

ADVANCING MLP IN HEALTH CENTERS LEARNING COLLABORATIVE

4-SESSION SERIES ON MAY 7,
MAY 21, JUNE 4 & JUNE 18 @
2 PM EST

AN OPPORTUNITY FOR HEALTH
CENTERS & CIVIL LEGAL
SERVICES STAFF TO CONNECT

REGISTER



Session 1 | May 7, 2021

Peer Learning Collaborative

<https://medical-legalpartnership.org/webinars/peer-mentoring-learning-collab/>

Bethany Hamilton
National Center for Medical-Legal Partnership

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY



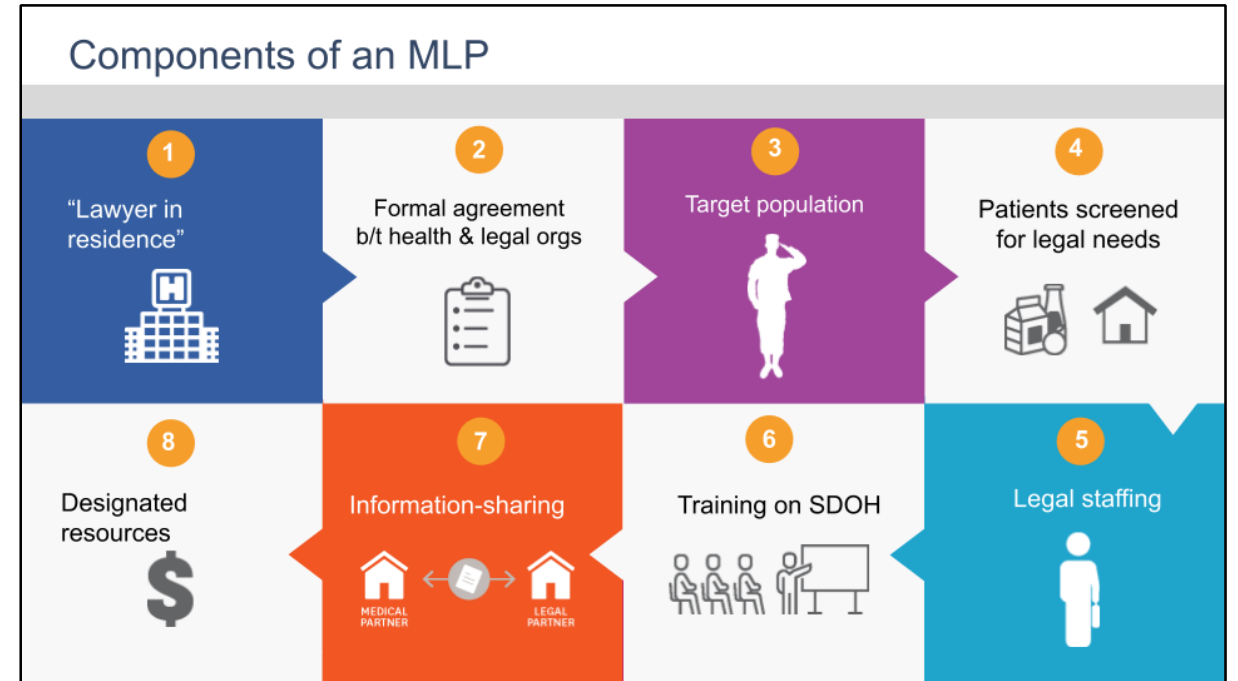
Acknowledgements

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Learning Objectives

In this learning collaborative, participants will engage in focused discussions about the core components of medical-legal partnerships that:

1. help them identify specific challenges that relate to screening, identifying and referring patients with legal needs and information sharing
2. help them establish a consistent and sustainable financial base for their MLP programs
3. support continuous learning and improvement for building a stable, committed, and skilled workforce that meets the needs of the population they serve.





What SDOH problems do we want to address?



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

Breakout Groups.

Send a message in the chat to April Daniels if you need help.



How are we going to pay for it?



