

MLP in Health Centers Guide (Advanced):

A Deep Dive on Laying the Foundation and Funding the Model



January 18, 2022

National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

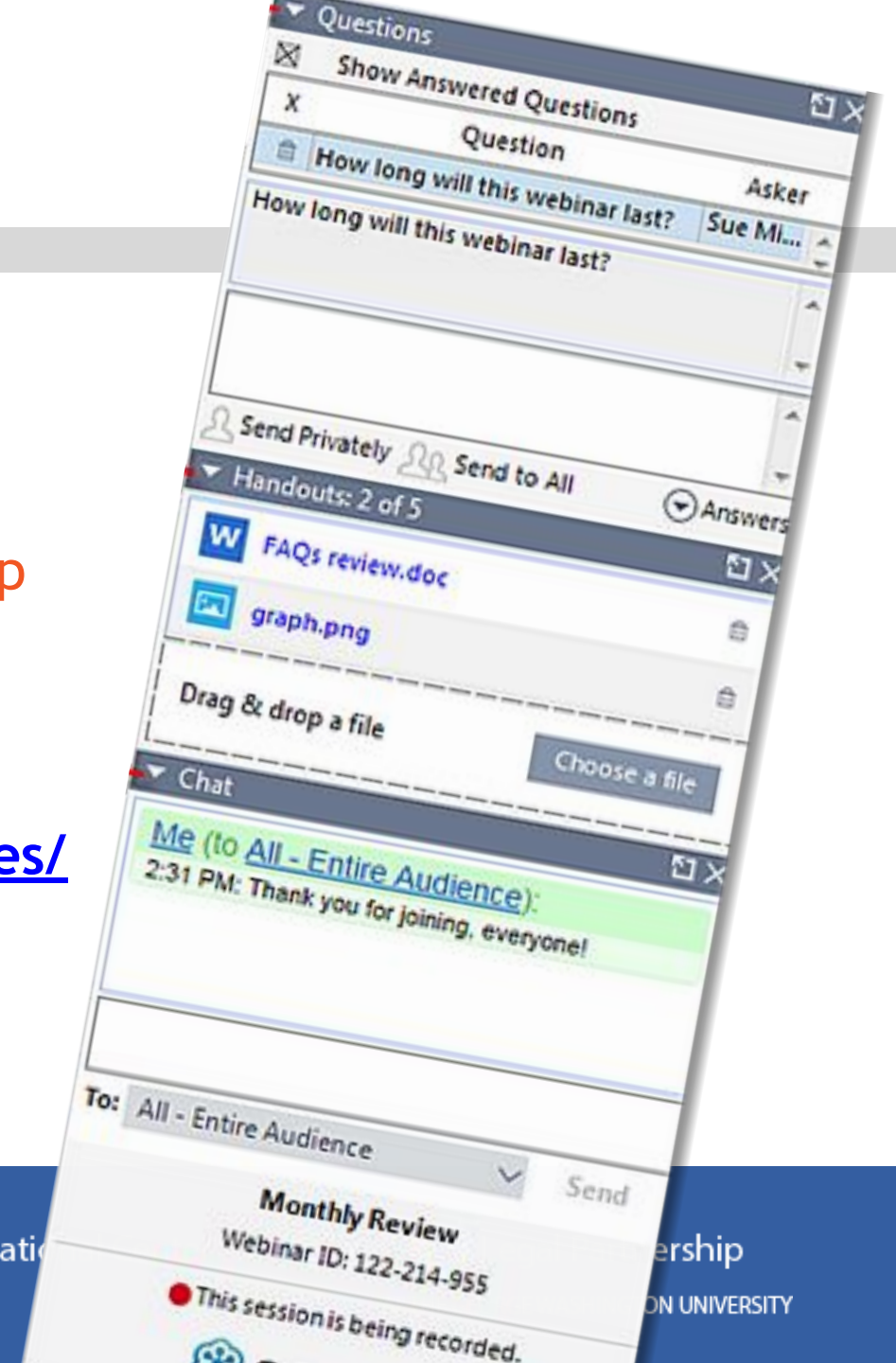
Acknowledgements



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](https://www.hrsa.gov).

