

Medical-Legal Partnership: Legal Problems ARE Health Problems

COMMUNITY

**HEALTH PARTNERS
FOR SUSTAINABILITY**

STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING



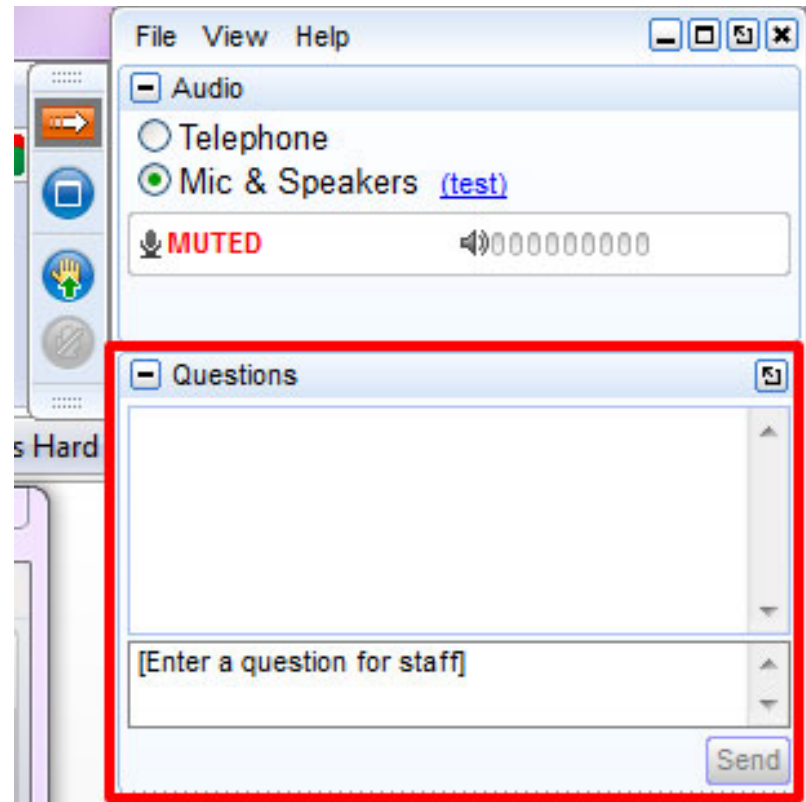
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Questions are welcome during the presentation

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Today's Presenters



Ellen Lawton, JD
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National Center for
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(Washington, DC)



Alicia Turlington, MD
Pediatrician
Kokua Kalihi Valley
Comprehensive
Family Services
(Honolulu, HI)

