

**Medical-Legal Partnerships**  
**A Scan of the Landscape and a Look Forward**



**Texas Medical-Legal Partnership Coalition**

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## TEXAS MEDICAL-LEGAL PARTNERSHIP COALITION

## Mission

Improving the health of all Texans by supporting and promoting partnerships between legal and healthcare professionals to address the structural problems that underlie health inequities and contribute to health-harming social needs

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## EXECUTIVE SUMMARY

The Medical-Legal Partnership (MLP) model is a promising innovation that delivers free legal services to low-income patient populations of hospitals, clinics, and other healthcare facilities. The MLP model recognizes that legal issues can manifest as social needs that affect health and integrates the MLP attorneys into the healthcare system. This approach involves education of healthcare professionals regarding the nexus between legal issues and health, development and use of screening tools to identify health-harming legal needs, referral of patients to MLP attorneys on-site at the healthcare facility who can provide legal advice and representation, and close collaboration between legal and health professionals to address patient needs.

This report aims to compile and synthesize existing research and the experience of attorneys working in MLPs.<sup>1</sup> The author utilized the PubMed and Westlaw databases to locate relevant articles from both the medical and legal perspectives and supplemented this research with materials available from specific MLPs and organizations that study and support MLPs. Attorneys working in certain MLPs in Texas and elsewhere in the U.S. were interviewed by telephone regarding the structure and practices of their MLP.

This report will discuss the growing evidence base demonstrating need for MLPs, as well as their history, structure and practices. It will also review current research regarding their outcomes and impact, and discuss challenges and potential future directions for MLPs.



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<sup>1</sup> Personal interviews were conducted with attorneys from several MLPs both inside and outside of Texas including Connecticut Children's MLP; Brownsville MLP; Medical Legal Assistance for Families San Antonio; El Paso MLP; Doctors and Lawyers for Kids, Louisville, Kentucky; MLP Boston; Tarrant County Medical Legal Partnership; and, Austin MLP. Because the interviews were conducted on a background basis, citations to the interviews will not include the specific MLP or attorney name. In addition, this report reflects the input from participants from various healthcare and legal organizations convened to support existing MLPs and the expansion of the model in Harris County and Texas.

## I. THE CASE FOR MEDICAL-LEGAL PARTNERSHIPS

### A. Social Determinants of Health

A growing awareness of the impact of social conditions on health has spurred a recognition among healthcare and public health professionals that medical interventions alone are insufficient to improve population health and to address health inequities.<sup>2</sup> Social determinants of health (“SDOH”) describe the circumstances of peoples’ lives with respect to where they live, learn, work, worship, play and age.<sup>3</sup> They include social conditions such as education, income, employment, housing, neighborhood conditions, access to transportation, and social connections.<sup>4</sup> Thus, social determinants of health apply to everyone and can be detrimental or beneficial to health, depending on the quality of those conditions.<sup>5</sup>

SDOH are “shaped by the distribution of money, power and resources at global, national and local levels.”<sup>6</sup> Because of social, economic, and environmental structural, SDOH are a major factor associated with health inequities within and between countries.<sup>7</sup>

The term “social risk factor” describes an individual-level adverse SDOH, such as low employment, food insecurity, or housing instability.<sup>8</sup> Social risk factors are linked to poor health, shorter life expectancy, and disparities in health outcomes.<sup>9</sup> The link between social risk factors and health is illustrated by a patient with diabetes having blood sugar issues resulting from food insecurity

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<sup>2</sup> Braveman, P., Egerter, S., & Williams, D. R. (2011). The Social Determinants of Health: Coming of Age. *Annual Review of Public Health*, 32(1), 381-398. doi:10.1146/annurev-publhealth-031210-101218. For example, the Robert Wood Johnson Foundation Commission to Build a Healthier America notes that “[r]ecent decades have seen major advances in our understanding of how education, income, housing, neighborhoods, and exposure to significant adversity or excessive stress affect health. Our health-related behaviors are shaped by conditions in our homes, schools, workplaces and communities.” Arkin E, Braverman P, Egerter S, and Williams D. (2014). Time to Act: Investing in the Health of Our Children and Communities. The Robert Wood Johnson Foundation Commission to Build a Healthier America. Retrieved from <https://www.rwjf.org/en/library/research/2014/01/recommendations-from-the-rwjf-commission-to-build-a-healthier-am.html>.

<sup>3</sup> Quoting Dr. Umair Shah. Harris County Public Health Leadership. Retrieved from <http://publichealth.harriscountytexas.gov/About/Leadership; Healthy People 2020: Determinants of Health>. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>. The World Health Organization describes social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.” World Health Organization (2017). *Social Determinants of Health*, Retrieved from [http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en); see also Commission on Social Determinants of Health (2008), Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. World Health Organization: Geneva.

<sup>4</sup> Alderwick H, Gottlieb LM. Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. *Milbank Q*. 2019;97:407-419. <https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/>.

<sup>5</sup> *Id.*

<sup>6</sup> World Health Organization (2017). Social Determinants of Health, Retrieved from [http://www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en).

<sup>7</sup> *Id.*

<sup>8</sup> Alderwick H, Gottlieb LM. Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems. *Milbank Q*. 2019;97:407-419. <https://www.milbank.org/quarterly/articles/meanings-and-misunderstandings-a-social-determinants-of-health-lexicon-for-health-care-systems/>.

<sup>9</sup> Regenstien, M., Trott, J., Williamson, A., & Theiss, J. (2018). Addressing Social Determinants of Health Through Medical-Legal Partnerships. *Health Affairs*, 37(3), 378-385.

or a patient with asthma experiencing an exacerbation of symptoms because of a moldy apartment.<sup>10</sup> Similarly, unemployed persons are 54% more likely to be in poor or fair health than employed individuals and are more likely to experience stress, depression, and high blood pressure.<sup>11</sup> In addition to contributing to one's underlying disease, social risk factors can impact a person's ability to manage and address existing illness. For example, having a low income can make it difficult to purchase medications or medical equipment or take time off from work for medical appointments.<sup>12</sup>

## B. Legal Issues and Social Determinants of Health

Thus, many advocate for health interventions that act upon factors upstream<sup>13</sup> from the individual's health condition to address the social needs of patients (i.e. those interventions that can help avoid or mitigate social risk factors).<sup>14</sup> In many cases, legal issues are associated with these social needs. For example, in the case of an asthma patient, the social need may be improved housing conditions and the health-harming legal aspect of that social need may be the landlord's violation of housing regulations with respect to mold or pest infestation. It is a legal intervention that could force the landlord to mitigate the mold or pest infestation, thereby improving the poor housing situation and potentially mitigating the asthma. Legal action could act even further upstream from the individual with asthma by advocating for housing reforms. There are many other social risk factors that have legal aspects and/or legal remedies such as food and income insecurity, lack of health insurance, educational access issues, and lack of personal safety.<sup>15</sup> The MLP model is a means of addressing these health-harming legal needs.

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<sup>10</sup> *Id.*

<sup>11</sup> Robert Wood Johnson Foundation. Employment, County Health Rankings & Roadmaps, <http://www.countyhealthrankings.org/our-approach/health-factors/employment>.

<sup>12</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910.

<sup>13</sup> Upstream factors are determinants that are temporally and spatially distant from the health condition or outcome, but which trigger causal pathways that lead to health effects downstream. Braveman, P., Egerter, S., & Williams, D. R. (2011). The terms "upstream" and "downstream" stem from Irving Zola's illustration of being so busy rescuing people from a river, that one has no time to determine why the people are falling into the river in the first place.

<sup>14</sup> The Social Determinants of Health: Coming of Age. Annual Review of Public Health, 32(1), 381-398. For example, the Healthy People 2020 Report notes that "[d]eterminants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health." Healthy People 2020: Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>. Similarly, a Harris County Public Health study noted that, although many healthcare institutions had been slow to implement a shift to an upstream approach, mounting financial and regulatory pressure has spurred more initiatives in this sector to address with SDOH. Harris County Public Health. (2017). Moving Upstream: The State of Healthcare in Houston/Harris County and Its Response to Social Determinants 2015-2016. Houston, TX: Harris County Public Health. Retrieved from <http://publichealth.harriscountytexas.gov/Portals/27/Documents/Organization/OPP/Moving%20Upstream%20-%20Houston%20and%20Harris%20County%20SDH%20Report.pdf?ver=2017-02-27-120009-820>.

<sup>15</sup> Cohen, E., Fullerton, D. F., Retkin, R., Weintraub, D., Tames, P., Brandfield, J., & Sandel, M. (2010). Medical-Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities. *Journal of General Internal Medicine*, 25(S2), 136-139. doi:10.1007/s11606-009-1239-7. "To the extent that low-income patients are unable to enforce the law 'on the books' to fully access their rights to equal access to decent housing, fair employment, safe environments, food security, health benefits, and other social determinant of health, then their unmet legal needs operate as barriers to good health outcomes." *Id.*

### C. The Justice Gap

Low income persons face significant obstacles in accessing the justice system.<sup>16</sup> The Legal Services Corporation (LSC), the largest funder of legal aid to low income persons,<sup>17</sup> regularly measures the “justice gap”, which it defines as “the difference between the civil legal needs of low-income Americans and the resources available to stretch those needs.”<sup>18</sup> In its latest report, the LSC observed that this justice gap “has stretched into a gulf.”<sup>19</sup> The LSC found that 71% of low-income households have experienced at least one civil legal problem in the past year and 24% have faced six or more such problems,<sup>20</sup> in particular civil legal problems relating to healthcare affected 41% of low-income households with issues relating to healthcare debt and insurance among the most common of those.<sup>21</sup>

Healthcare workers have noted the high prevalence of these social risk factors and associated legal issues. A 2018 survey of U.S. physicians conducted by the Physicians Foundation found that 88% of physicians who responded to the survey stated that some, many, or all of their patients had a social situation that posed a serious impediment to their health and only 12% said few or none of their patients did.<sup>22</sup> In a 2015 survey of emergency room clinicians, a majority of respondents said that their patients had social issues such as lack of insurance, domestic violence, employment issues, housing conditions, and food insecurity, and that these social issues occurred either frequently or very frequently.<sup>23</sup> A 2007 legal needs assessment conducted in the pediatric emergency department at Boston Medical Center found that 94% of families reported that they experienced at least one social concern that could have a legal cause or a potential legal solution in the last month. These issues ranged from utility instability (with 23% having actually experienced a shut-off of utility service within the past year), food insecurity (with 36% reporting they reduced meal size or skipped meals because of an inability to pay for sufficient food), and disability needs for children.<sup>24</sup> A majority of the participants with such legal concerns characterized the issue as affecting their physical health (51%)

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<sup>16</sup> Sandefur, R. Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study, American Bar Foundation, University of Illinois At Urbana-Champaign 2014. [http://www.abajournal.com/files/sandefur\\_accessing\\_justice\\_in\\_the\\_Contemporary\\_usa\\_aug2014.pdf](http://www.abajournal.com/files/sandefur_accessing_justice_in_the_Contemporary_usa_aug2014.pdf). Sandefur found that the most significant reason for people not utilizing attorneys or the justice system is that they do not necessarily view their problems as legal problems with legal remedies.

<sup>17</sup> The LSC is an independent non-profit created by Congress in 1974. LSC funds can generally be used only to serve persons below the 125% of the Federal Poverty Level (FPL), which in 2017 was estimated to include approximately 19% of Americans, or approximately 60 million people. Legal Services Corporation. 2017. The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans. Prepared by NORC at the University of Chicago for Legal Services Corporation. Washington, DC. Retrieved from <https://www.lsc.gov/media-center/publications/2017-justice-gap-report>.

<sup>18</sup> *Id.*

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

<sup>22</sup> Physicians Foundation, 2018 Survey of America’s Physicians: Practice Patterns and Perspectives (2018). Retrieved from <https://physiciansfoundation.org/wp-content/uploads/2018/09/physicians-survey-results-final-2018.pdf>.

<sup>23</sup> Losonczy, L., Hsieh, D., Hahn, C., Fahimi, J., & Alter, H. (2015). More than just meds: National survey of providers’ perceptions of patients’ social, economic, environmental, and legal needs and their effect on emergency department utilization. *Social Medicine*. 9. 22-28. <http://www.socialmedicine.info/index.php/socialmedicine/article/view/781/1533>.

<sup>24</sup> Hansen, M., & Lawton, E. (2008). Between a Rock and a Hard Place: The Prevalence and Severity of Unmet Legal Needs in a Pediatric Emergency Department Setting. Medical-Legal Partnership for Children, Boston Medical Center. Retrieved from <http://box5646.temp.domains/~genpedsc/wp-content/uploads/2018/07/BetweenaRockandaHardPlace.pdf>. Attorneys could assist with such issues by, for example, obtaining food support benefits, avoiding utility shut-offs by establishing a medical need for continued service, and ensuring that a disabled client has access to appropriate services and accommodations.

or emotional/mental health (67%).<sup>25</sup> Similarly, 70% of the LSC survey respondents who reported a legal issue stated that the problem affected them “very much” or “severely.”<sup>26</sup>

Despite the frequency and severity of these issues, low-income persons receive either inadequate or no legal help for the majority (86%) of the legal problems they face.<sup>27</sup> There appear to be two major factors contributing to this. First, only 20% of the persons having a legal issue in the last year sought help for that issue, with many citing cost, concerns about getting involved in the legal system, and insufficient time as barriers to seeking help.<sup>28</sup> The most common reason for not seeking help was the inability to recognize that the particular concern was legal in nature<sup>29</sup>—a problem that could be mitigated in the population seeking healthcare services by screening, patient education, and referrals to legal services. Second, of the eligible legal issues that are presented to entities funded by LSC in 2017, an estimated 62-72% will receive either no help or inadequate help due to insufficient resources.<sup>30</sup>

#### **D. MLPs Bring Legal Care into Healthcare**

Broadly defined, MLPs formalize a relationship between one or more legal partners with one or more healthcare partners through which legal services are integrated into the healthcare partner’s care delivery system so that they can be provided on-site to the healthcare partner’s patients and where the screening, referral, and case resolution process involves inter-professional collaboration between healthcare and legal professionals.<sup>31</sup> The legal services provided by the MLP attorneys can include professional consultation, advice, brief services, and direct legal representation in administrative, judicial, or other legal proceedings, and professional referrals.<sup>32</sup>

The ability of MLPs to provide legal care in the same place people receive their healthcare is a beneficial feature of this model. Many people feel safe at their doctor’s offices.<sup>33</sup> So the ability to access legal care in such a setting can lead to increased utilization of the legal resources. One MLP attorney who serves clients at pediatric clinics and school-based clinics notes that because of the numerous obstacles faced by very low-income persons, they are sometimes able to get their children to only the doctor and school underscoring the importance to “meet people where they are.”<sup>34</sup> Indeed, embedding legal care into healthcare aligns with the Healthy People 2020 initiative, which recognizes

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<sup>25</sup> *Id.*

<sup>26</sup> Legal Services Corporation. 2017. The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-Income Americans. Prepared by NORC at the University of Chicago for Legal Services Corporation. Washington, DC. Retrieved from <https://www.lsc.gov/media-center/publications/2017-justice-gap-report>.

