



Whole **Person**. Whole **Team**. Whole **Communities**.

National Harbor, Maryland
September 19-20, 2019

HOSTED BY THE

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

in conjunction with
Boston University School of Medicine

FEATURED SPEAKERS



Karen M. Dale, RN, MSN

Market President / CEO
AmeriHealth Caritas
District of Columbia



Dr. Mona Hanna-Attisha

Physician, scientist, and
activist who exposed
the Flint water crisis



Bethany Johnson-Javois, MSW

Chief Executive Officer,
St. Louis Integrated
Health Network
Formerly the Managing
Director for the Ferguson
Commission



Cindy Mann, JD

Partner
Manatt, Phelps & Phillips

NEW TO THE SUMMIT? MAKE THE MOST OF YOUR EXPERIENCE.

A portion of attendees are in the process of starting medical-legal partnerships (MLPs). If that's you, here are some tips:

01

Discover core MLP resources.

NCMLP Summit



Click on the “Resources” icon in the app to download tools for integrating legal services into hospitals, health centers, and Veteran care settings.

02

Choose workshops about issues, populations, and settings related to your work.

Don't worry about finding “101” content. It will be most helpful to connect with people whose work resonates with your own. Ask presenters who work in similar settings lots of questions.

03

Use the app to connect with other attendees.

Click on the “Attendees & Networking” icon in the app to message other attendees and set up times to meet.

04

Attend Friday's lunchtime breakthrough series session on fundamentals.

This is your chance to have a focused conversation about planning and implementation with people who have done it before.

SUMMIT TRACKS

Presenters at the 2019 Summit bring a variety of perspectives from different sectors and communities, and **one third of workshops include patients and community advocates sharing their experiences, expertise, and advocacy.** Participants are welcome to attend any session, and do not need to stay within one track.

WHOLE PERSON.

Special education. Supportive decision-making. Accessing gender affirming care. Immigration status. The transition from childhood to adulthood. Workshops in this track each take a deep dive into one health-harming social factor and its possible health effects, or into the needs of one at-risk population. They trace a health care organization's multidisciplinary response to that issue, including the role of legal services in addressing it.

WHOLE TEAM.

Leveraging the Electronic Health Record. Data collection. Strengths-based social needs screening. This track explores the clinical environment and ways that integrating legal advocacy into a multidisciplinary health care team improves performance. Topics relate to workforce capacity, data exchange, workflow, and quality improvement.

WHOLE COMMUNITIES.

Advocacy to end immigration detention. Changes to federal housing policies around lead. Legislative change to expand medical coverage. Organizing to address environmental and redevelopment policies. Sessions in this track focus on ways that community stakeholders of all kinds work together to proactively change legislative, regulatory, and administrative policies related to health and well-being. Workshops explore both grassroots approaches to advocating for change in communities as well as efforts driven by health care institutions and payors.

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THURSDAY A.M.

AGENDA

BREAKFAST & REGISTRATION

Riverview Ballroom A & Riverview Ballroom Foyer

7:30

KEYNOTE

THE TIME FOR ACTION IS NOW!



Bethany Johnson-Javois, MSW
Chief Executive Officer,
St. Louis Integrated Health
Network
Formerly the Managing Director
for the Ferguson Commission

Riverview Ballroom B

9:00

WELCOME



Ellen Lawton, JD
co-Director
National Center for
Medical-Legal Partnership

Riverview Ballroom B

9:15

WORKSHOPS 1 - 6

Presenters' info and bios are available in the Summit mobile app.

B1: CBAs of the ABCs: Clinical Collaboration, Basic Training, and Advocacy Around Education

WHOLE PERSON TRACK Chesapeake 7-9

B2: Supporting Decision-Making: Empowering and Connecting Patients and Families

WHOLE PERSON TRACK Chesapeake G-I

B3: Medical-Legal-Community Partnerships to End Immigration Detention

WHOLE COMMUNITIES TRACK Chesapeake 2-3

B4: Strategies to Create Community-wide Health Justice and Protect Children from Harm

WHOLE COMMUNITIES TRACK Chesapeake E-F

B5: Serving Veterans: Medical-Legal Partnership Innovations from the VA

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WHOLE TEAM TRACK Eastern Shore 1

B6: Leveraging Electronic Health Record Systems to Advance Medical-Legal Partnership

WHOLE TEAM TRACK Eastern Shore 2

10:15
BREAK

10:30

11:45
BREAK

12:00

LUNCH & 2020 CENSUS SESSIONS

Facilitators' info and bios are available in the Summit mobile app.

