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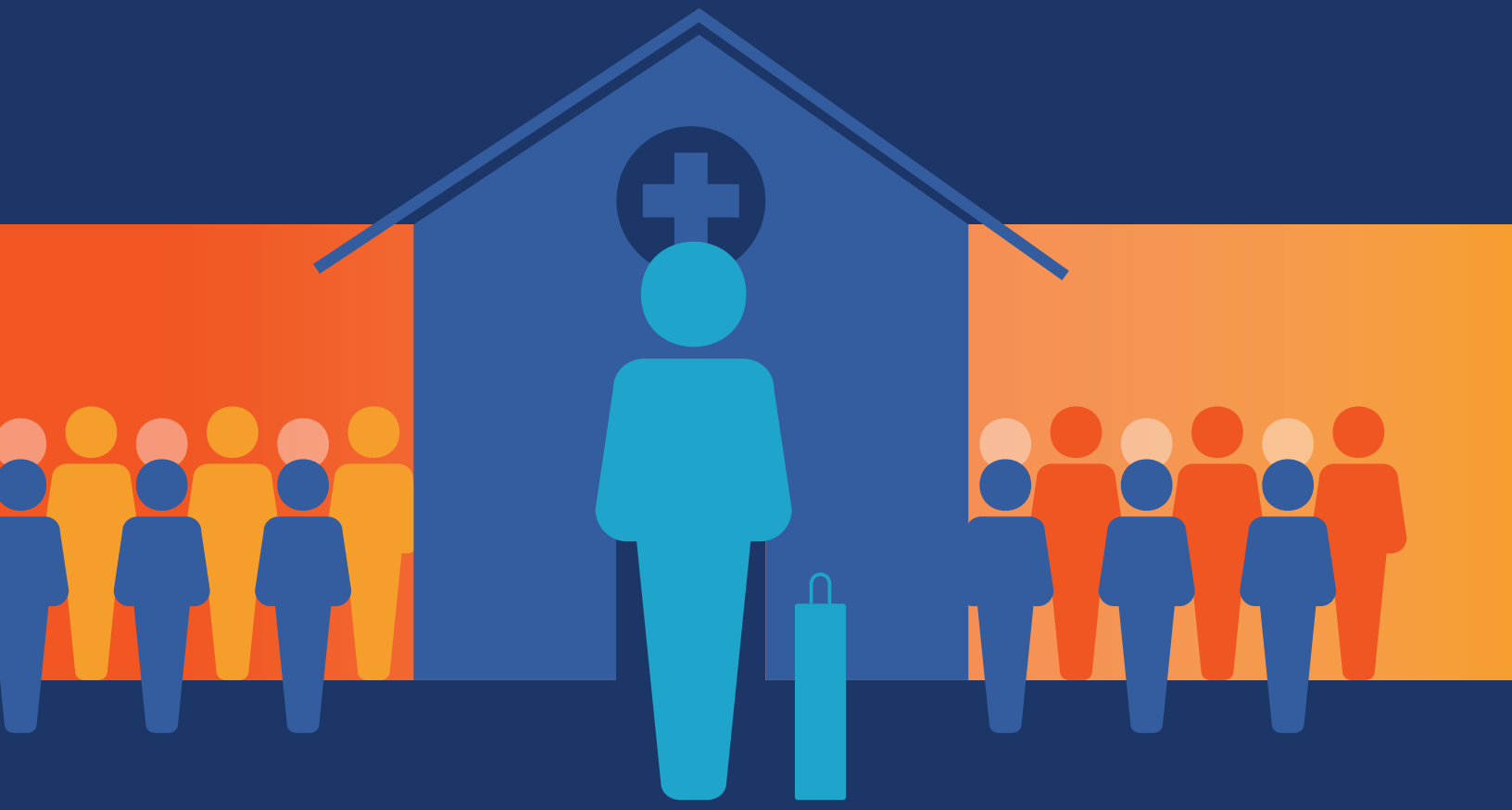
Bringing lawyers onto the health center care team to promote patient & community health

A planning, implementation, and practice guide for building and sustaining a health center-based medical-legal partnership



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AT THE GEORGE WASHINGTON UNIVERSITY

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ABOUT THE NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

Our mission is to help health organizations leverage legal services as a standard part of the way they respond to patients' social needs. With funding from the Health Resources and Services Administration (HRSA), we provide free technical assistance to health centers, look-alikes, primary care associations, and Health Center Controlled Networks interested in developing a medical-legal partnership. Learn more at medical-legalpartnership.org and follow us on Twitter @National_MLP

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How integrating legal services will help your health center better serve your patients & community

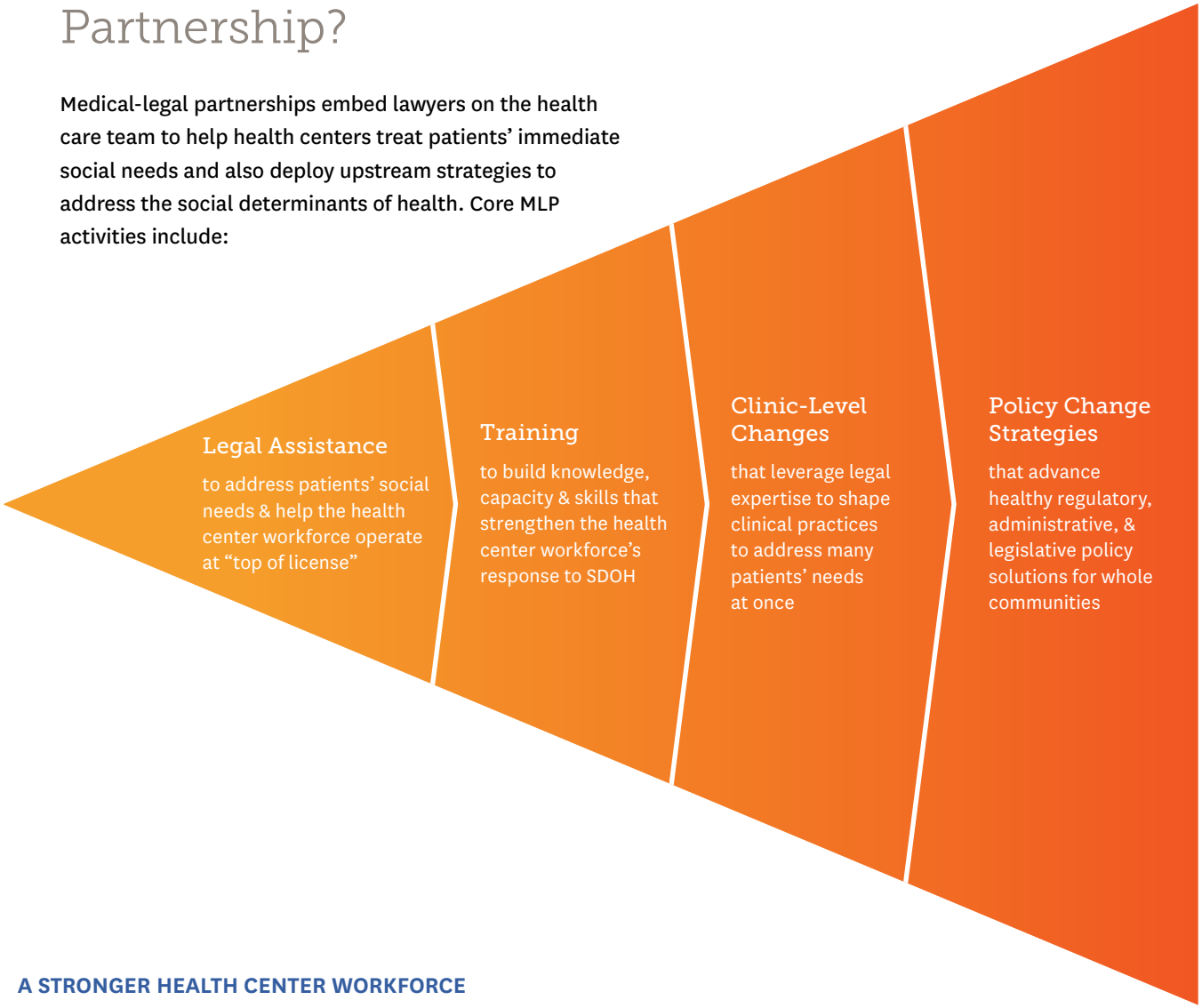
Your health center is thinking about integrating legal services into your care delivery to help address patients' social needs and tackle broader social determinants of health in your community. You're not alone. More than 160 HRSA-funded health centers currently have medical-legal partnerships (MLPs) where lawyers are integrated as another type of provider on the health care team. Why?

HEALTHIER PATIENTS

- Lawyers can help prevent housing evictions, keep the lights and heat turned on, appeal denials of food and insurance benefits, and help patients with a variety of other urgent social needs outlined in Table 1 on page 8. When they do, patients report less stress and improved mental health, are more likely to take their medications as prescribed, and have improved health benefits. Read the research.
- Offering legal services at a health center allows patients to access these services in a trusted environment. This can be especially important for people who have had negative experiences with the justice system and may not trust lawyers or seek out legal assistance when it's needed. It also makes legal services more accessible to patients, particularly for those with transportation challenges, who don't have a telephone or access to Internet, or who may not identify their problem as one that needs legal help.
- Health centers leverage legal expertise to shape clinical practices and inform clinic-wide solutions that help address many patients' needs without a referral to the lawyer. For example, MLP teams develop letter templates for the electronic health record (EHR) that help clinicians quickly support patients' request for reasonable accommodations at work and prevent utilities from being shut off. Lawyers sit on health center committees and use their legal expertise to help shape the health center's policies on issues such as interpersonal violence, how abuse is reported, and ensuring that the process is more empowering for patients.

What is Medical-Legal Partnership?

Medical-legal partnerships embed lawyers on the health care team to help health centers treat patients' immediate social needs and also deploy upstream strategies to address the social determinants of health. Core MLP activities include:



A STRONGER HEALTH CENTER WORKFORCE

- Medical-legal partnerships help build critical knowledge, skills, and capacity in the existing health center workforce around the social determinants of health and addressing structural and systemic barriers to health and well-being. This is always important, but increasingly so during the COVID-19 pandemic. COVID-19 is exacerbating almost all of the challenges health center patients face — from safe, affording housing to stable income. Medical-legal partnerships can help equip health center teams and their patients with better tools, knowledge, and strategies to address complicated questions of unemployment eligibility, discrimination due to COVID status, and other problems presented by the pandemic.

- Having legal expertise and services on the health center team helps everyone work at the "top of their license." For example, a behavioral health provider may be an expert at helping a patient manage their medication and mental health needs. But if that same patient is unable to access their prescriptions because of problems with their insurance benefits, it can be hard to focus on behavioral health work. Lawyers can help untangle problems with benefits so that behavioral health providers can focus on what they do best.

> Medical-legal partnership is such a wonderful resource to have right here. The stress these women carry in their lives can eclipse so much of everyday activities, and I often get questions that I have no idea how to answer…
>
> 'Can I get insurance now, and will that affect my immigration status later?'
>
> 'I just got my paperwork and I was told not to use any government support. Does that mean I can't use CHIP to pay for my pregnancy?'
>
> If someone can't use CHIP to pay for their pregnancy and delivery, that's tens of thousands of dollars in debt they are taking on. So to be able to tell them that they can do that, or to say, 'Let me get you someone who's in the right position to advise you on that,' — it is life-changing for that person to not have to live with that kind of debt and that kind of fear.
>
> **JOANNE CHIWAULA, CERTIFIED NURSE MIDWIFE**
> People's Community Clinic

IMPROVED HEALTH EQUITY

- One of the biggest benefits of having legal expertise as part of the care team is the ability to address social determinants of health (SDOH) at a policy level. Working together, the health center and legal teams at medical-legal partnerships often detect patterns in patients' needs that reveal opportunities to advance healthy regulatory, administrative, and legislative policy solutions for whole communities. These upstream strategies allow health centers to help more people. In the best case scenario, they can also prevent problems from occurring or becoming acute while advancing health equity.
- Providing legal services helps health centers shift toward value-based care, and medical-legal partnerships are increasingly included in Medicaid managed care contracts and other value-based payment arrangements.

Where legal services fit within a health center's response to SDOH

Defining the terms

This guide references social determinants of health, social needs, and legal needs. What is meant by each?

SOCIAL DETERMINANTS OF HEALTH

are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms, and they contribute significantly to health disparities.

SOCIAL NEEDS

are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

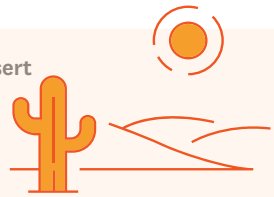
LEGAL NEEDS

are, simply put, the subset of social needs that have legal solutions. The distinction in this guide is made to help health centers understand where lawyers can be helpful*.

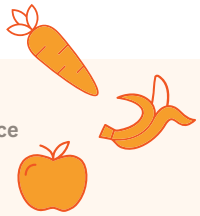
*Table 1 on page 8 highlights a variety of legal needs that MLP lawyers can address for patients.

FOR EXAMPLE

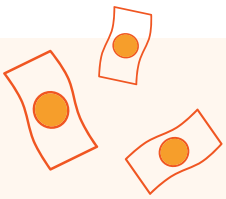
A food desert



A family's need for fresh produce today



A family's need to file an appeal after their SNAP benefits are incorrectly cut



How different team members address social needs

Community health workers (CHWs), case managers / social workers, and lawyers can all help address patients' social needs in different ways, and can work together to ensure everyone works at the "top of their license."

HERE'S HOW

A FAMILY OF 4

is struggling to make rent after one Mom is unable to work during her cancer treatment.

A Community Health Worker

can help the patient fill out applications, pull documents together, and may go to benefits office with her.

A Case Manager / Social Worker

may work with the patient to determine what housing, disability, insurance, and food benefits she is eligible for. They write support letters and gather medical documentation as needed.

A Lawyer

may advise the patient about the Family Medical Leave Act and job protections to help ensure her job is waiting for her after treatment. They can help CHWs and case managers understand benefit eligibility and problem-solve as needed. They may assist the patient with appeals if benefits are denied.

MLP is one of the only interventions that tackles both individual needs and the underlying policies

Training activities and direct legal services help health centers address individuals' legal needs.

When a landlord refuses to make improvements to an apartment with mold, an MLP lawyer can enforce safe housing laws to get the mold removed.

By detecting patterns in patients' needs and using upstream strategies to target unhealthy policies, MLPs prevent future problems and advance health equity.

An MLP team works together to change their city's lead ordinance to prevent children from being lead poisoned at home.

TABLE 1. HOW LEGAL SERVICES HELP HEALTH CENTERS ADDRESS PATIENTS' SOCIAL NEEDS (OR WHICH SOCIAL NEEDS ARE LEGAL NEEDS?)

Note: This chart is modified and reprinted with permission from the messaging guide, Framing Legal Care as Health Care. It is organized by the I-HELP™ mnemonic developed by the National Center for Medical-Legal Partnership to help health care staff categorize the types of social needs that legal teams can help address.

COMMON I-HELP™ SOCIAL NEEDS	HOW LEGAL SERVICES CAN HELP	IMPACT OF LEGAL SERVICES ON HEALTH / HEALTH CARE
INCOME *Resources to meet daily basic needs* 	• Appeal denials of food stamps, health insurance, cash benefits, and disability benefits	1. Increasing someone's income means she/he/they makes fewer trade-offs between affording food and health care, including medications. 2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.
HOUSING & UTILITIES *A healthy physical environment* 	• Secure housing subsidies • Improve substandard conditions • Prevent evictions • Protect against utility shut-off	1. A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness. 2. Consistent housing, heat, and electricity helps people follow their medical treatment plans.
EDUCATION & EMPLOYMENT *Quality educational and job opportunities* 	• Secure specialized education services • Prevent and remedy employment discrimination • Enforce workplace rights	1. A quality education is one of the greatest predictors of a person's adult health. 2. Consistent employment helps provide money for food and safe housing, which also helps people avoid costly emergency health care services. 3. Access to health insurance is often linked to employment.
LEGAL STATUS *Access to jobs, health insurance, and benefits* 	• Resolve a Veteran's discharge status • Clear criminal / credit histories • Assist with asylum applications and other immigration issues • Provide assistance with name and gender marker changes	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. 2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services. 3. Helping a transgender person change their name and gender on their forms of ID to match their identity can help remove barriers to employment.
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.

How to use this guide

Drawing upon expertise, examples, and tools from the medical-legal partnership (MLP) field, this guide provides the health center community — including HRSA-funded health centers, look-alikes, potential health centers, primary care associations (PCAs), Health Center Controlled Networks (HCCNs), and allied organizations — with information and tools to start, strengthen, and sustain an MLP. The guide can be used both by health centers new to MLP who want help with the initial planning process (health centers typically spend 6–12 months laying the foundation for an MLP), and by health centers that are already actively providing legal services, but want help facilitating continuous quality improvement conversations to address issues like low/high referral volumes or funding instability.

THE GUIDE IS BROKEN INTO FOUR PARTS:

- Part I outlines nine conversations that your health center team — clinical, administrative, and leadership staff — should have with your legal partners to plan for your MLP's long-term success and to integrate it into the health center's operations. These conversations cover everything from staffing to funding to information sharing. They are not intended to be linear — you can have these conversations in any order, and you can have more than one at a time. You will likely revisit many of them over the lifetime of your partnership as the needs of patients and communities change and the priorities of the health center adapt to meet them. Each conversation includes questions for your team, decisions you will need to make, advantages and challenges to different approaches, and links to case studies and more information.
- Part II is a deep dive into the specifics of how to develop screening, referral, and service delivery workflows.
- Part III looks at how integrating legal services can support health center workforce development, with a particular focus on training.
- Part IV illustrates the types of projects MLPs can engage in to help your health center move upstream to address social determinants of health and health equity at a policy level.

REACH OUT FOR ASSISTANCE

The National Center for Medical-Legal Partnership has funding from the Health Resources and Services Administration (HRSA) to provide free technical assistance to health centers, look-alikes, primary care associations, and Health Center Controlled Networks interested in integrating legal services into their care delivery. As you work through this guide, the National Center for Medical-Legal Partnership can answer your questions, connect you with other medical-legal partnerships in your state, and provide additional resources. Contact us.

