

# HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



## CONVERSATION 2

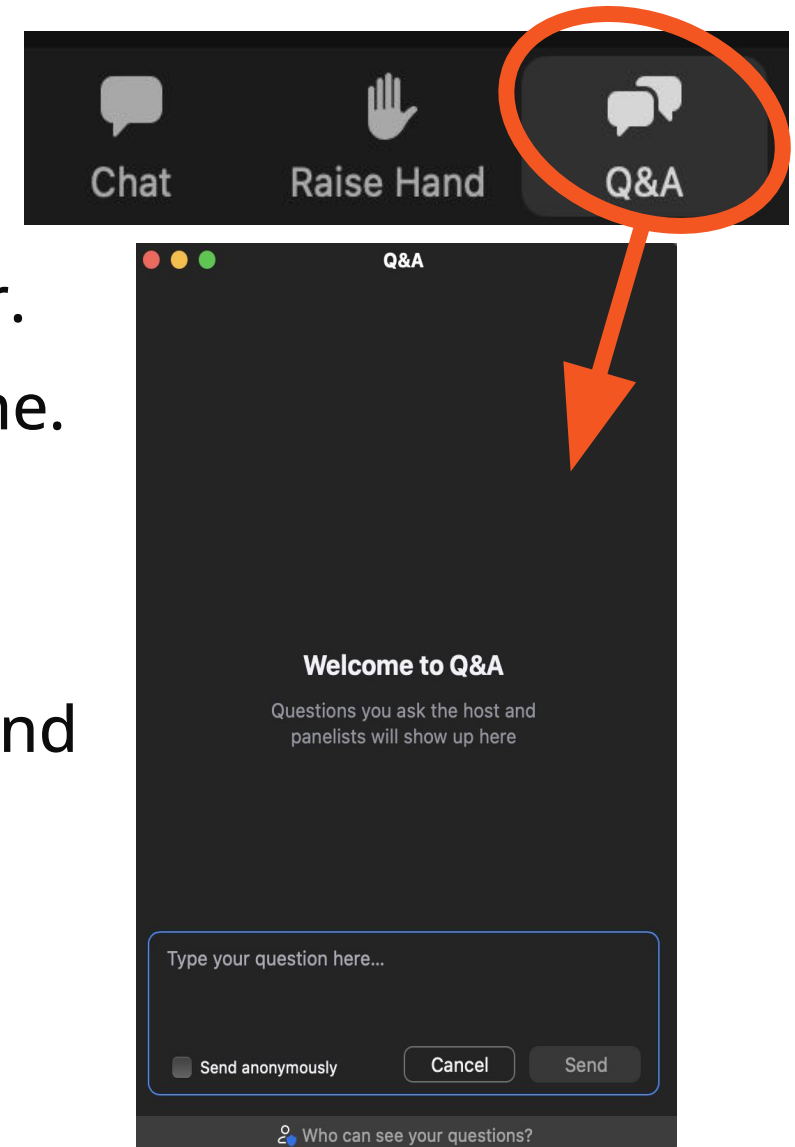
**What staff do we need to meet the need(s) we identified  
and accomplish our goals?**



**Feb 15, 2024 | 1 PM ET**

# Housekeeping

- Attendees are muted throughout the webinar.
- Type questions into Questions & Answers pane.
- The chat will also be open for engagement.
- Send a chat to the Hosts & Panelists for help.
- To activate captions, select “Live Transcript” and “Show Subtitle.”
- This webinar will be recorded and shared at [medical-legalpartnership.org/resources/](https://medical-legalpartnership.org/resources/)



# Housekeeping

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## **We want to hear from you!**

At certain points, we'll invite members of the audience to speak. Look out for this instruction on the slide.



*Raise your hand to unmute.*



# HRSA

Health Resources & Services Administration

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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).





# Medical-Legal Partnership Planning, Implementation & Practice (PIP) Webinar Series

February – June 2024

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## THE WEBINAR SERIES

The [National Center for Medical-Legal Partnership \(NCMLP\)](#) is partnering with the [Texas A&M University Institute for Healthcare Access \(HAI\)](#) to offer a webinar series to support health center-based MLP planning, implementation, and practice (PIP series).

