

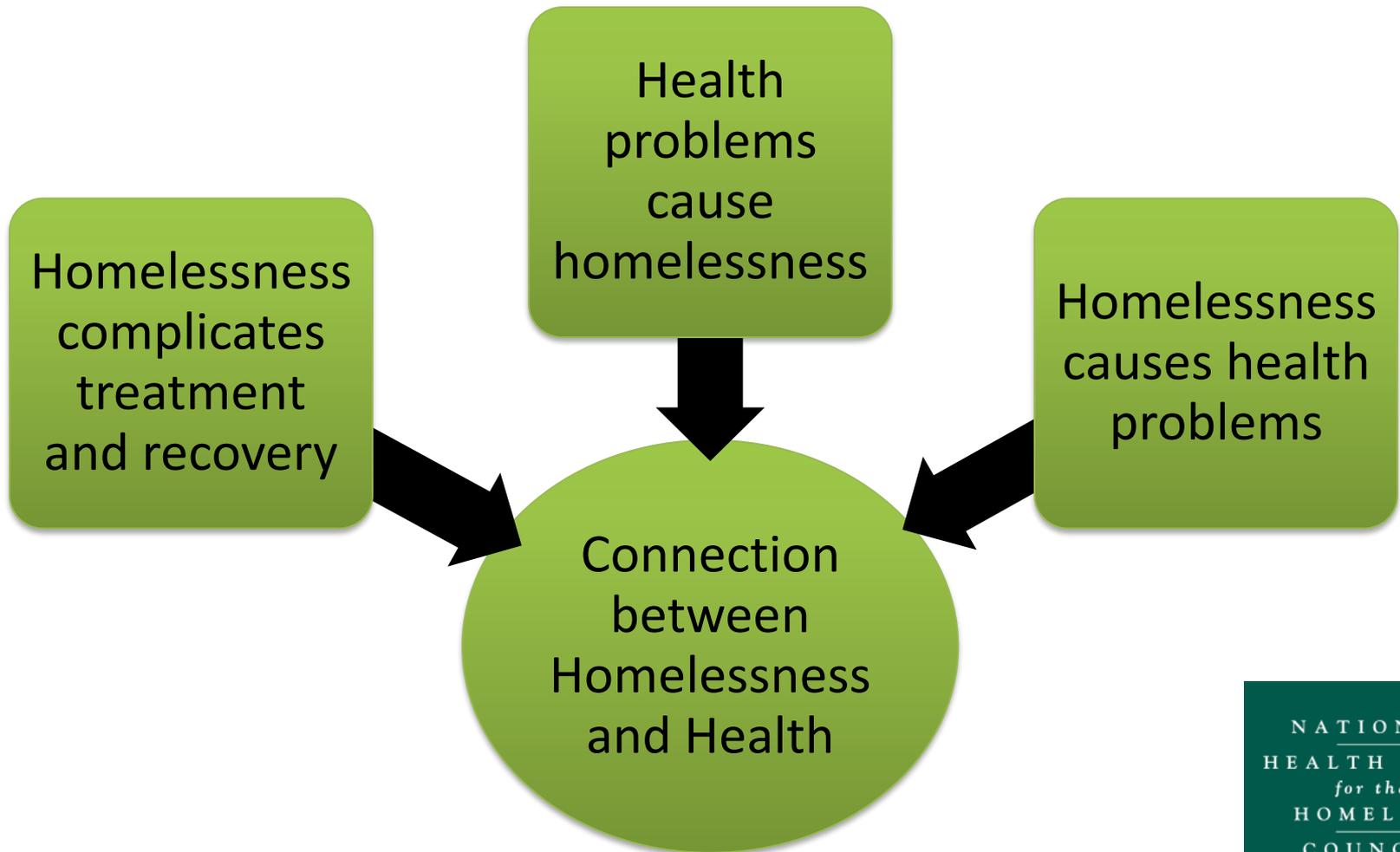
Developing Medical-Legal Partnership in Health Care for the Homeless Programs

National Health Care for the Homeless Conference and
Policy Symposium

May 16, 2018

Unmet Civil Legal Needs Among Populations Experiencing Homelessness: A Survey of Health Care for the Homeless Sites

