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MFY Legal Services, Inc.'s Medical Legal Partnership with Bellevue Hospital Center: Providing Legal Care to Children with Psychiatric Disabilities

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**MFY LEGAL SERVICES, INC.’S MEDICAL LEGAL
PARTNERSHIP WITH BELLEVUE HOSPITAL
CENTER: PROVIDING LEGAL CARE TO
CHILDREN WITH PSYCHIATRIC
DISABILITIES**

Aleah Gathings[†]

CONTENTS

I.	INTRODUCTION	1
II.	MLPs	4
	Defining Key Terms	4
	Understanding the MLP Model of Care: Treating Patients with Medical and Legal Care	4
	Benefits of the MLP Model	6
III.	A RIPE LEGAL LANDSCAPE FOR MLPs IN NEW YORK STATE	8
IV.	MFY LEGAL SERVICES, INC.	12
	History and Background	12
	MFY Legal Services’ Track Record of Providing Legal Services to People with Mental Illness.....	14
V.	THE INCEPTION OF BELLEVUE HOSPITAL CENTER’S CHILD AND ADOLESCENT CLINIC	14
	MFY Recognizes the Unmet Need of Children in New York City	14
	MFY Legal Services Launches a New MLP with Bellevue Hospital Center’s Department of Child & Adolescent Psychiatry	15
	Significance of Pro Bono Engagement	17
V.	CONCLUSION	19

I. INTRODUCTION

“The lawyers are on top of it.” This is the new refrain during clinical rounds at Bellevue Hospital, when medical providers ask whether a patient and their family received a referral to MFY Legal Services, Inc. Clinical rounds at Bellevue’s Department of Child

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and Adolescent Psychiatry generally incorporate a discussion of each patient's diagnosis, prognosis, medical and family history, and medications. Members of the health care team, which include doctors, social workers, nurses, caseworkers, finance personnel, family advocates, a discharge planner, and now lawyers, discuss the patient's individual care management and his or her pathway to stability. Lawyers add a new dimension to clinical rounds, particularly because they can spot legal needs that may implicate a patient's health and well-being. Other members of the health care team are also being trained to identify unmet legal needs during clinical rounds. Accordingly, patients are identified for legal referral concurrent with discussions about changes to their medications, strategies to achieve health stability, or ways to augment their care management and discharge plans. This is the medical-legal partnership (MLP) in action.

Bellevue Hospital's clinical rounds reflect a team-based approach to care—an approach that continues to receive increased recognition in health care reform efforts.¹ In the era of the Affordable Care Act (ACA),² with many states and the federal government focusing on how to improve the quality of health care, better coordinate care, and reduce care costs, recognition of the medical-legal partnership model is mounting.³ In addition to building a multi-disciplinary care team, the MLP model calls for care coordination across disciplines,⁴ a construct that is especially critical when providing care to patients with mental health conditions.

The MLP model is particularly well-suited to address the needs of children who live with mental illness and come from low-income families. These children present their own unique set of challenges, such as education-related issues or the dissipation of ade-

¹ Jeanette Zelhof & Sara J. Fulton, *MFY Legal Services' Mental Health–Legal Partnership*, 44 CLEARINGHOUSE REV. J. POVERTY L. AND POL'Y 535, 535 (2011) (describing an older MFY program and explaining generally that MFY's mental health-legal partnership model continues to be the vanguard of the medical-legal partnership movement).

² See generally Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010) (codified as amended at 42 U.S.C. §§ 18001-18121 (2010)).

³ See Tina Rosenberg, *When Poverty Makes You Sick, a Lawyer Can Be the Cure*, N.Y. TIMES (July 17, 2014), <http://opinionator.blogs.nytimes.com/2014/07/17/when-poverty-makes-you-sick-a-lawyer-can-be-the-cure/> (finding that the growth in medical legal partnerships is due in large part to the increasing attention to the social determinants that affect health and wellbeing).

⁴ Edward Paul et al., *Medical-Legal Partnerships: Addressing Competency Needs Through Lawyers*, Vol. 1, No. 2, J. GRADUATE MED. EDUC., 304, 305 (2009) (explaining that addressing a patient's legal needs is integral in providing better quality care especially to vulnerable populations).

quate, age-appropriate mental health services once a child nears the age of majority and available services begin to diminish.⁵ Families often endure ongoing health and financial crises due to the cyclic consequences of their child having a mental illness⁶ and need immediate help. MLPs help make an array of vital services available to patients at a single point of access. MLPs help children and their families by providing legal help within the clinical setting, where a patient has an existing familiarity and ideally, a medical home.⁷ Additionally, MLPs may delay or prevent future crises through the increased collaboration of medical, social work, and legal providers.⁸ When lawyers join a health care team, they help to stabilize the lives of patients through the provision of legal services.⁹ When a child's legal advocates work together with that child's doctors and social workers, they can better provide advocacy that prevents imminent or future peril or destabilization.

The next section of this article defines and discusses the MLP model. Section III describes the legal landscape for MLPs in New York State. Section IV provides an overview of the history of MFY Legal Services, Inc. and its track record for providing services to

⁵ See Michelle Woo, *When a Mentally Ill Child Becomes a Mentally Ill Adult*, OC WEEKLY (Mar. 22, 2012), <http://www.ocweekly.com/2012-03-22/news/lauras-law-national-alliance-on-mental-illness/> (describing challenges mentally ill children face when turning eighteen and their individual needs are trumped by their individual rights). See also Glenn Liebman, *Literature Review for 16-25 Youth in Transition*, N.Y. ST. COALITION FOR CHILDREN'S MENTAL HEALTH SERVICES 2, 4, http://www.cmhny.org/yit_1.html (last visited Sep. 22, 2014) (indicating that adolescents with mental illness transitioning to adulthood are three times more likely to be involved in criminal justice activity than adolescents without an illness, and proposing recommendations for the presented challenges).

