

**MLP SITE SPOTLIGHT ON
Wisconsin Primary Health Care
Association**

How Primary Care Associations Can Serve as Champions of Multisector Collaboration

MAY 2026

For years, healthcare has become adept at screening for health-harming needs (HHNs), yet a persistent gap remains between identification and resolution. Primary Care Associations (PCAs) are uniquely positioned to bridge this gap, with the statewide reach, established partnerships, and programmatic expertise to launch complex, multi-site initiatives. The Wisconsin Primary Health Care Association (WPHCA), the member association for Wisconsin's Community Health Centers (CHCs), is uniquely positioned to leverage its role to address the deep connection between legal needs and health outcomes among residents receiving care at CHCs.

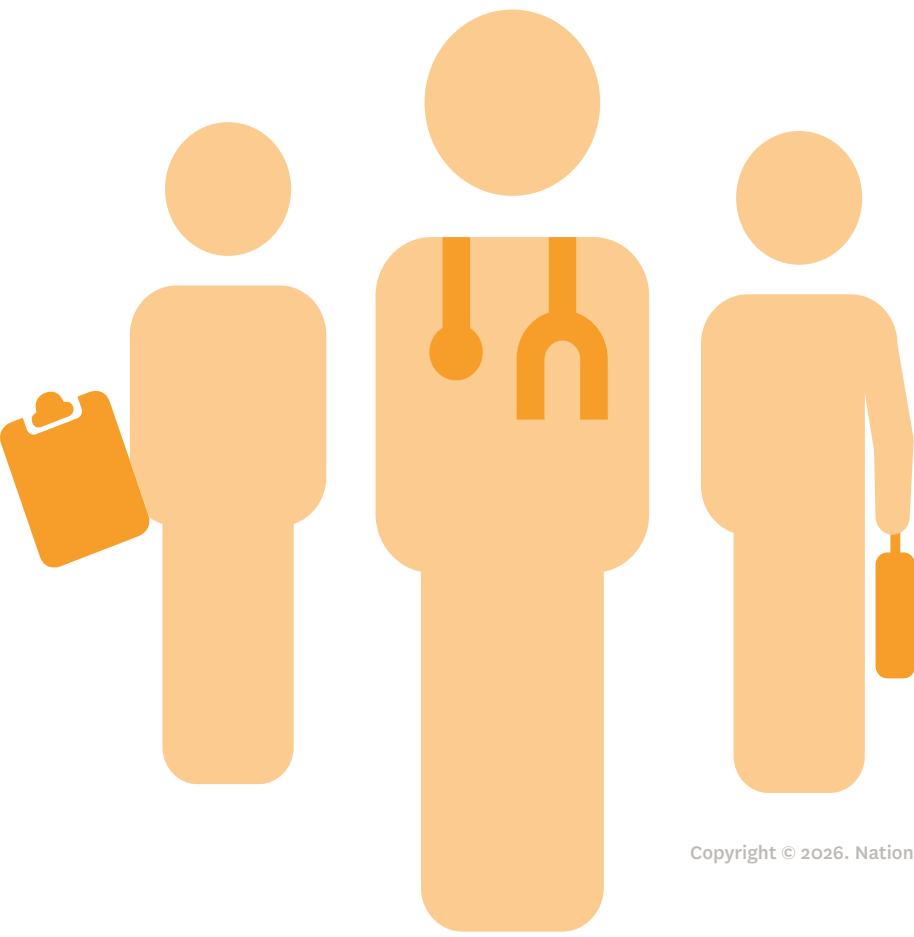
The impetus for WPHCA's Medical-Legal Partnership (MLP) pilot was a combination of strategic learning and identified community needs. The foundation for the MLP was laid in 2021, when WPHCA staff participated in training sessions hosted by the National Center for Medical-Legal Partnership (NCMLP),

which provided the framework and inspiration for the initiative. Earlier efforts prior to COVID also explored strengthening relationships for legal services between CHCs and legal partners, but did not result in any new formal arrangements, though informal referral relationships existed prior to the pilot and continue at other CHC sites that do not participate in the MLP. The desire to start a PCA-led MLP was reinforced by Wisconsin's legal aid organizations, Judicare and Legal Action of Wisconsin, which identified critical gaps in civil legal services for the most vulnerable residents and geographic service gaps in areas served by CHCs. Recognizing a clear opportunity to improve patient stability and address health-harming legal needs (HHNs) through direct legal intervention, and its deep ties to CHCs across the state, WPHCA was the ideal organization to lead a new partnership.

