

MLP in Health Centers (Session 2):

Best Practices in Screening and Data Collection for MLPs Serving Immigrant Populations



March 3, 2022

National Center for Medical Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

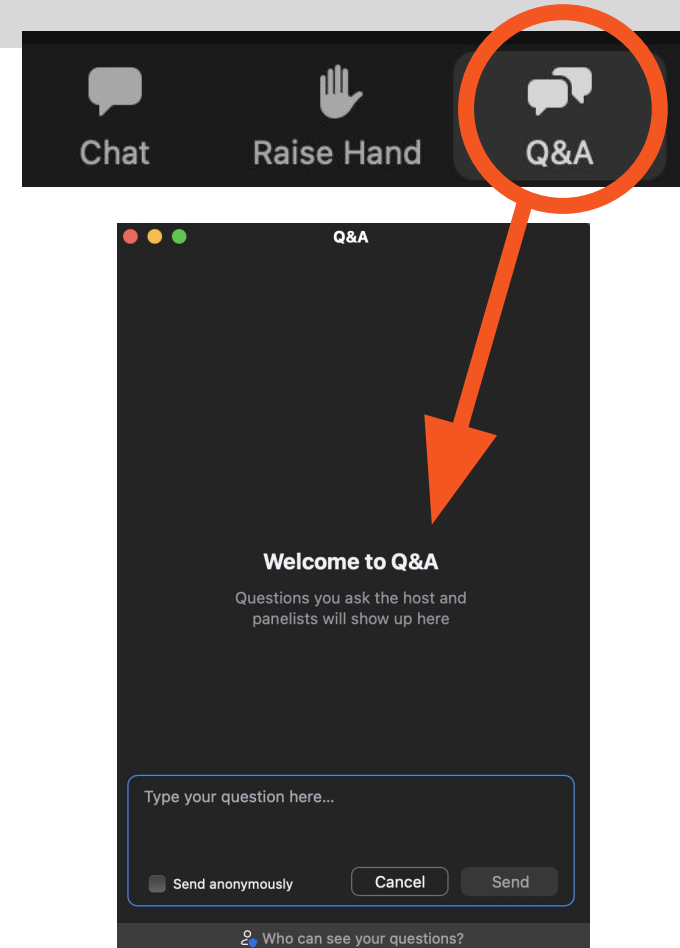
Acknowledgements



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Housekeeping

- By default, everyone joins on **mute**.
- Type questions into the **Questions & Answers pane**.
- This webinar will be **recorded and shared** at medical-legalpartnership.org/resources/
- Email ncmlp@gwu.edu for help



Today's Panel



Bethany Hamilton, JD

Co-Director
National Center for Medical-Legal
Partnership



**Omar Martinez, JD,
MPH, MS**

Associate Professor
Temple University

Director
Implementation Science Research Lab



Emily Arnold, PhD

Associate Professor
Division of Prevention Science | University of
California, San Francisco

Center for AIDS Prevention Studies (CAPS) |
UCSF Prevention Research Center



Rodrigo Stein, MSc

Director of Health Equity and Strategic Community
Partnerships
La Clínica del Pueblo

MLP in Health Centers Session 1

**A DEEP DIVE ON
LAYING THE
FOUNDATION &
FUNDING THE MODEL**

January 2022

- Featured **Ann C. Mangiameli (Managing Attorney at Legal Aid of Nebraska)** and **Brad L. Meyer (CMPE, CEO of Bluestem Health)** as panelists.
- They spoke from their experience how to help health center and MLP staff better understand how to develop and implement their MLP models and explore effective methods for funding.

See the recording on the [NCMLP website](https://www.ncmlp.org/).

[medical-legalpartnership.org/mlp-resources/mlp-in-health-centers-session-1-deep-dive-on-funding/](https://www.medical-legalpartnership.org/mlp-resources/mlp-in-health-centers-session-1-deep-dive-on-funding/)

MLP in Health Centers Session 2

BEST PRACTICES IN SCREENING & DATA COLLECTION FOR MLPS SERVING IMMIGRANT POPULATIONS

Learning Objectives

- Provide an overview of the structure of MLPs in immigrant-serving organizations
- Describe strategies to reach and engage immigrant populations
- Describe best practices for screening for health-harming legal needs among immigrant populations
- Document effective strategies for engaging immigrants in the legal and social service continuum of care
- Identify policy recommendations to promote legal advocacy in immigrant-serving organizations

The Health Center Based MLP

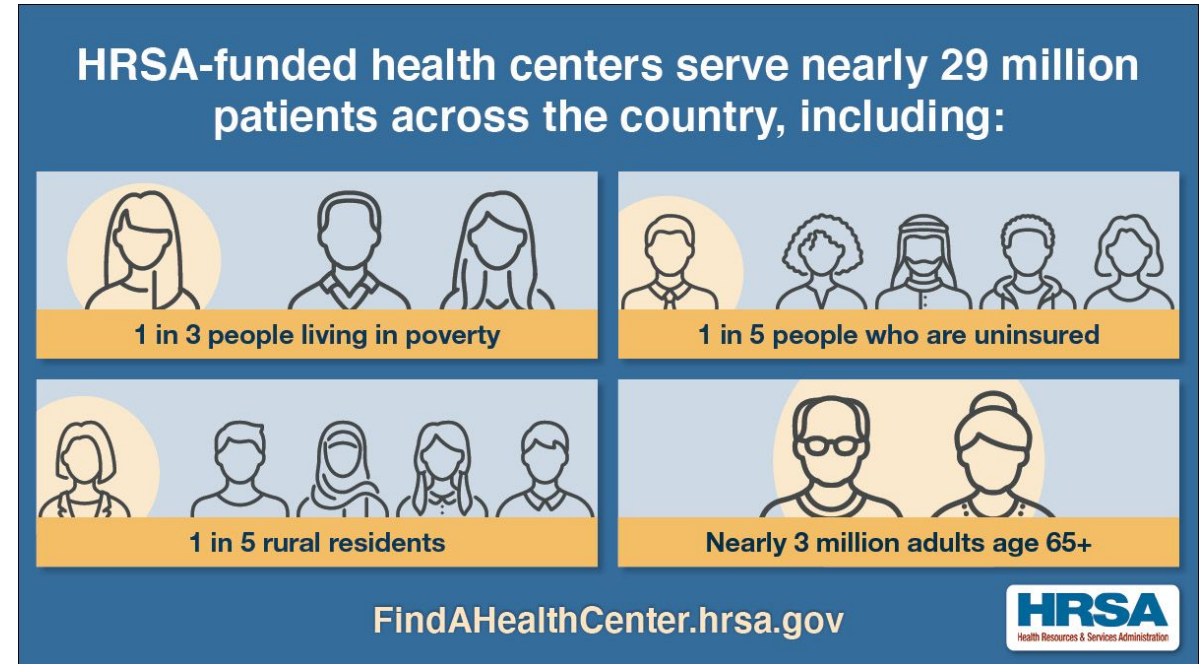
An Overview

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>



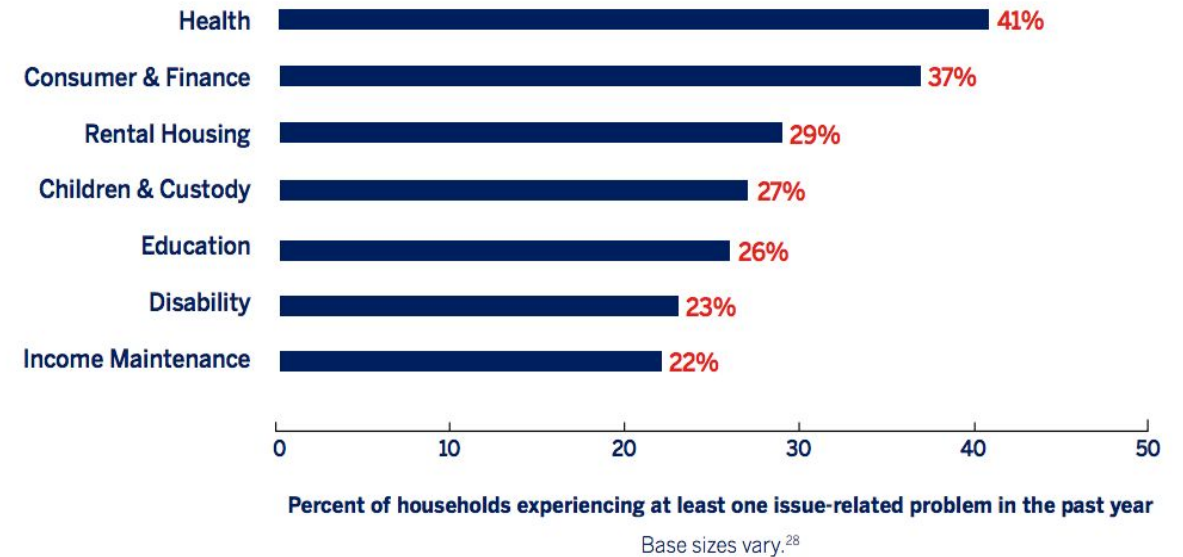
The Basics: *What is civil legal aid?*

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.

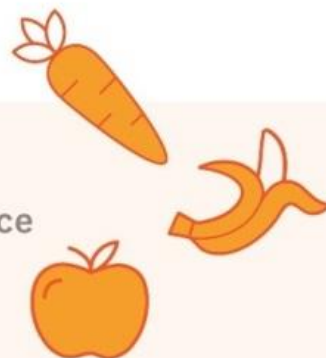
A food desert



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.

Core Components of an MLP

1

“Lawyer in residence”



2

Formal agreement
b/t health & legal orgs



3

Target
population



4

Patients screened
for legal needs



8

Designated
resources



7

Information-sharing



6

Training on
SDOH



5

Legal
staffing



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.



MLPs tend to be found in health centers in large urban cities, but the number of MLPs in rural situation health centers is growing.



Health centers with MLPs typically have larger budgets than health centers without MLPs.



Health centers with MLPs typically utilize health IT to coordinate or provide enabling services more often than health centers without MLPs (79% versus 65%).

Omar Martinez

*Associate Professor, Temple
University's College of Public Health*

Advancing the Science of MLPs Serving Diverse Immigrant Populations

Omar Martinez, JD, MPH, MS

Associate Professor, Temple University's College of
Public Health

Director, Implementation Science Research Lab

Fellow, Center for Public Health Law Research



OUTLINE



Making the case for MLPs



Overview of MLPs



MLPs initiatives serving immigrant populations



Future Direction

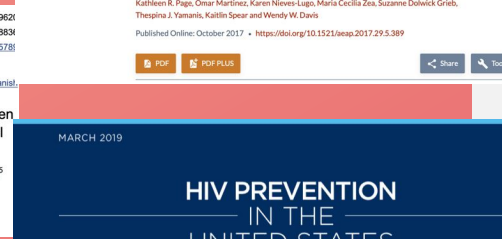
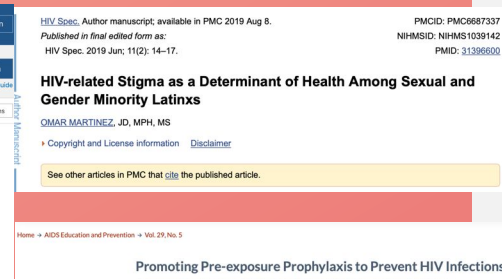
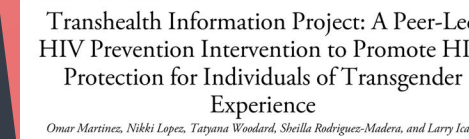
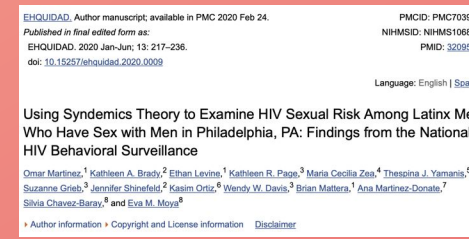
Immigration

“Many people won’t go and seek out services because they are afraid it will affect their immigration status...for fear of being found out as undocumented individuals, then don’t seek help.” (Alex, 45)

Discrimination and Stigma

“As trans individuals, we are constantly challenged by discrimination, stigma, violence, homelessness, and lack of comprehensive trans care. Support is needed to navigate through legal and medical systems, like name change and access to hormones and affirmation surgery” (Laritza, 30).