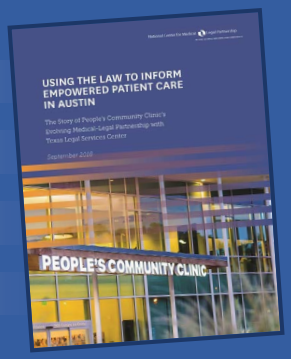
PART I

9 Conversations that Will Help Lay a Strong Foundation

Part I of this guide outlines nine conversations that your health center team — clinical, administrative, and leadership staff — should have together with your legal partners to plan for your MLP's long-term success and to integrate legal services into the operations of the health center. They can be had in any order.

As part of these conversations, you will decide what legal needs you want to target with your MLP. You will also determine the right type of legal partner for your health center and whether you will elect to hire lawyer(s) as employees of the health center, or contract legal services from a community-based organization.

The most important parts of the planning process and any quality improvement conversations are to be realistic about your capacity, resources, and needs, and to set clear expectations and goals.



SEE WHAT PLANNING LOOKS LIKE IN PRACTICE

Every planning process looks a little bit different. However, one of the best behind-the-scenes look at planning — and at continuous quality improvement — is the origin story of the medical-legal partnership in Austin, Texas. Staff from People's Community Clinic and Texas Legal Services Center talk about the benefits of MLP for their health center and share lessons that can be helpful while planning.

READ THE FULL STORY HERE

What SDOH problems do we want to address?

From preventing evictions to appealing denied disability benefits to establishing guardianships, there are a lot of ways that lawyers can help address patients' social needs. See Table 1 on page 8 for examples. Ideally, health centers build medical-legal partnerships (MLPs) that can screen all patients for relevant social needs and have the capacity — either through training, direct legal representation, or clinic-level changes — to address all uncovered needs that can benefit from an MLP intervention. However, funding and capacity issues may prevent some health centers from taking that approach. In many cases, health centers take a more targeted approach that aligns legal service availability with (1) the population most likely to benefit from MLP interventions at their health center; (2) the most prevalent unmet social need among their patients; and/or (3) the health center's current explicit funding priorities (e.g., opioid use disorders, COVID-19, etc.)

Some health centers intentionally begin their MLP as a pilot project designed to collect screening, service delivery, and outcome data. Pilots commonly target a specific population or social need. Some health centers elect to stick with this more targeted approach long-term, while others will pivot to an all patients, all social needs approach following a successful pilot phase. Medical-legal partnership is a flexible intervention that can be modified to meet the needs, priorities, and resources of your health center.

All patients, specific social need

Example

The most common unresolved social needs among the health center's patients pertain to housing*, so MLP resources are focused there. Any clinician or staff member can refer any patient to the MLP lawyer for assistance with evictions, housing conditions, housing subsidies, etc. The health center may or may not choose to expand to other issues in the future.

**This could also be access to public benefits, access to educational supports, etc.*

Specific patient population, all social needs

Example

The health center's needs assessment reveals that pregnant people* would benefit most from legal services. Any clinician or staff member can refer any pregnant person to the MLP lawyer for any identified social need. The health center may or may not choose to expand to other groups in the future.

**This could also be children with asthma, individuals experiencing homelessness, people who use behavioral health services, people with substance use disorders, socially vulnerable older adults, people with diabetes, transgender individuals, etc.*

All patients, all social needs

Example

Any clinician or staff member can refer any health center patient to the MLP lawyer for any identified social need.

LEARN HOW LEGAL SERVICES CAN MEET THE NEEDS OF SPECIFIC POPULATIONS

Medical-legal partnerships have been shown to have many benefits for individuals experiencing homelessness, people who use behavioral health services, socially vulnerable older adults, people with substance use disorders, transgender individuals, youth at school-based health centers, and people with complex health needs.

Click the links above to read fact sheets about using legal services to meet the needs of those populations.

How do we decide where to use legal services?

In order to make the best decision for your health center about where and how to effectively use scarce legal services, it's important to first assess how your patients' existing social needs are being addressed, and then identify which of those needs might have legal solutions. Input and guidance from your potential/chosen legal partner or from a civil legal services organization in your community may help you determine where and how those needs can be addressed by a range of legal interventions. This is true even if you elect to take an all patients, all social needs approach with your MLP. In that case, this social needs assessment will help you understand how to prioritize education and training efforts for health center staff and inform decisions about where clinic-level solutions may be most effective.

ASSESSING PATIENTS' UNMET SOCIAL NEEDS

This may involve:

1. Reviewing data from the health center's existing screening tools, like PRAPARE, that can point to commonly identified social needs.

2. Speaking with clinicians and staff in each department who will have unique perspectives on patients' unmet social needs. Make sure to talk with social workers, community health workers, and case managers about what issues they most consistently see but face barriers to solving.

3. Taking stock of existing health center priorities and staff capacity. For example, does your health center already provide wrap-around services to patients with behavioral health needs? Do you have specialized services for patients with poorly controlled diabetes? Do you have an initiative to provide intensive services to patients who are recovering from COVID-19?

4. Examining electronic health record (EHR) data to help identify and determine the volume of potential priority patients, for example: all patients with sickle cell; all patients with poorly controlled diabetes; all patients with an opioid use disorder who receive medication-assisted treatment; all patients who are homeless; etc.

5. If necessary and feasible, consider surveying patients and staff directly to elicit additional information on the most prevalent unmet social needs. This will allow you to collect more current data for your assessment of legal needs, while generating initial awareness and buy-in for the medical-legal partnership. Some MLPs conduct formal surveys; others gather information informally by collecting anecdotal information and polling select groups, such as a patient support group.

DETERMINING WHICH IDENTIFIED NEEDS MAY HAVE LEGAL SOLUTIONS

Once you've identified your patients' top unmet social needs, you will want to determine which of those needs are issues to be prioritized and, further, which ones may have a legal solution. To correctly assess needs as legal issues, review this I-HELP™ chart and have an in-depth conversation with your legal partner about which problems identified in your needs assessment they can address most effectively. It is your legal partner's job to advise you about the subset of issues where a lawyer or other legal team member can be most helpful and effective. Your assessment process may uncover unmet legal needs among your patients for which there is no local legal expertise or capacity in your region to address these issues. For example, in rural or frontier areas there may be a lack of access to providers of legal services with expertise or capacity to handle family law or disability benefit matters. This assessment process is critical to informing how you focus your MLP's legal services. Conversation 03 provides a more detailed discussion on how to staff the legal services delivered at your health center and address issues related to capacity and expertise.

What else should we consider as we look at these different approaches?

TRAINING

Regardless of the approach you take, early training and education efforts should focus on the most prevalent unmet needs experienced by patients at the health center and how to refer them for MLP services. Choosing one or a couple of needs to highlight allows clinicians and staff to get used to working with the MLP team on a specific issue, and allows the legal team to follow-up and build buy-in around successes. See Part III of the toolkit for more information on training.

REFERRAL VOLUMES AND CAPACITY

As detailed in Conversation 02, different MLP services require different amounts of the legal team's time, and different legal needs take shorter or longer amounts of time to address. It is possible in any of the approaches outlined above for a couple of complex referrals to occupy a large amount of the legal team's capacity. Whether you elect to target a specific social need or population, or whether you decide to take the all patients, all social needs approach, it is important to regularly check-in with the MLP legal team and consider the time needed to address different issues as you think about priorities.

Similarly, health centers regularly reach out to the National Center for Medical-Legal Partnership to ask for technical assistance around referral volumes that are either too high or too low. In all cases, the solution usually lies in more targeted training with health center staff — about the issues you want them to identify, about how and when to make referrals, and about the impact of MLP services.

DATA

Collecting data — as outlined in Conversation 09 and Part II of this toolkit — is critical regardless of which approach you take. If you elect to focus on a specific population or a specific social need, you will likely be able to use the data you collect to tell a cleaner, more specific story about the impact of MLP services. But the data collected from an all patients, all needs approach may be a larger sample size and, if collected comprehensively and consistently, paint a more accurate picture about the needs of patients at your health center. In all approaches, consistent data collection and documentation can help MLP partners detect patterns of need that can lead to opportunities for clinic- and system-level solutions (more on that in Conversation 02.)

How many lawyers do we need to meet the need(s) we identified and accomplish our goals?

One of the questions health centers most frequently ask about medical-legal partnership is, "How many patients can one-full-time lawyer treat?" They are trying to understand how many lawyers their health center needs to fully address the legal needs of its patients. Unfortunately, there is not an easy formula to answer this question because many factors play a role in capacity:

- Patients may need help from a lawyer to address more than one problem.
- More complicated problems — like those related to child custody — require more hours of a lawyer's time to address than more straightforward problems, like working with a utility company to set up a payment plan.
- Providing legal assistance to patients is only one function of an MLP lawyer. They also dedicate time to providing curbside consults to staff, building staff skills and capacity through workforce development activities (see Part III of the guide), and working on clinic- and systems-level changes — all critical benefits of a medical-legal partnership. How a health center chooses to use an MLP lawyer's time affects how many referrals they will be able to take. See Table 2 on page 18 for a breakdown of the variety of services an MLP lawyer can provide and the approximate time involved for each activity.
- Some MLPs opt to include other legal professionals on their team — like paralegals, legal intake specialists, and law students — which can increase the capacity of what a single lawyer can address, but requires additional budgeting.
- Health centers that elect to staff their legal services by contracting with a community-based legal services organization often have access to a pipeline of additional resources that can expand the capacity of a single MLP lawyer. (Conversation 03 offers a more in-depth looks at the benefits and challenges both of hiring lawyers directly as employees of the health center and of contracting a community-based legal services organization to provide MLP services.)

UNPACKING THE LEGAL TEAM: IT'S NOT JUST LAWYERS

This guide frequently refers to lawyers when talking about the people delivering legal services as part of a health center's MLP. This is both because they are the most typical member of an MLP legal team and because they are the most recognizable, making for easy shorthand. But just as physicians are not the only health center staff members who provide health care, lawyers are not the only professionals who can provide legal care.

An MLP legal team is typically made up of at least one lawyer, but may also include paralegals, legal intake specialists, and law students. Health centers don't need to decide on their own if a paralegal or other legal team member is a good fit for their MLP; that's a staffing conversation to have with your legal partner. However, health centers should be aware that there are a range of legal professionals who can help serve your patients.

WHAT DO PARALEGALS DO ON AN MLP TEAM?

Paralegals can perform a range of activities. Some paralegals function like a nurse practitioner or physician assistant, and can do almost anything a lawyer can do except appear in court. Other paralegals function more like a medical assistant, conducting initial conversations with patients about their legal issue and giving the lawyer "vital signs" regarding legal case details and documents.

What's the best estimate of what one lawyer can do?

In some ways, MLP lawyers act similarly to subspecialists, directly treating a small number of patients with complex needs. As such, it can take significant legal resources to treat one issue, like preventing a patient from being evicted. In other ways, MLP lawyers may act similarly to the consulting psychiatrist in a busy behavioral health practice, spending more time consulting with health center team members than seeing individual patients. It can be helpful to review patient panel numbers, and for the health center team to gain an understanding of the lawyers' typical caseload capacity. Understanding allocation of legal and clinical resources in this way will help programs more effectively build and then meet their goals.

Table 2 on page 18 is designed to give an ESTIMATE of the AVERAGE time these types of activities may take. Please view the estimates as ballpark figures from which to start. **Health centers should be sure to discuss with their legal partners how proposed MLP priorities and staffing will impact these estimates for your MLP and adjust as needed.** Health centers can help significantly reduce the time lawyers need to complete many of these activities by streamlining workflows and contributing medical evidence when requested.

The graphic below offers three different estimates of what 1.0 FTE MLP lawyer could handle in a year based on prioritizing different types of activities, and using the time estimates outlined in Table 2 on page 18 for each activity.

MODEL 1

Maximize Legal Representation of Patients

100
LEGAL ASSESSMENTS

- 50 LEGAL ADVICE
- 35 LEGAL REPRESENTATION
- 15 FACILITATED REFERRALS

4
TRAININGS

25
CURBSIDE CONSULTS

1
CLINICAL LEVEL CHANGE PROJECT

MODEL 2

Emphasize Curbside Consults with Health Center Staff

20
LEGAL ASSESSMENTS

- 5 LEGAL ADVICE
- 5 LEGAL REPRESENTATION
- 10 FACILITATED REFERRALS

10
TRAININGS

100
CURBSIDE CONSULTS

2
CLINICAL LEVEL CHANGE PROJECTS

MODEL 3

Incorporate Policy Change

20
LEGAL ASSESSMENTS

- 5 LEGAL REPRESENTATION
- 15 FACILITATED REFERRALS

10
TRAININGS

50
CURBSIDE CONSULTS

6
CLINICAL LEVEL CHANGE PROJECTS

2
POLICY CHANGE EFFORTS

Given these parameters, look back at the problem(s) you identified in your needs assessment and think further about how to leverage legal resources to maximize impact. If you plan to have one MLP lawyer staff your health center — medical-legal partnerships reported a median of 1.0 legal FTE per health care site in the National Center for Medical-Legal Partnership's most recent MLP site survey — decide if you want to narrow your focus further, spend more time on training, or budget for additional lawyers and legal team members. Your planning conversations should focus not only on the problems you want to address, but also on which types of MLP services — training, curbside consults, direct legal advice and representation for patients, clinic-level change activities, and/or policy-level change activities — you want to prioritize to meet your goals.

It is critical to be realistic about capacity issues and communicate what the legal team will and won't be able to handle. Talk with your legal partners and adjust these numbers as needed to reflect the focus areas, priorities, and staffing of your MLP. Health centers should also keep in mind that the first year that an MLP is in operation, the legal team is unlikely to reach these numbers. Much of the first year is spent on foundational activities, including planning meetings, development of screening tools, figuring out data tracking, engaging in outreach to different health center teams that don't fall under "training", etc. An experienced lawyer is also able to complete more activities than a recent law school graduate. Review how your goals line up with reality over time.

TABLE 2. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

	DESCRIPTION	BENEFITS OF THIS SERVICE TO THE HEALTH CENTER	AVERAGE TIME INVOLVED
BI-DIRECTIONAL TRAINING	**Training for clinical and non-clinical health center workforce:** Information on the types of legal issues patients face, how the legal team can help, how to identify and refer patients for legal services, and confidentiality and consent. **Training for legal team:** Information on health center's structure and mission, specific health / health care issues the target population(s) face, phrasing legal questions in supportive way, and guidance about what clinicians can and cannot do regarding legal concerns. See Part III of the guide on workforce development for more detailed information on training.	• Builds skills and capacity in staff by increasing knowledge about the structures that create risk factors that lead to poorer health outcomes, which can then be incorporated into clinical protocol, treatment recommendations, etc.; and • Contributes to ACGME Core Competencies including: Patient Care, Practice-Based Learning and Improvement, and Systems-Based Practice.	**4–10 hours (for a 1-hour training)** Includes planning the training, creating materials related to the training, giving the training, and addressing follow-up questions from the training.

TABLE 2. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

	DESCRIPTION	BENEFITS OF THIS SERVICE TO THE HEALTH CENTER	AVERAGE TIME INVOLVED
CURBSIDE CONSULT OR TECHNICAL ASSISTANCE W/ CLINICIAN OR STAFF MEMBER	A formal or informal conversation (in person or via messages) where the MLP legal team shares patient-centered legal information in response to a question from the health care team. In a typical *ad hoc* curbside consult, the legal team never meets or receives any identifying information about the patient, if there is one, who inspired the legal question. However, some MLPs have a formal protocol by which technical assistance can be requested either separate from or in tandem with a patient referral. Still others include the legal team as part of case huddles for complex patients and legal information is delivered in that setting.	• Builds skills, knowledge, and capacity in staff who learn how to handle similar situations in the future; • Can assist more patients through lower intensity intervention; and • Contributes to ACGME Core Competencies including: Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communications Skills, and Systems-Based Practice.	**15 minutes – 4 hours** Includes talking with the clinician or staff member, conducting follow-up research and/or communication, and documenting the consults.
INITIAL LEGAL INTAKE/ ASSESSMENT/ CHECK-UP	An in-depth assessment of the patient's legal needs and a review of their eligibility for services. This assessment typically screens for a range of legal issues, not just those for which the patient initially referred to the MLP. For more details, see the glossary at the end of the guide	• Informs the patient and health care team whether there may be a legal solution to a social problem impacting the patient's health and well-being.	**30 minutes – 2 hours** (depending on the legal issue)

TABLE 2. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

	DESCRIPTION	BENEFITS OF THIS SERVICE TO THE HEALTH CENTER	AVERAGE TIME INVOLVED
LEGAL ADVICE TO PATIENT	Legal advice is provided to an individual patient by a lawyer (or by a law student or paralegal under the direct supervision of a lawyer). For more details, see the glossary at the end of the guide.	• Provides the patient with expert legal advice regarding options to resolve a problem that may be impacting health. The advice may give the patient the tools they need to resolve the problem on their own. Alternatively, the advice might also help the patient understand if there currently are no good options for resolving the problem; and • The health center can document that they were able to "close the loop" by connecting the patient with the MLP.	**1–4 hours** Includes doing legal research, talking to the patient, and providing written follow-up documents to the patient. With the patient's permission, this will also include follow-up with the health care team.
LEGAL REPRESENTATION OF A PATIENT	Legal representation includes legal advice to the patient 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). The formal action may include going to court, advocating for a patient with an administrative agency including at an administrative hearing, attending an Individualized Education Program (IEP) meeting or school disciplinary hearing, making phone calls or sending a letter to a landlord. The patient and the legal team will sign a retainer agreement outlining the scope of the representation.	• Provides the patient with expert legal services to resolve a problem that may be impacting health, such as preventing an eviction / homelessness; reinstating health insurance coverage; or gaining a documented immigration status; and • The health center can document that they were able to "close the loop" by connecting the patient with the MLP.	**4–80 hours** It depends on the type and complexity of the case. Appealing a denial of SNAP benefits and appearing at a hearing could take 4 hours. Preparing and submitting a U visa application could take 40 hours, while an asylum case that goes to hearing could take 100 hours. Some cases may also stretch out over a period of a year or longer, such as a Social Security disability appeal.

