

How Medical-Legal Partnerships Are Poised to Address a Post-COVID-19 World



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National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

*MLPs were ahead of the curve prior
to COVID*

...but how are really we doing?

We have long accepted as our ideal:

**Equal justice
under the law.**



Yet, we have a justice gap:

71%

of low-income households experienced at least one civil legal problem in the past year

86%

of the civil legal problems faced by low-income Americans in a given year received inadequate or no legal help

1.0 - 1.2

**million
(62-72%)**

of the 1.7 million civil legal problems, for which low-income Americans seek LSC-funded legal aid, received inadequate or no legal assistance

We have long understood:

**The social determinants
of health are the
conditions in which
people are born, grow,
live, work and age.**

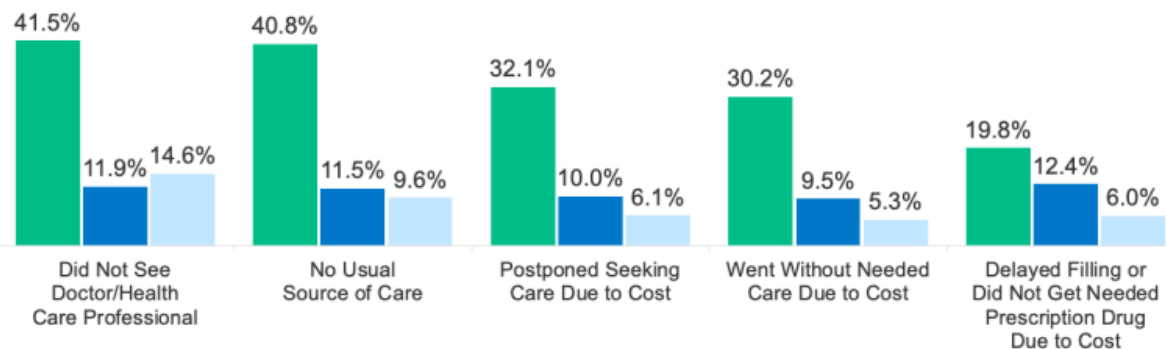


Yet, we have health gaps and inequities:

Figure 8

Barriers to Health Care among Nonelderly Adults by Insurance Status, 2019

■ Uninsured ■ Medicaid/Other Public ■ Employer/Other Private



NOTE: Includes nonelderly individuals ages 18 to 64. Includes barriers experienced in the past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All Medicaid/Other Public and Employer/Other Private are statistically different from Uninsured at the $p < 0.05$ level. SOURCE: KFF analysis of 2019 National Health Interview Survey.

KFF

During April-May 2020, 16,233 workers in meat and poultry processing facilities were infected with COVID-19

Among infected workers with reported race and ethnicity, 87% were **racial or ethnic minorities***

Meat and poultry processing facilities should



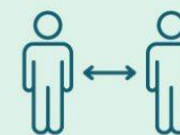
Provide culturally appropriate health education materials



Screen workers for possible infection



Encourage hand hygiene and use of face coverings



Increase space between workers



Encourage workers to take sick leave when needed

*Race/ethnicity reported for 61% of cases

CDC.GOV

bit.ly/MMWR7720

MMWR

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We also know the extent of the needs:

Almost 90% of a person's health is determined by social factors.

Civil legal problems related to health and consumer and finance issues affect *more* households than *any* other type of issue.



Income &
Insurance



Legal status



Housing &
energy



Personal &
family stability



Employment &
Education

**Fortunately, we have an
evidence-based solution.**



MEDICAL-LEGAL PARTNERSHIP

(MLP) 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.

Core MLP activities include:

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

Why are MLPs unique?

How lawyers help address patients' social needs

I-HELP™		How Lawyers Can Help
Income & Insurance		Food stamps, disability benefits, cash assistance, health insurance
Housing & utilities		Eviction, housing conditions, housing vouchers, utility shut off
Education & Employment		Accommodation for disease and disability in education and employment settings
Legal status		Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement
Personal & family stability		Domestic violence, guardianship, child support, advanced directives, estate planning

Legal services fit within a health care organization's response to SDOHs:

SOCIAL DETERMINANTS OF HEALTH

are broadly defined by the World Health Organization as the conditions in which people are born, grow, work, live, and age. These circumstances are shaped by economic and social policies, political systems, and social norms, and they contribute significantly to health disparities.

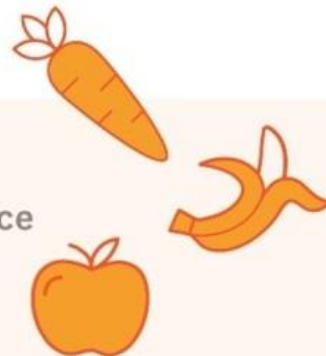
A food desert



SOCIAL NEEDS

are the more immediate, individual needs that patients enter the health center with every day as a result of social determinants of health.

