

BUILDING RESOURCES TO
SUPPORT CIVIL LEGAL AID
ACCESS IN HRSA-FUNDED
HEALTH CENTERS

CASE STUDIES AND STRATEGIES | JULY 2016

AUTHORS

Joanna Theiss, JD, LLM

Research Assistant

National Center for Medical-Legal Partnership

Sharena Hagins, MPH, CHES

Senior Research Assistant

National Center for Medical-Legal Partnership

Marsha Regenstein, PhD

Director of Research and Evaluation

National Center for Medical-Legal Partnership

Ellen Lawton, JD

Co-Principal Investigator &

Lead Research Scientist

National Center for Medical-Legal Partnership

THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

The mission of the National Center for Medical-Legal Partnership (NCMLP) is to improve the health and well-being of people and communities by leading health, public health, and legal sectors in an integrated, upstream approach to combating health-harming social conditions. Over the past several years, NCMLP has helped increase the number of medical-legal partnerships in the U.S. to nearly 300. These partnerships serve children, chronically ill adults, the elderly, Native Americans, and veterans. NCMLP spearheads this work in four areas: (1) transforming policy and practice across sectors; (2) convening the field; (3) building the evidence base; and (4) catalyzing investment.

ABOUT THIS ISSUE BRIEF

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- Manchester Community Health Center (NH)
- New Hampshire Legal Assistance (NH)
- The Children's Clinic, "Serving Children and Their Families" (CA)
- Legal Aid Foundation of Los Angeles (CA)
- Salud Para La Gente (CA)
- Watsonville Law Center (CA)
- Southern Illinois University Center for Family Medicine (IL)
- Land of Lincoln Legal Aid Foundation (IL)
- Waimānalo Health Center (HI)
- William S. Richardson School of Law at the University of Hawai'i Mānoa (HI)

INTRODUCTION

Health centers have long recognized the importance of offering services beyond medical care to improve the health of their patients, including language access, transportation, and community supports.

Over the past few years, a growing number of health centers have added civil legal aid services to this list, recognizing the critical role civil legal aid and medical-legal partnership (MLP) can play in eliminating barriers to good health posed by complex social and legal needs.

Historically, health centers have struggled to procure and sustain the resources required to support MLP programs. Similar to the funding needed for other enabling services that are critical to health yet frequently not covered by insurance, health centers have primarily relied on philanthropic investment to increase civil legal aid capacity and sustain the legal staffing that is at the core of an effective MLP. While this philanthropic support of health center-based MLPs shows no sign of slowing, funders consistently require a sustainability strategy to be embedded in project goals and activities. Just as health centers are diversifying their funding strategies and revenue streams to support their own long-term sustainability, MLPs too are rapidly diversifying their funding streams, and taking cues from pioneering health centers to more effectively connect their services to priority populations and activities, seeking revenue alignment and impact wherever possible.

One such way that health center-based MLPs diversified their financing in 2015 was through the HRSA Expanded Services (ES) supplemental funding awards to support increased access to preventive and primary health care services at existing Health Center Program grantee sites. This issue brief describes the ways that a supplemental funding opportunity sparked MLP growth in health centers, resulting in expansions in civil legal aid services provided to health center patients by partnering civil legal aid organizations and law school clinics. It shares the experiences of six health centers from Hawai'i to New Hampshire that received expanded services awards from HRSA and used them for legal-related enabling services, demonstrating the catalyzing force that occurs when health centers and civil legal aid services collaborate, and the opportunity for other health centers to leverage a range of funding opportunities for fostering medical-legal partnerships.

HOW THE MEDICAL-LEGAL PARTNERSHIP APPROACH HELPS HEALTH CENTERS MEET NEEDS BEYOND THE CLINIC'S DOOR

An indispensable part of the national health care safety net, health centers provide comprehensive primary and preventive health care services to more than twenty-three million people in the United States, as well as additional services to support the health of residents in their communities.¹ As part of their mission to reduce health disparities, health centers serve particularly vulnerable populations, including the homeless, the elderly, farmworkers, individuals who live in public housing, and individuals without health insurance. Many health centers are “patient-centered medical homes,” which emphasize, among other features, coordination between a patient’s health care providers across various settings, such as hospitals, in-home care, and community-based services.²

Consistent with their commitment to holistic care, health centers strive to go beyond direct medical services in order to address social factors that so commonly impede good health. Section 330 of the Public Health Service Act, the federal law which authorizes the health center program nationwide, recognizes that health centers will offer what are known as “wrap-around” or “enabling” services, including outreach, transportation, and interpretation services, and makes available funding for these services.³ In the fall of 2014, HRSA clarified through policy guidance that such “enabling services” may include civil legal aid services.⁴

Well before 2014, many health centers observed the ways that complex social and civil legal problems acted as barriers to maintaining patients’ health, and saw the benefit of working with civil legal aid organizations to help address these problems. The chart⁵ on page five details common social and civil legal needs that health center patients face, and shows how civil legal aid interventions can help health care improve health and well-being.

