

Urban Innovation Fund Final Report: Evaluation of the Camden Coalition’s Medical-Legal Partnership at the Cooper Center for Healing in Camden City

**Prepared By: Senator Walter Rand Institute for Public Affairs (WRI) at
Rutgers University - Camden**

Round: 1

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Project Details:

- **Name of Project:** Evaluation of the Camden Coalition's Medical-Legal Partnership at the Cooper Center for Healing in Camden City
- **Coordinating Principal Investigator/PI:** Devon Ziminski, Senior Research Administrator, Senator Walter Rand Institute for Public Affairs
- **Amount Awarded:** \$99,459
- **Amount Spent (as of September 9, 2024):** \$63,484.01 spent; \$35,974.99 remaining
- **Final Report Due Date:** Grant End Date No Cost Extension from June 30, 2024 to October 31, 2024, Report Due in September 2024

Team Organizations

About the Senator Walter Rand Institute for Public Affairs (WRI)

The [Senator Walter Rand Institute for Public Affairs \(WRI\)](#) at Rutgers-Camden has been a long-standing and trusted regional community partner for over 20 years. WRI honors former Senator Rand's dedication to Southern New Jersey and exists to produce and highlight community-focused research and evaluation leading to sound public policy and practice. With that as a foundation, WRI convenes and engages stakeholders in making the connections across research, policy, and practice in support of Camden City and Southern New Jersey residents. Using social science research methods, WRI specializes in transforming data into actionable information across a variety of areas, including workforce development, education, transportation, and public/population health. WRI reinforces and amplifies Rutgers' research, teaching, and service goals by connecting the multidisciplinary expertise of faculty to regional problems, developing research and professional skills in students, and linking the resources of higher education to communities in Southern New Jersey. WRI specializes in qualitative research and believes that community voice is at the heart of facilitating policy, systems, and environmental change.

About the Camden Coalition (CC)

The [Camden Coalition](#) is a multidisciplinary, community-based nonprofit working to improve care for people with complex health and social needs in the city of Camden, across New Jersey, and around the country. We develop and test care management models and redesign systems in partnership with consumers, community members, health systems, community-based organizations, government agencies, payers, and more, with the goal of achieving person-centered, equitable care.

As one of New Jersey's four Regional Health Hubs, we work with regional partners, New Jersey's Medicaid office, and other state agencies to expand data-sharing and collaboration between organizations so that patients across South Jersey experience seamless, whole-person care.

About the Center for Healing (CCH)

The [Cooper Center for Healing](#) is an integrated center that provides innovative, compassionate care for patients with substance use disorder (SUD), pain, trauma, and psychiatric disorders. The center's medical specialists in addiction medicine, toxicology, emergency medicine (EM) and emergency medical services (EMS), internal medicine, family medicine, and psychiatry provide interdisciplinary specialty care in the hospital, ambulatory, and community settings. The center also has a robust interdisciplinary clinical team of behavioral health clinicians, nurses, and navigator specialists who offer wraparound services to patients in a biopsychosocial model, including helping them to address social determinants of health (SDOH). Patient services include but are not limited to: Inpatient SUD consultation; Outpatient SUD consultation; Empowering Mothers to Parent and Overcome with Resilience (EMPOWR) for pregnant and parenting women struggling with substance use and SUD; and full coverage services for SUD and mental health for uninsured and underinsured people, including people experiencing undocumentedation.

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1. Introduction:

1.1 Background:

Please provide a brief summary of your research project. Include the purpose of the research, project goals, and duration.

Background on the Camden Coalition’s Medical-Legal Partnership (MLP): In November 2017, the Camden Coalition and Rutgers Law School launched an MLP to better address the health-related social needs of community members involved in the Coalition’s complex care interventions. A consulting attorney joined the Coalition’s complex care team alongside nurses, social workers, and community health workers. In the years since, the Medical-Legal Partnership MLP has added attorney fellows to expand the team’s capacity.

The MLP model integrates attorneys into healthcare settings to resolve needs that can undermine a patient's health and wellbeing and can be better met through the legal system. Medical-legal partnerships follow the principle that leveraging legal services and expertise can advance individual and population health as it addresses structural problems at the root of so many health inequities. The Camden Coalition MLP addresses diverse legal issues – like a threatened eviction, a benefits denial, a utility shut-off, or a municipal charge — that become barriers to better health.

The Camden Coalition MLP serves individuals with a variety of medical and legal issues across a number of interventions, including:

- [Cooper Center for Healing’s](#) outpatient addiction medicine clinic;
- [Camden Core Model](#), the Camden Coalition’s nationally-recognized intervention serving individuals with frequent hospitalizations, multiple chronic conditions, and social vulnerabilities;
- [Housing First](#), serving Camden Coalition participants in permanent, supportive housing who previously experienced high hospital utilization and chronic homelessness; and
- [Horizon Blue Cross Blue Shield’s Neighbors in Health](#), an intervention through which the Camden Coalition helps to identify and address Social Determinants of Health facing complex care patients.

The focus of this research project was on the experiences of MLP clients/patients¹ served through the MLP’s partnership with Cooper University Health Care’s Cooper Center for Healing. Specifically, the MLP operates through the Cooper Center for Healing’s addictions medicine clinic, which is housed in the same building as the Camden Coalition, on a different floor in Camden, NJ. The two organizations have a partnership agreement for the MLP.

¹ People that worked with the MLP are referred to as clients/patients throughout the report as these individuals were simultaneously patients of the Cooper Center for Healing and clients of the Camden Coalition MLP program

Purpose: Two previous research collaborations between the Walter Rand Institute (WRI), Cooper Center for Healing (CCH), and the Camden Coalition (CC) uncovered the existing legal needs of clients/patients and helped support the Medical-Legal Partnership's creation. A 2016 research project explored what elements might be needed to start a medical-legal partnership². Following the MLP's creation, a 2019/2020 data analysis project specifically assessed the top legal needs facing CCH clients/patients, with survey results highlighting the following areas as the top needs: 1. Safe and affordable housing; 2. obtaining government benefits; 3. Paying bills and debts; 4. Mental health treatment; and 5. Employment.³

With the recent celebration of the Camden Coalition MLP's five-year anniversary in 2023, the MLP program in Camden City through the Cooper Center for Healing and the Camden Coalition was well-situated for an evaluation of its program and process in meeting the needs of its population in Camden City and surrounding communities. CCH has expanded its services since the initial research was conducted and this study explored how the MLP is addressing clients/patients' needs through the expanded CCH and how the MLP is aligned with client/patient needs. The current project included interviews with MLP staff, interviews with MLP clients/patients, and a short survey with MLP clients/patients.

Goals: The current project used a mixed methods study to assess how the MLP is meeting the legal needs of its client/patient population. Goals included understanding how the MLP is operating, how the MLP is serving the needs of its client/patient population, and how the MLP may continue to best serve its population.

Duration: The duration of this project was July 1, 2023 to October 31, 2024.

1.2 Research Project Priority Population:

Describe the priority population for your research.

The priority population for this research was individuals who have received legal assistance from the Medical-Legal Partnership with the Camden Coalition and Cooper Center for Healing.

1.3 Research Project Location/Organization:

List the location(s) where the research was conducted:

- Bridgeview Building, 800 Cooper Street, Camden, NJ 08102 (Camden Coalition and Cooper Center for Healing offices)
- 411 Cooper Street, Camden, NJ 08102 (Walter Rand Institute office)

² WRI Final Report June 2016: [Medical Legal Needs Assessment of Cooper Rowan Clinic and Link2Care Patients: Description of Patient Legal Needs](#)

³ [WRI Final Report to Cooper Center for Healing Patient Legal Needs June 2020.pdf](#)

- Virtually as needed (for any virtual data collection and/or when project team members were working from home)

1.4 Project Objectives:

- Engage in collaboration between the Walter Rand Institute, Camden Coalition, and Cooper Center for Healing teams across the research project
- Design research guides, survey, and receive all research approvals
- Engage in outreach and data collection
- Conduct data collection and analysis
- Write, edit, and submit final report to funder
- Share project findings through various dissemination efforts

2. Methodology:

2.1 Research Questions:

List the specific research questions for your project.

For CCH/MLP Clients/Patients:

1. What does client/patient use of MLP services, engagements across the health care and legal system(s), and progress in recovery and/or recovery capital look like (e.g., changes in use)?
2. How is the MLP meeting/serving client/patient needs?

For CCH/MLP Staff/Leadership:

3. How is the MLP operating? (e.g., What have been successes and challenges? What are key components that contribute to the MLP's operations - partnership, services, availability of staff or resources or co-location of services? How has the MLP been tailored to the population it is serving?)

2.2 Research Design:

Describe the methods used to answer each research question (e.g., quantitative survey, interviews, focus groups).

This research conducted interviews with the clients/patients, staff, and leadership of the Camden Coalition MLP and Cooper Center for Healing, and conducted a brief survey of clients/patients. Research Question #1 was addressed through the survey disseminated to clients/patients about the legal services they received and how it related to their recovery journey. Research Question #2 was addressed through interviews with clients/patients to understand how the MLP is working with clients/patients and what the MLP does to address legal needs. Research Question #3 was addressed

through interviews with CCH/MLP/Coalition staff and leadership to highlight MLP operations and identify key components to serving the program's clients/patients.

2.3 Narrative Description of Methods:

Insert narrative description here.

Data collection involved engaging in in-person, phone, or virtual interviews with CCH and MLP clients/patients, staff and leadership, as well as administration of a survey (through paper and/or electronic means) to MLP clients/patients. Recruitment for data collection occurred in collaboration between WRI, CCH, and Camden Coalition through targeted email, text message, phone call, and in-person outreach for interview and survey participants. The researchers involved in this project are Collaborative Institutional Training Initiative (CITI) Human Subjects Research certified, and this project was approved by the Rutgers University Institutional Review Board (IRB).

2.4 Instruments:

Describe the specific instruments used for each method (e.g., surveys, checklists, interview guides). Include names of any validated survey instruments used. Attach a copy of the instruments to the final document if applicable.

Two separate interview guides were developed for interviews with the MLP staff and for interviews with the MLP clients/patients. For client/patient interviews, topics addressed overall experience with the MLP, and specifics for what the MLP did and how it helped, and recommendations. For staff interviews, topics addressed goals of the MLP, barriers and opportunities in MLP operations and the role of medical-legal partnerships, and recommendations and ideas for future sustainability. **See Appendix for the interview guides.**

A survey was developed for distribution to the MLP clients/patients. The content of the seven-question survey included Section A: Legal Needs, which asked which legal needs the respondent had experienced, and which had been served by the MLP. These items were WRI developed. Section B: Recovery Capital used modified versions of the Assessment of Recovery Capital (ARC) scale and Brief Assessment of Recovery Capital Scale measures (Best, 2012⁴; Groshova et al, 2013⁵, Valsaint et al., 2017⁶). Section C: MLP Staff Engagement and support from the MLP used a modified version of the

⁴ Best, D., Honor, S., Karpusheff, J., Loudon, L., Hall, R., Groshkova, T., & White, W. (2012). Well-Being and Recovery Functioning among Substance Users Engaged in Posttreatment Recovery Support Groups. *Alcoholism Treatment Quarterly*, 30(4), 397–406. <https://doi.org/10.1080/07347324.2012.718956>

⁵ Groshkova, T., Best, D., & White, W. (2013). The Assessment of Recovery Capital: properties and psychometrics of a measure of addiction recovery strengths. *Drug and alcohol review*, 32(2), 187–194. <https://doi.org/10.1111/j.1465-3362.2012.00489.x>

⁶ Vilsaint, C. L., Kelly, J. F., Bergman, B. G., Groshkova, T., Best, D., & White, W. (2017). Development and validation of a Brief Assessment of Recovery Capital (BARC-10) for alcohol and drug use disorder. *Drug and alcohol dependence*, 177, 71–76. <https://doi.org/10.1016/j.drugalcdep.2017.03.022>

Client-Relations Skills in Effective Lawyering (Boccaccini, Boothby, & Brodsky, 2002⁷) scale to assess the respondents' views of support received by the MLP staff. Section D: Effects of the MLP assessed respondents' views on their legal knowledge and ability to address their legal needs. These items were WRI developed. **See Appendix for the survey questions.**

Additional demographic data was provided by Camden Coalition to merge with the MLP client/patient survey data. This data included date of birth, age of engagement with the MLP, gender identity, race/ethnicity, physical and mental health diagnoses, and number and dates of engagement(s) with the MLP.

2.5 Collaboration:

Describe your collaboration with internal and external stakeholders. Include any new collaborations not detailed in the initial proposal and explain how all collaborators contributed to the project.

Collaboration with partners at the Cooper Center for Healing and the Camden Coalition was essential for this project. With regards to data collection, Camden Coalition provided the names and contact information of all clients/patients for the WRI research team to reach out to, and aided in connecting with clients/patients as needed. Cooper Center for Healing and Camden Coalition staff were extremely helpful in providing access and space to meet with clients/patients.

