

Medical-Legal Partnerships: Connecting the Health and Legal Needs of Farmworkers



Midwest Stream Farmworker Health Forum

San Antonio, TX

Nov. 21, 2014

Alexis Guild, Farmworker Justice

Ellen Lawton, National Center for Medical-Legal Partnership

Agenda

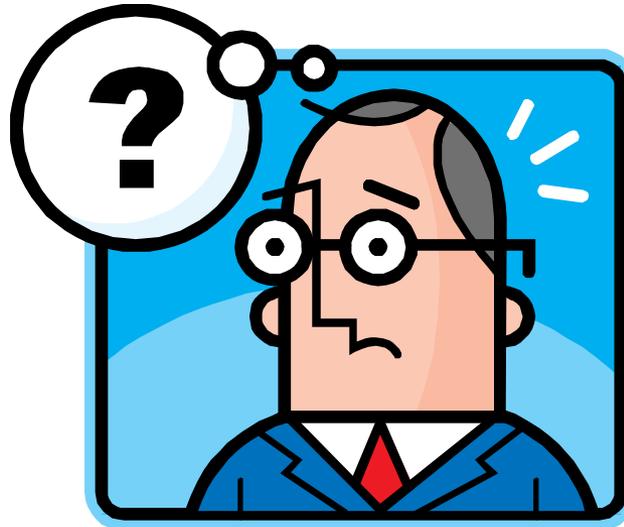
- Introductions
- What is a Medical-Legal Partnership (MLP)?
- Why are Medical-Legal Partnerships Important in Farmworker Communities?
- Overview of FJ and NCMLP Toolkits
- Case Studies
- Identifying Potential MLPs in Your Communities
- Conclusion/Resources

Farmworker Justice & National Center for Medical-Legal Partnership



- Farmworker Justice seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.
 - www.farmworkerjustice.org
- National Center for Medical-Legal Partnership's mission is to mainstream an integrated medical-legal approach to health and health care for people and populations.
 - www.medical-legalpartnership.org

What is a Medical-Legal Partnership?



Making the connection: Legal problems *are* health problems.

Common Legal Problem	Social Determinant of Health
Families wrongfully denied food supports or housing subsidies	Lack of basic resources
Children living in housing with mold or rodents, in violation of housing laws	Physical environment
Seniors wrongfully denied long-term care coverage	Lack of access to insurance

	PREVAILING MODEL	MLP MODEL
LEGAL ASSISTANCE	<ul style="list-style-type: none"> • Service is crisis-driven • Individuals are responsible for seeking legal assistance • Primary pursuit is justice 	<ul style="list-style-type: none"> • Service is preventive, focuses on early identification of and response to legal needs • Healthcare team works with patients to identify legal needs and makes referrals for assistance • Aims include improved health and well-being
HEALTHCARE	<ul style="list-style-type: none"> • Adverse social conditions affect patient health but are difficult to address • Healthcare team refers patients to social worker/case manager for limited assistance • Advocacy skills are valued, taught and deployed inconsistently 	<ul style="list-style-type: none"> • Adverse social conditions with legal remedies are identified and addressed as part of care • Healthcare, social work and legal teams work together to address legal needs, improve health and change systems • Advocacy skills are prioritized as part of the standard of care

Why are MLPs important in farmworker communities?

- Promotes coordination and sharing of resources
- Encourages knowledge-sharing about farmworker issues including workers' compensation, immigration, and occupational safety and health
- Empowers farmworkers to improve their health, living, and working conditions by connecting them to both health and legal services
- Addresses systemic problems that lead to poor health outcomes



© Earl Dotter

Medical-Legal Partnership Approach

Building a healthcare team able to identify, treat and prevent health-harming legal needs for patients, clinics and populations.

