

Using the MLP Approach to Implement Clinic- and Policy-Level Solutions to Address the Housing Crisis

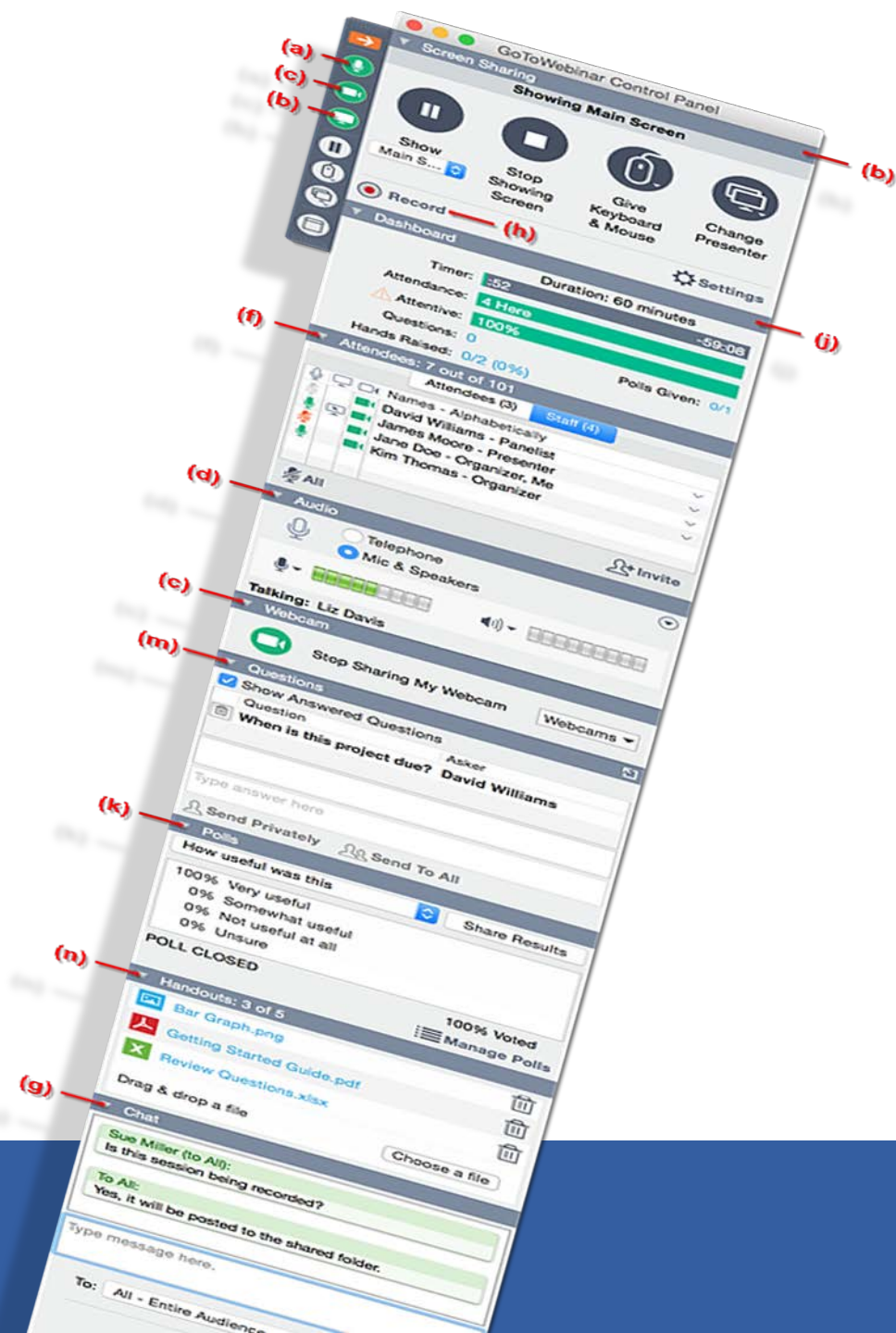
January - February 2021



Housekeeping

- By default, everyone joins on **mute**
- Type questions **into the Chat pane** ([Desktop App only](#)) or **Questions pane**
- This session will be **recorded**
- Email aprildaniels@gwu.edu for help

Participation Tip: We are using GoToWebinar (Session 1), Zoom (Sessions 2, 3 & 4), and Slack for this learning collaborative. To get the most out of these platforms, you should download and install the full-feature desktop software on your computer or mobile device.