2.6 Data Collection:

Explain who collected the data and the methods used.

The WRI research team conducted all interviews with MLP clients/patients and MLP staff to maintain consistency across data collection. The study's purpose and procedures were explained to each potential participant, and informed consent was obtained from each person.

Interviews with MLP Staff - Each MLP-affiliated staff member was eligible to participate in an interview. Interview recruitment took place from January to April 2024, and the Walter Rand Institute/PI reached out to 17 individuals who were staff at Camden Coalition and/or Cooper Center for Healing and involved with the MLP operations. Staff included current addiction medicine physicians, behavioral specialists, psychiatrists, Cooper Center for Healing directors, patient navigators, MLP attorneys, and the MLP main consulting attorney. WRI staff engaged in at least three outreach attempts (e.g., phone, email and/or in person conversations) per contact. WRI held 13 interviews (out of 17 identified MLP staff) with MLP staff in person at the Camden Coalition/ Cooper Center for Healing building or on WebEx virtual video conferencing platform. Staff interviews were held with physicians, psychiatrists, counselors, patient services representatives, and patient navigators at Cooper Center for Healing, and with MLP attorneys and supervising staff from the Camden Coalition. Interviews were

⁷ Boccaccini, M. T., Boothby, J. L., & Brodsky, S. L. (2002). Client-relations skills in effective lawyering: Attitudes of criminal defense attorneys and experienced clients. *Law & Psychology Review*, 26, 97–121.

recorded and interview data transcribed. Each interviewee received a \$40 VISA gift card.

Surveys and Interviews with MLP Clients/Patients - Each MLP client/patient was eligible to participate in the survey and an interview. Recruitment took place from February 2024 to April 2024, and the Walter Rand Institute research team reached out to 242 individuals who were current and/or former clients/patients of the MLP program - these are individuals who were involved with the program from February 2022 through the time of data collection end date (April 2024), and were also patients at Cooper Center for Healing who were, at some point from February 2022 through April 2024, referred to the MLP through their involvement at the Cooper Center for Healing. At least three engagement attempts were conducted for each individual, through text message and/or phone calls. Camden Coalition MLP attorneys also provided additional outreach as necessary to engage with potential participants. Each outreach attempt included the link to the survey and also asked if the potential participants would like to engage in an interview. Participants received a \$40 VISA gift card for the survey and/or for the interview (up to \$80 total if the participant completed the survey and the interview).

For the survey, the study's purpose was explained in the consent form embedded in the beginning of the survey, and informed consent was obtained from each individual participating. Each person completed the survey on a computer or cell phone. Seventy individuals completed the survey. WRI held 39 interviews with MLP clients/patients in person at the Camden Coalition/ Cooper Center for Healing building, on WebEx virtual video conferencing platform, or on the phone. Interviews were recorded and interview data transcribed.

2.7 Data Sharing

Detail the de-identified data your project team can share with DICE for further research in the region.

See Section 6.1 Dissemination Activities for communications and dissemination to date. The project team, after de-identifying data and ensuring that data cannot be linked to any specific individuals or entities (in accordance with the approval obtained from Rutgers University Institutional Review Board (IRB) for this project), can share non-confidential information in various ways:

1. De-identified datasets may be shared with IRB protocol-approved partners (e.g., Rutgers Camden DICE/Cooper Center for Healing/Camden Coalition) for continued and future research and evaluation purposes. These datasets can be leveraged by protocol approved partners to inform MLP program operations, to apply for funding to support additional operations or research endeavors, and/or in teaching/mentoring capacities for students and/or mentees affiliated with the protocol approved partners.
2. De-identified and aggregated versions of data may be made publicly available as datasets and leveraged/used by researchers, community members, practitioners, and public officials in the City of Camden, at Rutgers-Camden, and across the Southern New Jersey region to understand barriers facing those with substance use disorders and legal needs.

3. De-identified and aggregated versions of data collection and analysis procedures, project process, and project findings may be made publicly available and disseminated through written and visual modes: research reports or briefs, scholarly publications, and social media and blog posts led by WRI and in collaboration with the Camden Coalition and Cooper.
4. De-identified and aggregated versions of data collection and analysis procedures, project process, and project findings may be made publicly available and disseminated through oral and visual modes: such as through presentations (oral, poster, roundtable, and/or panel) led by WRI and in collaboration with the Camden Coalition and Cooper.

2.8 Data Analysis:

Describe how data was analyzed (e.g., computer software, statistical tests, qualitative analysis).

Data Analysis - Interviews with MLP Staff and Clients/Patients

Audio data from the MLP staff interviews and the MLP client/patient interviews were sent to a transcription company. After the data was transcribed and reviewed again by the WRI research team, the data were entered into NVivo 14, a research software, for analysis.

The data from interviews - separated by staff and client/patient interviews - were first reviewed by the WRI research team to identify key topic areas for further exploration. WRI researchers individually generated a list of themes. WRI researchers then met to discuss individual theme lists and worked collaboratively to compile a final list of themes from the data, resulting in a consensus codebook of seven key themes for the MLP staff, and eight key themes for MLP clients/patients. The codebook was then used to code the focus group and interview data.

Data Analysis - Survey to MLP Clients/Patients

Following survey data collection, responses were reviewed for any discrepancies and duplicate responses and the data was cleaned for multiple responses and non-responses. Additionally, existing health secondary data from CCH/and/or Camden Coalition was received and combined into the survey data set for analysis. The statistical program SPSS was used to run descriptive statistics.

2.9 Limitations:

One limitation was the researchers' inability to make contact with everyone we contacted. Some people did not respond to outreach attempts and/or chose not to participate - this likely reduced the number of participants. Additionally, the participants involved were only affiliated with the MLP and Cooper Center for Healing. Similar to many other program evaluations, those who responded may have induced self-selection bias into the data by their willingness to participate (compared to other people who were involved with the MLP and Center for Healing that the WRI research team reached out to, but did not choose to participate).

3. Budget:

3.1 Percentage of Funds Expended:

Please indicate the percentage of allotted funds that have been expended at the time of submission.

As of the last budget period (through September 9, 2024), \$63,484.01 has been spent (\$35,974.99 remaining of the overall \$99,459 grant). The no cost extension for the grant ends October 31, 2024, and a final expenditure report will be submitted to DICE in early November 2024 that indicates the final grant expenditures.

Expected commitments that will be made during the final month of the grant include but are not limited to, travel and expenses for the October 2024 CUMU conference, dissemination efforts (e.g., any printing, publication, and design costs), and staff time.

3.2 Final Expended Budget:

Attach your final expended budget to this report.

Please see the attached expended budget to this report.

3.3 Additional Funding:

Describe any additional funding you were able to leverage for your project during this period. Include details such as the amount, funding source, and start/end dates

There was no additional funding used during this project period.

4. Results:

4.1 Research Question Results:

Describe the results for each research question, including any relevant charts or tables.

WRI held 13 interviews with staff from February 2024 to April 2024.

STAFF FINDINGS

Data from interviews with MLP affiliated staff centered around seven main themes: 1. goals of the MLP; 2. values and importance of legal help in recovery, 3. the logistics and location of the MLP operations; 4. the MLP staff; 5. “secret sauce” components that contribute to the Camden Coalition MLP’s unique model; 6. the role of complex care and social determinant of health in the MLP’s work;

and 7. existing barriers in the MLP's work and sustainability considerations. The main takeaways from the data are highlighted in the sections below.

1. Goals of the MLP

The Camden Coalition Medical-Legal Partnership (MLP) integrates legal services into the medical care of Cooper Center for Healing patients with substance use disorders. This model seeks to address not only the physical and mental health needs of patients but also the legal and social issues that often worsen their conditions. One of the primary goals of the MLP is to provide integrated care that considers the full spectrum of challenges faced by clients/patients. One staff participant explained, "Our goal is to provide care that's not just about treating the addiction but also addressing the underlying legal and social issues that contribute to it. By working together, we can help [clients/patients] stabilize their lives in a more comprehensive way." This holistic approach recognizes that health is influenced by a wide range of factors, many of which are legal in nature. Legal barriers can significantly hinder a patient's recovery, and the MLP is dedicated to removing these obstacles. One participant highlighted the direct impact of legal issues on health, noting that, "Many of our [clients/patients] face legal issues that are directly tied to their health. If they're at risk of eviction or can't access benefits, it can derail their recovery. The MLP helps remove these barriers so they can focus on getting better."

The MLP also aims to play a crucial role in promoting hope and human dignity among clients/patients who often feel marginalized and overlooked. "For so many of our [clients]/patients, they feel like the world has given up on them. We want to show them that we care, that they matter. When they see us fighting for their rights, it gives them a reason to keep going, to believe in themselves again," one participant explained. This emphasis on dignity and support underscores the MLP's commitment to treating clients/patients not just as cases to be managed, but as individuals deserving of respect and compassion. A client/patient-centered approach is central to the MLP's work. The MLP strives to offer personalized support, recognizing that each client/patient's situation is unique. As one participant described, "Every [client/]patient is different, and their needs are unique. Our goal is to meet them where they are, whether it's helping them with an immediate legal issue or just being there to listen. It's about making sure they know we're on their side." This tailored approach ensures that clients/patients receive the specific help they need, whether that's immediate legal assistance or ongoing emotional and social support. Through its goals on removing legal barriers, promoting dignity, and providing personalized support, the MLP aims to improve individual client/patient outcomes and set an example for how healthcare and legal services can work together to create a more just and supportive care system.

2. Value & Importance of Legal Help in Recovery

The MLP program focuses on legal aid as a standard component of medical care and essential to overall well-being. As one person shared, "I don't think medicine and legal have to sit on separate sides, the same way I don't think medicine and behavioral health need to be separated. I think we have to treat whole people...We owe it to them to make legal services available, to expunge records to make sure

that people can find gainful employment and they can get housing. And so no matter what we do or no matter how that legal support is delivered, they are deserving of it.” Staff participants spoke of the legal assistance being one component of the wraparound service model that can support clients/patients in engaging in their treatment and overall recovery.

Staff interviews highlighted how the integration of legal assistance into addiction medicine is crucial in addressing the complex challenges faced by individuals struggling with substance use disorders. This approach recognizes that recovery is not just about treating the physical and psychological aspects of addiction but also about managing the legal issues that often accompany it. Many clients/patients face legal barriers, such as warrants or housing issues, which can prevent them from fully engaging in their health and recovery. One participant explained how for clients/patients, the fear of arrest, eviction, or unresolved legal matters can drive people back to substance use as a coping mechanism:

“When you're in recovery, like all these different things could be a barrier to you moving forward. Like if you always have to think about if you're going to get arrested because you have an outstanding warrant, or you can't make a child support payment or a rental payment and you're going through eviction or you have these pending criminal charges, like these legal issues weigh so heavy upon someone, like it's unbelievable. And just the thought of having to address them, uh, will make you want to use, you know, like it's so easy to say, fuck it and just go get high, like unbelievably easy....And the cycle continues and you're back to square one. So if we can remove those burdens from somebody, like take away them having to worry about their legal issue because, well, I'm going to resolve it for you, then I'd like to believe that then they can better focus on themselves or at least not worry about it to the point where it's going to cause a relapse.”

Specifically, embedding legal aid in recovery also enables the clinical team to focus on their role serving patients. A staff person shared, “So for me as a healthcare worker, I need to prevent suffering and I need to prevent death. And the MLP gives me the tools to do that.....You worry less. I'm like,”[name of MLP attorney]’s got this. You know? And now I can focus on the clinical aspects because I know that these other things are taken care of. But if my patient has a warrant and they're worried about leaving this practice and walking because they'll get picked up [by police], right, I can't be like, ‘Okay, let's talk about how, you know, your health is going and how your self, you know, aspirations are,’ like, because they can only think of the fears that they're having. And so having, you know, a person who is safe, who will help them, allows me to focus on the things that are really important to their overall healthcare. And it also gives me space to say, ‘We will do something to help you.’”

Furthermore, one of the most notable impacts of integrating legal assistance into addiction medicine is the hope it provides to clients/patients. Substance use disorder is often accompanied by feelings of shame, isolation, and hopelessness, which can be exacerbated by legal issues. The presence of legal support can be transformative, instilling a sense of hope and empowerment in clients/patients. As one staff member reflected, “Substance use is a shaming and isolating disease... I have to hope for a brighter future for them than what their past has been. And having a legal partnership like this allows me to share that hope with [clients/]patients.” This hope is a critical component of recovery, helping

[clients/]patients believe in the possibility of a better future. As another staff member pointed out, “It is a partnership where I do learn more about the legal system and how it works. It allows us to do what I call the installation of hope for [clients/patients].”

