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TO: State, Tribal, and Territorial Agencies Administering or Supervising the ACF grants and programs.

SUBJECT: Civil Legal Advocacy to Promote Child and Family Well-being, Address the Social Determinants of Health, and Enhance Community Resilience

PURPOSE: The purpose of this information memorandum (IM) is to highlight the importance of civil legal advocacy in advancing child and family well-being; addressing the social determinants of health; enhancing community resiliency; and to strongly encourage state, territorial, and tribal human services entities to work together to support access to civil legal advocacy.

INFORMATION

This IM emphasizes the importance of civil legal advocacy in advancing the well-being of children and families and maximizing the impact of the Administration for Children and Families (ACF) administered programs and grants that serve children, families, and individuals. This memorandum identifies the various means of funding civil legal advocacy; highlights models and partnership approaches to providing civil legal advocacy; and emphasizes the value of civil legal advocacy as a proactive, preventive, and restorative support to families and children.

ACF and its component offices and bureaus¹ speak in unison strongly encouraging all jurisdictions to work together to ensure that families have access to high-quality, civil legal advocacy.

¹ See <https://www.acf.hhs.gov/about/offices>. ACF Program Offices include: Administration on Children, Youth and Families (ACYF); Children's Bureau (CB); Early Childhood Development (ECD); Family and Youth Services Bureau (FYSB); Office of Child Care (OCC); Office of Child Support Enforcement (OCSE); Office of Community Services (OCS); Office of Family Assistance (OFA); Office of Head Start (OHS); Office of Human Services Emergency Preparedness and Response (OHSEPR); Office of Regional Operations (ORO); Office of Refugee Resettlement (ORR); and Office on Trafficking in Persons (OTIP).

Background

There is a growing consensus among human services leaders, researchers, professional membership organizations, advocates, and individuals with lived-expertise that human services programs, services, and supports should center on promoting the social determinants of health² and enhancing protective factors³, in order to achieve positive outcomes for children, families, and individuals, and promote community resiliency. Developing and supporting human services that advance these goals requires a commitment to well-being throughout the branches of government, and across funding streams and sectors. It also requires ensuring that families are aware of and have access to existing opportunities and can benefit from participation.

Most families participating in or receiving services from ACF administered programs and grants are economically fragile. They are often in the midst of or recovering from familial, health, or economic challenges or crises. This may include loss of employment, inadequate income, unstable housing or homelessness, food insecurity, mental health and/or substance misuse disorder, and intimate partner violence. Such crises can be caused by or lead to civil justice problems, such as unfair housing practices, loss of benefits, identity theft, unfair debt collection practices, unestablished paternity, and other issues. These obstacles can impede a family's ability to provide a safe and stable environment for their children. For example, civil legal challenges can interfere with a parent's ability to maintain suitable housing, gain access to credit to make vital purchases, restrict the ability to enroll a child in school or child care, find or maintain employment, or make important health care decisions for a child or loved one.

The systems that families and individuals must navigate to access supports are often complex and comprised of underlying regulations across multiple agencies. These regulations govern not only what is available to families, but how families must access them and maintain eligibility. The range of systems and laws a caregiver or individual may need to navigate include the Social Security Administration, state social service agencies, local education systems, federal and local housing authorities, local health agencies, family and housing courts, and many more. A complex web of federal statutes governs many aspects of these systems, including the Social Security Act (SSA); Medicaid; Americans with Disabilities Act; Individuals with Disabilities Education Act; Fair Housing Act; Uniform Residential Landlord Tenant Act; and the Fair Debt

² Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. See <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>; Office of Disease Prevention and Health Promotion, US Department of Health and Human Services. (2020) <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>; National Research Council and the Institute of Medicine. (2009) *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, D.C.: National Research Council and the Institute of Medicine of the National Academies. http://www.nap.edu/catalog.php?record_id=12480

³Protective factors and capacities refer to the presence of supports in a community or characteristics of a parent that allow or help them to maintain social connections, develop resiliency, gain parenting skills and knowledge, seek or receive concrete supports in time of need, and support the healthy development of their children. See [https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?r=1&rpp=10&upp=0&w+=NATIVE\(%27recno=107035%27\)&m=1](https://library.childwelfare.gov/cwig/ws/library/docs/capacity/Blob/107035.pdf?r=1&rpp=10&upp=0&w+=NATIVE(%27recno=107035%27)&m=1); see also <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>; Merrick MT, Ford DC, Ports KA, et al. (2019). *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017*. MMWR Morb Mortal Wkly Rep 2019; 68:999-1005. 15Center for the Study of Social Policy, Strengthening Families, A Protective Factors Framework, <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

Collection Practices Act. Adding to this complexity for families, states have their own regulatory structures to complement the federal framework. These systems and laws can be very challenging to understand and intimidating, which can limit a parent or caregivers' ability to avail themselves or their family of these critical well-being supports.

Access to an attorney or multidisciplinary legal team⁴ that provides civil legal advocacy can empower, support, and restore agency to parents, caregivers, young people, and individuals to help them maintain well-being, preserve family integrity, and promote economic mobility. Civil legal advocacy can also be preventive, especially in the child welfare context, serving as a tool to stop unnecessary family separation. When a family is improperly denied access to public benefits on procedural or substantive grounds, or has another unmet civil legal need, legal professionals can assist the family or individual with enforcing their rights or accessing the supports to which they are entitled.

This IM is organized as follows:

- I. The Benefits of Civil Legal Advocacy to Well-being
- II. Sources of Funding For Civil Legal Advocacy
- III. Models and Approaches to Provide Civil Legal Advocacy
- IV. Conclusion

I. The Benefits of Civil Legal Advocacy to Child, Family, and Individual Well-being

Civil legal advocacy entails an array of supports, including but not limited to, legal representation by an attorney to enforce procedural or substantive rights. In addition to direct representation by an attorney, civil legal advocacy can simply be an opportunity to speak with a legal professional or legal team member to receive information and improve one's understanding of rights, eligibility for services, available supports, or the benefits of participating in a program or service. It can be assistance in completing an application for a benefit or service or advice from a peer with lived-expertise on what to expect from a program, how to access it, or other important considerations to keep in mind. Civil legal advocacy may also entail challenging and working to dismantle unjust community conditions that might contribute to a family's instability.

