

MLP SITE SPOTLIGHT ON

**The Medical-Legal Partnership for
Seniors Clinic at UC Law SF**

Using MLP to Improve Health Outcomes and Access to Comprehensive Care for Older Adults

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Medical-legal partnerships (MLPs) integrate the unique expertise of lawyers into health care settings to help health care providers and systems address the root causes of poor health outcomes. The eight core components of an MLP, as outlined by the National Center for Medical-Legal Partnership (NCMLP)¹, include establishing a formal partnership agreement, defining a patient population, conducting health-related legal needs screening, staffing a “lawyer in residence,” training for healthcare staff, ongoing evaluation, and a commitment to community engagement and systems change.

While MLPs serve all types of patients, there are certain populations that have unique health-related legal issues and benefit from a more tailored approach. For this reason, many MLPs intentionally define the patient population for their services.

One such demographic is older adults. Federally Qualified Health Centers (FQHCs), also known as community health centers, served a historic 32.4 million patients in 2024 (1 in 10 people).² This included over 3.8 million patients over the age of

65.³ In fact, about 7,500 FQHCs provided services to 1.6 million Medicare fee-for-service beneficiaries that year. Medicare spending for these services totaled \$1.1 billion.⁴

Who They Are: The Medical-Legal Partnership for Seniors Clinic

The [Medical-Legal Partnership for Seniors Clinic](#) (MLPS) provides holistic wrap-around legal representation to clients in a range of matters, including advance planning (powers of attorney), estate planning, housing, income and health benefits, conservatorship, guardianship, and supported decision-making. Many clients come to MLPS with multiple, overlapping, health-related legal issues.

Sarah M. Hooper, JD, is the Professor of Practice and Executive Director of UCSF-UC Law SF Consortium on Law, Science, and Health Policy. In this capacity, she serves as the Policy Director of the clinic.

“As an academically based medical-legal partnership, we have a strong emphasis on multidisciplinary workforce training,” Hooper says. “We’re training law students, med students, residents, and fellows across the grad schools. We try to make that as multidisciplinary an effort as possible.”

Part of this multidisciplinary team includes the referring providers and partners at UCSF Health, San Francisco Veterans Affairs, and The San Francisco Health Network, which are clinics and hospitals that serve a large patient population of

high-need older adults. Notably, 193,000 residents are ages 60 or older in San Francisco, accounting for approximately 23% of the city’s population. This is significantly higher than the national average of 18.6%.⁵



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In addition to the higher number of older adults, Hooper explains that there are other factors that impact the need for targeted MLP services in San Francisco.

“Our patient/client population that we see in MLPS is highly isolated. 67% of them are socially isolated. 60% of them are at risk of institutionalization because of disabling health conditions and lack of supports in the community. And the majority of older adults are at or below 200% of the federal poverty line. We’re in San Francisco. Housing costs are very high. So, we do see people up to 400% and sometimes beyond the percentage of the poverty level because they’re living in poverty [here].”

Addressing the Health-Related Legal Needs of Older Adults: Why it Matters

The legal issues associated with aging are diverse and complex, impacting various aspects of an older adult’s life, including their health, finances, housing, and legal rights. These situations can be further complicated by age-related changes in physical and cognitive abilities. The specialized knowledge and support of MLPs can help proactively plan and address problems as they arise, both for patients and their family caregivers.

A vital part of this support is advanced care planning (ACP), which helps older adults, and their families make arrangements for when they are no longer able to make decisions for themselves. This includes planning for transitions of care, housing, personal care, and support for activities of daily living; designating healthcare and financial decision-making authority; management of public benefits; and decisions about death.

Planning ahead can also help protect older adults from abuse and neglect. This is especially important for patients with dementia, 50% of whom experience elder abuse.⁶ Building relationships with patients and their families is a vital part of prevention, especially because family members are perpetrators in 47% of cases.

“We’re doing a lot of work to get to know the older adults and the people in their lives, their goals and needs, and helping to assess risk that the documents might be exploited,” says Hooper.

