

SCHOOL- BASED HEALTH & MEDICAL-LEGAL PARTNERSHIPS

CONTACT

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**National Center for
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For more info about assessing the SDOH needs of your students:

School-Based Health Alliance
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Partnering with Legal Services to Address Social and Structural Issues that Impede Quality Health Care for Children and Adolescents

Integrating health services into a school-based setting ensures more equitable access to health care for children and adolescents. Yet social inequities — related to family, housing, income, and education — can negatively affect their performance in school as well as their health. School-based health center (SBHC) staff are increasingly working to identify and address these social determinants of health (SDOH). Many barriers to adequate and equitable child health are rooted in structural problems that health care alone cannot solve. To truly meet the complex needs of these young patients, health care teams benefit from legal expertise to help navigate problems that go well beyond the clinic's door. School-based health centers with **medical-legal partnerships (MLPs)** provide patients with legal services to deal with issues that directly affect their health, further increasing the efficacy of health interventions.

Medical-Legal Partnership in Practice

Making Homes Safe from Lead^{1,2,3}

ERIE FAMILY HEALTH CENTERS (CHICAGO, ILLINOIS)

In 2012, an SBHC provider at Erie Family Health Centers saw a family in which every child had lead poisoning. The family lived in a housing unit subsidized by a federal Housing Choice Voucher (HCV). The mother requested multiple times that the family be moved into a different housing unit due to the lead paint hazards, but was told that her children's lead levels were not high enough to meet the U.S. Department of Housing and Urban Development (HUD) standards that would warrant a change of location. If she wanted to keep her HCV, she had to stay in the unit that was poisoning her kids.

When SBHC providers sent the case to the on-site legal team, they sued the housing authority to enforce a reasonable accommodation, which allowed the family to move from the dangerous home and still keep their housing subsidy. Since lead stays in the body long after exposure, some of the children experienced permanent deficits. Together, the mother and the Erie MLP team started looking for ways to prevent this from happening to other families.

They found that HUD hadn't updated their lead safety plan after the Centers for Disease Control and Prevention (CDC) changed their recommendations in 2012. CHA was following outdated limits set by HUD that stated lead levels had to be 20ug/dL or higher to receive moving papers. The Erie MLP team built a nationwide coalition to petition HUD to change their rules and ultimately won. The case gained media attention, from the Chicago Tribune and other outlets, and Illinois Senator Dick Durbin introduced legislation to adopt additional preventive lead policies.

Getting the Heat and the Lights Turned Back On⁴



GEORGETOWN UNIVERSITY HEALTH JUSTICE ALLIANCE (WASHINGTON, D.C.)

During a routine visit to his pediatrician at the SBHC, a high school student shared that he dreaded going home each night because the heat and lights had been shut off. It was winter and there was no heat, hot water, or light to help him do his homework. The refrigerator and stove weren't working either.

When his pediatrician referred the student to the on-site legal team, they helped his family secure emergency and ongoing utility assistance, as well as debt forgiveness for previous utility bills. They also helped his family apply for food assistance and Medicaid, making sure the student and his family had the food they needed to thrive.



How Legal Services Help Address Specific Social Determinants of Health for Youth⁵

