

VA MEDICAL-LEGAL PARTNERSHIPS: IMPLEMENTATION GUIDANCE AND SUGGESTED MEASURES

A SUPPLEMENT TO THE VA MLP READINESS GUIDE

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ABOUT

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Though VA medical-legal partnerships (MLPs) have grown in number over time, the model is not yet widely available throughout [Veterans Health Administration facilities nationally](#). There are several common implementation challenges driving the limited availability of MLPs in the VA. Among the frequent impediments to launching and sustaining a successful partnership is often insufficient legal staffing to meet the demand for legal services, lack of stable funding sources, and the significant investment in systems and multi-disciplinary relationships required to support a well-integrated partnership — just to name a few challenges.¹²

There is no roadmap that exists for MLPs to routinely monitor the efficiency or effectiveness of its services, nor for gauging its impact on Veterans. This is a critical gap for formalizing legal services in VA-facilities. In the absence of a way to measure MLP processes and outcomes, VA MLPs are hard-pressed to quickly adapt to improve their services in order to both sustain the MLP and to better serve Veterans. They are also left without a meaningful way of demonstrating their immense value to funders, potential Veteran clients, and to key stakeholders, including VA clinical staff and leadership.

In an effort to amend the recently developed [VA MLP Readiness Guide](#)³ for building and sustaining VA MLP interventions, below we offer a framework for identifying the areas of VA MLP operations that may benefit from implementation guidance and potential measures for gauging MLP performance. Since MLPs vary in scope, size, and services, we use the eight core components of an MLP, as defined in Regenstein et. al Health Affairs⁴, to identify common functions and elements of an MLP that can be monitored across MLPs regardless of program variation. The implementation guidance and potential measures we offer, as a starting point, are based on conversations with VA MLPs and legal clinics, and other experts in the field, as well as prior surveys of MLP and legal clinic operations⁵⁶ and the [National Center for Medical-Legal Partnership Performance Measures Handbook](#)⁷ piloted among health centers and hospitals, including one facility with a VA MLP.

CORE ELEMENTS OF VA MLPs FOR SUGGESTED IMPLEMENTATION GUIDANCE AND MEASUREMENT⁸:

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I. FORMAL AGREEMENT



A memorandum of understanding (MOU), an agreement outlining the scope of services for both partners, can drive planning and help set expectations and goals for the VA MLP. MOUs can include details surrounding a variety of MLP components, such as a dedicated space for the legal clinic, staff training, collaboration between attorneys and health care providers, patient information sharing, and attorney participation in staff team meetings. These components of an MOU can help in planning for the most strategic ways to utilize staff and resources.

Beyond outlining the basics, MOUs can be written to ensure a successful and engaged partnership with VA clinical staff. For example, building in mechanisms for regular communication and for soliciting input and feedback from staff and patients about how to improve the VA MLP so that it's utilized to the fullest and best extent.

EXAMPLES OF VA MLP MEMORANDUMS OF UNDERSTANDING

- [Memorandum of Understanding](#): Inner City Law Center and the Homeless Patient Aligned Care Team of the Department of Veterans Affairs Greater Los Angeles Healthcare
- [Memorandum of Understanding](#): Department of Veterans Affairs, Richard L. Roudebush VA Medical Center, Indianapolis Indiana and Indiana Legal Services

Implementation Guidance

Include within the MOU important features of a partnership that are often forgotten, such as:

- Mechanisms for ongoing communication between the legal professional and the VA clinical team(s). This may include periodic check-ins between the legal professional and a VA “point of contact”, but could also include forums for the legal professional to plug into already established clinical team meetings and VA events.
- Methods for collaboratively evaluating and improving VA MLP services. For example, include within the MOU a multidisciplinary committee that allows for clinical staff feedback on collaborative processes like screening referring patients to the MLP, or an annual survey that enables Veteran input about VA MLP services as a way to have active engagement in making the partnership valuable for all involved.
- Specific opportunities for training VA staff on legal concepts, including how to identify common legal issues among Veterans and how to refer to the VA MLP. For example, by holding a webinar series for social workers where continuing education units (CEU) credits are provided.
- Plans for marketing the MLP to Veterans and VA staff alike (e.g. through community events, VAMC newsletters or intranet).