The need for civil legal advocacy is prevalent, especially in low-income families.⁵ A national research effort in 2017 found that in the previous calendar year, 71 percent of all low-income families experienced at least 1 civil legal issue that would benefit from representation, 54 percent

⁴ multi-disciplinary teaming approaches to provide legal advocacy pair a well-trained child attorney with a social worker, peer partner or navigator. Evidence of the value of multi-disciplinary models of legal representation and its association with expedited permanency and other positive outcomes continues to grow.

⁵ Legal Services Corporation (2017), The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans, <https://www.lsc.gov/media-center/publications/2017-justice-gap-report#:~:text=Common%20civil%20legal%20problems%20among,%2C%20income%20maintenance%2C%20and%20disability>

experienced at least 2, and 24 percent experienced 6 or more.⁶ Americans reported receiving inadequate or no legal help to resolve 86 percent of the civil legal problems they faced.⁷

The study also found that civil legal issues are often not recognized as legal matters and consequently many individuals may be unaware that legal advocacy can help resolve such issues.⁸ Similarly, in a 2014 survey of 668 individuals who experienced civil legal problems, just 9 percent reported characterizing the problem as legal and 56 percent described their situations as “bad luck” or “part of life.”⁹ Despite reporting negative consequences due to their situation — including feelings of fear, loss of income, adverse effects on physical or mental health, or verbal or physical violence or threats of violence — 46 percent of those surveyed attempted to resolve their civil legal problems without legal assistance, and only 22 percent sought assistance from individuals outside their immediate social circle, including lawyers, social workers, law enforcement officers, and others.¹⁰

Common civil legal issues include, but are not limited to:

- Housing, access to adequate housing, habitability, eviction, and foreclosure;
- Unemployment;
- Immigration;
- Custody and marriage or civil partner dissolution;
- Fair Wage and hour matters in employment;
- Disability rights;
- Education and special education;
- Identity or wage theft;
- Unfair debt collection;
- Certain moving violations, and unpaid fines and fees;
- Expunging an old criminal record;
- Public benefits (i.e., TANF, SSI)
- Paternity;
- Intimate partner violence; and
- Child support.

Any one of these issues, if left unresolved, can become a major impediment to gainful employment, stable housing, education for a child, or the ability of a family to stay together. For example, within the child welfare setting, the following data related to the reasons children enter

⁶ Id at page 21.

⁷ Id at page 30.

⁸ Id. at page 33.

⁹ Rebecca L. Sandefur (2014), Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study,

http://www.americanbarfoundation.org/uploads/cms/documents/sandefur_accessing_justice_in_the_contemporary_usa_aug_2014.pdf. See also Rebecca L. Sandefur (2017), What We Know and Need to Know about the Legal Needs of the Public, South Carolina Law Review Vol. 67, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2949010

¹⁰ Id at page 11.

care illustrate the extent to which unmet civil legal issues pull children and families closer to the child welfare system.¹¹ Of the approximately 250,000 children that entered care in FY19:

- Sixty-four percent entered care in part due to neglect (includes issues related to poverty, educational neglect, inadequate housing, failure to provide adequate nutrition, and failure to safeguard mental health due to domestic violence);
- Ten percent entered care in part due to inadequate housing;
- Eight percent entered care in part due to a child’s behavior problems; and
- Two percent entered care in part due to a child’s disability.¹²

Civil legal advocacy can be preventive when it works to address issues that could lead to family separation and the placement of children in foster care. The human and financial costs of prolonged foster care placement can be significant.¹³ Researchers have identified a higher likelihood of experiencing learning disabilities, developmental delays, and adverse health impacts including asthma and obesity among children who have been in foster care compared to those who have not.¹⁴ Short-term and prolonged foster care placement can also result in “complex trauma” and emotional distress for children that interferes with healthy development, requiring intensive interventions and treatment to resolve.¹⁵ Several studies have found that those on the margin of foster care placement have better outcomes when they remain at home compared to when they are placed into foster care.¹⁶ Researchers have also found that mothers whose children are taken into care by child protection services are two to three times more likely to be diagnosed with mental illness, change residences, and utilize welfare programs compared to women whose children remained in their custody.¹⁷

It is possible to address some contributing factors of foster care placements with the provision of civil legal advocacy.¹⁸ Conversely, civil legal advocacy is also a form of preventive support that increases families and individuals awareness of existing services, supports, rights, and resources.

¹¹ <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport27.pdf>

¹² Id at page 2.

¹³ See, Church, C., Mitchell, M., and Sankaran, V. (2019). A CURE WORSE THAN THE DISEASE? THE IMPACT OF REMOVAL ON CHILDREN AND THEIR FAMILIES, 102 Marq. L. Rev. 1163. See also Sugrue, E. (2019). *Evidence Base for Avoiding Family Separation in Child Welfare Practice: An Analysis of Current Research*. Commissioned by Alia.

<https://protect2.fireeye.com/url?k=65d4abfc-3980b280-65d49ac3-0cc47adc5fa2-09cda7b346d2009a&u=https://researchbrief.aliainnovations.org/>

¹⁴ Kristin Turney & Christopher Wildeman (2016), Mental and Physical Health of Children in Foster Care, *Pediatrics*, Vol. 138, No. 8, <https://pediatrics.aappublications.org/content/138/5/e20161118>

¹⁵ See Sankaran, Vivek. "Using Preventive Legal Advocacy to Keep Children from Entering Foster Care." *Wm. Mitchell L. Rev.* 40, No. 3 (2014): 1036-47.

