

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

Moderated by:

Bethany Hamilton, Co-Director
Danielle Rahajason, Project Lead

December 17, 2020



Housekeeping

- For this national webinar, attendees microphones are muted, but we encourage everyone to **use the chat box functions for posing questions and sharing comments.**
- **Please check your volume settings** to make sure you can hear us.
- To make our presentations more easily accessible and inclusive, **we opt for more text / imagery on our slides.** Let us know how we can continue to improve.
- Yes, this **webinar recording and the slides will be shared online** at <https://medical-legalpartnership.org/webinars/>.

Acknowledgements

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About Us

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

Our Mission and Purpose

We're helping to build an integrated health care system that better addresses health-harming social needs by leveraging legal services and expertise to advance individual and population health.

Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.

SPEAKERS



Kallie Dale-Ramos
Attorney
ILSA's Montana
Health Justice
Partnership



Rakuya K. Trice
Deputy Director of
Indiana Legal Services,
Inc



Olivia Riutta-
Outreach Montana
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Beth Wrobel
CEO of HealthLinc



Bethany Hamilton
NCMLP-Co-Director



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The Health Center MLP Toolkit & Webinar Series

National Center for Medical  Legal Partnership

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Our Health Center MLP Toolkit and Training Opportunities

Target Audience: Staff from health centers, PCAs, HCCNs, and MLPs at any stage.

Structure: 5-part webinar series with presentations led by MLP experts from the field addressing select topics from the Health Center MLP toolkit. Some webinars will include extended time for “office hours.”

Registration: <https://medical-legalpartnership.org/webinars/>

Recordings: All webinars will be recorded and made available on NCMLP’s website.

OCTOBER 2020

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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9

Conversations to Help Your Health Center Lay a Strong Foundation for a Medical-Legal Partnership

Available at: medical-legalpartnership.org/resources

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What have we covered?

Laying the Foundation Part I: **SDOH Needs and Legal Staffing**

Webinar [recording](#) available at medical-legalpartnership.org.

MLPs embed lawyers as members of the health care team to help address patients' social needs.

The results:

- Healthier patients
- A stronger health center workforce
- Improved health equity

Legal Assistance

to address patients' social needs & help the health center workforce operate at "top of license"

Training

to build knowledge, capacity & skills that strengthen the health center workforce's response to SDOH

Clinic-Level Changes

that leverage legal expertise to shape clinical practices to address many patients' needs at once

Policy Change Strategies

that advance healthy regulatory, administrative, & legislative policy solutions for whole communities



What SDOH problems do we want to address?



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



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

Laying the Foundation for Lawyers on the Health Center Team, Part II:

Funding, MOUs & Sustainability

Learning Objectives

- Explore methods to secure funding and sustainability
- Discuss how to develop a strong MOU
- Learn about related strategies employed by MLPs in Indiana and Montana

Funding

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How are we going to
pay for it?

Three funding examples

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.

163 HRSA-funded health centers have MLPs.

They've all figured out funding, using a variety of different approaches.

Legal services are enabling services.

In 2014, HRSA recognized civil legal aid as an enabling service. 41% of health centers with MLPs use enabling service \$ for legal services.

Anchor some MLP activities in your operating budget.

54% of health care orgs with MLPs do. It creates accountability & pathways for growth.

Initial funding is a priority, but think long-term too.

Anticipate future growth & the potential instability of philanthropy & time-limited fellowships.

Funding streams health centers have used to pay for MLP

	Health / Health Care / Public Health	Legal
Federal	<ul style="list-style-type: none"> • HRSA enabling services • Medicaid financing models 	<ul style="list-style-type: none"> • Legal Services Corporation funding
State-administered federal grants	<ul style="list-style-type: none"> • SAMHSA substance abuse and mental health block grants 	<ul style="list-style-type: none"> • Americorps legal assistance programs
State/ Local	<ul style="list-style-type: none"> • Public health funding & appropriations (e.g., Monterey & Santa Clara counties) 	<ul style="list-style-type: none"> • Interest on Lawyers Trust Accounts • State appropriations / state legal services funders
Private	<ul style="list-style-type: none"> • Operational revenue • Insurers 	<ul style="list-style-type: none"> • Law school collaborations • Legal fellowship programs (e.g., Equal Justice Works & Skadden)

Philanthropy

National & regional foundations; Private donations; Fundraisers

MLP budget

Budgets vary depending on the volume of needs the health center plans to address and the number of FTEs required to meet them.

