
Treating Poverty: Legal Tools For Health-Harming Needs

Alice Setrini

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TREATING POVERTY: LEGAL TOOLS FOR HEALTH-HARMING NEEDS

Alice Setrini*

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Medical Legal Partnerships (MLPs) are a multidisciplinary approach to providing direct civil legal services in order to address health harming legal needs. This Essay will provide background and context for the development of MLPs as a tool of legal services provision by looking at to two models utilized at Legal Aid Chicago: The Health Justice Project, and Health Forward/Salud Adelante. Each partnership is tailored to meet the needs of both the patient/client population served, as well as to the different types of medical providers that engage with the partnership. Each partnership has provided lessons and best practices for establishing and implementing and evaluating an MLP.

INTRODUCTION

Medical Legal Partnership (MLP) is a healthcare delivery model that enables a healthcare team to identify, treat, and prevent health-

* The author would like to thank the MLP staff at Legal Aid Chicago and the Health System champions for their continued work for our patient-clients. Specifically thanks to Amelia Piazza, 2018 MLP Project Coordinator for creating the Legal Aid Chicago MLP Data Summary Reports used in the evaluation of these programs; Kathy Chan, Director of Policy at Cook County Health, Mary Sajdak, Chief Operating Officer, Integrated Care Services Cook County Health, Dr. Keiki Hinami and Dr. Daniel Berg with the Collaborative Research Unit at Cook County Health, and Ann Cibulskis, Coordinating Planner, Strategy and Development Bureau, Chicago Department of Public Health, for their assistance and support in reviewing this essay prior to submission.

harming legal needs for patients, communities, and populations.¹ MLPs are a critical component within a broader model of comprehensive care provision utilized to address the social determinants of health.² Research shows that forty to fifty percent of a person's health is determined by social factors, and that addressing those social determinants through legal interventions leads to improved health outcomes.³ In addition to helping patients and communities become healthier, MLPs reduce healthcare spending for high-need, high-use patients and can improve reimbursement for services, meaning that medical providers have more resources to help more people.⁴

This Essay will provide background and context for the role that MLPs play in providing direct civil legal services to address health disparities. It will look to two models for MLP service provision utilized at Legal Aid Chicago, The Health Justice Project, an MLP with a Federally Qualified Health Center, and Health Forward/Salud Adelante, an MLP with a large hospital system. Legal Aid Chicago currently has three separate MLPs with three health care providers: Erie Family Health Centers, Cook County Health, and Rush University Medical Center.⁵ The different partnerships engage with different types of medical providers, and each partnership has provided lessons and best practices for engagement in MLP. In addition, the Health

1. See generally MILKEN INST. SCH. OF PUB. HEALTH, THE GEORGE WASH. UNIV., *FAQs: About Medical-Legal Partnership*, NAT'L CTR. FOR MED. LEGAL P'HIP, <https://medical-legalpartnership.org/about-us/faq/> (last visited Mar. 17, 2020).

2. Social determinants are defined by the World Health Organization as the conditions in which people are born, grow, work live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems effect distribution of power and resources at local, national and global levels, and the pattern of distribution results in health inequities. *Social determinations of health*, WORLD HEALTH ORG. (WHO), https://www.who.int/social_determinants/en/ (last visited Mar. 17, 2020).

3. Mary M. O'Sullivan et al., *Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study*, 49 J. ASTHMA 911, 913 (2012) (study showed that where MLPs have successfully intervened to improve poor housing conditions that worsen asthma severity, patient-clients experience improved health. This was shown by reduced Emergency Department visits and hospital admissions, reduction in dose or number of medications taken, and a reduction in class of asthma severity post legal intervention); Jennifer N. Rosen et al., *Medical-Legal Partnership Impact on Parents' Perceived Stress: A Pilot Study*, 45 BEHAV. MED. 70, 72–73 (2019) (study showed improved patient report of stress after legal interventions.); Jack Tsai et al., *Medical-Legal Partnerships at Veterans Affairs Medical Centers Improved Housing and Psychosocial Outcomes for Vets*, 36 HEALTH AFF. 2195, 2202 (2017) (study focused on veterans, and improved behavioral health outcomes after legal interventions).

