

# I-HELP™ Bootcamp:

Strengthening Your Ability to Spot  
and Manage Patients' Complex  
Health-Harming Legal Issues

**Session 5: Personal & Family Stability**

**November 14, 2024**

**2 - 3.30 PM ET**

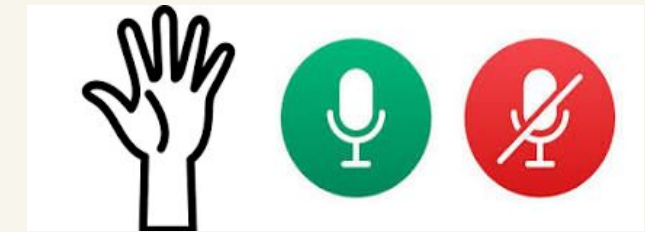
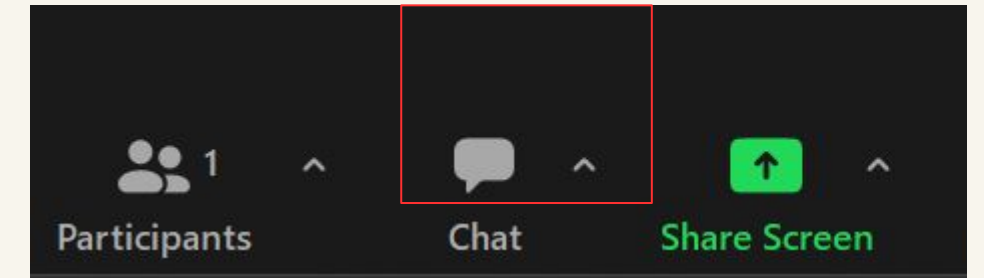
# HRSA

## 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).

# Housekeeping

- Use the **Zoom platform to engage**: chat, raise your hand to speak, send questions, and share reactions.
- Send a **chat to the Hosts & Panelists** for help.
- To activate captions, select “**Live Transcript**” and “**Show Subtitle.**”
- Slides, recordings and resources will be available in [Moodle](https://ncmlp.moodlecloud.com/login) (https://ncmlp.moodlecloud.com/login)  
For any assistance, email [ncmlp@gwu.edu](mailto:ncmlp@gwu.edu)



*Raise your hand to unmute.*

**As you join, please share in the chat:**  
**1) your full name, 2) organization's name, 3) State, and 4) why you're participating or what you want to learn.**

# Objectives

By participating in the I-HELP™ Bootcamp you will:

1. Improve your ability to understand, screen for, and refer patients to legal aid for both common and complex legal issues impacting health.
2. Practice navigating case studies that highlight pressing legal issues in the I-HELP™ categories.
3. Enhance strategies for providing more accurate referrals and legal support, leading to greater access and better health outcomes for patients.

# Facilitators



**Bethany Hamilton, JD**  
**Director, NCMLP**



**Katie Hathaway, JD**  
**Consultant, NCMLP**



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National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

# I-HELP™

- A framework for understanding the most common social and legal problems faced by vulnerable communities and how legal expertise and services can help mitigate their negative impact on health and health care.
- A tool to help train and communicate the value of medical-legal partnership.
- An acronym developed by NCMLP to describe these common health-related social and legal needs and includes **I**ncome, **H**ousing and Utilities, **E**ducation and Employment, **L**egal Status, and **P**ersonal and Family Stability,
- Adopted from the messaging guide “Framing Legal Care as Health Care.”