Potential Measures

- Adherence to deliverables, processes, and timelines outlined in the MOU

II. TARGET POPULATION



Identifying who the VA MLP will serve is one of the first steps in building a partnership, and it is a designation that may change overtime depending on the legal needs of the Veteran community and the availability of legal resources. While many VA MLPs provide a wide range of legal services to a broadly defined low-income population, many have found success by targeting their services to subgroups of Veterans with particular health conditions or social factors that may put them at increased risk of legal problems.

Identifying a target population(s) for VA MLP services can make pinpointing which Veterans have unmet legal needs and meeting those needs more manageable. Working with defined populations may also offer the opportunity to partner with specific VA programs and departments that care for those Veterans, enabling the legal professional to strategically embed themselves within appropriate clinical team(s). For example, VA MLPs have partnered with their Homeless Patient Aligned Care Team (H-PACT) to address underlying legal problems that accompany housing instability leading to improvements in psychosocial outcomes.⁹

EXAMPLE OF DEFINING TARGETED POPULATIONS AND CONDUCTING A NEEDS ASSESSMENT

- [MLP Needs Assessment](#): VA Maine Healthcare System/ Pine Tree Legal Assistance

Implementation Guidance

- Regular assessment of the most prevalent legal needs in the Veteran community through data resources such as the annual Community Homeless Assessment, Local Education and Networking Groups (CHALENG) survey¹⁰ or through [internal surveys of staff and/or Veterans](#).
- Continuous alignment of the MLP's target population(s) and legal priorities with the priorities of the partnering VA facility and its programs. For example, read more about the [partnership between Indiana Legal Services and Veteran Health Indiana](#) designed to meet pressing guardianship needs among its Veteran patients.

Potential Measures

- Number of partnerships with VA departments, programs, and specialists serving Veterans likely to present with legal needs, for example the MLP may have legal referral pathways with the following:
 - Homeless Patient Aligned Care Team (H-PACT);
 - Transition and Care Management Program (TCM)¹¹ and other social work teams;
 - Veterans Justice Outreach Program (VJO)¹²;
 - Supportive Services for Veteran Families (SSVF) Program.
- Number of Veterans receiving legal screening that fall within the target population category. For example, 60 Veterans with housing instability were screened for legal problems in 2020. If this number is lower than anticipated, additional outreach or new partnerships may be needed.

III. ESTABLISHING A “LAWYER-IN-RESIDENCE”



Having a “lawyer(s)-in-residence” who is co-located at the VA facility is one of the key features of a medical-legal partnership. The ability of a legal professional to be onsite, working in close proximity to the health care team, allows them to be visible and often readily available to patients and clinicians when legal assistance is needed or the need for consultation arises.¹³ Legal staff also have an opportunity to more regularly communicate and collaborate with the health care team, strengthening overall partnerships and coordination. Overall awareness about the MLP may be greater with the presence of an onsite legal professional.

EXAMPLE FLYER FOR VA MLP SERVICES

A flyer for a "Free Veterans Legal Outreach Event" presented by Bay Area Legal Services. The background features a stylized American flag with stars and stripes. The text provides details on the date (Wednesday, October 9, 2019), time (10:00 a.m. – 2:00 p.m.), and location (J.C. Cobb Room ~ Building 100, C.W. Bill Young Medical Center, 10000 Bay Pines Blvd., Bay Pines, FL 33744). It lists topics such as Family Law, Bankruptcy/Consumer Law, and Expunging and Sealing (Criminal Records). It also notes that volunteer lawyers and law students will assist with legal forms.

Free Veterans Legal Outreach Event!

Presented by Bay Area Legal Services

When: Wednesday, October 9, 2019
Time: 10:00 a.m. – 2:00 p.m.
Where: J.C. Cobb Room ~ Building 100
C.W. Bill Young Medical Center
10000 Bay Pines Blvd.
Bay Pines, FL 33744

- + All services on a first come, first serve basis
- + Please arrive early; last application at 1:00 p.m.
- + Light refreshments will be provided

Information will also be provided on the following topics:

- Family Law
- Bankruptcy/Consumer Law
- Expunging and Sealing (Criminal Records)

Volunteer lawyers and law students will assist Veterans with completing legal forms in accordance with Florida Law.