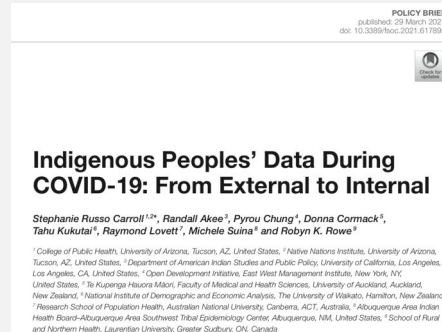
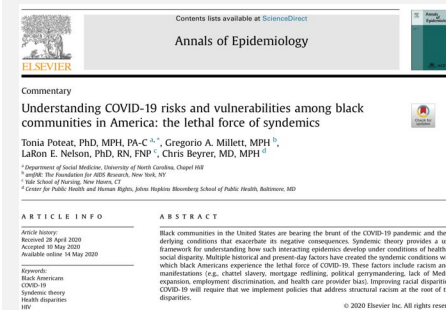
Another participant further expanded on the role of stigma amongst healthcare providers *“When I changed my name, a nurse insisted on calling me ‘he’ when that made me uncomfortable. I consider myself a woman” (Jen, 26).*



COVID-19

Among cases and deaths with known race/ethnicity:

- Latinos/as represent a larger share of cases relative to their share of the total population (27% vs. 17%), while their share of deaths is more proportionate to their share of the population (18% vs. 17%)
- Black people make up a similar share of cases relative to their share of the population (12%), but account for a slightly higher share of deaths compared to their population share (14% vs. 12%).
- Indigenous people have the highest actual COVID-19 mortality rates nationwide—about 2.7 times as high as the rate for Asians, who have the lowest actual rates.



Underlying health conditions did not explain disparities in COVID-19 cases and deaths among Latinos/as, Blacks and Indigenous people. In these studies, social and structural conditions determined COVID-19 cases and deaths (racism and its manifestations, systematic policies related to genocide and racism, health care access, housing, unemployment, occupation, language barriers).

MEDICAL LEGAL PARTNERSHIPS

MLPs offer a **structural integrated intervention** that could facilitate improvements in medical and psychosocial outcomes among systematically and structurally excluded populations.

Through legal aid, MLPs can ensure that patients are able to **access comprehensive services in a culturally sensitive environment.**

STUDY PROTOCOL**Open Access**

Examining the impact of medical legal partnerships in improving outcomes on the HIV care continuum: rationale, design and methods

Miguel Muñoz-Laboy^{1*}, Omar Martínez², Robin Davison² and Isa Fernandez³

Abstract
Background: Over the past two decades, we have seen a nationwide increase in the use of medical-legal partnerships (MLPs) to address health disparities affecting vulnerable populations. These partnerships increase

MARCH 3, '22
@ 1 to 2PM PT,
4 to 5 PM ET

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY
MLP IN HEALTH CENTERS TOOLKIT SERIES
SESSION 2

BEST PRACTICES IN SCREENING & DATA COLLECTION FOR MLPs SERVING IMMIGRANT POPULATIONS

WITH FEATURED PANELISTS

OMAR MARTINEZ, JD, MPH, MS
Temple University

RODRIGO STEIN
La Clinica del Pueblo

EMILY ARNOLD, PhD
UC San Francisco

*In consideration for our friends on the west coast, this webinar is being hosted in Pacific Time.

Bridging Health Disparity Gaps through the Use of Medical Legal Partnerships in Patient Care: A Systematic Review

Omar Martinez, Jeffrey Boles, Miguel Muñoz-Laboy, Ethan C. Levine, Chukwuemeka Ayamele, Rebecca Eisenberg, Justin Manusov, and Jeffrey Draine

Implementation Science
Applying Intervention Mapping to Develop a Medical-Legal Partnership Strategy for HIV Care
--Manuscript Draft--

Manuscript Number:	IMPS-D-22-00083
Full Title:	Applying Intervention Mapping to Develop a Medical-Legal Partnership Strategy for HIV Care
Article Type:	Research
Funding Information:	National Institute of Mental Health (R21MH115620)Mr. Omar Martinez

ADDED VALUE OF TEAM-FACING AND CLIENT-FACING LEGAL PARTNERING SERVICES

Legal partners
can address
health-harming
legal needs

Prevent issues
from becoming
legal needs

Provide guidance
to clinical staff
during the course
of patient care

Present educational “Know
Your Rights” workshops for
patients and community
members

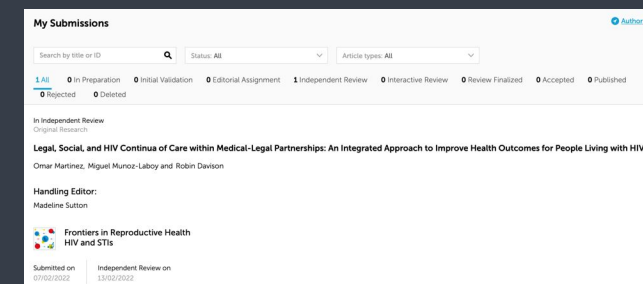
MEDICAL LEGAL PARTNERSHIPS

Our research on MLPs documents the importance of:

- 1) identifying the level of severity of health-harming legal needs;
- 2) initiating action to resolve legal issues early on in the clinical process, highlighting the significance of preventive legal aid and advocacy; and
- 3) coordinating with medical and health-social services to support patient throughout the resolution process, including clear protocols of communication between health and legal teams.

We have identified four core components of MLPs:

- 1) support of leadership;
- 2) provider-patient trust ;
- 3) physical presence of the attorney at health center; and
- 4) reliable funding streams.



COST SAVINGS

Studies show that MLP services reduce health care spending on high-need, high-cost patients. MLPs have been shown to save patients health care costs and recover cash benefits.

Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-up Study

James A. Teufel, MPH, PhD
Danilea Werner, MSW, LCSW, MPH, PhD

Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial

Robert Sege, MD, PhD^a, Genevieve Preer, MD^a, Samantha J. Morton, JD^b, Howard Cabral, PhD, MPH^c, Oluwatomisin Morakinyo, BS^a, Vonne Lee, MPH^a, Catarina Abreu, BS^a, Edward De Vos, EdD^d, Margot Kaplan-Sanoff, EdD^a

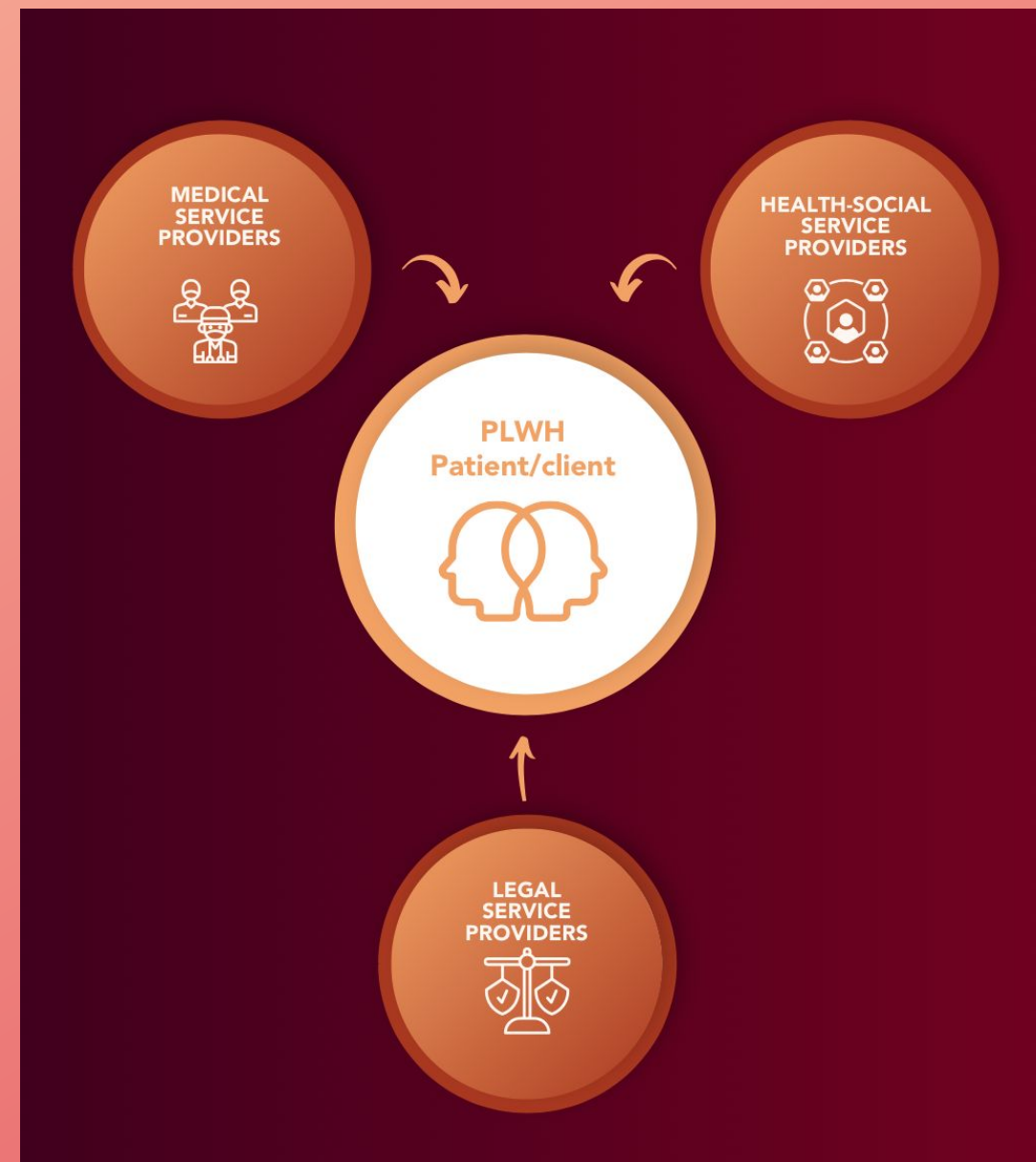
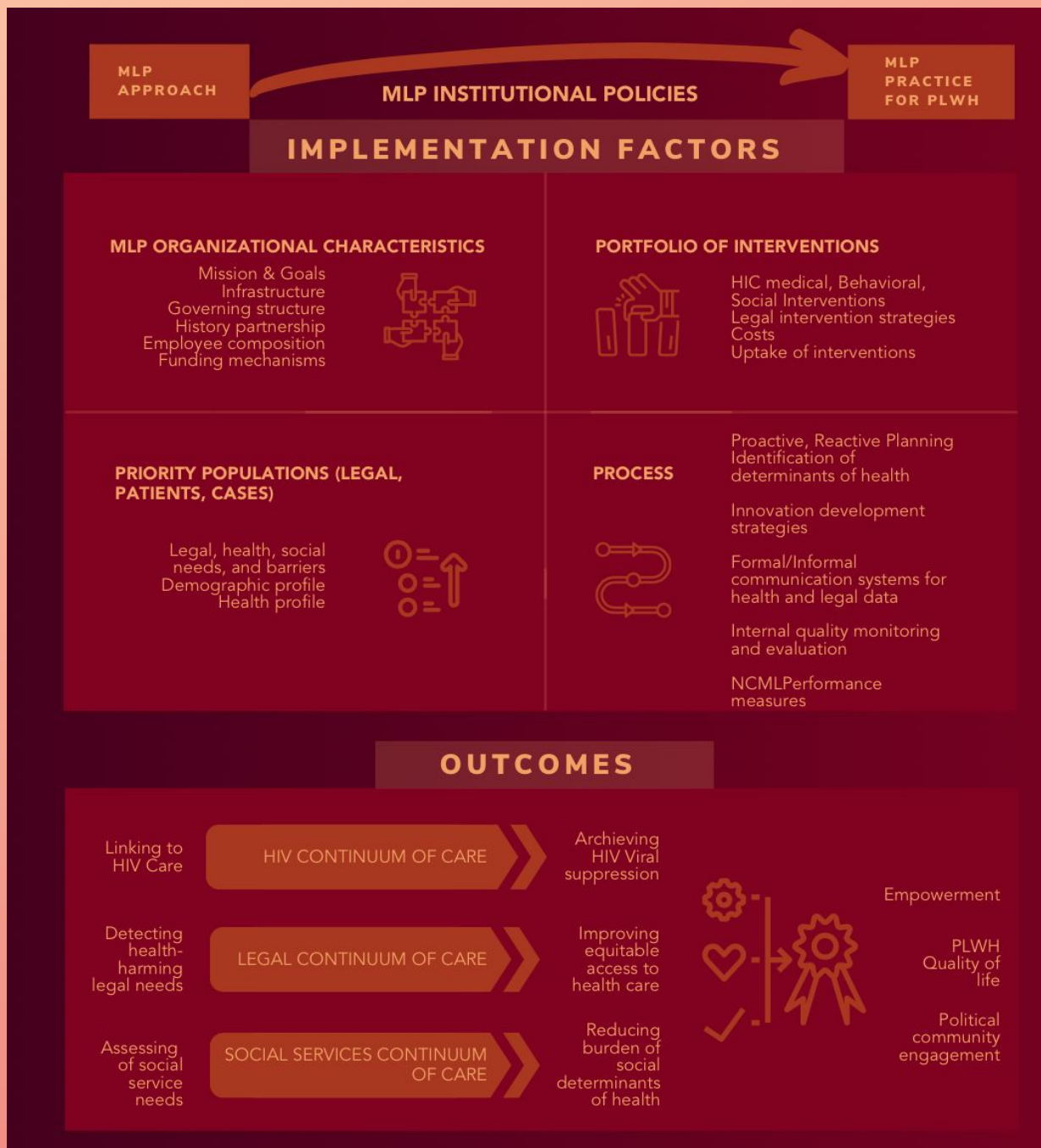
MLP INITIATIVES