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*

<sup>30</sup> *Id.*

<sup>31</sup> Tsai, J., Jenkins, D., Lawton, E. (2017). Civil Legal Services and Medical-Legal Partnerships Needed by the Homeless Population: A National Survey, *American Journal of Public Health* 107: 398. doi: 10.2105/AJPH.2016.303596.

<sup>32</sup> Tyler, E. (2012) Aligning Public Health, Health Care, Law and Policy: Medical-Legal Partnership as a Multilevel Response to the Social Determinants of Health. Staff Publications. Paper 2. Retrieved from [http://docs.rwu.edu/law\\_feinstein\\_sp/2](http://docs.rwu.edu/law_feinstein_sp/2).

<sup>33</sup> Zuckerman, B., (2004). Why Pediatricians Need Lawyers to Keep Children Healthy, *Pediatrics* 114: 224; Retkin, R., Brandfield, J., Hoppin, M.(2009). Medical Legal Partnerships: A Key Strategy for Mitigating the Negative Health Impacts of the Recession, *Health Lawyer* 22:29. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2847113/>.

<sup>34</sup> Personal Interview. See note 1.



that health is “place-based” and focuses on the domains of economic stability, education, social and community context, health and healthcare, and neighborhood and built environment.<sup>35</sup>

## II. HISTORY OF MLPs

While MLPs in their current form date to the 1990s, there were some efforts to integrate legal services in medical settings long before. In 1967, Dr. Jack Geiger, the founder of the first federally funded rural health center, Delta Health Center in rural Mississippi<sup>36</sup>, hired an attorney to work with patients on food and housing problems as part of his holistic and community-oriented approach to healthcare.<sup>37</sup> Other early efforts included close collaborations between healthcare centers and legal aid organizations to meet the end-of-life needs of AIDS patients in the 1980s<sup>38</sup> and an initiative in New York to provide legal advice to persons utilizing in-patient and out-patient mental health services.<sup>39</sup>

The MLP in its present form began in 1993 at Boston Medical Center where pediatrician Dr. Barry Zuckerman noted that many of his patients had health issues related to legal issues and hired attorneys to join the hospital clinical team and represent patients.<sup>40</sup> In particular, Dr. Zuckerman had noticed that asthma patients were experiencing recurring medical challenges related to mold in housing that was out of compliance with regulations.<sup>41</sup> In 2001, an article about the MLP in the New York Times<sup>42</sup> generated interest in the model and led to inquiries about replicating its approach elsewhere.<sup>43</sup> The MLP format experienced significant growth in the years following and by 2006 there were 75 MLPs in the U.S.<sup>44</sup>

<sup>35</sup> Office of Disease Prevention and Health Promotion. (2016). Social Determinants. In *Healthy People 2020*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

<sup>36</sup> For a history of Delta Health Center and its multi-disciplinary approach to health and social determinants see Hollands, C. Leading the Charge: How Dr. H. Jack Geiger and Tufts Created The Country’s First Community Health Centers—And Launched a Movement. Tufts Magazine. Winter 2018. Retrieved from <https://tuftsmagazine.com/issues/magazine/leading-charge>

<sup>37</sup> Teitelbaum, J. & Lawton, E. (2017). The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity, *Yale Journal of Health Policy, Law, and Ethics* (17)2. Retrieved from <http://digitalcommons.law.yale.edu/yjhple/vol17/iss2/5>.

<sup>38</sup> Lawton, E., A History of the Medical-Legal Partnership Movement, *National Association of Community Health Centers Magazine*, Fall/Winter 2014. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2015/01/NACHC-Magazine-A-History-of-the-Medical-Legal-Partnership-Movement.pdf>

<sup>39</sup> Zelhof J, Fulton SJ. (2011). MFY Legal Services’ Mental Health-legal Partnership. *Journal of Poverty Law and Policy*. 44:535-544. Retrieved from <http://mobilizationforjustice.org/wp-content/uploads/MFY-Legal-Services-Mental-Health-Legal-Partnership.pdf>

<sup>40</sup> Lawton, E., A History of the Medical-Legal Partnership Movement, *National Association of Community Health Centers Magazine*, Fall/Winter 2014. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2015/01/NACHC-Magazine-A-History-of-the-Medical-Legal-Partnership-Movement.pdf>

<sup>41</sup> Teitelbaum, J. & Lawton, E. (2017). The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity, *Yale Journal of Health Policy, Law, and Ethics* 17:2. Retrieved from <http://digitalcommons.law.yale.edu/yjhple/vol17/iss2/5>.

<sup>42</sup> Goldberg, C., Boston Medical Center Turns to Lawyers for a Cure. *New York Times*, May 16, 2001. <https://www.nytimes.com/2001/05/16/us/boston-medical-center-turns-to-lawyers-for-a-cure.html>

<sup>43</sup> Lawton, E., A History of the Medical-Legal Partnership Movement, *National Association of Community Health Centers Magazine*, Fall/Winter 2014. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2015/01/NACHC-Magazine-A-History-of-the-Medical-Legal-Partnership-Movement.pdf>

<sup>44</sup> *Id.*

In 2005, the National Center for Medical-Legal Partnership (NCMLP) was established through support from the W.K. Kellogg and Robert Wood Johnson Foundations, and it was housed at Boston Medical Center for its first seven years.<sup>45</sup> The NCMLP then moved to Washington, D.C., and now operates from the Department of Health Policy and Management at the Milken Institute School of Public Health at the George Washington University.<sup>46</sup> The NCMLP focuses on supporting MLPs through public policy initiatives, technical assistance, and research, as well as catalyzing funding and convening leaders and practitioners across sectors to expand the MLP model.<sup>47</sup>

According to the NCMLP, there are currently 333 MLPs operating in 26 states.<sup>48</sup> General medical centers are the site for 121 of these MLPs while 33 MLPs are located at children's hospitals, 98 at Federally Qualified Healthcare Centers, and 25 at Veterans Administration (VA) facilities. The remainder are located at other types of healthcare sites.<sup>49</sup> There are currently twelve MLPs operating in Texas, with several more in the beginning or planning stages.<sup>50</sup> Although the MLP model is growing, it is still a relatively new approach. Nearly a third of respondents to a 2016 survey of MLPs conducted by the National Center for Medical Legal Partnership (NCMLP 2016 Survey) reported that they had operated for two years or less and another 28% reporting a tenure of three to five years.<sup>51</sup>

### III. STRUCTURES OF MLPs

The details of how the MLPs are structured and how they function vary considerably. However, there are generally three core services that most MLPs provide:

- Advice and representation of patients referred to the MLP to address health-harming legal needs;
- Educational component to train clinicians to screen for legal and social needs and to refer appropriate patients to the MLP; and

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<sup>45</sup> Von Wilpert, M. Medical-Legal Partnerships in Mississippi: A Model to Improve Access to Justice. (2013). *Mississippi Law Journal* 82:199.

<sup>46</sup> Teitelbaum, J. & Lawton, E. (2017). The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity, *Yale Journal of Health Policy, Law, and Ethics* 17:2. Retrieved from <http://digitalcommons.law.yale.edu/yjhple/vol17/iss2/5>.

<sup>47</sup> *Id.* See also National Center for Medical Legal Partnership. <https://medical-legalpartnership.org/>

<sup>48</sup> National Center for Medical-Legal Partnership. <https://medical-legalpartnership.org>.

<sup>49</sup> *Id.*

<sup>50</sup> There are four MLPs in Houston, three in Austin, and one each, Waco, Dallas, San Antonio, Brownsville, and El Paso. National Center for Medical Legal Partnership (2018). Medical-Legal Partnerships in Texas & Opportunities for Growth: A Report for the Episcopal Health Foundation. Retrieved from [http://www.episcopalhealth.org/files/7415/1940/7470/MLPs\\_in\\_Texas\\_and\\_Opportunities\\_for\\_Growth\\_FINAL.pdf](http://www.episcopalhealth.org/files/7415/1940/7470/MLPs_in_Texas_and_Opportunities_for_Growth_FINAL.pdf). There are other MLPs in the planning stages in Houston and, in the Dallas-Fort Worth area, there is a new MLP focused on serving clients with mental health issues. *Id.*; Personal Interviews. See note 1.

<sup>51</sup> Regenstein, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.

- Advocacy for structural policy changes at an institutional, local, state, and federal level.<sup>52</sup>

MLPs adopt different approaches to each of these three core services, whether by design or by practical limitations. Several features of MLPs depend on the healthcare partner, the legal partner, and the formal relationship between the two. These features include the population served, the matters handled, the funding available, and the logistics of the referrals process, workflow, and integration of legal care. The screening processes and tools also vary between MLPs, although there are some screening tools that have been developed that are specific to social determinants and their related health-harming legal needs. The scope and formality of the educational component of MLPs ranges from informal training of clinicians to interdisciplinary seminars and classes in medical, health, and law schools. An important feature of many MLPs is getting involved in community policy and advocacy efforts. Each of these activities and features are discussed in more detail below.

## A. Populations Served by MLPs

MLPs serve all types of communities and patients over the entire life-span. Some MLPs choose to focus on particular populations, as detailed below.

### i. *Children and Maternal/Infant Health*

The modern MLP movement began in the pediatric healthcare setting, and pediatric facilities remain an important focus for MLPs.<sup>53</sup> Pediatric clinics and hospitals are a fertile ground for MLPs likely because there are often regular and frequent interactions between physicians and the patients' families, which can facilitate greater awareness of the patient's social circumstances.<sup>54</sup> Children remain an important focus of MLPs with 17% of MLPs having their location at pediatric hospitals and clinics,<sup>55</sup> and a majority of MLPs provide legal services to children.<sup>56</sup>

An example of an MLP focused on legal problems affecting children is Doctors and Lawyers for Kids (DLK) in Louisville, Kentucky. DLK is a separately incorporated entity that contracts with the Legal Aid Society in Louisville for one full-time and one part-time attorney and a part-time paralegal to serve several clinics operated by the University of Louisville Pediatrics.<sup>57</sup> The MLP handles housing, utilities, custody, divorce, neglect/abuse, benefits, guardianship, and education cases.<sup>58</sup> Many of the issues that the MLP handles are either directly or indirectly related to opioid abuse in the family as opioid abuse has hit Louisville particularly hard.<sup>59</sup>

<sup>52</sup> Matthew, D. (2017). The Law as Healer: How Paying for Medical-legal Partnerships Saves Lives and Money. Center for Health Policy at Brookings. Retrieved from [https://www.brookings.edu/wpcontent/uploads/2017/01/es\\_20170130\\_medicallegal.pdf](https://www.brookings.edu/wpcontent/uploads/2017/01/es_20170130_medicallegal.pdf).

<sup>53</sup> Carmean, M. (2012). Medical-Legal Partnerships: Unmet Potential for Legislative Advocacy. *Georgetown Journal on Poverty Law and Policy* 19: 499. [https://heinonline.org/HOL/Page?handle=hein.journals/geojpovlp19&div=25&g\\_sent=1&casa\\_token=&collection=journals](https://heinonline.org/HOL/Page?handle=hein.journals/geojpovlp19&div=25&g_sent=1&casa_token=&collection=journals).

<sup>54</sup> *Id.*

<sup>55</sup> Regenstein, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-nmlp-survey-report/>.

<sup>56</sup> Matthew, D. (2017). The Law as Healer: How Paying for Medical-legal Partnerships Saves Lives and Money. Center for Health Policy at Brookings. Retrieved from [https://www.brookings.edu/wp-content/uploads/2017/01/es\\_20170130\\_medicallegal.pdf](https://www.brookings.edu/wp-content/uploads/2017/01/es_20170130_medicallegal.pdf).

<sup>57</sup> Personal Interview. See note 1.

<sup>58</sup> *Id.*

<sup>59</sup> *Id.*

ii. *Elderly Persons*

The other end of the age spectrum, the elderly presents another vulnerable population that benefits from MLP services. Aging persons tend to be high utilizers of medical services and also face legal issues relating to the end of life, including estate planning, advance directives, disability, and benefits issues.<sup>60</sup> The NCMLP 2016 Survey reports that 30% of MLPs serve elderly clients.<sup>61</sup> An example of an MLP specifically seeking to assist elderly patients is the Medical-Legal Partnership for Seniors Clinic (MLPS) which is a partnership between an elder-law advocacy clinic at University of California (UC) Hastings and the geriatric care and homebound programs at UC San Francisco (UCSF).<sup>62</sup> In this MLP, law students take a seminar class, receive trainings by physicians in geriatric practice, and provide legal services (e.g. help with advanced directives) to clinics at the UCSF clinic or in their homes.

iii. *Veterans*

According to the NCMLP 2016 Survey, 19% of MLPs provide services to veterans. Approximately two dozen MLPs located in Veterans Administration healthcare sites serve the legal problems of veterans, including mental health issues, homelessness, and employment issues.<sup>63</sup> The location of legal aid offices at VA sites was facilitated by a directive issued in 2011 by the VA's general counsel's office, which encouraged VA facilities to provide space to legal professionals subject to certain limitations and restrictions.<sup>64</sup>

An example of a veterans-oriented MLP is the Connecticut Veterans Legal Center, which serves veterans recovering from homelessness and mental illness and helps them to overcome legal barriers to housing, healthcare, and income.<sup>65</sup> Some of the work of this MLP concerns the discharge status of veterans and the character-of-service determinations that can sometimes be an obstacle to veterans who were discharged at levels below honorable discharge status.<sup>66</sup>

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<sup>60</sup> Wick, C. J., & Wick, J. Y. (2018). Medical-Legal Partnerships: A Healing Collaboration. *The Consultant Pharmacist*, 33(2), 66-74. doi:10.4140/tcp.n.2018.66.