Homelessness and Health



Homelessness and Health



Photo by James O'Connell

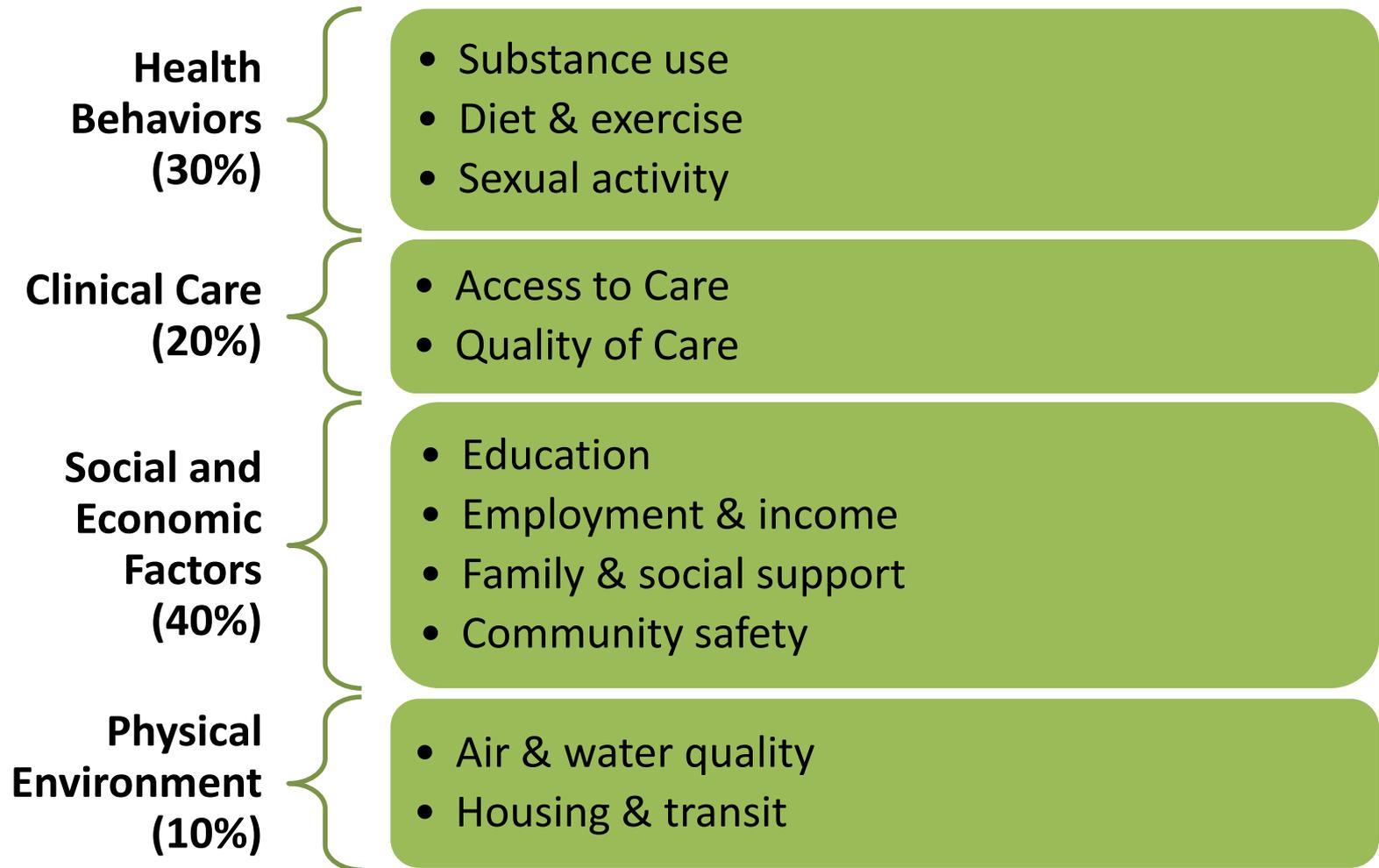


Photo by Sharon Morrison

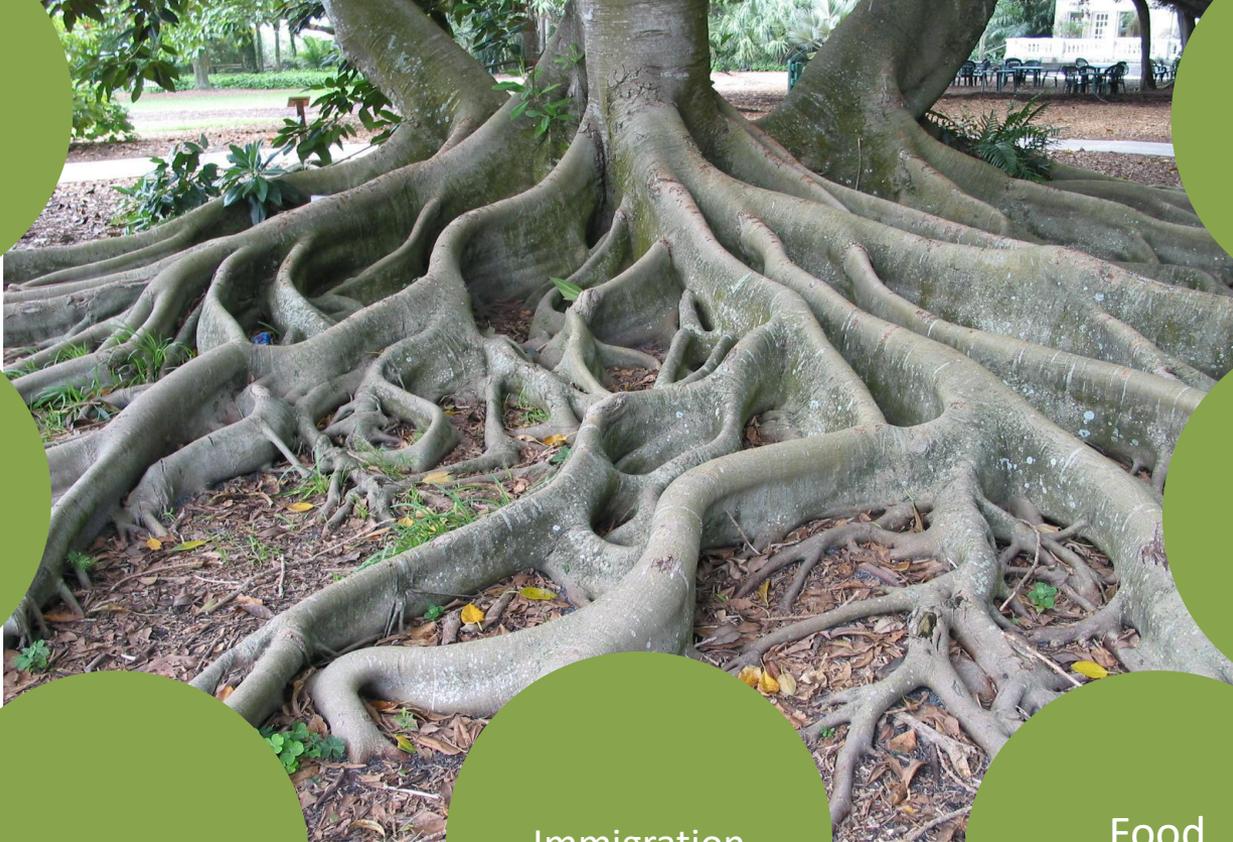


Photo by James O'Connell

Factors Contributing to Health



Social Determinants, Homelessness and Health



Housing

Social Isolation

Transportation

Employment
Income/
Benefits

Safety

Immigration

Food
Security

Civil Legal Need Experienced While Homeless, Consumers

67%

Employment Needs (inability to find employment, unemployment benefits)

67%

Housing, landlord/tenant issues, evictions, unsafe housing, difficulty placing family, housing discrimination (sex offenders, criminal legal issues)

47%

Applying for benefits, denial and appeal for benefits, obtaining SSI/SSDI, health insurance, enrollment into entitlement programs

43%

Health insurance

Transforming Care with Medical-Legal Partnership



Sharena Hagins, MPH, CHES
Research Associate, NCMLP

National Center for Medical  Legal Partnership

AT THE GEORGE WASHINGTON UNIVERSITY



In the past 6 months, has a patient told you about a problem with housing, their child's education, or their job? What did you do with this info?

Health orgs commonly screen for social problems with tools like **PRAPARE & Accountable Health Communities Tool**

What workforce can solve the problems once they are found?

Personal Characteristics

1. Are you Hispanic or Latino?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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2. Which race(s) are you? Check all that apply.

<input type="checkbox"/>	Asian	<input type="checkbox"/>	Native Hawaiian
<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Other (please write)	<input type="checkbox"/>	I choose not to answer this question

3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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4. Have you been discharged from the armed forces of the United States?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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5. What language are you most comfortable speaking?

<input type="checkbox"/>	English