SPECIFIC AIMS

Aim 1: To refine the OPAHL intervention prototype for implementation with PLWH with detectable viral loads. Approach: Through intervention mapping, a six-step implementation approach that is based on an ecological-multilevel framework, the investigative team together with a community-scientific collaborative board will finalize the OPAHL package and protocols and assessments for OPAHL for implementation.

Aim 2: To test the feasibility, acceptability and preliminary effects sizes of OPAHL. Approach: The investigative team will conduct a clustered-randomized small-scale trial in two HIV treatment services organizations. One agency will be randomized to the OPAHL intervention, consisting of integrated legal support (n=100 PLWH) and one agency will be randomized to the standard of care, legal aid referral (n=100 PLWH).

Exploratory Aim: To explore MLP opportunities that respond at the intersection of HIV/AIDS and COVID-19 prevention and treatment. Approach: Participants engaged in Aim 2 will also be asked about MLP approaches and intervention strategies to adequately respond, adapt, and continue to provide health and social services during a public health emergency.



PROGRAM LOGIC MODEL

Supplemental Material 4

INPUTS	INTERVENTION ACTIVITIES	LEVEL & LINKING OUTCOMES	OUTPUT INDICATORS	SHORT-TERM OUTCOMES
1 Health care organization facility and infrastructure	1 MLP Implementation Flowchart, Educational tools, Training and Engagement	HEALTHCARE ADMINISTRATORS Lead implementation of MLP to serve their HIV positive population with health-harming legal needs Provide support for the establishment and sustainability of MLP	 Implementation time (Days) Cost per patient (USD)	 CLINIC LEVEL INDICATORS AT 6 MONTHS OF ENGAGEMENT IN MLP Proportion of PLWH with undetectable HIV viral load Proportion of SDH barriers to HIV care Costs of implementing MLP Cost-benefit per PLWH retained in care Proportion of retention in treatments/services for co-occurring conditions
2 OPAHL staff/facilitators	2 OPAHL training for medical, health and social services providers on health-harming legal needs	MEDICAL, HEALTH-SOCIAL SERVICES PROVIDERS Provide comprehensive HIV primary care, treatments or referrals to services for co-occurring conditions, case management and related health and social services as recommended by the CDC Identify health-harming legal needs and refer PLWH to legal services Refer patients with identified health-harming legal needs to legal services providers in the MLP Communicate in a timely manner to legal services any health issue that may impede addressing health-harming legal needs Coordinate communications between medical and legal services as part of case management of PLWH	 Procedural knowledge on health-harming legal needs for PLWH (%) Linkage to HIV treatment time (Days) Proportion of retention of PLWH in treatment care (%) Medical-legal grand rounds per month (#) Attendance to Medical-legal grand rounds (%) Linkage to legal services time (Days) Case load (per week) Case resolution rate (%)	
3 Space/time availability for trainings	3 OPAHL training for public interest law lawyers and legal case managers			
4 Internal digital systems of communications	4 OPAHL - MLP providers orientation to clients			
5 Space/time for weekly legal-medical grand rounds	5 Health Care Organization HIV treatment and retention services			 PATIENT LEVEL INDICATORS HIV viral load after 6 months of engagement in MLP PLWH DALYs Patient opportunity costs in managing health-harming legal needs
6 Trained, certified medical, health and social services providers	6 Educational video on health-harming legal needs for PLWH	PLWH WITH HEALTH HARMING LEGAL NEEDS PLWH prioritize addressing health-harming legal needs that might serve as barriers to their progress in HIV care or HIV risk reduction PLWH adhere to HIV medications, HIV primary care, and treatment and care of co-occurring conditions that might serve as barrier to reducing HIV viral load as indicated	Participation in legal services (Frequency) Attendance to MLP appointments (%) Client satisfaction with MLP model (Level) Awareness knowledge on health-harming legal needs for PLWH (%)	
7 Lawyer (2-3 years of experience) from public interest law agency				
8 Case manager				
9 Production materials (audiovisual materials)				



Training (7/8hours) for all MLP staff (clinical, social and behavioral services, and legal) on HIV continuum of care, health harming legal risks and needs, and MLP structure and operations to ensure that an integrated and collaborative environment is established from the earliest stages of the program



Case management training on the legal continuum of care



Embedding of legal expertise within regularized case management team meetings



Organizationally tailored implementation of best-practice communication and information-sharing protocols among providers within MLP, anchored in patient autonomy and choice



Medical-Legal Partnership Screening Question Pick List

Overview: This pick list contains sample questions commonly used on Medical-Legal Partnership (MLP) screening guides across the United States.

Instructions: Representatives from the medical and legal sides of your MLP should review these questions and select those which are the most appropriate for the screening guide. Adapt the questions to the needs of your patient population and capabilities of your MLP.

Income	
Goal: Identify issues related to attainment of due income and benefits that impact health	
1 How much do you make at your job? _____ per (circle one) year / month / week / hour	
2 How many hours per week do you work? _____ How many days per week? _____	
Please indicate which of the following describe a concern you have about your income or benefits. You may select none or more than one answer.	
a. Medicare / Medicaid / health insurance	e. Unemployment benefits/compensation
b. Disability benefits	f. Child support
c. Family First	g. Pension
d. Supplemental Nutrition Assistance Program (SNAP) / Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	h. Other (please specify):
Housing and Utilities	
Goal: Identify issues related to housing that impact health	
Please indicate which of the following describe a problem(s) with your housing situation. You may select none or more than one answer.	
a. Bugs (e.g., roaches) or rodents	f. Medical condition that makes it difficult to live in current house
b. General cleanliness	g. Mold or dampness
c. Landlord disputes	h. Overcrowding
d. Lead paint	i. Threat of eviction
e. Unreliable utilities (e.g., electricity, gas, heat)	j. Other (please specify):
2 Are you living in section 8/public housing? Yes No	

LEGAL AID SERVICE OF BROWARD COUNTY, INC.
LEGAL CHECK-UP

NAME _____ PHONE NO. _____

Select language(s) do you speak and understand best?

PLEASE ANSWER YES OR NO AFTER READING EACH QUESTION:

YES NO

1. Are you 60 years of age or older?

2. Are you struggling to make mortgage payments, rents or homeowner association payments or to pay property taxes on your home?

2a. Would you like information regarding loan modifications of your home mortgage or available assistance with such payments?

3. Are you a legal immigrant who is 60 years or older and interested in becoming a U.S. citizen?

4. Have you served in the United States Military?

5. Has your husband/wife/boyfriend/girlfriend recently physically harmed you? Has he/she slapped, punched, shoved, pulled, or engaged in controlling behavior on you? Has he/she threatened you to the extent you felt you or your children were in imminent danger?

6. Are you having trouble with a husband/wife/boyfriend/girlfriend regarding sharing time with your child?

7. Do you want to file for divorce?

8. Are you at risk of being unable to pay your mortgage or homeowner fee?

9. Do you need help in defending against hospital collection/government?

10. Have you signed a contract for a home improvement or repair when the work has not been done, or it has been done poorly.

11. Do you have any problems with paying rent, or other problems with your landlord?

12. Has your landlord sent you any written notices terminating your tenancy, or threatening to evict you?

13. Is your rental apartment in very bad condition?

14. Did you or anyone in your household recently become unemployed and/or applied for unemployment compensation benefits?

15. Do you have a disability for which you believe you are entitled to public benefits?

16. Do you need assistance with any of the following:

Food Stamps

Medicaid/Medicare

SSI/Social Security Disability

TANF/Cash Assistance

Transportation

Utilities Shut Off (PPL/Water/Gas)

Do you need access to:

Food

Clothing

Medical Care

Housing

GED/Training/Technical Training/College Courses

17. Do you live on the street, in your car, in a shelter, with someone temporarily or are you currently living in a drug or alcohol treatment program?

18. Is your child having any of the following problems in school: behavior, suspension, expulsions, academics, in need of special services or special education?

20. Has your driver's license been suspended?

21. Do you have a Federal Income Tax problem with IRS? If so, please describe on back.

**If you have been told that you do not qualify for our services because your income is too high and you have not disclosed to our intake worker that you are HIV+, please ask the intake worker whether you would qualify under the HIV+ guidelines.

BRUSH DATE REV: 2/9/2012

Draft of screening for HHLNR

Overview: These questions have been selected and assessed based on best-practices screening tools developed by our partners, including Coast to Coast, Whitman-Walker Health, and the National Center for Medical Legal Partnership.

Note: these questions will be translated and back translated using Marin [Madro](#) procedures for translation and back translation. In addition, we will consult with the CAB to assess whether these questions are culturally and linguistically appropriate. The study team has used these procedures in previous studies.

Income

Goal: Identify issues related to attainment of income and benefits.

1. What is your income per month? _____ How many days per week? _____

2. How many hours per week do you work? _____

3. What is the source of your income? Check the sources that apply to you.

a. Employment

b. Social Security Retirement

c. Pension/retirement

d. TANF

e. UI

f. SSI

g. SSDI

h. Private Disability

i. Other (please specify): _____

4. Do you worry about any of the following income and benefits, listed below. You may select none or more than one answer.

a. Medicare/Medicaid/health insurance

b. Disability benefits

c. Supplemental Nutrition Assistant Program (SNAP)/Special Supplement Nutrition Program for Women, Infants, and Children (WIC)

d. Unemployment benefits/compensation

e. Child support

f. Pension

g. Other (please specify): _____

Employment

Goal: Identify issues related to employment.

