



USING LEGAL SERVICES
AS PART OF A
COMMUNITY STRATEGY
TO IMPROVE
MATERNAL HEALTH IN HEALTH CENTERS

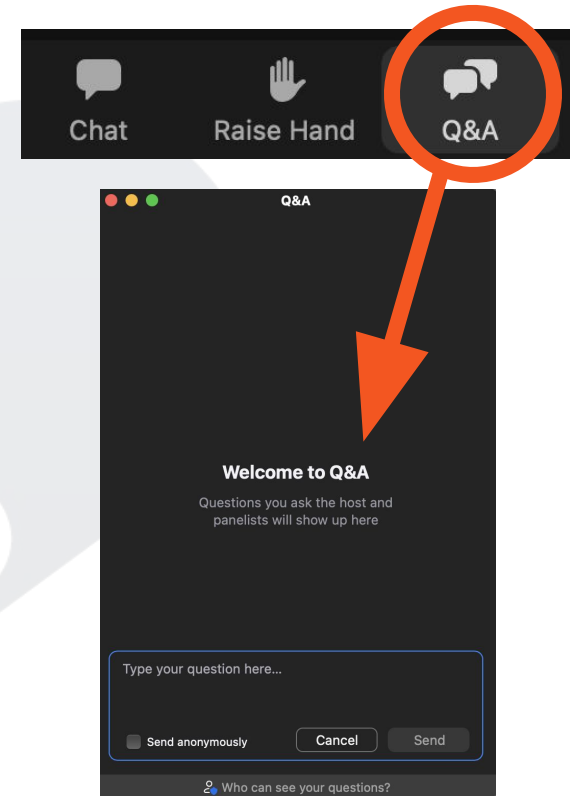
2023 LEARNING COLLABORATIVE



SESSION 2: MARCH 8, 2023

Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into **Chat**.
- To activate captions, select “Captions” and “Show Captions.”
- This webinar will be recorded and shared with participants
- Send your questions into the chat for help.





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About this Learning Collaborative

- Using legal services as a community strategy to improve maternal health in health centers
- 4 sessions
 - 90 mn long
 - Didactic portion and guided discussion
- Overview and Discussion of an MLP model



Today's Agenda

1

Introductions

Objectives
Faculty

2

Presentations

Lessons for the
Day

3

Discussion

Guiding Questions

4

Closeout

Next Session



Learning Collaborative Objectives

1. **Understand MLPs** and their role in maternal health
2. **Understand how to detect and address unmet legal** needs that negatively impact maternal health outcomes
3. **Develop strategies to collaborate across health and legal settings** for integrating civil legal services, e.g, such as MLP activities, with your health center's maternal priorities.



Meet the Faculty



Courtney Mendoza, JD
Mental Health Advocacy
Services



Nola Booth, JD
Legal Assistance of Western New
York (LawNY)



**Amanda Elkanick
Oder, JD**
Texas Advocacy Project



Bronwyn Blake, JD
Texas Advocacy Project



Vicki Girard, JD
Georgetown University Health
Justice Alliance



**Loral Patchen, PhD, MSN,
MA, CNM, IBCLC**
Medstar Washington Hospital
Center



Roxana Richardson, JD
Georgetown University
Health Justice Alliance

Icebreaker Activity

Get to Know your Cohort

Amanda Elkanick Oder

VP of Advocacy and Outreach



Bronwyn Blake

Chief Legal Officer



Texas Advocacy Project
Maternal Health MLP

What is ...