MLP is NOT About More Referrals for Scarce Legal Resources

National Center for Medical  Legal Partnership

www.medical-legalpartnership.org

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

The Medical-Legal Partnership Approach



Developed by the National Center for Medical-Legal Partnership
www.medical-legalpartnership.org

Individual patient legal interventions are *pathways to finding the policy interventions for improving population health.*

MLPs help patients with I-HELP[®] issues



Income supports &
Insurance



Legal status



Housing & utilities



Personal & family
stability



Employment & Education

National Center for Medical  Legal Partnership

www.medical-legalpartnership.org

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

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 Milken Institute School of Public Health

National Center for Medical  Legal Partnership

Milken Institute School
of Public Health
THE GEORGE WASHINGTON UNIVERSITY

National Center for Medical  Legal Partnership

www.medical-legalpartnership.org

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY



**Medical-Legal Partnership
Resource Guide for
Farmworker-Serving Health Centers
and Legal Services Organizations**

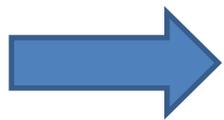
Farmworker Justice & Health Outreach Partners



Available at [Farmworker Justice's website](#)

FJ & HOP's Medical-Legal Partnership Guide

- Toolkit for farmworker-serving health centers and legal services organizations
- Interviewed 17 migrant health centers and farmworker legal services organizations



Addresses challenges and recommendations specific to the unique needs of farmworker communities

	Referral Network	Partially Integrated MLP	Fully Integrated MLP
<i>Healthcare institution's view of legal care</i>	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 complimentary/ancillary to HC services.	Legal needs are tightly connected to patient health; Legal care is integral part of HC services.
<i>Relationship between healthcare and legal institutions</i>	Small legal team loosely connected to small number of HC providers who make case referrals for individual legal 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.
<i>Patients' access to legal care</i>	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.

Examples of Specific Indicators

	Referral Network	Partially Integrated MLP	Fully Integrated MLP
<i>Legal presence at healthcare institution</i>	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
<i>Legal case priorities</i>	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 institutional priorities.
<i>Communication between legal and healthcare teams</i>	No feedback loop btw legal and HC teams. Minimal/no regular training of HC providers. No shared data across partners/systems.	Minimal feedback loop between legal and HC teams. HC providers trained by legal professionals. Episodic, non-systematic data sharing.	Expectation of case feedback and clinical communication (often across EMR). Regular trainings betw health and legal teams. Joint data collection and analysis.
<i>Healthcare staffing</i>	No dedicated staff time from HC providers.	Minimal dedicated staff time from HC providers.	Sufficient dedicated staff time from HC providers.
<i>Funding</i>	No or minimal dedicated funding attached to work either on health or legal side.	Funding typically derived from philanthropy sought by legal institution; minimal in-kind support from HC partner.	Legal and HC institutions jointly allocate resources and fundraise to properly support and sustain program.

TOTAL PTS =

Medical-Legal Partnership Integration

Programs are in different stages of development and impact

- Referral Network
- Partially Integrated MLP
- Fully Integrated MLP

Every medical-legal partnership program can advance down the continuum toward a fully integrated MLP.

Healthcare partners

- Designate healthcare team directors with protected time
- Access to interpreter, translation, social work and IT support
- Private space for on-site MLP activities with necessary IT features
- Periodic integration of key healthcare leadership