| COMMON SDOH | HOW LEGAL SERVICES CAN HELP | IMPACT ON HEALTH/HEALTH CARE |
|--|---|--|
| <p>SAFE HOMES & SOCIAL SUPPORTS</p>  | <p>Secure adoption, custody, and guardianship for children.</p> | <p>Stable family relationships significantly reduce stress and allow for better health care-related decision-making.</p> |
| <p>HEALTH & HEALTH CARE Insurance & Access to Health Care</p>  | <p>Ensure emergency access to insurance benefits.</p> | <p>Increased access to health services, medical care, and medications improves treatment for acute and chronic illnesses.</p> |
| <p>ECONOMIC STABILITY Food Security & Housing Security</p>  | <ul style="list-style-type: none"> • Connect teen parents to temporary assistance for needy families (TANF) and supplemental nutrition assistance program (SNAP). • Secure housing and prevent unwarranted and illegal evictions. | <ul style="list-style-type: none"> • Additional financial support means families don't have to decide whether to purchase food or health care-related necessities like medications. • Decreased homelessness and transiency improves attendance, concentration, and behavior. |
| <p>NEIGHBORHOOD & BUILT ENVIRONMENT Quality of Housing</p>  | <p>Improve substandard conditions and habitability.</p> | <p>A home free of environmental hazards reduces the risk of adverse health outcomes like asthma.</p> |
| <p>EQUAL ACCESS TO WORK & EDUCATION</p>  | <ul style="list-style-type: none"> • Assist families applying for legal status and educate families on their rights. • Help undocumented students access college. • Connect parents to specialized education resources. | <ul style="list-style-type: none"> • Opportunities for public benefits and reduced emotional stressors related to undocumented status allow for improved mental health. • Education is one of the greatest predictors of adult health, and receiving higher education translates to improved lifestyle and health outcomes. • Typically outsourced to non-SBHC legal aid organizations, special education and Individualized Education Programs (IEPs) are uniquely designed to enhance the educational outcomes of each student. |

Key Characteristics of School-Based Health Centers

1. **Provide quality, comprehensive health care services** that help students thrive in school and life
2. **Located in or near a school facility** and open during school hours
3. **Organized through school, community, and health provider relationships**
4. **Staffed by qualified health professionals**
5. **Focused on the prevention, early identification, and treatment of medical and behavioral concerns** that can interfere with a student's learning

MEETING PEOPLE WHERE THEY ARE:

Bringing Legal Services Directly to Students

School-based medical-legal partnerships (MLPs) integrate legal services and expertise into a comfortable, accessible setting for youth and families. Lawyers become a vital part of the health care team, taking referrals and providing consults just like any other specialist. Health care and legal professionals identify issues across the family/household — like those outlined in the chart on page three — and together establish protocols and interventions that address many of these needs at the SBHC. It is a highly flexible model that adapts to specific needs of the population and health care setting. Typically, MLPs⁶:

1. **HAVE A “LAWYER IN RESIDENCE”** who works on-site at the health center.
2. **HAVE A FORMAL AGREEMENT** between participating health and legal organizations that outlines responsibilities and services.
3. **DEFINE A TARGET POPULATION** to receive services.
4. **SCREEN PATIENTS FOR HEALTH-HARMING LEGAL NEEDS** to identify patients who might not otherwise have their health-harming legal need detected and addressed.
5. **HAVE DEDICATED LEGAL STAFFING** to provide MLP services at the health care organization.
6. **TRAIN HEALTH CARE PROVIDERS ON COMMON SOCIAL DETERMINANTS OF HEALTH** and how legal expertise and services can mitigate some of the negative impacts of those issues on health and health care.
7. **SHARE INFORMATION** about patients between health and legal staff to solve health-harming legal problems and address social determinants.
8. **DESIGNATE FINANCIAL RESOURCES** to support the medical-legal partnership activities.



Having a medical-legal partnership is a powerful tool for school-based health centers to address poor health outcomes caused by systemic problems like inadequate, unhealthy housing and lack of access to health care services. We have a unique opportunity to assist students and families and break down systemic barriers to health and education.

