

HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



CONVERSATION 3

STAFFING THE LEGAL SERVICES OF AN MLP

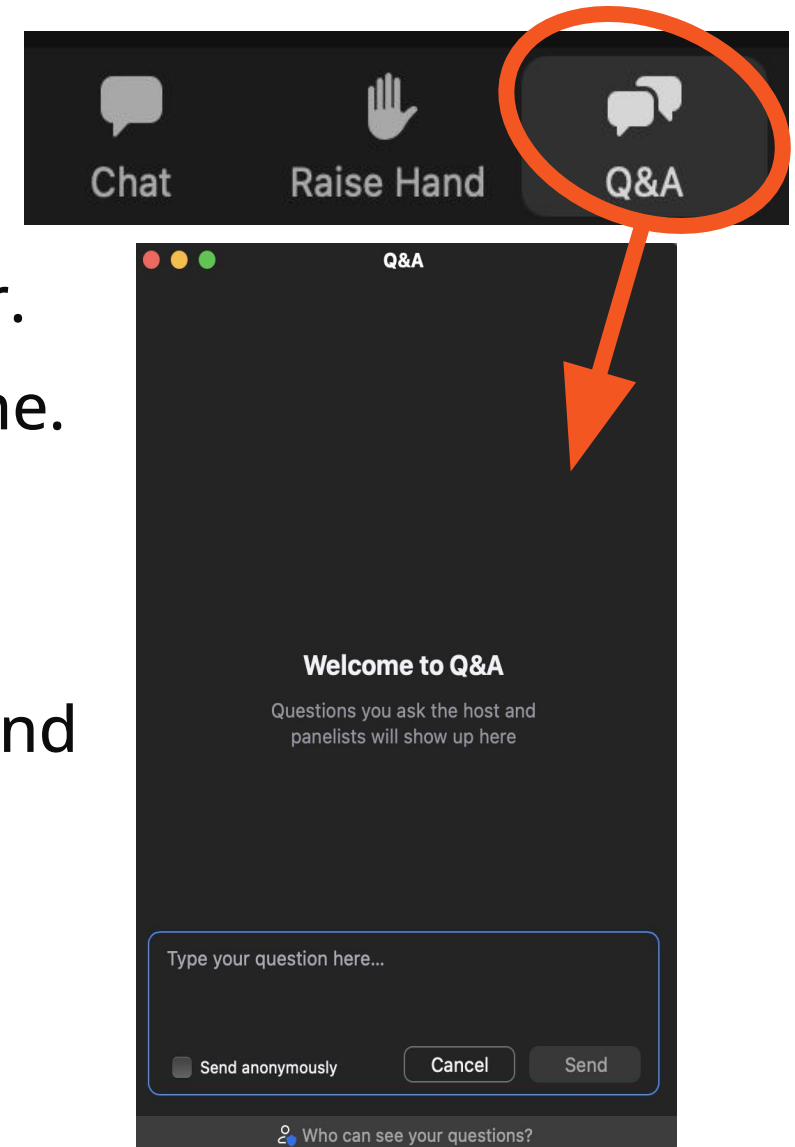
SHOULD WE DIRECTLY HIRE A LAWYER OR CONTRACT WITH ANOTHER ORGANIZATION?



MARCH 14, 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/



Housekeeping

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.



Housekeeping



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).