⁶ See Laura Lee Hall et al., *Shattered Lives: Results of a National Survey of NAMI Members Living with Mental Illnesses and Their Families*, TREATMENT/RECOVERY INFORMATION AND ADVOCACY DATABASE, 1, 3 (2003), available at http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Public_Policy/Policy_Research_Institute/TRIAD/TRIAD_Summary_Sheet.pdf (finding that national survey depicted that 67% of National Alliance on Mental Illness' members are unemployed and 71% live on less than \$20,000 a year, mainly as a result of the lack of quality of services, stigma, discrimination, costs, lack of supports, and inane disincentives in public programs that create daunting barriers to recovery. Many of the individuals represented in the survey depend on their families for mental care, money, and housing.).

⁷ A medical home is a cultivated partnership between a patient, his family, a primary care provider, and a specialist that provides comprehensive and continuous medical care to the patient and integrates patient care across all institutions. See Ashley Craig, *You Can't Go Home Again—Difficulties of Medical Home Implementation Within Health Reform*, 21 ANNALS OF HEALTH L. ADVANCE DIRECTIVE 60, 61 (2011).

⁸ See Paul, et. al., *supra* note 4 at 304 (explaining that MLPs seek to address the needs of patients before they become crises).

⁹ *Id.* at 308 (explaining that MLP lawyers can help resolve complicated legal issues and help teach physicians that legal assistance is integral to patient health).

individuals living with mental illness. Section V highlights the need for the Child and Adolescent Clinic at Bellevue Hospital Center, and Section VI outlines future considerations for expanding services to children with psychiatric disabilities under an MLP model.

II. MLPs

Defining Key Terms

An MLP is a type of health care delivery model that integrates the expertise of health and legal professionals to identify, address, and avert a health-harming legal need.¹⁰ A health-harming legal need is a social dilemma that negatively affects a patient's health or their access to health care services and is better addressed through joint medical and legal care, rather than solely through medical treatment.¹¹ Examples include: food insecurity, housing instability, unhealthy housing, insufficient income, and lack of access to health insurance.¹² "Legal care" is a full spectrum of affirmative interventions that address legal needs for individuals and the community and is demonstrated by legal professionals actively:

- Training health care team members to identify health-harming legal needs in patients;
- Providing patients with triage, consultations, and legal representation;
- Working with health care team to augment health care institution policy; and
- Advocating for changes to local, state, and federal policies and regulations to improve population health.¹³

Understanding the MLP Model of Care: Treating Patients with Medical and Legal Care

MLPs have existed for decades.¹⁴ The earliest MLP was established in Boston in 1993, and "the model of medical-legal partnership was established in the Department of Pediatrics at Boston

¹⁰ NAT'L CTR. FOR MED. LEGAL P'SHIP, MED.-LEGAL P'SHIP TOOLKIT 2 (Milken Inst. Sch. of Pub. Health, The George Wash. Univ. ed. Feb. 2014), available at <http://www.medical-legalpartnership.org/wp-content/uploads/2014/03/MLP-Toolkit-Phase-I-FINAL-FILLABLE.pdf>.

¹¹ *Id.* at 2.

¹² *Id.* at 12.

¹³ *Id.*

¹⁴ Monica Carmean, *Medical-Legal Partnerships: Unmet Potential for Legislative Advocacy*, 19 GEO. J. ON POVERTY L. & POL'Y 499, 500 (2012) (describing how concept of the MLP launched in Boston in 1993).

Medical Center and the Boston University School of Medicine.”¹⁵ Medical-Legal Partnership Boston¹⁶ is the inception site of the National MLP system and now serves 1,500 patients each year through a health care network that includes Boston Medical Center and six community health centers.¹⁷ The health system in Boston spans numerous medical practice areas including internal medicine, family medicine, oncology, and pediatrics.¹⁸ Today, there are over 230 MLPs nationwide,¹⁹ and this number is expected to continue to grow.²⁰

The overarching goal of an MLP is to triage legal care for patients and advocate for policies and laws that promote and protect the health of the most vulnerable residents in a community.²¹ Oftentimes, it is low-income patients that stand to derive the most benefit from MLP programs. Low-income patients often face a greater or an ongoing number of legal issues and are also more susceptible to health-harming legal needs.²² Low-income patients are also disproportionately affected by chronic disease conditions.²³ Given these factors, MLPs may typically function to address the needs of patients who are at a high risk for enduring the cyclical nature of certain health problems.²⁴ Depending on the populations and communities they serve, MLPs may designate specific practice areas and focus on the provision of a select few, or an array of legal services.²⁵ Notably, likely social impediments to achieving and sustaining optimal health include: food and income insecurity, lack of health insurance, inappropriate education, poor housing condi-

¹⁵ Megan Sandel et al., *Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations*, 29 HEALTH AFF. 1697, 1698 (2010) (explaining that the concept of medical-legal partnership was formally developed at the Department of Pediatrics at Boston Medical Center and the Boston University School of Medicine).

¹⁶ MEDICAL-LEGAL PARTNERSHIP — BOSTON, <http://www.mlpboston.org> (last visited Aug. 13, 2014).

¹⁷ PAMELA TORRES, MEDICAL-LEGAL PARTNERSHIP — BOSTON, SECURING NUTRITION AND INCOME SUPPORTS, STABILIZING HOUSING, AND PROTECTING UTILITIES FOR FAMILIES: TRAINING PARTNERS IN ADVOCACY 6 (2010), available at <http://www.bmc.org/Documents/8B1SecuringNutritionandIncome.pdf>.

¹⁸ Ellen Cohen et al., *Medical Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities*, 25 J. GEN. INTERNAL MED. 136, 138 (2010).

¹⁹ NAT’L CTR. FOR MEDICAL-LEGAL P’SHIP, <http://medical-legalpartnership.org> (last visited Sep. 29, 2014).

²⁰ *Id.*

²¹ *Id.*

²² Rosenberg, *supra* note 3.