Category	Items
Legal staffing Majority of an MLP's budget	<ul style="list-style-type: none">• MLP lawyer(s) and/or paralegal(s)• Legal technology experts• Supervision of legal team members
Dedicated health center champions	<ul style="list-style-type: none">• Clinical champion• Administrative champion• Case management or CHW champion
Other staffing	<ul style="list-style-type: none">• Project management / admin staff• Interpreter services• Health informatics experts
Technology	<ul style="list-style-type: none">• Laptops• Phones• Software licenses
Travel	<ul style="list-style-type: none">• Trainings / professional development• Mileage / travel expenses if contracting from distant office in rural / frontier area
Miscellaneous	<ul style="list-style-type: none">• Promotional materials (signage / flyers for patients)• Training materials

MOUs



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

Memorandum of Understanding (MOU)

Drafting an MOU will help you formalize the decisions that you made, and ensure that all participants acknowledge the parameters of the relationship.

- Goals for the program
- Responsibilities of each partner
- How you will measure success

Defining
purpose &
scope

PURPOSE OF MLP PROGRAM

- Who you'll serve
- Issues you'll address
- Services you'll provide

PATIENT ELIGIBILITY FOR SERVICES

- Income
- Conflicts of interest
- Type of legal matter

Formalizing
roles of each
partner

LEGAL PARTNER RESPONSIBILITIES

- Staff roles / responsibilities
- Time on and off-site at the health center
- Resources
- Issues legal team will / won't address
- Maintaining insurance
- Ensuring privacy / confidentiality
- Funding / fundraising

HEALTH CENTER RESPONSIBILITIES

- Staff roles / responsibilities
- Who can refer patients
- Resources
- Ensuring privacy / confidentiality
- Funding / fundraising

