is premised on the idea that a high proportion of low- income individuals face serious legal challenges that adversely affect their social, emotional, and financial wellbeing. Today, there are more than one hundred MLPs nationwide providing free legal services in an effort to improve health and wellbeing of people who are poor.

In Delaware, collaboration between Community Legal Aid Society, Inc. ("CLASI") and *Healthy Women, Healthy Babies* providers would apply the benefits of the MLP model to a vital demographic: low-income pregnant women. This is a crucial population to study because of the significant public health and financial ramifications of un-remediated maternal stress. The causal connection between maternal stress and low birth weight and preterm birth is well documented in the scientific literature.[5] Low birth weight and preterm birth are risk factors for poor outcomes in infancy and childhood – infant mortality, delayed cognitive development, incidence of disease, disability – and even in adulthood – lower levels of educational attainment, earnings, and employment.[6,7] While the short duration of this pilot study would not permit the measurement of long terms effects of the intervention, the central question studied was whether legal services impacted maternal stress and social wellbeing.

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of Prevention and Health Promotion, 2000:6-3–16-62.

[2] Goodman, A. (2000). Why genes don't count (for racial differences in health). *Am J Public Health*, 90, 1699–1702.

[3] Robert Wood Johnson Foundation, Health Care's Blind Side: The Overlooked Connection between Social Needs and Good Health. Summary of Findings from a Survey of America's Physicians. December 2011.

[4] Zuckerman, B., Sandel, M., Lawton, E., Morton, S. (2008). Medical-legal partnerships: transforming health care. *Lancet*, 372(96500: 1615-7.

[5] F.Torche 2011. "The Effect of Maternal Stress on Birth Outcomes: Exploiting a Natural Experiment" Demography*48(4): 1473-1491.*

[6] D. Conley. & N.G. Bennett 2000. "Is Biology Destiny? Birth Weight and Life Chances." American Sociological Review, 65, 458-467.

[7] A. Case, A. Fertig, & C. Paxson 2005. The Lasting Impact of Childhood Health and Circumstance. Journal of Health Economics, 24, 365-389.

III. NEEDS ASSESSMENT

A. Introduction

Subsequent to the Division of Public Health awarding CLASI the Pilot Study funding, but prior to the start of the grant, in order to obtain baseline data on unmet legal needs among the patient population, Widener University School of Law ("WUSL"), CLASI, and Westside Family Healthcare together investigated the experiences of families who make use of Westside clinics. That investigation included a survey aimed at learning about the concerns of these families that are not usually addressed through medical care, but that may have an impact on the families' health. Westside, as a Federally Qualified Health Center, provides primary and preventive care to underserved populations.

Based on evidence from studies in other jurisdictions, the investigators hypothesized that health was compromised not just by biological pathogens, but also by a variety of social and economic problems, many of which–perhaps most of which–might admit of a legal cure. Poverty and its various concomitants–homelessness or substandard housing; hunger and malnutrition; physical and emotional stress; and limited access to health care–can impact health both directly and indirectly. An effective resolution to a family's health problems would thus necessitate, in such situations, both a medical and legal response. Without a medical-legal collaboration, health providers could ensure the former, but are not always well-positioned to initiate the latter.

The survey confirmed the investigators' working hypothesis, that a large proportion of the health care provider's patient population had unmet legal needs that may have adverse impacts on patient health.

B. The Needs Assessment Survey

In the Spring of 2013, students from WUSL, as a part of the school's Martin Luther King Semester of Service Project, administered a forty-one question survey to patients utilizing services at Westside Family Healthcare. The purpose of the survey was to determine whether patients had any unmet legal needs that impacted their health, and whether they had previous access to legal services. Students approached adult patients (not only pregnant women) at Westside while they were waiting for their clinic appointments. The survey was prepared and overseen by CLASI. The surveys were gathered by either allowing the patient to complete it in writing, or with reading assistance from the law students, as dictated by the literacy levels of each respondent.

The surveys were administered over a period of six weeks, in April and May of 2013 in three Westside clinic locations—Bear, Newark, and Wilmington. A total of 137 surveys were completed. The surveys were offered in both English and Spanish; 74 respondents completed the application in English (54%) and 63 respondents completed the application in Spanish (46%).

C. Needs Assessment Survey Results

1. Demographics

Respondents, who were mostly women (74%), were pre-dominantly Hispanic (50%), with modest household incomes (50% under $20,000 and 78% under $30,000), and at least one child (under age 19) (76%).

When asked to identify their racial/ethnic background, 23.2% of respondents selected "African-American"; 13.6% selected "White"; 54.4% selected "Hispanic/Latino"; 2.4% selected Asian/Islander and 6.4% selected "Other."

A vast majority of respondents (79.7%) identified themselves as Delaware residents with 19.5% responding that they were not.

Approximately 36% of survey participants were under 30 years of age; 8.8% of respondents were under 21; just over one-third were between 21 and 29 (36%). A majority of respondents were over 30 (55.2%).

Roughly one fourth of respondents did not have any children under the age of 19 (21.9%), 24.1% of respondents indicated that they had one child under the age of 19 living in the home, and half (51.9%) had two or more children.

Annual household incomes, not including public assistance benefits, obviously skewed low. Close to one-fourth (24.1%) of the respondents reported annual household incomes of less than $10,000. A vast majority of respondents (78.4%) had household incomes of less than $30,000. Approximately 19% of respondents indicated that no person in their household held a full-time job. Almost one-third of respondents (32%) indicated that no one in their household had access to a car.

2. Financial Anxiety and Food Insecurity

Respondents indicated significant levels of financial anxiety and food insecurity. Roughly 60% indicated that in the past year, they had worried about "having enough money to pay for utilities" at least some of the time; 10.2% worried about it "all the time." Over half (61.8%) indicated that they worried about "having enough healthy food for everyone" in the household at least some of the time; 30.1% worried about it "very often" or "all the time." Over half (61%) worried about "being able to afford prescription drugs" at least some of the time; 23.5% worried about it "very often" or "all the time."

3. Health Insurance and Health Care

Among respondents, 46.5 % reported that they did not have insurance coverage for themselves, 48.4% indicated that they had other household members without health insurance,

and 14.2% had children without health insurance.

Of those who reported that they did not have health insurance for themselves, 54.9% had an annual household income that was less than $20,000, 85.7% were in a household where at least one member of the household held a full-time job, and 82.4% were between 21-44 years old.

Of those who reported that they did not have health insurance for their children, 64.7% had an annual household income that was less than $20,000.

4. Participation in Public Assistance Programs

Almost half of the respondents (42.3%) reported that they or someone they lived with received TANF (Temporary Assistance to Needy Families), Cash Assistance, or Food Stamps; nearly 55% did not. A tenth (13.1%) of respondents indicated that someone in the household received Supplemental Security Income or Social Security Disability benefits. More surprisingly, just 19.7% of all participants indicated that someone in their household participated in Delaware's CHIP (Children's Health Insurance) program. A majority of respondents, 70.2% were in a household where an individual was receiving Medicare or Medicaid benefits.

In spite of the high participation rate in some programs, and perhaps contributing to an apparent under-utilization of others, the survey participants rarely consulted an attorney about the benefits programs. However, when asked if a public benefits application was denied in the last year, 18.1% of respondents replied in the affirmative, yet only one respondent indicated that they had "discussed any of these benefits programs with an attorney" (3.1% were not sure).

5. Housing

Over half of all respondents (60.6%) indicated that, in the past year, they "had problems finding a safe and affordable house or apartment" at least some of the time. Almost two-thirds (62%) indicated that they thought they "might not be able to pay for the utilities at [their home] or apartment" at least some of the time in the past year; nearly two-thirds (62.5%) thought they "might not be able to pay the rent or mortgage on [their home] or apartment" at least some of the time. One-third (33.8%) worried at least some of the time that they "might be forced out of [their home] or apartment"; more than one-third (40.1%) thought that "the condition of [their] house or apartment might be unsafe or unhealthy" at least some of the time.

