

MLP SITE SPOTLIGHT ON

Legal Aid Services of Oklahoma, Inc.

How Healthcare and Legal Partners Balance Survival and Innovation

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By Maria Casoni, National Center for Medical-Legal Partnership

When asked to describe the current state of medical-legal partnerships (MLPs) in Oklahoma, April Merrill, Director of Medical-Legal Partnerships for [Legal Aid Services of Oklahoma, Inc.](#) (LASO), doesn't sugarcoat it: "Honestly, we are in a period of survival," she said. "And I think to say anything else would be insincere."

Across Oklahoma, LASO operates 17 MLP sites, three of which (Community Health Connection, Morton Comprehensive Health Services, and Mary Mahoney Memorial Health Center) are currently embedded in [health centers](#). But the landscape is shifting. Partnerships are under pressure, funding has tightened, and many of the supports that once helped sustain these collaborations — like on-site social workers — are no longer in place. Health center staff, overwhelmed by patient loads, often can't follow through on referrals. "It's not that they don't want to work with us," Merrill explained. "They're just so inundated. At this point, it feels like they're retracting and just trying to survive." Yet this is where LASO's story diverges from defeat. Survival hasn't meant stagnation. It's meant improvisation.

Redefining Partnerships with Health Center-based MLPs

Rather than relying on formal screening systems that are now difficult to sustain, Merrill has turned to direct provider education. In one recent training at [Community Health Connection](#), a health center serving primarily Hispanic patients and those with limited English proficiency, she never made it past her third slide before the questions began pouring in. Doctors and nurses wanted answers: how to help families safely access public benefits, how to plan for childcare during unexpected absences, and how to use a power of attorney in everyday crises.

“I spent the entire time just answering their questions,” Merrill recalled. The payoff was immediate: referrals quadrupled in the weeks after the training. With clinical staff stretched thin and unable to consistently follow the referral processes established when the MLP partnership began, LASO has shifted its strategy. By investing in provider relationships and training, Merrill ensures that even when systems can’t function as designed, legal needs are still identified at the point of care.

Breaking New Ground with Medicaid Managed Care

At the same time, LASO is pushing into new territory: a partnership with [Oklahoma Complete Health](#) (Centene), one of Oklahoma’s Medicaid managed care plans (MCPs). It’s the state’s first MLP-MCP partnership and [one of the few early initiatives nationwide](#) piloting integrated [Medicaid and MLP models](#). The pilot, launching at [Fostering Hope of Tulsa](#), where Centene holds the exclusive contract to manage care for children in state custody, positions legal aid as a “value-added service” that directly supports the health plan’s Medicaid population. [Value-added services](#) are additional services offered at the discretion of MCPs, outside of the Medicaid benefit package, and not included in capitation rate calculations. They are designed to improve quality and health outcomes, and/or lower costs by reducing the need for more expensive care.

For Merrill, the promise lies in the alignment of goals: both Medicaid and legal aid organizations serve vulnerable populations, working to stabilize families, reduce crises, and improve long-term outcomes. “The door is open,” Merrill said. “Right now we’re a value-added service, but the idea is to



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prove the model so that legal care can eventually be billed to Medicaid, just like occupational therapy or speech therapy.”

This approach reflects a new wave of innovation that is reshaping what MLP partnerships can look like — the next generation of models that bring legal care more fully into the health system. For example, in Washington, D.C., the Children’s Law Center (CLC) established the [first-in-the-nation pay-for-performance contract](#) with AmeriHealth Caritas District of Columbia, a Medicaid MCP. Through this agreement, AmeriHealth reimburses CLC for legal representation that successfully resolves health-harming legal needs. Like LASO’s work with Centene, the model is designed to address the social and legal barriers that undermine health, while also supporting Medicaid’s quality improvement and cost-effectiveness goals. Together, these emerging partnerships demonstrate [how MCPs and MLPs can align](#) around shared objectives, such as improving health outcomes, strengthening communities, and lowering costs.

