



MEDICAL-LEGAL PARTNERSHIPS IN TEXAS & OPPORTUNITIES FOR GROWTH



A REPORT FOR THE EPISCOPAL HEALTH FOUNDATION

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National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

INTRODUCTION

Medical-legal partnerships (MLPs) in Texas are gaining momentum. This report provides a brief overview of MLP activity in Texas to explore the potential for MLP development in health centers in the Episcopal Health Foundation (EHF) service area.

To prepare this report, we conducted interviews with seventeen participants from nine MLPs that are either active or in development. To get a full picture of the history and current activity around MLP in Texas, we interviewed participants in both the EHF service area and outside of it. Out of these seventeen interviewees, nine are legal professionals: eight are attorneys and one is a Deputy Director for a pro bono legal program. The remaining seven people are in the health care field: four are physicians, two are social workers, and one is an administrator. One participant is both a physician and an attorney.

For insight into the operations of a successful health center-based MLP, we interviewed Dr. Mary Oneha of Waimānalo Health Center in Waimānalo, Hawaii. In order to understand big-picture work around social determinants of health (SDOH) and access to justice, we also conducted interviews with four leaders in the health and legal fields. See Appendix One for a complete list of interviewees.

We also researched the civil legal aid organizations and other advocacy organizations to fill out the legal landscape of the EHF service area. See Appendix Two for a summary of this research.

In this report, we describe current and planning MLP activity in Texas, summarize the enthusiasm for MLP and tackling SDOH among health and legal leaders, and discuss the successes, challenges and opportunities for Texas health centers interested in joining the growing momentum towards the MLP approach. The report concludes with recommendations for a multi-partner investment to grow and sustain MLPs in Texas.

MEDICAL-LEGAL PARTNERSHIP ACTIVITY IN TEXAS

OVERVIEW

There are currently eight active medical-legal partnerships in Texas as well as two additional programs in the planning stage. This section includes descriptions of each partnership and discusses programmatic successes. Unless otherwise noted, MLP services are provided to a general patient population.

ACTIVE MLPS

See Appendix Three for a chart of all active medical-legal partnerships in Texas.

The medical-legal partnership at Brownsville Community Health Center (BCHC) was created in 2008 with Texas RioGrande Legal Aid (TRLA). The MLP most often sees patients concerning guardianship, housing, education and public benefits. TRLA pays the MLP attorney's salary and BCHC provides part of a receptionist's time and office space.

The medical-legal partnership in San Antonio was created in 2008. Originally, it was a partnership between TRLA and the University of Texas Health (UTH) Science Center at San Antonio's Department of Pediatrics. In 2014, the medical partner changed to Baylor College of Medicine Department of Pediatrics. The MLP also still accepts referrals from UTH's Pediatrics Department. The MLP serves children who are patients of either Pediatrics Department. Legal services include education, housing, guardianship and public benefits. TRLA pays the part-time attorney, paralegal and secretary's salary. Office space and some equipment are provided by the CHRISTUS facility where Baylor College of Medicine's pediatric residency is located.

The medical-legal partnerships at Centro San Vicente Family Health Center, El Paso Children's Hospital, and University Medical Center of El Paso were created in 2009 with legal partner TRLA.

Patient needs vary depending upon the health care partners, and include obtaining insurance, wills, and advanced directives. The MLP is funded by TRLA, but it has received bar association funding in the past.

A Dallas medical-legal partnership, located at Children's Medical Center (Children's Health), UT Southwestern Medical Center at Dallas (UTSW), with legal partner Legal Aid of NorthWest Texas, was created in 2010. The MLP serves children and their families primarily in the areas of education, public benefits, housing and guardianship. Legal Aid of NorthWest Texas pays the attorney's salary. Office space and some equipment are provided by Children's Health, and UTSW provides a physician champion to support the MLP.

People's Community Clinic and Texas Legal Services Center formed a medical-legal partnership in 2012.