SCREENING & INFORMATION SHARING

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

MLPs embed lawyers as members of the health care team, creating:

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



Where do legal services fit within a health center's response to 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, 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*.

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

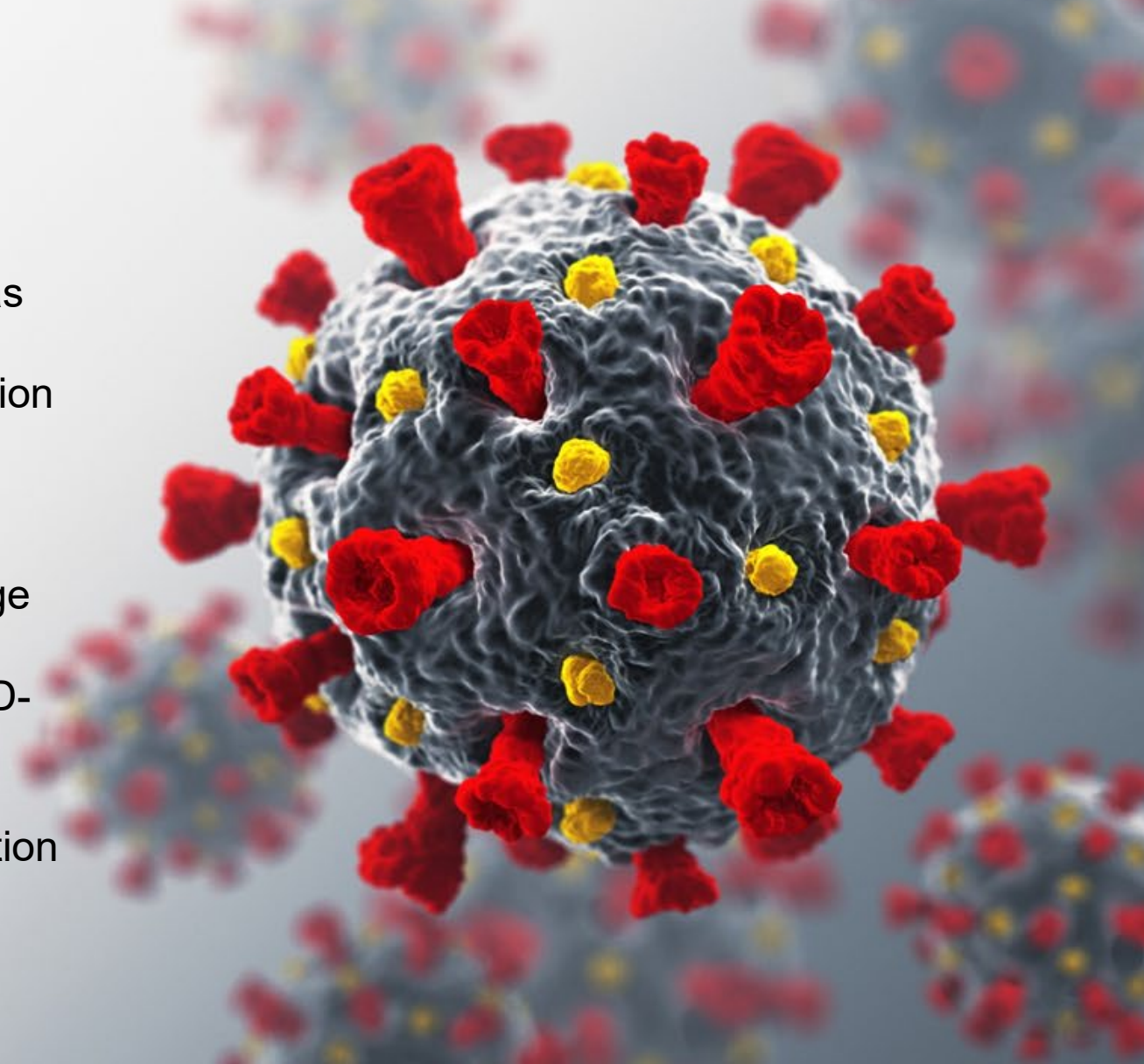


How lawyers help address patients' social needs

| 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 |

Patients-to-Policy During the COVID-19

- The MLP team at People's Community Clinic, Texas Legal Services Center & Texas Health Action led efforts on a successful emergency rulemaking petition for a statewide directive around utility shutoff protection.
- LegalHealth, a division of NYLAG, worked to change practice laws & regulations to expand standby guardianships to include anyone exposed to COVID-19.
- MLPs across the U.S. have worked to expand eviction moratoriums in their cities & states.