Housekeeping

- By default, everyone joins on mute
- Type questions into the Chat pane (Desktop App only) or Questions pane
- This webinar will be recorded and shared at <https://medical-legalpartnership.org/resources/>
- Email ncmlp@gwu.edu for help



Learning Objectives



- Learn how to start a medical-legal partnership (MLP) to address the social and legal needs of patients
- How to fund a successful MLP model
- Understanding how to implement the MLP: Considering and addressing the challenges related to logistics, e.g., access to the attorneys

Today's Panel



Bethany Hamilton, JD

Co-Director
National Center for Medical-Legal
Partnership



Ann C. Mangiameli, JD

Managing Attorney
Health, Education & Law Project (HELP)
Legal Aid of Nebraska



Brad L. Meyer, CMPE

Chief Executive Officer
Bluestem Health (FQHC)

The Health Center Based MLP

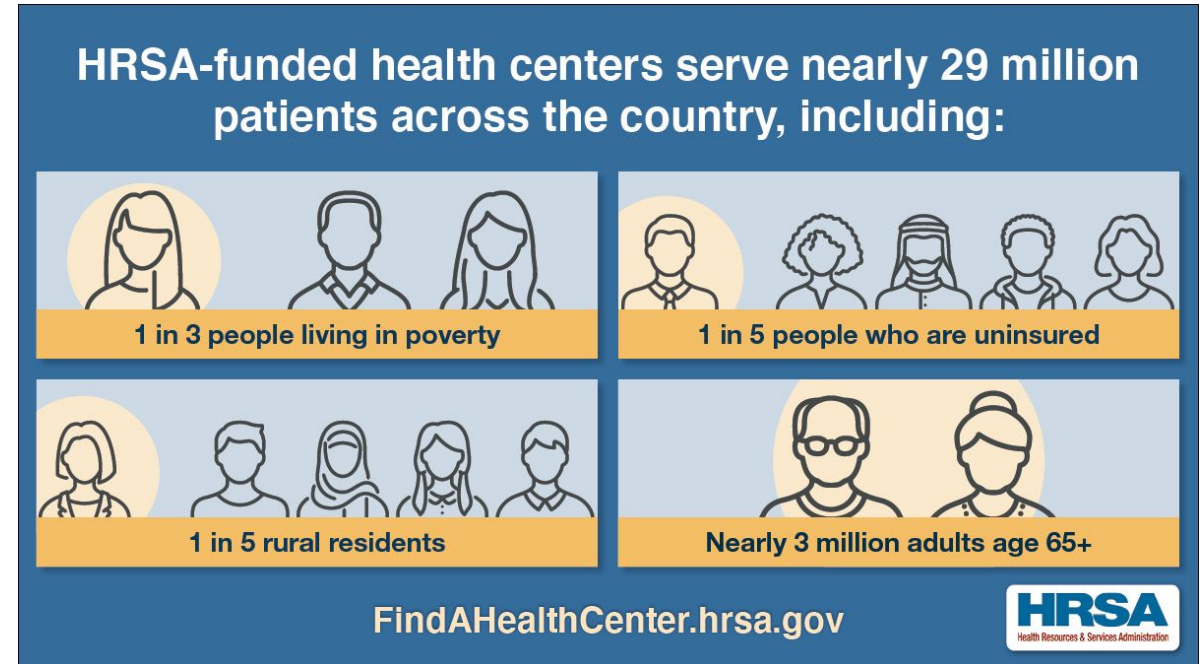
An Overview

The Basics: *What is a health center?*

Health Center Fundamentals

- Health centers receive **Health Center Program federal grant funding** (Section 330) to improve the health of underserved and vulnerable populations.
- The **majority of health centers' operating funds come from Medicaid, Medicare, private insurance, patient fees, and other resources.**
- Deliver **comprehensive, culturally competent, high quality primary health care, as well as supportive services** such as health education, translation, and transportation.
- **Sliding fee scale.**
- Develop systems of **patient-centered and integrated care** that respond to the unique needs of **diverse medically underserved areas and populations.**
- **Private non-profit or public entities, including tribal and faith-based organizations**, that operate under the direction of a **patient-majority governing board.**
- **Meet requirements regarding administrative, clinical, and financial operations.**

