The Medical-Legal Partnership Toolkit

Phase I: Laying the Groundwork

Updated February 2014

Team members from the MLP between Indiana Legal Services and Midtown Community Mental Health Center in Indianapolis, Indiana

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

National Center for Medical Legal Partnership

School of Public Health & Health Services
THE GEORGE WASHINGTON UNIVERSITY

NATIONAL CENTER FOR MEDICAL-LEGAL PARTNERSHIP

The National Center for Medical-Legal Partnership is a project of the George Washington University School of Public Health and Health Services.

2021 K Street, NW
Suite 715
Washington, DC, 20006

(202) 994-4119

www.medical-legalpartnership.org

For questions about the toolkit, email Co-Principal Investigator Ellen Lawton at ellawton@gwu.edu.

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Carrie Brown, MD
Lynn Hallarman, MD
Annette Quayle, MS
Jaime Snow, MBA, CCLS
Elizabeth Tobin Tyler, JD
Jamie Ware, JD, MSW

NCMLP recognizes that the engine for most of the early medical-legal partnerships has been the intrepid leadership and sweat equity of committed legal and health professionals who, against the odds, met and worked to build programs together. We salute those individuals, and express our gratitude to their pioneering efforts; their experiences are reflected in this toolkit.

About the Medical-Legal Partnership Toolkit

Since 2006, the National Center for Medical-Legal Partnership (NCMLP) has helped healthcare and legal institutions develop partnerships to better care for vulnerable populations. After nearly a decade of providing technical assistance, NCMLP designed this toolkit to guide healthcare and legal professionals through the process of building strong and sustainable MLPs that reflect the populations they serve and communities they live in.

All medical-legal partnerships (MLPs) address health-harming legal needs that disproportionately affect people living in poverty. These partnerships are defined by their adherence to two key principles. First, healthcare and legal professionals use training, screening and legal care to improve patient and population health. Second, this legal care is integrated into the delivery of healthcare and has deeply engaged health and legal partners at both the front-line and administrative levels.

At the same time, each MLP responds to the unique needs of the population and clinic it serves by deploying its specific resources. It is critical that each burgeoning partnership take the time to assess the need in their local community and how the existing health and legal landscapes meet that need before formalizing a partnership.

This toolkit is broken into three separate stages:

PHASE I: Laying the Groundwork helps potential partners assess their population's needs to best position their MLP and assess the local health and legal landscapes to better understand the professional world of their partners.

PHASE II: Building Infrastructure helps partners formalize their relationship in a Memorandum of Understanding and lay out MLP activities and each partner's responsibilities.

Phase III: Sustaining and Growing the Partnership helps partners strengthen the integration of services, incorporate more clinic and systemic level legal care, and begin to measure the work of their MLP.

Phase I is available for download on the NCMLP website at **www.medical-legalpartnership.org**. After completing Phase I, if the emerging partners believe they would like to formalize a medical-legal partnership, please contact the National Center for Medical-Legal Partnership (NCMLP) for a consultation **using the online form**. After consultation, Phase II will be emailed to the partners. The same process will apply again to Phase III. Screening for inclusion on the MLP Network map will take place after completion of Phase II.

Understanding Your Partner's Framework

As you work on Phase I of the toolkit and investigate the heath and legal landscapes broadly and in your community, it is important to understand that medical-legal partnership asks very different things of the healthcare and legal professionals who incorporate it into their practice.

Legal needs are not currently part of the language of healthcare, nor is legal care a tool in the toolbox healthcare team members use to treat patients or address population health. The connection between legal needs and health is invisible in the provision of healthcare. Overcoming this invisibility will require considerable education, not just about the connection between legal needs and health, but also about how lawyers can help each member of the healthcare team provide the necessary care. Medical-legal partnership builds on an existing framework, asking healthcare team members to expand their understanding of social determinants of health to recognize that some of those problems require legal screening and intervention. It asks them to accept lawyers – as they have patient navigators, case managers and social workers – as unique but indispensable members of the healthcare team with a new expertise to help identify, treat and prevent these problems in patients, clinics and populations.

Legal institutions already provide assistance to individuals around many issues that impact health, but do so in a justice-driven framework, not a health-driven one. Medical-legal partnership requires legal institutions and professionals to dramatically re-orient the delivery of legal aid to prioritize health and to practice law in a public health framework, valuing population outcomes alongside individual case outcomes. Lawyers learn from their healthcare partners how to evaluate their work and adopt health-related priorities. It also asks legal professionals to move from crisis driven care (justice is about righting a wrong) to practicing prevention and upstream care. Legal services provided still include traditional typical case representation, but significantly shift time and resources to training healthcare team members and collaborating with healthcare team members on clinic and population health changes.

GLOSSARY OF TERMS

Health-Harming Legal Need: A social problem that adversely affects a person's health or access to healthcare, and that is better remedied through joint legal care and healthcare than through healthcare services alone. It is a type of social determinant of health.

Legal Care: The full spectrum of interventions that address legal needs for individuals, clinics and populations. This includes (1) training of healthcare team members to recognize health-harming legal needs; (2) legal screening of patients by healthcare team members; (3) triage, consultations and legal representation provided to patients by legal professionals; (4) changes to clinical or healthcare institution policy made jointly by healthcare and/or legal professionals to treat and prevent health-harming legal needs; and (5) changes to local, state and federal policies and regulations made jointly by healthcare and/or legal professionals to improve population health.

Medical-Legal Partnership: A healthcare delivery model that combines the expertise of health and legal professionals to identify, address and prevent health-harming legal needs for patients, clinics and populations.

RESOURCES FOR CONNECTING WITH THE MLP MOVEMENT

Newsletter

The MLP Update is NCMLP's bi-weekly e-newsletter for MLP practitioners that shares MLP news and resources. Sign up at: **www.medical-legal-partnership.org.**

MLP Summit

Each spring, NCMLP hosts the annual MLP Summit, which brings together hundreds of leaders in law, health, public health and government to discuss how best to integrate health and legal care for vulnerable people. Information about the next Summit available at: **www.medical-legal-partnership.org.**

Blog

"Bridging the Divide" is NCMLP's blog and shares trends, topics and tips related to MLP. Contributors include MLP practitioners and health and legal thought leaders. Read more at: **www.medical-legal-partnership.blogspot.com.**

Social Media

Join the conversation with other MLP practitioners.