## USE THE TOOLKIT AS YOUR GUIDE BEFORE, DURING & AFTER THE WEBINARS

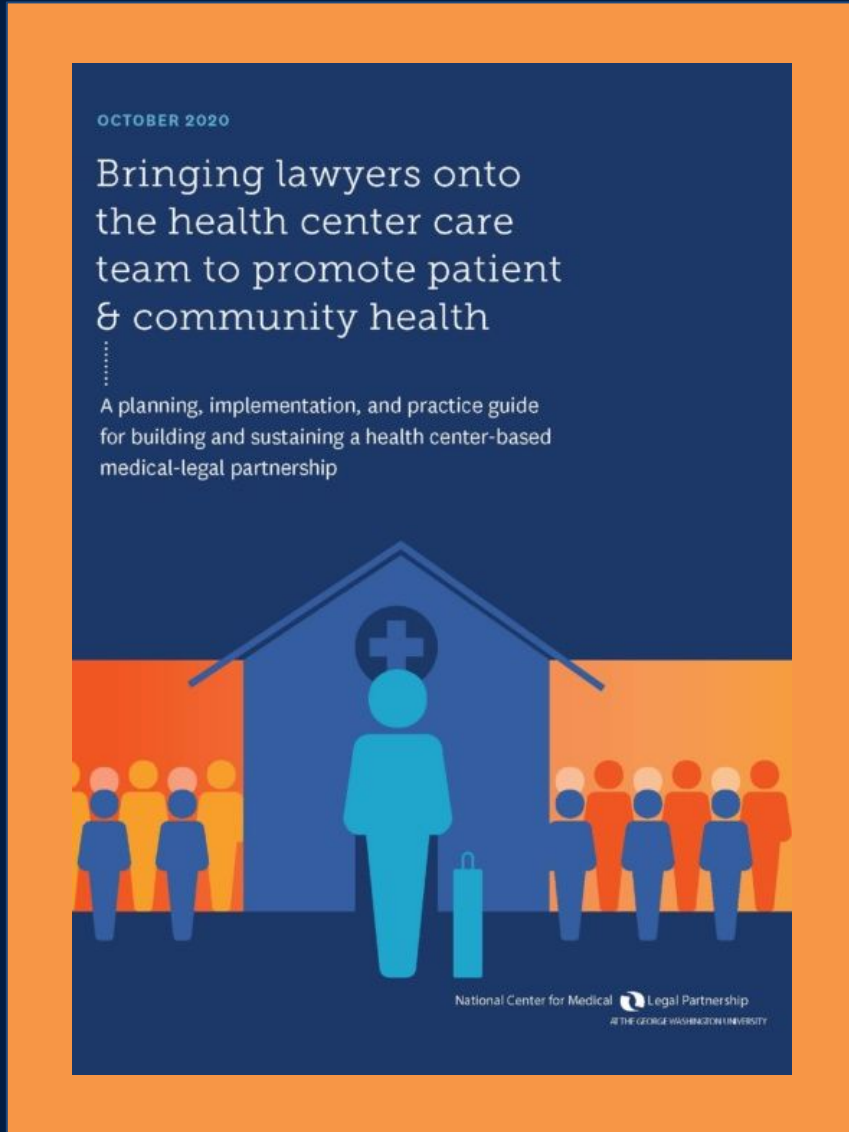
The [Health Center MLP Toolkit](#) will serve as a resource for participants throughout the series.


## ACTIVE LEARNING

For each webinar in the PIP series, we are going to call on participants from health centers, primary care associations, health center controlled networks, and legal services organizations to share insights regarding the specific domain or topic begin covered during the webinar.