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

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 SDOH problems do we want to address?

Three approaches

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.

Assessing social needs

1. Review data from existing screening tool(s)
2. Speak with staff & clinicians in each dept
 1. Take stock of existing priorities & capacity
 1. Examine EHR data to help identify / determine volume of potential priority patients
 1. If necessary/feasible, do separate legal needs assessment

Which of the needs you identified have legal solutions?

TRANSGENDER HEALTH & MEDICAL-LEGAL PARTNERSHIPS

 TRANSGENDER describes people whose gender identity (i.e. the inner sense of one's gender) differs from the sex they were assigned at birth.

CONTACT

For more information about medical-legal partnership:

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

For more information about LGBTQ+ health:

**National LGBT Health
Education Center**
www.lgbthealtheducation.org

Partnering with Legal Services to Address Social and Structural Issues that Impede Quality Health Care for Transgender People

Discrimination in all sectors of society, including in education, health care, housing, and employment, makes transgender people disproportionately vulnerable to depression, suicidality, post-traumatic stress disorder, substance use disorders, physical and sexual victimization, and HIV infection. Transgender people have a critical need for access to quality, gender-affirming health care, as well as access to legal services that support them in addressing discrimination.^{1,2,3,4,5} To truly meet the complex needs of transgender patients, health care teams benefit from legal expertise to help navigate problems that go well beyond the health center's door. Health centers that serve transgender patients are starting to integrate on-site legal care through **medical-legal partnerships (MLPs)** in order to provide patients with legal services for social and structural issues that are directly affecting their health.

LEARN MORE
Fact sheet series examines benefits of MLP services on a variety of populations.

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



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

Benefits of each model

BUILD IT AS A DIRECT SERVICE

Recruit & hire lawyers as employees of the health center

- Automatically aligned with health center priorities
- Full control over allocating legal services
- Easier to fold lawyer into operations
- Lawyers more involved in creating workflows

CONTRACT IT

Contract legal services from a community-based legal organization

- Purchasing depth of expertise & broad capacity
- Access to supervision for legal team
- Legal org can take referrals outside individual lawyer's expertise

Types of legal services

| MLP Activity | Description |
|---|---|
| Curbside Consult | A formal or informal conversation where the legal team shares patient-centered legal info directly with the health center staff person in response to a question. Typically, the legal team never meets the patient. |
| Initial Legal Intake / Legal Assessment / Check-up | An in-depth assessment of a patients' legal needs and a review of their eligibility for services. |
| Legal Advice to Patient | A legal assessment and/or recommendations that are specific to the patient's situation or circumstances. |
| Legal Representation of a Patient | Includes legal advice, 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.) |

Types of legal services

| MLP Activity | Description |
|-------------------------------------|--|
| Facilitated Referral | A “warm hand-off” of a patient’s legal care by the MLP legal team to another provider of free legal services. MLP staff person may spend a significant amount of time ensuring the referral is successful. |
| Clinic-level change activity | Opportunities to engage in activities that will lead to changes in the clinic’s policies or procedures. Opportunities grow out of trends seen in case consultations and patient referrals. 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. |
| Policy-level change activity | 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. |





How are we going to
pay for it?

