



# Empowering Comprehensive Care: *Recruiting & Retaining the Integrated Care Team*

Session Two – National Center for Medical Legal  
Partnerships

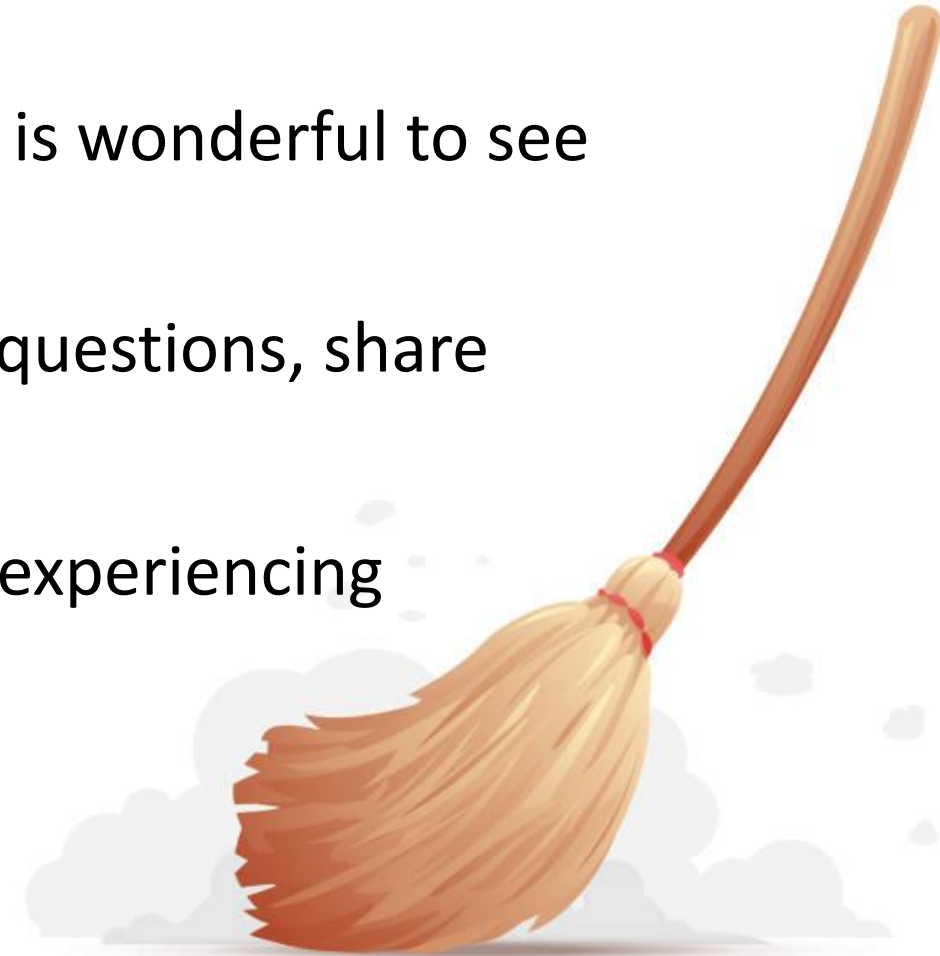
October 31, 2023

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)

# HOUSEKEEPING



- This session is being recorded and the **recording & slides** will be provided to all attendees.
- **Be present** and if possible be on camera – it is wonderful to see everyone!
- Use the **chat** box or **unmute** yourself to ask questions, share comments, and thoughts.
- Send a message to **Mariah Blake**, if you are experiencing technical difficulties.
- Please complete the **evaluation** at the end of the session.



# WEBINAR GUIDELINES



- Mute yourself unless speaking
- Be as present as possible
- Listen deliberately
- Share generously
- Think outside the box
- Be gracious to one another
- Let us know if you are having any tech issues or need support
- Enjoy your time with colleagues!



Access to Care & Clinician Support

Recruitment & Retention

National  
Health Service  
Corps

Resources

Training

Networking

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 22 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

[www.chcworkforce.org](http://www.chcworkforce.org)

Contact us: [info@chcworkforce.org](mailto:info@chcworkforce.org)

# STAR<sup>2</sup> CENTER TEAM



**SUZANNE SPEER**

*(she/her)*

**Senior Director, Workforce  
Development**

[sspeer@clinicians.org](mailto:sspeer@clinicians.org)



**DR. MICHELLE FERNÁNDEZ  
GABILONDO**

**DSW, MSW**

*(she/her/ella)*

**Associate Director of Workforce  
Development**

[mfernandez@clinicians.org](mailto:mfernandez@clinicians.org)



**MARIAH BLAKE**

**MPA**

*(she/her)*

**Senior Program Associate**

[mblake@clinicians.org](mailto:mblake@clinicians.org)



**HELEN RHEA VERNIER**

**MSC**

*(she/her)*

**Senior Training Specialist**

[hvernier@clinicians.org](mailto:hvernier@clinicians.org)



**ALEX ROHLWING**

**MA, EMT-P**

*(he/him/they)*

**Program Manager**

[arholwing@clinicians.org](mailto:arholwing@clinicians.org)

# LAND ACKNOWLEDGEMENT



*This meeting was planned on and is being presented from unceded territories of various Indigenous, Native American, and First Nations peoples. We humbly offer gratitude and respect to the elders, past and present citizens of these tribes, and to all indigenous peoples that are historically and contemporarily tied to the lands that make up what is now called the United States.*

Check out this resource to see whose land you're occupying:

**[native-land.ca](https://native-land.ca)**

# Empowering Comprehensive Care: Recruiting & Retaining the Integrated Care Team



Date: Oct. 31, 2023



Established in 2006, the National Center for Medical-Legal Partnership (NCMLP) leads education, research, and technical assistance efforts to help every health organization in the United States leverage legal services as a standard part of the way they respond to social needs.

For more information about NCMLP, please visit [www.medical-legalpartnership.org](http://www.medical-legalpartnership.org)



# HRSA

## Health Resources & Services Administration

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to the National Center for Medical-Legal Partnership totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

# Learning Objectives

1

Gain a clear understanding of the reciprocal relationship between medical and legal collaboration within health centers.

2

Understand the value of medical-legal partnerships as a recruitment and retention strategy aimed at mitigating burnout, increasing satisfaction, and strengthening whole-person care.