1. Do you have concerns related to [employment](#).

a. I am unable to earn enough income.

b. I don't get paid for sick days

c. If I miss a day of work, I will get fired

d. My work environment is unsafe

e. Other (please specify): _____

Housing and Utilities

Goal: Identify issues related to housing.

1. Are you experiencing any of the following where you are living?

a. Homeless

b. Living in a shelter

c. Living on someone's couch

d. Other (please specify): _____

2. Are you the renter or owner of the place you live?

a. Renter

b. Owner

3. Which of the following problem(s) do you have with your housing [situation](#). You may select none or more than one answer.

a. Bugs (e.g., roaches) or rodents

b. General cleanliness

c. Landlord disputes

d. Lead paint

e. Unreliable utilities (e.g., electricity, gas, heat)

f. Eviction notice

g. Threat of eviction

h. Medical condition, including related to COVID-19, that makes it difficult to live in current house

i. Mold or dampness

j. Overcrowding

k. Other (please specify): _____

l. Are you living in section 8/public housing? YES NO

Immigration Experience

Goal: Identify issues related to legal status.

1. Which of the following describe a problem with your immigration [status](#). You may select none or more than one answer.

a. Do you have questions about your (or an immediate family member's) immigration status? YES NO

b. Have you or your household members been impacted by the "public charge" rule? YES NO

c. Are you interested in receiving resources to discuss your immigration [questions](#)? YES NO

d. Other (please specify): _____

Personal and Family Stability

Goal: Identify issues related to personal and family stability that impact health.

1. Which of the following describe a problem(s) with your relationships? You may select none or more than one answer.

a. Are you afraid of someone? This includes your partner(s) and family members. YES NO

b. Are you being hurt or threatened by someone? YES NO

2. Do you have guardianship or custody issues? YES NO

3. Are you concerned about the welfare of one of your children or a child that you live with? YES NO

4. Other (please specify): _____

Other

Goal: To identify other patients' characteristics and status.

1. Have you served in the US Military? YES NO

2. Has your driver's license been suspended? YES NO

OPAHL | TRAINING MANUAL

Version: Draft 01.17.2022 (RD)



For
Medical, Health
and Social Services
Providers

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Scan to access
materials and resources.



← Link to PDF as a flipbook.

PHOTOVOICE

Photovoice as a tool for identifying and addressing health-harming legal needs.



The Use of Photovoice Methodology to Assess Health Needs and Identify Opportunities among Transgender Women in the U.S-Mexico Border

Silvia M. Chavez-Baray^{1,3}†*, Omar Martinez²†*, Perla Chaparro¹, Eva M. Moya¹†*

†These authors have contributed equally to this work and share first authorship

¹ Department of Social Work, University of Texas at El Paso, El Paso, TX, United States

² School of Social Work, Temple University, Philadelphia, PA, United States

³ Chicano Studies Program, The University of Texas at El Paso

*** Corresponding author:**

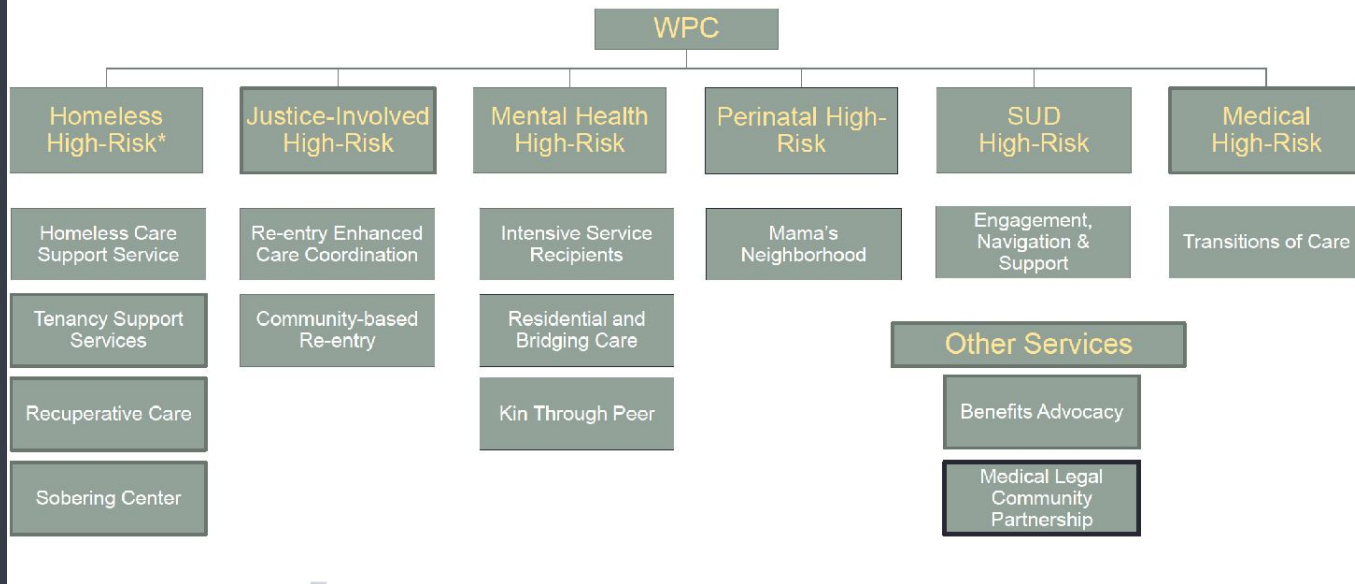
Silvia M. Chavez-Baray
smchavezbaray@utep.edu

Abstract:

Psychosocial, social and structural conditions have rarely been studied among transgender women in the U.S-Mexico Border. This study used Photovoice methodology to empower transgender women of color (TWC) to reflect on realities from their own perspectives and experiences and promote critical dialogue, knowledge, and community action. Sixteen participants documented their daily experiences through photography, engaged in photo-discussions to assess needs and identify opportunities, and developed a community-informed Call to Action. Four major themes emerged from the participants' photographs, discussions, and engagement: 1) mental health, 2) migration experiences and challenges, 3) stigma, discrimination, and resiliency, 4) impact of the COVID-19 pandemic. Through active community engagement, a Call to Action was developed. A binational advisory committee of decision makers and scholars reviewed a set of recommendations to better respond to the needs of TWC in the U.S.-Mexico Border. Photovoice served as an empowerment tool for TWC to assess the myriad of syndemic conditions affecting them daily and identify initiatives for change.

Whole Person Care Los Angeles

Whole Person Care Los Angeles: Populations & Programs



MLCP-LA Team

Administration

County, agency, health care clinic and WPC admin.



Legal

Attorneys, clerks, paralegals, software developer



Recipients

Clients, patients, and staff receiving TA and training



Providers

CHWs, social workers, clinicians, anyone who refers



FUTURE DIRECTION

FUTURE DIRECTION

Enhance the impact of MLP implementation strategies.

Conduct
Effectiveness
Research

Harness
implementation
science to promote
health equity

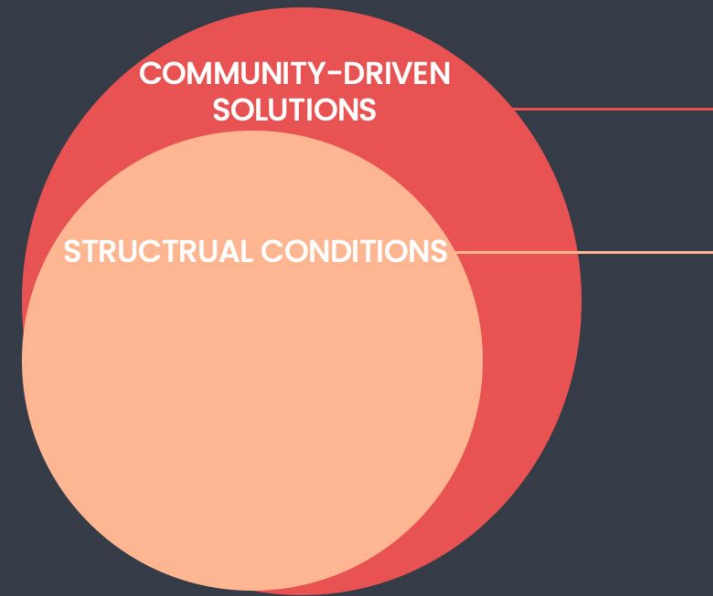
Increase economic
evaluations of
implementation
strategies

FUTURE DIRECTION

Focus on the intersectional structures – including anti-immigration rhetoric, discriminatory policies, housing instability, structural stigma, and racism and discrimination – that continue to drive epidemics/pandemics among structurally and systematically excluded populations.

"We need to be talking about intersecting structures and not identities. Recognize [intersectional structures] shape health outcomes."

Dr. Lisa Bowleg



Resource allocation, legal advocacy, social and human capital, community resiliency, community-based research with “undoing racism” process

Institutional and systemic drivers such as incarceration, racism and discrimination, immigration policies, internalized racism, housing, historical trauma, sexism, classism, ableism, xenophobia, transphobia, and homophobia



FUTURE DIRECTION

Expand robust MLP community–research collaborations defined and guided by: 1) **recognition that community development is an important focus of research**, 2) **commitment to build upon strengths and resources** of individuals and communities, 3) **promotion of a process that actively addresses social inequalities**, and 4) **dissemination of findings and knowledge to all partners**.

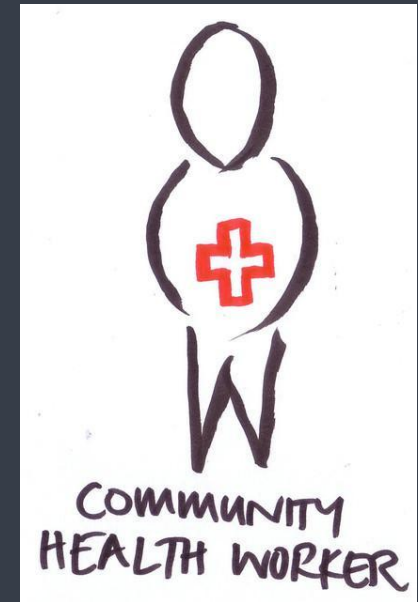
THE "C" IN MLPS

Engage community leaders in planning, development, launch, and ongoing quality assessment and improvement.

Include Community Health Workers in care team

- Provide social support
- Identify patients' needs
- Link patients to resources
- Outreach, advocacy, individual and community capacity building

CWH and community leaders ensure care team and is meeting individual and community needs



ACKNOWLEDGEMENTS

STUDY PARTICIPANTS, COMMUNITY MEMBERS AND PARTNERS

MENTORS AND COLLABORATORS

Study Participants and Community Members

Galaei familia

CDC MARI Family

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Felicita Gonzalez-Morales, MSW

Bianca Lopez, MPH

Harlem United

Elizabeth Perez-Medina, MPH

John Molina, MPA

Betances Health Center

Isabel Gonzalez

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MPACT Global

Sonya Arreola, PhD

George Ayala, PhD

TPAC

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Manuel Diaz-Rodriguez

Rodrigo Stein

HIV Center at Columbia University

Theo Sandfort, PhD/Kate
Elkington, PhD/ Pat Warne,
PhD

Alex Carballo-Diequez, PhD

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Ibitoye, MPH

Heino Meyer-Bahlburg, Dr. rer.
nat./Claude Mellins, PhD

Timothy Frasca, MPH

Javier Lopez-Rios, MPH(c)

Chukwuemeka O Anyamele,
MD

HIV Center Fellows!

