Thank you for joining us for this Mental Health Awareness Month webinar.
As you wait for us to get started, please see this important resource from one of our partners.

THE witness to witness PROGRAM

MIGRANT CLINICIANS NETWORK MCN

By our NTTAP friends at the Migrant Clinicians Network
https://www.migrantclinician.org/witness-to-witness

The **Witness to Witness (W2W) Program provides** peer support groups and interactive webinars for those who are in high stress jobs working with vulnerable clients who are themselves experiencing high levels of stress.

The Witness to Witness (W2W) Program is sponsored by Migrant Clinicians Network (MCN) and affiliated with and endorsed by the American Family Therapy Academy (AFTA). The services are free or on a sliding scale.

To request an interactive webinar for you or your organization, contact kweingarten@migrantclinician.org.

Addressing Financial & Legal Problems To Improve the Mental Health of Adults & Children During the Pandemic

Panelists:

Eric Elbogen, PhD, ABPP (Forensic), Durham VA Health Care System and Duke University

Marisol Garcia, JD, Health Law Advocates

Overview and Moderation:

Bethany Hamilton, JD, National Center for Medical-Legal Partnership

May 18, 2021 01:00 PM EST

Housekeeping:

- Turn up your volume to hear us.
- Everyone is on mute upon entry.
- Use the chat box to send questions or comments.
- Need help? Email aprildaniels@gwu.edu.
- Please complete the survey at the end.

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

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.

Mental health is more than the absence of a mental illness—it's essential to your overall health and quality of life. -NIMH-

Today's subject matter experts will discuss:

- **how financial strains such as high debt, low income, and unemployment are associated with suicide attempts and should be considered key factors when assessing mental health interventions; and**

- **how legal services delivered alongside social, medical, and behavioral health services can help improve the overall health and well-being of children.**

Subject Matter Experts

Eric Elbogen, PhD, ABPP (Forensic) is the Local Recovery Coordinator of the Durham VA Health Care System and is Professor of Psychiatry at Duke University.

Marisol Garcia, JD is the Director of the Mental Health Advocacy Program for Kids (MHAP for Kids) at Health Law Advocates.

The MLP Approach

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

How lawyers embedded as members of health care teams help meet 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

The Impact on Mental Health

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Studies show that with MLP services:

People with chronic illnesses are admitted to the hospital less frequently.

People more commonly take their medications as prescribed.

People report less stress and experience improvements in mental health.

Less money is spent on health care services for the people who would otherwise frequently go to the hospital, and use of preventative health care increases.

Clinical services are more frequently reimbursed by public and private payers.

Read the research at: medical-legalpartnership.org/impact

Pilot study showed reduced patient stress after MLP services

2012

An Arizona study assessed the stress levels of patients before and after receiving legal services, and found that **MLP intervention led to a reduction in perceived stress and an improvement in overall wellbeing**.

- The mean Perceived Stress Scale (PSS-10) score decreased 8.1 points.
- Wellbeing scores improved by 1.8 points.
- Individual changes in perceived stress were strongly related to participants' level of concern regarding the particular legal issues addressed.

Source: Ryan, A.M., Kutob, R.M., Suther, E., Hansen, M., & Sandel, M. (2012). Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress and Wellbeing. Journal of Health Care for the Poor and Underserved 23(4), 1536-1546. doi:10.1353/hpu.2012.0179.

CT / NY Study of Veterans

2017

- Veterans who received full legal representation showed **significant reductions in symptoms of hostility, paranoia, psychosis, Generalized Anxiety Disorder, and Post-Traumatic Stress Disorder**.

- Veterans who received **more medical-legal partnership services showed greater improvements in housing, substance abuse, and mental health**, than those who received fewer medical-legal partnership services.

Source: Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets; *Health Affairs*

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

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

AVG. AMOUNT OF TIME TO RESOLVE A LEGAL ISSUE

5.4

HOURS

AVG. COST OF PROVIDING MLP SERVICES TO HOMELESS VETERANS

$50-$70

AN HOUR

$270-$405

PER LEGAL ISSUE ADDRESSED

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

Dimensions of Recovery: Medical-Legal Partnership as a Recovery Service

2018

Legal services delivered as part of a medical-legal partnership can function as one critical recovery service alongside medical treatment and other supportive services.

Source: See SAMHSA's Dimensions of Recovery graphic in NCMLP Issue Brief "The Opioid Crisis in America & the Role Medical-Legal Partnership Can Play in Recovery"(2018)

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Primary care is a key entry point behavioral health services

2019

Mental health services to health center patients grew by 188% from 2010-2019

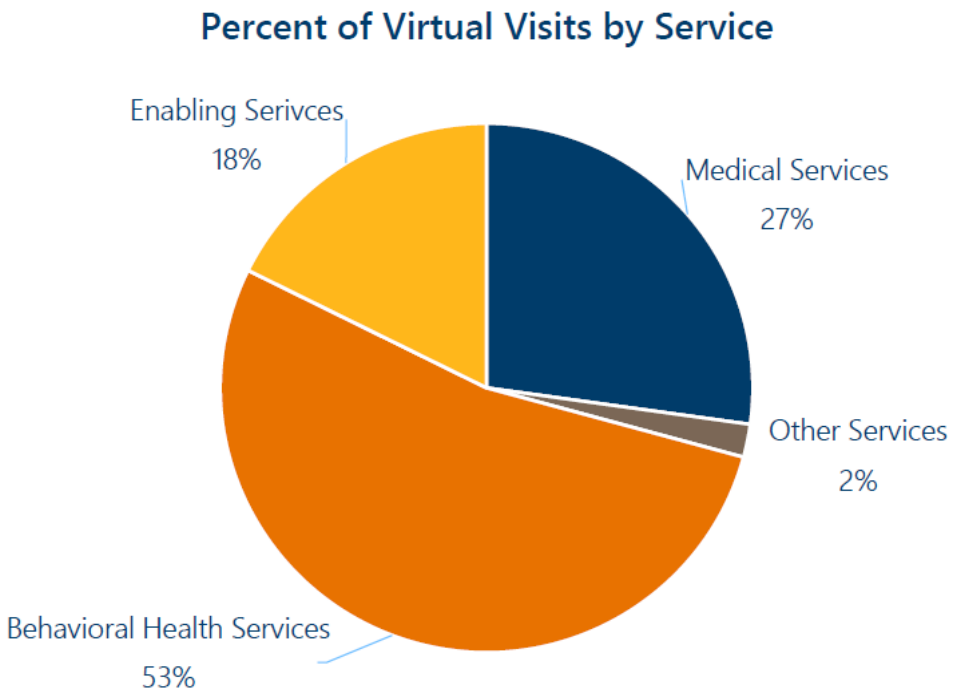
Health centers tripled their behavioral staff in 10 years

And…

478,333 visits were conducted virtually in 2019

Figure 5-23

Behavioral Health Services Were the Most Common Services Delivered Virtually by Health Centers in 2019



Note: Behavioral health includes services for mental health and substance use disorder; Enabling services includes case management and education specialist services; Other services includes vision, dental, and other professional services.