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) |

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/>

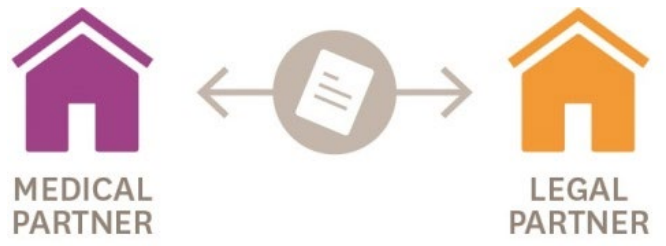


How will we integrate legal services into our workflows and systems?

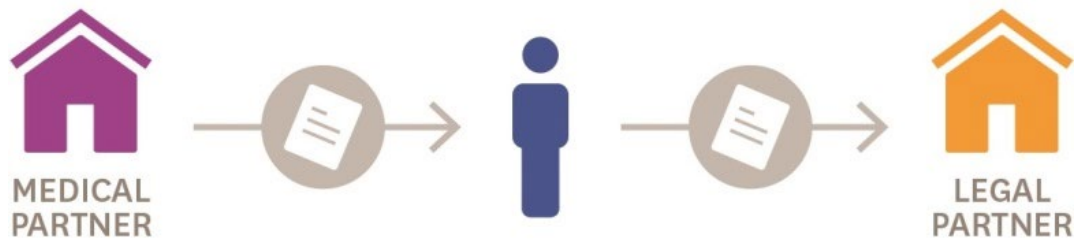


Info-sharing process can depend on MLP structure

Referral Network



Coordinating Staff



One Organization



Questions to establish info sharing parameters

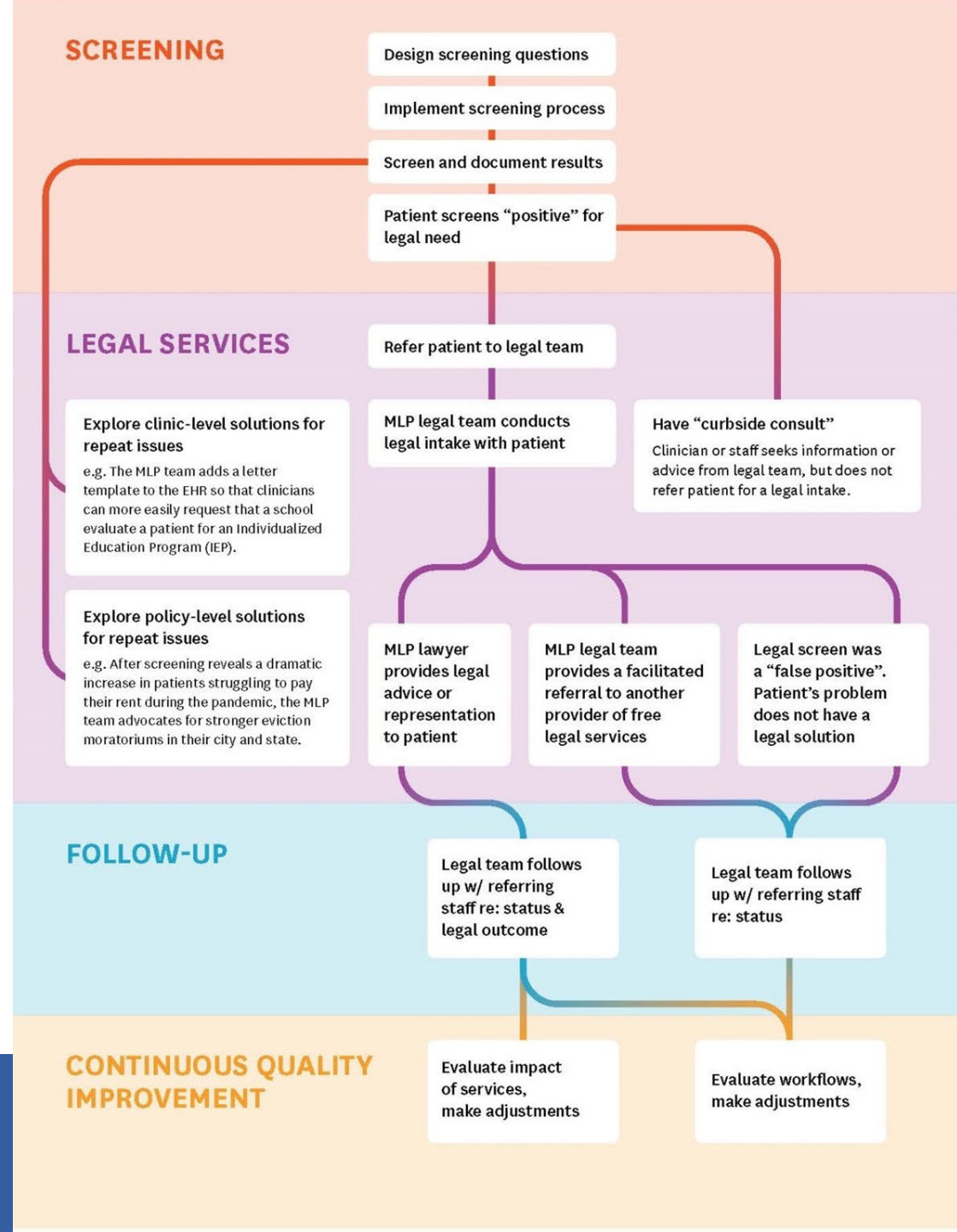
1. What agreements are in place governing the MLP relationship and what do they require?
1. What laws apply to the partner organizations?
1. What restrictions, if any, are attached to the organizations' funding?
1. What structural model will best suit the info-sharing needs of the MLP partners and the patients/ clients? Are there any goals that are not being met or processes that could be better aligned?