Social Intervention Group at
Columbia University School of
Social Work

Elwin Wu, PhD

Nabila El-Bassel, PhD

Wake Forest University School of
Medicine

Scott D. Rhodes, PhD/

Jorge Alonzo, JD

/Mario Downs

School of Public Health at Indiana
University Bloomington

Brian Dodge, PhD

University of Texas School of
Social Work

Eva Moya, PhD, MSW

Silvia Chavez-Baray, PhD

Lehman College

Juan De La Cruz, PhD

University of Pennsylvania

José ABauermeister,
PhD, MPH

Florence Momplaisir, MD

Mazzoni Center

Tatyana Woodard

Philadelphia Department of Public
Health

Kathleen Brady, MD

Carolyn Torrell

UCSF CAPS Visiting Professors
Program

Marguerita Lightfoot, PhD

Tor Neilands, PhD

Dale Danley

Emily Arnold, PhD

Mallory Johnson, PhD

CAPS Visiting Professor
Scholars

Cherrie Boyer, PhD

Elena Cyrus, PhD

Florida International University

Nelson and Sheilla Rodriguez
Whitman Walker

Erin Loubier, JD

AIDS Law Project of Pennsylvania

Ronda Goldfein, JD

Temple University Research Team

Larry Icard, PhD

Ethan Levine, PhD

Omar Valentin, MPH

Mariana Pardes, MS

Ariel Ilarraza

Robin Davison, JD, MPH

Max Suppino, MPH

Greg Langan, MPH

Carolina Villamil-Grest, PhD

Sarah Bass, PhD

Hispanic Family Center

Jennifer Torres del Valle, MPH

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Liza Dawson, PhD, MA

Drexel University

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Ball State University

University of California, San Diego

THANK YOU!

OMAR MARTINEZ, JD, MPH, MS
OMAR.MARTINEZ@TEMPLE.EDU



@latinoactivist

“Living on borders and in margins, keeping intact one’s shifting and multiple identity and integrity, is like trying to swim in a new element, an ‘alien’ element.”

Gloria E. Anzaldúa

Emily Arnold

Associate Professor
University of California, San Francisco



Medical Legal Partnerships and HIV care in an era of shifting immigration policy: Case Study from California

EMILY A. ARNOLD, PHD

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

MARCH 2022

California's State and Local Policy Context

- ▶ California has an estimated 2.4 Million undocumented residents, and has **progressive policies** to protect and care for them
- ▶ **California Values Act** of October 2017 prohibits use of state or local resources to assist with federal deportation efforts
- ▶ Declaration of '**Sanctuary Cities**' (including San Francisco, Oakland, Los Angeles)
- ▶ **Expansion of comprehensive Medicaid public insurance plans** for all residents up to age 26, regardless of immigration status



What are Best Practices for Maintaining Access to HIV Care and Prevention for Immigrant communities?



Our study: Methods

- ▶ In-depth interviews were collected with 20 key informants in 3 counties: San Francisco, Alameda, Fresno (May 2018-January 2019)
- ▶ Interviews lasted between 60-90 minutes, were audio recorded and transcribed
- ▶ Themes were inductively and deductively established based on interview guides and data. Analysts defined themes into a coding scheme and applied codes across the data set.



Interview Guide Topics

- ▶ Clinic services, populations, and funding streams
- ▶ Best practices for maintaining access to care and/or prevention
 - ▶ Linguistic and cultural competency
 - ▶ Medical-Legal partnerships
 - ▶ Case management and access to wrap around services
 - ▶ Maintaining health insurance coverage for PLWH
- ▶ Patient experiences since January 2017; including lost to care

Findings: Overview

- 1) **High Demand for Legal Services** for immigrants living with HIV
- 2) **Best Practices and Relationships** to meet patient needs
- 3) **Additional resources and guidance are needed** to screen and support patients with legal needs

Sample (N = 20)

Role	N (%)
Provider (MD, NP, PA)	6 (30 %)
Case Manager, Social Worker, Navigator	7 (35 %)
Legal / policy expert	4 (20 %)
Clinic/Public Health Administrator	3 (15 %)

High Demand for Legal Services

- ▶ Sense of urgency to seek legal services
 - ▶ Establishing citizenship
 - ▶ Applying for asylum
 - ▶ Understanding benefits and implications for public charge
- ▶ Heightened anxiety within the community, yet varying reports of impact on continuity of HIV care

Sense of Urgency for Legal Services

“There's this urgency of like: oh my God, I should get my citizenship... People are scared. With everything they hear on the news every day, if it's not an attack on someone's rights, it's literally like some sort of attack on someone's personal space, and emotional and social wellbeing. Even if it's not happening directly to them, **it really does seep into your psyche, and I think that there becomes this community level of anxiety, and a heightened sense of urgency.**”

(Case Manager, San Francisco)

Fear of Accessing Public Services

“Given the fear around the [public charge] rule and the misunderstanding from our populations, **we've seen a lot of folks just kind of pulling back and asking to be dis-enrolled from programs** just simply because of not understanding what's going on, and if this causes me to be deported, I'd rather not use it. And that fear is what we think the actual driver, and **that's where we're going to see a lot of the impact coming from. Fear, misinformation, and confusion.**”

(Policy/Legal expert)

Findings

Demand

Best Practices

Resources

Best Practices

- ▶ Developing and maintaining medical-legal partnerships
- ▶ Harnessing Legal Expertise for Clinic Trainings and Protocols
 - ▶ Inviting Legal Experts to Present to Clinic Staff
 - ▶ Procedures for interactions with immigration authorities in clinic sites
- ▶ Relationships were Key
- ▶ Institutionalizing culturally sensitive care and warm hand-offs
 - ▶ Case managers and Ryan White-funded wrap around services

Medical-Legal Partnerships and Emphasizing Immigrant Rights

“There is a special synergy that you get when you know the providers... I could call the medical social worker or call the doctor because [my client] might not be showing up for their legal appointments...**It made it so much easier with that kind of trusting relationship to be able to get the kinds of documents we needed to support our cases and vice versa...**the relationship was mutually beneficial.”

(Policy/Legal Expert, Alameda)

Findings

Demand

Best Practices

Resources

Relationships were Key to Referrals

“We **have an established relationship** with some attorneys already, and we can say, ‘**These are people that we trust**. You should go and talk to them. These are people we can recommend.’”

(Navigator, Alameda)

Institutionalizing Client-Centered Culturally Sensitive Care

“Some of our case managers would walk the person to the lawyer’s office....The experience changes when the work is client centered and nonjudgmental. **Having someone, who perhaps has been through that process before, someone who looks like them, someone who speaks their language**, is really, really helpful. It develops that trust.”

(Case Manager, San Francisco)

Findings

Demand

Best Practices

Resources

Resources are Needed

- ▶ Training is needed for clinic providers and support staff
 - ▶ Provider-specific training, particularly for assisting Asylum seekers
 - ▶ Effective Screening Protocols for case managers
- ▶ Guidance is needed
 - ▶ Legal experts detected wide variety of practices around assessing legal needs
- ▶ Funding to Formalize and Support Medical Legal Partnerships

Training and Screening Opportunities

“When I first started as a physician I didn't really know what to write [in the asylum letter] for the lawyer. **There are no guidelines...** And actually what helped me was one of the providers had shared a letter that she wrote for a patient.” *(Provider, San Francisco)*

“What we are proposing is **that there be a more consistent manner [of screening] throughout the department, throughout all the clinics, because you wouldn't want anyone to fall through the cracks** if, in fact, there may be an opportunity for them to legalize their status.”
(Legal/Policy expert)

Findings

Demand

Best Practices

Resources

Implications at Clinic and Policy Levels

- ▶ Developing tools to assess legal needs **as part of routine care**
- ▶ **Institutionalizing** client-centered, culturally sensitive care
 - ▶ Diversifying and Retaining the Health Care Workforce
- ▶ **Local, State, and Federal-level** resources to preserve access to legal counsel for immigration needs
- ▶ Elevating patient experiences and voices to **advocate for policy change**

Thank you!

- ▶ To our participants who shared their time and insights with us.
- ▶ To our funder, the California HIV/AIDS Research Program (Office of the President, University of California, Grant Number RP15-SF-096) for supporting this work.



Rodrigo Stein

*Director of Health Equity
La Clínica del Pueblo*



Promoting Culturally Responsive Medical Legal Partnerships at a Federally Qualified Health Center: La Clínica del Pueblo

Rodrigo Stein MSc, Director of Health Equity
03/03/22

Immigration & Health



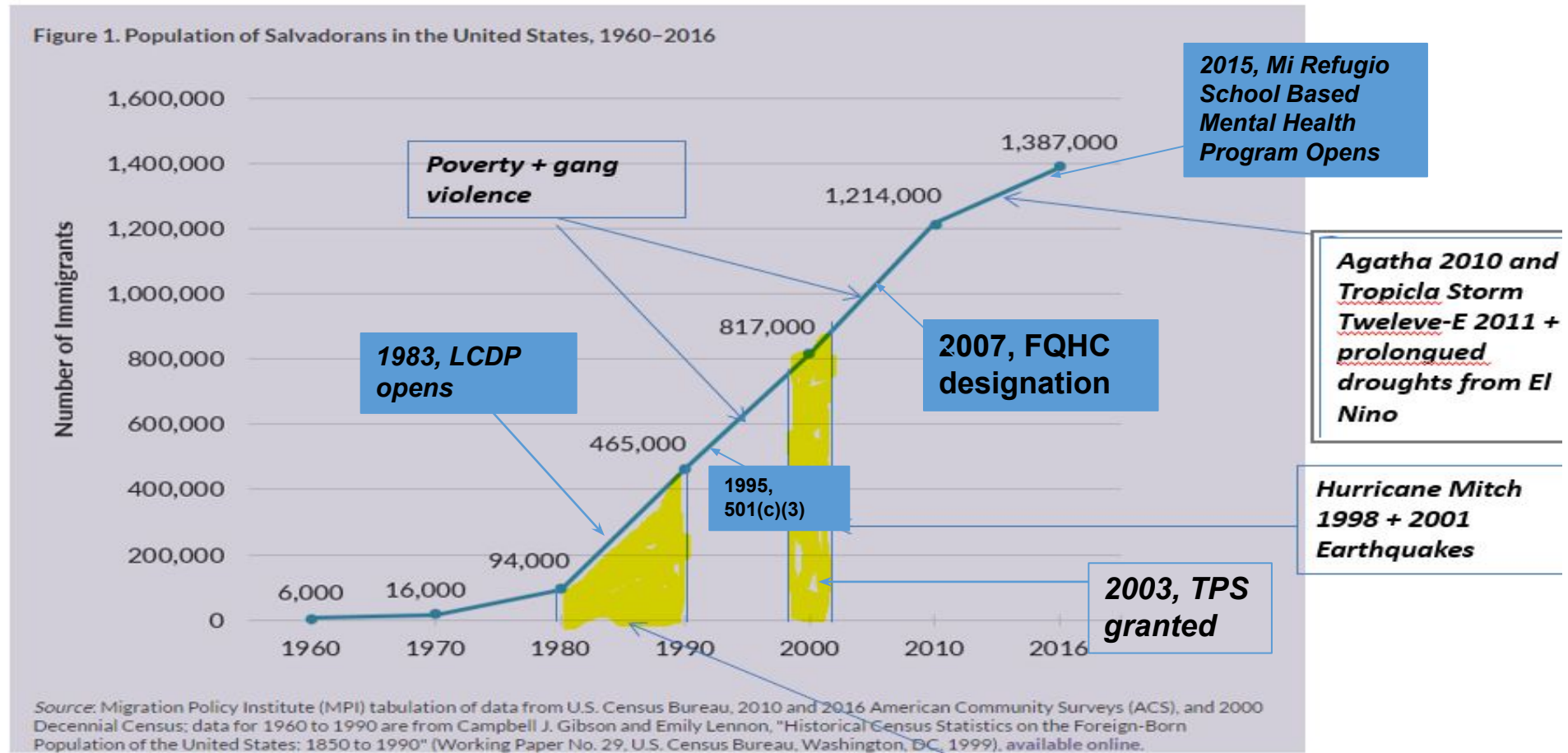
Who Migrates to the DC Region?



Population of Salvadorans in the USA (1960-2016) and Critical Social and Natural Disasters in El Salvador

Multigenerational experience to violence and traumatic events.