Source: HRSA. <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html>



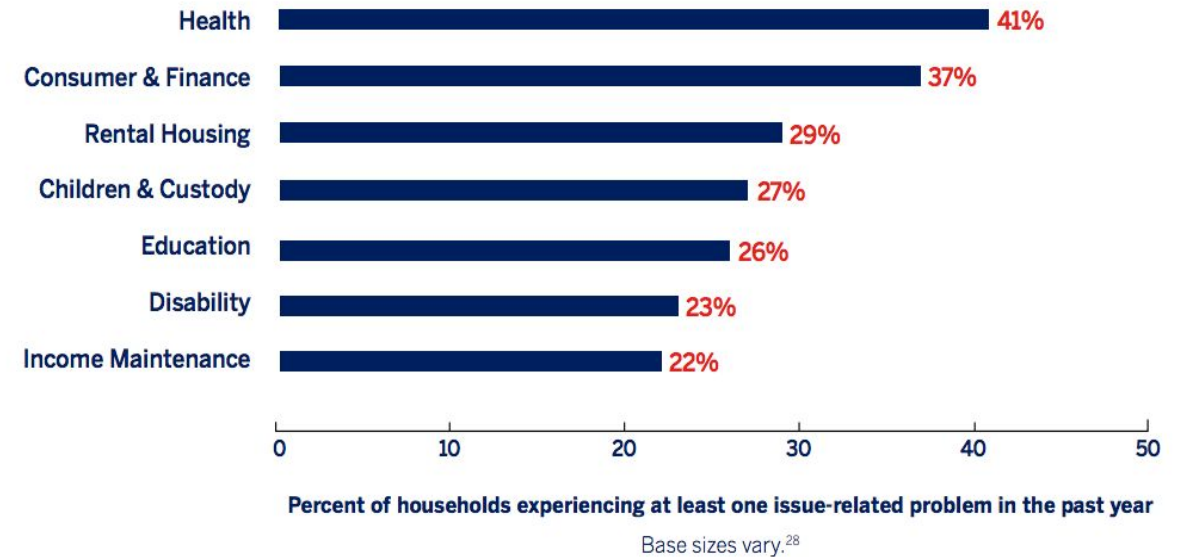
The Basics: *What is civil legal aid?*

Civil Legal Aid, 101

- Civil Legal Aid is **free legal assistance to low- and middle-income** people who have **civil legal problems**.
- Civil legal problems are **non-criminal**; rather, **civil legal aid helps people access basic necessities** such as health care, housing, government benefits, employment, and educational services.
- Types of services: **direct services by legal aid attorneys** such as legal representation in a court proceeding; **identifying and addressing systemic issues** such as comprehensive data collection and helping to identify solutions to problems faced by a large number of people; **providing self-help and community education**.

Source: DOJ. <https://www.justice.gov/olp/civil-legal-aid-101>

Figure 2: Common Civil Legal Problem Categories²⁷



71% of low-income households have experienced at least one civil legal problem in the past year.

Source: LSC [2017 Justice Gap Report](#)

How can health centers and civil legal services providers collaborate to meet the growing needs of people in their communities?





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 health care team, creating:

- 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

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.

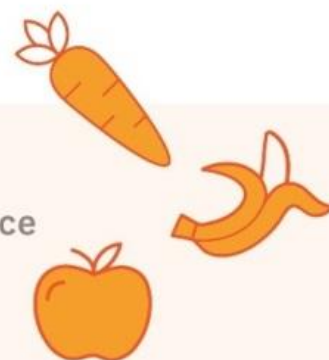
A food desert



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.

A family's need for fresh produce today



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*.

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



FOR EXAMPLE

MLP team members work “at the top of their licenses” to address health-harming legal needs for patients and their families