The Wisconsin Primary Health Care Association (WPHCA)

A PCA's existing infrastructure and deep expertise are critical assets for designing and implementing a successful multi-site MLP pilot. WPHCA leveraged its organizational capabilities to collaboratively build a program that integrated seamlessly into its members' existing work, enhancing rather than burdening their operations. As the primary care association for [19 CHCs across Wisconsin](#), WPHCA's statewide reach provides a comprehensive understanding of the diverse health needs and operational realities of clinics serving urban, rural, and special medically underserved populations. The association's expertise in clinical quality improvement and chronic disease management enabled it to embed new processes into workflows and effectively measure their health impact. Deep involvement in public

policy allows WPHCA to translate on-the-ground MLP learnings into systems-level improvements. Its robust experience in workforce development proved essential for training clinical staff to screen for legal needs and make confident referrals. Finally, WPHCA's longstanding commitment to special medically underserved populations and to addressing HHNs through CHC support and technical assistance meant the MLP was built on a solid foundation of support and established workflows, enabling seamless integration rather than a parallel system. This unique combination of statewide perspective, technical know-how, and trusted relationships enabled WPHCA to collaboratively design and launch a pilot tailored to the specific needs of its member health centers, legal partners, and CHC patients.



The WPHCA MLP Pilot

Designing a pilot program is a strategic exercise in balancing ambition with feasibility. It requires defining a clear scope, selecting committed partners, and establishing core goals that demonstrate impact and create a sustainable model. The WPHCA MLP's design was thoughtfully constructed with these principles in mind.

Launched in 2024 with funding from the Wisconsin Partnership Program (WPP), the WPHCA MLP initiative is set out with four core goals:

1. Establish a robust MLP pilot initiative with the potential to be sustained or replicated.
2. Enhance patient financial stability by addressing unmet legal needs.
3. Elevate patient voices in the program's design and evaluation.
4. Document evidence of the MLP's impact to support future growth and sustainability

The Partners

WPHCA serves as the grantee for the MLP and in that role facilitates the project in close collaboration with all other partners. This includes leading regular meetings with all project stakeholders to continue optimizing the pilot, helping CHCs and legal partners refine workflows, collecting, formatting, and sharing data, drafting program documents using partner input, budgeting, grant reporting, sustainability planning, and project management, including coordinating the external evaluation process. Evaluators for the project with the UW-Madison Center for Community and Nonprofit Studies, Co-Create Team, collect and analyze qualitative and quantitative data, conduct focus groups, and track progress toward program goals.

Healthcare Partners: The pilot includes three CHCs serving distinct patient populations across Wisconsin. Noble Community Clinics serves rural communities across central Wisconsin and has

a special designation to serve migrant and seasonal agricultural workers, using a mobile unit to conduct outreach. NorthLakes Community Clinic serves highly rural communities across northern Wisconsin, while Lakeshore Community Health Care serves low-income populations on the state's east side. The partnership is dynamic, with Lakeshore planning to merge under the Noble name in April 2026. All healthcare partners share a common mission in reducing barriers to care and well-being for under-resourced individuals in Wisconsin.

Legal Partners: The legal expertise is provided by two organizations that together offer statewide geographic coverage: Judicare Legal Aid and Legal Action of Wisconsin. Their collaboration ensures that patients from any of the pilot CHCs can access legal services. The partnership between these legal aid providers has also deepened, and they formally merged in January 2026, with Judicare coming under the Legal Action of Wisconsin name.

