

MLP in Health Centers Guide (Part 4): The Medical-Public Defender Partnership



June 23, 2022

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY

Housekeeping

- By default, everyone joins on **mute**
- Type questions into the **Q&A button**
- This session's **recording and slides** will be shared on the **NCMLP website**.
- Email nissithapa@gwu.edu for help

Acknowledgements



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POLL

1. Which of the following describes your organization?

- Health Center
- Hospital
- Other Health Care Provider
- Legal Services Provider
- Public Defender Office
- Other

2. Do you work with justice-involved populations?

- Yes
- No

3. Have you partnered with a public defender office?

- Yes
- No



MLP in Health Centers (Session 1)

A deep dive on
laying the
foundation &
funding the model



MLP IN HEALTH CENTERS
SESSION 2

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



MLP IN HEALTH CENTERS
SESSION 3

Collaborating to Address
the Health and Legal Needs
of Patients Experiencing
Intimate Partner Violence
and Exploitation

**MLP in Health Centers Guide (Part 4):
The Medical-Public Defender Partnership**



Defining the
Approach



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.

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



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9 Conversations

to Help Your Health Center Lay a Strong Foundation for a Medical-Legal Partnership

Available at: medical-legalpartnership.org/resources

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What SDOH problems do we want to address?



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 need to address?

How can my traditional civil legal services MLP incorporate a PD partnership?



What of our community...

For justice involved patients, how can I work with more directly with the criminal justice system?

What if my patient is involved in the criminal justice system and their lawyer is the public defender?



How will we address patient consent and information sharing?



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

What are the referrals and how is info shared in a medical-PD partnership?



What are some best practices or tools to create greater efficiencies?



What are we going to do?

How can CHWs support this model? Is there specific training for CHWs?

How do the goals of the public defender's office align with the health care team's work?



How will we measure if it is effective and the...

What are some of the metrics used to evaluate this sort of partnership? How do you define success?



What are our goals as a program, ourselves, and our legal partners?

How have the applications of the MLP approach, i.e., the partnership models, evolved to better address the needs of specific populations?

How to Create a Medical-Legal Partnership Focused on the Criminal Legal Needs of Justice-Involved Patients

MLP in Health Centers Guide (Part 4):
The Medical-Public Defender Partnership



Today's Panel of Experts



James Lawless

Social Services
Department Chief,
Rhode Island Public
Defender



**Elizabeth
Tobin-Tyler,
JD, MA**

Associate
Professor of
Health Services,
Policy & Practice,
Brown University



**Anthony
Thigpen**

Community Health
Worker, Lifespan's
Transition Clinic



**Rahul Vanjani,
MD**

Assistant Professor
of Medicine, Brown
University

Bethany Hamilton

Co-Director
NCMLP

Nissi Thapa

Communications Associate
NCMLP

Medical-Legal Partnerships

Supporting Patients with Criminal Legal Involvement

James Lawless, LMHC (Rhode Island Public Defender)

Anthony Thigpen, CHW (Rhode Island Hospital)

Elizabeth Tobin-Tyler, JD (Brown University)

Rahul Vanjani, MD, MSc (Center for Health and Justice Transformation, Brown University)



BROWN
Alpert Medical School



Learning Objectives

1. Describe the impact of criminal legal involvement on health and well-being
 2. Understand the history and evolution of the medical-legal partnership
 3. Illustrate Rhode Island's approach to bringing together health centers and public defenders to support mutual patient-clients
 4. Identify best practices that empower health centers to advocate for patients with criminal legal involvement
-

Case of Mr. A

Mr. A (he/him pronouns) is a 37-year-old with a long history of depression and benzodiazepine use. He has been in and out of prison numerous times, each time being released either to a drug treatment facility or to homelessness. Since the last time he was incarcerated, he is now engaged in consistent primary care. He did miss numerous intake appointments with the clinic's therapist, but he has met with the clinic's case manager to begin working on housing applications.

Case of Mr. A (cont'd)



Case of Mr. A (cont'd)

Questions:

1. How might becoming incarcerated impact the health and well-being of Mr. A?
 2. What information are you as a health care provider uniquely situated to provide the Public Defender and, in turn, the court system?
 3. Is the context of this patient's life — specifically, his criminal legal involvement — relevant to the medical care you are able to provide?
 4. How might engaging with Mr. A's public defender impact Mr. A's relationship with the health care system?
-

Incarceration and Health

CRIMINOLOGY

ARTICLE |  Token Access

INCARCERATION AND POPULATION HEALTH IN WEALTHY DEMOCRACIES*

CHRISTOPHER WILDEMAN 

Incarceration and Health

2 year

decline in life expectancy

For every 1 year served in prison.