Measuring and conveying value

EVALUATION

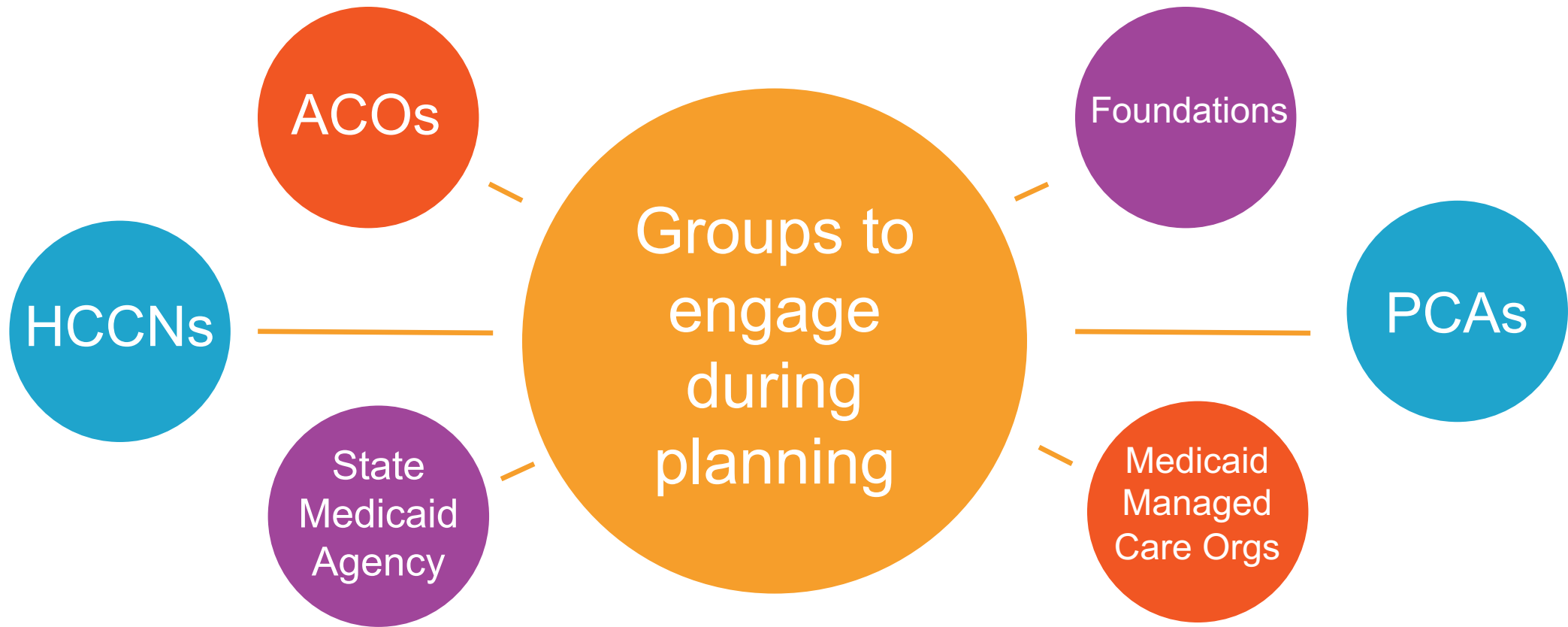
- Definition of success
- Plan for evaluation activities (including staffing and activities) and what data will be tracked around screening, referrals, legal services provided, and outcomes
- Plan for gathering staff and patient feedback

COMMUNICATIONS

- Frequency of steering committee meetings
- Frequency of meetings between legal and health center team members making referrals
- Plan for sharing data / success stories (with folx making referrals, leadership teams, funders & partners)
- Plan for advertising legal services to patients



What other partners in our community can be helpful?



Sustainability

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

8 domains* of sustainability

*Adapted from the
**Program
Sustainability
Framework &
Assessment Tool**
created by the
Center for Public
Health Systems
Science

<https://www.sustaintool.org/>
PSAT

- 1. ENVIRONMENTAL SUPPORT** Creating a supportive internal and external climate for your medical-legal partnership
- 2. STRATEGIC PLANNING** Using processes that guide your program's directions, goals, and strategies
- 3. ORGANIZATIONAL CAPACITY** Having the internal support and resources needed to effectively manage your program
- 4. PROGRAM EVALUATION** Assessing your program to inform planning, and documenting results

8 domains* of sustainability

*Adapted from the
**Program
Sustainability
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PSAT