Acknowledgements



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



About this Learning Collaborative

This is a *4-part learning collaborative* where participants will hear from a subject matter expert and peers exploring the ways medical-legal partnerships can leverage patient-centered legal services to implement clinic- and policy-level solutions to address the housing crisis.

Patients-to-Policy Housing Learning Collaborative

Part 1: An Introduction to Health, Housing, and the Role of MLPs



*Presented by Prof. Joel
Teitelbaum, JD, LLM
NCMLP*

Part 3: Applying the MLP approach to Housing Issues for Children



*Moderated by Erie
Family Health and
Health Justice Project
Kate Mitchell, JD, and
Jenna Prochaska, JD*



Part 2: Applying the MLP approach to Housing: Patients with Complex Needs



*Moderated by Ashley
Maddison, JD, Equal
Justice Works Fellow at
Camden Coalition of
Healthcare Providers*

Part 4: Applying the MLP approach to Housing: Evictions and City Ordinances



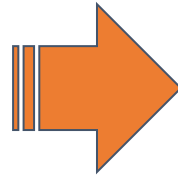
*Moderated by
Daphne McGee, JD,
Staff Attorney at
Houston's Hope*

In-Session Engagement for Today

Q&A with Joel Teitelbaum

Submit questions or comments for Joel using the **Questions** pane.

We'll read them aloud for all to hear and Joel to answer.



Moderated Chat with the Audience

In the **Chat** pane (*Questions* pane if you did not download the app), you will be asked to type answers to the following:

1. What housing policy initiative is your MLP actively working on in your locality?
2. How is your health center uniquely positioned to address housing insecurity through an MLP?
3. What housing and health priorities are funders or payors in your community focused on?