<sup>61</sup> Regenstien, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.

<sup>62</sup> Medical Legal Partnership for Seniors: Integrating Medical and Legal Services. (2015). *The Gerontologist*, 55(2), 249. <https://doi.org/10.1093/geront/gnv566.19>.

<sup>63</sup> Regenstien, M., Trott, J., Williamson, A., & Theiss, J. (2018). Addressing Social Determinants of Health Through Medical-Legal Partnerships. *Health Affairs*, 37(3), 378-385. doi:10.1377/hlthaff.2017.1264. Veterans experience higher than average rates of mental health issues, including depression and post-traumatic stress disorder, and these conditions can contribute to homelessness, unemployment and other social and legal issues. Benfer, E. A., Gluck, A. R., & Kraschel, K. L. (2018). Medical-Legal Partnership: Lessons from Five Diverse MLPs in New Haven, *Connecticut Journal of Law, Medicine & Ethics*, 46(3), 602–609. <https://doi-org.proxy.hsc.unt.edu/10.1177/1073110518804210>. Civil legal problems rank among the most commonly cited unmet needs in the 2017 survey of homeless veterans performed by the Community Homelessness Assessment, Local Education and Networking Groups for Veterans. U.S. Department of Veterans Affairs. May 2018 Fact Sheet Community Homelessness Assessment, Local Education and Networking Groups (CHALENG). Retrieved from <https://www.va.gov/HOMELESS/docs/CHALENG-2017-factsheet-508.pdf>.

<sup>64</sup> Middleton, M., Tsai, J., & Rosenheck, R. (2016). Lessons Learned by an Interdisciplinary Research Team Evaluating Medical-Legal Partnership with the Department of Veterans Affairs. *South Carolina Law Review*, 68:311. [https://heinonline.org/HOL/Page?handle=hein.journals/sclr68&div=17&g\\_sent=1&casa\\_token=&collection=journals](https://heinonline.org/HOL/Page?handle=hein.journals/sclr68&div=17&g_sent=1&casa_token=&collection=journals).

<sup>65</sup> *Id.*

<sup>66</sup> Benfer, E. A., Gluck, A. R., & Kraschel, K. L. (2018). Medical-Legal Partnership: Lessons from Five Diverse MLPs in New Haven, *Connecticut Journal of Law, Medicine & Ethics*, 46(3), 602–609. <https://doi-org.proxy.hsc.unt.edu/10.1177/1073110518804210>.

*iv. Specific Medical Conditions*

Some MLPs focus on the legal issues arising in a population experiencing a particular medical condition. For example, an MLP formed by the Mississippi Center for Justice, the University of Mississippi Medical Center, and several other partners provides legal services to people with HIV/AIDS in Jackson, Mississippi, which has the fourth highest infection rate among major metropolitan areas.<sup>67</sup> The MLP focuses on discrimination in employment and housing due to HIV status.<sup>68</sup> Other MLPs serve clients with cancer. An MLP called LegalHealth focuses on patients with cancer and other chronic illnesses and handles issues relating to benefits, insurance, end-of-life planning, debt management, home care services, and employment matters.<sup>69</sup>

Though not as common as other models, there are some MLPs that focus on the legal needs of persons suffering from mental health issues. For example, the legal arm of the anti-poverty organization Mobilization for Youth is now organized as an independent not-for-profit law firm that works with patients of the out-patient and in-patient mental health facilities in New York City. Initial consultation is done by telephone and the focus of the work is access to government entitlements, avoiding homelessness, and protecting the civil rights of this often-stigmatized group.<sup>70</sup> In addition, a new MLP in Fort Worth, Texas, has formed to focus on mental health issues. The new MLP will partner with My Health, My Resources Tarrant (MHMR), which provides community-based services for youth and adults with intellectual and developmental disabilities, mental health conditions, and substance use disorders.<sup>71</sup>

## **B. Types of Cases**

The issues addressed by MLP attorneys typically fall into the following categories, often referred to by the IHELP mnemonic: income and insurance, housing and utilities, education and employment, legal status, and personal and family stability.<sup>72</sup> The focus of a particular MLPs docket will reflect the issues most likely to be experienced by the patient population of the healthcare partner. For example, an MLP at a pediatric facility will likely focus on educational issues, while an MLP serving adults may handle issues relating to employment and housing.<sup>73</sup>

Another factor influencing the types of cases handled by an MLP is the nature of the legal partner. In the NCMLP 2016 MLP Survey, three-quarters of legal respondents were civil legal aid organizations with 40% of those receiving funding from the Legal Services Corporation (LSC). LSC regulations limit the extent to which its grantees can provide legal services to certain non-citizens.<sup>74</sup>

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<sup>67</sup>Medical-Legal Partnership (2018). Retrieved from <http://www.mscenterforjustice.org/our-work/access-healthcare/medical-legal-partnership>.

<sup>68</sup> *Id.*

<sup>69</sup>Retkin R, Brandfield J, Bacich, C. (2007): Impact of Legal Interventions on Cancer Survivors. New York, LegalHealth. Retrieved from [https://www.bc.edu/content/dam/files/schools/law\\_sites/library/pdf/content/tremblay\\_schulman/2007-01-00.Retkin%20et%20al.pdf](https://www.bc.edu/content/dam/files/schools/law_sites/library/pdf/content/tremblay_schulman/2007-01-00.Retkin%20et%20al.pdf).

<sup>70</sup> Zelhof J, Fulton SJ. (2011), MFY Legal Services' Mental Health-legal Partnership. *Journal of Poverty Law and Policy*. 44:535-544. Retrieved from <http://mobilizationforjustice.org/wp-content/uploads/MFY-Legal-Services-Mental-Health-Legal-Partnership.pdf>

<sup>71</sup> Personal Interview. See note 1.

<sup>72</sup>Marple, K. (2015). Framing Legal Care as Health Care. <https://medical-legalpartnership.org/wp-content/uploads/2015/01/Framing-Legal-Care-as-Health-Care-Messaging-Guide.pdf>

<sup>73</sup> Personal Interviews. See note 1.

<sup>74</sup> See 45 C.F.R. §§ 1626.1– 1626.12.

Other types of legal partners include law schools and private law firms.<sup>75</sup> Matters handled by these attorneys and students may be limited by the timeframe of the representation or the availability of training or expertise in a particular legal area.<sup>76</sup>

## C. The Logistics

### *i. Funding*

MLPs typically rely on a mix of funding sources to sustain their activities. Funding from the legal partner and legal-related philanthropy has historically been the primary financial support.<sup>77</sup> Many MLPs use funds from the legal partner to pay the MLP legal staff salaries.<sup>78</sup> Additional funding and support from the legal side can come in the form of grants from philanthropic groups with a legal focus such as Equal Justice Works and similar programs.<sup>79</sup> Private law firms provide funds and pro-bono legal services to supplement the work of the MLP attorneys. Law schools can be an important source of funds and legal services with law students handling cases under the supervision of licensed attorneys and their law professors.<sup>80</sup>

The larger and more established programs receive funding from the healthcare side as well. This support can range from furnishing in-kind support, such as office space and administrative services, to funding operations from the healthcare partner's operating budget. According to the NCMLP 2016 MLP Survey, 34% of healthcare respondents indicated that its MLP received funds out of the operating budget of the healthcare partner while 13% of MLPs reported funding support from foundations or charities associated with the healthcare partner.<sup>81</sup> Some MLPs are also funded by corporate philanthropy<sup>82</sup> or by funders interested in the issues relevant to the population served by the MLP.<sup>83</sup>

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<sup>75</sup> Regenstein, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.

<sup>76</sup> Personal Interviews. See note 1.

<sup>77</sup> Theiss, J., Hagins, S., Regenstein, M. & Lawton, E. (2016). Building Resources to Support Civil Legal Aid at HRSA Funded Health Centers. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf>.

<sup>78</sup> National Center for Medical Legal Partnership (2018). Medical-Legal Partnerships in Texas & Opportunities for Growth: A Report for the Episcopal Health Foundation. Retrieved from [http://www.episcopalhealth.org/files/7415/1940/7470/MLPs\\_in\\_Texas\\_and\\_Opportunities\\_for\\_Growth\\_FINAL.pdf](http://www.episcopalhealth.org/files/7415/1940/7470/MLPs_in_Texas_and_Opportunities_for_Growth_FINAL.pdf)

<sup>79</sup> Theiss, J., Hagins, S., Regenstein, M. & Lawton, E. (2016). Building Resources to Support Civil Legal Aid at HRSA Funded Health Centers. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf>.

<sup>80</sup> Law schools benefit from MLP relationships because of the training it can provide for their students and this can be reflected in funds provided to the MLP from law schools. In fact, MLPs with relationships with law schools have higher median budgets than those that do not. Regenstein, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.

<sup>81</sup> *Id.*

<sup>82</sup> For example, an MLP between Texas Children's Hospital and Houston Volunteer Lawyers was initially funded by a grant from Wal-Mart. See National Center for Medical Legal Partnership (2018). Medical-Legal Partnerships in Texas & Opportunities for Growth: A Report for the Episcopal Health Foundation. Retrieved from [http://www.episcopalhealth.org/files/7415/1940/7470/MLPs\\_in\\_Texas\\_and\\_Opportunities\\_for\\_Growth\\_FINAL.pdf](http://www.episcopalhealth.org/files/7415/1940/7470/MLPs_in_Texas_and_Opportunities_for_Growth_FINAL.pdf).

<sup>83</sup> Kresge Foundation (2013). Natural Allies: Philanthropy and Civil Legal Aid. Retrieved from <https://kresge.org/sites/default/files/Philanthropy-and-civil-legal-aid.pdf>.

Many MLPs are partnered with federally qualified health centers (FQHCs).<sup>84</sup> This enables the MLPs to receive some funding under Section 330 of the Public Health Service Act, which is the federal law that funds FQHCs.<sup>85</sup> FQHCs accept patients regardless of ability to pay and receive enhanced reimbursement from Medicaid, Medicare, and Human Resources and Services Administration (HRSA) grants. Importantly for MLPs, Section 330 expressly authorizes FQHCs to provide “enabling services,” including legal services/legal aid, either directly or through formal arrangements.<sup>86</sup>

HRSA has funded expansions of enabling services based on adding MLP services at those facilities. For example, in September 2015, supplemental funding was provided that could be used to increase availability of enabling services if the grantee could demonstrate that it would increase patient access to care.<sup>87</sup> This additional funding permitted several MLPs to add legal staff and expand services.<sup>88</sup>

Some funding sources may be available for specific populations. An important initiative and potential source of funding for some pediatric-focused MLPs is the Healthy Start initiative. Healthy Start was funded by the U.S. Health Resources and Services Administration in 1991 and was aimed at reducing the high infant mortality rate in certain areas of the country. It provides grants to partners who use community-driven strategies and enabling services in combination with healthcare to assist expectant mothers, infants, and families with young children.<sup>89</sup> One such program, Crozer-Keystone Healthy Start (CKHS) provides case management, health education, and social work services in Chester, Pennsylvania. In September 2010, CKHS was awarded funding to demonstrate the value of collaboration with attorneys to promote family advocacy within the Healthy Start model by adding MLP services to its capabilities.<sup>90</sup> To do so, CKHS partnered with the Health Education and Legal Assistance Project, and the MLP attorneys now work with the CKHS case managers to provide comprehensive legal and social assistance to the program participants. The program reaped several benefits from integrating the legal services, including an increased capacity to assist persons enrolled in the program. Prior to integrating legal services into the program, the case managers, social workers, and nurses spent time attempting to remedy situations that had a legal element or had to resort to referring persons with unmet legal needs to other resources with little assurance that the problems would be resolved.<sup>91</sup> Once legal services were readily accessible, the legal issues were dealt with more

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<sup>84</sup> Sandel, M. Hansen, M., Kahn, R., et al. (2010). Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations. *Health Affairs* 29(9):1697-1705. doi: 10.1377/hlthaff.2010.0038.

<sup>85</sup> Matthew, D. (2017). The Law as Healer: How Paying for Medical-legal Partnerships Saves Lives and Money. Center for Health Policy at Brookings. Retrieved from [https://www.brookings.edu/wpcontent/uploads/2017/01/es\\_20170130\\_medicallegal.pdf](https://www.brookings.edu/wpcontent/uploads/2017/01/es_20170130_medicallegal.pdf).

<sup>86</sup> *Id.* See Human Resources & Services Administration, Health Center Program, Service Descriptors for Form 5A: Services Provided (October 2014). Retrieved from <https://bphc.hrsa.gov/sites/default/files/bphc/programrequirements/scope/form5aservicedescriptors.pdf>

<sup>87</sup> Human Resources & Services Administration Health Center Program. Health Center Expanded Services Supplemental Funding Technical Assistance. Retrieved from <https://bphc.hrsa.gov/programopportunities/fundingopportunities/ExpandedServices/index.html>.

<sup>88</sup> Matthew, D. (2017). The Law as Healer: How Paying for Medical-legal Partnerships Saves Lives and Money. Center for Health Policy at Brookings. Retrieved from [https://www.brookings.edu/wpcontent/uploads/2017/01/es\\_20170130\\_medicallegal.pdf](https://www.brookings.edu/wpcontent/uploads/2017/01/es_20170130_medicallegal.pdf). For example, the Manchester Community Health Center in Manchester, New Hampshire operated an MLP that had to close due to the lack of a sustained funding stream. An HRSA grant enabled that center to form a new MLP in 2015. Theiss, J., Hagins, S., Regenstein, M. & Lawton, E. (2016). Building Resources to Support Civil Legal Aid at HRSA Funded Health Centers. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Building-Resources-to-Support-Civil-Legal-Aid-at-Health-Centers.pdf>.