Lunch sessions will focus on how attendees can play a role in ensuring communities are accurately counted in the 2020 Census.

SPONSORED BY



Households that Include Children Under 4

Facilitated by the Coalition on Human Needs
Chesapeake G-I

Households that Include Low-income Individuals in Rural Areas

Facilitated by the Community Action Partnership
Chesapeake 7-9

Households that Include Arab and Asian Americans and Immigrants

Facilitated by the Arab American Institute and Asian Americans Advancing Justice
Chesapeake E-F

Households that Include LGBTQ Individuals

Facilitated by the National LGBTQ Task Force
Chesapeake 2-3

Attendees not wishing to participate in a Census 2020 session can enjoy lunch in Riverview Ballroom A.



THURSDAY A.M. WORKSHOP DESCRIPTIONS

B1: CBAs of the ABCs: Clinical Collaboration, Basic Training, and Advocacy Around Education

Education is a critical aspect of children's development, and pediatric providers can partner to ensure that children have access to an appropriate education. This workshop will help participants identify how they can infuse education law and school advocacy into primary care practice by investigating the CBAs of education: (C) collaboration between providers and families for individual children, for example screening for concerns in the clinical setting or communicating with schools; (B) basic training providers should have about education and where this can fit in the medical curriculum; and (A) advocacy in the clinic, with the school district, and at the state level. The workshop will include a consumer perspective from the parent of a disabled child who struggled with the school system to get appropriate services for her son. The workshop will build upon the lessons learned from the participants' and leaders' medical-legal partnerships and encourage participants to reflect upon how they can use the CBAs to get more buy-in about education.

B2: Supporting Decision-Making: Empowering and Connecting Patients and Families

Supported decision making may be beneficial for a range of individuals, from youth with special health care needs at the age of transition, to adults with mental health diagnoses, and to the elderly in need of support. This workshop will explore these special populations who are most often impacted by the need for supported-decision making. We will review the spectrum of supported decision making options, from least to most restrictive. We will describe our experience with three different medical-legal partnership (MLP) programs in the Cleveland, Ohio, area involved in health care provider education and client assistance for supported decision-making. We will then open for discussion with workshop participants about the potential advantages and pitfalls of addressing supportive decision making within the MLP approach.

B3: Medical-Legal-Community Partnerships to End Immigration Detention

Given the ceaseless attacks on immigrant communities, it is more urgent than ever that health care workers connect to the community spaces where grass-roots movements and legal advocates are organizing to protect immigrant rights and end immigration detention. Within the more than 200 U.S. immigration jails and detention centers, imprisoned individuals are subject to human rights abuses including substandard living conditions, deprivation of communication and due process, family separation, and physical and sexual abuse. Systemic medical neglect has resulted in disastrous health outcomes and even death. This panel will discuss how medical providers can join the effort for the release of detained individuals by partnering with lawyers and community organizers who are working to document and expose health inequities in immigration detention jails and prisons. We will use the example of an educational track developed by medical residents that took them beyond the walls of the clinic, allowing them to access otherwise closed facilities to witness and bring attention to medical neglect as a systemic feature of immigration jails, making detention itself a health risk.

B4: Strategies to Create Community-wide Health Justice and Protect Children from Harm

Medical-legal partnership (MLP) allows partners to identify patterns in the health-harming legal issues experienced by patients, and it provides the ideal perspective for meaningful policy development. By collaborating across silos, MLP can better identify systemic health justice issues, determine the root of the problem, and devise holistic, comprehensive, long lasting solutions. Once an MLP identifies a pattern of legal health harm among patients, MLP providers are uniquely situated to advocate for community-wide change. MLP policy is a highly collaborative approach to advocacy, wherein providers, attorneys, patients and other stakeholders unite to advance health in the community, city, state, or nationally. This session will describe how one MLP patient's story of lead poisoning resulted in amendments to federal policy and the protection of millions of children nationwide. In addition, the session will parse out the interprofessional strategies that enabled the MLP to protect the health of all children in the community.