The Volunteer Legal Services of Central Texas, a pro bono referral network, also takes referrals from the MLP. Top legal issues include guardianship, and, especially, alternatives, housing, and public benefits. The MLP is funded through HRSA enabling services funding, the Texas Bar Foundation, and philanthropic sources.

The medical-legal partnership at Texas Children's Hospital began in 2012 with Houston Volunteer Lawyers. It serves children and most commonly sees issues concerning guardianship, housing, public benefits, and special education. Initially started with a grant from Wal-Mart, the MLP is now funded by philanthropic dollars from Texas Children's Hospital.

Legacy Community Health created a medical-legal partnership in the Fall of 2015. The following year, the MLP signed a Memorandum of Understanding with Texas Southern University - Thurgood Marshall School of Law, Public Clinics, to accept some cases in Probate and Family Law for the upper level law students. Legacy's MLP is run by an attorney on a part-time basis. The MLP provides services for most civil legal issues, except torts, criminal, immigration and employment law.

The medical-legal partnership between Family Health Center and Greater Waco Legal Services just began seeing clients in the late Fall of 2017. This MLP intends to provide legal services to the adolescent patients of Family Health Center.

PLANNING STAGE MLPS

A partnership between CommUnity Care and TRLA, housed in the Southeast Health and Wellness Center in Austin, is planning to reboot its MLP beginning in early 2018. The first iteration of the MLP was housed in the Southeast Health and Wellness Center in Austin. The MLP is restructuring to expand services to other clinic locations and populations. The initial funding was provided entirely by TRLA.

The UT Health Science Center in Houston and the law firm Seyfarth Shaw LLP are planning an MLP with Lone Star Legal Aid that will serve patients in the UT Physician's clinics.

**NOTE: TRLA provides legal services to three active MLPs and is the anticipated partner in one planning-stage MLP.*

VIEWS ON CATALYZING MLPS AS AN SDOH INTERVENTION

Health and legal leaders interviewed in Texas expressed enthusiasm for the MLP approach. For those in administrative positions, funding was the top requirement to grow and sustain MLPs. For Randy Chapman, the Executive Director for Texas Legal Services Center, future MLP funding will require integration into the health care system, a recognition that legal services are a required part of care for underserved patients.

Finding sustainable sources of funding from the health care side that do not have a cap, and can be used only for legal services, were also cited as means to successfully fund MLP. Health care leaders pointed to the need for a demonstrable tie between legal services and improved health outcomes for patients. This was echoed by health care partners in MLPs, who noted that the reluctance by health care providers to learn about and screen for SDOH would be assuaged if they saw the benefit their patients, or the providers were incentivized through the payment model. Justice Guzman, who sits on the Texas Supreme Court and is a member of the Texas Access to Justice Commission, stressed the need for a statewide meeting to introduce MLP to those leaders interested in both improving health care quality and increasing low-income individuals' access to legal services.

PROGRAMMATIC SUCCESSES

1. Many MLPs provide extensive training to clinicians working within the MLP.

For example, MLP attorney Susan Schoppa spends fifteen hours with UTSW pediatric residents in their first year, teaching them about SDOH, public health insurance, and basics of public health law, so that they may effectively refer and advocate for patients. She also teaches UTSW medical students and clinicians on various topics, as well as different groups of Children's Health healthcare providers.

2. MLPs in Texas have developed accessible form letters and fact sheets so that clinicians are able to handle some simpler issues without the intervention of the MLP attorney.

For example, at People's Community Clinic, clinicians are able to refer to an easy-to-understand fact sheet about guardianship.

3. Clinicians and attorneys remarked on the strong professional relationships that develop as a result of an MLP.

Clinicians become increasingly comfortable relying upon an attorney to help with patient issues, and are less concerned about the threat of malpractice that attorneys in other settings may represent. At UT Health Science Center Children's Hospital of San Antonio, lawyers participate in clinical huddles as members of the health care team.

