

HOMELESSNESS, HEALTH & MEDICAL-LEGAL PARTNERSHIPS

CONTACT

For more information about how to develop a medical-legal partnership, contact:

National Center for Medical-Legal Partnership

www.medical-legalpartnership.org

For more information about how to screen for social determinants of health, contact:

National Health Care for the Homeless Council

www.nhchc.org

Partnering with Legal Services to Address Social and Structural Issues that Impede Quality Health Care for Individuals Experiencing Homelessness

Many of the underlying causes of homelessness in the United States are social factors such as unstable housing, unemployment and underemployment, and general economic instability. These factors cannot only trap someone in a perpetual cycle of homelessness, but can lead to a cascade of health problems. The Health Care for the Homeless (HCH) model of care¹ has long been on the cutting edge of integrated, compassionate, holistic care to address these problems. However, many of the factors that contribute to the complex health needs of individuals experiencing homelessness are rooted in deep structural issues that go well beyond the reach of the clinic. To truly meet the complex needs of individuals experiencing homelessness, health care teams benefit from legal expertise to help navigate problems that go well beyond the health center's doors.

Frequent Legal Needs of Individuals Experiencing Homelessness

At the 2016 National Health Care for the Homeless National Conference and Policy Symposium in Portland, Oregon, 53 consumers were surveyed about their civil legal needs. The results revealed the majority, 67 percent, had experienced at least one of the following civil legal needs during the time they were homeless:

1. Landlord/tenant issues;
2. Evictions;
3. Unsafe housing;
4. Difficulty placing family members together in shelters²;
5. Housing discrimination; and
6. Denial or appeal for benefits.

Forty percent of these consumers reported experiencing five or more civil legal needs during the time they were homeless.³ Also of note, the U.S. Department of Veterans Affairs' annual survey of homeless and at-risk Veterans has consistently reported that civil legal assistance is among the top unmet needs in this population.⁴



How Legal Services Help Address Specific Social Determinants of Health for Individuals Experiencing Homelessness

The information in this chart was derived from the messaging guide, “Framing Legal Care as Health Care”⁵ and the fact sheet, “Social Determinants of Health: Predictors of Health among People without Homes.”⁶

COMMON SDOH	HOW LEGAL SERVICES CAN HELP	IMPACT ON HEALTH/HEALTH CARE
<p>ECONOMIC STABILITY Food Security & Housing Security</p> 	<ul style="list-style-type: none"> • Appeal denials of public benefits, health insurance, cash benefits, and disability benefits. • Secure housing and prevent unwarranted and illegal evictions. • Expunge excessive and inaccurate charges on credit reports by landlords. 	<ul style="list-style-type: none"> • Additional financial support means fewer trade-offs between affording food and health care, including medications. • Decreased homelessness and transiency can improve attendance at medical appointments, concentration, and behavior.
<p>HEALTH AND HEALTH CARE Insurance & Access to Health Care</p> 	<ul style="list-style-type: none"> • Ensure emergency access to insurance benefits. 	<ul style="list-style-type: none"> • Increased access to health services, medical care, and medications improve treatment for acute and chronic illnesses.
<p>NEIGHBORHOOD AND BUILT ENVIRONMENT Quality, Affordable Housing</p> 	<ul style="list-style-type: none"> • Improve substandard conditions and habitability. 	<ul style="list-style-type: none"> • Access to, and quality of, affordable housing free of environmental hazards reduces the risk of adverse health outcomes, like asthma and chronic obstructive pulmonary disease.
<p>SAFE HOMES AND SOCIAL SUPPORTS</p> 	<ul style="list-style-type: none"> • Assist in securing custody and guardianship for children. • Reduce garnishment of wages for child support. • Secure safe housing for returning citizens involved in the justice system. 	<ul style="list-style-type: none"> • Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care. • Safe housing for justice-involved populations assists individuals in transitioning back into society and engaging in health care services.
<p>EQUAL ACCESS TO WORK AND EDUCATION</p> 	<ul style="list-style-type: none"> • Prevent employment and education discrimination. 	<ul style="list-style-type: none"> • Education is one of the greatest predictors of a person’s adult health, and receiving higher education translates to improved lifestyle and greater health outcomes. • Increased employment opportunities are part of a pathway out of homelessness and poverty.

MEETING PEOPLE WHERE THEY ARE:

Bringing Legal Services Directly to Homeless Patients

To address these common legal needs, Healthcare for the Homeless sites develop medical-legal partnerships to provide patients with legal services for issues that directly affect their health, further increasing the efficacy of health interventions. MLPs integrate legal services and expertise into health care settings. Lawyers become an important part of the health care team, taking referrals and providing consultations just like any other specialist. Health care and legal professionals identify problems like those outlined in the chart on page three, and together, they establish protocols and interventions to address many of these needs at the health care site. It is a highly flexible intervention that adapts to the needs of a specific population and setting. Typically MLPs:⁷

1. **HAVE A “LAWYER IN RESIDENCE”** who works on-site at the health care organization.
2. **HAVE A FORMAL AGREEMENT** between the participating health and legal organizations outlining responsibilities and services.
3. **DEFINE A TARGET POPULATION** to receive services.
4. **SCREEN PATIENTS FOR HEALTH-HARMING LEGAL NEEDS** to find those patients who might not otherwise have their health-harming legal needs identified or 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 help mitigate the negative impact of social determinants on health and health care.
7. **SHARE INFORMATION** about patients between health and legal staff to solve health-harming legal problems or address social determinants.
8. **DESIGNATE FINANCIAL RESOURCES** to support the medical-legal partnership activities.