History of our services matches migration flows.



Source: Based on Menjivar and Meier (2018) El Salvador: Civil War, Natural Disasters, and Gang Violence Drive Migration, Profile, August. Accessed on 12.07.18 at:
<https://www.migrationpolicy.org/article/el-salvador-civil-war-natural-disasters-and-gang-violence-drive-migration>

Civil war years +
1986 earthquake

2015, Mi Refugio
School Based
Mental Health
Program Opens

Agatha 2010 and
Tropicla Storm
Tweleve-E 2011 +
prolongued
droughts from El
Nino

Hurricane Mitch
1998 + 2001
Earthquakes

2007, FQHC
designation

1995,
501(c)(3)

2003, TPS
granted

1983, LCDP
opens

Poverty + gang
violence

About La Clinica del Pueblo

1983



Volunteer-run clinic launched in response to first Salvadorian immigrant wave (war, natural disasters, violence) to the DMV area

1995



Incorporated as an independent, non-profit 501(c)(3) agency

2007

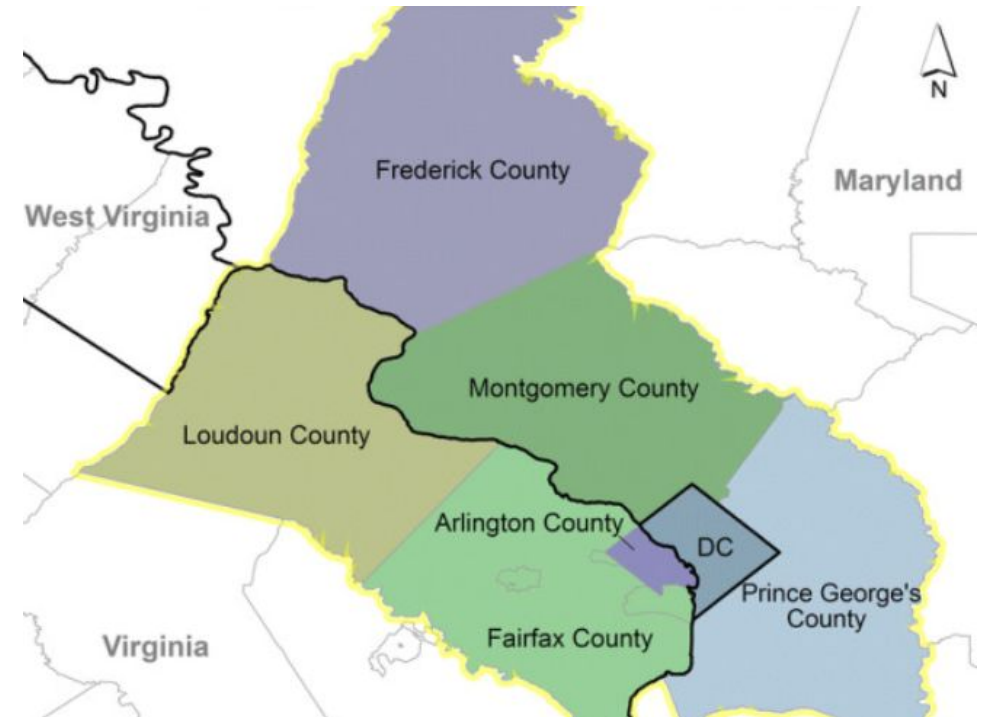


Federally Qualified Health Center (FQHC) status

Our Community

- 4,500 patients each year
- 92% are Latinx
- 80% are immigrants (*predominantly from Central America*)
- 35% are uninsured
- 83% feel more comfortable communicating in a language other than English
- 84% have an income at or below 200% of the federal poverty line
- 20,000 through community programming

* LCDP Data 2020



Where they live:

- 54% in DC
- 44% in MD
- 2% in VA



Barriers

- Overrepresented among undocumented and those holding work permits via Temporary Protected Status (TPS).
- Lack of eligibility for many safety net programs, including Medicaid, because less likely to meet “five year” bar; ACA prohibitions for undocumented. Rely on local health coverage via DC Alliance.
- “Mixed” immigration status families, with different access to benefits, safety and security.
- Overrepresented in-service industry and trades, with few work-place health benefits (essential workers).
- Need to work 2-3 jobs to support families here and at country of origin.
- Reside in multigenerational housing.
- Aging population from first wave of migrations in the 1980’s.

Community Of Care: Integrated Approach

Rooted in the cultural understanding of the community we serve, our work blends health care and social justice



**Primary Medical
Care**



Health Equity

ACCESO LINGÜÍSTICO
LA CLÍNICA DEL PUEBLO



**Mental Health
& Substance Use**

MI FAMILIA
PSYCHOEDUCATIONAL GROUP
INTERVENTION

VOLVIENDO A VIVIR
SUBSTANCE USE PROGRAM

MI REFUGIO
SCHOOL BASED PROGRAM



**Community
Health
Action**

ENTRE AMIGAS
HEALTH AND GENDER PROGRAM

EMPODÉRTE
LA CLÍNICA DEL PUEBLO

PROMOCIÓN DE SALUD
LA CLÍNICA DEL PUEBLO

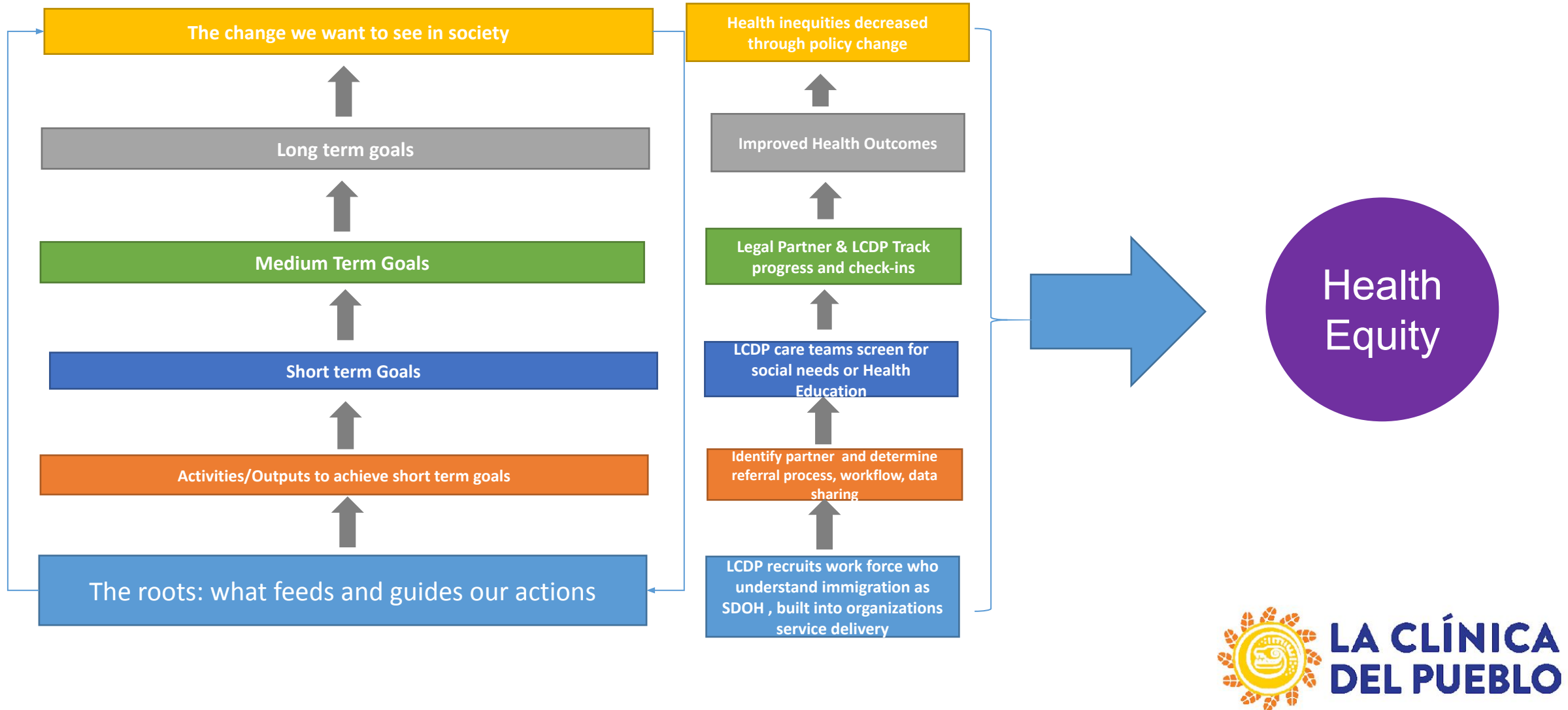
 **LA CLÍNICA
DEL PUEBLO**

Action and Equity: Public Health



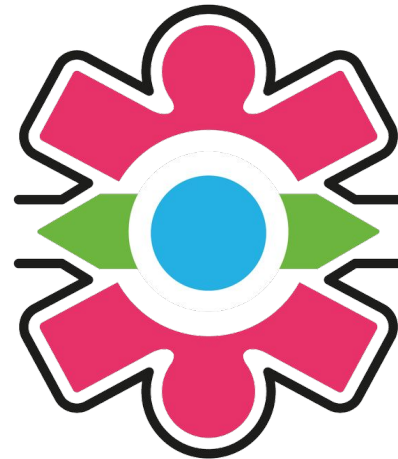
- Health Action:
 - Promotion of change
 - Prevention of diseases
 - Autonomy and movement
- Health Equity:
 - Capturing community barriers
 - Establishing partnership
 - Impacting public policy

Our Approach to Medical Legal Partnerships (MLP's): Addressing Individual Needs and Impacting Policy



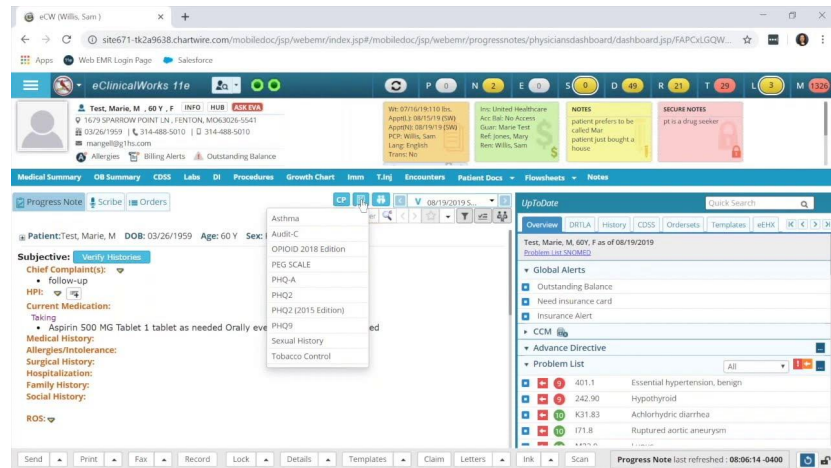
Who Collects SDOH Data

- 80% of staff at LCDP are Latinx
- 70% of leadership Latinx
- Intake Team
- Care Coordinators
- Providers
- Medical Interpreters
- Health Educators and Navigators
- Community Health Workers (Promotores)



**SALUD SIN
BARRERAS**

How is SDOH data collected?

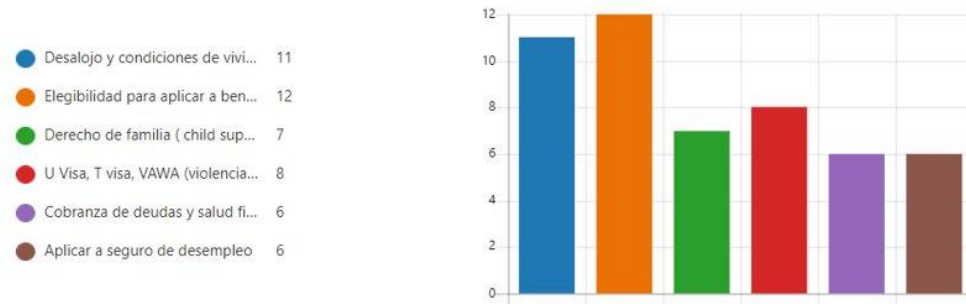


What do we see?