5. COMMUNICATIONS Strategic communication with stakeholders and the public about your program

6. FUNDING STABILITY Establishing a consistent financial base for your program

7. PARTNERSHIPS Cultivating connections between your program and its stakeholders

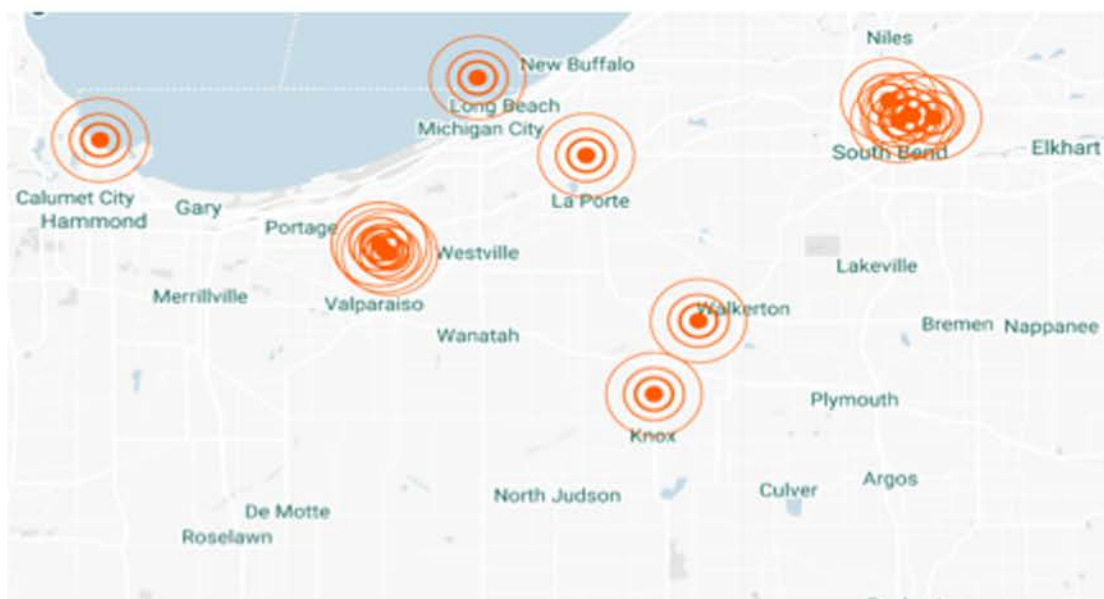
8. PROGRAM ADAPTATION Taking actions to ensure your program's ongoing effectiveness

Questions



INDIANA

Who is HealthLinc?



Services: Medical, Dental, Optometry, Podiatry, Chiropractic care, Behavioral health, Pharmacy, Pediatrics, Women's health, Medication Assisted Treatment (MAT), Mobile Integrated Response Services (MRT), Community outreach, Enrollment Assistance, and Medical-Legal Partnership

Operates out of 5 counties in Northern Indiana with 11 stand alone clinics, 2 school-based telehealth centers, and a mobile unit.

Offering Telehealth and Drive Thru Point of Care Testing for COVID!



HEALTHLINCCHC.ORG

EAST CHICAGO | KNOX | LA PORTE | MICHIGAN CITY | MISHAWAKA | SOUTH BEND | VALPARAISO

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HealthLinc MLP Started With The Why?

Start....

East Chicago IN lead and arsenic contamination

To.....

Covid hits and IN Governor declares brings “shelter in place”

55 year old Susie is disabled and receives an eviction notice

Given 3 days to vacate

Day 1 water turned off

HealthLinc MLP Attorney Sarah worked diligently to get water turned on,
removed the eviction until after shelter in place

HealthLinc's Funding Journey

2017

Pilot in East Chicago from a local foundation

2018

Indiana University Research Arm funds expansion/evaluations to other clinics

2019

Foundations and United Way, IDOH gets Integrated BH grant funds MLP

2020

United Way, MAT funds and MIRT grant(state)

2021

United Way, MAT funds, add funding from Medicaid Managed Care Company

ILS

**EQUAL
ACCESS
TO JUSTICE**

Indiana Legal Services is a statewide legal services program with 8 regional offices and 10 MLPs.