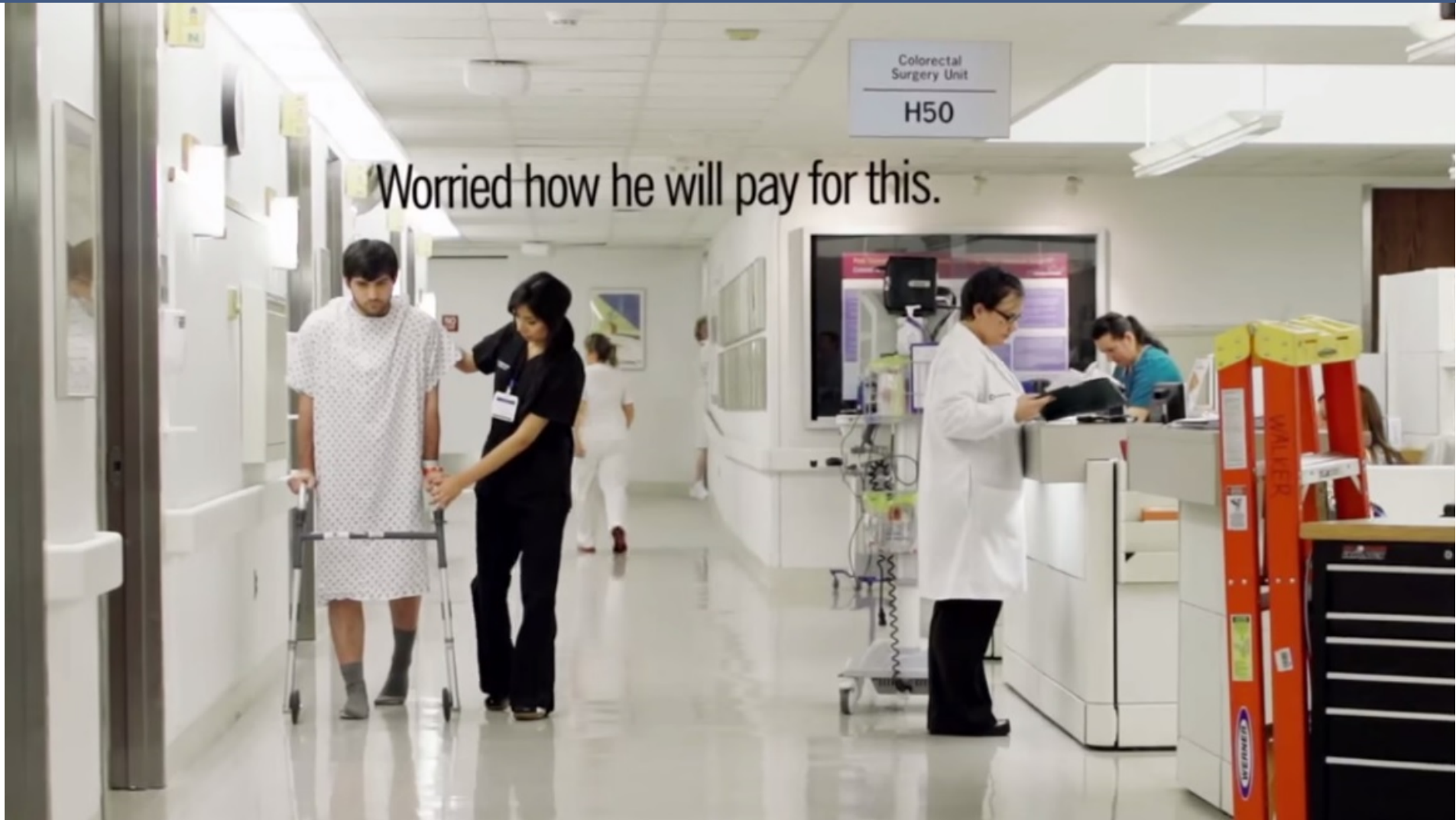


Sarah Rabin-Lobron, CRNP
Clinical Director
Rising Sun Health Center
(Philadelphia, PA)



The problems are visible. The solutions are not.

Worried how he will pay for this.



50 million Americans need legal care to be healthy.



1 in 6 Americans
live in poverty.

And every single one has a civil legal problem that negatively affects their health.

Medical-Legal Partnership Approach

Building a healthcare team able to identify, treat and prevent health-harming legal needs for patients, clinics and populations.

Making the connection: Legal problems *are* health problems.

Common Legal Problem	Social Determinant of Health
Families wrongfully denied food supports or housing subsidies	Lack of basic resources
Children living in housing with mold or rodents, in violation of housing laws	Physical environment
Seniors wrongfully denied long-term care coverage	Lack of access to insurance

MLPs help patients with I-HELP[®] issues



Income supports &
Insurance



Legal status



Housing & utilities



Personal & family
stability



Employment & Education

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The Medical-Legal Partnership Approach



Developed by the National Center for Medical-Legal Partnership
www.medical-legalpartnership.org

Individual patient legal interventions are *pathways to finding the policy interventions for improving population health.*

Unpacking Civil Legal Aid Services

	Federal Legal Aid	State & Local Legal Aid	Private Pro Bono Resources	Academia: Law School Clinics
National leader	Legal Services Corporation	National Legal Aid & Defender Association	American Bar Association	Assoc. of American Law Schools
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	200+ law school clinics
Funding	\$600 million	\$500 million est	\$180 million est	\$75 million est
Case priorities	domestic violence, public benefits, housing, consumer	expand to include immigration, policy advocacy	no pattern	no pattern

There isn't enough in the legal aid pharmacy without changing how legal care is provided.