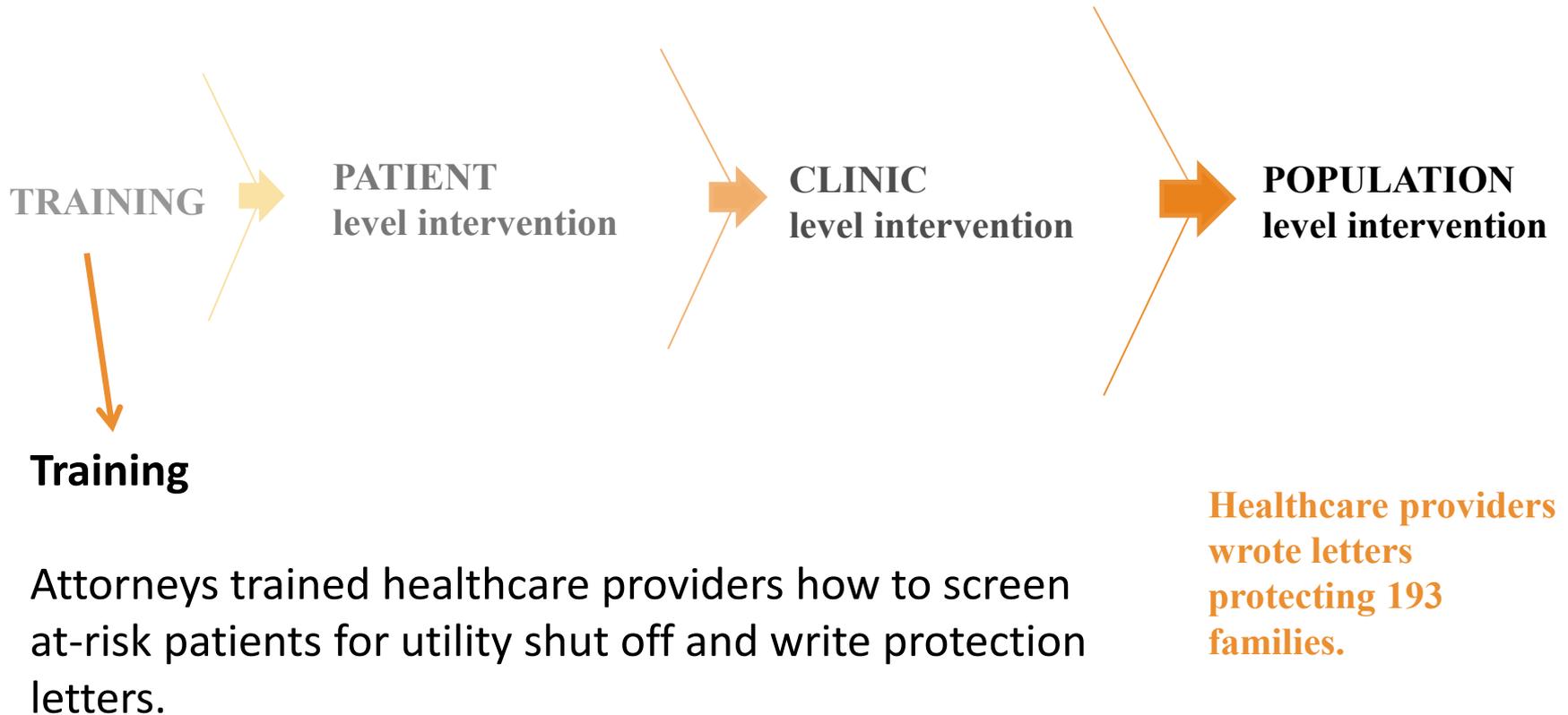
Integration is everything

- MOU is an opportunity to prioritize integration
- Set joint priorities
- Outline individual responsibilities
- Shared ownership for MLP activities