TABLE 2. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

	DESCRIPTION	BENEFITS OF THIS SERVICE TO THE HEALTH CENTER	AVERAGE TIME INVOLVED
FACILITATED REFERRAL	A "warm hand-off" of a patient's legal care by the MLP legal team to another provider of free legal services. More than simply giving a phone number or website address of the other legal provider to the patient, the MLP legal team member may spend a significant amount of time ensuring the referral is successful, including directly communicating with other legal organizations and sharing relevant evidence/ documentation (e.g., medical records) with the patient's permission.	• Connects the patient with an agency that has the appropriate expertise to address the legal issue; and • The health center can document that they were able to "close the loop" by ensuring connection with an outside organization.	**30 minutes – 2 hours** This may include direct communication with receiving legal services organizations and compiling necessary medical documentation. With the patient's permission, this will also include follow-up with the health care team.
CLINIC-LEVEL CHANGE	MLP provides opportunities to engage in activities that will lead to clinic-level change, and these opportunities often grow out of trends seen in curbside consults or patient referrals. These activities seek to implement quality improvement initiatives and/or increase MLP capacity by identifying solutions that can be accessed for all patients without needing to make individual referrals to the MLP. Many health centers invite the MLP lawyer to sit on committees or work groups on which their patient-centered, systems-expert views can help identify opportunities for clinic-level improvements.	• Can address social needs before they become acute; • Save clinical and legal team time by assisting patients with a lower intensity intervention; • Contributes to health equity; and • Contributes to ACGME Core Competencies including: Patient Care, Interpersonal and Communications Skills, Professionalism, and Systems-Based Practice.	**Varies widely based on the type of project.** For example, it may take 4 hours to create each new letter template for the EHR and 25 hours to participate in an overhaul of your health center's social history screening.

TABLE 2. TIME INVOLVED IN DIFFERENT TYPES OF MLP SERVICES

	DESCRIPTION	BENEFITS OF THIS SERVICE TO THE HEALTH CENTER	AVERAGE TIME INVOLVED
POLICY-LEVEL CHANGE	Upstream strategies pursued by the health care and legal teams to address regulatory, administrative, or legislative policies that can help more people and, in the best case scenario, prevent problems from occurring or becoming acute and improve health equity. These strategies tackle SDOH broadly rather than individuals' social and legal needs.	• Helps many people at once; • Can be a form of prevention, addressing larger issues with systems before needs arise in more individuals; • Contributes to health equity; and • Contributes to ACGME Core Competencies including: Interpersonal and Communications Skills, Professionalism, and Systems-Based Practice.	**Varies widely based on the type of policy efforts.** Likely to take a minimum of 10 hours, but could be up to 100 hours.

Build it as a direct service or contract it: How will we staff our integrated legal services?

A health center looking to integrate legal services can opt to build it as a direct service, contract it from a community-based legal services organization, or use a hybrid of the two models.

BUILD IT AS A DIRECT SERVICE

Health centers that elect to "build it as a direct service" hire lawyers and legal team members directly to work as employees of the health center. This is currently the less frequently used model, however, health centers like Whitman-Walker Health in Washington D.C. note a lot of benefits to this approach. In health centers that recruit and hire their own MLP lawyers, legal services are automatically aligned with values and priorities of the health center. Health centers don't have to negotiate priorities and can build a program that is uniquely suited to their needs, culture, and patients, without needing to merge vision and mission with another organization. The health center also retains control of how legal services are allocated. It is often easier in this model for legal team members to integrate into the day-to-day operations of the health center because they are using all the same systems. Legal team members are also part of the broader health center team working together on workflow and patient care without other competing interests or priorities.

With the direct service model, the health center is solely responsible for building and financing the program, which will likely limit the scope and capacity of the program unless the health center is committed to building a legal services department — like Whitman-Walker Health has done — rather than hiring a single lawyer. Like the difference between hiring a single physician or nurse versus contracting with an agency, health centers can struggle with program sustainability where they have invested in building a program with a single lawyer who has limited areas of expertise or suddenly departs the health center. Expanding capacity may be more difficult as community-based legal services organizations may not be disposed to welcome referrals outside of their regular channels. Supervision of the legal team can also pose challenges. You will need to think carefully about who the legal team reports to and preserve the independence of their legal judgment with cases. Your

health center will need to distinguish between the MLP legal team, which provides patient-centered legal care, and the health center's general counsel.

CONTRACT IT FROM A COMMUNITY-BASED LEGAL SERVICES ORGANIZATION

In the more common "contract it" model, health centers partner with one or more community-based legal services organizations to provide legal services. In this approach, the lawyer is an employee of the legal services organization but works, often exclusively, with the health center. One of the advantages of this model is that the health center is purchasing access to significant depth of experience and broad capacity — an express lane — into a traditionally overburdened legal services organization. The legal services organization provides the supervision of the MLP lawyer working at the health center, and takes referrals that are outside the scope of the MLP lawyer's individual area of expertise.

The legal organization may have strict, usually non-negotiable, guidelines regarding their ability to handle certain kinds of cases (e.g., no family law issues) or work with certain patients (e.g., can't work with undocumented patients unless they are survivors of domestic violence or another crime). Understanding these limitations up front and then navigating these boundaries is an important part of the "contract it" model. Most health centers have experience contracting with a wide range of entities to provide a set of services to their patients, so many of those operational insights can be helpful here. However, unlike behavioral or oral health, most health center leadership do not have experience negotiating a set of legal services for their patients and importantly, many community-based legal services partners do not have experience negotiating a contract with a health center. Community-based legal services organizations are largely unaware of health center priorities, dynamics, funding, operations, and workforce issues, which require a robust "getting to know you" phase of engagement. Health centers should not assume that partners from a community-based legal services organization carry the knowledge and expertise to integrate their services within a health center context without significant input from health center team members, and should plan accordingly.

Health centers that elect to contract legal services will need to find a community-based legal services organization to partner with; the three most common types of which are outlined in Table 3 on page 26. To do this, start by identifying organizations that currently provide legal services to low-income individuals in your community and assess which organization — based on their mission, focus areas, and capacity — could be a good fit for your health center. Use the links in the table to search for organizations in your community. You can also reach out to the National Center for Medical-Legal Partnership for assistance.

Building it as a direct service: How do we know if a lawyer will be a good fit for our health center?

Hiring a lawyer to work directly for the health center has a lot of benefits. However, under this model, the MLP lawyer will not come with the built-in mentorship, support, or resources of someone who is working at a community-based legal services organization. For this reason, it is important to hire someone with more training and experience; you should seek out a manager-level lawyer. You will also want to search for someone who is:

- A self-starter and problem-solver;
- Flexible and not set on pre-defined notions of team member roles;
- Knowledgeable (or willing to learn) about the organizational structure and culture of the health center;
- Someone who thrives in a multi-disciplinary environment and is able to successfully forge and maintain relationships with busy professionals such as social workers, community health workers, case managers, and clinicians;
- Knowledgeable (or willing to learn) about the relevant legal and health issues facing the health center's patients and community;
- Knowledgeable about the social determinants of health and how legal interventions can address health and health care challenges;

- Experienced working with people with a history of trauma, as legal consultation may bring up past experiences that require a sensitive approach and the support of behavioral health staff; and
- If you've decided to target a specific legal need among your patients — such as concerns over access to disability benefits — the lawyer you hire should have specific expertise in that area.

Contracting it: How do we know if a community-based legal organization is the "right" partner?

There are some questions you should ask any potential community-based legal services organization to ensure they will be a good fit for your health center:

ORGANIZATIONAL CAPACITY

- How many lawyers and paralegals does your organization have?
- How many lawyers and paralegals can the organization dedicate to the medical-legal partnership?
- How much does it cost to cover the salary, benefits, and overhead for a lawyer or paralegal at your organization?
- What supervisory and other support will be offered to the MLP lawyer(s) and paralegal(s) by your organization?

TIME

- How many hours per week will the legal team members be available on-site to ensure adequate access to legal services for patients? Time on-site enables the legal team to become part of the patient's health care team and increases the visibility of MLP services. If you anticipate a high level of legal needs, you might budget for more than one lawyer or partner with more than one legal resource, such as a civil legal services organization and a pro bono department of a law firm.
- How many hours per week will the legal team members work on MLP-related activities while off-site?
- How will health center staff and patients communicate with the legal team when they are off-site? In some areas, such as rural and frontier areas, extensive on-site time at the health center may not be feasible. How can technology be used to foster remote integration of the legal team? (This is discussed further in Conversation 08 about integrating legal services into health center systems and workflows.)

PERSONNEL

The MLP lawyer and/or paralegal will be the main point of contact between the health center and the legal services organization, and will work directly with patients and the health care team to address legal matters. Interview these people and evaluate whether they are:

- Self-starters and problem-solvers;
- Flexible and not set on pre-defined notions of team member roles;
- Knowledgeable (or willing to learn) about the organizational structure and culture of the health center;
- People who thrive in a multi-disciplinary environment and are able to successfully forge and maintain relationships with busy professionals such as social workers, community health workers, case managers, and clinicians;
- Knowledgeable (or willing to learn) about the relevant legal and health issues facing the health center's patients and community; and
- Experienced working with people with a history of trauma, as legal consultation may bring up past experiences that require a sensitive approach and the support of behavioral health staff.

KNOWLEDGE OF THE INTERSECTION BETWEEN HEALTH AND LAW

- Does the legal organization's staff have an understanding of the social determinants of health and how legal interventions can address health and health care? Look for organizations that have MLP experience or a health justice practice or a law school clinic focusing on these issues (contact the National Center for Medical-Legal Partnership if you need help identifying these organizations.) Consider also whether the organization is involved in the community, and has a reputation for being flexible and working well with other community partners.

EXPERTISE IN IDENTIFIED NEED

- If you've decided to target a specific legal need among your patients — such as concerns over housing — does the legal services organization have expertise and capacity in that area? To the extent that issues arise which the MLP lawyer cannot handle or cannot assign to another lawyer within their organization, it is the legal partner's role to provide a facilitated referral to another resource within the community when possible. Private law firm or pro bono lawyers may be enthusiastic partners but often require additional cultural competency training.

TABLE 3. TYPE OF COMMUNITY-BASED LEGAL SERVICES ORGANIZATIONS FOR THE "CONTRACT IT" MODEL

	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
NUMBER OF ORGS NATIONALLY	132 civil legal aid organizations receive federal funding allocated by the Legal Services Corporation (LSC), which forms the "spine" of the publicly-funded civil legal aid system. There are 800+ state and locally funded legal aid programs nationally.	170+ law schools offer clinics where law students develop experience under the supervision of a lawyer, while providing much-needed legal services to low-income individuals.	900+ pro bono programs where lawyers volunteer their time to provide free legal services. Services can be coordinated through law firms, large corporations, bar associations, or at the request of civil legal aid organizations.
NATIONAL FUNDING	$460.7 million in LSC grants ($411.2 million for FY20; $49.5 million additional for COVID via CARES Act) and $600 million additional (est.)	$75 million (est.)	$180 million (est.)

TABLE 3. TYPE OF COMMUNITY-BASED LEGAL SERVICES ORGANIZATIONS FOR THE "CONTRACT IT" MODEL

	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
SERVICE ELIGIBILITY REQUIREMENTS	Mainly for individuals with low-incomes. LSC-funded organizations can serve people with incomes up to 125% of the Federal Poverty Level (and up to 200% if certain criteria that are commonly applicable to health center patients are met) and have restrictions around serving individuals whose legal status is undocumented, with some exceptions including for survivors of interpersonal violence and other crimes.	Vary	Vary
CASE PRIORITIES	Basic civil (as opposed to criminal) legal needs related to housing disputes, consumer protection, public and health care benefits, family and personal safety issues, employment, and elder law. Non-LSC funded organizations sometimes have a greater focus on policy matters.	Vary widely, but typically focus on a specific issue such as children's issues, estates and trusts, or housing, etc.	Vary widely
NATIONAL LEADERS	Legal Services Corporation (LSC) and National Legal Aid & Defender Association (NLADA)	Association of American Law Schools (AALS)	American Bar Association (ABA)
AMONG MLPS THAT "CONTRACT IT," % WITH THIS TYPE OF LEGAL PARTNER	70% (based on 2016 NCMLP Survey)	20% (based on 2016 NCMLP Survey)	10% (based on 2016 NCMLP Survey)

TABLE 3. TYPE OF COMMUNITY-BASED LEGAL SERVICES ORGANIZATIONS FOR THE "CONTRACT IT" MODEL

	NONPROFIT CIVIL LEGAL AID ORGANIZATIONS	LAW SCHOOL CLINICS	PRO BONO LEGAL SERVICES ORGANIZATIONS
BENEFITS	• House significant and varied legal expertise across multiple domains; • Tend to be stable and community-based; • Span every state and territory, similar to health centers. In rural and frontier communities, LSC-funded partners may be "the only game in town"; and • Likely have significant existing pro bono relationships that can help expand capacity of MLP.	• Flexible regarding the areas of law they address; • Align neatly with other on-site training cohorts (e.g., nursing, social work, etc.); and • More flexible around pursuing policy activities and innovation.	• Services and capacity tailored directly to the health center priorities and mission; and • Legal team and activities directly accountable to the health center's leadership.
CHALLENGES	• LSC-funded programs may be restricted from helping some patients, including those of moderate income and some (but not all) whose immigration status is undocumented.	• Lack of continuity. Law school clinics are primarily staffed by students, who may rotate through the MLP every 3-4 months. High turnover may impact trust, relationships, productivity, and timeliness; and • Less frequently available as a partner in rural and frontier areas.	• Lack of continuity. Volunteer lawyers may not be able to handle more than a few cases at a time; and • Less frequently available as a partner in rural and frontier areas.

CONVERSATION 4

How are we going to pay for it?

More than 160 health centers have put together the funding to develop medical-legal partnerships; approximately 40 percent of which have done so within the last five years. Another 300 health care organizations — hospitals, VA medical centers, and community clinics — have also integrated patient-centered legal services. Many health care organizations, like Whitman-Walker Health, Boston Medical Center, Connecticut Children's Medical Center, and Children's National Medical Center have sustained their MLP programs for more than 20 years. Increasingly, health centers are finding that incorporating MLP into their suite of available services is tied to vision, leadership, and mission, and that when those elements are aligned, the funding is more easily developed.

There is no one predominant source of funding to support legal services at health centers. More often than not, MLPs rely on patchwork of funding sources for support. However, health centers should be contributing hard dollars to support and sustain MLP activities, similar to any other critical service for patients. Though identifying initial funding for the MLP is naturally a high priority, health centers and their legal partners should also plan ahead for future funding, anticipating future strategic growth and the potential instability of time-limited grants and fellowship programs. Table 4 on page 33 offers an overview of a variety of funding streams different medical-legal partnerships have used to support their work. Additional information about specific funding streams is linked within the table.

DIG DEEPER INTO FUNDING STRATEGIES

This financing fact sheet offers data on which funding streams are currently being used by medical-legal partnerships, and gives a snapshot of different Medicaid financing arrangements for legal services.

Many health centers start small, piloting a narrowly focused project using philanthropy or existing, re-allocated resources to do planning and collect data. Health centers that anchor even a portion of MLP activities in their operating budget right from the start create accountability and channels for future growth. In general, while there are several frequently accessed legal funding resources that support MLP activities, the health and public health sectors have vastly more resources and funding sources. Health centers often incorporate some funding for the MLP legal team's time into any grant proposal — from those related to diabetes promotion to ones about substance use disorder treatment — that has a social determinants of health component.

How can enabling services be used to fund legal services?

In 2014, the Health Resources and Services Administration (HRSA) recognized civil legal aid as an enabling service that health centers can include under their federal grants. These funds are particularly significant because they represent federal recognition of the importance of legal services in patient care and in meeting social needs. Forty-one percent of health centers with MLPs report using enabling services funds for legal services for their patients. Many report including salary coverage of an MLP lawyer for specific initiatives or as part of a community health worker team.

REVIEW FUNDRAISING MESSAGING

Download an annotated MLP grant for a community foundation and a health center MLP concept paper for insights into MLP fundraising language.

What is part of a medical-legal partnership budget?

The specific size of a medical-legal partnership's budget depends on the volume of services your health center plans to provide and the number of FTEs required to meet that need. However, there are a few primary areas to include in an MLP budget, and they are mostly the same for the "build it as a direct service" and "contract it" models.

1. LEGAL STAFFING

This is the majority of an MLP's budget.

- **MLP lawyer(s) and/or paralegal(s)** provide legal intake and direct legal services for patients, consultations with clinicians and staff about patients' social and legal needs, trainings for health center staff on social determinants of health and legal issues, and can collaborate on clinic- and policy-level solutions. According to the National Center for Medical-Legal Partnership's most recent MLP site survey, the national median staffing is 1 FTE lawyer per MLP, but will vary greatly depending on the scope of services provided. Some MLPs start with only a half-time lawyer, while others have 10 or more lawyers and paralegals on staff.
- **Legal technology experts** help ensure that the legal team is able to collect and report on data relevant to the MLP by customizing the legal case management system. Although these costs are often highest at start-up, many MLPs will find it helpful to budget for legal technology support in an ongoing way.
- **Appropriate supervision for all MLP legal team members** may be included as "overhead," but it may be helpful to separate out this cost.

2. DEDICATED HEALTH CENTER "CHAMPIONS"

Ensuring that there is funded staff time on health center side — time that is dedicated solely to ensuring the success and sustainability of the medical-legal partnership — is a necessity that long-standing MLPs highlight as critical to their success. According to the National Center for Medical-Legal Partnership's most recent MLP site survey, the national median staffing is 0.2 FTE per MLP from the health care organization, but this also varies and should be higher for many MLPs.

- **A clinician champion** provides leadership and guidance around systems and trainings, and acts as a bridge to and from the rest of the health center clinical staff.
- **An administrative champion**, such as a CEO, COO, or designee also provides leadership and guidance, can make executive decisions, has the authority to allocate resources, and ensures alignment of the MLP with overarching health center priorities.
- **A case management or community health worker champion** plays an important role as a bridge between the legal team and patients, helping the legal team understand patient needs and context related to social determinants of health. They also act as a bridge to the rest of the health center's case management staff, and participate in planning activities, establishing workflows, and trainings.

3. OTHER STAFFING

- **Project management and / or administrative support staff** can assist in connecting patients with the legal team, provide timesaving back-up to lawyers and paralegals by tracking down referred patients who may be difficult to reach, engaging in administrative tasks, and assisting with data entry.
- **Interpreter services** may be required when a substantial number of patients referred speak a language other than English and lawyers and paralegals do not speak that/those languages. Whether the health center uses in-house staff or a phone-based service, these costs should be taken into account.
- **Health informatics experts** play a crucial role in setting up legal screening and referral mechanisms in the EHR. They are also key team members for developing reports and analyzing trends over time.

