

Health Centers and MLPs

Office Hours

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November 12 @ 2:30 p.m. ET

Today's Presenters

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Slides & recorded presentation will
be uploaded after webinar here:
<http://www.nlada.org/node/27846>



Agenda

1. How to participate in webinar
2. List of topics people are interested in
3. Hearing from NCMLP
4. Interactive office hours

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Slides & recorded presentation will be uploaded after webinar here:
<http://www.nlada.org/node/27846>

How to speak in webinar

1. Make sure your audio is connected. You're connected if you can hear us.
2. NLADA will give you speaker privileges
 - When the pop-up comes up on the bottom right, connect either with phone or computer. Both work!
 - If you exited this pop-up, click on the phone icon on the bottom right.
3. When you want to participate, send us a message and we will unmute you.

Message us if you have problems!

Topics people are interested in

- Models for attorney involvement/service delivery models
- Screening tools & best practices
- Problems encountered/Avoiding falling into the uncompensated referral trap
- Sustainable funding
- Data sharing with health partners
- Calculating asks for financial support
- Understanding financial incentives facing health partners
- How to handle grant/contract/billing
- Tracking outcomes

Health Centers & MLPs

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National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY



MEDICAL-LEGAL PARTNERSHIP

is an intervention where legal and health care professionals collaborate to help patients resolve

SOCIAL & ENVIRONMENTAL FACTORS

that contribute to

HEALTH DISPARITIES

and have a remedy in civil law.

MLPs embed lawyers as members of the healthcare team



- Resolve patients' problems
- Consult with clinical & non-clinical staff
- Leverage expertise to advance local & state policies

Lawyers help solve SDOH problems

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

Strategic partnerships with federal agencies



HRSA recognizes legal services as an “enabling service,” allows federal health center dollars to pay for MLP



CMS recognizes “screening for health-harming legal needs” as an Improvement Activity under Medicare’s Merit-based Incentive Payment System



SAMHSA singled out MLP in recent mental health & substance use disorder treatment block grants



U.S. Department
of Veterans Affairs

VA encourages its medical centers to provide free space for on-site legal care



THE STATE OF THE
Medical-Legal
Partnership Field

AUGUST 2017



Findings from the 2016 National Center for
Medical-Legal Partnership Surveys



2016 MLP Site Survey Report

[http://medical-
legalpartnership.org/
mlp-resources/2016-
ncmlp-survey-report/](http://medical-legalpartnership.org/mlp-resources/2016-ncmlp-survey-report/)

EXPERT ISSUE
 Access To Housing For People With Disabilities — Marilyn Weber Senoff
NARRATIVE MATTERS
 Energy Insecurity & Health — Diane Herold
NATIONAL HEALTH INFRASTRUCTURE
 3.5% Annual Growth Projected Through 2026 — Day A. Golder et al.

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

Health Affairs

<p>Advancing Health Equity</p>	<p>Approaches To Equity Health In All Policies Richard L. Hall & Peter D. Jacobson Medical-Legal Partnerships Mersha Regenstein et al. Performance Measurement Andrew C. Andersen et al.</p> <p>364</p>	<p>Oregon's Coordinated Care Organizations Reduce Racial Disparities K. John McConnell et al.</p> <p>386</p>
<p>Income & Health Use Of Fringe Banking Jerry Eisenberg-Guyot et al. Conditional Cash Transfers In New York City Enfile Courts et al. Prenatal Income Supplements Morel Brownell et al.</p> <p>429</p>	<p>The Arc Of History Bends Toward Coverage James A. Morone & David Blumenthal Plus: Equity Goals Shape Community Organizing Maxwell Porter et al.</p> <p>351</p>	<p>Gender Minority Medicare Enrollees' High Mental Health & Disability Burden Ann M. Progovac et al.</p> <p>413</p>
<p>Immigration Status & Medicaid Enrollment Michael S. Cohen & William L. Schjerve Plus: Parent Migrants Reduce Latino Coverage Disparities Glenn Flores et al.</p> <p>349</p>	<p>Global Health Pension Income Has Modest Health Effects In Colombia Philipp Hessel et al. Growing Chronic Conditions Among Disadvantaged Populations In Ontario Laura Rivelle et al.</p> <p>456</p>	<p>CONSIDERING HEALTH SPENDING What Is The US Health Spending Problem? David M. Cutler National Health Accounts Daniel Wolfe</p> <p>WWW.HEALTHAFFAIRS.ORG</p>

Components of an MLP

- 1 "Lawyer in residence"
- 2 Formal agreement between health & legal orgs
- 3 Target population
- 4 Screen patients for legal needs
- 5 Legal staffing
- 6 Training on SDOH
- 7 Information-sharing
- 8 Designated resources

HEALTH CENTER-BASED

MEDICAL-LEGAL

PARTNERSHIPS

Where They Are, How They Work,
and How They Are Funded

January 2018

Health Center MLP Issue Brief

<http://medical-legalpartnership.org/mlp-resources/health-center-mlps/>

WHAT DOES A TYPICAL HEALTH

CENTER WITH AN MLP LOOK LIKE?