B5: Serving Veterans: Medical-Legal Partnership Innovations from the VA

With more than 30 medical-legal partnerships (MLPs) now serving Veterans Health Administration facilities, VA MLPs are testing innovative models of delivering legal services as a part of routine, integrated Veteran care. This session will feature data-driven lessons and first-hand consumer experience from the VA Errera Community Care Center's partnership with the Connecticut Veterans Legal Center, in addition to perspectives from the multi-disciplinary team responsible for its success. Highlights and best practices from the National Center for Medical-Legal Partnership's recently released "VA Medical-Legal Partnership Readiness Guide" will also be shared. The interactive panel will engage with attendees on how lessons can be translated to their communities.

B6: Leveraging Electronic Health Record Systems to Advance Medical-Legal Partnership

Electronic Health Record Systems (EHRS) are at the center of health care delivery. Combination patient database, clinical support tool, communication hub, risk management instrument, and research engine, EHRS should also be a resource for medical-legal partnerships (MLPs) to maximize impact. In this panel, representatives from Iowa, Minnesota, Montana, and Texas will demonstrate how they are leveraging EHRS to complement emerging social determinants of health activities; identify patient populations in need of specific legal information; screen individual patients for health-harming legal needs; make and track referrals to legal partners; prioritize MLP activities; and prepare for future quality assurance, evaluation, and research activities. Session participants will leave with concrete ideas about how to 1) use information already in EHRS to identify or prioritize patients for MLP consultation and referral, and 2) develop functionality to increase the amount of MLP-specific data tracked in a health care partner's EHRS.

THURSDAY P.M.

AGENDA

PLENARY CONVERSATION

THE LONG AND WINDING ROAD: TAPPING INTO SUSTAINABLE FUNDING STREAMS FOR SDOH INTERVENTIONS



Karen M. Dale, RN, MSN
Market President / CEO
AmeriHealth Caritas
District of Columbia

- in conversation with -



Cindy Mann, JD
Partner
Manatt, Phelps & Phillips

Riverview Ballroom B

1:30

2:45

NETWORKING COFFEE BREAK

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Riverview Ballroom A

3:15

POSTER SESSION

Poster abstracts and author info are available in the Summit mobile app.



Twenty-four research posters will be presented highlighting the role that laws and legal policy play in things such as health equity, the value of an integrated approach to care, the health care workforce or system, and community level policy change. Authors will be standing with their posters to answer attendees' questions.

Riverview Ballroom A

4:30
BREAK

4:45

6:00
END OF
DAY ONE

WORKSHOPS 7-12

Presenters' info and bios are available in the Summit mobile app.

B7: How Medical-Legal Partnerships Serve Socially Vulnerable Older Adults

WHOLE PERSON TRACK Eastern Shore 1

B8: Birthing a New Approach: Integrating Legal Advocacy and Group Care for Pregnant Patients

WHOLE PERSON TRACK Chesapeake 2-3

B9: Positive Accountable Community Transformation: Reframing the Culture of Care Delivery to Improve Outcomes and Health Equity

WHOLE COMMUNITIES TRACK Chesapeake E-F

B10: Moving Upstream: Case Studies on Partnering for Legislative Change

WHOLE COMMUNITIES TRACK Chesapeake 7-9

B11: Opening Doors in Rural Communities to Those Who Are Homeless, In Addiction Recovery, Survivors of Domestic Violence, and Isolated in Rural Communities

