

ADVANCING MLP IN HEALTH CENTERS SERVING SPECIAL POPULATIONS:

CASE STUDIES COVERED THROUGH AN MLP PEER LEARNING COLLABORATIVE

Health centers serve more than 30 million patients, including special populations. HRSA categorizes special populations as migratory and seasonal agricultural workers, homeless individuals, and residents of public housing. Learn more about [special populations](#).

Why the MLP approach?

MLPs are essential in promoting collaboration between health centers and civil legal services providers to address the social needs of marginalized populations. MLPs provide legal assistance, trainings, foster clinic-level changes, and policy change strategies. To learn more about MLPs, and understand how to start, strengthen, and sustain an MLP, please refer to our [MLP in Health Centers toolkit](#).

This four-part learning collaborative was designed for health centers and their partners in the process of developing an MLP that focuses on the needs of special populations.

This factsheet captures and summarizes the lessons delivered and shared throughout the four sessions.

8 CORE COMPONENTS OF AN MLP

1. Lawyer in residence
2. Formal agreement between health & legal organizations
3. Target Population
4. Patients screened for legal needs
5. Legal staffing
6. Training on SDOH
7. Information-sharing
8. Designated resources

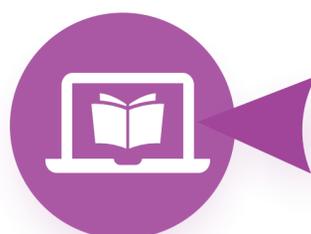
PURPOSE OF THE LEARNING COLLABORATIVE



To help identify specific challenges that relate to screening, identifying and referring patients with legal needs and information sharing



To help establish a financial base that is consistent and sustainable for their MLP programs



To support continuous learning and improvement for building a stable, committed, and skilled workforce that meets the needs of the population they serve



CASE STUDY 1: INTEGRATING LEGAL SERVICES INTO WORKFLOWS & SYSTEMS

Presented by the “Closing the Loop on the Referral” project team including MLP practitioners from the Iowa PCA, Siouxland Community Health Center, AllianceChicago (HCCN), and Iowa Legal Aid.

Lessons Learned:

- Engaging technology solutions for an MLP
- Screening for unmet legal needs
- Documenting SDOH and Legal Needs in the EHR
- Making referrals from the EHR
- Closing the loop on referrals

“Look at what systems you already have in place and ask **“Do I need to create a brand new legal screening tool or is there [just] one question that needs to be asked differently?”**”

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

To learn more, watch the recording and download the slides [HERE](#).

“We are trying to be thoughtful from a human-centered design approach about what’s best for the patient in this experience and what’s best for the health and legal partners involved.”

**Shannon Pohl, MS, BSN, RN,
AllianceChicago**

To learn more, watch the recording and download the slides [HERE](#).



CASE STUDY 2: SDOH PROBLEMS THAT NEED TO BE ADDRESSED & PAYING FOR THE APPROACH

Understanding the overlapping complex needs of justice-involved health center patients, including issues related to correctional health and Medicaid coverage.

Lessons Learned:

- Health challenges of justice-involved populations (Correctional health gaps, civil collateral consequences of justice-involvement, resulting health outcomes for justice-involved populations)
- Strategies for health center MLPs to meet the social and legal needs of justice-involved patients (Highlighting some of the challenges and opportunities for care and reimbursement through Medicaid)

“They’re (Justice-involved population) 12 times more likely to die in the 2 weeks following release (from jail) and they’re 120 times more likely to die of an overdose post-release. So, if your health center has these integrated substance abuse treatment programs, this is a good chance to really engage with them to help alleviate some of the real social challenges as people are leaving jail, such as housing and family issues that really can cause problems for their addiction..”

Dan Mistak, Community Oriented Correctional Health Services



CASE STUDY 3: SDOH PROBLEMS THAT NEED TO BE ADDRESSED

Understanding the current landscape and opportunities for addressing the health-harming legal needs of the farmworker population

Lessons Learned:

- Understanding the farmworker population’s legal needs
- Health Center MLP practice and implementation for farmworkers

To learn more, watch the recording and download the slides [HERE](#).



CASE STUDY 4: STAFFING INTEGRATED LEGAL SERVICES

Understanding the landscape of community-based partners to build a community-led MLP

- Nurse-led healthcare
- Home-visiting programs and SDOHs

Lessons Learned:

- Partnering home visiting and civil legal aid – structure and purpose
- Learning from the field: Philadelphia Nurse-Family Partnership and Mabel Morris Family Home Visiting Program
- Understanding the impact of the nurse-led MLP



For anyone who is able to develop partnerships with referral partners that are actually in the home, I think it really expands your ability to provide services because you can see and physically be there; you can take pictures of the housing issues.. you can see how it’s impacting the families.

**Erin Blair,
National Nurse-led Care Consortium**

To learn more, watch the recording and download the slides [HERE](#).