¹⁶ Joseph J. Doyle, Jr. (2013), Causal Effects of Foster Care: An Instrumental Variables Approach, *Children and Youth Services Review* Vol. 35, No. 7, <https://www.sciencedirect.com/science/article/abs/pii/S0190740911000983>. See also Joseph J. Doyle, Jr. (2007), Child Protection and Child Outcomes: Measuring the Effects of Foster Care, *American Economic Review* Vol. 97, No. 5, <https://www.aeaweb.org/articles?id=10.1257/aer.97.5.1583>

¹⁷ Elizabeth Wall-Wieler et al. (2017), Maternal Health and Social Outcomes After Having a Child Taken into Care: Population-based Longitudinal Cohort Study Using Linkable Administrative Data, *J. Epidemiol Community Health* Vol. 71, No. 12, <https://pubmed.ncbi.nlm.nih.gov/28983064/>

¹⁸ See Sankaran, Vivek. "Using Preventive Legal Advocacy to Keep Children from Entering Foster Care." *Wm. Mitchell L. Rev.* 40, no. 3 (2014): 1036-47. See also <https://www.casey.org/preventive-legal-support/#:~:text=Pre%2Dpetition%20or%20preventive%20legal.prevent%20child%20maltreatment%20and%20extended>

This increased awareness can enhance personal agency and improve access to and participation in an array of opportunities that build skills and competencies, and promote health, wellness, and self-sufficiency. In the long-term, utilization of these types of proactive supports may also mitigate the need for mandated reporters to make so many unnecessary reports of suspected maltreatment to child protective services.¹⁹

When preventive services fail, or if true emergency situations arise and necessitate a child's removal from the home, civil legal services can help speed reunification by eliminating barriers to parents participating in or focusing on the primary capacities needed to safely parent. Studies show that when children are removed from the home, having access to legal representation earlier in a case can improve the rate of reunification,²⁰ nearly double the speed to legal guardianship or adoption,²¹ and result in more permanent outcomes for children and families.²²

Outside of the child welfare context, research shows that civil legal advocacy can help resolve a number of common challenges that may otherwise destabilize lives and jeopardize the well-being of individuals and families.²³ For example, helping victims of intimate partner violence obtain restraining orders against their abusive partners can help them secure custody of their children, find safe places to reside, forge connections with counseling services, and begin on the road to healing.²⁴ Other examples include expunging a juvenile or minor criminal matter that opens the door for more employment opportunities, or assistance with immigration matters that may allow an individual to legally participate in the workforce.²⁵ Evidence of the financial benefits of civil legal advocacy is growing as evaluations and studies are increasingly identifying return on investment and cost saving from avoiding costly forms of treatment, intervention, or government assistance that may have been necessary had civil legal advocacy not been provided to ameliorate challenges before they become more severe.²⁶

¹⁹ Of the more than 3.5 million children who received an investigative or alternative response, less than 17% of the reports were substantiated. In other words, CPS investigates considerably more non-victims than victims. *See* Child Maltreatment Report, at 18-19, <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2018>

²⁰ Elizabeth Thornton & Betsy Gwin (2012), High-Quality Legal Representation for Parents in Child Welfare Cases Results in Improved Outcomes for Families and Potential Cost Savings, *Family Law Quarterly* Vol. 26, No. 1, <https://www.jstor.org/stable/23240377?seq=1>

²¹ Mark E. Courtney & Jennifer L. Hook (2012), Evaluation of the Impact of Enhanced Parental Legal Representation on the Timing of Permanency Outcomes for Children in Foster Care, available at https://partnersforourchildren.org/sites/default/files/2011_evaluation...impact_of_enhanced_parental_legal_representation...discussion_paper.pdf

²² Steve M. Wood et al. (2016), Legal Representation in the Juvenile Dependency System: Travis County, Texas' Parent Representation Pilot Project, *Family Court Review* Vol. 54, No. 2, <https://onlinelibrary.wiley.com/doi/full/10.1111/fcre.12218>

²³ Casey Family Programs (2020), How Can Pre-Petition Legal Representation Help Strengthen Families and Keep Them Together?, <https://www.casey.org/preventive-legal-support/>. See also Karlee M. Naylon & Karen A. Lash, Using Legal Aid to Keep Families together and Prevent Child Welfare Involvement, *The Guardian*, Vol 42, No. 1, Spring 2020.

https://cdn.ymaws.com/www.nacchildlaw.org/resource/resmgr/guardian/2020_spring/guardian_2020_v42n01_r7.pdf

²⁴ Jacqueline G. Lee & Bethany L. Backes (2018), Civil Legal Aid and Domestic Violence: a Review of the Literature and Promising Directions, *Journal of Family Violence* Vol. 33, <https://link.springer.com/article/10.1007/s10896-018-9974-3>. See also Karlee M. Naylon & Karen A. Lash, How can Civil Legal Help Keep Families Together and Keep Kids out of Foster Care, Karlee M. Naylon, and Karen A. Lash *CBX* Vol. 21 No. 3. "Studies show the effectiveness of civil legal interventions to stabilize a family experiencing domestic violence, such as helping survivors file a protection order, secure child custody, finalize a divorce, and obtain employment and housing."

²⁵ J.J. Prescott & Sonja B. Starr (2019), Expungement of Criminal Convictions: An Empirical Study, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3353620

²⁶ See How can Civil Legal Help Keep Families Together and Keep kids out of Foster Care, Karlee M. Naylon, and Karen A. Lash *CBX* Vol. 21 no. 3 "many states have published reports documenting legal aid organizations' effectiveness in helping

Civil legal advocacy is an essential tool to remove obstacles to family and individual success, prevent or mitigate harm, and maximize opportunities that help families remain healthy, stable, and self-sufficient.

II. Sources of Funding For Civil Legal Advocacy

The primary source of funding for civil legal advocacy for low-income people in the United States is the Legal Services Corporation (LSC). However, a lack of available resources leaves LSC-funded organizations unable to address the vast majority (85 - 97 percent) of civil legal problems.²⁷ Because of this, legal aid nonprofits providing free legal help, and their civil justice partners, must seek additional funding sources including both private philanthropy and other public funds. Outlined here are federal funding sources a state, tribe, or territory may use to support legal advocacy efforts within the human services domain. Some innovative efforts utilize a combination of public and private funding. The need for and benefit of civil legal advocacy is recognized across multiple federal agencies and programs---many of which are health and well-being oriented, including: the Health Resources Service Administration (HRSA), the Maternal and Child Health Bureau (MCHB), Substance Abuse Mental Health Services Administration (SAMHSA), the Children’s Bureau (CB), the Office of Family Assistance (OFA), the Department of Housing and Urban Development, the Centers for Medicare and Medicaid Services, and the Department of Justice Office for Victims of Crime (DOJ OVC). That each of these agencies administer funding sources that may be used to support states and tribes to fund civil legal advocacy, demonstrates a broad and unified understanding that civil legal issues directly impact health, well-being, and stability in the lives of children, families, and individuals.²⁸

a. Federal funding sources

- TANF

TANF is the federal government’s primary cash assistance program for needy families. The federal government gives states block grants to design and operate programs that accomplish one of the four purposes of the TANF program: Provide assistance to needy families so that children can be cared for in their own homes; Reduce the dependency of needy parents by promoting job preparation, work, and marriage; Prevent and reduce the incidence of out-of-wedlock pregnancies; and encourage the formation and maintenance of two-parent families.