Source: 2019 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS

Source: NACHC's Community Health Center Chartbook 2021. See https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/2021-community-health-center-chartbook/

Now

Vaccine chaos may undermine second doses

Sections Local news About Axios Sign up

Feb 2, 2021 - Health

Caitlin Owens, author of Vitals

KFF Filling the need for trusted information on national health issues

TRENDING COVID-19 Vaccine Mon

Coronavirus (COVID-19)

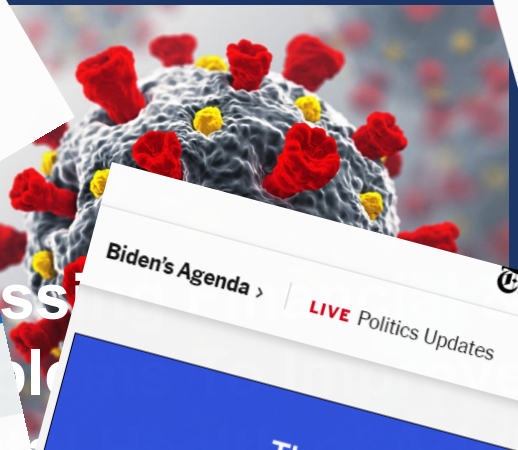
Home // Policy Watch // Taking Stock of Essential Workers

Taking Stock of Essential Workers

Audrey Kearney and Cailey Muñana

May 01, 2020

The COVID-19 pandemic has changed the reality of working life for most of the U.S. w
find themselves laid off, working from home, or continuing to go to a workplace while
protect themselves and their families from infection, nearly all workers have felt som
their jobs. In this post, we use data from the latest KFF Health Tracking Poll to examir



Biden's Agenda › LIVE Politics Updates Taxing th

The Invention Age is here.

Figure 1

Mental Health Impacts Of Pandemic Rose During The Summer; Has Remained At About Half Of The Public Reporting Negative Impacts

Percent who say they feel that worry or stress related to coronavirus has had a **major** or **minor** negative impact on their mental health:

NOTE: See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (March 15-22, 2021)

KFF COVID-19 Vaccin

Federal Judge Strikes Down Moratorium on Evicting Renters

Biden administration will appeal the ruling against the which has been the subject of legal challenges by

Legal Partnership

GEORGE WASHINGTON UNIVERSITY

Now

Addressing Financial & Legal Problems To Improve the Mental Health of Adults & Children During the Pandemic

The Research & The MLP Intervention

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Association of Financial Strain and Suicide Risk: *Review of Research*

Eric Elbogen, Ph.D., ABPP (Forensic)
Duke University School of Medicine
National Center on Homelessness Among Veterans

Financial Well-Being and Suicide Risk

Research has identified clinical risk factors for suicide including mental illness, particularly major depression, with the goal of identifying dynamic variables to be targeted by healthcare providers to prevent suicide (Franklin et al., 2017).

Relatively less research has examined financial strain, defined as lack of economic support and related perceived economic stress.

Multiple studies show that suicides tend to decline during times of economic prosperity and increase during times of economic hardship (Gunnell et al., 2003; Ruhm, 2000).

Financial Well-Being and Suicide Risk

A meta-analytic review showed that people with unsecured debt are 5.8 times more likely to attempt suicide and 7.9 times more likely to complete suicide compared to people without debt (Richardson et al., 2013).

Other research examining homelessness shows that peak risk of suicide occurs just prior to eviction (Culhane et al., 2019).

Lacking money to cover basic needs (food, clothes, shelter, transportation, medical care) was associated with triple the risk of endorsing suicidal ideation one year later compared to those with money to cover basic needs (22% versus 7%) (Elbogen et al., 2020).

Effect of Financial Strain on Suicide Attempts

Within the literature, empirical studies on the association between financial strain and suicide risk have been largely cross-sectional.

Research has also been limited by non-representative sampling, focus on single rather than multiple sources of financial strain, and lack of statistical control for clinical variables like major depression, substance abuse, or past suicide attempts or suicidal ideation.

Effect of Financial Strain on Suicide Attempts

- The purpose of the current study is to address these gaps in the literature by using a nationally representative longitudinal dataset to examine whether financial strain—financial debt/crisis, past homelessness, unemployment, and lower income—predicts subsequent suicide attempts, controlling for demographic and clinical covariates.
- Analyzed waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) (n=34,653), conducted about 3 years apart.

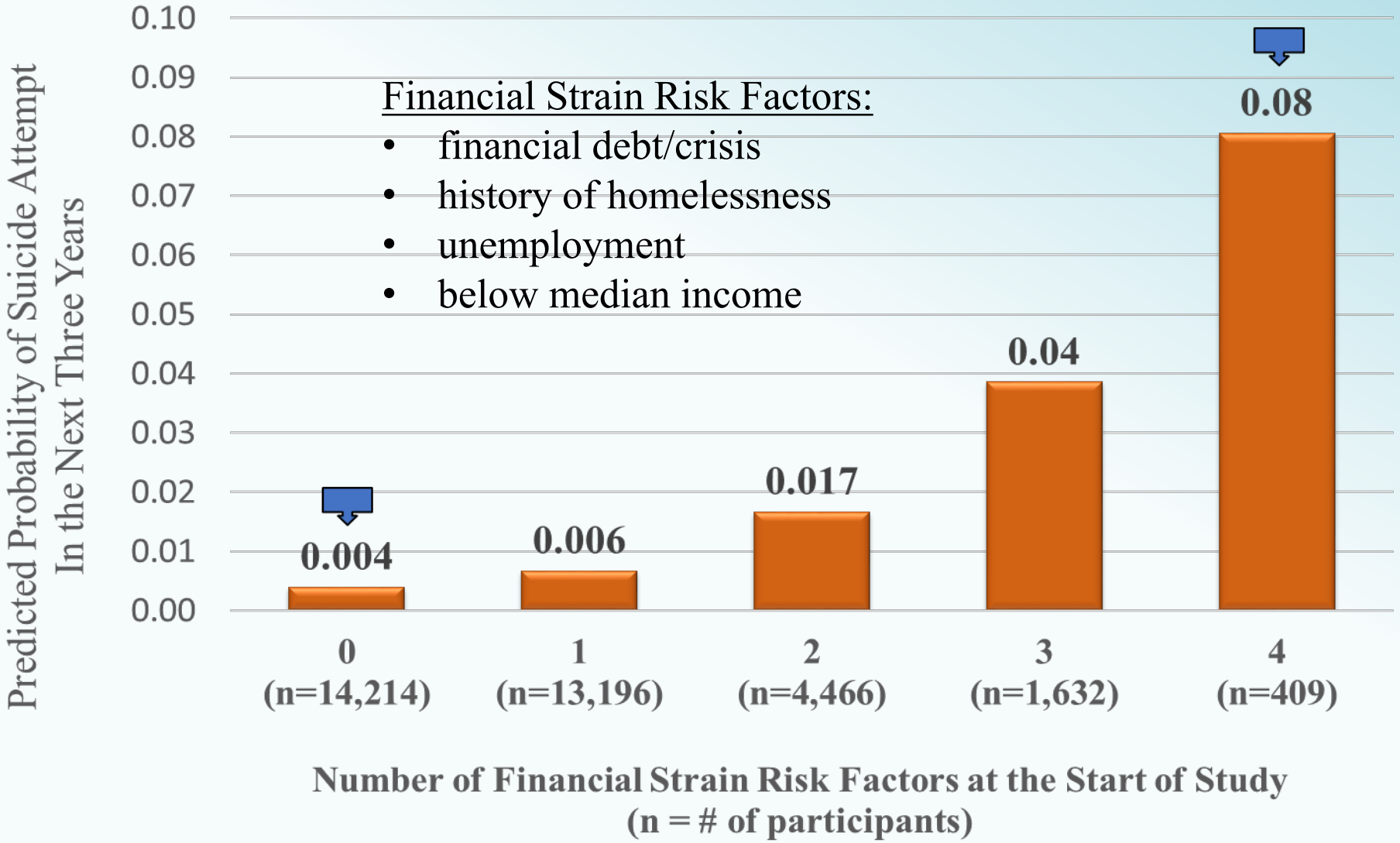
Association between financial strain at wave 1 and suicide attempts between waves 1 & 2