Implementation Guidance

- Identify a dedicated space at the VA facility for MLP legal professionals to speak with Veterans in private about sensitive issues, but in an area that is convenient to both the clinical team and Veterans to access.
- Establish a clearly advertised and easy to use mechanism for reaching the MLP attorney when they are not onsite.
- Enable the MLP legal professional to attend established clinical team meetings and trainings to familiarize VA staff with VA MLP services.
- Work with assets like VA marketing and communications to harness opportunities for Veterans and clinical team members alike to learn about the availability of VA MLP services. These communication channels (e.g. VA intranet, public facing social media and newsletters) are particularly important when needing to communicate new information about emerging legal issues or a change in services, such as in the case of the COVID-19 pandemic when many MLPs pivoted to providing legal services virtually. Additionally, look for events and opportunities in the community like Veteran Stand Downs to increase awareness.

Potential Measures

- Percent of relevant staff who are aware of the VA MLP and how to access it
- Number of hours/days the MLP attorney is available onsite
- Measures of Veteran engagement through marketing (e.g. Facebook impressions on posts about the VA MLP)

IV. DEDICATED LEGAL STAFFING



Having dedicated legal staffing to support the VA MLP helps to foster strong relationships with VA staff and Veterans alike. With their time fully or substantially devoted to the MLP, the legal professional(s) serves as the “face” of the MLP and the point of contact. The VA MLP legal professional(s) also becomes an expert in working to address Veteran-related legal issues in a health care context, and develops a valuable working knowledge of the VA, its services and programs.

Implementation Guidance

The VA MLP Readiness Guide lays out a number of factors to consider when evaluating a potential legal partner, including:

- Capacity and availability of the VA MLP attorney(s) to serve the VA MLP when onsite and offsite.
- Potential for continuity of the VA MLP attorney(s) — for example, a law student or fellow may only be able to support the MLP for a limited time.
- An understanding of the intersection between law and health, and expertise in Veterans’ legal matters.

Potential Measures

- Number of legal professional FTE dedicated to the VA MLP
- Percentage of Veteran legal needs, within the MLP’s scope, that are able to be met with current VA MLP staffing (not including “no shows” or referrals to other legal expertise)

V. FUNDING



In the absence of a formal, predominant funding source for VA MLPs, MLPs rely on a patchwork of funding to operate. Few VA funding streams are available to MLPs, so partnerships are often financed with a mix of federal funding and state-administered federal funding that supports legal aid (e.g. Legal Services Corporation) as well as philanthropic dollars. Fellowship programs like Equal Justice Works and law schools also provide legal professionals to staff VA MLPs.

Funding is routinely cited as a top challenge for MLPs — both in terms of a barrier to implementation and sustainability. Funds that are often time-limited and unstable can make additional work and stress for MLP staff who may find themselves constantly searching for new funding, at the risk of a disruption or shutdown to MLP services. Scarcity of funding may also cause MLPs to unknowingly compete for financial support.

RESOURCES FOR FUNDING A MEDICAL-LEGAL PARTNERSHIP

- [VA MLP Readiness Guide — Funding your Medical-Legal Partnership \(pages 18-20\)](#): A guide by the National Center for Medical-Legal Partnership
- [Financing Medical-Legal Partnerships](#): A fact sheet by the National Center for Medical-Legal Partnership

Implementation Guidance

- Have an intermediate and long-term plan for financing the MLP. Many VA MLPs began as “pilot programs” with the help of initial start-up funds that only last 1-2 years. Given the lack of formal, stable funding for VA MLPs, a longer outlook for the MLP’s funding will help ensure sustainability.
- Diversify funding sources that support the VA MLP. Relying only upon one funding stream, especially time-limited funds like grants can put the MLP in a tentative situation.
- Get creative and look toward new and potentially untapped opportunities — some MLPs have turned to fundraising, while others have sought out Veteran focused grants (instead of legal assistance-specific grants). For example, one VA legal clinic was able to partner with its VA facility to expand its services by applying for a grant to address Veteran homelessness from their state Department of Veterans Affairs.¹⁴ The Supportive Services for Veterans Families (SSVF) program also encourages its grantees to provide legal assistance to participants who are having problems retaining permanent housing or supportive services, and permits funding for legal services — though few VA MLPs or legal clinics have pursued SSVF funding.