3. MLP Operations: Logistics & Location

A critical part of the MLP operations is the constant collaboration between the program’s two main partner agencies - the Camden Coalition and the Cooper Center for Healing. The partnership streamlines the ability to share data between the agencies, and also supports referrals from the Cooper Center for Healing healthcare providers to the Camden Coalition MLP legal staff. Typically, a referral (from a patient’s Cooper Center for Healing patient navigator, doctor, or other provider) will come through when a legal issue has been identified during a healthcare appointment. The provider will often then bring the patient to the front desk after their appointment. There they will fill out a HIPAA compliant Release of Information (ROI) form, and a brief description of what they would like to speak to an attorney about. The information is then sent to the MLP staff, who confirms with the Cooper staff that the referral was received, and the MLP staff will then call the client/patient to set up a time to meet/review their information. The MLP attorneys then connect with the client/patient with the said legal issue/concern, and work to address those legal issue(s).

Camden Coalition and Cooper Center for Healing Co-location

The Camden Coalition and the Cooper Center for Healing are on two separate floors of the same building in Camden, NJ, and multiple participants spoke about how the co-location improved service provision. As one person shared, “...We feel like there has to be that presence in order to just generate familiarity. Familiarity with, between the staff and the attorneys and with the [clients/patients] and the attorney. So I think that's a key component, um, is being integrated and, uh, not just, you know, theoretically, but actually, the physical co-connection.” The physical location also eases the client/patient burden of having to go to multiple locations and reduces the time it takes to address multiple appointments.

Participants commented on how the MLP attorneys will make daily or almost daily rounds throughout the clinical floor to ask if the healthcare providers had any patients that needed legal aid. Staff participants discussed the importance of physical presence to generate buy-in from providers and trust from clients/patients. One MLP staff person noted, “So an in-person presence is necessary. And I think what we have downstairs with the in-person is special because we're there every day. Like I'm there every day in some capacity...you know, it's weird for lawyers to be in medical environments. So I get the natural hesitation and distrust of allowing someone like that into that kind of environment, especially with people with substance use or mental health issues. But, um, you know, we come with good intentions. And when they realize what we're doing and that we're actually helping their patients, we kind of become embedded. We're not kind of, we did become, embedded in their team.”

Participants shared that because the two organizations are deeply intertwined and the MLP attorneys are in constant contact with the addictions medicine team, this helps facilitate the trusting and open relationship between clients/patients and the MLP attorney as the MLP attorney is also seen as a partner with the health care operations. This trust creates a “very smooth like handing off. Like I don't

have those barriers of clients/patients not wanting to open up or share with me or tell me what their issue is because they do it from the rip, and I think a lot of that has to do with the relationship they have with their medical provider and that gets like impeded on me which is a great thing. Like I don't ever have that problem that a lot of lawyers do have or could have in that situation with new clients[/patients]."

Multidisciplinary staff and bidirectional teamwork

Staff discussed how the multi-speciality team (e.g., physicians, psychiatrists, patient navigators, attorneys, therapists) that work with the MLP supports clients/patients in their recovery. Participants discussed how the organizations and staff are "on the same page" and mission aligned, which supports collaboration. Another staff participant noted, "...since people are coming from so many different facets... being able to assist [clients/patients] at any stage and at any level that they're at is what we try to strive for across the board. And having both of those, like, mission, aligned goals, and values on both parts of the MLP-- like on the Camden Coalition side, on the Center for Healing side, is what makes the MLP so strong because of that partnership and that collaboration... we reach across so large and so wide to our entire [client/]patient population..." The partnership between medical and legal professionals also creates a bidirectional learning process that improves the quality of care for clients/patients. Medical staff gain a better understanding of the legal challenges their patients face, while legal professionals learn about the complexities of addiction and recovery in their clients. This collaboration extends to broader advocacy efforts, such as educating judges.

4. The MLP Staff

Participants discussed how staff working in an MLP must exude compassion and be accessible to clients/patients. As one person shared, "I think the most important thing is that the team that you're working with is coming into a sacred space of your healthcare relationship. And for many people, that's life or death - for people with substance use disorders and mental health. And so those people [staff] need to be safe people, which means when you're selecting lawyers to work in an MLP, they need to be, you know, harm reduction, stigma-free, kind, compassionate, and supportive of your [client/]patient population..." In terms of what type of person would be ideal in the MLP attorney role, one person shared that they needed to be skilled on the legal side to produce good outcomes and capable of engaging with the substance use disorder client/patient population and clients/patients with complex medical needs in a genuine and trusting way. Multiple participants noted that because the client/patient population is people in active addiction/ in recovery, and is a heavily stigmatized population, "this work is not for everybody" and that people working in this space needed to be mission-aligned and have first hand experience and/or prior knowledge of substance use.

Accessible staff and timely communication

Data from interviews spoke to the MLP staff's responsiveness, patience, and direct and timely communication (over phone, email, text, and face-to-face) with clients/patients and other staff. MLP attorneys were reported to have wide availability and to make themselves available as soon as possible to speak with clients/patients. MLP staff followed up with clients/patients to discuss their legal situation, shared what actions the attorney was taking, and kept clients/patients apprised of each

development. As one staff person shared, “[MLP attorney] had sat down with the [client/]patient for like 45 minutes, even though [they] weren't able to represent [them]. And it already-- [They] were like, ‘I'm so grateful. Like, you were able to at least steer me in the right direction. I haven't been able to get answers for months. And then now I actually feel like I'm starting in a good place.’ So I think those small acts of, like, communication, but also, like, just, like, empathy and, like, compassion of just being able to tell them, like, we care about you and we have your best interests in mind just makes such a large difference and make the MLP, like, what it is.”

The MLP attorneys themselves discussed how they made themselves accessible and were active listeners in their work with clients/patients, one sharing how they talk conversationally to build trust:

“I really like that we try not to be up here [motions hand above forehead] with the clients[/patients] down here [motions hand below stomach]. That in the way we dress, in the way we speak, in the way we, you know, ‘Can I get you something to drink?’ You know, I'm not having a secretary say, ‘Oh, can I get you something to drink? [Name of attorney] will see you in 10 minutes.’ No. ‘Come on in. Can I personally, I, the attorney, can I get you a coffee?’ You know, ‘Have a seat, make yourself at home, let's talk.’ And I feel like that really helps get rid of that power dynamic that can be intimidating...we don't have a lot of time and we can't take on every case, but we try to not rush and make sure we're spending enough time and that we're getting the information we need up front and not getting these little drips and drabs of, ‘Oh, wait, what? This complicates things--you know? And if things like that happen, I won't be like, ‘Well, why didn't you tell me?’ I'll just be like, ‘Okay, cool. So let me just make sure I'm seeing clearly.’ And also explaining, you know, confidentiality, and what we can and can't do as attorneys - things like that help.”

Showing respect and compassion

MLP staff exhibited respect and compassion for the clients/patients. Data spoke to how staff needed to uplift and not judge clients/patients, and described how the MLP staff supported the clients/patients they worked with, particularly important among a population that is often dismissed from social service assistance. As one person shared, “I think, one, they're human. Just because they have substance use or [are] in recovery doesn't change the fact of anything. It's like any other disease that someone may have. They're human. And that's the first thing that [MLP attorneys] always do is that they treat them like they're human. They ask them how they're doing, how's their day - they'll remember little details about them, like, ‘I knew you were going on a trip somewhere. How was that trip?’ Or, ‘How was your kid doing?’...It's not so much of, and even just in Cooper Center for Healing, it's not so much client/patient and lawyer, it's that we almost have a relationship. I actually care for you more than just me helping you with this little thing, and then I'll forget about you the next day.”

5. “Secret Sauce”: The Camden Coalition MLP’s Unique Model

Engaging in legal work across civil and criminal legal issues

Participants explained how the Camden Coalition MLP attorneys engage directly in the legal work, whereas many other MLP’s operate in a consulting model where they consult with the client/patient, but they don’t do the direct legal work and refer clients to the local public defender’s office or external legal aid services. The Camden Coalition MLP engages in legal work across a range of issues, and also addresses criminal issues, something many other MLPs do not do. Other MLPs typically focus on one or two narrow practice areas (e.g., landlord-tenant, disability payments), and then refer clients/patients out to pro-bono attorneys for other issues. As one person shared, “So one of the reasons why I think what we do is really special and like what I made it a point to establish as a practice here is that we handle everything for you - from like A to Z. ‘Cause [sic] I think that makes for a more efficient and better result for the individual.”

The Camden Coalition MLP added criminal cases to their practice after realizing that many clients/patients’ legal needs went beyond traditional civil legal needs. A lot of clients/patients had outstanding criminal legal issues such as warrants and court fines and fees that were directly tied to their substance use. Explained one staff person, “no one’s coming to us and asking us to do a defense of a murder case. The vast majority, you’re talking about like petty stuff. People who were in active addiction, you had a petty theft charge... but almost all of it is drug related and, or sort of, adjacent to poverty and substance use disorder...”

The MLP addresses warrants and other legal issues related to court fines and fees from older cases⁸. The MLP credits their distinction as a separate organization (the Camden Coalition nonprofit) from the main health care entity where clients/patients are referred from (Cooper University Health Care and the Cooper Center for Healing) for being able to take on the legal risk⁹ to address criminal cases. One staff person shared, “So in terms of a standalone group that’s doing, you know, direct criminal representation, this is, I believe, unique. And that’s become a huge part of what we do. And I think it has had a tremendous impact, a big positive impact for the client/patient. I don’t think you could do that if you were based out of Cooper - to actually be doing criminal defense work. It just doesn’t... healthcare organizations are so risk averse.”

Flexible program structure

The MLP’s existence under a separate organization (Camden Coalition) from Cooper University Health Care and the Cooper Center for Healing reduces bureaucracy and creates flexibility in how the program can serve clients/patients. One person contrasted the large bureaucracy and hierarchy of public defender groups and/or other MLP structures against the efficiency and nimbleness of the Camden Coalition MLP’s small operations, saying “here we’re like, hey, we want to do this. Is this fit within our mission and our funding? Yes? Okay, cool. Let’s do it.” Additionally, the MLP’s funding structure

⁸ The MLP does not address open criminal cases.

⁹ The Camden Coalition purchased liability insurance for the MLP attorneys.

supports the attorney's accessibility and relationship-building with clients/patients. A typical attorney-client relationship would involve an attorney billing a client in small time increments (e.g. 15 minute increments), and random calls and follow-ups are discouraged. In the MLP, attorneys are able to take quick phone calls and do repeated follow-ups and check-ins with clients/patients because they do not have to so strictly track the amount of time they spend on each case/with each client/patient.

Using a coaching model

Data from interviews with MLP staff illustrated how the program uses a Camden Coalition coaching and client/patient empowerment model to provide legal aid. The coaching model rests on the idea that the professional help is not there to do everything for the client/patient or make all the decisions, but to support clients/patients and foster independence. MLP attorneys viewed their role as assisting their clients/patients in what their goals are, and letting the client/patient be the driver of decisions. One person shared the approach as, "We're gonna meet you where you are and we want to always be prepared for, you know, whatever that is. We don't judge, we're gonna just, you know--we wanna find out where you're at and what are the legal issues that are barriers for you...I think typically as a lawyer, you're very focused on what is the case and what is the specific narrow legal issue. And I think we try to do more sort of [client/]patient-centered legal services, thinking about the whole person and also like, okay, we're gonna help you with your legal issue that you have, but where does that fit in with your broader, you know, wellbeing and what can we do to position you so that when we address this legal issue, you're gonna be in a better position?..."

6. The Role of Complex Care & Social Determinants of Health (SDOH)

Staff emphasized the importance of also addressing non-medical issues such as housing, food insecurity, and mental health, which are often intertwined with legal problems. For example, one participant emphasized the connection between legal issues and social determinants of health, pointing out that "the legal things that our [clients/]patients struggle with on an almost daily basis are... steeped in social determinants of health." For example, one participant explained that if a client/patient is facing housing instability due to an eviction notice, they might not realize their rights until connected with an attorney embedded within the healthcare setting.

Staff emphasized how unmet SDOH creates additional considerations in their work with clients/patients, one person describing, "I think another challenge is the [client/]patient population that we work with has ups and downs, and they get wonderful medical care, they're engaged, they're working hard, on all aspects of recovery. It's just such a difficult place to be. They have family ups and downs, they have medical ups and downs, they have work ups and downs, you know, all these different challenges that come in and out, and so sometimes that can make it harder for us. They may not prioritize their legal needs because they're trying to put food on the table or trying to stay housed, trying to stay clean, whatever it is. And so I think that impacts our ability obviously to provide the services that we want to provide... I think we've been able to overcome a lot of this because the team down there recognizes what we're doing... but they are challenges."