Questions to establish info sharing parameters

- 5. What consent process will suit the needs of the patients/clients and the MLP partner orgs?
- 5. What information systems are already in place and do they serve the needs of the MLP?
- 5. What kind of information and how much information should be shared?

Implementing Workflows for Screening & Legal Services

Screening & service delivery flow chart



Four approaches to screening

| Approach 1 | Approach 2 | Approach 3 | Approach 4 |
|---|--|---------------------------------------|--|
| Separate MLP Screener | Part of PRAPARE or Similar Existing Social Needs Screening Tool | A Hybrid Approach of 1 & 2 | High-Level Screening within the EHR |
| <i>Self-administered by patient or non-clinical health center staff</i> | <i>Administered by clinical or non-clinical staff</i> | | <i>Not administered patient-by-patient</i> |

Aligning screening with existing tools & workflows

1. Why are we considering screening?
1. What questions will we ask?
1. How / when / where will patients be screened? Who will screen them?
1. How will patients' answers be documented?
1. Can we use existing data in the EHR to bypass the need for patient-to-patient screening or to screen only a subset of all patients?

Screenshot of legal screening questions in Siouxland Community Health Center EHR

The screenshot displays a patient's legal screening form. At the top, there are navigation tabs: "Income & Insurance", "Housing & Utilities", "Per / Family Stability", and "Ed / Work / Other". The "Income & Insurance" tab is active. Below the tabs, a purple header reads "Legal Screening". To the right of the header, the patient's "DOB: 07/23/1997" and "Patient Age: 21 Years Old" are displayed.

The main section is titled "Income and Insurance" and contains several questions, each with a "Comment:" field and "Yes/No" radio buttons. The first question, "Are your wages being garnished or do you have concerns about debts?", is circled in red. A red arrow points from this question to a tooltip window titled "Centricity Practice Solution". The tooltip contains the text: "Patients might describe these problem as: having money taken out of their paycheck to pay off debts, receiving harrassing phone calls from debt collectors, being sued in court by a creditor such as a bank or credit card company, or feeling overwhelmed by debt. Areas of law include: bankruptcy, debt collection, predatory lending, unfair / deceptive sales practices, or unpaid or underpaid wage claims." An "OK" button is located at the bottom right of the tooltip.

Below the questions, there are navigation buttons: "<<<<", "PRAPARE", "Orders", "Print Referral Letter", and ">>>>". At the bottom left, there are buttons for "Prev Form (Ctrl+PgUp)" and "Next Form (Ctrl+PgDn)". The footer includes "v1.00 version date: 03/18/2019" and "AllianceChicago".