Eligibility for social services and eviction & housing*

1. Cúales de los siguientes entrenamientos piensan que serían los más importantes para nuestros pacientes/clientes en este momento? (Puede escoger máximo 3)

[More Details](#)



PRAPARE

- Food Insecurity
- Economic Instability
- Housing
- Transportation

Shared Values to Identify Legal Partners

- DC Primary Care Association (DCPCA): DC Positive Accountable Community Transformation (DC Pact)
- Coalitions
- Community Health Workers

Example of MLP's (Specific Patient Population, All Social Needs)



Structuring Partnership Meetings Effectively : PATH Tool

Internal & External Relationships

A core element of effective partnership is having strong relationships among partners and with other stakeholders, like funders and the community. This section focuses on your partnership's progress towards internal and external relationship benchmarks.

Shared Goals

Benchmark | *My partner and I share an understanding of the goals our partnership seeks to achieve.*

Guiding Questions

- Why are we partnering? What need and specific population is our partnership designed to address?
- How often do we check-in about our goals of the partnership and our progress toward these goals?
- Are our goals we've set forth for our partnership achievable within a reasonable timeframe?
- What are we not trying to achieve through our partnership? What needs and activities are beyond the scope of this partnership?
- How have our goals evolved as the partnership has evolved?

Notes

Assessment

Circle rating from 1-5:

1 2 3 4 5
Needs development Developing Well-Developed

Partner Service Trainings to Care Teams or Patients

Housing Law Issue Areas


- Eviction cases:
 - In Landlord-Tenant Court
 - Pre-court (if landlord or landlord's lawyer gave a notice about vacating)
 - Illegal evictions: lock-outs, serious housing code violations
- Subsidy issues:
 - Voucher termination (at DCHA)
 - Rent determination concerns, concerns transferring
- Rent increases
- Reasonable accommodations

#LegalAidGAC


www.LegalAidDC.org

NPT's BEST
NONPROFIT
TOWARD FOR
2018

QUALITY
MATTERS
FOR THE DISTRICT



Legal Aid Society
OF THE DISTRICT OF COLUMBIA
MAKING JUSTICE REAL



Partner Referral Guidelines

- voucher; tenant's rent in subsidized housing is not being calculated correctly)
- Rent increases
- Reasonable accommodation requests (ex. tenant living in a 3rd floor walkup needs to move to a first-floor apartment because of a disability)
- Bad housing conditions (ex. infestations, no heat, etc.)
- **Public Benefits Law**
Common types of cases for which Legal Aid may be able to do an intake include:
 - Unemployment Insurance/Pandemic Unemployment Assistance
 - SNAP/Food stamps (ex. applicant's food stamps reduced without notice or terminated)
 - Health insurance (ex. issues with Medicare, Medicaid, and/or Alliance such as problems with recertification, denial of insurance application, termination of insurance or denial of coverage for a service)
 - TANF (ex. applicant's TANF reduced without notice or terminated)
 - SSI/SSDI (ex. at second appeals stage of application (appealing a denial of a Request for Reconsideration); applicant's disability benefits reduced without notice or terminated)
 - Home Health Aide (ex. applicant's home health aide hours were reduced or terminated)
- **Family Law**
Common types of cases for which Legal Aid may be able to do an intake include:
 - Civil Protection Orders (generally cases involving intimate partners)
 - Child custody (usuarily involves a biological parent or the mother)

Legal Aid Eligibility Criteria.pdf

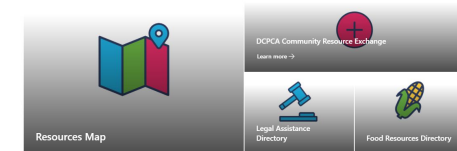
lcdp.sharepoint.com

Centralize Partnership Data: LCDP's Health Equity Hub

- Key contacts
- Can be updated by care teams
- Designate one person to communicate with legal agencies



La Clínica recommends these local resources for patients needing legal and food assistance. Browse to find the ones that are right for your client's needs.



SharePoint start page

LA CLÍNICA DEL PUEBLO Health Equity and Community Partnerships Hub

Home Strategic Partners and Referrals Community Engagement Advocacy Learning Resources and Capacity Building Documents Pages Site contents ... Edit

+ New Edit in grid view Share Export Automate Integrate ... All Items

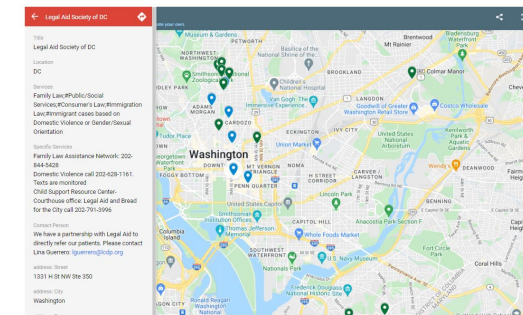
Legal Resources Directory

Organization	Location	Services	Specific Services	Spanish	Contact Person	Website	Hours	To refer	Street
American University- Immigrant Justice Clinic	DC	Immigration Law	Immigrant deportation defense and immigration detention immigrant workers' rights. Call rights for immigrants, Gender, and Sexual Orientation	Yes	Angelica Teller at157@clincadelamer.com.edu	https://www.ajic.org/	Not available	Call and leave a detailed message with their full name and a description of their legal situation	4300 Hebrakia A
Ayuda DC	DC	Family Law, Immigration Law, Public/Social Law	Immigration Law, Domestic Violence and Family Law, Social Services, Language Services	Yes	Not available	https://www.ayuda.com/	Mon-Fri 9:00am-12:00pm, 1:00pm-4:00pm	Immigration Law clients must first have a consultation (costs \$100). Consultations are held every Thursday	69238 Willow St
Bread for the City	DC	Housing Law, Family Law, Public/Social Law	Advice, Referrals, Representation, Housing, Family and public benefits cases	Yes	Direct number for legal services 202-386-7816	https://breadforthe.org/	Mon-Thu 9:00am-5:00pm, Fri 8:30am-noon	Call to schedule appointment, all first visit clients are required to register at front desk. Legal office is open mon-thu	1325 7th St NW
CARECEN	DC	Immigration Law, Housing Law, Consumer Law	Immigration, Consultations, Renewal of work permits, Family petitions, TPS, U	Yes		https://carecenc.org/	Monday-Friday 9:00am-5:00pm	Housing: For individual counseling call the office to schedule an appointment. For Educational workshops,	1400 Columbia R Ste C-1

Connect patients seeking assistance with legal and food services verified by LCDP

GREEN PINS = FOOD RESOURCES

BLUE PINS = LEGAL RESOURCES



Sustainability and Impacting Policy

DC Values Means Keeping Immigrant Families Together Coalition

We are a coalition of nonprofits, people of faith, and community groups advocating for immigration legal services and universal representation for all DC immigrants.

The Honorable Muriel Bowser
Executive Office of the Mayor
John A. Wilson Building
1350 Pennsylvania Avenue NW
Washington, D.C. 20004

RE: FY2023 Immigrant Justice Legal Service (IJLS) Funding

Mayor Bowser:

We hope that this letter finds you safe and healthy. This past year has again presented many daunting challenges for our city. The coming year presents new tests and opportunities, even as we continue to address the COVID-19 pandemic and a rapidly changing policy environment. As ever, we are grateful for your leadership in ensuring the safety and protection of all DC residents.

We are writing regarding the Immigrant Justice Legal Services (IJLS) grant program. The experience of the past

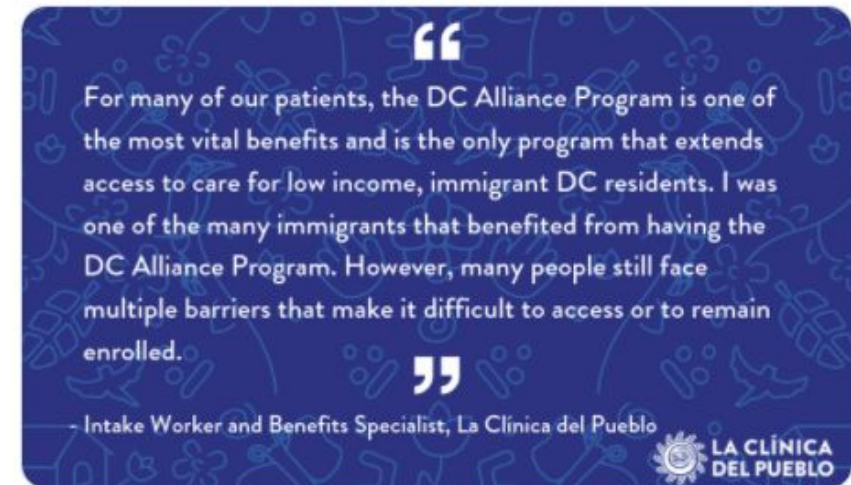


LegalAidDC Retweeted



La Clínica del Pueblo @LaClinica2 · Feb 24

The DC Alliance program is vital for our patients. Let's remove barriers such as the 6-month recertification to make sure immigrants are not left without health care services. [@MurielBowser](#) [@BrianneKNadeau](#) [@CMLewisGeorgeW4](#) [@RobertWhite_DC](#)



14

20



**LA CLÍNICA
DEL PUEBLO**

Challenges and Best Practices

Challenges

- Standardization of SDOH collection (PRAPARE limited to select patients)
- Funding
- Change will not always happen but it is still worth trying

Best Practices

- MOU's
- Safe spaces
- Integration of Promotores
- Warm hand off's, language access, use of tech when possible
- Designate key staff
- Discussion around indicators and data sharing
- Centralize information in visually engaging ways
- Interagency trainings





LA CLÍNICA DEL PUEBLO

The Health Center Based MLP

Q&A

Questions and Answers

How can I best ask about status so I can provide patients with resources/options that are safe if they are undocumented?

What are best practices for screening in languages for which you don't have expert support?

What are the actual legal immigration-related services recommended to be in scope for a MLP? None/any?

How do you address fears of public charge with immigrants?

LIVE SESSION: Question & Answer

Q: There are some restrictions on the type of legal services LSC-funded organizations can provide for undocumented populations. If your legal partner is LSC-funded, what % of legal needs or referrals would you estimate that your LSC-funded entity is NOT able to provide, based on those restrictions? Is it a lot of services or few services? Do you actually provide immigration-related services or just non-immigration related services for immigrant populations?

Omar Martinez: Aware of these limitations. Innovative models with organizations referring to other key partners that are not restricted based on LSC funding. TPAC, law schools, pro-bono attorneys, etc. Having a mix of LSC- and non-LSC Funded partners.

Audience-Member: I am at Southern Arizona Legal Aid in Tucson, AZ. We are an LSC-funded agency. We provide immigration services for victims of crimes. When we have someone who is undocumented and has any issue--and is a victim of a crime, we need to identify the nexus between the crime and their legal issue. We also try to find out if there is someone in the household who might be eligible for our services. We also try to find other legal providers when we find someone we cannot serve because of their immigration status

LIVE SESSION: Question & Answer

Q: Is there data suggesting drops in ADAP enrollment under the previous administration?