A FAMILY OF 4

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



A Community Health Worker

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

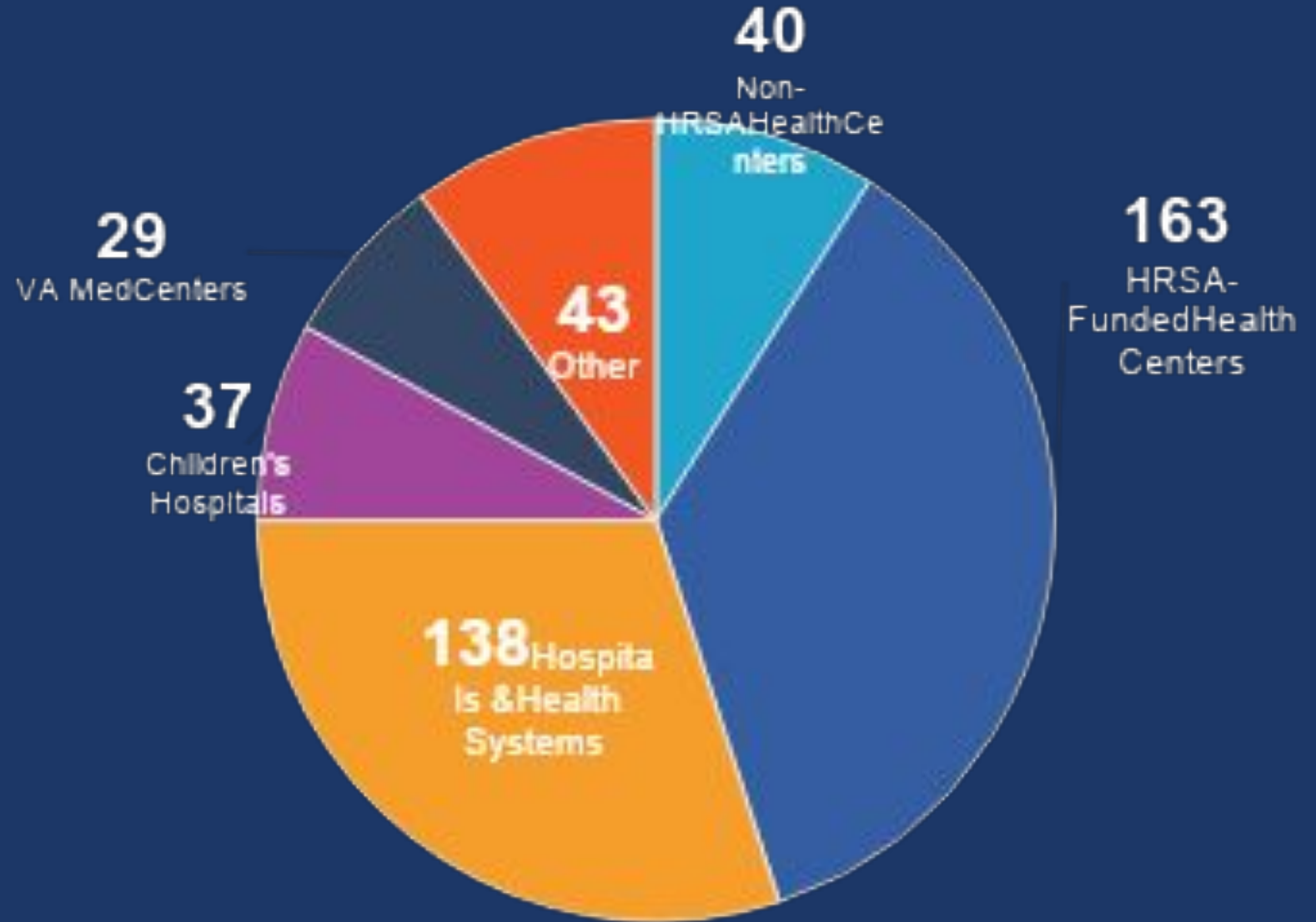
A Case Manager / Social Worker

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

A Lawyer

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

MLPs at over
450
health care
orgs in
49
States & D.C.



Core Components of an MLP



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).

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

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

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



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

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

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



What SDOH problems do we want to address?



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



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



How are we going to pay for it?



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



What other partners in our community can be helpful?



How will we address patient consent and information sharing?



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



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



What SDOH problems do we want to address?



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



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



How are we going to pay for it?



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



What other partners in our community can be helpful?



How will we address patient consent and information sharing?



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



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



What SDOH problems do we want to address?

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.

Health orgs commonly screen for social problems with tools like **PRAPARE & Accountable Health Communities Tool**

What workforce can
solve the problems
once they are found?

Personal Characteristics			
1. Are you Hispanic or Latino?			
Yes	No	I choose not to answer this question	
2. Which race(s) are you? Check all that apply.			
Asian		Native Hawaiian	
Pacific Islander		Black/African American	
Other (please write)		I choose not to answer this question	
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?			
Yes	No	I choose not to answer this question	
4. Have you been discharged from the armed forces of the United States?			
Yes	No	I choose not to answer this question	
5. What language are you most comfortable speaking?			
English			
Language other than English (please write)			
I choose not to answer this question			
Family & Home			
6. How many family members, including yourself, do you currently live with? _____			
I choose not to answer this question			
7. What is your housing situation today?			
I have housing			
I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)			
I choose not to answer this question			
8. Are you worried about losing your housing?			
Yes	No	I choose not to answer this question	
9. What address do you live at?			
Street: _____			
City, State, Zipcode: _____			
Money & Resources			
10. What is the highest level of school that you have finished?			
Less than high school degree		High school diploma or GED	
More than high school		I choose not to answer this question	
11. What is your current work situation?			
Unemployed	Part-time or temporary work	Full-time work	
Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____			
I choose not to answer this question			
12. What is your main insurance?			
None/uninsured		Medicaid	
CHIP Medicaid		Medicare	
Other public insurance (not CHIP)		Other Public Insurance (CHIP)	
Private Insurance			



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

Estimate of time involved in MLP services

MLP Activity	Time Involved
Bi-Directional Training	4 – 10 hours (per 1-hour training)
Curbside Consult	15 minutes – 4 hours
Initial Legal Intake / Legal Assessment / Check-up	30 minutes – 2 hours
Legal Advice to Patient	1 – 4 hours
Legal Representation of a Patient	4 – 80 hours
Facilitated Referral	30 minutes – 2 hours
Clinic-level change activity	Varies widely
Policy-level change activity	Varies widely, likely 10 – 100 hours





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



How are we going to
pay for it?