WHOLE TEAM TRACK Eastern Shore 2

B12: Perfecting Your Partnership: Data-Driven Approaches to Boost Performance

WHOLE TEAM TRACK Chesapeake G-I



THURSDAY P.M. WORKSHOP DESCRIPTIONS

B7: How Medical-Legal Partnerships Serve Socially Vulnerable Older Adults

This session will highlight findings from the National Center for Medical-Legal Partnership's issue brief, "Socially Vulnerable Older Adults & Medical-Legal Partnership," and describe the pressing legal and social needs facing older adults. Specifically, three models of MLPs serving older adults will be presented, including a law school clinic model delivering holistic legal services, an "extreme case management" partnership serving homeless or housing insecure older adults, and a hospital-based MLP utilizing social work expertise to streamline services for health-harming legal needs. Through a panel discussion of these MLP case studies, participants will learn about challenges inherent in aligning and improving care for older adults, including workforce issues, access barriers and ethical challenges. Funding opportunities, strategies for connecting MLP to value-based payment, and best practices for improving quality of service through MLP will be explored.

B8: Birthing a New Approach: Integrating Legal Advocacy and Group Care for Pregnant Patients

This panel workshop—presented by an attorney, a midwife, a social worker, and a patient from People's Community Clinic in Austin, Texas—will introduce participants to three different innovative models of care. The inter-professional panel will discuss group care, medical-legal partnerships, and how they've collaborated to integrate and expand upon these already innovative models to care for obstetrical patients. Using pregnancy as the case study, panel members will discuss these different models to address patient needs and move care more upstream to prevent harm. The patient, who has recent experience with both traditional and our integrated care models, will describe her own experiences. We will provide an overview of how this multidisciplinary approach to addressing social determinants of health during pregnancy can increase positive health outcomes in mostly underserved patients. While a predominant focus of this workshop is prenatal care, the content is readily adaptable and applicable for any professional who desires to incorporate integrative care into their practice.

B9: Positive Accountable Community Transformation: Reframing the Culture of Care Delivery to Improve Outcomes and Health Equity

The District of Columbia has formed a coalition called DC Positive Accountable Community Transformation (DC PACT), which is building a movement to reframe the culture of care delivery to address social needs, improve health outcomes, and increase health equity. DC PACT has brought social service nonprofits, faith institutions, behavioral health providers, hospitals, community health centers, and legal services providers to the table in partnership with multiple District government agencies including the Department of Health Care Finance, DC Health, Department of Human Services, Department of Behavioral Health, and Department of Disability Services for this city-wide effort. The DC Primary Care Association serves as the Collective Impact "backbone" organization. With ambitious goals, this session is about the whole community, and leveraging partnerships and resources to screen for social determinants.

B10: Moving Upstream: Case Studies on Partnering for Legislative Change

The top of the pyramid of medical-legal partnerships is to move upstream by using practice to inform changes to policy. This is the scenario where we leverage our collaborations between medical, legal, public health, and social work to identify issues that need repairing at the larger, systemic level and work together to make transformative change. This session will use case studies to illustrate how we can move practice into policy by discussing successful legislative initiatives spearheaded by the Center for Children's Advocacy's Medical-Legal Partnership Project in Connecticut and the Health Law Partnership between Georgia Legal Aid Society, Georgia State College of Law and Children's Healthcare of Atlanta. The legislative issue areas include the expansion of publicly funded medical coverage for undocumented immigrant children (Medicaid and CHIP), access to HIV prevention for minors (PrEP), and protecting tenants with health-harming housing conditions from retaliatory eviction. The session will do a deep dive into strategies on how to create legislative action in your state through your medical-legal partnership and create a forum for cross-disciplinary collaboration and idea-sharing amongst session participants.

B11: Opening Doors in Rural Communities to Those Who Are Homeless, In Addiction Recovery, Survivors of Domestic Violence, and Isolated in Rural Communities

As a Health Care Home (Minnesota's version of the ACA's Patient-Centered Medical Home), a community health center in rural southwest Minnesota is collaborating with legal aid and engaged funders to include those members of our community who are homeless, in addiction recovery, survivors of domestic violence, and others who could benefit from receiving patient centered, integrated health care. The Lawyers Advancing Wellness (LAW) project places a lawyer at the Open Door Health Center. Volunteer attorneys staff Legal Checkup Clinics at the Center, homeless drop-in centers, an inpatient addiction treatment center, and other remote locations. Three quarters of the patients/clients seen are survivors. 110 checkups at the first 41 clinics identified 257 legal problems. A community health worker attends clinics to help participants identify and connect with community resources. The panel will share lessons learned and protocols developed to reach and improve health outcomes for underserved populations in rural areas.