Bethany Hamilton: We can share a background resources related to the impacts seen as a result of the public charge rule. Here's one: March 26th, 2020, Understanding the Final Public Charge Rule and its effect on HIV Prevention and Treatment Services in California -

<https://www.chprc.org/event/understanding-the-final-public-charge-rule-and-its-effect-on-hiv-prevention-and-treatment-services-in-california/>

Omar Martinez: I am not aware of any studies looking at ADAP enrollment during the previous administration. Given the anti-immigration sentiment and policies from previous administration, we prob saw a decline in enrollment. Here is some data on ADAP enrollment:

<https://www.kff.org/hiv/aids/state-indicator/total-adap-clients-served/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

Emily Arnold: In terms of ADAP, in California we actually have had a decrease in reliance on ADAP because of Medicaid expansion, so many of our residents who are living with HIV and relied previously on ADAP and Ryan White for their HIV care and treatment, were moved to Medicaid plans which cover comprehensive care. So at least in California you see less reliance on ADAP due to this dynamic over time. However, Ryan White and ADAP still do cover undocumented immigrants who may not be eligible for Medicaid.

LIVE SESSION: Question & Answer

Q: How can attendees best coordinate advocacy to pry more federal dollars loose to do more and better work on behalf of immigrants and refugees?

A: How can we work across our specialty silos to better coordinate our advocacy and share resources and trainings like this one, so that more of us can know about and adapt best practices? How do we make today's information available to all relevant advocates nationwide, esp those already organized via various legal channels and specialities?

Contact Information

Bethany Hamilton

NCMLP

bhamilton1@gwu.edu

Omar Martinez

Temple University, College of Public Health

omar.martinez@temple.edu

Emily Arnold

University of California San Francisco

Rodrigo Stein

La Clínica del Pueblo

RESOURCES
ARE INCLUDED
AT THE END OF
THE SLIDE DECK

The Health Center Based MLP

Tips & Resources

COVID19 CORONAVIRUS

COVID 19 Y LA NORMA DE CARGA PÚBLICA: ¿QUÉ DEBO SABER?

¿Qué es la norma de carga pública?

Es una prueba utilizada por el gobierno federal para identificar qué inmigrantes son elegibles para ciertas categorías de visas y residencia permanente en función de diferentes factores.



www.lcdp.org

¿QUÉ FACTORES SE CONSIDERAN?



Bajos
ingresos



Número de
miembros
en el hogar



Dominio
del inglés



Condiciones
médicas



Edad



Nivel de
educación



Historial de
crédito



Uso de
programas
federales como:
TANF y SSI



Depender de
Medicaid para
consultas y medicinas



Uso de cupones
de alimentos de
SNAP



Uso de
programas de
vivienda pública

¿QUÉ DEBO SABER?



1 La mayoría de los inmigrantes no se verán afectados

- Las personas refugiadas, asiladas, sobrevivientes de violencia doméstica y otras categorías humanitarias no se verán afectadas.
- Las personas con "green card" no se verán impactadas a menos que salgan de los EE.UU. por más de 180 días y busquen reingresar.

2 Muchos programas públicos no se consideran en la norma de carga pública

- Los programas de alimentación como WIC, CHIP, almuerzos escolares, bancos de comida, y atención médica financiada por los estados o municipalidades no estarán incluidos en la norma de carga pública.
- Esto incluye el programa DC ALLIANCE (Alianza) o los fondos para trabajadores excluidos del Distrito de Columbia.

¿QUÉ DEBO SABER?



3 El uso de programas públicos no te convierte automáticamente en una carga pública

- Los funcionarios de inmigración deben considerar todas tus circunstancias para determinar si una persona es considerada una carga pública.
- Los factores positivos, como tener un trabajo o un seguro médico, pueden balancear si utilizaste ciertos beneficios públicos en el pasado.

4 Los beneficios utilizados por los miembros de la familia no contarán en las decisiones de carga pública

- Los beneficios públicos que solicitas para miembros de tu familia no contarán en tu contra. Incluir tu nombre en la solicitud de esos beneficios NO significa que los hayas solicitado para ti.

¿QUÉ DEBO SABER?



5 Existen leyes que protegen la información personal de las personas solicitantes y destinatarias de beneficios públicos

- Las leyes federales y estatales generalmente protegen la privacidad de las personas que solicitan o reciben ayuda para atención médica, nutrición, apoyo económico u otros beneficios públicos.
- Al completar solicitudes de beneficios públicos o al tratar con cualquier agencia gubernamental debes proporcionar sólo la información necesaria y real.

¿QUÉ DEBO SABER?

6 ¿Me afectará la norma de carga pública si necesito buscar atención médica por el COVID-19?

- La prevención o el tratamiento de la prueba COVID-19 no se utilizarán contra inmigrantes en una norma de carga pública.
- Esto significa que las familias inmigrantes deben buscar la atención que necesitan durante este tiempo.



RECUERDA:



- 1 Puedes buscar atención médica con la confianza que tu información personal no se compartirá
- 2 El personal de salud no debe preguntarte por tu estatus migratorio
- 3 Llama siempre a tu proveedor de salud si presentas síntomas de COVID 19 o piensas que has estado en riesgo
- 4 Si los síntomas continúan, ve a la sala de emergencias

¿DÓNDE PUEDO RECIBIR MÁS INFORMACIÓN?

Si te gustaría obtener más información o te gustaría hablar con un abogado de inmigración, te recomendamos las siguientes organizaciones:



CARECEN:

📍 1460 Columbia Rd. NW,
Washington, DC
☎ (202) 328-9799



AYUDA, Inc.:

📍 6925 B Willow St. NW,
Washington, DC
☎ (202) 547-5692

CUANDO TENEMOS INFORMACIÓN ADECUADA, PODEMOS TOMAR MEJORES DECISIONES SOBRE NUESTRA SALUD



NINGÚN SER
HUMANO ES
I L E G A L



LA CLÍNICA
DEL PUEBLO

CONOZCA SUS DERECHOS



SI LO DETIENEN

- Puede permanecer callado/a
- No firme ningún documento
- Pida un abogado/a
- No diga su estatus migratorio ni país de origen



SI LLEGAN A SU CASA

- No abra la puerta
- Que deslicen la orden judicial por abajo de la puerta
- Asegúrese que sea su dirección y que la orden este firmada por un juez



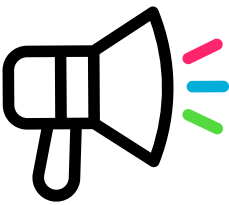
HAGA UN PLAN

- ✓ Memorice el teléfono de alguien de confianza
- ✓ Pídale que se encargue de sus hijos
- ✓ Dígale donde están sus documentos personales
- ✓ Pídale que busque ayuda legal si es detenido/a



CUIDE SU SALUD

- Mantenga su seguro médico
- Vaya a sus citas médicas
- Si tiene DC Alliance no lo cancele



RECUERDE

Obamacare
sigue
vigente

Nadie debe
preguntarle su
estatus migratorio

Las leyes de
privacidad en la
salud protegen su
información

No permitimos
que ningún
oficial entre a la
clínica sin una
orden judicial

CONSULTE CON UN ABOGADO/A DE INMIGRACIÓN

CASA Centro Multicultural

7978 New Hampshire Ave,
Adelphi, MD 20783
(240) 821-5816

Ayuda

6925 B Willow St NW
Washington, DC
(202) 547-5692

CARECEN

1460 Columbia Rd NW
Washington, DC
(202) 328-9799

Centro Católico

1618 Monroe St NW
Washington, DC
(202) 939-2420

CAIR Coalition

*Casos de detención
(202) 331-3320



**NO HUMAN
BEING IS
ILLEGAL**



**LA CLÍNICA
DEL PUEBLO**

KNOW YOUR RIGHTS



IF THEY STOP YOU

- You can remain silent
- Don't sign any document
- Ask for a lawyer
- Don't say your immigration status or country of origin



IF THEY COME TO YOUR HOUSE

- Don't open the door
- If they have a judicial warrant tell them to slide it under the door
- Make sure it's you they're looking for, that the address is correct and they have a signed warrant



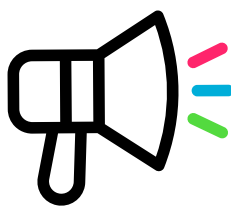
MAKE A PLAN

- ✓ Memorize the phone number of someone you trust
- ✓ Ask them to take care of your children
- ✓ Tell them where your personal documents are stored
- ✓ Ask them to seek legal assistance if you are detained



TAKE CARE OF YOUR HEALTH

- Keep your health insurance
- Keep going to your health appointments
- If you have DC Alliance don't cancel it



REMEMBER

Obamacare
is still in
effect

No one should
ask you about
your immigration
status

Health privacy laws
protect your
personal
information

We don't let any
immigration
officer to come
in the Clinic
without a
warrant

CONSULT WITH AN IMMIGRATION LAWYER

CASA Centro Multicultural
7978 New Hampshire Ave,
Adelphi, MD 20783
(240) 821-5816

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6925 B Willow St NW
Washington, DC
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(202) 331-3320

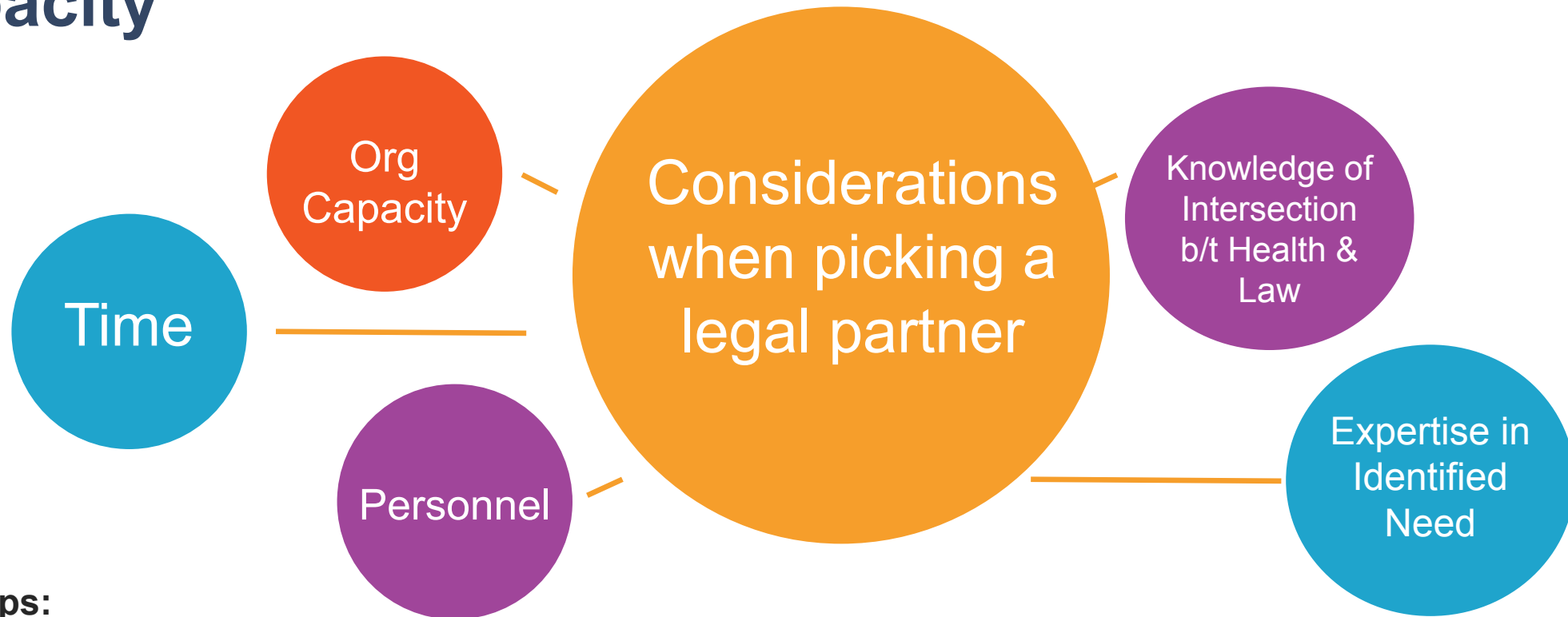
Starting an MLP: Assessing social needs

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

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

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.

**THANK
YOU!**