LEVERAGING THE ELECTRONIC HEALTH RECORD

*to link health center patients with
medical-legal partnership services*

AUTHOR

MALLORY CURRAN, JD
Principal,
Mallory Curran Consulting
Senior Advisor,
National Center for Medical-Legal
Partnership

CONTACT

For more info about medical-legal
partnerships:

**National Center for
Medical-Legal Partnership**
medical-legalpartnership.org
Twitter: National_MLP

Introduction

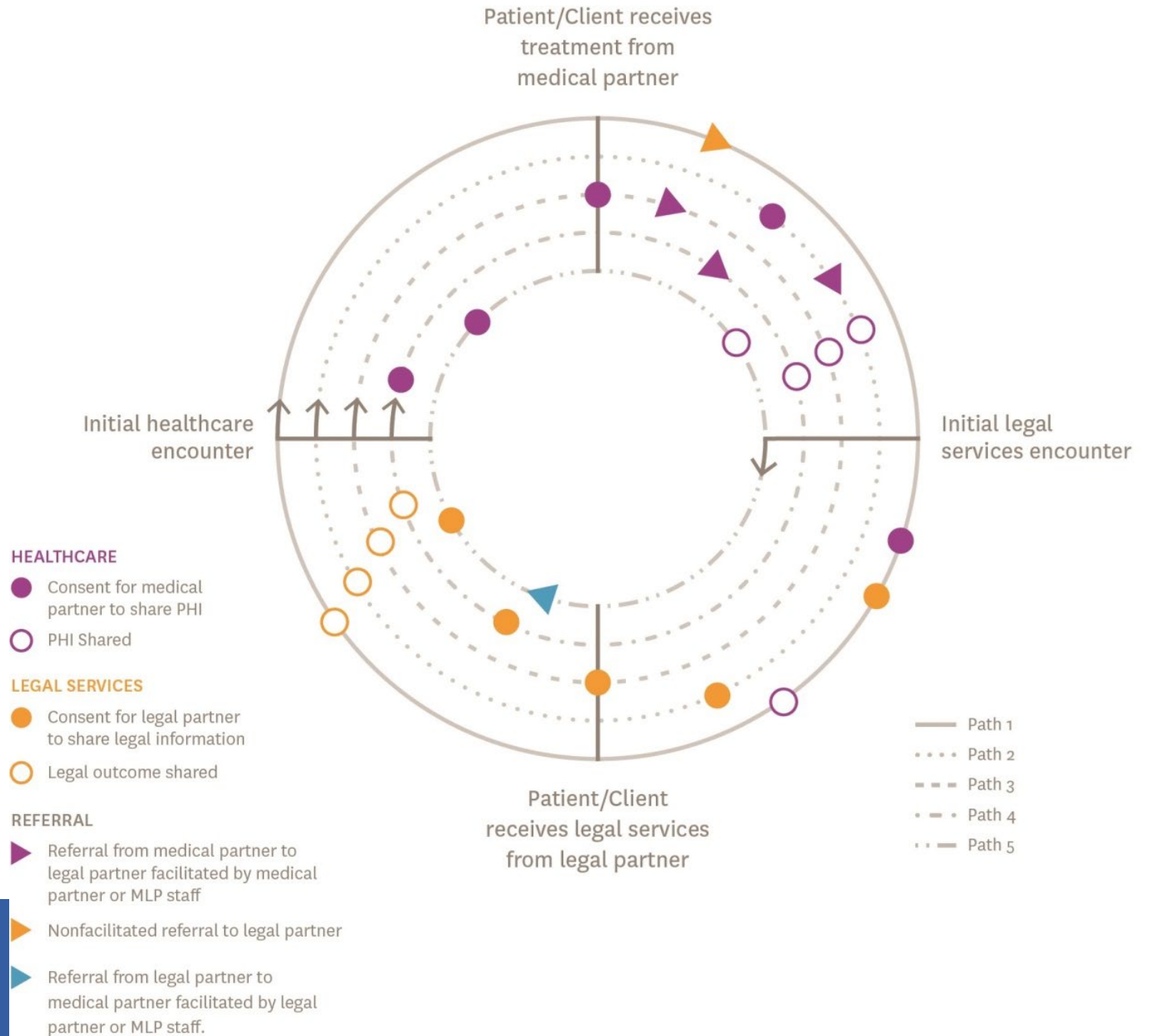
For health centers seeking to take action on health inequities experienced by their patients, the electronic health record (EHR) represents a largely untapped resource to link social determinants of health and health-harming legal needs, activate medical-legal partnership (MLP) interventions, and identify upstream solutions to concerning community trends. MLP-focused, structured data collection and sharing are needed to reduce inefficiencies in current data tracking, to decrease missed opportunities for legal needs screening, and to mitigate the difficulties in tracking patient health and other outcomes after MLP interventions are delivered. This issue brief provides concrete examples of how health centers are leveraging the EHR to complement their screening for the social determinants of health as well as to increase their capacity to deliver targeted MLP-related interventions.