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

February – June 2024

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

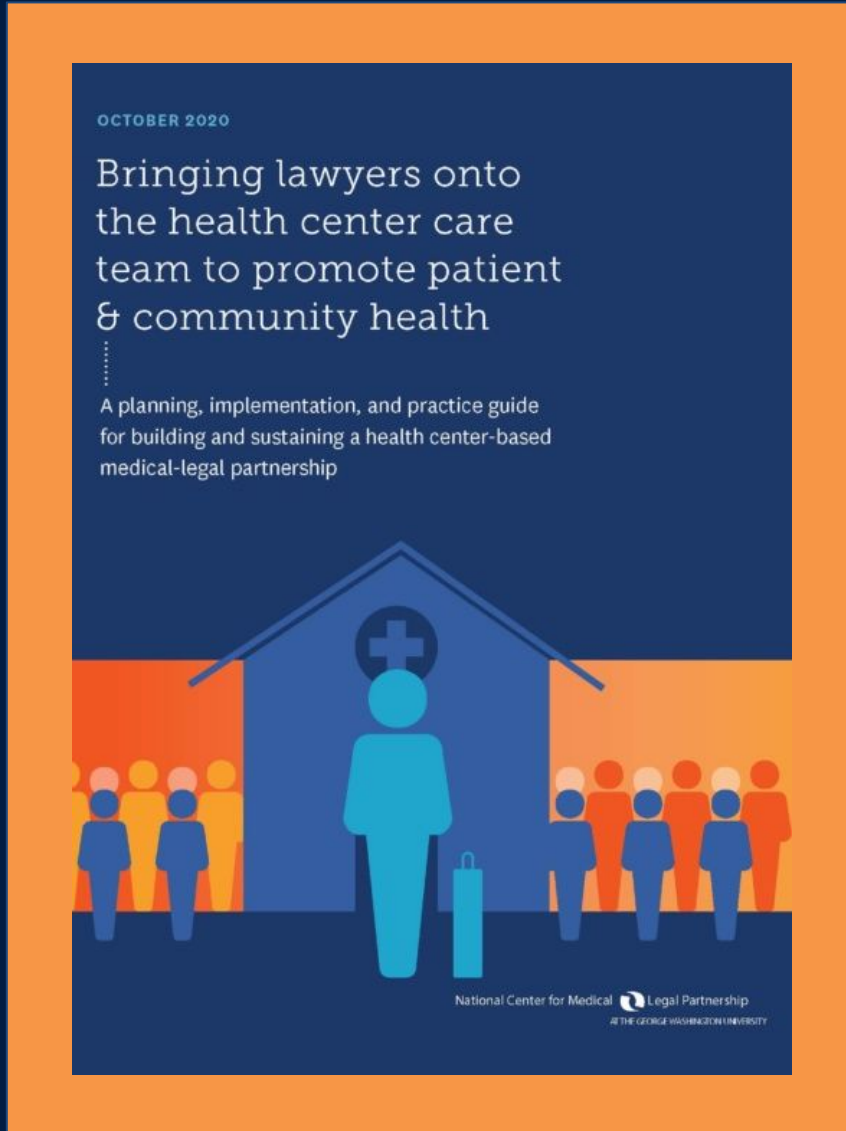
For each webinar in the PIP series, we are going to call on participants from health centers, primary care associations, health center controlled networks, and legal services organizations to share insights regarding the specific domain or topic begin covered during the webinar.


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) How do you staff the legal services for your MLP?
 - a) Directly employ the legal team (i.e., lawyer, paralegal, community justice workers, etc.)
 - b) Contract with another organization that provides legal services
 - c) Hybrid of "direct" and "contract" model
 - d) I am still developing my legal staffing model



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
2. What staff do we need to meet the need(s) we identified and accomplish our goals?	Part 1, Conversation 2
 3. Staffing the Legal Services of an MLP - Should we directly hire a lawyer or contract with another organization?	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 "Models" employed by MLP's with historical perspective.

2

Compare and contrast the "Direct Service" and "Contract It" models of MLP staffing.

3

Explore variations and implementations of staffing models and determine efficacy of models in differing sites.



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

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.



Reha Manikandasamy, MS

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

Session 2 Recap

Part 1, Conversation 2 - Learning Objectives

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

1

Identify the legal interventions that medical-legal partnership (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.

How will we staff our integrated legal services?



TEXAS A&M HEALTH
Institute for
Healthcare Access

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

“Direct Service” Model

- Health centers opt to internally build legal services as a direct service to patients and families.
- Lawyers and legal team members are hired as direct employees of the health center.
- Less frequently used model, but noted benefits by some health centers.
- Everyone is under the same roof, uses the same systems (communications etc.)

JOIN OUR TEAM



“Direct Service” Model (cont.)

Benefits

Challenges

Considerations



Raise your hand to unmute.

“Direct Service” Model (cont.)

Benefits

- Alignment of legal services with health center values and priorities.
- No need to negotiate priorities, allowing for a program tailored to the health center's needs, culture, and patients.
- Retention of control over how legal services are allocated.
- Integration of legal team into day-to-day operations using the same systems as the health center team.
- Collaboration on workflow and patient care without *apparent* conflicting interests.