In the fall of 2014, HRSA clarified through policy guidance that such “enabling services” may include civil legal aid services.

Over the last decade, as the health center field’s awareness of the prevalence and impact of unmet civil legal needs increases, health centers have sought to more formally integrate civil legal aid services to ensure better screening of patients’ needs and access to a reliable, trained legal professional as part of the health center team. These health centers created medical-legal partnerships, integrating lawyers directly into the interdisciplinary health care team. In addition to the direct benefits to patients, helping manage these needs through partnerships with civil legal aid providers helps

HOW CIVIL LEGAL AID HELPS HEALTH CARE ADDRESS SOCIAL DETERMINANTS OF HEALTH

I-HELP® ISSUE	COMMON SOCIAL DETERMINANT OF HEALTH	CIVIL LEGAL AID INTERVENTIONS THAT HELP	IMPACT OF CIVIL LEGAL AID INTERVENTION ON HEALTH / HEALTH CARE
<p>INCOME</p> 	<p>Availability of resources to meet daily basic needs</p>	<p>Benefits Unit: Appeal denials of food stamps, health insurance, cash benefits, and disability benefits</p>	<ul style="list-style-type: none"> 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.
<p>HOUSING & UTILITIES</p> 	<p>Healthy physical environments</p>	<p>Housing Unit: Secure housing subsidies; Improve substandard conditions; Prevent eviction; Protect against utility shut-off</p>	<ul style="list-style-type: none"> A stable, decent, affordable home helps individuals avoid costly emergency room visits related to homelessness. Consistent housing, heat, and electricity helps people follow their medical treatment plans.
<p>EDUCATION & EMPLOYMENT</p> 	<p>Equal access to the opportunity to learn and work</p>	<p>Education & Employment Units: Secure specialized education services; Prevent and remedy employment discrimination and enforce workplace rights</p>	<ul style="list-style-type: none"> 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. Health insurance is often linked to employment.
<p>LEGAL STATUS</p> 	<p>Equal access to the opportunity to work</p>	<p>Veterans & Immigration Units: Resolve veteran discharge status; Clear criminal/credit histories; Assist with asylum applications</p>	<ul style="list-style-type: none"> Clearing a person's criminal history or helping a veteran change her 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.
<p>PERSONAL STABILITY</p> 	<p>Exposure to violence at home and in the community</p>	<p>Family Law Unit: Secure restraining orders for domestic violence; Secure adoption, custody and guardianship for children</p>	<ul style="list-style-type: none"> 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.

health centers actually increase their own capacity to better address their patients' medical and behavioral health issues.⁶ As of June 2016, there are 77 medical-legal partnerships based at HRSA-funded health centers.⁷

Medical-legal partnerships differ from referrals to community civil legal aid providers in that lawyers are present onsite in health care settings, and participate in clinical meetings. They also establish formal frameworks to standardize screening processes of patients' civil legal needs, share data between health care and legal partners, and communicate about patient-clients. Medical-legal partnerships often move beyond services provided to individuals to detect patterns of systemic need that can be addressed through institutional policy changes or changes in public policy that health care and legal teams are uniquely qualified to address together.

In the public interest legal community, there are two key stakeholder partners for health centers: (1) publicly-funded civil legal aid organizations; and (2) faculty and students operating through a law school clinic. Public interest civil legal aid agencies and law school clinics

have essential differences in capacity, focus, funding, and priorities. For example, law school clinics often have fewer attorney or paralegal staff, and rely primarily on law students, who are able to contribute legal services on a temporary basis and require supervision from attorneys. Given the paucity of civil legal aid resources in any community, the ideal scenario is for civil legal aid organizations and law school clinics to join forces to meet the needs of patients in health centers and hospitals in a standardized alignment. And both can be bolstered by law firms and corporate law offices that provide a small amount of *pro bono* (free) civil legal aid services.⁸ With the assistance of one or more of these types of legal professionals in a structured, funded partnership, health centers can be equipped to screen patients for health-harming civil legal needs.⁹ Health center staff can be trained to recognize these needs in their patients, intervene with trained clinicians or staff for certain types of needs, and refer more complex health-harming civil legal needs to their legal partners. In many ways, the MLP approach is a natural fit for the health center model, which concerns itself not only with the strictly medical issues that patients experience, but with other challenges that may negatively affect individual and/or community health.