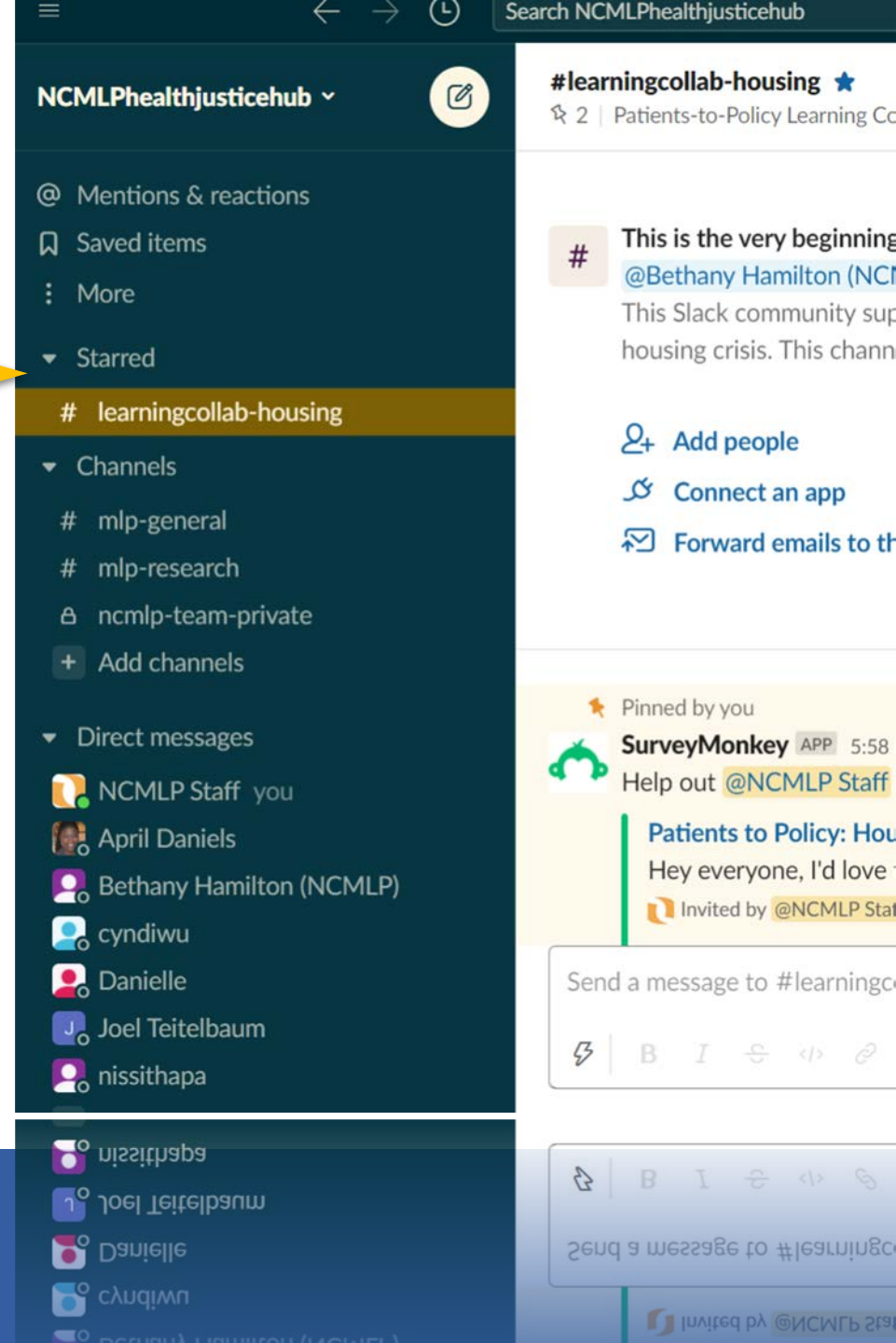
Continued Engagement and Learning

Please join us on  

All registered learning collaborative participants will receive an invitation to our Slack workspace.

You can also join the ncmlphealthjusticehub.slack.com/ by using the [invitation link](#) in the welcome packet.

Email aprildaniels@gwu.edu for assistance.



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



National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Reminder

Health Center MLP Toolkit & 5-Part Webinar Series (Nov. 2020 – Mar. 2021)

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

Introduction to Health, Housing, and the Role of MLPs

(Learning Collaborative, Part 1 of 4)



Joel Teitelbaum, JD, LLM
Professor of Public Health and Law
Co-Director, NCMLP

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY



MEDICAL-LEGAL PARTNERSHIP

is an intervention where legal and health care professionals collaborate to help patients resolve