Challenges

- Sole responsibility for building and financing the program.
- May limit program scope and capacity unless committed to building a legal services department (e.g. one-person shop)
- Risk of program sustainability if relying on a single lawyer with limited expertise or sudden departure.
- Difficulty in expanding capacity, as community-based legal services organizations may not readily accept referrals outside their regular channels.
- Raises the potential for internal conflicts viz. risk/legal team

Considerations

- Legal team reporting structure to preserve independence of legal judgment.
- Distinction between MLP legal team providing patient-centered legal care and the health center's general counsel.
- Expenses viz. malpractice/liability/ and non-traditional costs (legal stuff)

“Direct Service” Model: How do we know if a lawyer will be a good fit for our health center?

Hiring a lawyer directly for the health center offers numerous advantages, but it lacks the built-in mentorship and resources found in community-based legal services organizations. To compensate, it's **crucial to employ a manager-level lawyer** with extensive training and experience and who has built relationships with legal services providers.



We're Hiring!

The ideal candidate should be:

- ★ A self-starter and problem-solver.
- ★ Flexible and adaptable to evolving team dynamics.
- ★ Knowledgeable (or willing to learn) about the health center's organizational structure and culture.
- ★ Skilled in building relationships with various professionals, including social workers, community health workers, case managers, and clinicians.
- ★ Informed (or willing to learn) about relevant legal and health issues faced by the health center's patients and community.
- ★ Well-versed in social determinants of health and the role of legal interventions in addressing health challenges.
- ★ Experienced in working with individuals with a history of trauma, requiring a sensitive approach and collaboration with behavioral health staff.
- ★ If targeting specific legal needs among patients (e.g., disability benefits), the lawyer should have expertise in that area.

“Contract It” Model

Health centers commonly **partner with community-based legal services organizations** to provide legal services.

Lawyers are **employees of the legal services organization** but work primarily with the health center.

Two sometimes *very different* organizations **partner with each other** to achieve a symbiotic goal

Advantages



Limitations



Raise your hand to unmute.

“Contract It” Model

Health centers commonly **partner with community-based legal services organizations** to provide legal services.

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Advantages

- Access to significant depth of experience and broad capacity from the legal services organization.
- Purchasing an "express lane" into a traditionally overburdened legal services organization.
- Legal services organization provides supervision and handles referrals outside the MLP lawyer's expertise.
- Independence for potential conflicts re patient centered issues.

Limitations

- Legal services organizations may have non-negotiable guidelines, such as restrictions on handling certain cases or working with specific patient groups.
- Health centers often have experience contracting for various services, but legal services negotiation may be unfamiliar.
- Community-based legal services organizations may lack awareness of health center priorities, dynamics, funding, operations, and workforce issues.



“Contract It” Model: Partnerships

Process

- Health centers should not assume that legal services partners understand how to integrate within a health center without input.
- Planning should involve significant collaboration between health center team members and legal services partners.
- Health centers should **expect an extended “honeymoon” period for acclimation, knowledge gathering and culture adaptation**



Finding a Partner

- Health centers opting for the contract model need to identify a community-based legal services organization.
- **Three common types:**
 - Nonprofit civil legal organizations (*Trad/Non-Trad*)
 - Law school clinics
 - Pro bono legal services organizations
- Start by identifying organizations providing legal services to low-income individuals and assess alignment with health center mission, focus areas, and capacity.

“Contract It” Model: How do we know if a community-based legal organization is the “right” partner?

Key Questions for Evaluating Community-Based Legal Services Organizations

1 Organizational Capacity

- How many lawyers and paralegals does the organization have?
- How many can be dedicated to the medical-legal partnership?
- What is the cost to cover salary, benefits, and overhead for a lawyer or paralegal?
- What supervisory and support structures are in place for MLP lawyer(s) and paralegal(s) and admin personnel (data collection or law student support)?

2 Time Allocation

- How many on-site hours will legal team members dedicate to ensure patient access to legal services?
- How many off-site hours will be allocated to MLP-related activities?
- How will communication occur with health center staff and patients during off-site hours?
- How can technology facilitate remote integration of the legal team, particularly in rural areas (i.e. EHR access and integration)?