Drafting the MOU



Legal Needs



Locations and
Product Lines



Staffing the MLP



Data Collection:
Who, What, and
When

ILS



**EQUAL
ACCESS
TO JUSTICE**

The foundation of a
successful MLP is a
strong partnership



MONTANA



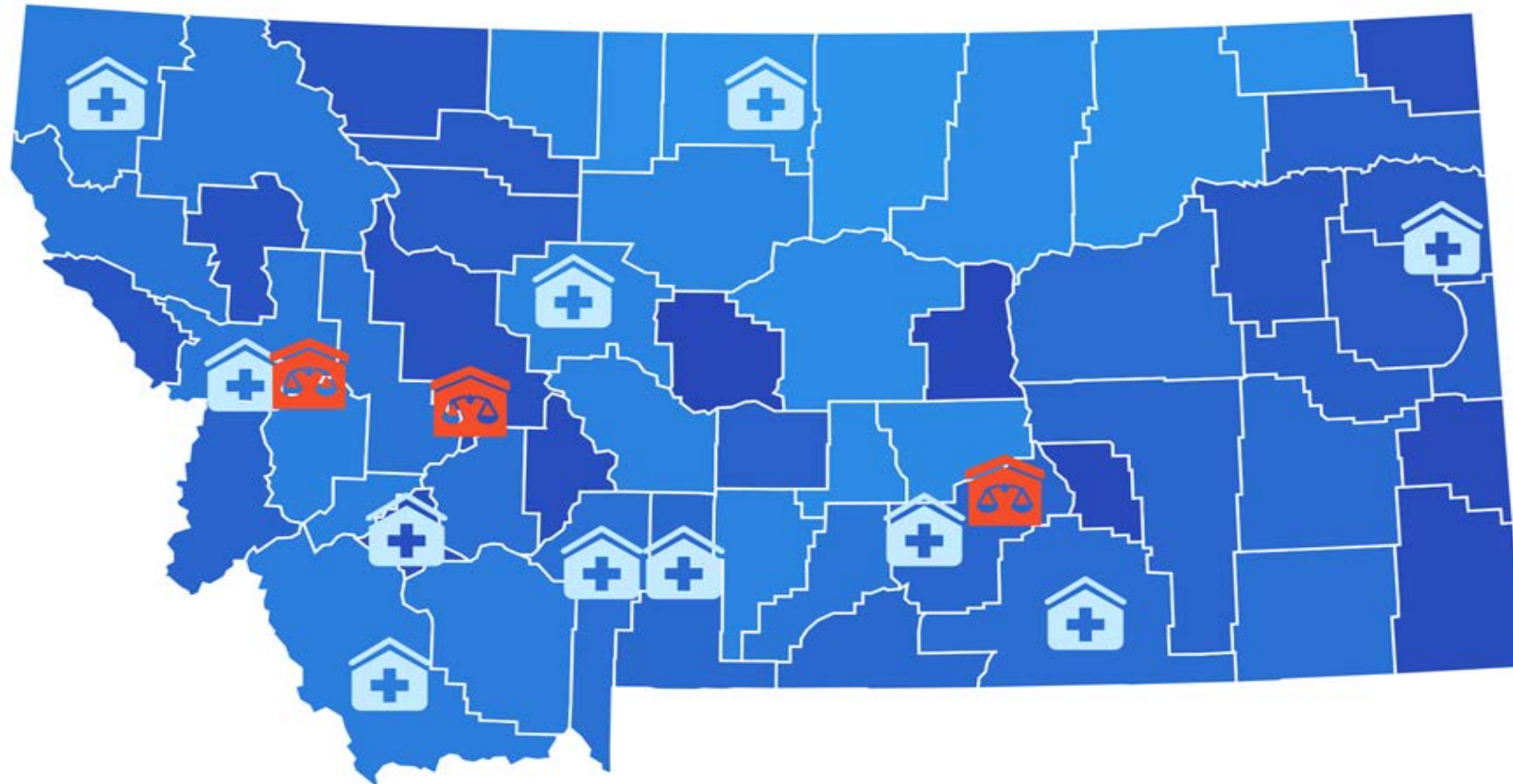
The Montana Health Justice Partnership: Reflections on MOUs, Funding, and Sustainability

KALLIE DALE-RAMOS, MONTANA LEGAL SERVICES ASSOCIATION

OLIVIA RIUTTA, MONTANA PRIMARY CARE ASSOCIATION



Montana Health Justice Partnership



Funding the project

2015/2016/2017: The MHJP received a pilot grant from the Montana Healthcare Foundation that partially funded the project with six partners, *each contributing to the project budget.*

2018/2019: The MHJP received another grant from the Montana Healthcare Foundation to expand the project to eight partners and build toward sustainability through full partner-funding.

2020: The MHJP has shifted to a full partner-funded model. Each partner contributes a set amount to participate in the project. In 2020, that amount is \$19,300/year or \$1608/month.