SOCIAL, ECONOMIC & ENVIRONMENTAL FACTORS

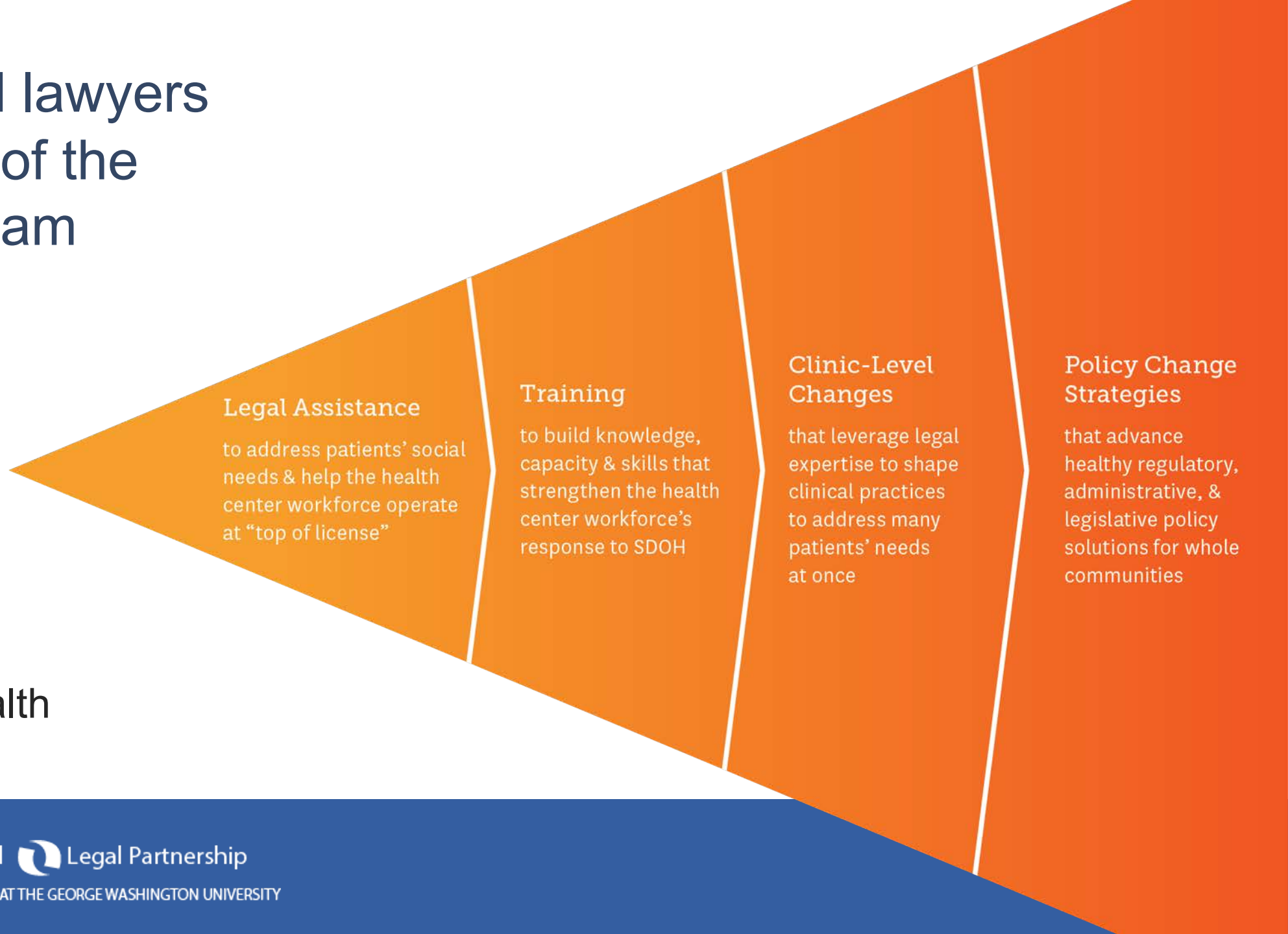
that contribute to

HEALTH DISPARITIES

and have a remedy in civil law.

MLPs embed lawyers as members of the healthcare team creating:






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



Components of an MLP



How lawyers help meet social needs

I-HELP™		How Lawyers Can Help
Income & Insurance		Food stamps, disability benefits, cash assistance, health insurance
Housing & utilities		Eviction, housing conditions, housing vouchers, utility shut off
Education & Employment		Accommodation for disease and disability in education and employment settings
Legal status		Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement
Personal & family stability		Domestic violence, guardianship, child support, advanced directives, estate planning

HEALTH CENTER-BASED

MEDICAL-LEGAL

PARTNERSHIPS

Where They Are, How They Work,
and How They Are Funded

January 2018

Health centers represent the fastest growing sector for MLP-adoption across the health care system.

[Available at: medical-legalpartnership.org/resources](http://medical-legalpartnership.org/resources)

WHAT DOES A TYPICAL HEALTH

CENTER WITH AN MLP LOOK LIKE?



HEALTH CENTERS WITH MLPs TEND TO HAVE LARGER STAFF, higher patient volumes, and a greater number of sites than health centers without MLPs.

On average, health centers with MLPs serve 45 percent more patients and complete 54 percent more patient visits annually across 3.4 more health care sites compared to health centers without MLPs. Health centers with MLPs employ approximately 1.8 FTE additional medical staff per 10,000 patients and 2.4 FTE of enabling services staff per 10,000 patients compared to health centers without MLPs.



HEALTH CENTERS WITH MLPs TYPICALLY HAVE LARGER BUDGETS than health centers without MLPs.