Source: <https://medical-legalpartnership.org/response/i-help/>

Common Social Determinant of Health	How Legal Services Can Help	Impact of Legal Services on Health / Health Care
<b>INCOME</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>	<ol style="list-style-type: none"> <li>1. Increasing someone’s income means s/he makes fewer trade-offs between affording food and health care, including medications.</li> <li>2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.</li> </ol>
<b>HOUSING &amp; UTILITIES</b> A healthy physical environment 	<ul style="list-style-type: none"> <li>• Secure housing subsidies</li> <li>• Improve substandard conditions</li> <li>• Prevent evictions</li> <li>• Protect against utility shut-off</li> </ul>	<ol style="list-style-type: none"> <li>1. A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness.</li> <li>2. Consistent housing, heat and electricity helps people follow their medical treatment plans.</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. A quality education is the single greatest predictor of a person’s adult health.</li> <li>2. Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.</li> <li>3. Access to health insurance is often linked to employment.</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. Clearing a person’s criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible.</li> <li>2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. Less violence at home means less need for costly emergency health care services.</li> <li>2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.</li> </ol>

# The Bootcamp

- Session 1:** Common social and legal needs related to **income**, such as food stamps, health insurance, cash benefits, and disability benefits.
- Session 2:** Common social and legal needs related to **housing and utilities**, such as housing subsidies, substandard housing conditions, evictions, and utility shut-off actions.
- Session 3:** Common social and legal needs related to **education and employment**, such as special education services, employment discrimination, and workplace rights.
- Session 4:** Common social and legal needs related to **legal status** to access jobs, such as veteran discharge status, criminal and credit histories, and asylum applications.
- Session 5:** **Common social and legal needs related to personal and family stability, such as restraining orders for domestic violence, and adoption, custody, and guardianship for children.**

# I-HELP™ In Your Practice

Reflections on the **LEGAL STATUS** discussion from **last week**:

- What **issues** are you seeing in your **day-to-day** practice?
- What **guidance or input** could you seek from **fellow Bootcamp participants**?

## THINKING ABOUT CASES WE EXPECT TO SEE & HOW TO RESPOND

- Family of four with mixed status: mother and father are in the U.S. without legal status. They have two children born in the U.S., a girl who is 8 years old and a boy who is 15 years old.
- Father works in landscaping. Mother cleans houses. No benefits, paid in cash.
- Family resides in a mobile park home that is known to have ICE raids but they cannot afford other housing.
- Limited social support but have a verbal agreement with their compadres/children's godparents to care for their kids if something happens to them.



# Types of Legal Service

MLP Activity	Description
<b>Curbside Consult</b>	A formal or informal conversation where the legal team shares patient-centered legal info directly with the health center staff person in response to a question. Typically, the legal team never meets the patient.
<b>Initial Legal Intake / Legal Assessment / Check-up</b>	An in-depth assessment of a patients' legal needs and a review of their eligibility for services.
<b>Legal Advice to Patient</b>	A legal assessment and/or recommendations that are specific to the patient's situation or circumstances.
<b>Legal Representation of a Patient</b>	Includes legal advice, but also involves formal action taken on behalf of the patient with another entity, such as a federal or state agency, landlord, school district, or other adverse party (such as an abusive spouse or partner.)

# Personal & Family Stability

## PERSONAL & FAMILY STABILITY

Safe homes and social support



- Secure restraining orders for domestic violence
- Secure adoption, custody and guardianship for children

1. Less violence at home means less need for costly emergency health care services.
2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.

# Case Study

- *What issues do you see?*
- *What would you do in response?*
- *What are the patient's desired outcomes?*

Ana, a 27 year old female, has been visiting the health center for recurrent bladder and kidney infections, gastrointestinal distress, and migraines. Ana lives with her husband and three children, ages 6, 4, and 1. Her husband is self-employed and while the older two kids are at school or daycare, Ana has been trying to earn additional income as a content creator/influencer on social media. Her symptoms are making it hard to do this work and to care for her youngest child at the same time. Her husband has learned how much money influencers can make and has told Ana that she should be making more money for their family. Ana and her family do not have any immediate family nearby, but one of her parents lives about 2 hours away.

On her most recent visit, Ana is accompanied by all three children. Her 6 year old daughter is shy and fearful of the staff. Her 4 year old son talks non-stop, and comments that his mom "has to sleep a lot" because of her headaches.

Ana's husband and children are U.S. citizens. Ana's status is unknown.