4. Without exception, the interviewees affirmed that patients are satisfied with the services they receive from the MLP.

Several people recounted cases with positive legal or social outcomes for the patients, and all of the clinicians we interviewed were enthusiastic about the approach.

5. MLP legal partners are physically located within one of their health care partner organizations, providing easy access for patients.

Of those interviewed, all of the legal partners spent

some or all of their time in an office within the health care organization. A physician at Children's Medical Center and UT Southwestern Medical Center believes that the attorney's close proximity is "imperative" to the partnership so that patients can keep appointments, and so that clinicians can easily meet with attorneys to discuss patient issues. There is also increased trust because the lawyer is seen as part of the patient's health care team.

6. MLP services are expanding.

For example, Texas Legal Services Center has recently hired another attorney in order to provide legal services in People's Community Clinic's women's clinic. Two MLPs are planning to offer services in new locations in the coming months.

7. Although funding for Texas MLPs mostly comes from the legal partner, some funding is generated through the health care partner.

One example is the MLP at Texas Children's Hospital, which funds the MLP through the hospital's philanthropic fund for patients and families.

MLP CHALLENGES & OPPORTUNITIES

OVERVIEW

Detailed below are some fundamental characteristics of MLPs--both nationally and in Texas--and the challenges around these areas that we observed through our research and interviews with MLP participants. These are followed by opportunities that MLPs should pursue to address those challenges, drawing on successes that MLPs have had in Texas and across the country.

01

FUNDING

CHALLENGE: ONLY THE LEGAL PARTNER FUNDS THE MLP

The majority of MLP funding comes from the legal partner, which often pays the salary for the attorney and other legal staff. We heard from several MLPs that their health care partners are “unwilling” to pay for MLP services. It is unclear the basis for that position--whether it is a sheer lack of resources, or, as in other MLPs across the country, whether the MLP partners have not sufficiently linked the value and relevance of legal interventions with priority health care activities to justify a healthcare investment. Although the Health Resources and Services Administration (HRSA) [recognized civil legal aid as an “enabling service”](#) that health centers can include under federal grants in 2014, only one Texas MLP uses HRSA enabling services funding to support the MLP. In contrast, thirty-eight percent of health centers with MLPs across the country report using enabling services

funding for legal aid for their patients, according to the [National Center for Medical-Legal Partnership’s 2016 surveys](#).

MLPs that operate without any funding from the health care partner send the erroneous message that an MLP does not provide a benefit to the health care organization. It destabilizes the economic value of the approach and makes measurement difficult. It also has the potential to jeopardize funding for those MLPs that are currently funded by health care partners, as funders may question why they should pay for a service that neighboring health care organizations receive “for free.” From the National Center for Medical-Legal Partnership’s perspective, interrupting this trend will require explicit commitment and leadership from funders, as well as legal and health care partners to set expectations and model how to build payment strategies into MLP implementation.

A lack of health care financial or other support may send the message to health care providers that their patients’ non-clinical issues are not their concern. Indeed, some interviewees reported that not all of the providers in the health care organization are interested in receiving training on the MLP services and/or in referring patients.

OPPORTUNITY: SECURE HEALTH CARE FUNDING

Legal aid programs cannot expand their scope of work and activities without dedicated resources, and health centers need trained savvy legal professionals to tackle the entrenched problems of poverty that afflict their patients and burden their staff and organizational efficiency. Funders who invest in MLP activity and projects can support this transformation by setting the clear expectation that both partners will contribute financially to the MLP endeavor, with the health partner expected to delineate funding pathways linked to the work, population, and impact.

For MLPs that are committed to seeking health care funding, HRSA has opened an avenue for funding MLPs, namely enabling services. The National Center for Medical-Legal Partnership provides technical assistance and support to interested health centers through a HRSA-funded federal National Cooperative Agreement. Funding can also come from the health care organization's operating budget, a strategy that has helped sustain and grow the MLP at Texas Children's Hospital as well as MLPs elsewhere in the country.

