

**MAP to Action: Social Supports Session**

**Breakout Room Summary**

**February 2, 2023**

**Theme 1: Engagement and investment in Medical Legal Partnerships to Support Client Access to Services – pathways and barriers**

**Theme 2: ConnectingNJ referral platform and embedding community programs during the full perinatal period; long-term funding for existing, evidence-based programs- lessons learned from PMCH.**

**What messages/ideas/information from the presentations resonated with you?**

- Legal services could be included in RFPs; can be included through talking to providers
- Grantors are happy to see this collaboration. We really can't work in siloes; we need to collaborate.
- Important to talk about sustainability of MLP (medical-legal partnerships).
- Having legal services embed in health care would help people who are experiencing inter-personal violence (domestic violence, sexual violence)
  - CHLP went from universal screening to universal education; clients worry about giving an honest answer during screenings, and fearful of other agencies that may be called in if someone needs help. By providing universal education, people who may not want to disclose information at time of intake can utilize resources when they are ready
- Legal services are confusing for everyone. It is helpful to the health care providers to have a lawyer to consult with to refer patients then or future patients.
  - non-lawyers shouldn't be giving legal advice
- Housing conditions – what are the clients rights dealing with the landlord? Provider learns something new. Provider may see the situation and say “this needs to be elevated up to legal services”

Can you give more information about the community-based doulas?

- NJ has embraced strategies to support birthing individuals. Community doulas come from the community they support. They connect people to local services and show them how to access them. There was a program at the Partnership to support birthing individuals in Paterson to address poor birth outcomes. The collaboration was between St. Joes and the local Family Success Center. They were able to come up with 13 diverse individuals to serve as community doulas. Focus groups were held to understand the birthing experiences of community members. Connect One Health Community Doula training model was used to train the doulas.

Do people request doulas through ConnectingNJ and do you have enough doulas?

- Focus groups showed that people needed support but didn't necessarily know what a doula was. The education around what is a doula was needed. When they learned, individuals realized they might have been providing this kind of support to their family and friends. It is a concern – do we have the capacity to meet the need once we spread the word? NJ has a Doula Collaborative which helps and the state has trained people.

At what point are people referred into the doula program?

- Full spectrum doula services are available. St. Joes has been a great supportive partner.

What does it take to be a receptive partnering hospital?

- Leadership – “we have always done it this way” mentality is an issue. But the barriers are breaking down in a positive way. Policies are being altered so that partnership is possible. Relationships are key.
- We need to look at the disparities honestly. How do we move toward reducing those disparities. Hospitals were responsive to the negative feedback received from black women in the focus groups. We also need to support hospital staff so that they can appropriately respond to the needs of birthing people.

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<p><b>In your own work/industry/sector, are you engaged in a project or pilot that relates to this work? If not, where do you see potential to engage in the projects or priorities we’re discussing today?</b></p>	
<ul style="list-style-type: none"> <li>• Clients’ needs reported relate to legal issues; how to connect this to doulas, collaboratives, and people who don’t fully understand birth equity <ul style="list-style-type: none"> <li>○ First, CHLP talks to the providers, figures out they need and what work they do. Then, how CHLP and provider can work together. Talking to the staff, training them. Use a screening tool created by CHLP.</li> <li>○ Close engagement – talk to partnering orgs on a weekly basis. 90% of the time, the issues people are dealing with can be handled with legal services; help them apply to services, help them if they get denied. Onsite with a designated office at the health care office (1x/week, 2x/month, etc.) makes it so much easier to really be there</li> </ul> </li> <li>• Every MLP is different. Everyone’s needs are different</li> <li>• Healthy Steps – medical-legal partnership is a gap. Some places where HS is, MLP exist. Struggle with sustainability. What can we do to better connect families with legal services in lieu of an official partnership?</li> </ul>	<ul style="list-style-type: none"> <li>• NJ Doula Dialogue – spoke to doulas representing all 21 counties who worked during COVID. Asked: how can we bring on new community doulas and keep them? Retention is important. It is not easy to stay in a role of a doula because of funding, childcare etc. We need to address the issue of retention. The workforce session will address this.</li> <li>• How can the collaborative connect with specific hospital systems looking to connect? Looking at SDOH and disparities – collaboration is needed to make NJ safe and equitable. (NJHCQI will follow up)</li> <li>• How can organizations add their services to the referral network? MOUs are available – outreach is done to ensure the information on the website is accurate. There is a ConnectingNJ in every county – so you can reach out directly to the one in your county.</li> </ul>
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<p><b>How would we collectively measure success for some of these ideas or projects? What are the near-term impacts? What does success look like a few years down the road?</b></p>	
<ul style="list-style-type: none"> <li>• Department of Public Health for other states was very much involved; important to have government leaders (stakeholders at the state level) who are engaged in this work; California was able to carve out MLP in Los Angeles, and this has grown. But again, at the state level, they acknowledge that this is necessary.</li> <li>• Current Medicaid Waiver: housing support and legal services as necessary supports; constant discussions on this; NJ is looking at other states’ work on this <ul style="list-style-type: none"> <li>○ You have to start somewhere: State leaders want to see if this has worked before and how it impacted the community; need some type of pilot with a partner with grant opportunities</li> </ul> </li> </ul>	<p><b>(Did not discuss – lack of time)</b></p>