4. TECHNOLOGY

Budget for laptops, software licenses, and phones.

5. TRAVEL

Build travel funds into your budget so that legal and health care team members can attend local, regional, or national trainings relevant to your work. Rural or frontier partnerships that utilize the "contract it" model may also want to build in funds to support mileage, hotel, or other travel expenses for when the legal staff are on-site at locations far from the legal team's home office.

6. MISCELLANEOUS ITEMS

Consider building in some extra funds to support things like providing coffee, breakfast, or lunch at trainings, which can increase attendance and boost morale. Additional funds may also be used for development of promotional materials.

How have other health centers approached funding their MLP?

Keeping in mind that health centers have used a range of diverse funding strategies over time that pull from all the sources listed in Table 4 on page 33, this graphic shows examples of how a health center might approach funding legal services over time.

YEAR 1

HEALTH CENTER ONE

A Philanthropy Pilot

The health center received a $25k grant to cover .4 FTE of an MLP lawyer, and assigned a senior case manager to work with the lawyer to plan and implement an MLP pilot focused on housing problems among patients with asthma.

HEALTH CENTER THREE

From Fellowship to Federal Grant

The health center works with a local civil legal aid organization to secure a two-year Equal Justice Works Fellow who will work at the health center. Both partners agree that if MLP data shows positive impacts for patients, the health center will cover the MLP lawyer's salary after the fellowship ends.

HEALTH CENTER TWO

A Split-Costs Approach

The health center and the community-based legal services organization they partner with agreed to split operational costs upfront for a 12-month period. The health center allocated .2 FTE of a physician to work with .5 FTE of an MLP lawyer for 12 months to plan and implement an MLP focused on families experiencing homelessness.

YEAR 2

During the pilot, the health center gathered data about community needs and the impact of legal services. It secured an innovation grant from a local Medicaid managed care entity to cover a full-time MLP lawyer, a full-time community health worker, and other health center costs related to MLP activities.

With positive Y1 data in-hand and their funding promise in mind, the health center works to secure a federal grant to target and treat people with substance use disorders (SUD), and includes 1.0 FTE of an MLP lawyer in the grant to support the SUD team.

During Y1, the health center collected data showing improved access to services and a boost in insurance and disability approvals for patients who saw the MLP lawyer, which brought financial resources to the health center. The health center committed to funding .5 FTE of an MLP lawyer using enabling services funds, and looks ahead to applying for a major public health grant from their county to support on-going MLP services for patients experiencing homelessness.

TABLE 4. POTENTIAL FUNDING SOURCES FOR MEDICAL-LEGAL PARTNERSHIPS

Note: The majority of the specific health and legal funding streams listed below are tailored to health and legal applicants specifically. For example, community-based legal services organizations cannot apply to HRSA directly for enabling services funding. Similarly, health centers cannot apply to the Legal Services Corporation to receive federal legal aid funding.

	HEALTH / HEALTH CARE / PUBLIC HEALTH	LEGAL
FEDERAL	• **HRSA Enabling Services** In 2014, HRSA designated legal services as an enabling service allowing health centers to apply these funds to MLP work. • **Medicaid Financing Models** In at least seven states, funding for legal services is included in a Medicaid managed care contract or other value-based payment arrangement or innovative delivery system reform model, such as the Delivery System Reform Incentive Payment (DSRIP) Program or Medicaid §1115 waiver. For more info, see this webinar from Manatt Health and this case study on NYC Health + Hospitals' MLP.	• **Legal Services Corporation (LSC)** LSC is an independent nonprofit established by Congress to provide civil legal assistance to low-income Americans. Many LSC grantees serve as the legal partner organization in MLPs that use the "contract it" model, and 23% of MLPs currently report using LSC-funds to provide direct salary support to MLP lawyers.
STATE-ADMINISTERED FEDERAL GRANTS	• **The U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA)** Some state-administered federal block grants can be tapped by MLPs, like the Substance Abuse and Mental Health Block Grants and Opioid State Targeted Response Grants from SAMHSA. Organizations have established MLPs to assist persons with mental health and substance use disorders in meeting their housing, employment, and education needs.	• **The Corporation for National and Community Service's AmeriCorps State and National Grant** AmeriCorps legal assistance programs have specifically supported MLPs, including a multi-state effort in tribal communities.
STATE / LOCAL	• **Public Health Funding and Appropriations** State and local public health funding streams that support health centers and other public health infrastructure have increasingly included legal services as part of building strong public health teams. Both Monterey and Santa Clara counties in California have invested in MLP programs.	• **Interest on Lawyers Trust Accounts (IOLTA)** Many legal aid organizations rely on IOLTA funds to support core legal services at the state level. IOLTA funds derive from interest generated through client funds held by lawyers in a trust for future use. In recent years, IOLTA funding has decreased considerably due to lower interest rates. • **State Appropriations / State Legal Services Funders** Some states allocate state court filing fee funds to civil legal services (e.g., Mississippi).

TABLE 4. POTENTIAL FUNDING SOURCES FOR MEDICAL-LEGAL PARTNERSHIPS

	HEALTH / HEALTH CARE / PUBLIC HEALTH	LEGAL
PRIVATE	• **Operational Revenue** Currently 54% of MLPs receive some funding from the health care organization's operating budget. • **Insurers** In the move towards value-based care, insurers like Anthem are investing in MLP demonstration projects to pave the way for their possible inclusion in the suite of services for populations or regions. See this webinar from Manatt Health for more info.	• **Law School Collaborations** Law schools may provide civil legal assistance directly through legal clinics staffed by law professors, students, or other volunteers, financial support for partnership activities, or both. The most common way that law schools provide resources to MLPs is through committing legal staff as a part of their mission to support learning and training opportunities for law students to practice. • **Legal Fellowship Programs** Legal fellowship programs run by Equal Justice Works and the Skadden Fellowship Foundation provide law students and recent law school graduates with the funding, training, and professional mentorship to pursue two-year fellowships hosted by a legal non-profit. Since 2005, 80 Equal Justice Works Fellows have either started or expanded medical-legal partnerships. Many Skadden Fellows have also started MLPs.
	PHILANTHROPY **National and regional foundations, private donations, and fundraisers** While not a long-term path to sustainability, MLPs use funds from a variety of philanthropic sources to start and operate their programs.	

What are our goals and expectations for the program, ourselves, and our legal partners?

Together, health center staff and legal team members should discuss your goals for the program, the responsibilities of each partner, and how you will measure success. Be specific. For example, is demonstrating results like improved legal or health outcomes important for securing continued funding? If so, outline a specific plan for data collection. Is ongoing leadership or clinical involvement important for the MLP's ability to successfully support patients? If so, you will want to require regular meetings with leadership and clinical participation on the MLP steering committee.

While these conversations should be had in both the "build it as a direct service" and "contract it" models, if you elect to contract a community-based legal services organization, the decisions you make should be documented in a Memorandum of Understanding (MOU), a renewable agreement entered into for a set period of time. Drafting an MOU will help you formalize the decisions that you made, and ensure that all participants acknowledge the parameters of the relationship. Encourage participation in this process both from leadership and from those staff that will be involved in the day-to-day support of the MLP. Make sure that all participants in both partner organizations have the opportunity to review and give feedback on the contents of the MOU.

REVIEW A REAL MOU

Grace Medical Home, Inc. and Community Legal Services of Mid-Florida, Inc. have made their medical-legal partnership MOU available as a resource for other health centers.

Click here to download it.

What specifically goes in a Memorandum of Understanding?

Below is an outline of the typical sections of an MOU, and the types of questions and information addressed in each section. You may choose to organize the content differently and/or include additional information. This is a jumping off point.

INTRODUCTION

The introduction, often known as a "preamble," establishes your MLP's objectives as specifically as possible. It includes:

- Introduction of the health care and legal partners, and the location(s) where the MLP will operate.
- Statement of purpose that explains who your MLP intends to serve, what goals it seeks to achieve, and what it plans to do to satisfy those goals. For example, "Many individuals seen at our health center are experiencing or are at risk of homelessness, in part because of legal needs that have not been addressed. The purpose of our MLP is to address social and legal needs for individuals experiencing or at risk of homelessness, through the provision of free legal services for patients, training health center staff to identify legal issues related to the root causes of homelessness, and identifying and implementing clinic-level changes that will better support their care."
- Strategic goals for the MLP, which may range from broad (e.g., "provide legal services for individuals experiencing homelessness") to targeted (e.g., "screen all individuals experiencing homelessness for unmet social and legal needs and track their legal outcomes"). Include whether identifying and working toward policy-level solutions will be a priority.

LEGAL SERVICES ORGANIZATION RESPONSIBILITIES

This section outlines the specific responsibilities of the legal services organization(s), including: (1) leadership and staff responsibilities, (2) allocation of resources and access, (3) insurance, and (4) privacy and confidentiality. It can be helpful to:

- Specifically describe staff members' responsibilities, from the executive director level through frontline staff. For example, you may explain that the executive director will "provide leadership and expertise, raise visibility, assist in budgeting, and collaborate on strategic planning."
- Specify the days and times when the MLP lawyer(s) and/or paralegal(s) will be available on-site to health center staff and patients. For example, an MLP lawyer might "conduct legal intake for patients referred by the health center, handle cases for eligible patients, and maintain an on-site presence at the health center on Monday and Thursday afternoons."
- Clarify if the legal services organization specifically allocates volunteers and staff for administrative and support purposes or draws upon other lawyer support to assist in MLP cases depending on caseload and available resources.
- Include those resources, such as case management, electronic equipment, or data analysis that the legal services organization will be allocating to the MLP.
- Outline the types of legal issues that the MLP legal team intends to handle and those that it will refer to other legal organizations. It is important to be specific about these expectations so that both partners understand the scope from the outset.

- Detail the timing and outline the content for any trainings the MLP legal team will provide for health center staff.
- Include the legal services organization's responsibility to maintain adequate malpractice insurance for MLP legal staff.
- Discuss the means to ensure privacy and confidentiality for patients who are referred for and/or receive legal assistance through the MLP. For example, you may set out the parameters of attorney-client privilege as occurring between the legal services organization's staff and any patients referred by the health center, and that there is no such privilege between the legal services organization and the health center.

HEALTH CENTER RESPONSIBILITIES

Just as you did for legal partners, this section will outline the specific responsibilities of the health center.

- Include the staffing responsibilities of all participants within the health center, from leadership through front-line staff. If the goal is for health center staff members to serve as point of contact to the MLP or in MLP trainings, for example, this is where you need to describe those personnel responsibilities. Otherwise, the MLP legal team may be the only staff with explicit, clearly written obligation to support the MLP.
- Clarify which health center staff members can refer patients to the MLP legal team for direct legal assistance.
- Consider the resources that the health center will be providing and set these out within the section (e.g., electronic health record, data analysis, office space and use of office equipment, etc.).
- Discuss the means to ensure privacy and confidentiality for patients who are referred. Additionally, describe how you will document when a patient consents to a referral to the MLP legal team. (See Conversation 07 as well as Part II of the guide for deeper discussions about information sharing.)

PATIENT ELIGIBILITY FOR SERVICES

This section outlines any eligibility requirements patients must meet to receive MLP services, including:

- Provisions against conflicts of interest
- Income eligibility
- Type of legal matter

Describe what the process is when a patient is referred to the MLP legal team but does not meet the requirements you laid out. Including these eligibility requirements in the MOU will ensure that all partners are aware of them before the partnership begins.

PLAN FOR EVALUATION / METRICS

This section discusses the partners' intentions for evaluating the partnership. Detail your answers to the following questions:

- How will you know if the partnership is successful?
- How will you evaluate progress made toward goals outlined for the partnership?
- What data will be tracked? Consider data around screening and referrals (e.g., number of patients screened), legal services provided (e.g., the number and type of legal issues addressed for patients), and outcomes (e.g., legal outcomes, the dollar value of any benefits obtained for patients). See Conversation 09 for a full list of potential data points to track.
- What is your specific plan for data collection and evaluation, including designating staff for this purpose?
- How often will legal services be evaluated?
- How will you gather feedback from staff as a means to implement changes?
- How will you gather feedback from patients as a means to implement changes?
- How will you measure the outputs/impact of clinic- and policy-level change activities?
- What, if any, plans do you have to publicize the results of your evaluation efforts?

FUNDING RESPONSIBILITIES / FUNDRAISING ACTIVITIES

This section specifies that both partners are responsible for working together to develop resources to support the MLP program. It outlines relevant staff responsibilities — including leadership and development staff — from each organization and how they will participate in planning and discussions about resource development. It should state that this is a topic that partners will revisit over time.

COMMUNICATIONS

This section details how partners will communicate both internally to their staff and patients, and externally to the community and other stakeholders regarding their collective work. Detail your answers to the following questions:

- How often will your steering committee meet to discuss goals and strategic planning?
- How often will the MLP legal team meet with all clinical and nonclinical staff involved in making referrals for continuous quality improvement conversations?
- How will you share data and success stories with staff involved in making referrals?
- How will you share data and success stories with leadership at the health center and at the legal services organization?
- How will your patients be made aware of legal services at the health center?
- How will you share data and success stories with funders and community partners?
- Will media be part of your strategy to raise the visibility of your MLP program?

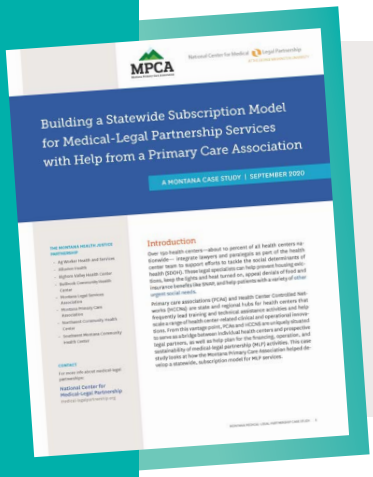
TERM RENEWAL AND TERMINATION

Include the beginning and end date of the MOU. The beginning date may be the date that the MOU is signed by representatives of both organizations. You may choose not to include an end date. You may also specify how the MOU can be renewed (if applicable), and how it can be terminated. For example, you might say, "the MOU may be terminated by either party upon written notice, but the termination will not terminate any ongoing representation of clients by the legal services organization."

CONVERSATION 6

What other partners in our community can be helpful?

A variety of health care, government, and community organizations can be helpful in advancing the goals you establish for your medical-legal partnership. Indeed, many MLP programs begin their planning process with open meetings of community partners to gauge interest and participation. A frequent and productive next step can be to develop a planning committee of interested leaders and community members who can help guide planning and ensure community engagement and participation. Outlined below are some specific organizations and ways that they can contribute to your medical-legal partnership's success. This list is not intended to be comprehensive, and both legal and health center partners can and should also look to their allies and peers — like bar associations, hospitals, and public health departments — for assistance.



TAKE A CLOSER LOOK AT MONTANA

The Montana Primary Care Association has taken a hands-on role in coordinating a statewide subscription model for medical-legal partnership services across multiple health centers.

Learn more by reading this case study.

How can our Primary Care Association be helpful?

Your state or region's primary care association (PCA) can be an important resource during the planning phase, and may be able to convene partners. They generally provide regular training and convening for their members, which creates natural settings to bring the health and legal sectors together for planning and broad vision-setting activities. Because PCAs reach beyond a single health center, they can help broker relationships across communities, cities, and regions within a state, helping to scale MLP more evenly and rapidly across multiple settings and health centers. They can also help create pathways for health centers to develop and fund medical-legal partnerships. PCAs may develop language that can be written into health center grants and MOUs with the state that include time and/or funding for legal services and track innovative financing models that health center-based MLPs are leveraging. For MLPs engaged in policy-level solutions, PCAs play a key role in coordinating and leading efforts to shape local, state, and federal policies that support the implementation of various social determinants of health initiatives. Close collaboration with PCAs on policy-level solutions is not only helpful, but is often necessary to ensure the best outcomes for patients and communities.

How can Health Center Controlled Networks be helpful?

Health Center Controlled Networks help health centers improve quality of care and patient safety by offering strategies and innovations that leverage a common infrastructure to achieve economies of scale and sophistication otherwise only achievable by very large health systems. This can include using health information technology to reduce costs and improve care coordination. In that role, Health Center Controlled Networks can quickly scale data solutions for MLPs and provide expert training and knowledge-sharing opportunities across partnerships.

How can our state Medicaid agency be helpful?

There is tremendous momentum for using Medicaid dollars to support SDOH-related services, and state Medicaid offices are interested in understanding interventions like medical-legal partnerships that have a solid track record of achieving results for people facing food insecurity, housing insecurity, and other SDOH-related challenges. Reaching out to build your Medicaid agency's knowledge and awareness of the MLP activities and impact in your state can set the table for new partnerships and stakeholders.

How can Medicaid managed care organizations be helpful?

States have a high degree of discretion in determining what functions to require under their contract with plans. Medical-legal partnerships can build relationships with Medicaid managed care organizations that lead to investment. In Washington D.C., Children's Law Center worked with Children's National Hospital and learned that when their medical-legal partnership successfully helps a family with an asthmatic child improve their housing conditions, government-funded health care costs were reduced by $10,000 on average during the first 18 months. As a result, they were able to establish a pay-for-performance, outcome-based contract with AmeriHealth Caritas D.C.

How can Accountable Care Organizations (ACOs) be helpful?

ACOs are entities that, by their very nature, span multiple organizations and sectors, with a mission to provide coordinated care. ACOs offer an excellent launching pad for MLP activities because of the focus, breadth, and scope of their work. Some MLPs align their training and capacity-building activities with SDOH-related efforts within ACOs, which allows them to achieve greater scale more rapidly.

How can foundations be helpful beyond providing funding?

Many foundations embrace their role as community conveners. They can bring together stakeholders, help with planning and strategy, and provide resources along the way that frequently build toward broader investment. Foundations also can act as important leverage, unlocking investments from additional community partners.

CONVERSATION 7

How will we address patient consent and information sharing?

Communication and sharing patient information between health center staff and the legal team are essential to providing collaborative, patient-centered care. However, this is also an area that can create anxiety and is occasionally met with resistance. There are several systems in place to protect patients, including HIPAA and attorney-client confidentiality, which need to be considered, but the bottom line is that information can be shared between health care and legal staff if the patient consents to it. While exploring these concepts, you should read this issue brief on information sharing, which offers a deep-dive into the privacy legal framework and the different types of models for obtaining patient consent in an MLP. Also, see Part II of this guide for details on the types of information partners typically share.