<input type="checkbox"/>	Language other than English (please write)
<input type="checkbox"/>	I choose not to answer this question

Family & Home

6. How many family members, including yourself, do you currently live with? _____

<input type="checkbox"/>	I choose not to answer this question
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7. What is your housing situation today?

<input type="checkbox"/>	I have housing
<input type="checkbox"/>	I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
<input type="checkbox"/>	I choose not to answer this question

8. Are you worried about losing your housing?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	I choose not to answer this question
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9. What address do you live at?

Street: _____
 City, State, Zipcode: _____

Money & Resources

10. What is the highest level of school that you have finished?

<input type="checkbox"/>	Less than high school degree	<input type="checkbox"/>	High school diploma or GED
<input type="checkbox"/>	More than high school	<input type="checkbox"/>	I choose not to answer this question

11. What is your current work situation?

<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Part-time or temporary work	<input type="checkbox"/>	Full-time work
<input type="checkbox"/>	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:				
<input type="checkbox"/>	I choose not to answer this question				

12. What is your main insurance?

<input type="checkbox"/>	None/uninsured	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	CHIP Medicaid	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Other public insurance (not CHIP)	<input type="checkbox"/>	Other Public Insurance (CHIP)
<input type="checkbox"/>	Private Insurance	<input type="checkbox"/>	



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.

How lawyers 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

ENTRY POINT
Access To Housing For People With Disabilities — Marilyn Weber Seneska

NARRATIVE MATTERS
Energy Insecurity & Health — Diane Hernandez

NATIONAL HEALTH EMPLOYERS
5.5% Annual Growth Projected Through 2026 — Gay A. Golder et al.