<sup>89</sup> Healthy Start. Retrieved from <https://mchb.hrsa.gov/maternal-child-health-initiatives/healthy-start>.

<sup>90</sup> Atkins, D., Heller, S., DeBartolo, E. & Sandel, M. (2014) Medical-Legal Partnership and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy, *Journal of Legal Medicine*, 35(1) 195-209. doi: 10.1080/01947648.2014.885333.

<sup>91</sup> *Id.*

efficiently, which increased the program's capacity by freeing up the non-legal personnel to focus on other issues.<sup>92</sup>

MLPs serving elderly populations may benefit from funding and other assistance from similarly focused organizations. For example, Aging and Disability Resource Centers, funded through the Administration on Aging, could be a potential partner or funder of an MLP directed toward elderly clients.<sup>93</sup>

## *ii. Co-Location of Services*

One of the practical questions that must be addressed by each MLP concerns the physical location of the attorney's workplace. One model is for the legal partner to send a lawyer part-time to the healthcare site for intake while the lawyer keeps the center of operations at the legal partner's offices.<sup>94</sup> This "traveling lawyer" model can also involve visits to the clinic for collaboration with the medical team and for legal training of the healthcare staff.<sup>95</sup>

More fully integrated models dedicate the attorney full-time to the MLP and offices onsite at the clinic or hospital.<sup>96</sup> Some MLPs have either multiple healthcare partners or a single healthcare partner with multiple sites and may have attorneys share time between the locations.<sup>97</sup> There must also be staff support for scheduling and other administrative tasks, which could be supplied by either partner. An even more robust form of a partnership of this type involves a "team approach," in which lawyers, doctors, social workers, and other medical staff regularly collaborate to provide the most effective legal, medical, social services interventions for a particular client.<sup>98</sup> The Medical Legal Partnership for Children (MLPC) is representative of this model, incorporating individual advocacy on behalf of clients with input from clinicians and attorneys, training of healthcare workers on health-affecting legal issues, and systematic advocacy on behalf of children.<sup>99</sup>

The choice of office location is not a minor issue, as the ease and volume of referrals and the extent to which the lawyer can collaborate with the medical team on cases is affected by the attorney's physical proximity and workspace. Indeed, one founding MLP attorney identified office space as one of the most difficult issues to work out and one of the factors that limit expansion.<sup>100</sup> An office close to the clinical space aids collaboration and referrals but may not be conducive to confidential client meetings due to high foot traffic or noise level. An office that is not integrated into the facility may hamper collaboration and reduce referrals if the attorney is less visible to clinicians and more difficult

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<sup>92</sup> *Id.*

<sup>93</sup> Sandel, M. Hansen, M., Kahn, R., et al. (2010). Medical-legal partnerships: transforming primary care by addressing the legal needs of vulnerable populations. *Health Affairs* 29(9), 1697-1705. doi: 10.1377/hlthaff.2010.0038.

<sup>94</sup> Von Wilpert, M. (2013). Medical-Legal Partnerships in Mississippi: A Model to Improve Access to Justice, *Mississippi Law Journal*, 82:199. <http://mississippilawjournal.org/2014/11/medical-legal-partnerships-in-mississippi-a-model-to-improve-access-to-justice-2/>.

<sup>95</sup> Killelea, A. (2009). Collaborative Lawyering Meets Collaborative Doctoring: How a Multidisciplinary Partnership for HIV/AIDS Services Can Improve Outcomes for the Marginalized Sick, *Georgetown Journal on Poverty Law and Policy*, 16:413. [https://heinonline.org/HOL/Page?handle=hein.journals/geojpovlp16&div=21&g\\_sent=1&casa\\_token=&collection=journals](https://heinonline.org/HOL/Page?handle=hein.journals/geojpovlp16&div=21&g_sent=1&casa_token=&collection=journals).

<sup>96</sup> *Id.*

<sup>97</sup> *Id.*

<sup>98</sup> *Id.*

<sup>99</sup> *Id.*

<sup>100</sup> Personal Interview. See note 1.



for a referred patient to locate.<sup>101</sup> In addition to office space, there must be adequate equipment (i.e. telephone, copiers, computers, and secure storage for client files).<sup>102</sup>

Regardless of the particular staffing structure utilized, it is important for MLPs to foster interprofessional collaboration and agreement upon the mission and logistics of the MLP. This common vision facilitates the necessary level of teamwork and goal setting necessary to sustain the MLP.<sup>103</sup> This cooperation and shared input should be reflected in a Memorandum of Understanding between the legal and healthcare partners, a document that sets out the duties and responsibilities of each partner with respect to administrative tasks, education, program evaluation, funding, access to facilities and resources, and other details.<sup>104</sup>

### *iii. Screening and Referral Process*

Each MLP must work out a process whereby health-harming legal needs can be efficiently identified and patients referred to the MLP attorneys for additional triage and legal assistance.<sup>105</sup> This begins with either formal or informal screening of patients during their clinical appointments or hospitalizations. Effective screening procedures are a key feature of the preventive law approach, which is akin to preventative medicine, and recognizes that the healthcare setting is an opportunity to provide expertise and a welcoming atmosphere to identify and address legal problems before they become more serious and harder to remedy.<sup>106</sup> For example, patients with certain housing issues can be helped when those difficulties begin to arise rather than waiting until after eviction is imminent. In this way, screening can be seen as a sort of “legal checkup” that can prevent the exacerbation of legal issues and their associated health problems.<sup>107</sup>

Some formal tools have been developed to explore the unmet social needs most amenable to address as legal needs. One such approach—developed by the NCMLP—is the IHELP model: income supports and insurance, housing and utilities, employment and education, legal status,<sup>108</sup> and personal safety and family stability. In 2015, the National Association of Community Health Centers developed and tested the Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE) screening tool.<sup>109</sup> The PRAPARE tool includes screening questions regarding 16 core measures: race, ethnicity, migrant and/or seasonal farm work, veteran status,

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<sup>101</sup> Close physical proximity between the referring healthcare provider and the MLP attorney permits a “warm hand-off”, which is often “the quickest way to connect patients to the legal assistance they need, particularly among low-income or other vulnerable patients who may have competing priorities for their time and unreliable forms of communication or transportation.” National Center for Medical Legal Partnership (2018). Health Center Based Medical Legal Partnerships: Where They Are, How They Work, and How They are Funded. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2017/12/Health-Center-based-Medical-Legal-Partnerships.pdf>.

<sup>102</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910.

<sup>103</sup> *Id.*

<sup>104</sup> National Center for Medical Legal Partnership (2014). The Medical-Legal Partnership Toolkit Phase II: Building Infrastructure. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2017/11/MLP-Toolkit-Phases-I-and-II.pdf>.

<sup>105</sup> *Id.*

<sup>106</sup> Krishnamurthy, B., Hagins, S., Lawton, & E., Sandel. (2016). What We Know and Need to Know About Medical-Legal Partnership, 67 S.C. L. Rev. 377. [https://www.americanbar.org/content/dam/aba/images/office\\_president/krishnamurthy\\_whitepaper.pdf](https://www.americanbar.org/content/dam/aba/images/office_president/krishnamurthy_whitepaper.pdf).

<sup>107</sup> Carmean, M. (2012). Medical-Legal Partnerships: Unmet Potential for Legislative Advocacy. *Georgetown Journal on Poverty Law and Policy* 19: 499. [https://heinonline.org/HOL/Page?handle=hein.journals/geojpovlp19&div=25&g\\_sent=1&casa\\_token=&collection=journals](https://heinonline.org/HOL/Page?handle=hein.journals/geojpovlp19&div=25&g_sent=1&casa_token=&collection=journals).

<sup>108</sup> The conflict, marginalization, and language barriers that are associated with legal status can affect mental health and access to health and educational services. Matthew, D. (2017). Medical-Legal Partnerships and Mental Health: Qualitative Evidence That Integrating Legal Services and Health Care Improves Family Well-Being. *Hous. J. Health L. & Pol'y* 17: 343. [https://heinonline.org/HOL/Page?handle=hein.journals/hhp0117&div=10&g\\_sent=1&casa\\_token=&collection=journals](https://heinonline.org/HOL/Page?handle=hein.journals/hhp0117&div=10&g_sent=1&casa_token=&collection=journals).

<sup>109</sup> Regenstein, M., Trott, J., Williamson, A., & Theiss, J. (2018, 03). Addressing Social Determinants of Health Through Medical-Legal Partnerships. *Health Affairs*, 37(3), 378-385. doi:10.1377/hlthaff.2017.1264.

language, housing status, housing stability, address/neighborhood, education, employment, insurance, income, material security, transportation, social integration and support, and stress. It also includes optional measures addressing incarceration history, refugee status, safety, and domestic violence.<sup>110</sup> In addition, Health Leads, which is a program that links clinicians to community resources, developed a tool in 2016 that identifies resource needs including transportation, housing, food supports and similar services.<sup>111</sup> A recent tool released by the Centers for Medicare and Medicaid Services asks ten questions addressing the areas of housing, food, transportation, utilities and interpersonal safety.<sup>112</sup> Other MLPs have developed their own screening questions geared toward their particular patient populations and areas of focus.<sup>113</sup>

Several interviewed MLP attorneys noted that they do not use a formal screening process at their site due to the time pressures faced by the physicians and nurses.<sup>114</sup> Instead, the MLP attorneys train the healthcare personnel to informally discuss social and legal issues with their patients and to look for the types of concerns that should be referred to the MLP.<sup>115</sup> Screening has been identified as a challenging issue for MLPs, with only 63% of respondents to the NCMLP 2016 MLP Survey reporting that they have a formal screening process in place.

Some MLPs have had initiatives specifically related to screening. For example, the Cincinnati Child Health-Law Partnership, which is an MLP between the Legal Aid Society of Greater Cincinnati and Cincinnati Children's Hospital Medical Center ("ChildHelp"), has set goals to have SDOH screening in 90% of well-child visits, 90% of physicians trained to do such screening, and 90% of referrals actually connecting with the MLP legal staff for follow up, and 90% of referral outcomes recorded in the patient's chart.<sup>116</sup> With input from doctors, lawyers, and social workers, this MLP developed its own screening template and embedded it in the electronic health record.<sup>117</sup> Physicians with low screening rates received individual training. The MLP reached its 90% screening goal after 35 weeks. It continues to work on improvements, including ways to communicate back to doctors the results of the legal referrals in a way that protects client confidentiality. At an MLP at Arkansas Children's Hospital, a system notifies the physician when the screening responses indicate that a referral to the MLP or a social worker is needed, and if the MLP does become involved, there is a mechanism for reporting back to the physician.<sup>118</sup>

The procedures for referring patients to the MLP vary as well. Some MLPs have the healthcare provider make a referral in the same way that a referral to a medical specialist would be made: with a referral order generated and transmitted to the MLP.<sup>119</sup> Other referral systems are less formal and

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<sup>110</sup> National Association of Community Health Centers. PRAPARE. Retrieved from <http://www.nachc.org/research-and-data/prapare/>.

<sup>111</sup> Regenstein, M., Trott, J., Williamson, A., & Theiss, J. (2018, 03). Addressing Social Determinants of Health Through Medical-Legal Partnerships. *Health Affairs*, 37(3), 378-385. doi:10.1377/hlthaff.2017.1264

<sup>112</sup> *Id.*

<sup>113</sup> Personal Interviews. See note 1.

<sup>114</sup> Personal Interviews. See note 1.

<sup>115</sup> *Id.*

<sup>116</sup> Sandel, M., Hansen, M., Kahn, R., et al. (2010). Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations. *Health Affairs* 29(9):1697-1705. doi: 10.1377/hlthaff.2010.0038.

<sup>117</sup> Other MLP attorneys have noted the benefits of having screening information embedded in the electronic health records so that they are readily accessible by both the legal team and healthcare team. Personal Interviews. See note 1.

<sup>118</sup> Sandel, M., Suther, E., Brown, C., Wise, M., & Hansen, M. (2014). The MLP Vital Sign: Assessing and Managing Legal Needs in the Healthcare Setting. *Journal of Legal Medicine*, 35(1), 41-56. doi:10.1080/01947648.2014.884431.

<sup>119</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910.

consist of simply providing the patient the information and leaving follow-up to the patient or accompanying the patient to the MLP office where an appointment or initial consultation is made.<sup>120</sup> The procedures that provide for follow-up and/or a “warm handoff” to the MLP personnel can assist in tracking MLP performance metrics and increase the chances that there actually will be an initial interview with the MLP attorney.<sup>121</sup>

Some MLPs have had success integrating other professionals into their work as well, particularly in the screening and initial intake. This is particularly helpful where the physician time is limited. One development that may help ease the time pressure of screening is new guidance that healthcare organizations are permitted to use non-physician documentation to support ICD-10 coding for common socioeconomic issues.<sup>122</sup> In other words, the notes of social workers, case managers, and other team members can support the coding of issues relating to employment, housing, social environment, family circumstances, etc., even if the services provided to remedy the issues are not necessarily reimbursable.<sup>123</sup>

In addition, the involvement of social workers, community healthcare workers, and similar professionals can be invaluable in the process of serving referred patients because some health-affecting legal needs have components that can be handled by a social worker or other professionals. For clients experiencing food insecurity, there may be steps that can be taken through a case manager or social worker to connect the client with available resources and to assist with the application process. On the other hand, if the issue is improper denial of benefits, legal representation may be more appropriate. For example, an MLP connected to Roswell Park Cancer Institute in Buffalo, New York, has a full-time social worker and a part-time attorney.<sup>124</sup> The MLP social worker handles initial triage by determining eligibility and services needed and then coordinates the details of the case referral. Both the social worker and the attorney make home visits as needed.<sup>125</sup> Similarly, at the Health Justice Project in Erie Pennsylvania, two full-time employees at Erie Family Health Center operate as Social Determinants of Health Specialists to conduct initial intake of patients referred by the healthcare professionals.<sup>126</sup> They also work to ensure that the referred patient understands the MLP and consents to legal and social interventions.<sup>127</sup> One MLP that takes a slightly different approach to staffing is the Highland Health Advocates, which operates as a “help desk” in an emergency department.<sup>128</sup> It is staffed by undergraduate volunteers who, under the supervision of social workers, help patients navigate resources available for their needs and, as necessary, refer patients for legal services from

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<sup>120</sup> *Id.*

<sup>121</sup> *Id.*

<sup>122</sup> Health IT Analytics (June 13, 2018). ICD-10 Allows Non-Physician Documentation of Social Determinants. Retrieved from <https://healthitanalytics.com/news/icd-10-allows-non-physician-documentation-of-social-determinants>.