4. See generally James A. Teufel et al., *Process and Impact Evaluation of a Legal Assistance and Health Care Community Partnership*, 10 HEALTH PROMOTIONS PRAC. 378 (2009).

5. Justice Through Generations is a developing MLP between Legal Aid Chicago and Rush University Medical Center. This model utilizes Rush's Social Work and Community Health team to focus on the needs of older adults.

Forward/Salud Adelante MLP has had the benefit of working with Cook County Health's Collaborative Research Unit for evaluation and analysis of outcomes from the program's pilot year.

I. BACKGROUND ON DEVELOPMENT OF THE MLP MODEL

Most people living in poverty have at least one civil legal problem that negatively affects their health, which means that over 42 million Americans, or about one in seven, need some sort of legal care in order to be healthy.⁶ In Illinois there are 1.7 civil legal problems per household.⁷ Most of these are basic needs. Those who have one problem typically have 3.5 issues.⁸

Common social determinants of health include income, housing and utilities, education and employment, immigration status, and exposure to violence. Those whose health is most affected by these social determinants are often those who are least able to access legal assistance due to cost.

It can be useful to define terms to establish a common understanding of what is meant when discussing poverty. Every year, the Department of Health and Human Services issues the Federal Poverty Guidelines based on statistical information gathered by the Census Bureau.⁹ The guidelines are used to determine the financial eligibility for certain programs that can help people overcome barriers to health, such as Medicaid, SNAP (Supplemental Nutrition Assistance Program—also called food stamps or LINK) and TANF (Temporary Assistance for Needy Families—previously called cash “welfare”).¹⁰ For example, for 2019, a family of three equaled 100% of the federal poverty guideline with a gross income of \$21,330 per year.¹¹

6. LEGAL SERVS. CORP., THE JUSTICE GAP: MEASURING THE UNMET CIVIL LEGAL NEEDS OF LOW-INCOME AMERICANS 6 (June 2017), <https://www.lsc.gov/sites/default/files/images/TheJusticeGap-FullReport.pdf> [hereinafter 2017 JUSTICE GAP REPORT]. More than 60 Million Americans have a household income at or below 125% of the Federal Poverty Level. Of those households, 71% experienced at least one civil legal problem.

7. MARK A. MARQUARDT, CHICAGO BAR FOUND., THE LEGAL AID SAFETY NET: A REPORT ON LEGAL NEEDS OF LOW-INCOME ILLINOISANS 1 (Feb. 2005), <https://chicagobarfoundation.org/wpcontent/uploads/2014/01/legal-aid-safety-net.pdf>.

8. *Id.*

9. Office of the Assistant Secretary for Planning and Evaluation, *2019 Poverty Guidelines*, U.S. DEP'T OF HEALTH & HUMAN SERVS. (HHS) (2019), <https://aspe.hhs.gov/2019-poverty-guidelines>.

10. *Id.*

11. *Id.*

Extreme mismatches between income and expenses can create or exacerbate negative health outcomes.¹² For example, the average monthly costs for a one-parent, two-child household in the Chicago metro area was \$6,608 per month.¹³ This takes into account basic needs such as housing, food, child care, transportation, and health care. However, a wage-earner working 40 hours per week at the current minimum wage in Chicago, (which is higher than the national and state minimum wage), will make \$2,253.33 every month or \$27,040 a year, which puts this family of three under 130% of the federal poverty guideline despite working full-time.¹⁴

Conditions of poverty can often result in poor health outcomes.¹⁵ For example, poor housing conditions can lead to higher rates of asthma, lead poisoning, as well as injury from poorly maintained structures. Lack of income and access to public benefits can result in food insecurity, low birth weight, and depression.¹⁶ In Chicago, there are more than 500,000 people who are at or below 100% of the federal poverty guideline, and one in six children in Chicago is living in poverty.¹⁷

Looking specifically at the issue of lead poisoning, it is possible to see how poverty, health, and race intersect.¹⁸ Neighborhoods in Chi-

12. See generally Nancy E. Alder & Katherine Newman, *Socioeconomic Disparities In Health: Pathways and Policies*, 21 HEALTH AFF. 60 (2002). Socio economic status underlies many social determinants of health, primarily health care access, environmental exposure, and health behavior. In addition, chronic toxic stress related to lower socioeconomic status is also linked to morbidity and mortality. *Id.*

13. Family Budget Calculator, ECON. POL'Y INST. (2019), <https://www.epi.org/resources/budget/> (This source is updated yearly. The \$6,608 figure is based on a 2019 calculation.).

