

HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



CONVERSATION 4

HOW ARE WE GOING TO PAY FOR IT?

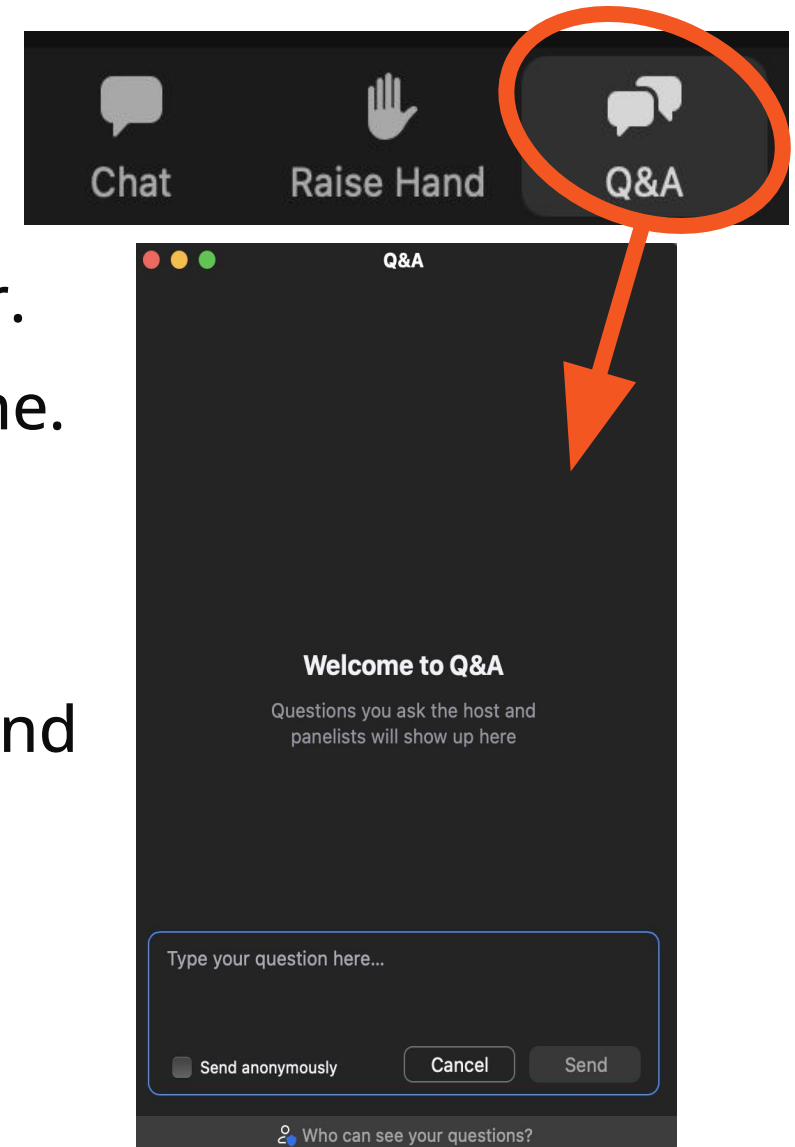
Budgeting for the MLP and Identifying Sources of Funding



MARCH 28, 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 \$602,314.00 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) Academia
- d) Other


2) Does your organization have an MLP?

- a) Yes
- b) No
- c) I don't know

3) If you have an MLP, which sectors currently fund your MLP work? If you don't yet have an MLP, which sectors do you reasonably anticipate will fund your MLP work?

- a) Legal
- b) Health
- c) Academic
- d) Other



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

Describe common sources of legal and healthcare funding for MLPs.

2

Evaluate to what extent your budget captures all of your revenue and expenditures.

3

Assess how your budget might better reflect programmatic values and ensure sustainability.



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 3 Recap



Part 1, Conversation 3 - Learning Objectives

STAFFING THE LEGAL SERVICES OF AN MLP

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

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.



“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



"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

- 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.