Martha Glynn, FNP
SITE MEDICAL DIRECTOR SBH
ERIE FAMILY HEALTH CENTERS



WHAT IT LOOKS LIKE ON THE GROUND:

Two School-Based Health Centers' Medical-Legal Partnerships

MLP AT ANACOSTIA HIGH SCHOOL SBHC

MLP AT ERIE FAMILY HEALTH SBHCS

| | | |
|---|--|--|
| HEALTH PARTNERS | MedStar Health (in addition to the primary care staff, the SBHC integrates behavioral health care and the MedStar Teen Alliance for Prepared Parenting program, which includes a nurse midwife) | Erie Family Health Centers (13 sites), five SBHCs (two elementary schools and three high schools) |
| LEGAL PARTNERS | Georgetown University Health Justice Alliance Law Clinic | Legal Aid Foundation of Metropolitan Chicago & Loyola University Chicago School of Law's Health Justice Project |
| SCREENING FOR HEALTH-HARMING LEGAL NEEDS | Survey/screening tool administered during patient visit by SBHC provider. Currently working to integrate legal needs screening into the Bright Futures tool. | Uses Bright Future tools and HEEADSSS. Clinicians focus on getting to know students as individuals to learn about their daily lives and concerns. |
| REFERRAL PROCESS FOR LEGAL ASSISTANCE | Referral forms faxed or emailed to the Law Clinic program manager. Meetings occur at most convenient location for client, often at the SBHC. | The legal team receives electronic referrals from the SBHCs and reaches out to the listed contact to set up meetings outside the school. |
| UNIQUE PARTNERSHIP ELEMENTS | <ul style="list-style-type: none"> • Law students typically work with one client at a time on multiple legal issues to give high school students and their families the individualized and holistic attention they require. • The MLP hosts fourth-year medical students for a month-long rotation. The medical students see patients at the SBHC and learn from SBHC providers the role of physicians as advocates. They also learn about the health-harming legal needs affecting adolescents and their families who live in poverty and collaborate with law students to advocate for patients and their families. • The SBHC staff are in regular contact with the school principal. The SBHC is co-located with the school nurse, who understands the role of MLP and will refer students if a concern arises. The SBHC also works with social workers from the school's teen parenting program. | <ul style="list-style-type: none"> • Partnership staff have used individual cases to detect patterns and propose and implement legislative changes. One of their largest successes to date has been their role in shaping lead poisoning policy. The Chicago Housing Authority now aligns their definition of lead poisoning with CDC standards, rather than antiquated figures. Further proposed legislation would identify and resolve lead contamination in public housing before lead poisoning occurs. • In recognition of the relationship with the school, SBHC staff refer education-related legal needs (e.g. Individualized Education Program (IEP) and special education) to outside legal agencies separate from the MLP and SBHC. |

Endnotes

1. Personal Interview with Martha Glynn (Jan. 18, 2018, Lead Legislation follow up email April 10, 2018).
2. Hawthorne M. Federal housing policy leaves poor kids at risk of lead poisoning. Chicago Tribune [Internet]. 2015 Dec 31. Available from: <http://www.chicagotribune.com/news/ct-cha-lead-paint-hazards-met-20151231-story.html>
3. Emily A. Benfer directed the Health Justice Project at the time of the lead poisoning prevention advocacy and is actively engaged in amending the federal policy, along with Erie Family Health Center and the National Center for Medical-Legal Partnership. For more information on the issue, see: Benfer E. Contaminated Childhood: How the United States Failed to Prevent the Chronic Lead Poisoning of Children in Federally Assisted Housing. *Harvard Envtl. L. Rev.* 2017; 41:493-561. Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2977465; and Benfer E. Contaminated Childhood: The Chronic Lead Poisoning of Low-Income Children and Communities of Color in the United States. *Health Aff.* 2017. Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20170808.061398/full/>.
4. Personal Interview Georgetown University Health Justice Alliance (Jan. 16, 2018, Follow up email June 7, 2018).
5. The information in this chart was derived from interviews with MLP providers and from Marple, K. Framing Legal Care as Health Care. Washington, DC: The National Center for Medical-Legal Partnership, January 2015.
6. Regenstein M, Trott J, Williamson A, Theiss J. Addressing social determinants of health through Medical-Legal Partnerships. *Health Aff (Millwood)*. 2018;37(3):378-85.

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School-Based Health Alliance

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