HEALTH CENTERS WITH MLPs TEND TO HAVE LARGER STAFF, higher patient volumes, and a greater number of sites than health centers without MLPs.

On average, health centers with MLPs serve 45 percent more patients and complete 54 percent more patient visits annually across 3.4 more health care sites compared to health centers without MLPs. Health centers with MLPs employ approximately 1.8 FTE additional medical staff per 10,000 patients and 2.4 FTE of enabling services staff per 10,000 patients compared to health centers without MLPs.



HEALTH CENTERS WITH MLPs TYPICALLY HAVE LARGER BUDGETS than health centers without MLPs.

Average revenues from state and local funds, foundations, private grants, and contracts for health centers with MLPs were more than double the revenues for health centers without MLPs. Therefore, health centers with MLPs may be more willing and able to support the integration of social determinants interventions into clinical operations.



MLPs TEND TO BE FOUND IN HEALTH CENTERS IN LARGE URBAN CITIES, but the number of MLPs in rural situated health centers is growing.

Rural areas have less access to both traditional civil legal aid and health care services, and can be a harder population to reach. While there is significant unmet demand for legal services in rural areas, individuals are usually more spread out, so connecting individuals with legal aid can be challenging.



HEALTH CENTERS WITH MLPs TYPICALLY UTILIZE HEALTH IT to coordinate or provide enabling services more often than health centers without MLPs (79 percent versus 65 percent).

Key Takeaways: Sources and Stability of Funding

Sources of Funding

- Health care partner generally secures most of the total MLP budget
 - Operating budget tends to be largest share
 - Federal, state and local grants are also relatively sizable
 - Philanthropy and in-kind support are smaller shares
 - Direct Medicaid funding is rare

Stability of Funding

- Funding for several of the mature MLPs have evolved over time
- Sustainability of financing streams is a primary concern

Medical Legal Partnership Quick Facts

- Median Annual MLP Budget: \$100,000
- 2/3 of Medical-Legal Partnerships rely on 2+ sources of funding
- Approximately half of MLPs are included in their health care organization's operating budget
- Median MLP Staffing:
 - 1 FTE attorney per health care organization
 - 0.2 FTE health care organization support staff
- Average Availability of On-Site Legal Services:
 - 1-2 Full days or 4 half days per week