A successful partnership will include a legal team that has merged their priorities into the fabric of the health center and its patients, with mutual investment, priority-setting, and information-sharing. Fortunately, there are MLPs in Texas that include legal teams that speak the language of health care funding and could serve as strong partners for health centers that have not yet explored the MLP approach. First, Texas Legal Services Center, the legal partner in the MLP at People's Community Clinic has shown tremendous success at People's Community Clinic; its leadership is enthusiastic about the MLP approach, and it is supported by health care funds. Texas Legal Services Center would be a strong legal partner for Austin-area health centers such as Lone Star Circle of Care. Second, Houston Volunteer Lawyers serves as the legal partner in the MLP at Texas Children's Hospital, which has harnessed funding from its health care partner to support MLP. Houston Volunteer Lawyers also operates a weekly legal clinic in Veterans Affairs medical centers and provides legal services through the Thomas Street

Clinic in Houston, primarily serving individuals with HIV/AIDS. While the Texas Children's Hospital MLP attorney reported that these programs are less integrated than the MLP at Texas Children's Hospital, they also illustrate Houston Volunteer Lawyers' interest in providing legal services in health care settings. Thus, Houston Volunteer Lawyers would be an excellent partner for health centers in the Houston area, such as HOPE Clinic.

02

MLP CHAMPIONS

CHALLENGE: LACK OF HEALTH CARE CHAMPIONS

Many MLPs in Texas have strong legal "champions"—outspoken advocates of the MLP approach who are also well-versed in the details of the program. These champions propel the MLP forward and are largely responsible for its success. Often, these legal champions are attorneys who work alone or with limited support at the MLP and provide excellent legal service to patients without attracting the notice of health care leadership. If this champion leaves the MLP--particularly if the MLP is funded entirely through the legal champion's employer--it is likely that the MLP will disappear. It also undersells the MLP, as it may be viewed as a "pet project" of a single legal aid attorney.

OPPORTUNITY: LEARN FROM MLPs WITH MEDICAL CHAMPIONS AND INVOLVE SOCIAL WORKERS IN THE MLP APPROACH

By engaging with the work of the MLP, the health care organization leadership can more deeply understand the importance of SDOH in their patient populations, and how necessary MLP is in providing solutions. MLPs that lack medical champions require technical assistance to learn how to identify a medical champi-

on, and can learn from those MLPs that are fueled by both legal and health care champions. For example, People’s Community Clinic has numerous medical champions, including the CEO and the Assistant Chief Medical Officer. Two other MLPs in Texas, at Texas Children’s Hospital and UT Health Science Center Children’s Hospital of San Antonio, are also good examples of MLPs that are securing their future through a working relationship with their health care partners. The General Counsel for Texas Children’s Hospital strongly supports the MLP approach and works to ensure its continuation through a steering committee. The MLP also has a medical champion in Dr. Christopher Greeley, the Chief of Public Health Pediatrics. At the UT Health Science Center Children’s Hospital of San Antonio, medical directors of the residency programs meet regularly with the MLP to help guide the program and trouble-shoot issues.

Social workers are a natural fit into MLPs because they often have developed trusting relationships with patients and can “translate” patient issues into social solutions. Social workers are also ideal champions for MLP because they understand the impact of SDOH on their patients’ lives and can explain the importance of addressing SDOH on patient health to fellow health care professionals like physicians. The MLP at Texas Children’s Hospital operates using a social worker as liaison between health care providers and attorneys in order to identify social issues that require the intervention of an attorney. For example, if a patient has applied for SNAP benefits and has been improperly denied, the attorney can pursue remedies unavailable to social workers, such as appealing the denial. The social workers we interviewed were some of the most zealous proponents of the MLP approach and participated in the regular steering committee meetings with the MLP’s legal and medical champions. Partners interested in pursuing the MLP approach and cultivating relationships with their health care partners should explore the integration of social workers into their MLP.