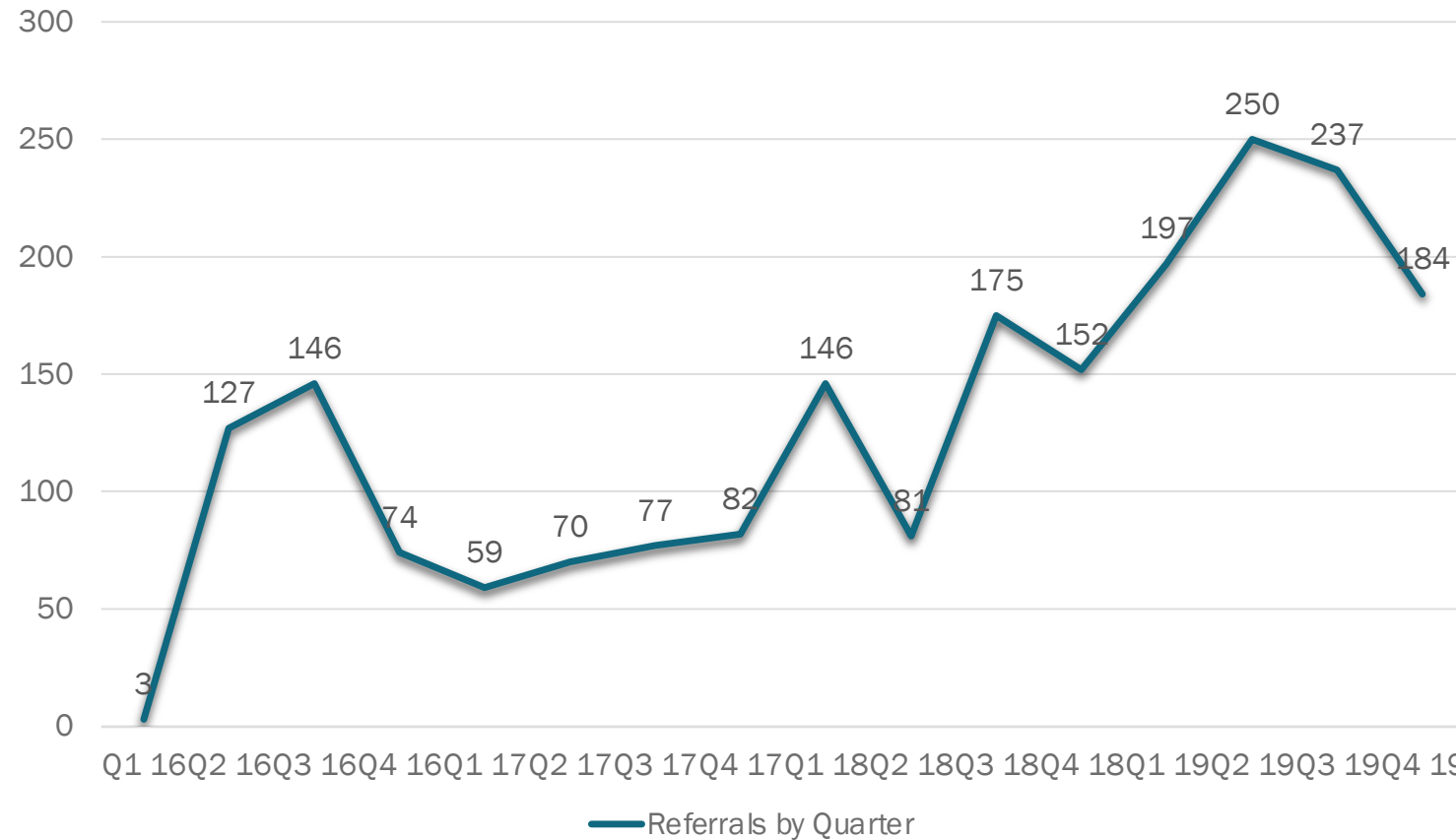
Data – Screening, referral, & assistance