The data highlighted the common needs of patients, and the most common example of limited basic needs access was technology - many clients/patients do not have phones, and the MLP staff often has to wait for people to show up in person and/or can not get in contact with them for follow ups. Zoom court also posed a challenge for many clients/patients with limited digital literacy or technology access. Another barrier repeatedly mentioned was housing, described as "one of the most challenging and common hurdles our participants face." This staff person noted the difficulty in finding appropriate, safe, and affordable housing for clients/patients, which directly affects the stability of clients/patients' lives.

7. Existing Barriers in the MLP's Work and Sustainability Considerations

Funding

Staff emphasized the significant challenge of securing sustainable funding for the MLP. Although the program is housed within the larger Camden Coalition organization, the MLP staff and its infrastructure are funded through grants, which are not guaranteed. A few staff suggested that future funding could come through avenues such as Medicaid where payment for medical-legal partnerships is part of Medicaid reimbursement. Some participants expressed their hope for broader, systemic change to increase funding for programs such as this. One staff person said, "the nature of this kind of work is grants: finding them, winning them, getting stuff up to speed, running well, and then your grant is over and, poof, there that goes...there's no continued funding... money is a solution to a lot of problems...but as I said, systemic reform, um, not just in the legal system, but economically, socially, health care, would all mean quality of life improvements for our participants."

Staffing considerations

Participants discussed how quality MLP staff are critical, serving as one-stop shop for client/patient's legal needs. Funding barriers and personnel/staff limitations were a barrier to serving additional clients/patients. As one person shared, "You know, if I had unlimited funding--I'd have an army of lawyers working on this 24/7...closing that gap between, you know, the haves who who can afford private attorneys and the have nots who get picked up on marijuana charge and all of a sudden have a record, and can't get jobs or can't work in a daycare, things like that. So it's really expanding the amount of legal services we provide and then expanding the advocacy work and working on a truly integrated health model where there is a lawyer on site at all times." One of the MLP attorneys suggested that their rapid growth might also benefit from an administrative staff person to help with administrative tasks like arranging rides to the organization, and organizing client/patient phone numbers.

Legal limitations

Many challenges exist because of complex laws, creating limitations to what the MLP attorneys can do in certain situations. As one attorney shared, "I think what is challenging about it, um, these are hard, they're-they're hard complex legal matters. So, you know, we're not always able to, even if we come and we do our very best, we're not always able to get the patient, the client, the outcome that they would want.... But I think that's, you know, something that I see as challenging, it's just the cases are hard, the issues are hard, it's hard to always get, steer it to the outcome that you would want." The

staff also talked about the hardship placed on clients/patients to try to get legal matters resolved across multiple townships and counties because having multiple cases and multiple attorneys across jurisdictions can be challenging to coordinate (in situations when the MLP attorney cannot represent in certain cases or jurisdictions). While the MLP attorneys cover many legal situations, there are some areas they cannot help with such as child welfare cases and immigration cases. The randomness of the court schedule was also a noted challenge because “people have jobs - work, and--they have a pretty low income and really need that money. Taking off of work is not easy.”

Stigma of addiction

Staff participants shared how the stigma of addiction poses barriers to their own work, and to the recovery of their clients/patients. One staff member said:

“You get some people who are supportive and who appreciate the effort that [clients/]patients are making, even if it doesn't always translate to the exact conduct that they may want to see. But you also get public officials who are not understanding, not supportive, and potentially sabotaging these [clients/]patients and their efforts. And so, I think that's something completely outside of our [clients/]patients' control...I think one challenge is just, it's a system, it's a world that's not always throwing its doors wide open for the folks that we're trying to serve... it's definitely so much better that they have legal representation, and they have lawyers there to advocate for them, but that doesn't mean that you're still not going to get some really unpleasant engagement with some folks in the system.”

Future Considerations

Participants expressed that they would like to see this MLP model be expanded and replicated in other settings due to the success they have seen over the past several years. "What we've done here is just the beginning. We want to see this model replicated across the state and beyond, so that every person struggling with substance use has access to the legal support they need. This is something that should be available in every clinic," one person said. This vision reflects the broader goal of making integrated legal and medical care a standard practice, ensuring that people in need of addictions medicine treatment have access to comprehensive support.

PATIENT FINDINGS

Interviews

WRI held 39 interviews with MLP clients/patients from January 2024 - April 2024. Data from interviews with clients/patients who worked with the MLP centered around eight main themes: 1. personal history and how they got connected to the Cooper Center for Healing (and subsequently the MLP program); 2. the area of legal need (e.g., landlord-tenant issues, domestic violence); 3. the overall experience of working with the MLP; 4. what the MLP did to help them (e.g. concrete actions like court representation and paperwork); 5. how the MLP worked with them (e.g., staff professionalism and personality) 6. changes that clients/patients experienced from working with the MLP; 7. any challenges in working with the MLP; and 8. any recommendations they had for the MLP program. The main takeaways from the data are highlighted in the sections below.

Survey

The client/patient survey about MLP experienced yielded 70 responses. Survey findings are included throughout relevant sections below.

Survey Demographics

Among individuals for whom information was reported in the survey, the majority of MLP survey respondents were female (65.7%; 44), and about a third were male (34.3%; 23).¹⁰ Just over half (57.8%; 37) respondents were White, followed by 23.4% (15) individuals who identified as Black, 15.6% (10) as Hispanic or Puerto Rican; and 1.6% (1) mixed race or preferred not to say.¹¹ The age of when clients/patients began their engagements with the MLP program ranged from 22 years old to 64 years old, the most common age being 36 years old, and the average age of MLP engagement being 41 years old¹².

MLP Gender Identity

Gender	%	#
Female	65.7%	44
Male	34.3%	23

¹⁰ Only binary options were supplied for gender identity. All data are reported as valid percentages minus missing responses. Data available for 67 out of 70 respondents

¹¹ Data available for 64 out of 70 respondents

¹² Data available for 68 out of 70 respondents

MLP Client/Patient Race/Ethnicity

Race/Ethnicity	%	#
White	57.8%	37
Black/ African American	23.4%	15
Hispanic or Puerto Rican	15.6%	10
Mixed race	1.6%	1
Preferred not to say	1.6%	1

MLP Client/Patient Age (in years)

Minimum	Maximum	Average
22	64	41
Male	34.3%	23

The highest number of self-reported mental health diagnoses was seven (1.5%; 1), and the lowest was zero diagnoses (4.5%; 3). The majority of respondents had one (22.4%; 15), two (28.4%; 19), or three (26.9%; 18) mental health diagnoses¹³. The most common diagnoses were attention-deficit/hyperactivity disorder (ADHD), depression, anxiety, bipolar disorder, and post traumatic stress disorder (PTSD).

MLP Client/Patient # of Mental Health (MH) Diagnoses

Diagnoses #	%	#
0	4.5%	3
1	22.4%	15
2	28.4%	19
3	26.9%	18
4	13.4%	9
5	3%	2
6	0	0

¹³ Data available for 67 out of 70 respondents

7	1.5%	1
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The highest number of self-reported physical health diagnoses was seven (1.5%; 1), and the lowest was zero diagnoses, which accounted for 20.9% of the respondents (14). The majority of respondents, if not zero, had one (28.4%; 19) or two (20.9%; 14) physical health diagnoses¹⁴. The most common diagnoses were asthma, diabetes and/or obesity, hypertension and/or hyperlipidemia, and hepatitis c. Others included seizure disorder/ epilepsy, arthritis/ rheumatism, cardiomyopathy, and HIV/AIDS.

MLP Client/Patient # of Physical Health (PH) Diagnoses

Diagnoses #	%	#
0	20.9%	14
1	28.4%	19
2	20.9%	14
3	13.4%	9
4	7.5%	5
5	7.5%	5
6	0	0
7	1.5%	1

Out of the 67 survey-takers for whom information was reported, 85.1% (57) had been diagnosed with substance use disorder.

MLP Client/Patient History of Diagnosed Substance Use Disorder (SUD)

SUD	%	#
Yes	85.1%	57
No	14.9%	10

¹⁴ Data available for 67 out of 70 respondents

Patient Interview Takeaways

1. Personal History and Connection to Cooper Center for Healing

MLP client/patient participants shared their personal histories, including struggles with addiction, mental health issues, and other challenges, which ultimately led them to seek help through the Cooper Center for Healing addictions medicine program. Most participants had long-standing issues with addiction, often beginning in their youth. Their addiction led them to multiple treatment centers, behavioral health centers, and outpatient programs. One participant explained, “So I have um struggled with addiction-- well really all my life. I've been to 13 rehabs...I've been to psych wards, I've been to countless outpatients...”. These experiences of repeated attempts to recover highlight the severity of their struggles and the persistence required to seek help. Another participant, after experiencing a near-fatal overdose, realized the urgent need for help, stating, “I came to Cooper because I was using heroin. And I came to Cooper back in 2020 because I did a bag of dope and I OD'd on the side of the road.”

Many participants reached a breaking point that pushed them to seek help from Cooper Center for Healing. One participant, after a series of legal troubles and the threat of severe consequences, reflected: “I had heroin in the car. I had crack in the car... I just-- I got arrested and I started like crying and everything... I was so disappointed in myself that it had gotten this bad and stuff.” Another participant, after losing custody of their children due to their addiction, sought help through the program and explained, “I have seven kids all together and throughout my life journey I got addicted to a few various drugs. And at that point my kids were taken away from me and I was fighting to get them back. So I needed to get clean.” These circumstances highlight how the participants’ personal crises, such as legal issues, loss of family, and near-death experiences, were catalysts for seeking help from the program at Cooper Center for Healing.

Patients affiliated with the Cooper Center for Healing were then connected to the Camden Coalition MLP program. Healthcare providers played a significant role in bridging the gap between medical treatment and legal needs by referring patients and often facilitated communications and ensured that the clients/patients received timely help. Participants described how they subsequently received legal assistance through the collaboration of the Cooper Center for Healing and the Camden Coalition and were initially connected to legal services through their healthcare provider at Cooper. For example, one participant explained, “I was at my doctor's appointment... and they were telling me about how they have a lawyer that I could go through for, like, help with what I was dealing with.”

2. Legal Needs

Once patients at the Cooper Center for Healing were connected with the Camden Coalition - Cooper Center for Healing Medical-Legal Partnership, clients/patients had a range of legal needs to address. Data from the client/patient survey showed that MLP clients/patients had multiple legal needs, the

majority having one (37.7%; 26) or two (30.4%; 21) legal needs.

Overall # of Legal Needs

# of Legal Needs	%	# ¹⁵
0	2.9%	2
1	37.7%	26
2	30.4%	21
3	11.6%	8
4	11.6%	8
5+	5.6%	4

Data from the client/patient survey also noted that a range of legal needs were then served by working with the MLP. Overall, among 64 people who responded, most had one (60.9%; 39) or two (21.9%; 14) main legal needs served by the MLP.

The legal assistance provided to participants covered a wide range of issues. The below chart shows the specific legal areas that MLP clients/patients worked on with the MLP, with the majority of needs focusing around criminal (e.g. warrants) (43.8%), landlord-tenant (e.g., evictions) (23.4%), and municipal/county matters (e.g. fines and fees) (23.8%).

Overall # of Legal Needs Served by the MLP

# of Legal Needs	%	# ¹⁶
0	3.1%	2
1	60.9%	39
2	21.9%	14
3	7.8%	5
4	6.3%	4

¹⁵ Data only available for 69 of 70 respondents

¹⁶ Data only available for 64 out of 70 respondents

Type of Legal Needs Served by the MLP

Legal Need/ Matters	% ¹⁷	#
Criminal	43.8%	28
Municipal/County (fines & fees)	23.8%	15
Landlord-Tenant (eviction)	23.4%	15
Family Law (custody, visitation, child support)	17.5%	11
Disability (SSD/SSDI)	14.3%	8
Traffic / License	14.3%	9
Other	7.7%	5
Estate (wills, power of attorneys)	4.6%	3
Domestic Violence	3.2%	2
Employment/Wage/Labor	1.5%	1
Public Benefits (GA, SNAP, TANF, etc)	1.6%	1

Data from interviews with MLP clients/patients also noted that clients/patients received legal aid across many of the same areas reflected in the survey:

1. *Traffic and Municipal Matters:* Assistance was given for resolving traffic tickets and municipal fines. This included helping participants track down and manage outstanding tickets.
2. *Criminal Cases:* Support was provided for various criminal charges, including helping participants get their records expunged, dealing with warrants, and reducing charges.
3. *Landlord-Tenant Issues:* Legal help was extended for disputes with landlords, eviction cases, and tenant rights. Some participants received help in court and others were guided through negotiations with landlords.
4. *Domestic Violence:* Legal representation was provided for obtaining restraining orders and dealing with housing issues related to domestic violence situations.
5. *General Legal Advice:* General legal guidance was provided on various issues, including how to improve personal situations and navigate complex legal processes.