²³ *Id.*

²⁴ *Id.*

²⁵ Paul et al., *supra* note 4, at 305.

tions, employment issues, and lack of personal/familial stability and safety.²⁶ Ultimately, MLPs strive to identify and address these health-harming legal needs early on, before those needs become a crisis that may require litigation or have an adverse effect on health.²⁷

MLPs have great potential to reduce health care disparities and improve healthcare outcomes.²⁸ Some advocates of MLPs argue that “the addition of lawyers to the medical team can promote health and address barriers to effective health care . . . These social, non-medical needs have legal solutions that, if addressed, can diminish health disparities.”²⁹ Similarly, the National Center for Medical-Legal Partnership (NCMLP) uses the phrase “the medical-legal partnership response” to describe legal and health care systems’ consideration of and affirmative steps toward addressing the effect of social determinants of a patient’s health.³⁰ In their words, an MLP “bridges the divide” left by uncoordinated efforts to address the correlation between health and legal needs.³¹ More specifically, by allowing for the provision of legal care³² in a clinical setting, the MLP model provides more comprehensive care for those individuals and communities who have the greatest need and live with the greatest disparities in health.³³

Benefits of the MLP Model

In addition to providing both medical and legal care, MLPs impart an array of benefits to the patients and communities they

²⁶ See Cohen et al., *supra* note 18, at 136 (describing social causes of health disparities).

²⁷ *Id.*

²⁸ David R. Williams et al., *Moving Upstream: How Interventions That Address the Social Determinants of Health Care Improve Health and Reduce Disparities*, J. PUBLIC HEALTH MANAGEMENT PRACTICE, November (Suppl), S8–S17 (2008), available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3431152/> (explaining that while the MLP model has not been “rigorously evaluated,” it “shows promise for improving care and enhancing the management of disease”). But see AAMC to evaluate impact of MLP on health equity, NAT’L CTR. FOR MEDICAL-LEGAL P’SHIP, <http://medical-legalpartnership.org/rfp-aamc-looks-evaluate-impact-mlp-health-equity/> (last visited March 30, 2015) (describing a 2015 initiative by the Association of American Medical Colleges to begin to “create a body of evidence concerning the effectiveness of MLP practices.”)

²⁹ *Id.* at 136.

³⁰ NAT’L CTR. FOR MEDICAL-LEGAL P’SHIP, *supra*, note 10.

³¹ *Id.* at 7.

³² *Id.* at 2.

³³ TISHRA BEESON ET AL., MAKING THE CASE FOR MEDICAL-LEGAL PARTNERSHIPS: A REVIEW OF THE EVIDENCE 4 (Nat’l Ctr. for Medical-Legal P’ship 2013), available at <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>.

serve. The benefit to patients is firmly rooted in a well-established evidence base.³⁴ Beyond identifying and addressing health-harming legal needs, MLPs have been shown to reduce stress, increase compliance with health care, augment the treatment of chronic disease, and spur public benefits recovery.³⁵ Patients may experience personal monetary gains as a result of reinstatement or increase of public benefits.³⁶ There is also evidence that MLPs contribute positively to improved population health.³⁷ Although there are vital advantages for all MLP patients, having ready access to a full spectrum of legal care under an MLP model is critically important for children who live with mental illness, along with their families and the community at large.³⁸

Moreover, members of the health care team may also derive a benefit due to their participation in an MLP model of care. Evidence supports the fact that members of a health care team experience increased efficacy in spotting legal issues.³⁹ In addition, health care team members experience increased job satisfaction through their contribution to the work of an effective health care delivery model that improves health outcomes and combats health disparities.⁴⁰

³⁴ *Id.* at 5-6 (citing several studies that reference patients' benefits from MLPs).

³⁵ See generally *Impact at a Glance*, NAT'L CTR. FOR MED. LEGAL P'SHIP, <http://medical-legalpartnership.org/mlp-response/impact/> (last visited Oct. 20, 2014).

³⁶ See James A. Teufel et al., *Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-up Study*, Vol. 23, No. 2, J. OF HEALTH CARE FOR THE POOR & UNDERSERVED, 705, 711 (2012) (reporting that Medical Legal Partnerships increase patients' access to Medicaid, thereby decreasing financial obligations and increasing patients' financial resources).

³⁷ See, e.g., Robert Pettignano et al., *Can Access to a Medical-Legal Partnership Benefit Patients with Asthma who Live in an Urban Community?*, 24 J. HEALTH CARE FOR THE POOR & UNDERSERVED 706, 715 (2013) (finding that health outcomes for children living with asthma were improved after their families received legal assistance from an MLP).

³⁸ See generally Melissa D. Klein et al., *Doctors and Lawyers Collaborating to HeLP Children—Outcomes from a Successful Partnership between Professions*, 24 J. HEALTH CARE FOR POOR & UNDERSERVED 1063–1073 (2013), available at <http://medical-legalpartnership.org/wp-content/uploads/2014/03/Doctors-and-Lawyers-Collaborating-to-HeLP-Children%E2%80%9494Outcomes-from-a-Successful-Partnership-between-Professions.pdf> (finding that eighty nine percent of referrals to MLPs, including many children with developmental or behavioral disorders, led to positive legal outcomes for children and their families amounting to roughly \$200,000 recovered in back benefits).

³⁹ Paul et al., *supra* note 4, at 306.

⁴⁰ See, e.g., Jennifer K. O'Toole et al., *Resident Confidence Addressing Social History: Is It Influenced by Availability of Social and Legal Resources?* 51 CLINICAL PEDIATRICS 625, 625-31 (2012) (discussing how residents who worked in clinics with more social and legal sources expressed more confidence in their knowledge and screened for health determinants more frequently).