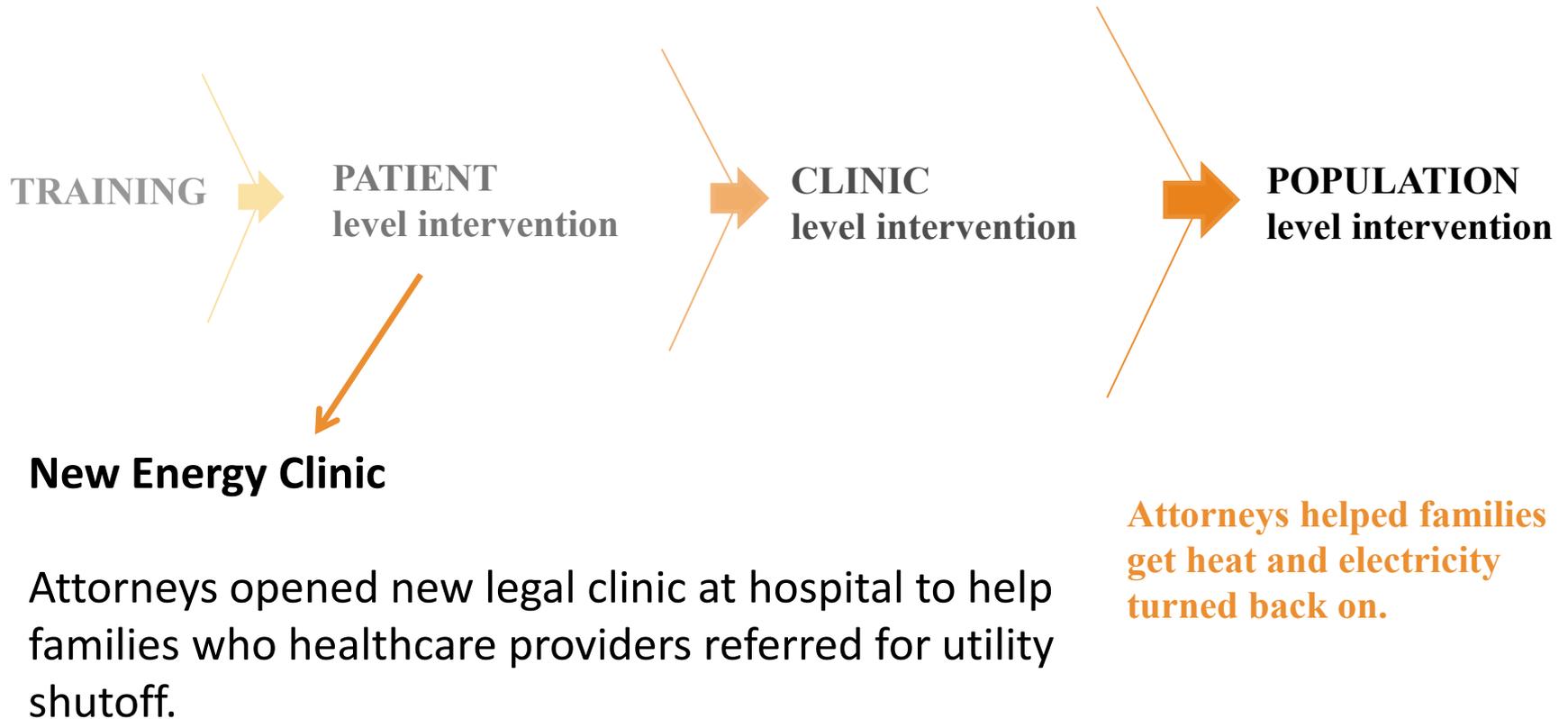
A fully-integrated farmworker MLP may look different from “traditional” MLPs

- A “traditional” fully-integrated MLP may not be feasible in farmworker communities
- Examples of integrated farmworker MLPs:
 - Referrals
 - Cross-training on health and legal issues of farmworkers
 - Policy advocacy
 - Board participation

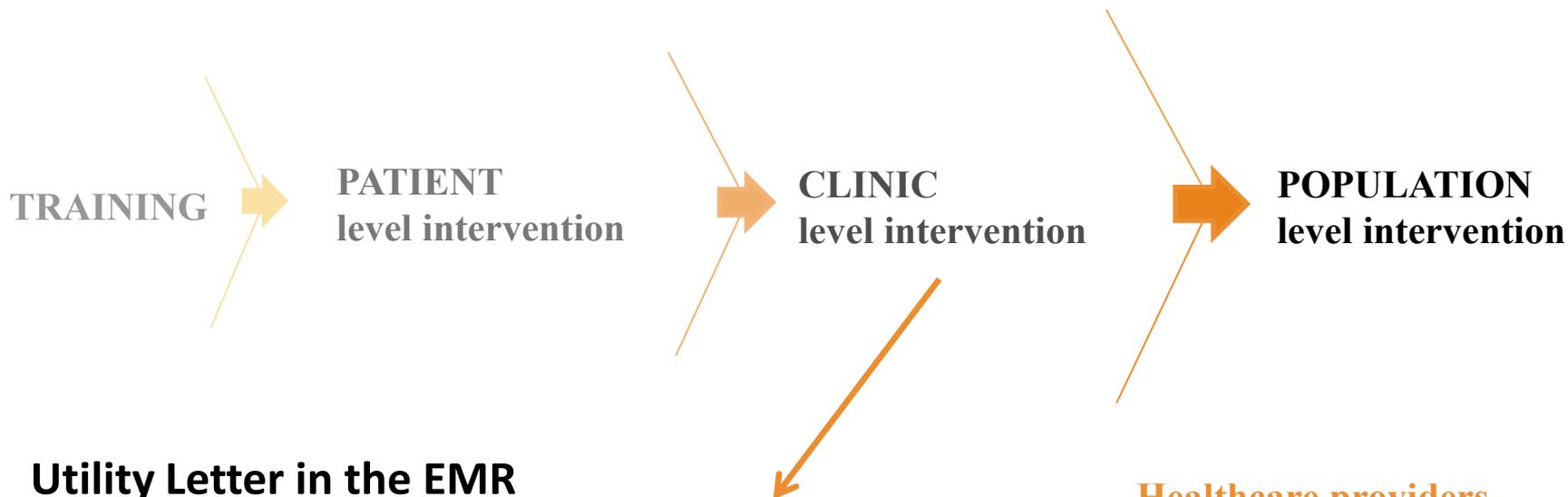
What happened when the heat went off?