EXPLORE WAYS TO LEVERAGE THE EHR

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.

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

5 pathways for consent & disclosure of info for MLPs



Info shared at point of patient referral

- Patient's name, language spoken & contact info;
- Name of referring clinician or health center staff person & contact info;
- 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).

Info lawyer shares back with referring staff

Status Updates

- When the lawyer connected with patient or if the lawyer was unable to do so;
- If lawyer resolved the patient's legal problem;
- If the lawyer did not resolve the patient's legal problem, but provided info or facilitated referral
- If the screening was "false positive"

Legal Outcome Updates

Info about how the case was resolved (e.g., patient not evicted, patient won insurance appeal)

INFORMATION SHARING IN MEDICAL-LEGAL PARTNERSHIPS:

Foundational Concepts and Resources

BY JANE HYATT THORPE, JD
LARA CARTWRIGHT-SMITH, JD, MPH
ELIZABETH GRAY, JD, MHA
AND MARIE MONGEON, MPH (CAND.)

Department of Health Policy and Management,
Milken Institute School of Public Health,
The George Washington University

This report is possible thanks to generous support from the Robert Wood
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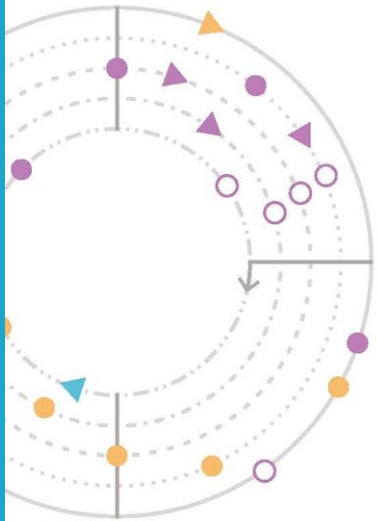
Executive Overview

This brief is intended for use by participants in Medical-Legal Partnerships (MLPs) as an overview and analysis of the legal issues relevant to interdisciplinary information sharing. MLPs bring healthcare practitioners and legal services providers together to address civil legal issues that present a barrier to a patient's good health. In order to effectively facilitate patient access to the legal services that can ultimately improve health, it is critical that healthcare practitioners and legal services providers be able to share information. MLPs are designed to encourage and enable this communication, but the information privacy legal framework may still present obstacles, both real and perceived, to effective information sharing.

A DEEPER DIVE ON PRIVACY

An in-depth look at privacy laws, consent models, and MLP info-sharing tools.

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



USING THE LAW TO INFORM EMPOWERED PATIENT CARE IN AUSTIN

The Story of People's Community Clinic's
Evolving Medical-Legal Partnership with
Texas Legal Services Center

September 2018



SEE WHAT INTEGRATION LOOKS LIKE

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

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



What SDOH problems do we want to address?



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

Scroll to find your breakout group's slides below.

Send a message in the chat to April Daniels if you need help.



How are we going to pay for it?



