



Philadelphia's Medical-Legal-Community Partnership

This paper summarizes:

1. The origins and mission of Philadelphia's Medical-Legal-Community Partnership (MLCP);
2. The medical-legal partnership (MLP) model;
3. Findings from the socio-legal needs assessment and market analysis, which document the current need as well as the opportunity that exists to demonstrate direct benefits both for patients and for the health center by making MLP a core part of its Patient-Centered Medical Home;
4. MLCP program design;
5. MLCP budget and funding strategy for sustainability; and
6. MLCP's alignment with priorities of the Philadelphia Department of Public Health

I. Origins and Mission

With support from the Stoneleigh Foundation, in July 2012, the Health Federation of Philadelphia (HFP) engaged a diverse cross-section of stakeholders from the City's public health, legal aid, social services, and academic communities to lay the foundation to incorporate a medical-legal partnership (MLP) model in Philadelphia's public health system. The project consisted of conducting a uniquely deep and comprehensive needs assessment, market analysis and program planning process to determine how best to integrate the nationally reputed, inter-professional, and collaborative service delivery model in a public health setting.

Initial conversations with leadership of the Philadelphia Department of Public Health (PDPH) resulted in the decision that beginning with a demonstration effort targeted to one of the City's health centers would be most logical. Thus, PDPH's Health Center #3 (HC3) was selected to serve as the site for the needs assessment, feasibility study, and demonstration project described in this document.

As HFP and PDPH proceeded with the foundational phase, Philadelphia Legal Assistance (PLA) stepped forward as the MLP's *legal partner*. In July 2013, PLA hired the Stoneleigh Foundation Emerging Leader Fellow who had previously coordinated all MLP-related activities under the auspices of HFP, to direct the project, now referred to as Philadelphia's Medical-Legal-Community Partnership (MLCP). PLA and PDPH are the current lead organizations on the MLCP, with HFP and other community partners assuming advisory roles.

MLCP Mission: By integrating legal advocates into healthcare settings, the MLCP meets the health-harming legal needs of patients, in collaboration with healthcare and social services providers.

II. *Brief Overview of the MLP Model*

Medical-legal partnerships have been established in 292 healthcare institutions in 36 states. Populations served include but are not limited to children, low-income individuals and families, veterans, older adults, and those with disabilities or chronic illnesses. More information about the MLP model and movement can be found at the National Center for Medical-Legal Partnership website: www.medical-legalpartnership.org.

The three pillars of MLP are:

1. Integrating legal staff within the healthcare team to provide direct *legal* care to patients;
2. Developing and aligning strategies to enhance delivery and effectiveness of healthcare; and
3. Advancing external policy change to ensure that low-income and traditionally underserved people become healthier.

While the structure and role of MLPs tend to vary across locales and healthcare settings, core to the model is the co-location of an inter-professional team of healthcare providers, social workers, and legal staff who collaborate in a hands-on, consistent manner to meet the complex, inter-related needs of underserved populations. Legal staff operate on-site in a health setting and collaborate with the healthcare team to address the legal aspects of patients' medical and social service needs that so often undermine access to and the effective provision of care. By working in partnership, medical, legal, and social service staff can address, collectively, the host of issues that can impede vulnerable populations' access to and ability to benefit from, as well as adhere to, protocols for the treatment and prevention of illness. MLP teams address such issues as: health insurance access and income supports; housing safety and security; utility shutoff prevention; legal status; family stability and child welfare issues; domestic violence and other health-harming socio-legal issues. MLP is well-aligned with and serves to enhance the Patient-Centered Medical Home.

The MLCP is one of several MLPs currently in operation in the Philadelphia area, all of which differ in structure, function, and stage of development. Legal Clinic for the Disabled was the first organization in the region to establish MLPs in hospital systems and federally qualified health centers. Community Legal Services launched its first MLP in September of 2014 at a nurse-managed health center. In the City of Chester, HELP | MLP operates out of a Healthy Start site, in collaboration with Widener Law School. All of these organizations have contributed to the MLCP as consultants in its early stages.

Notably, in addition to HFP and PLA, the leadership of these organizations and other public interest leaders such as the Pennsylvania Health Law Project, see the value and are fully supportive of making MLP a key component—and, preferably, an adopted Standard of Care—for the City's public health centers and other health systems.