Release from Prison — A High Risk of Death for Former Inmates

Ingrid A. Binswanger, M.D., Marc F. Stern, M.D., Richard A. Deyo, M.D., Patrick J. Heagerty, Ph.D., Allen Cheadle, Ph.D., Joann G. Elmore, M.D., and Thomas D. Koepsell, M.D.

- Risk of death among released inmates in Washington 3.5 times that of other state residents
- During the first 2 weeks, risk of death 12.7 times that of other state residents
- Most common causes of death: drug overdose, cardiovascular disease, homicide, suicide

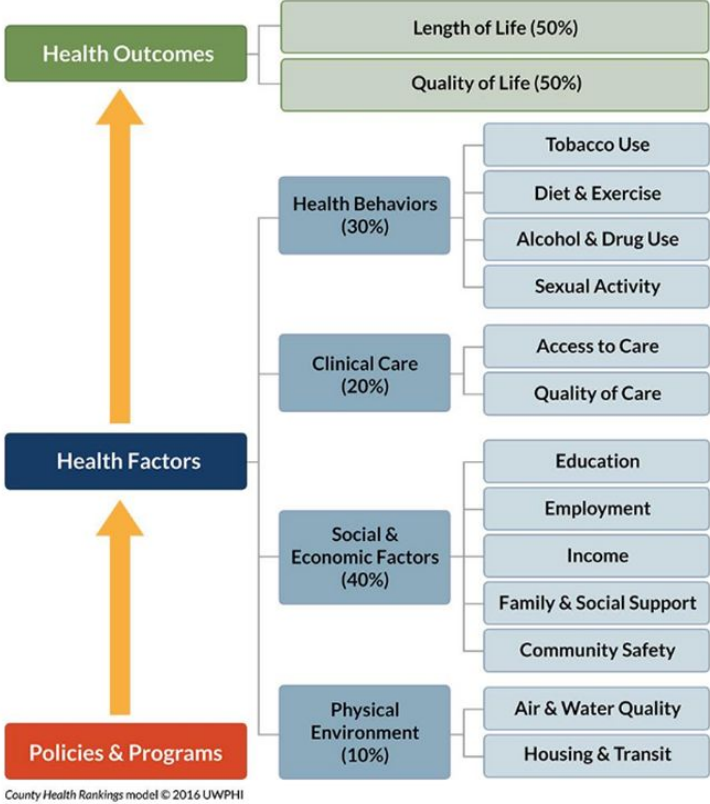
Experiences while Incarcerated:

- Conditions that are anti-therapeutic — violence, threats, isolation, and, importantly, loss of autonomy (Whitehall Studies)
 - Strained social support and erosion of social capital
 - Loss of services, such as Medicaid, housing, food stamps, SSI/SSDI, employment, etc.
 - Low quality medical and mental health treatment
-

“People who have served their time and been released to society may find themselves barred from reuniting with a child, ineligible for certain types of employment or unable to live in public housing. Such obstacles to earning a living and enjoying a quality life could lure or force ex-offenders back to a life of crime, thereby reentering the criminal justice system and increasing correctional cost.”