8,000 civil legal aid attorneys in U.S.



with a \$1.3 billion budget



& help from law schools & pro bono partners

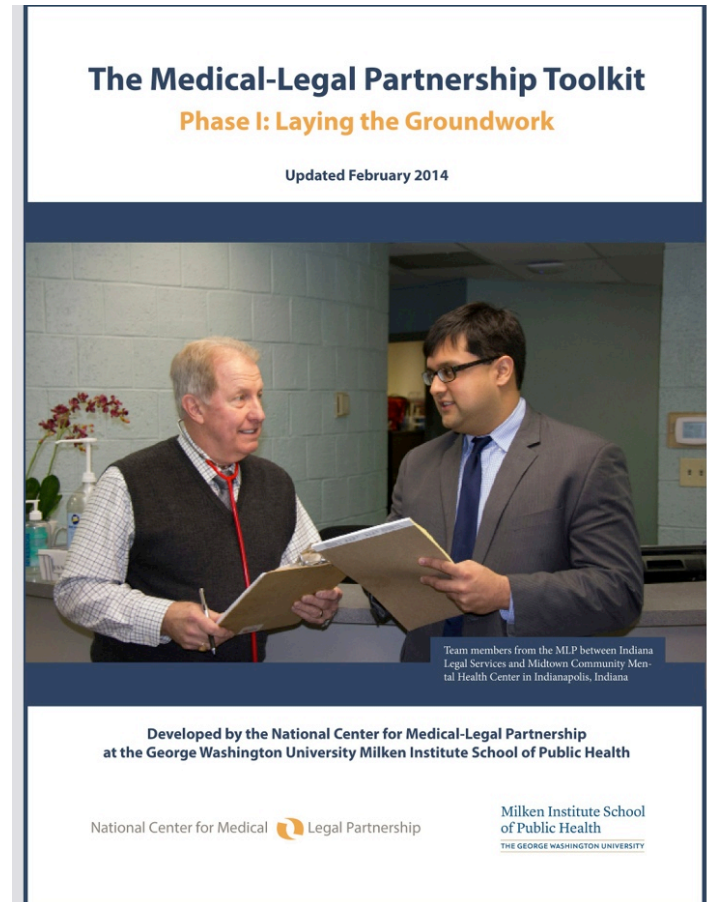


try to serve 50 million low-income people with 2-3 needs.

They are able to meet less than 20% of the need each year, and unfair, unhealthy systems go unchanged.