III. *Needs Assessment and Market Analysis*

To ensure a fully participatory process that represents diverse stakeholders, HFP included the following individuals and organizations throughout the year of preparation and planning:

- PDPH leadership and Health Center #3 (HC3) administrative and clinical leadership
- Philadelphia Legal Assistance (PLA)
- Toll Public Interest Center at the University of Pennsylvania Law School and Drexel School of Public Health

- Legal Clinic for the Disabled, HELP | MLP, and Community Legal Services
- Members of the Philadelphia private bar and pro bono community

The process included:

- Interviewing over twenty-five (25) MLP employees and experts across the country
- Developing a survey to assess the types and volume of unmet socio-legal needs that affect health
- Recruiting and training sixteen (16) students and volunteers to administer surveys to HC3 patients
- Conducting four (4) focus groups ($n=30$) in the community surrounding HC3 to explore perceived legal need affecting health at the community level
- Analyzing over seven hundred ($n>700$) completed socio-legal need surveys and transcripts from focus groups and applying results to develop the MLP model to be integrated in HC3
- Deploying three (3) certified legal interns from PLA into HC3 to provide legal advice and conduct intake for legal aid
- Interviewing and surveying over twenty-five (25) HC3 providers and staff to assess the feasibility of integrating an MLP and to obtain health center-wide buy-in

In sum, findings from the needs assessment confirm that HC3 patients and people in the surrounding community lack access to critical legal care, which profoundly mitigates health outcomes and disrupts quality of life. The MLP model has demonstrated its efficacy in addressing similar needs in other locales. This project was designed to adapt and demonstrate the feasibility of integrating MLP into a local public health setting. Key actors in the legal aid, healthcare, public health, social services and academic fields agree that the need is great, that the MLP model holds considerable potential and that a public health setting is perhaps the most logical home for the model. What is more, these actors were eager to assist with its implementation.

Key findings from MLP research and the needs assessment include:

- A strong majority of people who live in and near poverty in the City access care in PDPH's public health centers, which speaks to the logic in establishing MLPs in these sites.
- The needs assessment conducted at HC3 indicates deep and diverse health-harming legal need among patients (median of 5 separate socio-legal needs) and 97% of HC3 patients surveyed indicated a willingness to accept legal services in their healthcare setting.
- Legal needs have a direct impact on people's health and wellbeing, since management of acute and chronic illness is often thwarted in the face of legal obstacles and financial burdens.
- Non-medical issues that affect health, such as not being able to pay for healthy food or utility bills, interpersonal violence issues, sub-par housing conditions, child welfare and issues with immigrant status, unemployment and disability, etc., which sometimes admit of legal solutions, often undermine high quality healthcare and ability to be medically adherent.
- Health center providers and staff, across the board, strongly agree that MLP is critically needed and will be profoundly helpful to their patients.
- Having attorneys appeal public benefits denials will help PDPH maximize the drawdown of funds from federal and state programs and could have an impact similar to the Prescription Assistance Program currently operating in PDPH's public health centers.

- The project is a timely effort given implementation of the Patient Protection and Affordable Care Act (ACA), and the extent to which there could be funds within the ACA that would support MLPs becoming an accepted Standard of Care for public health settings.
- Nationally, MLPs have been funded through a variety of grant strategies, with a goal to establish stable funding sources. The American Medical Association, the American Academy of Pediatrics, the Agency on Healthcare Research and Quality, the White House Champions of Change, as well as the American and Pennsylvania Bar Associations have recognized and adopted resolutions endorsing MLP.

An initial assessment, which involved temporarily placing legal interns on-site to address patients' legal needs, closely observing HC3's operational flow, and conducting key informant interviews with PDPH and HC3 leadership, providers and staff served as the basis for the proposed plan to pilot an MLP at HC3.

