

Camden Coalition of Healthcare Providers, Medical-Legal Partnership Program  
Final Grant Report to the Friends Foundation for the Aging  
July 31, 2023

1. What problem were you addressing? What solution did you propose to address it?

Over 42% of Camden residents are low-income and 33.6% live in poverty. Health indicators in the city are grim, with high rates of asthma, obesity, diabetes, and hypertension. Socioeconomic factors such as poor access to housing, social isolation, and food insecurity contribute to poor mental and physical health outcomes—and earlier aging and lower life expectancies for Camden residents compared to the rest of New Jersey. While the state's average life expectancy is 80.3 years, Camden averages only 73, with one neighborhood averaging just 67.2. Chronic homelessness—a common problem among Camden Coalition patients—has been shown to shorten an individual's lifespan by up to 20 years.

Compounding this situation, the law frequently impacts the lives of Camden residents as they face evictions and utilities shut-offs, warrants for outstanding fines and fees, struggles obtaining and maintaining government benefits, over-policing, and more. Through serving patients with complex health and social needs, we identified a gap in access to services to address legal barriers which cause psychological stress and financial insecurity for our patients already struggling with complex needs.

Our solution, launched in 2017 in partnership with Rutgers Law School-Camden, is the Camden Medical-Legal Partnership (MLP), which serves area residents enrolled in the Camden Coalition's care management programs, referred to us through other programmatic partnerships, and seeking care at the Cooper Center for Healing. The MLP serves low-income adults of all ages, races, and ethnicities; however, from July 1, 2022 through June 2023, 30% of those served are aged 50+, and 12% are 60+, with the majority identifying as Black and/or Hispanic. As part of a whole-person, trauma-informed care coordination approach, we embed consulting attorneys in our community-based care teams and within Cooper Hospital's outpatient addiction medicine program to help patients resolve legal challenges, from simple advice to full-on representation as needed.

2. What actions did you take? What worked and didn't work toward your objectives? Please share any unanticipated benefits or barriers encountered.

Since July 1, 2022, our two MLP attorneys have worked with 226 patients in total to resolve legal issues or to refer them to other counsel with particular expertise or capacity. These issues including housing disputes or access barriers; income maintenance, often related to public benefits; matters of family law (custody/visitation, domestic abuse, financial support, etc.); nonviolent criminal matters; employment disputes; traffic violations; and miscellaneous legal matters (e.g., wills/estates, licenses/ID documents, municipal court fine and fees, etc.). Our MLP attorneys also trained Camden Coalition care team members to identify possible legal issues for further evaluation. In some cases, care team members were able to advocate for patients with the support and guidance of our attorneys.

MLP attorneys receive referrals from ongoing Camden Coalition programs and the Cooper Center for Healing. For referrals from Camden Coalition programs, the care teams form the primary relationship with the patient. MLP attorneys join the care team for scheduled visits in the community or telephonically, depending on the nature of the care management. In the case of Cooper Center for Healing referrals, patients often raise legal issues with their treatment team, who then alert the MLP attorney.

The integration of the attorney into the care team eliminates logistical challenges and enables immediate focus on legal issues. Care team staff and Cooper navigators often follow up with patients on legal issues or to gather additional information and documentation needed to maximize the attorney's efficiency. Additional MLP activities included data collection, evaluation and writing, securing funding, and maintaining partnerships to support the MLP as a program.

While we anticipated an increase in housing-related legal referrals, the volume of these referrals has exceeded our expectations. Many low-income individuals with complex health conditions, including many older residents on limited fixed incomes, face housing insecurity following the expiration of most pandemic-era rental assistance and eviction protections. In response to this situation, the Coalition recently created our own “Eviction Prevention Pilot.” We brought together two Coalition teams – our MLP team and a team focused on supporting patients with behavioral health needs – to prevent eviction of Coalition participants. Thanks to the support of the Friends Foundation, we were able to create this pilot quickly and with strong MLP support. As a result, we have been able to prevent the eviction of several participants – including elderly residents – who otherwise would have faced homelessness. The ability to create this pilot was an important and unexpected benefit of the Friends Foundation’s MLP support.

3. How did you measure success--both quantitative and qualitative? Please include numbers and demographics of people touched by the work.

The MLP collaborates with the Camden Coalition’s internal Data and Quality Improvement team to collect implementation and outcomes data. We track the number of patients engaged and the types of issues encountered, and we seek to denote quantitative and qualitative outcomes as applicable. For example, if we achieve a \$1500 reduction of outstanding fines and fees for a client, we track this clear quantitative value as well as attempting to document enhanced wellbeing and reductions in stress experienced by the client. Additional data used to evaluate the program includes administrative records from our Health Information Exchange, Medicaid claims data, follow-up with patients throughout the intervention, and longer-term survey follow-up.