## Poll Question: Let's find out who is in the audience today.

- 1) What type of organization are you from?
  - a) Health care
  - b) Legal services
  - c) Other
  
- 2) Does your organization have a medical-legal partnership?
  - a) Yes
  - b) No
  - c) I don't know
  
- 3) Are you looking forward to the weekend?
  - a) Yes
  - b) Of Course
  - c) Duh



PIP Webinar Sessions	Corresponding Toolkit Topic
Part 1: 9 Conversations that Will Help Lay a Strong Foundation	
1. What SDOH problems do we want to address?	Part 1, Conversation 1
 <b>2. How many lawyers do we need to meet the need(s) we identified and accomplish our goals?</b>	<b>Part 1, Conversation 2</b>
3. How will we staff our integrated legal services, as a “direct service” or “contract it” model?	Part 1, Conversation 3
4. How are we going to pay for it?	Part 1, Conversation 4
5. How do we develop a strong MOU for our MLP?	Part 1, Conversation 5
6. What other partners in the community can be helpful?	Part 1, Conversation 6
7. How will we address patient consent and information sharing?	Part 1, Conversation 7
8. Integrating legal services into the workflows and systems	Part 1, Conversation 8
9. How can we make sure our MLP is effective and sustainable?	Part 1, Conversation 9
Part 2: Implementing Workflows for Screening and Legal Services & Part 3: Strengthening the Health Center Workforce	
10. MLP Trainings to Strengthen the Health Center Workforce	Parts 2 and 3
Part 4: Moving Upstream from Patients-to-Policy	
11. Using MLP to Move Upstream & Address Emerging Issues	Part 4

# Today's Learning Objectives

1

Identify the legal interventions that MLP legal teams take to address SDOH.

2

Compare best practices in assessing MLP activities with current staffing.

3

Examine the "P" in "MLP" and roles of individuals across disciplines in meeting health-harming legal needs.





# Faculty



**Keegan Warren, JD, LLM**

Executive Director  
Institute for Healthcare Access  
Texas A&M University Health Science Center



**Bethany Hamilton, JD**

Co-Director  
National Center for Medical-Legal  
Partnership



**Jay Sicklick, JD**

Adjunct Professor of Law, UCONN  
Former MLP Director  
Connecticut Pediatric MLP

# Support During and Between the Live Sessions

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The National Center for Medical-Legal Partnership has funding from the Health Resources and Services Administration (HRSA) to provide free technical assistance to health centers, look-alikes, primary care associations, and health center controlled networks interested in integrating legal services into their care delivery. As you work through this guide and the webinar series, the National Center for Medical-Legal Partnership can answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources. Contact us at [ncmlp@gwu.edu](mailto:ncmlp@gwu.edu).



**Reha Manikandasamy, MS**

Senior Research Assistant (Data Science)  
National Center for Medical-Legal Partnership  
Send questions to Reha at [ncmlp@gwu.edu](mailto:ncmlp@gwu.edu).

# Session 1 Recap

# Part 1, Conversation 1 - Learning Objectives

## WHAT SDOH PROBLEMS DO WE WANT TO ADDRESS?

1

Identify the benefits of partnering with lawyers to help health center patients

2

Recognize medical-legal partnership (MLP) as an effective strategy for achieving health center excellence.

3

Perform the initial steps for determining your health center MLP's approach to SDOH

# First Principles: Health Policy



Yates Lennon, MD, MMM, President at CHES Health Solutions: [“The Quintuple Aim: What Is It and Why Does it Matter?”](#) (August 1, 2023)  
(Accessed Jan. 31, 2024)

## HRSA’s Advancing Health Center Excellence Framework



## Population Health and Social Determinants of Health (SDOH)



### Definition

The health center provides comprehensive services to address needs of the patient population. It achieves this by understanding the social risk factors and social needs in the community and by collaborating with diverse partners to address key drivers of poor health and improve health equity.