¹⁷ Note that percents add over to 100% and frequencies over the full sample of 70 as respondents could select more than one / all needs served by the MLP, and each legal type was responded to by a varying number of respondents (e.g., 64 or 68 out of 70)

3. Overall Experience of Working with the MLP

During engagement with the MLP program, the clients/patients worked with the MLP staff to resolve a range of both straightforward and complex legal challenges. From the MLP client/patient survey, the majority of clients (86.8%; 59) had, from February 2022 to April 2024, one engagement (e.g., received a referral and were actively working on legal issue(s)) with the MLP program. The MLP engagement period refers to the time (i.e., date) the client/patient case was opened with the MLP staff, to the date that it was closed. Note that multiple legal issues may have been addressed during one period of engagement.

of Engagements with the MLP

# of Engagements	%	# ¹⁸
1	86.8%	59
2	11.8%	8
3	1.5%	1

Only eight clients had two separate engagements and one person had three during the 2022-2024 time period. No client/patient had more than three reported separate engagements during this timeframe. Among the 86.8% of survey takers who had one engagement with the MLP, the average length of engagement was a little over three months (93 days), with the median days of engagement at 27 days.

MLP Client/Patient First Engagement Length of Time

Average	Median	Minimum	Maximum
93 days (3 months, 3 days)	27 days	1 day	935 days (2 years, 9 months)

Overall, participants described their experience of working with the MLP as positive and easy. One person summarized their experience as, “Honestly, like I said, [MLP attorney] was great. Like I said, [MLP attorney] was very informative. [MLP attorney] was patient. [MLP attorney] didn't just push me on to the next person or give me short answers. [MLP attorney] took [their] time. [MLP attorney] called back when [they] said [they] was going to call back and [they] stayed in communication with me. I can't complain or say anything bad about the service that [they] provided.”

In particular, the MLP staff's willingness to help stuck out to people as a memorable part of the overall experience, one person noting, “To be honest, I didn't-- prior to this experience with Camden

¹⁸ Data available for 68 out of 70 respondents

[Coalition], I was kind of over it. Like it's just-- When I say I've been through every avenue possible, every avenue...It's like me needing the help--and trying to get it. It's like impossible. This [name of MLP attorney] and [name of MLP attorney] have been the only persons that was able to even help me get somewhat of my voice heard somewhere in here. This has been like the only place I would advise somebody to come, would be the Camden Coalition Because anybody else, it's like a dead end."

Multiple participants contrasted their MLP experiences with other legal aid groups/organizations, noting that the MLP lawyers were more responsive and effective than paid lawyers from past engagements. Others spoke of how they would reach back out to the MLP if they needed additional legal aid, would refer this program to someone else, and a few participants had already referred other people to the MLP. A few people described their experience in more neutral ways, saying, "Yeah, I did. For, yeah, for the most part, I did. There's nothing, uh, nothing bad to say about him or anyone over there."

Impact of The Service Being Free

Multiple participants commented on their pleasant surprise and immense relief in learning that the service was completely free to them. One person shared, "I think that you guys really-You know, the fact that they help people, and people like us. And it's free, you know, that's really commendable. 'Cause [sic] we don't have money when we're starting to recover from our past choices. You know, so it's nice that-- And they're friendly too, and it doesn't feel like you're being judged or anything."

One person summarized their experience as:

"Just kind of everything. I mean like what made the program, [they] would call me any single time [they] had any kind of like update, [they] would call me. Anytime [they] was like, oh like there's something I need to know to put on his paper, or I need you to send me it, like [they] would call me like- right away, you know. It's not like it was like waiting around to hear, like [they] were very, very, very, very on top of things, and then I had like a notebook of questions- that this poor [person] had to like sit there and answer. But like [they] had no problem answering every question I had, and just basically it was like that you can breathe again feeling. You know what I mean? So like through the whole entire process having that like I can breathe again feeling, and not have like all that stress and weight on my shoulders- was just like that's all I could have even asked for with that because it was already stressful enough--dealing with my son's father you know calling my phone and saying this and saying that, and not helping. So, yeah I would say like the whole time, [they were] just on top of everything that needed to be done."

4. What the MLP did to help clients/patients (e.g., concrete tasks and actions)

Participants chronicled the various ways that the MLP staff helped them - through completing and submitting paperwork, making phone calls, providing court representation, and explaining the nuances of legal terms and options.

Paperwork and emailing

A big portion of participants' work with the MLP was to find, gather, and compile paperwork needed for submission to government agencies and for court purposes. One participant explained how an MLP attorney went through documents, "first I talked to [MLP attorney] and kinda explained everything to [them] over the phone. Then I met them. Um, everything was very timely. Um, you know, I met them, discussed everything. They went ahead and looked at my court records, so they found stuff that I didn't even know. Basically they helped me out to the point where like, I didn't know, I wouldn't have been able to do it without them because there was things that I wasn't even aware existed..." Another participant explained how the MLP attorney helped them gather information from paper tickets over 20 years across multiple Southern New Jersey municipalities. One person chronicled a situation where paperwork from the court was missing; and an MLP attorney helped acquire it, walking over to the nearby courthouse on their breaks and repeatedly asking the clerk for the papers. After four days of persistence the clerk printed them out for the MLP attorney to provide to the client/patient.

Thorough communication

Participants described how the attorneys answered all their questions, kept their clients/patients informed, and explained step-by-step what was going on with their cases. Multiple participants commented that the MLP attorneys were extremely thorough, and on "top of everything" in their text, phone, and in-person communication with clients/patients. Participants shared that the MLP staff also made phone calls on their behalf, and frequently communicated with the clients/patients to let them know what they were doing, the status of their situation as the attorney was working on it, and generally were helpful in every way possible. For example, one participant shared how the MLP attorney contacted a client/patient's landlord who had sent an eviction notice to cease certain activities outlining that the client/patient had ceased those activities and had the money to pay rent, and the situation was soon after resolved.

Participants expressed they were comfortable communicating with the MLP attorneys, this shared sentiment summarized by the statement, "If I have a situation or I'm going through something, [MLP attorney] always got that ear I could call [them] and if I'm going through something, we'll talk. [They're] good with that, too, communicating with me like that. [They] always answer my calls, my texts, and [they] help me to the best of [their] ability, with life problems and legal problems."

Providing legal information and guidance

A large portion of the MLP attorney-client/patient interactions involved the attorneys going over options and explaining the nuances of the law and related procedures. These interactions helped clients/patients understand the potential avenues they might have for their various legal situations. Participants spoke about how the MLP attorneys took the time to explain legal terms to them, and that the attorneys provided all the information to them in a digestible format that aided in coming to an understanding of their situation, and in making decisions about how they wanted to proceed. MLP attorneys provided legal information to empower their clients/patients to move forward with various legal decisions, as exhibited by the quote "... And [they] call me with-with every update- -and [they]

don't make the decision for me. [They're] like, 'This is where we're at. This is what's going on. These are our options. What do you want me to do?' And I've said before, like, 'Um, what do you think is best?' [They're] like, 'No, I need for you to tell me what you're thinking about and which direction we should go in.' So, I do like that because that helps me have control over the situation. And I don't have to rely on [them] like that. So, [they] give me all of the tools..."

Participants shared how the MLP attorneys were good at explaining and making sure that clients/patients understood what was going on and what the attorneys were working on. Another commented, "[they] answered all my questions. Um, if I had a question or concern, [they] were right on top of it. And I'm talking like, outside of office hours. I had [their] cell phone number. I could text at any time through this whole process if I had any questions or concerns, which I did, with certain things. When I didn't, uh, wanna necessarily agree with prosecution and look at it in a different way or something like that, [they] totally listened to me, and listened to my side of it, and, you know, basically gave me advice on whether it was a good idea or not a good idea or, you know, that kind of thing. To where other public defenders or lawyers weren't even giving me the time of day."

Providing additional resources and assistance

Beyond the legal aid, participants chronicled how the MLP staff provided additional resources and advice as appropriate. One person shared, "...[They] answered all my questions. There was other legal questions that I had that I asked that had nothing to do with the expungement, but [they] went above and beyond to answer my questions. [They] gave me resources..." one participant noted that a MLP attorney also gave her legal advice on a guardianship case with their son, and another shared that the attorney provided guidance on what to say to a judge during a court appearance. Another person shared how the MLP attorney referred them to Camden County College to see if they wanted to enroll while another shared how the MLP staff helped them prepare for and set up a zoom job interview, and helped them obtain a link to get a copy of their birth certificate.

Supporting clients/patients in court

Many participants discussed how the MLP staff served as their attorneys in court. As one person shared, "[MLP attorney] helped so much. Like, even the day of court, we knew [ex-partner] was going to be there, but [MLP attorney] answered the phone like, was there a problem? Like, I didn't have to be worried." Having the MLP attorney in court eased the legal process for many participants. Participants noted how the attorneys argued their cases and stood up for them, and helped them advocate for themselves. One participant recounted how they asked the MLP attorney to help them talk to the judge about removing outstanding tickets in nearby Cherry Hill, NJ. Another person shared how the MLP attorney was able to help receive police body camera footage that led to dropping of charges on the client/patient in court.

5. How the MLP helped clients/patients (e.g., professionalism and personality)

When clients/patients were asked about the support they received from the MLP staff in the MLP client/patient survey, clients/patients overwhelmingly indicated positive responses. Out of a range of 14 - 36, with 36 indicating the highest self-reported level of perceived support from the MLP staff, the average response from clients/patients was 31.4, with the most common response (mode) at 36, indicating overall satisfaction with the support provided by the MLP staff.

Overall MLP Support

Average	Median	Mode	Minimum	Maximum
31.4	32	36	14	36

Over two-thirds (66%+) of respondents strongly agreed that the legal staff “listen to my issues and concerns,” “involve me in making decisions regarding my legal issues,” “care what happens to me,” “have a comprehensive knowledge of the law,” and “is able to effectively advocate for me.” **See the Appendix for full survey responses.**

Persistence in serving the client/patient

The MLP staff carried out their duties with professionalism and tenacious efforts. When it came to *how* MLP staff did their work, interview data from clients/patients spoke to the MLP staff having the clients/patients’ “best interest” in their cases even though the client/patient was not paying for their services. As one person shared, “[They] seemed to actually care about my situation and actually, you know, want the outcome to be as good as possible. I didn't feel like [they] were just trying to get whatever outcome [they] could get out of it. It seemed like [they] actually wanted me to, you know, get the best possible outcome.”

Participants also described how the MLP attorneys went above and beyond in their efforts. For example, one participant shared, “Just all around, um, you know, even if they don't have the answers, they're willing to help you find another avenue. Okay, they might not be able to help me, but all right, let me look around. Let me see if there's resources. Most people, they just-- I'll send you an email and that's it.” Another person shared that the MLP attorney took the time right before an important meeting of theirs to meet with the client/patient because that was the only time they could meet, and that the MLP attorney told the client/patient what they needed to know.

Multiple people commented that the MLP attorneys went out of their way to make additional phone calls or meet with necessary people to resolve a situation. One person shared, “ Another person explained that “Like for [them] to say, when I get to the [car] dealership to call him so [the MLP attorney] can speak to,- -you know, the guy, I mean, that's-- I thought was a little bit above and beyond, you know. I don't know of too many other lawyers who do that. And then not to say, ‘Uh, it's

gonna cost you,' I mean, I don't have the money and just any help I really appreciate, you know? And I think he's in my corner. I feel like he's in my corner and he's gonna help me get through this."

Providing social and emotional support

A major theme in the data surrounded the emotional and social support the MLP team provided clients/patients. One person shared, "I just wanna say [they're] a great [person] you know, and I would recommend [the MLP attorney] to anyone first that's, you know, really struggling with having, needing a support system. Because [they're] really good at that." The social support and emotional guidance provided by the MLP attorneys was evident through participant narratives: "[MLP attorney] is almost like a psychologist, so when you're dealing with multiple personalities, [they] know how to calm you down, talk to that person, relate to the person. I guess you would have to have coping skills, concern, care about that person's issues. That's what I get from [MLP attorney]. Not just doing my paperwork, or helping, like care and concern, checks on me. Like, with my medical situations, [they] ask me about it. [They] have a lot of care and concern for the person. That's what I get out of that. From dealing with [MLP attorney] and Center for Healing, period." Multiple people mentioned the attorneys helping them regulate their emotions, generate self esteem, grow their voice, and advocate for themselves.

Participants discussed how the attorney's supportive and understanding attitudes helped them see problematic situations and patterns in their own lives from an outside perspective. One person shared, "And the mental abuse I was going through, I didn't realize how much of a victim I really was, and until [the MLP attorney] would like point out certain things that made me see it that way. And I'm like, 'Oh, wow.' So, and I would question myself, like, if I'm the victim, how do I keep getting locked up, and [ex-partner] keeps getting away with everything? You know?."