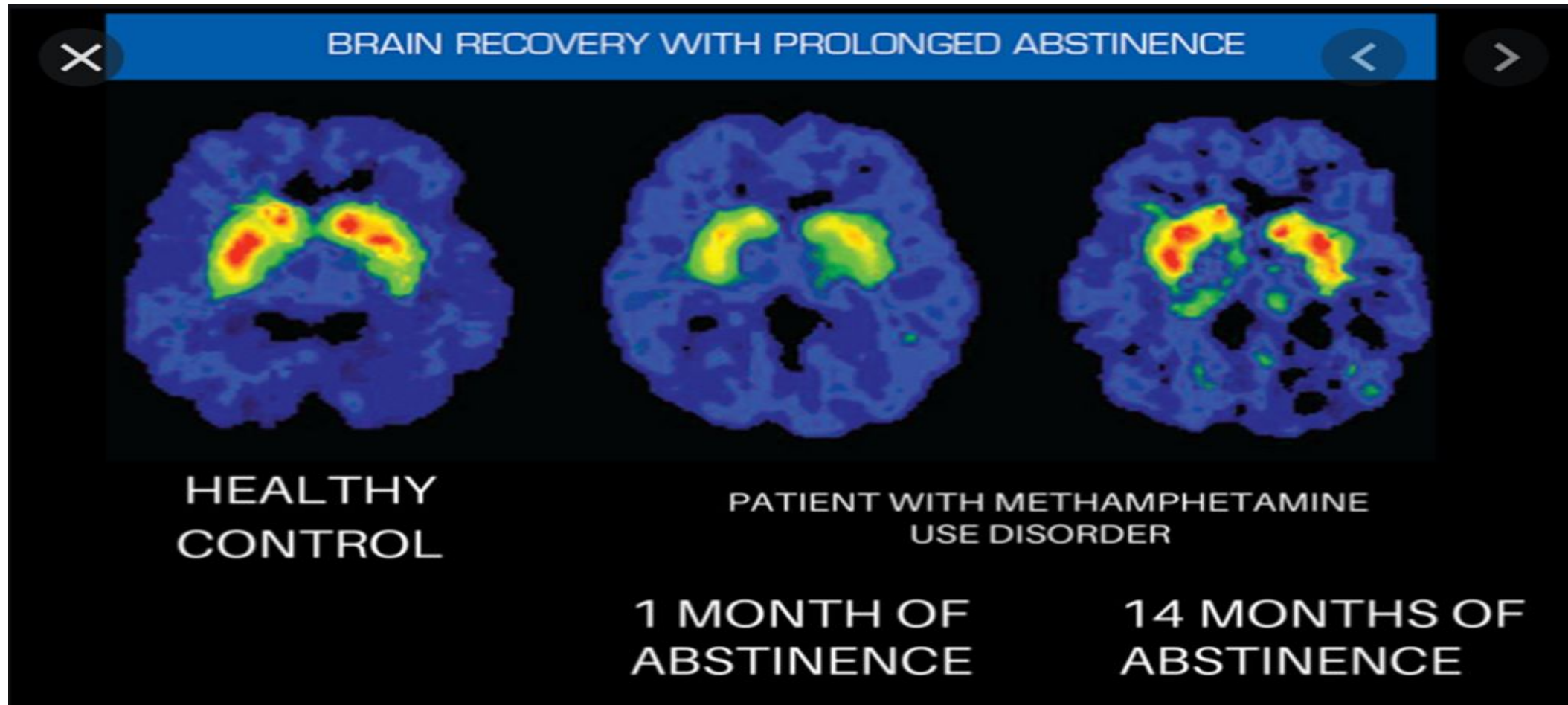


Social and Structural Determinants



Source: County Health Rankings & Roadmaps, <http://www.countyhealthrankings.org/our-approach>, 2016. UWPHI

Chronic Disease Model

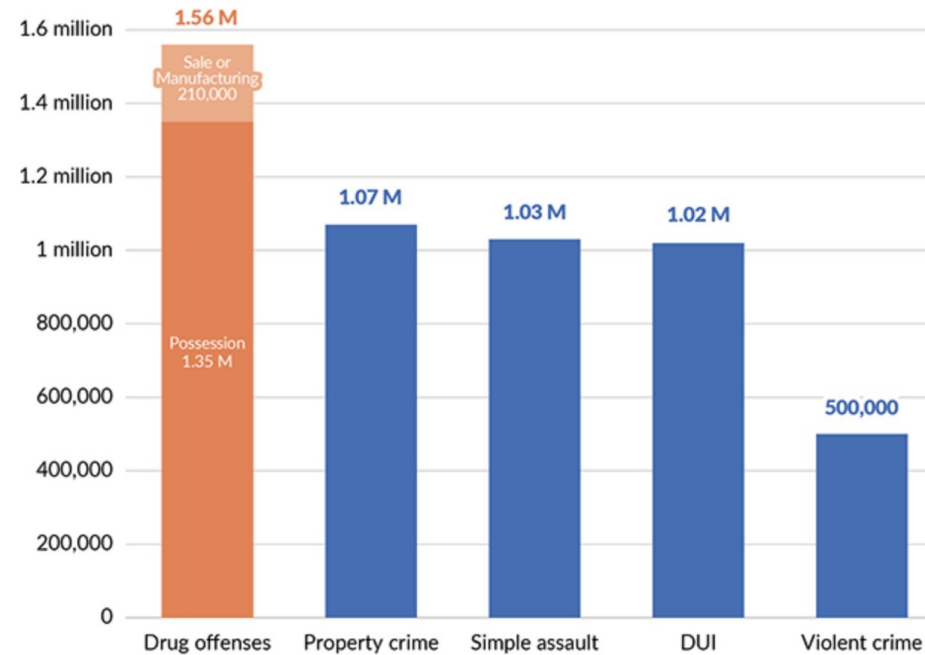


Substance Use and Incarceration

Figure 2

More People Were Arrested for Drug Possession Than Any Other Type of Crime in 2019

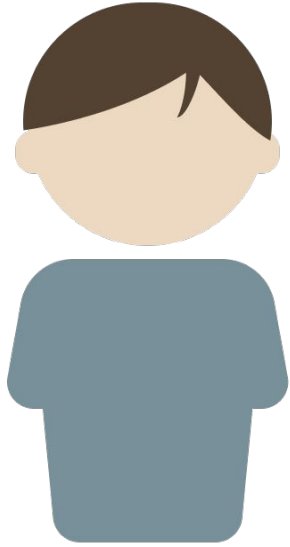
Number of arrests by offense category



Note: Property and violent crime categories include the standard Uniform Crime Report offenses. Non-UCR offense categories with less than 1 million arrests were excluded from this analysis. See methodology for details.