3

Understand how medical-legal partnerships can address complex patient needs and navigate legal barriers to health, thereby fostering improved outcomes for both patients and healthcare professionals alike.

# Presenters



**Bethany Hamilton JD**  
Co-Director  
The National Center for  
Medical-Legal Partnership (NCMLP)



**Sarah Everett, JD**  
Senior Staff Attorney  
Indiana Legal Services, Inc.



**Sarah Wandler, LICSW**  
Clinical Support Services Manager  
Odessa Brown Children's Clinic  
Washington Medical-Legal Partnership

# Medical-Legal Partnership

---

*Creating an integrated care team  
to solve the problems*

The social determinants of health are the **conditions** in which people are **born, grow, live, work and age.**

Almost **90%** of a person's health is determined by social **factors.**

# What workforce can solve the problems once they are found?



Personal Characteristics		
1. Are you Hispanic or Latino?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
2. Which race(s) are you? Check all that apply.		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Other (please write)	<input type="checkbox"/> I choose not to answer this question	
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
4. Have you been discharged from the armed forces of the United States?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
5. What language are you most comfortable speaking?		
<input type="checkbox"/> English		
<input type="checkbox"/> Language other than English (please write)		
<input type="checkbox"/> I choose not to answer this question		
Family & Home		
6. How many family members, including yourself, do you currently live with? _____		
<input type="checkbox"/> I choose not to answer this question		
7. What is your housing situation today?		
<input type="checkbox"/> I have housing		
<input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)		
<input type="checkbox"/> I choose not to answer this question		
8. Are you worried about losing your housing?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
9. What address do you live at?		
Street: _____		
City, State, Zipcode: _____		
Money & Resources		
10. What is the highest level of school that you have finished?		
<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED	
<input type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question	
11. What is your current work situation?		
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input type="checkbox"/> Full-time work
<input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver)		
Please write: _____		
<input type="checkbox"/> I choose not to answer this question		
12. What is your main insurance?		
<input type="checkbox"/> None/uninsured	<input type="checkbox"/> Medicaid	
<input type="checkbox"/> CHIP Medicaid	<input type="checkbox"/> Medicare	
<input type="checkbox"/> Other public insurance (not CHIP)	<input type="checkbox"/> Other Public Insurance (CHIP)	
<input type="checkbox"/> Private Insurance		

# What is the Medical-Legal Partnership (MLP) Approach?

Civil legal aid is the assistance of counsel and legal advocacy for people living at or near poverty in legal matters that fall outside of the criminal justice system.

**Medical-Legal Partnership (MLP)** is an **intervention** where legal and health care professionals **collaborate** to help patients resolve **social, economic, and environmental factors** that contribute to **health disparities** and have a **remedy in civil law**.

The MLP approach is a flexible, evidence-based, public health, and social justice intervention designed to meet the needs of the community.



# How Legal Services Help Health Care Address the Social Determinants of Health (I-HELP™)

## Common SDOH

### INCOME & INSURANCE

Resources to meet daily basic needs



### HOUSING & UTILITIES

A healthy physical environment



### EDUCATION & EMPLOYMENT

Quality educational and job opportunities



### LEGAL STATUS

Access to jobs



### PERSONAL & FAMILY STABILITY

Safe homes and social support



## How Legal Services Can Help

- Appeal denials of food stamps, health insurance, cash benefits, and disability benefits
- Secure housing subsidies
- Improve substandard conditions
- Prevent evictions
- Protect against utility shut-off
- Secure specialized education services
- Prevent and remedy employment discrimination
- **Enforce workplace rights**
- Resolve veteran discharge status
- Clear criminal / credit histories
- Assist with asylum applications
- Secure restraining orders for domestic violence
- Secure adoption, custody and guardianship for children






## Impact of Legal Services on Health / Health Care

- Increasing someone's income means s/he makes fewer trade-offs between affording food and health care, including medications.
- Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.
- A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness.
- Consistent housing, heat and electricity helps people follow their medical treatment plans.
- A quality education is the single greatest predictor of a person's adult health.
- Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.
- **Access to health insurance is often linked to employment.**
- Clearing a person's criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible.
- Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.
- Less violence at home means less need for costly emergency health care services.
- Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.

# How Legal Services Help Health Care Address the Social Determinants of Health (I-HELP™)

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

# How Legal Services Help Health Care Address the Social Determinants of Health (I-HELP™)

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

# How does civil legal aid fit within a health center's response to SDOH?

## **SOCIAL DETERMINANTS OF HEALTH**

are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms, and they contribute significantly to health disparities.

## **SOCIAL NEEDS**

are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

## **LEGAL NEEDS**

are, simply put, the subset of social needs that have legal solutions. The distinction in this guide is made to help health centers understand where lawyers can be helpful\*.

# Core MLP activities include:

## Legal Assistance

to address patients' social needs & help the health center workforce operate at "top of license"

## Training

to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

## Clinic-Level Changes

that leverage legal expertise to shape clinical practices to address many patients' needs at once

## Policy Change Strategies

that advance healthy regulatory, administrative, & legislative policy solutions for whole communities

# Types of legal services

<b>MLP Activity</b>	<b>Description</b>
<b>Facilitated Referral</b>	A “warm hand-off” of a patient’s legal care by the MLP legal team to another provider of free legal services. MLP staff person may spend a significant amount of time ensuring the referral is successful.
<b>Clinic-level change activity</b>	Opportunities to engage in activities that will lead to changes in the clinic’s policies or procedures. Opportunities grow out of trends seen in case consultations and patient referrals. Activities seek to implement quality improvement initiatives and/or increase MLP capacity by identifying solutions that can be accessed for all patients without needing to make individual referrals to the MLP.
<b>Policy-level change activity</b>	Upstream strategies pursued by the health care and legal teams to address regulatory, administrative, or legislative policies that can help more people,, and in the best case scenario, prevent problems from occurring or becoming acute and advance health equity.

# What are the Basic Components of a Medical-Legal Partnership?

1

“Lawyer in residence”



2

Formal agreement  
b/t health & legal orgs



3

Target population



4

Patients screened  
for legal needs



8

Designated  
resources



7

Information-sharing



6

Training on SDOH



5

Legal staffing



# Impact of MLP: One of the only interventions that can identify, address and prevent **individual needs AND underlying policies**

Training activities and direct legal services help health centers address individuals' legal needs.