Treating clients/patients with respect

Participants noted their appreciation for the MLP staff being friendly, offering them coffee, and being respected. Multiple participants expressed that they did not feel judged by the MLP staff. One person noted, "It was really good. You know, [the MLP attorney's] communication was great. [They] were very, you know, literate. I mean, [they] knew [their] stuff, you know what I mean? [They] made me feel comfortable. [They] didn't, you know, [they] didn't look at me as a dopehead, though I was in the program, you understand? [They] treated me professionally, and I liked that about [them]."

Participants expressed that the personalized legal help made them feel like a priority and more confident in addressing their legal needs, as one person said, "[the MLP attorney] didn't put me [down], like [they] didn't...talk to me like I was stupid. That was the best part. [They] made me feel like, confident. Confident that I was like, doing the right thing."

Participants specifically discussed the bias and stigma they often face from social services and others as a person who uses/d substances, and/or someone who is low-income. One client/patient shared, "I hate asking for help. I was never you know, been that person to ask for help, and I hate it 'cause, you know, it's just a lot of people in the system or going through - just even recovery, like, it doesn't matter how many years you've been in recovery, they still will look at you like, you're basically a piece of shit

and you're just like, "Why am I even asking for help?" But they never, you know, they've never made me feel like that whatsoever."

Traits needed for staff working in MLPs

Overall, participants noted that staff in the MLP/in these types of roles needed to have compassion and care for the population and the work. Participants also spoke to the nuances of people working in MLP type-roles needing to understand people who actively use substances and/or who are in recovery. As one participant shared,

"They would have to understand an addict and what quick phases or quick reactions that we can have but it's - we don't mean it. You know what I mean?...Don't come up bro, don't attack me, don't corner me. If as long as they know, hey, our brains are so, you know, we're scared, we're addicts, we're getting clean. It is a crazy mess up in there. And sometimes if we get scared, we react in the wrong way. We'll get aggressive but they should know that even if we get aggressive, they've got to make sure they know the signs that basically we're just mouth. We're not gonna hit you...As long as they know that and have had a little bit of training on how to handle certain serious things that might occur...And if we, you know, if we try to walk away, 'I can't handle this shit,' don't let us go. Don't let us go. Keep trying because, don't give up. Don't give up because many times, like I said, [the MLP attorney] would just call me out of the blue and say, "[name of participant], it's all right. Did we do it yet?" You know, and I needed that. So many people give up on us. If we walk away even when we're trying to get cleaned, you know, don't just say, 'All right, well that one's never going to make it.' No, don't do that because, you know, I could have been one of those..."

Another commented,

"I'd say to keep the same attitude [MLP attorney] has and the same professional manner that [they] have. Because [they] didn't lack in nothing. [They] were right to the point. [They're] perfect. You should hire more people like that. [They] don't take no shit. That's the bottom. That's right to the point. In the beginning, I was, you know, I was coming off of drugs, and I was, you know, saying one thing and doing another. And [they] put me straight. And we need that. You know, we need that. As addicts, we need that. I mean, especially someone like me that is really working on my recovery, you know, and just being straight, you know, and having to discipline my mind. And to work with someone like that, you know, you can't bullshit nobody, you know what I'm saying?"

6. Changes from the MLP

Interviews with clients/patients highlighted several changes that clients/patients experienced during and after working with the MLP.

Legal Changes

Many individuals experienced relief as their legal cases were resolved favorably. Charges were downgraded, cases dismissed, and records expunged, which alleviated the stress and anxiety associated with ongoing legal battles. For some, this meant avoiding jail time, getting off probation, having charges that may have impacted their future removed from their records, or resolved interpersonal issues through restraining orders. One person shared, “It helped me physically and mentally because I was in a different place, I felt it was not safe and not at all. But I mean, I know it's just a piece of paper but a restraining order. It is a restraining order. And that's why we have cops, and lawyers. So they could help you for that.”

Participants also reported that they were able to regain basic rights and privileges, such as getting driver's licenses reinstated, which were essential for finding employment and achieving a sense of normalcy. One participant explained, “I mean, the situation, I couldn't have asked for a better outcome. I actually got a better outcome than I possibly expected. I had a driving while suspended that I assumed was going to, uh, be more of an issue, but whatever- whatever [the MLP attorney] said to the district attorney made them, they dropped it. So that's like unheard of for me, so I found that to be, uh, interesting. I never heard of them ever dropping a driving while suspended so kudos to [the MLP attorney] for that.”

Economic or Other Tangible Changes

The MLP program provided crucial support in resolving legal fees and fines, which were substantive burdens for many participants. This financial legal assistance, including help with fine payment plans, eviction prevention, and navigating court orders, significantly reduced the economic stress on participants, allowing them to focus on rebuilding their lives. One participant said, “They don't realize- nobody realizes how much of a weight that is taken off of somebody's shoulders because of the legal fees on top of fines and stuff. You just end up, like, those numbers become, I mean, nauseating.”

The program played a critical role in preventing evictions and securing housing for participants. Legal intervention helped some clients/patients retain their homes, avoid eviction records, and transition to new housing arrangements, thereby ensuring stability in their living conditions. One person shared:

“[The MLP attorney is] focusing on giving us our life back. That's all we need. Give my grandkids a fighting chance so they can go to school normal. Knowing that they got hot water. And they can take baths and I want the kids to be normal too. It's not fair. What this landlord's been doing for the last couple years, it's just inhumane...And I thank God for that program. And me and [the MLP attorney], it's been a, hell, it's been an uproar but we've been kicking it in since then. You know, we're going to court the 18th. And then we got a bigger court to go to where [the MLP attorney is] going to try to get the money back...it's a process. But you know what?

I'm grateful. At least [they're] doing something. Yes, just that little bit motivates me...Because I know I got somebody fighting for me. Somebody can understand what I don't understand. Because I didn't do grade school too much...So, you know, this legal stuff is beyond my compare. Okay? So I thank God for him. And I would never be able to afford him. You know? Right...I thank God for [the MLP attorney] taking my case... [they] gave me another chance at life. That program was an inspiration and it works. It works for me."

The legal assistance program participants received was crucial for individuals seeking employment, particularly in fields requiring a clean record. For instance, one participant explained:

"Because everyone's recovery is different. And so I think for me, one of the biggest pieces is like the professional piece like the career and everything like that and...A lot of people that struggle with this disease, they don't really get to a level of, like where they can really thrive professionally because of anything, records, anything like that, right?...so that was the thing I felt like I was doomed. I felt like I could not advance in my career. I was like I'm not gonna be able to reach my goals professionally because of this record. And like [the MLP attorney] explained to me that even though the charges get dropped, that it's still like stuck on your record unless you get like completely expunged and, so I was like, 'All right, well, I can kiss like all my professional goals goodbye.' And so the effect that it had was it made it took a huge barrier away, to help me to thrive. I think I feel bad for people that don't have the support. They might have like a long, long record because I think there's a lot more barriers for these people. You know? And and so that's the biggest difference that it [the program] made for me is I was fortunate enough to have services to help me, just to get like we always say in the rooms, just to get back to a normal level of functioning society, right?"

Overall Well-Being and Recovery

Beyond legal outcomes, the support provided by the program helped participants' mental and emotional well-being. Many participants reported feeling less judged, more hopeful, and motivated to pursue positive life changes, including recovery from addiction and improving their economic and social circumstances. Several participants spoke about how the support they received gave them hope and a renewed sense of purpose. One participant explained how the lack of judgment and consistent support from their MLP attorney played a crucial role in their recovery journey. They described feeling hopeless before receiving help but noted that the assistance they received helped them: "And [the MLP attorney] never judged me, uh, of anything, never looked at me as a bad guy, which helped me open up to not only be honest with [them], but like let [them] know what's really going on. And, you know, it was just- it was an amazing, uh, I don't know how to say it, like an exciting situation for me because I felt so hopeless. Like, I'm never going to get out of this, I'm never gonna be able to be in recovery. And, you know, with being on the streets every day and, you know, the temptation coming here, leaving here, you know, I was out of work, struggling to work. Uh, dealing with a crazy girlfriend. All types of chaos was in my life and [the MLP attorney] helped me slowly but surely get back on track. So, you know, that played a major part in my recovery."

When clients/patients were asked about their recovery in the MLP client/patient survey, using items from a recovery capital scale that measures the resources and support people have to tap into to initiate and sustain their recovery, clients/patients reported favorable outcomes related to their recovery. Out of a range of 28 - 60, with 60 indicating the highest level of recovery capital, the average response from clients/patients was 49.3 - with the most common response (mode) at 55, indicating recovery progress. Note that this progress cannot be isolated or solely attributed to the MLP program, and represents a point-in-time view from clients/patients on how their overall recovery is going.

Overall Recovery Capital

Average	Median	Mode	Minimum	Maximum
49.3	51	55	28	60

Additionally, the majority (75%) of the client/patient survey-takers strongly agreed that they were “making good progress on their recovery journey”. Ninety percent also strongly agreed that “there are more important things to me in life than using drugs or alcohol,” while just under half (49.3%) strongly agreed with the statement that they “regard my life as challenging and fulfilling without the need for using drugs or alcohol.” **See the Appendix for full survey responses.**

Survey findings also showed there is a weak to moderate relationship between overall MLP support given to clients/patients and their recovery capital¹⁹ (.245), suggesting that greater MLP support may also tend to show an increase in overall recovery capital among clients/patients. This finding is significant at the $p < 0.05$ level.

There is a weak relationship between the number of legal needs served by the MLP (.137) and the number of engagements with the MLP program (-.023) and recovery capital among clients/patients, however these relationships are not significant ($p > 0.05$). The weak associations and slightly negative patterns might reflect the idea that it is not only the number of legal needs or program engagements that helps induce recovery capital, but the *quality and depth* of the service and professionalism provided that contributes to initiating or sustaining recovery.

Empowerment and Advocacy

Due to the guidance and support they received from the MLP staff, participants felt empowered to advocate for themselves. The program helped clients/patients navigate complex legal systems, fight for their rights, and make informed decisions about their future. One participant reflected on how the program made them more proactive in addressing their legal and financial issues, especially after understanding how addiction had influenced their previous decisions. The participant shared, “It opened my eyes to be more proactive....proactive just like if you have an issue. In finding out information. Looking for the information. Because some people think oh there's no way out of this or

¹⁹ Recovery capital is the extent, depth, and amount of internal and external resources that a person has to tap into to initiate and sustain recovery

you know I'm just stuck and I'm just gonna deal with it or I'm gonna run for the rest of my life. No. I can't. Unfortunately I can't be that person. [laughs] So, yeah. I say it was awesome but you know I didn't have the extent of legal issues behind me because a lot of things had already passed. Right. That's why I was like getting my record expunged would like really open me up to different things and new things but I'm still on my journey.”

When clients/patients were asked about their ability to and confidence in understanding and resolving legal issues, clients/patients reported confidence and likelihood of resolving legal needs. Out of a range of 14 - 36, with 36 indicating the highest level of confidence and self-belief in resolving legal concerns, the average response from clients/patients was 31.4, with the most common response (mode) at 36, illustrating high levels of confidence.

Overall Confidence in Addressing Legal Needs

Average	Median	Mode	Minimum	Maximum
31.4	32	36	14	36

Over half (50%+) of respondents strongly agreed that they “have an understanding of the steps I need to take to resolve my current legal issue(s),” “am confident that my current legal issue(s) will be resolved through working with the MLP staff,” “am more likely to address legal needs in the future,” and “am confident that a future legal issue could be resolved.” **See the Appendix for full survey responses.**

Survey findings also showed there is a moderate relationship between MLP support and legal knowledge and confidence (.595), suggesting that greater MLP support may also tend to show an increase in overall confidence in addressing legal concerns among MLP clients/patients. This finding is significant at the $p < 0.001$ level. Furthermore, there is a moderate relationship between recovery capital and legal knowledge and confidence (.595), suggesting that confidence around legal aid and resources for recovery may positively influence one another among MLP clients/patients. This finding is significant at the $p < 0.001$ level.

Overall, program participants reported that the legal assistance they received from the MLP was a catalyst for significant change in their lives, helping them overcome obstacles and rebuild their lives with renewed hope and stability.

7. Any Challenges in Working with the MLP

While the overwhelming majority of participants we spoke with recounted positive experiences with the MLP, there were a few negative experiences or challenges noted about the program in the data. One person expressed they did not feel the service was helpful and that they were misled about the help that might be provided in a landlord-tenant issue around rental payments. The participant noted that the professionalism from the MLP staff was good, but the legal actions/ decisions may not have

left that participant in a “better” situation than they were before. The person was experiencing an eviction and there was a misunderstanding or disagreement related to a COVID-19 related housing relief program, and if the aid would help the participant or not. The tenant vacated their property, while the MLP attorney and landlord spoke in court to drop the eviction so that it would not be on the tenant’s record (and prevent challenges from finding a future apartment with an eviction record). However, the tenant vacated, and has not been able to find housing since that time.