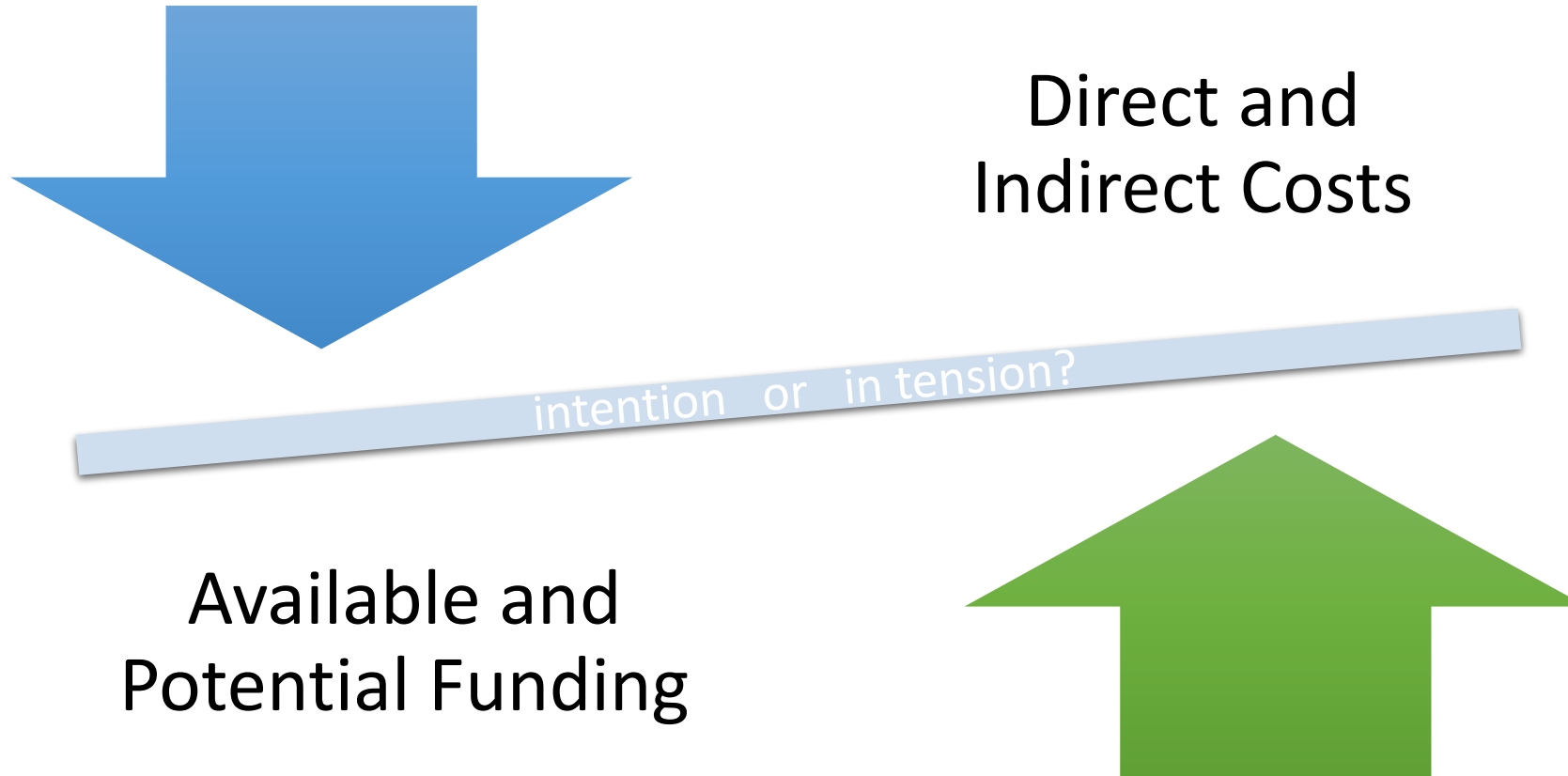
Conversation 4: How are we going to pay for it?





Which Is Your Egg?

I.e., what drives your approach to financial planning for your collaboration?



What is Part of a Medical-Legal Partnership Budget?

MLP budget size depends on service demand and needed staff; key budget areas remain similar for “direct service” and “contracted” models.

1 Legal Staffing



**MLP lawyer(s),
paralegals,
assistants, and
students**

- Legal intake and direct services for patients
- Consultations with clinicians/staff on socio-legal needs
- Trainings for health center staff on social determinants of health/health-harming legal needs
- Collaboration on clinic- and policy-level solutions



**Legal
technology
experts**

- Customize legal case management systems for MLPs
- Costs are typically highest at start-up, but budgeting for ongoing legal technology support is advisable for many MLPs.



**MLP legal team member
supervision**

- May be considered as "overhead"
- Can be beneficial to segregate this cost separately

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2 Dedicated Health Center “Champions”



Clinician champion

- Provides leadership and guidance around systems and trainings
- Acts as a bridge to and from the rest of the health center clinical staff



Administrative champion

- E.g., CEO, COO, or designee
- Provides leadership and guidance
- Makes executive decisions
- Authority to allocate resources; and
- Ensures alignment of the MLP with overarching health center priorities



Case management or community health worker champion

- Serves as a liaison between legal team and patients
- Facilitates understanding of patient needs and social determinants of health for legal team
- Bridges communication with health center's case management staff
- Participates in planning activities and workflow establishment
- Provides training support for relevant parties