Your Name

Your Title

Your Organization Name &
Location

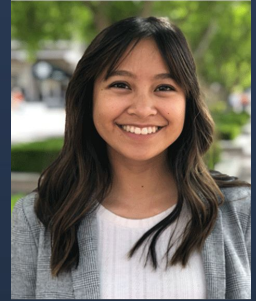
One major takeaway from
session 1

Session 1 Quick Overview

Guest Speakers:

- John Richards from [National Center for Education in Maternal and Child Health \(NCEMCH\)](#)
- Loral Patchen from [Health Justice Alliance](#)
- Amanda Elkanick Oder and Bronwyn Blake from [Texas Advocacy Project](#)

Courtney Mendoza
Staff Attorney



Mental Health Advocacy Services Maternal Mental Health MLP

MATERNAL MEDICAL - LEGAL PARTNERSHIP

COURTNEY MENDOZA,

EQUAL JUSTICE WORKS FELLOW

Sponsored by Anonymous and Katherine Borsecnik &
Gene Weil



MENTAL HEALTH
ADVOCACY
SERVICES



The logo for Mental Health Advocacy Services is centered within a yellow rectangular box. The text "MENTAL HEALTH ADVOCACY SERVICES" is written in a dark blue, serif, all-caps font, arranged in three lines. Behind the text is a faint, stylized sunburst or starburst graphic. The entire logo is set against a large blue background that has a folded corner effect on the left side.

MENTAL HEALTH ADVOCACY SERVICES

MHAS has served as Los Angeles County's legal aid expert for clients with mental health disabilities since 1977, has helped establish and participates in other medical-legal partnerships, and has supported many new attorneys at the start of their legal careers.

MHAS provides services in a wide range of civil legal issues areas, including: housing, public benefits, re-entry, special education, and more.

The logo for Mental Health Advocacy Services is centered within a yellow rectangular box. The text "MENTAL HEALTH ADVOCACY SERVICES" is written in a dark blue, serif, all-caps font, arranged in three lines. Behind the text is a faint, stylized sunburst or starburst graphic in a light blue color. The entire logo is set against a larger blue background that has a folded-corner effect on the left side.

MENTAL HEALTH ADVOCACY SERVICES

MHAS is part of LA County's countywide medical-legal community partnership, which is comprised of several legal aid organizations serving at different health centers and sites across the county funded by the county's Department of Health Services.

Recently, the Department of Mental Health (DMH) has taken over funding for this established program, and MHAS is now piloting the MLP model at DMH's own mental health clinics.



The Nurse-Family Partnership (NFP) Program is an evidence-based model program that was developed in New York in 1977.

NFP uses specially trained public health nurses (PHNs) to serve high-risk, low-income pregnant people living in poverty. All services are free, voluntary, and families are followed and supported using an intensive home visiting schedule until the first-born child reaches the age of 2 years old.



The L.A. Department of Public Health piloted this nurse home visiting program in September 1997 with four Public Health Nurses (PHNs) in collaboration with California Hospital Medical Center.

In 2000, the Department expanded NFP services countywide with funding from the Department of Public Social Services (DPSS). The NFP program is funded in multiple ways, including by MCH block grant, Mental Health Services Act (MHSA) through the L.A. Department of Mental Health, and the California Home Visiting Program (federal).



The Nurse-Family Partnership's (NFP) physical and mental health care providers (nurses, LCSWs) offer a more intimate and long-term relationship with their patients through home visits and are therefore better able to identify health-harming legal needs of the patients and their families.

The program recognizes the legal difficulties that pregnancy and childbirth might place on low-income families, especially when mental health is a factor and considering the additional impacts from COVID-19.



Question:

What types of service delivery models do your MLPs utilize or hope to utilize?



An Equal Justice Works (EJW) Fellowship allows attorneys to identify an area of legal need and develop a project with a legal aid organization to address that unmet need. Selected fellows are given private funding to carry out the project for two years.

EJW has funded about 63 medical-legal partnerships to date since 1986. Many of these projects have been specialized to serve children, seniors, survivors of domestic violence/intimate partner violence, or specific legal issues like housing or employment – but few focus on maternal populations, and even fewer on maternal *mental health*.



