

UCLA

Policy Briefs

Title

Whole Person Care Policy Brief: Los Angeles County Medical-Legal Community Partnership Increases Legal Support for Social Needs of Patients

Permalink

<https://escholarship.org/uc/item/97q2w3q1>

Authors

Feng, Athena

Carson, Savanna, PhD

Cameron, Francesca, MPH

et al.

Publication Date

2020-10-01

Whole Person Care- Los Angeles Policy Brief

October 2020



UCLA
CTSI
Grant #UL1TR001881

Los Angeles County Medical-Legal Community Partnership Increases Legal Support for Social Needs of Patients

SUMMARY: Through the Los Angeles County Department of Health Services (LAC-DHS), Whole Person Care-Los Angeles (WPC) operates the Medical-Legal Community Partnership (MLCP). MLCP embeds legal assistance in a safety net setting to help individuals and families with underlying social and legal issues affecting health and access to health services. MLCP served more than 2,700 patients between March 2018 and August 2020, helping many of them avoid evictions, obtain or restore public benefits, and receive other critical health and well-being related services.

PROBLEM: Unaddressed Legal and Social Issues in LAC-DHS Low-Income Households

We often envision public health reform as occurring through expanded insurance coverage, improved access to medical care, or reduced inefficiencies in the health care system. However, that perspective ignores the social circumstances entrenched in public benefits eligibility, housing laws, individual rights, family law, and consumer or employment protections. Fundamentally, the laws and regulations that govern these provisions are unequally exercised across different populations, resulting in resource gaps and under-enforced protections in underserved communities.¹

Across all income levels, many Californian households face legal issues involving their health, housing, finances, and employment. Though these circumstances are not unique to those living at or below the poverty level, not everyone can afford legal help. Without intervention, these issues can negatively impact the quality of life and overall health in ways that physicians and other health care providers are not equipped to address.¹

In 2017, the California Justice Gap Survey found that 60% of the state's low-income population, which makes up 16% of its entire population, experienced at least one civic legal problem within their household, with an average of 4.3 legal problems per family.² Less than 15% of these problems received adequate legal assistance.² Public health and financial crises exacerbate these inequities. With unemployment and evictions on the rise, it would cost over \$2.5 billion to fully meet the legal needs of all low-income Americans facing eviction.³

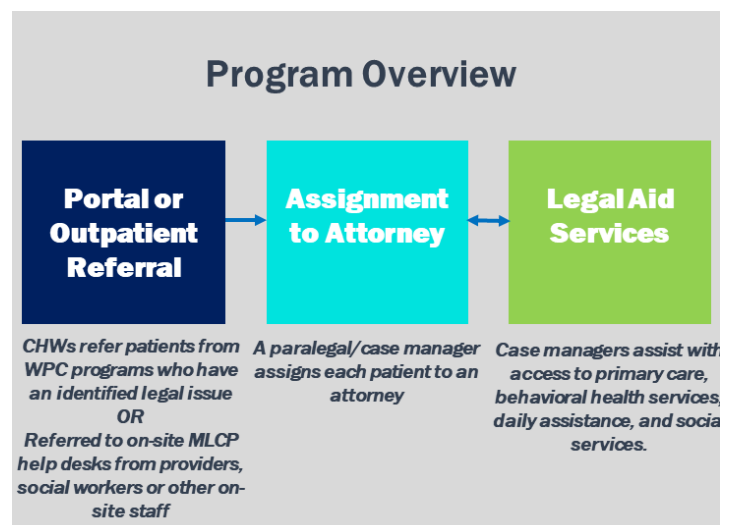
SOLUTION: The Medical-Legal Community Partnership (MLCP) Program

Program Goals: The Los Angeles County Department of Health Services (DHS) Whole Person Care (WPC) launched its Medical-Legal Community Partnership (MLCP) in 2018 with the goal of helping patients address civil legal problems that harm their health. MLCP aims to improve patient-reported health status, address social determinants of health, and improve adherence to primary care among those who receive legal services.