MEDICAL-LEGAL PARTNERSHIPS' MOVE TOWARD DIVERSIFIED FUNDING

Early funding strategies for medical-legal partnerships — both in health centers and in other health care settings — relied almost exclusively on resources from philanthropy, civil legal aid agencies, and law schools to support the activities of on-site attorneys, with scattered contributions from health care partners. Increasingly, that philanthropic support is best seen as a bridge toward increased investment from the health care side. Resources from the civil legal aid side have been overleveraged, and are in fact shrinking — despite the concomitant growth in demand for civil legal aid skills and expertise.

Since the passage of the Affordable Care Act, which introduced significant shifts in incentives alongside increased priority on prevention and public health, the MLP field has recognized the need to thoroughly diversify their funding streams, moving away from predominantly philanthropy and toward jointly funded programs where both health care and legal partners have “skin” in the game — including investment of resources. These changes ensure that both partners become investors in the MLP enterprise and explicitly acknowledge the benefits that the health center derives from the availability of targeted civil legal aid services as a component of comprehensive care. It also encourages long-term sustainability. Strong, strategic programs quickly diversify their funding streams across the health care and legal sectors, drawing from a range of funding sources. It is rare that a high-functioning, well-resourced, deeply integrated MLP has a single source of revenue.

SOURCES OF FUNDING FOR MEDICAL-LEGAL PARTNERSHIPS BASED AT HEALTH CENTERS



HEALTH CARE COMMUNITY

- Operational revenue
- Federal, state, and local health and public health funding and appropriations (e.g. Section 330 of Public Health Services Act, chronic disease management programs, innovation and prevention funds)
- Academic research grants
- Managed care demonstration projects and contracts



LEGAL COMMUNITY

- Federal and state legal aid appropriations and contracts (e.g. Legal Services Corporation, Administration on Aging)
- Public interest legal fellowships (e.g. Equal Justice Works, Skadden, AmeriCorps)



PRIVATE & CORPORATE PHILANTHROPY

- Health and health care foundations
- Community and corporate foundations
- Social impact bonds

HOW SIX HEALTH CENTERS USED HRSA EXPANDED SERVICES AWARDS TO PARTNER WITH CIVIL LEGAL AID ORGANIZATIONS

The National Center for Medical-Legal Partnership interviewed representatives from six health centers that received enabling services funding as part of their application for HRSA's expanded services awards. Each of these health centers devoted all or part of their enabling services award to civil legal aid, and demonstrates a variety of ways in which health centers are using supplemental funding to accelerate, match, or catalyze investment from multiple sources.

In July 2015, HRSA issued the Expanded Services supplemental Funding Opportunity Announcement to support increased access to preventive and primary health care services at existing Health Center Program grantee sites. Health centers could apply for awards to expand the services they offer and to increase the availability of enabling services, including civil legal aid services.¹⁰ The awards were available for those health centers that: increased access to services for patients; had the ability to respond to individualized needs of patients; and could show that the health center increased its number of patients and employees for those areas that were expanded. The bulk of the award — at least 80 percent — was used for health centers to expand services, such as, “increase their hours of operation, hire more behavioral health providers, add dental facilities, better treat patients with opioid use disorders, and help people get coverage through the Health Insurance Marketplace and make the journey from coverage to primary care.”¹¹ Up to 20 percent of the award could be used to increase the availability of enabling services, including civil legal aid services, and these grantees were required to demonstrate an increase in enabling services staff and an increase in patients accessing care through enabling services.¹²

Health centers that already had a civil legal aid partner or operated an MLP could use the enabling services award to increase access to civil legal aid resources by contracting with civil legal aid organizations, designing and training health center staff to bridge with

community legal aid organizations, or by developing or refining a screening tool that targets health-harming civil legal needs. Importantly, however, health centers did not need to have an existing civil legal aid partner or operate an MLP in order to use the supplemental enabling services award to add civil legal aid to its suite of services offered to patients. For health centers that had not previously integrated legal professionals into their organization, or that had been hindered by a lack of funding, the enabling services award could act as a first step toward becoming a partner in an MLP.