14. Minimum Hourly Wage, CHI., IL., MUN. CODE ch. 1-24-020 (e) (2014), https://www.chicago.gov/content/dam/city/depts/mayor/supp_info/Minimum%20Wage/O2014-9680.pdf (2019 Chicago minimum wage is \$13.00/hr); Office of the Assistant Secretary for Planning and Evaluation, *2019 Percentage Poverty Tool*, U.S. DEP'T OF HEALTH & HUMAN SERVS. (HHS), <https://aspe.hhs.gov/system/files/aspe-files/107166/2019-pctpovertytool-highlight.pdf>.

15. Alder & Newman, *supra* note 12, at 60.

16. Lisa Esposito, *The Countless Ways Poverty Affects People's Health*, U.S. NEWS (Apr. 20, 2016), <https://health.usnews.com/health-news/patient-advice/articles/2016-04-20/the-countless-ways-poverty-affects-peoples-health>.

17. *Quick Facts, Chicago city, Illinois*, U.S. CENSUS BUREAU (2019), <https://www.census.gov/quickfacts/fact/table/chicagocityillinois/PST045216>; JESSICA SEMEGA, MELISSA KOLLAR, JOHN CREAMER & ABINASH MOHANTY, U.S. CENSUS BUREAU, CURRENT POPULATION REPORTS, P60-266, INCOME AND POVERTY IN THE UNITED STATES: 2018, at 12, 15–16 (U.S. Government Printing Office, Washington, DC, 2019), <https://www.census.gov/content/dam/Census/library/publications/2019/demo/p60-266.pdf>; *New Census Data Reveals Continued Child Poverty Crisis in America*, CHILDREN'S DEFENSE FUND (Sept. 10, 2019), <https://www.childrensdefense.org/2019/new-census-data-reveals-continued-child-poverty-crisis-in-america/>.

18. Emily A. Benfer, *Contaminated Childhood: The Chronic Lead Poisoning of Low-Income Children and Communities of Color in the United States*, HEALTH AFF. (Aug. 8, 2017), <https://www.healthaffairs.org/doi/10.1377/hlbg20170808.061398/full>.

chicago with the highest concentration of children with elevated blood lead levels are also the areas with the highest concentrations of poverty.¹⁹ These areas are also predominantly African American and Latinx.²⁰

Civil legal services have long been utilized to address the legal needs of people living in poverty.²¹ Unfortunately, there is a large gap in the number of civil legal service providers compared to the number of individuals in need of services. There is one legal aid attorney available for every 6,415 low-income people, compared to the general population where there is one private attorney for every 429 people above the poverty threshold.²²

Further compounding this problem, in Illinois, there are on average 1.7 civil legal issues per household living in poverty.²³ These are primarily related to basic needs like food, shelter, and health care. In a study done by Legal Services Corporation (LSC) in 2017, the most common civil legal problem area identified by individuals was related to health.²⁴ On the other hand, a survey of the types of cases that were handled by LSC organizations showed that health-related cases made up only four percent of the services provided in 2016.²⁵

And in the same way a patient may present with a specific medical issue that brought them to a health care provider, but at the same time has several co-morbidities²⁶, these individuals will often have multiple legal issues that intersect and can complicate the primary legal problem that initially led them to seek legal aid.²⁷

This mismatch between provider capacity and client need requires attorneys to perform a sort of triage—prioritizing cases that are the