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3 Other staffing



Project management and / or admin support staff

- Connect patients with the legal team
- Provide back-up to lawyers and paralegals by tracking down referred patients who may be difficult to reach
- Engage in administrative tasks and data entry



Interpreter services

- Required when a substantial number of patients referred speak a language other than English
- Can be in-house staff or a phone-based service



Health informatics experts

- Setting up legal screening and referral mechanisms in the EHR
- Key team members for developing reports and analyzing trends over time

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4 Technology, travel, and miscellaneous items

Technology

- Laptops
- Software licenses
- Phones

Travel

- Trainings for legal and health care team members
- Rural or frontier partnerships that utilize the “contract it” model may also want to build in funds to support mileage, hotel, or other travel expenses for when the legal staff are on-site at locations far from the legal team’s home office

Misc.

- Supplies
- Coffee, breakfast, or lunch at trainings to increase attendance and boost morale
- Development of promotional materials
- Training material - e.g., “one-pagers” for clinicians and/or patients & families



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What else would help
solidify current investments
to weather future storms?



Potential Funding Sources for MLPs

	Health / Health Care / Public Health	Legal
Federal	<ul style="list-style-type: none"> • HRSA enabling services • Medicaid financing models • Agency Funding Opportunities (varies) 	<ul style="list-style-type: none"> • Legal Services Corporation funding • Agency Funding Opportunities (varies)
State-administered federal grants	<ul style="list-style-type: none"> • SAMHSA substance use and mental health block grants 	<ul style="list-style-type: none"> • Americorps legal assistance programs
State/ Local	<ul style="list-style-type: none"> • Public health funding & appropriations (e.g., Monterey & Santa Clara counties) 	<ul style="list-style-type: none"> • Interest on Lawyers Trust Accounts • State appropriations / state legal services funders
Private/ Other	<ul style="list-style-type: none"> • Operational revenue • Insurers 	<ul style="list-style-type: none"> • Law school collaborations • Legal fellowship programs (e.g., Equal Justice Works & Skadden)
<p>Philanthropy National, regional, & local foundations; Private donations; Fundraisers</p>		

Examples of How Health Centers May Approach Funding Legal Services Over Time: Year 1

YEAR 1

HEALTH CENTER ONE A Philanthropy Pilot

The health center received a \$25k grant to cover .4 FTE of an MLP lawyer, and assigned a senior case manager to work with the lawyer to plan and implement an MLP pilot focused on housing problems among patients with asthma.

HEALTH CENTER THREE From Fellowship to Federal Grant

The health center works with a local civil legal aid organization to secure a two-year Equal Justice Works Fellow who will work at the health center. Both partners agree that if MLP data shows positive impacts for patients, the health center will cover the MLP lawyer's salary after the fellowship ends.

HEALTH CENTER TWO A Split-Costs Approach

The health center and the community-based legal services organization they partner with agreed to split operational costs upfront for a 12-month period. The health center allocated .2 FTE of a physician to work with .5 FTE of an MLP lawyer for 12 months to plan and implement an MLP focused on families experiencing homelessness.

Examples of How Health Centers May Approach Funding Legal Services Over Time: Year 2

YEAR 2

During the pilot, the health center gathered data about community needs and the impact of legal services. It secured an innovation grant from a local Medicaid managed care entity to cover a full-time MLP lawyer, a full-time community health worker, and other health center costs related to MLP activities.

With positive Y1 data in-hand and their funding promise in mind, the health center works to secure a federal grant to target and treat people with substance use disorders (SUD), and includes 1.0 FTE of an MLP lawyer in the grant to support the SUD team.

During Y1, the health center collected data showing improved access to services and a boost in insurance and disability approvals for patients who saw the MLP lawyer, which brought financial resources to the health center. The health center committed to funding .5 FTE of an MLP lawyer using enabling services funds, and looks ahead to applying for a major public health grant from their county to support on-going MLP services for patients experiencing homelessness.

Funding Strategies for Legal Services in Health Centers: Building Sustainable Models for MLP Activities

- Legal services at health centers lack a predominant funding source, relying on a **patchwork of funding streams**.
- Health centers should **allocate direct funding** to sustain MLP activities as critical patient services.
- **Planning for future funding is crucial**, considering growth and instability of grants and fellowships.
- **Starting small** with philanthropy or re-allocated resources helps **pilot projects and collect data**.
- **Anchoring MLP activities in health center budgets** fosters accountability and future growth.
- Although legal funding resources exist, **health sectors offer more substantial funding sources**.
- Health centers often include MLP legal team funding in **grant proposals** with social determinants of health components.



In 2014, **HRSA recognized civil legal aid as an enabling service for health centers' federal grants**. Some centers with MLPs use these funds to cover salaries for lawyers within specific initiatives or community health worker teams.