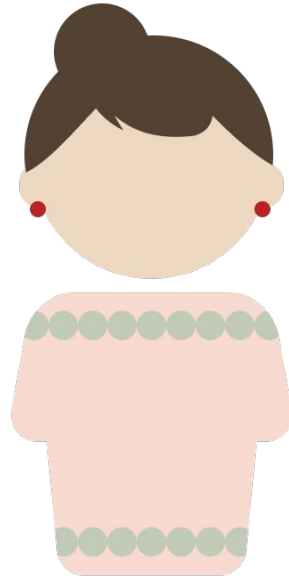
Source: Federal Bureau of Investigation, "Crime in the United States, 2019"

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Rod

Judge



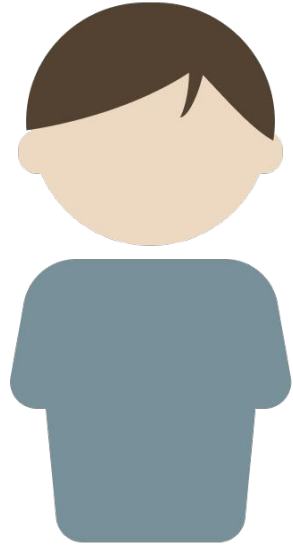
Clare

Public Defender



Dr. Shea

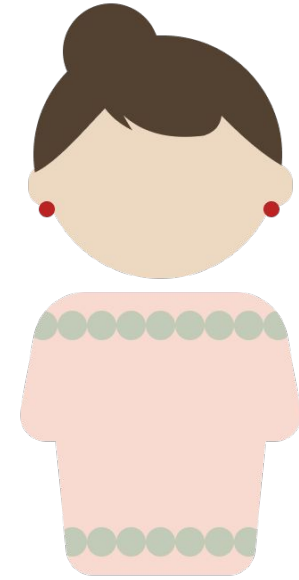
Health Care Provider



Rod

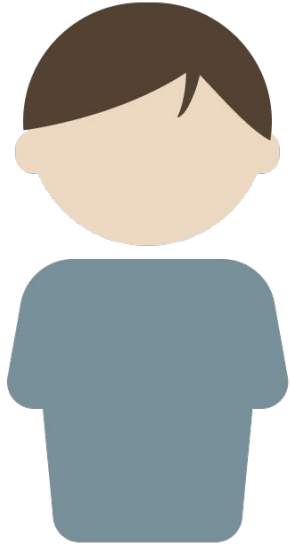
Judge

Discussing the
case
of Mr. A



Clare

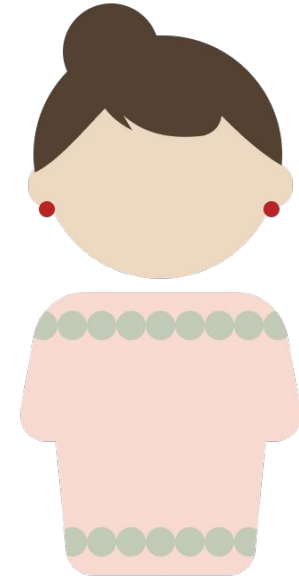
Public Defender



Rod

Judge

Sentenced to
Prison

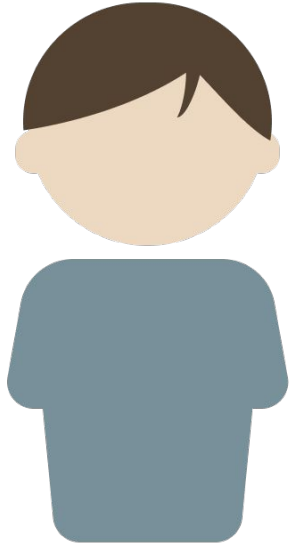


Clare

Public Defender

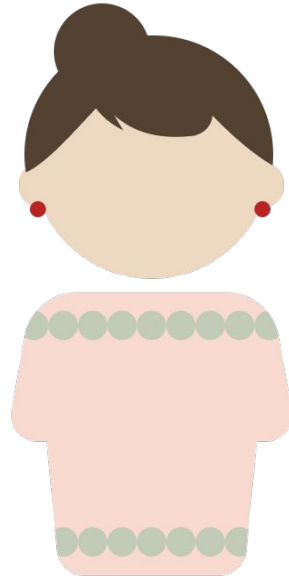
1 in 13

Patients with SUD receive treatment
while incarcerated



Rod

Judge



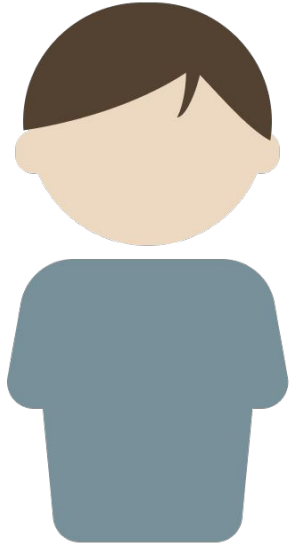
Clare

Public Defender



Dr. Shea

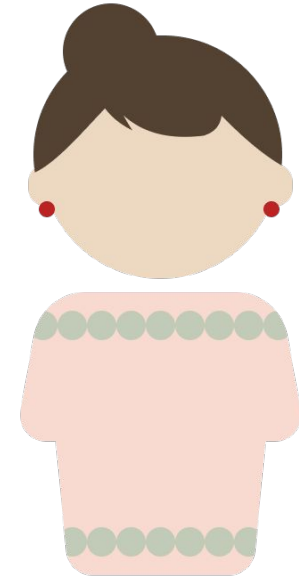
Health Care Provider



Rod

Judge

Medical advocacy letter
is provided to the judge



Clare

Public Defender



[Date]

Dear Honorable Court Judge:

I provide primary care to [Patient Name] [DOB:] at [Clinic Name].

It has come to my attention that [Patient Name] is facing criminal charges. In my judgment, imposing a prison sentence on this patient would lead to a worsening of [pronoun] medical and mental health. Specifically, [Patient Name] has the following conditions that are very likely to be exacerbated in a correctional setting: [conditions that you believe would be aggravated by incarceration].

Despite multiple social and other challenges, [Patient Name] has recently done a remarkable job of [strengths and recent accomplishments]. Incarcerating this patient now risks derailing the remarkable progress [Patient Name] has made to date and worsening [pronoun] medical and mental health.

If you have questions or require additional information, please do not hesitate to contact me.

Sincerely,

[Provider Name/Credentials]
[Clinic Name]
[Clinic Address]
[Clinic Phone Number]

Typical Medical-Legal Partnership

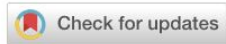
Medical-legal partnerships integrate the unique expertise of civil legal aid lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.

History

Medical-Legal Partnership in Primary Care: Moving Upstream in the Clinic

Elizabeth Tobin Tyler, JD, MA

First Published March 23, 2017 | Review Article |



<https://doi.org/10.1177/1559827617698417>

Typical Approach

Components of an MLP



Studies show that with MLP services:



H

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

Footprint

Hundreds of the nation's leading health organizations integrate patient-centered legal services into their care delivery to address their communities' health-related social needs.