19. Abraham Epton, Alex Bordens & Geoff Hing, *Chicago lead poisoning rates vary by location, time*, CHICAGO TRIBUNE (May 1, 2015), <http://apps.chicagotribune.com/news/watchdog/chicago-lead-poisoning/index.html>; KATIE BUITRAGO, AMY RYNELL & SAMANTHA TUTTLE, HEARTLAND ALLIANCE, *CYCLE OF RISK: THE INTERSECTION OF POVERTY, VIOLENCE, AND TRAUMA, REPORT ON ILLINOIS POVERTY 32* (Mar. 2017), https://www.heartlandalliance.org/povertyreport/wp-content/uploads/sites/26/2017/03/FINAL_PR17_3_14.pdf; Bill Rankin, *Chicago Boundaries*, RADICAL CARTOGRAPHY (2009), <http://www.radicalcartography.net/index.html?chicagodots> (data shows race/ethnicity map of Chicago).

20. *Id.*

21. See Legal Services Corporation Act, 42 U.S.C. § 2996 *et. seq.* (2007).

22. LEGAL SERVS. CORP., *DOCUMENTING THE JUSTICE GAP IN AMERICA: THE CURRENT UNMET CIVIL LEGAL NEEDS OF LOW-INCOME AMERICANS 21* (Sept. 2009), http://www.lsc.gov/sites/default/files/LSC/pdfs/documenting_the_justice_gap_in_america_2009.pdf.

23. MARQUARDT, *supra* note 7, at 1.

24. 2017 JUSTICE GAP REPORT, *supra* note 6, at 7.

25. *Id.* at 39.

26. MARQUARDT, *supra* note 7, at 16.

27. *Id.* Low-income households in Illinois experiencing one legal issue have on average 3.5 legal issues.

most urgent, creating case acceptance guidelines that do not provide opportunities to address legal issues upstream before they become emergencies.²⁸

MLPs broaden the concept of a health care team and are designed to help address these gaps.²⁹ These interdisciplinary collaborations are comprised of representatives from the legal, social work, medical, and public health fields. There is also engagement with community organizations to help individuals, communities, and populations.

A case study can serve to illustrate how these interdisciplinary collaborations can work at their best: A provider met with a family and discovered that her pediatric patient had lead poisoning.³⁰ She referred the patient and her family to the MLP for assistance because the family was living in housing subsidized by the Chicago Housing Authority. The Department of Public Health was notified of the patient's lead test results, and an investigator was dispatched to test the property and discovers many lead hazards in the home, which were poisoning the child. The MLP represented the family to assert the patient's rights under the Americans with Disabilities Act, allowing the family to immediately move into lead-free housing. This case exposed systemic barriers to health that were not only affecting the patient that was referred, but for any family living in similar housing conditions.³¹

28. LEGAL SERVS. OF E. MISSOURI INC., PRIORITIES PLANNING REPORT 2014 23 (Oct. 2014), <https://lsc-live.app.box.com/s/3tx7v7spmkn3thwewgr4a9zg2lujbjs>. This survey on priorities surfaced by community members served by Leal Services of Eastern Missouri (LSEM) showed some disconnect between what the legal services priorities were, and what community members surveyed felt. A conclusion is that LSEM clients face multiple legal issues that the organization does not have sufficient resources to fully address, and therefore there is an unmet need for additional outreach and community legal education.

29. See generally Ellen Cohen et al., *Medical-Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities*, 25 J. GEN. INTERN. MED. 136 (2010).

30. This case study is based on one conducted by the National Center for Medical Legal Partnership at The George Washington University. Kate Marple & Erin Dexter, *Keeping Children Safe from Lead Poisoning*, NAT'L CTR. FOR MED. LEGAL P'SHIP (Apr. 2018), <https://medical-legalpartnership.org/wp-content/uploads/2018/04/Keeping-Children-Safe-from-Lead-Poisoning.pdf>.