	Suicide attempt in next 3 years				
Variable at wave 1	n	n	(%)	χ^2	p value
Financial Debt/Crisis					<.001
Yes	4,092	122	2.88	33.42	
No	30,353	200	0.62		
Unemployed					<.001
Yes	4,815	129	2.36	38.35	
No	29,838	194	0.64		
Annual Income					<.001
<$35,000	16,268	219	1.29	24.02	
>=$35,000	18,385	104	0.57		
Past homelessness					<.001
Yes	4,095	105	2.48	25.07	
No	29,880	210	0.66		

Cumulative Financial Strain and Suicide Attempts

	Suicide Attempts Between Waves 1 and 2		
Variable at Wave 1	Odds Ratio	95% Confidence Interval	P-value
Cumulative Financial Strain	1.53	1.32, 1.77	< .001
Age	0.97	0.96, 0.98	< .001
Sex (Male)	0.63	0.45, 0.88	0.007
Race (White)	0.83	0.58, 1.18	0.288
Education (High School or more)	0.86	0.57, 1.29	0.459
Marital Status (Married)	1.11	0.82, 1.51	0.498
Major Depression (Past 12 Months)	1.78	1.23, 2.55	0.002
Substance Use Disorder (12 Months)	1.78	1.16, 2.73	0.009
History of Suicidality	6.06	4.23, 8.70	< .001

Financial Strain Increases Risk of Suicide Attempts



Change in Financial Strain

		Suicide Attempts Between Waves 1 and 2			
Change in Variable From W1 to W2	n	N	(%)	$\chi 2$	P
Unemployed					
Unemployed Both Waves	2,140	73	**3.44**	21.57	<.001
Employed W1/Unemployed W2	3,113	69	**2.45**		
Unemployed W1/Employed W2	2,675	26	**0.68**		
Employed Both Waves	26,725	73	**0.24**		
Homelessness					
Homeless Both Waves	501	32	**5.16**	9.96	<.001
Not Homeless W1/Homeless W2	1,184	35	**2.68**		
Homeless W1/Not Homeless W2	3,575	44	**1.20**		
Never Homeless	28,471	126	**0.40**		

Change in Financial Strain

		Suicide Attempts Between Waves 1 and 2			
Change in Variable From W1 to W2	n	N	(%)	$\chi 2$	P
Financial Debt/Crisis					
Debt/Crisis Both Waves	1,706	55	**3.08**	19.17	<.001
No Debt W1/Debt W2	2,972	64	**2.38**		
Debt W1/No Debt W2	2,381	38	**1.46**		
No Debt/Crisis at Both Waves	27,317	83	**0.28**		
Income					
Below Median Both Waves	11,625	127	**1.05**	11.70	<.001
>Median W1 to <Median W2	3,288	29	**0.92**		
<Median W1 to >Median W2	4,643	38	**0.82**		
Above Median Both Waves	15,097	47	**0.30**		

Top Risk Factors for Suicide Attempts

(de la Garza et al., 2021)

Examined 2500+ variables in the NESARC using machine learning to identify the strongest predictors of suicide attempts

Top Risk Factors for Suicide Attempts

(de la Garza et al., 2021)

1. Felt like wanted to die
2. Thought about committing suicide
3. Attempted suicide
4. During past 4 weeks, how often felt downhearted and depressed
5. Age
6. During past 4 weeks, how often did work or other activities less carefully than usual as result of emotional problems
7. **Experienced major financial crisis, bankruptcy, or been unable to pay bills on time in last 12 months**
8. During past 4 weeks, how often accomplished less than would like as result of emotional problems
9. Grade level during 2000-2001 school year
10. Highest grade or year of school completed

Top Risk Factors for Suicide Attempts

(de la Garza et al., 2021)

11. During past 4 weeks, how often physical health or emotional problems interfered with social activities
12. Blood/natural father ever an alcoholic or problem drinker
13. **Occupation: current or most recent job**
14. Current marital status
15. **Family income in last year**
16. Age when biological/adoptive parents stopped living together
17. Thought a lot about own death
18. Present situation includes in school part time
19. **Personal income in last year**
20. Parent lived with after biological or adoptive parents stopped living together

Suicidal Ideation/Thoughts of Self Harm and COVID-19

(Elbogen et al., 2021)

