

Health System Funders for Housing Justice Medical-Legal Partnership

August 15, 2022 | 2-3:00 ET / 1-2:00 CT / 12-1:00 MT / 11-10:00 PT

Attendees: Ashley Brand (CommonSpirit), Anira Khlok (CommonSpirit), Talore Gray-Peel (ProMedica), Nicole Wilson (CommonSpirit), George Leventhal (Kaiser Permanente), Marisa Conner (Kaiser Permanente)

Guests: Bethany Hamilton, Joel Teitelbaum: National Center for Medical-Legal Partnership

FTEH: Michael Durham, Stephanie Chan, Alexa Eggleston

Notes:

Michael initiated the meeting and invited participants to introduce themselves with one thing that happened this summer for which they are grateful. He introduced Bethany Hamilton, with whom he worked in his role at the National Health Care for the Homeless Council, to describe her work at the National Center for Medical-Legal Partnership along with Joel Teitelbaum, and to steer conversation on MLP.

Bethany preceded her remarks with a [short video](#) featuring Dr. Megan Sandel, a former Health Care for the Homeless physician, who told a patient story that encapsulated the power of medical-legal partnership in the work of housing justice.

The National Center for Medical-Legal Partnership has been making progress on policy advocacy, convenings, research, and technical assistance to make legal services normative in healthcare settings, beyond simple referrals or intermittent legal clinics. Regarding recent technical assistance needs, providers have continued to primarily seek guidance on implementation related to staffing and workflows, identifying who needs to be trained for screening and making connections with the legal community to provide interventions. On the policy side, the Center had been tracking two pieces of legislation that support MLP. The first, HR3950, supported MLP work specifically for veterans. The second piece was attached to the Build Back Better Act, supporting seniors in MLP, but dissolved along with the whole legislation package. The MLP community and its partners did succeed, however, in advocating for an eviction moratorium that made a tremendous impact. Other policy work is taking place in the state-level Medicaid reform space, specifically in California and North Carolina. Regarding research on MLP, some Cincinnati colleagues have recently published research demonstrating the impact of MLP on children, which adds to mounting evidence supporting the value of MLP within the broader field of Social Determinant of Health implementation science.

The Center is especially excited to resume hosting the National MLP Summit, the seminal national gathering of practitioners and stakeholders that has been sorely missed since the pandemic. The connections that sustain people in this work are unmatched by in-person

convenings like this, in addition to elevating the additional research, TA, and advocacy needs that the field needs.

Turning to discussion, Ashley summarized their ongoing challenge of communicating to patients and staff the impact that legal services can have and what connections are available, despite persistent education about those options and strong connections to their legal services regional partner; this is especially difficult in the acute-care setting. Bethany wondered how success is defined as a way of assessing this challenge: for example, does success constitute a high number of referrals or the mere visibility of the lawyer on the care team? She also encouraged participants to consider the role of sharing impact stories as a way of educating staff and patients about the impact of screenings, including sharing patients' own testimonies. In fact, the Center will soon be soliciting impact stories from the field to inform their resurrected blog.

Bethany observed that the unfolding conversation pointed to the need for a learning community for MLP providers outside of the Center's HRSA-funded work, such as health systems, perhaps adapting a Project ECHO format. We are especially interested in health systems' needs as funders that are distinct from the Center's work with FQHCs.

Marisa described Kaiser Permanente's two-year initiative on medical-legal partnership, which has included an evaluation team that is working with four markets in their footprint. They have developed a set of process readiness indicators, one of which is whether the legal-aid provider is enrolled in their referral platform that they have recently streamlined and standardized. They also assess the first five referrals a new site makes to indicate readiness in addition to developing a standardized workflow specifically on addressing housing insecurity. They have learned the importance of building trust with legal-aid partners in order for them to feel a part of the care team. She seconded the importance of telling patient stories as well. As she alluded to a checklist she was referencing, it was requested that she send that list to the group.

Short on time, Bethany reiterated the value of problem-sharing of which we got a glimpse in today's conversation specifically for MLP practitioners on the ground, in addition to the value of meeting in person at the Summit they are planning.

Michael reminded attendees of the Racial Equity training for the full network scheduled for August 22 at 2:00 Eastern Time. We adjourned shortly after 3:00 Eastern Time.