Performance expectation areas that illustrate the priorities for Population Health and SDOH are:

- Population needs assessment and management
- Community needs and resource mapping
- Resource allocation
- Community partnerships and collaborations
- Track and close social service referral loops



# First Principles: SDOH

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## Identify Which SDOH to Address

Review Current Screening Tools and/or Data

Interview Clinicians and Other Staff

Take Stock of Existing Priorities and Capacity

Survey the Landscape for Related Priorities

Examine EHR Data

Conduct a Needs Assessment

## Link Unmet Needs with Legal Interventions

Legal Assistance

Training

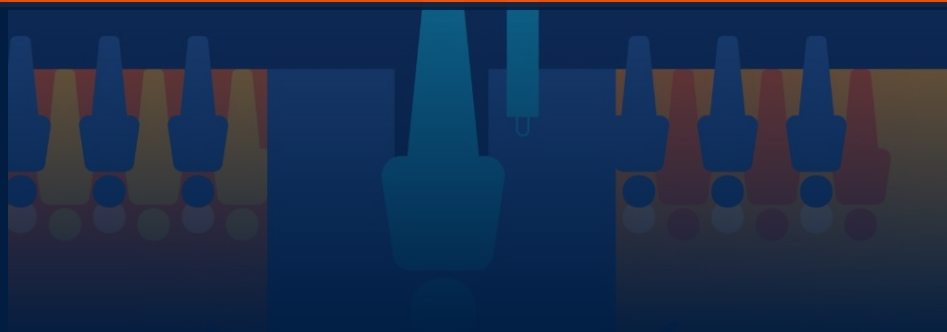
Clinic-level Changes

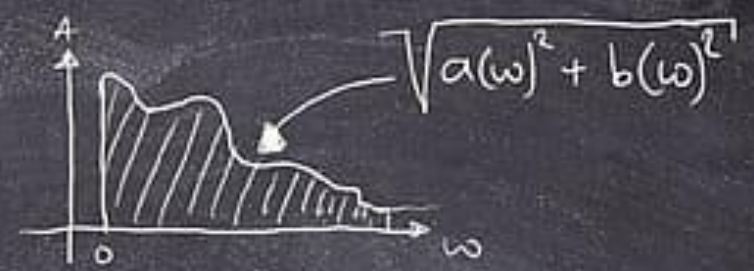
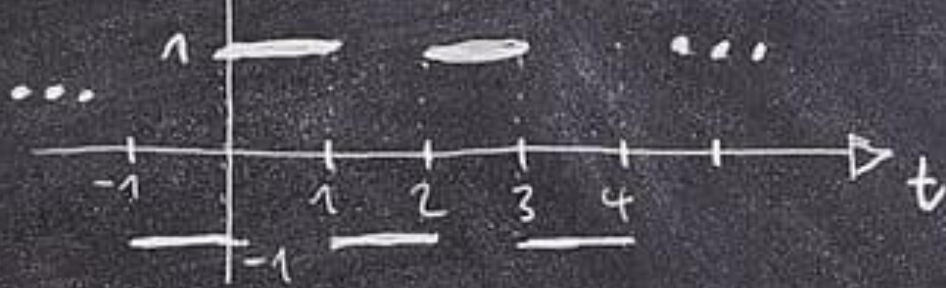
Policy Change Strategies





# How many patients can one-full time lawyer treat?





**How many patients can one-full time lawyer treat? It depends on:**

- Needs
- Capacity
- Resources

**The formula for value-based care is still being defined.**



$$L=2 \Rightarrow L=1 \quad a_n \approx \frac{1}{n^2}$$

$$b_n = \emptyset$$

$$= \frac{1}{2} \int_{-1}^0 f(t) dt + \frac{1}{2} \int_0^1 f(t) dt$$

$$= \frac{1}{2} \int_{-1}^0 -1 dt + \frac{1}{2} \int_0^1 1 dt$$

$$= \frac{1}{2} [-t]_{-1}^0 + \frac{1}{2} [t]_0^1$$

$$a_n \rightarrow a(w)$$

$$b_n \rightarrow b(w)$$



# Factors that Impact an MLP Lawyer's Capacity

## Diverse Legal Needs

Patients may require assistance from MLP lawyers for multiple issues, with some problems being more complex, such as child custody matters, which demand greater time commitment.



## Time Allocation

The time spent by MLP lawyers varies depending on the complexity of the legal issues, and their roles extend beyond direct patient assistance to include staff consultations, skill-building activities, and contributing to clinic- and systems-level changes.