What happened when the heat went off?



What happened when the heat went off?

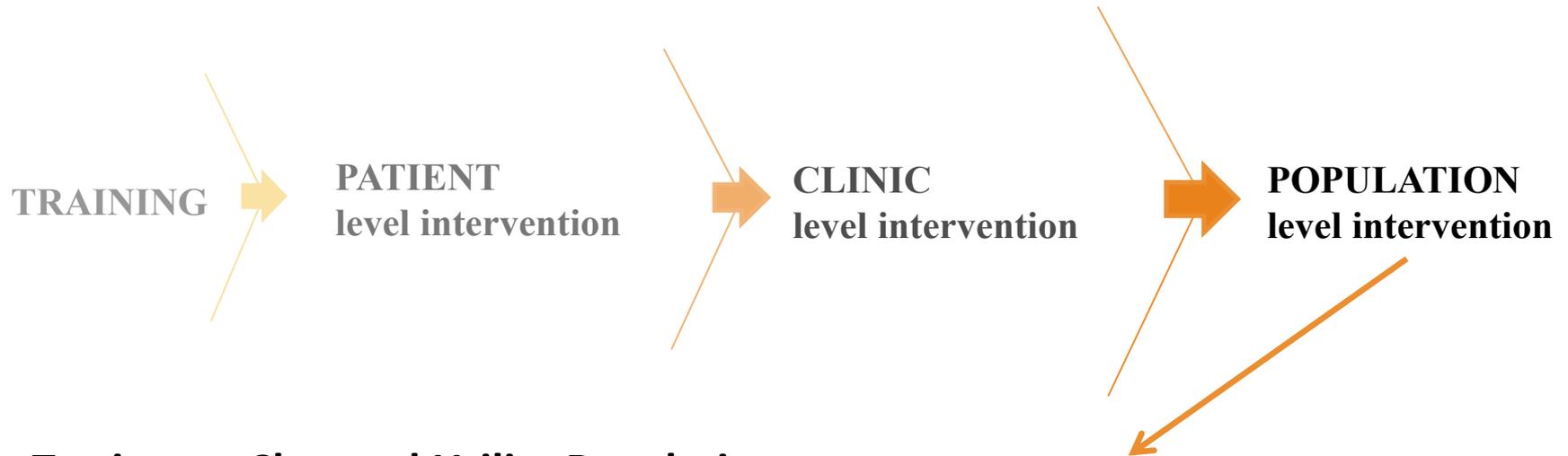


Utility Letter in the EMR

Attorneys drafted form letter for patient EMR. Healthcare providers no longer had to draft from scratch.

Healthcare providers wrote 350% more letters helping 676 families. Saved clinic time.

What happened when the heat went off?