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

Funding streams health centers have used to pay for MLP

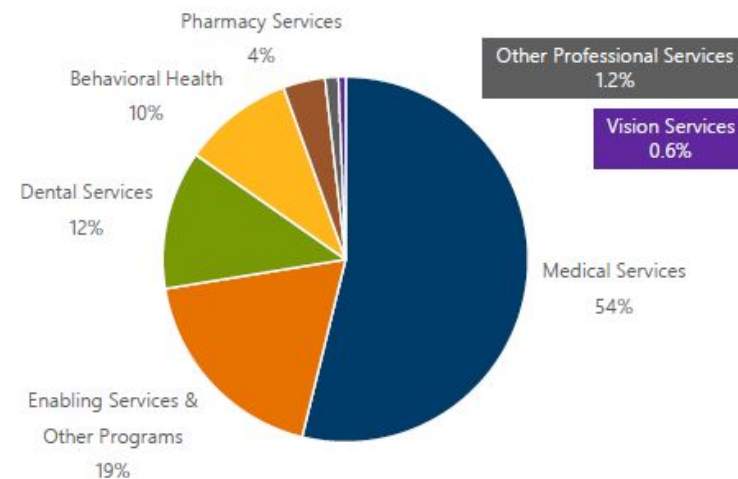
	Health / Health Care / Public Health	Legal
Federal	<ul style="list-style-type: none"> • HRSA enabling services • Medicaid financing models 	<ul style="list-style-type: none"> • Legal Services Corporation funding
State-administered federal grants	<ul style="list-style-type: none"> • SAMHSA substance abuse 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		

Health Center Enabling Services

Figure 5-2

Health Center Care Team Staff Provide a Broad Array of Services

Total Care Team: 163,922 Full-Time Equivalent (FTE)

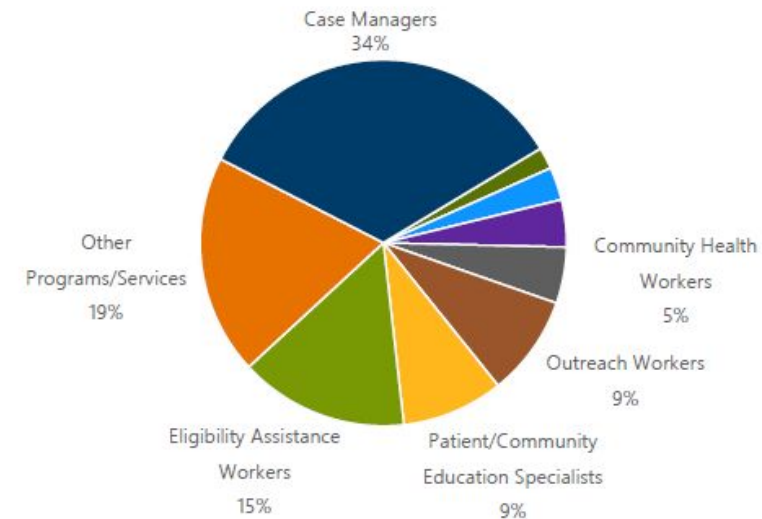


Percentages may not add to 100% due to rounding.
Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.

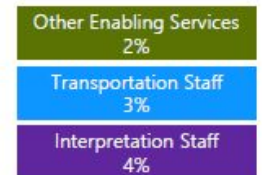
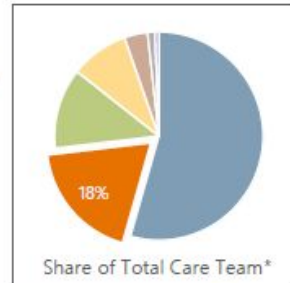
Figure 5-7

Health Center Enabling Services & Other Programs Staff, 2019

Total: 29,872 Full-Time Equivalent



Total Care Team is shown in Figure 5-2.
Note: Percentages may not add to 100% due to rounding.
Source: 2019 Uniform Data System. Bureau of Primary Health Care, HRSA, DHHS.



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.

1 - ENVIRONMENTAL SUPPORT

- Steering committee
- Health center champions

2 - STRATEGIC PLANNING

- Long-term goals
- Opportunities to embed legal interventions as a response or catalyst for upstream activity in ways that complements work the health center is already doing

3 - ORGANIZATIONAL CAPACITY

- Being realistic about legal FTEs needed to meet needs
- Health center champions
- Integration of legal team into clinical practices
- Bi-directional training

5 - COMMUNICATION

- Sharing data & stories regularly (via steering committee meetings, reports to leadership & continuous quality improvement convos with front-line staff)
- Trainings with patients; Sharing info about services

6 - FUNDING STABILITY

- Diverse and stable funding base
- Identify funding opportunities for SDOH strategies at federal, state & local levels where MLP could qualify

7 - PARTNERSHIPS

- Connection to greater resources and expertise in the community

8 - PROGRAM ADAPTATION

- Flexibility & continuous quality improvement
- Feedback from clinical and nonclinical staff
- Feedback from patients



Brad Meyer

CEO 7 years at
Bluestem Health



A leader in healthcare
organizations since 2000

About Bluestem Health

Bluestem Health offers primary medical, dental, and behavioral healthcare to all patients, regardless of their insurance status.