<sup>123</sup> *Id.*

<sup>124</sup> Rodabaugh, K. J., Hammond, M., Myszka, D., & Sandel, M. (2010). A Medical–Legal Partnership as a Component of a Palliative Care Model. *Journal of Palliative Medicine*, 13(1), 15–18. doi:10.1089/jpm.2009.0203.

<sup>125</sup> *Id.*

<sup>126</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113–148, doi: 10.1080/01947648.2014.884910.

<sup>127</sup> *Id.*

<sup>128</sup> Losonczy L., Hsieh D., Wang M, et al (2017) The Highland Health Advocates: A Preliminary Evaluation of a Novel Programme Addressing the Social Needs of Emergency Department Patients. *Emerg Med J* 34:599–605. <https://emj.bmj.com/content/34/9/599>.

MLP attorneys.<sup>129</sup> The students also make follow-up calls with patients to ensure that they made the necessary connections with the referred resources.<sup>130</sup>

*iv. Educational Component*

Because clinicians are the first point of contact for potential MLP clients, their ability to understand how legal intervention can help their patients is important to the success of the MLP. Both the Association of American Medical Colleges (AAMC) and the Accreditation Council for Graduate Medical Education (ACGME) have included among their core competencies for medical students an understanding of issues of social inequities and knowledge regarding community healthcare needs and resources.<sup>131</sup> Accordingly, MLPs often incorporate some sort of education component into their program, ranging from presentations in meetings, grand rounds sessions, conferences and boot camps, and formal curriculum in health schools and programs.<sup>132</sup>

The efforts undertaken by MLPs to educate clinicians are often very effective in increasing awareness and understanding of SDOH and their associated legal issues. For example, LegalHealth, an MLP in New York, developed onsite legal clinics for healthcare and social workers at 16 healthcare sites. According to surveys taken before and after the classes, participants demonstrated an improved attitude toward the responsibility of physicians to help patients find legal services (21% to 52%) and changed behavior with respect to referring patients to legal services (15% to 54%). The participating residents also gained knowledge regarding paperwork requirements for patients seeking government benefits (42% to 62%).<sup>133</sup> Similarly, 83% of participants in poverty simulations and boot camp trainings developed by Boston MLP reported that they planned to make changes to their practice because of the training, and 97% believed that the training helped them to effectively screen for legal needs.<sup>134</sup> When the ChildHelp MLP<sup>135</sup> trained pediatric residents in the Cincinnati pediatric hospital, the trained residents reported feeling more knowledgeable about SDOH as compared to a control group who did not take the training (100% s. 64%).<sup>136</sup>

Some MLPs supplement their educational classes and presentations with written materials supplied to the professionals working at the partnering healthcare entity. These materials can include manuals or brochures regarding legal topics, sample forms and correspondence to be used as models for documents such as medical necessity letters, and other resources.<sup>137</sup>

Because MLP focuses on the nexus between law and health, the educational efforts of MLPs can also extend law students and health students in order to foster more collaborative interprofessional

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<sup>129</sup> *Id.*

<sup>130</sup> *Id.*

<sup>131</sup> Tobin Tyler, E. (2008) Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality. *J. Health Care L. & Pol'y* 11(249). Retrieved from <http://digitalcommons.law.umaryland.edu/jhclp/vol11/iss2/4>.

<sup>132</sup> Cohen, E., Fullerton, D. F., Retkin, R., Weintraub, D., Tames, P., Brandfield, J., & Sandel, M. (2010). Medical-Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities. *Journal of General Internal Medicine*, 25(S2):136-139. doi:10.1007/s11606-009-1239-7.

<sup>133</sup> Tobin Tyler, E. (2008) Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality. *J. Health Care L. & Pol'y* 11(249). <http://digitalcommons.law.umaryland.edu/jhclp/vol11/iss2/4>.

<sup>134</sup> *Id.*

<sup>135</sup> See also page 16 and 25.

<sup>136</sup> Murphy, J., Lawton, E., & Sandel, M. (2015). Legal Care as Part of Health Care: The Benefits of Medical-Legal Partnership. *Pediatric Clinics of North America*, 62(5):1263-71. doi: 10.1016/j.pcl.2015.06.001.

<sup>137</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910.

relationships. For example, the Roger Williams University School of Law has collaborated with Brown Medical School to offer a seminar that brings medical and law students together to discuss ethical issues, practice interdisciplinary problem-solving, and explore topics such as poverty and childhood asthma, substandard housing and lead poisoning, educational rights, and family violence.<sup>138</sup>

Partnerships between MLPs and law schools can provide additional legal resources to the work of the MLP. With appropriate supervision by licensed attorneys, law students can help represent MLP clients. Indeed, in many law schools, law students can enroll in clinics geared toward certain issues, such as elder law, immigration, education, or health-harming legal needs in general, and the students can gain valuable experience and class credit while contributing valuable legal services. Many MLPs take advantage of such partnerships.<sup>139</sup> For example, an MLP clinic at Penn State's law school partners with two medical clinics and other community organizations to reduce health disparities and improve health in vulnerable communities.<sup>140</sup> In addition to providing hands-on experience in MLP casework, the clinic also has class sessions that focus on the legal topics, advocacy strategies, social justice issues, health reform, and health disparities.<sup>141</sup> In this way, the law school can produce law graduates with practical experience with interprofessional collaboration, and an understanding of the social and health consequences of legal problems.

#### *v. Policy Advocacy*

The collaborative efforts of healthcare professionals and attorneys can result in opportunities to address systemic policies and issues to try to extend the impact beyond the individual concerns of MLP clients. These policy advocacy efforts can include ensuring that agencies abide by existing regulations, seeking regulatory or statutory changes at the local, state, or national level, or advocating against the implementation of policies that will be harmful to the health of vulnerable populations.<sup>142</sup>

For example, MLPs have participated in the federal regulatory process on topics such as housing vouchers and Social Security disability benefits requirements by providing insight into the link between such regulations and health.<sup>143</sup> When clinicians at Seattle Children's Hospital noted that the low rates of reimbursement for at home nursing care hampered their ability to discharge children who needed ventilators, the hospital's MLP filed a lawsuit to ensure that children dependent on ventilators could obtain authorization for home care. This litigation created momentum for a state law change that increased reimbursement rates for home nursing care.<sup>144</sup>

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<sup>138</sup> Tobin Tyler, E. (2008) Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality. *J. Health Care L. & Pol'y* 11(249). <http://digitalcommons.law.umaryland.edu/jhclp/vol11/iss2/4>.

<sup>139</sup> The NCMLP 2016 MLP Survey found that twenty percent of the legal partners in MLPs were law schools. Regenstein, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.

<sup>140</sup> Penn State Dickinson Law. Medical Legal Partnership Clinic. Retrieved from <https://dickinsonlaw.psu.edu/academics/experiential-learning/clinics/medical-legal-partnership-clinic>.

<sup>141</sup> *Id.*

<sup>142</sup> Atkins, D., Heller, S. M., Debartolo, E., & Sandel, M. (2014). Medical-Legal Partnership and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy. *Journal of Legal Medicine*, 35(1), 195-209. doi:10.1080/01947648.2014.885333. See also Section IV.B.

<sup>143</sup> Sandel, M. Hansen, M., Kahn, R., et al. (2010). Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations. *Health Affairs* 29(9):1697-1705. doi: 10.1377/hlthaff.2010.0038.

<sup>144</sup> Marple, K., Dexter, E. (2018). Helping Kids Get At-Home Care. <https://medical-legalpartnership.org/wp-content/uploads/2018/04/Helping-Kids-Get-At-Home-Care.pdf>.

vi. *Data Collection and Program Evaluation*

One of the important components of a successful and sustainable MLP is the ability to capture data regarding activities, outcomes, and impact. This data is necessary to evaluate and improve the performance of the MLP and to demonstrate its value to its partners, funding sources, and other stakeholders. Here again, the extent to which MLPs engage in data collection and formal program evaluation varies.

Data collection can involve three types of measures: (i) the quantifiable activities and programming undertaken by MLP personnel; (ii) the outcomes of those activities on the patient, provider and organization level; and, (iii) impacts of those activities on patient health, healthcare costs, and healthcare improvement.<sup>145</sup>

Most MLPs collect at least basic statistics on the demographic information of clients, numbers of cases, hours spent, case outcomes etc. The attorneys often use legal case management software to track this information. In fact, MLPs involving legal partners funded by the LSC are required to track certain information regarding clients and the legal work provided to them as part of the requirements for LSC funding.<sup>146</sup>

Other MLPs go beyond tracking the basic data of the MLP and undertake a more formal program evaluation process. There are some publicly available results of such evaluations, which give insight into the ways in which certain MLPs structure their data collection and program evaluation efforts.<sup>147</sup> The HeLP MLP in Atlanta, Georgia, is an example of an MLP that devotes significant time and resources to program evaluation. Even before the MLP began operating, it planned for the eventual evaluation of its program by obtaining IRB approval for a comprehensive evaluation of its services.<sup>148</sup> The IRB application set forth a process to survey the parents or legal guardians of adolescents who had turned 18 years of age but who continued to receive care at the MLP's healthcare partners, as well as participants in HeLP's educational programs, regarding their satisfaction with the MLP services. Interview scripts and surveys were developed along with informed consent documents, intake forms, checklists, and various authorization forms.<sup>149</sup>

According to the 2014 evaluation report from HeLP's independent evaluator, the subjects of the data collection are the referring healthcare professionals, the professionals and students who participate in the MLP's educational efforts, and the clients served by the MLP.<sup>150</sup> The metrics included satisfaction with and effectiveness of the educational programming, feedback regarding referral process, the efficiency and quality of communication, client understanding of and satisfaction

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<sup>145</sup> National Center for Medical-Legal Partnership (2016), Performance Measures Handbook. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2015/08/MLP-Performance-Measures-Handbook-Apr-2016.pdf>.

<sup>146</sup> Legal Services Corporation (2017). Case Service Report Handbook. Retrieved from <https://lsc-live.app.box.com/s/ksoedr0f3p47ai48sjdg9izhfdp55r4e>.

<sup>147</sup> See, e.g., Project HEAL (Health, Education, Advocacy and Law) at Kennedy Krieger Institute. The Impact of Medical-Legal Partnership (February 10, 2014). Retrieved from <https://www.kennedykrieger.org/sites/default/files/library/documents/community/maryland-center-for-developmental-disabilities-mcdd/dissemination-of-information/hcsa-project-heal.pdf>; Medical Legal Partnership for Children in Durham Initial Year Report (March 2008). Retrieved from <https://law.duke.edu/partnershipforfamilies/downloads/MLPCAnnualReport.pdf>.

<sup>148</sup> Pettignano, R., Bliss, L., & Caley, S. The Health Law Partnership: A Medical-Legal Partnership Strategically Designed to Provide a Coordinated Approach to Public Health Legal Services, Education, Advocacy, Evaluation, Research, and Scholarship, (2014) *J. Legal Med.* 35:57. doi: 10.1080/01947648.2014.884892.

<sup>149</sup> *Id.*

<sup>150</sup> Georgia Health Policy Center, FY14 HeLP Annual Evaluation Summary. Retrieved from <https://healthlawpartnership.org/wp-content/uploads/sites/2/2015/06/FY14-Eval-Rpt-Presentation-12-11-14-.pdf>.

with the legal services provided by MLP attorneys, demographic data relating to clients, and patient-reported outcomes relating to their health and well-being both before and after receiving MLP services.<sup>151</sup> The 2014 program evaluation results included substantial majorities of participants reporting that the educational services were valuable and increased the likelihood that they would refer patients to the MLP. In addition, based on the survey of clients, legal services result in improvements in the health, financial condition, and overall well-being of clients.<sup>152</sup> The program evaluation results are used by HeLP to test the quality of their procedures and make improvements, support fundraising, motivate students and professionals to participate in the educational programs, stimulate volunteer assistance, and encourage a high referral rate.<sup>153</sup> In addition, the planning process for the upcoming year is built around the evaluation results, which are discussed and guide the process changes and priorities for the year.<sup>154</sup>

Even if an MLP's program evaluation is not as extensive or formalized as the one at HeLP, there are still opportunities for MLPs to describe their successes and encourage support and participation from their stakeholders. For example, written materials and videos discussing representative cases, policy advocacy efforts, and other issues can be distributed on a regular basis in email communications, blogs, newsletters, and the like to keep partners and the public informed of the MLPs activities.<sup>155</sup>

## IV. MLP BENEFITS AND OUTCOMES

As interest in the MLP model has grown, there have been efforts to measure the benefits. Although additional work is needed to fill gaps in the body of research, there are studies demonstrating that the legal interventions MLPs provide make a positive difference in several areas, such as access to healthcare, improved housing situations, improved adherence to medical treatment and preventative care measures, reduced stress levels, lower utilization of emergency services, and policy changes beneficial to the target populations.

### A. Financial Outcomes for Patient and Family and Access to Benefits

There is significant evidence that MLPs have experienced success in securing positive financial outcomes for patients and their families, including increased access to benefits such as healthcare coverage and support services. For example, over a period of approximately 6.5 years, the families of

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<sup>151</sup> *Id.*

<sup>152</sup> *Id.*

<sup>153</sup> *Id.*

<sup>154</sup> *Id.*

<sup>155</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910.