In September 2015, HRSA announced its expanded services supplemental funding awards, which provided approximately \$350 million to 1,184 health centers.¹³ Many of these health centers received enabling services funding to incorporate civil legal aid services. Operating within the parameters of the HRSA award criteria,¹⁴ these health centers are now in a position to shape the collaboration between health care and legal services to best meet their patients' needs, consistent with the structure of their organization and their new or expanded relationships with civil legal aid organizations.

Examples from a handful of health centers that received the recent supplemental funding awards with the intention of devoting all or part of the 20 percent permitted towards enabling services indicate the variety of ways in which health centers are using supplemental funding to accelerate, match or catalyze investment from multiple sources.



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WAIMĀNALO HEALTH CENTER (O'AHU, HAWAI'I)

LEGAL PARTNER

William S. Richardson School of Law at the University of Hawai'i

POPULATION TARGETED BY MLP

Youth

About the health center: Waimānalo Health Center (WHC) is a federally-qualified health center located in Waimānalo on the island of O'ahu, Hawai'i. Approximately 96 percent of WHC's patients with known income information live at or below 200 percent of the federally designated poverty level.¹⁵ More than half of its patients are enrolled in Medicaid, and 18 percent of its adult patients are uninsured.¹⁶ WHC's services include primary care, vision, dental, behavioral health, and wellness programs. The health center has a particular emphasis on youth mentoring and outreach, including initiatives focused on education and family needs issues.

How it will use the funds: The \$20,000 HRSA award allows WHC to become an expansion site of the existing Medical-Legal Partnership for Children in Hawai'i (MLPC Hawai'i), which partners the William S. Richardson School of Law at the University of Hawai'i Mānoa and Kōkua Kalihi Valley Comprehensive Family Services, another federally-qualified health center in Hawai'i.

WHC will contract with the MLP to provide civil legal aid services through new staff, including a part-time, one-year law fellow and a supervising attorney. The MLP staff at WHC will engage in on-site, direct legal advocacy, professional development activities and staff training. Civil legal issues that cannot be handled by the MLP will be referred to other attorneys or civil legal aid organizations. WHC's efforts to collaborate with the MLPC Hawai'i are also discussed in its 2014 Community Health Needs Assessment.

Through this partnership, WHC's current focus on youth services will extend to include preventive civil legal services, such as preventing young people from entering the criminal justice system, and helping youth understand how to be supportive with peers who may be in a challenging situation. WHC can now target its efforts toward screening for and addressing the social and civil legal issues that most often lead to interactions with the criminal justice system, because, as adults, individuals who become involved in the criminal justice system often face increased social and health challenges, including poverty and homelessness.¹⁷ WHC intends to continue to sustain and expand its legal reach by applying for HRSA expanded services supplemental funding in future years should they become available; at the same time, they will use these funds to address the social determinants of health, and will continue to build resources for this critical service.

MANCHESTER COMMUNITY HEALTH CENTER (MANCHESTER, NEW HAMPSHIRE)

LEGAL PARTNER

New Hampshire Legal Assistance

POPULATION TARGETED BY MLP

Primary care patients

About the health center: The Manchester Community Health Center (Manchester CHC), a federally-qualified health center, operates four sites in Manchester, New Hampshire. Last year, Manchester CHC served nearly 13,000 children and adults.¹⁸ Approximately 90 percent of Manchester CHC's patients live at or below 200 percent of the federal poverty level.¹⁹ About 22 percent of its adult patients are uninsured, and 57 percent of its patients rely upon Medicaid or the Children's Health Program (CHIP).²⁰ Manchester CHC offers a number of services, including adolescent primary care, adolescent preventive services, pediatric primary care, and nutrition services. Manchester CHC also offers mental health services and substance use counseling. About 10 percent of its patients receive mental health services.

How it will use the funds: One of the Manchester CHC sites previously had a medical-legal partnership for several years, which closed after funding was not sustained. It used its \$50,000 HRSA award to form a medical-legal partnership with New Hampshire Legal Assistance

(NHLA), a state-wide civil legal aid organization, in December 2015. The CEOs of both Manchester CHC and NHLA leveraged the HRSA award immediately to build out the resources to at least \$75,000, the amount that they jointly deemed necessary for a successful first-year implementation.