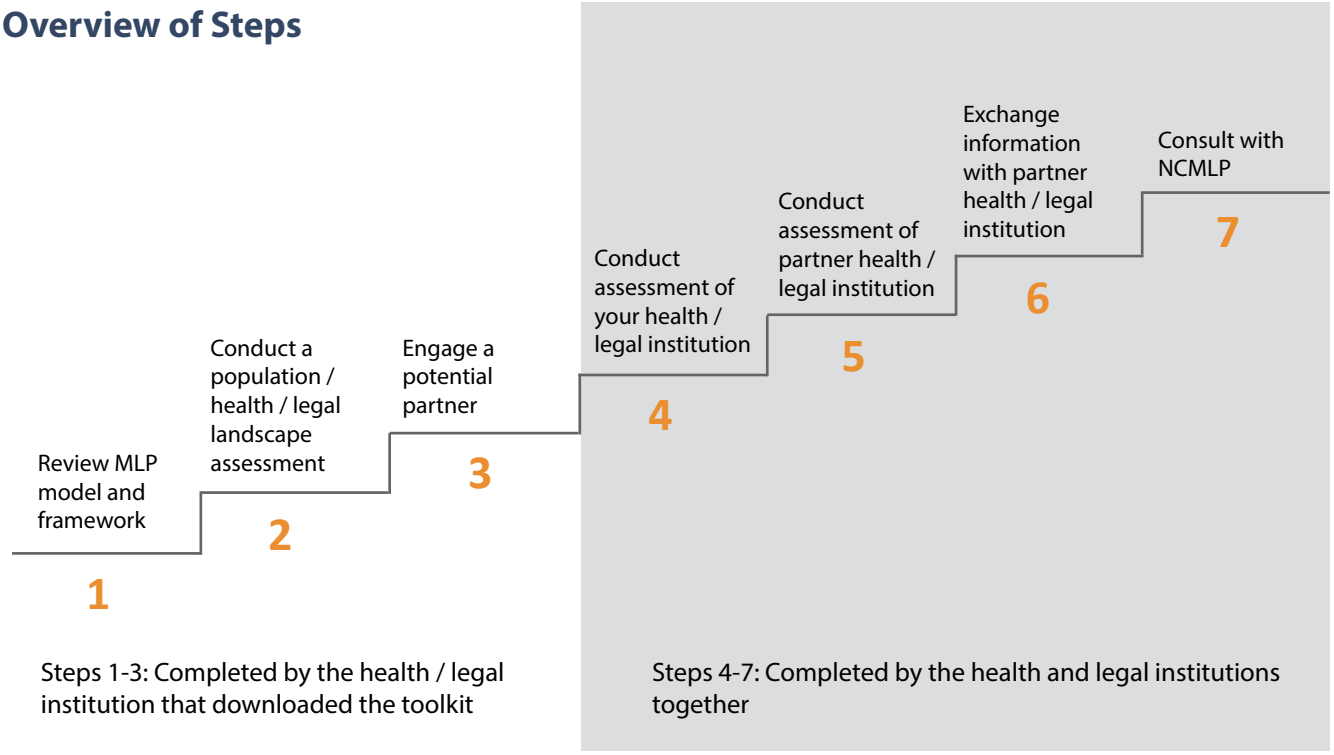
NCMLP

@National_MLP

INSIDE PHASE I: LAYING THE GROUNDWORK

The biggest mistakes new medical-legal partnerships (MLPs) make are to (1) not define the scope of need being addressed, and (2) set up a partnership before thoroughly investigating the local community landscape and, most important, before fully understanding the health and legal frameworks in which their potential partners operate. Understanding the need, resources and landscape of your community is absolutely critical to the success and sustainability of your MLP. Phase I of the toolkit guides partners through this process and conversation. It should be completed *before* you attempt to formalize a partnership with a Memorandum of Understanding and *before* you begin delivering services.

Overview of Steps



Steps 1-3: Completed by the health / legal institution that downloaded the toolkit

Steps 4-7: Completed by the health and legal institutions together

Who should participate in completing the steps in the toolkit?

This toolkit recognizes that an individual "champion" will take the lead in developing the MLP, but Phase I demands community level reflection and research in the legal, social service, health and public health sectors. Intrepid and passionate leaders seeking to implement an MLP can only succeed when they engage front-line practitioners AND administration in this endeavor at the earliest phases. Phase I is also a roadmap for emerging programs to seek monetary support to ensure a properly funded planning process. A heavy emphasis on identifying the right partnering agency in both the health and legal sector means that Phase I participants must openly acknowledge their own limitations and strengths.

Where is there additional information on the MLP Model?

As you complete Phase I, it will also be important to familiarize yourself with various aspects of the MLP model and implementation. This toolkit offers a brief summary, but we strongly recommend that you purchase a copy of the MLP textbook ***Poverty, Health and Law: Readings and Cases for Medical-Legal Partnership (ed. Elizabeth Tobin Tyler) from Amazon.com*** for a more detailed examination.

TOOLKIT PHASE I CHECKLIST

As you proceed through Phase I, use this checklist to ensure you are completing all the steps.