31. Previously, the HUD rule governing policies related to lead required a child to have a positive lead test result of over 20 ug/dl of blood in order to trigger protocols for moving out of a subsidized property. U.S. DEP'T OF HOUS. & URBAN DEV., OFF. OF HEALTHY HOMES & LEAD HAZARD CONTROL, INTERPRETIVE GUIDANCE ON HUD'S LEAD SAFE HOUSING RULE: THE HUD REGULATION ON CONTROLLING LEAD-BASED PAINT HAZARDS IN HOUSING RECEIVING FEDERAL ASSISTANCE AND FEDERALLY OWNED HOUSING BEING SOLD (24 CFR PART 35), at 6 (June 21, 2004), https://www.hud.gov/sites/documents/DOC_25476.PDF. The CDC states there is no safe level of lead in blood, however, it defines lead poisoning as greater than 5 ug/dl. Children who were poisoned and living in subsidized housing were not able to move unless they had a blood-lead level four times the amount identified by the CDC as poisoned. PRESIDENT'S TASK FORCE ON ENVIRONMENTAL HEALTH RISKS AND SAFETY RISKS TO CHILDREN, KEY FEDERAL PROGRAMS TO REDUCE CHILDHOOD LEAD EXPOSURES AND ELIMINATE ASSOCIATED HEALTH

To address lead hazards in federally-assisted housing, the law school partners in the MLP drafted a petition for rulemaking that was filed with the U.S. Department of Housing and Urban and Development and assisted in the development of the 2016 Lead Safe Housing for Kids Act.³² In addition, this advocacy was led by community members, and the families affected, which provided credibility to the issue and created an opportunity for community empowerment.³³ This is a powerful example of how the multidisciplinary and multitiered approach to addressing health-harming legal needs can lead to upstream solutions.

For this model to work most effectively, appropriate screening is critical. Where there are too few patients identified, there are missed opportunities to intervene to improve patient care, outcomes, and cost. However, too many patients referred will result in overwhelming the legal partner with both administrative functions along with providing legal services. Many cases are not appropriate for referral and will not result in a high intensity, high quality legal interventions, using up capacity in order to provide advice or additional referrals.

In order to identify appropriate cases for an MLP referral, health care providers are trained by legal service providers. Utilizing common tools and vocabulary is key in interdisciplinary work and important in the training process for providers.³⁴ I-HELP is a mnemonic device used to assist in screening for health-harming legal needs.³⁵ “I” stands for *Income and Insurance*. Income stability is a key component to maintaining and improving patient health.³⁶ Cases referred from this category can include access to Medicaid and Medicare, other public benefits such as food stamps, disability benefits, and social security benefits. “H” stands for *Housing*, which includes access to and maintenance of subsidized housing and safe and sanitary housing conditions, such as addressing issues related to mold, pests, or lead

IMFACTS 8 (Nov. 2016), <https://www.hud.gov/sites/documents/FEDERALPROGRAMUPDATE.PDF>.

32. Lead-Safe Housing for Kids Act of 2016, S.B. 2631, 114th Cong. (2016). *See also* Lead-Safe Housing for Kids Act of 2018, H.R. 6252, 115th Cong. (2018).

33. Marple & Dexter, *supra* note 30.

34. Kate Marple, *Framing Legal Care as Health Care: A guide to help civil legal aid practitioners message their work to health care audiences*, NAT'L CTR. FOR MED. LEGAL P'SHIP (Jan. 2015), <https://medical-legalpartnership.org/wp-content/uploads/2015/01/Framing-Legal-Care-as-Health-Care-Messaging-Guide.pdf>.

35. Kate Marple, *How Legal Services Help the Health Care System Address Social Needs*, THE NAT'L CTR. FOR MED. LEGAL P'SHIP (Jan. 2015), <https://medical-legalpartnership.org/response/i-help/>.