III. A RIPE LEGAL LANDSCAPE FOR MLPs IN NEW YORK STATE

As the first state to adopt legislation to advance MLPs,⁴¹ New York provides a ripe legal environment for the creation and sustainability of MLPs statewide. In 2011, Governor Andrew Cuomo signed Public Health Law § 22⁴² into law after a years-long lobbying effort by a coalition of advocates led by New York Legal Assistance Group's LegalHealth division.⁴³ The overriding purpose of the legislation is to "promote collaborations between health care service providers and legal aid programs to resolve practical needs that have an impact on patient health." By specially designating health-related legal services programs that comply with Department of Health standards, the state endorsed existing MLP programs while encouraging the formation of new collaborations between legal and medical services providers. Although the bill does not provide state funding for MLPs, advocates hope that by lending its endorsement, programs will find other funding sources more easily.⁴⁴ Public Health Law § 22 provides for a

"health-related legal services program" . . . that is a collaboration between health care service providers and legal services programs to provide [onsite] legal services without charge to assist, on a voluntary basis, income eligible patients and their families to resolve legal matters or needs that have an impact on patient health or are created or aggravated by a patient's health.⁴⁵

The law recognizes social determinants of health and the adverse effects they may have on patient health and access to medical treatment, particularly as they impact low-income people.⁴⁶ Public Health Law § 22 provides the opportunity for income-eligible patients to have their legal needs more easily resolved by promoting the multi-disciplinary approach of an MLP.⁴⁷ Low-income patients may derive immense benefit from an MLP model because they often struggle with comprehensive and compounded legal needs⁴⁸

⁴¹ Randye Retkin & Maria Campigotto, *The Long Road to State Endorsement of Medical-Legal Partnerships in New York*, SARGENT SHRIVER NAT'L CENTER ON POVERTY L. (May 19, 2014), <http://www.povertylaw.org/communication/advocacy-stories/retkin>.

⁴² N.Y. PUB. HEALTH LAW § 22(1) (McKinney 2011).

⁴³ Retkin & Campigotto, *supra* note 42.

⁴⁴ *Id.*

⁴⁵ N.Y. PUB. HEALTH LAW § 22(1) (McKinney 2011).

⁴⁶ *Id.*

⁴⁷ N.Y. Bill Jacket, N.Y. Assemb., 234th Leg., Reg. Sess., 2011 A.B. 3304, Ch. 509, at 7 (N.Y. 2011) (stating the purpose of the bill is "to promote collaborations between health care service providers and legal aid programs to resolve practical needs that have an impact on patient health").

⁴⁸ See Carmean, *supra* note 14 (explaining the connection between poverty-related

that have significant negative implications for a patient's mental stability and recovery,⁴⁹ along with the stability of an entire household.⁵⁰ With the sanction of MLPs under Public Health Law § 22, the provision of legal services to low-income patients may include, but is not limited to, the following areas:

- Housing,
- Income maintenance (e.g., Supplemental Security Income (SSI) and Social Security Disability (SSD)),
- Employment,
- Government entitlements (e.g., Medicaid and SNAP⁵¹ benefits),
- Family law,
- Advance planning (e.g., health care proxies, powers of attorney),
- Special education, and
- Consumer debt issues.⁵²

Even independent of the recently passed law, New York State provides an ideal environment for the advancement of MLPs because the state established its own health exchange in 2012.⁵³ On April 12, 2012, Governor Cuomo issued Executive Order #42 to establish a statewide Health Exchange in New York.⁵⁴ Today, New York's health insurance marketplace, New York State of Health, has enrolled just under one million New Yorkers for health insurance

social determinants of health, systemic legal barriers people living in poverty face, and how creative solutions from a medical-legal partnership can be more successful than a distinctly medical approach).

⁴⁹ See Randye Retkin et al., *Medical Legal Partnerships: A Key Strategy for Mitigating the Negative Health Impacts of the Recession*, 22 No. 1 HEALTH LAW. 29, 32 (2009) (citing two studies on positive effects of legal interventions on clients with chronic and serious illnesses, including "significant improvements in the severity of their condition" and "reduced stress and worry").

⁵⁰ See Carmean, *supra* note 14 (citing examples of largely unrecognized legal challenges faced by a high proportion of low and moderate income families that adversely affect managing chronic illnesses as well as the quality of life of patient's children).

⁵¹ SNAP stands for Supplemental Nutrition Assistance Program and is also known as "food stamps." *Supplemental Nutrition Assistance Program (SNAP)*, U.S.D.A., <http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap> (last modified Aug. 20, 2014).

⁵² Retkin & Camprigotto, *supra* note 41.

⁵³ See Thomas Kaplan, *Cuomo Acts to Advance Health Law in New York*, N.Y. TIMES (Apr. 12, 2012), <http://www.nytimes.com/2012/04/13/nyregion/cuomo-orders-health-insurance-exchange-in-new-york.html> (explaining generally that as of April 2012 New York State was one of eleven states to have created a health care insurance exchange).

⁵⁴ N.Y. Exec. Order No. 42 (Apr. 12, 2012), <http://www.governor.ny.gov/executiveorder/42>.

coverage.⁵⁵ With a substantially larger number of New Yorkers insured, hospitals, clinics, and other health care treatment facilities will see more patients coming through their doors to seek health care.⁵⁶ These newly-insured patients will likely still contend with other health-adverse legal needs that can be effectively addressed under an MLP model.

In addition, the New York State Department of Health has adopted a Delivery System Reform Incentive Payment (DSRIP) Program to reduce the number of hospital admissions and readmissions statewide through increased collaboration and care coordination.⁵⁷ Every affirmative step towards the successful implementation of the DSRIP Program in New York in turn expands the opportunity for the growth of MLPs statewide.⁵⁸ MLPs that focus on treating patients with mental health conditions are especially good fits for the DSRIP Program because the MLP model of care is effective in achieving increased stability and health care compliance for MLP patients.⁵⁹ Oftentimes, mental health stability, recovery, and promotion, similar to treatment and recovery from

⁵⁵ Press Release, New York State of Health, NY State of Health Details Information on the Nearly 1 Million Who Enrolled Through the Marketplace During the First Open Enrollment Period (June 24, 2014), *available at* <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-details-information-nearly-1-million-who-enrolled-through>.

⁵⁶ See Dan Goldberg, *Why New York Worked*, CAPITAL (Apr. 29, 2014), <http://www.capitalnewyork.com/article/magazine/2014/04/8544390/why-new-york-worked> (explaining that seventy percent of New Yorkers who signed up for health insurance through the state's exchange were previously uninsured and are now part of New York's insured population). See also, Reed Abelson, *More Insured, but the Choices Are Narrowing*, N.Y. TIMES (May 12, 2014), <http://www.nytimes.com/2014/05/13/business/more-insured-but-the-choices-are-narrowing.html> (finding that while there may be fewer and fewer doctors and hospitals in consumer's networks, national and state regulators are monitoring plans to ensure that consumers have sufficient access to hospitals and doctors).