## Team Composition and Resources

Some MLPs include additional legal professionals like paralegals and law students, or collaborate with community-based legal services organizations, expanding the overall capacity to address legal needs but requiring careful budgeting.

# Estimate of time involved in MLP services

MLP Activity	Time Involved
Bi-Directional Training	4 - 10 hours (per 1-hour training)
Curbside Consult	15 minutes - 4 hours
Initial Legal Intake / Legal Assessment / Check-up	30 minutes - 2 hours
Legal Advice to Patient	1 - 4 hours
Legal Representation of a Patient	4 - 80 hours
Facilitated Referral	30 minutes - 2 hours
Clinic-level change activity	Varies widely

# Audience Engagement

As we discuss MLP services by type, get ready to:

- **Raise hand to unmute.** We'll invite one person to share an example.
- **Use the chat.** For each service, we'll ask everyone to answer, "Who on the healthcare team are key staff?"
- **Raise hand to unmute.** We'll invite one person to answer, "What is needed from each of the key staff?"

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# MLP Service by Type: Professional Relationships

ACTIVITY

DEFINITION

VALUE

TIME INVOLVED

## Bi-Directional Training

Training for clinical and non-clinical health center workforce

Training for legal team



Builds skills and capacity for health center and legal staff

Contributes to ACGME Core Competencies



**4 - 10 hours (per 1-hour training)**

Includes planning the training, creating materials related to the training, giving the training, and addressing follow-up questions from the training.

## Curbside Consult or TA w/Clinician or Staff Member

Formal or informal conversations with the rest of the health care team

Some MLPs have formal protocols for TA



Builds skills and capacity for health center staff

Assists more patients through lower intensity intervention

Contributes to ACGME Core Competencies



**15 minutes - 4 hours**

Includes talking with clinician or staff member, conducting follow-up research and/or communication, and documenting the consult.



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# MLP Service by Type: Patient Engagement

ACTIVITY

DEFINITION

VALUE

TIME INVOLVED

**Initial Legal Intake/ Assessment/ Check-Up**

In-depth assessment of social history, legal needs, and review of service eligibility



Informs patient and health care team of legal needs impacting patient health and well-being as well as potential legal solutions



**30 minutes - 2 hours**

Depends on the legal issue

**Legal Advice to Patient**

Provided to individual patient by a lawyer, or law student or paralegal (under the direction of a lawyer)



Provides patient with expert legal advice, which may be enough to **help the patient help themselves (pro se)**



**1 - 4 hours**

Includes doing legal research, counseling the patient, and providing written follow-up documents to the patient. With the patient's permission, this will also include follow-up with the health care team.



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Institute for  
Healthcare Access

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

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*Raise your hand to unmute.*

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# MLP Service by Type: Patient Engagement Cont'd

ACTIVITY

DEFINITION

VALUE

TIME INVOLVED

## Legal Representation of a Patient

Legal advice to the patient and formal action **on behalf of the patient** with another entity



Provides patient with expert legal advice and action taken on behalf of the patient, such as representing a client's interest in court

"Closes the loop" for health centers through information about outcomes of the referral



### 4 - 80 hours

It depends on the type and complexity of the case. Appealing a denial of SNAP benefits and appearing at a hearing could take 4 hours. Preparing and submitting a U-visa application could take 40 hours, while an asylum case that goes to a hearing could take 100 hours.

## Facilitated Referral



Connects patient with an agency that has the appropriate legal expertise

"Closes the loop" for health centers through information about outcomes of the referral



### 30 minutes - 2 hours

This may include direct communication with receiving legal services organizations and compiling necessary medical documentation. With the patient's permission, this will also include follow-up with health care team.



# MLP Service by Type: Patient Engagement Cont'd

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## Facilitated Referral

"Warm hand-off" by MLP to another provider of free or low-cost legal services



Connects patient with an agency that has the appropriate legal expertise

"Closes the loop" for health centers through information about outcomes of the referral



### 30 minutes - 2 hours

This may include direct communication with receiving legal services organizations and compiling necessary medical documentation. With the patient's permission, this will also include follow-up with health care team.