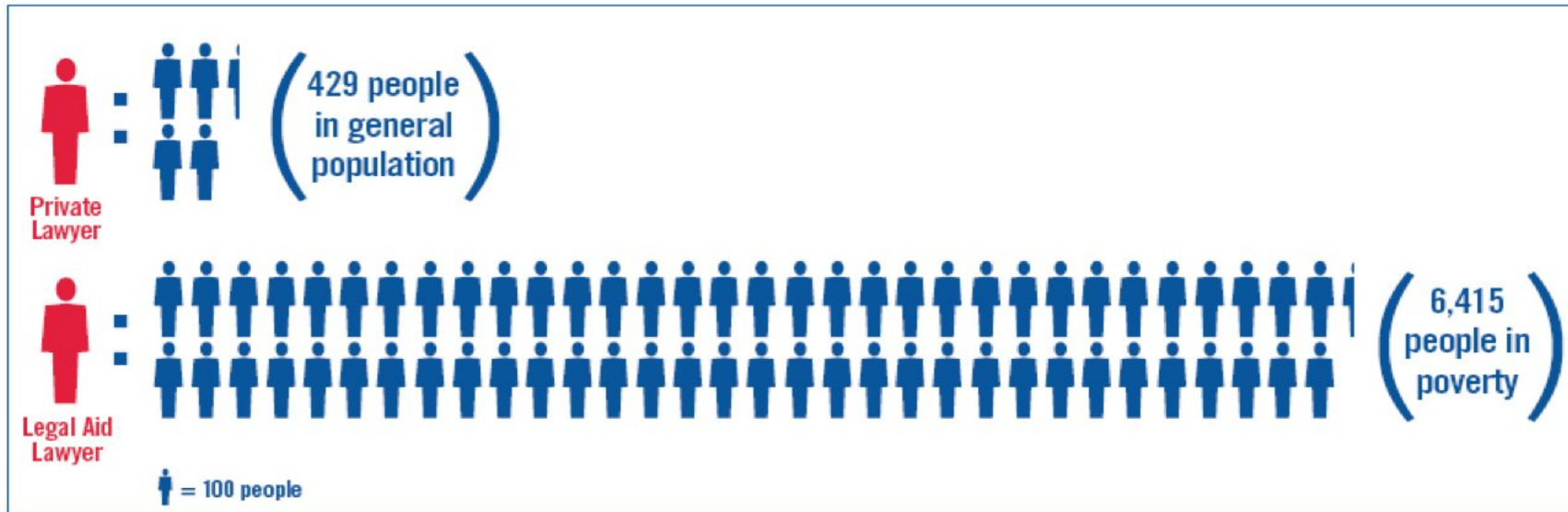


And medical-legal partnerships are taking root at these health organizations **in 49 states and the District of Columbia.**

Medical-Criminal Legal Partnership has not been the focus

Access to justice in the U.S.

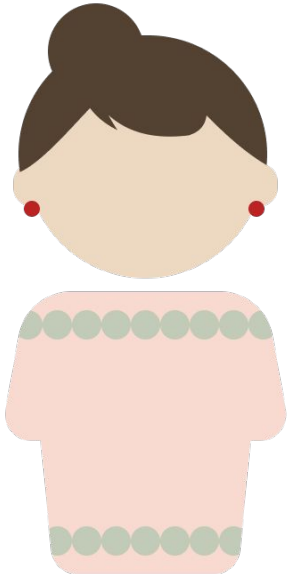
Table 6: Comparison of Private Lawyers to General Population and Legal Aid Lawyers to Low-Income Population



MLPs and Criminal Justice



MLPs in Public Defense



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Public Defender

Prevents unnecessary incarceration
Improves access to social and economic factors that improve health
Saves lives
Saves money



Dr. Shea

Health Care Provider

MLPs and Racial Justice

> [J Law Med Ethics](#). 2022;50(1):117-123. doi: 10.1017/jme.2022.16.

Towards Racial Justice: The Role of Medical-Legal Partnerships

[Medha D Makhlouf](#)

PMID: 35243992 DOI: [10.1017/jme.2022.16](#)

MLPs and Public Defense

- Strengthens **mitigation**.
 - Creates opportunities for **diversion, non-jail dispositions**, quicker **expungement**, and **case dismissal**.
 - Can **reduce pre-trial incarceration** for people struggling with medical conditions, MH issues, and/or SUD.
 - Decreases the **collateral consequences** of incarceration and felony convictions.
 - **Medical perspectives are invaluable for attorney-advocates as it helps create a full, more clear picture of the client and their life.**
 - Provides **education and tools** to the court re: medical conditions and available options for community-based treatment.
-



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

How to Initiate MLPs in Criminal Defense

- Building a relationship
 - Identifying points of contact
 - Establishing workflows
 - Training and education
-

Building a Relationship

> [J Health Care Poor Underserved](#). 2009 Nov;20(4):1049-59. doi: 10.1353/hpu.0.0229.

Journal of health care for the poor and underserved

The impact of mass incarceration on outpatients in the Bronx: a card study

Minesh P Shah ¹, Sadiqa Edmonds-Myles, Matthew Anderson, Miriam E Shapiro, Carolyn Chu

Original Investigation | Public Health

November 8, 2021

Association of Individual and Familial History of Correctional Control With Health Outcomes of Patients in a Primary Care Center

Onagh MacKenzie, MPH¹; Jacqueline Goldman, ScM²; Madeline Chin, BA¹; [et al](#)

Building a Relationship

Public Defender

- Social Workers
- Investigators
- Lawyers

“Clients”

Community Health
Center

- Social Workers
- Medical Providers
- Community Health
Workers

“Patients”

Finding Common Ground

Public Defender

- Lack of time
- Fragmented system

“Clients”

Community Health
Center

- Lack of time
 - Fragmented system
-

Addressing Challenges

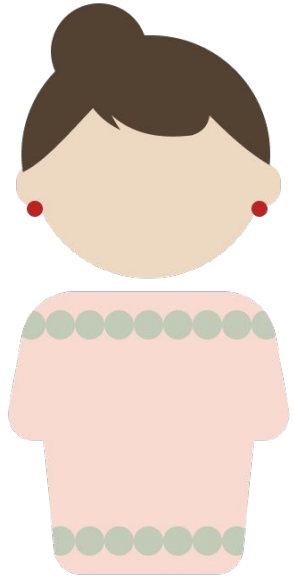
Public Defender

Would like to work more closely with medical providers to learn more about their client but often have difficulty speaking directly to doctors, healthcare providers, and navigating healthcare systems.