Medical Care



Dental Care



Behavioral
Health Care



Chronic Disease
Management



Community Health
Worker Services



Interpretation
Services



Outreach, Education
& Enrollment
Services



Medication
Assistance



X-ray & Lab
Services



On Site
Pharmacy

Current Locations ▶



Bluestem Health Main Clinic
1021 N 27th



Health 360
2301 O St.
Partnership with Lutheran
Family Services.



**Bluestem Health
Thompson Clinic**
2222 S 16th St., Ste. 435
(Bryan West Medical Plaza)



**Bluestem Health
Administration**
2246 O St.



**Bluestem Health
Piedmont Clinic**
1500 N 48th St., Ste. 412
(Bryan East Medical Plaza)



**Bluestem Health Kreshel Clinic
& Pediatrics at Kreshel Clinic**
3100 N 14th St.

▶ Regular Services Provided

- Medical
- Dental
- Behavioral Health through a contract with Lutheran Family Services
- Two in-house 340B Pharmacies through a partnership with Genoa Healthcare (an Optum company)
 - 20 340B Contract Pharmacies in total

► Interesting Facts that Set Us Apart

- 9,300 patients in 2014 - nearly 20,000 in 2021
- 83 FTEs in 2014 to 166 FTEs in 2021
- Medical-Legal Partnership with Legal Aid of Nebraska
- 3 Certified Diabetic Educators (at no charge to our patients)
- Community Outreach Coordinator (Paramedic)
- Primary Care Mobile Medical Clinic coming in July 2022
 - Only one in Lincoln
- Ranked #36 out of 1,375 FQHCs for UDS Health Outcomes
- Top Tier Performer in ACO & Value-Based Contracts



Ann C. Mangiameli
Managing Attorney, Health, Education &
Law Project

Introduction to Nebraska's Medical Legal Partnership:

Legal Aid of Nebraska's Health, Education & Law Project (HELP)

7 hospital systems

15 Hospitals

2 Federally Qualified Health Centers

Located in 5 different cities in Nebraska

The Journey:

Began with Nebraska Medicine in 2009 with a budget of \$25,000 paid by hospital for pilot project.

Staff was .25 FTE attorney

Since 2013 HELP has grown approximately one hospital or FQHC per year.

Current budget 1.4 Million

Current Staff

- 7 FTE attorneys

- 4 FTE paralegals

- 2 FTE client advocates who handle administrative appeals

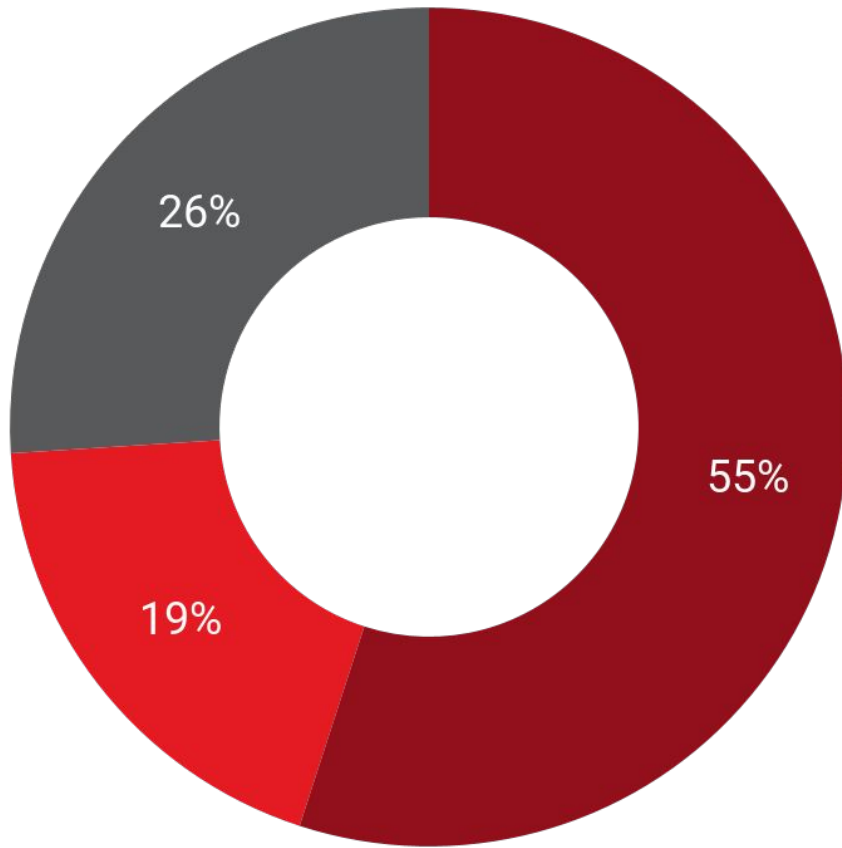
How are we funded?