# Case Study

- ❖ Ana, 27, recurrent bladder & kidney infections, gastrointestinal distress, and migraines.
- ❖ Husband (self-employed), three children: ages 6, 4, and 1.
- ❖ Content creator/influencer to earn extra \$ while kids are at school, but struggling to do it with symptoms. Son says she “has to sleep a lot.”
- ❖ No immediate family nearby.
- ❖ Husband believes she should be making more money for the family.
- ❖ Husband and children are U.S. citizens; Ana’s status is unknown.

- *What issues do you see?*
- *What would you do in response?*
- *What are the patient’s desired outcomes?*

## **PATIENT:**

*What are your challenges?  
What are your desired outcomes?*

## **HEALTH CENTER STAFF:**

*What issues do you see?  
How would you respond?*

## **ATTORNEY:**

*How can your services be useful?*

# Curbside Consult During Patient Appointment

- ❖ Ana does not spend much time with friends or people outside her immediate family.
- ❖ She is always busy with her children.
- ❖ Husband does not want to drive the 2 hours to visit her parent, so she has not seen this parent in more than a year.
- ❖ Ana and family live in a remote, semi-rural area.
- ❖ Ana's husband will want to know what medication she can take to make her better, so she can do more work online and bring in more money, allowing him to work less.

# Curbside Consult During MLP Team Coordination Meeting

- ❖ Social worker shares Ana's case (with a release by Ana) and shares her concerns about domestic violence/intimate partner violence.
- ❖ Ana does not have any visible markers of abuse such as bruises or cuts or wounds, but general state, recurrent health issues, and apparent stress over her family cause the social worker to be concerned.
- ❖ Health Center team believes at the moment, Ana feels comfortable seeking care from the clinic, but if things get worse, she might stop coming in.
- ❖ Raises potential concerns about Ana's legal status.
- ❖ Social worker shares that Ana has been seeking citizenship for several years. Social worker expresses surprise it has taken so long.

# Legal Referral & Intake

- ❖ Upon return to the clinic, Ana was afraid of her husband learning she was not better. She was overly positive about how hard her husband works and not wanting to cause him more stress.
- ❖ Health care staff believes Ana may be suffering from domestic violence and wants to know how to proceed. They aren't sure if Ana will return to the clinic on her own.
- ❖ During intake, Ana shares she does not have a Social Security number so she uses her husband's business on all partnership contracts for her influencer work. Payments for the products she promotes go directly to her husband's business. The products she promotes are only marginally related to the nature of her husband's business.
- ❖ Ana has no income of her own separate from this work. She does not have her own bank account. Her husband gives her cash as needed.
- ❖ She is not sure what other documents might be in her name. She is not listed on their lease agreement.
- ❖ Her husband has an arrest on his record for assault ten years ago.
- ❖ Ana has been trying to become a U.S. citizen for several years, but does not know the exact status because her husband handles those details.

# Key Takeaways

**Themes**  
**Action Steps**  
**Possible Barriers**  
**Resources**



# Resources

## DO's & DON'Ts of Curbside Consults with the MLP Legal Team

By Mallory Curran, Senior Consultant, National Center for Medical-Legal Partnership  
with input from the Technology, Data, and Information Sharing Committee of the Kaiser Permanente Medical-Legal Partnerships

Curbside Consults are an opportunity to assess whether a situation with a patient is appropriate for referral to the medical-legal partnership (MLP) legal team. They are also a chance to provide legal education in response to healthcare staff questions about general legal topics. Curbside Consults can take place during Office Hours created specifically for the MLP. However, Curbside Consults can also take place in a one-on-one setting or when the legal team participates in an existing case review meeting or rounds.