These patients rarely consulted an attorney about their housing concerns: only 1.5% reported ever meeting with an attorney to discuss housing concerns.

6. Child-Related Issues

Respondents who indicated they had at least one child answered questions about several child-related issues. The majority of these respondents (65.7%) indicated that they worried about

"safety or violence" in their neighborhood at least some of the time. Over two-thirds (73.1%) of respondents did not worry about violence in the home, but 10.6% worried about it "all the time," 1.9% worried about it "very often," 6.7% worried about it sometimes, and 7.7% worried about it "not often."

Over half of the respondents (51.9%) indicated that they had "problems finding good and affordable childcare" at least some of the time; 14.4% had problems "all the time."

An overwhelming majority (72.4%) of respondents indicated that they worried about their child's "education or school safety" at least some of the time; 49.5% worried about it "very often," or "all the time."

Survey participants rarely consulted an attorney about these concerns. 93.3% of respondents never approached an attorney to discuss their concerns about child-related issues.

Among respondents, 9.5% indicated that they had a child with a disability. Among parents indicating that they had a child who does–or might–have a disability (n=7), 6.8% indicated that the child received "special educational services because of a disability."

None of the parents who reported having a child with a disability indicated that they had discussed special educational services with an attorney.

7. Immigration

Among respondents, 27.9% indicated concerns about their family's immigration status; an additional 6.2% were not sure. Seven of the respondents had discussed these concerns with an attorney (5.4%), though 2.3% were unsure.

D. Needs Assessment Summary

The survey of patients at Westside revealed that:

- More than two-thirds worry about having enough money to pay for utilities at least some of the time;
- Almost all worry about having enough healthy food at least some of the time;
- Almost all worry about affording prescription drugs at least some of the time;
- About half did not have health insurance for themselves or family members;
- Almost half received some public benefits, more than two-thirds had a household member receiving Medicaid or Medicare, almost one-fifth were denied some public benefits in the last year, and yet only one patient consulted an attorney about public benefits issues;
- One-third feared they would be evicted from their house or apartment, and more than one-third thought that some of the time their housing conditions were unsafe or unhealthy, and yet almost no-one ever consulted an attorney about housing concerns;

- Almost a fifth with children experienced concerns regarding domestic violence, two-thirds had difficulty finding affordable childcare, and more than two-thirds had concerns about their children's education and safety at school. Very few (less than ten percent) ever discussed these concerns with an attorney. Of the parents of children with disabilities, none had discussed special education issues with an attorney;
- More than one- quarter reported immigration issues yet only five percent discussed these concerns with an attorney.

Patients at Westside report many of the problems and concerns typical of low-income families nationwide. Patients manifest high levels of financial stress, food uncertainty, anxiety about their housing, and grave concerns about the environments in which their children live and learn. Prospects for relief are tempered by their financial limitations, child-care difficulties, and for many, the lack of a car. Public benefits programs offer limited assistance, but even these appear to be under-utilized

The health implications are obvious when psychological stress, nutritional deficiency, environmental hazards, and violence, are persistent features of patients' lives. Not all of these problems will always admit of legal solutions, but many might. The survey reveals, however, that very few of the respondents had consulted an attorney about their problems or concerns.

The evident gap between the need for legal assistance, and the utilization of legal assistance, may be a product of imperfect information (about the potential benefits of legal assistance), or practical obstacles to access (child care and transportation), or it simply may be the case that affordable (or free) legal assistance for these families generally is not available. The Legal Services Corporation's September 2009 report, "Documenting the Justice Gap in America" quantifies the need for civil legal assistance among low-income individuals:

> *In September 2005, LSC issued a comprehensive report, 'Documenting the Justice Gap in America: The Current Unmet Civil Legal Needs of Low-Income Americans,' which used a variety of methodologies to document the justice gap and to quantify necessary access to civil legal assistance. This report updates the 2005 Justice Gap Report, using new data. Analysis of this data confirms that the conclusion of the 2005 Justice Gap Report remains valid: there continues to be a major gap between the civil legal needs of low-income people and the legal help that they receive. Data collected in the spring of 2009 show that for every client served by an LSC-funded program, one person who seeks help is turned down because of insufficient resources. New state legal needs studies have added depth to a body of social science knowledge that has produced consistent findings for a decade and a half, documenting that only a small fraction of the legal problems experienced by low-income people (less than one in five) are addressed with the assistance of either a private attorney (pro bono or paid) or a legal aid lawyer. Analysis of the most recent*

available figures on attorney employment shows that nationally, on the average, only one legal aid attorney is available for every 6,415 low-income people. By comparison, there is one private attorney providing personal legal services (those meeting the legal needs of private individuals and families) for every 429 people in the general population who are above the LSC poverty threshold. (emphasis added).

There is little doubt that a Medical Legal Partnership with FQHCs would hold particular promise for closing the gap and thereby improving the health and well-being of program participants.

IV. THE PILOT PROJECT

A. Purpose

The purpose of this pilot study was to understand the effect of medical-legal partnerships (MLP) on improving the mental and social wellbeing of pregnant women who are Medicaid/Medicaid-eligible and have unmet legal needs. This pilot study assessed whether the women enrolled in the MLP had improved outcomes on the following six *primary* objectives:

1. Mental Health (MH);
2. Role-Emotional (SE);
3. Social Functioning (SF);
4. Vitality (VT);
5. Mental Component Summary (aggregate of the four above mentioned measures); and
6. Perceived Stress (PSS).

The pilot study also examined whether the women enrolled in the MLP had improved outcomes the following six *secondary* objectives:

1. Bodily Pain (BP);
2. General Health (GH);
3. Physical Functioning (PF);
4. Role-Physical (RP);
5. Physical Component Summary (aggregate of the four above mentioned measures); and
6. Overall Mental and Physical Health (aggregate of the primary objective Mental Component Summary and the secondary objective Physical Component Summary).

B. Intervention

This MLP intervention consisted of the following core activities:

1. Training health care provider staff to identify and refer legal and social problems, which, if remedied, would improve participants' health and wellbeing;
2. Providing legal services to program participants to address social and legal problems, which, if remedied, would improve participants' mental and social wellbeing; and
3. Evaluating the MLP's impact on participants' reported stress and social wellbeing.

C. Methodology

1. Measurement Tools

With the exception of the Perceived Stress objective, all of the primary and secondary objectives listed in the "Purpose" section align with the subscales and components of the SF-36, a multi-purpose, short-form health survey that is highly used in the clinic setting. Each of these subscales, components, and overall score has demonstrated robust reliability (Cronbach's alpha values of 0.70 and above) and construct validity.[8] The Perceived Stress objective is assessed through the Perceived Stress Scale-4 (PSS-4), a four-item questionnaire that measures the degree to which situations in one's life over the past month are appraised as stressful.

2. Study Setting

DPH/CLASI selected four practice sites in Delaware for this pilot project: 1) Brandywine Women's Health Associates (Wilmington, DE), 2) Westside Family Healthcare – Bear (Bear, DE), 3) Westside Family Healthcare 4th Street (Wilmington, DE), and 4) Westside Family Healthcare Newark (Newark, DE). These practice sites each have a social worker familiar with social determinants of health and medical-legal partnerships. Moreover, both sites have a high volume of patients who are covered by Medicaid/Medicaid-eligible and are women of color (predominantly African-American women at Brandywine, Latinos/Hispanics at Westside 4th Street, and a mix of both at the other Westside sites).

3. Population and Sampling Plan

The pilot project commenced on April 1, 2013. Between the four practice sites, it was estimated that thirty (30) women would be involved in the MLP pilot project. These women must be pregnant at the start of the project, must be covered by Medicaid/Medicaid-eligible, and must have an unmet legal need as defined by CLASI.

4. Research Design

This pilot project was carried out as a pre-post test study without a control group. This quasi-experimental design was chosen because of the relatively small size of the study population and the ethical concerns of not providing MLP services to an equivalent control group.