“Contract It” Model: How do we know if a community-based legal organization is the “right” partner?

Key Questions for Evaluating Community-Based Legal Services Organizations

3

Personnel Assessment

- Are MLP lawyer(s) and paralegal(s):
 - Self-starters and problem-solvers?
 - Flexible and adaptable in team roles?
 - Knowledgeable about health center organizational structure and culture?
 - Skilled in multi-disciplinary collaboration with health professionals?
 - Knowledgeable about relevant legal and health issues?
 - Experienced in handling trauma-related cases, with support from behavioral health staff?
 - **Humble and willing to re-learn.**

4

Knowledge of Intersection Between Health and Law

- Does the legal organization’s staff understand social determinants of health, health equity measures and the impact of legal interventions on health and healthcare?
- Look for organizations with MLP experience, a health justice practice, or involvement in law school clinics focused on these issues.
- Specialty legal services organizations are ripe for partnering ... e.g. Veterans’ legal advocacy; Child welfare/juvenile justice; Health equity/specialty legal services ...



“Contract It” Model: How do we know if a community-based legal organization is the “right” partner?

Key Questions for Evaluating Community-Based Legal Services Organizations

5

Expertise in Identified Need

- If targeting specific legal needs (e.g., housing concerns), does the organization have expertise and capacity in that area?
- Can the legal partner facilitate referrals for issues beyond their expertise, ensuring cultural competency, especially with private law firms or pro bono lawyers?
- Is the legal service organization willing to go “outside of its comfort zone” to work in an interdisciplinary setting?



“Contract It” Model: Types of Community-Based Legal Services Organizations

	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
NUMBER OF ORGS NATIONALLY	132 <u>civil legal aid organizations</u> receive federal funding allocated by the Legal Services Corporation (LSC), which forms the “spine” of the publicly funded civil legal aid system. There are 800+ state and locally funded legal aid programs nationally.	170+ <u>law schools</u> offer clinics where law students develop experience under the supervision of a lawyer, while providing much-needed legal services to low-income individuals.	900+ <u>pro bono programs</u> where lawyers volunteer their time to provide free legal services. Services can be coordinated through law firms, large corporations, bar associations, or at the request of civil legal aid organizations.
NATIONAL FUNDING	\$460.7 million in LSC grants (\$411.2 million for FY20; \$49.5 million additional for COVID via CARES Act) and \$600 million additional (est.)	\$75 million (est.)	\$180 million (est.)

Source: NCMLP’s Health Center MLP Toolkit (2020)



“Contract It” Model: Types of Community-Based Legal Services Organizations

	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
SERVICE ELIGIBILITY REQUIREMENTS	Mainly for individuals with low-incomes. LSC-funded organizations can serve people with incomes up to 125% of the Federal Poverty Level (and up to 200% if certain criteria that are commonly applicable to health center patients are met) and have restrictions around serving individuals whose legal status is undocumented, with some exceptions including for survivors of interpersonal violence and other crimes.	Vary	Vary
CASE PRIORITIES	Basic civil (as opposed to criminal) legal needs related to housing disputes, consumer protection, public and health care benefits, family and personal safety issues, employment, and elder law. Non-LSC funded organizations sometimes have a greater focus on policy matters.	Vary widely, but typically focus on a specific issue such as children’s issues, estates and trusts, or housing, etc.	Vary widely

Source: NCMLP’s Health Center MLP Toolkit (2020)



“Contract It” Model: Types of Community-Based Legal Services Organizations

	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
NATIONAL LEADERS	<u>Legal Services Corporation (LSC)</u> and <u>National Legal Aid & Defender Association (NLADA)</u>	<u>Association of American Law Schools (AALS)</u>	<u>American Bar Association (ABA)</u>
AMONG MLPS THAT “CONTRACT IT,” % WITH THIS TYPE OF LEGAL PARTNER	70%*	20%*	10%*