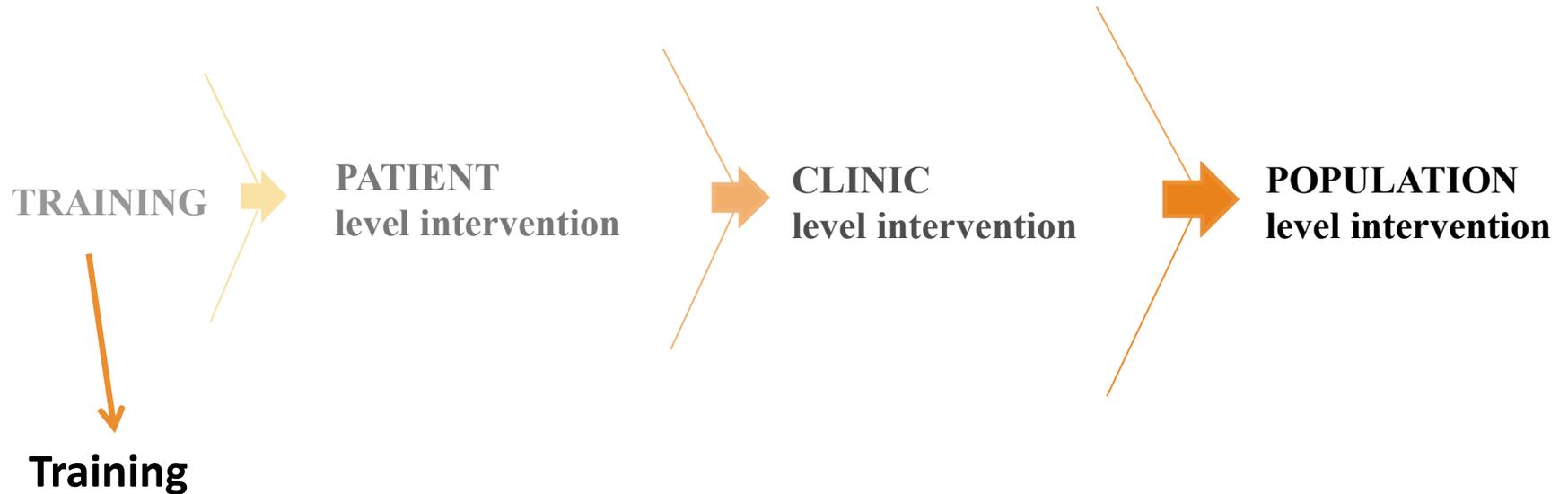


Testimony Changed Utility Regulations

Attorney / healthcare provider testimony reduced need for chronic disease re-certification and allowed nurses to sign letters.

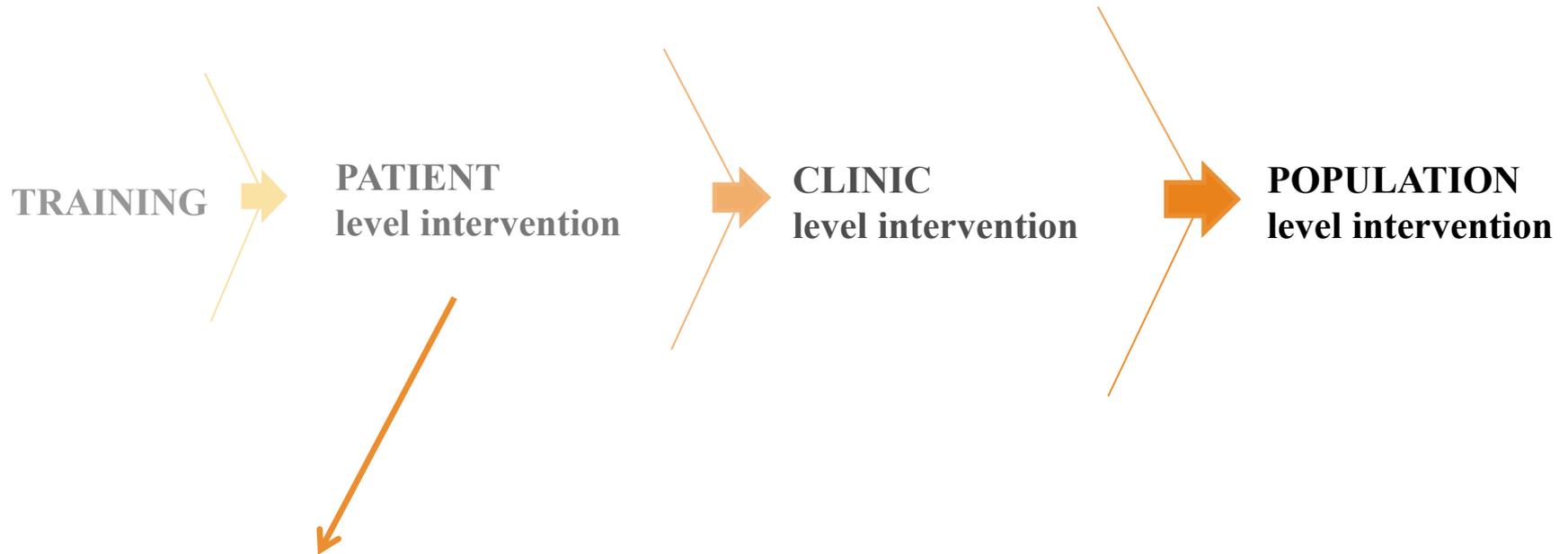
Fewer families faced utility shutoff, *preventing* problem.