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

Health Affairs

Advancing Health Equity

Approaches To Equity
Health In All Policies
Richard L. Hail & Peter D. Jacobson
Medical-Legal Partnerships
Merrisa Regenstein et al.
Performance Measurement
Andrew C. Anderson et al.
p. 364

Oregon's Coordinated Care Organizations Reduce Racial Disparities
K. John McConell et al.
p. 386

Income & Health
Use Of Fringe Banking
Amy Eisenberg-Guyot et al.
Conditional Cash Transfers In New York City
Danile Courts et al.
Prenatal Income Supplements
Hazel Brownell et al.
p. 429

The Arc Of History Bends Toward Coverage
James A. Morone & David Blumenthal
PLUS: Equity Goals Shape Community Organizing
Merrill Foster et al.
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Gender Minority Medicare Enrollees' High Mental Health & Disability Burden
Ann M. Progovac et al.
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Immigration Status & Medicaid Enrollment
Michael S. Cohen & William L. Schjerve
PLUS: Parents' Mentors Reduce Latina Coverage Disparities
Sara Flores et al.
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Global Health
Foreign Income Has Modest Health Effects In Colombia
Philippe Beaud et al.
Growing Chronic Conditions Among Disadvantaged Populations In Detroit
Laura Resella et al.
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CONSIDERING HEALTH SPENDING
What Is The US Health Spending Problem?
David M. Cutler
National Health Accounts
Daniel Wolfe
WWW.HEALTHAFFAIRS.ORG

Spotlight on MLP in *Health Affairs* Edition on Health Equity

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

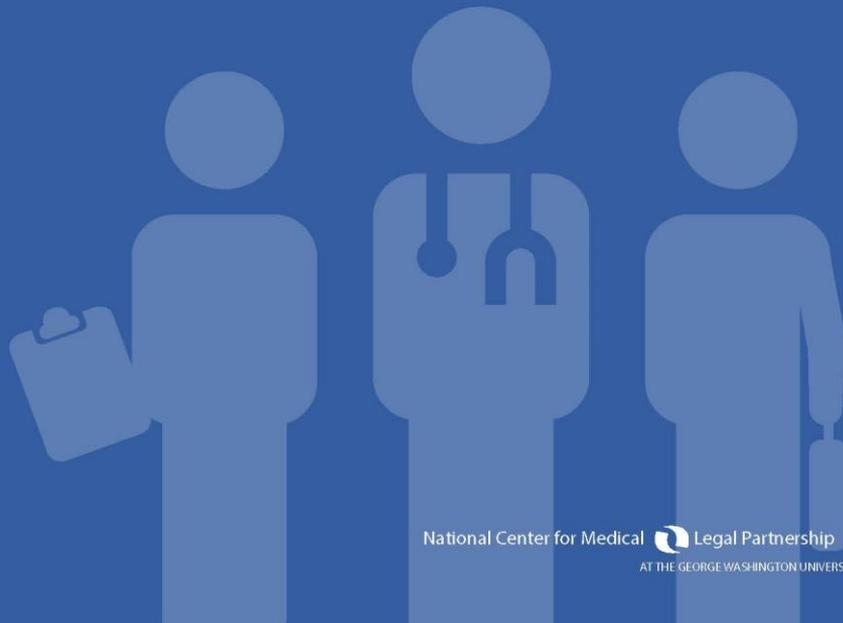


THE STATE OF THE Medical-Legal Partnership Field



AUGUST 2017

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



2016 MLP Site Survey Report

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

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/>

Innovative Medicaid payment strategies



Salud Family Health Center (Colorado)

Provides legal services that are reimbursed by four RCCOs through a small per-member per-month add-on for enhanced care management



Richmond Clinic (Oregon)

MLP for medically-complex patients is funded by coordinated care org

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www.medical-legalpartnership.org



NCMLP



National_MLP

A Strategy To Reduce Health Inequities: The Colorado Medical-Legal Partnership Experience



Tillman Farley, MD

Chief Medical Officer

Salud Family Health Centers

Fort Lupton, CO

May 16, 2018

MLP-Colorado: History

- Based at Salud Family Health Centers (Salud), a federally qualified health center (FQHC)
 - 14 sites across NE Colorado
 - ~80,000 patients served yearly; 300,000 visits
 - Fully integrated medical, behavioral, dental, care management services
 - No 330(H) funds, but...
 - MLP based in largest clinic