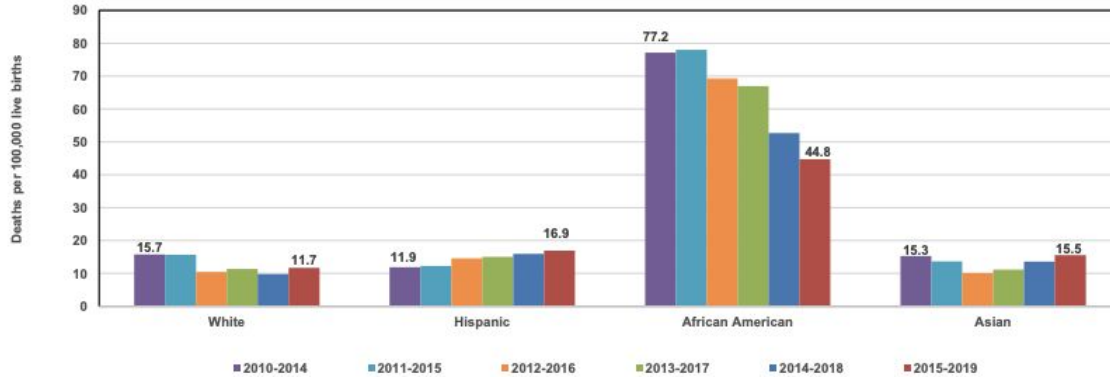
EJW does not consider law school GPA, rather they select applications based on their passion for public interest law. (*Right person, right project, right host organization + public service incentives)

Courtney and MHAS developed their maternal medical-legal partnership to help address the social determinants of health for pregnant and postpartum people and their families in Los Angeles County.



Specifically, Courtney and MHAS wanted to help ameliorate the disparate rates of maternal and infant mortality, pre-term births, and negative social determinants of health for pregnant and postpartum people who identify as low-income and Black or Latine in LA County.

**Maternal Mortality Rates by Race/Ethnicity
Los Angeles County
5-Year Moving Averages, 2010-2019**



	White			Hispanic			African American			Asian		
Years	Total Deaths	Total Live Births	MM Rate	Total Deaths	Total Live Births	MM Rate	Total Deaths	Total Live Births	MM Rate	Total Deaths	Total Live Births	MM Rate
2010-2014	18	114,523	15.7	45	379,475	11.9	37	47,943	77.2	14	91,589	15.3
2011-2015	18	114,805	15.7	45	367,827	12.2	36	46,138	78.0	13	95,533	13.6
2012-2016	12	114,929	10.4	52	357,500	14.5	31	44,759	69.3	10	99,406	10.1
2013-2017	13	114,491	11.4	52	345,692	15.0	29	43,309	67.0	11	98,896	11.1
2014-2018	11	113,070	9.7	53	333,180	15.9	22	41,751	52.7	13	96,030	13.5
2015-2019	13	111,422	11.7	54	319,175	16.9	18	40,221	44.8	14	90,102	15.5