A family's need for fresh produce today



LEGAL NEEDS

are, simply put, the subset of social needs that have legal solutions. The distinction in this guide is made to help health centers understand where lawyers can be helpful*.

A family's need to file an appeal after their SNAP benefits are incorrectly cut



MLP is one of the only interventions that tackles individual needs AND underlying policies

Training activities and direct legal services help health centers address individuals' legal needs.

When a landlord refuses to make improvements to an apartment with mold, an MLP lawyer can enforce safe housing laws to get the mold removed.

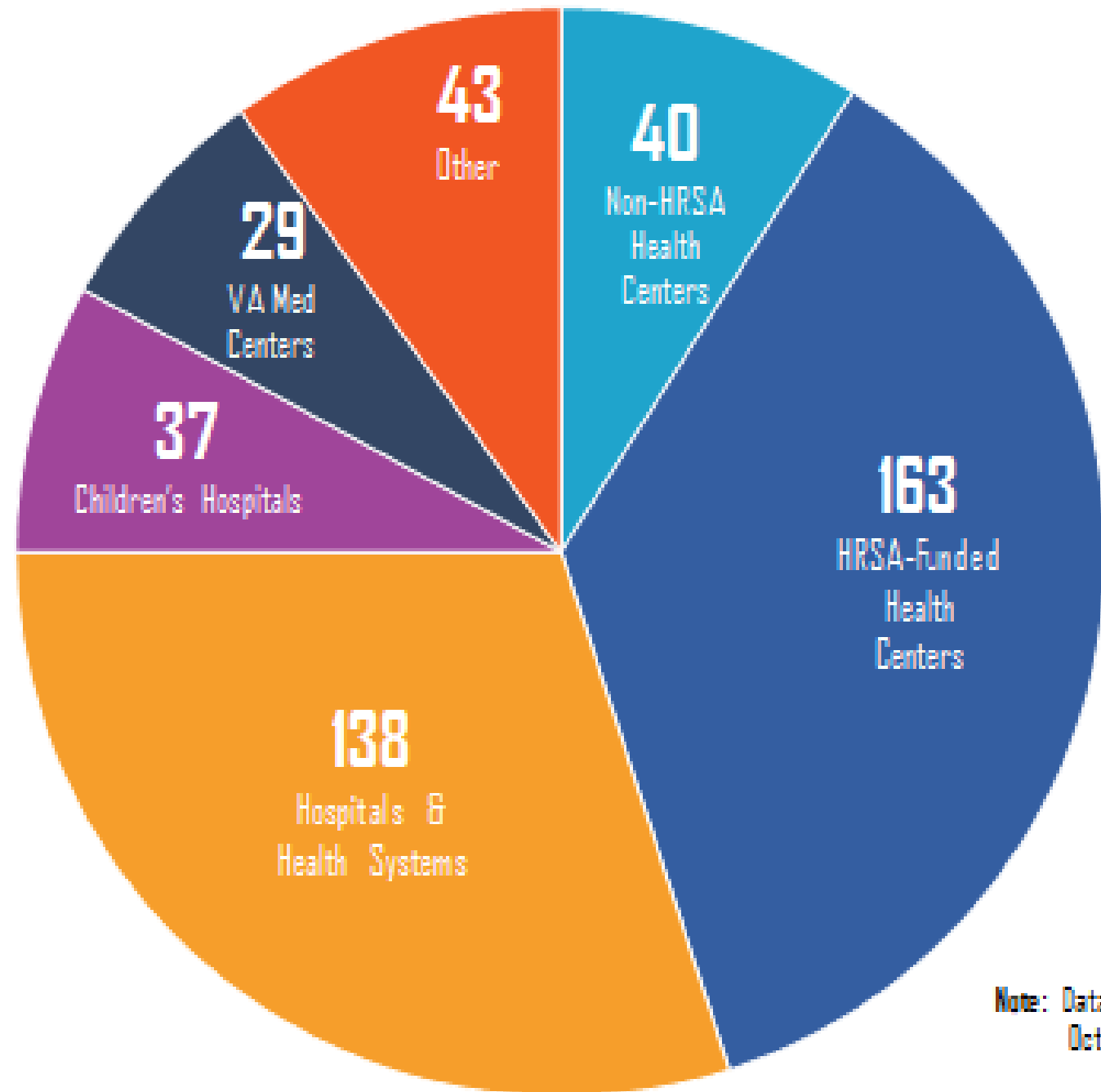


By detecting patterns in patients' needs and using upstream strategies to target unhealthy policies, MLPs prevent future problems and advance health equity.