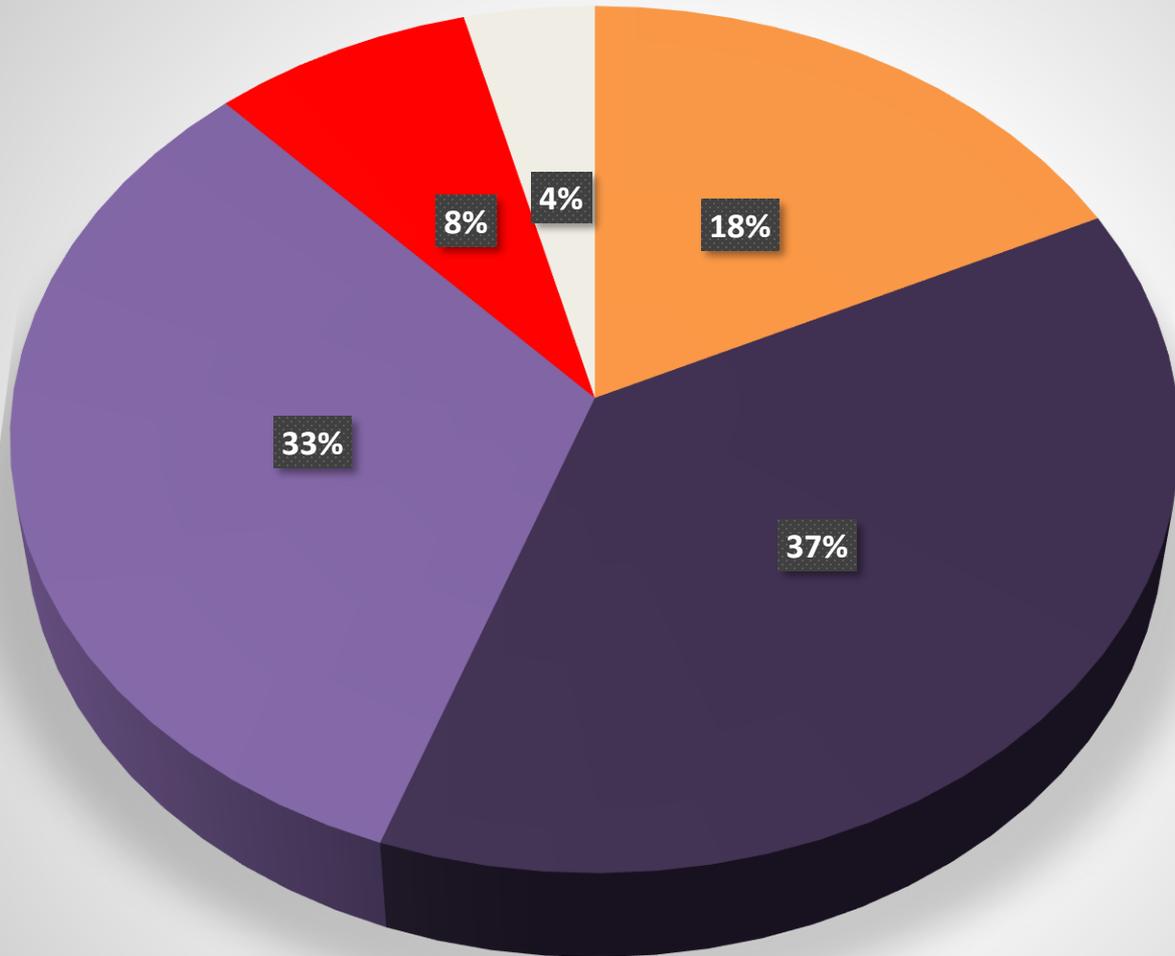
MLP-Colorado: History

- Implemented in 2014 with small seed funding from a private foundation
- Currently funded via ACO
- 2.5 FTE lawyers on site

MLP-Colorado

- Attorneys fully integrated into health care team
 - Shared record
 - Shared space
 - Shared patients
 - Shared care plan
- Patients referred by other staff, or by self-referral
 - Must be patient of Salud
 - Screening process

Types of Cases



- Personal
- Legal
- Income
- Housing
- Emp/Ec

Program Evaluation

- **Is the MLP-CO associated with improvements in:**
 - Legal outcomes?
 - Health outcomes?
 - Healthcare and Patient Costs?
 - Patient and Provider Satisfaction?

Program Evaluation

- **1) Legal Outcomes:** number/type of cases, resolution
- **2) Health Outcomes**
 - Based on SF-36 and BRFSS
- **3) Cost/resource utilization**
 - Healthcare costs at Salud and reimbursement
 - No shows
 - ED visits
 - Hospitalizations