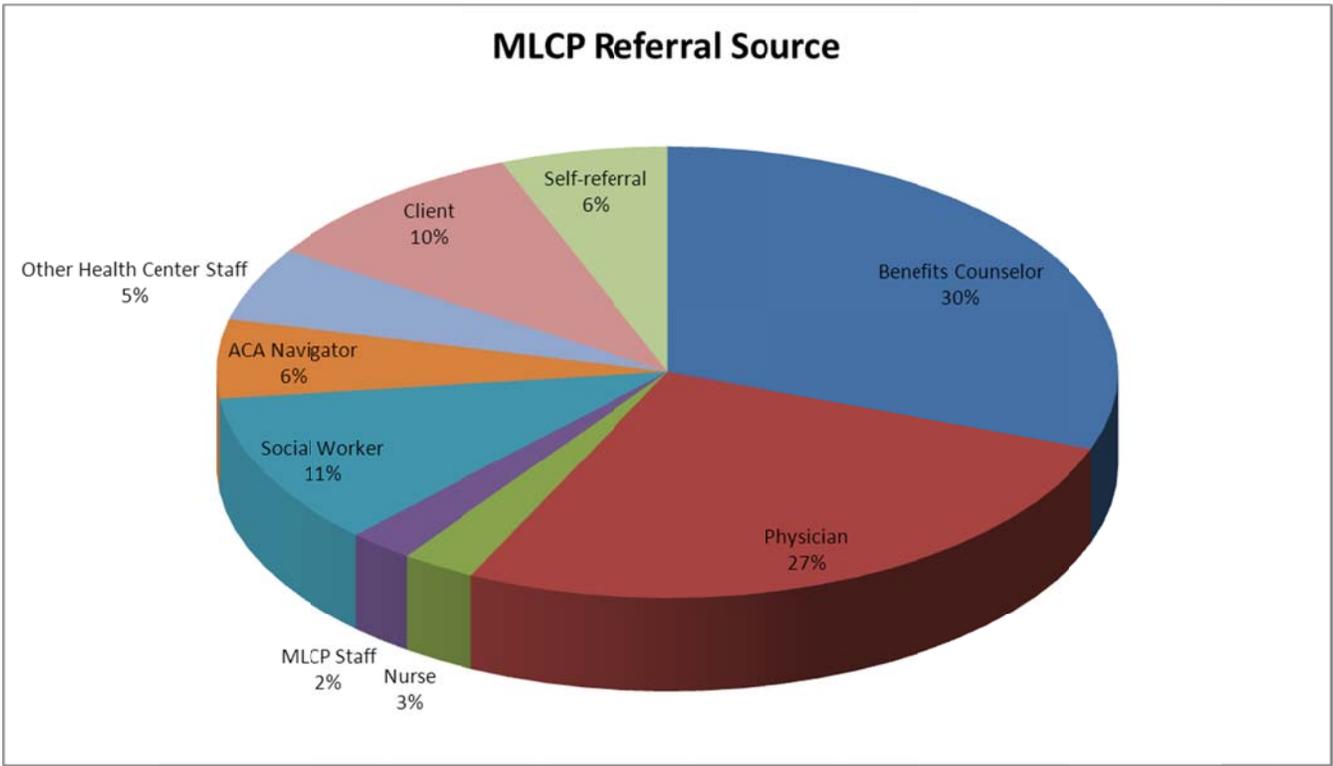
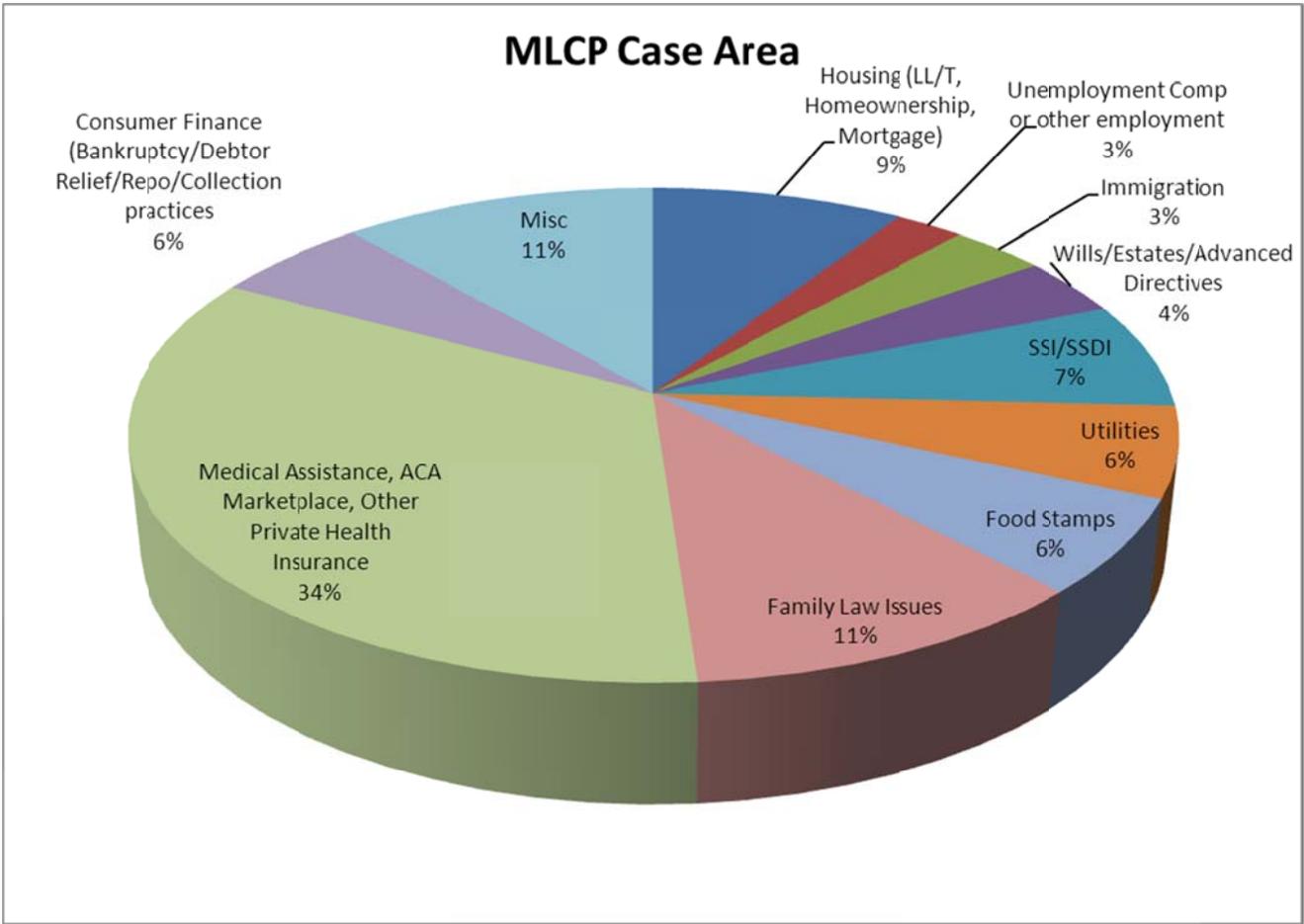
IV. Program Design