B12: Perfecting Your Partnership: Data-Driven Approaches to Boost Performance

This highly interactive workshop, co-led by medical and legal partners, illustrates how medical-legal partnerships (MLPs) can share data and use quality improvement methods to improve program effectiveness, measure outcomes, and facilitate system-level change. Measurement is critical to establish the value clinical-community collaborations have in mitigating legal risks driving health disparities. There are tools that facilitate assessment of how MLPs improve families' health and well-being and promote long-term solutions to systemic challenges. Using specific examples, presenters from a highly integrated MLP in Cincinnati, Ohio, will share how thoughtful, consistent exchange of data can improve collaboration between health care and legal teams to enhance partnership performance and benefit targeted populations. Participants will examine tools to measure the key functions of their clinical-community partnership; identify existing and new data sources within their own institutions; and consider data strategies to help prioritize and pursue potential areas of advocacy.

FRIDAY A.M. AGENDA

BREAKFAST

Riverview Ballroom A

7:30

WORKSHOPS 13 - 18

Presenters' info and bios are available in the Summit mobile app.

B13: Supporting the Bridge: Utilizing an SDOH Framework to Design Holistic Transition Care

WHOLE PERSON TRACK Chesapeake G-1

B14: Accessing Gender Affirming Care Requires Legal Care: A Discussion on Team-Based Approaches and Best Practices

WHOLE PERSON TRACK Chesapeake 7-9

B15: Expanding our Reach through Cross-Sector Partnerships: Health, Legal, Education and Technology

WHOLE COMMUNITIES TRACK Eastern Shore 2

B16: Prioritizing Policy Advocacy: The Nursing-Legal Partnership Model for Effecting Change

WHOLE COMMUNITIES TRACK Chesapeake 2-3

B17: Case Studies on Interdisciplinary Approaches to Addressing Co-occurring Medical and Social Needs

WHOLE TEAM TRACK Chesapeake E-F

B18: Bang for your Buck: Harnessing the Power of MLPs to Improve Health Inequities and Decrease Health Care Cost

WHOLE TEAM TRACK Eastern Shore 1

NETWORKING COFFEE BREAK

Riverview Ballroom Foyer

9:45

DAY 2 WELCOME



Joel Teitelbaum, JD, LLM
co-Director
National Center for
Medical-Legal Partnership

Riverview Ballroom B

10:15

PLENARY CONVERSATION

**WHAT THE EYES DON'T SEE:
STORIES FROM THE FRONTLINES OF THE
FLINT WATER CRISIS**



Dr. Mona Hanna-Attisha
Physician, scientist, and
activist who exposed the
Flint water crisis

- in conversation with -



Kate Marple, MSc
Communications Director
National Center for
Medical-Legal Partnership

Riverview Ballroom B

10:30

AWARDS PRESENTATION



The National Center for Medical-Legal Partnership will present its annual Leadership Award and its inaugural Impact Award. The American Bar Association will also present its Outstanding Medical-Legal Partnership Pro Bono Award. Information on the recipients is available in the Summit app under the "Awards" icon.

Riverview Ballroom B

11:30



FRIDAY A.M. WORKSHOP DESCRIPTIONS

B13: Supporting the Bridge: Utilizing an SDOH Framework to Design Holistic Transition Care

Casting the transition from childhood to adulthood in a social determinants framework represents a progressive shift away from health care practices that treat “aging out” as a purely administrative event. Recognizing that supports such as SSI benefits, special education, and reliance on parents as primary decision-makers can end or change significantly as youth become adults, the Transition Task Force at UPMC-Children’s Hospital of Pittsburgh designed a systemic intervention for addressing the whole health needs of older pediatric patients. This session engages participants by leading them through an interactive journey that explores access to a comprehensive support system as a social factor that can have a profound impact on the health outcomes of teens with disabilities or complex medical needs, and presents a novel multidisciplinary approach to transition planning that integrates social work, legal care, and technology to promote healthier transitions from pediatric to adult care.