# MLP Service by Type: Population Health

ACTIVITY

DEFINITION

VALUE

TIME INVOLVED

## Collaborative Patient Trainings

Interdisciplinary trainings for patient populations to teach legal rights

May include integrated legal clinics focusing on health harming legal needs



Builds legal literacy for patients  
Multiplies capacity for professionals  
Assists more patients through lower intensity intervention  
Contributes to ACGME Core Competencies



**4 - 10 hours (per 1-hour training)**

Includes planning the training, creating materials related to the training, giving the training, and addressing follow-up questions from the training.

## Shared Medical Appointment

Multiple patients seen as a group, often for follow-up care or management of chronic conditions

AKA "group visits"



Builds legal awareness for patients  
Multiplies capacity for professionals  
Assists more patients through lower intensity intervention



**2 - 5 hours (per 90-minute visit)**

Includes planning for and attending the visit, conducting follow-up research and/or communication, and documenting the session.



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# MLP Service by Type: Institutional Practices

ACTIVITY

DEFINITION

VALUE

TIME INVOLVED

## Complex Care Case Conferences

Formal multiprofessional discussion of care plan for one or more patients with complex needs, including behavioral health challenges



Leverages and integrates legal expertise with ground-level patient treatment team  
Builds skills and capacity for health center staff

Informs patient and health care team of possible legal needs impacting patient health and well-being and potential legal solutions



**30 minutes - 4 hours**

Includes talking with clinical team, conducting follow-up research and/or communication, and documenting the session.

## Committees, Task Forces, and Workgroups

Focused short- and long-term efforts that shape institutional policies, procedures, and pathways



Leverages and integrates legal expertise within design and functioning of healthcare entity

Builds skills and capacity for health center staff and legal team



**Varies widely based on the type of project**

For example, it may take 1 hour to participate and 4 hours to research and craft options



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*Raise your hand to unmute.*

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# MLP Service by Type: Systems

ACTIVITY

DEFINITION

VALUE

TIME INVOLVED

## Clinic-Level Change

Activities that lead to change in institutional policies and procedures, or that seek to improve quality initiatives or increase MLP capacity.



Address needs earlier  
Provide patients with lower intensity intervention  
Contributes to health equity and ACGME Core Competencies



Varies widely based on the type of project  
For example, it may take 4 hours to create each new letter template for the EHR and 25 hours to participate in an overhaul of health center's social history screening

## Policy-Level Change

Upstream strategies to address regulatory, administrative, or legislative policies.



Larger impact  
A form of prevention  
Contributes to health equity and ACGME Core Competencies



Varies widely based on the type of policy efforts  
Likely to take a minimum of 10 hours, but could be up to 100 hours or more.



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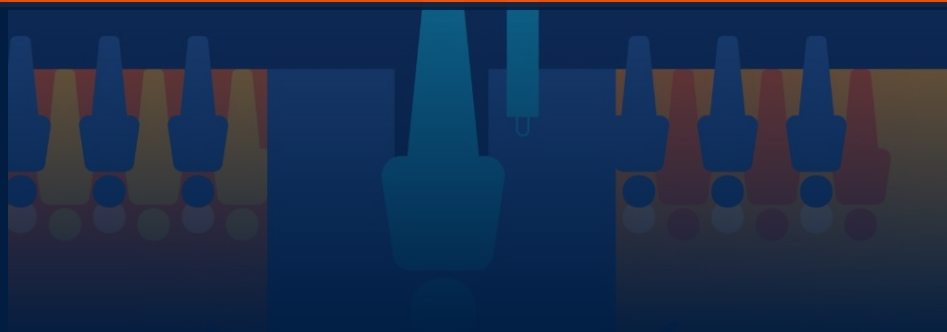