When a landlord refuses to make improvements to an apartment with mold, an MLP lawyer can enforce safe housing laws to get the mold removed.



By detecting patterns in patients' needs and using upstream strategies to target unhealthy policies, MLPs prevent future problems and advance health equity.

An MLP team works together to change their city's lead ordinance to prevent children from being lead poisoned at home.



# Impact of MLP: Team members can address health-related social needs while **working at “top of license”**

## A FAMILY OF 4

is struggling to make rent after one Mom is unable to work during her cancer treatment.



## A Community Health Worker

can help the patient fill out applications, pull documents together, and may go to benefits office with her.

## A Case Manager / Social Worker

may work with the patient to determine what housing, disability, insurance, and food benefits she is eligible for. They write support letters and gather medical documentation as needed.

## A Lawyer

may advise the patient about the Family Medical Leave Act and job protections to help ensure her job is waiting for her after treatment. They can help CHWs and case managers understand benefit eligibility and problem-solve as needed. They may assist the patient with appeals if benefits are denied.

# Literature Review: Emerging Evidence of the Impact of Medical-Legal Partnerships (2013-2020)

Outcome	Examples from the Literature
Changes in the health and well-being of patients	<p>Patients report less stress and mental health improvement.</p> <p>Patients more commonly comply with medical treatment.</p> <p>Patients have improved health outcomes.</p> <p>Adults and children have fewer ED visits.</p>
Improved housing and utility stability among patients	<p>Patients experience improved housing status.</p> <p>Utility shut-offs are prevented.</p>
Improved access to financial resources among patients	<p>Patients are able to secure, retain, or recover financial benefits.</p> <p>Patients are able to access resources to meet their basic needs.</p>
<b>Improvements to health care systems and workforce</b>	<p><b>Families are more successful at navigating complex service systems.</b></p> <p><b>Patients are better able to connect with a medical home.</b></p> <p><b>Clinicians experience improved ability to perform at the top of their license.</b></p>
Improvements in policies, laws, and regulations	<p>Children are able to access at-home care.</p> <p>Elimination of hurdles to life saving medication.</p>



# Health Center Adoption of the Medical-Legal Partnership Approach

# Background: Recognizing MLP as an Interventions for Health Center Patients

## Health Center Model

- Health Center Program began with **Section 330 of the Public Health Services Act of 1965**, and is administered by HRSA
- There are approximately 1,400 health centers across the US operating at over 15,000 sites
- Health centers provide community-based, patient-directed, comprehensive, and high-quality primary care and preventive services

## Health Center Services

- Health Centers also provide **enabling services** that facilitate access to care:
  - **Since 2014, enabling services have include “civil legal aid services” as an example of eligibility assistance and additional enabling/supportive services.**

## Health Center Patients

- In 2022, Health Centers served over **31.5 million patients** including:
  - **1 in 3** uninsured people
  - **1 in 3** people living in poverty
  - **1 in 7** rural residents
- Health Centers provided care for:
  - **1.4 million** people experiencing homelessness
  - **8.8 million** children
  - 400,000 veterans
  - **3.5 million** patients over 65

# Health Centers have Embraced Medical-Legal Partnership

In 2014, HRSA recognized civil legal aid as an “enabling service” – allowing health centers to include these services under the Section 330 (PHSA) federal grants.

**Health centers became the fast-growing sector for MLP adoption.**

Why? They:

- Have substantial knowledge of communities they serve
- Serve and provide care to most vulnerable and underserved communities

# Findings from the Environmental Scan of Medical-Legal Partnerships in Health Centers



AUGUST 2023

## ENVIRONMENTAL SCAN OF MEDICAL-LEGAL PARTNERSHIPS IN HEALTH CENTERS

By the National Center for Medical-Legal Partnership

### AUTHORS

**Jacqueline Baños, MPH**

Senior Research Associate  
The George Washington University

**Jennifer Trott, MPH**

Lead Research Scientist  
The George Washington University

**Marsha Regenstein, PhD**

Professor  
The George Washington University

### Medical-Legal Partnerships in Health Centers

A medical-legal partnership (MLP) is an intervention that embeds civil legal aid professionals within a health care organization to address health-harming social issues that have remedies in civil law. This is commonly implemented through an arrangement known as a memorandum of understanding (MOU) or other agreement with a civil legal aid organization or other pro bono services to facilitate the provision of legal services to patients.

This environmental scan presents up-to-date information about MLPs operating in Federally Qualified Health Centers (FQHCs) and Look-Alike programs (referred to as 'health centers' throughout). Health centers were created under Section 330 of the Public Health Service Act and are administered by the Health

- There are approximately
  - **150 to 200 MLPs operating in health centers**
  - An additional **100 to 150 in the planning stages**
- MLPs in health centers are in at least 27 states across the country including DC and US territories

Read more, here: [Report: Environmental Scan of Medical-Legal Partnerships in Health Centers](#)

