

Medical-Legal Partnership and Health Centers: Addressing Patients' Health-Harming Civil Legal Needs as Part of Primary Care

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The National Center for Medical-Legal Partnership

The National Center for Medical-Legal Partnership's mission is to mainstream an integrated medical-legal approach to health and health care for patients and populations by: (1) Transforming the focus of health care and legal practice from people to populations; (2) Building and informing the evidence base to support the medical-legal partnership approach; and (3) Redefining interprofessional education with an emphasis on training health care, public health and legal professionals together. It is a project of the Milken Institute School of Public Health at the George Washington University. www.medical-legalpartnership.org

In June 2014, the Health Resources and Services Administration awarded a National Cooperative Agreement to the National Center for Medical-Legal Partnership to provide training and technical assistance to health center program participants to support the integration of civil aid legal services into health care delivery at health centers.

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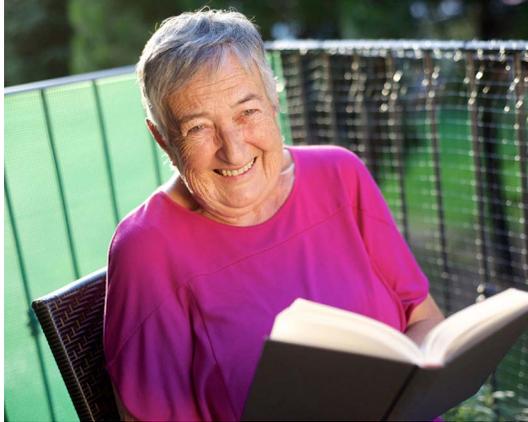
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THE MEDICAL-LEGAL PARTNERSHIP APPROACH TO THE SOCIAL DETERMINANTS OF HEALTH: AN OPPORTUNITY FOR HEALTH CENTERS

Patients' Health-Harming Civil Legal Needs and Their Connection to Health



The relationship between poverty and poor health is mediated by many different factors. Poor housing conditions, unsafe neighborhoods, lack of health insurance, substandard educational opportunities, environmental threats, job and food insecurity, various forms of discrimination, family dynamics, and other socio-legal problems, often in combination, affect a person's physical and mental health. This is particularly true in the case of patients who live in communities in which these social determinants of ill health may be the most operative. However, because laws and regulations play a significant role in addressing the underlying causes of poor health, it may be possible to reduce the burden of social conditions that affect health by addressing health-harming civil legal needs early in settings where those in need of civil legal aid services already present seeking social, behavioral health or medical services. Figure 1 on page three highlights how civil legal aid addresses specific social determinants of health.

Glossary of Important Terms

Civil Legal Aid: The national system of publicly funded lawyers – supplemented by private lawyers and law firms acting in a pro bono capacity and by law school clinics across the country – who handle housing, public benefits, family law, and additional non-criminal problems for low-income and other vulnerable populations. It is the civil equivalent of the criminal public defender system.

Health-Harming Civil Legal Need: A social, financial, or environmental problem that has a deleterious impact on a person's health and that can be addressed through civil legal aid.

Medical-Legal Partnership: An approach to health that integrates the expertise of health care, public health and legal professionals and staff to address and prevent health-harming civil legal needs for patients, clinics and populations.

Social Determinants of Health: The circumstances, in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.

Because the explicit integration of social and health care services is central to their mission and vision, health centers serve as an excellent entry point to civil legal aid services for low-income populations. More than nine out of 10 health center patients have incomes under 200% of the federal poverty level and are therefore likely to qualify for public civil legal aid services.¹ Many of these patients have "health-harming civil legal needs," meaning that at least some of the social, financial, environmental or other problems in their lives have a deleterious impact on their health and are in fact amenable to civil legal solutions. Indeed, one study estimated that between 50 and 85 percent of health center users experience such unmet health-harming civil legal needs.²