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# Sample Models



# Estimate of Annual Workload Capacity for a Full-Time Equivalent (FTE) MLP Lawyer

## MODEL 1

Maximize Legal Representation of Patients

**100**

LEGAL ASSESSMENTS

50 LEGAL ADVICE

35 LEGAL REPRESENTATION

15 FACILITATED REFERRALS

**4**

TRAININGS

**25**

CURBSIDE CONSULTS

**1**

CLINICAL LEVEL  
CHANGE PROJECT





# Estimate of Annual Workload Capacity for a Full-Time Equivalent (FTE) MLP Lawyer

## MODEL 2

Emphasize Curbside Consults with Health Center Staff

**20**

LEGAL ASSESSMENTS

5 LEGAL ADVICE

5 LEGAL REPRESENTATION

10 FACILITATED REFERRALS

**10**

TRAININGS

**100**

CURBSIDE CONSULTS

**2**

CLINICAL LEVEL  
CHANGE PROJECTS



# Estimate of Annual Workload Capacity for a Full-Time Equivalent (FTE) MLP Lawyer

## MODEL 3

### Incorporate Policy Change

**20**

LEGAL ASSESSMENTS

5 LEGAL REPRESENTATION

15 FACILITATED REFERRALS

**10**

TRAININGS

**50**

CURBSIDE CONSULTS

**6**

CLINICAL LEVEL  
CHANGE PROJECTS

**2**

POLICY CHANGE EFFORTS



# Considerations for Maximizing Legal Resources Impact

## Staffing Decision

If planning to have one MLP lawyer, carefully consider whether to narrow the focus, allocate more time for training, or budget for additional legal team members based on the identified problems and priorities.

## Focus Areas

Planning discussions should not only address the problems to be tackled but also prioritize types of MLP services, such as training, curbside consults, direct legal advice, clinic- and policy-level change activities, aligning them with overall goals.

## Realistic Capacity Assessment

Be realistic about capacity limitations and clearly communicate what the team can and cannot handle. Adjust numbers and expectations in consultation with legal partners to align with the focus areas, priorities, and staffing of the MLP.

## First-Year Expectations

Acknowledge that in the first operational year, legal teams may not achieve target numbers. Initial efforts often involve foundational activities, planning meetings, tool development, data tracking, and outreach, with experienced lawyers potentially achieving more than recent graduates.

## Adaptation Over Time

Regularly review and adjust goals in alignment with operational realities, considering the evolving capacity, expertise, and achievements of the legal team.



# The “P” in “MLP”: Key Leaders to Integrating Legal Assistance and Legal Expertise into the Delivery of Care



# How Attorneys Incorporate Legal Expertise into Health Care



# How Clinicians Incorporate Legal Expertise into Health Care



# Champions

## LEGAL CHAMPION

- An attorney who serves as a bridge between the legal services organization and the medical team, helping the both understand health-harming legal needs.
- As a boots-on-the-ground attorney, is involved not only in setting priorities and making decisions about how the MLP will operate, but also actively sees patients, has “lived experience” of workflows, and can help navigate day-to-day opportunities and challenges that arise as frontline staff seek to make use of MLP services

## CASE MANAGEMENT CHAMPION

- A case manager or social worker who serves as a bridge between the legal team and patients, helping the legal team understand patient needs and context related to social determinants of health
- Also acts as a bridge to the rest of the health center’s case management staff, and participates in planning activities, establishing workflows, and trainings

## CLINICIAN CHAMPION

- A clinical leader who is involved not only in setting priorities and making decisions about how the MLP will operate, but also actively sees patients, has “lived experience” of workflows, and can help navigate day-to-day opportunities and challenges that arise as frontline staff seek to make use of MLP services
- May be a physician, advanced practice nurse, physician’s assistant, or behavioral health provider
- Health center MLPs may have more than one clinical champion, especially in organizations where legal screening occurs in multiple workflows and/or patient service lines

## ADMINISTRATIVE CHAMPION

- A high-level health center leader who is involved in setting priorities and making decisions about how the MLP will operate at the health center
- Likely a Chief Executive Officer (CEO), Chief Operating Officer (COO), or the head of a large division within the health center, such as the Medical Director or the Director of Behavioral Health