Clients as the Bright Spot

According to Merrill, the fuel to keep going doesn’t come from systems or contracts. It comes from the people who call her office in crisis — and refuse to quit. She tells the story of a 21-year-old who had just given birth, while also raising her 10-year-old sister because their mother was incapacitated. “She said, ‘I’ve got to get her in school, I’ve got to figure out how to take care of her.’ And I just thought —

you are doing the thing. You are raising your baby and your sister, and you still showed up to ask for help. That is inspiring.”

These moments of grit and resilience, Merrill said, are what carry her team through the burnout and bureaucracy. “Oh my gosh, are our clients resilient,” she reflected. “I could not do this work if I didn’t have those moments where I think, holy cow, you’ve been through what, and you still showed up? Who am I to complain?”

Lessons for Other MLPs

This shift holds a lesson for other MLPs, in Merrill’s view: flexibility is essential. “I’ve let go of hoping referrals will come the way I intended them to come,” she said. Clinical staff want to help, but the current moment demands more of them with fewer resources, leaving little capacity to follow the formal processes established at the start of MLP partnerships. Instead, Merrill focuses on direct relationships with providers and ongoing training to ensure legal needs are still identified.

She also advises approaching partners with empathy. “I’ve tried to withhold that initial feeling of, ‘gosh, you’re not being good partners,’ and instead ask, what are the few issues you’re seeing the most? How can I help with those?” By tailoring support to immediate concerns, Merrill has been able to re-engage providers and rebuild trust without adding to their burden.

Another strategy has been to provide patients and providers with practical tools. For example, LASO is developing bilingual workshops on powers of attorney — straightforward resources that families can use to prepare for emergencies without needing intensive one-on-one legal support. These low-barrier tools give patients more agency and ease some of the burden on health and legal teams.

Survival with Eyes on the Future

For LASO, this is a moment of stubborn persistence. But Merrill doesn't see it as the end of the story. "What we know from history is [that] we go through periods of contraction, and it seems dire. But then the pendulum swings back."

Until then, the work continues, case by case, training by training, with a focus on what's possible now. As Merrill put it, "Just doing the next best thing is what I'm focusing on. And the bright spot is that our clients — they give me hope every day."