+ DO	x DON'T
 <p><b>DO MAKE IT SHORT AND TO THE POINT. GIVE CONTEXT WITHOUT SHARING TOO MANY DETAILS.</b> Share basic information about what is going on / what the potential legal problem is. If relevant, highlight basic information about the patient and impacted household members without disclosing any PII or PHI to the legal team.</p>	 <p><b>DON'T SHARE PERSONALLY IDENTIFIABLE INFORMATION (PII) OR PROTECTED HEALTH INFORMATION (PHI) WITH THE LEGAL TEAM.</b> Only speak about patients broadly (e.g., "I have a patient with this problem..."). Because Curbside Consults can turn into referrals, details should be as limited as possible to protect privacy in the event a referral is made in the future. <i>Refer to the MLP consent job aid for a detailed discussion of PII, PHI, and protocols for disclosing this information.</i></p>
 <p><b>DO ENSURE YOU KNOW THE PATIENT'S GOALS AND COMMUNICATE THEM TO THE LEGAL TEAM</b> Let the legal team know what the patient hopes to learn or hopes will occur.</p>	 <p><b>DON'T SEEK ADVICE ABOUT SUBPOENAS OR OTHER SITUATIONS WHERE ANTICIPATED LEGAL ACTION INVOLVES THE HEALTHCARE ORGANIZATION OR HEALTHCARE STAFF PERSON.</b> When the healthcare organization or a healthcare staff person are involved in a current or anticipated legal action, that legal issue needs to be presented to the healthcare organization's own attorneys, not the MLP legal team. The MLP legal team cannot get involved. If presented with such an issue, the MLP legal team will refer the staff person back to the healthcare champion.</p>
 <p><b>DO BE CLEAR ABOUT YOUR GOALS</b> Let the legal team know what YOU hope to learn or hope will be resolved for the patient.</p>	 <p><b>DON'T SEEK ADVICE ABOUT PERSONAL LEGAL ISSUES.</b> Questions about an employee's personal or family legal issues are not appropriate during a Curbside Consult. However, some healthcare employees or people in their families may also be patients who are eligible to be referred for legal services. Those issues should be discussed in the same way as other patient issues, protecting PII and PHI.</p>

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Kaiser Permanente  
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## + EXAMPLES OF APPROPRIATE CASE CONSULTS

Each of these examples:

- Shares context without sharing PII or PHI (except where a written release was signed in advance in example #2.)
- Are clear about what the patient and/or healthcare staff person want from the consult.

It's okay if a consult question is about a general issue, program, or law, and not about a specific patient as in example #3.

## Do's and Don'ts of MLP Curbside Consults

<https://medical-legalpartnership.org/mlp-resources/curbside-consult-job-aid/>

For more resources: <https://medical-legalpartnership.org/resources/>

# Bootcamp Takeaways

What did you enjoy?

What would you like to see in future NCMLP bootcamps?

Was the Moodle platform valuable to you?

Do you want to stay in touch with your I-HELP bootcamp colleagues and NCMLP through Moodle?

# Upcoming Activities

- AI: Understanding and Mitigating the Harms to Low-Income Communities -  
December 11, 2024 | 4 PM ET
- Partnering with Legal Aid Providers to Improve Behavioral and Mental Health : Part 1 (Webinar Series) - January 30, 2025 | 3 PM ET

***Launching Spring 2025!!!***

**I-HELP™ Bootcamp: Health Center MLP Funding Strategies**

*NCMLP will notify Fall 2024 I-HELP™ Bootcamp participants via email once the application window opens)*



Register for upcoming activities at NCMLP here  
<https://medical-legalpartnership.org/learning-opportunities/>

# THANK YOU

Twice a month, we send out a digest of the latest medical-legal partnership news, resources, trainings, and job postings from around the country. We also send occasional e-blasts when we have other big news to share.

**Sign up below to join our mailing list!**

<https://medical-legalpartnership.org/about-us/new-sletter/>



**Please take a moment to complete our post-session evaluation survey!**

<https://www.surveymonkey.com/r/HTYFL26>

A link to the survey is also in the chat



*Reminder: Look out for a 3-month follow-up evaluation survey from NCMLP (ncmlp@gwu.edu)*

# Contact us for assistance!

The National Center for Medical-Legal Partnership would be happy to answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources.

For more information, contact us at [ncmlp@gwu.edu](mailto:ncmlp@gwu.edu).