In an effort to reflect the project's context and meaning, the project is now referred to as Philadelphia's Medical-Legal-Community Partnership (MLCP), which is a free service. An on-site referral system that integrates legal staff into the existing health center operational flow was designed based on observation and input from health center providers and staff and has been implemented.

Core Activities and Services of the MLCP

1. Direct legal assistance
 - a. *Legal care* or, direct legal assistance, provided to patients who complete a socio-legal needs screener, screen positive for legal needs and are referred to legal staff by health care staff
 - b. Know Your Rights Clinics, offered to patients, staff and members of the community by local law students, on-site and off-site (planned for 2015)
2. Enhancing health care and legal care delivery
 - a. MLCP training on substantive legal issues that affect patients' health, offered both formally and informally to health center providers and staff
 - b. Utilization of electronic health records to streamline internal processes (planned for 2015)
3. Systems Advocacy efforts
 - a. Health center and legal staff, along with community partners, working collaboratively to identify health patterns that warrant policy change and to advocate for change to improve the patients' and the community's health

Since September of 2013, the MLCP has been operational at Health Center #3. In November of 2014, a full-time Supervising Attorney was hired to join the MLCP. Since January 2015, the MLCP has operated an additional site at Health Center #4. The MLCP has been accepting clients referred primarily by health center staff and providers for a broad range of legal issues. Referrals have resulted in assistance for *multiple* legal issues for many of its clients, via provision of legal services and advice by MLCP staff, with some referrals to local legal aid partners. In one case, the MLCP advocates were able to appeal a medical assistance denial, resulting in retroactive coverage of a patient's hospitalization and reconciliation of her \$75,000 hospital bill. Not only was she relieved of a lifetime of medical debt but further, the MLCP advocates successfully enrolled her and her daughter in Medicaid and food stamps.