As part of the new partnership, two paralegals from New Hampshire Legal Assistance work at a Manchester CHC site twice a week in order to complete legal intake, evaluation, and legal referrals to the civil legal aid organization, and, when appropriate, to conduct education programs.²¹ Manchester CHC staff refer cases concerning public benefits, public housing, rental housing conditions, housing discrimination, and educational issues, including school discipline and special education.²²

Although the partnership has only been in existence since December 2015, Manchester CHC has already seen concrete results for its patients. For example, this winter, Manchester CHC discovered that a patient's heating had been cut off, negatively affecting the individual's health and well-being, as exposure to extreme cold can result in hypothermia and cardiac incidents, particularly in older individuals or those who suffer from chronic illness.²³ Manchester CHC referred this patient to New Hampshire Legal Assistance, where an attorney was able to take steps to have the individual's heating restored. The program is continuing to build resources and delineate priority domains to focus civil legal interventions.

THE CHILDREN’S CLINIC, “SERVING CHILDREN & THEIR FAMILIES” (LONG BEACH, CALIFORNIA)

LEGAL PARTNER

Legal Aid Foundation of Los Angeles

POPULATION TARGETED BY MLP

Primary care patients

About the health center: The Children’s Clinic, “Serving Children and Their Families” (TCC), founded in 1939 by a group of local physicians and community leaders, is an independent, not-for-profit 501(c)(3), licensed Federally Qualified Health Center with eleven locations in California. It is dedicated to providing comprehensive and innovative health care and health promotion to medically underserved, low income, and high-risk populations. In 2015, TCC provided 121,503 visits to 37,755 medically underserved low-income children, adolescents, and adults. The vast majority — 97 percent — of TCC’s patients live at or below 200 percent of the federal poverty level.²⁴ About a quarter of its adult patients are uninsured, and about three-quarters of patients center-wide are enrolled in Medicaid or CHIP.²⁵ TCC’s multi-disciplinary team of physicians, nurse practitioners, mental health professionals, and health educators provide the following services: preventive, acute, and chronic care for children and adults; care coordination; family planning; pre-natal care; chronic disease management for diabetes, depression, obesity and asthma; behavioral health screenings and counseling; health education and outreach; walk-in immunizations; laboratory testing; eligibility screening; interpretation and translation; and referrals to community resources. TCC offers convenient hours, seven days a week, with 24/7 on-call physician service.

How it will use the funds: TCC had a medical-legal partnership with the Legal Aid Foundation of Los Angeles (LAFLA) prior to the 2015 HRSA Award. At the Greater Long Beach Community Medical-Legal Partnership (GLBMLP), LAFLA attorneys handle legal intakes on-site twice a week from physician, nurse practitioner, staff or self-referrals, and at TCC’s ten other sites throughout the week through the GLBMLP’s hotline, appointments, and pop-up walk-in clinics. The GLBMLP is an entry point for many monolingual and limited-English proficient patient-clients, and is charged with the task of assisting TCC patient-clients in various civil legal areas, including: housing, immigration, employment, government benefits, and family law. Civil legal aid help is provided through direct representation, counsel and advice, referrals to other organizations, and educating TCC patients about their legal rights through community presentations and “Know Your Rights” fact sheets. In addition, the GLBMLP provides holistic civil legal screenings to particular vulnerable populations, such as families exposed to toxic and chronic stress, domestic violence, and survivors of intimate partner violence.

TCC used a portion of the expanded services funding from HRSA to fund a full-time Legal Services Coordinator. With the addition of the Legal Services Coordinator who now conducts the initial screening and interview, attorneys are able to work at “top of profession,” while the Legal Services Coordinator can bridge between the health care and legal teams and focus on the patient-client needs. In addition to the HRSA award, private foundations continue to support the integration of MLP program development, and this funding allowed TCC to expand the reach of civil legal aid services, screen patients for social determinants of health, and provide health-related civil legal services to the patient population.