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Background: Who & Where

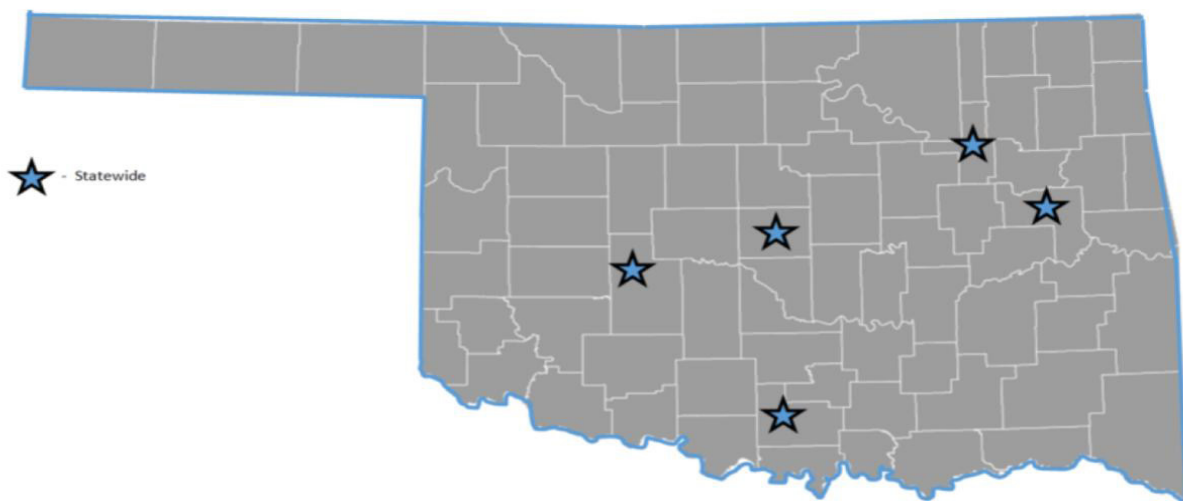
The Partners

Legal Aid Services of Oklahoma, Inc. (LASO) is a non-profit, 501(c)(3) organization that provides civil legal assistance to low-income persons throughout Oklahoma. With 18 offices spanning all 77 counties, LASO is the largest and most comprehensive non-profit legal services provider in the state, offering legal expertise to hundreds of thousands of Oklahomans living in poverty and unable to afford an attorney. Through this extensive network, LASO ensures that individuals and families in both rural and urban communities have access to critical legal services.

LASO's Medical-Legal Partnerships (MLPs)

Since establishing its first MLP in 2008 at the University of Oklahoma Tulsa Pediatric Clinic, LASO has developed the most comprehensive statewide MLP network in the nation, now operating more than 15 partnerships with 17 sites and 26 dedicated MLP staff. These partnerships vary in their level of integration, ranging from referral-based models to fully embedded collaborations in which legal advocates serve as part of the care team. LASO's MLP sites span a wide variety of healthcare settings, including hospitals, health centers, Veteran Affairs facilities, city-county health departments, behavioral health clinics, outpatient and specialty clinics, and nonprofit organizations. Funding for these efforts comes from many sources, including contributions from healthcare partners, joint grant-seeking efforts, federal and state programs, local family and hospital conversion foundations, a Medicaid managed care organization, and support from the Legal Services Corporation (LSC).

Where LASO Operates MLPs



LASO's Health Center-based MLPs

Morton Comprehensive Services

LASO's partnership with Morton Comprehensive Services, a health center, began in 2012 with support from a nonprofit hospital foundation. Initially providing services one afternoon each week, the program has since grown to include two to three days of on-site presence while also accepting referrals throughout the week from all clinic sites and departments. A brief Memorandum of Understanding guides the collaboration, outlining shared space, co-training arrangements, and joint fundraising efforts. Morton has also recognized the value of legal services by writing LASO into its grant applications as a value-added program.

Community Health Connection (CHC)

Another key partnership is with Community Health Connection (CHC), which serves communities in Tulsa. This MLP focuses on family safety, stability, and housing needs identified through screening tools integrated into CHC's annual patient intake process. In addition to basic demographic updates, screenings include questions such as: "In the last three months, was there a time when you were not able to pay your rent or mortgage?" and "Within the last year, have you been kicked, hit, slapped, or otherwise physically hurt by your partner or ex-partner?" Because patients often do not recognize their challenges as legal in nature, well-trained social workers and case managers play a crucial role in making connections to LASO attorneys.

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.

[Case Study: Establishing a Pay-for-Performance Contract Between a Legal Services Organization and a Medicaid Managed Care Organization](#)

This case study from the University of Kentucky, Children's Law Center, and NCMLP highlights a groundbreaking step forward: the first-ever pay-for-performance contract between a legal services organization and a Medicaid managed care organization.

[Tipsheet: Advancing Medicaid Quality And Cost Goals Through Integrated And Collaborative Support Services](#)

This tip sheet, produced by NCMLP and Texas A&M's Institute for Healthcare Access, shows how MLP interventions can align with Medicaid to address patients' health-related social needs.

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ABOUT NCMLP

The National Center for Medical-Legal Partnership (NCMLP)'s mission is to help health organizations integrate legal services as a standard part of their response to patients' social needs. With funding from HRSA, we provide free technical assistance to health centers, primary care organizations, and Health Center-Controlled Networks interested in implementing MLP strategies. Learn more about us [here](#) and [subscribe](#) to the MLP Update, our newsletter.