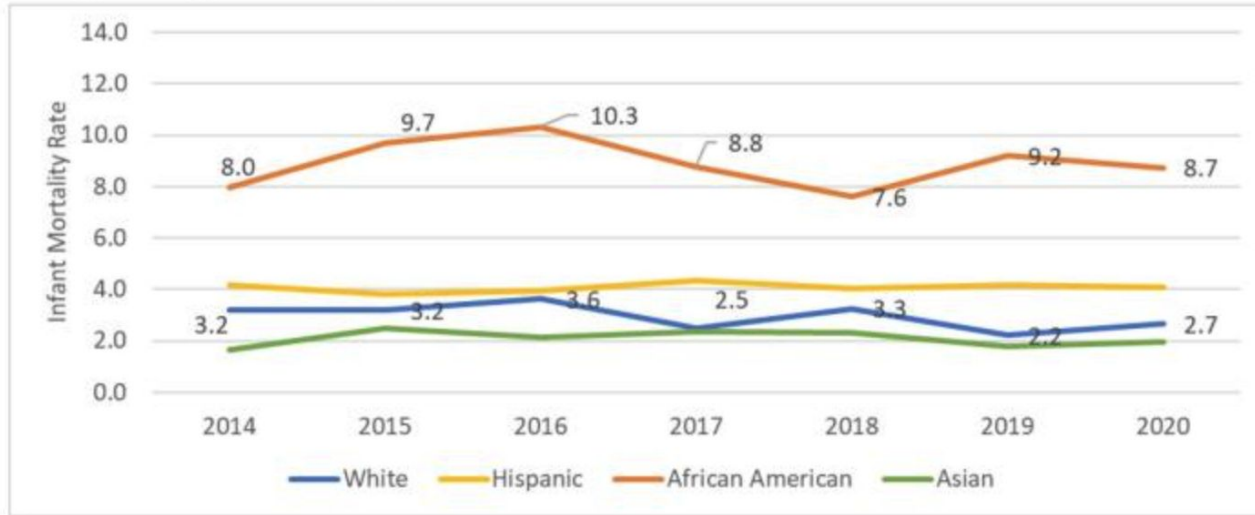
Note: "Maternal Mortality Rate" is defined as the number of maternal deaths due to pregnancy, childbirth and the puerperium per 100,000 live births as identified by ICD-9 codes 630-676 or ICD-10 codes A34, A00-B99 .

Sources: California Integrated Vital Records System, 2018-2019

California Department of Public Health, Birth and Death Statistical Files, 2010-2017

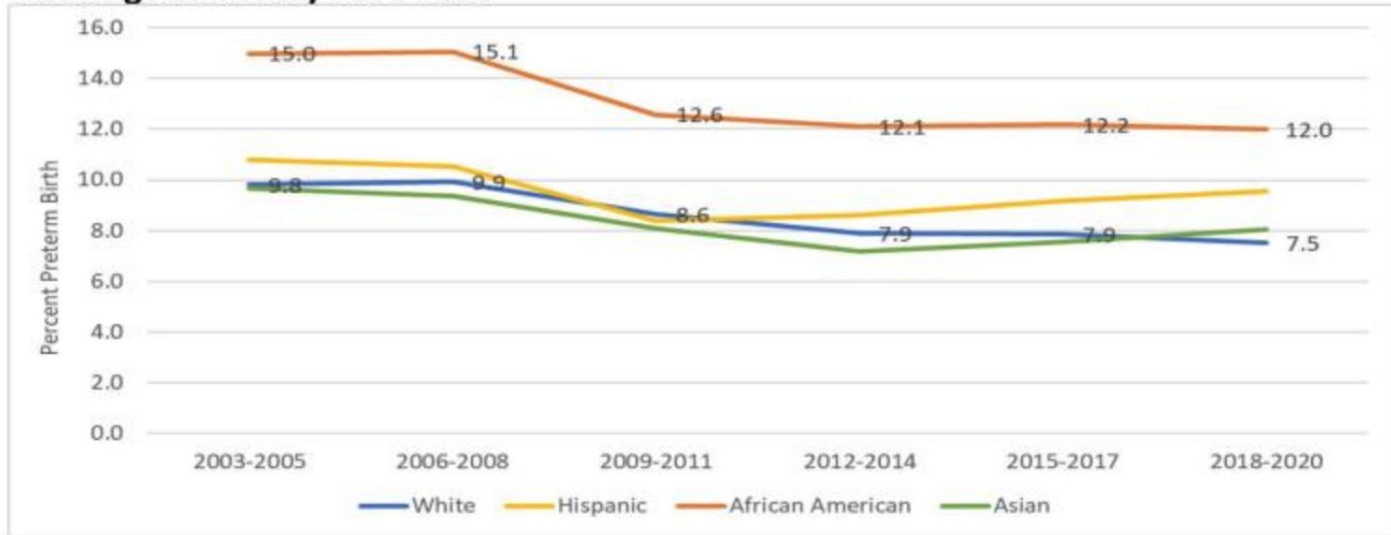


Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity and Year, Los Angeles County 2014-2020



Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for Native Americans, Pacific Islander, Other, and Unknown races. Data Source: Source: 2003-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018-2020 birth and death records downloaded from the Vital Record Business Intelligence System (VRBIS).