The Medical-Legal Partnership Approach

Presently, medical-legal partnerships (MLP) are active in 262 hospitals and health centers in 38 states.³ In the MLP approach, health care and civil legal aid services are integrated in a way that allows clinical staff at hospitals, clinics, and other sites to screen for health-harming civil legal needs, work in tandem with legal professionals (including civil legal aid lawyers and pro bono lawyers) and, where necessary, refer patients to a civil legal aid team. In this way, MLPs assist low-income and other vulnerable patients with receipt of public benefits (health insurance, Social Security Income), food security concerns, disability issues, housing problems (eviction, habitability, utility advocacy), special education advocacy, employment instability, immigration issues, family matters (divorce, custody/visitation, domestic violence), and additional problems that as a matter of course affect individual and community health and require legal remedies. These domains of health-harming civil legal needs correspond to social determinants of health and are summarized in the concept of I-HELP®, a mnemonics developed by the National Center for Medical-Legal Partnership and used by many MLPs to screen patients for health-harming civil legal needs.

I-HELP® Domains



Income supports
& Insurance



Housing
& utilities



Employment
& Education



Legal status



Personal &
family stability

Because MLPs also train clinicians and other healthcare team members in the social determinants of health and work “upstream” to identify both health-harming civil legal needs and their related policy solutions, MLPs are an increasingly important intervention in this era of health system reform, which prizes a health care team that is multidisciplinary and interprofessional. *Trace the patients-to-policy approach of medical-legal partnership through the story on page four.*

In June 2014, the Health Resources and Services Administration (HRSA) awarded a National Cooperative Agreement to the National Center for Medical-Legal Partnership (NCMLP) at the George Washington University to provide training and technical assistance to health centers to support the integration of civil legal aid services into health care delivery at health centers.

For more details on the medical-legal partnership approach, download the Medical-Legal Partnership Toolkit at:
www.medical-legalpartnership.org

Figure 1: How Civil Legal Aid Helps Address Specific Social Determinants of Health

I-HELP® Issue	Common Social Determinant of Health	Civil Legal Aid Interventions That Help	Impact of Civil Legal Aid Intervention on Health / Health Care
<p>Income</p> 	<p>Availability of resources to meet daily basic needs</p>	<p>Benefits Unit: Appeal denials of food stamps, health insurance, cash benefits, and disability benefits</p>	<ol style="list-style-type: none"> 1. Increasing someone’s income means s/he makes fewer trade-offs between affording food and health care, including medications.⁴ 2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.^{5,6}
<p>Housing & utilities</p> 	<p>Healthy physical environments</p>	<p>Housing Unit: Secure housing subsidies; Improve substandard conditions; Prevent eviction; Protect against utility shut-off</p>	<ol style="list-style-type: none"> 1. A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness.^{7,8} 2. Consistent housing, heat and electricity helps people follow their medical treatment plans.⁹
<p>Education & Employment</p> 	<p>Access to the opportunity to learn and work</p>	<p>Education & Employment Units: Secure specialized education services; Prevent and remedy employment discrimination and enforce workplace rights</p>	<ol style="list-style-type: none"> 1. A quality education is the single greatest predictor of a person’s adult health.¹⁰ 2. Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services.¹¹ 3. Access to health insurance is often linked to employment.¹²
<p>Legal Status</p> 	<p>Access to the opportunity to work</p>	<p>Veterans & Immigration Units: Resolve veteran discharge status; Clear criminal / credit histories; Assist with asylum applications</p>	<ol style="list-style-type: none"> 1. Clearing a person’s criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible.¹³ 2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.¹⁴
<p>Personal Stability</p> 	<p>Exposure to violence</p>	<p>Family Law Unit: Secure restraining orders for domestic violence; Secure adoption, custody and guardianship for children</p>	<ol style="list-style-type: none"> 1. Less violence at home means less need for costly emergency health care services.¹⁵ 2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.¹⁶

This chart was created by the National Center for Medical-Legal Partnership. Do not recreate it without permission.