Source: NCMLP’s Health Center MLP Toolkit (2020)
*based on 2016 NCMLP survey



“Contract It” Model: Types of Community-Based Legal Services Organizations

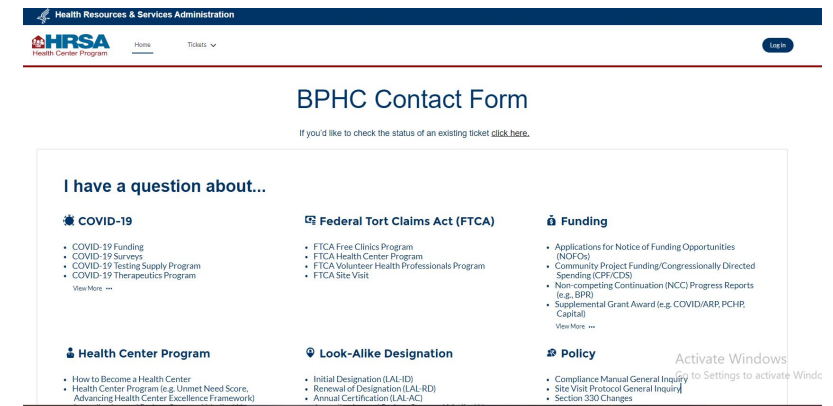
	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
BENEFITS	<ul style="list-style-type: none"> - House significant and varied legal expertise across multiple domains; - Tend to be stable and community-based; - Span every state and territory, similar to health centers. In rural and frontier communities, LSC-funded partners may be “the only game in town”; and - Likely have significant existing pro bono relationships that can help expand capacity of MLP. 	<ul style="list-style-type: none"> - Flexible regarding the areas of law they address; - Align neatly with other on-site training cohorts (e.g., nursing, social work, etc.); and - More flexible around pursuing policy activities and innovation. 	<ul style="list-style-type: none"> - Services and capacity tailored directly to the health center priorities and mission; and - Legal team and activities directly accountable to the health center’s leadership.
CHALLENGES	<ul style="list-style-type: none"> - LSC-funded programs may be restricted from helping some patients, including those of moderate income and some (but not all) whose immigration status is undocumented. 	<ul style="list-style-type: none"> - Lack of continuity. Law school clinics are primarily staffed by students, who may rotate through the MLP every 3-4 months. High turnover may impact trust, relationships, productivity, and timeliness; and - Less frequently available as a partner in rural and frontier areas. 	<ul style="list-style-type: none"> - Lack of continuity. Volunteer lawyers may not be able to handle more than a few cases at a time; and - Less frequently available as a partner in rural and frontier areas.

Key Resources



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

Health Center Program Support:
[Bureau of Primary Health Care \(BPHC\) Contact Form](#)



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

Questions & Answers



Raise your hand to unmute.

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

By National Center for Medical Legal Partnership

 [Youtube Playlist](#)

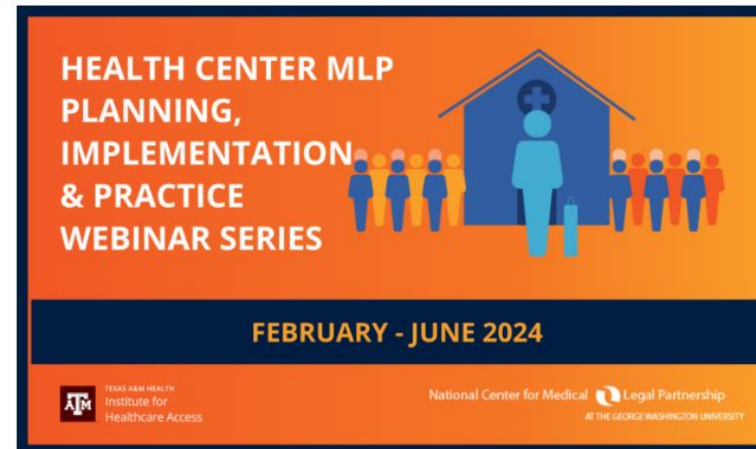
Overview

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/

HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



CONVERSATION 4

UP NEXT

Developing a Budget for my Health Center's Medical-Legal Partnership



MARCH 28, 2024 | 1 PM ET

Thank you!

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



<https://www.surveymonkey.com/r/8K76RND>



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AT THE GEORGE WASHINGTON UNIVERSITY