2019 Data:

- 13,688 Patients were screened in six health centers across Montana
- 872 Referrals were sent
- 406 Montanans were assisted

Referrals by Quarter



Data - 2019 Case Types & Level of Service

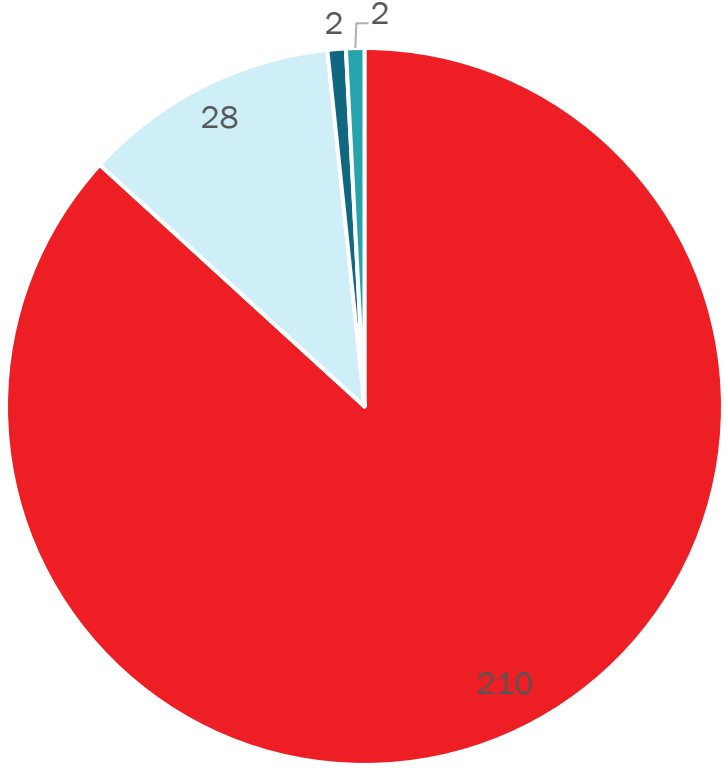


I-HELP



- Income & Insurance
- Housing & Utilities
- Education & Employment
- Legal Status
- Personal & Family Stability

Legal Assistance – 242 closed cases



- Counsel & Advice
- Brief Service
- Administrative Agency Decision
- Extensive Service



Data - Financial Benefits

Money received by clients in 2018

\$183,506

This is the amount of money that clients actually received from the services that were provided by Montana Legal Services.

Amount of legal services received by clients in 2019.

\$514,320.55

If clients had to pay out of pocket for the legal services provided, they would have spent over half a million dollars in legal expenses.



What does sustainability mean to us?

Committed MHJP partners who are fully self-funding the project.

Strategic project growth that maintains the balance between access and affordability.

Fully integrating the MHJP and health-harming legal needs in our work to screen and intervene in patient level social needs – centering the MHJP as we head into value-based pay.

Improved health center care team satisfaction and efficacy.

Improved attorney satisfaction and efficacy.

Time and space for continuous quality improvement and deeper project evaluation.





Our contact information

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Questions



Handouts and Supporting Resources

- [Health Center MLP Toolkit](#)
- [Fact sheet: Financing medical-legal partnerships](#)
- [Sample MOUs](#)
- [Brief: Building resources to support civil legal aid access in HRSA-funded health centers](#)

Building a Statewide Subscription Model for Medical-Legal Partnership Services with Help from a Primary Care Association

A MONTANA CASE STUDY | SEPTEMBER 2020

TAKE A CLOSER LOOK AT MONTANA

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

THE MONTANA HEALTH JUSTICE PARTNERSHIP

- Ag Worker Health and Services
- Alluvion Health
- Bighorn Valley Health Center
- Bullhook Community Health Center
- Montana Legal Services Association
- Montana Primary Care Association
- Northwest Community Health Center
- Southwest Montana Community Health Center

CONTACT

For more info about medical-legal partnerships:

National Center for
Medical-Legal Partnership
medical-legalpartnership.org

Introduction

Over 150 health centers—about 10 percent of all health centers nationwide— integrate lawyers and paralegals as part of the health center team to support efforts to tackle the social determinants of health (SDOH). These legal specialists can help prevent housing evictions, keep the lights and heat turned on, appeal denials of food and insurance benefits like SNAP, and help patients with a variety of other urgent social needs.