An MLP team works together to change their city's lead ordinance to prevent children from being lead poisoned at home.

*The MLP approach is flexible
and we know how to build it for
each community.*

MLPs at
450
health care
orgs in
49
States & D.C.



Note: Data current as of
October 2, 2020.

Different approaches to addressing social needs

All patients, specific social need

Example

The most common unresolved social needs among the health center's patients pertain to housing*, so MLP resources are focused there. Any clinician or staff member can refer any patient to the MLP lawyer for assistance with evictions, housing conditions, housing subsidies, etc. The health center may or may not choose to expand to other issues in the future.

**This could also be access to public benefits, access to educational supports, etc.*

Specific patient population, all social needs

Example

The health center's needs assessment reveals that pregnant people* would benefit most from legal services. Any clinician or staff member can refer any pregnant person to the MLP lawyer for any identified social need. The health center may or may not choose to expand to other groups in the future.

**This could also be children with asthma, individuals experiencing homelessness, people who use behavioral health services, people with substance use disorders, socially vulnerable older adults, people with diabetes, transgender individuals, etc.*

All patients, all social needs

Example

Any clinician or staff member can refer any health center patient to the MLP lawyer for any identified social need.

Different types of legal services

MLP Activity	Description
Curbside Consult	A formal or informal conversation where the legal team shares patient-centered legal info directly with the health center staff person in response to a question. Typically, the legal team never meets the patient.
Initial Legal Intake / Legal Assessment / Check-up	An in-depth assessment of a patients' legal needs and a review of their eligibility for services.
Legal Advice to Patient	A legal assessment and/or recommendations that are specific to the patient's situation or circumstances.
Legal Representation of a Patient	Includes legal advice, but also involves formal action taken on behalf of the patient with another entity, such as a federal or state agency, landlord, school district, or other adverse party (such as an abusive spouse or partner.)

Even with the variation, we know the components of an MLP



We know how
to staff MLPs

MODEL 1
Maximize Legal Representation of Patients

100

LEGAL ASSESSMENTS

50 LEGAL ADVICE

35 LEGAL REPRESENTATION

15 FACILITATED REFERRALS

4

TRAININGS

25

CURBSIDE CONSULTS

1

CLINICAL LEVEL
CHANGE PROJECT

MODEL 2
Emphasize Curbside Consults with Health Center Staff

20

LEGAL ASSESSMENTS

5 LEGAL ADVICE

5 LEGAL REPRESENTATION

10 FACILITATED REFERRALS

10

TRAININGS

100

CURBSIDE CONSULTS

2

CLINICAL LEVEL
CHANGE PROJECTS

MODEL 3
Incorporate Policy Change

20

LEGAL ASSESSMENTS

5 LEGAL REPRESENTATION

15 FACILITATED REFERRALS

10

TRAININGS

50

CURBSIDE CONSULTS

6

CLINICAL LEVEL
CHANGE PROJECTS

2

POLICY CHANGE EFFORTS

We understand the benefits of each MLP model

BUILD IT AS A DIRECT SERVICE

Recruit & hire lawyers as employees of the health center

- Automatically aligned with health center priorities
- Full control over allocating legal services
- Easier to fold lawyer into operations
- Lawyers more involved in creating workflows

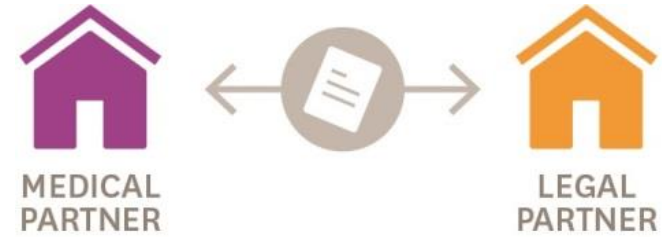
CONTRACT IT

Contract legal services from a community-based legal organization

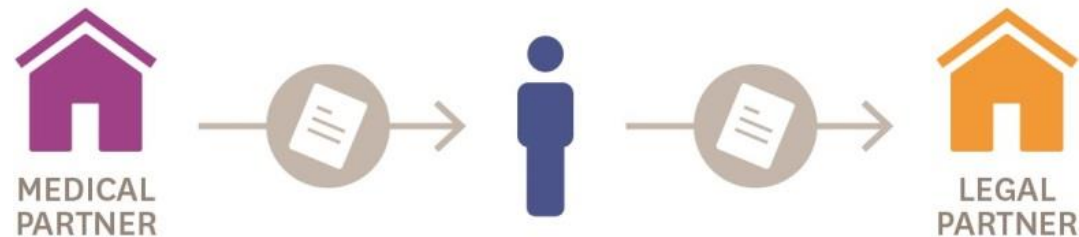
- Purchasing depth of expertise & broad capacity
- Access to supervision for legal team
- Legal org can take referrals outside individual lawyer's expertise