Average revenues from state and local funds, foundations, private grants, and contracts for health centers with MLPs were more than double the revenues for health centers without MLPs. Therefore, health centers with MLPs may be more willing and able to support the integration of social determinants interventions into clinical operations.



MLPs TEND TO BE FOUND IN HEALTH CENTERS IN LARGE URBAN CITIES, but the number of MLPs in rural situated health centers is growing.

Rural areas have less access to both traditional civil legal aid and health care services, and can be a harder population to reach. While there is significant unmet demand for legal services in rural areas, individuals are usually more spread out, so connecting individuals with legal aid can be challenging.



HEALTH CENTERS WITH MLPs TYPICALLY UTILIZE HEALTH IT to coordinate or provide enabling services more often than health centers without MLPs (79 percent versus 65 percent).









2019 Annual Report

Top 3 service areas:

1. **Family law – 32%**
*domestic violence,
custody, adoption*
1. **Housing – 28%**
*unlawful evictions &
landlord-tenant issues*
1. **Income maintenance
– 11%**
*disability benefits, cash &
food benefits, veterans
benefits*

How lawyers help solve SDOH problems for individuals experiencing homelessness

SDOH		How Lawyers Can Help
Economic Stability		Denials of public benefits, health insurance, cash benefits, & disability benefits; Evictions; Expunge credit reports
Neighborhood and Built Environment		Substandard conditions & habitability
Equal Access to Work & Education	 	Employment & education discrimination
Health & Health Care		Emergency access to insurance benefits
Safe Homes & Social Supports		Custody & guardianship for children; Garnishment of wages for child support; Safe housing for returning citizens involved in the justice system

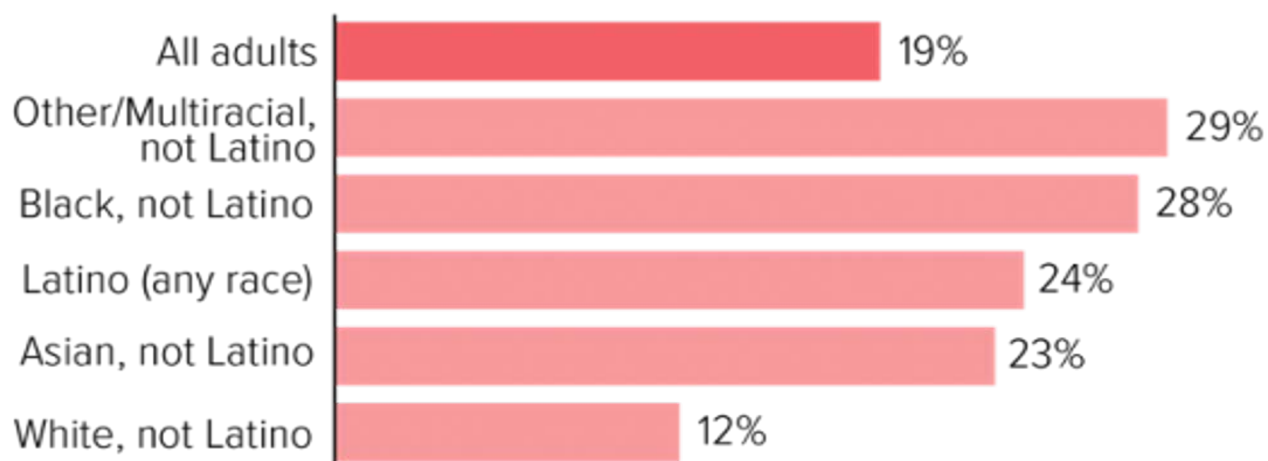


HOUSING & UTILITIES

Civil Legal Aid Intervention	Related Social Determinant of Health	Impact on Health / Health Care Talking Point
<p>Secure housing subsidies; Improve substandard conditions; Prevent eviction; Protect against utility shut-off</p>	<p>Ensure healthy physical environments</p>	<ol style="list-style-type: none">1. A stable, decent, affordable home helps individuals avoid costly emergency room visits related to homelessness.1. Consistent housing, heat and electricity helps people follow their medical treatment plans.