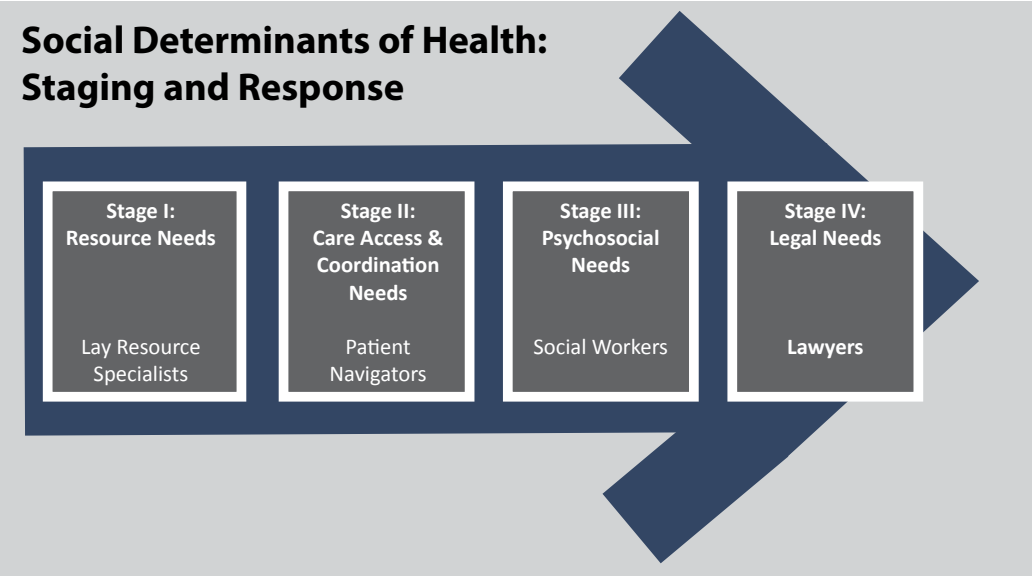
Step One: Review MLP Model	
☐	Read suggested readings on social determinants of health
☐	Read the toolkit case study and reviewed the lessons learned
Step Two: Landscape Assessment	
☐	Read the two suggested readings about better understanding the health or legal landscape (depending on my profession)
☐	Completed the full landscape assessment worksheet, utilizing all available community resources and stakeholder interviews as necessary
☐	Reviewed the needs assessment with senior leadership at my institution
☐	**Passed CHECKPOINT 1: One or more needs in a specific population were identified that would be better addressed using the MLP model**
Step Three: Engage an Informal Partner	
☐	Assessed which legal / healthcare institutions in my community serve the same populations as my institution
☐	Conferred with staff and leadership at my organization about potential contacts and relationships with legal / healthcare institutions in my community
☐	Identified front-line and senior leadership at the potential partner institution
☐	Developed, with sign-off from my institution's leadership, a one-page document that describes the scope of the problem I want to address. The one-pager describes the problem in a health or public health framework, and draws connections between legal needs and health.
☐	Set up meeting with potential partner
☐	Secured informal commitment from potential partner institution to complete rest of Phase I toolkit together
Step Four: Conduct an Assessment of Your Institution	
☐	Completed the "SWOT" assessment worksheet about my own institution using all available community resources and stakeholder interviews as relevant
☐	Reviewed the "SWOT" assessment and analysis with relevant staff and leadership at my institution
Step Five: Conduct an Assessment of Your Potential Partner Institution	
☐	Potential partner completed their "SWOT" assessment worksheet using all available community resources and stakeholder interviews as relevant
☐	Completed and reviewed the "SWOT" analysis with relevant staff and leadership at my institution
Step Six: Exchange Additional Information with Potential Partners	
☐	Reviewed both "SWOT" assessments with my potential partner
☐	Exchanged and reviewed organizational charts, financial statements, annual reports, community health needs assessments and access to justice reports with potential partner
☐	**Passed CHECKPOINT 2: Both partners agreed to proceed to Phase II. (Don't be afraid to walk away and start over if partner is not the right fit! Better now then later.)**
Step Six: Consult with National Center for Medical-Legal Partnership	
☐	**Completed Phase I toolkit feedback survey**
☐	**Used online form to request a consultation with NCMLP**
☐	Completed one-hour phone consultation with NCMLP (representatives from legal and healthcare institutions must be present on the call).

STEP ONE:
REVIEW MLP MODEL AND FRAMEWORK

Setting the Stage: Legal Problems are Health Problems

One in six people live in poverty, and each of those individuals has a civil legal problem that negatively affects their health (**"Documenting the Justice Gap", The Legal Services Corporation, 2009)**. People are wrongfully denied nutritional supports and educational services, resources that are necessary to meet their daily needs. People who live in housing with mold or rodents, in clear violation of sanitary codes, are in a physical environment that is making them sick. Then there are seniors who are denied benefits, such as access to supportive services or long term care, whose lack of access to insurance prevents them from getting the healthcare they need. These all constitute health-harming legal needs.

While the impact that social problems have on health is well-documented, legal needs are not currently part of the language of healthcare, nor is legal care a tool in the toolbox healthcare team members use to treat patients or address population health. The connection between legal needs and health is invisible in the current provision of healthcare. Overcoming this invisibility requires transforming how healthcare team members understand and screen for these needs as well as how clinics and healthcare teams respond to the identified needs.



A variety of needs comprise what we understand as the social determinants of health. These needs require a 21st century integrated, interprofessional health team with each profession working together, each at the top of their licenses.

Suggested Readings on Social Determinants of Health:

1. RWJF Issue Brief "How Social Factors Shape Health: Income, Wealth and Health," The Robert Wood Johnson Foundation, 2011.
2. RWJF Survey results "Health Care's Blind Side: The Overlooked Connections between Social Needs and Health," The Robert Wood Johnson Foundation, 2011.

The Traditional Response of Legal Aid

The backbone of the legal aid community is the 135 legal aid offices across the U.S. funded through the federal Legal Services Corporation. Staffed by 8,000 civil legal aid attorneys and paralegals, they handled cases for over 800,000 people in 2012 (**Legal Services Corporation Annual Report, 2012**). The Legal Services Corporation found that low-income people in the United States on average have two to three unmet legal needs, and that current resources only meet approximately 20 percent of the need (**"Documenting the Justice Gap."**) Civil legal aid is historically underresourced, poorly coordinated and frequently disconnected from other community resources.

Civil legal aid attorneys spend significant portions of their time helping low-income and underserved populations with legal issues that are inextricably linked to their health. In 2012, civil legal aid attorneys most frequently handled cases related to (1) safety and domestic violence; (2) safe housing including unlawful evictions, landlord tenant issues and disputes over federal subsidies; and (3) income maintenance including obtaining and maintaining disability benefits (**Legal Services Corporation Annual Report**). However, these services are framed by a mission of improving access to justice, not improving health, and their impact on health is not tracked or measured.

In general, the majority of legal aid staff time is focused on individual advocacy – in part driven by the requirements of the federal funding. State-funded programs and law school clinics are frequently more flexible and can pursue broader policy advocacy on behalf of poor communities, but their capacity is dramatically limited in both scope and reach. Since pressing need outstrips resources, legal aid faces challenges in moving resources upstream to prevent legal problems. This results in high level policy efforts being the singular prevention strategy.

The Traditional Response of Healthcare

Recently, there has been a significant shift in healthcare toward incorporating strategies that target social determinants of health. Addressing psychosocial and care coordination needs have been increasingly accepted as critical to improving health, and both social workers and patient navigators have been integrated into the healthcare team at most healthcare institutions.