5. Data Collection Procedures

Each study participant completed a SF-36/PSS-4 survey ("Round 1 Survey") as soon as she became involved in this pilot project. The survey was translated into Spanish, and was read to any participant who needed assistance. Each study participant then was offered MLP services upon completion of the Round 1 Survey. At a point typically 6 to 8 weeks after completing the Round 1 Survey (if MLP services had not yet begun, or clients were not responding to attempts to contact, the Round 2 survey time was extended), each of the study participants was asked to complete a second SF-36/PSS-4 survey ("Round 2 Survey"). Note that

[8] Ware, J., Kosinski, M., Keller, S. *SF-36® Physical and Mental Health Summary Scales: A User's Manual*. Boston, MA: The Health Institute, 1994.

all survey data was submitted to APS Healthcare via secure e-mail. To maintain confidentiality, all personal identifiers of the participants was omitted.

6. Data Analysis

Comparisons were performed among Round 1 Survey and Round 2 Survey results. For each of the six primary and six secondary objectives, a set of matched pairs t-tests was performed to investigate whether or not a significant difference ($\alpha = 0.05$) exists between the survey rounds. The tests are as follows:

H_0: $\mu_{Round\_1\_Survey,Objective} = \mu_{Round\_2\_Survey,Objective}$
H_A: $\mu_{Round\_1\_Survey,Objective} < \mu_{Round\_2\_Survey,Objective}$

7. Results

Surveys were administered and collected between the pilot start date of April 1, 2013 and September 6, 2013, which corresponds to a 23-week time frame in which the Round 1 Survey and Round 2 Surveys could be administered. In this time frame, 39 participant referrals for MLP services occurred, of which 26 participants completed a Round 1 Survey. Of these 26 participants, 11 participants completed both a Round 1 Survey and Round 2 Survey. The characteristics of these 11 participants are presented in Table 1.

Table 1. Characteristics of Participants Analyzed in Pilot Project.

Participant Identifier (ID)	Age at Round 1 Survey	Race/Ethnicity	Days Between Round 1 and Round 2 Surveys
AZ	27	Hispanic	80
BL	25	White	144
CC	31	Hispanic	43
DMP	21	Hispanic	26
HB	21	White	66
HW	34	Black	71
KCC	24	Hispanic	83
MC	36	Hispanic	126
MH	29	Hispanic	51
SGG	33	Hispanic	85
TH	31	Black	84

Based on the data provided in this table, at the time that each participant completed a Round 1 Survey, the participants had an average age of 29 years; the youngest participant was 21 years old and the oldest participant was 37 years old. The participants were disproportionately Hispanic ($n = 7$) as compared to Black non-Hispanic ($n = 2$) or White non-Hispanic ($n = 2$). On average, the participants completed the Round 2 Surveys 78 days after completing the Round 1 Survey; the shortest period between the completion of surveys was 26 days and the longest period was 144 days.

The SF-36 subscales and components for the completed Round 1 Surveys and Round 2 Surveys were scored using a scoring protocol recommended by the RAND Corporation.[9] The completed PSS-4s were scored by reverse-scoring the responses to the first and last questions to this section (i.e., questions 37 and 40 in the Round 1 Surveys and Round 2 Surveys). Therefore, higher scores on the SF-36 subscales and components as well as on the PSS-4 corresponded to a higher level of self-reported physical and mental wellbeing as well as a lower level of self-reported perceived stress.

The average score for each of the SF-36 subscales and the sum of the PSS-4 scores for each participant on the Round 1 Survey and Round 2 Survey are presented in Tables 2A and 2B, respectively (the "Purpose" section lists which subscale aligns with each abbreviation in the header rows for these tables). Note that one participant ("AZ") did not answer one question on the PSS-4 in the Round 1 Survey; consequently, the PSS-4 was not analyzed on either survey for this participant.

Table 2A. Round 1 Survey Results, SF-36 Subscales and PSS-4.

ID	MH	RE	SF	VT	BP	GH	PF	RP	PSS
AZ	92.0	66.7	87.5	70.0	77.5	90.0	90.0	0.0	–
BL	56.0	100.0	37.5	15.0	67.5	55.0	55.0	75.0	6
CC	60.0	66.7	0.0	30.0	10.0	90.0	35.0	25.0	5
DMP	64.0	100.0	87.5	55.0	100.0	55.0	90.0	100.0	9
HB	84.0	100.0	100.0	40.0	70.0	100.0	100.0	100.0	14
HW	4.0	0.0	12.5	0.0	20.0	40.0	15.0	0.0	3
KCC	72.0	33.3	50.0	25.0	67.5	45.0	45.0	0.0	6
MC	40.0	66.7	75.0	50.0	77.5	85.0	90.0	75.0	8
MH	56.0	100.0	87.5	55.0	77.5	50.0	55.0	25.0	9
SGG	84.0	66.7	75.0	60.0	55.0	85.0	90.0	25.0	13
TH	60.0	100.0	87.5	40.0	77.5	40.0	75.0	50.0	10

Table 2B. Round 2 Survey Results, SF-36 Subscales and PSS-4.

ID	MH	RE	SF	VT	BP	GH	PF	RP	PSS
AZ	100.0	100.0	100.0	80.0	90.0	85.0	75.0	100.0	–
BL	48.0	100.0	100.0	70.0	100.0	85.0	95.0	100.0	6
CC	48.0	100.0	62.5	45.0	100.0	70.0	55.0	50.0	8
DMP	92.0	100.0	100.0	80.0	87.5	45.0	85.0	100.0	8
HB	84.0	100.0	100.0	60.0	100.0	90.0	100.0	100.0	12
HW	52.0	0.0	37.5	35.0	32.5	65.0	40.0	0.0	5
KCC	72.0	66.7	50.0	65.0	67.5	30.0	70.0	0.0	9
MC	76.0	100.0	100.0	65.0	77.5	60.0	80.0	100.0	13
MH	68.0	66.7	87.5	25.0	77.5	45.0	55.0	50.0	9
SGG	92.0	100.0	87.5	50.0	67.5	90.0	95.0	75.0	14
TH	60.0	33.3	62.5	45.0	55.0	55.0	85.0	100.0	7

[9] How to Score the RAND SF-36 Questionnaire. Retrieved from: http://www.chiro.org/LINKS/OUTCOME/How_to_score_the_SF-36.pdf.

Tables 2C and 2D present the corresponding average Mental Component Summary, average Physical Component Summary, and average Overall Mental and Physical Health Score for each participant on the Round 1 Survey and Round 2 Survey, respectively.

Table 2C. Round 1 Survey Results, SF-36 Components and Overall Score.

ID	Mental Component Summary	Physical Component Summary	Overall Mental and Physical Health Score
AZ	80	72	75
BL	51	60	56
CC	44	44	44
DMP	73	85	80
HB	77	97	89
HW	3	19	12
KCC	47	39	42
MC	54	85	72
MH	70	50	58
SGG	72	73	73
TH	67	62	64

Table 2D. Round 2 Survey Results, SF-36 Components and Overall Score.

ID	Mental Component Summary	Physical Component Summary	Overall Mental and Physical Health Score
AZ	94	84	88
BL	73	94	86
CC	60	62	61
DMP	91	79	84
HB	83	98	92
HW	34	38	36
KCC	66	47	54
MC	81	79	80
MH	58	54	56
SGG	81	87	85
TH	50	78	67

Table 3 presents the results to the matched-pair t-tests conducted between the Round 1 Survey data and Round 2 Survey data for each of the objectives. Statistically significant results ($p < 0.05$) are noted with an asterisk (*).

Table 3. Round 1 Survey Results, SF-36 Components and Overall Score.