Percent Preterm Births (17-36 weeks) by Mothers' Race, 3-Year Averages, Los Angeles County 2003-2020



Notes: Preterm births are defined as births occurring from 17-36 weeks gestation. Gestational age calculated based on first date of last menstrual period for 2002-2007 and based on obstetrical estimation for 2008-2016. Data not shown for Native American, Pacific Islander, Other and Unknown races. Three-year averages used to account for random annual rate fluctuations.

Data Source: 2003-2017 California Department of Public Health, Birth Statistical Master File. 2018 -2020 data downloaded from the Vital Record Business Intelligence System (VRBIS).

Charts by the Los Angeles County Department of Public Health.



Los Angeles County Struggling to Shrink Black Infant Death Rate

By Daniel Ross

USC Annenberg Center for Health Journalism

Oct. 5, 2022

- A key term is “weathering,” coined decades ago by public health researcher Arline Geronimus to describe the body’s response to stressful situations, and the wash of stress-triggered hormones like cortisol. Over time, these hormones monopolize the energy the human system should be putting into fostering healthy pregnancies, weathering the body and predisposing Black women to chronic conditions like hypertension, gestational diabetes and preeclampsia. These impacts can harm birth outcomes and span generations.
- For Black mothers, the stress of pregnancy and childbirth is exacerbated by racial biases baked into the health care system.
- The housing crisis has disproportionately impacted African Americans, who account for 30% of all the unhoused in L.A. County, but are 9% of the overall population.



My upbringing exposed me to the struggles that many families face growing up with a single parent, mental health struggles, and limited resources.

My single mother raised four children while working two full-time jobs as a nurse.

My father had his own journey working on his mental health diagnosis, and he continues to deal with the societal stigma and limitations it comes with – including experiencing low-income, homelessness, and incarceration.



(*Right person, right project, right host organization + public service incentives)







Question:

Has your organization utilized EJW Fellows or other post-graduate fellows (legal or non-legal) to pilot new projects?

HOW IT HELPS

Source: National Center for Medical Legal Partnership

How Legal Services Help Health Care Address the Social Determinants of Health

Common Social Determinant of Health	How Legal Services Can Help	Impact of Legal Services on Health / Health Care
INCOME Resources to meet daily basic needs 	<ul style="list-style-type: none"> • Appeal denials of food stamps, health insurance, cash benefits, and disability benefits 	<ol style="list-style-type: none"> 1. Increasing someone's income means s/he makes fewer trade-offs between affording food and health care, including medications. 2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.
HOUSING & UTILITIES A healthy physical environment 	<ul style="list-style-type: none"> • Secure housing subsidies • Improve substandard conditions • Prevent evictions • Protect against utility shut-off 	<ol style="list-style-type: none"> 1. A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness. 2. Consistent housing, heat and electricity helps people follow their medical treatment plans.
EDUCATION & EMPLOYMENT Quality educational and job opportunities 	<ul style="list-style-type: none"> • Secure specialized education services • Prevent and remedy employment discrimination • Enforce workplace rights 	<ol style="list-style-type: none"> 1. A quality education is the single greatest predictor of a person's adult health. 2. Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services. 3. Access to health insurance is often linked to employment.
LEGAL STATUS Access to jobs 	<ul style="list-style-type: none"> • Resolve veteran discharge status • Clear criminal / credit histories • Assist with asylum applications 	<ol style="list-style-type: none"> 1. Clearing a person's criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible. 2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.
PERSONAL & FAMILY STABILITY Safe homes and social support 	<ul style="list-style-type: none"> • Secure restraining orders for domestic violence • Secure adoption, custody and guardianship for children 	<ol style="list-style-type: none"> 1. Less violence at home means less need for costly emergency health care services. 2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.