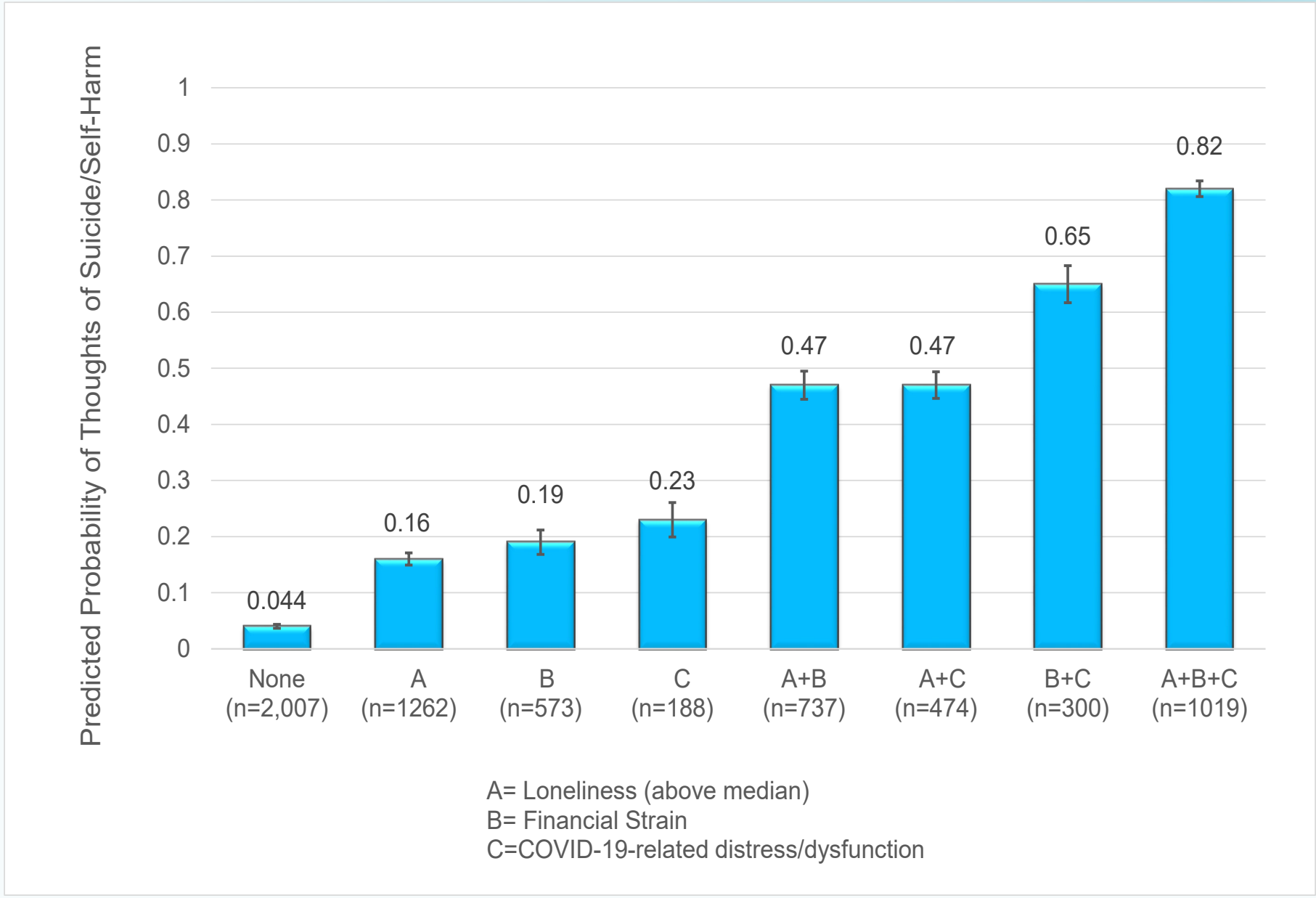
- Conducted a national survey May 2020 to investigate the association between mental health symptoms, social isolation, and financial stressors during the COVID-19 pandemic and thoughts of suicide and self-harm.
- A total of 6,607 US adults completed an online survey; survey criteria included an age minimum of 22 years old and reported annual gross income of $75,000 or below.

Suicidal Ideation/Thoughts of Self Harm and COVID-19

(Elbogen et al., 2021)

- COVID-19-related stress symptoms, loneliness, and financial strain were associated with thoughts of suicide/self-harm.
- Also associated were younger age, being a military veteran, past homelessness, lifetime severe mental illness, current depressive symptoms, alcohol misuse, and having tested positive for COVID-19.
- Running out of money for basic needs (e.g., food), housing instability (e.g., delaying rent), and filing for unemployment or disability was positively related to thoughts of suicide/self-harm.

Suicidal Ideation/Thoughts of Self Harm and COVID-19 (Elbogen et al., 2021)



Implications for Medical – Legal Partnerships

Findings on link between financial strain and suicide are relevant given that MLPs involve integrated and collaborative approach to healthcare delivery that bring civil legal aid services into the healthcare setting to address the social determinants of health among vulnerable populations including financial strain.

I--HELP Interventions List

I : Income Supports & Insurance

H : Housing & Utilities

E : Education & Employment Supports

health law advocates

Lawyers Fighting for Health Care Justice

HLA

Mental Health Advocacy Program for Kids (MHAP for Kids)