Questions & Answers



Raise your hand to unmute.

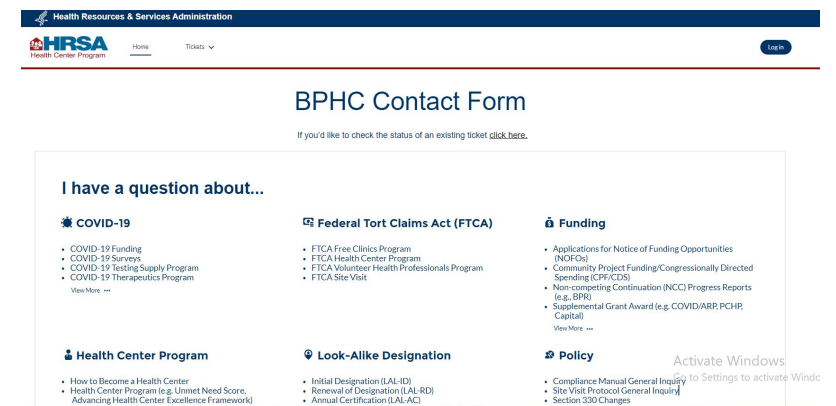


Key Resources



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

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



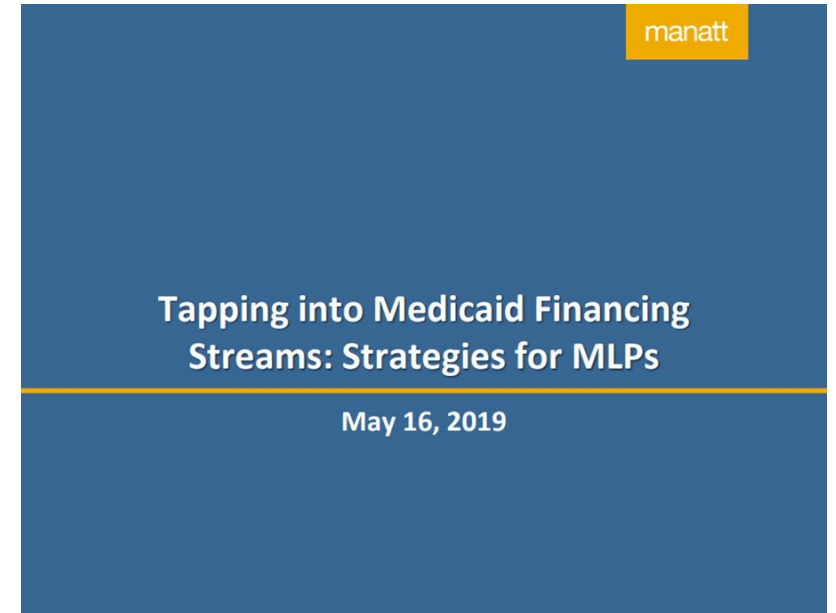
Screenshot of BPHC Contact Form at <https://hrsa.my.site.com/support/s/> (Accessed on Jan. 29, 2024)

Key Resources: Financing




[Financing Medical-Legal Partnerships: View from the Field](#)

[Webinar: Tapping into Medicaid Financing Streams](#)



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

By National Center for Medical Legal Partnership

 [Youtube Playlist](#)

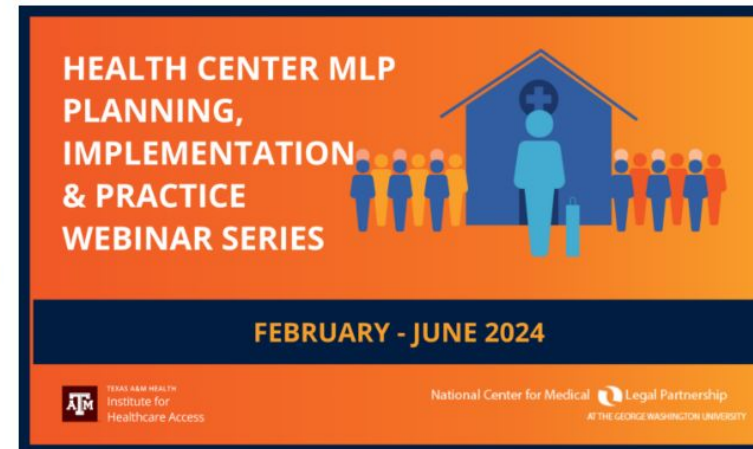
Overview

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 5

UP NEXT

How to Develop a Strong Memorandum of Agreement for a Medical-Legal Partnership



APRIL 18, 2024 | 1 PM ET



TEXAS A&M HEALTH
Institute for
Healthcare Access

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

Thank you!

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



<https://www.surveymonkey.com/r/6K6F6KK>



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