We understand
that information-
sharing processes
can depend on
MLP structure

Referral Network



Coordinating Staff



One Organization



We have identified best practices for screening

Approach 1	Approach 2	Approach 3	Approach 4
Separate MLP Screener <i>Self-administered by patient or non-clinical health center staff</i>	Separate MLP Screener <i>Self-administered by patient or non-clinical health center staff</i>	A Hybrid Approach of 1 & 2	High-Level Screening within the EHR <i>Not administered patient-by-patient</i>

We understand more about how to pay for MLPs

	Health / Health Care / Public Health	Legal
Federal	<ul style="list-style-type: none">• HRSA enabling services• Medicaid financing models	<ul style="list-style-type: none">• Legal Services Corporation funding
State-administered federal grants	<ul style="list-style-type: none">• SAMHSA substance abuse and mental health block grants	<ul style="list-style-type: none">• Americorps legal assistance programs
State/Local	<ul style="list-style-type: none">• Public health funding & appropriations (e.g., Monterey & Santa Clara counties)	<ul style="list-style-type: none">• Interest on Lawyers Trust Accounts• State appropriations / state legal services funders
Private	<ul style="list-style-type: none">• Operational revenue• Insurers	<ul style="list-style-type: none">• Law school collaborations• Legal fellowship programs (e.g., Equal Justice Works & Skadden)
Philanthropy National & regional foundations; Private donations; Fundraisers		

Building a Statewide Subscription Model for Medical-Legal Partnership Services with Help from a Primary Care Association

A MONTANA CASE STUDY | SEPTEMBER 2020

We know how to build statewide MLP models

The Montana Primary Care Association has taken a hands-on role in coordinating a statewide subscription model for medical-legal partnership services across multiple health centers.

THE MONTANA HEALTH JUSTICE PARTNERSHIP

- Ag Worker Health and Services
- Alluvion Health
- Bighorn Valley Health Center
- Bullhook Community Health Center
- Montana Legal Services Association
- Montana Primary Care Association
- Northwest Community Health Center
- Southwest Montana Community Health Center

CONTACT

For more info about medical-legal partnerships:

National Center for Medical-Legal Partnership
medical-legalpartnership.org

Introduction

Over 150 health centers—about 10 percent of all health centers nationwide— integrate lawyers and paralegals as part of the health center team to support efforts to tackle the social determinants of health (SDOH). These legal specialists can help prevent housing evictions, keep the lights and heat turned on, appeal denials of food and insurance benefits like SNAP, and help patients with a variety of other urgent social needs.

Primary care associations (PCAs) and Health Center Controlled Networks (HCCNs) are state and regional hubs for health centers that frequently lead training and technical assistance activities and help scale a range of health center-related clinical and operational innovations. From this vantage point, PCAs and HCCNs are uniquely situated to serve as a bridge between individual health centers and prospective legal partners, as well as help plan for the financing, operation, and sustainability of medical-legal partnership (MLP) activities. This case study looks at how the Montana Primary Care Association helped develop a statewide, subscription model for MLP services.

<https://medical-legalpartnership.org/mlp-resources/montana-pca-case-study/>

Where are we now?