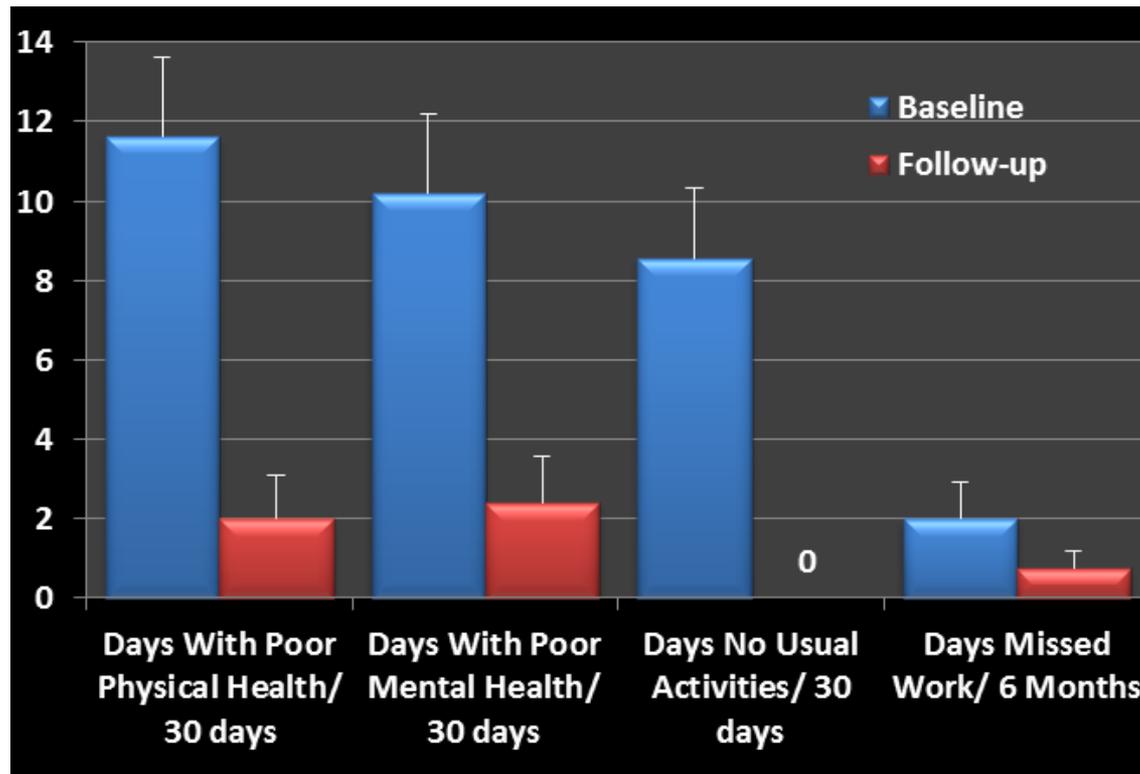
Legal Outcomes

- 62% success rates
 - varying from 33% to 73% depending on type of case (housing, employment, etc.)

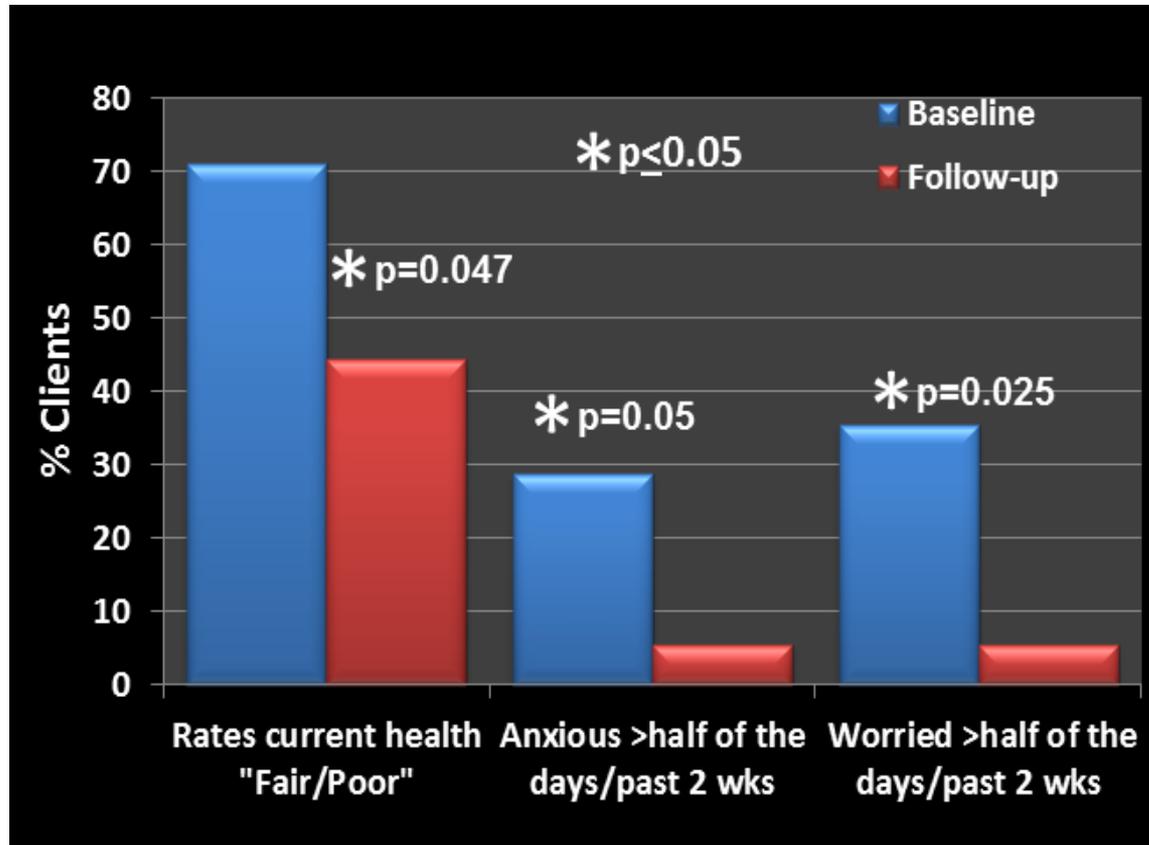
Health Outcomes

- **71%** reported physical health was better compared to 1st meeting with lawyer
- **76%** reported emotional health was better compared to 1st meeting with lawyer
- **76%** visited the ER less often
- **71%** admitted to the hospital less often
- **76%** missed fewer medical appointments
- **47%** missed work less often