What Happened When the Heat Went Off?

A Medical-Legal Partnership Patients-to-Policy Story



No heat or electricity meant asthma attacks, sickle cell pain and the inability to refrigerate medicine for thousands of low-income people in Boston. The story below illustrates the medical-legal partnership approach in action – how training for providers and legal care for patients led to clinic and population health innovations, and how the impact increases and becomes more preventive as the medical-legal partnership interventions progress. Note that each step of the way, legal and health care team members communicated and worked together as part of the same team, not in silos.

**TRAIN &
IDENTIFY
NEED**

**TREAT
PATIENTS**

**TRANSFORM
CLINIC
PRACTICE**

**IMPROVE
POPULATION
HEALTH
(PREVENTION)**

Training & Screening

Legal team trained health care team members how to screen patients at-risk for utility shut off and write protection letters.

Physicians wrote letters protecting 193 people.

New Energy Clinic

Legal team opened new legal clinic at hospital to help people who health care team members identified as having already had their utilities shutoff.

Legal team helped people get heat and electricity turned back on.

Utility Letter in the EMR

The volume of letters led health care team members to identify a need for a patient EMR form letter, which attorneys drafted. Healthcare team members no longer had to draft from scratch.

Physicians wrote 350% more letters helping 676 people. Saved clinic time.

Regulations Testimony

Attorney and health care team members' testimony resulted in regulation changes that reduced need for chronic disease re-certification and allowed nurses to sign letters.

Fewer people faced utility shutoff, preventing problem.

Civil Legal Aid as an Enabling Service

Section 330 of the Public Health Service Act, the federal law that authorizes the health center program nationwide, permits health centers to look beyond traditional primary care services to also provide a range of non-medical services termed “enabling services.” These enabling services are intended to support patients in gaining access to appropriate federal, state, and local resources related to social, educational, housing, and other needs. In the fall of 2014, HRSA released guidance, which clarified civil legal aid services may be included in the range of enabling services that health centers may choose to provide to meet the primary care needs of their patients.

Generally speaking, “civil legal aid” refers to the national system of publicly funded lawyers – supplemented by private lawyers and law firms acting in a pro bono capacity and by law school clinics across the country – who handle housing, public benefits, family law, and additional non-criminal problems for low-income and other vulnerable populations. Distinct from the legal professionals that traditionally operate inside health centers as general counsel or compliance officers, civil legal aid lawyers specialize in remediating health-harming civil legal needs for patients and populations that are most often driven by social determinants.

FALL 2014

HRSA released guidance, which clarified civil legal aid services may be included in the range of enabling services that health centers may choose to provide to meet the primary care needs of patients.



Pictured above: Certified Registered Nurse Practitioner Evelyn Shober at the Family Practice and Counseling Network in Philadelphia consulting with medical-legal partnership attorney Ben Beck-Coon.

This provides a significant opportunity for health centers to develop medical-legal partnerships with civil legal aid agencies in their communities. Many health centers have started internal discussions about leveraging this new policy to support the development of a medical-legal partnership. Investments like these are critical to increasing access for patients, since the existing civil legal aid infrastructure is wholly insufficient to reach most health center patients. Strategic leveraging and investment in medical-legal partnerships help drive scarce, skilled resources towards health centers, creating the potential for a highly functioning system of care that optimizes existing civil legal aid resources for the benefit of health center patients. The data and interviews that follow are intended to provide a snapshot of how medical-legal partnerships currently operate in health centers, and to help facilitate discussions among health center and civil legal aid staff.