36. *Id.*

remediation.³⁷ “E” stands for *Education and Employment*, and referrals in this category can result in securing specialized education services, preventing and remedying employment discrimination, and enforcement of workers’ rights.³⁸ “L” stands for *Legal Status*, which can result in a case related to adjustment of immigration status, assistance with criminal history sealing, or resolution of a veteran’s discharge status to make access to employment or benefits possible.³⁹ Finally, “P” stands for *Personal and Family Stability*, which supports safe homes and provides social support, which can mean securing protective orders for survivors of domestic violence, guardianships, or advanced directives to allow for better decision-making—including those decisions related to health.⁴⁰

While training and identifying health-harming legal needs is a critical component of MLP, delivering that information to the legal partner is an equally necessary piece. Information sharing between medical and legal partners is required for an MLP to function, but the legal framework surrounding patient privacy can create barriers to effectively do so.⁴¹ Although there is no one-size fits all response to this challenge, the structure of the MLP and the degree to which the legal providers are integrated into the medical institution can dictate the information management systems created.

Looking at how the different MLPs are structured at Legal Aid Chicago can illustrate how these partnerships address this component.

A. *Legal Aid Chicago’s MLPs*

Legal Aid Chicago is a comprehensive civil legal service organization that is divided into five practice areas that correspond to the I-HELP categories: Public Benefits, Housing, Consumer, Immigrants’ and Workers’ Rights, and Children and Families.⁴² The MLPs are primarily staffed by legal providers within the Public Benefits practice group, even though health-harming legal needs are distributed

37. *Id.*

38. *Id.*

39. *Id.*

40. *Id.*

41. The most significant law related to sharing of health information is the Health Insurance Portability and Accountability Act (HIPAA). See 45 C.F.R. § 164 (2000). Medical partners in any MLP are subject to HIPAA and can only share information in compliance with its provisions. See Jane Hyatt Thorpe, Lara Cartwright-Smith, Elizabeth Gray & Marie Mongeon, *Information Sharing in Medical-Legal Partnerships: Foundational Concepts and Resources*, NAT’L CTR. FOR MED. LEGAL P’SHIP, at 2 (July 2017), <https://medical-legalpartnership.org/wp-content/uploads/2017/07/Information-Sharing-in-MLPs.pdf>.

42. See *How We Help?*, LEGAL AID CHICAGO, <https://www.legalaidchicago.org/get-help/how-can-we-help/> (last visited Mar. 28, 2020).

throughout the different types of civil legal practice, as is illustrated by I-HELP. For any MLP at Legal Aid Chicago, where the client's legal need is determined to be within the priority and expertise of another practice group, that patient-client is connected with a legal provider on the appropriate team.⁴³

B. Health Justice Project

The Health Justice Project is a partnership between Legal Aid Chicago, Erie Family Health Centers (Erie), and Loyola University School of Law.⁴⁴ Erie is a Federally Qualified Health Center and serves as the health care partner.⁴⁵ Legal Aid Chicago and Loyola University School of Law Health Justice Clinic are the legal providers within the partnership.⁴⁶ The Health Justice Project began at Erie with the law student clinic at Loyola University School of Law. Legal Aid Chicago joined this partnership in 2015, in order to provide more comprehensive civil legal services for Erie's patients.

When a medical provider at Erie identifies a health-harming legal need, she receives the patient's permission to make a referral to Legal Aid Chicago's Health Justice Project staff.⁴⁷ The Health Justice Project staff at Legal Aid Chicago receives the information in the form of a referral order and imports that information into the case management system as a pre-screen.⁴⁸ The patient is then contacted and their legal issues are assessed. Each patient contacted receives some form of legal assistance, whether it be advice, informal advocacy, extended

43. Legal Aid Chicago is an LSC funded agency, therefore all the MLPs regardless of funding, must comply with the guidelines and restrictions required by LSC.

44. See *Health Justice Project*, LOYOLA UNIV. CHICAGO, SCH. OF LAW, <https://www.luc.edu/law/academics/clinical-programs/healthjusticeproject/> (last visited Mar. 18, 2020).

45. See ERIE FAMILY HEALTH CTRS., <https://www.eriefamilyhealth.org/> (last visited Mar. 18, 2020).

46. See LEGAL AID CHICAGO, <https://www.legalaidchicago.org/> (last visited Mar. 17, 2020); *Health Justice Project*, *supra* note 44.

47. Legal Aid Chicago Health Justice Project staff includes a supervisory attorney, a VISTA project coordinator, and a paralegal. All Legal Aid Chicago Health Justice Project staff are on-boarded as volunteers at Erie Family Health Centers.