76 children with sickle-cell disease were referred to the HeLP MLP for legal intervention.<sup>156</sup> There were 106 initial case problems identified among this group. Of the 106 cases, 99 were closed during the period of study and 21 of those cases resulted in a measurable gain of benefits, which was calculated by estimating the present fair-market value of the individual benefit obtained.<sup>157</sup> The overall annualized financial impact attributed to obtaining public benefits, education, employment, healthcare, and housing was estimated to be \$778,068.<sup>158</sup>

These benefits can also serve the dual purpose of helping families and training students. For example, the Erie Family Health Center, Legal Assistance Foundation Chicago (LAF) and Loyola University Chicago founded the Health Justice Project, which had a high level of involvement from students of law, medicine, social work, and public health. Between early January 2010 and April 2013, they tracked the amount of reimbursements and financial benefits they obtained on behalf of clients. Under supervision by MLP attorneys, the students assisted more than 1,200 patients, obtaining more than \$600,000 in medical debt forgiveness, \$200,000 in Social Security benefits, housing expense reductions of \$38,000, and \$550,000 in Medicaid reimbursement to the Health Center.<sup>159</sup>

Another potential metric concerns the persistent problem of consistently affording utility service. The lack of air conditioning or heat can have direct health impacts depending on the location and the season.<sup>160</sup> One study in a pediatric emergency department in Philadelphia found that 31% of families faced energy insecurity, which is defined as having experienced, in the past year, either a threatened or actual utility shut-off or refusal to deliver heating fuel, or an unheated or uncooled day because of the inability to pay the utility bill.<sup>161</sup> To the extent that MLP services provide any financial recovery, such as retroactive benefits or debt relief, this can help alleviate energy insecurity.<sup>162</sup> More directly, PhilaKids MLP in Philadelphia worked with its healthcare professionals on its processes to approve Certificates of Medical Necessity (COMN), which can prevent utility shut-offs by certifying that the cessation of utility services would aggravate a serious illness. The MLP helped the medical practitioners to develop a set of standardized medical criteria to use when evaluating the COMN requests. A study of the effects of that program found that energy insecurity was the third most commonly identified legal need among the patients at the healthcare partner.<sup>163</sup> Prior to the agreement to specific medical criteria for COMNs, 52% of utility related COMNs were approved by the

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<sup>156</sup> Pettignano, R., Caley, S. B., & Bliss, L. R. (2011). Medical-Legal Partnership: Impact on Patients With Sickle Cell Disease. *Pediatrics*, 128(6). doi:10.1542/peds.2011-0082.

<sup>157</sup> *Id.*

<sup>158</sup> *Id.*

<sup>159</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910.

<sup>160</sup> Children living with energy insecurity are more likely to be hospitalized and are at greater risk for growth and developmental delays. Taylor, D. R. & Bernstein, B. A. & Carroll, E. & Oquendo, E. & Peyton, L. & Pachter, L. M. (2015). Keeping the Heat on for Children's Health: A Successful Medical-Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children. *Journal of Health Care for the Poor and Underserved* 26:676-685. Johns Hopkins University Press. Retrieved September 29, 2018, from Project MUSE database.

<sup>161</sup> *Id.*

<sup>162</sup> Regenstein, M., Trott, J., Williamson, A., & Theiss, J. (2018). Addressing Social Determinants of Health Through Medical-Legal Partnerships. *Health Affairs*, 37(3), 378-385. doi:10.1377/hlthaff.2017.1264

<sup>163</sup> Lack of health insurance was the most commonly identified legal need, followed by food insecurity. Taylor, D. R. & Bernstein, B. A. & Carroll, E. & Oquendo, E. & Peyton, L. & Pachter, L. M. (2015). Keeping the Heat on for Children's Health: A Successful Medical-Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children. *Journal of Health Care for the Poor and Underserved* 26:676-685. Johns Hopkins University Press. Retrieved September 29, 2018, from Project MUSE database.



healthcare provider. After the agreed protocol was put into place, 86% of requested COMN were approved, representing a statistically significant improvement.<sup>164</sup>

## B. Healthcare Partner Return on Investment

The financial benefits discussed in the preceding section can also inure to the MLP healthcare partner. For example, MLP attorneys may represent clients in obtaining insurance coverage for healthcare or for past medical debt. In so doing, there is the collateral benefit to the hospital for every successfully resolved medical billing or benefits denial case because the hospital can seek reimbursement for the costs of medical services rendered. For hospitals that serve as a safety net for otherwise uninsured or underinsured patients, this can result in a large amount of funds being recovered by the hospital.<sup>165</sup>

Several MLPs have attempted to quantify the positive return on investment that can accrue from having an MLP at a hospital or clinic. One study on this topic was undertaken by James Teufel and his team at a rural MLP in Illinois. In a 2008 study, Teufel et al. analyzed data for the period of 2002-2006 to determine a return on investment over a four-year period based on the Medicaid returns obtained by the MLP.<sup>166</sup> The study determined that the healthcare partner had spent \$115,438 on the MLP across the study period. Based on 20 clients with documented Medicaid services and benefits arising from the MLP work, the healthcare entities collected \$296,704 in reimbursement, representing a 149% return on investment.<sup>167</sup> Teufel later did a follow-up study and added in data from 2007-2009. When the data from both periods was combined, the return on investment for the hospital was 271% or \$626,737.<sup>168</sup>

In a 2010 study, researchers calculated that an MLP serving the legal needs of cancer patients generated a return to a cancer center of nearly \$923,188 on cases for 17 clients by resolving previously denied benefit claims.<sup>169</sup>

## C. Healthcare Access and Utilization of Primary and Preventative Care

Some studies have analyzed whether the legal interventions provided by MLPs enable their clients to better utilize primary care services and preventative measures such as immunizations. Project DULCE (Developmental Understanding and Legal Collaboration for Everyone) was a

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<sup>164</sup> Taylor, D. R. & Bernstein, B. A. & Carroll, E. & Oquendo, E. & Peyton, L. & Pachter, L. M. (2015). Keeping the Heat on for Children's Health: A Successful Medical-Legal Partnership Initiative to Prevent Utility Shutoffs in Vulnerable Children. *Journal of Health Care for the Poor and Underserved* 26(3), 676-685. Johns Hopkins University Press. Retrieved September 29, 2018, from Project MUSE database.

<sup>165</sup> Knight, R (2008). Health Care Recovery Dollars: A Sustainable Strategy for Medical-Legal Partnership? Medical Legal Partnership for Children at Boston Medical Center. Retrieved from <https://static1.squarespace.com/static/5373b088e4b02899e91e9392/t/53cd59cae4b02facb9407e39/1405966794425/Medical-Legal+Partnership+Health+Care+Recovery+Dollars.pdf>.

<sup>166</sup> Teufel, J. A., Brown, S. L., Thorne, W., Goffinet, D. M., & Clemons, L. (2008). Process and Impact Evaluation of a Legal Assistance and Health Care Community Partnership. *Health Promotion Practice*, 10(3), 378-385. doi:10.1177/1524839907312702.

<sup>167</sup> *Id.*

<sup>168</sup> Teufel, J. A., Werner, D., Goffinet, D., Thorne, W., Brown, S. L., & Gettinger, L. (2012). Rural Medical-Legal Partnership and Advocacy: A Three-Year Follow-up Study. *Journal of Health Care for the Poor and Underserved*, 23:705-714. doi:10.1353/hpu.2012.0038.

<sup>169</sup> Rodabaugh, K. J., Hammond, M., Myszk, D., & Sandel, M. (2010). A Medical-Legal Partnership as a Component of a Palliative Care Model. *Journal of Palliative Medicine*, 13:15-18. doi:10.1089/jpm.2009.0203.

randomized controlled trial conducted within Boston Medical Center's Pediatrics Department from 2010-12.<sup>170</sup> This study involved 330 families of healthy newborns receiving primary care at the hospital. Families were randomly assigned to a family specialist intervention, who utilized components of Healthy Steps and MLP models. The assigned group was compared with a control group comprised of families that did not receive the intervention with regard to use of preventative care, emergency room visits, and access to supports at baseline, six months, and one year. The assigned families received home visits and other contact with the family specialist and MLP lawyers from MLP Boston. The study found that, at the six-month mark, the intervention group members were significantly more likely to have had the recommended immunizations and had significantly fewer emergency room visits, though the differences were no longer statistically significant at one year.<sup>171</sup>

A 36-month prospective cohort study of the impact of the MLP services was conducted at the Peninsula Family Advocate Program MLP.<sup>172</sup> Participants received free legal services to resolve issues—including insurance, benefits, erroneous medical billing, family law, immigration, education services, and housing—and referrals to other agencies for other legal concerns and for social services. Assessments were conducted at the initial legal intake and at six months after legal case-closing. The Wilcoxon signed rank test was performed to baseline and follow-up values for food and income supports, recent well-child care, immunization status, health insurance, recent hospitalization, and avoidance of healthcare. While the sample size was relatively small, the results showed significantly increased proportions of families using food and income supports, and significantly decreased proportions of families avoiding healthcare due to lack of health insurance or concerns about cost.<sup>173</sup> Two-thirds of participants reported that they believed the health and well-being of their child improved. The study did not find any significant changes in numbers of acute care visits, emergency room visits, or missed school days.<sup>174</sup>

## D. Housing

Housing is an area where MLP legal interventions have been particularly effective. For example, a 2016 comparative case study found that patients living in the Dorchester area of Boston referred to Medical Legal Partnership Boston were more likely to improve the condition of their current housing than were patients who did not receive the MLP's legal services. Nearly half of the MLP clients relocated to different, and often better, housing. Only 17% of MLP clients had no change in housing conditions as compared to 66% of patients who did not receive the MLP services.<sup>175</sup>

<sup>170</sup> Sege, R., Prier, G., Morton, S. J., Cabral, H., Morakinyo, O., Lee, V., . . . Kaplan-Sanoff, M. (2015). Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial. *Pediatrics*, 136: 97-106. doi:10.1542/peds.2014-2955.

<sup>171</sup> *Id.* Infants in the intervention group were more likely to have completed their 6-month immunization schedule by age 7 months (77% vs 63%,  $P < .005$ ) and by 8 months (88% vs 77%,  $P < .01$ ). Intervention infants were more likely to have 5 or more routine preventive care visits by age 1 year (78% vs 67%,  $P < .01$ ) and were less likely to have visited the emergency department by age 6 months (37% vs 49.7%,  $P < .03$ ). The DULCE program also accelerated access to support resources ( $P = .029$ ). *Id.*

<sup>172</sup> Weintraub, D. & Rodgers, M. A. & Botcheva, L. & Loeb, A. & Knight, R. & Ortega, K. & Heymach, B. & Sandel, M. & Huffman, L. (2010). Pilot Study of Medical-Legal Partnership to Address Social and Legal Needs of Patients. *Journal of Health Care for the Poor and Underserved* 21(2), 157-168. Johns Hopkins University Press. <https://pdfs.semanticscholar.org/ba04/c9307a7e933c886f49f002b33d60af760ac7.pdf>.

<sup>173</sup> *Id.*

<sup>174</sup> *Id.*

<sup>175</sup> Hernandez, D. (2016). Extra oomph: addressing housing disparities through Medical Legal Partnership interventions. *Housing Studies*, 31(7), 871-890. doi:10.1080/02673037.2016.1150431.

Legal interventions regarding substandard housing was the subject of a 2009 case study of work by Child HeLP.<sup>176</sup> The MLP identified a case involving the rental unit of two children who were receiving healthcare at the pediatric primary care center associated with the MLP. One of the children had been diagnosed with an elevated lead level, and both had asthma. During screening, they reported pest infestation, peeling paint, and water leakages in their home. Three similar referrals followed over subsequent weeks, and it was discovered that those children lived in units rented by the same developer.<sup>177</sup> The asthma prevalence at these locations was 35% (compared to 19% in the population served by the healthcare partner).<sup>178</sup> The MLP legal advocates helped to organize a tenant association comprised of tenants from each complex owned by this developer that had similar problems. The MLP then represented the tenant association to obtain the repairs needed to bring the buildings up to code standards. Through this work, 11 complexes received significant systematic repairs such as new roofs, replacement of sewage systems, and improved pest management and some families were moved to better housing.<sup>179</sup> Thus, the screening of patients helped to identify a cluster of unsafe housing and enabled Child HeLP to secure significant improvements for their clients and similarly situated residents.

## E. Stress and Perceived Health and Well-Being

One of the reasons legal problems are often so closely linked with health is that the resulting stress, distraction, and drain on mental, financial, and time resources can cause physical symptoms and interfere with medical compliance and health habits. As a consequence, some of the MLP studies have focused on the impact that MLP legal services have on measures of stress and clients' sense of well-being.

A 2012 study used survey tools to measure the stress and wellbeing levels of 104 patients referred to an MLP in Arizona.<sup>180</sup> Two survey instruments, the Measure Yourself Concerns and Wellbeing test, and Perceived Stress Scale test were administered prior to and after MLP services and a paired sample t-test measured the changes in mean pre- and post-service levels of stress and well-being. The results showed statistically significant improvements in the mean level of perceived well-being and lower stress levels.<sup>181</sup>

LegalHealth, an MLP focused on providing legal services to cancer patients, conducted a pilot survey of their clients.<sup>182</sup> The survey respondents reported that the legal assistance they received had positive effects: 75% reported reduced stress and 50% noted a positive effect on family members.<sup>183</sup>

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<sup>176</sup> Beck, A., Klein, M., Schaffzin, J., Tallent, V., Giliam, M. & Kahn, R. (2012). Identifying and Treating a Substandard Housing Cluster Using a Medical-Legal Partnership. *Pediatrics*, 130(5). doi:10.1542/peds.2012-0769d.

<sup>177</sup> *Id.*

<sup>178</sup> *Id.*

<sup>179</sup> *Id.*

<sup>180</sup> Ryan, A. M., Kutob, R. M., Suther, E., Hansen, M., & Sandel, M. (2012). Pilot Study of Impact of Medical-Legal Partnership Services on Patients' Perceived Stress and Wellbeing. *Journal of Health Care for the Poor and Underserved*, 23(4), 1536-1546. doi:10.1353/hpu.2012.0179.