BY THE NUMBERS: COMPARING HEALTH CENTERS WITH MLPS TO THOSE WITHOUT MLPS

An important part of understanding how a medical-legal partnership might operate and be supported inside a health center involves looking at the structure and resources of the health center itself. A small but growing number of health centers have already established formal medical-legal partnerships. As of fall 2014, 60 health centers operated MLPs to provide integrated health care and civil legal aid services to their patient populations.¹⁷ Some health centers run multiple MLPs, serving different locations or patient populations. Many more health centers are in the process of establishing formal partnerships with civil legal aid agencies or have informal referral arrangements with pro bono lawyers or law school clinics in their communities. As Table 1 on page seven illustrates, the 60 health centers with MLPs are spread broadly across HRSA regions.

Data from the 2013 Uniform Data System (UDS) were used to compare health centers with and without MLPs on various key characteristics (see Table 2 on page seven). The data describe the first generation of health center MLPs; as additional health centers form medical-legal partnerships, these comparisons may change somewhat to reflect broader adoption of the MLP approach.

Health centers with medical-legal partnerships have 59 percent more patients and 68 percent more patient visits than “non-MLP” health centers.

Health centers with MLPs are more likely to be located in urban areas and on average have higher numbers of patients, clinic visits, and sites than health centers without an MLP. Health centers with MLPs have 59 percent more patients and 68 percent more patient visits than “non-MLP” health centers. Patients at health centers with MLPs are also more likely to be members of racial/ethnic minorities and have limited English proficiency. Consistent with the general health center patient population, patients in health centers with MLPs are low-income and often uninsured. Proportionally, more are on Medicaid in MLP health centers, and fewer are covered

by Medicare or private health insurance. Similar percentages of homeless and migrant patients are seen in health centers with or without MLPs. Staffing per 10,000 patients, in terms of physicians and other medical staff, dental services staff, substance abuse and mental health professionals and enabling services staff, also appears to be quite similar across the two groups.

Funding for civil legal aid services is always a consideration for health centers that wish to provide these critically important enabling services to their patients. Health centers with MLPs tend to be substantially larger than other health centers, and therefore are likely to obtain more funding for patient care and other activities, as well as diversified funding streams.

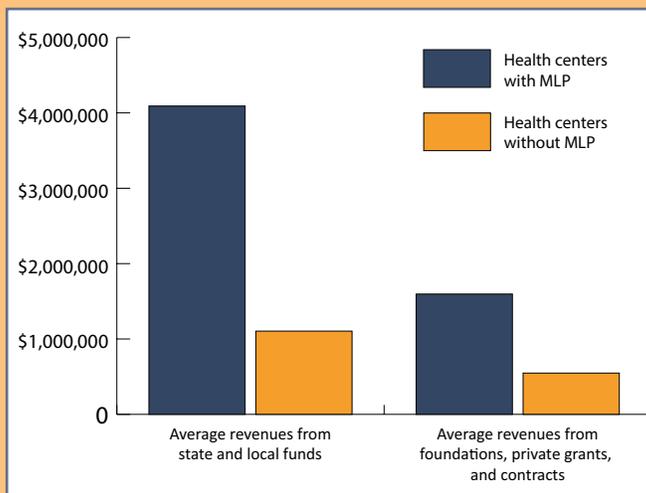
As a measure of funding, the average revenue per patient in health centers with and without MLPs is not significantly different: \$811 versus \$759, respectively, ($p=0.390$). A significant difference does exist, however, among the early pioneers of the integrated medical-legal partnership approach in terms of the amount of revenue they receive from state and local funds, as well as from foundations, private contracts and grants (see Figure 2 on page seven). Health centers with MLPs, on average, receive over twice as much revenue from state and local funds compared to health centers without MLPs; and, though at lower funding levels, they also receive twice as much from foundations, private grants and contracts.