Yet, legal needs have not been recognized as part of this shift in healthcare. Many healthcare team members write certification letters for patients' public benefits or do ad hoc advocacy to try to help patients in poor housing conditions, but on a whole they do not see these legal needs as a healthcare problem. And while healthcare team members often have significant contributions to make to the construction of health-related public policy, they are not trained to understand or navigate complicated systems like their legal counterparts. Healthcare in general has never viewed legal aid organizations as partners in delivering quality patient healthcare services or population health interventions.

The Medical-Legal Partnership Response

Despite the connection between health and legal needs and the fact that healthcare institutions and civil legal aid offices have long treated the same patients/clients, there has never been a coordinated effort to address these problems until now. Medical-legal partnership bridges the divide.

Medical-legal partnership (MLP) is a healthcare delivery model that combines the expertise of health and legal professionals to address and prevent health-harming legal needs for patients, clinics and populations. By partnering together, healthcare and legal institutions transform the response of the healthcare system.

- Legal professionals **TRAIN** healthcare team members to recognize health-harming legal needs;
- Healthcare team members **IDENTIFY** patients' health-harming legal needs by implementing screening procedures;
- Legal professionals **TREAT** individual patients' existing health-harming legal needs with triage, consultations and legal representation;
- Healthcare and legal professionals jointly **TREAT** multiple patients' existing health-harming legal needs by changing clinical or institutional policies; and,
- Healthcare and legal professionals jointly **PREVENT** additional health-harming legal needs broadly by improving policies and regulations that have an impact on population health.

What Happened When the Heat Went Off?

A Medical-Legal Partnership Patients-to-Policy Story

No heat or electricity meant asthma attacks, sickle cell pain and the inability to refrigerate medicine for thousands of low-income people in Boston. The story below illustrates the medical-legal partnership model in action – how training and patient legal care led to clinic and population health innovations and how the impact increases and becomes more preventive as the interventions progress. Note that each step of the way, attorneys and healthcare team members communicated and worked together as part of the same team, not in silos.

TRAIN & IDENTIFY NEED → **TREAT PATIENTS** → **TRANSFORM CLINIC PRACTICE** → **IMPROVE POPULATION HEALTH (PREVENTION)**

Training & Screening

Attorneys trained healthcare team members how to screen patients at-risk for utility shut off and write protection letters.

Physicians wrote letters protecting 193 people.

New Energy Clinic

Attorneys opened new legal clinic at hospital to help people who healthcare team members identified as having already had their utilities shutoff.

Attorneys helped people get heat and electricity turned back on.

Utility Letter in the EMR

The volume of letters led healthcare team members to identify a need for a patient EMR form letter, which attorneys drafted. Healthcare team members no longer had to draft from scratch.

Physicians wrote 350% more letters helping 676 people. Saved clinic time.

Regulations Testimony

Attorney and healthcare team members' testimony resulted in regulation changes that reduced need for chronic disease re-certification and allowed nurses to sign letters.

Fewer people faced utility shutoff, preventing problem.

Integration is Everything

The key to what makes medical-legal partnership successful is also what makes it unique: integration of legal care into the healthcare system. This diagram highlights how that integration is reflected in the healthcare institution's thinking and approach to services.

AUTONOMY → INTEGRATION	Referral Network	Partially Integrated MLP	Fully Integrated MLP
Healthcare institution's view of legal care	Legal needs loosely connected to patient well-being; legal professionals are valued allies, but separate from HC services.	Legal needs connected to patient health; Legal care is complementary/ancillary to HC services.	Legal needs are tightly connected to patient health; Legal care is integrated part of HC services.
Relationship between healthcare and legal institutions	Small legal team loosely connected to small number of HC providers who make case referrals for individual assistance.	Legal agency formally recognized by HC institution as a partner, but services often restricted to single unit/clinic. HC engagement at front-lines, but not within HC administration.	Legal institution formally recognized by HC institution as part of healthcare team and service system. HC engagement at all levels including administration.
Patients' access to legal care	Patients are inconsistently screened for health-harming legal needs and have inconsistent access to legal assistance from lawyers. No clinic, population health or preventive legal care offered by institution.	Screened clinic patients get regular access to legal assistance from lawyers, but not all patients and not across institution. Little clinic, population health or preventive legal care offered by institution.	All patients are screened for same health-harming legal needs and have some regular access to legal assistance from lawyers. Clinic, population health and preventive legal care regular part of institution's practice.

Every MLP is different because it responds to the unique needs and resources of its population, community and partners, and thus a variety of indicators can be used to assess integration. However, there is a strong and direct correlation between the level of integration and the success and sustainability of a partnership. Here are a few sample indicators.

Examples of Specific Indicators	Referral Network	Partially Integrated MLP	Fully Integrated MLP
Legal presence at healthcare institution	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.
Case, clinical and systemic priorities	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.
Communication between legal and healthcare teams	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.
Healthcare staffing	No dedicated staff time from HC providers.	Minimal dedicated, compensated staff time from HC providers.	Sufficient dedicated staff time from HC providers.

Note: Indicators in this chart are what NCMLP uses to help determine membership in the national MLP Network, so please keep these indicators in mind while planning your partnership. Membership in the MLP Network will be determined after you complete Phase II of the toolkit.

Starting a Medical-Legal Partnership
A Case Study

**This case study reflects a common MLP start up tale. It is designed to help you apply your knowledge of the medical-legal partnership model and recognize common pitfalls on the path to sustainability. Read it and review the lessons learned.*

Melanie attended law school in Virginia where she participated in a medical-legal partnership (MLP) clinic that served patients at a university hospital. When she graduated law school, she got a fellowship to work at legal aid agency in Portland, Oregon, to develop a new MLP for the elderly. Soon after starting at the legal aid agency, she reached out to Dr. Jones, a geriatrician at a local public hospital who agreed to help develop the MLP within the geriatrics department.

The MLP saw several successes in its first year. The legal aid agency secured $50,000 in start-up grant funding from the local bar association and a local healthcare foundation, alongside Melanie's fellowship funding, and secured an on-site office for Melanie to use while seeing patients at the hospital. Clinical staff began referring clients to Melanie, who was initially present once a week at the hospital to speak with clinical staff and conduct client intakes. Once the head of the geriatrics department saw the benefits of the program and the response from doctors and patients, she asked Melanie to be on-site at least three days a week.

Melanie and the healthcare team worked comfortably side-by-side. Melanie did several trainings for the clinical team on common legal needs of seniors and how to screen for them during a patient visit. The hospital staff answered ad-hoc queries from Melanie and vice versa. When a large volume of cases were referred, Melanie was able to refer some cases back to colleagues in the public benefit and housing departments at her legal aid agency.