Marisol Garcia, Senior Director

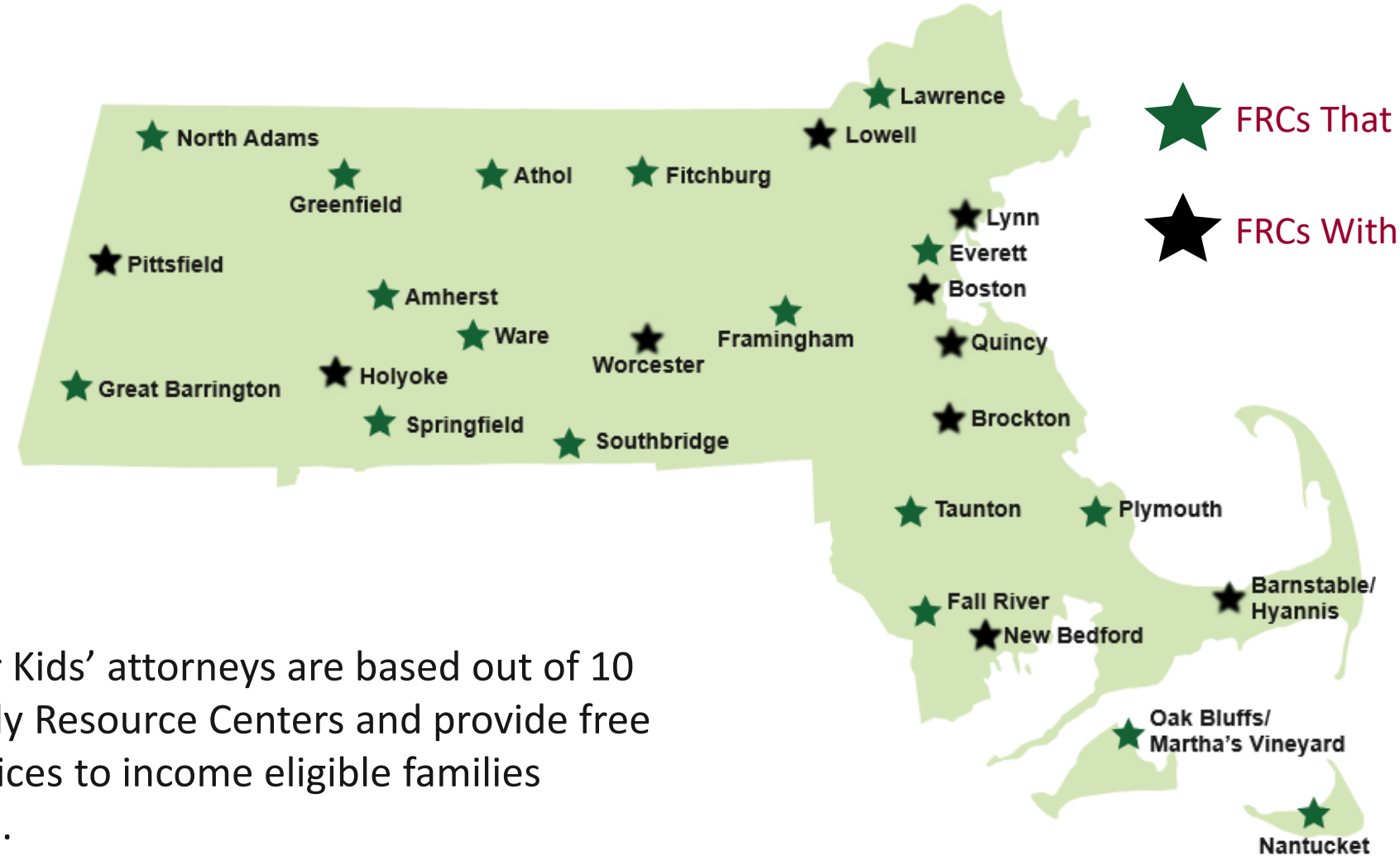
Annual Juvenile Court Clinic Conference

May 7, 2021

Health Law Advocates' Mental Health Advocacy Program for Kids

MHAP for Kids improves the health and increases the educational success of children with unmet mental health needs. Experienced staff attorneys provide free legal representation to low-income families, advocating for access to mental health services and diverting children from the juvenile justice and child welfare systems.

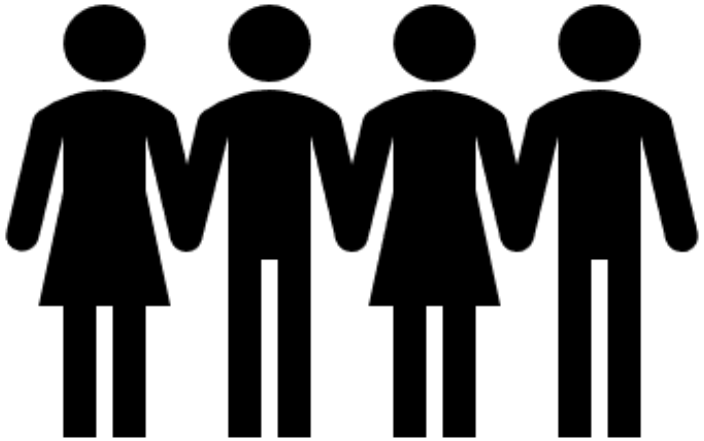
MHAP for Kids – statewide advocacy program



MHAP for Kids' attorneys are based out of 10 DCF Family Resource Centers and provide free legal services to income eligible families statewide.

DCF Family Resource Center Staff

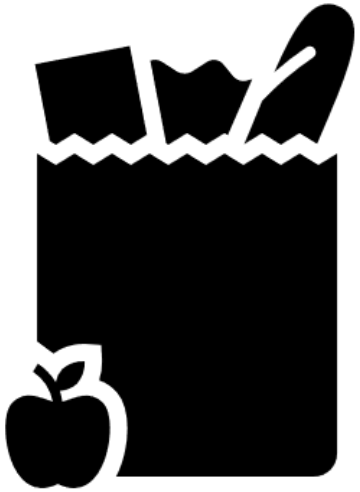
- Director
- Clinician
- Family Partner
- Family Support Worker
- School Liaison
- MHAP for Kids' staff attorney



MHAP for Kids' attorneys collaborate with FRC staff to achieve their mission of diverting children from the court system to health and social services, furthering the objectives of Children Requiring Assistance reform, Chapter 240 of the Acts of 2012 by the Massachusetts Legislature.

DCF Family Resource Centers provide

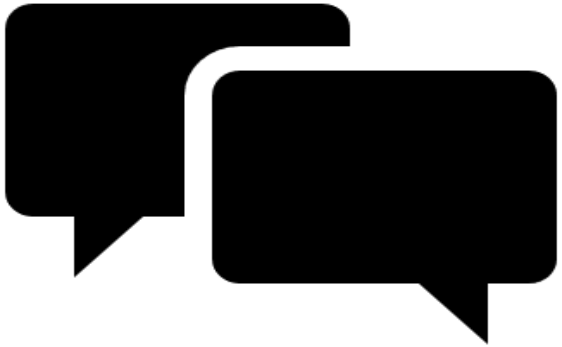
- Parenting Support Groups
- Assistance with Housing and Public Benefits
- Referrals to Mental Health Services
- Food Pantries
- Legal Services from MHAP for Kids
- And more!



Collaboration between FRCs and MHAP for Kids

Legal Representation

Legal Consultation



Legal Information

MHAP for Kids attorneys serve hundred of families

Attending special education team meetings to advocate for eligibility for services or improved services,

Seeking eligibility and services from state agencies, like DMH and DDS,

Advocating for diversion from the juvenile justice and child welfare systems, and

Ensuring that families have access to health insurance.

Referrals: statewide intake line 617-275-2919

- Since the MHAP for Kids Staff Attorneys are a limited resource, we prioritize cases when:

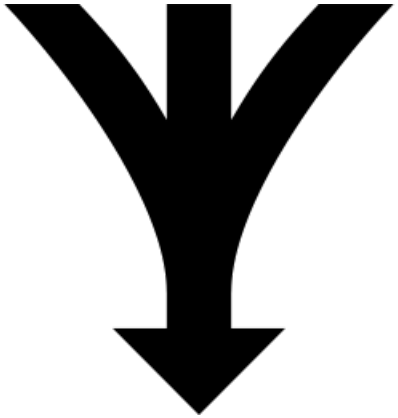
- A child “stuck” boarding in the ED;
- A child held in juvenile detention;
- A child being excluded from school; or
- A child is who is homeless.

Case Success Video

Tristan's Story

https://vimeo.com/302718751

Referral Pathways for MHAP for Kids



MHAP Participants by Referring Agency	% Total (N=727)
Court/Legal System	28.9
Family Resource Center	18.8
State Agency	16.2
Community Organization	15.4
Healthcare	13.2
Self/Client	5.6
School	1.1
Unknown/Missing	.7

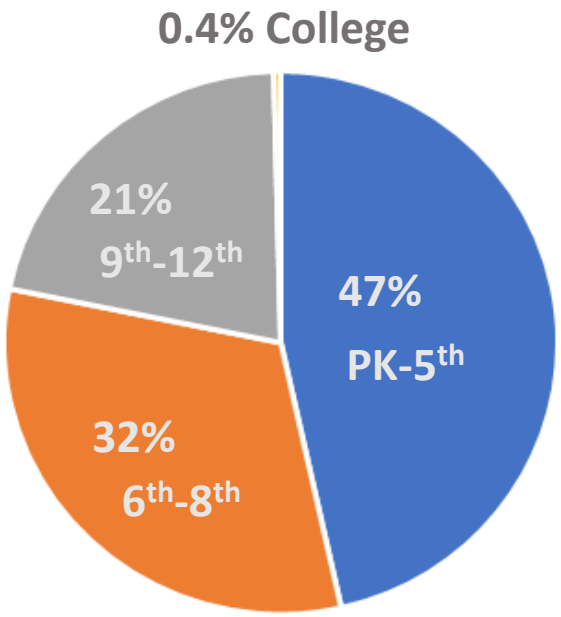
BOSTON UNIVERSITY SCHOOL of Public Health