Objective	X_{bar}	*p*-value
Primary Objectives		
Mental Health (MH)	10.91	0.08
Role-Emotional (RE)	6.06	0.56
Social Functioning (SF)	17.05	0.06
Vitality (VT)	16.36	0.04*
Mental Health Component Summary	12.07	0.02*
Perceived Stress Scale	0.80	0.34
Secondary Objectives		
Bodily Pain (BP)	14.09	0.15
General Health (GH)	-1.36	0.81
Physical Functioning (PF)	8.64	0.12
Role-Physical (RP)	27.27	0.01*
Physical Health Component Summary	10.17	0.02*
Overall Mental and Physical Health	10.93	0.00*

Based on these results, the analyzed MLP participants reported an improvement in mental and physical wellbeing as well as a lower level of perceived stress before (Round 1 Survey) and after (Round 2 Survey) receiving MLP services – with the exception of reported General Health, which featured a slight decrease in average score between the two surveys. Despite these overall favorable findings, it is important to note that the improvement in average score in many of the subscales was not statistically significant. Only 5 of the 12 objectives assessed (Vitality, Mental Health Component Summary, Role-Physical, Physical Health Component Summary, and Overall Mental and Physical Health) featured statistically significant results, all of which with improved average scores between the surveys.

The results were investigated further given that the three objectives with aggregated subscale scores (Mental Health Component Summary, Physical Health Component Summary, and Overall Mental and Physical Health) had favorable, statistically significant results even though the majority of subscales did not have statistically significant findings. An analysis was undertaken on the *change* in score of each objective for each participant between Round 1 and Round 2. Accordingly, the Round 1 score for each objective was subtracted from the Round 2 score (i.e., the scores in Table 2B minus the corresponding score in Table 2A). The results of this analysis are presented in Table 4.

Table 4. Change in SF-36 Subscale and PSS-4 Score Between Round 1 and Round 2.

ID	MH	RE	SF	VT	BP	GH	PF	RP	PSS
AZ	8.0	33.3	12.5	10.0	12.5	-5.0	-15.0	100.0	–
BL	-8.0	0.0	62.5	55.0	32.5	30.0	40.0	25.0	0
CC	-12.0	33.3	62.5	15.0	90.0	-20.0	20.0	25.0	3
DMP	28.0	0.0	12.5	25.0	-12.5	-10.0	-5.0	0.0	-1
HB	0.0	0.0	0.0	20.0	30.0	-10.0	0.0	0.0	-2
HW	48.0	0.0	25.0	35.0	12.5	25.0	25.0	0.0	2
KCC	0.0	33.3	0.0	40.0	0.0	-15.0	25.0	0.0	3
MC	36.0	33.3	25.0	15.0	0.0	-25.0	-10.0	25.0	5
MH	12.0	-33.3	0.0	-30.0	0.0	-5.0	0.0	25.0	0
SGG	8.0	33.3	12.5	-10.0	12.5	5.0	5.0	50.0	1
TH	0.0	-66.7	-25.0	5.0	-22.5	15.0	10.0	50.0	-3

As evidenced by this table, in most rows and in every column, the number of positive values (i.e., above 0) was larger than the number of negative values (i.e., below 0). This explains the overall positive values in each of the aggregate subscale scores. Moreover, neither one row nor one column had a disproportionate number of positive values; the General Health (GH) column had the largest number of negative values (7 out of 11) while participants "DMP" and "TH" each had the largest number of negative values (4 out of 9). Nevertheless, this number and spread of negative values throughout Table 4 reduces the potential for statistically significant results for each objective. The magnitude of the positive values relative to the negative values in the Vitality (VT) column helps to explain the statistically significant results for that objective. The other statistically significant SF-36 subscale – Role-Physical (RP) – only had positive changes in its column.

Finally, these results indicate that although the MLP may have had a positive impact on the overall reported mental and physical wellbeing of participants in the MLP, each participant had improved scores in certain subscales but not others. This makes sense since the mental and physical wellbeing of each participant differs with each participant's particular health, social, and legal circumstances at the time of survey completion.

8. Limitations

Four limitations have been identified with this pilot project. First, the relatively short length of the implementation period (4-5 months) may not allow the full impact of the MLP to be realized. Second, the method by which women are recruited into this study may have affected the validity of the results. Third, this pilot project did not have a control group, which reduces the overall strength of the study and may result in causal bias. Finally, there was no incentive for participants to respond to Round 2 Surveys, which ultimately reduced the number of participants that could be assessed. This, in turn, reduces the integrity of the tests of significance and the robustness of the results. For participants who already received the MLP services, delivered a baby, or changed address/phone, obtaining a Round 2 survey proved very difficult. Note that CLASI employed a bi-lingual law graduate, Jennifer Perez, to work exclusively on this project to handle intake, triage, surveying, and communication with Spanish speaking clients.

9. Implications

It is anticipated that the results and lessons from this pilot project will provide a foundation for the establishment of a long-term MLP that addresses the health and legal needs of women at-risk for poor birth outcomes within the state. The strength and sustainability of a long-term MLP are evident as follows:

Population Health. As described in this proposal, this MLP seeks to mitigate the legal and social gaps inherent among low-income pregnant women, a highly vulnerable population. This model suggests that the addition of lawyers to the medical team can promote health, prevent disease, and address barriers to the effective care and management of illness. Indeed, research indicates that MLPs have enhanced the ability of the healthcare team to address patients' social and economic stressors in the areas of housing, immigration, income support, health insurance, education access, disability and family law.[10]

ROI. The MLP model provides a construct for medical and legal health professionals to work together to improve the health and wellbeing of vulnerable populations and reduce higher and unnecessary health-care costs. Across the country, in cost-benefit analysis, the return-on-investment ("ROI") for healthcare institutions partnering with medical-legal projects has been positive. For example, the City of New York's MLP, LegalHealth, demonstrated improved patient satisfaction and a ROI to the healthcare institution of three dollars for every dollar invested into a MLP.[11] Similarly, a rural MLP in Illinois was able to demonstrate a 319 percent return on the original investment of $116,250 between 2007 and 2009.[12]

Health Reform and Medical Homes. The timing of this pilot project cannot be understated. As healthcare providers and especially Federally Qualified Health Centers (FQHC) confront healthcare reform, increasing numbers of uninsured patients will be seeking care. MLPs can be a crucial component of a patient-centered medical home that improves health outcomes for patients and families and reduces cost for providers.

Healthy People. The intent of this MLP pilot project aligns with Healthy People 2010 recommendations, namely in the "development and implementation of policies and preventive interventions that effectively address these determinants of health can reduce the burden of illness, enhance quality of life, and increase longevity."[13]

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[10] Williams, D., Costa, M., Odunlami, A., Mohammed, S. (2008). Moving upstream: how interventions that address the social determinants of health can improve health and reduce disparities. *J Public Health Manag Pract*, S8-17.
[11] LegalHealth. (2012). National Center for Medical-Legal Partnership. Retrieved from: http://www.medical-legalpartnership.org/mlp-network/sites/1136.
[12] Beeson, T., McAllister, B., Regenstein, M. Making the Case for Medical-Legal Partnerships: A Review of the Evidence. The National Center for Medical-Legal Partnership. February 2013.
[13] Health Indicators. (2010). Community Action Network. Retrieved from: http://www.caction.org/health/PrescriptionForWellness/CommunityHealth/HealthInd.htm.