B14: Accessing Gender Affirming Care Requires Legal Care: A Discussion on Team-Based Approaches and Best Practices

Transgender patients are disproportionately impacted by violence, barriers to employment, lower levels of insurance, increased incidents of behavioral health conditions and higher rates of HIV and other co-morbid conditions. The continuous assault on the rights of LGBTQ people, along with other vulnerable communities, is taking a toll on mental and physical well-being and exacerbating structural barriers for this community. Gender affirming legal care is critical to reducing structural barriers by targeting legal representation for immigration status, to fight discrimination, obtain insurance and access to coverage, and update identity documents. This panel discussion will explore two team-based medical-legal partnership approaches in transgender care – at Whitman-Walker Health, a DC based FQHC, and Nebraska Medicine’s Transgender Clinic. Panelists will bring their perspectives as medical provider, behavioral health provider, lawyer, and patient to share their experience providing gender affirming care and working collaboratively to reduce barriers. They will explore care models, lessons learned, and best practices on patient engagement, staffing, and policies and practices that promote dignity, respect, and affirmation. They will also facilitate opportunities for audience engagement to leverage other knowledge in the room and answer questions or thorny care issues.

B15: Expanding our Reach through Cross-Sector Partnerships: Health, Legal, Education and Technology

In Alaska, providing legal services to remote tribal communities which are not located on the road system has proven an extreme challenge. However, today, medical services that are delivered through a community-based, culturally-appropriate workforce already exist in these small remote communities. With cross sector partnerships (health, legal, education and technology), Partnering for Native Health is integrating a social justice curriculum into the health care workforce. Please join us to discuss a future that integrates multiple sectors to build a community-based, culturally-appropriate legal system that empowers communities to address health-harming legal needs.

B16: Prioritizing Policy Advocacy: The Nursing-Legal Partnership Model for Effecting Change

Recognizing the need to address systemic causes of poor health, the Philadelphia Nursing-Legal Partnership (NLP) prioritized legislative advocacy and community engagement as core components of its model. With dedicated funding and staffing time for policy activities, public health nurses and attorneys work collaboratively to identify patterns of community injustice and opportunities for policy reform to improve community-wide outcomes. The NLP has demonstrated successful policy wins, including improving tenant rights and addressing lead through the implementation of a client-informed, robust policy agenda. Using innovative opportunities to engage and empower families, including a Community Action Day, clients share their stories to effect change. The NLP model has been refined over the last three years resulting in a clear understanding of the processes, resources, and stakeholders that are necessary to successfully engage and persuade legislators to act on behalf of low-income families. These findings are replicable and can be adapted nationwide.

B17: Case Studies on Interdisciplinary Approaches to Addressing Co-occurring Medical and Social Needs

This session will focus on medical-legal partnership (MLP) activities in two settings: (1) Cook County Health System’s provider-based Integrated Care Department, which utilizes a multi-disciplinary field-based team of nurses, social-workers, and community health workers to provide care coordination and care management, and (2) the Social Service Alignment Learning Collaborative (SSALC) at University of Chicago’s Comprehensive Care Program, which unites 25+ participants from social service and health care systems to facilitate navigation of social service and health care systems. In the first part of the workshop, the Cook County team will dive into a discussion of home visits, patient satisfaction with MLP, pre-post screening comparisons, and qualitative analysis of narrative responses. In the second half of the workshop, the UChicago team will examine the broad role and participation of legal services in the SSALC initiative, and the practice and impact of legal consultation related to public benefits and other health-harming needs.

B18: Bang for your Buck: Harnessing the Power of MLPs to Improve Health Inequities and Decrease Health Care Cost

Medical-Legal Partnerships (MLPs) utilize the power of legal interventions to address health inequities, offering needed services and concrete solutions to patients and communities, yet funding and financing remain barriers to sustainability and replication. Many MLPs have been unable to secure investment from stakeholders that may financially benefit from MLP services, including health care systems and health care payors. This session explores the positive health care outcomes and cost avoidance (also known as preventative or soft savings) MLPs likely provide to MCOs. Healthy Together, a medical-legal partnership in Washington, DC, is used as a case study to make the business case for investment by MCOs in MLPs. A toolkit will be shared that includes findings of pre/post analysis of MCO claims data documenting the cost avoidance for MCOs and lessons learned in creating innovative data sharing agreements. A discussion on outcomes-based funding options, including the pros and cons for various options, will conclude the session.