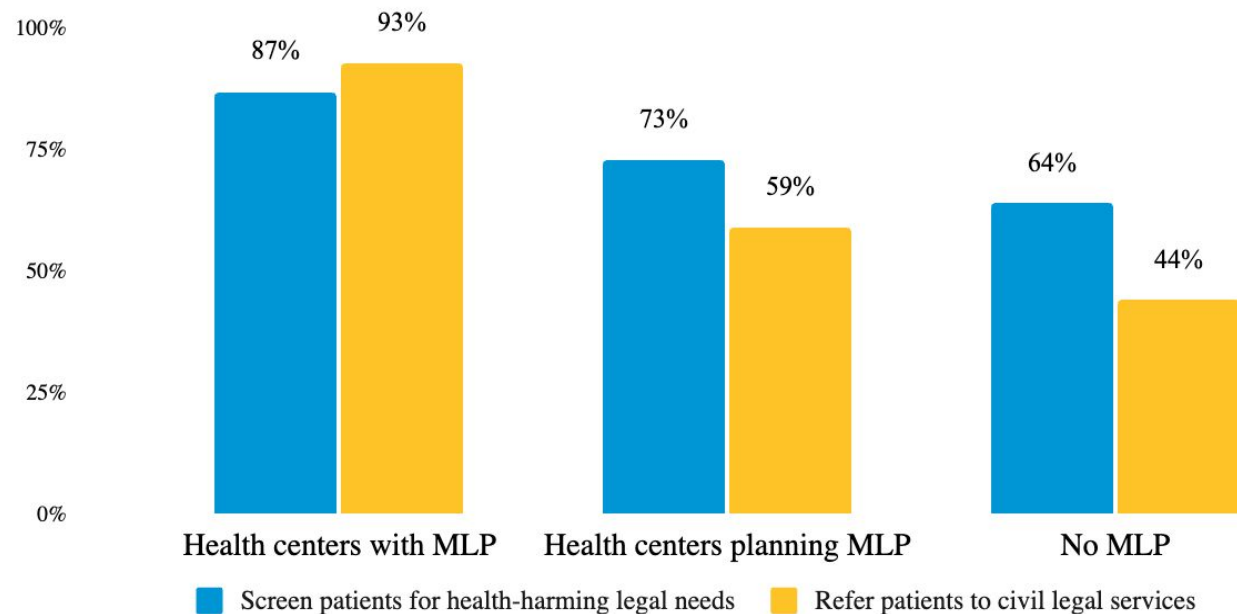
# How Health Centers Address their Patient's Health-Related Legal Needs

- A majority of health centers that responded to the environmental scan reported screening for legal needs (72%) and referring patients to civil legal aid (63%)
- Health centers with an MLP were more likely to offer screening and referral services

## Most health centers address their patient's health-related legal needs through screening and referrals

Health centers that screen patients for potential health-harming legal needs	<b>72%</b>
Health centers that refer patients with health-harming legal needs to civil legal services	<b>63%</b>

**Health centers with an MLP are more likely to offer screening and referral services for their patients**



# Breaking down silos to better serve people

## HEALTHCARE

treats illnesses caused or exacerbated by SDOH.

## LEGAL AID

ensures access to benefits & services, enforces laws that keep people healthy.

## PUBLIC HEALTH

tracks diseases on population level, addresses laws & education aimed at prevention.

Source: Elizabeth Tobin-Tyler, JD, MA, Associate Professor of Health Services, Policy and Practice at the Brown University School of Public Health and of Family Medicine and Medical Science at the Alpert Medical School.



# MLP in Action

---

*The why. The how.*

# About our MLP

---

*Indiana Legal Services and HealthLinc*



**Beth Wrobel**  
CEO  
HealthLinc



**Rakuya K. Trice, JD**  
ILS Deputy Director & Director of  
Medical-Legal Partnerships  
Indiana Legal Services, Inc.



**Sarah Everett, JD**  
Senior Staff Attorney  
Indiana Legal Services, Inc.

# HealthLinc's MLP Team

**Sarah Everett, Attorney, Indiana Legal Services**

*Represents patients in legal matters and provides legal advice and training.*

**Mary Arndt, Paralegal, Indiana Legal Services**

*Legal support staffing and assists with program enrollment. Provides updates, handles questions about patient info/contact, and follows up between ILS and HealthLinc referrals.*

**Kelly Weaver, Part-time Intake Specialist, Indiana Legal Services**

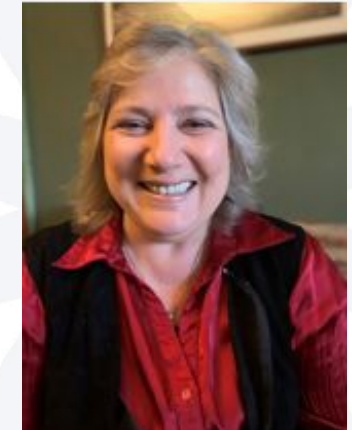
*Primarily responsible for program enrollment. ILS's first point of contact with patient..*

**Madeleine Grimm, Director of Grants Management, HealthLinc**

*Supports MLP program from the administrative side, managing grant funding and MOUs, tracking patient health outcome data, and being available to answer questions from staff.*

**Haley Brewer, Strategy Support Specialist, HealthLinc**

*Supports MLP program as MLP Coordinator, handles referrals, is available to answer questions, and tracks referral data.*





**HealthLinc**  
 YOUR COMMUNITY HEALTH CENTER®

**We Create Healthy Communities**

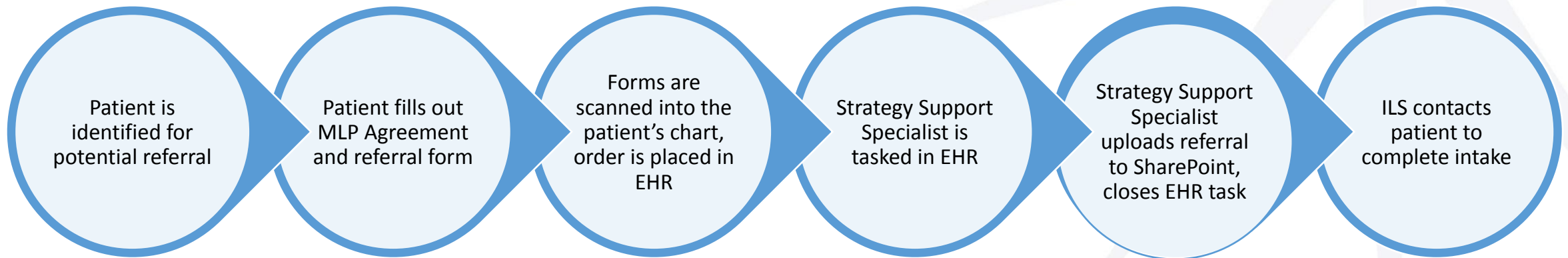
## *How does it work?*

- A civil legal aid attorney is embedded within the health care team.*
- Attorneys train healthcare providers to identify health-harming social legal needs.*
- Attorneys advise and represent patients and their families to address their needs.*

***This program differs from the basic referral process managed by Indiana Legal Services due to the critical factor of integrating legal services as part of the medical treatment. The Attorney is a part of the medical team like a nurse, medical assistant, or provider.***



# Making a Referral



# Understanding The Referral

*An informational form is available for patients to take home.*

*This sheet provides information on the process and what to expect next. It is available in both English and Spanish.*

## Your Referral EXPLAINED



Your information has been sent to HealthLinc and Indiana Legal Services' Medical-Legal Partnership.