AMMONOOSUC COMMUNITY HEALTH SERVICES (LITTLETON, NEW HAMPSHIRE)

LEGAL PARTNER

New Hampshire Legal Assistance

POPULATION TARGETED BY MLP

Primary care patients

About the health center: Serving primarily low-income individuals living in northern New Hampshire at six different sites, Ammonoosuc Community Health Services (ACHS) is a National Committee for Quality Assurance-recognized patient-centered medical home that integrates primary medical care, behavioral health, dental, pharmacy, nutrition, vision, and enabling services through patient navigators with a special focus on chronic disease management. ACHS serves a large aging population, and about a quarter of its patients are Medicare beneficiaries. Approximately 96 percent of its patients live at or below 200 percent of the federal poverty level.²⁶ Twenty-eight percent of its adult patients are uninsured and about half are Medicaid or CHIP beneficiaries. Approximately 21 percent of all its patients are a combination of uninsured, Medicaid, and CHIP beneficiaries.

How it will use the funds: Several years ago, ACHS and New Hampshire Legal Assistance operated a medical-legal partnership in which a lawyer came to a clinic location about once a week. However, funding constraints led the partnership to close. Inspired by the expanded services funding opportunity, ACHS' CEO applied the full amount of its HRSA award earmarked for enabling services to pay the salary of an on-site paralegal to deliver civil legal aid services focused on housing and social security and disability benefits. Across all sites, providers can contact the paralegal with potential cases or referrals.

Although still in the planning stages, ACHS intends to use the on-site paralegal to train staff to screen patients for health-harming civil legal needs and to partner with other civil legal aid resources to address and prevent those needs. ACHS's vision is to use this investment to build resourced partnerships with both the University of New Hampshire Law School and New Hampshire Legal Assistance to grow access to additional civil legal resources in the health center.

SALUD PARA LA GENTE (WATSONVILLE, CALIFORNIA)

LEGAL PARTNER

Watsonville Law Center

POPULATION TARGETED BY MLP

Primary care patients

About the health center: Salud Para La Gente (Salud), a federally-qualified health center on the Central Coast of California, operates four clinics in three cities, as well as ten satellite or school-based clinics. Salud serves about 27,000 patients a year, almost half of whom are below the age of 18, and approximately 97 percent of whom live at or below 200 percent of the federal poverty designa-

tion.²⁷ Approximately 20 percent of Salud's adult patients are uninsured, and about half are Medicaid or CHIP beneficiaries.²⁸ Salud provides primary care services, including medical, vision, dental care, women's health and obstetrics. Salud provides community outreach and enrollment services, such as blood pressure screenings at farms and workplaces, and assistance with insurance and other public benefit applications.

How it will use the funds: Before being awarded the supplemental funding from HRSA, Salud had an existing medical-legal partnership with the Watsonville Law Center, a civil legal aid organization serving the same region, to provide civil legal aid services for patients, conduct staff trainings, and do policy work on community health issues.

Salud's HRSA enabling services award helped leverage \$230,000 in additional foundation funding, and allowed Salud to analyze and advance a more comprehensive, structured integration of Watsonville legal staff into its primary care teams and across the health center. Executive and Board leadership from both organizations have committed organizational resources to transform

clinic practice and take the MLP one step closer to full integration. Beginning in July 2016, the organizations will blend legal and health center management and administrative services, which will support sustainability and integration of legal staff into health care teams to ensure health-harming social conditions for patients and the community are detected, addressed, and prevented.

SOUTHERN ILLINOIS UNIVERSITY CENTER FOR FAMILY MEDICINE (SPRINGFIELD, ILLINOIS)

LEGAL PARTNER

Land of Lincoln Legal Assistance Foundation

POPULATION TARGETED BY MLP

High-need, high-cost patients

About the health center: The Southern Illinois University Center for Family Medicine (SIU Center) is a federally-qualified health center affiliated with the Southern Illinois University School of Medicine. The health center provides primary care and behavioral health services at two sites in Springfield, Illinois. The health center serves approximately 20,000 patients annually, two-thirds of whom live at or below 200 percent of the federal poverty designation.²⁹ Approximately half of its patients are enrolled in Medicaid or CHIP, and now, due to the Affordable Care Act, less than one percent of its patients are uninsured.³⁰

How it will use the funds: Before being awarded HRSA supplemental funding, the Land of Lincoln Legal Assistance Foundation (LOLLAF), a civil legal aid organization serving central and southern Illinois, was available for referrals from the health center, but there was no established partnership between the health center and the civil legal aid organization.