48. There are various types of case management systems for legal service providers. Legal Aid Chicago uses Legal Server. See LEGALSERVER, <https://www.legalserver.org/> (last visited Mar. 18, 2020). The Legal Server case management system has several functionalities that facilitate MLPs, the prescreen function is one, it allows partial information to be entered and saved before a full intake is completed. This way the MLP can get limited patient information from the health care provider, and then conduct a more complete intake and legal evaluation once contact with the patient is made. In addition, Legal Server has developed an MLP configuration to allow for collection and reporting on data specific to MLPs. See MALLORY CURRAN, NAT'L CTR. FOR MED. LEGAL P'SHIPS, MEDICAL-LEGAL PARTNERSHIP LEGALSERVER CONFIGURATION GUIDE (July 2016), <https://medical-legalpartnership.org/wp-content/uploads/2016/07/Full-LegalServer-MLP-Toolkit-FINAL.pdf>.

representation, or an external referral. The project “closes the information loop” by informing the medical provider of the status of the legal case with the patient’s permission.⁴⁹

There are several reasons why this system works so well. First, the providers have a deep knowledge and understanding of the social determinants of health. This allows for quick and easy training on legal issue spotting, even where a patient may not identify their problem as a legal one. Second, the medical partner is embedded in the community, and Erie providers establish trusting, often long-term relationships with patients and the communities where they are located.⁵⁰ This facilitates attorney-client relationships, as it lends credibility and trust which are vital in establishing rapport and allows for more effective representation. Further, Erie providers understand the value of interdisciplinary collaboration to improve patient health through addressing social determinants. This allows for improved information exchange that can assist in more effective representation of a client’s legal issues. For example, testimony from a health care provider can lead to improved outcomes in housing conditions cases, social security disability cases, or medical service denials. Finally, the mission alignment between Erie Family Health and Legal Aid Chicago creates a synergy where all providers are moving toward the same vision for their patient-clients, just using different tools.⁵¹

Using the data collection functionality of the Legal Server program reveals useful information for program evaluation. The data shows providers from every Erie location, and in every type of provider role make referrals, indicating wide spread utilization of the MLP referral process.⁵²

The data also shows a correlation between the number of referrals and where the MLP is housed.⁵³ Legal issues related to “Public Benefits” are the most common legal issue referred.⁵⁴ This reinforces the importance of training and messaging for providers, since the connec-

49. For limited services such as referrals or advice, where all contact is over the phone, legal providers obtain a verbal consent to close the referral loop. Where there is more extended representation, a written consent to share information with the health provider is obtained.

50. Erie Family Health Centers has seven large primary care centers, five school-based sites, as well as a comprehensive adolescent health center. *About Erie*, ERIE FAMILY HEALTH CTRS., <https://www.riefamilyhealth.org/about-erie/> (last visited Mar. 18, 2020).

51. Erie’s mission is “motivated by the belief that healthcare is a human right, we provide high quality, affordable care to support healthier people, families and communities.” *Id.*

52. LEGAL AID CHICAGO, HEALTH JUSTICE PROJECT DATA REPORT 2018 (on file with the author) (This report focuses on referrals received between January 1, 2018 and November 19, 2018. There had been 632 referrals in that time).

53. *Id.* at 4.

54. *Id.* at 3.

tion between Erie and Legal Aid Chicago comes through the Public Benefits practice group. The Public Benefits practice group houses the legal provider capacity for the project. More cases are taken for extended representation in this area, and there is a greater focus on training and messaging relating to Public Benefits issues.

Demographic data from referrals shows how partnering with Erie enables Legal Aid Chicago to connect with vulnerable communities that may not have access to the “front door.”⁵⁵ Legal Aid Chicago utilizes a centralized screening process, with phone and online mechanisms, to efficiently manage client intake. However, this admittedly leaves gaps in the agency’s ability to connect with some of the most vulnerable individuals in need of services. Erie’s patient population is predominantly families living in low-income households, they are predominantly Latinx, and a high percentage prefer to be served in Spanish.⁵⁶

The Health Justice Project is just one way Legal Aid Chicago works to minimize that gap, and it has shown to be incredibly effective in connecting with clients in these communities who may not have been able to connect with the agency otherwise.