people access benefits by helping families apply for or appeal erroneous denials of services and benefits, such as the Children's Health Insurance Program, home energy assistance, Medicaid, Supplemental Nutrition Assistance Program, Social Security Disability Insurance, Supplemental Security Income, and Temporary Assistance for Needy Families (TANF).” See also <https://www.philadelphiabar.org/WebObjects/PBA.woa/Contents/WebServerResources/CMSResources/PhiladelphiaEvictionsReport.pdf>

²⁷ Legal Services Corporation (2017), The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans, <https://www.lsc.gov/media-center/publications/2017-justice-gap-report#:~:text=Common%20civil%20legal%20problems%20among,%2C%20income%20maintenance%2C%20and%20disability>

²⁸ See Grants Matrix for examples of federal pass-through funds that can include legal aid, <https://www.american.edu/spa/jpo/toolkit/module-2.cfm#Grants>.

Legal aid can further the TANF program’s goals of helping needy families achieve self-sufficiency and provide support for job preparation and employment alongside other social services. OFA indicated in its TANF Program Policy Questions and Answers that states can use TANF funds to support legal help for needy families pursuing SSI benefits and to resolve personal or family legal problems, “e.g., where legal problems are a threat to family stability or undermine the employment of needy parents.”²⁹

- Medicaid

Medicaid and related federal funding for healthcare has been used to provide families with access to civil legal aid that promotes the social determinants of health. There are at least two options that have been utilized in the past. First, Medicaid Managed Care Organizations coordinate community-based non-medical services and have discretion to include services that are designed to improve quality and health outcomes and/or reduce health care costs.³⁰ Medical-Legal Partnerships, described below, have been funded, at least in part, through the “value-added services” provision to provide legal aid to enrollees that has been documented to improve health and reduce healthcare costs.³¹

Second, federal law allows for experimental, pilot, or demonstration projects that may promote the objectives of the Medicaid program, commonly referred to as §1115 waivers. If a state pursues a §1115 waiver for the purposes of addressing enrollee’s social determinants of health, legal services would be an appropriate and important inclusion in the waiver. The Los Angeles County Department of Health was approved for a §1115 demonstration waiver that included a partnership with Neighborhood Legal Services of Los Angeles County to address legal barriers to enrollees that are negatively impacting their health and well-being.³²

- Title IV-B of the Social Security Act (SSA)

ACF’s CB has determined that states and tribal grantees may use kinship navigator funds provided under title IV-B, subpart 2 of the Act to provide brief legal services to “assist kinship caregivers in learning about, finding and using programs and services to meet the needs of the children they are raising and their own needs,” which may include “support[ing] any other activities designed to assist kinship caregivers in obtaining benefits and services to improve their caregiving.”³³ See section 427(a)(1) of the Act.

Service Decision-Making process for Family Support Services (45 CFR 1357.15(r))

The Family Support Services component of the MaryLee Allen Promoting Safe and Stable Families program represents an important source of funding for community-based prevention

²⁹ See <https://www.acf.hhs.gov/ofa/resource/q-a-use-of-funds?page=all>. See also Question 10 in The Justice in Government Project’s FAQs About Legal Aid & TANF (last updated May 2020) for examples of states and counties that fund civil legal advocacy using TANF funds, <https://www.american.edu/spa/jpo/upload/faqs-about-tanf-11-1-19.pdf>

³⁰ 42 C.F.R. § 438.3(e)(1)(i)

³¹ National Center for Medical-Legal Partnerships, Fact Sheet: Financing Medical-Legal Partnerships, at 6 (2019), *available at*, <https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf>

³² <https://dhs.lacounty.gov/more-dhs/departments/whole-person-care/medical-legal-partnership/>

³³ <https://www.acf.hhs.gov/cb/resource/technical-bulletin-faqs-legal-representation>

efforts. The statute specifically requires that these services be community-based (section 431(a)(2)(A)) of the SSA. Family Support Services may include offering information and referral services to afford families access to other community services, including legal services to help families prevent evictions, loss of benefits or other issues that may make them vulnerable to entry into the child welfare system.

- HRSA Health Center Program

HRSA has been a leader in support of medical-legal partnerships (MLPs). Under the Health Center Program,³⁴ health centers may use their federal funding to support on-site civil legal aid to address the health-harming legal concerns of their patients.³⁵ Health centers and potential health centers also have access to training and technical assistance resources to assist them in adopting and enhancing MLPs through a HRSA-funded cooperative agreement with the National Center for Medical-Legal Partnership.³⁶

- Title V Maternal and Child Health Services Block Grant

Authorized under Title V of the Social Security Act, the Title V Maternal and Child Health (MCH) Services Block Grant Program³⁷ is a formula grant under which funds are awarded to 59 states and jurisdictions to address the health services needs within a state for mothers, infants and children, which includes children with special health care needs (CSHCN), and their families. HRSA's Title V MCH Services Block Grant, administered by HRSA's MCHB, aims to increase access to quality health care for mothers and children, especially for people with low incomes and/or limited availability of care; promote efforts that seek to reduce infant mortality and the incidence of preventable disease; increase primary and preventive care services for children as well as rehabilitative services for CSHCN; increase access to comprehensive prenatal and postnatal care for women; and assure a family-centered, community-based systems of coordinated care for children with special health care needs.

Each state conducts a needs assessment every 5 years to identify seven to ten priority needs and build a state action plan to address those needs through evidence-based or –informed strategies and programming. As a federal-state partnership, the Title V MCH Services Block Grant consists of federal funding which is matched with state funding. At a state's direction and discretion, these funds are allocated to address its priority and emerging needs through direct, enabling, and population-based and system services for its MCH populations. A state could choose to support civil legal advocacy efforts through its Title V MCH Services Block Grant funds, if such efforts were consistent with state needs/priorities and the purpose/requirements of the Block Grant.