Table 1: Number and Percentage of MLPs by HRSA Region

HRSA Region	Number of MLPs	Percentage
Region 1 (ME, NH, VT, MA, RI and CT)	4	7%
Region 2 (NY and NJ)	2	3%
Region 3 (PA, MD, DE, VA and WV)	5	8%
Region 4 (KY, TN, NC, SC, GA, FL, AL and MS)	5	8%
Region 5 (MN, WI, IL, IN, MI and OH)	9	15%
Region 6 (NM, TX, OK, AR, and LA)	7	12%
Region 7 (NE, KS, IA, and MO)	8	13%
Region 8 (MT, ND, SD, WY and CO)	1	2%
Region 9 (NV, CA, AZ and HI)	19	32%
TOTAL	60	100%

Source: UDS data from 2013; National Center for Medical-Legal Partnership Map

Figure 2: Funding from sources other than the HRSA Bureau of Primary Health Care, 2013



Source: UDS data from 2013.

Table 2: Comparison of MLP and non-MLP Health Centers

	2013	
	Health Centers without MLPs	Health Centers with MLPs*
Number of health centers	1,144	59
Percent of health centers	95.2%	4.8%
Percent of health center patients	92.5%	7.5%
Percent of clinic visits	92.2%	7.8%
Performance		
Average patients per health center**	17,605	27,958
Average visits per health center**	69,055	115,713
Average number of sites per health center**	7.4	12.7
Location		
Location of health center**		
Rural	49.8%	20.7%
Urban	50.2%	79.3%
Patient characteristics		
Percent of total patients female	57.2%	58.0%
Percent of patients under age 18	27.3%	30.4%
Percent of patients who are elderly**	8.4%	6.3%
Percentage of minority patients**	53.9%	69.4%
Percent of patients best served in a language other than English**	17.5%	28.3%
Percent of patients who are low-income**	91.7%	95.5%
Percent of patients who are poor**	68.4%	74.7%
Percent of patients uninsured	37.5%	38.3%
Percent of total patients on Medicaid**	34.8%	41.4%
Percent of total patients on Medicare**	9.5%	6.5%
Percent of total patients on private insurance**	16.6%	10.9%
Percent of total patients migrant	3.6%	2.3%
Percent of total patients homeless	8.2%	10.1%
Staffing		
Doctors per 10,000 patients	4.8	5.2
Mid-level providers per 10,000 patients	4.8	4.3
Total medical staff FTEs per 10,000 patients	26.7	26.8
Total dental services FTEs per 10,000 patients	6.1	5.9
Total mental health staff FTEs per 10,000 patients	3.3	3.0
Total substance abuse staff FTEs per 10,000 patients	0.9	0.5
Total enabling services staff FTEs per 10,000 patients	7.9	9.3

*59 of the 60 health centers with MLPs had UDS data for 2013.

**The difference for health centers without MLPs and with MLPs is significant (p<0.05).

THE MLP APPROACH IN PRACTICE: INSIGHTS FROM THE HEALTH CENTER FIELD

Given the noted differences between health centers with and without MLPs, interviews were conducted with a dozen MLPs located in health centers to identify key characteristics that make an MLP likely to flourish as well as the challenges and opportunities associated with having an MLP in a health center setting. Below are the themes revealed by those interviews.

Adopting a Flexible Staffing Structure



Pictured above: Sonja Evens, LCSW from Heartland Community Health Clinic (FQHC) and Diana Martinez, Paralegal at Prairie State Legal Services.

At the outset, MLPs demonstrate a high level of flexibility in adapting to the needs and constraints of the health center and its patients. Indeed, the size, structure and style of an MLP vary across health centers, and may even vary within a health center across different clinic sites. Typically, an MLP includes one or more lawyers who are physically present at a health center location for specified times during a week or month. MLPs also include specific dedicated staff time from the health center to ensure proper functioning, training, and on-going integration of legal team members. Social workers, for example, have been key partners in MLP activities in a variety of health care settings and are likely to play a similar role in health center MLPs.