<sup>181</sup> *Id.*

<sup>182</sup> Fleishman SB, Retkin R, Brandfield J, et al. (2006). The Attorney as the Newest Member of the Cancer Treatment Team. *J Clin Oncol*. 24:2123–2126. <https://pdfs.semanticscholar.org/8f87/1752079fabbb4dd458d65f8dd7cadaacbd7a.pdf>.

<sup>183</sup> *Id.*

In addition, 30% reported that provision of integrated legal services enhanced their treatment compliance.<sup>184</sup>

## F. Health Effects

Although small in scale, a 2012 study showed significant health improvements among 12 adult asthma patients who received legal assistance for unsafe housing from an MLP in New York City.<sup>185</sup> The MLP helped these patients to obtain remediation of unsafe housing conditions, such as pest infestation and mold, and compared the severity of their asthma symptoms before and after the housing improvements. The clients had reduced emergency room visits and hospital readmissions, including a decrease from 22 emergency room visits and 11 readmissions to 2 emergency room visits and 1 readmission.<sup>186</sup> Eleven of the twelve clients experienced a decrease in asthma severity by two or more levels. All of the clients were able to reduce the amount of medications and the mean peak expiration flow rate of the group showed a statistically significant improvement as well.<sup>187</sup>

# V. CHALLENGES FACING MLPs

MLPs face various challenges to their continued growth and effectiveness, largely stemming from the fact that the MLP model is a relatively new approach in a complex and changing healthcare environment. Three particularly important issues concern the relationship between the legal and healthcare partner (and the latter's level of engagement in the MLP's activities), the need to grow the evidence base regarding MLP activities and outcomes, and sustainable funding. These challenges are interrelated. For example, the evidence base supporting a given MLP's efficacy can affect the healthcare partner's level of involvement and the amount of funding available to the MLP.

## A. Level of Participation from the Healthcare Partner

Although the daily activities of the MLP are focused on legal work, an MLP benefits greatly from a highly engaged healthcare partner and strong working relationships between the healthcare and legal professionals. The need for a vocal and influential medical champion has been often cited as a

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<sup>184</sup> *Id.*

<sup>185</sup> O'Sullivan, M., Brandfield, J., Hoskote, S., Segal, S., Chug, L., Modrykamien, A. & Eden, E. (2012) Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study, *Journal of Asthma*, 49(9), 911-917, doi: 10.3109/02770903.2012.724131.

<sup>186</sup> *Id.*

<sup>187</sup> *Id.*

key ingredient to a successful MLP.<sup>188</sup> The quantity and quality of referrals can be affected by the extent to which the healthcare partner understands the mission of the MLP, is educated on health-harming legal needs, and is willing to invest time and resources to work collaboratively with the MLP attorneys.<sup>189</sup> Lack of buy-in to the MLP approach among clinicians can reduce the effectiveness of the model.

Several factors can contribute to a disconnect between the healthcare partner and the legal partner. First, some commentators have noted that there are natural differences in the way that attorneys and physicians approach problems. Physicians are generally trained to try to find an absolute answer, where legally trained professionals are more comfortable with situations that are gray and may not allow for clear non-binary options within an adversarial system.<sup>190</sup> Second, there is often concern on behalf of doctors that the presence of attorneys may lead to malpractice claims or interference in their medical practices though no known MLP handles personal injury lawsuits. Third, time pressure, financial strain, and medical staff turnover may distract the healthcare clinicians from supporting the work of the MLP.

There are measures that can be taken to avoid these issues and to ensure that the relationship with the healthcare partner is a strong one. Some steps to avoid problems can be taken prior to the formation of the MLP itself. In one case study, it was noted that the Child HeLP MLP convened meetings and planning sessions with medical champions before its launch.<sup>191</sup> Medical champions were involved in drafting the mission, strategic plan, staffing model, budget, fundraising plan, and procedures for communication and referrals.<sup>192</sup> An advisory council comprised of community leaders and medical and legal advisors was formed. The MLP was introduced to the healthcare workers in divisional meetings, education sessions, and by written communications.<sup>193</sup> The healthcare partner worked with the attorneys to adjust EMR questions to include legal screening.<sup>194</sup>

Similarly, researchers in Kansas City studied three healthcare centers implementing MLPs over a three year period to see how effective the MLPs advocacy efforts was in spurring institutional policy and practice changes within those institutions. They found that activities such as presentations to clinicians, meetings with medical champions, formations of advisory boards, and other activities was correlated with institutional changes and increased referrals to the MLP.<sup>195</sup>

After the MLP is operating, successful MLPs have worked to keep the lines of communication and collaboration open and to demonstrate the value of the MLP both to individual referring

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<sup>188</sup> National Center for Medical Legal Partnership (2014). The Medical-Legal Partnership Toolkit Phase I: Laying the Groundwork. Retrieved from <https://kresge.org/sites/default/files/Uploaded%20Docs/Medical-Legal-Partnership-toolkit-phase-I.pdf>. Personal Interviews. See note 1.

<sup>189</sup> Personal Interviews. See note 1.

<sup>190</sup> Tobin Tyler, E. (2008). Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality. *J. Health Care L. & Pol'y* 11(249). Retrieved from <http://digitalcommons.law.umaryland.edu/jhclp/vol11/iss2/4>.

<sup>191</sup> Klein, M. D., Beck, A. F., Henize, A. W., Parrish, D. S., Fink, E. E., & Kahn, R. S. (2013). Doctors and Lawyers Collaborating to HeLP Children—: Outcomes from a Successful Partnership between Professions. *Journal of Health Care for the Poor and Underserved*, 24:1063-1073. doi:10.1353/hpu.2013.0147.

<sup>192</sup> *Id.*

<sup>193</sup> *Id.*

<sup>194</sup> *Id.*

<sup>195</sup> Anderson-Carpenter, K., Collie-Akers, V., Colvin, J., & Cronin, K. (2013). The Role of Advocacy in Occasioning Community and Organizational Change in a Medical-Legal Partnership. *Journal of Prevention & Intervention in the Community*. 41: 167-75. doi: 10.1080/10852352.2013.788343.

physicians<sup>196</sup> and to the healthcare institution as a whole. Often building a track record of better outcomes for the referring physician's patients is the most persuasive proof that when attorneys and clinicians work collaboratively on cases, it enhances the work of each.<sup>197</sup> Several MLP attorneys mentioned the importance of collaborating on documents such as medical necessity letters. They said that often the doctors were unaware of the level of detailed factual information needed to support claims of medical necessity and that attorney input led to more complete and effective documentation.<sup>198</sup> In addition, having access to the information and perspective the healthcare provider can provide (e.g. in affidavits and testimony concerning the health effects of housing violations) can strengthen the legal case the attorney can present.<sup>199</sup> If the healthcare partner sees that both positive results and efficiencies can result from collaboration, it will strengthen the partnership.

MLPs can contribute to the healthcare partner's efforts to improve the quality of healthcare delivered at the center. The Institute of Medicine has identified six aims for improvement for healthcare organizations including safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.<sup>200</sup> MLPs provide breadth and problem-solving that can assist in these aims.<sup>201</sup> For example, MLPs can enhance health interventions by removing legal issues that may act as barriers to their effectiveness. In addition, establishing a relationship with patients that includes attention to their legal needs makes the healthcare center's work more patient-centered. Legal interventions can remove barriers to healthcare and thereby help the center to address health equity issues.<sup>202</sup> These synergies can provide value to the healthcare partner and thereby motivate greater investment in and collaboration with MLPs.

## B. Program Evaluation and Gaps in Research

The relative youth of the MLP model means that there is not yet a substantial body of research documenting their impact. One literature review noted that the oldest article meeting the criteria for its review was dated in 2006, and the oldest study of patient outcomes with comparatively rigorous study design was published in 2010.<sup>203</sup>

<sup>196</sup> Helping the healthcare institution better address SDOH can benefit the healthcare workers themselves by helping to prevent burnout. Primary care physicians who perceive high clinic capacity and resources to address SDOH have been found to have greater professional efficacy, lower emotional exhaustion and lower cynicism. Olayiwola, J. N. & Willard-Grace, R. & Dubé, K. & Hessler, D. & Shunk, R. & Grumbach, K. & Gottlieb, L. (2018). Higher Perceived Clinic Capacity to Address Patients' Social Needs Associated with Lower Burnout in Primary Care Providers. *Journal of Health Care for the Poor and Underserved* 29(1), 415-429. doi: <https://doi.org/10.1353/hpu.2018.0028>

<sup>197</sup> Personal Interviews. See note 1.

<sup>198</sup> Personal Interviews. See note 1. This synergy has also been noted in the published research regarding MLPs. See Curran, M. (2014). Preventive Law: Interdisciplinary Lessons from Medical-Legal Partnership. *N.Y. University Review of Law and Social Change* 38:595. <https://socialchangenyu.com/review/preventive-law-interdisciplinary-lessons-from-medical-legal-partnership/>

<sup>199</sup> Tobin Tyler, E. (2008) Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality. *J. Health Care L. & Pol'y* 11:249). Retrieved from <http://digitalcommons.law.umaryland.edu/jhclp/vol11/iss2/4>.

<sup>200</sup> Committee on Quality Health Care in America, Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, D.C. National Academy Press.

<sup>201</sup> Caley, S., Pettignano, R., Bliss, L., (2015) Speaking Their Language: Developing a Scorecard for Medical-Legal Partnerships to Balance Quality and Productivity, *Int'l J. Health, Wellness & Society*, 5:3, 9-17.

<sup>202</sup> *Id.*

<sup>203</sup> Martinez, O., Boles, J., Muñoz-Laboy, M., Levine, E. C., Ayamele, C., Eisenberg, R., . . . Draine, J. (2017, 06). Bridging Health Disparity Gaps through the Use of Medical Legal Partnerships in Patient Care: A Systematic Review. *The Journal of Law, Medicine & Ethics*, 45(2), 260-273. doi:10.1177/1073110517720654.

Moreover, the studies that have been done have often been smaller in scale, involving relatively small samples at a single MLP site. There is a need for larger scale prospective longitudinal studies to assess MLP efficacy.<sup>204</sup> In order to perform larger studies, there would need to be common process metrics, outcome measures, and standardized data collection tools to ensure that the results are consistently analyzed across various MLP sites.<sup>205</sup> This could be a challenge if the MLPs have substantially different client populations, procedures, and areas of focus.

One of the issues challenging the expansion of the MLP model is this lack of a substantial body of research regarding the health impacts of MLPs. While many MLPs have collected ample evidence establishing (i) the prevalence of legal needs in the target populations; (ii) the effectiveness of the MLP model to secure positive legal and financial outcomes for their clients; and (iii) improved access to social supports and healthcare, measuring the impact of those benefits on population health is more elusive. One issue is the difficulty of determining whether health outcomes can be tied solely to the legal intervention given the number of factors affecting health and the complexity of their interactions. This would be a difficult task on a more individualized level, and the problem is exacerbated to the extent that population level results are desired. Thus far, researchers have approached the issue by measuring the clients' self-reported well-being or health status or by measuring healthcare utilization metrics such as emergency room visits.<sup>206</sup>

A research team that studied MLPs in the Department of Veterans Affairs has noted several challenges in study design that would seem to have general applicability to research in the MLP area.<sup>207</sup> One problem is defining of the precise intervention provided and the "legal dose." Even people presenting with a similar legal issue may require a different level of intervention to address that issue (i.e. a one-time consultation versus representation in a lawsuit). In those cases, it may be difficult to determine what the critical aspect of the intervention was, and one could hypothesize several possibilities ranging from the therapeutic effect of having an advocate, the resolution of the issue, or the information sharing that occurs within the attorney-client relationship.<sup>208</sup> In other words, there could be health related effects that arise from different aspects of the provision of legal services, separate and apart from the removal of the legal problem.

Second, the timeline of legal interventions can vary widely and can complicate the timing for studying and measuring MLP results. This is certainly true when the resolution of different types of cases is compared, but the timeline can vary substantially even within a single type of case.<sup>209</sup> This can make it difficult to compile sufficient outcome data over a predictable period of time.

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<sup>204</sup> *Id.*

<sup>205</sup> Beeson, T., McAllister, B., & Regenstein, M. Making the Case for Medical-Legal Partnerships: A Review of the Evidence (2013). National Center for Medical Legal Partnership. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf>

<sup>206</sup> A recent study focusing on multiple social interventions studied eleven years of patient data from a county healthcare center in Indianapolis Indiana to determine whether patients who had received any wraparound services such as behavioral health, social work, dietetics, patient navigation, and other services, had lower rates of subsequent hospitalization and emergency-department visits. The estimated cost savings from the lower hospitalization rate alone was estimated to yield at least \$1.4 million in annual savings. Vest, J., Harris, L., Haut, D., Halverson, P. & Menachemi, N. (2018). Indianapolis Provider's Use of Wraparound Services Associated With Reduced Hospitalizations And Emergency Department Visits. *Health Affairs*. 37:1555-1561. doi: 10.1377/hlthaff.2018.0075.

<sup>207</sup> Middleton, M., Tsai, J., & Rosenheck, R. (2016). Lessons Learned by an Interdisciplinary Research Team Evaluating Medical-Legal Partnership with the Department of Veterans Affairs. *South Carolina Law Review*, 68:311. [http://heinonline.org/HOL/Page?handle=hein.journals/sclr68&div=17&g\\_sent=1&casa\\_token=&collection=journals](http://heinonline.org/HOL/Page?handle=hein.journals/sclr68&div=17&g_sent=1&casa_token=&collection=journals).