HOW IT WORKS



Health provider meets with the patient.

If the provider recognizes a legal need, they inform patient of our legal services and fill out the referral form.



Provider emails referral form to Courtney at MHAS.

Courtney follows-up with client within 48 hours and assesses legal issue areas.

All legal services are free!



MHAS helps client resolve legal issues to promote sustainable positive health outcomes in partnership with NFP.



REFERRAL FORM

NFP/MHAS Legal Assistance Referral Form

1. REFERRING NFP STAFF

Name:	Date:
Phone:	Email:
Best Time to Contact:	
Position/Location:	

2. PATIENT INFORMATION

Name:	DOB:
Phone:	Email:
Best Time to Contact:	
Preferred Language(s):	

3. NEEDS HELP WITH (Check All That Apply)

- ☐ Health Insurance/Medi-Cal (e.g. enrollment issues, appeals, denials, medical bills)
- ☐ Public Benefits (e.g., CalFRESH; CalWORKS; General Relief (GR); In-Home Supportive Services (IHSS))
- ☐ Housing (e.g. eviction, habitability issues, reasonable accommodations, Section 8/housing subsidies)
- ☐ Disability Benefits (e.g. Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI); State Disability Insurance (SDI))
- ☐ Employment Issues (e.g., Unemployment Insurance; employment discrimination)
- ☐ Consumer Debt/Credit Issues (e.g. bills, identity theft, student loans)
- ☐ Tickets, Fines and/or Warrants
- ☐ Expungement of Criminal Convictions
- ☐ Family Law/Family Violence (e.g. child custody, visitation, restraining orders)
- ☐ Dependency/DCFS Issues
- ☐ Education/Special Education
- ☐ Other:

4. OTHER IMPORTANT DEADLINES OR INFORMATION

Submit referral via e-mail to Courtney Mendoza (cmendoza@mmas-la.org). Please attach any relevant notices or documents.

Pre- Intervention Survey

NFP PRE-INTERVENTION SURVEY

Date / /

GENERAL INFORMATION

Client name _____
Client DOB ____/____/____ Client Age _____
Child DOB/Expected Date ____/____/____
Address(es) _____

Ethnicity: ☐ Latino ☐ Black ☐ Asian/Pacific Islander
☐ White ☐ Other _____

Household Members		
NAME	RELATIONSHIP	AGE
1.		
2.		
3.		
4.		
5.		

Household includes... ☐ Pregnant Adult/Teen
☐ Post-Partum Adult/Teen

Marital status: ☐ Single/Widowed
☐ Married (Legally) ☐ Divorced
☐ Separated ☐ Other: _____

Client in mental health treatment? Explain. _____

Have other lawyers? Explain. _____

COVID-related legal issue(s)? Explain. _____

GENERAL HEALTH AND WELL-BEING

How would you rate the following:

	Poor	Fair	Good	Very Good
Your own physical health				
Your own mental health				
Your infant/children's physical health				
Your infant/children's emotional/mental health				

LEGAL/HEALTH ADVOCACY

How much knowledge do you have about:

	None	Basic	Good	Expert
Health insurance and/or public benefits programs				
Disability rights / reasonable accommodations				
Affordable housing / housing rights				
Family law / parental rights				

Explanation/details for low self-rating areas:

Comfortable advocating for yourself? Explain. _____

INPUT INFORMATION TO LEGAL SERVER CASE

Post- Intervention Survey

NFP POST-INTERVENTION SURVEY

Date: _____

GENERAL INFORMATION

Client name _____
 Client DOB _____ Client Age ____
 Child DOB/Expected Date _____
 Still in NFP program? _____

Household Members

NAME	RELATIONSHIP	AGE
1.		
2.		
3.		
4.		
5.		