Youth Participants

Youth Demographic Characteristics of Pilot (J-MHAP) Youth and MHAP for Kids Youth		
Demographic	J-MHAP pilot (n=152)	MHAP for Kids (n=727)
Age (mean (min, max))	15.7 (8, 22)	12.4 (3, 22)
Male (%)	60.9%	67.7%
Race/Ethnicity (%)		
White	66.5%	40.2%
Latino/Hispanic	20.4%	32.1%
Black	5.9%	12.8%
Other†	7.2%	14.9%
Household Primary Language, English (%)	92.8%	81.8%
†Other J-MHAP: Bi-racial 4.6%, Brazilian 1.3%, Cape Verdean .6%, Asian .6% †Other MHAP for Kids: Bi-racial 11.4%, Asian 2.3%, Missing/Don't know 1.2%		

BOSTON UNIVERSITY SCHOOL of Public Health

Baseline School Engagement



- 16.9% have ever been held back or repeated a grade
- 45.9% have ever been sent home
- 40.4% have ever been suspended

BOSTON UNIVERSITY SCHOOL of Public Health

Court Involvement at Intake

N=385

- 62% had open court cases when they started with MHAP for Kids
  - 75% Child Requiring Assistance (status offense: truant, runaway or stubborn child)
  - 25% Delinquency
  - 3% Care and Protection
  - 2% Guardianship
  - 1% Permanency
  - 5% have more than one open case

BOSTON UNIVERSITY SCHOOL of Public Health

Mental Health Diagnosis at Intake

97.9% have at least one diagnosis

Average 2.5 diagnoses
Maximum 7 diagnoses

Diagnoses	%
ADHD/ADD	54.7
Anxiety	46.1
Depression	41.3
Trauma/PTSD	27.0
Autism	24.8
Other Mood Disorder	14.5
Other Conduct Disorders	13.2
Bipolar or Psychotic Disorders	9.5
Intellectual Disabilities	5.3
Suicidal Ideation	4.2
Obsessive Compulsive Disorder	3.2
Attachment Disorders	3.1
Learning Disabilities	2.7
Other Communication Disabilities	2.1

BOSTON UNIVERSITY SCHOOL of Public Health

Parental Depression (CES-D)

- 62% reported symptoms of depression
  - compared to only 19% in the published community data.[1]

- 31% of total sample had scores that indicate major depression

Compared to

  - 16.2% national prevalence of Major Depressive Disorder[2]
  - 23% in an urban community sample[3]

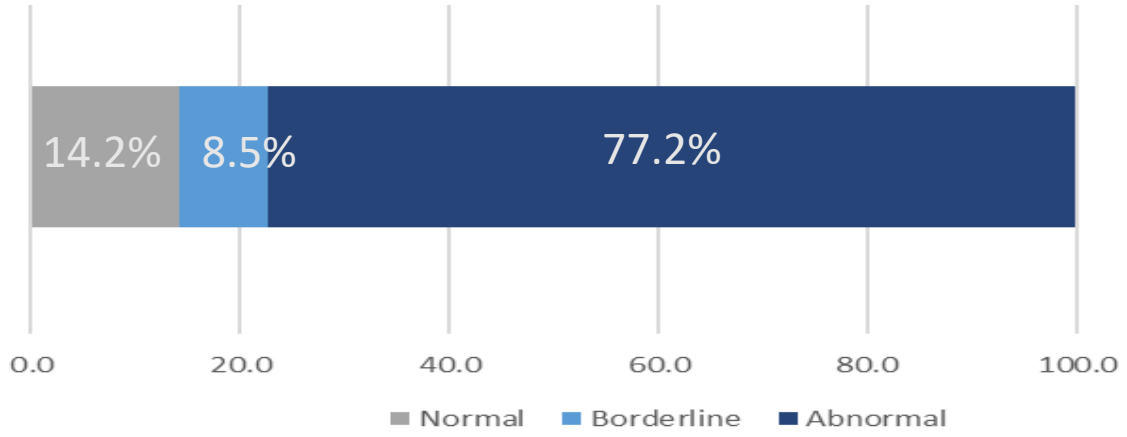
- High unmet mental health needs of the adults in the household
  - Association with child/youth functioning

BOSTON UNIVERSITY SCHOOL of Public Health

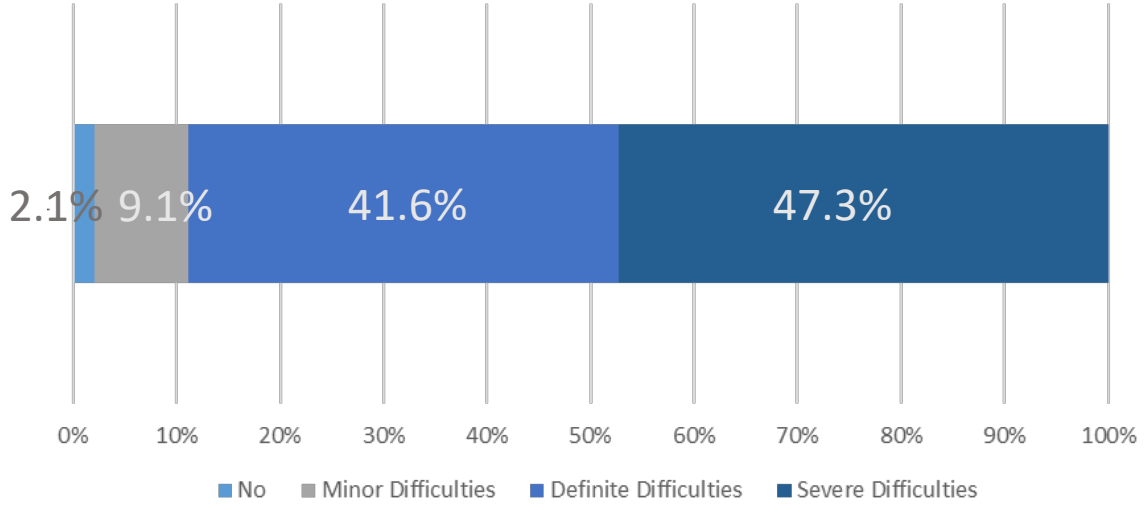
Strengths and Difficulties (SDQ-parent report)

(n=243)