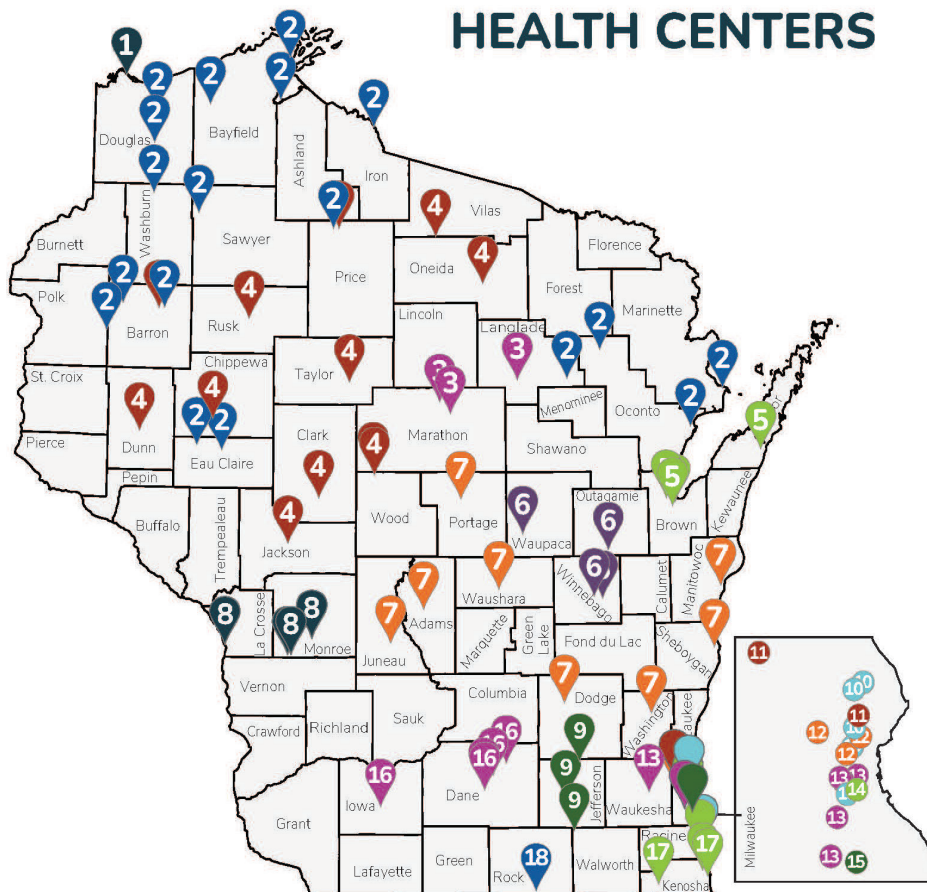
Scope of Services

Based on a recent statewide needs assessment conducted by legal aid organizations, existing CHC screening data on HHNs, and known changes to public policy that may impact CHC patients, the MLP pilot strategically focused its initial services on two critical, high-need areas: housing instability and public benefits denials. By focusing on these significant drivers of poor health, the partnership developed new legal screening protocols and workflows. Legal assistance for housing instability addressed urgent issues, including eviction notices, illegal lockouts, unsafe or unhealthy living conditions, and landlord disputes over repairs, rent increases, or utility shutoffs. At the same time, the partnership supported patients facing denials of public benefits by assisting with Medicaid (BadgerCare), SNAP (FoodShare), Social Security (SSI/

SSDI), unemployment benefits, and cases involving improper denials, reductions, and terminations of critical support programs. This focused approach yielded tangible results, demonstrating the interplay between legal intervention and improved patient stability.

Wisconsin Community Health Centers

WISCONSIN COMMUNITY HEALTH CENTERS



- | | | |
|---|---|---|
| 1. Lake Superior Community Health Center | 7. Noble Community Clinics | 13. Sixteenth Street |
| 2. NorthLakes Community Clinic | 8. Scenic Bluffs Community Health Centers | 14. Gerald L. Ignace Indian Health Center |
| 3. Bridge Community Clinic | 9. Rock River Community Clinic | 15. Muslim Community & Health Center |
| 4. Family Health Center of Marshfield, Inc. | 10. Outreach Community Health Centers | 16. Access Community Health Centers |
| 5. N.E.W. Community Clinic | 11. Milwaukee Health Services, Inc. | 17. Kenosha Community Health Center |
| 6. Partnership Community Health Center | 12. Progressive Community Health Center | 18. Community Health Systems |



Updated April 2026

wphca.org

Early Indicators of MLP Pilot Impact

The success of an MLP is measured not only by quantitative metrics but also by the qualitative experiences of patients, staff, and partner organizations. The data tells a story of reach and engagement, while personal narratives and partner feedback reveal the impact of integrating legal solutions into healthcare. Data from the MLP pilot provides glimpses of the intervention's impact across all these dimensions.