<ul style="list-style-type: none"> <li>• Advocate for large grant opportunities <ul style="list-style-type: none"> <li>○ Warren Co. was a big grant, CHLP got a small piece of it but can make a lot work</li> </ul> </li> <li>• Not just legal services, it's partnership in general</li> <li>• <b>Using MLP and aggregate services (instead of individual services, looking across all services) as signs of policy implementation failure. Looking at these moments and going back to the state and advocating for policy change or programmatic changes.</b> "In aggregate, what are the services you are providing, and common challenges people face day-to-day and how do we look upstream to look at the state levers to change individuals' downstream experiences ." <ul style="list-style-type: none"> <li>○ Need to get everyone at the table to make this happen.</li> <li>○ <a href="https://medical-legalpartnership.org/response/">https://medical-legalpartnership.org/response/</a> A number of these partnerships go further, leveraging their considerable knowledge and expertise to advance local and state policies that lead to safer and healthier environments. <a href="https://medical-legalpartnership.org/patients-to-policy/">https://medical-legalpartnership.org/patients-to-policy/</a></li> </ul> </li> <li>• National Center for Medical Legal Partnership – information on what's going on at a national level and policy work</li> <li>• Nebraska- integrated MLP throughout their entire hospital system. An oncologist stated he cannot work without a lawyer next to him. Need someone next to him to appeal insurance issues for patients to ensure they their care. Link to video here: <a href="https://medical-legalpartnership.org/pbsnewshour/">https://medical-legalpartnership.org/pbsnewshour/</a></li> <li>• Trends right now that make this important- Closing of the public health emergency; people need advocates. Increased Medicare advantage enrollment, but sometimes people need to utilize appeals more because of prior authorizations.</li> </ul>	
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**In thinking about this topic, what has held you back from this work or a specific project (resources, finances, connection and support from other partners, uncertainty about where to start, etc.)?**

<ul style="list-style-type: none"> <li>• Financing</li> <li>• Sustainability</li> </ul>	<ul style="list-style-type: none"> <li>• Doula Retention issues – a value proposition wheel was created to address community nurses' decisions to enter the field. DCF is currently sharing this information with the DOL so that it can be used in other sectors well.</li> <li>• DCF: we have certain programs in place but need to enhance access. Continue to build awareness in the community – ConnectingNJ work is a great example of that. Retention is a big piece of this. The First Lady's support is instrumental.</li> <li>• Access</li> </ul>
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|  | <ul style="list-style-type: none"><li>• Funding</li><li>• Having the forum to have these discussions.</li><li>• Statewide promotion to consumers is key to success. Outreach is important through social media. Providers and staff change – so it's a challenge to stay personally connected.</li><li>• PSAs are coming.</li></ul> |
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