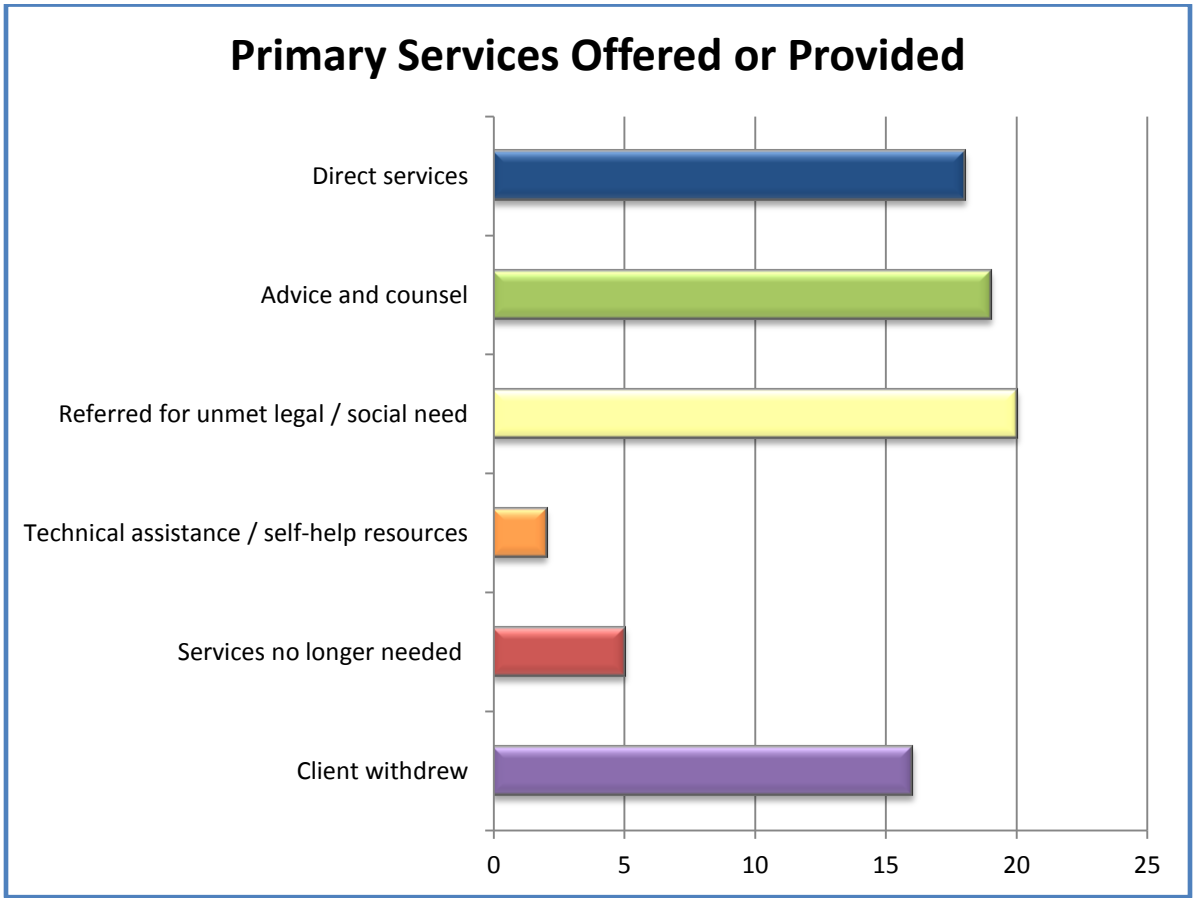
V. TRAINING

CLASI conducted three[14] trainings for BWHA and Westside social service staff:

1. Introduction of the MLP model, the Pilot Study, and the I-HELP—Income Supports, Housing and Utilities, Education and Employment, Legal Immigration Status, and Personal and Family Stability—screening tool (March 28, 2013);
2. Supplemental Security Income/Social Security Disability Basics (May 9, 2013); and,
3. Employment Discrimination Basics (June 20, 2013).

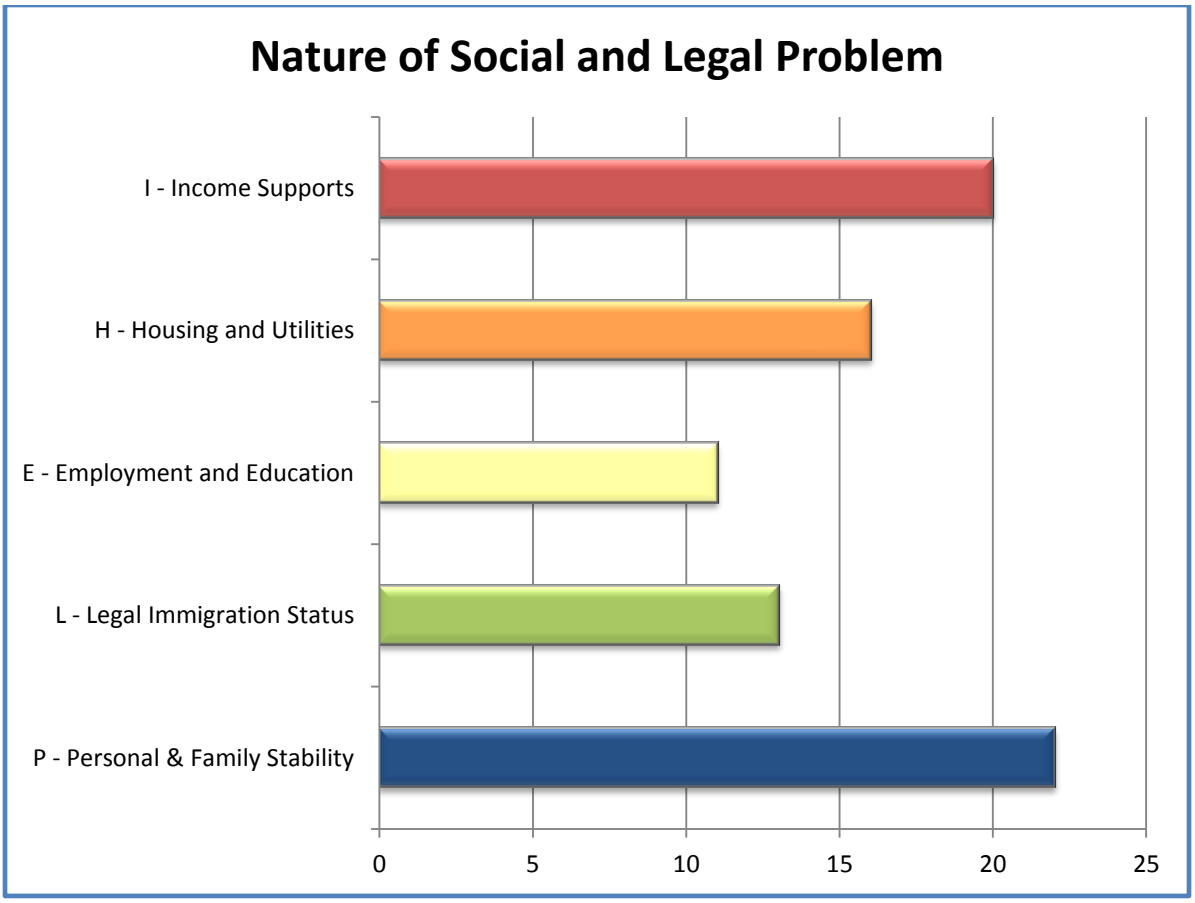
VI. LEGAL ASSISTANCE

A. Case Services and Categories



39 clients offered or provided 80 services

[14] CLASI proposed to conduct six trainings—three at BWHA, three at Westside. However, graciously, Westside social workers invited BWHA staff to join each training at Westside, obviating the need for repeating the same training at two different sites.



39 clients presented with 82 social/legal problems[15]

B. Case Narratives

During the pilot project period, CLASI received 39[16] referrals—thirty (30) from Westside Family Healthcare and nine (9) from Brandywine Women's Health Associates -- of expectant mothers experiencing various legal and social stressors. Those thirty-nine (39) clients had eighty-two (82) distinct legal issues. A brief narrative of each client's case(s) follows. Pseudonyms were used in the narrative to protect client confidentiality.

1. CLASI assisted a patient "Amanda[17]" experiencing housing and family law stressors. CLASI staff advised Amanda about the steps she needed to take to seek child support, including establishing paternity, as well as the timing for these steps. This information was necessary in order for Amanda to understand what she needed to do to, ultimately, to adequately support her child financially. Additionally, it eliminated her stress of not knowing how to move forward

[15] While eighty two legal issues were identified eighty services were provided because two clients withdrew before delivery of legal services.