⁵⁷ See *Delivery System Reform Incentive Payment (DSRIP) Program*, N.Y. ST. DEP'T HEALTH, https://www.health.ny.gov/health_care/medicaid/redesign/delivery_system_reform_incentive_payment_program.htm (last visited Sept. 22, 2014) (explaining that the goal of the DSRIP program is to reduce "avoidable hospital use" by twenty-five percent over five years).

⁵⁸ See DEBORAH BACHRACH ET AL., ADDRESSING PATIENTS' SOCIAL NEEDS: AN EMERGING BUSINESS CASE FOR PROVIDER INVESTMENT 17 (2014), *available at* http://www.health.ny.gov/health_care/medicaid/redesign/docs/addressing_patients_social_needs.pdf (explaining that the DSRIP program has made \$6 billion available to fund collaborations between "medical, mental health, and social service organizations" to support patients' transition from hospital to community).

⁵⁹ See *id.* at 17 (explaining that the DSRIP program makes funds available to re-vamp the state's delivery system and to support programs that bring together medical, mental health, and social service organizations to support a patients' transition from a hospital to the community). See also Zelhoff & Fulton, *supra* note 1 at 544 (explaining that MLP's focused on addressing the needs of individuals suffering from mental

physical illness, require affordable access to effective legal information and representation.”⁶⁰ If mental health stability and patient compliance improve, then hospital admissions and readmissions will likely decrease.⁶¹ Consequently, if organizations that use the MLP model can demonstrate its effectiveness in the reduction of hospital admissions and readmissions within the mental health community, the promotion and application of the model would likely flourish statewide. Because “the cost of re-hospitalization or re-institutionalization is too high in both finance and human terms for the state of New York to ignore,”⁶² the DSRIP program lays a foundation, which may ensure the future of MLPs in New York State for the long-term.

Finally, New York City provides a ripe legal environment for MLPs because the city constitutes both a major legal and medical hub. It is home to numerous law firms, legal agencies, and law schools, as well as hospitals, community-based clinics, and medical schools.⁶³ MLPs in New York City are sustainable, as it is likely that MLP programs serving patient-clients in need of comprehensive legal care will remain fully staffed.⁶⁴

Moreover, the need for MLP programs in New York remains high. For example, there are approximately eight million people

health related issues help to facilitate ongoing stability and recovery for such patients).

⁶⁰ Zelhof & Fulton, *supra* note 1. See also, generally Retkin et al., *supra* note 49 (discussing how legal assistance can help with both physical and mental health in a recession).

⁶¹ See generally Norbert I. Goldfield et al., *Identifying Potentially Preventable Readmissions*, 30 HEALTH CARE FIN. REV. 75, 85 (2008) (explaining generally that patients with mental health issues are more likely to be readmitted than other individuals).

⁶² Zelhof & Fulton, *supra* note 1, at 537. See also DEBORAH CHOLLET ET AL., N.Y. STATE HEALTH FOUND., REDUCING HOSPITAL READMISSIONS IN NEW YORK STATE: A SIMULATION ANALYSIS OF ALTERNATIVE PAYMENT INCENTIVES 4 (2011), available at <http://nyshealthfoundation.org/uploads/resources/reducing-hospital-readmissions-payment-incentives-september-2011.pdf> (finding that, in 2008, nearly 15% of all hospital stays in New York resulted in readmission within thirty days that translates to hospital costs approaching four billion dollars).

⁶³ AM. BAR ASS’N MKT. RESEARCH DEP’T, NATIONAL LAWYER POPULATION BY STATE (2013), available at http://www.americanbar.org/content/dam/aba/migrated/marketresearch/PublicDocuments/2013_natl_lawyer_by_state.authcheckdam.pdf; CTR. FOR WORKFORCE STUDIES, ASS’N OF AM. MED. COLL., 2013 STATE PHYSICIAN WORKFORCE DATA BOOK (2013), available at <https://www.aamc.org/download/362168/data/2013statephysicianworkforcedatabook.pdf>.

⁶⁴ See Daniel Atkins et al., *Medical-Legal Partnership and Healthy Start: Integrating Civil Legal Aid Services Into Public Health Advocacy*, 35 J. LEGAL MED. 195, 196, 208 (Jan.–Mar. 2015) (noting that “80% of the civil legal needs of people who are living in poverty were unmet” and that MLPs, given their strong return on investment, provide a more sustainable method for funding poverty law service providers).

residing in New York City's five boroughs and roughly 1.6 million residents are impoverished⁶⁵ and live with the imminent or existing peril of an ongoing affordable housing shortage.⁶⁶ Accordingly, poverty and housing instability make impoverished New Yorkers more susceptible to legal issues that can be more effectively addressed through an MLP model of care. The need is even more profound for children living with disabilities. Nationwide, children with disabilities are more likely to live in poverty than other children in public schools, as twenty-five percent of children who receive services under the Individuals with Disabilities Education Act (IDEA)⁶⁷ live in households that are below the federal poverty line. Almost twenty percent live in homes with an annual income of \$15,000 or less.⁶⁸ Further, twenty-five percent of students with disabilities receive government entitlements (e.g., Food Stamps or Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Supplemental Security Income (SSI)).⁶⁹ With poverty comes an increased susceptibility to an array of legal issues, from lack of access to health insurance and services, to housing, food, and income insecurity.

IV. MFY LEGAL SERVICES, INC.

History and Background

MFY Legal Services, Inc. (MFY Legal Services or MFY) was

⁶⁵ See OFFICE OF THE MAYOR, THE CEO POVERTY MEASURE, 2005-2012 11 (2014) available at http://www.nyc.gov/html/ceo/downloads/pdf/ceo_poverty_measure_2005_2012.pdf (reporting the official poverty rate in New York City was 20.0% in 2012).