03

SHOWING VALUE

CHALLENGE: MLPS ARE NOT DOCUMENTING SUCCESSES

Another challenge, which is also mirrored nationally, is that MLPs in Texas are generally not documenting their successes in a systematic way or attempting to link legal victories to improvements in health outcomes using the capacity and expertise of the health care partners. Relatedly, most of the MLPs we spoke to are not consistently screening their patients for SDOH, with only four using a screening tool to identify SDOHs. Many Texas MLPs track the number of referrals made for legal services, and the number of legal cases opened and closed. However, on the health care side, they are not studying how their patients are benefiting from MLP services, or at a minimum collecting data across the [seven recommended performance measures from the National Center for Medical-Legal Partnership](#). At People’s Community Clinic, for example, they have piloted linking ICD-10 codes and LSC (federal legal funding) codes, but that capture resides with the legal aid partners TLSC and simply offers insight into the diagnostic criteria for patients and potential links with their presenting legal issues. There is no on-going validated health-related measurement that People’s Community Clinic is using that attempts to measure a health or well-being benefit or improvement for its patients. The National Center aims to work closely with EHF and its cohort of health centers to help shift that practice expectation so that MLP health care organizations can incorporate MLP-related data and measurement practices internally that align with broader best practices for health centers and are grounded in broader clinical best practices and workflows.

OPPORTUNITY: EXPLORE SYSTEMIC SCREENING AND ENGAGE HEALTH CARE LEADERSHIP IN RESEARCH

Screening for SDOHs is necessary to identify patient issues that may have legal solutions. MLPs should be encouraged to engage in consistent and uniform screening. There are numerous health care-based screening tools that can be used as templates for active and planning MLPs, and those health organizations interested in the approach. Indeed, many of the MLPs we spoke with are in the process of customizing screening tools such as PRAPARE--[the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences from the National Association of Community Health Centers and others](#)--to fit the needs of their workflow, and to capture the social issues facing their patients.

Once health care partners are consistently screening for SDOH, the results of the screening must be documented in order to understand if and how legal interventions are impacting health, well-being and other domains. This is also necessary to show that the MLP has value to the health care organization. Nationally, MLPs have struggled with how to tie legal interventions to improved health outcomes, but there is important work being done in this area. For some examples, see [Martinez O, Boles J, Muñoz-Laboy M, Levine EC, Ayamele C, Eisenberg R, et al. Bridging health disparity gaps through the use of medical-legal partnerships in patient care: a systematic review. J Law Med Ethics. 2017 Jul 14;45\(2\):260-273.](#)

04

REACHING ALL TEXANS

CHALLENGE: MLP ACTIVITY IS CURRENTLY CENTERED IN MAJOR METROPOLITAN AREAS ONLY

Medical-legal partnership activity in the EHF service area is mainly occurring in the major metropolitan areas, namely Houston and Austin. The Eastern area of the EHF service area, including Longview, Nagodoches, Beaumont and surrounding areas, is currently not served by an MLP.

OPPORTUNITY: EXPLORE RURAL MLPS

One area for exploration is the development of MLPs in less-populated areas. A positive sign is the newly-formed MLP at Family Health Center in Waco. In addition, an MLP could be established to serve East Texas and centered in Longview, where there are two health centers. The Montana Primary Care Association approach, which coordinates MLP services in four health centers in rural and frontier communities across Montana, could serve as a model for establishing MLP activity in less-populated areas of Texas.

RECOMMENDATIONS

OVERVIEW

Taking a cue from Justice Guzman and Bill Sage, we recommend actions that will catalyze MLPs and seed health care champions throughout Texas. To this end, we recommend a multi-partner investment to grow and sustain MLPs in the state.