Year One Findings

Needs Identified

A crucial finding from the pilot's initial data from the first ten months of implementation (August 2024 - May 2025) highlights that most patients referred through the MLP are new clients to the legal partners. This indicates that the program is successfully reaching individuals who previously were unaware of or unable to access civil legal services, confirming the CHC as a vital and trusted gateway to obtaining relief. The data also reveals that housing instability (195 positive screenings) is prevalent, validating the pilot's focused scope and highlighting a critical, high-volume area of patient need. When asked why medical-legal integration is necessary, Kirstie Yu, Program Training Specialist at WPHCA, shared that "the reality is... so much of this is [unaddressed legal needs]... [has] compounding effects on people's lives."

Patient Success Stories

Behind the numbers are stories of individuals whose lives were stabilized through the MLP's intervention, highlighting the tangible impact of resolving legal problems on health and well-being. For example, "Luis," a Spanish-speaking resident, avoided eviction and long-term harm to his housing prospects when an MLP attorney had his case dismissed

and successfully sealed the court record after a landlord's billing error. In another case, "David" maintained continuity of care and access to essential medical treatment when the MLP attorney collaborated with a nonprofit insurance navigator to secure a three-month extension of his ACA Marketplace health insurance. "Mary," a single mother in subsidized housing, avoided an eviction filing altogether after the MLP attorney compelled her housing provider to comply with regulations and honor her federally protected right to an informal meeting. Similarly, "Jane" gained critical additional time to secure safe housing when her attorney identified a premature eviction filing and obtained a dismissal. These stories collectively underscore the pivotal role of integrated legal care in promoting patient stability and improved outcomes.

Impact on Clinical and Legal Partners

The pilot has had a significant impact not only on patients but also on participating clinical and legal staff, fostering a new, integrated approach to addressing HHNs for CHC patients. One of the most notable achievements has been a foundational shift in mindset, with the partnership evolving from a transactional referral process to a truly collaborative team model. Both partners now view their roles differently, as reflected in comments from team members who feel more like trusted colleagues working together for the patient's benefit. This shift to teamwork has empowered community health workers, case managers, and other clinical staff, who report appreciation for effective pathways to address complex social needs beyond traditional healthcare. The spirit of collaboration is further strengthened by intentional engagement strategies, such as regular "Legal Office Hours," which provide dedicated opportunities for legal and clinical teams to build trust, share expertise,

and establish a feedback loop that continuously improves workflows. Together, these changes have created a supportive, team-based environment that enhances both staff experience and patient care.

Operational and Systemic Insights

The pilot's first two years yielded important lessons about both internal operations and broader systemic issues. The partnership demonstrated agility by continuously refining workflows, such as adding monthly in-clinic legal services at one CHC to strengthen face-to-face relationships and establishing a centralized referral inbox to streamline legal intake and triage. Additionally, the MLP has begun to uncover systemic barriers impacting community health, for instance, identifying a shortage of housing inspectors in one county that limits tenants' ability to enforce safe living conditions. These real-world insights are especially valuable for organizations like WPHCA, whose infrastructure can translate such findings into targeted, systemic change at the local or state level. Overall, these lessons highlight the dual impact of the MLP: improving day-to-day operations and informing program and policy developments.

These early indicators of impact, from quantitative data to systemic insights, provide a powerful testament to the pilot's value and offer a foundation of lessons for other organizations.

Year Two Findings

MLP Reach and Activities

In 2025, the three participating CHCs completed 3,461 screenings for health-harming legal needs, with 420 positive screens leading to 108 referrals for legal services. Legal partners opened 108 housing and benefit cases, 77 for clients new to legal aid, plus 12 additional matters outside the pilot's formal scope, underscoring both targeted focus and responsiveness to broader need.

Deepening Integration and Team Culture

Clinical and legal partners describe the project as “becoming a true medical-legal partnership,” with relationships strengthened through frequent meetings, Legal Office Hours, and more regular face-to-face collaboration. Community health workers and case managers report greater confidence in spotting legal issues, understanding what happens after a referral, and engaging legal partners as part of a unified care team. In contrast, legal staff highlight more appropriate referrals and better access to patients who previously did not receive civil legal aid.

Operational Adaptations

Lakeshore Community Health Care launched in-clinic legal office hours with Legal Action of Wisconsin, enabling warm handoffs, brief consultations, and on-the-spot referrals during clinic visits. Noble Community Clinics built a community health worker program, partners refined referral workflows, incorporated environmental and policy surveillance into monthly meetings, and created a one-page legal issue-spotting tool to help staff recognize “buzzwords” that signal potential legal needs.