55% Hospital funded contracts

19% Grants

26% Sub-grantees of partner grants

How are we funded?



55% Hospital funded contracts

19% Grants

26% Sub-grantees of partner grants

Lessons Learned:

Know your health care facility audience when seeking a collaboration;

Fluffy puppy

Bar graph

Data

ACA community benefit

Social workers/case managers are key to success in hospital settings

Know your worth

Don't undersell your work or work for free to get your foot in the door.

Sustainability requires constant work/education/outreach

Joint grant applications carry more weight.

work with your partners to write grants

Policy Considerations:

Changes in HRSA funding which allows MLP funding was a game changer

Watching bills which will allow expanded funding for VA funded MLP's

Public Law 116-315, provides authorization and funding for the VA to award grants to support legal services for veterans who are homeless or at risk for homelessness.

Considerations for policies that would recognize MLP services in hospitals as a necessary part of a continuation of care.

The Health Center Based MLP

Q&A and Tips

Questions and Answers

For health centers, how do you identify and prioritize the social-legal challenges for your patient population?

What are some best practices for managing conflicts of interest? Do you have any examples?

When designing your referrals process, how do you help clinical and health care staff understand the distinction between the role of the MLP legal staff and the health care organization's in house legal department?

Sharing of information is key. How do you conduct screenings, referrals, and outcomes measurement outside of an EMR/EHR that doesn't allow third party access?

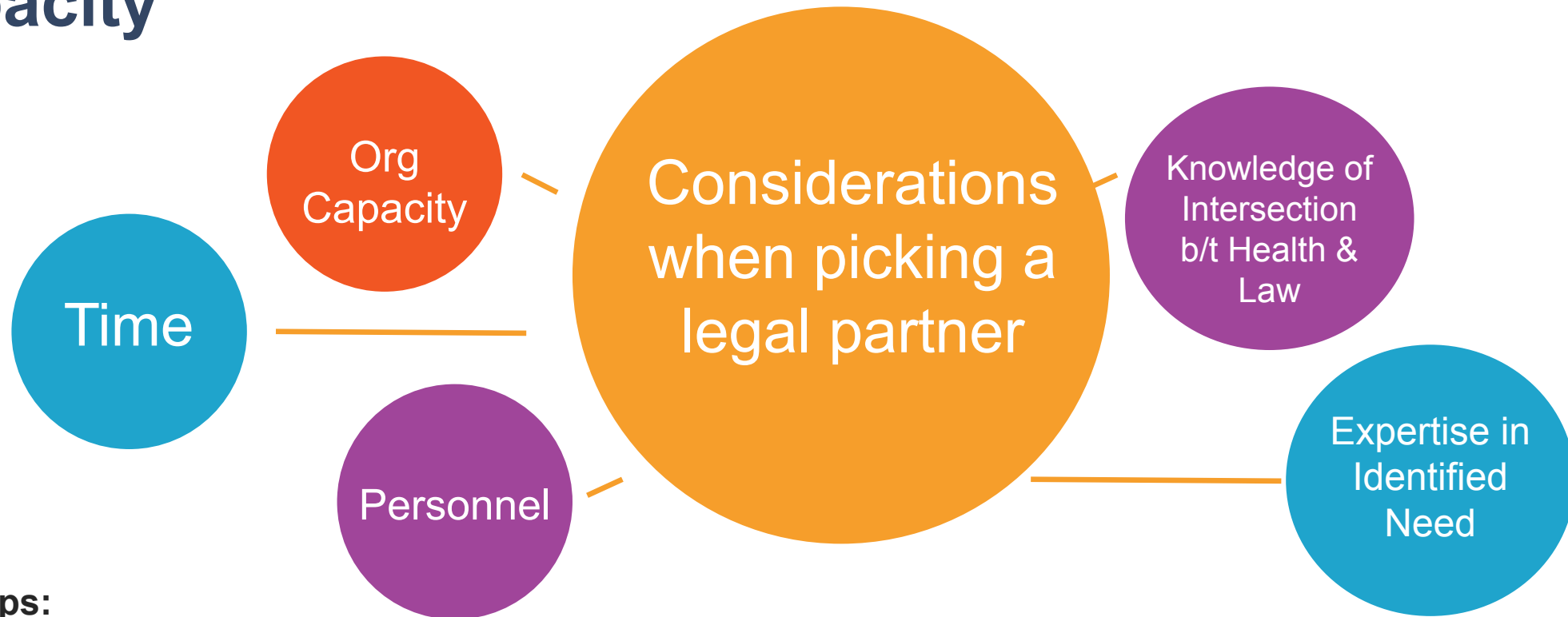
Starting an MLP: Assessing social needs

Which of the
needs you
identified have
legal solutions?

