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 complicates treatment and recovery

Health problems cause homelessness

Homelessness causes health problems

Connection between Homelessness and Health

Homelessness and Health

Photo by James O’Connell

Photo by Sharon Morrison

Photo by James O’Connell
Factors Contributing to Health

Health Behaviors (30%)
- Substance use
- Diet & exercise
- Sexual activity

Clinical Care (20%)
- Access to Care
- Quality of Care

Social and Economic Factors (40%)
- Education
- Employment & income
- Family & social support
- Community safety

Physical Environment (10%)
- Air & water quality
- Housing & transit

Source: County Health Rankings, RWJF 2015
Social Determinants, Homelessness and Health

- Housing
- Social Isolation
- Transportation
- Employment Income/Benefits
- Safety
- Immigration
- Food Security
- Income/Benefits
- Health
Civil Legal Need Experienced While Homeless, Consumers

- 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): 67%
- Applying for benefits, denial and appeal for benefits, obtaining SSI/SSDI, health insurance, enrollment into entitlement programs: 47%
- Health insurance: 43%
Transforming Care with Medical-Legal Partnership

Sharena Hagins, MPH, CHES
Research Associate, NCMLP
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?

http://www.nachc.org/research-and-data/prapare/toolkit/
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

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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

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

2016 MLP Site Survey Report

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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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: 33%
- Legal: 37%
- Income: 18%
- Housing: 8%
- Employment: 4%
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 1\textsuperscript{st} meeting with lawyer
• 76% reported emotional health was better compared to 1\textsuperscript{st} 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

- Days With Poor Physical Health/30 days
- Days With Poor Mental Health/30 days
- Days No Usual Activities/30 days
- Days Missed Work/6 Months
Baseline vs. Follow-up

- Rates current health "Fair/Poor" (p ≤ 0.05)
- Anxious > half of the days/past 2 wks (p = 0.047)
- Worried > half of the days/past 2 wks (p = 0.025)
Baseline vs. Follow-up

- ER Visits/6 Months: p=0.07
- Days in Hospital/6 Months: p=0.15
- No Shows/6 Months: p=0.12
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 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