Community Health Center

Would like to advocate and support their patients that are justice-involved, but have difficulty communicating with defense attorneys and navigating through a sophisticated legal system.

Solution



Clare

Public Defender

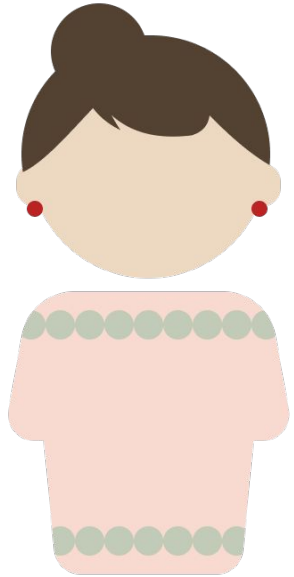
- Appoint a single contact person
- Sign and share releases of information
- Establish work flows
- Continuing education and training



Dr. Shea

Health Care Provider

Solution



Clare

Public Defender

- Appoint a single contact person
- Sign and share releases of information
- Establish work flows
- Continuing education and training



Dr. Shea

Health Care Provider

Screen

Do you have any upcoming criminal court cases?

Yes

No



Intervene

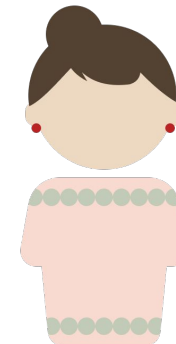
Do you have any upcoming criminal court cases?

Yes

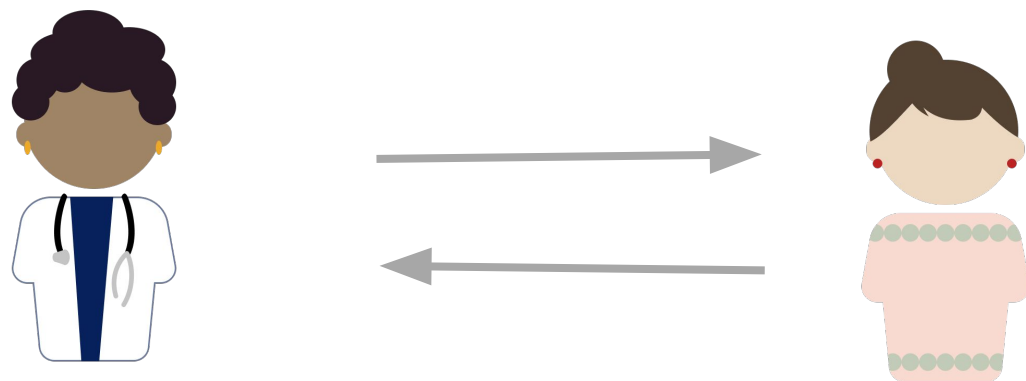
No



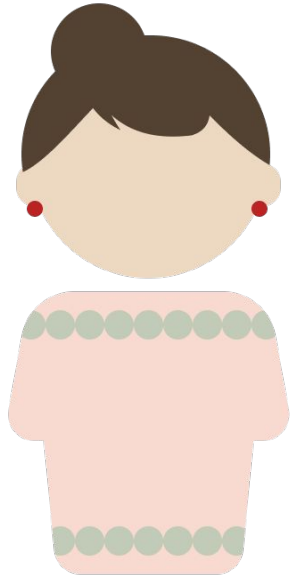
Release of
Information



Communicate



Solution



Clare

Public Defender

- Appoint a single contact person
- Sign and share releases of information
- Establish work flows
- Continuing education and training



Dr. Shea

Health Care Provider

Case of Mr. A (medical provider)

Mr. A (he/him pronouns) is a 37-year-old with a long history of depression and benzodiazepine use. He has been in and out of prison numerous times, each time being released either to a drug treatment facility or to homelessness. Since the last time he was incarcerated, he is now engaged in consistent primary care. He did miss numerous intake appointments with the clinic's therapist, but he has met with the clinic's case manager to begin working on housing applications.

Case of Mr. A (legal/police report)

Police observed Mr. A tampering with a lock in a nearby church parking lot fence in the area of a public transportation terminal. Police approach Mr. A and observe that he is slurring his speech and appears to be under influence of some drug and/or alcohol. It appeared that Mr. A had something in his pocket and was attempting to conceal it. During this interaction with police, Mr. A admits that he “took some clonazepam.” Police conduct a pat down search and find a small bag of marijuana and two pills identified as clonazepam. Individual is arrested and charged with one count of felony possession of a controlled substance. Mr. A was processed at the station without incident and placed in the holding cell overnight to be transported to court for arraignment in the morning.