Partners began formalizing a Release of Information process that, with patient consent, will allow CHC staff to communicate directly with legal partners about case status and help patients act on legal advice.

Systems Change

The MLP also continued to inform broader civil legal aid financing and local practice changes, including lending support for a successful statewide attorney-fee petition that doubled a key funding stream for legal aid and case-level work that increased judicial awareness of the long-term impact of eviction records.

Challenges Shaping the Road Ahead

Staff turnover at both CHCs and legal aid organizations strained capacity for screening, referrals, and case handling, and the team continued to struggle with collecting direct patient feedback due to confidentiality constraints and low survey response rates. Organizational mergers and ongoing capacity constraints contributed to temporary drops in referrals, highlighting both unmet legal needs outside the pilot's scope and the gap between patients who screen positive for legal issues and those ultimately referred. These issues now anchor Year 3 of the MLP pilot priorities around scope, workflow refinement, and sustainability.

Lessons for Other MLPs and PCAs and Looking Ahead

The experience of the WPHCA MLP pilot so far offers a practical roadmap for other PCAs, health-care organizations, and legal aid organizations. The first two years' core learning reveals that success depends on strategic design, adaptive management, and above all, a deep commitment to partnership and shared mission alignment. Central to this success was prioritizing relationship building—intentionally investing time and effort to foster trust and open communication between clinical and legal teams, which laid the foundation for all other processes. Equally important was the decision to integrate into existing workflows rather than impose new, burdensome ones. By respecting the operational models unique to each

health center (such as CHW-led approaches or the use of case managers during intake), the pilot demonstrated that integration is more sustainable than simple addition.

The partnership also learned to acknowledge and adapt to capacity constraints, as screening and referral volumes shifted with staffing changes and organizational priorities. During periods of low referrals, legal partners pivoted their focus to outreach, staff education, and relationship-building to maintain momentum. Another important lesson emerged from analyzing the gap between patients who screened positive for a legal need and those ultimately referred to legal aid. This gap was attributed to factors such as patient choice and needs beyond the pilot's scope. The team is actively working to refine these processes.

Looking ahead, the primary challenges facing the WPHCA MLP is determining impact and addressing sustainability. The team is currently exploring understanding and documenting the impact on patients/clients and program value, with plans to make the case for investment with funders. With grant funding set to end in February 2027, the team will seek new funding sources throughout 2026 to continue and expand the program's scope and reach. Whether the promising pilot is a model worth long-term investment and where legal services fit within other CHC priorities.

Closing

The WPHCA MLP initiative serves as a model for how a PCA can leverage its unique position to foster innovation and address health-harming needs. By embedding legal expertise within the health-care system, the partnership has created a direct

pathway to resolve complex problems, such as housing instability and benefit loss, that harm patient health. The pilot's early successes are a testament to its thoughtful design, its partners' commitment, and its focus on iterative learning.

WPHCA's MLP demonstrates how a PCA can effectively translate screening data into meaningful action, supporting its member health centers without creating burdensome new systems. The initiative is rooted in the principle of integration over addition, proving that aligning with existing workflows and building strong, collaborative relationships is the foundation of a sustainable partnership. As the project enters its third year, its focus on evaluation, iterative adaptation, and sustainability planning offers a valuable, transparent model for the national MLP field.

Resources

- [NCMLP Health Center Environmental Scan](#)
- [NCMLP Health Center Toolkit](#)
- [NCMLP Performance Measurement Tools](#)
- [Wisconsin Primary Care Association \(WPHCA\) Medical-Legal Partnership](#)
- [NCMLP/WPHCA Webinar \(Operationalizing a Partnership to Improve Patient Care and Outcomes\)](#)

ACKNOWLEDGMENTS

We extend our sincere appreciation to the Wisconsin Primary Health Care Association (WPHCA) Medical-Legal Partnership team for contributing to this Spotlight, especially Richelle Andrae (Associate Director of Government Relations), Kristie Yu (Program Training Specialist), and Lieah Wilder (Performance Improvement Program Manager). Drawing on both their evaluation data and their reflections on implementation, they generously shared the insights, challenges, and lessons that shape this distinctive, PCA-led statewide MLP model.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) to the National Center for Medical-Legal Partnership totaling \$550,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

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](https://www.medical-legalpartnership.org) and subscribe to the [MLP Update](#), our monthly newsletter.