After 10 months in operation, successful trainings had led to a steady increase in the number of cases referred to Melanie, but she did not have enough time to handle every case or enough resources to send them back to her legal aid office. On the provider side, Melanie's inconsistent capacity made comprehensive screening and streamlining referrals virtually impossible. At the same time, internal changes took place within the hospital and new administration did not prioritize or understand the MLP program or the value it was bringing to geriatrics patients and providers. Melanie and Dr. Jones were concerned about these changes, especially because there was no formal agreement between the hospital and legal aid agency. Melanie and Dr. Jones needed to introduce a new administrator to the program.

The legal aid agency received word that the grant which had helped fund the program's first year was not being renewed, and either had to find new funding or pull the attorney from the hospital, essentially dissolving the partnership.

Lessons Learned

More integration was needed.

In the case study, the hospital provided office space for the attorney on-site and the attorney had begun to train healthcare team members. Dr. Jones was also helping to navigate the healthcare administration. However, there should have been formal cross learning between attorneys and clinicians to share processes, systems, and terminology. The administration at the legal aid agency and hospital should have been a big part of the planning process, and resources (besides office space) should have been contributed by the healthcare institution.

Sustainability required deeper understanding of partners' priorities, needs and expectations.

NCMLP has provided technical assistance to MLPs in various life cycles of growth for many years and the most common barriers to long term sustainability stem from uneven partner engagement, failure to set expectations from the onset and specifically define the population and scope of need being addressed, funding, and overlooking the importance of clinical and systemic level interventions to expanding capacity. These problems are all best addressed by setting expectations during start up.

Present success cannot be confused for sustainability or longevity.

Securing office space and referring cases are crucial steps in forming a successful MLP. However, as seen in the case study above, these are not measures or guarantees of long term success and sustainability. Capacity and impact could have been increased by focusing more effort upstream.

STEP TWO: CONDUCT POPULATION, HEALTH & LEGAL LANDSCAPE ASSESSMENTS

*The population, health and legal landscape assessments can be completed alone by the healthcare or legal institution that downloaded Phase I of the toolkit. It is meant to assist you in identifying the greatest need, defining the scope of your partnership, and beginning to think about partners. It should reflect your organization, not you as an individual, and you should reach out to colleagues to ensure the best answers. This step should be completed before reaching out to any possible healthcare or legal partner institutions.

Developing a Working Knowledge of your Partner's Professional Framework

To build a successful partnership, you must be literate in the priorities and challenges of your partner's field. Whether you are the healthcare or legal professional, you need to understand the basic framework your partner operates within. And when it comes to engaging a partner, you have to be able to speak their language and place MLP both in the context of your community and their professional needs and priorities.

IF YOU ARE A LEGAL PROFESSIONAL:

It is important to understand basic healthcare funding streams, critical changes healthcare institutions face under the Affordable Care Act and the differences between various types of hospitals and health centers.

Background reading:

1. **"Disparities in Health and Health Care: Key Facts," Kaiser Family Foundation, 2012.**
2. **"Health Care Costs: A Primer," Kaiser Family Foundation, 2012.**

IF YOU ARE A HEALTHCARE PROFESSIONAL:

It is important to understand the basic differences between civil and criminal legal aid, the scope of civil legal needs in the U.S. and the general lack of resources available to meet them.

Background reading:

1. **"Access Across America" report, American Bar Foundation, 2011 (Executive Summary only).**
2. **"Natural Allies: Philanthropy and Legal Aid" report, Public Welfare Foundation, 2012.**

EVERYONE:

It is important to understand how healthcare and legal professional frameworks align.

Background reading:

1. **Poverty, Health and Law & Health, Chapter 2: Who Cares for the Poor.**
2. **"Integrating healthcare and legal services to optimize health and justice for vulnerable populations: The global opportunity," 2012.**

Conduct a Needs Assessment

Each medical-legal partnership (MLP) responds specifically to the unique needs of the population it serves and deploys the specific resources of its community. Understanding the unique environment your medical-legal partnership will operate in is the first critical step to maximizing the potential benefits of your program, and it will provide you with critical information in making the case to the right partner institution.

The needs assessment on pages 12-13 helps you gather information about your proposed partnership's target population and the common legal needs impacting their health, and then assess the opportunity for an MLP.

NEEDS ASSESSMENT WORK PAGE 1

Directions: Fill out the chart below using reports and stakeholder interviews as necessary. Suggested resources are listed in each section. A completed sample is included on page 14 to help guide you.

Suggested Resources:

U.S. Census Data

Your local / state public health reports

Target Population within the Community

Define your target population below. Include any demographic information that is particularly relevant along with any information pertaining to the size and scope of the population.

Your target population should be framed in a health context and may be a (1) disease group (children with asthma in CITY); (2) socially defined group (homeless veterans in CITY); or (3) healthcare defined group (healthcare superutilizers in CITY). *NOTE: Your MLP may have more than one target population, but being specific and intentional about the populations you serve will allow you to target screening, think strategically about how to address the problem at both a patient and clinic level, and open the door for evaluation and measurement.*

Suggested Resource:

Conduct interviews with local healthcare stakeholders

Healthcare Institutions

Part of maximizing MLP impact is understanding where your target population gets their healthcare. Answer the questions below for each relevant healthcare institution in the area.

Healthcare institution name	**Healthcare institution type** *(e.g. Federally Qualified Health Center, Veterans Medical Center, Children's Hospital, etc.)*	**Percentage / number of healthcare institution patients who fit your target community** *(e.g. How many pediatric patients are treated for asthma? Or what percentage of the hospital's patients are considered superutilizers?)*	**Payor mix for institution's patients: uninsured, Medicare, Medicaid, private** *(If you can find data for the target community that's great but it's okay to pull data for the overall institution here.)*

Suggested Resources:

VA Project CHALENG Report

The State of the Nation's Housing Report

County Health Rankings

U.S. Census Measures of Well-Being Report

Look for other reports that outline needs of population or prevalence of legal need

Population-Relevant Health-Harming Legal Needs

For each of the "I-HELP" categories below, note high rates of need for your target population.