⁶⁶ See ASSOCIATION FOR NEIGHBORHOOD AND HOUSING DEVELOPMENT, REAL AFFORDABILITY: AN EVALUATION OF THE BLOOMBERG HOUSING PROGRAM AND RECOMMENDATIONS TO STRENGTHEN AFFORDABLE HOUSING POLICY 8 (2013) available at <http://www.anhd.org/wp-content/uploads/2011/07/Real-Affordability-Evaluation-of-the-Bloomberg-Housing-Program2.pdf> (reporting that although New York City has attempted to meet the growing need for affordable housing by building additional units, the new developments remain unaffordable to most low-income New Yorkers).

⁶⁷ IDEA is a federal law that directs how states provide early intervention, special education, and related services to children living with disabilities. See U.S. DEP'T OF EDUCATION, 35TH ANNUAL REPORT TO CONGRESS ON THE IMPLEMENTATION OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT 228 (2013), available at <http://www2.ed.gov/about/reports/annual/osep/2013/parts-b-c/35th-idea-arc.pdf>. IDEA is a federal law that directs how states provide early intervention, special education, and related services to children living with disabilities.

⁶⁸ Elisa Hyman et al., *How IDEA Fails Families Without Means: Causes and Corrections from the Frontlines of Special Education Lawyering*, 20 AM. U. J. GENDER SOC. POL'Y & L. 107, 112-13 (2011).

⁶⁹ Kelly D. Thomason, *The Costs of a "Free" Education: The Impact of Schaffer v. Weast and Arlington v. Murphy on Litigation Under the IDEA*, 57 DUKE L.J. 457, 483 (2007).

born out of a grant from the Kennedy Administration in 1963.⁷⁰ Led by its first director, Edward Sparer, MFY Legal Services was the legal arm of Mobilization for Youth, a social service organization whose goal was to combat juvenile delinquency and further juvenile justice.⁷¹ Driven by his revolutionary vision, Edward Sparer paved the way for change by identifying specific legal issues that were ripe for contest and using community-based organizing to affirmatively further litigation strategies.⁷² He sought to advance test cases that would “create new legal rights for the poor.”⁷³ This philosophy pioneered a litany of seminal cases, most notably, *Goldberg v. Kelly*,⁷⁴ that comprise MFY Legal Services’ noteworthy litigation history.⁷⁵ Sparer’s concept of advancing novel test cases to create new legal rights for the underprivileged is still utilized today.⁷⁶

Last year, MFY Legal Services celebrated its fiftieth anniversary.⁷⁷ Led by its Executive Director, Jeanette Zelhof, the organization continues to serve the most vulnerable residents in New York City through its staff of attorneys, paralegals, social workers, support staff, and volunteers. MFY envisions a society in which no one is denied justice because he or she cannot afford an attorney. To make this vision a reality, for fifty years MFY has provided free legal assistance to residents of New York City on a wide range of civil legal issues, prioritizing services to vulnerable and under-served populations, while simultaneously working to end the root causes of inequities through impact litigation, law reform, and policy advocacy.⁷⁸ MFY assists more than 15,000 New Yorkers each year.⁷⁹ In addition, with a focus on mobilizing for justice, MFY works closely with community partners by regularly conducting legal clinics to identify legal issues and educate local residents about their legal

⁷⁰ MFY LEGAL SERV., INC., MOBILIZING FOR JUSTICE SINCE 1963 2, available at <http://www.mfy.org/wp-content/uploads/MFY-History-50th-Anniversary1.pdf>.

⁷¹ *Id.* at 1.

⁷² *See id.* at 3.

⁷³ *Id.*

⁷⁴ 397 U.S. 254 (1970) (holding that the Due Process Clause of the Fourteenth Amendment requires an evidentiary hearing before a welfare recipient can be deprived of benefits).

⁷⁵ MFY LEGAL SERV, INC., *supra* note 70.

⁷⁶ *See generally id.* (describing a number of MFY Legal Services projects that became independent organizations as well as MFY’s own path to staying true to the original mission despite significant political and fiscal challenges).

⁷⁷ *Id.* at 3.

⁷⁸ *See generally About MFY: Our Mission*, MFY LEGAL SERV. INC., <http://www.mfy.org/about/about-mfy/> (last visited Nov. 3, 2014).

⁷⁹ *2013 Annual Report*, MFY LEGAL SERV. INC., <http://www.mfy.org/wp-content/uploads/2013-Annual-Report.pdf> (last visited Nov. 9, 2014).

rights.⁸⁰

MFY Legal Services' Track Record of Providing Legal Services to People with Mental Illness

MFY Legal Services has long recognized the unmet legal need for individuals living with mental illness. MFY's Mental Health Law Project⁸¹ (MHLP) provides legal representation to individuals with mental illness who reside in the community in apartments, supportive housing, single-room occupancy hotels, and adult homes.⁸² MHLP's primary aims are to prevent homelessness and unnecessary hospitalization, and to maintain income sources.⁸³ Additionally, for twenty years, MHLP has had an ongoing partnership with Health and Hospitals Corporation (HHC) hospitals citywide. MFY lawyers work with discharge planners to overcome legal obstacles to discharging patients by educating them on legal matters as well as by providing legal services and advice to patients.⁸⁴ MFY Legal Services' partnership with Bellevue Hospital Center spans over twenty years.⁸⁵

V. THE INCEPTION OF BELLEVUE HOSPITAL CENTER'S CHILD AND ADOLESCENT CLINIC

MFY Recognizes the Unmet Need of Children in New York City

MFY recognizes that the stakes are high for children, families, and communities when a child's mental health needs go unmet. Unmet mental health needs in children may lead to degenerative mental health, poor academic performance, disruptive behavioral problems, ongoing suicidal ideology, and a cycle of poverty.⁸⁶ In 2012, it was estimated that:

- Of the 571,167 children in New York City, ages 0-4, 47,407 have a behavioral problem and
- Of the 1,343,715 children in New York City, ages 5-17,

⁸⁰ See MFY LEGAL SERV., INC., *supra* note 70, at 3 (describing that since its inception MFY held legal clinics at neighborhood centers and settlement houses to educate community residents about their rights and options).

⁸¹ *Mental Health Law Project*, MFY LEGAL SERV. INC., <http://www.mfy.org/projects/mental-health-law-project/> (last visited Nov. 3, 2014).