Potential Measures

- Growth of VA MLP budget overtime
- Diversity and long-term stability of funding streams

VI. SCREENING FOR LEGAL NEEDS



Screening and referral processes are needed to identify legal needs among patients and to connect Veterans with legal services. Without these processes, it can be difficult to find those patients who need and qualify for free legal services, and to ensure that they are connected with the appropriate legal professional. There are several existing examples of screening processes and tools used by VA MLPs that can serve as a guide for other MLPs.

Once a Veteran is screened for legal needs that the VA MLP can assist with, a referral to the MLP legal professional must be made. Some Veterans may be hesitant about meeting with a legal professional or may be hard pressed to make the time to meet with a legal professional — particularly when dealing with other competing medical needs and psychosocial issues. A trusted VA clinician or social worker can help facilitate this new relationship and emphasize the importance of resolving legal issues that can be barriers to health and wellbeing.

EXAMPLES OF VA MLP SCREENING TOOLS

- [Referral Form](#): Indiana VA Guardianship Assistance Project
- [Intake Form](#): West Los Angeles VA MLP

Implementation Guidance

- Design the screening and referral processes with input from both the VA clinical team staff and VA MLP legal professionals to ensure that these processes are effective in a busy clinical environment.
- Test and refine screening and referral processes as needed to ensure that Veterans with legal needs are being identified and are being connected with MLP legal professionals.
- Regularly train VA staff on how to screen and refer patients to the VA MLP.
- Pilot test the screening process and tools.
- Document the administration of the screening process to ensure that all Veterans in the target population who should be screened for legal needs are being screened.
- Establish alternative referral pathways to help ensure that Veterans can still be connected to the MLP, even when usual referral pathways (i.e. walk-in services and in-person handoffs with the clinical team) are not possible. For example, in the case of the COVID-19 pandemic where VA facilities had to close their doors to non-employees for social distancing purposes.

Potential Measures

- Percent of target population screened for legal needs (see the [National Center for Medical-Legal Partnership Performance Measures Handbook](#), Measure 2)
- Percent of target population referred to the MLP and receive a legal screening (see the [National Center for Medical-Legal Partnership Performance Measures Handbook](#), Measure 4)

VII. TRAINING



Knowing which types of problems are legal in nature, let alone knowing how to find assistance to solve those problems is not always intuitive for clinical staff or Veterans. Training is an important tool used by MLPs to generate awareness about the MLP legal services, and to ensure that screening and referral processes function effectively. VA MLPs typically offer training to clinicians, social workers, and other staff on how to screen and identify common legal needs among Veterans and how to refer them to the VA MLP and other legal resources in the community. They may also offer more in-depth training on specific legal issues that are prevalent or emerging in the Veteran community (e.g. eviction moratoriums during the COVID-19 pandemic). In some cases, the clinical team also provides training to legal professionals on health care concepts.

EXAMPLES OF VA MLP TRAINING AND CONTINUING EDUCATION MATERIALS

- [Training Slides](#): Bay Pines VA MLP
- [Training Slides](#): Connecticut Veterans Legal Center and VA Errera Community Care Center
- [Training Slides](#): Indiana Legal Services Guardianship Assistance Project

Implementation Guidance

- Cater training to the audience to make it relevant and convenient to them. For example, a VA MLP training for social work staff should be tailored to their professional interests and potential interaction with the MLP. It should also be held in a format and during a time that is convenient for those staff (e.g. a webinar format if more convenient, or during an already established meeting time).
- Offer ongoing training on emerging and prevalent legal issues, in addition to a basic training curriculum on how to use the MLP, in order to keep VA staff up to date and informed.
- Incentivize staff to attend MLP training. For example, by offering CEU credits.
- Seek input from VA staff on the content and format of your training curriculum.