We are excited that we have been awarded a substantial grant for an external evaluation of our work with Cooper Center for Healing. This evaluation, which will commence in the fall, will be conducted by the Walter Rand Institute at Rutgers-Camden. The Walter Rand team will measure the impact of our legal intervention on addiction medicine patients. Over the grant period to date, we have supported 226 patients, of whom 30% (n=67) are over 50 and 12% (n=26) are over 60. Over half of clients had legal challenges related to securing housing (30%), maintaining income (15%), or matters of family law (14%). Here are some examples of older individuals we have worked with over the grant period:

- We have helped many older patients avoid eviction and homelessness. In one case, we assisted a participant whose half-brother sought to remove her from her family home. We represented this client in a legal proceeding, and negotiated a favorable resolution providing her with a substantial payment and sufficient time to find a new residence. Had she been forced to a shelter or onto the street, her recovery from substance use disorder would have been jeopardized.
- Through our new Eviction Prevention Pilot, we helped two older clients remain in their homes. In both cases, the women had fallen behind as a result of unexpected health challenges. We mobilized our MLP team to address the legal cases, counseled them to ensure sustained housing stability, and, in one case, secured funds to cover rental arrears.
- We helped another individual secure permanent housing after facing eviction. Our client had become unable to work on account of his complex medical condition. As a result, he then entered into a transaction with a friend to ensure that he could remain in his home for the remainder of his life. When the friend tried to illegally and wrongfully evict him from his longtime family property, we intervened to negotiate a favorable agreement securing indefinite occupancy rights for our client.
- We supported a client with severe mental health conditions whose ex-husband had brought an action to terminate her alimony and demanded substantial repayments of past support.
- We supported one individual with long-term chronic illnesses who wished to draft a will and power of attorney documents.
- We are currently working with one individual who has numerous outstanding criminal matters—including six felony charges in two different counties and 17 disorderly persons charges from a half-dozen

municipalities—almost all of which are for shoplifting food while he was homeless over the years. Resolving these charges will enable him to get access to critical public benefits and social supports.

4. How did partnerships/collaborations enhance or challenge the project?

Collaboration across organizations and sectors is central to the Camden Coalition’s approach. We operate our MLP in collaboration with Rutgers Law-Camden, which provides strategic guidance as well as research and administrative support through their legal clinical program, including subject matter expertise and consultation, as well as legal research subscriptions, use of law clinic space, and access to law library resources and librarians. In addition, Rutgers clinics often serve as a referral outlet.

Our partnership with the Cooper Center for Healing, which offers an integrative approach in providing patients access to pain, addiction, and behavioral health care in a variety of entrance points based on each individual need, has continued to deepen over the grant period. Our Maida Public Interest Fellow, who specializes in substance use issues and does most of his consultations at the Center for Healing, was approved to stay with us for an additional year (January-December 2023), enabling us to continue building this relationship.

5. Include a budget and actual for the project during the reporting period.

As discussed with Susan Hoskins, the MLP has three other funders besides FFA, and each of those grants has its own calendar/timeline. Within the 12-month FFA grant period (July 2022-June 2023), we have sought to optimize the spending of each grant based on grant end dates and specific conditions; in this context, we have opted to spend the FFA grant from January to May 31, 2023. Below is a breakdown of our spending.

Expense	Total
Personnel: salaries and fringe	\$8,070
Consulting Attorney: Jeremy Spiegel, Esq	\$20,235
TrackVia care management software	\$6,695
<b>TOTAL</b>	<b>\$35,000</b>

6. What conversations have you had on how to sustain the project after the grant, and do you have plans to share your results with other organizations?

The MLP has existed since 2017 with support from a host of financial and institutional partners and has become part of our care management standard of care. As such, the Camden Coalition is committed to sustaining the MLP through new and continuing funding partnerships and to sharing our results and findings in the broadest way possible, as part of our approach to change how care is designed and delivered in New Jersey. Since January 2020, we have been a state-designed Regional Health Hub in New Jersey, through which we enjoy a direct relationship with the Office of Medicaid Innovation as well as sustainable funding from the state for key Camden Coalition infrastructure and initiatives, such as the Health Information Exchange. While this funding does not directly support the MLP, it creates a privileged avenue for sharing the experiences and results of all of our programs with the state agency responsible for informing changes to Medicaid policy.

7. Feedback on FFA: How have we helped? Made it harder? What else can we do?

We have enjoyed working with FFA and are enormously appreciative of your support. We are grateful that Susan Hoskins could attend our 5-Year MLP commemoration in March, and she shared great insight on the challenges and importance of capturing outcomes to increase uptake of this model. Susan has been helpful and responsive throughout this grant period. Thank you!