- HRSA's Early Childhood Programs

³⁴ [Health Center Program](#)

³⁵ <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>

³⁶ <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/national-training>

³⁷ [Title V Maternal and Child Health \(MCH\) Services Block Grant Program](#)

HRSA's early childhood systems programs within MCHB support states and communities to build and sustain multigenerational systems for prevention and intervention, focusing on the prenatal-to-3 years old period to promote family and young child well-being. These programs address systemic barriers in coordination, equity, and reach that are necessary for all children to achieve their optimal potential, including systemic approaches to improve social determinants of health and reduce caregiver stress, such as civil legal challenges. Partnerships and alignment with these programs can help reach and engage families in need of civil legal advocacy and provide them with wraparound services.

Early childhood systems programs can support the following: a) state and local level partnership-building between maternal and child health, child welfare, and legal aid; b) coordination of screening and referral related to legal needs through health systems and other providers or systems, such as infant-toddler courts and coordinated intake and referral systems; and c) integration of civil legal advocacy, and related planning for financing and policy development, into state and local early childhood strategic plans.

Specific program examples highlight potential opportunities. The Early Childhood Comprehensive Systems (ECCS) Health Integration Prenatal-to-Three program³⁸ supports state capacity and infrastructure to develop or expand community integrated service systems, with a focus on connecting services such as legal assistance with the health system. The Infant-Toddler Court program³⁹ provides training and technical assistance to guide legal and other family-serving professionals in providing effective, trauma-informed services for families involved in the child welfare system and in building multidisciplinary community teams that can effectively meet families' needs to prevent or mitigate child maltreatment. Through the Maternal, Infant, and Early Childhood Home Visiting program,⁴⁰ home visitors assess the needs of pregnant women and families with children up to kindergarten entry, and provide referrals to appropriate services, including legal services.

- HRSA's Ryan White HIV/AIDS Program (RWHAP)

HRSA's RWHAP⁴¹ provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. Essential support services are defined as needed for individuals with HIV/AIDS to achieve their medical outcomes, which includes legal services. Among the essential support services allowable under RWHAP are professional services. Such services may include legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, and income tax preparation services to assist clients in filing federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.⁴² Legal services allowable under RWHAP exclude criminal defense and class-action lawsuits unless

³⁸ [Early Childhood Comprehensive Systems \(ECCS\) Health Integration Prenatal-to-Three Program](#)

³⁹ [Infant-Toddler Court Program](#)

⁴⁰ [Maternal, Infant, and Early Childhood Home Visiting Program](#)

⁴¹ [RWHAP](#)

⁴² https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf

related to access to services eligible for funding under RWHAP.

- SAMHSA Block Grants

The goal of the State Opioid Response (SOR) formula grant program is to address the opioid crisis by increasing access to medication-assisted treatment; reducing unmet treatment need; and providing prevention, treatment, and recovery activities to reduce opioid overdose-related deaths. SOR grants are awarded based on an allocation formula weighing the state's proportion of people with abuse or dependence on opioids who need but do not receive treatment, and the state's proportion of overdose deaths. There is also a 15 percent set-aside for states with the highest rate of drug overdose deaths.

The FY 2020 SOR Funding Opportunity Announcement explains that grantees are “required to employ effective prevention and recovery support services to ensure that individuals are receiving a comprehensive array of services across the spectrum of prevention, treatment, and recovery.” Civil legal advocacy can potentially help advance these goals through prevention, service delivery, and comprehensive recovery support services that facilitate effective treatment outcomes and long-term recovery.⁴³

The Substance Abuse Prevention and Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG) programs provide funds and technical assistance to grantees in order to treat substance abuse and provide mental health services within coordinated, comprehensive public health systems. The SABG program seeks to “help plan, implement, and evaluate activities that prevent and treat substance abuse” among different populations, including pregnant women and parents with a substance use and/or mental disorder; individuals with communicable diseases; persons living with or at risk of HIV/AIDS; and persons who experience homelessness and involvement in the criminal justice system. MGBG's goal is to provide comprehensive mental health services to adults with serious mental illness and children with serious emotional disturbance.⁴⁴

SAMHSA's joint SABG and MHBG FY 2020-2021 Block Grant Application states that grantees “may wish to develop and support partnerships and programs to help address social determinants of health and advance overall health equity. For instance, some organizations have established medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment, and education needs.”⁴⁵

- Victims of Crime Act Victim Assistance Formula Grant Program

⁴³ <https://www.samhsa.gov/sites/default/files/grants/pdf/fy-2020-sor-foa.pdf>

⁴⁴ <https://www.samhsa.gov/grants/block-grants/mhbg>

⁴⁵ Id

The Victims of Crime Act (VOCA)⁴⁶ of 1984 established the Crime Victims Fund, the nation's primary funding source to help victims of all types of crimes.⁴⁷ Among the VOCA-authorized grant programs are the state administered Victim Assistance Formula Grants, which provide funding to groups and direct services for victims. The DOJ OVC awards VOCA Victim Assistance Formula Grants in accordance with VOCA and the Victim Assistance Rule and related guidance.⁴⁸ States' and tribes' administering agencies, in turn, provide sub-grants to local public agencies and community service providers that help individuals, families, and communities recover from the short- and long-term impacts of victimization.

The DOJ OVC VOCA Assistance rule became effective August 8, 2016, and included the clarification that state VOCA administrators have the freedom and flexibility to use their funds for a broad array of legal needs beyond the immediate aftermath of a crime, and that an individual's eligibility to receive VOCA-funded services is not dependent on immigration or citizen status.⁴⁹ DOJ OVC has also identified a non-exhaustive list of legal services that state VOCA administrators could fund, including to help intimate partner violence survivors, and abused and neglected children.⁵⁰

- U.S. Department of Housing and Urban Development:

Community Development Block Grant (CDBG) funds can be spent on legal services, such as legal representation of tenants facing eviction, walk-in legal counseling, landlord/tenant matters, and foreclosure mitigation and prevention.⁵¹

b. Non-federal sources of funding

It is also common for civil legal advocacy programs to receive state, local, and philanthropic funding. A few examples of additional funding sources include:

- State and county general funds: One source of potential state general funds is reimbursement dollars for expenditures on legal representation for children who are candidates for or currently in foster care and their parents under Title IV-E of the SSA.⁵² Investing reimbursement dollars in civil legal advocacy is a strategy to help prevent the need for intensive government intervention and can lead to cost savings.

