Medical-Legal Partnership: Addressing Social Determinants of Health through Legal Aid Intervention

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SOCIAL DETERMINANTS OF HEALTH

- Social determinants impact the health and wellbeing of individuals and communities
- Many of the social conditions at the root of poor health can be traced back to civil laws that are unfairly applied or under-enforced, often leading to improper denial of services and benefits that are designed to help people lead healthy lives
Social Determinants of Health

MEDICAL LEGAL PARTNERSHIP

MLP integrates the work of health care, public health and legal providers to more effectively identify, treat and prevent health-harming legal needs by:

- **TRAINING** interdisciplinary professionals to work collaboratively and identify upstream needs
- **TREATING** patients’ health-harming social and legal needs with legal care ranging from triage and consultation to full legal representation
- **TRANSFORMING** clinical practice and institutional policies to better respond to patients’ health-harming legal needs
- **PREVENTING** health-harming legal needs broadly by detecting patterns and improving policies and regulations that have an impact on population health
<table>
<thead>
<tr>
<th>I-HELP® Issue</th>
<th>Common Social Determinant of Health</th>
<th>Civil Legal Aid Interventions That Help</th>
<th>Impact of Civil Legal Aid Intervention on Health / Health Care</th>
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<tbody>
<tr>
<td>Income</td>
<td>Availability of resources to meet daily basic needs</td>
<td>Benefits Unit: Appeal denials of food stamps, health insurance, cash benefits, and disability benefits</td>
<td>1. Increasing someone’s income means they make fewer trade-offs between affording food and health care, including medications. 2. Being able to afford enough healthy food helps people manage chronic diseases and helps children grow and develop.</td>
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<td>Housing &amp; Utilities</td>
<td>Healthy physical environments</td>
<td>Housing Unit: Secure housing subsidies; Improve substandard conditions; Prevent eviction; Protect against utility shut off</td>
<td>1. A stable, decent, affordable home helps a person avoid costly emergency room visits related to homelessness. 2. Consistent housing, heat and electricity helps people follow their medical treatment plans.</td>
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<td>Education &amp; Employment</td>
<td>Access to the opportunity to learn and work</td>
<td>Education &amp; Employment Units: Secure specialized education services; Prevent and remedy employment discrimination and enforce workplace rights</td>
<td>1. A quality education is the single greatest predictor of a person’s adult health. 2. Consistent employment helps provide money for food and safe housing, which also helps avoid costly emergency health care services. 3. Access to health insurance is often linked to employment.</td>
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<td>Legal Status</td>
<td>Access to the opportunity to work</td>
<td>Veterans &amp; Immigration Units: Resolve veteran discharge status; Clear criminal / credit histories; Assist with asylum applications</td>
<td>1. Clearing a person’s criminal history or helping a veteran change their discharge status helps make consistent employment and access to public benefits possible. 2. Consistent employment provides money for food and safe housing, which helps people avoid costly emergency health care services.</td>
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<tr>
<td>Personal &amp; Family Stability</td>
<td>Exposure to violence</td>
<td>Family Law Unit: Secure restraining orders for domestic violence; Secure abortion, custody and guardianship for children</td>
<td>1. Less violence at home means less need for costly emergency health care services. 2. Stable family relationships significantly reduce stress and allow for better decision-making, including decisions related to health care.</td>
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Marple K. *Framing Legal Care as Health Care*. Washington, DC: The National Center for Medical-Legal Partnership. 2015.
MLP ACROSS THE NATION

• NATIONAL CENTER FOR MLP AT GEORGE WASHINGTON UNIVERSITY
  • Transform the focus of health and legal practice from individuals to populations with an emphasis on the MLP approach;
  • Build and inform the evidence base to support the MLP approach; and
  • Redefine inter-professional education and training with an emphasis on the MLP approach

• NATIONAL NETWORK (As of June 24, 2016)
  • 155 Hospitals
  • 139 Health Centers
  • 126 Legal Aid Agencies
  • 64 Pro Bono Law Partners
  • 52 Law Schools
  • 41 States
  • 34 Schools of Health
National MLP Resources