<sup>208</sup> *Id.*

<sup>209</sup> *Id.*



Despite these challenges, it would be beneficial for MLPs to aim for more consistent and robust data collection efforts as part of their regular operations. The expense and difficulty of retrospective studies, including the need to comb through past records for relevant data, can be an obstacle to program evaluation and to larger studies of MLP impacts. If measures such as the number and type of health-affecting legal needs found in the population, the types of legal interventions applied, the financial benefits obtained by the client and the healthcare institution, and similar data are more routinely tracked in real time, this would build a useful and less expensive information source for program evaluation and research.<sup>210</sup>

### C. Sustainable Funding

Establishing a sustainable funding stream adequate to support and expand MLPs is a significant challenge as MLPs have been characterized as “expertise rich” and “commitment rich,” but often “resource-poor.”<sup>211</sup> Much of the literature discussing MLP funding has pointed to the need to expand the funding from the healthcare side of the partnerships in order to provide a more predictable and sustainable funding stream and to permit MLPs to expand services. Most MLPs, to this point, have relied more on the legal partner for funding. The NCMLP’s 2016 MLP Survey found that a majority of the legal partners of MLP have a budget for MLP work in excess of \$100,000, while the healthcare partners of those MLPs typically budget less than \$90,000.<sup>212</sup> Only 1 in 3 MLPs receive funding from the healthcare partner’s operating budget.<sup>213</sup>

Two developments could help generate more healthcare funding for MLPs in the future. First, as the body of research about MLPs grows, there could be a larger evidence base to make the case to healthcare organizations and health-related funding sources that MLPs are an effective strategy to improve health and reduce healthcare expenditures. If MLPs can demonstrate that the MLP model is a cost-effective tool to help them achieve their mission, they may be more likely to show their commitment through financial support. Larger scale published studies would be important here, but individual MLPs could also use their own program evaluation efforts to advocate for healthcare funding and to otherwise diversify their funding streams. More consistent and robust data tracking, particularly of return on investment information, would support such efforts.<sup>214</sup>

Second, the availability of MLP funding from healthcare institutions might be positively impacted by healthcare reforms.<sup>215</sup> For example, a greater emphasis on preventive services and coordinated patient care (e.g. in accountable care organizations (ACOs), patient centered medical

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<sup>210</sup> National Center for Medical-Legal Partnership (2016), Performance Measures Handbook. Retrieved from <https://medical-legalpartnership.org/wp-content/uploads/2015/08/MLP-Performance-Measures-Handbook-Apr-2016.pdf>.

<sup>211</sup> Teitelbaum, J. I. & Lawton, E. (2017) The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity, *Yale Journal of Health Policy, Law, and Ethics*: (17)2. <http://digitalcommons.law.yale.edu/yjhple/vol17/iss2/5>

<sup>212</sup> Regenstein, M., Sharac, J. & Trott, J. (2016). The State of the Medical-Legal Partnership Field: Findings from the 2015 National Center for Medical-Legal Partnership Surveys. National Center for Medical-Legal Partnerships. Retrieved from <https://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/>.

<sup>213</sup> *Id.*

<sup>214</sup> The NCMLP 2016 MLP Survey notes that, while over half of MLPs track financial benefits obtained by individual clients, only 11 percent calculate health care dollars recovered by the healthcare partner or other health care organizations in the community through the MLP’s work. *Id.*

<sup>215</sup> Sandel, M. Hansen, M., Kahn, R., et al. (2010). Medical-legal Partnerships: Transforming Primary care by Addressing the Legal Needs of Vulnerable Populations. *Health Affairs* 29(9):1697-1705. doi: 10.1377/hlthaff.2010.0038.



homes (PCMHs) and Accountable Health Communities (ACHs)) provide opportunities for MLPs to be part of a coordinated care system.<sup>216</sup> Because the healthcare institution can lose money under the new payment structures if quality metrics are not met or if costs exceed agreed payment structures, many are aiming toward a population health management approach that assesses their patient population's health outcomes and asks what medical, social, and civil legal needs are affecting those outcomes.<sup>217</sup> ACOs, ACHs and PCMHs, particularly those serving low income populations, are often more attuned to SDOH and the benefits of integrating wraparound services such as legal assistance into their approach. For example, the University of Nebraska Medical Center transitioned to a bundled payments agreement in which its payer would reward the center if the cost of care for the center's population was below the bundled payment amount but would penalize it if the cost of care exceeded it. The center was concerned about high emergency room usage by some of its most vulnerable patients and strategized with its MLP to assess risk within this patient population in light of health-affecting social and civil legal issues that led to frequent emergency room use.<sup>218</sup>

## VI. POTENTIAL FUTURE DIRECTIONS

As MLPs increase in number, size and efficacy, they could expand their reach. This could be done geographically by moving into underserved rural areas. It could also be done in terms of services and focus, by working to impact policy at the local, state and national levels.

### A. Rural MLPs

The challenges to providing healthcare to rural areas and the relative lack of healthcare resources in such areas is well documented.<sup>219</sup> Legal aid resources are similarly scarce in rural areas.<sup>220</sup> The geographic dispersion of MLPs generally follows the same pattern with a concentration of MLPs in large cities, particularly on the East Coast, and fewer of them placed in rural areas. This leaves large portions of states and several states in their entirety unserved or underserved by MLPs.<sup>221</sup>

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<sup>216</sup> Teitelbaum, J. (2014). Obligation and Opportunity: Medical-Legal Partnership in the Age of Health Reform. *Journal of Legal Medicine*, 35(1), 7-28. doi:10.1080/01947648.2014.884429; Romney, M. (2011). Medical-Legal Partnerships as a Value-Add to Patient-Centered Medical Homes. *Health Policy Newsletter* 24:4. <https://jdc.jefferson.edu/cgi/viewcontent.cgi?article=1751&context=hpn>; Matthew, D. (2017). The Law as Healer: How Paying for Medical-legal Partnerships Saves Lives and Money. Center for Health Policy at Brookings. Retrieved from [https://www.brookings.edu/wp-content/uploads/2017/01/es\\_20170130\\_medicallegal.pdf](https://www.brookings.edu/wp-content/uploads/2017/01/es_20170130_medicallegal.pdf).

<sup>217</sup> Theiss, J., Sandel, M., Teitelbaum, J. & Marple, K. (2016). Applying the Medical-Legal Partnership Approach to Population Health, Pain Points and Payment Reform. *The National Center for Medical-Legal Partnerships*. Retrieved from <http://medical-legalpartnership.org/wp-content/uploads/2016/10/Applying-the-MLP-Approach-to-Population-Health-October-2016.pdf>.

<sup>218</sup> *Id.*

<sup>219</sup> Teufel, J., Goffinet, D., Land, D., & Thorne, W. (2014) Rural Health Systems and Legal Care: Opportunities for Initiating and Maintaining Legal Care After the Patient Protection and Affordable Care Act, *Journal of Legal Medicine*, 35(1), 81-111, doi: 10.1080/01947648.2014.884899.

<sup>220</sup> Legal Services Corporation. Access to Justice in Rural Areas. <https://www.lsc.gov/grants-grantee-resources/resources-topic-type/access-justice-rural-areas>.

<sup>221</sup> National Center for Medical Legal Partnerships. The Partnerships. <https://medical-legalpartnership.org/partnerships/>.

Innovative adjustments to MLP structures could help to address the problem of serving rural areas. One such approach would be to introduce tele-law services. Modeled after the growing tele-health innovation, tele-law would provide opportunities for persons underserved by legal resources to access legal counseling and advice online from remote locations. For example several smaller, more widely dispersed clinics or even mobile clinics could be equipped with computer monitors that would connect with legal advisors located elsewhere. One MLP in Harris County has been utilizing this approach to connect law students with patients at various health clinics in the county. While the tele-law approach might not be conducive to more complex legal problems, it could provide a way to provide basic legal advice and consultation as well as referrals for more complex cases.

Another innovative approach is to locate MLPs at healthcare sites other than large hospitals or clinics. In rural Minnesota, a legal aid association was given a grant from Blue Cross and Blue Shield of Minnesota Foundation to create an MLP with a dental clinic. The MLP will provide resources and advice to patients at the dental clinic to address the legal issues that are impacting health and compromising their ability to follow dental treatment plans.<sup>222</sup>

MLP service to rural areas can also benefit from the participation of other professionals such as nurses and community healthcare workers. The East Tennessee State University College of Nursing established an MLP for its nurse-led clinics in rural Appalachia.<sup>223</sup>

## **B. Community Focus and Advocacy Efforts**

While resolving individual client's legal problems is of great benefit, the work and impact of MLPs often extends beyond the individual level to have a broader impact in the community. This can occur in several ways and can have impacts on different levels. First, the individual case outcomes can set useful precedent or resolve the cases in ways that benefit persons beyond the patient population. One example of this is the remediation of unhealthy conditions at a cluster of substandard housing owned by the same developer.<sup>224</sup> While the situation began as an effort to help patient families, the remediation improved the housing of other similarly situated tenants.

Second, MLPs can have a community impact when they prevail upon institutions and system to comply with existing regulations. For example, many MLPs assist clients with educational issues. If an MLP becomes aware through repeated encounters with patients that a particular school district is not complying with the requirement to provide required special education services, the MLP can act to ensure compliance. Through this work, students who need such services could benefit from the MLPs work on behalf of the MLP clients.<sup>225</sup>

Third, MLPs can seek regulatory or legal changes that are conducive to better population health. This can occur on the local, state, or federal level, and it is generally spurred by recurring issues

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<sup>222</sup> Northern Dental Access Center. Lawyers and Dentists Team Up for Better Health in First-Of-Its-Kind Partnership. <https://trailblazer.bcbmn.net/story/northern-access-dental/>.

<sup>223</sup> Vanhook, PM, Aniol, T, Orzechowski, J, Babalola, GTG (2018) Nurses forming Legal Partnerships to Meet the Needs of the Underserved in Rural America. *Int J Nurs Clin Pract* 5: 275. doi: <https://doi.org/10.15344/2394-4978/2018/275>.

<sup>224</sup> See *supra* p. 25.

<sup>225</sup> Tobin Tyler, E. (2008) Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality. *J. Health Care L. & Pol'y* 11(249). <http://digitalcommons.law.umaryland.edu/jhclp/vol11/iss2/4>

seen in the population referred to the MLP—the NCMLP has referred to this as a “patients-to-policy” perspective. MLP attorneys and their partners at their healthcare institutions and associated law schools may engage in multiple activities to effect such changes such as research and analysis, legislative drafting, development of advocacy materials, coalition building, and other policy advocacy tasks.<sup>226</sup> For example, the MLP at the Erie Family Health Centers in Chicago noted that typically the first sign of unsafe levels of lead in housing was that a child would have lead poisoning.<sup>227</sup> Resolving to take a more preventative approach, the MLP worked with others to petition HUD to update its regulations concerning lead in housing. Among other things, the updates mandated data sharing and reporting between housing authorities and public health departments so that lead problems would could be identified earlier. In addition, once a child tests positive for lead poisoning, there must be a lead hazard risk assessment performed on other units in the building.<sup>228</sup> These regulatory changes enable officials to be more proactive in preventing lead poisoning from occurring. Another MLP successfully sought a change in regulations that had required HIV/AIDS prophylactic medication prescriptions to be filled by mail, which often prevented the patient from taking it with in the recommended time after exposure for maximum effectiveness.<sup>229</sup> Because of the MLP’s efforts, regulatory changes permitted a patient to fill the prescription immediately.<sup>230</sup>

Legislative advocacy efforts can also result in legislation focused on the funding and support of MLPs themselves. Two states have passed legislation promulgating a voluntary certification of MLPs. In Georgia, the 2014 MLP legislation was authored by the Health Law Partnership (HeLP) in Atlanta, primarily by students from the law school at Georgia State University who worked with the MLP.<sup>231</sup> The Georgia law defines MLPs and empowers the state department of community health to set standards and guidelines for MLPs and to provide grants to certified MLPs, but it does not require certification for MLPs to operate in Georgia. New York has had a similar law since 2013. The New York law also has a voluntary certification process, which recognizes MLPs who meet standards relating to, among other things, experience, ethics, the matters covered by the agreement between the health and legal partners, and the legal services provided by the MLP.<sup>232</sup> At the federal level, there have been proposed bills that relate to MLPs, but no federal MLP legislation has been passed.

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<sup>226</sup> Benfer, E. (2014) Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education, *Journal of Legal Medicine*, 35:1, 113-148, doi: 10.1080/01947648.2014.884910..

<sup>227</sup> Marple, K., Deter, E. (2018). Keeping Children Safe from Lead Poisoning. <https://medical-legalpartnership.org/keeping-children-safe-from-lead-poisoning/>

<sup>228</sup> *Id.*

<sup>229</sup> Marple, K., Deter, E. (2018). Eliminating Hurdles to Life Saving Medication. <https://medical-legalpartnership.org/eliminating-hurdles-to-life-saving-medication/>.

<sup>230</sup> *Id.*

<sup>231</sup> National Center for Medical Legal Partnership. (2014). Georgia second state to endorse medical-legal partnership. Retrieved from <https://medical-legalpartnership.org/georgia-becomes-second-state-endorse-medical-legal-partnership/>.

<sup>232</sup> New York State Department of Health. Standards for Health-Related Legal Services Programs that Serve Income Eligible Individuals and Families Pursuant to PHL Section 22. Retrieved from [http://www.health.ny.gov/diseases/aids/providers/regulations/standards\\_for\\_health\\_related\\_legal\\_services\\_prog.htm](http://www.health.ny.gov/diseases/aids/providers/regulations/standards_for_health_related_legal_services_prog.htm).

## CONCLUSION

Because many of the SDOH have legal problems at their root, the prescription for better health can involve lawyers. Low income persons face significant obstacles to obtain legal services, so providing free legal services at a healthcare site can be a valuable way to reach underserved populations and provide timely, preventative, legal care. The synergies gained by collaboration between medical and legal professionals can increase the efficacy of both groups. MLPs have proven valuable in obtaining financial recoveries and benefits for their clients and return on investment for their healthcare partner. The legal assistance provided by MLPs have also improved the housing situations, stress levels, and the health and well-being levels of their clients.

MLPs vary with regard to the specific structures and processes they put into place in order to achieve their three core functions to represent and advise clients, educate healthcare professionals regarding health-affecting legal needs, and to engage in broader advocacy and policy efforts. They must also establish sustainable funding streams, nurture their relationship between the lawyers and healthcare professionals, and develop processes to evaluate their work.

MLPs are well-suited to identify and address systemic issues by empowering communities and advocating for policy changes at all levels. For these reasons, the MLP model is a promising public health innovation and community officials and interested stakeholders should support its continued evaluation, evolution, and growth.

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