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 inequalities — 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 Lead¹²³

**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 CHA was following outdated limits set by HUD that stated lead levels had to be 20ug/dL or higher to receive moving papers.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 Youth

<table>
<thead>
<tr>
<th>COMMON SDOH</th>
<th>HOW LEGAL SERVICES CAN HELP</th>
<th>IMPACT ON HEALTH/HEALTH CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAFE HOMES &amp; SOCIAL SUPPORTS</strong></td>
<td>Secure adoption, custody, and guardianship for children.</td>
<td>Stable family relationships significantly reduce stress and allow for better health care-related decision-making.</td>
</tr>
<tr>
<td><strong>HEALTH &amp; HEALTH CARE</strong></td>
<td>Ensure emergency access to insurance benefits.</td>
<td>Increased access to health services, medical care, and medications improves treatment for acute and chronic illnesses.</td>
</tr>
<tr>
<td>Insurance &amp; Access to Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ECONOMIC STABILITY</strong></td>
<td>• Connect teen parents to temporary assistance for needy families (TANF) and supplemental nutrition assistance program (SNAP).</td>
<td>• Additional financial support means families don’t have to decide whether to purchase food or health care-related necessities like medications.</td>
</tr>
<tr>
<td>Food Security &amp; Housing Security</td>
<td>• Secure housing and prevent unwarranted and illegal evictions.</td>
<td>• Decreased homelessness and transiency improves attendance, concentration, and behavior.</td>
</tr>
<tr>
<td><strong>NEIGHBORHOOD &amp; BUILT ENVIRONMENT</strong></td>
<td>Improve substandard conditions and habitability.</td>
<td>A home free of environmental hazards reduces the risk of adverse health outcomes like asthma.</td>
</tr>
<tr>
<td>Quality of Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EQUAL ACCESS TO WORK &amp; EDUCATION</strong></td>
<td>• Assist families applying for legal status and educate families on their rights.</td>
<td>• Opportunities for public benefits and reduced emotional stressors related to undocumented status allow for improved mental health.</td>
</tr>
<tr>
<td></td>
<td>• Help undocumented students access college.</td>
<td>• Education is one of the greatest predictors of adult health, and receiving higher education translates to improved lifestyle and health outcomes.</td>
</tr>
<tr>
<td></td>
<td>• Connect parents to specialized education resources.</td>
<td>• 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.</td>
</tr>
</tbody>
</table>
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, MLPs:

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

<table>
<thead>
<tr>
<th>HEALTH PARTNERS</th>
<th>MLP AT ANACOSTIA HIGH SCHOOL SBHC</th>
<th>MLP AT ERIE FAMILY HEALTH SBHCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedStar Health</td>
<td>(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)</td>
<td>Erie Family Health Centers (13 sites), five SBHCs (two elementary schools and three high schools)</td>
</tr>
</tbody>
</table>

| 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 | • 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. | • 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).


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.


ACKNOWLEDGMENTS

The National Center for Medical-Legal Partnership

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement U30CS26936, award title " Training and Technical Assistance National Cooperative Agreements (NCAs)" for $449,748. Zero percent of this project is financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

School-Based Health Alliance

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS09738-11-00, award title “Technical Assistance to Community and Migrant Health Centers and Homeless” for $450,000. Zero percent of this project is financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.