The goal of this section is to identify which health-harming legal needs are most prevalent in your target population, and identify the 1-3 areas where an MLP can have the greatest impact on health. *NOTE: It is unlikely that you will find data that is specific to your city or state, but you can look broadly to national data to draw the connections. For example, data about the most prevalent legal needs of homeless veterans is available in the CHALENG survey. You can match those needs to the categories below.*

I Income supports / Insurance (food stamps, disability benefits, cash assistance, health insurance)	
H Housing and utilities (eviction, housing conditions, housing vouchers, utility shut off)	
E Education / Employment (accommodation for disease and disability in education and employment settings)	
L Legal status (criminal background issues, consumer law status, military discharge status, immigration status)	
P Personal and family stability (domestic violence, guardianship, child support, advanced directives, estate planning)	

NEEDS ASSESSMENT WORK PAGE 2

Suggested Resources:

Your local legal aid annual report

Your local / state access to justice report

Local Legal Institutions

Legal institution name	Legal institution type *(e.g. LSC-funded legal aid agency, law school, private law firm, etc.)*	Number of legal matters handled for target population last year for each identified health-harming legal need

Suggested Resource:

NCMLP Website

Medical-Legal Partnerships in the Area

Before starting a new medical-legal partnership, it is important determine if there are existing medical-legal partnerships in the area and what specific needs they are addressing. Describe below any other MLPs in the area and if there are opportunities to collaborate or strategically align with them.

Description of Purpose / Intended Scope:

Based on the information above, write a brief scope of the need that will be addressed by your MLP.

STOP! Checkpoint #1: Has an MLP need been identified?

☐ Yes: One or more needs in the target community were identified that would be better addressed using the MLP model. Review with leadership at your institution and move on to step three of the toolkit.

☐ No: Needs were not identified, or needs are present but not suitable to be addressed with the MLP model. Please go back and use the landscape assessment to identify a community whose needs are better served through MLP.

*It is important to be honest. If a specific need has not been articulated, it is not likely that your MLP will be successful.

SAMPLE COMPLETED NEEDS ASSESSMENT

NOTE: The health and legal institutions in this sample and the correlating numbers are fictional.

Target Community

Healthcare superutilizers in Portland, Oregon.
Generally speaking, superutilizers are the 5 percent of the population that utilize 50 percent of healthcare costs. They tend to be single, childless adults who are on Medicaid or uninsured. They have higher than average rates of mental health problems and complex physical and social needs.

Local Healthcare Institutions

Healthcare institution name	Healthcare institution type	Percentage / number of healthcare institution patients who fit your target community	Insurance payor mix for institution's patients -- uninsured, Medicare, Medicaid, private
Central Portland Community Health Center	Federally Qualified Health Center (FQHC)	4 percent of patients are superutilizers	Superutilizers -- 60% Medicaid; 40% uninsured
Pacific NW University Hospital	Academic hospital	4.5 percent of patients are superutilizers	Superutilizers -- 85% Medicaid; 15% uninsured
St. Michael's Medical Center	Public Hospital	6 percent of patients are superutilizers	Superutilizers -- 78% Medicaid; 22% uninsured

Community-Relevant Health-Harming Legal Needs

I Income supports / Insurance (food stamps, cash assistance, disability applications and payments, health insurance)	Superutilizers have high rates of disability and SSI Disability claims / denials
H Housing and utilities (eviction, housing conditions, housing vouchers, utility shut off)	Superutilizers have unstable or chaotic living conditions -- high rates of eviction and homelessness
E Education / Employment (accommodation for disease and disability in education and employment settings)	Superutilizers face joblessness from disability
L Legal status (criminal background issues, consumer law status, military discharge status, immigration status)	
P Personal and family stability (domestic violence, guardianship, child support, advanced directives, estate planning)	Superutilizers have high rates of mental illness and often no one to care for them if they are released from hospital -- guardianship problems.

Local Legal Institutions

Legal institution name	Legal institution type	Number of legal matters handled last year in each identified health-harming legal need for the target community
Oregon Legal Aid (Portland office)	LSC-funded legal aid agency *13,000 clients annually*	Disability denials: 1690 (13% of total cases); Housing evictions: 1950 cases (15% of cases; housing cases = 30% of total cases); Adult guardianship: 52 cases (less than 1% of cases)
Legal Aid Center of Portland	Non-LSC legal aid agency *7,000 clients annually*	Disability denials 1400 (20% of total cases); Housing evictions: 770 cases (11% of cases); Adult guardianship: N/A
Pacific NW University School of Law	Law school	Housing evictions: 50 cases through its housing law clinic. Does not handle cases related to disabilities or guardianship.

Medical-Legal Partnerships in the Area

The only medical-legal partnership in the Pacific Northwest is in Seattle, Washington. There are not currently any partnerships in the city of Portland or the state of Oregon. *(*Note to self: inquire to National Center whether there are other superutilzer focused MLPs in the country.)*

Description of Purpose / Intended Scope:

Our MLP's goal is to add lawyers to the superutlizer teams at Portland hospitals and provide legal training, screening and care around disability and guardianship issues for high utilizing patients, both to help reduce healthcare costs and improve the health and well-being of this patient population.

STEP THREE:
ENGAGE A POTENTIAL PARTNER

*The information outlined in step three is intended to help you identify the right partner institution and individuals to approach, and offer guidance on what information to share with a potential partner.

Identify the Right Potential Partner Institution

Your landscape assessment should have shed light on potential partner institutions and highlighted which institutions are engaged in the same type of care for the population you are interested in serving. With leadership at your organization, you should also look for:

1. **Capacity to support MLP activities:** Healthcare partners occasionally inquire about the advisability of hiring civil legal aid attorneys directly, rather than partnering with a legal agency in the community. This is not recommended since much of the capacity, depth of expertise and mechanism to properly supervise legal work comes from the already existing structure within the legal agency. Capacity and infrastructure are critical factors to consider when identifying an appropriate legal partner. Legal aid agencies differ significantly in capacity and infrastructure from law school clinics and *pro bono* projects. Ensuring that stable, trained attorneys will be at the center of your MLP is crucial to providing quality, consistent services. Be able to discuss and differentiate the capacity of each type of legal partner.

2. **Partner attitude and/or knowledge of MLP:** Organizations with leadership and staff who are receptive to MLP will be much easier to work alongside. Target such organizations or ones that have a history of being flexible, open to learning and change, and are heavily involved in the community.

3. **Networks, relationships, and access:** Target organizations where there has already been some formal or informal contact, relationship, or positive experience. Look for any existing networks or access to leaders and champions within that organization. Utilize all internal resources including working in and across departments to gain access to all leadership levels of the partner organization.