**What is a medical-legal partnership (MLP)?**  
An MLP is when a medical practice like HealthLinc works with a legal partner like Indiana Legal Services. The MLP program is separate from Indiana Legal Services and exists through HealthLinc. Both HealthLinc and Indiana Legal Services work together to help patients like you with unmet legal needs that can have a negative impact on your health.

**Does it cost anything?**  
The program provides free legal aid if you meet Indiana Legal Services requirements and your case is accepted. You just need to be a HealthLinc patient to access the service. If you are not a HealthLinc patient, you are welcome to become one or to go through the Indiana Legal Services application process.

**What information do you need?**  
To complete the referral process, we will need your name, date of birth, patient number, a brief description concerning your legal problem, and an updated phone number and address. You will need to sign our release of information form so we can share your information with our legal team. Please also indicate if it is safe for our team to leave a voicemail concerning your referral.

**What kind of cases does the MLP accept?**  
The MLP generally accepts civil cases such as those involving family law, landlord-tenant disputes, housing, citizenship, employment, consumer issues, and denial of government benefits. We do not accept criminal cases.

**What comes next?**

- Within the next two days you will get a call from a phone number with either a (574) or (269) area code. This person will be an Indiana Legal Services staff member. They will conduct an initial interview over the phone. Please set aside 20-30 minutes to complete this phone call. This interview is to see if you qualify for their services and if your problem is one a lawyer can help with.
- If your case is accepted, the attorney who will handle your case will contact you.
- This process can take up to two weeks.

**What if I can't complete the initial interview by phone?**  
If you are unable to access a phone, please let your HealthLinc provider know so we can work out a situation while still in clinic. We will do everything we can to ensure your access to proper care.



Indiana Legal Services, Inc. **1-888-580-1060** | [healthlincchc.org](http://healthlincchc.org) 

 Ensuring Equal Access to Justice

This health center receives HRSA funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

**HealthLinc**  
YOUR COMMUNITY HEALTH





# Type of Cases Referred

Civil-legal issues, not criminal cases

*This list provides examples of the types of cases ILS accepts but is not exhaustive. You should always refer them if you think the patient could benefit.*

- **Housing** - private landlord-tenant matters, subsidized housing disputes, mortgage foreclosure defense, eviction sealing, etc.
- **Public benefits** - health coverage and waiver services, SSI/SSDI, cessation, SNAP and TANF, unemployment compensation, and veteran's benefits.
- **Consumer** - collection (pre-litigation, litigation, and post-judgment), bankruptcy (primary Ch. 7), credit errors and repairs.
- **Family** - marriage dissolution (divorce), child support, custody modification, domestic violence support, guardianship, and POAs.
- **Advance Directives** - Healthcare and financial
- **Immigration** - Naturalization/citizenship, U and T visas (victims of crime/trafficking), visas for domestic violence victims, deportation/removal, and language discrimination.
- **Reentry** - expungement, record sealing, and driver's license reinstatement.

**HealthL**  
YOUR COMMUNITY HEALTH



# 30 Day Snapshot – 45 referrals

**Housing – 8**

**Family - 5**

**Public Benefits – 2**

**Advance Directives - 12**

**Consumer – 2**

**Immigration – 3**

**Family – 4**

**Reentry - 2**

**\*Other – 4**

**Unknown - 3**

*\*estate planning, income tax, family disputes*



# A Patient's Story

---

*Indiana Legal Services and HealthLinc*

# *A Patient's Story*

*The patient - father of a 9-year-old child.*

*The referral when healthcare has an MLP - involved in custody dispute involving his child.*

*The intake process by ILS.*

- *Approximately 13 investigations opened by DCS since child's birth.*
- *Child's limited access to food.*
- *Child's lack of safe housing (hoarding, insect infestation, others in home, uncleanliness).*
- *Child subjected to violence in the mother's home (attacks by older sibling, strangulation, stabbing with key, emergency room).*

*The patient becomes the client.*

- *physical custody of child*
- *supervised visitation by mother*



# *A Patient's Story - did we help?*

## *Case 1 - was the Medical Legal Partnership impactful?*

*The SDOH addressed - personal and family stability.*

*How Legal Services Helped - custody and supervised visitation.*

*Impact of Legal Services on Health*

- *For the father*
  - *reduced stress and the negative impact on health that results from stress*
  - *father given decision making ability for the child*
- *For the child*
  - *stability*
  - *a reduction in ACEs (adverse childhood experiences)*
  - *an effective IEP (individualized education plan)*

**Health**  
YOUR COMMUNITY HEALTH



# A Patient's Story - continued

## ***The MLP continued involvement with the father and child :***

***2021: Case regarding custody and visitation was resolved.***

***2022: Name change for the child. A happy event.***

***2023: In early 2023, father reached out to the MLP due to a diagnosis with a terminal illness.***

- ***MLP services included appointment of an emergency temporary custodian for child***
  - ***Ensured smooth transition for the child. Father was grateful. Order granted 2/8/2023***
- ***MLP prepared Advance Directives (financial and health care). Completed 2/24/2023***
  - ***Empowered client with end of life decision-making.***
  - ***Put in place documents in the event of incapacity.***
  - ***Avoids unnecessary healthcare costs when patients have ADs in place.***
- ***MLP prepared Will due to minor child needs. Completed 2/24/2023***

***This client died on March 6, 2023.***



# About our MLP

---

*Washington Medical-Legal Partnership*

WASHINGTON  
**Medical+Legal** PARTNERSHIP



**Sarah Wandler, LICSW**

Clinical Support Services Manager  
Odessa Brown Children's Clinic  
Washington Medical-Legal Partnership