The SIU Center used its HRSA funding to form a medical-legal partnership with LOLLAF. The entire twenty percent of the enabling services portion of the HRSA award was used for this purpose. One full-time LOLLAF attorney was contracted to work exclusively for the MLP. The attorney will provide no-cost legal representation to SIU Center patients and answer questions from health care providers.³¹ The MLP also provides community education and training for health center staff concerning income, housing, and personal stability issues.³² As part of this training, the attorney creates information sheets about these social determinants of health and guidance on when health care providers should refer a patient to the attorney.³³

The SIU Center also embarked upon a new expanded service to coordinate care for patients with frequent hospital admissions. For this project, the SIU Center will work with the MLP to interview patients admitted to one of the local hospitals about whether they are facing one or more health-harming civil legal needs. These issues will then be communicated to the patient's health care team and case manager. In its first year, the SIU Center has allocated approximately \$100,000 to support the MLP and the outpatient care coordination project.

LESSONS ON EFFECTIVELY INTEGRATING CIVIL LEGAL AID SERVICES INTO YOUR HEALTH CENTER

Based on the experiences of the six health centers profiled here, it is clear that health centers are increasingly eager to partner with civil legal aid agencies.

It is still too early to see how the specific HRSA investment enabled these health centers to respond to their patients' health-harming civil legal needs, but it is an excellent example of how health centers can catalyze investment to support or establish relationships with local civil legal aid partners. Many other health centers not profiled in this report have used different investments to grow and support their programs. Several lessons emerged from the experiences of these six health centers that can help other health centers as they seek to integrate civil legal aid services into their mission and practice. While these lessons draw from experiences with HRSA enabling services funding, they apply broadly to partnerships seeking funding from a variety of public and private sources.

LESSON

01

Medical-legal partnership services can be used to meet the specific needs of your patients.

The enabling services portion of a HRSA award could be used broadly for “civil legal aid services,” but this could be tailored to meet the specific needs of the health center’s patients and the ongoing mission of the health center. For a health center oriented toward youth issues, such as Waimānalo Health Center, the funding was applied directly towards growing those services that can help young people. The integration of experienced legal professionals can enhance this mission by providing civil legal services specific to that population, such as educational needs and access to employment. The flexibility permitted by the broad language of “civil legal aid services” means that a health center can enhance its mission by adding only those civil legal aid services that are consistent with patients’ needs and the goals of the organization. Just as there is no single financing mechanism for health centers, there is no single financing mechanism for medical-legal partnership. Rather, funding streams align with health center priorities and goals, and civil legal aid capacity must weave into those priorities and goals.

LESSON

02

Health center collaboration with a civil legal aid partner can (and probably should) start small.

The integration of civil legal aid services into a health center should be adapted to best suit the needs of the patient population, but this does not require health centers to grow rapidly or alter the fundamental structure

of their organizations. In other words, health centers can start small. This may mean using funding to hire one — or part of one — additional employee who can act as a bridge or coordinator, connecting with a community civil legal aid organization. That “bridge” may be a paralegal who has other responsibilities within the health center. For example, the HRSA award allowed the Ammonoosuc Community Health Services, which had previously engaged with a legal partner, to revive this enabling service by bridging with the statewide civil legal aid organization. Ammonoosuc’s team member will help build a stronger partnership with New Hampshire Legal Assistance, including developing revenue streams, while at the same time creating powerful internal planning and implementation capacity. It is also important that the target patient population reflects the capacity and resources of the new staff; one paralegal or attorney will not be able to provide civil legal services to an entire clinic of patients. The scope of the program can grow as capacity increases.

LESSON

03

Public financing can jumpstart your progress toward developing an MLP or further the progress of an existing MLP.

Taking advantage of funding from any source may be the first step toward becoming an MLP. For the Manchester Community Health Center and the Southern Illinois University Center for Family Medicine, both of which were poised to embark upon a medical-legal partnership, the HRSA award was a catalyst and validator to help engage community leaders as well as other funders and investors.³⁴

It can also be used to extend an existing MLP to additional sites, such as at Waimānalo Health Center, or to strengthen an existing partnership, as in the case of the Children’s Clinic, “Serving Children & Their Families.” This can be a meaningful way to use the enabling services portion of the award, even if that funding is limited, to have a substantial impact on your health center’s patient population.

LESSON 04

Funding and priorities should be tied to your community's needs.