MULTI-PARTNER INVESTMENT TO GROW AND SUSTAIN MLPs IN TEXAS

As this report demonstrates, the time is ripe for MLP in Texas, and interest is growing. Even as recently as six months ago, there was not necessarily shared alignment about the potential for MLP in Texas across sectors, but now health, public health and legal leaders are increasingly supportive in their vision for how MLP can serve low-income and vulnerable individuals in the state. Additionally, the demand for technical insight and expertise has been ticking up steadily over the past year. For example, Keegan Warren-Clem of Texas Legal Services Center shared that she has fielded 40 to 50 requests for technical assistance in the past year and the Texas Association for Community Health Centers has stepped up its engagement by including an MLP session in its annual meeting and engaging with the National Center to build its own institutional knowledge.

In addition, new working relationships between other, local health and legal organizations are building and hold tremendous promise.

There is also tremendous opportunity to ensure the deliberate and responsible growth of sustainable MLPs in Texas, given the newfound energy for the approach. To this end, we recommend consideration of a planning/action grant to support and advance MLP growth over a 12- to 18-month period, with a diverse, expert cross-sector team that could include national and state organizations interested in collaborating on legal responses to the social determinants of health. The National Center, as an expert resource for training and technical assistance, could act as a bridge within this team to incorporate national best practices in MLP development and implementation while building out local and statewide capacity, vision and leadership.

Conclusion

As one health care provider put it, “any pediatrician who knows about MLP wants one.”

Interviews with participants in MLPs across Texas demonstrate that there is tremendous excitement around this approach, and that it is contagious. Thus one of the crucial challenges is not enthusiasm for those who have discovered it, but in ensuring that health care providers and funders learn about its importance and how it dovetails with the work that health care is already doing to understand SDOHs in underserved populations.

APPENDIX 1: INTERVIEWS

TABLE 1. MLP PARTICIPANTS

NAME	POSITION	ORGANIZATION	MLP PARTNER	LOCATION
Abby-Anna Batko Taylor	Attorney	Texas RioGrande Legal Aid	Southeast Health and Wellness Center	Austin [^]
Anna Meyers	Deputy Director	Volunteer Lawyers of Central Texas	People's Community Clinic	Austin [^]
Keegan Warren-Clem	Attorney	People's Community Clinic	People's Community Clinic	Austin [^]
Melissa Kauffman	Health Care Administrator	People's Community Clinic	TLSC	Austin [^]
Marsha Griffin	Physician	UT-Rio Grande Valley	Brownsville Community Health Center	Brownsville*
Nancy Kelly	Physician	UT-Southwestern Medical Center at Dallas	Legal Aid of Northwest Texas	Dallas
Susan Schoppa	Attorney	Legal Aid of Northwest Texas	UT Southwestern Medical Center at Dallas	Dallas
Bernadette Segura	Attorney	Texas RioGrande Legal Aid	Centro San Vicente Family Health Center, El Paso Children's Hospital, University Medical Center of El Paso	El Paso
Alissa Rubin-Gomez	Attorney	University of Houston Law Center	Texas Children's Hospital	Houston* [^]
Elizabeth Olivares-Reed	Social Worker	Texas Children's Hospital	Houston Volunteer Lawyers	Houston [^]
Neeharika Tumati	Attorney	Houston Volunteer Lawyers	Texas Children's Hospital	Houston [^]
Sandra Trevino	Social Worker	Texas Children's Hospital	Houston Volunteer Lawyers	Houston [^]
Tom Mendez	Attorney	Houston Volunteer Lawyers	Texas Children's Hospital	Houston [^]
Stephan Wexler	Attorney/Physician	Legacy Community Health	Texas Southern Thurgood Marshall School of Law	Houston [^]
Ruchi Kaushik	Physician	Baylor College of Medicine	TRLA	San Antonio
Susan Zinn	Attorney	Texas RioGrande Legal Aid	UT Health Science Center Children's Hospital of San Antonio, Baylor College of Medicine Pediatrics	San Antonio
Mary Oneha	Physician	Waimānalo Health Center	Legal Aid of Hawaii	Waimānalo, Hawaii