**Noel Rees, MPA**

Program Manager  
Washington Medical-Legal Partnership



# Washington Medical Legal Partnership

Medical Partners

Legal  
Partner

Harborview  
Medical  
Center

Odessa  
Brown  
Children's  
Clinic

Seattle  
Children's  
Hospital

**Northwest  
Justice  
Project**

## ***Our Team***

### Legal Staff

- 5 Staff Attorneys
- 2 Legal Assistants

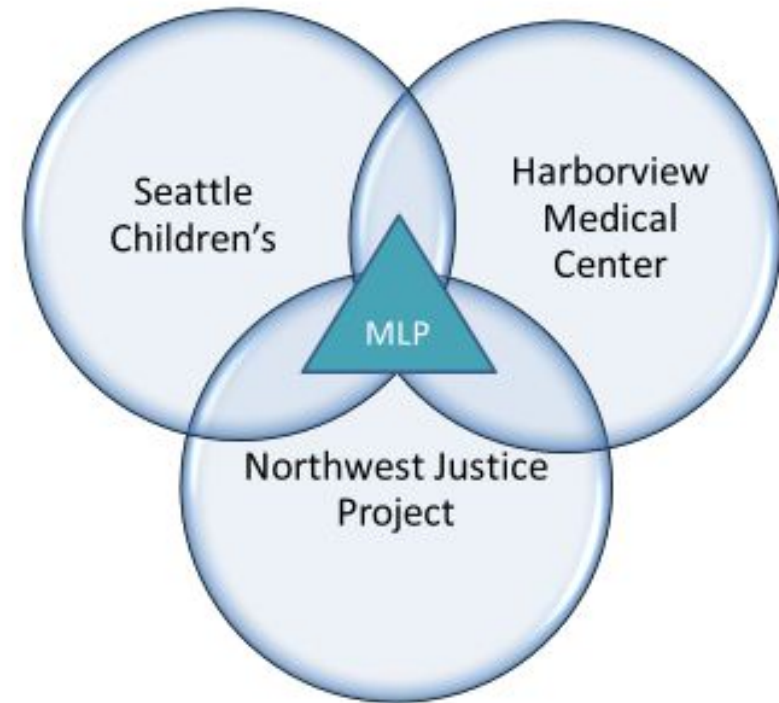
### Medical Staff

- Physician – Seattle Children's
- Physicians – Harborview Medical Center
- Social Worker – Odessa Brown Children's Clinic

### Program Staff

- Program Manager
- Health Educator

## Washington Medical-Legal Partnership



## WASHINGTON Medical+Legal PARTNERSHIP

“Our mission is to promote better health outcomes by addressing the legal and social needs of patients and families.”

*“Having an attorney in our back pocket makes a huge difference because we can ask questions about the social circumstances under which our kids and their families are living, and we can actually act on the answers. This makes everybody’s job easier because social determinants of health are the elephant in the room.”* Dr. Brian Johnston, Founding Partner of MLP

**UW Medicine**  
HARBORVIEW  
MEDICAL CENTER

*“I have learned a whole set of pragmatic advocacy skills through MLP. I now know how to write an effective letter to a landlord and how to speak to people who are in a position of decision-making in organizations and state agencies. It’s really important because providers spend a lot of time doing paperwork and coordinating care, and that limits the amount of face-to-face time we spend with patients.”*

Dr. Ben Danielson, Founding Partner of MLP



*“From the beginning of developing an MLP in the northwest we have been strategic about the need to build a solid and successful infrastructure with critical partnerships that could enable us to build on and expand services. This vision has served us well. We have successfully branched out to serve adults as well as children, and continue to magnify our reach throughout the state.”*

Carol Jenkins, Founding Partner of MLP

*“Patients go to see their doctor once a year, not their attorney. The fact that we connect these two areas – law and medicine – creates a critical link for patients who don’t know how to access legal help. It’s a natural connection that results in healthier people.”*

Scott Crain, Founding Partner of MLP



# Patient families served in 2023

**88** families received direct legal services impacting a total of **279** people

**449** professional consultations between MLP attorneys and healthcare staff

**353** healthcare staff received education through **38** trainings in legal advocacy

## MLP By The Numbers 2023



**88**

Individuals and families received direct legal services



**449**

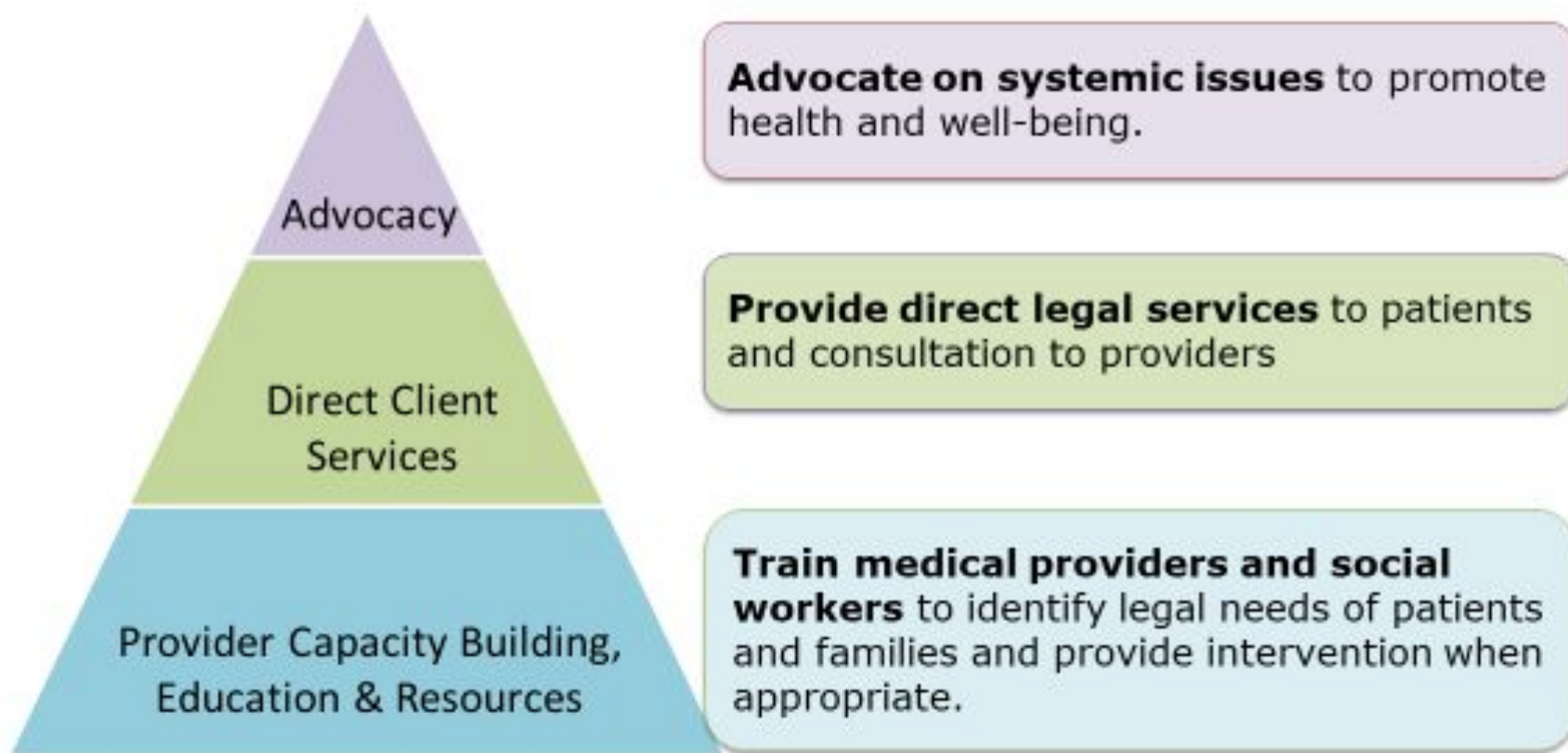
Professional consultations between MLP attorneys and healthcare staff