Source: NCMLP Financing Fact Sheet, 2019

CT / NY Study of Veterans

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

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

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

AVG. AMOUNT OF TIME TO
RESOLVE A LEGAL ISSUE

5.4
HOURS

AVG. COST OF PROVIDING MLP SERVICES
TO HOMELESS VETERANS

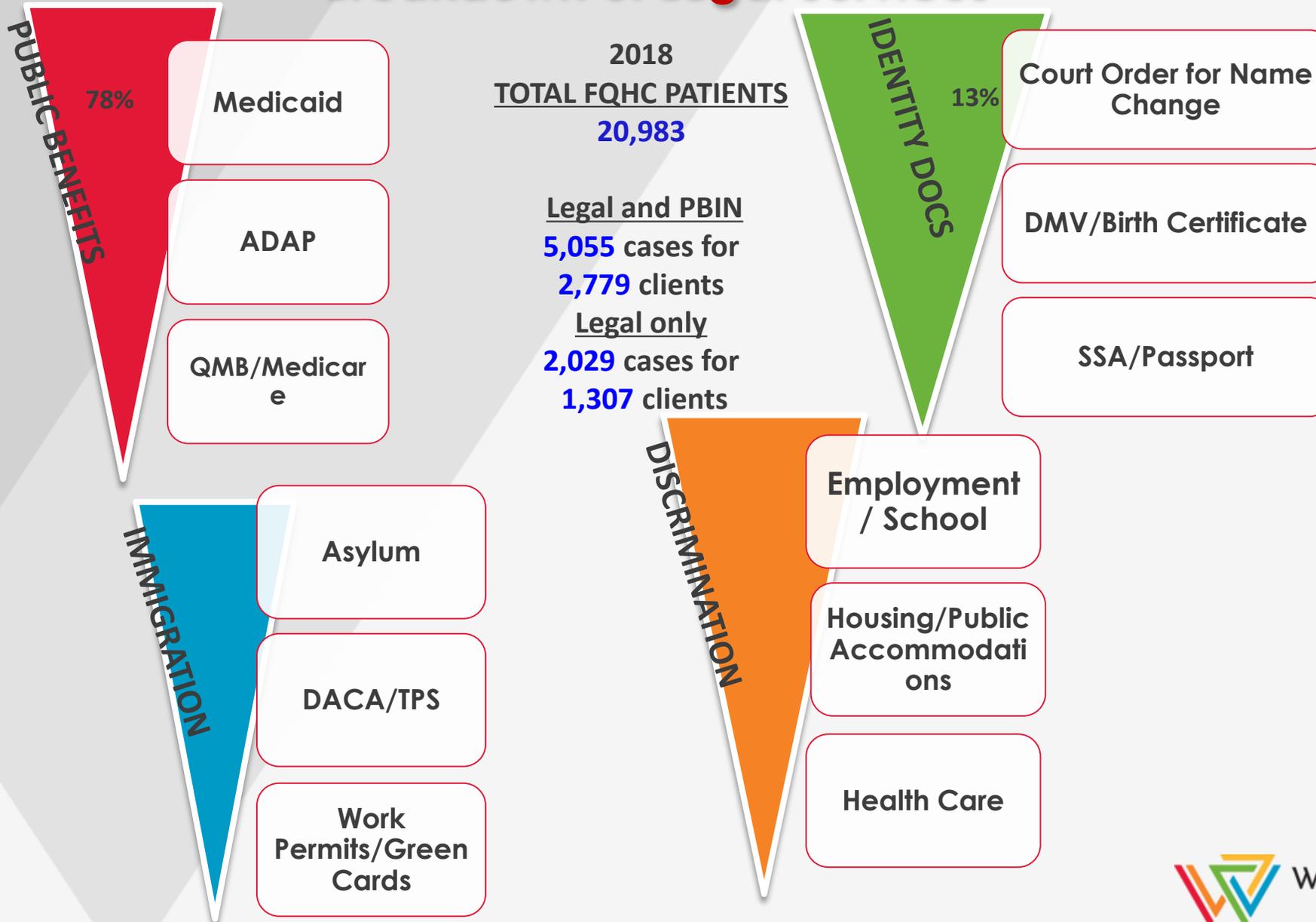
\$50-\$70
AN HOUR

\$270-\$405
PER LEGAL ISSUE ADDRESSED

We Address Health Harming Legal Needs By

- 1. Providing continuum of legal assistance to thousands of patients: direct representation, counseling, problem-solving**
- 2. Navigating eligibility, enrollment/renewals, and coverage issues through Public Benefits and Insurance Navigators and screening patients for social determinants and legal barriers to access and care**
- 3. Empowering clients and other service providers through education and know-your-rights outreach**
- 4. Improving the local/national programs and systems on which our clients rely by working to remove systemic barriers**

Breakdown of Legal Services



Health care equivalents of legal services

	Federal Legal Aid	State & Local Legal Aid	Private Pro Bono Resources	Academia: Law School Clinics
Healthcare equivalent	Federally Qualified Health Centers	Look-alike CHC	Free Clinic	Medical student rotation
Scope	138 offices 8,000 attys	700+ civil legal aid offices	900+ pro bono programs	125+ law school clinics
Funding	\$435 million	\$500 million est	\$180 million est	\$75 million est

HealthLinc - FQHC in northern IN



Beth Wrobel, CEO and MLP leader extraordinaire

-Partnered with Indiana Legal Services in 2017

-Included funds for a legal aid attorney in recent SUD funding for health center

MLP as “Enabling Service”

- In 2014, HRSA, the government agency that regulates FQHCs, announced that Medical-Legal Partnerships can be considered “enabling services”
- That means HRSA 330 grants funds can be used to support civil legal services for FQHC patients
- Enabling services are not clinical in nature, but help facilitate access to care and can improve patients’ health; they include things like transportation, interpretation, outreach, and case management.

Q & A

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- Want curated research in your inbox every month? Sign up for our newsletter here: <https://tinyurl.com/justresearchsignup>
 - Access past issues here: <https://legalaidresources.org/making-your-case/>
- **Seeking technical assistance? Reach us at resourcedesk@nlada.org**