4. **Organizations with need based on the landscape assessment:** Target organizations that can benefit from an MLP based on the landscape assessment which was conducted. Look for organizations that are serving populations that were identified in the landscape assessment. Try to find competitors of potential partners in the legal and health scan that are benefiting and leading the community with an MLP model. If there were no MLPs found in the MLP Scan, then highlight the "first in the community" advantage. Look for organizations that emphasize their role and take an active interest in the community and want to be innovators.

Determine the Right Contacts

It is important to identify an individual champion and to understand where that champion lives within the hierarchy of their home institution. Buy-in from an individual does not replace the need for broader institutional support, but you will need someone who takes responsibility for helping to navigate his/her institution's internal environment and helps to complete the rest of the toolkit. This person should have the capacity and willingness to navigate their internal environment, organization and administration to bolster support which will lead to eventually formalizing the relationship later down the road.

It is critical that you have buy-in and support for your medical-legal partnership from the front-line AND administration at both the health and legal institutions, and it is important to set the stage for that engagement from day one. Potential partners should swap organizational charts and understand the power structures such as who can authorize funding and who can help you navigate training opportunities.

The chart below identifies individuals on both the health and legal side from whom you will eventually need support.

Partner	Person	Role
Healthcare	**Healthcare Institution Executives** • Board Members • General Counsel • Quality Officer • CEO • CFO • Medical Director	Senior leader engagement will frame MLP activities in the context of institutional goals, priorities and mission; they will identify resources, raise program profile, and promote sustainable integration. Without buy-in at this level, sustainability and growth are unlikely. **Members of this group should be play a role in the the planning process and consulted before and during the MOU development (Phase II of the toolkit).**
	Front-line Healthcare Institution Practitioners • Clinic Leadership • Physicians • Nurses • Social Workers • Patient Navigators	Front-line teams provide the engine, ambassadorship and insights about institutional power centers and proclivities. Front-line practitioners benefit from being engaged in MLP planning and implementation to ensure buy-in from the entire team.
	Medical School & Residency Program Partners • Dean • Residency Directors	Educational leaders and practitioners can help integrate MLP into the academic mission of the institution, and embed MLP in educational activities. They can build resources to support MLP educational activities. **They should be part of the planning process around interprofessional education and training.**
Legal	**Legal Aid Executives** • Board of Directors • Executive Director • Deputy Director • Managing Attorney	Legal aid executives hold the "value proposition" of MLP for their institution in front of them. Executive directors are not motivated to simply expand access to scarce legal services without accompanying financial resources. **Members of this group should be part of the planning process and consulted before and during the MOU development (Phase II of the toolkit).**
	Legal Aid Front-line Staff • Staff Attorneys • Paralegals	Front-line legal staff benefit from being engaged in MLP planning and implementation to ensure buy-in from the entire team. They can also champion MLP when they realize the benefits of partnering with healthcare practitioners, including better access to medical records and expert medical opinion.
	Law School Partners • Dean • Legal Clinic Faculty	Law school leaders and practitioners bring academic experience and an educational mission that can match medical and residency programs. They can be an effective partner with other legal allies, but often have limited service capacity relative to patients. **They should be part of the planning process around interprofessional education and training.**

Reach Out to Potential Partner

Once you have identified an institution and a potential champion, you should reach out to set up a meeting. Remember, you are not making a formal commitment at this point; you are not asking for your partner to sign a Memorandum of Understanding or to begin delivering MLP services. You are asking this potential partner to explore what a partnership would look like and agree to do some homework together (steps 4-7 in the toolkit) to investigate whether the partnership is a good fit both for potential patients and for the partners.

You should plan to take two documents with you to your meeting:

1. **The MLP Overview handout** available on the NCMLP website
2. A one-pager you develop from the community needs assessment in step two.

Your one-pager should describe the population you want to serve, the extent of the need and the correlation between the identified health and legal needs of this population. **Personalize and localize your message. This one-pager should not reflect broad problems or national scope; they should reflect the need and opportunity in your community that was identified in your needs assessment.**

STEP FOUR:
CONDUCT AN ASSESSMENT OF YOUR HEALTH OR LEGAL INSTITUTION

*This step should be completed by the partner that downloaded the toolkit, and you should reach out to colleagues to ensure the best answers. The goal is to assess your resources and the best possible deployment of those resources to meet the need outlined in your landscape assessment.

All medical-legal partnerships (MLPs) address health-harming legal needs that disproportionately affect people living in poverty, but the specific legal needs they address depend on the populations they serve and the resources of the partners. This step helps you understand the resources of your organization and will help with MLP strategic planning when you and your partners get to that stage. This will also help you avoid two common errors new MLPs make: over promising services and not aligning priorities with existing resources.

Complete the "SWOT" assessment of your institution on page 18. When you finish it, review it with your institution's leadership (clinic director or legal aid executive director).

STEP FIVE:
CONDUCT AN ASSESSMENT OF YOUR INFORMAL PARTNER INSTITUTION

*This step should be completed by both potential partners, and you should reach out to colleagues to ensure the best answers. The goal is to assess their resources and the best possible deployment of those resources to meet the need outlined in your landscape assessment.

Finding the right partner can be a challenge. It is important to look for partners with which there is common ground especially related to mission, strategic goals, and expertise in a particular area. This step will utilize the knowledge you gained in the landscape assessment and your organization, and will assist in reviewing the informal partner relationship that has been developing.

Note that the components of an external assessment mirror those in the internal assessment. The purpose of this mirroring is to allow both assessments to be used side by side to screen the informal partner and assess if it is a good fit.

Have your potential partner complete the "SWOT" assessment on page 19 and ask that they review it with their institutional leadership (clinic director or legal aid executive director).

Once they have completed the assessment, you should complete the analysis on page 20.

YOUR "SWOT" ASSESSMENT WORK PAGE

General Institution Info:
If the healthcare partner is completing this section, you may answer these questions for the proposed clinics or departments the MLP will serve.

Budget	
Number of healthcare staff (doctors, nurses, patient navigators, etc.) or number of legal staff (lawyers and paralegals)	
Number of patients or clients served annually	

Strengths and Weaknesses (Internal Information)
List all of your organization's strengths and weaknesses that will impact a potential MLP. Think about these from both an insider perspective as well as the perception of outsiders such as clients and potential partner organizations. Please use the following factors to consider strength and weaknesses, but don't limit yourself to these factors.