*No longer with the MLP

[^]In EHF service area

TABLE 2. HEALTH AND LEGAL LEADERS

NAME	POSITION	ORGANIZATION	LOCATION
Justice Eva Guzman	Judge	Texas Supreme Court	Austin
Pritesh Gandhi	Assistant Chief Medical Officer	People's Community Clinic	Austin
Randy Chapman	Executive Director	Texas Legal Services Center	Austin
Bill Sage	Professor	UT Austin Schools of Law & Medicine	Austin

APPENDIX 2: LEGAL LANDSCAPE IN EHF SERVICE AREA

TYPE	NAME	LOCATION	NOTES
Large full-service legal aid organizations	Greater Waco Legal Services	Waco	Began in Jan. 2017. Spin-off from Mission Waco. POC: Kent McKeever
	Lone Star Legal Aid	13 locations, 11 in EHF area	
	Texas Legal Services Center	Austin	POCs: Keegan Warren-Clem and Randy Chapman
	Texas RioGrande Legal Aid	24 locations, 1 in EHF area (Austin)	Legal partner in 3 active MLPs
	Volunteer Legal Services of Central Texas	Austin	Provides legal services throughout Harris County
Legal referral networks	Houston Volunteer Lawyers	UT-Southwestern	Dallas
Organizations with direct legal assistance as part of social/religious mission	Catholic Charities	Throughout Texas	Representing immigrants before U.S. Citizen and Immigration Service
	Memorial Assistance Ministries	Houston	Services for low-income individuals, including emergency medical and mental health. Focus on "whole person." Includes some Epis. Churches. 2 staff attorneys for immigration.
	YMCA International Services of Greater Houston	Houston	Also includes health programs (e.g., diabetes prevention)
Organizations with direct legal assistance for immigrants	American Gateways	Serving 20 counties in Central Texas	
	Bernardo Kohler Center	Austin	Very limited information online. Listed as supporter of Casa Marianella
	Boat People SOS	Houston	
	Casa Marianella	Austin	
	Equal Justice Center	Austin	Income eligibility requirements
	Neighborhood Centers, Inc.	Houston	Connection to broad array of comprehensive services for immigrants
	RAICES	6 locations, 2 in EHF area (Austin)	
	Refugee Services of Texas	Austin	This may be referral-based
Law schools	Somali Bantu Community of Greater Houston	Houston	Possibly limited to immigrants in Greater Houston area
	Baylor University Law School	Waco	
	South Texas College of Law	Houston	
	Texas Southern Thurgood Marshall School of Law	Houston	
	University of Houston Law Center	Houston	
University of Texas School of Law	Austin		
Other	Disability Rights Texas	6 locations, 2 in EHF area (Austin and Houston)	Have policy bent (so case may be accepted if, e.g., it will impact other people w/ disabilities)
	Texas Civil Rights Project	4 locations, 2 in EHF area (Austin and Houston)	Representing "immigrant victims of abuse and other legal services"

APPENDIX 3: ACTIVE MLPS IN TEXAS

HEALTH CARE PARTNER(S)	LEGAL PARTNER(S)	FUNDING SOURCE	LOCATION
Brownsville Community Health Center	Texas RioGrande Legal Aid	Texas RioGrande Legal Aid	Brownsville
Baylor College of Medicine Pediatrics	Texas RioGrande Legal Aid	Texas RioGrande Legal Aid	San Antonio
Centro San Vicente Family Health Center, El Paso Children's Hospital, and University Medical Center of El Paso	Texas RioGrande Legal Aid	Texas RioGrande Legal Aid	El Paso
Children's Medical Center and UT Southwestern Medical Center at Dallas	Legal Aid of NorthWest Texas	Legal Aid of NorthWest Texas	Dallas
People's Community Clinic	People's Community Clinic (HRSA), Texas Bar Foundation, philanthropy	People's Community Clinic (HRSA), Texas Bar Foundation, philanthropy	Austin^
Texas Children's Hospital	Houston	Texas Children's Hospital	Houston^
Legacy Community Health	Houston	Legacy Community Health	Houston^
Family Health Center	Waco	Family Health Center	Waco^

^In EHF service area