Other examples of staffing include:

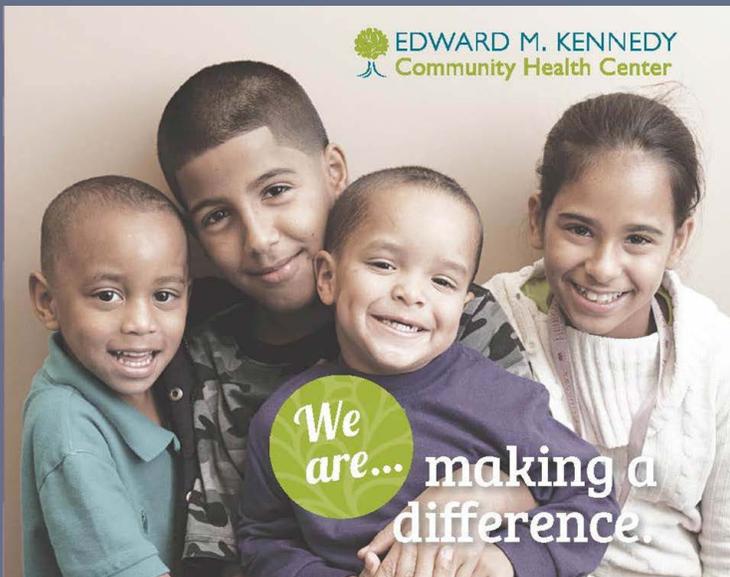
- The Iowa Legal Aid Health and Law Project operates an MLP in collaboration with five health centers in Des Moines, Southeastern Iowa, and other parts of the state. The health centers provide private office space to facilitate referrals between patients and part-time lawyers, who generally spend about a day a week addressing patient legal issues on-site.
- The Arkansas Delta Medical-Legal Partnership provides civil legal aid services in two local health centers serving primarily rural populations – the Mid-Delta Health Systems in Clarendon, and the Lee County Cooperative in Marianna. The MLP lawyer visits both sites twice a month, devoting about one-third of his time to these visits and the follow-up work that arises in response to the health center’s patients’ health-harming civil legal needs.
- At the Erie Family Health Center in Chicago, the Health Justice Project provides legal assistance for patients in addition to support from a Vista volunteer three days a week. In addition to screening for health-harming civil legal needs, scheduling referrals, and conducting training for the health center clinicians and staff, the MLP also conducts focus groups with staff at each of the health center’s locations to raise awareness about specific health-harming civil legal needs. The legal expertise from the lawyers includes family law, general civil legal aid services, and special education issues.

- Other MLPs work with patients at health centers on an appointment basis one or more days a week. For example, the Peninsula Family Advocacy Program sees patients with pre-set appointments at three health centers in San Mateo and Sacramento. Clinician referrals for civil legal aid services are phoned in or faxed to MLP staff by the health center, which provides space at each clinic to facilitate patient meetings with lawyers.

Training Health Center Staff to Identify Patients’ Health-Harming Civil Legal Needs

A core component of all MLPs, whether in health centers or other settings, is training of health professionals using jointly developed and deployed training content and strategies. Physicians, nurses, medical staff and other critical service providers inherently understand the contribution that social determinants of health play in their patients’ lives, especially when those health professionals are caring for patients with extremely limited financial resources. Often, however, those same health professionals need training to recognize the explicit connection between civil legal aid services and health care needs. That is where the MLP experience really begins for the health care organization.

Each year, thanks to MLPs comprised of legal and health team members, thousands of clinicians and other health staff learn about health-harming civil legal needs – legal circumstances that can thwart even the best health care services, preventing individuals from benefiting from the programs, services, opportunities and legal protections that are designed to improve their health and well-being. MLP legal and health professionals develop and deploy trainings to ensure that the people who work in health centers can recognize health-harming civil legal needs and can effectively access civil legal aid services on behalf of their patients. Commonly, MLPs conduct a series of initial training sessions for health center staff when the partnership begins, with follow-up sessions as refreshers or for new employees.