Staffing and Key Partners

- As of November 2015, MLCP legal staff consists of:
 - 1 Supervising Attorney (1.0 FTE)
 - 1 Paralegal (1.0 FTE)
 - 1 Pro Bono Attorney Supervisor (.20 FTE)
 - 6 law student Legal Advocates (~.20 FTE each) from Drexel University School of Law, Villanova Law School, Yale University School of Law, and the University of Pennsylvania Law School.
- MLCP Physician Champions from Health Centers #3 and #4 serve as MLCP leaders and strategists and work directly with the legal team to develop and sustain the project, promoting it among their colleagues, both within and beyond the health centers. The Health Care Coordinators at each center play a similar role in the project's development and implementation, with the non-physician staff.
- Attorneys and paralegals from Philadelphia Legal Assistance, Nationalities Service Center, HIAS PA, and private law firms such as Pepper Hamilton LLP and Galfand Berger serve as pro bono expert consultants.

Evaluation

Measuring efficacious provision of legal services is well within the capacity of PLA; however, defining and collecting meaningful public health measures requires collaboration with an independent evaluator. Thanks to an individual donation, PLA has engaged with the Amherst H. Wilder Foundation's reputable research and evaluation arm to develop a detailed logic model and design a robust evaluation framework, including qualitative and quantitative methods and instruments for data collection. Evaluation incorporates feedback from patients, MLCP staff and project stakeholders to assess the impact of integrating direct legal services, legal education, and training on: patient health and wellbeing; staff knowledge, skills and capacity for advocacy; progress toward integrated service delivery; and the systems of care that serve patients and vulnerable Philadelphians. The evaluator's economist will assist in conducting a cost/benefit analysis using claims- and other data to assess the MLCP's potential for substantial fiscal impact.

V. *Budget and Funding Strategy*

The MLCP's annual budget is currently \$130,000, which covers salaries, fringe and benefits for employees who support the MLCP's work, cost of evaluation consultant services, training, and travel. In-kind (e.g., rent, utilities, etc.) and pro bono support are estimated at a value of \$470,000 per year.

As discussed above, the MLCP has potential to reduce the drain on City revenues and to put money back in the pockets of patient/clients through appealing inappropriate denials of Medicaid and other public benefits, including workers' compensation and social security income. Return on investment (ROI) through healthcare recovery dollars has been demonstrated as a sustainability strategy in other MLPs across the country, including one community health center-based MLP whose evaluation findings demonstrated a 219% ROI between 2007 and 2009. Given that the MLCP's supervising attorney is a 20-year veteran in public benefits law and that one of PLA's operating units specializes in public benefits, the MLCP is well-equipped to build an ROI model within its generalist law practice.

VI. *Alignment with Priorities of the Philadelphia Department of Public Health*

The MLCP can be used a tool to augment PDPH's efforts to advance quality and performance by:

1. **Monitoring health** through a socio-legal lens and creating a feedback loop between healthcare and legal staff as to the patient/client's socio-legal situation, in relation to improvements in health and wellbeing.
2. **Diagnosing & investigating** health-harming socio-legal needs through screening for: health insurance access, income supports & other public benefits; housing security and utility preservation; legal status; family stability and child welfare issues; domestic violence and other health-harming socio- legal issues.
3. **Informing, educating, & empowering** MLCP patient/clients, healthcare providers and staff, as well as surrounding communities about their rights as citizens and the availability of medical-legal services to promote health and well-being.
4. **Mobilizing community partnerships** by facilitating communication and encouraging collaboration among civil legal, health, and social services organizations, agencies and systems.
5. **Developing policies** that address needs holistically and promote health by taking the whole person and their environment into consideration.
6. **Enforcing laws** by connecting public health and social services with agencies that enforce housing and environmental codes and regulate administration of public benefits such as Medicaid/ CHIP, WIC, SNAP, etc.
7. **Linking to and providing care** by facilitating integrated, collaborative services that include legal care in health and social service settings.
8. **Assuring a competent workforce** by providing opportunities for formal and informal training on health-harming socio-legal needs to healthcare administrators, providers, and staff.
9. **Evaluating** the impact of the MLP model on delivery of healthcare and other critical services and assessing the MLCP's return on investment from financial, social and health improvement perspectives, as well as satisfaction on the part of patient/clients, healthcare providers, and staff.
10. **Facilitating system management and promoting research** that includes legal care, to capture a richer understanding of how systems intersect and how individuals, families, and populations navigate them.