> The bottom line: information can be shared between health care and legal staff if the patient consents to it.

DIVE DEEPER INTO THE PRIVACY LEGAL FRAMEWORK FOR INFORMATION SHARING

The information privacy legal framework can present obstacles, both real and perceived, to effective information sharing. This issue brief on information sharing discusses numerous opportunities to share information within the boundaries of that legal framework, and describes different consent models that are possible.

Read the brief.

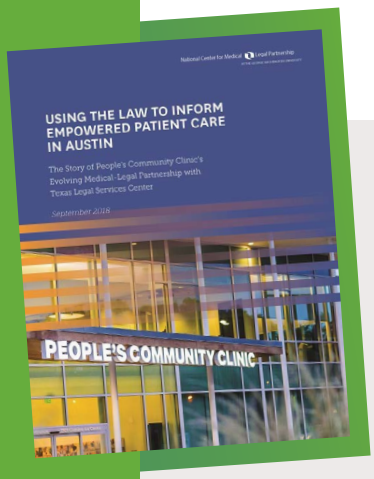
SEE HOW OTHER HEALTH CENTERS OBTAIN CONSENT

The Montana Health Justice Partnership, which coordinates MLP services at six health centers, has made their patient consent form available as a resource to other health centers. A second health center-based MLP also made its patient consent form available, but asked to remain anonymous.

CONVERSATION 8

How will we integrate legal services into our workflows and systems?

The more legal services are integrated into existing workflows and systems at the health center, the more likely health center staff are to make referrals and consult with the MLP legal team. It also increases the likelihood that the legal team's expertise can be leveraged in other ways that will benefit the health center and community at the clinic- and policy-levels. The next four pages include questions to discuss with your team. (See Part II of the guide for a more in-depth discussion around establishing workflows.)



SEE WHAT INTEGRATION LOOKS LIKE IN PRACTICE

The oral history of the MLP at People's Community Clinic in Austin highlights multiple ways they worked to integrate legal services into workflows and the MLP lawyers into health center operations.

Read the full story here.

EXPLORE WAYS TO LEVERAGE THE ELECTRONIC HEALTH RECORD

This issue brief on leveraging the electronic health record (EHR) takes a look at health centers in Montana and Iowa that have integrated legal screening and referrals into the EHR. These health centers also create reports using MLP-specific data to identify and respond to trends related to social needs and key health indicators.

Read the issue brief.

1. HOW WILL SCREENING BE DOCUMENTED, AND WHERE WILL THAT DATA LIVE?

You don't have to look very far for ideas on how to integrate legal services into health center workflows. It can be helpful to think of legal services similarly to how you think about social work, behavioral health, or oral health, and look to how those services and team members have been incorporated into the clinic as a model for bringing lawyers into the fold. Part II of this guide offers greater detail on designing and implementing screening and service delivery workflows.

2. HOW WILL CLINICAL AND NONCLINICAL STAFF MAKE REFERRALS TO THE MLP LEGAL TEAM?

Think about how clinical and nonclinical staff currently make referrals for behavioral health or other services at the health center, and mirror those workflows as much as possible for consistency and ease of use.

3. WILL THE ELECTRONIC HEALTH RECORD (EHR) BE LEVERAGED? WILL LEGAL SERVICES BE PART OF THE HEALTH CENTER DASHBOARD?

During the planning phase, it is important to think about opportunities to include legal services data in the health center dashboard. Give special consideration to how you might leverage the EHR: it can be used to screen, make, and track referrals. It can also be used to identify and determine the volume of, for example: all patients with sickle cell; all patients with poorly controlled diabetes; all patients with an opioid use disorder who receive medication-assisted treatment; all patients who are homeless; etc. Consider who will automatically get referred for a higher level, full legal assessment versus the broader social needs screening offered to all patients.

4. HOW CAN WE COLLABORATE WITH THE LEGAL TEAM REMOTELY WHEN THEY ARE NOT ON-SITE?

While having the legal team work on-site is often ideal in terms of integrating them into the care team, there are increasingly situations that make it difficult or impossible for legal team members to have a consistent physical presence at the health center. For example, in rural or frontier areas, the nearest civil legal aid office or law school may be hundreds of miles from the health center. Conversely, some large urban settings like Los Angeles and New York City also face transportation or space challenges to legal staff working on-site. In these instances, health centers choose to work remotely with their legal teams some or most of the time.

Remote work can also be necessary in response to events like the COVID-19 pandemic, and may increasingly emerge as a core practice/strategy. While legal services are critical for patients, legal team members are not considered "essential workers" at the health center. So MLP lawyers and paralegals — even at health centers where they are typically on-site four to five days a week — have had to work remotely and adapt how services are delivered. No matter the reason, like other health center services, delivering legal services remotely can be challenging, and discussing strategies for remote work should be an important part of planning discussions if you anticipate that your legal team will not be on-site the majority of the time.

Like many entities that partner with health centers but are not on-site full-time, it will be important to have a clear, well-thought-out strategy for how to connect the legal team with health care team members for consultations, as well as how to help patients connect with legal team members once a referral is made. As you work through Part II of the

EXPLORE HOW MEDICAL-LEGAL PARTNERSHIPS ARE PIVOTING DURING THE COVID-19 PANDEMIC

During the pandemic, medical-legal partnerships have had to change how they operate, while also pivoting to address urgent economic, guardianship, and end of life planning needs arising as a result of COVID-19. Watch this town hall on delivering telelegal services, review an operational tip sheet, and explore a variety of other pandemic-specific resources.

guide on workflows, think specifically about remote referral procedures. Some activities that build strong on-going remote collaboration include having legal team members participate virtually in staff meetings on a regular basis, ensuring that MLP resources and referral information is visible and integrated on all health center platforms, providing clear communication about procedures and availability for remote curbside consults, and maintaining a regular MLP training schedule that aligns with other clinical priorities and needs.

As health centers move rapidly to provide clinical services via telehealth, many wonder if there is a way to weave legal services into existing telehealth services in order to improve efficiency for patients and providers, as well as enabling remote legal services. While there are exciting innovations detailed in this electronic health record (EHR) issue brief that describe progress around integrating legal services into screening and EHR workflows, legal and health services have not yet been synchronized across a telehealth platform.

5. HOW WILL WE MAKE STAFF AWARE THAT LEGAL SERVICES ARE AVAILABLE?

Existing governance committee and clinical staff meetings, team huddles, and virtual/in-person trainings are all good opportunities to introduce the MLP legal team to health center staff and help familiarize them with available legal services. Including the legal team in these types of activities also helps to build relationships between the lawyers and/or paralegals and other health center staff. At the same time, the legal team learns more about the relevant clinical and social determinant of health issues that patients face, clinical priorities, and other services available to patients. Participation in these of activities should be ongoing.

6. HOW WILL WE MAKE PATIENTS AWARE THAT LEGAL SERVICES ARE AVAILABLE?

Some medical-legal partnerships look for ways beyond screening to make patients aware that legal services are available. This might include posting flyers in the waiting room and throughout the clinic, having lawyers host "know your rights" trainings (more on that in Part III of the guide), or highlighting MLP services during patient support groups.

7. WHERE WILL THE LEGAL TEAM PHYSICALLY WORK?

Since your legal team will be conducting legal meetings with patients and case consults with providers, they will need space that is private, with access to a phone, computer, and sometimes a printer. Table 5 on page 45 highlights three different space ideas for the legal team. Consider what other ways health center staff will reach the legal team. Will legal team members have a health center email address and/or phone number? Will they be included in the staff directory?

TABLE 5. EXAMPLES OF WHERE THE LEGAL TEAM PHYSICALLY WORKS WHEN ON-SITE AT THE HEALTH CENTER

	PERMANENT PHYSICAL SPACE	ROTATING SPACE	PRIMARILY REMOTE
EXAMPLE	The lawyer(s) and/or paralegal(s) work on-site 4-5 days a week and have a small office near the behavioral health* department. **Could be any department based on space availability and whether or not your legal services target a specific clinic / population.*	The lawyer(s) and/or paralegal(s) work on-site 3-4 days a week. A permanent office space is not available, so the legal team moves around between a couple of different offices / meeting rooms.	The lawyer(s) and/or paralegal(s) come by occasionally for meetings and trainings with staff. However, the majority of legal intake meetings with patients, and curbside consults are done remotely — by phone or using video conferencing services.
BENEFITS	• Consistency. Providers, staff and patients know where to find the legal team; • Putting the legal team near other service providers makes curbside consults more likely; and • If you decide to focus your MLP on a specific group (children, individuals with behavioral health needs, etc.), you can embed the legal team with the providers in that department.	• If the legal team moves around and sits within different departments, they may have more opportunities to build relationships with more staff members.	• In remote areas, this is an effective way of expanding the reach of legal services to people who may never otherwise see a lawyer; and • The legal team can use technology to be conferenced in with providers for curbside consults and relationship building.
CHALLENGES	• If your legal team serves patients across the entire health center, a permanent space may mean more contact with whatever staff / providers are in close proximity and less contact with others.	• It can require more administrative time to schedule rooms for meetings with patients; • Providers and staff may have a hard time keeping track of where the legal team is and seek out fewer curbside consults; and • Legal services may be less visible to patients.	• The legal team frequently has to think differently about how to engage and stay connected with both patients and health center team members when providing remote services.

8. HOW CAN WE MAXIMIZE THE BENEFITS OF WORKING WITH THE LEGAL TEAM?

The benefits of having legal expertise on the health care team extend well beyond providing legal assistance to individual patients.

Training

Building in time for regular trainings can increase the existing health center's workforce knowledge and capacity to respond to social needs, and "elevate their licensure" so they can provide more services before a patient needs a referral for legal services. (See Part III of the guide on workforce development.)

Clinic-level solutions

Health center staff can also work with the MLP legal team to engage in activities that will lead to changes in the clinic policies or procedures. These opportunities often grow out of trends seen in curbside consults or patient referrals. These activities seek to implement quality improvement initiatives and/or increase MLP capacity by identifying solutions that can be accessed for all patients without needing to make individual referrals to the legal team. For example, this might involve adding a letter template to the electronic health record (EHR) to help clinicians request that a school evaluate or re-evaluate a student for an Individualized Education Program (IEP) or one to request an emotional support animal.

At People's Community Clinic in Austin, Texas, an MLP lawyer is part of almost every operational committee at the health center, using their patient-centered legal perspective to help inform safe and effective clinical practices. One of their lawyers recently helped shape the health center's policy on interpersonal violence and how abuse is reported so that it is more empowering for patients. At many health centers, MLP teams think through templates that can be developed and added to the electronic health record that clinicians can use when they need to write letters to support patients' requests for reasonable accommodations at work, to prevent chronically ill patients' utilities from being shut off, or other situations that require medical documentation of need.

Some of this work will arise organically from curbside consults and ongoing conversations about data. But clinic-level change should be outlined as an explicit activity of your partnership, and can be advanced by inviting the legal team to attend clinical and nonclinical meetings and to serve on health center committees beyond the scope of the MLP. The more embedded the legal team is in health center operations, the more they can help leverage their patient-centered legal expertise to help the health center.

Policy-level solutions

Medical-legal partnerships can go even further and leverage the expertise of all team members to pursue upstream strategies that address regulatory, administrative, or legislative policies that shape social determinants of health. By doing so, they can help more people and, in the best case scenario, prevent problems from occurring or becoming acute and advance health equity. This is work medical-legal partnerships are uniquely situated to engage in.

For example, at Erie Family Health Centers in Chicago, the MLP team was part of a nationwide effort to change federal regulations that weren't keeping kids safe from lead poisoning. During the pandemic, LegalHealth, a division of the New York Legal Assistance Group, worked to change practice laws and regulations to expand standby guardianships to include anyone exposed to COVID-19. See Part IV of the guide on patients-to-policy work for more examples of policy projects, the types of strategies MLP team use to bring about policy change, and tips for pursuing these types of projects with your legal team.

How will we make sure the program is effective and that it lasts?

During your earliest planning conversations and throughout the life of your medical-legal partnership, you and partners should actively plan for the long-term success and effectiveness of your partnership. The Program Sustainability Framework and Assessment Tool — developed by the Center for Public Health Systems Science, a public health research and evaluation center at the Brown School at Washington University in St. Louis — outlines eight domains that contribute to sustainability. The domains are described briefly below along with some specific tips for how to apply this framework to your medical-legal partnership. As you can see, these domains tie back to the previous conversations, such as the MOU section of Conversation 05.

1. ENVIRONMENTAL SUPPORT

Creating a supportive internal and external climate for your medical-legal partnership

It's essential that people who make decisions about resources for your MLP, the people who work directly with patients every day, and anyone else who is critical to achieving your goals understand the value of offering legal services and having patient-centered legal expertise on staff at your health center. Creating this supportive environment starts with putting together a steering committee — with representatives from every relevant department — who will be involved in making big picture decisions and plans for the partnership. Having clinical, nonclinical, and leadership staff represented on the steering committee is critical so that all perspectives inform the goals for the program. It's also important to recruit clinical, administrative, and case management champions — the people with paid, protected MLP time who will be the bridges to and from the health center staff at-large. The steering committee and health center champions can help align MLP goals, data, and especially language and habits with health center priorities and practices.

2. STRATEGIC PLANNING

Using processes that guide your program's directions, goals, and strategies

Strategic planning is the glue that holds sustainability efforts together. Without a strategic direction and long-term goals, programs find themselves only reacting to day-to-day demands. Strategic planning involves thinking about short- and long-term goals, and putting them together in an outcome-oriented plan. Your steering committee should drive strategic planning. Remember that "legal' is not distinct from social; rather laws and policies create social needs and are often why legal solutions are needed. Look for opportunities to embed legal interventions as a response or catalyst for upstream activity in a way that complements the work the health center is already committed to doing. If legal services feel like extra work, the MLP will miss opportunities and be less successful.

3. ORGANIZATIONAL CAPACITY

Having the internal support and resources needed to effectively manage your program

An MLP's success hinges on having the staff, leadership, knowledge, and resources necessary to achieve the goals you set in Conversation 01. It means being realistic about how many lawyers and legal team members are required to meet the needs you've outlined and what type of expertise they must have, and then budgeting for it. It also means budgeting for protected health center champion time. MLP is a delivery model, not a referral network, so it's important think of the legal team as more than a unidirectional provider. The legal team should participate in clinic practices — such as case conferences, workgroups, and group medical visits — in the same way that doctors, nurses, and social workers do. This will also help create the relationships and opportunities for legal team members to use their patient-centered legal expertise to inform clinic-level changes. Make sure to also prioritize bi-directional efforts that will build knowledge, skills, and capacity across the MLP team (a detailed list of training topics, venues and tips can be found in Part III on workforce development).


AAMC AHEAD
Accelerating Health Equity; Advancing through Discovery
AAMC

Pre-Intervention and Post-Intervention Patient and Community Health Survey

Pre-Intervention Administration

Prior to legal intervention, the Pre-Intervention Patient and Community Health Survey can be administered. It is expected that the survey be combined with screening and intake questions in a manner that seems most appropriate to the individual legal team/MLP site and their intake protocol.
The questions are expected to be administered in the following ways:

- in-person via a paper-based survey (client completes);
- in-person interview (attorney/intake staff completes the information on behalf of the client);
- or via phone interview (attorney/intake staff completes the information on behalf of the client).

Post-Intervention Administration

Thirty days (30) after a case has closed (the legal intervention is complete), former clients can be contacted to participate in a former client interview using the Post-Intervention Patient and Community Health Survey. Former clients will be contacted by phone, U.S. mail, and email (when email address is available).

DRAFT

Association of American Medical Colleges

DOWNLOAD TOOLS FOR COLLECTING PATIENT EXPERIENCE DATA

In addition to looking at referral and case outcomes, you can also gather data about patients' experiences with MLP services. The American Association of Medical Colleges' AHEAD initiative developed MLP patient and community health pre- and post-intervention surveys. They provide a core set of questions that assess the impact of legal services on a patient's perception of their health, and the quality of the services they received.

Download the tool here.

4. PROGRAM EVALUATION

Assessing your program to inform planning, and documenting results

Evaluating your MLP helps you stay on track with your goals and outcomes, improve program effectiveness, and pivot if something isn't working. Having data can be critical both for building buy-in internally at the health center and for external fundraising purposes. Start collecting data from the beginning. Some of the data points to consider tracking include:

Screening and referrals

- The number of patients screened;
- The number of referrals made to the MLP legal team;
- The types of legal issues that were referred;
- Where referrals came from at the health center; and
- Demographics of patients who were referred.

Legal services provided

- The number of curbside consults completed;
- The types of legal issues for which curbside consults were requested;
- The number of patients who were successfully connected with the MLP legal team;
- The number and types of legal issues addressed for patients;
- The level of service provided to patients; and
- The dollar value of the legal services provided had they been billed at the prevailing market rate.

Outcomes

- Legal outcomes;
- Dollar value of any benefits obtained or financial liabilities avoided for patients;
- Patient satisfaction and/or perceptions of stress and well-being as measured by surveys;
- Dollars recovered for health center through successful appeals of health insurance denials;
- Number of patients whose medical visits were paid through successful appeals for worker compensation; and
- Changes in clinical and nonclinical staff's knowledge pre- and post-training as measured by surveys.

Additionally, while the metrics are harder to define, think about how you will capture and message the impact of clinic-level changes and policy projects your MLP engages in.

5. COMMUNICATIONS

Strategic communication with stakeholders and the public about your program

Health center staff and leadership

Sharing evidence — stories and data — about your MLP's successes can build buy-in and support. Regularly sharing challenges can help improve workflows to better achieve your goals. Some of this information can be shared with frontline staff during trainings. However, you should also plan for regular: (1) steering committee meetings; (2) meetings between the MLP legal team and all clinical and nonclinical staff involved in making referrals for continuous quality improvement and incorporating innovation strategies that iterate off the feedback of health center and lawyer stakeholders; and (3) sharing of reports / data with health center leadership.

Patients

Make specific plans for how patients will be made aware of legal services at the health center, and revisit strategies regularly. This might include posting flyers in the waiting room and throughout the clinic (see this sample patient flyer from HealthLinc's medical-legal partnership with Indiana Legal Services), having lawyers host "know your rights" trainings (more on that in Part III of the guide), or highlighting MLP services during patient support groups.