Check out the MLP Toolkit: medical-legalpartnership.org/mlptoolkit/
Indiana Health Advocacy Coalition

• WHAT
  • Innovative
  • Interdisciplinary
  • Non-profit
  • Focused on comprehensive, patient-centered care

• HOW
  • Education
  • Coordination
  • Collaboration
  • Advocacy

• LEARN MORE
  • www.ihac.info
  • Talk to us!
MLP in our community

ESTABLISHED MLP PROGRAMS
- Eskenazi Health / Midtown Mental Health
- Indiana University Health - Methodist
- Community Health Network - Community East

EMERGING MLP PROGRAMS
- Goodwill Nurse Family Partnership
- Northwest Indiana – HealthLinc (East Chicago Pilot)
- Southern Indiana (ECHO Community Health; Floyd County)
- Disability MLP (Ft. Wayne; Indianapolis)

LOCAL INNOVATIONS / NATIONAL LEADERSHIP
- Indiana Health Advocacy Coalition – a model for regional collaboration
- Co-host of the 2016 National MLP Conference
- Collaboration with the AAMC to identify national MLP metrics
- National leader for MLP in mental health settings
- Federally-funded MLP research at the IU School of Medicine
AN EXAMPLE OF MLP IN PRACTICE

- Attorney physically present in clinic two afternoons per week
- Attorney trains providers to identify unmet health harming legal needs using the IHELP mnemonic
- Providers actively screen patients for unmet health harming legal needs
- Providers connect patients with positive screens to attorneys
- Attorneys meet with patients on site and conduct legal intake as appropriate
- Attorneys advise and represent patients and their families to address unmet health harming legal needs
- Trends may be shared with health care leadership to inform systemic change
- **KEY POINT:** Legal work is a direct extension of the provision of health care, and the attorney is a member of the health care team
Eskenazi Health MLP

- Started in 2008 as a pilot program at Eskenazi Health Center Pecar
- Now MLP services are embedded at Pecar, North Arlington, Westside, Forest Manor, Transgender Clinic, and across our Midtown mental health division
  - The Midtown MLP won the 2015 Outstanding Medical-Legal Partnership Award at the national summit
- We also partner with law firms on issue specific matters, like end of life planning and guardianship of incapacitated patients
Eskenazi Health MLP

- We partner with Indiana Legal Services, Neighborhood Christian Legal Clinic, Faegre Baker Daniels, Ice Miller, and Eli Lilly
- The MLP takes hundreds of cases every year
- The program continues to evolve:
  - Referrals and scheduling and clinician/attorney communication was built into EPIC (electronic medical record)
  - Eskenazi Health & IUSOM have a grant with Assn of American Medical Colleges to develop and implement metrics to evaluate MLP interventions
Lessons Learned from Starting MLP

- Leadership support
- Identify health center champion
- Contact community legal professionals
- Develop work flow in advance
- Training!!
  - Initially was NOT intuitive to providers
  - Chief complaint is rarely “I need referral to MLP”
- Allow for team documentation in EMR
- Follow up communication from attorney to provider key to changing behavior
13 yo girl in 7th grade was bullied at school. She was called “gay” and “lesbo” and repeatedly ridiculed and harassed at school. Her mother brought her to clinic with multiple missed days of school. She was refusing to shower or get out of bed and was severely depressed/suicidal. Medical treatment for depression and mental health services were initiated. A ROI (release of information) was signed and the bullying situation was discussed with the school. The bullying continued and the girl eventually started a fight with the students who bullied her. A teacher was slightly injured trying to stop the fight. The 13 yo girl was expelled from school.
Case Example – Bullied to the Brink

What can an MLP do for this student in crisis?
Case Example – Bullied to the Brink

MLP at Eskenazi Pecar Health Center was consulted.
MLP worked with the family and arranged an expulsion hearing with the school.
MLP lawyer and teenager’s pediatrician attended the expulsion hearing with the student and her family.
Student was not allowed to return to school (the academic year was nearly finished) but she was not retained and was advanced to the 8th grade.
The school worked to assure a plan was in place to provide a safe and supportive environment without bullying for the upcoming year.
Case Example – Unfair Eviction