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

SCREENING &
INFORMATION
SHARING

For breakouts:

Keep track of time.

We'll spend about **15 minutes** (20 if more time is needed) in peer-to-peer discussions.



What SDOH problems do we want to address?

Instructions:

Individual peers should use this discussion to help them identify a individual goal for advancing their MLP work.

1. Pick a peer to lead and take notes.
2. On Slide 1, have peers identify themselves (you can switch groups throughout the learning collaborative)
On Slide 2, use the information shared to guide the discussion.
On Slide 3, take notes on the group's questions, challenges, ideas, and/or successes.
Designate who will share takeaways with the large group with takeaways.

Example of what you'll see in the Google Link

SDOH PEERS

Instructions: Have all peer group members fill this out. Duplicate this slide if you need more rows.

| Name / Title | Email Address (Optional) | Organization / State | Do you have an MLP? |
|--------------|--------------------------|----------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Example of what you'll see in the Google Link

Instructions: Review this slide to help guide your group's discussion.

Approaches to Assessing Social Needs

Which of the needs you identified have legal solutions?

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

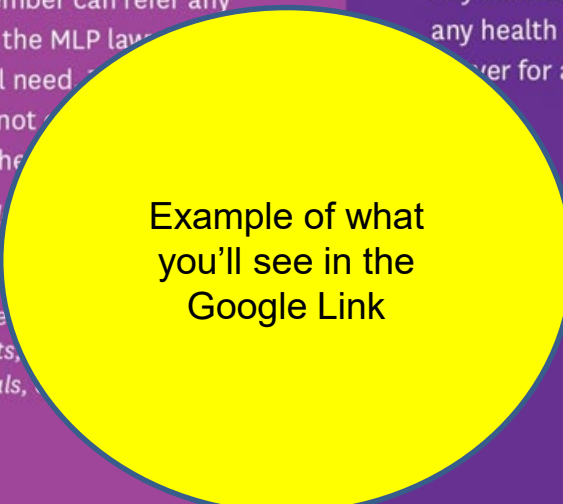
The health center's needs assessment reveals that pregnant people* would benefit most from legal services. Any clinician or staff member can refer any pregnant person to the MLP lawyer for any identified social need. The health center may or may not choose to refer to other groups in the future.

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

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.



Consider:

- Review data from existing screening tool(s)
- Speak with staff & clinicians in each dept
- Take stock of existing priorities & capacity
- Examine EHR data to help identify / determine volume of potential priority patients
- If necessary/feasible, do separate legal needs assessment

SDOH DISCUSSION

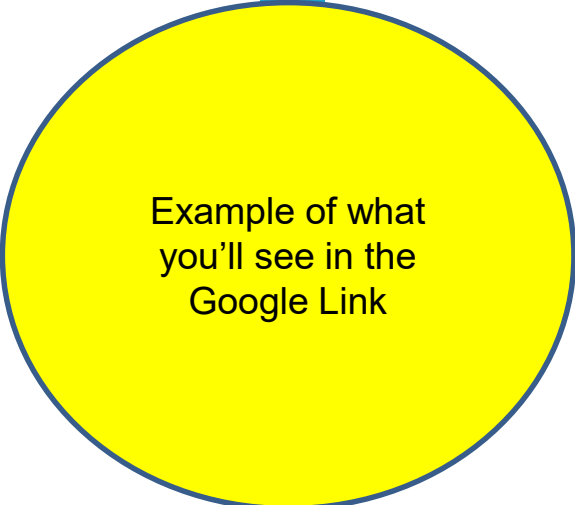
Instructions: Please share your challenges, questions, ideas, or success regarding how you have assessed which social needs have legal solutions. Provide input or feedback on what is shared by peers. If you are unable to add text on your own, have the notetaker add it for you.

Questions or Challenges

Ideas or Successes

Add text here

Add text here



Example of what
you'll see in the
Google Link

Contact Information

Bethany Hamilton
Co-Director at NCMLP
bhamilton1@gwu.edu



medical-legalpartnership.org



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