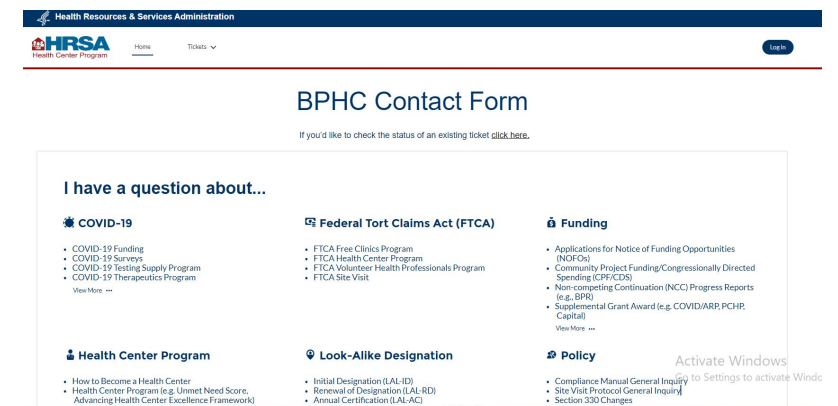


# Key Resources



Health Center MLP Toolkit: ["Bringing lawyers onto the health center care team to promote patient & community health"](#)

Health Center Program Support:  
[BPHC Contact Form](#)



Screenshot of BPHC Contact Form at <https://hrsa.my.site.com/support/s/> (Accessed on Jan. 29, 2024)



# Health Center MLP Planning, Implementation & Practice (PIP) Webinar Series | February – June 2024

By National Center for Medical Legal Partnership

 [Youtube Playlist](#)

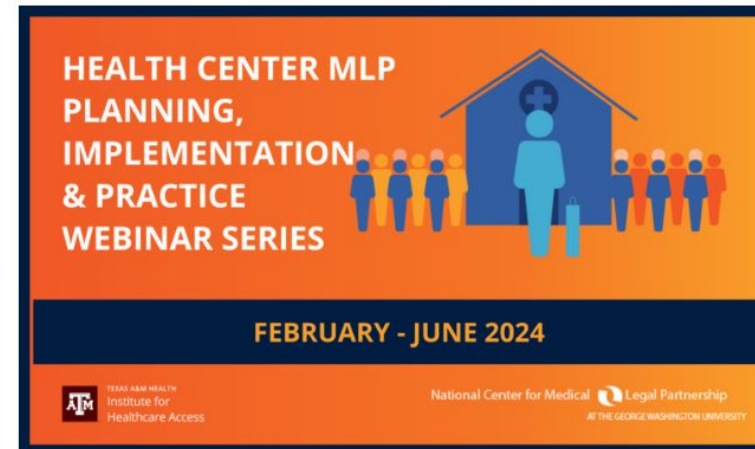
## Overview

As part of its work with the Health Resources and Services Administration (HRSA), the National Center for Medical-Legal Partnership (NCMLP) is partnering with the Texas A&M University Institute for Healthcare Access (HAI) to offer a webinar series to support health center based MLP planning, implementation, and practice (PIP Webinar Series). The [Health Center MLP Toolkit](#) will serve as a resource for participants throughout the series.

For each webinar in the PIP series, NCMLP will seek input or examples from a health center and/or PCA with experience in the specific domain or topic to provide insight and commentary and respond to audience questions.

The series will address the following T/TA needs:

1. Understanding the core components of medical-legal partnerships;



The registration links for upcoming webinars and the archives of past presentations will be shared at

[https://medical-legalpartnership.org/mlp-resources/pipwebinarseries\\_2024/](https://medical-legalpartnership.org/mlp-resources/pipwebinarseries_2024/)

# HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



## CONVERSATION 3

**UP NEXT**

**How Will We Staff Our Integrated Legal Services—  
as a “Direct Service” or “Contract It” Model?**



**MARCH 14, 2024 | 1 PM ET**



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# Thank you!

Please help us improve future sessions by completing our short evaluation.



<https://www.surveymonkey.com/r/QMTJ9J9>



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