FRIDAY P.M. AGENDA

LUNCH & BREAKTHROUGH SERIES

Facilitators' info and bios are available in the Summit mobile app.

Attendees not wishing to attend a breakthrough series session can enjoy lunch in Riverview Ballroom A.

Focus on Veterans: Serving Those Who Have Served

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BOB WOODRUFF
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Chesapeake 2-3

Collaborating to Improve Communities Statewide

Chesapeake E-F

What Next? Fundamentals of Implementing a Medical-Legal Partnership

Chesapeake G-I

DULCE: An Evidence-based Model that Aligns Pediatric, Legal and Early Childhood Systems

Chesapeake 7-9



Dr. Mona Hanna-Attisha will be signing copies of her book, *What The Eyes Don't See*, for attendees from 12:15 - 1 p.m.

Books will be available for purchase from Politics and Prose, a local independent bookstore.

Riverview Ballroom Foyer

12:15

1:45

3:00
ADJOURN

WORKSHOPS 19 - 24

Presenters' info and bios are available in the Summit mobile app.

B19: Protecting Access to Health Care through Immigrant-Focused Medical-Legal Partnerships

WHOLE PERSON TRACK

Chesapeake 7-9

B20: Medical-Legal Partnership in a Complex Care Environment

WHOLE PERSON TRACK

Eastern Shore 1

B21: BUILD Health DC: Reducing Asthma Disparity through Public Health, Community Engagement, and Systemic and Direct Legal Interventions

WHOLE COMMUNITIES TRACK

Chesapeake 2-3

B22: Addressing Community Health Through the Prism of Housing, Environmental, and Redevelopment Policies

WHOLE COMMUNITIES TRACK

Chesapeake G-I

B23: Whole Person Care Los Angeles: Integrating Medical-Legal Partnership into a Multi-Disciplinary Team across 4700 Square Miles

WHOLE TEAM TRACK

Eastern Shore 2

B24: Strengths-Based Social Needs Screening: Engaging our Way to Empowerment

WHOLE TEAM TRACK

Chesapeake E-F



FRIDAY P.M. WORKSHOP DESCRIPTIONS

B19: Protecting Access to Health Care through Immigrant-Focused Medical-Legal Partnerships

Immigrants, particularly undocumented individuals, face significant barriers to accessing health care, resulting in health disparities and uncompensated care costs for providers. Rapidly changing immigration policies have erected new barriers as immigrants become increasingly afraid to seek care and benefits for fear it will lead to their deportation. Panelists from LegalHealth, the Immigrant Legal Center, the University of Nebraska Medical Center, New York City Health + Hospitals, and the Greater New York Hospital Association will explore how immigrant-focused medical legal partnerships can best protect access to health care for immigrant patients in this challenging environment. Panelists will discuss strategies for launching and sustaining immigrant-focused medical legal partnerships, including the importance of unrestricted funding. Panelists will provide updates about the current immigration climate, such as the “public charge” rule, and will address how health care providers can advocate for immigrant patients and craft messages to quell fears and encourage patients to seek both medical care and legal help.

B20: Medical-Legal Partnership in a Complex Care Environment

The Camden Coalition and Rutgers Law School have joined forces to integrate a medical-legal partnership (MLP) into the Coalition’s renowned complex care program. The Camden Coalition identifies patients with complex needs and utilizes care teams to facilitate high touch care coordination in order to address those needs. In the Camden MLP model, the attorney leverages the pre-existing relationship of trust between patient and care team as a springboard to effective legal representation. The complex care environment enhances attorney efficiency, enables more effective triage, and results in increased patient follow-through. Participation of treating medical providers is minimal in this MLP. This session will explore the implementation of an MLP into the Camden Coalition’s existing complex care program. The session will consider the perspectives of an attorney and a care team member regarding the benefits and drawbacks of this model. The session will also address practical issues including patient home visits and confidentiality.