⁴⁶ To learn more about VOCA visit [VOCAPedia](https://www.american.edu/spa/jpo/toolkit/upload/faqs-about-voca-1-7-19.pdf). See also [The Justice in Government Project's FAQs About Legal Aid & VOCA \(last updated May 26, 2020\)](https://www.american.edu/spa/jpo/toolkit/upload/faqs-about-voca-1-7-19.pdf), <https://www.american.edu/spa/jpo/toolkit/upload/faqs-about-voca-1-7-19.pdf>

⁴⁷ <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/crimevictimsfundfs/intro.html#FundSupport>

⁴⁸ <https://www.federalregister.gov/documents/2016/07/08/2016-16085/victims-of-crime-act-victim-assistance-program>

⁴⁹ Id

⁵⁰ <https://ovc.ojp.gov/sites/g/files/xyckuh226/files/media/document/comparison-VOCA-victim-assistance-guidelines-and-final-rule.pdf>

⁵¹ See Chapter 7: Public Services in Basically CDBG for States and Basically CDBG for Entitlements.

<https://www.hudexchange.info/sites/onecpd/assets/File/Basically-CDBG-State-Chapter-7-Public-Services.pdf><https://files.hudexchange.info/resources/documents/Basically-CDBG-Chapter-7-Public-Services.pdf>

⁵² Federal guidance on how a Title IV-E agency may claim federal reimbursement for independent legal representation for children who are candidates for or in foster care and their parents is provided in this [technical bulletin](#).

- Health care funding: In a survey of nearly 350 medical-legal partnerships, approximately half identified their health care organizational partner as contributing financial support, most often in direct support of legal representation of patients that promotes the social determinants of health.⁵³
- Interest on Lawyers Trust Accounts (IOLTA) and state bar grants for representing low-income clients: Legal advocacy programs may also receive funding from local bar associations that provide grants or funding to support civil legal aid.⁵⁴ These programs may be funded in a variety of ways, including IOLTA funds or portions of membership dues.⁵⁵
- Law schools: Many law schools around the country operate clinical programs that provide civil legal advocacy in a variety of areas.⁵⁶ Such efforts are funded in a variety of ways and allow for students to gain experience providing civil legal advocacy under the supervision of staff attorneys.

III. Models and Approaches to Provide Civil Legal Advocacy

There are a number of different approaches and models human service delivery systems are utilizing to support the provision of civil legal advocacy to promote health and well-being and reduce the occurrence of poor outcomes for children, families, and young people. Descriptions of three common types of agreements or partnerships are below.

a. MLP

A MLP conceptualizes lawyers and multi-disciplinary legal teams as core members of a health care team. Similar to how a doctor in a hospital or outpatient clinic may refer a child with severe asthma to a sub-specialty clinic such as pulmonology, an MLP empowers health care staff to refer families to a legal team to address and promote the social determinants of health. Consider the pulmonologist's treatment of a child with severe asthma: options might include various medications and lifestyle management recommendations. However, if the child is living in an apartment with severe mold, their asthma is not likely to improve despite clinical treatment. As part of an MLP, the lawyer can assist the family with enforcing their rights under federal, state, and local housing laws to remedy the mold growth and ensure the family has a safe and habitable home.

MLP's are growing in popularity: according to the National Center for Medical Legal Partnership, there are at least 450 existing MLP's.⁵⁷ MLP's are funded in a variety of ways,

⁵³ See National Center for Medical-Legal Partnerships, Fact Sheet: Financing Medical-Legal Partnerships, (2019), *available at*, <https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf>

⁵⁴ See, e.g., <https://www.gabar.org/aboutthebar/lawrelatedorganizations/iolta/iolta.cfm>; <https://www.sbar.org/lawyers/bar-programs/pro-bono-program/>

⁵⁵ See National Center for Medical-Legal Partnerships, Fact Sheet: Financing Medical-Legal Partnerships, (2019), *available at*, <https://medical-legalpartnership.org/wp-content/uploads/2019/04/Financing-MLPs-View-from-the-Field.pdf>

⁵⁶ See https://www.americanbar.org/groups/center-pro-bono/resources/directory_of_law_school_public_interest_pro_bono_programs/definitions/pi_pi_clinics

⁵⁷ <https://medical-legalpartnership.org/about-us/faq/>

including a mix of federal, state, charitable, and private resources. MLP's have a growing evidence base that demonstrates they reduce health care costs, improve family and community health, and help raise awareness about the impact of conditions in a home or community on children's health.⁵⁸ At least one scholar has outlined how pediatric MLP's present an opportunity for child welfare to realize the impact legal services may have on reducing the need for child welfare involvement in many families.⁵⁹ HRSA supports implementation of MLP's at its HRSA-funded community health centers.⁶⁰

b. Agreements and partnerships between child welfare agencies and legal services providers

An increasing number of child welfare agencies have established relationships with legal services providers to help divert families struggling with poverty issues from making unnecessary contact with child protective services or to provide civil legal advocacy to families that are involved with the child welfare system to address issues that may delay reunification, guardianship, or other permanency goals. Representation to reduce the likelihood of contact with formal child protective services is commonly referred to as preventive legal services. Such relationships are implemented in a range of ways and can include an informal or formal agreement for the child welfare agency to make direct referrals to legal services organizations via hotline workers, investigators, or caseworkers to memorandums of understanding and in some instances formal fee for service contracts. Some arrangements include embedding or co-locating legal services staff physically (attorneys, peer partners, or other members of legal teams) in family serving nonprofits, family resource centers, or other human services offices or hubs where families may seek support.

c. Targeted legal services in high-risk communities

In areas where an acute civil legal need is prevalent, there are also civil legal advocacy programs and approaches that focus on one particular issue such as housing, immigration, education, or labor. Such efforts are highly specialized on issues that are disproportionately impacting families or individuals in a community. Legal teams that operate a targeted legal services program are deeply experienced in resolving a very discrete number of issues, often only one, and are also often involved with system and law reform work.

One such example is the Standing With our Neighbors program in Atlanta, GA. In 2016, the Atlanta Volunteer Lawyers Foundation saw the need to address housing instability for students attending Thomasville Heights Elementary School, a school in a high-poverty neighborhood. By embedding supportive legal services focused on living conditions and housing stability in Thomasville Heights Elementary, the program was able to reduce the student transiency rate by 14 percent and improve children's health, and has since expanded to operate in 8 other Atlanta schools.⁶¹

⁵⁸ <https://medical-legalpartnership.org/impact/>

⁵⁹ Kara Finck, Medical Legal Partnerships and Child Welfare: An Opportunity for Intervention and Reform, 28 Widener Commw. L. Rev. 23 (2019).