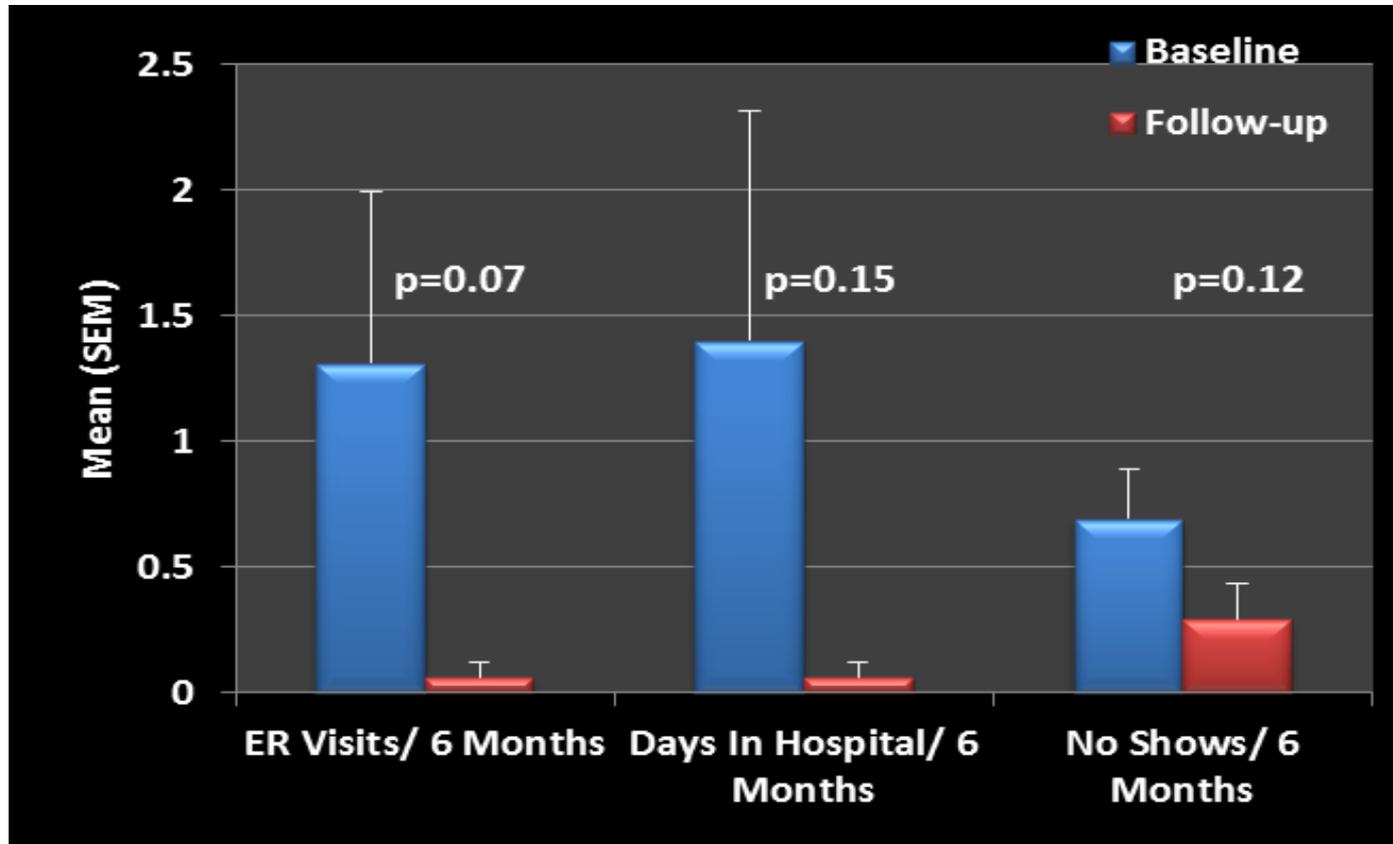
Baseline vs. Follow-up



Baseline vs. Follow-up



Baseline vs. Follow-up



Patient satisfaction

- Most patients were satisfied with the legal assistance they received and 67% credited the MLP for their health improvement



Illustrative case 1

Kenneth is a 57 y/o client, diagnosed with Parkinson's disease in 2009. He had been working as a machine technician for many years. His symptoms worsened over time, making it increasingly difficult for him to perform fine motor movements. Kenneth left his job when he was no longer able to perform the major duties required of him. He was receiving unemployment benefits but needed long-term income supports to survive once his unemployment benefits stopped. Kenneth was referred to MLP-CO by his care team at Salud. Working in conjunction with his physicians to document his daily functional limitations, we immediately started a Social Security Disability Income (SSDI) application. In January 2016, only 5 months after the Kenneth's first meeting with MLP-CO, he was awarded a monthly SSDI benefit of \$1,302.00.