TRAINING IN PRACTICE

Civil legal aid lawyers from Family Advocates of Central Massachusetts use a three-pronged approach to training for their MLP activities at the Edward M. Kennedy Community Health Center in Worcester, Massachusetts. Training for community health workers focuses on different case examples related to the specific types of legal problems that patients commonly confront. These trainings are aimed at supporting community health workers so that they can work at the top of their license while ensuring legal issues that require a lawyer’s intervention are appropriately referred in a timely way to the MLP lawyer. Training for front-line health workers focuses more on connecting common social determinants of health with clinical conditions that can be impacted by the MLP intervention. The MLP lawyers also conduct learning sessions for refugees through the health

center’s refugee health education program. Each type of training session is held about three to four times during the year. Training is reinforced through regular consultations that MLP lawyers provide to health center staff during weekly on-site office hours at the health center.



Pictured above: Attorney Randy Compton presents MLP 101 to Dr. Alicia Turlington and the Pediatric Medical Team at Kokua Kalihi Valley Comprehensive Family Services. PHOTO CREDIT: Joseph Esser

Screening Patients and Delivering Legal Assistance Through Medical-Legal Partnership

Part of the training provided to health center clinicians and staff includes information about how health care professionals can identify patients in need and the ways that patients can be referred for civil legal aid services. Referrals can take several forms, including using health-harming civil legal needs screening tools, referral forms, or more informal mechanisms. These processes are jointly developed with leadership from health and legal team members. Health center MLPs can determine how best to screen for these needs and the appropriate staff and processes to make screening as efficient as possible.

The Medical-Legal Partnership for Children in Hawai'i works with a Honolulu-based health center, Kokua Kalihi Valley Comprehensive Family Services, and conducts different types of referrals for civil legal aid services based on the needs of the patient and the health center. Physicians or other providers often request a "curb-side" referral, which is an impromptu request for the lawyer to meet with the patient to address an issue that may just have been identified in the clinical care of the patient. The curb-side referral generally involves brief counsel and advice and sometimes is sufficient to resolve the issue. Alternatively, the clinician may ask the lawyer to accompany her into the exam room to meet the family, conduct a short intake on the spot, and determine whether the patient needs a formal referral for a legal consult. This "soft hand-off" of the patient from the clinician to the lawyer works well to efficiently address potential health-harming civil legal needs. Still other circumstances require the "full referral," with the patient scheduling an appointment to meet with the lawyer at a time other than the clinical visit. All three types of referrals are commonly used in the health center and appear to provide a high degree of flexibility for patients, clinicians, civil legal aid attorneys and health center staff.

Currently, most health centers rely on home-grown systems to manage referrals, often using paper systems or common spreadsheet formats for recording purposes. The Erie Family Health Center in Chicago

has pioneered the use of electronic medical records (EMR) in managing internal referrals. As clinicians identify health-harming civil legal needs during patient visits, they check a box on the health center EMR to identify a specific legal issue. The selections in the EMR have been customized to reflect the most common health-harming civil legal needs identified in the population that match the services provided by the MLP. The MLP referral screen also includes space for the clinician or other staff member to provide customized notes or additional information that may be useful to the civil legal aid team. Patients are always asked by the clinician whether they wish to be contacted by a lawyer. Information from the MLP screen is automatically transferred to “social determinants of health” specialists – two health center staff members who devote a portion of their time to this function. The social determinants specialists have been carefully trained by MLP lawyers to gather additional information in follow-up calls with every patient referred for civil legal aid services. Some of these calls identify that the civil legal issue does not require the services of a lawyer. Other issues may fall outside the scope of MLP services (for example, certain criminal matters).

At Erie Family Health Center, approximately 400 of the referrals go to the MLP team of lawyers each year, with the most common referrals falling into the following categories: housing, including substandard housing conditions, eviction defense, housing relocation and foreclosure; income cases such as public benefits case appeals, unlawful denial or reduction of benefits, financial assistance or charity care applications; and special education issues. As is the case with many health center MLPs, the range of civil legal assistance provided to patients from the Erie Family Health Center is quite broad.