B21: BUILD Health DC: Reducing Asthma Disparity through Public Health, Community Engagement, and Systemic and Direct Legal Interventions

A child with asthma in DC’s lowest-income neighborhoods is 20 times more likely to end up in the emergency room for asthma than a child living in a wealthier neighborhood. It is no coincidence that these families live in housing with the most serious health-harming conditions. BUILD Health DC is an innovative collaboration between the legal team at Children’s Law Center, health care providers with the emergency room asthma program IMPACT DC at Children’s National, the DC Department of Health, and parents and caregivers of children with asthma to tackle these stark racial and health disparities through direct medical-legal partnership (MLP) intervention and data-driven systemic advocacy. This session will share how we have teamed across sectors, prioritizing community engagement, to work more effectively with families, train parents and caregivers to do systemic advocacy, and to advocate for an effective system of housing code enforcement as a public health issue.

B22: Addressing Community Health Through the Prism of Housing, Environmental, and Redevelopment Policies

Presented by community advocates and researchers, this workshop will examine the intersection of housing, environmental, and redevelopment policies on community health, and strategies local organizers can take to affect change and protect community health. Using Southwest, Washington, DC as a case study, this session will feature three 15-minute didactic presentations examining different housing issues. First, it will explore the challenges of Buzzard Point residents by discussing a decades-long struggle against industrial pollution that has diminished their quality of life and presenting original and public research. The second presentation will outline the dual challenges around the derelict state of public housing conditions, its impact on health, governmental responses, and policy solutions that threaten displacement. The final part will view redevelopment policy in light of its health impact for senior, coupled, and single households, as well as the health implications of single-person housing. Each of the three presentations will be preceded by 10-minute small group discussions to share their own community experiences before rejoining as a group to provide insights into local efforts to affect change.

B23: Whole Person Care Los Angeles: Integrating Medical-Legal Partnership into a Multi-Disciplinary Team across 4700 Square Miles

Population health teams are by nature, multidisciplinary. Whole Person Care Los Angeles (WPCLA) has successfully integrated legal teams into a complex care team driven by community health workers (CHWs) working with medical case workers, social workers, nurse case managers, and health care providers. Given a limited budget and an expansive geography (4751 square miles), the WPCLA team created a unique virtual medical-legal partnership (MLP) workflow that leverages technology for referrals and data sharing. Coupled with in-person case review, focused educational sessions, and virtual technical assistance, the WPCLA MLP builds health care team capacity while delivering services. WPCLA has also quantified legal services in health care terms similar to that of other complex care team members to both set expectations and payment in a way comprehensible to health care systems, allowing for sustainability.

B24: Strengths-Based Social Needs Screening: Engaging our Way to Empowerment

The medical-legal partnership (MLP) approach is framed around extra-clinical influencers of health, such as public interest lawyers. A whole team integrates legal insight about bureaucracies governing health-related social needs (HRSN). Who else should be on the team? Who leads the team? Although the systems-level orientation of MLP reduces victim-blaming of individuals experiencing poor health, health care and legal-system environments are not yet designed to engender strengths-based, collaborative engagement with people. We may detect some unmet needs and surface trauma history, but are we pausing to develop empathy for the personal impact of structural inequality, or the subtle ways we reinforce power differentials as professionals? Are we thinking proactively about how our interactions can minimize distress and maximally communicate respect? These questions will launch discussion about building a strengths-based foundation for efforts to address unmet HRSN. We will consider workflows, workforce roles and skills, and redesigning work culture to elevate people’s agency and resilience.

MISSION

The National Center for Medical-Legal Partnership leads education, research, and technical assistance efforts to help health organizations in the United States leverage legal services as a standard part of the way they respond to social needs. Our mission is to foster a system in which all health organizations can leverage these services. Over the last decade, the National Center's work has helped cultivate programs that do just that at nearly 350 hospitals and health centers across the U.S.

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