Client in mental health treatment? Explain. _____

Have other lawyers? Explain. _____

COVID-related legal issue(s)? Explain. _____

Comfortable advocating for yourself? Explain. _____

Birth outcome? Explain. _____

Additional comments? _____

GENERAL HEALTH AND WELL-BEING

How would you rate the following:

	Poor	Fair	Good	Very Good
Your own physical health				
Your own mental health				
Your infant/children's physical health				
Your infant/children's emotional/mental health				

LEGAL/HEALTH ADVOCACY

How much knowledge do you have about:

	None	Basic	Good	Expert
Health insurance and/or public benefits programs				
Disability rights / reasonable accommodations				
Affordable housing / housing rights				
Family law / parental rights				

EFFICACY

Do you think MHAS/legal services helped you improve your:

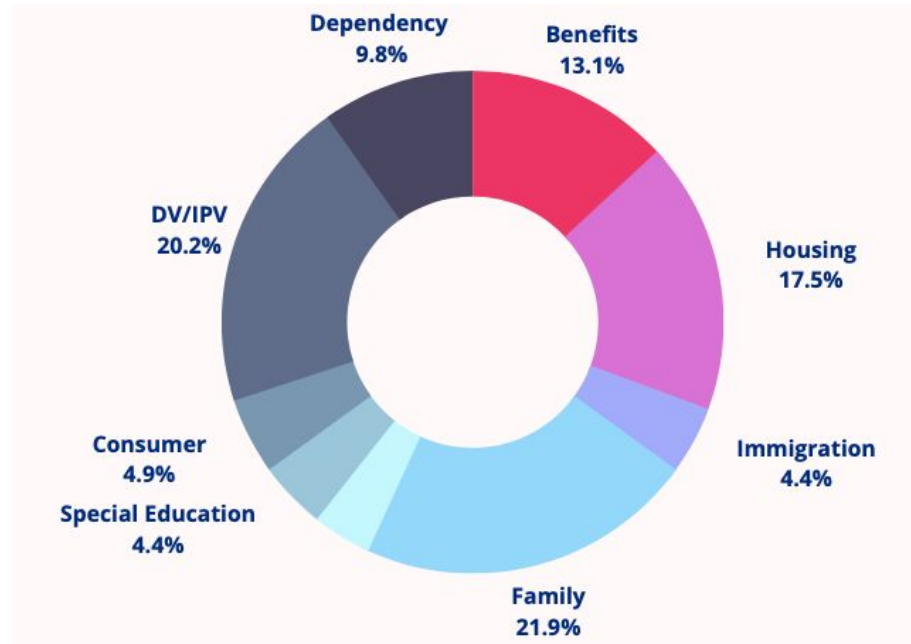
	N/A	Did Not Improve	Somewhat Improved	Definitely Improved
Physical health				
Mental health				
Access to health insurance/public benefits				
Housing stability				
Financial stability				
Family stability				

INPUT INFORMATION TO LEGAL SERVER

Legal Areas

Holistic Service Model

- Housing
- Public Benefits
- Domestic Violence
Restraining Orders
- Criminal Expungements
- Special Education
- Family Law*
- Immigration*



Our Project Data (2 Year Term)

- Almost 120 families assisted across LA County and almost \$40,000 in economic benefits for clients
 - Economic recovery from: public benefits, small claims, housing programs, and CA state Crime Victim Relocation Assistance Program funds
- 77% receiving therapy for mental health
- 14% affected by COVID-19

Our Project Data (2 Year Term)

- Positive self-rating results for improved physical & mental health, increased legal knowledge, and “feeling heard”
 - 97% cited “somewhat improved” maternal and child physical health
 - 98% cited “somewhat improved” to “definitely improved” maternal and child mental health
 - 96% cited improved knowledge in public benefits, housing rights, disability rights, and family law
 - 95% cited that the maternal MLP “somewhat improved” to “definitely improved” access to public benefits, financial stability, housing stability, and family stability