Through a Massachusetts Department of Public Health Prevention and Wellness Trust Fund grant, Family Advocates of Central Massachusetts and its newest medical partner Family Health Center of Worcester are currently establishing an electronic referral system that will enable healthcare team members to make an e-referral from their EMR to the MLP lawyers at Community Legal Aid.

Aligning Multiple Funding Streams

Funding remains a substantial challenge to developing, sustaining and growing MLPs in health centers. Direct support of lawyers and paralegals generally comes from sources outside of the health center, with the lion’s share contributed from federal, state or locally funded civil legal aid agencies or law school clinics. Additional legal work is done by pro bono lawyers in the community, which may provide outstanding civil legal aid services to a relatively small number of patients, but typically requires extensive coordination and administrative support from MLP staff. Law students also provide substantial case handling support to MLPs around the country. Where health centers are simply building bridges to existing civil legal aid resources, rather than explicitly supporting a structured partnership, their patients must compete for access to scarce, skilled legal aid resources alongside patients from other health care organizations, local non-profits and services agencies, or others who have self-referred. Indeed, there are 6,415 people living in poverty for every one civil legal aid attorney in the U.S.¹⁸

There are 6,415 people living in poverty for every one civil legal aid attorney.

Health centers provide a range of in-kind and direct support to MLPs to facilitate the provision of civil legal aid services to their patient populations. Most make available office space and supplies to enable patients to meet privately with lawyers and other MLP staff. Some health centers also allocate dedicated staff time to MLP activities. MLPs also draw upon a range of foundation dollars and other community supports to be able to serve health center populations. A number of centers dedicate direct dollars to the MLP activities, recognizing that integrated medical and civil legal aid services can dramatically improve the lives of patients and families as well as bolster staff capacity.

Helping Health Centers Meet Their Mission

Health center representatives reported a number of benefits associated with an integrated medical-legal approach to care:

- The majority of health center patients qualify for public civil legal aid services, and health center populations are among the most likely to need and benefit from these interventions.
- MLPs can offer real solutions to patients' civil legal problems related to public benefit denials, housing needs, and so many more challenges associated with poverty and other social determinants of health.
- Health professionals serving low-income populations have a mechanism to address problems outside of the clinical encounter that have a direct impact on the health of their patients.
- The MLP approach is consistent with the health center focus on prevention and early intervention.

Conclusion

The medical-legal partnership approach holds great promise for health care organizations with a commitment to addressing the health and well-being of low-income and underserved populations. A small but growing number of health centers are pioneering partnerships between health care and civil legal aid services organizations on behalf of their patients, creating avenues to efficiently resolve issues related to the social determinants of health that have a direct and powerful impact on patients' physical and mental health. MLPs offer a flexible and useful approach that can be adapted to reflect the diverse needs of health centers across the country.

Medical-Legal Partnership Training and Resources for Health Centers

The National Center for Medical-Legal Partnership provides toolkits, webinars and resources specifically for health centers to help them navigate partnerships with civil legal aid agencies in their communities. Resources for health center-based partnerships can be found at: www.medical-legalpartnership.org/join-movement/health-centers

Annual Medical-Legal Partnership Summit

Each spring, the National Center for Medical-Legal Partnership hosts a national conference that brings together hundreds of leaders in health care, law, public health, social work and government. The meeting shares ideas, insights and best practices about how the integration of civil legal aid and health care can help address social determinants of health for vulnerable people and how these practitioners benefit from working together. Information on the upcoming Summit can be found at: www.medical-legalpartnership.org/join-movement/summit

Cover Photo

Team members from the MLP at Kokua Kalihi Valley Comprehensive Family Services in Hawai'i: Randy Compton (Staff Attorney), Dr. Alicia Turlington (Medical Champion), Dina Shek (Legal Director) and Regina Doone (Super Auntie/Interpreter). PHOTO CREDIT: Joseph Esser.

Report Endnotes

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