[16] CLASI has a small contract with New Castle County ($5,000) to provide MLP services to county residents who live outside Wilmington city limits in certain zip codes. CLASI partners with Westside on that project and so referred some individuals who were not pregnant during the Pilot Study time period. Those non pregnant individuals are not counted here. Similarly, clients referred to CLASI before the expiration of the grant period, but after the time frame set by the evaluators to accept cases, were not counted.

[17] All names have been changed to protect client confidentiality.

with obtaining this support. CLASI also connected Amanda to family court self-help materials as well as affordable housing resources, which CLASI staff made more accessible to this overwhelmed patient by highlighting potential apartments for her. Later, when CLASI got back in touch with Amanda, she expressed feelings of anxiety around being a first time parent, so CLASI staff researched free and low-cost parenting resources and workshops for the patient. Additionally, CLASI provided Amanda with advice regarding purchase of care childcare. Amanda also was worried because she got a bill for an ultrasound and was not sure if she had Medicaid at the time of the bill; the bill had been sent to collections. CLASI contacted the referring social worker who agreed to help client establish whether or not her Medicaid was active at the time of the ultrasound. CLASI educated the client about the option to work out a payment plan if the bill is indeed her responsibility. Client was unaware that payment plans were an option and was relieved to know she would be able to work an affordable agreement out in the event her Medicaid would not cover the bill. Finally, Amanda reported that she was successfully pursuing child support against her baby's father and that things were going well.

2. Westside referred a patient "Valentina" who was experiencing pregnancy related discrimination at work and who had a significant fear of deportation due to not having legal immigration status. Valentina's employer did not want to accommodate her need to eat frequently in order to maintain a healthy pregnancy. CLASI drafted an accommodation letter supported by a letter from Valentina's health care provider, procured by CLASI. The employer subsequently granted the request for a short break every two hours so that Valentina could eat and adequately nourish herself and her developing child. CLASI also educated Valentina with regard to her maternity leave and unpaid leave rights. In addition to addressing her employment related stressors, CLASI assisted Valentina by preparing a U-Visa application for her, based on her status as a survivor of domestic violence. If granted, the U-Visa will provide Valentina with legal status in the U.S., including a work permit. This would enable Valentina to obtain a better, less exploitive job and would remove her ever present fear of deportation due to not having "legal" status. In the process of advising Valentina about her U-Visa application, CLASI provided her advice about her family's eligibility for certain public benefits, due to her daughter's U.S. citizenship, and eased her fear that her U-Visa application could trigger the State taking custody of her children. Finally, due to her history as a domestic violence survivor, and residual trauma, CLASI encouraged Valentina to return to therapy in order to heal emotionally, which she did.

3. Patient "Jimena" came to CLASI with concerns about custody and immigration status. The father of Jimena's child abused the family and Jimena wished to change her daughter's name so that he would no longer maintain power over them symbolically. CLASI advised Jimena about custody issues, including the steps she needs to take to change her child's name. Jimena needed to save money to pay for ID for herself, and the fees associated with the name change, in order to make the name change happen. However, Jimena was only able to come up with the money needed for her identification. Thus, CLASI contacted numerous churches and charities until we found a church willing to pay the fees to make the name change attainable. Additionally, CLASI provided the patient advice about obtaining "deferred action" status so that she had permission from the U.S. government to remain here despite not having "legal" immigration status; CLASI referred her to Catholic Charities for assistance with applying for deferred action status. Finally, Jimena reported that her partner had suffered from police

discrimination; CLASI found potential referrals for this issue and is investigating the various options.

4. Patient "Elizabeth" presented with a number of legal issues including Medicaid, debt, electricity shut-off, potential homelessness, and problems with child support and custody. CLASI referred her for assistance with filing for bankruptcy due to the extent of her financial troubles; and CLASI provided assistance which enabled her to get her electricity turned back on. CLASI is providing ongoing advice with regard to her housing and utilities problems and will be advocating for her to be referred to a long term transitional housing program due to her extremely tenuous housing. Through our advocacy CLASI was able to help Elizabeth obtain an earlier Medicaid eligibility date, thus erasing her potential for liability for earlier medical bills. Additionally, CLASI investigated her child support and provided her advice accordingly. CLASI provided technical assistance with regard to filing for sole custody of her newborn. Elizabeth continued to have social stressors that were impacting her well-being, thus CLASI helped the patient obtain clothing for her daughter, a school uniform for her son, and worked with the social worker at the referral clinic to set the patient and her family up in therapy. Finally, CLASI helped Elizabeth by drafting an application for a fee waiver for a parenting course, which she is requirement of her custody application.

5. Westside referred a patient "Lourdes" who wanted advice about her housing rights due to a conflict with her roommate, as well as advice on public benefits and custody. CLASI educated the patient on relevant housing law and advised her to call the police – and request a copy of the police report – if her roommate became aggressive, which could facilitate the roommate's eviction and or no contact order. CLASI recommended that client pursue an application for subsidized housing as a means to not only relocate away from the roommate, but to have housing that was affordable and allowed her growing family a healthy standard of living. To that end, CLASI provided Lourdes with information on available affordable housing in Delaware. CLASI encouraged Lourdes to apply for TANF, food stamps, and subsidized child care, as she had not previously applied for those programs. All three could help her to maintain a livable income for herself and her newborn, and assure adequate care for her child upon her return to work. Finally, CLASI agreed to further assist Lourdes by advising her in regards to the custody; this effort is ongoing.

6. "Laura" was experiencing stress because she believed someone else had used her social security number to work. CLASI obtained information from Social Security to identify the employer for whom this work was done. CLASI is now seeking clarification from the employer to establish whether or not this work was done by someone other than Laura, or if Laura briefly worked for this employer and now does not recall that this was the case. CLASI also provided Laura with a referral for help with a Worker's Compensation problem.

7. CLASI accepted a referral for a Westside patient, "Nicole" in an apartment with various housing conditions that threatened her health and that of her children. These conditions included electrical sockets that were not operational and would fall out of the wall, a front door that did not close securely, a poorly working refrigerator, mold in the basement, a shower leaking to the floor below inside the home, and a landlord who entered her apartment without notice. Nicole and her children were suffering coughing and sneezing as a result of the conditions in the

home, and constantly had food go bad in the refrigerator. CLASI represented Nicole in a court action to terminate her lease due to these unsafe conditions. The landlord counter sued. Ultimately, CLASI negotiated with the landlord, who agreed to a settlement prior to trial – allowing Nicole to terminate her lease and agreeing to rent abatement (one month free rent) and a return of a portion of her security deposit. Nicole is now in a new apartment where she is much happier. Additionally, CLASI learned that Nicole's estranged ex-husband was abusive, so CLASI assisted Nicole with setting up therapy for herself and her children, and referred her to Delaware Volunteer Lawyer Services for help with obtaining a divorce.

8. "Maria" was fired due to her pregnancy. While job loss is typically quite a stressful event, for Maria, it was doubly so as her employer was also her landlord. Due to her termination, not only was she no longer bringing home income, her employer/landlord ceased offering her reduced rent. She found herself in the untenable position of loss of income with increased expense, while expecting a child. Not only that, but Maria was concerned about her son, who was experiencing behavioral difficulties at school and was therefore not succeeding. The MLP staff referred this parent to CLASI's Disabilities Law Program for help with the child's educational difficulties. With regards, to the employment / housing challenges, due to CLASI's contact in this case, the landlord/employer agreed to offer Maria reduced rent again. This matter is ongoing.