Another person asked an MLP attorney to represent them in a temporary restraining order case, and the MLP attorney agreed, and then was unable to represent the person in court due to the nature of the participant being a defendant in a criminal case around a temporary restraining order. The participant notes, “[The MLP attorney] thought [they] could [represent me]. [They] thought that [they] could, but [they] found out that [they] couldn’t. I believe that was in good faith.” The participant shared that the experience did not “bias me against [them]” and that they wished that the attorney had told them with more time prior to the court date as the individual did not have time to find other representation.

Others shared challenges not specific to the MLP program - but general legal and administrative barriers. For example, one participant discussed the challenges of trying to get files of the old/outstanding tickets they had, but there were discrepancies between municipalities across counties and the state motor vehicle commission on how much the person still owed or did not owe. Additionally, the person noted the challenges in trying to find paper trails/documentation of tickets to clear that were 25-30 years old.

8. Recommendations for the MLP

Participants provided several recommendations for the MLP program. One key suggestion was expanding the scope of services to include areas like child welfare and other civil matters. Another recurring theme was the need for better publicity and outreach. Many participants noted that not enough people were aware of the program’s offerings. One participant stated, “There’s not a lot of people that know about it... it’s not like it’s advertised.” This was echoed by others who suggested more aggressive marketing strategies, such as distributing flyers and newsletters and promoting on social media to increase awareness.

Additionally, some participants recommended expanding the availability of services to accommodate more people. As one participant explained, “Addicts got a lot of problems... you should add a program to help other people, you know, that are related to the people that are in the program.” Even with some light suggestions, many participants expressed high satisfaction with the current services, praising the program’s effectiveness and the dedication of its staff. As one participant summarized, “They’re just an excellent program all around... anytime something was wrong, they always fixed it.”

5. Discussion:

This research project set out to more deeply understand the operations of the Camden Coalition and Cooper Center for Healing Medical-Legal Partnership. Through interviews with MLP staff, and interviews and a survey with MLP clients/patients, data revealed how the MLP runs its operations daily, how clients/patients directly work with the MLP, and how both MLP staff and clients/patients view the program and how it helps people.

Data from interviews with MLP clients/patients and MLP staff highlighted the value of incorporating legal aid into healthcare practice. Research question #1 aimed to understand what use of MLP services, engagements across the health care and legal system(s), and progress in recovery looked like in practice. MLP clients/patients spoke to the professionalism and ease of access to both their substance use treatment and legal needs providers. MLP staff commented on the benefits of multidisciplinary collaborations, and the benefits of mission-aligned care in meeting client/patient needs. The collaboration between the healthcare providers at CCH, social workers, therapists, and legal professionals is key in providing comprehensive support to patients. All those involved focused on their area of expertise but worked together by referring patients to the appropriate services as needed. This multidisciplinary approach ensured that patients' holistic needs—medical, psychological, and legal—were addressed, often leading to positive outcomes in their legal cases and overall well-being. MLP clients/patients discussed the ways the MLP alleviated emotional and financial stress, removed legal records, and provided social support. Findings from the MLP client/patient survey also showed positive connections between MLP engagement and recovery progress.

Regarding research question #2, how the MLP is meeting client/patient needs, survey data from 70 current and former clients/patients highlighted the various legal needs that the MLP addressed in criminal, landlord-tenant, and a range of other matters. Successes included resolving pending eviction cases, expunging old warrants, and helping receive social assistance payments, among others. Interview data with MLP client/patients spoke to how the MLP staff answered their questions, guiding them through the legal process while supporting the client/patient to make their own decisions, and resolved their legal issues where feasible.

Large portions of the data spoke to research question #3, which aimed to understand how the MLP is operating. Both clients/patients and staff noted the legal barriers that have been removed for dozens of people, and highlighted the respectful, considerate, and thorough support provided by MLP staff. In particular, the MLP's focus on criminal legal issues, its co-location with the Cooper Center for Healing and multidisciplinary team, and dedicated, knowledgeable staff contribute to the MLP's smooth operations. Data did speak to existing systemic challenges within the legal system that made some cases more difficult to resolve. Additionally, while clients/patients and staff we spoke with discussed the non-judgmental and compassionate care and service provided at the Cooper Center for Healing and through the Medical Legal Partnership, society-wide stigma around addiction and people who have a substance use disorder was highlighted as a general barrier to providing and receiving assistance for people in recovery (e.g. while trying to receive social assistance, during court cases, from other

providers).

Overall, findings showed that the Camden Coalition and Cooper Center for Healing MLP is a model of integrated care that addresses the complex and interrelated needs of patients with substance use disorders. Through its focus on removing legal barriers, promoting dignity, and providing personalized support, findings also show that the MLP not only supports improvement in individual patient outcomes, but also sets a precedent for how healthcare and legal services can work together to create a more just and supportive system.

5.1 Key Issues:

Identify key issues in the results, particularly those that are large or unexpected.

There were no key issues identified in the findings as the findings produced the type of data expected by the methods chosen (interviews and a survey). In terms of the content of the findings, as an objective research partner, WRI does not comment on the nature of the value or content of the findings in the sense of whether the results present “issues.”

As highlighted, findings showed the importance of partnership and flexibility in MLP operations, and the program’s uniqueness of having program partners operate in the same physical space. Data reflected the positive influences of the MLP program in terms of helping people with basic needs and in their recovery. Overall, data reflected enthusiasm for its continued operation.

5.2 Challenges Encountered:

Describe any obstacles faced while completing the project and provide a timeline if possible.

At the beginning of the project, a large obstacle was the administrative complexity of processing this grant and distributing grant funds to both project partners (Cooper Center for Healing and Camden Coalition). The goal was to as quickly as possible distribute the subaward funds to Cooper Center for Healing and Camden Coalition, and this required intense follow up from the project principal investigator (PI), and constant collaboration with the WRI Department Administrator, Rutgers University's Office of Research and Sponsored Programs, and the agreements and contracting teams at both Cooper Center for Healing and Camden Coalition.

One of the obstacles was the process of going through two Institutional Review Board (IRB) processes: the Rutgers University IRB, and Cooper University Health Care IRB, both of which were time consuming and required different forms and systems. The differences in IRB processes, and differing timelines in terms of IRB review and requested edits, created a period of a few weeks where the IRB approvals were unconfirmed as we were not certain if Cooper University Health Care was enabling Rutgers University to be the IRB of record. This lack of clarity and delay required us to pause data collection a couple weeks after we started until the situation was resolved. The IRB reliance agreements and varying timelines of institutional process and determinations when working with multiple partners

(especially clinical ones/healthcare/ones that have their own IRBs) are important considerations - ample staff resources and project time should be incorporated in future projects to allow for this.

Another obstacle WRI researchers commonly face and are well-prepared to address, but nonetheless also occurred during this project, was the challenge of connecting to potential client/patient participants. Many potential participants do not answer calls or texts from unknown sources, and at times may not have access to a phone, their numbers may have changed, or their phone was lost. This created some inability to outreach with and directly follow up with participants. We navigated this by adding additional follow up attempts, continuing to meet people in person for interviews and survey data collection as necessary, and working with the MLP attorneys to help make the first connection to WRI researchers, so the potential participants would be aware a call/outreach from the WRI research team was coming.

Related, due to the client/patient population having very different schedules for appointments at the Cooper Center for Healing, at times lack of a permanent or stable mailing address, and lack of ways to contact them, the delivery of compensation (particularly for those who completed the survey online, as most interviews were conducted in person and thus the gift cards handed out for the interview and/or survey completion handed out immediately after in person) was also sometimes challenging, especially in light of the goal and value of compensating community members for their time.

5.3 Changes in Approach:

A. Explain any changes in approach and the reasons for those changes (e.g., experiences, lessons learned, external factors).

Due to administrative delays, the data collection period started two months after originally planned. This required shifting around staff time, and replanning schedules for data collection to ensure a smooth period of data collection.

B. Describe any actual or anticipated problems or delays and the actions or plans to resolve them.

Roles and responsibilities can become blurred when working on large project teams across organizations. In order to prevent this - WRI created a roles and responsibilities document that outlined what each organization (WRI, Camden Coalition, Cooper Center for Healing) were responsible for, and at what point in the project timeline those responsibilities would be occurring. This helped prevent any confusion about tasks, and set a clear tone from the beginning of the project of who was assigned to do what, and helped ensure that all project team members were on the same page.

C. Discuss any changes that significantly impacted expenditures.

There were no changes that impacted grant spending.

D. Note any significant changes in the use or care of human subjects (if applicable).

There were no significant changes in the involvement with human subjects over the course of the grant period.

5.4 Learning from the Unexpected:

Reflect on any unexpected events or results. Did you see these as positive (unanticipated benefits) or negative (frustrations or failures)? What did you learn from these experiences?

One unexpected consideration was how intertwined the work of the Cooper Center for Healing was with the work of the MLP. At first, WRI researchers were under the impression that the MLP program was run through the Center for Healing at Cooper; however, once the project got underway and we became more acquainted with the staff and program operations, we realized the program was a Camden Coalition program that worked in partnership with Cooper Center for Healing (especially given both organizations' locations in the same building). Because of this, it was important - in order to adhere to the grant focus - which was strictly on the legal needs served by the MLP program - to disentangle the overlap of data that spoke about the Cooper Center for Healing vs the MLP vs the Cooper Center for Healing and MLP. The overlap of the two organizations in their work is a novel part of the MLP and part of what makes it unique; thus, it was important not to diminish this connection, but to note it and be aware of it during data collection and analysis.

5.5 Accomplishments:

Discuss the goals you were able to achieve while completing the research project.

We achieved our research goals of conducting interviews with MLP staff and clients/patients, and conducting a survey with MLP clients/patients. We were able to collect a large amount of data with two research team members in a short data collection period of roughly three months.

Additionally, our goal of continuing a partnership between Camden Coalition, Cooper Center for Healing and WRI was also met, and remains as the project comes to a close. All partners exercised collaboration and flexibility across the grant period.

This project also provided us with many insights on engaging in publicly engaged scholarship. The project was a welcome reminder of the time, energy, and effort needed to engage in successful participant recruitment, and that it is an ebb and flow process. Some weeks a lot of data collection occurred, and other weeks saw a lull in data collection.

Additionally, as noted in the data collection section, WRI leaned on the community partners' expertise to help with recruitment during periods of slower data collection. This additional support from Camden Coalition and Cooper helped establish trust between the potential participants and WRI, and led to additional participants. For the handful of clients/patients that WRI was struggling to make contact with, WRI was able to follow the lead of the outreach methods suggested by the community partner, such as having the MLP attorney make a call first, followed up by a call from the WRI team, or having an MLP attorney immediately follow up by text or call after and WRI team member did outreach to an individual.

Another accomplishment was the WRI's staff flexibility and proximity to the Camden Coalition/Cooper Center for Healing. There were multiple times where participants reached out to the WRI research team to do an interview or collect the gift card(s) that same day or the next day, and WRI staff were flexible in being able to move their schedules and meet the participants in person at the Camden Coalition/Cooper Center for Healing. WRI's office location on the same street as the partner organizations (Cooper Street in Camden, NJ) was a true advantage in helping to increase the flexibility and timeliness of data collection. Overall, WRI's and partners' agility to pivot to various components across the project, especially around participant recruitment and data collection, was a key element to this project.

Finally, a key accomplishment was being able to generate buy-in from all project team members and partners. Fortunately, all project partners were extremely engaged and supportive of this work. A project champion from each of the three main partner organizations helped maintain project momentum and kept the project moving forward throughout the grant period.

6. Impact:

6.1 Dissemination:

A. How do you anticipate your findings will be relevant to the communities under study?

This research will have positive academic and community impact in Camden City by providing nuanced research on a local partnership that serves people with substance use disorders. Information from the project outlining how the MLP is serving individuals seeking addiction treatment, and highlighting considerations for addressing the social determinants of health and legal needs among these clients/patients will add to the body of evidence around the usefulness of MLPs and what contributes to their effectiveness. This research has important policy and practice implications around the integration of healthcare and legal services that are traditionally siloed.

B. Have the results been disseminated to communities of interest? (Yes/No)

The project findings have been written up as of September 2024, and the results have not yet been disseminated to communities of interest.

a. If yes, please describe (e.g., locations, dates).

b. If not, is there a plan for community dissemination? Please describe.

WRI will continue to work with our team partners at Camden Coalition and the Cooper Center for Healing to develop a communication plan for this work, including community dissemination. WRI will produce a public-facing, user-friendly brief or one-pager that details MLP program barriers and strengths around service delivery for people in substance use treatment and/or recovery. As noted in the data sharing section, the team may also tailor the findings into other user-friendly and digestible

tools (e.g., social media posts, blog posts, community presentations) that can be shared widely in physical and/or digital copies to a wide swath of interested parties.