Total Difficulties Score

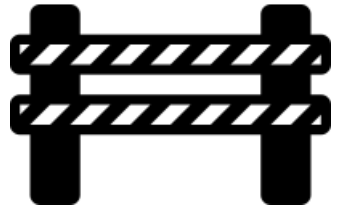


Child has difficulties with emotions, concentration, behavior, or getting along with others



BOSTON UNIVERSITY SCHOOL of Public Health

Barriers to Mental Health Care



98.4% have reported ever experiencing at least one barrier

Bureaucratic Delay: difficulty navigating paperwork and eligibility process

Incomplete information: about where to access services or how to access them

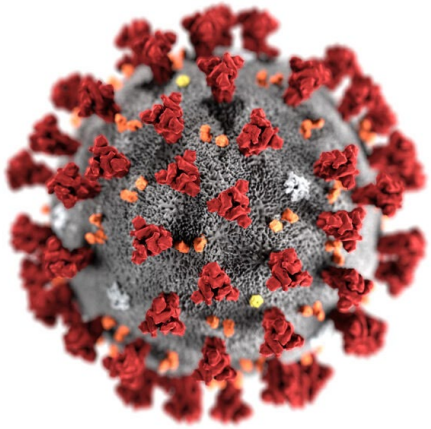
Reported Delay, Ever Experienced (select all)	% (N=320)
Bureaucratic delay	63.1
Incomplete information	48.8
Time	48.1
Service not available	45.6
Previous negative experience	36.9
Fear, dislike, or distrust of professionals	32.8
Cost	32.8
Transportation	30.9
Anticipation of out-of-home placement	26.6
Anticipation of a negative reaction from others	21.9
Anticipated loss of parental rights	20.6
Self-consciousness	19.7
Refusal to treat	19.4
Child/parent refuses treatment	10.3
Other Barriers	8.4
Language	5.0

Barriers assessed using a modified Child and Adolescent Services Assessment (CASA)

BOSTON UNIVERSITY SCHOOL of Public Health

COVID-19 and Families

Impact of COVID-19 (n=63)



- 48% families lost income
- 25% lost reliable childcare
- 21% experienced family illness or death from COVID-19
- 11% had a change in household members
  (family/friends moved in or out)
- 8% had a change in housing

BOSTON UNIVERSITY SCHOOL of Public Health

Weekly Information About School

79 families filled out 200 total weekly logs mid December to April

42%

20%

23%

15% missed school for the week
(50% school vacation weeks, 17% inpatient, 11% refusal, 7% illness, 15% other-quarantining, no bus to help, services not available that week)

BOSTON UNIVERSITY SCHOOL of Public Health

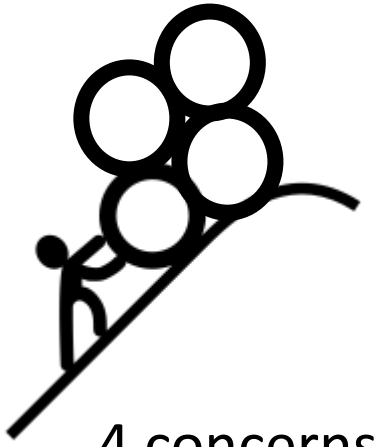
Behaviors this week compared to last

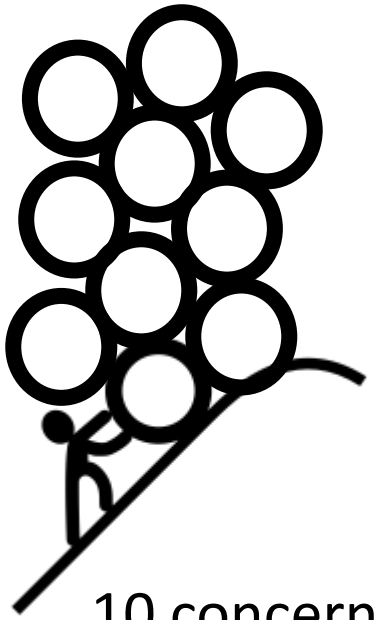
	At Home	At School
Worse	28%	33%
Same	59%	56%
Better	13%	11%

BOSTON UNIVERSITY SCHOOL of Public Health

Behavioral health observations that week

- 98% of weekly logs included behavioral health concerns





0 concerns
(Min)

4 concerns
(Mean and Median)

10 concerns
(Maximum)

BOSTON UNIVERSITY SCHOOL of Public Health

47% Anxiety

30% Verbal aggression

29% Negative self-talk

29% Physical complaints—stomachache, headache

28% Depression

27% Work refusal

22% Refused to get out of bed/sleep issues

15% Physical aggression

9% Property destruction

3% Left home without permission

9% Other

Screaming, Crying,
Hurting Pets, Over Eating,
Moody, Lying, Running,
nightmares, profanity, cutting

BOSTON UNIVERSITY SCHOOL of Public Health

Avante’s Story

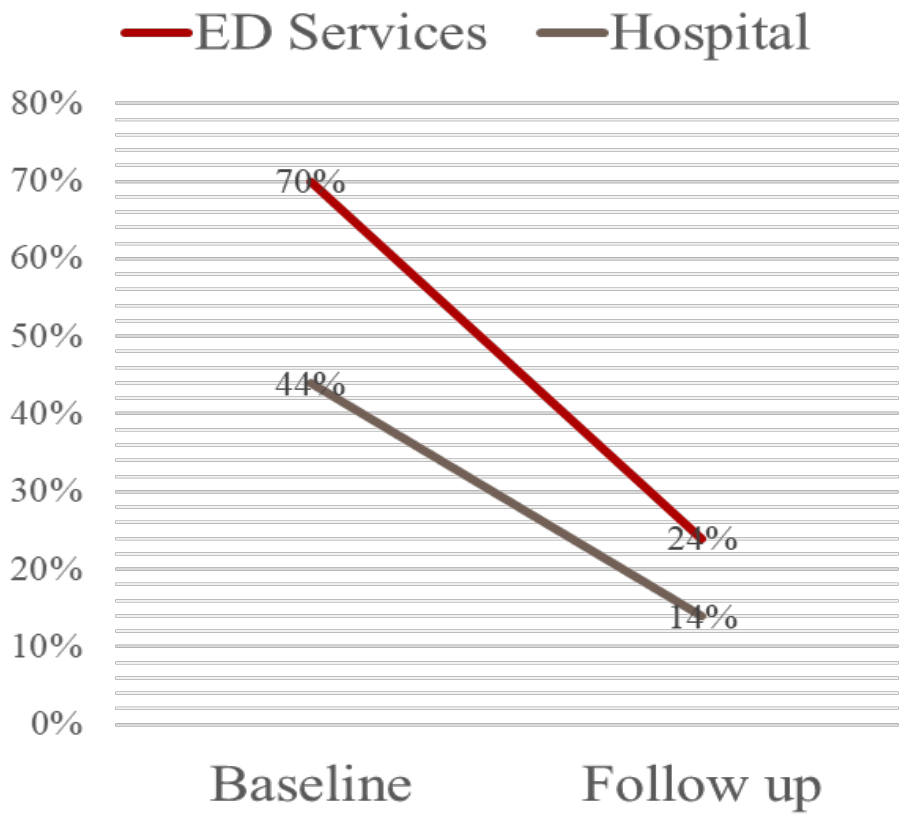
https://vimeo.com/475543728

The Boston University School of Public Health

MHAP for Kids has a proven track record of significantly improving the lives of high-risk youth and their families in a cost-effective manner.