Nearly 1 in 5 Renters Not Caught Up on Rent During Pandemic, With Renters of Color Facing Greatest Hardship

Share of adult renters saying their household is not caught up on rent



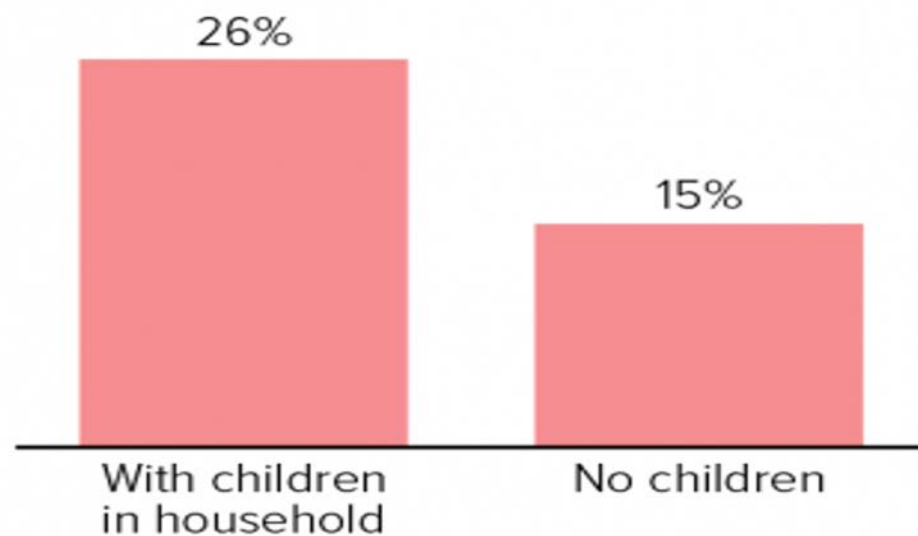
Note: Other/Multiracial, not Latino = people identifying as American Indian, Alaska Native, Native Hawaiian or Pacific Islander, or more than one race. Chart excludes renters who did not respond to the question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for December 9-21, 2020

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

1 in 4 Renters Living With Children Are Not Caught Up on Rent

Share of adult renters saying household is not caught up on last month's rent



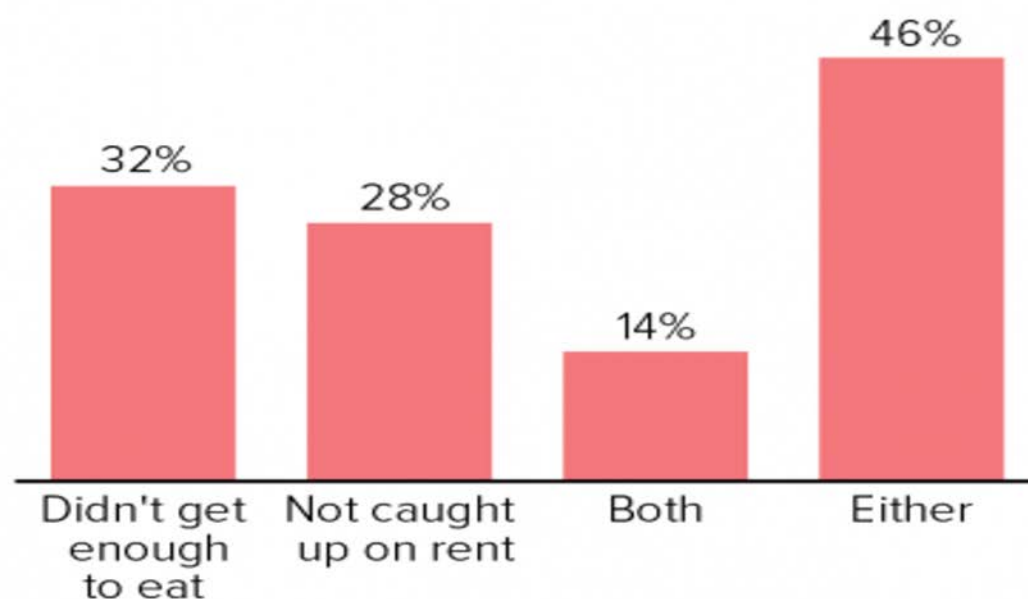
Note: Chart excludes renters who did not respond to question.