Primary care associations (PCAs) and Health Center Controlled Networks (HCCNs) are state and regional hubs for health centers that frequently lead training and technical assistance activities and help scale a range of health center-related clinical and operational innovations. From this vantage point, PCAs and HCCNs are uniquely situated to serve as a bridge between individual health centers and prospective legal partners, as well as help plan for the financing, operation, and sustainability of medical-legal partnership (MLP) activities. This case study looks at how the Montana Primary Care Association helped develop a statewide, subscription model for MLP services.

<https://medical-legalpartnership.org/mlp-resources/montana-pca-case-study/>

FINANCING

MEDICAL-LEGAL

PARTNERSHIPS:

VIEW FROM THE FIELD

BY JENNIFER TROTT, MPH, ALANNA PETERSON,
& MARSHA REGENSTEIN, PHD

This report is possible thanks to generous support from the Robert Wood Johnson Foundation.

The health care landscape is shifting toward incentivizing organizations that deliver care to address social determinants of health.¹ Progress is slow, however, with interventions that target patients' social and environmental needs financed through in-kind supports or a patchwork of philanthropy and government grants.² Medical-legal partnership (MLP) is an example of a social determinants intervention that has taken hold without a stable or predominant funding stream. The model embeds attorneys specializing in civil law into the health care setting to address patients' unmet legal needs. MLP attorneys—usually sourced by civil legal aid nonprofits or law schools—assist patients with health-harming legal needs by enabling access to public benefits, resolving substandard housing conditions, removing unlawful barriers to education or employment, assisting with guardianship and immigration issues, and more.³

To date, nearly 350 health care organizations nationwide have implemented medical-legal partnerships. This fact sheet draws on national survey data from these organizations and their partnering legal organizations to describe how medical-legal partnerships are adapting to meet their funding challenges.⁴

DIG DEEPER INTO FUNDING STRATEGIES

<https://medical-legalpartnership.org/mlp-resources/financing/>

OFFICE HOURS

National Center for Medical  Legal Partnership

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Upcoming Trainings

- Advancing workforce development with a medical-legal partnership
- Creating screening, referral, and service delivery workflows for a medical-legal partnership
- Moving upstream to address SDOH and health equity at a policy level

Office Hours with Experts: Olivia Riutta, Kallie Dale-Ramos, Rakuya Trice and Beth Wrobel



4 – PROGRAM EVALUATION

Collecting data to measure progress toward goals and to improve program effectiveness

Screening and referrals

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

Legal services provided

- #of curbside consults completed;
- Types of legal issues for which curbside consults were requested;
- # of patients successfully connected with MLP legal team;
- # and types of legal issues addressed for patients;
- Level of service provided to patients; and
- \$ value of legal services provided (market rate).

Outcomes

- Legal outcomes;
- \$ value of benefits obtained for patients;
- Patient satisfaction and/or perceptions of stress and well-being as measured by surveys;
- \$ recovered for health center through successful appeals of health insurance denials;
- Changes in clinical and nonclinical staff's knowledge pre- and post-training as measured by surveys.

As part of continuous quality improvement, review:

Health Center Data

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

Legal Partner Data

- #of curbside consults completed;
- Types of legal issues for which curbside consults were requested;
- # of patients successfully connected with MLP legal team;
- # and types of legal issues addressed for patients;
- Level of service provided to patients;
- \$ value of legal services provided (market rate).
- \$ value of benefits obtained for patients; and
- \$ recovered for health center through successful appeals of health insurance denials;

Contact Information

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