Potential Measures

- Percent of trained clinical and social work staff (see the [National Center for Medical-Legal Partnership Performance Measures Handbook](#), Measure 1)
- Percent of trained legal staff (see the [National Center for Medical-Legal Partnership Performance Measures Handbook](#))

VIII. INFORMATION SHARING



Communication and information sharing between health care and legal staff involved in a medical-legal partnership are essential to providing collaborative, Veteran-centered care. In order to ensure proper protection, handling, and use of protected health information and to ensure attorney-client confidentiality, a clear information sharing strategy must be established prior to the launch of any new medical-legal partnership. Many MLPs implement a data use agreement to outline this strategy, in addition to routine consent forms.

MLP staff should discuss the type of information or feedback that would be helpful to be shared with the VA clinical team, and the type of information that may be best not to share to protect the Veteran. For example, some MLP lawyers will let providers know when a Veteran has been connected with a lawyer and when their issue has been resolved but will not provide further information about the legal services provided. For more information on models of information sharing and related resources, see [“Information Sharing in Medical-Legal Partnerships”](#).

EXAMPLES OF VA MLP INFORMATION SHARING AND CONSENT FORMS

- [Consent Form: Request for and Authorization to Release Medical Records for Health Information](#), San Francisco VA MLP

Implementation Guidance

- Identify what critical information could be shared to improve the delivery of MLP legal services.
- Understand key issues around HIPAA compliance and attorney-client privilege.
- Include within the MOU for the MLP regular review of data use agreements and consent processes, and revision if needed.

Potential Measures

- Adherence to data use agreement and consent processes

MONITORING AND EVALUATING OUTCOMES



As mentioned, there is no formal roadmap for tracking the success of an individual VA MLP, however many MLPs produce annual reports or updates to provide a snapshot of their work and anecdotes to illustrate the importance of their work, especially for funders and other partners. Many of these examples may provide a starting point for developing a more standardized approach to demonstrating the impacts and reach of VA MLP legal services. In addition to other measures, the information below might be used to evaluate and improve the VA MLP on a more routine and frequent basis (i.e. quarterly versus annually) — helping to ensure that it is meeting Veteran legal needs and making the best and most efficient use of often limited resources. (Not included below is the tracking of health outcomes among Veteran clients of the VA MLP, which requires significant resources, time, and coordination and can be very difficult to link directly to the provision of legal services in the absence of a formal study.)

EXAMPLES OF VA MLP ANNUAL REPORTS AND SNAPSHOTS

- [Annual Report](#): Connecticut Veterans Legal Center 10-Year Annual Report (2009-2019)
- [Annual Snapshot](#): Bay Pines MLP Snapshot Statistics (2019)
- [Outcome Graphs](#): West Los Angeles VA Medical Center

Outcome data that some VA MLPs track include

- Number of referrals to the VA MLP — overall and by type of legal issue (e.g. 59 Veterans referred for family law issues) (see the [National Center for Medical-Legal Partnership Performance Measures Handbook](#), Measure 6)
- Type of legal issue addressed (e.g. consumer, housing, family) or cases closed or won by type of legal issue addressed (e.g. 90% of housing cases won in 2019)
- Type of legal service provided (e.g. legal information or referral, counsel or advice, limited action)
- Overall success rate for cases closed
- Number of benefits obtained (e.g. number of VA benefits or discharge upgrades in a given year) or number/percentages of Veteran clients who saw improvements (e.g. improvement in incomes, employability, secured stable housing)
- Average or total financial benefits accrued by Veteran clients (e.g. \$56,000 in waived debt) (see the [National Center for Medical-Legal Partnership Performance Measures Handbook](#), Measure 6)
- Number of VA staff trained by the MLP in legal concepts and how to access legal services
- Number of Veterans trained/educated on relevant legal topics by the MLP
- Other facts and figures related to the operations of the VA MLP — for example, number of FTE supporting the MLP, the size and growth of the VA MLP budget

ENDNOTES

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MISSION

The National Center for Medical-Legal Partnership leads education, research, and technical assistance efforts to help every health organization in the United States leverage legal services as a standard part of the way they respond to social needs. Our mission is to foster a system in which all health organizations can leverage these services. Over the last decade, the National Center's work has helped cultivate programs that do just that at nearly 350 hospitals and health centers across the U.S.

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