An independent study found that the program substantially improves children's mental health while

- Dramatically improving school attendance (daily truancy: 26% reduced to 9%).
- Significantly decreasing use of emergency mental health services by children (70% reduced to 24%)
- Dramatically decreasing inpatient hospitalizations of children (44% reduced to 14%).
- Significantly improves overall mental health of children
- Significantly improves overall mental health of caregivers
- Significantly decreases rates of family conflict



MHAP for Kids continues to collect data and BUSPH continues to analyze the data to evaluate the impact of the legal work on children and families.

Further Questions?

MHAP for Kids Statewide Intake Line 617-275-2919

Marisol Garcia, Director
mgarcia@hla-inc.org
www.healthlawadvocates.org

Q & A

Type your questions or comments for Eric Elbogen and Marisol Garcia into the chat.

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Friendly Reminder

Please complete the survey.

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Resources

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

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 care' 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.

Fact sheet: Homelessness, health and medical-legal partnerships

This fact sheet describes common social and legal needs that affect the health of homeless individuals, and ways integrated legal services can help meet those needs. It includes data from a study in Connecticut and New York City highlighting the housing and mental health benefits of MLP services for homeless veterans.

Available at: medical-legalpartnership.org/resources

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Medical-Legal Partnership Population Series March 2018

Issue Brief One

THE OPIOID CRISIS IN AMERICA & THE ROLE MEDICAL-LEGAL PARTNERSHIP CAN PLAY IN RECOVERY

AUTHORS

Jay Chaudhary, JD

Managing Attorney & Director of Medical-Legal Partnerships
Indiana Legal Services

Adjunct Faculty
Indiana University Richard M. Fairbanks School of Public Health

Kate Marple, MSc

Senior Research Scientist & Director of Communications
National Center for Medical-Legal Partnership

Jillian Bajema

Research Assistant
National Center for Medical-Legal Partnership

This issue brief is possible thanks to generous support from the Robert Wood Johnson Foundation and The Kresge Foundation.

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Those legal issues that can be hardest for individuals to overcome and that are most closely linked with recovery, are areas where MLPs have already demonstrated impact and promise.

Available at: medical-legalpartnership.org/resources

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

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

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Making the Case for Medical-Legal Partnerships:

AN UPDATED REVIEW OF THE EVIDENCE, 2013-2020

OCTOBER 2020

AUTHOR

Caitlin Murphy, MPA-PNP
Research Associate
Dept. of Health Policy & Management
The George Washington University

CONTACT

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

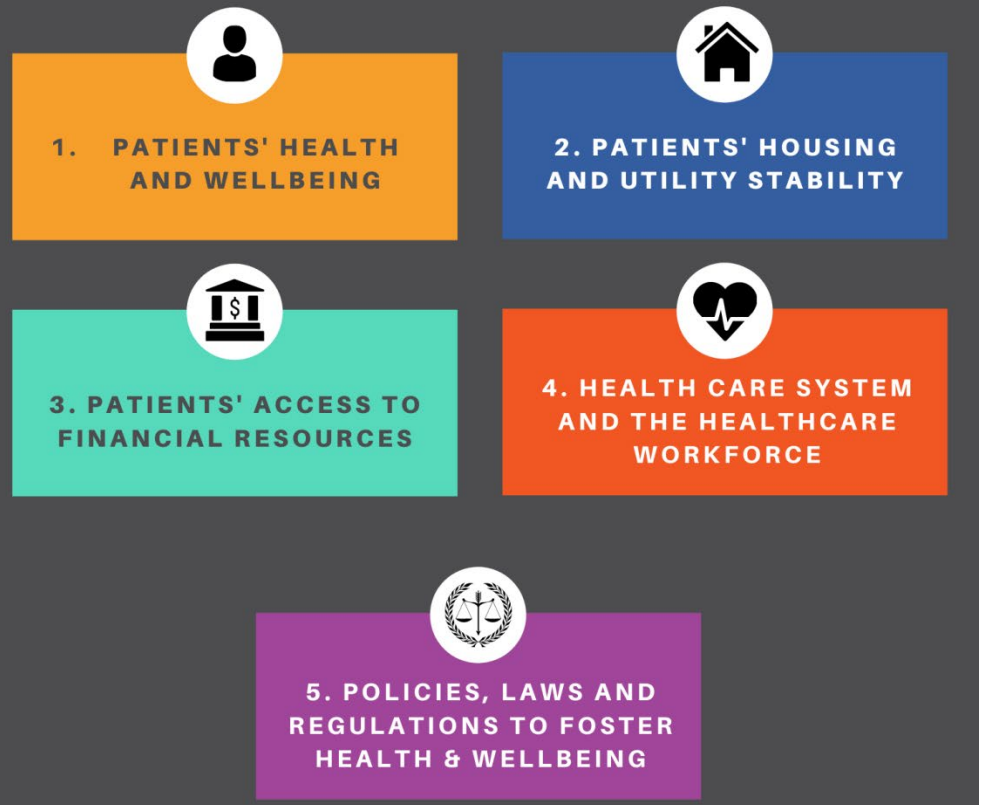
ABOUT THIS BRIEF

In 2013, the National Center for Medical-Legal Partnership conducted a review of the salient literature on medical-legal partnerships (MLPs), including the need for the MLP intervention, the essential components of the approach, and emerging evidence of the intervention's impact. This brief provides an update to that review, citing peer-reviewed observational studies from January 2013 - August 2020 that demonstrate evidence of MLP impact.

Introduction

Medical-legal partnerships (MLP) 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. MLP is a flexible innovation that has been adopted by nearly 450 health care organizations in the United States,[1] including at hospitals, health systems, federally qualified health centers, Department of Veterans Affairs (VA) medical centers, primary care and behavioral health clinics, home health nursing programs, public health departments, and primary care associations. Additionally, the Health Resources and Services Administration (HRSA) and the VA support medical-legal partnerships as a mechanism for advancing health equity. Contrary to popular belief, legal and health care professionals have meaningfully collaborated throughout history, paving the way for the MLP approach to take hold.[2] The National Center for Medical-Legal Partnership (NCMLP) has published a variety of tools and resources to help organizations establish MLPs.

This updated brief demonstrates that medical-legal partnerships' impact is improving:



Available at: medical-legalpartnership.org/resources

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Thank you to our audience and guests panelists.

Please complete the survey.

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

Contact Information

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

medical-legalpartnership.org

National_MLP