Case of Mr. A (arraignment event)

At arraignment the aforementioned facts were placed on the record by the city's solicitor. Due to Mr. A's record and history of bench warrants the solicitor asked for a small amount of surety bail. Furthermore, a probation officer filed probation violations in District and Superior Courts due to prior shoplifting and drug convictions and asked that Mr. A. be held without bail as a probation violator. Mr. A has 4 years suspended sentence over his head. Mr. A presents as disheveled, lethargic, and depressed. The Judge asks to hear from the defendant. Mr. A states that he is struggling with a drug problem and needs treatment. He mentions that he has a treatment team that's been working with him. Based on his self reported need for treatment and drug-related charges, the defense attorney asks that the court consider releasing Mr. A. so that he can go to a detox facility. Mr. A is held without bail due to history of warrants, his record, and probation violation(s). Individual is referred to Public Defender. He'll be held at the prison for at least 2 weeks before his case is heard again.

Questions to consider

1. What are the major differences between the medical and legal frameworks?
 2. Do you feel that the medical framework contributes useful information for the judge to consider?
-


Case of Mr. A (CHW/CM)

I met Mr. A a few months ago. He was really struggling at the time with substance abuse. He was homeless, trying to support his kids. Since then, he's been coming to his appointments on time and he's been engaging with me in terms of working on housing and employment. In regards to myself, I didn't get things on the first try, second try or even third try. It took people being patient with me and not counting me out. That's what we're doing with Mr. A. It's a hard process, trying to get into recovery. It has its challenges, especially when you're homeless and have financial and other obligations. But on the upside, before I met Mr. A he had visited the emergency room for overdoses 13 times in one month, and since I've met him, he's been to the ED for overdoses 4 times. That's still a lot, but it shows that Mr. A is on the right track. I firmly believe that.

Role of CHW

- Additional context for the judiciary
 - In-person support at court
 - Partnership with the public defender
 - Follow up and reinforcement with the patient
 - Lived experience
-

Resources: www.docsforhealth.org

 Docs for Health

[Forms & Letters](#) [Dot Phrases](#)

Showing 1 of 8 categories

Search for a resource...

[Criminalization](#) [Disability](#) [Housing](#) [Immigration](#)
[Income Support](#) [Other](#) [Rhode Island](#) [Transportation](#)

Forms & Letters

What is the difference between forms and letters? ^

Some community resources and social services have specific forms they require to be completed. Others do not, so advocacy letters are more effective. We've included both of these types of resources on this page to cover the key resources for patients in RI and beyond.

What do I do with these forms or letters? ^

After completing a form or letter, please follow the instructions listed in the "Next steps" section. Sometimes, you will be able to fax or email the document. Other times, you will need to ask your patient to bring a paper copy directly to the appropriate person.

Addressing a Criminal and/or Civil Charge Caused by a Medical Condition

If your patient has been charged with a criminal or civil offense, this resource provides guidance in writing a letter to highlight how a medical condition, mental illness, or disability has contributed to their involvement in the legal system.

[Criminalization](#) [Letter](#)

Impact of Incarceration on Health

If incarceration will impact your patient's medical or mental health, this resource will help you to write a letter advocating that a prison sentence not be imposed on your patient.

[Criminalization](#) [Letter](#)

Missed Court Appearances

If, in your assessment, your patient has missed a required court appearance due to an underlying physical or mental health condition and is at risk of facing legal punishment, this resource will help you to write a letter advocating that your patient not be penalized for missing a court date.

[Criminalization](#) [Letter](#)

Waiving Existing Court Fines/Fees

If your patient has outstanding court costs, fines, or fees that, in your assessment, impact their medical or mental health, this resource will help you to write a letter advocating for your patient's court costs/fines/fees to be eliminated or reduced.

[Criminalization](#) [Letter](#)

Summary

- Criminal legal involvement is increasingly recognized as a social determinant of health that can be screened for and addressed in health centers
 - The medical-legal partnership was first established in the early 1990s with a focus on civil legal needs
 - A medical-criminal legal partnership uses the traditional MLP framework to bring together health centers and public defenders in service of justice-involved individuals
-

Q&A

Questions to consider

1. What are the major differences between the medical and legal frameworks?
2. Do you feel that the medical framework contributes useful information for the judge to consider?



Resources

1. [Bringing Lawyers Onto The Health Center Care Team To Promote Patient & Community Health \(MLP in Health Centers Toolkit\)](#) (NCMLP)
2. [How Health Center Care Teams Can Address Health and Housing for Patients Involved With the Justice System \(Issue Brief\)](#) (NCMLP)
3. [Physician-Public Defender Collaboration - A New-Medical Legal Partnership](#) (NEJM)

Thanks for attending our webinar!

Please take a moment to fill our evaluation survey form.

<https://www.surveymonkey.com/r/TTKFWPK>

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medical-legalpartnership.org



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