The health centers featured in this brief used their community's needs to justify investment in civil legal services for the selected population in the HRSA application process. That linkage can be applicable across multiple community health needs and priorities, and can inform how to build a diversified funding base for a health center-based medical-legal partnership.³⁵ A crucial distinction in the funding strategy of medical-legal partnerships is to recognize that, ultimately, sustainability of MLP services will rest on how closely MLP services dovetail with a health center's mission, goals and priorities; MLP is simply the mechanism to bring a different skill set and professional expertise to the health center team. Seen that way, health center administrators can look at operational "pain points"—those missed quality metrics or incentives in the delivery of health care to patients that affects the amount in which a healthcare institution is paid under changing reimbursement models, revenue streams, and clinical goals—and then align MLP resources accordingly. For example, if Health Center A is focused on asthma treatment and adherence, then it should ensure a certain level of civil legal aid access for the asthma team to boost productivity and impact, and weave funding for that access into the team's resources and budget. This strategy will result in diverse funding streams aligned with health center priorities, rather than building a "universal" medical-legal partnership program that will be less strategic and more challenging to fund over time.

LESSON 05

All funding is connected and should be leveraged.

It is unusual for a health center to finance an MLP program from a single source; rather, as the examples in this issue brief demonstrate, health centers can and should use funding as an enticement for additional funding from private, state, or local entities interested in matching or expanding newly received federal funding. Many of the health centers described above received outside funding in addition to the HRSA award to support their relationships with legal partners. For example, the Manchester Health Center worked with their legal partner, New Hampshire Legal Assistance, to fully fund an attorney and paralegal, looking to local philanthropic resources to match the HRSA investment. With a solid budget in place, they deliberately engaged in a planning and implementation process that would highlight revenue opportunities where possible, through a focus on coordination of care for behavioral health patients, optimizing health insurance access and utilization, and treating a set of delineated health-harming civil legal needs including housing and public benefits like SNAP.

This is true of other federal investments in medical-legal partnership. In 2015, HRSA funded a separate specialized, three-year research and service grant to promote diabetes prevention in Southeastern Ohio, with a medical-legal partnership component.³⁶ And a rural dental clinic in Minnesota received HRSA funds in 2015 that included resources for a civil legal aid attorney. Each of those medical-legal partnerships benefitted from HRSA funds, but required additional support—from both public and private legal and health funders—to fully deliver the required services.

LOOKING AHEAD: BUILDING MLP INTO THE FABRIC OF HEALTH CENTERS

As HRSA-funded health centers like the ones featured in this report continue to build medical-legal partnerships, they can look to other peer health centers for sustainability strategies. Eskenazi Health Midtown Community Mental Health in Indiana started its medical-legal partnership with Indiana Legal Services in 2010 with a very small United Way grant. The legal team worked closely with the health center's Chief Financial Officer to track money recouped by the health center as a result of the MLP interventions, and funneled those funds back into the MLP program. Today, the MLP receives \$60,000 annually from the health center's operations budget, which supplements philanthropy funding.

The MLP at three-clinic Family Practice and Counseling Network sites in Philadelphia helped decrease the number of uninsured patients at the health centers. The MLP attorneys helped nurse practitioners (NPs) better understand how to complete the forms and provide supporting documentation required in medical assistance applications, leading to more NPs reporting that they both better understood the importance of the form and were more comfortable completing them. The network started fiscal year 2014 with a 25 percent uninsured rate; by October 2014, the rate decreased to 20 percent.³⁷ This kind of combined population health and revenue generation strategy led to organizational financing commitments to support the medical-legal partnership, and is also setting the stage for incorporation of medical-legal partnership into a value-based payment framework.

CONCLUSION

The integration of civil legal aid services into health centers is consistent with the mission of health centers to provide comprehensive, quality care, and to draw on community resources to best meet the needs of vulnerable individuals and communities. The health centers featured in this brief highlight the leveraging potential of the relatively small but powerful investment of enabling services funds. From just embarking upon a relationship with legal professionals, to establishing a comprehensive medical-legal partnership, these organizations provide valuable lessons on how other health centers that seek to provide all-inclusive, meaningful care to their patients can integrate civil legal aid services while enhancing their mission and improving the health of their patients.

Additional resources for starting and operating a medical-legal partnership at a health center can be found at: <http://medical-legalpartnership.org/healthcenters/>

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CONTACT INFORMATION

**The National Center for
Medical-Legal Partnership**

*Department of Health Policy and Management
Milken Institute School of Public Health
The George Washington University*

2175 K Street, NW
Suite 513A
Washington, DC 20037

www.medical-legalpartnership.org
(202) 994-4119