Additionally, it’s important to assist with a caregiver’s own legal and other health related needs, which can help reduce their stress and burden. Most people never receive training on how to be a caregiver. This makes navigating the systems and expectations of the role quite difficult. Many caregivers (28%) are also what Hooper refers to as “sandwich caregivers,” which means they are simultaneously raising children and caring for aging parents or other elderly relatives.

“One in five Americans provide unpaid family care, and the vast majority of them are working while they are providing that care,” says Hooper. “Some [health-related] legal issues that can come up for caregivers are paid family leave or medical leave protections in the workplace for caregivers. So, that’s a really important piece of caregiver education,” she adds.

Tailoring MLP Towards the Needs of Older Adults

According to Hooper, an important way to start tailoring the needs of MLP to older adults is by examining the existing patient population to identify who is at risk of loss of capacity, institutionalization, or conservatorship. This will make it easier for advanced family planning to be done more proactively.

Screening can also be utilized with patients who are 60+ years of age as cognitive impairment starts to become more of an issue in this age range. Leveraging existing data within an MLP can also allow staff to see how many clients are in this age range and could benefit from these conversations and planning.

MLPs should also consider working with partners in the larger community to better reach older adults and their family caregivers. This may also look like more targeted outreach and resources for healthcare partners. Hooper and her team, for example, developed free training in how to conduct capacity assessments and conduct early cognitive screening and follow up on dementia care. They also created materials about the health-related legal needs that healthcare teams can be aware of and offered training sessions on how to better integrate caregivers as partners in the care team.

Closing

As patients get older, they are often faced with transitions that require advanced planning, having difficult conversations, and utilizing new and unfamiliar systems. Access to legal services through MLPs can help improve both their health and quality of life as they navigate these changes. Whether an MLP specifically targets their needs or not, Hooper and her colleagues at MLPS have demonstrated that there are important steps that healthcare practitioners and legal staff alike can take to be proactive with their older adult patients and their families.

Other Resources from NCMLP

[Report: Environmental Scan of Medical-Legal Partnerships in Health Center](#)

This report of the 2022 environmental scan provides up-to-date information on MLP implementation or planning at health centers. The report explains how these health centers use MLP to identify patients with health-related legal needs and make legal services accessible for low-income and underserved communities.

[Webinar Series: Understanding and Addressing the Health-Related Legal Needs of Older Adults and their Families](#)

NCMLP hosted two webinars where experts shared insights on older adults' health-related legal needs and offered strategies to help providers and MLP teams improve access to care and outcomes.

ENDNOTES

- 1 Murphy, C. (2020). *Literature review: Making the case for medical-legal partnerships, 2012-2020*. The National Center for Medical Partnership. Accessed August 22, 2025, from <https://medical-legalpartnership.org/mlp-resources/updated-literature-review/>
- 2 National Association of Community Health Centers (NACHC). (2025). *America's Health Center 2025*. Accessed August 22, 2025, from <https://www.nachc.org/resource/americas-health-centers-by-the-numbers/>
- 3 *Id.*
- 4 Medicare Payment Advisory Commission. (2024). *MedPac Payment Basics: Federally Qualified Health Center and Rural Health Clinic Payment Systems*. Accessed August 22, 2025, from https://www.medpac.gov/wp-content/uploads/2024/10/MedPAC_Payment_Basics_24_FQHC_FL_NAL_SEC.pdf
- 5 Justice in Aging. (2023). *Snapshot of older adults in San Francisco County*. Retrieved August 22, 2025, from <https://justiceinaging.org/wp-content/uploads/2023/03/Snapshot-of-Older-Adults-in-San-Francisco-County-Accessible-Outline.pdf>
- 6 National Council on Aging. (2024). *Get the facts on elder abuse*. Retrieved August 22, 2025, from <https://www.ncoa.org/article/get-the-facts-on-elder-abuse/>

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ABOUT NCMLP

The National Center for Medical-Legal Partnership's (NCMLP) mission is to help health organizations leverage legal services as a standard part of the way they respond to patients' social needs. With funding from the Health Resources and Services Administration (HRSA), we provide free technical assistance to health centers, primary care associations, and Health Center-Controlled Networks interested in implementing medical-legal partnership strategies. Learn more about us at medical-legalpartnership.org and subscribe to the [MLP Update](#), our biweekly newsletter.