9. Lucia also reported experiencing problems with custody of two older children and conditions in her home (cockroaches) and CLASI has open cases to help Lucia with those issues. Both involve issues that other organization handle, so referrals were made to those organizations, Westside referred "Lucia" to the Medical Legal Partnership for help with her immigration status. CLASI agreed to represent Lucia before the U.S. Citizenship and Immigration Services by putting together and submitting a U-Visa application on Lucia's behalf, on account of her status as a domestic violence survivor. If granted, the U-Visa will provide Lucia with legal status in the U.S., including a work permit. This would significantly decrease Lucia's stress and anxiety around being "undocumented" and open up more employment options to her, which will help her to support her family.

10. "Christina" requested assistance from the Medical Legal Partnership because she wanted to seek a path toward legal immigration status. Additionally, she felt she was the victim of medical malpractice. CLASI evaluated Christina's eligibility for a U-visa but found she was not eligible. However, CLASI believed she was a candidate to petition through her U.S. citizen son, upon his attainment of age 21 in one year's time. Thus CLASI advised Christina about pursuing this path and provided her with referral information should she wish to have an attorney help her and her son with this petition. CLASI also provided Christina with a referral to the Lawyer Referral Service for her medical malpractice case.

11. "Frances" was referred to the Medical Legal Partnership after she was brutalized by her partner, with whom she lives. CLASI provided advice and counsel to Frances about her eligibility for a U-Visa, Victim's Compensation Assistance Program (VCAP), and a Protection from Abuse Order. Specifically CLASI advised about the ramifications of staying in the home with her abuser in terms of her likelihood of being awarded these legal remedies, and provided her with information about temporary housing options for victims. CLASI offered to represent

Frances via a U-Visa application, and to assist with her VCAP application, if she decides to remain in Delaware - Frances is considering a move out of state which would make her no longer eligible for CLASI services, but if she does in fact move, CLASI will provide her referral information in her new state.

12. "Tamira's" son was awarded temporary SSI benefits based on his cancer diagnosis. Tamira was fearful of spending the checks in the event her son was denied SSI eligibility, which would result in an overpayment. Thus, she was not able to spend the income she needed to support her family, without significant anxiety. CLASI agreed to investigate the status of her son's SSI case as his current award was a temporary 6 month award. CLASI scheduled a conference at the Social Security Administration and learned that the child's SSI was scheduled to continue until an ultimate decision was made on the case, which was expected in September. CLASI informed Tamira when to expect the decision and that she should call us back for further assistance if the checks stop or the child receives an unfavorable decision. Tamira decided to cash the checks in order to support her family, and was given the reassurance that CLASI was there to assist her if her son ultimately lost his SSI case.

13. "Stephanie" came to CLASI with questions about custody, child support, and Protection from Abuse orders, with respect to the father of her unborn child. CLASI met with Stephanie and provided her with informational packets on relevant family law issues. CLASI agreed to contact her again in the future to follow up, to see if she needed further assistance beyond the self-help materials we had previously provided. As agreed, CLASI later contacted Stephanie numerous times without response. Eventually, CLASI was able to reach her after she had her baby and learned that Stephanie had moved out of state. CLASI provided referral information for the Legal Aid office in Stephanie's new state of residence.

14. "Carmen" was distressed by her neighbors, who engaged in drug activity and played loud music. These problems persisted despite the police being called a number of times. CLASI made numerous attempts to reach Carmen, but she was non-responsive. Eventually, we were able to get in touch with her but the problem had resolved by her neighbors moving. Carmen did, however, share that she had some immigration concerns. We were able to provide her referral for assistance with her immigration matter in order to help alleviate that stress.

15. Brandywine Women's Health Associates referred "Destiny" because she was homeless and without any income. CLASI attempted to reach Destiny multiple times without hearing back from her. Eventually we were able to reach her; at that time she had found permanent housing and was receiving food stamps. She planned to start work after she delivered her baby. Destiny expressed that she no longer needed legal assistance.

16. "Janice", a Westside patient, presented with legal questions concerning Medicaid and paternity. Janice's Medicaid coverage had been discontinued due to noncooperation with Child Support Enforcement. CLASI attempted to contact Janice through multiple calls and a letter. Eventually, CLASI was able to get in touch with Janice, who stated that she no longer needed our assistance as she was confident that her coverage would be resolved.

17. Westside referred "Theresa" with housing and Medicaid questions. Theresa had already been seen at CLASI and was provided information and referral.

18. "Loraine" was experiencing poor housing conditions, including an infestation of mice. CLASI called Loraine twice and sent her a contact letter before getting a hold of her in a fourth attempt at contact. At that time Loraine stated she was moving soon and therefore did not wish to pursue the housing conditions matter any further.

19. "Tonya" was denied Medicaid. CLASI arranged to meet with Tonya but she did not show for her appointment. CLASI called Tonya to follow up but her phone was disconnected. Therefore, CLASI emailed the social worker who had referred the case, who informed us that Tonya's Medicaid was now activated and thus Tonya's legal problem was resolved.

20. Westside referred "Carmalita" to the Medical Legal Partnership Project. Carmalita was experiencing stress as a result of unpaid fines and a possible warrant for her arrest. CLASI called Carmalita multiple times, and sent her more than one letter, without reaching her or having any return communication.

21. "Minerva" was experiencing problems with Medicaid and housing conditions. Because Minerva was initially non-responsive, CLASI was not able to meet with her prior to her delivery of her child, and thus she was no longer eligible for the pilot project. Minerva informed us that her Medicaid problem was resolved but housing issue persisted. Thus, we referred Minerva to the Legal Services Corporation of Delaware, for possible assistance with her housing.

22. "Dina" presented with questions and concerns about the father of her child and custody. CLASI contacted her by phone and letters but she was unresponsive.

23. Westside referred "Lydia" for help with substandard housing conditions (mold). CLASI attempted contact on five occasions but Lydia did not have operational voicemail. CLASI sent Lydia a contact letter but still did not hear from her. The Westside social worker informed CLASI that Lydia was no longer pregnant and so CLASI closed due to lack of responsiveness and because Lydia was no longer program eligible.

24. "Selina" presented with stress surrounding her lack of legal immigration status and substandard housing conditions. CLASI had previously evaluated her eligibility for a U-Visa and determined that she was not eligible. We educated the client about this. With regard to the housing conditions, we offered to meet with Selina to provide affordable housing options, educate her about her rights as a tenant, and to assist with the substandard housing conditions problem she was experiencing. Selina was hesitant to proceed as she was not sure if her husband would agree to pursue legal action. CLASI attempted to follow up with her about this issue but did not hear back in response to our contacts.

25. "Alma" was referred by Westside with immigration and housing stressors. CLASI called Alma three times and sent a contact letter. We tried to reach client a fourth time by phone and eventually communicated with her via the Westside Social worker. We explained that she

was already a CLASI immigration client and that her U-Visa application was pending before the U.S. Citizenship and Immigration Services (USCIS). We educated her on USCIS wait times. Ultimately Alma was approved for a U-Visa which will significantly improve her standard of living and decrease stress, by removing her fear of deportation and by allowing her a work permit so that she can support her now expanded family.

26. "Margarita" was experiencing stress as a result of worrying about three different legal issues: pregnancy discrimination, a utility shut-off, and immigration status. CLASI met with Margarita for an initial intake interview. After that first meeting CLASI attempted to follow up with her via four telephone calls and two letters. Ultimately Margarita was nonresponsive and we were unable to provide her further assistance.

27. Brandywine Women's Health Associates referred "Shawna" because she believed she had been discriminated against on account of her pregnancy. We were able to interview Shawna on our third attempt to reach her by phone. CLASI then attempted to follow up with Shawna to offer to assist her by drafting a Department of Labor complaint and mediation services, but Shawna did not pursue our offer of services.

28. "Fernanda" was the victim of pregnancy discrimination at work. CLASI tried to contact her three times but she did not have voice mail set up. CLASI followed up with the referring social worker, who also was unable to get in contact with the client. CLASI sent a contact letter but Fernanda was unresponsive.