⁶⁰ <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf>

⁶¹ <https://avlf.org/standing-with-our-neighbors/>

IV. Conclusion

Well-being is the common denominator and fundamental charge across federal agencies that administer programs that serve low-income families and individuals in states, tribes, and territories. Each federal program plays a critical role in addressing the social and structural determinants of health and enhancing protective factors in communities. This includes working to create positive environments, conditions, and opportunities for children, families, and individuals so that they may reach their best potential as well as addressing and sometimes providing redress to remove or reduce risks of harm or threats to family stability and family integrity. It can also be preventive, especially in the child welfare context, as a powerful means for preserving family integrity. Civil legal advocacy is vital to ensuring access to and participation in programs and services that benefit children, young people, families, and individuals, and promoting community resiliency and stability. It is a tool for helping parents, caregivers, and individuals build knowledge of and gain access to programs and services that promote health, well-being, and build protective capacities. As such, civil legal advocacy is a critical strategy to help ensure federally administered programs are successful. We strongly encourage all human services entities to consider and explore the models, partnerships, and approaches included in this memorandum and examine current federal, state, local, and philanthropic funding streams and sources to support civil legal advocacy to help achieve positive outcomes for children and families.

Inquiries: [CB Regional Program Managers](#)

/s/

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Assistant Secretary
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Attachment

Appendix A: Examples of Civil Legal Advocacy Programs and Approaches to Promote Well-being

Resources:

[Legal Aid & TANF FAQs](#)

[Legal Aid & VOCA FAQs](#),

[National Center for Medical Legal Partnership](#)

[National Legal Aid and Defender Association: Addressing the Opioid Crisis presentation](#)

[Chapin Hall Research Brief No. 6](#)

<https://www.casey.org/quality-parent-representation/>

Appendix A: Examples of Civil Legal Advocacy Programs and Approaches to Promote Well-being

This section includes descriptions of an array of efforts to provide civil legal advocacy to help promote child and family well-being. The examples presented offer a range of approaches and models that a state, tribe, or territory may consider implementing to help maximize access to participation in civil legal advocacy programs and increase the effectiveness of programs, services, and supports, and position families and children for ongoing health and success.

Iowa Legal Aid Parent Representation Project Pre-Petition Advocacy

The Iowa Legal Aid Parent Representation Project uses a multidisciplinary team approach to work with parents and caregivers involved in the child welfare system. The Project Team, comprised of a lawyer, case manager, and parent advocate, holistically supports the caretaker to achieve positive outcomes for the family. The team receives referrals from the Iowa Department of Human Services (IDHS) for a parent or caretaker with a civil legal issue that if resolved would stabilize the family, prevent juvenile court intervention, and reduce the chances of out of home placement. Parents and caretakers are offered legal and social work advocacy to address matters including custody, orders of protection, affordable housing, and other issues faced by those in poverty. To get assistance through the project, IDHS identifies that a family has a civil legal need and a referral is made to the project. Project staff make contact with the client, gather background information, and provide advice concerning the presenting issue. If additional assistance is needed, such as obtaining a protective order or preventing an eviction, project staff discuss the case to determine if this legal intervention will allow their case to close with IDHS and/or lessen the chances of juvenile court intervention or out of home placement. If so, they provide representation and advocacy to resolve the legal issue. Project staff meet once a week to discuss all cases to ensure that all of clients' needs are met. The Parent Representation Project receives funding through a variety of state and private funding sources.

The Legal Services of New Jersey (LSNJ) Model for Removal Prevention

LSNJ has a relationship with the New Jersey Department of Child Protection and Permanency (DCPP) establishing an intake and referral process whereby DCPP has the option of making referrals directly to LSNJ to activate a legal team to advocate on behalf of parents and address issues that may make removal to foster care likely. The Model takes a comprehensive approach to addressing child welfare concerns, empowering clients, and providing multidisciplinary support through a team of legal advocates, social workers, and a parent ally mentor. The process begins with DCPP caseworkers, supervisors, and investigators identifying a family with safety concerns rooted in poverty. If DCPP is unable to resolve these concerns with the available tools and services, it refers the case to LSNJ for intake and advice. Each case is assessed by an LSNJ Family Representation Project attorney for its specific needs and based on that initial assessment, the client receives advice on the child welfare process within 24 hours from that initial contact. The client learns their rights and have the comfort of knowing that DCPP and LSNJ are supporting their efforts to keep their family together. The LSNJ advocate also asks the client about their concerns and goals and then utilizes this information to refer the case to other members of LSNJ's multi-sectoral team. LSNJ advocates, social workers, parent ally, and other team members regularly check in with the

client, ensuring that they feel supported in achieving their goals. LSNJ's work under the model operates exclusively on state funds.

Legal Aid Services of Oklahoma (LASO)

LASO employs nearly 150 attorneys, half of which are embedded within other non-profits. The non-profits provide shelter and services for the homeless and survivors of violence, assist formerly incarcerated persons with successful reentry, provide substance abuse treatment and provide health care. In each example, the non-profit was experiencing frustration by the ability of civil legal problems to extend and create homelessness, continue violence, increase recidivism, sabotage substance abuse treatment and perpetuate bad health. Connecting a person needing access to civil legal services is not as easy as a referral from a nonprofit service provider. Referral connections often missed due to fear, transportation, intimidation, and the ongoing belief that all lawyers charge fees. LASO attorneys need to be where clients already congregate for needed services. LASO's presence on site provides immediate access, prevention of future problems, and the resolution of existing problems as part of an overall client improvement strategy with the non-profit. <https://www.legalaidok.org/> is the LASO website. All of the LASO embedded attorneys are funded through collaborative resource development efforts with the non-profit. Funders include federal, state, and local government and private funders. Every embedded relationship is governed by a Memorandum of Understanding (MOU) between LASO and the non-profit. MOU's establish commitments from the non-profit to provide space and referrals.

Legal Aid of West Virginia

Since 2003, Legal Aid of West Virginia (LAWV) has jointly operated a project with the state's Department of Health and Human Resources in order to assist Temporary Assistance for Needy Families (TANF) recipients with pressing legal needs. In each of LAWV's 12 offices, the WV WORKS Legal Support Project is staffed with paralegal advocates and a number of regional attorneys. Up until 2017, the Project primarily focused on issues impeding self-sufficiency and safety (e.g., housing, domestic violence, and employment). However as the opioid epidemic unfolded, LAWV staff reported that the composition of WV's caseload was shifting. Consequently, since 2018, LAWV's staff funded by the WV WORKS Legal Support Grant has included a Kinship Resource Attorney and the Project has offered an array of legal services to meet the specific needs of children and their caretaker relatives who have been impacted by the opioid epidemic.