Funders, community partners, and media

Sharing evidence — stories and data — about your MLP's successes can help raise visibility and secure funding. When making communications plans, consider how you will keep funders and community partners informed, and whether media will be part of your strategy.

6. FUNDING STABILITY

Establishing a consistent financial base for your program

Planning for stable funding should be a strategic process that addresses the long-term needs of your MLP and adjusts to changing trends in economic and political cycles. Funding highs and lows make it difficult to provide consistent services. MLPs that rely on a single funding source, rather than multiple sources, are more vulnerable when funding cuts occur. For all these reasons, it's important to build a stable and diverse funding base. Identify and seek funding opportunities for social determinant of health strategies at the federal, state, and local levels where a medical-legal partnership could potentially qualify for funding. Refer back to Table 4 in Conversation 04 for ideas.

7. PARTNERSHIPS

Cultivating connections between your program and its stakeholders

Partners play an important role in sustainability in several ways including connecting you to greater resources or expertise and rallying the community around your program and its goals. Refer back to Conversation 06 for a list of health care, government, and community organizations that you should consider working with to strengthen and sustain your medical-legal partnership.

8. PROGRAM ADAPTATION

Taking actions to ensure your program's ongoing effectiveness

Circumstances change, and over time your MLP may need to pivot. The goal is not necessarily to sustain all of your MLP's components over time, but rather to sustain the most effective components and their benefits to your target group, and grow in new areas as necessary. This requires flexibility, adaptation to changing conditions, and continuous quality improvement. By meeting regularly to discuss your evaluation data and stories, you can ensure that your program effectively uses resources and continues to maximize its impact. Make sure that you are incorporating the feedback of clinical and nonclinical staff as well as the feedback of patients into the long-term strategic planning for the partnership. In addition to reviewing data, there are important questions you should ask annually:

Questions for health center staff and your MLP steering committee:

- How has the presence of a lawyer on the care team positively impacted (a) our patients; (b) the care team; and (c) health outcomes?
- What would have made it more impactful? Why? How?
- Have there been any negative effects of having a lawyer on the team? What? Why? How?

Questions for patients:

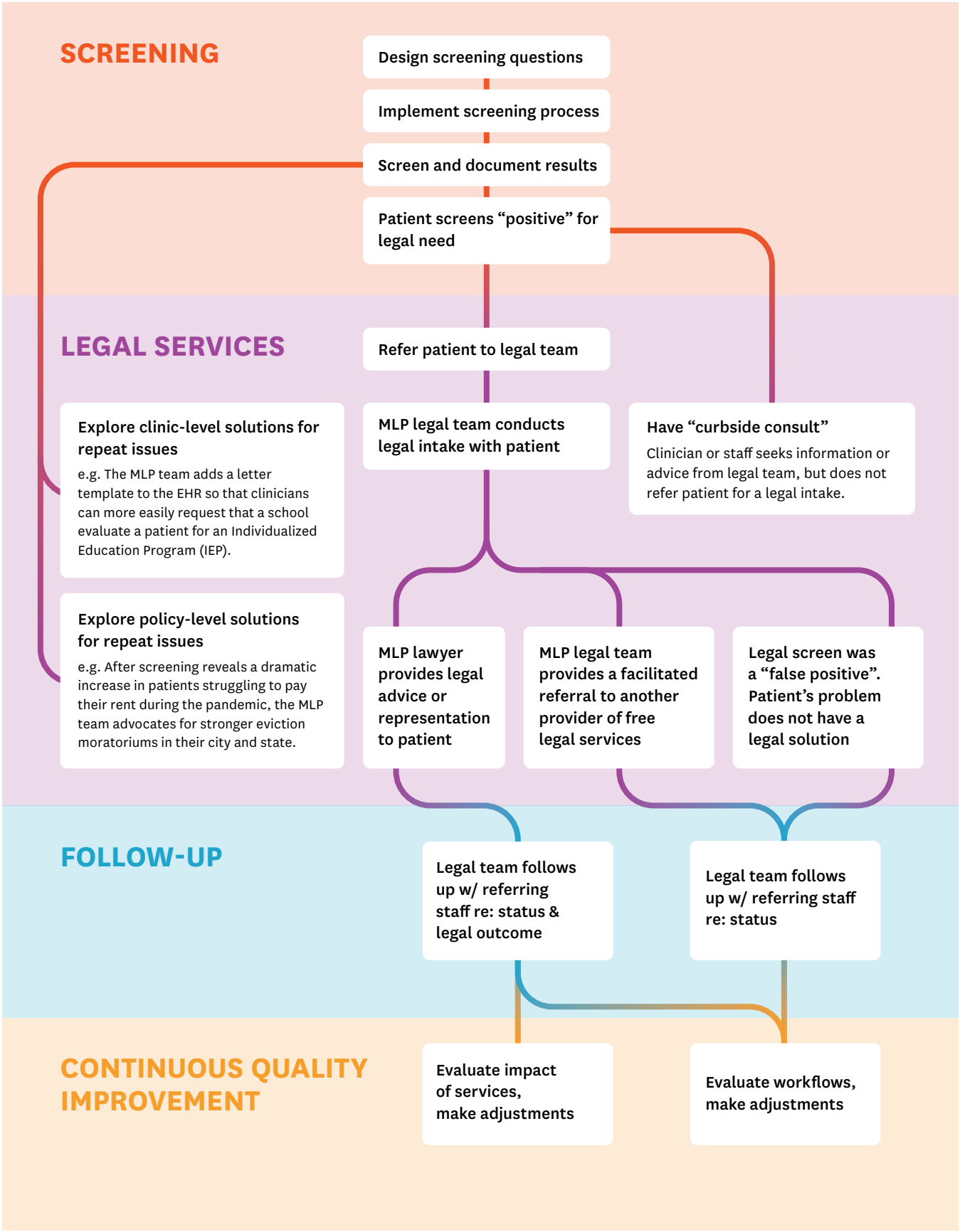
- Do you feel the MLP helped you positively and met your needs?
- What would you suggest to improve the overall MLP experience?

PART II

Implementing Workflows for Screening and Legal Services

Part II of this guide will help you design the screening, referral, and follow up workflows used by your medical-legal partnership, as well as help you better understand the different types of MLP legal services, including patient-centered curbside consults with staff, direct legal advice and representation for patients, clinic-level solutions, and policy-level solutions. The purpose of screening is to identify patients with unmet social needs that could be resolved through some level of MLP intervention. The flow chart on page 52 shows the various activities involved in screening for and providing legal services, each of which will be discussed in more depth. This part of the guide also outlines options and examples for integrating MLP screening and services within the electronic health record (EHR). The quality of the workflows put in place and how well they are communicated to staff will play a major role in the volume and quality of referrals.

SCROLL FOR THE FLOW CHART


SCREENING
Design screening questions
Implement screening process
Screen and document results
Patient screens "positive" for legal need
LEGAL SERVICES
Refer patient to legal team
Explore clinic-level solutions for repeat issues
e.g. The MLP team adds a letter template to the EHR so that clinicians can more easily request that a school evaluate a patient for an Individualized Education Program (IEP).
MLP legal team conducts legal intake with patient
Have "curbside consult"
Clinician or staff seeks information or advice from legal team, but does not refer patient for a legal intake.
Explore policy-level solutions for repeat issues
e.g. After screening reveals a dramatic increase in patients struggling to pay their rent during the pandemic, the MLP team advocates for stronger eviction moratoriums in their city and state.
MLP lawyer provides legal advice or representation to patient
MLP legal team provides a facilitated referral to another provider of free legal services
Legal screen was a "false positive". Patient's problem does not have a legal solution
FOLLOW-UP
Legal team follows up w/ referring staff re: status & legal outcome
Legal team follows up w/ referring staff re: status
CONTINUOUS QUALITY IMPROVEMENT
Evaluate impact of services, make adjustments
Evaluate workflows, make adjustments

Screening

It is important to align screening with the health center's existing tools and workflows. This revolves around five main questions:

1. WHY ARE WE CONSIDERING SCREENING?

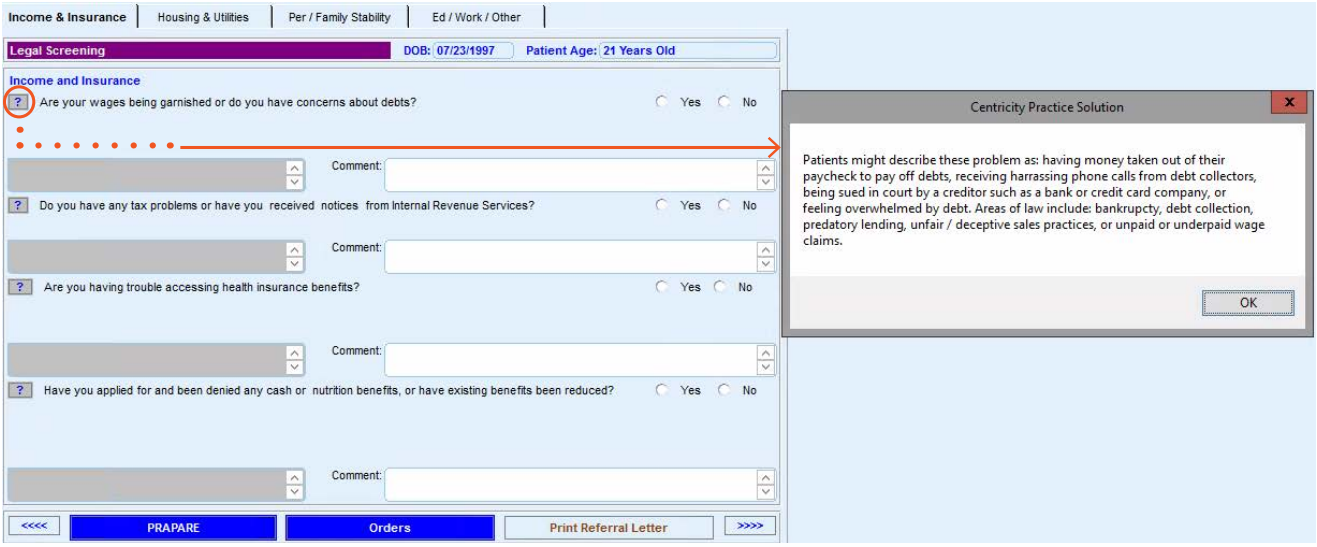
Health centers and legal partners should think through what they are trying to capture and what they will do with the information. Team members should agree upon the purpose of the screening, which at its core is to identify patients with unmet social needs that could be resolved through some level of intervention available through your MLP.

2. WHAT QUESTIONS WILL WE ASK?

Some medical-legal partnerships use the health center's existing social needs screener and either add specific legal screening questions or identify which existing social screening questions will trigger a referral to the MLP legal team. Look at the areas identified in your needs assessment to see if they are well-represented in existing screening tools. Other medical-legal partnerships opt to create a separate legal needs screener; however, this can make screening and referrals more burdensome on staff and patients.

Questions should be simple for the patient to understand, inclusive, culturally appropriate, and sensitive to potential trauma. For the benefit of both the patient and the health care team, include only questions that you have legal resources to address. Decide and clearly message to referring staff which questions should trigger a referral to the legal team when a patient screens "positive." The screenshot on page 54 shows the legal screening questions inside the Siouxland Community Health Center's electronic health record. You can also get ideas about potential screening questions from the screening tools created by the National Center for Medical-Legal Partnership, the National Association of Community Health Centers, and Health Leads.

SCREENSHOT OF LEGAL SCREENING QUESTIONS INSIDE THE SIOUXLAND COMMUNITY HEALTH CENTER'S ELECTRONIC HEALTH RECORD



3. HOW / WHEN / WHERE WILL PATIENTS BE SCREENED? WHO WILL SCREEN THEM?

There are many options and considerations. Patients can complete a screening form themselves while in the waiting room. They may be screened by front-desk staff during the registration process. A provider or care team member (like a nurse, medical assistant, care coordinator, etc.) may ask them formal or informal screening questions during a medical or behavioral health visit, or the patient may offer information that triggers deeper screening. You may also elect to use a combination of these approaches. Talk with your team about what procedure works best for them, what best aligns with referrals to other services at your health center, and whether the screener will be paper or electronic. Consider using the electronic health record (EHR) to screen, make, and track referrals. The EHR can also be used to identify and determine the volume of, for example: all patients with sickle cell; all patients with poorly controlled diabetes; all patients with an opioid use disorder who receive medication-assisted treatment; all patients who are homeless; etc. Consider who will automatically get referred for a higher level, full legal assessment versus the broader social needs screening offered to all patients (see Table 6 on page 56).

Additional considerations include: how you will keep the information private; how you will ask the patient's permission to ask the questions (for example, by explaining the purpose of the questions and what you will do with the information gathered, along with the option to "opt-out" of answering); and whether there has been an opportunity for the health center to earn the trust of the patient before the screening is conducted. An example script for staff conducting the screening is available in this EHR issue brief.

4. HOW WILL PATIENTS' ANSWERS BE DOCUMENTED?

In order to ensure that the screening process is working — and that every patient who should be screened for legal needs is in fact screened — it can help to document each screen regardless of whether or not there is a "positive screen" that prompts a referral to the MLP legal team. Consider how screening will be documented, who will document the screening, and where the information will be stored. For example, if the screening tool is part of the EHR and administered by staff, the results of the screening will be part of the EHR. If, on the other hand, you use a paper screening tool, someone will need to collect completed screening tools and record the results. If this is too cumbersome, consider performing periodic tests of the screening process by picking

one week or a month to track all screening tools. If the results are that fewer of the patients you expected to be screened actually were, the "test" may afford you the opportunity to do some additional training and education of staff on screening for legal needs. Make it clear as to which responses constitute a potential "positive" screen for a lawyer, and consider including instructions in the screening tool that spell out the next step and process for referral.

5. CAN WE USE EXISTING DATA IN THE EHR TO BYPASS THE NEED FOR PATIENT-BY-PATIENT SCREENING OR TO SCREEN ONLY A SUBSET OF ALL PATIENTS?

If your MLP will focus on serving a particular patient population, then it may make sense to use the EHR to identify the subset of patients you will provide information to or refer to the legal team. For example, at Open Door Health Center in Mankato, Minnesota, any patient with an opioid use disorder who receives medication-assisted treatment is automatically screened for MLP services using four questions tailored to common legal needs, and offered a referral to the legal team if they answer "yes" to any question. People's Community Clinic in Austin, Texas, along with their MLP legal partners from Texas Legal Services Center, identified a trend of young people being referred to the MLP lawyer for help with shared decision-making and future care planning. Now, each month People's Community Clinic runs a report in the EHR to identify all patients who are 17.5 years-old and sends them a packet with information about changes that patients and families can expect when the patient turns 18 as well as more detailed information about options for patients who might need assistance making health care-related or other important decisions. Because People's Community Clinic makes EHR-based referral orders to the MLP and the MLP legal teams add "legal diagnoses" to the EHR, this is a good example of how strong communication supplemented by EHR-based documentation helped partners identify a pattern and implement a clinic-level change to get patients critical information without requiring individual patient referrals to the MLP legal team.

TABLE 6. FOUR APPROACHES TO SCREENING

	APPROACH 1 **Separate MLP Screener** *Self-administered by patient or non-clinical health center staff*	APPROACH 2 **Part of PRAPARE or Similar Existing Social Needs Screening Tool** *Administered by clinical or non-clinical staff*	APPROACH 3 **A Hybrid Approach of 1 & 2**	APPROACH 4 **High-Level Screening within the EHR** *Not administered patient-by-patient*
EXAMPLE(S)	A screening template is used that asks questions specifically designed to identify legal needs. The template will typically include 3-12 questions. The screener may be paper, on a tablet, and/or entered directly into the EHR by staff in "real time" or later.	The MLP uses a set of social screening questions already in use by the health center to help identify patients who may need legal assistance.	A small number of screening questions are added to an existing screening tool used by the health center — like the new patient questionnaire — to specifically root out the issues that the legal team can help address. Positive screening results on certain existing social history or PRAPARE questions lead to a next step — a more in-depth legal screening only for those patients who are at high risk of issues that can be addressed by the legal team.	This approach uses existing data in the EHR to determine which patients should be offered higher-level screening and/or a referral to the legal team. For example, a report is set up to run a list of patients who fit into one or more of the following criteria: • Have lost health insurance in the past three months; • Have certain diagnoses and score at risk on the PHQ-9 or GAD-7; • Are experiencing homelessness; and/or • Score above a certain threshold in the number of PRAPARE questions on which the patient screens positive.

TABLE 6. FOUR APPROACHES TO SCREENING

	APPROACH 1 **Separate MLP Screener** *Self-administered by patient or non-clinical health center staff*	APPROACH 2 **Part of PRAPARE or Similar Existing Social Needs Screening Tool** *Administered by clinical or non-clinical staff*	APPROACH 3 **A Hybrid Approach of 1 & 2**	APPROACH 4 **High-Level Screening within the EHR** *Not administered patient-by-patient*
BENEFITS	• Screening questions crafted with the help of the legal team tend to be more specific than general social needs or SDOH questions, and can more precisely identify patients in need of legal assistance; and • A separate MLP screener helps remind both patients and staff that legal services are available.	• Questions are already being asked by the health center, so there is no additional screening burden on patients or staff; and • Many social screening questions do a good job of identifying patients who may need legal assistance, particularly if staff have been adequately trained about what makes a good MLP referral.	• The additional questions crafted by the legal team are highly targeted and fit into existing health center workflows; and • The health center leverages existing workflows while also limiting the number of "false positives."	• Requires no additional questions to be asked by staff or answered by patients; • Reports can be set up to align with existing health center initiatives or priorities; and • Can complement or overlap with other approaches.
CHALLENGES	• Patients and staff both experience "screening fatigue" and may feel like asking / answering these questions, on top of all the other required screening questions, is just too much; and • Health center staff may not ask these questions if the process for doing so has not been clearly explained and/ or does not fit into existing workflows.	• Social screening questions tend to be less specific than screening questions crafted by the legal team, and may be more likely to identify "false positives" — patients who either don't have a need that has a legal solution or don't have one that is actually addressed by the health center's MLP; and • Follow-up by legal staff to determine whether the MLP can help the patient may be time consuming, especially at health centers with few ancillary resources to address SDOH.	• It takes time and energy to determine an effective workflow around how a positive screen on a social screener then results in additional questions being administered and referrals being made to the MLP.	• Legal team members may not be able to review the reports or only be able to review aggregate data from the reports (to protect patient privacy), so health care staff will need to take the lead on preliminary intervention or follow-up; • Requires health IT staff time to help set up reports that provide the data; and • The reports will only help the MLP if a health center staff member regularly runs them and takes action on them.