...Demonstrating Impact and Agility

AAMC Medical-Legal Partnership Logic Model

Areas of Impact

	Short-Term Outcomes	Medium-Term Outcomes	Long-Term Outcomes
Learner Outcomes: Student, resident, and/or fellow educational outcomes	<ul style="list-style-type: none"> Increased knowledge about social determinants of health Increased recognition and knowledge of how legal care fits into health care Increased knowledge about how to identify patients' needs (i.e., screening) Increased knowledge about how to make referrals Increased screening for patients' legal needs 	<ul style="list-style-type: none"> Increased referrals to medical-legal partnerships Decreased stress about managing patients with unaddressed health-harming legal needs Increased competency for medical learners that aligns with undergraduate medical education entrustable professional activities and general physician competency requirements Increased understanding of interdisciplinary practice for law students 	<ul style="list-style-type: none"> Application of knowledge about social determinants of health to broader practice Sharing of knowledge about MLPs with other care providers Broader integration of formalized social determinants of health and medical-legal partnership education into medical, nursing, social work, and law education
Patient and Community Health: Health outcomes for the patient and surrounding community	<ul style="list-style-type: none"> Resolved legal problems affecting health of individuals Increased screening and involvement by health team in identifying and helping patients resolve social problems affecting health Increased patient knowledge of the impact social problems have on health Increased policy/advocacy and self-efficacy skills (on behalf of self and families) Increased patient/client satisfaction 	<ul style="list-style-type: none"> Increased self-reported health Decreased exposure to toxic stress Improved housing safety and stability Improved nutrition/reduced food insecurity Appropriate education/high school graduation rate—overall school success, including for children with special needs 	<ul style="list-style-type: none"> Consistent, appropriate use of health care Improved physical and mental health for medical-legal partnership patients and community Increased access to legal/advocacy services that affect health and policy (medical-legal partnership as standard of care)
Health System Savings: Institutional cost savings, benefits, and efficiencies	<ul style="list-style-type: none"> Providers refer patients for legal assistance Health care providers allocate time to other health care needs because of interprofessional collaboration Legal issues affecting health are addressed/resolved 	<ul style="list-style-type: none"> More efficient use of health care resources—may include decreased per patient cost Increased access to appropriate level of health care services Contributions to community benefit requirements—include benefits of medical-legal partnerships on Schedule H (hospital) 	<ul style="list-style-type: none"> Highest value of health outcomes is achieved Highest value of health status is achieved Value-driven return on investment findings to health system is demonstrated—institutional and financial support increase

4 – PROGRAM EVALUATION

Collecting data to measure progress toward goals and to improve program effectiveness

Screening and referrals

- # of patients screened;
- # of referrals made to the MLP legal team;
- Types of legal issues that were referred;
- Where referrals came from at the health center; and
- Demographics of patients referred.

Legal services provided

- # of curbside consults completed;
- Types of legal issues for which curbside consults were requested;
- # of patients successfully connected with MLP legal team;
- # and types of legal issues addressed for patients;
- Level of service provided to patients; and
- \$ value of legal services provided (market rate).

Outcomes

- Legal outcomes;
- \$ value of benefits obtained for patients;
- Patient satisfaction and/or perceptions of stress and well-being as measured by surveys;
- \$ recovered for health center through successful appeals of health insurance denials;
- Changes in clinical and nonclinical staff's knowledge pre- and post-training as measured by surveys.

As part of continuous quality improvement, review:

Health Center Data

- # of patients screened;
- # of referrals made to the MLP legal team;
- Types of legal issues that were referred;
- Where referrals came from at the health center; and
- Demographics of patients referred.

Legal Partner Data

- # of curbside consults completed;
- Types of legal issues for which curbside consults were requested;
- # of patients successfully connected with MLP legal team;
- # and types of legal issues addressed for patients;
- Level of service provided to patients;
- \$ value of legal services provided (market rate).
- \$ value of benefits obtained for patients; and
- \$ recovered for health center through successful appeals of health insurance denials;

Making the Case for Medical-Legal Partnerships:

AN UPDATED REVIEW OF THE
EVIDENCE, 2013-2020

OCTOBER 2020

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ABOUT THIS BRIEF

In 2013, the National Center for Medical-Legal Partnership conducted a review of the salient literature on medical-legal partnerships (MLPs), including the need for the MLP intervention, the essential components of the approach, and emerging evidence of the intervention's impact. This brief provides an update to that review, citing peer-reviewed observational studies from January 2013 - August 2020 that demonstrate evidence of MLP impact.

Introduction

Medical-legal partnerships (MLP) integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities. MLP is a flexible innovation that has been adopted by nearly 450 health care organizations in the United States,¹ including at hospitals, health systems, federally qualified health centers, Department of Veterans Affairs (VA) medical centers, primary care and behavioral health clinics, home health nursing programs, public health departments, and primary care associations. Additionally, the Health Resources and Services Administration (HRSA) and the VA support medical-legal partnerships as a mechanism for advancing health equity. Contrary to popular belief, legal and health care professionals have meaningfully collaborated throughout history, paving the way for the MLP approach to take hold.² The National Center for Medical-Legal Partnership (NCMLP) has published a variety of tools and resources to help organizations establish MLPs.

This updated brief demonstrates
that medical-legal partnerships'
impact is improving:



1. PATIENTS' HEALTH
AND WELLBEING



2. PATIENTS' HOUSING
AND UTILITY STABILITY



3. PATIENTS' ACCESS TO
FINANCIAL RESOURCES



4. HEALTH CARE SYSTEM
AND THE HEALTHCARE
WORKFORCE



5. POLICIES, LAWS AND
REGULATIONS TO FOSTER
HEALTH & WELLBEING

CT / NY Study of Veterans

- Veterans who received full legal representation showed **significant reductions in symptoms** of hostility, paranoia, psychosis, Generalized Anxiety Disorder, and Post-Traumatic Stress Disorder.
- Veterans who received more medical-legal partnership services showed **greater improvements in housing, substance abuse, and mental health**, than those who received fewer medical-legal partnership services.