Our legal partner has helped many people get into housing. They have intervened when landlords are not following fair housing protocols, or when landlords put layers of invalid charges on credit reports lowering credit scores to keep people out of housing. An attorney can work to get these charges taken off. MLPs work well for individuals and families who are homeless.

Charita McCollers, MSW, LCSW,
LINCOLN COMMUNITY HEALTH CENTER, NORTH CAROLINA



A Note on the Cost of Medical-Legal Partnership Services Focused on Homeless Veterans

Although the study funded by the Bristol Myers Squibb Foundation did not include an official cost savings analysis, the participating medical-legal partnerships estimated that:

AVG. AMOUNT OF TIME TO RESOLVE A LEGAL ISSUE

5.4
HOURS

AVG. COST OF PROVIDING MLP SERVICES TO HOMELESS VETERANS

\$50-\$70
AN HOUR

\$270-\$405
PER LEGAL ISSUE ADDRESSED

This is a **fraction of the average annual direct costs** to provide health care to a person who is chronically homeless, has severe mental illness, or both, which ranges from **\$10,000-\$60,000**.^{9,10,11}

“Providing legal assistance where clients get their healthcare can improve their lives in both worlds. People don’t think of legal and medical problems as related, but actually resolving one can help the other.”

Jack Tsai, PhD

DIRECTOR, YALE DIVISION OF MENTAL HEALTH SERVICES AND TREATMENT OUTCOMES RESEARCH

The Impact of Medical-Legal Partnership Services on Homeless Veterans

Between June 2014 and January 2016, a study funded by the Bristol-Myers Squibb foundation examined the impact of medical-legal partnership services on Veterans at four health care organizations in Connecticut and New York. The Veterans in the study were experiencing mental illness, homelessness, or both. During the study, medical-legal partnership services were provided to 950 Veterans who collectively had 1,384 legal issues related to housing, consumer debt, child support, and disabilities. A subsample of 148 Veterans were followed for a year to track their outcomes following MLP intervention.⁸ The study found that:

- In the first three months, Veterans who received full legal representation showed significant reductions in symptoms of hostility, paranoia, psychosis, Generalized Anxiety Disorder, and Post-Traumatic Stress Disorder;
- At twelve months, Veterans continued to show significant reductions in symptoms of hostility, paranoia, and Generalized Anxiety Disorder, and had improvements in housing status and total income;
- The study revealed that Veterans who received more medical-legal partnership services showed greater improvements in housing, substance abuse, and mental health, than those who received fewer medical-legal partnership services; and
- Veterans that achieved their predefined legal goals showed greater improvements in housing status and community integration than those who did not meet their predefined goals.

	CONNECTICUT VA MLP	NEW YORK VA MLP
Health Partners	VA Connecticut Healthcare System	VA New York Harbor Healthcare System (Manhattan) James J. Peters VA Medical Center (Bronx)
Legal Partners	Connecticut Veterans Legal Center	LegalHealth, a division of the New York Legal Assistance Group
Year Established	2009	2013
Total # of Veterans in Study	705	245
Total # of Veterans in Study Subsample	108	40

Endnotes

1. National Health Care for the Homeless Council. (2011). *Key Elements of Integrated Care for Persons Experiencing Homelessness: A Guide for Health Care for the Homeless Providers*. Nashville, TN: Goyer, CF.
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3. Tsai, J, Jenkins, D, and Lawton, L. (2017). Civil Legal Services and Medical-Legal Partnerships Needed by the Homeless Population: A National Survey. *American Journal of Public Health*, 107(3): 398-401.
4. Department of Veterans Affairs. (2018). *Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) Fact Sheet*. Washington, DC.
5. National Center for Medical-Legal Partnership. (2015). *Framing Legal Care as Health Care*. Washington, DC: Marple, K.
6. National Health Care for the Homeless Council. (2016). *Social Determinants of Health: Predictors of Health among People without Homes*. Nashville, TN.
7. Regenstein M, Trott J, Williamson A, and Theiss J. (2018). Addressing social determinants of health through medical-legal partnerships. *Health Affairs*, 37(3): 378-85.
8. Tsai J, Middleton M, Villegas J, Johnson C, Retkin R, Seidman A, Sherman S, and Rosenheck R. (2017). Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets. *Health Affairs*, 36(12): 2195-2203.
9. Rosenheck R, KasproW, Frisman L, Liu-Mares W. (2003). Cost-effectiveness of supported housing for homeless persons with mental illness. *Archives of General Psychiatry*, 60(9): 940-51.
10. Lehman AF, Dixon L, Hoch JS, Deforge B, Kernan E, Frank R. (1999). Cost effectiveness of assertive community treatment for homeless persons with severe mental illness. *The British Journal of Psychiatry*, 174(4): 346-52.
11. Jones K, Colson PW, Holter MC, Lin S, Valencia E, Susser E, et al. (2003). Cost effectiveness of critical time intervention to reduce homelessness among persons with mental illness. *Psychiatric Services*, 54(6): 884-90.

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National Health Care for the Homeless Council

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