Delivering Legal Services

When a patient screens positive for a potential legal need, there are four potential ways that health center staff and clinicians may involve the legal team:

CURBSIDE CONSULT OR TECHNICAL ASSISTANCE

If the referring provider needs clarification or information generally around a benefit, law, or issue, they may opt for a quick "curbside consult." This involves a formal or informal conversation (in person or via messages) where the legal team shares patient-centered legal information directly with the health center staff person in response to a question. In a typical *ad hoc* curbside consult, the legal team never meets or receives any identifying information about the patient, if there is one, who inspired the legal question. However, some MLPs have a formal protocol by which technical assistance can be requested either separate from or in tandem with a patient referral. Still others include the legal team as part of case huddles for complex patients and legal information is delivered in that setting.

For example, a nurse practitioner might consult with the MLP legal team after she finds out that one of her patients may be forced to switch school districts mid-academic year. The patient moved in with an aunt after her family was evicted from their home, and the patient's parents are concerned that a change of schools will make an already difficult school year even worse for their child. The MLP legal team educates the nurse practitioner about the McKinney-Vento Act and the protections it offers to students who are experiencing homelessness. After the nurse practitioner relays this information to the parents, the parents assert their child's rights with the original school district. Not only is the child allowed to remain in her original school for the remainder of the school year, but the school district is now providing free transportation. Additionally, the nurse practitioner gained knowledge that she can use the next time this issue arises.

PATIENT LEGAL ADVICE, REPRESENTATION, OR FACILITATED REFERRAL

The health care team may elect to send the patient to see the legal team directly for assistance. After gathering additional information, the legal team may provide legal advice — recommendations that are specific to the patient's situation or circumstances — and/or legal representation — where they take 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). The formal action may include going to court, advocating for a patient with an administrative agency including at an administrative hearing, attending an Individualized Education Program (IEP) meeting or school disciplinary hearing, making phone calls, or sending a letter to a landlord.

Alternatively, after gathering additional information, the legal team may find that the patient doesn't meet the MLP's criteria for services or that the patient has a problem outside their area of expertise, and they make a facilitated referral to another provider of free legal services. More than simply giving a phone number or website address of the other legal provider to the patient, the MLP legal team may spend a significant amount of time ensuring the referral is successful, including directly communicating with other legal organizations and sharing relevant evidence/documentation (e.g., medical records) with the patient's permission.

CLINIC-LEVEL SOLUTIONS

Some needs identified through "positive screens" point to clinic policies or procedures ripe for change. These opportunities often grow out of trends seen in curbside consults or patient referrals. These activities seek to implement quality improvement initiatives and/or increase MLP capacity by identifying solutions that can be accessed for all patients without needing to make individual referrals to the legal team. At many health centers, MLP teams think through templates that can be developed and added to the electronic health record that clinicians can use when they need to write letters to support patients' requests for reasonable accommodations at work, to prevent chronically ill patients' utilities from being shut off, to request that a school evaluate or re-evaluate a student for an Individualized Education Program (IEP), to request an emotional support animal for a patient, or other situations that require medical documentation of need. Similarly, during COVID-19, many patients may have questions for their clinicians about applying for unemployment benefits and COVID-related protections against eviction. An MLP team might respond by putting together two informational "one-pagers" for clinicians and other staff to share with patients about each topic. The health center could translate them to relevant languages and upload them to the health center's website, then send them individually to patients via mail or via an emailed or texted link, depending on the patient's preference. These types of clinic-level changes put information and tools in the hands of staff and patients using a streamlined system, rather than relying on the lawyer to relay information and advice one person at a time.

SYSTEM-LEVEL SOLUTIONS

If patterns in "positive screens" point to a consistent problem with a regulatory, administrative, or legislative policy, the MLP team can pursue upstream strategies to change the policy and, in the best case scenario, prevent individual problems from occurring or becoming acute and advance health equity. For example, during the pandemic, MLP teams have been involved in trying to ensure eviction moratoriums are enacted in their cities and states. For detailed examples, see Part IV of this guide on MLP patients-to-policy work.

What does a patient referral to the MLP legal team look like in practice?

When a positive screen requires that the legal team meet with the patient, health centers elect to make referrals in different ways. Medical-legal partnerships that have access to health IT resources often build structured referrals into the electronic health record. Other programs make note of a referral in free text in the EHR and have a staff member or patient call, email, or fax the MLP lawyer or paralegal. Alternatively, some MLPs will have the clinician or staff member who administers the screening tool and who determines a positive result bring the patient to the legal team's office space for a legal intake (i.e., a "warm hand-off"). Again, think of referral workflows for other services at your health center, and what will be most familiar and easiest for staff to adapt to.

Note that for MLPs that engage in high-level screening in the EHR (see Approach 4 in Table 6 on page 56), it's possible that none of the information from the screening will be shared directly with the legal team. Instead, the health center team may use the higher-level reports to identify certain patients to affirmatively invite to engage in legal services, and if the patient consents, the legal team will then receive notice of the referral via one the same methods described above.

What information is typically shared at the time of the referral, and how do we comply with HIPAA?

The legal team typical receives the:

- Patient's name, language spoken, and contact information;
- Name of referring clinician or health center staff person, and contact information;
- Department or location from which the patient was referred;
- Results of social / legal screening;
- Relevant clinical diagnoses (e.g., PTSD, mental health condition); and sometimes
- Clinical notes about unmet social / legal needs (e.g., unable to afford food, no place to live).

While specific patient consent processes may vary depending on the level of integration and coordination between health center staff and the legal team, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), patient consent is central to any information-sharing model. Refer to this privacy brief for a deep dive into different approaches. Patient consent forms are used to ensure compliance with HIPAA and protect patient confidentiality when sharing protected health information with lawyers and paralegals within an MLP context. Patient authorization to share information with the legal team can be obtained:

- During the initial patient intake process at the health center;
- When a legal issue is identified though a formal screening process and a patient is to be referred to the legal team; or
- During the course of treatment when a legal need is identified and a provider would like to refer a patient to the legal team for legal assistance.

Additionally, many states have laws that may preempt HIPAA, and so incorporation of those laws may be appropriate.

What is a legal intake and what happens afterward?

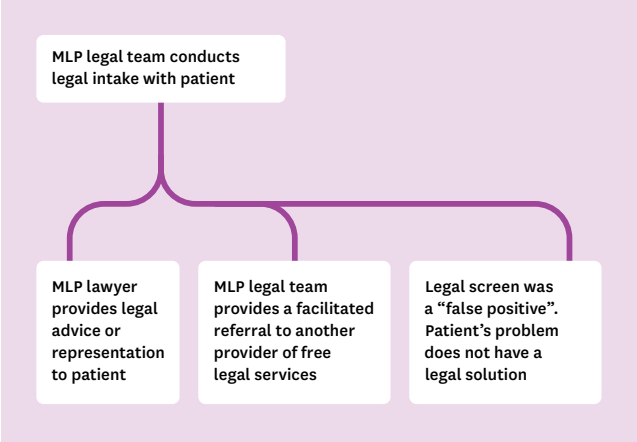
A legal intake conducted by the legal team is a more in-depth assessment of the patient's legal needs. It takes place after the patient has screened positive for legal needs and has been referred to the MLP lawyer and/or paralegal. This assessment typically screens for a range of legal issues, not just those for which the patient was initially referred to the MLP. These initial conversations usually last 30-60 minutes, and may take considerably longer depending on the patient's needs.

Think of it this way: a primary care physician may not need to know what type of heart murmur a patient has; they just need to be able to listen, know something is off, and make a referral to a cardiologist. Similarly, when screening for legal needs, a clinician needs only to know that a "positive screen" means the patient should see the legal team. Just like a cardiologist would run more tests to learn more about the heart murmur, the lawyer will ask questions to pinpoint the exact details of the problem(s) and how they might be treated. A legal intake is also when the lawyer can confirm someone's eligibility for legal services (for example, by asking questions about the patient's household income and where they live).

The legal intake results in one of three outcomes:

- **The MLP lawyer may provide legal advice or legal representation to the patient.** Legal advice involves a legal assessment and/or recommendation that are specific to the patient's situation or circumstances. Legal representation includes legal advice to the patient 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). The formal action may include going to court, advocating for a patient with an administrative agency including at an administrative hearing, attending an IEP meeting or school disciplinary hearing, making phone calls or sending a letter to a landlord.

- **The legal team may find that the patient doesn't meet the MLP's criteria for services or that the patient has a problem outside their area of expertise, and they make a facilitated referral to another provider of free legal services.** More than simply giving a phone number or website address of the other legal provider to the patient, the MLP legal team may spend a significant amount of time ensuring the referral is successful, including directly communicating with other legal organizations and sharing relevant evidence/documentation (e.g., medical records) with the patient's permission.
- **The legal team could determine that the screen was a "false positive" and there is no legal action that will be helpful.**



Following up

What information does the MLP lawyer typically share back with the referring clinician or staff member after they meet with the patient? How do we protect attorney-client privilege?

STATUS UPDATES

At minimum, MLP lawyers will let the referring clinician or staff member know whether the patient received services. The lawyer will share:

- When the lawyer connected with patient or if the lawyer was unable to do so;
- If the lawyer resolved the patient's legal problem;
- If the lawyer did not resolve the patient's legal problem, but provided information or a facilitated referral to another provider of free legal services;
- If the screening was a "false positive", and there was not actually a problem the lawyer could help with. In this case, the MLP lawyer might use this opportunity to provide additional information to the clinician about the types of legal issues that they can assist with.

LEGAL OUTCOME UPDATES

- Information about how the case was resolved (e.g., patient was not evicted, patient won insurance appeal). Depending on the nature of the case, some final legal outcomes may not be known for a period of months or years after the initial referral is made. *Note: At some MLPs, lawyers provide this information, while other MLPs rely on the patient to keep the referring clinician or staff member up-to-date on the outcome of the legal case.*

CONFIDENTIALITY

Confidential information shared between MLP lawyers and their patient-clients is protected by attorney-client privilege. The MLP lawyer can provide legal services to the patient even if the patient does not consent to have their information shared with the health center team. Further, the patient must consent if confidential information discussed with the lawyer will be shared with the health center team. This typically includes any information pertaining to the legal outcomes of the patient's case. Consent to have an MLP lawyer share a patient's information with the health center team is often documented:

- On the legal referral form; or
- On a separate legal consent form.

Some legal consent language authorizes specific types of information to be shared, such as the completion of an initial legal consultation or intake with a patient, an instance when the MLP lawyer cannot get in touch with a patient, or when a patient's problem is resolved by the MLP lawyer.

HOW THE HEALTH CARE TEAM MAY PARTICIPATE *DURING* A LEGAL CASE

SOCIAL WORKERS / CASE MANGERS

- Help the legal team track down / connect with the patient if initial attempts at contact are unsuccessful
- Provide case management / other administrative support (e.g., help collect documents)

CLINICIANS

- Provide medical documentation that will serve as evidence and/or an expert opinion. This may be created with support from the legal team via an electronic health record template or it may be something that is specific for this patient/situation
- Very rarely, testify at an administrative hearing or in court

BEHAVIORAL HEALTH PROVIDERS

- Provide behavioral health support to the patient during a stressful process

VARIOUS TEAM MEMBERS

- Provide informal but expert advice to legal team. For example, what certain medical records mean, advice on how to keep a patient engaged in the process, and/or how to communicate effectively with a patient with, for example, depression, anxiety, or other behavioral health issues

Continuous Quality Improvement

Plan to meet regularly to discuss continuous quality improvement opportunities. You won't get the workflow perfect the first time; it will need to be revisited and updated. Think about how often you will check-in and who will be part of these conversations. As part of your discussions, it will be important to share anecdotes and success stories, and also run reports from the electronic health record (EHR) and legal case management system to review data around the following areas:

HEALTH CENTER DATA

- The number of patients screened;
- The number of referrals made to the MLP legal team;
- The types of legal issues that were referred;
- Where referrals came from at the health center and from whom; and
- Demographics of patients who were referred.

LEGAL TEAM DATA:

- The number of curbside consults completed;
- The types of legal issues for which curbside consults were requested;
- The number of patients who were successfully connected with the MLP legal team;
- The number and types of legal issues addressed for patients;
- The level of service provided patients;
- Legal outcomes;
- Dollar value of any benefits obtained or financial liabilities avoided for patients;
- Dollars recovered for health center through successful appeals of health insurance denials; and
- The dollar value of the legal services provided had they been billed at the prevailing market rate.

While the metrics are harder to define for clinic and policy change activities, it's important to think about how you will capture this work and communicate its value inside and outside the health center.

PART III

Strengthening the Health Center Workforce

Building a stable, committed, and skilled workforce that meets the needs of patients and communities has always been core to the health center movement and mission. Part of what makes a health center's workforce strong is its interdisciplinary nature — uniting a range of roles and expertise in service of comprehensive primary care. Medical-legal partnership builds on this foundation.

DOWNLOAD TOOLS FOR MEASURING THE EFFECTIVENESS OF TRAININGS

The American Association of Medical Colleges' AHEAD initiative developed MLP learner pre- and post-surveys. They include a core set of questions used to examine the effect — on staff member knowledge, attitudes, and beliefs — of various types of education about social determinants of health and medical-legal partnerships.

DOWNLOAD THE TOOL HERE

The Social Determinants of Health Academy

EXPLORE A VARIETY OF SDOH TRAININGS

The National Center for Medical-Legal Partnership is a lead organizer of The Social Determinants of Health Academy. It is a HRSA-funded virtual training series designed to help the health center community develop, implement, and sustain SDOH interventions in their clinics and communities.

LEARN MORE
and explore the free trainings.

Lawyers and paralegals bring their patient-centered legal expertise into the fold, and through curbside consults and trainings, help health center team members improve their problem-solving skills related to the social determinants of health. Their work on behalf of patients help clinical and nonclinical staff work at "top of license," which may be connected to retention and even recruitment. This is one of the benefits clinicians most frequently report about working with an integrated legal team. (Read more in this white paper exploring clinician perceptions of medical-legal partnerships.)

While it is important to take a broad view of the role and impact of integrating lawyers into the health center team in terms of workforce dynamics, this section specifically explores more deeply the opportunities for training — not only the health center workforce, but also the legal team and patients.

- **The health center workforce.** The clinical and non-clinical health center workforce receives training directly from the MLP legal team — with guidance from the health center MLP champion(s) — about the types of legal issues patients face, how the legal team can help, and how to identify patients' legal needs and make referrals. These trainings also build staff engagement by providing a forum for learning, questions, concerns, and input.
- **MLP lawyers and paralegals.** Trainings for MLP lawyers and paralegals focus on health and health care concepts, and are important for enhancing the legal team members' ability to serve patients, as are trainings related to health center operations, culture, and mission. These trainings are typically conducted by health center MLP champions and colleagues.
- **Patients.** Many MLP legal teams offer trainings directly to patients. These are most commonly "know your rights" trainings that educate patients on their rights around specific legal issues.

Think strategically about all trainings, how they are rolled out, and the frequency of those trainings. While there are no MLP trainings used universally across all partnerships — trainings are specific to their health care setting, the people served by an MLP, and the issues handled by an MLP — there are steps every MLP team can take to plan for their trainings:

1. **Define the audience and goals for the training.**
2. **Decide on the content.** MLP training can encompass a lot of concepts and is usually delivered in a short amount of time. Identify the most important messages to impart and tailor messaging for the target audience.
3. **Choose the most effective forum for that training.** Sometimes a formal training session is best. Other times, follow up questions and concerns can be better addressed through a regular forum for the MLP legal team to touch base with staff, such as having the lawyer and/or paralegal attend weekly or monthly clinical team meetings.
4. **Discuss / evaluate the effectiveness of the training.**
5. **Make it an ongoing activity.** Staff turnover, low referral numbers, or confusion about the screening process or referral workflows are common reasons for follow-up trainings. Beyond the basic training curriculum, the full MLP team — health center and legal staff together — may identify specific legal topics that are of interest to health center staff and conduct additional topical trainings as a result.

Table 7 on pages 67 – 69 offers suggested content, forums, and training tips for each audience. Health center and legal team members should work together to identify training needs, develop curriculum, and select training forums.

TABLE 7. TYPES OF MLP TRAININGS

AUDIENCES	POTENTIAL TOPICS/ CONTENT	POTENTIAL FORUMS	TIPS
TRAININGS FOR HEALTH CENTER STAFF			
If the MLP is in a specific clinic, you may include all health center staff in that clinic. If the scope and reach of your MLP is throughout an entire health center, you should come up with an incremental plan for training priority staff, such as those most closely involved in screening and referring patients for legal services. Health center staff members who might benefit from MLP training include: • Health care providers (Physicians, Advance Practice Nurses, Physician Assistants, Behavioral Health Providers) • Nurses • Medical Assistants • Social Workers • Case Managers and Care Coordinators • Community Health Workers • Behavioral health care team members • Registration staff • Clinical leadership • Health care learners (Residents, Fellows, Nursing Students, Behavioral Health Students) • Other staff that assist patients with social needs	• Types of civil (as opposed to criminal) legal issues that patients face, including the results of your MLP needs assessment; • Explanation of how the MLP legal team can assist with identified issues. It's helpful to include specific examples of how the legal team intervenes, what the legal outcome may be, and how this might improve the patient's life; • Description of how the MLP operates at the health center (i.e. how to screen patients for unmet social and legal needs, the MLP referral procedure, availability of the legal team, how to contact the legal team with questions during on-site and off-site hours); • Criteria that affect patients' eligibility for free legal services, including any income limits, and info about issues the MLP does and does not address; and • Discussion of patient/ client confidentiality and the consent process.	Health center staff should help identify the right opportunities for trainings. Potential forums include: • Employee orientations and onboarding; • Clinical team meetings and huddles; • All-staff meetings; • Stand-alone training sessions on MLP (i.e. conference space is booked and staff are invited to attend an MLP training session); • Funneling training information and materials through health center MLP champions and asking them to share with staff; and • One-on-one curbside consults.	• Seek out help from a health center staff member or clinical champion who can help make the content relevant and digestible for a non-legal crowd; • Illustrate training topics with success stories, case studies, examples, and data; • Don't expect that everyone will take notes. Consider leaving something behind (business card, one-page handout with the legal team's contact info); • Learning is a two-way street. The legal team should use trainings as an opportunity to learn from staff, take suggestions, and improve workflows and services; and • If resources permit, you may want to use a brief pre-training survey to take a baseline of your audience's knowledge prior to the training in order to anticipate questions and refine the content of the training.