Illustrative case 2

Mae is a 66 y/o woman, was referred to MLP-CO for a housing issue. She lived in Section 8 apartment complex in Brighton. In November 2015, her apartment flooded after the unit above hers caught on fire and triggered the sprinkler system. It took over two months for her landlord and a flood-damage mitigation company to completely clean Mae's apartment. With nowhere else to live and no option for temporary housing, Mae lived in the apartment during the clean-up process and developed, for first time in her life, persistent asthma and a chronic cough. To make matters worse, the apartment complex allows tenants to smoke cigarettes in their units. The second-hand smoke from her neighbors' units exacerbated Mae's medical conditions. After her diagnosis with asthma, Mae's Salud physician referred her to MLP-CO. Using the Fair Housing Amendments Act, which provides that it is unlawful discrimination to deny a person with a disability a reasonable accommodation, MLP-CO attorneys demanded that Mae's landlord relocate her to a different, non-smoking building. Ultimately, the landlord agreed and Mae will use her same Section 8 voucher to move into a brand new, non-smoking building on the same property when it is completed in December.



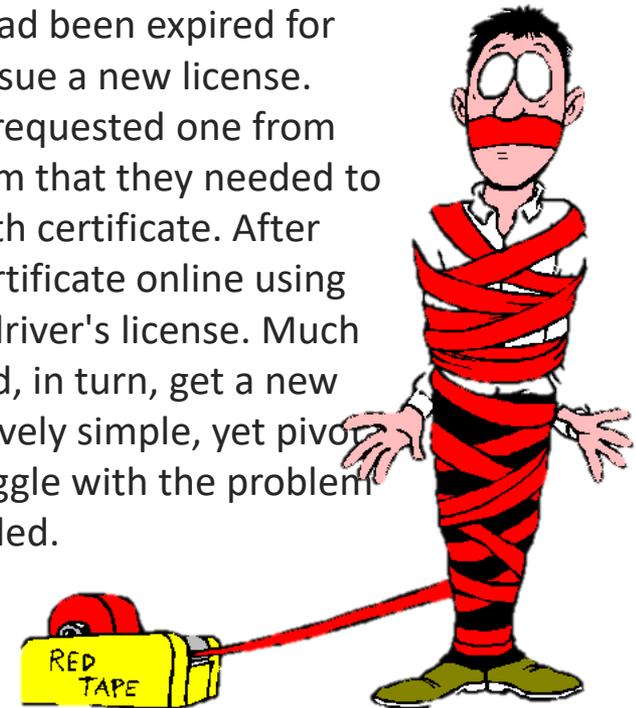
Illustrative case 3

Maria is a 38 year old from Mexico who entered the United States without inspection in 1994. Her father, a U.S. legal permanent resident, filed a petition for her to adjust status shortly after her arrival. After waiting 10 years for her priority date to become current, Maria was granted an interview with USCIS. The officer told her that everything was in order and they should make a decision on her application soon, but she never heard anything further. She followed up with USCIS with the help of a "notario" but was unsuccessful in re-opening her case and continued to live the vulnerable existence of a person without any legal status. Recognizing the limitations and the inherent stress of being undocumented, Maria's health care team referred her to MLP-CO. Her attorneys determined that Maria's priority date had "retrogressed" around the time of her interview, meaning her priority date had become current for only a short period of time. At that time, Maria's case should have been processed but, instead, was left untouched for more than 10 years. With the help of the MLP-CO immigration consultant, her lawyers contacted USCIS and, after submitting additional evidence, the case was re-opened and Maria was granted status as a legal permanent resident in September 2015. She is now free to live openly and work without restriction.



Illustrative case 4

Eddie came to MLP CO because of a frustrating dilemma with his identification documents. Eddie wanted to get take a new job opportunity, but his potential employer required a photo ID. His driver's license had expired about two years before. When Eddie went to the DMV to get a new driver's license, he was told that since his license had been expired for more than a year, he needed his birth certificate before they would issue a new license. Eddie, born in Massachusetts, did not have his birth certificate so he requested one from the Massachusetts Vital Records department. That office informed him that they needed to see his valid driver's license before they would issue a copy of the birth certificate. After some investigation, we discovered that Eddie could order his birth certificate online using other identifying information, but without having to produce a valid driver's license. Much to his relief, Eddie was able to obtain a copy of his birth certificate and, in turn, get a new driver's license, which allowed him to get his new job. With this relatively simple, yet pivotal intervention, without assistance, Eddie would have continued to struggle with the problem and potentially have lost the opportunity for a job he very much needed.



Conclusions

- Successes: MLP-CO has resulted in:
 - High success rate with legal outcomes
 - Improved health outcomes
 - Decrease in missed clinic appointments
 - Decrease in missed work days
 - Decrease in ER visits and hospitalizations
 - High patient satisfaction
- Challenges:
 - Sustainability/funding