Access to Workers' Compensation



Health insurance company trained health center's administrative staff on workers' compensation billing procedures.

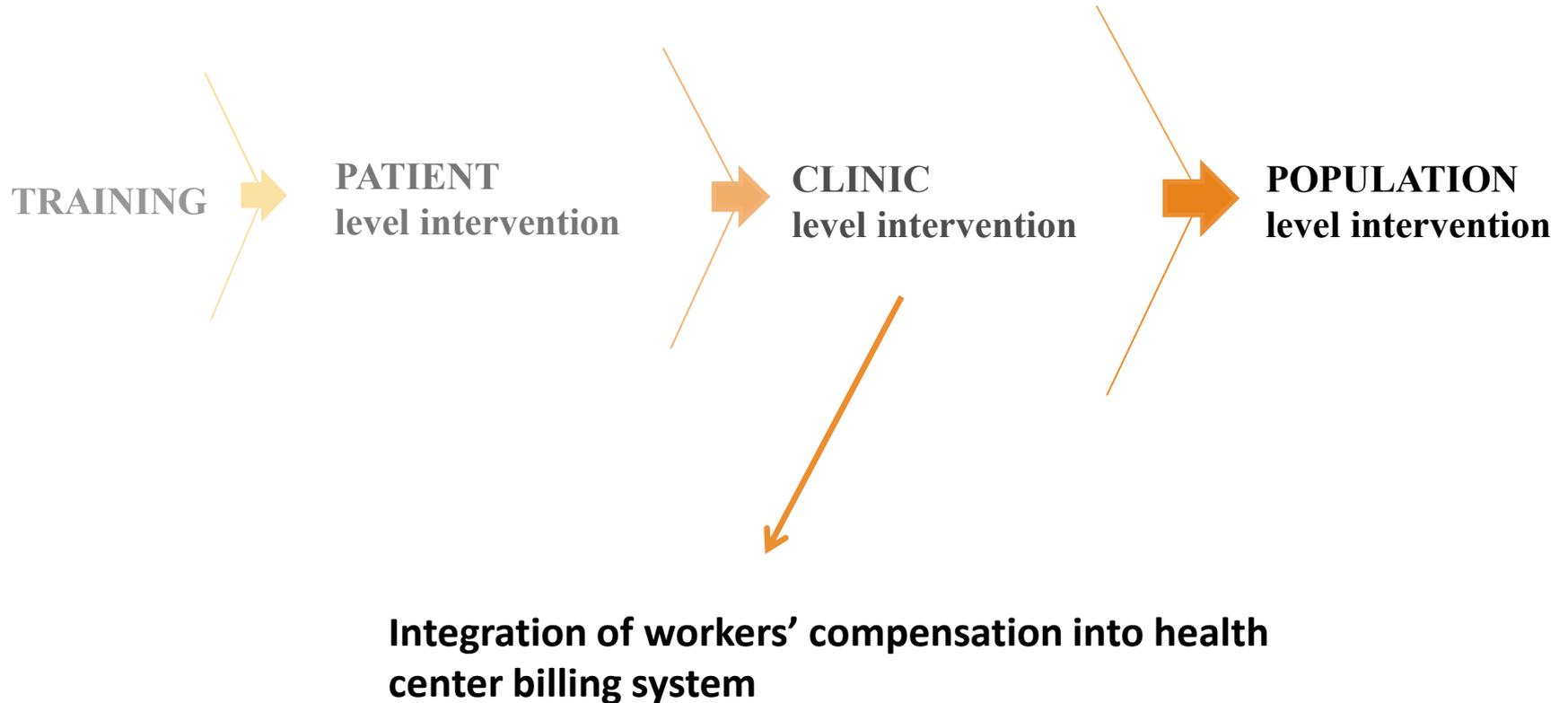
Access to Workers' Compensation



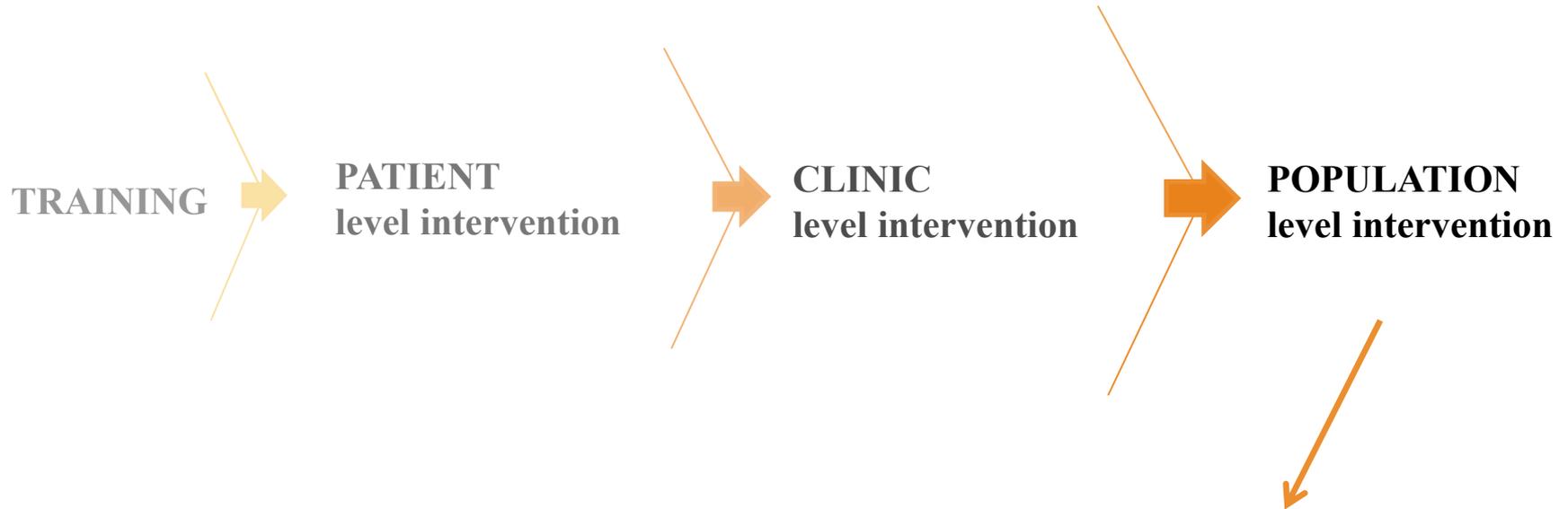
Workers' Compensation Clinics

Providers refer patients to monthly workers' compensation clinics. Injured workers are interviewed by volunteer attorneys who can help initiate workers' compensation claims.

Access to Workers' Compensation



Access to Workers' Compensation



Workers' Compensation Enforcement Committee

Led by the health and legal services partners in the MLP, the statewide collaborative of government agencies and non-profit organizations work to improve farmworker access to workers' compensation through reporting, enforcement, and the development of more effective statewide policies.

Identifying Potential MLPs in Your Communities

- What are the health/legal needs in your community?
- Who are potential partners?
- What resources do you have?

National Center for Medical-Legal Partnership = NCA as of July 2014



Helps health centers develop and sustain medical-legal partnerships with health center specific:

- Toolkits
- Webinars / trainings
- Research and evidence

[www.medical-legalpartnership.org/
join-movement/health-centers/](http://www.medical-legalpartnership.org/join-movement/health-centers/)

National Center for Medical  Legal Partnership

www.medical-legalpartnership.org

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Find MLP Partnerships in your state

See which health and legal institutions in your community have developed medical-legal partnerships. Each institution links to more information about its medical-legal partnership.

STATE SELECT ▼

Reset



135 Hospitals

127 Health Centers

127 Legal Aid Agencies

32 Medical Schools

46 Law Schools

Go to medical-legalpartnership.org/partnerships/ to find partnerships in your area

For more information:



www.medical-legalpartnership.org



NCMLP



National_MLP

FJ & NCMLP Collaboration

- MLP webinar series
 - Next webinar on best practices will take place May 2015
- Farmworker MLP Learning Network

For more information:

Alexis Guild
Migrant Health Policy Analyst
aguild@farmworkerjustice.org



www.farmworkerjustice.org

Ellen Lawton
ellawton@gwu.edu



www.medical-legalpartnership.org