Program Services: Community Health Workers, caseworkers, social workers, and clinicians identify patients with specific legal needs and connect them to an attorney from one of four legal service organizations—Neighborhood Legal Services of Los Angeles County, Legal Aid Foundation of Los Angeles, Mental Health Advocacy Services, Inc., or Bet Tzedek Legal Services. Examples of common legal needs include benefits advocacy, halted utilities, obtaining identification, restraining orders, unlawful detainers, eviction notices, and immigration relief. Legal services may include attorney representation in court, education, legal advocacy through letters, or for example, evaluation of medical records for disability services. Attorneys work with patients until there is a resolution to their case(s). The average case length is around three months. The attorneys also educate health providers on legal issues, legal workflows, and benefits eligibility.

Program Referral Pathways

Patients are referred to MLCP legal services through either (1) a CHW through an online referral platform, or (2) LAC-DHS outpatient referrals to an on-site MLCP help desk. Social workers, case managers, physicians, and other staff can make referrals. A paralegal or lawyer within an MLCP organization conducts an initial legal intake and assessment.



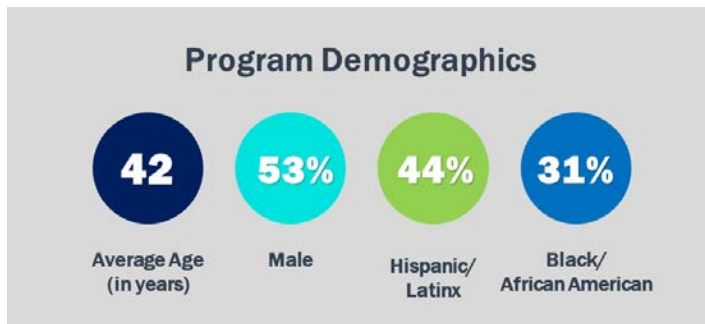
1. Tobin-Tyler, E., & Teitelbaum, J. B. (2019). *Medical-Legal Partnership: A Powerful Tool for Public Health and Health Justice*. Public Health Reports, 134(2), 201–205. <https://doi.org/10.1177/0033354918824328>

2. Avalos, Rocio, et al. 2019 *California Justice Gap Study Executive Report*. The State Bar of California, 2019.

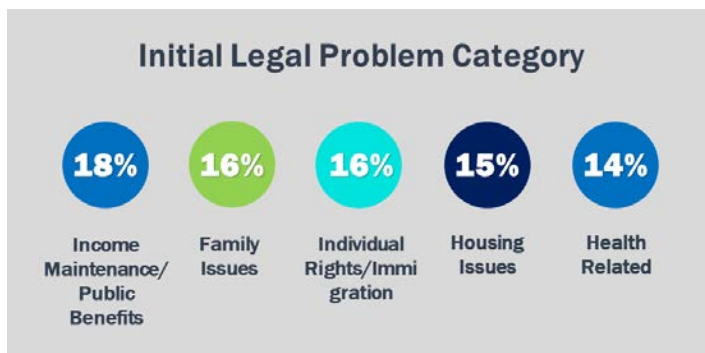
3. Legal Services Corporation. *LSC Estimates Grantees Would Need \$2.5 Billion to Address Eviction Surge*. LSC.gov. Accessed August 2020. <https://www.lsc.gov/media-center/press-releases/2020/lsc-estimates-grantees-would-need-25-billion-address-eviction-surge>

Program Statistics

From March 2018 to August 2020, 2,774 patients were enrolled in the MLCP program, with an average age of 42 years. Additionally, 53% were male, 44% were Hispanic/Latinx, and 31% were Black/African American.



The most common legal issues were income maintenance/public benefits, family issues, individual rights/immigration, housing, and health. The problems highlight the complexity of the patients' socioeconomic, health, and legal issues.