⁸² Jeanette Zelfhof & Sara J. Fulton, *supra*, note 1 at 541.

⁸³ *Id.* at 539.

⁸⁴ *Id.* at 537.

⁸⁵ See Press Release, MFY Legal Services, Lawyers and Doctors Join Forces to Help Children and Adolescents with Mental Illness (June 20, 2014), available at <http://www.mfy.org/wp-content/uploads/Bellevue-Adolescent-Clinic-press-release.pdf>.

⁸⁶ CITIZEN'S COMM. FOR CHILDREN OF N.Y., NEW YORK CITY'S CHILDREN AND MENTAL HEALTH: PREVALENCE AND GAP ANALYSIS OF TREATMENT SLOT CAPACITY 4 (2012).

268,743 are estimated to have any mental health disorder; with a subset of those children—134,372—having a serious emotional disturbance.⁸⁷

Further, there was a significant gap between the estimated prevalence of mental health diagnoses among children in New York City and the capacity to treat them.⁸⁸ Yet, it is not just in the realm of medicine that a treatment gap exists. Families of children with mental health disorders also have unmet legal needs that can perpetuate adverse health status, legal crises, and long-term adverse economic consequences.⁸⁹ For example, a family with a child living with a mental disability will likely have a special education-related legal need (i.e., their child is not getting appropriate educational services at school) in addition to other health-harming legal needs.⁹⁰ Given that the existing mental health care system lacks the capacity to meet the comprehensive needs of individuals who must rely on its services, there is no doubt that children living with psychiatric disabilities need legal care to address their particular needs.⁹¹

MFY Legal Services Launches a New MLP with Bellevue Hospital Center's Department of Child & Adolescent Psychiatry

The Board of Directors of MFY Legal Services dedicated funding for a two-year fellowship to commemorate its fiftieth anniversary. MFY's Executive Director, Jeanette Zelhof, wanted to use the

⁸⁷ *Id.*

⁸⁸ *Id.* at 14.

⁸⁹ Klein et al., *supra* note 38, at 1064 (noting “approximately 50% of all low to moderate-income households are estimated to have at least one unmet legal need (e.g., public benefit denial or unsafe housing)” and that “[f]amilies referred to an MLP showed increased access to health care, food, and income resources; two-thirds reported improved child health and well-being”).

⁹⁰ *Id.* at 1067 (noting that several families in the study unmet legal needs including education-related needs such as school discipline issues or special education services).

⁹¹ CITIZEN'S COMM. FOR CHILDREN OF N.Y. *supra* note 86, at 15 (concluding that New York City and State have “insufficient mental health treatment slot capacity to serve children in need of mental health treatment”). See also generally Maia Szalavitz, *America's Failing Mental Health System: Families Struggle to Find Quality Care*, TIME (Dec. 20, 2012), <http://healthland.time.com/2012/12/20/americas-failing-mental-health-system-families-struggle-to-find-quality-care/> (describing the hardships faced by mentally-ill individuals while seeking care, noting that families who do not face a mental health emergency have to wait three to six months to get an appointment and often have to travel far from home to do so); Shaili Jain, *Understanding Lack of Access to Mental Healthcare in the US: 3 Lessons from the Gus Deeds Story*, PLOS BLOGS (Feb. 6, 2014), <http://blogs.plos.org/mindthebrain/2014/02/06/understanding-lack-access-mental-healthcare-3-lessons-gus-deeds-story/> (describing the inadequate access to mental health care due to shortage of mental health professionals, funding for community resources, discrimination, and barriers created by insurance policies).

fellowship to expand MFY's work to an area of unmet legal need consistent with its longstanding expertise in serving people with mental illness, its longstanding partnerships with HHC, and a harkening back to its original focus on serving children and their families to ensure they can access opportunities for long-term economic stability.⁹² Launched in June 2014 in response to an ever-growing need, this MLP with the Department of Children and Adolescent Psychiatry expands the scope of MFY's legal services in the areas of special education and government benefits to include children and their families who receive services at Bellevue Hospital Center.⁹³

MFY Legal Services provides civil legal services to the patients at Bellevue Hospital Center. MFY provides an attorney on-site two full days a week at Bellevue's Department of Child and Adolescent Psychiatry in support of the Department's five programmatic levels:

- Child Comprehensive Psychiatry Emergency Program (C-PEP),
- In-patient wards (Child, "Tween", Older Adolescent),
- Child and Adolescent Partial Hospital,
- Out-patient Clinic, and
- Home-Based Crisis Intervention (HBCI) Program.

Founded on the premise that "any effective strategy for educating children living with mental disabilities must take into account the limited financial resources of their families,"⁹⁴ MFY decided to focus on legal advice and representation in the areas of special education and government benefits.⁹⁵ Additional issues are handled by other attorneys at MFY, including housing, family law, bankruptcy, and consumer debt.⁹⁶

Under this MLP model at Bellevue, doctors and social workers issue-spot and refer patients, with social workers handling the majority of patient referrals. Social workers drive the new MLP at Bellevue and are central to the partnership. They support the doctors to stabilize patients upon admission, support patients during their in-patient stay, facilitate their discharge, and connect them with out-patient and wrap-around services in the community, such as mobile crisis services. Additionally, social workers provide in-

⁹² Press Release, *supra* note 85.

⁹³ *Id.*

⁹⁴ Alex J. Hurder, *Left Behind with No "IDEA": Children with Disabilities Without Means*, 34 B.C.J.L. & Soc. JUST. 283, 285 (2014).

⁹⁵ Press Release, *supra* note 85.

⁹⁶ *Mental Health Law Project*, *supra* note 81.

sight into patients' family dynamics and provide support for legal representation after discharge by writing letters to request placement or other support services, providing access to psychiatric discharge summaries and other medical records that may be used as evidence in subsequent legal proceedings, and by coordinating wrap-around, out-patient services that help promote a child's stability in the community.