**353**

Healthcare staff received education in legal advocacy through 38 trainings

## MLP's Tiered Response



# A Patients-to-Policy Story

---

*Washington Medical-Legal Partnership*



## FROM PATIENTS-TO-POLICY

Children on ventilators were unable to leave Seattle Children's Hospital due to a home-nursing shortage caused by low Medicaid reimbursement rates. The Washington Medical-Legal Partnership sued the Healthcare Authority regarding insufficient at-home nursing. The lawsuit and other advocacy resulted in an increased Medicaid nursing reimbursement rate allowing kids to return home and significantly reduced length of stay.

# A Patient's Story - Avoiding Eviction for a Family

- Patient with significant developmental and intellectual disabilities required 24-hour care and supervision. Patient has behavioral insomnia and often stomps around the apartment and/or shouts throughout the night.
- Due to noise complaints from neighbors, family has had to move frequently. They have lived in four homes in the past six years.
- Parents emigrated to the U.S. from Somalia. Mother does not read or write and speaks little English. Patient has six siblings.
- Property manager attempted to evict the family due to annual income verification being reported incorrectly (although family was still within the income limits).
- Odessa Brown Children's Clinic (OBCC) wrote a letter to the landlord advocating that the family be permitted to remain in the apartment until they could relocate. When the landlord declined, OBCC referred the case to MLP.
- MLP assisted by working with the property manager and negotiated additional time in the apartment. In addition, MLP negotiated a mutual termination that would allow the family to move out, preserve their housing voucher and avoid eviction.



# Discussion

---

# What is your MLP's approach to screening for social needs?

*Three general approaches:*

## All patients, specific social need

### **Example**

The most common unresolved social needs among the health center's patients pertain to housing\*, so MLP resources are focused there. Any clinician or staff member can refer any patient to the MLP lawyer for assistance with evictions, housing conditions, housing subsidies, etc. The health center may or may not choose to expand to other issues in the future.

*\*This could also be access to public benefits, access to educational supports, etc.*

## Specific patient population, all social needs

### **Example**

The health center's needs assessment reveals that pregnant people\* would benefit most from legal services. Any clinician or staff member can refer any pregnant person to the MLP lawyer for any identified social need. The health center may or may not choose to expand to other groups in the future.

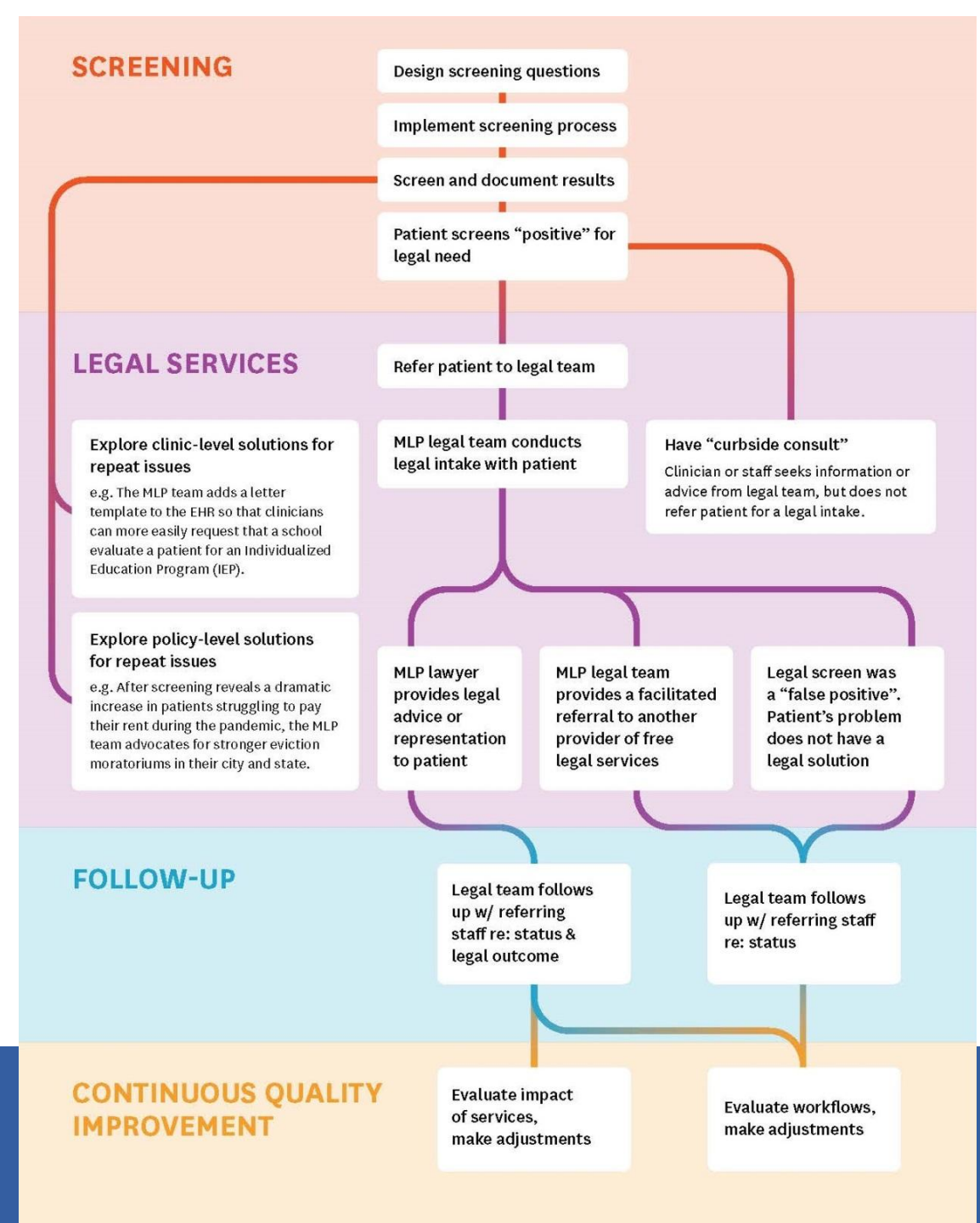
*\*This could also be children with asthma, individuals experiencing homelessness, people who use behavioral health services, people with substance use disorders, socially vulnerable older adults, people with diabetes, transgender individuals, etc.*