Tips:

- 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

Implementation: Factors that impact an MLP lawyer's capacity



Tips:

1. Patients may need help with more than one issue.
2. More complicated problems take more time.
3. Legal assistance is only one function of an MLP lawyer. They also engage in training, curbside consults, clinic- and policy-level change activities.
4. Some MLPs include other legal professionals like paralegals.
5. Capacity is affected by whether you choose “build it” or “contract it” model.

Funding an MLP: Build a strong foundation and plan for growth and change

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.

Sustaining an MLP: Program Evaluation

Tip: Collect 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
- 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
- \$ 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

Contact Information

Bethany Hamilton

Co-Director, NCMLP
bhamilton1@gwu.edu

Brad Meyer

CEO, Bluestem Health
bmeyer@bluestemlincoln.com
<https://www.linkedin.com/in/bradmeyernebraska/>

Ann Mangiameli

Managing Attorney, HELP Project, Legal Aid of Nebraska
amangiameli@legalaidofnebraska.org

**ATTENTION, ATTENDEES: RESOURCES ARE
INCLUDED AT THE END OF THIS SLIDE DECK**

The Health Center Based MLP *Resources*

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

NCMLP TOOLKIT






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

How Legal Services Help Health Care Address the Social Determinants of Health

Common SDOH	How Legal Services Can Help	Impact of Legal Services on Health / Health Care
INCOME & INSURANCE Resources to meet daily basic needs 	<ul style="list-style-type: none"> • Appeal denials of food stamps, health insurance, cash benefits, and disability benefits 	<ul style="list-style-type: none"> • Increasing someone's income means s/he makes fewer trade-offs between affording food and health care, including medications. • Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.
HOUSING & UTILITIES A healthy physical environment 	<ul style="list-style-type: none"> • Secure housing subsidies • Improve substandard conditions • Prevent evictions • Protect against utility shut-off 	<ul style="list-style-type: none"> • A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness. • Consistent housing, heat and electricity helps people follow their medical treatment plans.
EDUCATION & EMPLOYMENT Quality educational and job opportunities 	<ul style="list-style-type: none"> • Secure specialized education services • Prevent and remedy employment discrimination • Enforce workplace rights 	<ul style="list-style-type: none"> • A quality education is the single greatest predictor of a person's adult health. • Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services. • Access to health insurance is often linked to employment.
LEGAL STATUS Access to jobs 	<ul style="list-style-type: none"> • Resolve veteran discharge status • Clear criminal / credit histories • Assist with asylum applications 	<ul style="list-style-type: none"> • Clearing a person's criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible. • Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.
PERSONAL & FAMILY STABILITY Safe homes and social support 	<ul style="list-style-type: none"> • Secure restraining orders for domestic violence • Secure adoption, custody and guardianship for children 	<ul style="list-style-type: none"> • Less violence at home means less need for costly emergency health care services. • Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.



8 Domains of Sustainability

- 1 - Environmental Support
- 2 - Strategic Planning
- 3 - Organizational Capacity
- 4 - Program Evaluation
- 5 - Communication
- 6 - Funding Stability
- 7 - Partnerships
- 8 - Program Adaptation

Adapted from the Program Sustainability Framework & Assessment
Tool created by the Center for Public Health Systems Science
www.sustaintool.org/PSAT

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

NCMLP ISSUE BRIEF

DIG DEEPER INTO
FUNDING STRATEGIES

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

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

NACHC's Community Health Center Chartbook 2021



Figure 3-4

Enabling Services* are a Defining Characteristic of Health Centers and Help Improve Access to Care and Patient Satisfaction

Health Center Patients Who Used Enabling Services* Had:



1.9 more health center visits in the past year (on average)



A 16 percentage-point higher likelihood of getting a flu shot



A 12 percentage-point higher likelihood of getting a routine checkup



An 8 percentage-point higher likelihood of being satisfied with care

* The Health Resources and Services Administration (HRSA) defines enabling services as, "non-clinical services that do not include direct patient services that enable individuals to access health care and improve health outcomes." Examples of enabling services include case management, translation/interpretation, transportation, and health education. (HRSA Health Center Program Terms and Definitions, n.d.).

Note: This figure compares health center patients who used enabling services to patients that did not use enabling services.

Source: Yue et al. Enabling Services Improve Access to Care, Preventive Services, and Satisfaction Among Health Center Patients. Health Affairs 38(9). September 2019.

Contact Information

Bethany Hamilton

Co-Director at NCMLP

bhamilton1@gwu.edu



medical-legalpartnership.org



National_MLP

THANK YOU!