Program Strengths

- *Addressing the legal and social needs of vulnerable patients in a health context results in better care.* The legal services are embedded in the health system, and the MLCP lawyers become part of the health care team. This cross-professional collaboration allows for efficient and effective knowledge exchange and enables patients to get both their health and social needs addressed in one place. MLCP also reduces the burden on physicians to address social services in addition to providing medical care.
- *Legal capacity, expertise, and services are increased by the new collaborative of legal aid agencies across the county.* Due to the size of LAC-DHS, multiple legal aid organizations were contracted to be able to serve all LAC regions. The four agencies have a shared vision for addressing legal needs across LAC-DHS. As a collaborative, they increase effectiveness and efficiency through troubleshooting workflows, hosting case conferences, jointly holding education sessions, and sharing general and subspecialty legal expertise.
- *MLCP improves accessibility and understanding of legal assistance among patient populations.* MLCP not only helps individuals identify and address their legal issues but also helps them understand the negative impact those issues may

have on their health. It also destigmatizes legal services for the low-income community served.

- *MLCP increases patient support for benefit eligibility and resources.* While the county has made repeated investments in benefits, resources, and pathways for individuals struggling with complex circumstances such as homelessness or substance use disorder, many of these benefits and services require legal assistance. In addition to pushing for better coordination at the county level, attorneys guide patients to appropriate resources and provide legal assistance for determining, maintaining, or obtaining public benefits. The lawyers also bridge partnerships among county agencies and eliminate barriers in obtaining social services.
- *Community Health Worker (CHW)-driven referrals help bolster patient trust.* CHWs are recruited from the same population as the patients, which promotes trust and cultural congruency. CHWs develop strong relationships with the patients, receive training in legal services, and refer patients to MLCP. The warm hand-off from a CHW to MLCP helps reduce any potential distrust due to past justice involvement or fears of the justice system (e.g., re-entry, addiction, immigration).
- *Exposure to MLCP provides education for the health care team on legal issues facing their patients.* MLCP has created an opportunity for attorneys to train their health care colleagues on housing protections, benefits advocacy, and other legal needs of their patients. Training occurs through in-person exposure, case discussions, or virtual training seminars on ongoing policy changes driven by MLCP. This enables clinicians to more easily recognize civil legal issues, provide initial legal information to their patients, and refer cases to MLCP. Additionally, MLCP has been able to help clinics expand their insurance eligibility to capture a broader subset of Medi-Cal beneficiaries for patient reimbursement.
- *An online referral capacity allows for remote services.* The built-in online referral system and mobile staff have conveniently positioned MLCP to handle workflows even when CHWs and lawyers are off-site. Having this flexibility has been especially helpful during the COVID pandemic, assisting in the shift from on-site to remote legal assistance.

Program Challenges

- *The logistics of MLCP integration across a large county health system are complex, taking time, education, and investment.* Workflows and education have been critical to optimizing referrals across the health system. Integrating the lawyers into the health care team takes time, training, and investment in developing a shared understanding between medical and legal professionals. Attorneys and health providers are accustomed to different workflows, software systems, language, and understanding. Data-sharing is difficult due to HIPAA, and a waiver process must be in place for case discussions between the medical and legal team. Additionally, as the integration is countywide, there are also variations among health centers and clinics, making logistics,

training, and referral workflows more challenging. For example, some of the county's health centers rely heavily on social workers and case managers, while others do not have the same support.

- *MLCP attorneys must first overcome the distrust or misperceptions by providers, CHWs, and the patients they serve.* Legal mistrust or misunderstanding is widespread and requires exposure, time, and trust-building for health system staff and patients. Similarly, MLCP patients, particularly those from the re-entry population, may initially be apprehensive of working with attorneys, whom they associate with the legal system that has failed them in the past. Even though CHWs are trained to bridge the connection between the patients and legal aid organizations, CHWs themselves may justifiably distrust the legal system due to past experiences. Even doctors may have poor impressions of lawyers, perhaps because of negative experiences or fears of malpractice. To effectively work together with doctors and CHWs to help their patients, attorneys must actively identify these biases and build trust among all parties.
- *Development of common systems and language for case communication between medical and legal contexts is needed.* Consistent communication between health and legal teams is critical in ensuring timely and effective loop closure for a case. Determining the best tool for communication and feedback as well as developing a shared language for fundamental operations for case communication takes investment, education, collaboration, and time. For example, in LAC DHS teaching hospitals, a patient may see different members of the clinical staff, and communication regarding social needs, referral to legal services, or case updates may be missed due to the inherent prioritization of medical care. To avoid redundancies or service gaps for that patient, streamlining the process of communication is critical.