Our Project Data (2 Year Term)

- 14% reported negative birth outcomes, all identifying as Black (31%) or Latina (69%)
- 22% dealing with DCFS (child welfare services), identifying as Black (27%), Latina (46%), White (19%), and Native Hawaiian/Pacific Islander (8%)
 - 14% lost custody of child(ren) → “failure to protect”



Our Project Data (2 Year Term)

- 72% are single parents due to other biological parent being:
unwilling/inconsistent as a caregiver,
abusive, deported and/or incarcerated
 - 35% identify as DV/IPV survivors



Our Project Data (2 Year Term)

Question:

How does your organization collect data?
What important data points do you track,
especially for pregnant and post-partum
populations?



Our Project Data (2 Year Term)

To see more detailed data from MHAS's maternal MLP, please see our "Maternal MLP Report and Resource Guide" (included in presentation materials)



SUCCESS STORY



At 21-years-old, client Jane Doe is balancing motherhood, mental health disabilities, and several legal battles. She is a survivor of intimate partner violence, and she is in proceedings with the child welfare system to maintain parental rights of her three young children. Jane, herself, grew up in the same system.

SUCCESS STORY

Jane was referred to MHAS after she was unlawfully evicted from her apartment while pregnant and during the pandemic. Not only that, but the landlord had sued her in small claims court seeking to recover \$800 in rent from months *after* the wrongful eviction.



SUCCESS STORY



Although MHAS couldn't represent Jane directly in small claims court, we conducted extensive legal research and drafted a hearing brief arguing that Jane was not liable for the unpaid rent and that the landlord owed Jane damages based on several illegal actions taken during her tenancy. For one, the landlord had locked Jane out of her unit on multiple nights, forcing her to sleep in her car with her infant or find temporary shelter during the pandemic. The landlord had also damaged her personal property and refused to return her security deposit.

SUCCESS STORY

With our support and preparation, Jane successfully advocated for herself at the small claims hearing. The judge ruled that her tenancy rights were "entirely violated" and went on to award her more than \$725 in damages for her counterclaims. Although Jane was facing a claim for more than \$800 in the initial suit, the landlord instead owes her nearly the same amount.





SUCCESS STORY

MHAS' advocacy empowered Jane and gave her the footing necessary to regain safety and stability in her life.

She is now connected with a local intimate partner violence organization to continue working toward a safer future for herself, to one day regain custody of her children, and to one day “maybe go to law school.”

Sustainability

- FUNDING
- DATA
- STORIES
- Strong MLP team relationships

Sustainability

Question:

What funding or sustainability practices have worked well for your organization? What are you struggling with?

Guided Discussion





DISCUSSION QUESTIONS

1. What unmet needs are you seeing for maternal populations in your area? Does the county or state track this data? Are legal aid organizations addressing this issue?
2. Do you have any concerns about additional workload for health care providers in maternal MLPs?
3. With any type of short-term project funding, how does your organization work toward sustainability?



QUESTIONS?

**Courtney Mendoza, she/her
Staff Attorney (former Equal Justice Works
Fellow)**

*Sponsored by Anonymous and Katherine Borsechnik &
Gene Weil*

Mental Health Advocacy Services, Inc.

3255 Wilshire Blvd. #902, Los Angeles, CA 90010

Office Phone: (213) 389-2077 ext. 20

Remote Office Phone: (805) 312-8495

Fax: (213) 389-2595

cmendoza@mhas-la.org

Survey QR Code and Link



[https://www.surveymonkey.com/r/
GT23WWF](https://www.surveymonkey.com/r/GT23WWF)



Next Session

March 15, 2023, 1-2:30 PM ET
led by **Legal Assistance of Western New York
(LawNY)**

Contact the NCMLP Team at ncmlp@gwu.edu for assistance.