C. Have the results been disseminated in academic forums?

A. If yes, please describe (e.g., conference presentations, journal articles).

In April 2024, WRI presented at the Rutgers-Camden DICE Community Engaged Research Symposium. WRI is presenting the findings of this study at the Coalition of Urban and Metropolitan Universities (CUMU) Annual Conference in Minneapolis, Minnesota in October 2024. Additionally, WRI in collaboration with Cooper Center for Healing and the Camden Coalition, submitted a proposal to present at the 2025 Annual SIREN Conference and is planning on submitting an abstract to the 2024 Northeast Epidemiology Conference. Additionally, the team will also work to disseminate the research through scholarly publications if/as appropriate journals are identified.

B. If not, is there a plan for dissemination in academic forums? Please describe.

N/A

6.2 Sustainability:

Is this project sustainable? Will it continue beyond the allotted time?

With regards to the MLP program itself being sustainable, the program existed prior to the current research project and will continue to exist past this project with its other sources of funding through Camden Coalition and the Cooper Center for Healing. In fact, recently the MLP operations expanded to Maryville Integrated Care in Williamstown, NJ. Furthermore, as MLPs continue to operate and expand to address patient clinical and legal needs, it is possible that two large regional hospital systems (Inspira Health and AtlantiCare) that WRI has worked with on their community health needs assessment could be interested in starting a medical-legal partnership at their institutions which could further expand the MLP program into other Southern New Jersey counties.

Findings from this research project could support not only expansion of this type of MLP program into other treatment centers in Camden City and Southern New Jersey, but provide support for similar evaluations that can explore and highlight efficient and effective ways to serve a range of patient needs in the substance use disorder arena. In the future the evaluation could also be expanded to include the Maryville and any other expansion sites. To date, MLPs focused on serving individuals with substance use disorders remain under-studied, and methods for evaluation remain varied (Nerlinger et al., 2021²⁰). Also, this evaluation provides the foundation for future outcome evaluation phases that could

²⁰ Nerlinger, A. L., Alberti, P. M., Gilbert, A. L., Goodman, T. L., Fair, M. A., Johnson, S. B., & Pettignano, R. (2021). Evaluating the Efficacy of Medical-Legal Partnerships that Address Social Determinants of Health. *Progress in community health partnerships : research, education, and action*, 15(2), 255–264. <https://doi.org/10.1353/cpr.2021.0027>

employ a quasi-experimental design to look at other clinical and criminal justice outcome measures. Therefore, this research can inform research, policy, and best practices for this area, and garner support for additional evaluation and/or expanded evaluation of the Camden Coalition MLP and/or other MLPs.

6.3 Future Funding:

A. Have you applied for future funding for this research project? (Yes/No)

No future funding has been sought for this research project.

a. If yes, please describe (include dates, funding sources, and mechanisms).

N/A

b. If no, do you have plans to apply for future funding? Please provide details.

At this time, there are no plans to apply for future funding. However, we continue to stay in contact with our Camden Coalition and Cooper Center for Healing partners and will seek future funding should a well-aligned grant opportunity arise.

Appendix

MLP Client/Patient Survey Additional Findings

Support Provided by the MLP

Support ²¹	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
The legal staff listens to my issues and concerns	70.6% (48)	19.1% (13)	5.9% (4)	n/a	n/a	4.4% (3)
The legal staff keeps me informed about the status of my legal issues	64.7% (44)	22.1% (15)	2.9% (2)	2.9% (2)	1.5% (1)	5.9% (4)
The legal staff involves me in making decisions regarding my legal issues	67.6% (46)	20.6% (14)	4.4% (3)	2.9% (2)	1.5% (1)	2.9% (2)
The legal staff cares what happens to me	67.6% (46)	14.5% (11)	8.8% (6)	1.5% (1)	1.5% (1)	4.4% (3)
The legal staff stands up for my rights	64.7% (44)	25% (17)	2.9% (2)	2.9% (2)	n/a	4.4% (3)
The legal staff has a comprehensive knowledge of the law	72.1% (49)	20.6% (14)	2.9% (2)	1.5% (1)	1.5% (1)	1.5% (1)
The legal staff is able to effectively advocate for me	70.6% (48)	19.1% (13)	4.4% (3)	n/a	n/a	5.9% (4)

²¹ Data available for 68 out of 70 respondents

Overall Recovery Capital

Support	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
There are more important things to me in life than using drugs or alcohol ²²	89.9% (62)	5.8% (4)	n/a	n/a	n/a	4.3% (3)
In general, I am happy with my life ²³	41.8% (28)	26.9% (18)	17.9% (12)	3% (2)	3% (2)	7.5% (5)
I have enough energy to complete the tasks I set out for myself ²⁴	37.7% (26)	23.2% (16)	24.6% (17)	2.9% (2)	4.3% (3)	7.2% (5)
I am proud of the community I live in and feel a part of ²⁵	23.9% (16)	31.3% (21)	20.9% (14)	3% (2)	13.4% (9)	7.5% (5)
I get lots of support from friends ²⁶	29.4% (20)	19.1% (13)	20.6% (14)	5.9% (4)	17.6% (12)	7.4% (5)
I regard my life as challenging and fulfilling without the need for using drugs or alcohol ²⁷	49.3% (34)	36.2% (25)	5.8% (4)	2.9% (2)	2.9% (2)	2.9% (2)
My living space has helped to drive my recovery journey ²⁸	38.8% (26)	26.9% (18)	16.4% (11)	4.5% (3)	6% (4)	7.5% (5)
I take full responsibility for my actions ²⁹	73.1% (49)	23.9% (16)	3% (2)	n/a	n/a	n/a
I am happy dealing with a range of professional people ³⁰	50% (34)	35.3% (24)	8.8% (6)	5.9% (4)	n/a	n/a

²² Data available for 69 out of 70 respondents

²³ Data available for 67 out of 70 respondents

²⁴ Data available for 69 out of 70 respondents

²⁵ Data available for 67 out of 70 respondents

²⁶ Data available for 68 out of 70 respondents

²⁷ Data available for 69 out of 70 respondents

²⁸ Data available for 67 out of 70 respondents

²⁹ Data available for 67 out of 70 respondents

³⁰ Data available for 68 out of 70 respondents

I am making good progress on my recovery journey ³¹	75% (51)	16.2% (11)	5.9% (4)	1.5% (1)	1.5% (1)	n/a
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Overall Confidence in Addressing Legal Needs

Support	Strongly Agree	Agree	Somewhat Agree	Somewhat Disagree	Disagree	Strongly Disagree
I have an understanding of the steps I need to take to resolve my current legal issue(s) ³²	55.1% (38)	37.7% (26)	4.3% (3)	2.9% (2)	n/a	n/a
I am confident in my ability to navigate legal issues ³³	39.1% (27)	26.1% (18)	24.6% (17)	5.8% (4)	4.3% (3)	n/a
I am confident in my ability to navigator other concerns (e.g., health care, medical, employment) ³⁴	42.6% (29)	35.3% (24)	19.1% (13)	n/a	1.5% (1)	1.5% (1)
I am confident that my current legal issue(s) will be resolved through working with the MLP staff ³⁵	58% (40)	26.1% (18)	7.2% (5)	2.9% (2)	1.4% (1)	4.4% (3)
I am more likely to address legal needs in the future ³⁶	52.9% (36)	30.9% (21)	7.4% (5)	1.5% (1)	2.9% (2)	4.4% (3)
I am confident that a future legal issue could be resolved ³⁷	65.2% (45)	23.2% (16)	10.1% (7)	n/a	n/a	1.4% (1)

³¹ Data available for 68 out of 70 respondents

³² Data available for 69 out of 70 respondents

³³ Data available for 69 out of 70 respondents

³⁴ Data available for 68 out of 70 respondents

³⁵ Data available for 69 out of 70 respondents

³⁶ Data available for 68 out of 70 respondents

³⁷ Data available for 69 out of 70 respondents

MLP Staff Interview Guide

INTERVIEW QUESTIONS

Four core areas of focus are:

- *Key elements to program*
- *Program successes, challenges, and impacts*
- *Role of collaboration*
- *Areas for growth, sustainability considerations, future of MLP*

1. Let's start with a little background – what is your role in the Camden Coalition Medical-Legal Partnership (MLP)? How long have you worked in that role?
 - a. How does the MLP program align with other associated Camden Coalition programs (e.g., Camden Core Model, Camden RESET, Camden Delivers, and/or Housing First) and/or Cooper Health services?
 - b. What would you say are the program's goals? How do these goals work to best serve patients?
2. What does collaboration between the medical (Cooper) and legal teams (Camden Coalition) look like? How does it contribute to the MLP?
3. From your perspective, what are the core elements that contribute to the MLP's work?
 - a. Are there specific program features or practices that are particularly important in supporting patients' recovery journey?
4. Has the availability of an MLP impacted your work?
 - a. Do you feel better equipped to address patient needs with the ability to make referrals to the MLP?
5. How has the MLP program impacted the people you serve? Are there any specifics related to care or resources that the MLP has provided to patients?
 - a. [probe] Can you share a specific positive (or challenging) incident/story from the MLP?
6. How have the program participants you've worked with responded to available resources? Are there any resources missing/additional needs, or specific services or resources that you think should be expanded upon or improved?
7. Based on your experience with the MLP program thus far, what are some of the challenges or barriers you have faced, programmatically? Among the program participants you work with?
 - a. Any suggestions for how those barriers or challenges can be solved?

8. What is the MLP's vision for the future? How do you see the MLP evolving to address the ever changing field of recovery?
9. Any final comments on what we have discussed today?

MLP Client/Patient Interview Guide

INTERVIEW QUESTIONS

Four core areas of focus are:

- *The support clients/patients are receiving*
 - *How clients navigated the program and what that process was like*
 - *Perceptions of the program's strengths and weaknesses*
 - *Other resources that could be helpful and areas for opportunity or growth, etc.*
- 1) How familiar are you with the Cooper Center for Healing and Camden Coalition's Medical-Legal Partnership (MLP) program? (and/or any of the associated Camden Coalition programs e.g., Camden Core Model, Camden RESET, Camden Delivers, and/or Housing First)
 - a. What are your thoughts on the program and its goals?
 - 2) How were you first connected to the MLP/ to Landon/ to Dawn?
 - 3) Can you describe what it was like to work with the MLP?
 - a. What was difficult? What worked well?
 - b. Can you provide a specific instance where working with the MLP helped address an issue for you ?
 - 4) How do you think the legal assistance you received has or will help you, if at all? [with your recovery or next steps/goals]
 - a. How has the program's legal assistance impacted your emotional well-being and overall mental health, if at all??
 - b. Are there any legal resources or knowledge you've gained that might be helpful in the future?
 - 5) How would you describe your overall experience with the MLP program? Any suggestions or comments about the program? (e.g., any additional services or resources that could be incorporated?)
 - 6) Any final comments on what we have discussed today?

MLP Client/Patient Survey

This survey refers to your experiences in working with the Medical-Legal Partnership (MLP) at Camden Coalition and Cooper Center for Healing (staff include Landon, Dawn, etc). Thank you for taking the time to complete it. You will be compensated a \$40 gift card for your time. Only people who have received legal assistance with Cooper Center for Healing can participate. **You will NOT receive a gift card if you have NOT received legal services through Cooper Center for Healing.**

CONSENT TO TAKE PART IN A RESEARCH STUDY

[full consent text removed here for brevity]

Click on the "I Agree" button to confirm your agreement to take part in the research

- I agree (1)
 - I do not agree (2)
-

Please enter your date of birth (mm/dd/yyyy) _____

Please select which legal need(s) you have experienced in the past 5 years (select all that apply):

- Criminal (1)
- Disability (SSD/SSDI) (9)
- Domestic violence (2)
- Employment, wage, or labor law (6)
- Estate and family planning (wills, power of attorneys) (3)
- Family law (custody, visitation, child support) (4)
- Landlord-tenant (eviction) (11)
- Municipal court (fines & fees) (13)
- Public benefits (GA, SNAP, TANF etc.) (10)
- Traffic / license (12)
- Other legal need (please enter) (7) _____
- I don't have any legal needs (8)

Of the needs you identified, please select which legal needs are currently being served, or were served,

by the Medical-Legal Partnership (MLP) legal staff at Camden Coalition and Cooper Center for Healing (staff include Landon, Dawn, etc).

- Criminal (1)
- Disability (SSD/SSDI) (2)
- Domestic violence (3)
- Employment, wage, or labor law (4)
- Estate and family planning (wills, power of attorneys) (5)
- Family law (custody, visitation, child support) (6)
- Landlord-tenant (eviction) (7)
- Municipal court (fines & fees) (8)
- Public benefits (GA, SNAP, TANF etc.) (9)
- Traffic / license (10)
- Other legal need (please enter) (11) _____
- I don't have any legal needs (12)