Start From the Beginning

Rising Sun Health Center Philadelphia, PA



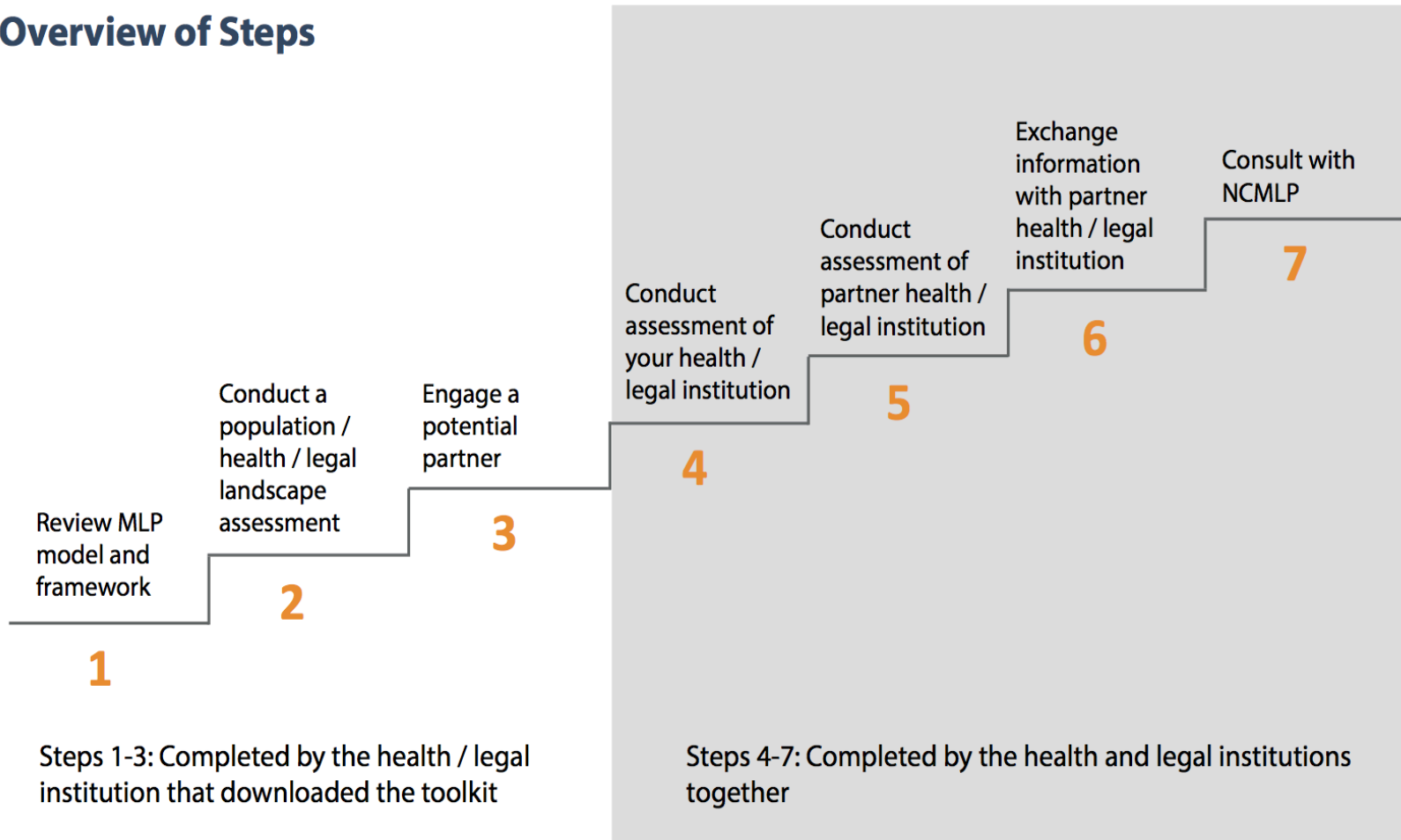
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Overview of Steps



Rising Sun Health Center serving North Philadelphia (19111, 19124, 19120)

Patient Population



- 35% uninsured rate
- >90% below 200% FPL
- Significant population of immigrants
- High rates of limited English proficiency
- All ages served
- Limited access to legal-aid services

Challenges to MLP Implementation

- Space/IT support
- Financial support & sustainability
- Program evaluation
- Staff buy-in
- New workflows
- Access to protected health information
- Competing priorities

Benefits to MLP Implementation

- Access to healthcare related legal information
- Up-to-date rules & regulations on insurance and Affordable Care Act
- Guidance on medical cases to maximize legal impact
- Increased access to healthcare services due to legal intervention

Sustaining a partnership...

Rising Sun Health Center



Community Legal Services

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Neighbors Being Neighborly to Neighbors



Kōkua Kalihi Valley
Hawaii



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The Medical-Legal Partnership Toolkit

Phase II: Building Infrastructure

Updated February 2014



Developed by the National Center for Medical-Legal Partnership
at the George Washington University Milken Institute School of Public Health

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I. Preamble

- a. Statement of purpose
- b. Strategic goals

II. Common Provisions

- a. Training and education
- b. Evaluation
- c. Funding
- d. Administration
- e. Term, renewal and termination of MOU

III. Legal Services Partner Responsibilities

- a. Leadership and staff
- b. Resource allocation and access
- c. Insurance
- d. Privacy / confidentiality

IV. Health Partner Responsibilities

- a. Leadership and staff
- b. Resource allocation and access
- c. Confidentiality

V. Appendix

- a. Issues addressed by MLP and legal care services provided
- b. Issues NOT addressed by MLP and legal care services NOT provided
- c. Conflicts of interest