Source: CBPP analysis of Census Bureau Household Pulse Survey tables for December 9-21, 2020

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

More Than 4 in 10 Children in Renter Households Face Food and/or Housing Hardship

Percent of children in households that:



Note: Didn't get enough to eat = household had "not enough to eat" sometimes or often in last 7 days. Figures omit children in households that do not pay cash rent, such as those in employer-provided housing, as well as those who did not respond to one or both hardship questions. Survey does not collect data on children directly; figures for children are estimated based on number of children in each household.

Source: CBPP analysis of Census' Household Pulse Survey public use file, data collected Nov. 25 - Dec. 7, 2020

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Four Pathways by Which Housing Affects Health

- The health impacts of not having a stable home (*stability pathway*).
- The health impacts of conditions inside the home (*safety and quality pathway*).
- The health impacts of the financial burdens resulting from high-cost housing (*affordability pathway*).
- The health impacts of neighborhoods, including the environmental and social characteristics of where people live (*the neighborhood pathway*).

The Four Pathways: Examples of Consequences

- Increased: mortality, trauma, depression, anxiety, physical health morbidity, hospitalizations, food insecurity, risk of teen pregnancy, drug and alcohol use, suicide, health care expenditures.
- Disruptions to employment, social networks, education, receipt of social service benefits.
- Less likely to have a usual source of medical care.
- More likely to postpone needed treatment, go without prescribed medications.

HOMELESSNESS, HEALTH

& MEDICAL-LEGAL
PARTNERSHIPS

CONTACT

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

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

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

National Health Care for the Homeless Council
www.nhchc.org

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

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



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



Charita McCollers, MSW, LCSW,
LINCOLN COMMUNITY HEALTH CENTER

[Available at: medical-legalpartnership.org/resources](http://medical-legalpartnership.org/resources)



FROM PATIENTS TO POLICY

The MLP at Erie Health Center built a multi-state coalition that got HUD to update its public housing lead regulations. Now, it is working to pass a federal bill that will require lead inspections of all federally assisted housing units before families move in.

Available at: medical-legalpartnership.org/resources

3 WAYS TO HELP PATIENTS WITH EVICTIONS & FORECLOSURES DURING THE COVID-19 PANDEMIC

JUNE 2020

The COVID-19 pandemic has led to increased rates of unemployment. As a result, more and more people are facing housing evictions and foreclosures that threaten their health and well-being, and this trend will continue in the coming months. As health care providers and staff, there are many things you can do to help patients facing a possible eviction or foreclosure by working with legal aid attorneys in your community.

01

Talk to an attorney about free housing legal services available for your patients.

Legal aid attorneys provide free advice and representation to individuals around a variety of civil legal issues, including potential housing evictions and foreclosures. If your health care organization has a [medical-legal partnership \(MLP\)](#), talk with your MLP attorney(s) about the volume of housing issues you are seeing, any requirements a patient must meet to be eligible for housing-related legal services, and how to make a referral. If your organization does not yet have an MLP, find and contact a civil legal aid organization in your community to talk through these questions. While not a comprehensive list of legal aid organizations, the Legal Services Corporation's [list of federally-funded legal aid organizations](#) is a good place to start.

02

Review the COVID-19 Housing Policy Scorecard to find out what protection measures are in place in your state so that you can better inform patients of their housing rights.

To help prevent homelessness during the COVID-19 pandemic, partial emergency eviction and foreclosure moratoriums have been issued at the federal, state, and local levels. These emergency measures vary greatly in form, degree, and length of protection. The Eviction Lab and Columbia Law School's Professor Emily Benfer developed the [COVID-19 Housing Policy Scorecard](#), which includes a scorecard for each state that clearly outlines what measures are in place and where policies still leave people vulnerable. Review your state's scorecard and work with attorneys to create and distribute "know your rights" information to patients who may be facing housing struggles. Propublica also created a [tenant search engine](#) that a renter can use to look up their address and see what state and federal protections apply to them.