The goal of LAWV's Lawyer in the School Project is to stabilize the lives of elementary school children who attend Title I schools in some of WV's most challenged communities by providing onsite legal help to their families on issues such as eviction, disrupted income, and legal custody for caregivers.¹ While the lawyer in the school service model was initially developed as a Legal Services Corporation (LSC) pro bono grant, project staff quickly identified substance use disorder as a major issue for the families they served, many of whom

¹ See <https://www.lawv.net/Get-Informed/Blog/Article/77/Lawyer-in-the-School>. See also Legal Services Corporation & Legal Aid of West Virginia (2018), Lawyer in the School Start Up Guide, <http://www.nlada.org/sites/default/files/LAWV%20Digital%20Lawyer%20in%20the%20School%20Guide.pdf> and National Legal Aid & Defender Association (2019), Lawyer in the School and WV WORKS Legal Support Project, <https://www.american.edu/spa/jpo/toolkit/upload/legal-aid-of-west-virginia-s-lawv-lawyer-in-the-school-project.pdf>

were headed by kinship caregivers. LAWV Applied for and received a Department of Justice Office for Victims of Crime (DOJ OVC) grant earmarked for assisting children impacted by the opioid epidemic, Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims. With this funding, the Project provides onsite legal help to affected children and their caregivers at regular school-based clinics in Marion, Cabell, and Wayne counties, screens families to determine whether they are in need of longer term direct representation, provides legal information presentations to families, and participates in a community response network.

Tennessee Alliance for Legal Services

Tennessee Alliance for Legal Services (TALS) is a statewide non-profit that aims to increase collaboration, support, training opportunities, resource development, and monitoring within a broad network of civil legal assistance providers throughout Tennessee. In collaboration with the Tennessee Department of Human Services (TDHS), TALS and its partner legal aid firms are working to halt intergenerational poverty and help families achieve economic stability through the Cycles of Success program. With the help of unused state TANF funds and TDHS's Two-Generation (2Gen) Approach, Cycles of Success provides legal assistance to children and caregivers while offering other wraparound services tailored to the needs of participating families. The 2Gen framework engages partners across the public and private sectors and employs experience and expertise with a focus on education, economic supports, health and wellbeing, and social capital.²

Chicago Law and Education Foundation (CLEF) School-Based Civil Legal Clinic

The Chicago Law and Education Foundation (CLEF) provides Chicago Public School students and families access to free and direct legal services and education related to housing, juvenile criminal expungement, intimate partner violence, and immigration at nine partner high schools and libraries.³

Atlanta Volunteer Lawyers Foundation (AVLF) Standing with Our Neighbors Program

The Standing with Our Neighbors program is a partnership between Atlanta Volunteer Lawyers Foundation (AVLF), area schools, and other community allies to provide direct outreach and legal services to low-income families experiencing housing instability or habitability problems in Atlanta.⁴ The program first launched at a single elementary school in 2016, and has since expanded and embedded AVLF staff attorneys and community advocates in nine Atlanta schools and partners with nine local law firms. AVLF currently retains a staff of approximately 600 attorney volunteers and law students. Each year, more than 15,000 potential clients contact AVLF for assistance and 5,000 of these individuals receive legal advice or representation from volunteer staff.

²For more information, see <https://www.tn.gov/humanservices/building-a-thriving-tennessee-through-2gen/2gen-partners.html>, <https://www.american.edu/spa/jpo/toolkit/upload/tennessee-cycles-of-success-model.pdf>, and <https://www.tn.gov/humanservices/building-a-thriving-tennessee-through-2gen/about-2gen-in-tennessee.html>.

³ See <http://lawclef.org/>. See also <http://lawclef.org/testimonials/> for examples of legal services CLEF has provided.

⁴ See <https://avlf.org/standing-with-our-neighbors/>. See also <https://avlf.org/programs/> for descriptions of AVLF's other programs.

Moran Center for Youth Advocacy School-Based Civil Legal Clinic (Evanston, IL)

Moran Center for Youth Advocacy's School-Based Civil Legal Clinic (SBCLC) provides free information and legal assistance to families with children in Evanston/Skokie School District 65 in Illinois on a variety of non-criminal topics that may impact a student's ability to stay in school, including adoption and guardianship, family law, housing, public benefits, immigration, and consumer protection.⁵

Healthy Together Medical Legal Partnership (Washington, DC)

Healthy Together is a pediatric Medical Legal Partnership (MLP) based out the Children's Law Center in Washington, D.C.⁶ As one of the oldest MLP's in existence, the Children's Law Center's partnership with the Children's National Medical Center Utilizing a multi-disciplinary legal team, Health Together staff promotes children's well-being by ensuring parents have access to the skills, supports, and services they need to safely care for their children.

In 2015, the Association of American Medical Colleges selected Healthy Together as one of three MLP's to participate in an evaluation to evaluate MLP's impact on patient and community health, cost savings and institutional benefits, and medical student/staff education. While that evaluation is still underway, a number of studies demonstrate that MLPs are a promising innovation for addressing social, legal, and health challenges for underserved and vulnerable populations.⁷

Civil Legal Advocacy Involving Tribes

Eastern Band of Cherokee: The Eastern Band of Cherokee operate a strong long running civil legal aid office. The office prioritizes any cases referred from child welfare. Coordination is overseen through Tribal IV-B.

The Confederated Salish & Kootenai Tribes has been strengthening partnerships and working to transition their child welfare practice from filing court petitions for "Children in Need of Care" to a Court Diversion Program for "Families in Need of Care." The partnership includes the Tribal Court, Child Welfare, the University of Montana's Department of Education, and the Tribal Public Defenders Office Civil Division which seeks to provide holistic representation to clients in civil matters.

⁵ See https://moran-center.org/what-we-do/school-based-civil-legal-clinic/#CLC_Volunteer

⁶ <https://www.childrenslawcenter.org/resource/healthy-together-glance>

⁷ See pages 6-7 at <https://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>