Significance of Pro Bono Engagement

There is an unmet need for special education services among children residing in New York City. Only half of students receiving special education services are assigned to special education classes, and the graduation rate for children in those classes was a mere 4.4 percent.⁹⁷ Also, children in ethnic minority groups, particularly African-American children, are overrepresented in special education and are also often misclassified due to incorrect evaluations and diagnoses.⁹⁸

In order to serve as many families as possible and to address the overwhelming need, MFY will look to pro bono attorneys to help support the work of the MLP at Bellevue Hospital Center's Child and Adolescent Clinic. The majority of cases referred to MFY under the MLP at Bellevue are special education cases. These cases make up about seventy-five percent of the case referrals, with government benefits cases making up the balance. Given that the bulk of the cases at the Child and Adolescent Clinic at Bellevue fall under special education law, MFY will create a pro bono project with attorneys from major New York City law firms that focuses on three critical points of advocacy within the special education remedial process: 1) individual education program (IEP) meetings, 2) resolution sessions, and 3) impartial due process hearings and appeals.

The IEP meeting is a first opportunity for parents to redress improper IEPs or the absence or deficiency of educational programs, services, or support in the IEP.⁹⁹ A parent may request an IEP meeting for a number of reasons, including: amending an IEP to reflect their child's current needs, prompting the review of their

⁹⁷ Hurder, *supra* note 94, at 295. See also Hyman et al., *supra* note 68, at 136 n.153.

⁹⁸ Daniel J. Losen & Kevin G. Wellner, *Disabling Discrimination in Our Public Schools: Comprehensive Legal Challenges to Inappropriate and Inadequate Special Education Services for Minority Children*, 36 HARV. C.R.-C.L. L. REV. 407, 407-08 (2001).

⁹⁹ ADVOCATES FOR CHILDREN OF NEW YORK, AFC'S GUIDE TO SPECIAL EDUCATION 6 (2013), available at http://www.advocatesforchildren.org/sites/default/files/library/guide_to_special_ed.pdf?pt=1.

child's IEP, to request a change in educational program or services, or ensuring their child is showing adequate academic progress in the classroom.¹⁰⁰ If a parent wishes to reject or contest a proposed/existing IEP derived from an IEP meeting, they may request an impartial due process hearing.¹⁰¹ Before the impartial hearing, there is a mandatory thirty-day resolution period that includes a resolution session, unless waived by both parties.¹⁰² If an agreement is not reached during the resolution session, the matter will go before an Impartial Hearing Officer (IHO) at an impartial due process hearing.¹⁰³ Appeals to a State Review Office (SRO) can be taken from the IHO's decision.¹⁰⁴

Lawyers are critical to special education advocacy, and many parents find themselves in a dire predicament when they do not have the means to secure legal representation for their children. Parents who attempt to advocate for their child *pro se* may find themselves participating in due process hearings without advocates, unaware of their rights, facing intimidation while negotiating with the Department of Education or school personnel, and representing their child's interests on their own.¹⁰⁵ Parents often have difficulty navigating the educational system (i.e., submitting written requests for IEP meetings or evaluations) and the City agencies that play a role in the lives of children who live with psychiatric disabilities, including the Department of Education, Administration for Children's Services (ACS), New York Police Department (NYPD), and Office of People With Developmental Disabilities (OPWDD).¹⁰⁶

¹⁰⁰ *Id.* at 6-7.

¹⁰¹ *Id.* at 32.

¹⁰² *Id.* at 34.

¹⁰³ *Id.*

¹⁰⁴ ADVOCATES FOR CHILDREN OF NEW YORK, *supra* note 99, at 34.

¹⁰⁵ See Debra Chopp, *School Districts and Families under the IDEA: Collaborative in Theory, Adversarial in Fact*, 32 J.NAT'L. ASS'N. ADMIN. L. JUDICIARY 423, 432-460 (2012) (explaining that decisions regarding services and accommodations a child needs for appropriate education are made by a team where parents are outnumbered by school personnel who frequently assert themselves as the experts on the child's needs, that parents often are not aware of mechanisms for asserting their rights, and are typically unable to acquire representation at hearings even when they do assert those rights). See also Patricia A. Massey & Stephen A. Rosenbaum, *Disability Matters: Toward a Law School Clinical Model for Serving Youth with Special Education Needs*, 11 CLINICAL L. REV. 271, 276-84 (2005) (demonstrating that even highly educated, English-speaking parents typically do not have the medical, educational, legal, and administrative expertise required to successfully advocate for their children, yet Congress has placed the burden of enforcing the Individuals with Disabilities Act on parents without providing sufficient navigational support).

¹⁰⁶ See Michael R. Mastrangelo, *Fighting for Educational Stability in the Face of Family*

Due to the challenges *pro se* parents face, MFY Legal Services will connect them to pro bono attorneys to help ensure they get the legal help they need. For instance, a pro bono attorney might help ensure a child's IEP is revised to direct appropriate educational settings, supports, and services that meet his/her current needs. Additionally, pro bono attorneys will assist at resolution sessions, impartial due process hearings, and on appeals, as necessary. Identifying patient-clients through the MLP model means access to legal care is provided to children and families who are in great need of receiving legal services in a way that is collaborative with their health care team and that stabilizes their lives while promoting their overall health.

CONCLUSION

As the country's leaders and health policy makers focus on making the delivery of health care more efficient by providing better care and better quality at lower cost, great consideration should be given to the innovative and long-standing MLP model, which incorporates legal care into health care delivery. In the future, MFY Legal Services hopes to replicate the Bellevue MLP model for children with mental illness in other psychiatric hospitals across New York City. Expansion of legal services to children and their families who seek treatment at other psychiatric hospitals will affirmatively further MFY's commitment to the provision of legal services to those living with mental health conditions. Additionally, families' expressed appreciation of MFY's onsite legal services at Bellevue confirms the importance of the model citywide. In the end, for families who are no strangers to mental health-related crises, having a child's doctor, social worker, and lawyer all working together is invaluable and in the best interest of the children they serve.

Turmoil, 17 N.Y.C. L. Rev. 33, 62 (2013) (describing how parents of children with Autism Spectrum Disorder and Oppositional Defiance have difficulty understanding their children's rights and the special education rules and regulations in New York City).