## All patients, all social needs

### **Example**

Any clinician or staff member can refer any health center patient to the MLP lawyer for any identified social need.

# How has the MLP changed or affected your workflow?



# What advice would you offer to social work professionals or other health care staff about MLP?

## Legal Assistance

to address patients' social needs & help the health center workforce operate at "top of license"

## Training

to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

## Clinic-Level Changes

that leverage legal expertise to shape clinical practices to address many patients' needs at once

## Policy

that a health center can leverage legislative solutions to address community health needs

# What advice would you offer to other civil legal services providers about the MLP approach?

## Legal Assistance

to address patients' social needs & help the health center workforce operate at "top of license"

## Training

to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

## Clinic-Level Changes

that leverage legal expertise to shape clinical practices to address many patients' needs at once

## Policy

that health center administrators can use to legislate solutions to community health needs

## The Bottom Line:

Lawyers help patients address urgent social needs that are barriers to health.

Offering legal services at or through a health center allow access to services in a trusted environment.

Health centers leverage legal expertise to shape clinical practices and inform clinic-wide solutions that help address many patients' needs without a referral to the lawyer.

**Healthier  
Patients,  
Communities,  
& Systems**



# QUESTIONS

# Happening Soon!

## December 6, 2023

Subscribe to our  
**newsletter** to  
stay up-to-date  
on our events  
and resources.

[bit.ly/mlpnews](https://bit.ly/mlpnews)



**MLP in Action  
Webinar**

**Supportive Transition Care for  
Foster and  
Former Foster Youth**

**Speakers**

- **Dr. Kimberly Idoko**, Director, Healthcare Programs, Alliance for Children's Rights
- **Jane Dugan-Burdette**, Educational Implementation Specialist, NTI - Center for Adoption Support and Education
- **Ashley Garcia-Rivera**, Policy Advocacy Fellow, NTI - Center for Adoption Support and Education

National Center for Medical Legal Partnership  
AT THE GEORGE WASHINGTON UNIVERSITY

**SCHOOL-BASED  
HEALTH ALLIANCE**  
The National Voice for School-Based Health Care

**EDU**  
NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER  
A PROGRAM OF  
THE FENWAY INSTITUTE

**Wednesday  
Dec. 6, 2023  
2:00 – 3:00 PM EST**

**REGISTER HERE:** <https://shorturl.at/xCRS0>



# The Health Center MLP Toolkit

Access the toolkit:

[medical-legalpartnership.org/mlp-resources/health-center-toolkit/](https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/)

OCTOBER 2020

Bringing lawyers onto  
the health center care  
team to promote patient  
& community health

.....  
A planning, implementation, and practice guide  
for building and sustaining a health center-based  
medical-legal partnership



# Contact Information

---



[ncmlp@gwu.edu](mailto:ncmlp@gwu.edu)



[medical-legalpartnership.org](http://medical-legalpartnership.org)



[@National\\_MLP](https://twitter.com/National_MLP)

# THANK YOU!

Please remember to complete our evaluation survey.

**Thank you!**  
**Please fill out the evaluation!**



**ACU**  
ASSOCIATION OF CLINICIANS  
FOR THE UNDERSERVED



**STAR<sup>2</sup>CENTER**  
SOLUTIONS TRAINING AND ASSISTANCE  
FOR RECRUITMENT & RETENTION



# STAR<sup>2</sup> CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#) *(Newly updated!)*
- [Health Center Comprehensive Workforce Plan Template](#) *(formerly Health Center Provider Recruitment & Retention Plan - Newly updated!)*
- [Equal Pay for Work of Equal Value White Paper](#) *(New resource!)*
- [Financial Assessment For Provider Turnover Tool](#) *(Newly Updated!)*
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#) *(A Brand New Tool!)*
- [Supporting Mental Health Through Compensation Equity Factsheet](#)

[You can find all of the STAR<sup>2</sup> Center's free resources here](#)

[Sign up for our newsletter here for new resources, trainings, and updates](#)

**SAVE THE DATE**

**2024 ACU STAR<sup>2</sup> CENTER  
WORKFORCE  
SYMPOSIUM**

**INCLUSIVE INNOVATION:  
PUTTING PEOPLE FIRST**



**APRIL 29-30  
NASHVILLE, TN**



READY TO LEARN MORE?

Check out the  
[STAR<sup>2</sup> Center Self-Paced Courses](#)

And the STAR<sup>2</sup> Center's  
Podcast Series, *STAR<sup>2</sup> Center Talks*  
*Workforce Success*



SIGN UP FOR OUR NEWSLETTER!



[tinyurl.com/3jttdtvv](https://tinyurl.com/3jttdtvv)





## STAY IN TOUCH!

 [Chcworkforce.org](https://Chcworkforce.org)

 [Clinicians.org](https://Clinicians.org)

 [info@clinicians.org](mailto:info@clinicians.org)

 844-ACU-HIRE