- Human resources: staff, volunteers, leadership, capacity for training and recruiting
- Physical resources: space, equipment
- Funding resources: grants, agencies, private donors, other sources
- Activities and processes: available systems, current processes and activities, technical support
- Past experiences: areas that you can utilize to build upon or areas which in the past have needed building on
- Other: Areas, subject matter, or departments in which you are exceptional/non-exceptional

Be specific! An example of a good staff-related strength might be "My legal aid agency has a large public benefits staff that can handle # new public benefit cases a month from an MLP." A good funding-related weakness might be "My legal aid agency is facing a 20 percent decrease in federal funding this year."

Strengths:	**Weaknesses:**

Opportunities and Threats (External Information)
Consider the external factors that can potentially help or harm your potential partnership. Please use the following factors to consider strength and weaknesses, but don't limit yourself to these factors.

- Future trends: can be local or national
- Physical changes: changes in demographics, structural (buildings, transportation)
- Funding sources: public, private, grants, donors
- Legislation: changes in policies, new bills proposed in congress

Opportunities:	**Threats**

POTENTIAL PARTNER "SWOT" ASSESSMENT WORK PAGE

General Institution Info:
If the healthcare partner is completing this section, you may answer these questions for the proposed clinics or departments the MLP will serve.

Budget	
Number of healthcare staff (doctors, nurses, patient navigators, etc.) or number of legal staff (lawyers and paralegals)	
Number of patients or clients served annually	

Strengths and Weaknesses (Internal Information)
List all of your organization's strengths and weaknesses that will impact a potential MLP. Think about these from both an insider perspective as well as the perception of outsiders such as clients and potential partner organizations. Please use the following factors to consider strength and weaknesses, but don't limit yourself to these factors.

- Human resources: staff, volunteers, leadership, capacity for training and recruiting
- Physical resources: space, equipment
- Funding resources: grants, agencies, private donors, other sources
- Activities and processes: available systems, current processes and activities, technical support
- Past experiences: areas that you can utilize to build upon or areas which in the past have needed building on
- Other: Areas, subject matter, or departments in which you are exceptional/non-exceptional

Be specific! An example of a good staff-related strength might be "The hospital has robust social work and case management staff that can support the legal work of attorneys." An example of a good staff-related weakness might be "The health center is struggling to recruit physicians, and leadership to support new projects is thin."

Strengths:	**Weaknesses:**

Opportunities and Threats (External Information)
Consider the external factors that can potentially help or harm your potential partnership. Please use the following factors below to consider strength and weaknesses, but don't limit yourself to these factors.

- Future trends: can be local or national
- Physical changes: changes in demographics, structural (buildings, transportation)
- Funding sources: public, private, grants, donors
- Legislation: changes in policies, new bills proposed in congress

Opportunities:	**Threats**

"SWOT" ANALYSIS

Analysis: Answer the questions below and be able to articulate how each informal partner compliments the other and to what extent. This information is a key step in relationship development and will assist in the formalization process.	
Which gaps identified in the landscape assessment is my organization best suited to tackle given the organizational analysis?	
Keeping the informal partner's weaknesses and barriers in mind, what unique value does our organization bring to this partner in an MLP context?	
Will this partner utilize our organizations core assets?	
Keeping in mind our organization's weaknesses and threats, what value will my informal partner bring to us in an MLP context?	

STEP SIX: EXCHANGE INFORMATION WITH YOUR INFORMAL PARTNER INSTITUTION

*This step should be completed together by both potential partners.

Information Exchange

The purpose of this step is to review the "SWOT" assessments of both institutions with your informal partner and share additional pertinent information. This will allow a solid profile and understanding of each other and will allow you to fill in gaps and make clarifications as necessary. All of this is done in an effort to allow both parties to decide if the other is the right match and to confirm if they are ready to take active steps to formalize the relationship. This exercise assists in accurately highlighting areas that are compatible and areas which will require more development between the two partners.

In addition to the "SWOT" assessments, organizations should share their:

1. Organizational charts;
2. Financial statements;
3. Most recent annual reports;
4. Community health needs assessment (healthcare partner); and
5. Access to justice report or legal needs surveys (legal partner).

STOP! Checkpoint #2: The Goldilocks Test

MLP success is about finding partner institutions that are just right. Don't be afraid to walk away and approach another potential partner if you are not convinced after your assessments and information exchange that this is the right match. When the exchanging of information between the two partners is complete, both should deliberate independently and together to discuss whether or not to continue.

"The right match" in the MLP context means that the partners agree on the population and specific need and that they are both willing to invest in the success and ownership of the program. At this point, if both partners mutually agree to proceed forward toward formalizing the relationship then please proceed to NCMLP consultation.

If both parties do not agree to formalizing the relationship, please refer back to step three and begin work on engaging a new informal partner.

STEP SEVEN:
CONSULT WITH THE NATIONAL CENTER

*If both potential partners agree to move forward, then they should schedule a consultation with the National Center for Medical-Legal Partnership. A representative from both the health and legal institutions MUST be present on the call. At the completion of a successful consultation, Phase II of the toolkit will be shared with both partners.

The free consultation is a one hour scheduled call with the National Center for Medical-Legal Partnership (NCMLP). It is the culmination of Phase I of the toolkit and will help build upon and tie together all the themes addressed in Phase I. The consultation will ensure partners are ready to utilize Phase II of the toolkit to formalize their relationship with key documentation.

The call is tailored to the specific program keeping unique partner profiles in mind, and it will address a plethora of issues, including:

1. Trouble shooting common MLP startup issues;
2. Guidelines for expectation setting and formalizing your relationship;
3. Technical assistance in areas that you and your partner are having the most difficulty developing;
4. MLP best practices and the importance of "professional transcendence";
5. Introduction to Phase II of the toolkit; and
6. MLP Network membership requirements and guidelines.

Steps for Requesting a Consultation

1. **Complete a brief feedback survey about Phase I of the toolkit.**
2. **Fill out and submit the NCMLP consultation request form.**
3. Once the form is received, someone from NCMLP will reach out regarding scheduling. A representative from both the healthcare and legal partner must be on the call.

The National Center for Medical-Legal Partnership
Department of Health Policy
The George Washington University
2021 K Street, NW, Suite 715
Washington, DC 20006

Office: (202) 994-4119
Website: www.medical-legalpartnership.org
Twitter: National_MLP
Facebook: NCMLP

National Center for Medical Legal Partnership

School of Public Health & Health Services
THE GEORGE WASHINGTON UNIVERSITY