between medical and legal staff in Medical-Legal Partnerships. In order to reduce system inefficiency, MLPs should be treated as a health care service by implementing fluid patient data sharing across medical and legal organizations in MLPs. A shared consent form for MLP case information would help to ensure proper case communication and case follow-up and would reduce redundancy.

- *Increase CHW workforce capacity for project management in MLPs.* CHWs are the backbone of MLP patient connections and the key to optimal system integration between medical and legal organizations. Increasing CHW capacity, funding, and training will also increase the efficiency of MLPs.
- *Lessons learned from MLCP and similar MLPs can help to develop a standardized approach and expectations for future MLP process measures.* No national or state standards exist for measuring MLP outcomes following implementation. As a result, the legal service organizations in MLP have created a shared understanding for collection of case type and case outcomes across agencies, though they had to start from scratch. For improved implementation in future MLPs, there should be a simultaneous effort to assemble a best practices metrics toolkit that other legal aid organizations can follow and to be able to compare outcomes and geographic or population-specific needs for improved services.

Policy Recommendations

- *Increase health plan and state Medi-Cal funding for Medical-Legal Partnerships (MLPs) and MLCPs to address legal service gaps.* Currently, the legal aid system in California is only equipped to resolve 30% of the problems presented to legal service organizations.² Even with the 1,500 attorneys working for State Bar-funded legal aid organizations and 16,000 additional attorneys contracted pro-bono, an estimated 9,000 additional full-time legal aid attorneys are needed to fill the civil legal needs of California's low-income population.³ Currently, there is no ongoing stable financing source for the MLCP program or related MLP programs statewide. One strategy would be to include MLP reimbursements through Medi-Cal, much like social work and case management services, to ensure sustainability for the critical patient social needs addressed through MLP programs for health and well-being.
- *Health systems and legal aid organizations should have universal consents for systematic cross-sector data sharing*

Authors

Athena Feng, Savanna Carson, PhD, Francesca Cameron, MPH, Dennis Hsieh, MD, JD, Anna Gorman, MPH, Gerson Sorto, JD, Eve Rubell, MPH, Jessica Jara, MPH, Stefanie Vassar, MS, Saron Goitom, MPH, Belinda Waltman, MD, Clemens Hong, MD, MPH, Arleen Brown, MD, PhD

Acknowledgments

The Los Angeles County Department of Health Services and the University of California, Los Angeles Clinical and Translational Science Institute provided immense support as well as funding for the production of this policy brief. We would also like to extend a special thanks to the MLCP partner organizations for their invaluable experience and input: Neighborhood Legal Services of Los Angeles County, Legal Aid Foundation of Los Angeles, Bet Tzedek Legal Services, and Mental Health Advocacy Services.

Data and Methodology

Data are pulled from enrollment and utilization files from program files, Los Angeles County Department of Health Services, LA Care, and Health Net. Demographic characteristics are for patients enrolled from March 2018 to December 2019, and case characteristics are for patients enrolled from March 2018 to August 2020.

Case Study: Housing Stability and Rental Assistance for Single Mother

Like many other families, the “Smith” family experienced economic hardship due to COVID-19. “Jessica” is a single mother raising her four children on her own. Jessica was furloughed from her job in March, and her only income was CalWORKs. Given her financial hardship, Jessica was afraid she could not afford her April rent and that she could be evicted. MLCP advised Jessica on the new tenant protections available due to COVID-19 and assisted her in expediting and securing a rental assistance application. As a result, Jessica and her family were approved for rental assistance and received \$775 to pay rent. Jessica had peace of mind for another month and was able to ensure that she and her children could be safer at home.