03

Advocate for stronger housing protections in your state.

The COVID-19 Housing Policy Scorecard identifies areas in each state where protections are lacking. Work with colleagues at your health care organization and with local legal partners to advocate for stronger policies that can prevent future evictions and foreclosures, and make sure to talk to policymakers about solutions that will last beyond the current pandemic. Areas for advocacy might include talking with policymakers about extending the moratoriums beyond the current state of emergency, adopting a moratorium on the initiation of evictions, increasing rental assistance funding, advocating for a right to legal counsel for civil matters, sealing eviction files, and adopting policies of no late fees, no rent raises, and no credit reporting.

The National Center for Medical-Legal Partnership receives funding from HRSA to provide training and technical assistance to health centers interested in embedding legal services in their clinics. Visit our [website](#) to download a variety of MLP resources, and explore trainings on [The Social Determinants of Health Academy website](#).

This tip sheet outlines three ways health care providers and staff can work with legal aid attorneys to help patients facing possible evictions and foreclosures while also working to strengthen long-term housing protections.

QUESTIONS & ANSWERS



Joel Teitelbaum, JD, LLM



In the chat box, tell us:

**What housing policy initiative
is your MLP actively working
on in your locality?**

In the chat box, tell us:

How is your health center uniquely positioned to address housing insecurity through an MLP?

In the chat box, tell us:

**What housing and health priorities
are funders or payors in your
community focused on?**

What's Next?

Part 2: [Registration](#) Jan. 27 @ 1-2 PM ET

- Patients with Complex Needs

Part 3: [Registration](#) Feb. 10 @ 1-2 PM ET

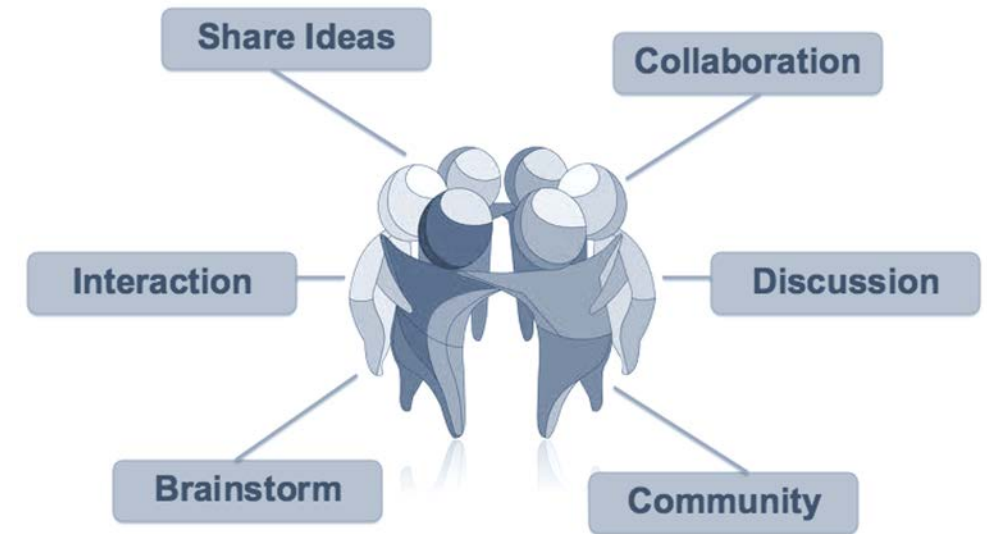
- Children

Part 4: [Registration](#) Feb. 24 @ 1-2 PM ET

- Evictions and City Ordinances



[Download for Windows - Zoom](#)



[Windows | Downloads | Slack](#)

Contact Information

Joel Teitelbaum

Co-Director, NCMLP

joelt@gwu.edu

April Daniels

Research Associate, NCMLP

aprildaniels@gwu.edu



medical-legalpartnership.org



[National_MLP](https://twitter.com/National_MLP)

Thank You

Please complete our evaluation form to let us know how we can further improve our training and technical assistance programs.