- 60-year-old grandmother whose only income is social security disability benefits is on the verge of homeless.
- She is the legal guardian for two young granddaughters who live with her in a rent-subsidized apartment.
- The apartment complex was cited for more than 30 problems that needed to be addressed in order to bring the unit up to Section 8 standards.
- The landlord refused to make the repairs so IHA (Indianapolis Housing Agency) cut off the landlord’s share of the monthly rent subsidy.
- Despite the grandmother’s continued rent payments of her portion, the landlord filed an eviction notice which was scheduled for a hearing in small claims court.
- Grandmother submitted applications at five different Section 8 apartments, but was turned down at each because of the impending eviction status.
- Under program rules, if a Section 8 tenant is evicted from an apartment, they become ineligible to receive vouchers for the next five years.
What can an MLP do for this family in crisis?
Indiana Legal Services (ILS) for legal assistance through its Medical-Legal Partnership program at Eskenazi Health’s North Arlington clinic was consulted.

An ILS attorney accompanied grandmother to the eviction hearing.

The attorney argued that grandmother and her granddaughters would be unfairly punished now and into the foreseeable future if the eviction request was approved.

The judge did not grant the request for eviction. He also ordered the landlord to allow grandmother and her granddaughters to remain in the apartment for another 30 days while she looked for another place to live.

With no eviction on her housing record, the family remained eligible to receive Section 8 vouchers and move into more stable housing.
Case Example- Family in Crisis

- A 51 yo grandmother, her 14 month grandson and her 22 yo daughter with schizophrenia moved to Indianapolis seeking mental health services.
- The family is homeless, food insecure, lacking a crib and other basic baby care items.
- Grandmother was hit and dragged by her hair and the infant sustained minor injuries in one of her daughters rages with hallucinations.
- Grandmother is unable to work because she can no longer able to safely leave the child alone with his mother. She has no guardianship of her grandson.
- The family is strained with multiple inpatient psychiatric admissions of daughter.
- All 3 are in clinic today to establish pediatric care for the 14 month baby.
Case Example – Family in Crisis

What can an MLP do for this family in crisis?
Case Example – Family in Crisis

- Grandmother wanted legal guardianship of her grandson so that she could safely care for him.
- Mother agreed that she was currently not able to safely take care of her son and also wanted assistance in giving legal guardianship of her son to her mother.
- MLP worked with the family; grandmother is now the legal guardian for her grandchild and for her daughter.
Types of Advocacy

- In addition to providing direct services to a single patient, some MLP opportunities can impact the larger community:
  - Retention Pond fencing at an apartment complex
  - Landlord obligation to provide smoke detectors designed for deaf tenants
  - Housing referral trends that repeatedly point back to one landlord
How to start an MLP (lawyer integrated into treatment team)

- Start with a pilot. Pick a location and identify the patient population it serves
- Identify what the legal needs are at that site (e.g. Transgender Clinic)
- Identify a physician champion
- Identify a legal partner (legal aid organization; law firm)
- Identify funding or grants
- Sign MOU and BAA
- Determine how MLP referrals will be made and appointments scheduled
- Identify on-site office hours and space for legal partner
- Train medical team to identify patient legal needs
Other MLP models

- Identify a legal issue that can be addressed in a brief advice format (e.g. wills & advance directives)
- Identify legal partner (legal aid; law firm). Identify more than just attorney partners. Who will do intake to assess poverty level and appropriateness of request?
- Determine space, time, date. Advertise and pre-schedule appointments for patients. Consider whether employees can participate.
- Think about logistics. Will attorneys need to type and print? These features can present technical challenges.
Resources

- ASK (About Special Kids)
- Insource
- 211
- Indiana Legal Services
- Neighborhood Christian Legal Clinic
- Local Private Law Practices
- Local bar association in your county/region
- National Center for Medical-Legal Partnership