29. "Trinity" was in the U.S. on a visitor's visa with a departure deadline during her third trimester. Her physician did not want her to travel during this time. Trinity wanted to extend her visitor's visa until later in the summer. CLASI advised Trinity on her options, including how to request an extension of her current visa and copies of the forms required to do so, as well as how to request a doctor's note to support her application. CLASI offered to help her with these forms and obtaining the doctor's note, but Trinity preferred to advocate for herself. CLASI followed up with her and confirmed that she successfully submitted the application.

30. "Jayla" needed assistance with various issues: she lacked air conditioning, needed a more affordable home, did not have sufficient income supports, feared losing her job, was the victim of domestic violence which landed her in the hospital, needed evening childcare, had an income tax problem, and was a hurricane sandy victim. CLASI called Jayla numerous times and eventually was able to set up an appointment with Jayla. Unfortunately, Jayla did not arrive for her appointment. CLASI contacted Jayla again and discovered that she had moved in with a family member out of state. Jayla did not want to be living with this family member and wished to be independent. CLASI researched and provided Jayla with resources in her new state including, legal aid office, shelters, food pantries, therapy, social services office, and FEMA contact.

31. "Antonia" had questions about parental rights and the potential emancipation of her teenage daughter, who wanted to move in with her boyfriend. CLASI set up a meeting for Antonia, but she did not arrive for her appointment. CLASI attempted to contact Antonia

without luck. CLASI contacted the referring social worker who explained that the daughter no longer wished to move in with her boyfriend, and thus Antonia had not been in contact with us. Shortly thereafter, Antonia decided she wanted CLASI's help again because her daughter decided to leave again. However, when CLASI reached out to Antonia again she was nonresponsive.

32. "Imani" requested CLASI's assistance because her hours were reduced at work due to her pregnancy. CLASI attempted to contact her multiple times by phone and letter and did not hear back.

33. "Alexis" wanted assistance with child support, custody, and a Protection from Abuse Order. Alexis did not respond to multiple attempts to reach her or our offer of advice and counsel on these issues.

34. "Ariana's" family, including her parents and U.S. citizen sister lived in Mexico. Ariana was concerned about their safety because of the cartel in Mexico, as well as her sister's opportunities and standard of living due to her sister's disability. Ariana wanted her sister to return to the U.S., with her mother as her caretaker, where her sister would have better opportunities and a better life. CLASI provided Ariana with advice regarding the possibility of her sister obtaining humanitarian parole for her mother in order for her to enter the U.S. as her sister's caretaker. This is not an immigration matter which CLASI could provide Ariana's family further representation, but we were able to provide her with referral information for two other agencies in the Delaware Valley.

35. "Holly" needed assistance with child support enforcement and medical assistance. We attempted to reach Holly via phone, letter, and the referring social worker but were unable to get in contact with her.

36. "Emily" was referred to CLASI because she was trying to be added to her husband's health insurance and was concerned about pre-existing conditions exclusions. CLASI contacted the insurance provider for Emily and was able to have her added to her husband's policy. Emily expressed that she had been worried about her coverage and that now that she was approved her stress was eliminated.

37. "Tiffany" was referred because her mother was trying to get custody of her child. Patient did not respond to CLASI contacts directly or via the referring social worker.

38. Westside referred "Gabriela" to the Medical-Legal Partnership Project because her parents, living in Mexico, were receiving anonymous threats. Gabriela wanted to know if there was a means by which her parents could obtain permission to live in the United States. CLASI advised Gabriela that her parents could seek refugee status, which is difficult to establish, but was a potential route for them to live in the U.S. CLASI referred Gabriela to agencies that assist with refugee applications.

39. "Camila" requested Medical-Legal Partnership Project assistance because she had overdue bills in collections. Camila did not know the status of these bills and wished to learn

their status. She was also fearful of their potential impact on her immigration status in the future. CLASI eased Camila's concerns about the potential for her overdue bills to cause problems for her immigration status; CLASI educated client that because the bills were not debts to the government they would not affect her immigration status. CLASI also contacted the collections agency and requested the status of Camila's bills. CLASI learned that some of the bills were "written off." Camila experienced relief knowing the status of her bills, and that she would not experience adverse immigration consequences on account of these bills. Additionally, CLASI provided Camila with advice with regard to how her husband can apply for a Tax I.D. Number, per her request.

VII. CONCLUSION/NEXT STEPS

Before receiving MLP services, one client reported:

> *Where I am living causes me stress. Just moved in May 1st. house falling apart. Leaking ceiling in dining. Moths and roaches. Basement has 2-3 inches of water. Coughing and sneezing every day. Broken fridge. Holes in it. Food doesn't stay fresh longer than 1 week. Continuously buying groceries. Can't get out front door. Door knob is stuck. No heat and LL says, because it's summertime, he doesn't have to fix heater. He told me he doesn't have to fix the basement, because it wasn't in ad for house as being part of the rental property. Sockets don't work. When you plug them in, they fall out. I have 3 other children: 5, 7, and 11. They are also coughing and sneezing. It's just me and my 3 children. Have a written lease for 1 year. I did walk through of house and pointed out some of these things and he said he would fix those things. Even more things were discovered after the move-in. I call him to tell and he never comes to fix. Don't safe and secure either because he doesn't give me notice when he comes to visit. Three times he's walked in when I didn't have clothes on. I feel like he's invading my privacy.*

After receiving MLP services, which enabled her to terminate her lease early, this same client reported:

> *Your services were a great help. Changed a lot for me confidence wise. You don't feel like you're by yourself. It helped me a lot getting out of the old place that was terrible, getting help with services.*

Other clients provided important feedback illustrating how stressed they felt before receiving services:

- *I am on bed rest and I can't do anything. I am very worried about what to do with this baby. I want to put the baby up for adoption . . .*
- *My concern is my pregnancy. No prenatal care and you really need it. Tons of stress because it impacts my children. I am a high risk pregnancy so can't be seen without insurance. I'm 22 weeks. Have no income. Social services wants to take me to court over overpayment. I can't repay them, plus the daycare should be paying them back, not me.*

- *What worries me is my ex-partner over custody of my daughter.*
- *The biggest thing is the roommate at this point. It's a stress inducer. I get irritated by it. Financial problems make me concerned (maternity leave issue). My kids don't live with me. Live with father in California. This is what I feel like I don't' have control over. He has them, so he makes decisions without consulting them.*
- *Father of child worries me. He didn't want me to have the baby. He asked me in the beginning why I didn't take the abortion pill. At that point, she said, "I won't ask you for anything." A week ago, he said "I have a surprise for you to take the baby away from you when the baby is born."*
- *My housing worries me too. We can pay the rent now, but I'm afraid it will be harder to pay the bills as our family grows. I don't work. My partner does. I have 5 kids. 1 is old and left the house already. Other 4 still live with me. I want help but my husband and I are not documented. We don't have papers. All of my children are Citizens, though. My oldest child, son, is 20 years old and is a citizen. Also, I have roaches in my house.*

After receiving MLP services, clients reported how much relief they experienced:

- *"This has helped me with my stress because I feel secure and I now feel like I can have confidence in myself and because I know I have someone to go to. I have a support system now."*
- *"Well, you guys helped me figure out what's going on with my overdue hospital bills, so I'm no longer worried about that. At least I know what is going on. It's not in the back of my mind now like it was before. I still have worries, like everyone does, but not big enough to stress me out a lot."*
- *"Having a free lawyer helped me a lot, I did not know a lot that was available to me, and you helped point me in the right direction."*

The results of the Pilot Study suggest that providing MLP services to high risk pregnant women correlates with improved maternal health and well-being. Together with the other interventions offered by *Healthy Women Healthy Babies* providers, MLP is a vital tool to improve the birth outcomes for high risk women. Without MLP, health care providers have limited means to address the social determinants of health, which for high risk, low income mothers are significant impediments to good health. Extending MLP services to all of the *Healthy Women Healthy Babies* providers across the state will contribute to Delaware's significant efforts to reduce infant mortality and improve birth outcomes for at risk women.

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