TABLE 7. TYPES OF MLP TRAININGS

AUDIENCES	POTENTIAL TOPICS/ CONTENT	POTENTIAL FORUMS	TIPS
TRAININGS FOR LEGAL TEAM			
• Lawyers and paralegals staffing the health center-based MLP • "Contract it" model only: Lawyers, paralegals, and law students who work at the legal services organization or who are pro bono lawyers, who may take on a case from the MLP because of a specialized legal area, but who do not directly work with the MLP • "Contract it" model only: Leadership and other staff at the legal services organization	• Information on the health center's organization, structure, and mission, and on the history of health centers; • Information about the roles of health care team members and how they function together; • Explanation of the specific health care and health issues the target population(s) face and how they intersect with social needs; • Advice for phrasing legal questions or statements in a non-triggering and supportive way, including using trauma-informed language and a strengths-based approach, so that difficult conversations that are essential for the legal team to have with a patient are easier and do not cause additional distress; • Strategies to effectively convey legal information to patients taking into account their familiarity with legal services and their unique health conditions; and • Guidance about what clinicians can and cannot do for patients related to legal concerns in order to maintain the clinical treatment relationship.	• Informal consults between a provider and a legal team member; • Legal services organization's staff meetings; and • Stand-alone training sessions (i.e. conference space is booked and staff are invited to attend an MLP training session).	• Seek out help from a legal team member who can help shape the content in ways legal team members will understand; • Start with the basics. Assume that legal team members need the most basic information about how the health center operates and what team members do what; and • Keep in mind that while most clinicians and health care professionals are trained to work toward the general rule, lawyers are trained to work toward the exception. This affects how lawyers learn and approach new information.

TABLE 7. TYPES OF MLP TRAININGS

AUDIENCES	POTENTIAL TOPICS/ CONTENT	POTENTIAL FORUMS	TIPS
TRAININGS FOR PATIENTS			
May be open to all patients and staff, as well as community members and advocates, or just to certain populations. For example, People's Community Clinic in Austin offers regular public charge trainings for nonimmigrants, immigrants, and their advocates.	• Typically a "know-your-rights" presentation on a specific legal topic (e.g., People Community Clinic's Gender Affirmation: Law and Advocacy Series to tackle issues specific to trans and non-binary patients, community members, and advocates of the same); and • May be accompanied by a legal clinic, where lawyers in the community provide one-on-one legal services after the presentation. (e.g., People's Community Clinic hosts annual alternatives to guardianship trainings for adolescents transitioning to adulthood with a legal clinic run and managed by law students, supervised by volunteer lawyers from Texas Legal Services Center.)	• Most commonly dedicated live events; • Handouts available in the waiting room or given by a staff member who identified a legal need; • Slide in the scrolling waiting room slide show; and • Community-facing webpages with information and resources.	• Consider audience language needs, as subsequent sessions in different languages may be easier than interpretation unless it's by headset; • Invite other community advocates. Often social services organizations do not have a reliable resource for the legal needs of their clients (e.g., Head Start); • Have sign-in sheets so you can follow-up. (People's Community Clinic got a grant for its MLP legal team from Texas Legal Services Center to turn its Gender Affirmation: Law and Advocacy Series into a written "know-your-rights" guide, which was shared with attendees and published online); • Be mindful of controversial topics that may not lend themselves to open attendance; • Consider the lunch hour, evenings, or weekends; and • Serve food!

PART IV

Moving Upstream from Patients-to-Policy

One of the biggest benefits of having legal expertise as part of the care team is the ability to address social determinants of health (SDOH) upstream. Working together, the health center and legal teams at medical-legal partnerships often detect patterns in patients' social and legal needs that reveal opportunities to advance healthy policy solutions for whole communities. These projects allow the health center to help more people and, in the best case scenario, prevent problems from occurring or becoming acute and advance health equity. Medical-legal partnership is one of the only interventions that works to both address patients' individual needs and improve policies affecting SDOH.

Sometimes screening reveals patterns that point to unhealthy regulatory, administrative, or legislative policies. Working together, MLP teams can address these issues. The strategies that MLPs use to change policies vary greatly and depend on the particular situation, policy, and stakeholders involved. Strategies include using data and stories to educate decision makers about the effects of a policy via informal conversations or by providing written or oral testimony; meeting with agencies to propose changes to application requirements and procedures for benefits; convening community stakeholders and decision makers; and challenging laws in court.

SEE PATIENTS-TO-POLICY WORK IN ACTION

At Whitman-Walker Health in Washington D.C., the MLP team helped ensure platinum insurance plans — used by the majority of chronically ill patients at the health center — remained available in the D.C. Marketplace. Read their story and patients-to-policy stories from other health centers.

What are examples of broader policy solutions?

At Whitman-Walker Health in Washington D.C., their MLP team helped eliminate barriers to accessing life-saving HIV medication, and they ensured platinum insurance plans — used by the majority of chronically ill patients at the health center — remained available in the D.C. Marketplace. Erie Family Health Centers in Chicago and their MLP legal partners Loyola University Chicago School of Law and LAF Chicago were part of a nationwide effort to change federal regulations that weren't keeping kids safe from lead poisoning. Each of the links above takes you to the full story of how those changes were made, including the strategies used and the roles different legal and health center team members played.

During the COVID-19 pandemic, the MLP team at People's Community Clinic, Texas Health Action, and Texas Legal Services Center led efforts on a successful emergency rule-making petition for a statewide directive around utility protection. In New York City, LegalHealth, a division of the New York Legal Assistance Group, worked to change practice laws and regulations to expand standby guardianships to include anyone exposed to COVID-19. MLPs across the country have also worked to expand eviction moratoriums in their cities and states. Each of these projects were deeply informed by what MLP teams witnessed in patient care, and were pursued through deep communication and by leveraging different team members insights.

How can our health center start to identify and approach patients-to-policy projects?

1. Be explicit about patients-to-policy activities as a collective goal. Talk about this work as part of your steering committee discussions, and include it in your Memorandum of Understanding (MOU), your standing team meeting agenda, and your training curriculum.

2. Work together as partners to identify population, disease, and/or social need policy priorities using professional insights from health center and legal team members, individual patient experiences, community input, and health and legal data. All of these sources will point to trends and opportunities to act if communication between partners is strong and ongoing. To jumpstart these conversations with partners, ask questions such as:

    - What is hard right now?
    - Operationally, what is challenging and causing inefficiencies or highlighting an inefficient system or process?
    - How can we solve this differently?

3. Incorporate discussion about policy activities, successes, challenges, and opportunities in cross-organizational channels so that legal and health center team members can better see and understand the potential and impact of the MLP program. If you only talk about the impact of legal advice and representation provided to patients, staff will likely think it is the only aspect of the MLP. Celebrating policy successes and prioritizing conversations about how staff can work together on these projects in critical.

Connect with the medical-legal partnership community

Having legal expertise on the health care team is more important than it has even been. Health centers need partners that can help address urgent problems arising from COVID-19 and structural health inequities. Just like any other service offered by your health center, the needs of your patients and community will change over time, as will your priorities. It's important to keep revisiting the conversations outlined in this guide to ensure you are maximizing your resources. As you do, remember that you are not alone. You are part of a large community of health centers doing this work, and the National Center for Medical-Legal Partnership is here to connect you with other health centers, answer your questions, and provide you with resources.

CONTACT US

medical-legalpartnership.org/contact-us

DOWNLOAD RESOURCES

medical-legalpartnership.org/resources

LEARN MORE ABOUT THE SDOH ACADEMY

sdohacademy.com

FIND US ON THE HEALTH CENTER RESOURCE CLEARINGHOUSE

healthcenterinfo.org

Glossary of Terms

ADMINISTRATIVE CHAMPION

A high-level health center leader who is involved in setting priorities and making decisions about how the medical-legal partnership will operate at the health center. This person will likely be a Chief Executive Officer (CEO), Chief Operating Officer (COO), or the head of a large division within the health center, such as the Medical Director or the Director of Behavioral Health. Ideally, this person has paid, protected MLP time.

CASE MANAGEMENT CHAMPION

A case manager or social worker who serves as a bridge between the legal team and patients, helping the legal team understand patient needs and context related to social determinants of health. This leader also acts as a bridge to the rest of the health center's case management staff, and participates in planning activities, establishing workflows, and trainings. Ideally, this person has paid, protected MLP time.

CLINIC-LEVEL CHANGE

MLP provides opportunities to engage in activities that will lead to changes in the clinic's policies or procedures. These opportunities often grow out of trends seen in case consultations or patient referrals. These activities seek to implement quality improvement initiatives and/or increase MLP capacity by identifying solutions that can be accessed for all patients without needing to make individual referrals to the MLP.

Example 1

MLP legal and health center team members notice an uptick of patients having their electricity turned off. Clinicians and social work staff are frustrated because their ad hoc letters sent on behalf of patients to the electric company are being denied for being "insufficient." The MLP develops an EHR template that makes clear which patients are eligible for an extension of payment and/or protection from shut-off, allows clinicians to document eligibility criteria via a drop-down menu, and includes the fax number where the form should be sent.

Example 2

During COVID-19, many patients have questions for their clinicians about applying for unemployment benefits and COVID-related protections against eviction. The MLP puts together two informational "one-pagers" for clinicians and other staff to share with patients about each topic and has them translated into Spanish and Haitian Creole. The one-pagers are uploaded to the health center's website and can be sent individually via mail or via an emailed or texted link, depending on the patient's preference.

Example 3

A health center decides to revamp its social history screening in the EHR because clinicians are concerned that "there are too many questions, they're very intrusive, and we don't do anything with the answers." The health center invites the MLP lawyer to participate on the committee tasked with designing the new screening form. Several questions are removed, others are reworded, and two specific legal questions are added to help identify the patients experiencing the types of legal needs on which the MLP is focused.

CLINICAL CHAMPION

A clinical leader who is involved not only in setting priorities and making decisions about how the MLP will operate, but also actively sees patients, has "lived experience" of workflows, and can help navigate day-to-day opportunities and challenges that arise as frontline staff seek to make use of MLP services. This person may be a physician, advanced practice nurse, physician's assistant, or behavioral health provider. Health center MLPs may have more than one clinical champion, especially in organizations where legal screening occurs in multiple workflows and/or patient service lines. Ideally, this person has paid, protected MLP time.

CURBSIDE CONSULT / CASE CONSULTATION

A formal or informal conversation (in person or via messages) where the MLP legal team shares patient-centered legal information in response to a question from the health care team. In a typical *ad hoc* curbside consult, the legal team never meets or receives any identifying information about the patient, if there is one, who inspired the legal question. However, some MLPs have a formal protocol by which technical assistance can be requested either separate from or in tandem with a patient referral. Still others include the legal team as part of case huddles for complex patients and legal information is delivered in that setting.

Example

A nurse practitioner consults with the MLP legal team after she finds out that one of her patients may be forced to switch school districts mid-academic year. The patient moved in with an aunt after her family was evicted from their home, and the patient's parents are concerned that a change of schools will make an already difficult school year even worse for their child. The MLP legal team educates the nurse practitioner about the McKinney-Vento Act and the protections it offers to students who are experiencing homelessness. After the nurse practitioner relays this information to the parents, the parents assert their child's rights with the original school district. Not only is the child allowed to remain in her original school for the remainder of the school year, but the school district is now providing free transportation. Additionally, the nurse practitioner gained knowledge she can use the next time this issue arises.

EHR MLP TEMPLATE

A letter template that helps to assert or protect a patient's rights to a service or accommodation that is developed and/or vetted by all MLP partners, can be added to a health center's electronic health record (EHR) system, is easily accessed by clinicians and other health care staff, and can be personalized on behalf of a patient with a legal or social need without making a direct referral to the MLP legal team.

FACILITATED REFERRAL

A facilitated referral occurs when there is a "warm hand-off" of a patient's legal care by the MLP legal team to another provider of free legal services. More than simply giving a phone number or website address of the other legal provider to the patient, the MLP staff person may spend a significant amount of time ensuring the referral is successful, including directly communicating with other legal organizations and sharing relevant evidence / documentation (e.g., medical records) with the patient's permission.

Example

An MLP paralegal who does not represent clients in immigration cases helps to place a patient with a law school clinic that provides free immigration representation for survivors of domestic violence. As part of the facilitated referral, the paralegal obtains medical records documenting abuse-related injuries the patient has sustained and, with the patient's consent, forwards them to the law school clinic's students and lawyers.

I-HELP™

Mnemonic developed by the National Center for Medical-Legal Partnership to help health care staff categorize the types of social needs that legal teams can help address. The categories are:

- Income & insurance
- Housing & utilities
- Education & employment
- Legal status; and
- Personal & family stability

IOLTA OR IOLA PROGRAMS

"Interest on Lawyer's Trust Accounts" (IOLTA) and other similarly-named programs are the primary state-based (as opposed to federally-based) funding mechanism for non-profit civil legal services programs. IOLTA funds derive from interest generated through client funds held by lawyers in a bank account or trust for future use, and are typically administered by a court- or state-authorized entity. In recent years, IOLTA funding has decreased considerably due to lower interest rates.

LEGAL ADVICE

Legal advice is provided to an individual patient by a lawyer (or by a law student or paralegal under the direct supervision of a lawyer). Legal advice involves a legal assessment and/or recommendations that are specific to the patient's situation or circumstances. Legal advice is usually provided verbally but often will include written follow-up to the patient. Legal

advice does not include any action by the legal team on behalf of the patient, but may include advice on how the patient can proceed on their own. Legal advice might also include the assessment that there is no feasible legal solution to the patient's problem. *See also Legal representation*.

LEGAL CASE MANAGEMENT SYSTEM

Analogous to the EHR. The MLP team tracks information about clients, cases, time, documents, and more in the legal case management system. Unlike the EHR, legal case management systems are usually centered on one legal case rather than one client. For example, one health center patient may have multiple legal cases in the legal case management system: one for a pending eviction, one for a restraining order, and one for a disability application. Because of how the legal case management system is organized, it is often easier for MLP legal teams to report on information about the total cases completed on behalf of patients rather than total patients helped.

LEGAL INTAKE

A legal intake is an in-depth assessment of the patient's legal needs and a review of their eligibility for services. Questions typically include those about where the patient resides, household income and assets, demographics, and questions specific to the patient's legal issues. Some MLPs only ask questions about legal issues for which the patient was referred, but most will conduct some level of further screening to determine if there are other issues with which the MLP legal team can assist the patient. It is not uncommon for a patient to be referred for one legal issue but during the legal intake, the legal team also uncovers one or more additional legal needs. This identification of multiple issues has been particularly true during the COVID-19 pandemic.

LEGAL NEED

A legal need, simply put, is a social need that has legal solutions. If a patient shares with their doctor that they are not getting enough food to eat because their SNAP benefits have been incorrectly cut, then that social need is also a legal need because it likely requires a lawyer to file an appeal to have the benefits reinstated. Sometimes the legal world refers to these as "civil legal needs," distinguishing them from legal needs that relate to criminal matters. Most MLPs do not address criminal matters, although many assist with related post-conviction legal needs such as expungements or drivers' license reinstatements.

LEGAL REPRESENTATION

Legal representation includes legal advice to the patient 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). The formal action may include going to court, advocating for a patient with an administrative agency including at an administrative hearing, attending an Individualized Education Program (IEP) meeting or school disciplinary hearing, making phone calls or sending a letter to a landlord. The patient and the legal team will sign a retainer agreement outlining the scope of the representation. *See also Legal advice*.

LEGAL SERVICES CORPORATION

Analogous to HRSA. The Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. LSC promotes equal access to justice by providing funding to 132 independent non-profit legal aid programs in every state, the District of Columbia, and U.S. Territories. LSC grantees serve thousands of low-income individuals, children, families, seniors, and Veterans in 813 offices in every congressional district. More information about LSC is available at lsc.gov. Not every civil legal services non-profit receives funding from LSC, but many do. Note that there are other, non-LSC-based federal funding streams available to health centers and/or legal services programs that might overlap well in a health center-based MLP, including through AmeriCorps, Housing & Urban Development (HUD), Legal Help for Veterans (LHV), the Low Income Tax Credit program (LITC), Ryan White, the Victims of Crime Act (VOCA), and the Violence Against Women's Act (VAWA).

LEGAL TEAM / MLP LEGAL TEAM

Just as physicians are not the only health center staff members who provide health care, lawyers are not the only professionals who can provide legal care. An MLP legal team is typically made up of at least one lawyer, but may also include other types of staff, including paralegals, legal intake specialists, and law students.

PARALEGAL

A paralegal is an individual who is employed or retained by a lawyer, law office, corporation, governmental agency, or other entity and who performs specifically delegated substantive legal work for which a lawyer is responsible. MLP paralegals work on a range of activities. Some paralegals function like a nurse practitioner or physician assistant, and can do almost anything a lawyer can do except appear in court. Other paralegals function more like a medical assistant, conducting initial conversations with patients about their legal issue and giving the lawyer "vital signs" regarding legal case details and documents.

POLICY-LEVEL CHANGE

Upstream strategies pursued by the health care and legal teams to address regulatory, administrative, or legislative policies that can help more people and, in the best case scenario, prevent problems from occurring or becoming acute and advance health equity. The strategies that MLPs use to change policies vary greatly and depend on the particular situation, policy, and stakeholders involved. Strategies include using data and stories to educate decision makers about the effects of a policy via informal conversations or by providing written or oral testimony; meeting with agencies to propose changes to application requirements and procedures for benefits; convening community stakeholders and decision makers; and challenging laws in court.

SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social determinants of health are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms. They are systemic and mostly responsible for health inequities. A food desert, for example, is created by policy and affects an entire community's ability to access good nutrition.

SOCIAL NEED

A social need is an immediate, individual need that someone experiences as a result of social determinants of health. If a food desert is an example of an SDOH, then a family's need for fresh produce today is an example of a social need.

Contact

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