Source: [Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets](#); *Health Affairs*

A Note on the Cost of Medical-Legal Partnership Services Focused on Homeless Veterans

Although the study funded by the Bristol Myers Squibb Foundation did not include an official cost savings analysis, the participating medical-legal partnerships estimated that:

AVG. AMOUNT OF TIME TO
RESOLVE A LEGAL ISSUE

5.4
HOURS

AVG. COST OF PROVIDING MLP SERVICES
TO HOMELESS VETERANS

\$50-\$70
AN HOUR

\$270-\$405
PER LEGAL ISSUE ADDRESSED

This is a fraction of the average annual direct costs to provide health care to a person who is chronically homeless, has severe mental illness, or both, which ranges from **\$10,000-\$60,000**.^{9,10,11}

3 WAYS TO HELP PATIENTS WITH EVICTIONS & FORECLOSURES DURING THE COVID-19 PANDEMIC

JUNE 2020

The COVID-19 pandemic has led to increased rates of unemployment. As a result, more and more people are facing housing evictions and foreclosures that threaten their health and well-being, and this trend will continue in the coming months. As health care providers and staff, there are many things you can do to help patients facing a possible eviction or foreclosure by working with legal aid attorneys in your community.

01

Talk to an attorney about free housing legal services available for your patients.

Legal aid attorneys provide free advice and representation to individuals around a variety of civil legal issues, including potential housing evictions and foreclosures. If your health care organization has a **medical-legal partnership (MLP)**, talk with your MLP attorney(s) about the volume of housing issues you are seeing, any requirements a patient must meet to be eligible for housing-related legal services, and how to make a referral. If your organization does not yet have an MLP, find and contact a civil legal aid organization in your community to talk through these questions. While not a comprehensive list of legal aid organizations, the Legal Services Corporation's **list of federally-funded legal aid organizations** is a good place to start.

02

Review the COVID-19 Housing Policy Scorecard to find out what protection measures are in place in your state so that you can better inform patients of their housing rights.

To help prevent homelessness during the COVID-19 pandemic, partial emergency eviction and foreclosure moratoriums have been issued at the federal, state, and local levels. These emergency measures vary greatly in form, degree, and length of protection. The Eviction Lab and Columbia Law School's Professor Emily Benfer developed the **COVID-19 Housing Policy Scorecard**, which includes a scorecard for each state that clearly outlines what measures are in place and where policies still leave people vulnerable. Review your state's scorecard and work with attorneys to create and distribute "know your rights" information to patients who may be facing housing struggles. Propublica also created a **tenant search engine** that a renter can use to look up their address and see what state and federal protections apply to them.

03

Advocate for stronger housing protections in your state.

The COVID-19 Housing Policy Scorecard identifies areas in each state where protections are lacking. Work with colleagues at your health care organization and with local legal partners to advocate for stronger policies that can prevent future evictions and foreclosures, and make sure to talk to policymakers about solutions that will last beyond the current pandemic. Areas for advocacy might include talking with policymakers about extending the moratoriums beyond the current state of emergency, adopting a moratorium on the initiation of evictions, increasing rental assistance funding, advocating for a right to legal counsel for civil matters, sealing eviction files, and adopting policies of no late fees, no rent raises, and no credit reporting.

The National Center for Medical-Legal Partnership receives funding from HRSA to provide training and technical assistance to health centers interested in embedding legal services in their clinics. Visit our website to **download a variety of MLP resources**, and explore **trainings on The Social Determinants of Health Academy website**.

Agility during the pandemic:

Legal aid attorneys were able help patients facing possible evictions and foreclosures while also working to strengthen long-term housing protections.

<https://medical-legalpartnership.org/mlp-resources/covid-evictions>



SOCIALLY VULNERABLE OLDER ADULTS & MEDICAL-LEGAL PARTNERSHIP

MARCH 2019

“

Older adults bring an array of needs to their medical appointments because doctor's appointments are the only kind they get help paying for.

The MLP has given me confidence as a health care provider to identify and help attend to financial, housing, and legal needs of my patients—all of which impact their health.

”

Dr. Anne Fabiny

ASSOCIATE CHIEF OF STAFF FOR GERIATRICS, PALLIATIVE & EXTENDED CARE SERVICE
SAN FRANCISCO VA MEDICAL CENTER

[Available at: medical-legalpartnership.org/resources](https://medical-legalpartnership.org/resources)

56%
PERCENT

of low-income older adult households experienced a civil legal problem in the past year.