Examples of Specific Indicators

	Referral Network	Partially Integrated MLP	Fully Integrated MLP
<i>Legal presence at healthcare institution</i>	Legal professionals occasionally on-site at HC institution.	Legal professionals regularly on-site at HC institution to meet patients, occasionally meet HC providers.	Legal professionals see patients at HC institution, participate in meetings with HC providers and administration.
<i>Case, clinical and systemic priorities</i>	Set by legal team without HC input or health framework.	HC team has input, but priorities follow legal aid framework.	Set jointly by legal and HC teams using health frame and aligning with HC institutional priorities.
<i>Communication between legal and healthcare teams</i>	No feedback loop between legal and HC teams. Minimal/no regular training of HC providers. No shared data across partners/systems.	Minimal feedback loop between legal aid and HC teams. HC providers trained by legal professionals. Episodic, non-systemic data sharing.	Expectation of case feedback and clinical communication (often across Electronic Medical Record). Regular trainings between health and legal teams. Joint data collection and analysis.
<i>Healthcare staffing</i>	No dedicated staff time from HC providers.	Minimal dedicated, compensated staff time from HC providers.	Sufficient dedicated staff time from HC providers.



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KKV Case Example

Feedback

- Clinical team
 - example
- Legal team
 - example
- Client/Patient
 - example

National Center for Medical-Legal Partnership = NCA as of July 2014



Helps FQHCs develop and sustain medical-legal partnerships with health center specific:

- Toolkits
- Webinars / trainings
- Research and evidence

[www.medical-legalpartnership.org/
join-movement/health-centers/](http://www.medical-legalpartnership.org/join-movement/health-centers/)

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Find MLP Partnerships in your state

See which health and legal institutions in your community have developed medical-legal partnerships. Each institution links to more information about its medical-legal partnership.

STATE SELECT ▼

Reset



135 Hospitals

127 Health Centers

127 Legal Aid Agencies

32 Medical Schools

46 Law Schools

For more information:



www.medical-legalpartnership.org



NCMLP



National_MLP



Medical-Legal Partnership Summit

April 8 – 10, 2015
McLean, Virginia



@National_
MLP
#medleg15

Agenda, registration & hotel info:

[www.medical-legalpartnership.org/
join-movement/Summit](http://www.medical-legalpartnership.org/join-movement/Summit)

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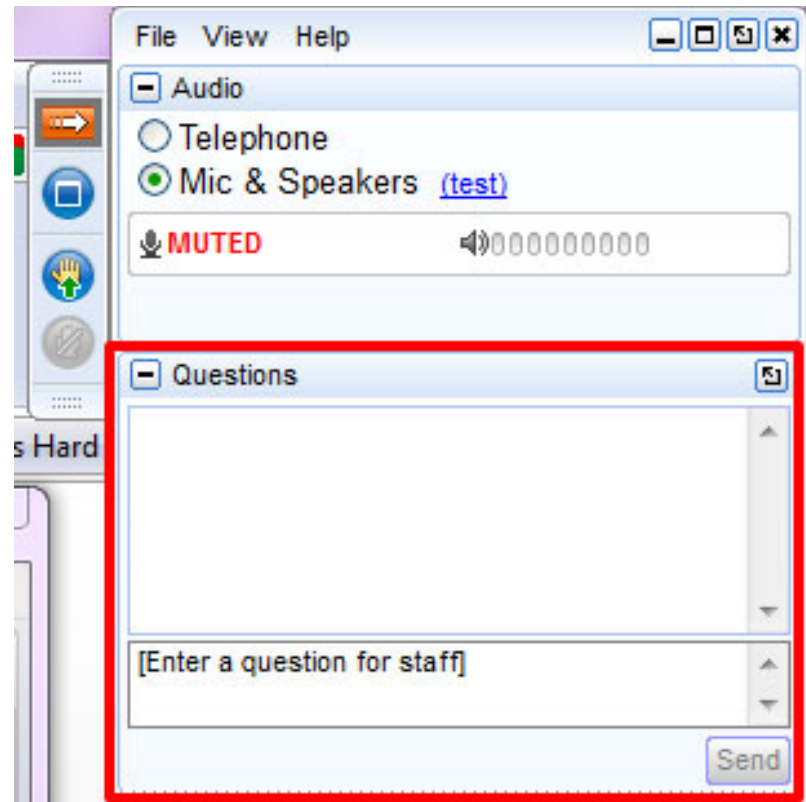
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Thank you for joining us today!

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