The **MOST COMMON PROBLEMS** reported in these households were related to:

33%
HEALTH

23%
CONSUMER & FINANCE

LOW-INCOME OLDER ADULTS
only seek professional legal help for
19%
OF THEIR CIVIL LEGAL PROBLEMS.

10%
EXPERIENCED
6+
PROBLEMS.

13%
INCOME MAINTENANCE

12%
WILLS & ESTATES

87%
OF PROBLEMS
receive inadequate or no professional legal help.

THE TOP REASONS THIS POPULATION GIVES FOR NOT SEEKING LEGAL HELP ARE:



Not knowing where to look or what resources were available



Deciding to deal with the problem on their own



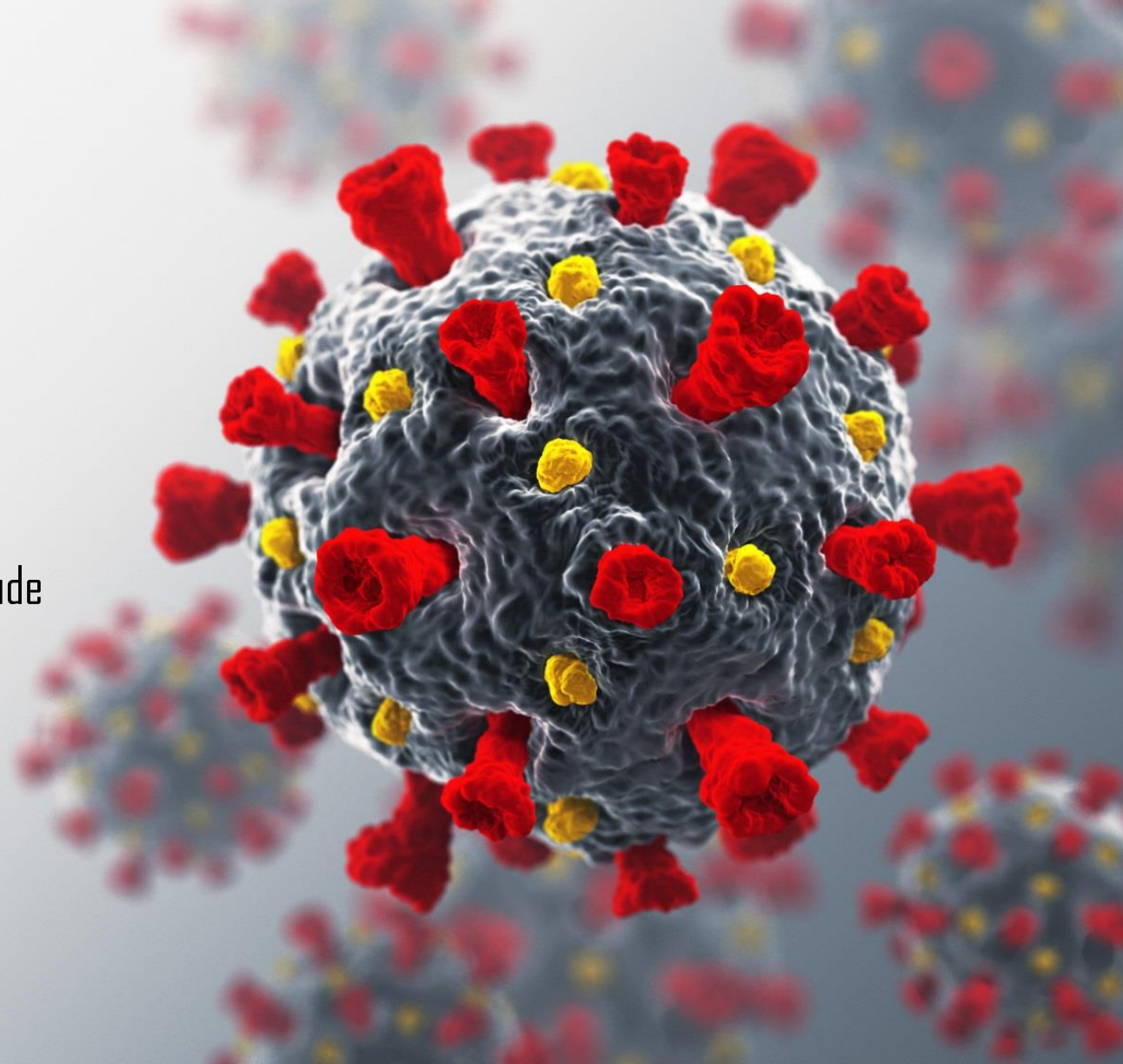
Not having time



Not being sure if it is a legal issue

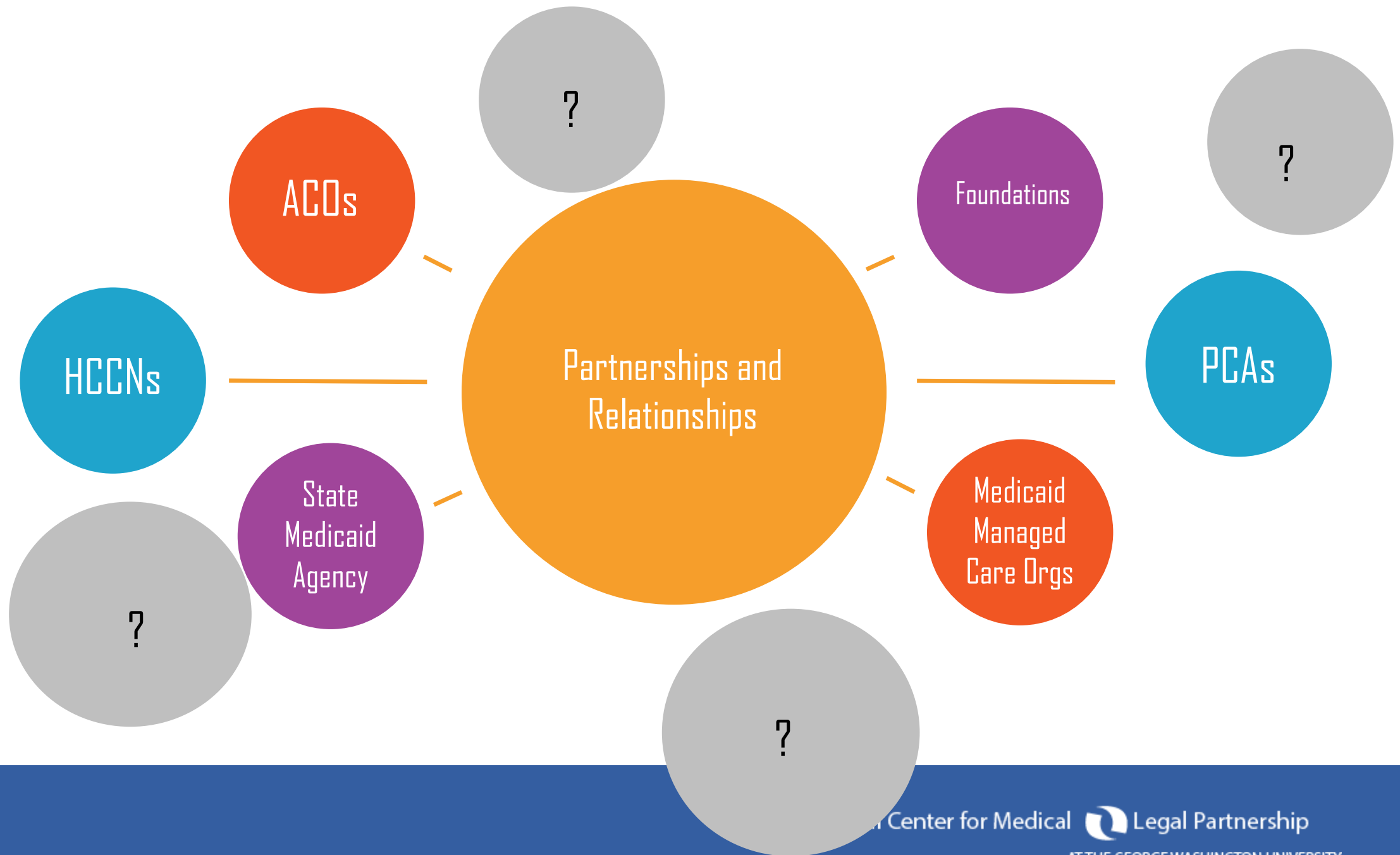
Patients-to-Policy During the COVID-19

- The MLP team at People's Community Clinic, Texas Legal Services Center & Texas Health Action led efforts on a successful emergency rulemaking petition for a statewide directive around utility shutoff protection.
- LegalHealth, a division of NYLAG, worked to change practice laws & regulations to expand standby guardianships to include anyone exposed to COVID-19.
- MLPs across the U.S. have worked to expand eviction moratoriums in their cities & states.



Where do we go from here?

...This is an inflection point.



“The deprivations we are witnessing are not merely a result of COVID; they are the consequence of long-standing systemic failures that COVID simply makes more visible to more people. As a result, our nation’s interventions must be designed with the systemic failures in mind, and NCMLP’s programming must be geared toward helping MLP practitioners and partners convert their indignation into action. **This can be – needs to be – an inflection point.”**

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