C. *Health Forward/Salud Adelante*

The Health Forward/Salud Adelante MLP is an innovative cross-sector relationship between Legal Aid Chicago, Cook County Health (CCH), and Chicago Department of Public Health (CDPH) that focuses on some of Cook County’s most health-challenged areas.⁵⁷ This project was initially funded by the BUILD Health Challenge in 2016 for a planning and implementation year and it is now funded by Cook County Health.⁵⁸ Through planning and development, this project created a vision and plan for addressing the social determinants that have the greatest negative effect on residents’ well-being. This project also seeks to remove barriers to health related to poverty.

Using publicly available data from CDPH, the Chicago Health Atlas, information on health system utilization from CCH’s Business Intelligence Unit, and input from community engagement, it was

55. *Id.* at 8.

56. Ninety percent of Erie patients are from low income households; seventy-one percent of Erie patients are of Hispanic ancestry, forty-seven percent are best served in Spanish. *About Erie*, *supra* note 50.

57. *Health Forward/Salud Adelante*, THE BUILD HEALTH CHALLENGE (2019), <https://buildhealthchallenge.org/communities/health-forward-salud-adelante/>.

58. *Id.*; COOK CTY. HEALTH, <https://cookcountyhealth.org/> (last visited Mar. 28, 2020).

possible to determine which patients to engage with and which legal issues to focus on to have the intended impact.⁵⁹

In deciding on which neighborhoods to prioritize, Legal Aid Chicago, CCH, and CDPH collaborated to review demographic, public health, and CCH aggregated patient data. The factors identified for prioritization indicated there was overlap among

- (1) targeted areas under the CDPH's Healthy Chicago 2.0 initiative;
- (2) areas where CCH patients reside in significant number;
- (3) areas where strong ties exist between Legal Aid Chicago and the community and where CCH has a physical presence;
- (4) areas with underutilized community assets and strong agency and grassroots community organizations;
- (5) areas with health indicators well below average for the City; and
- (6) areas with a high percentage of previously uninsured individuals and high populations of immigrants.

The public health perspective and strategic alignment were also utilized when determining the primary legal areas of focus. The project was designed by looking at the I-HELP categories, the CDPH Healthy Chicago 2.0 initiative, CCH's strategic plan, Impact 2020,⁶⁰ and the areas of overlap between the legal intervention and the anticipated outcome. Anticipated impacts that supported goals from Impact 2020 and Healthy Chicago 2.0 were identified as the legal areas where the project could have the greatest impact and prioritized for training, and advocacy. For example, the social determinant challenge of lack of health insurance relates to the Income Stability "I" I-HELP category. The legal issue or intervention related to this challenge is to appeal a Medicaid application denial or termination. The anticipated outcome is access to reimbursable care for the patient. The projected health outcome of this successful intervention is enhanced financial ability to access care and medication, and improving the ability to prioritize health and health care. The impact of these legal interventions

59. See CHICAGO DEP'T OF PUB. HEALTH, <https://www.chicago.gov/city/en/depts/cdph.html> (last visited Mar. 28, 2020); CHICAGO HEALTH ATLAS, <https://www.chicagohealthatlas.org/> (last visited Mar. 28, 2020); *Doing Business with Cook County Health*, COOK CTY. HEALTH, <https://cookcountyhealth.org/about/doing-business-with-cook-county-health/> (last visited Mar. 28, 2020).

60. John Jay Shannon, *Impact 2020: CCHHS Strategic Plan 2017-2019*, COOK CTY. HEALTH & HOSP. SYS., at 7 (July 2016), <https://cookcountyhealth.org/wp-content/uploads/3.-Impact-2020-07-29-16.pdf>.

support the Health Chicago 2.0 strategy of ensuring that high hardship communities have certified application counselors located in their area to assist with Marketplace and Medicaid enrollment, as well as CCH's Impact 2020 strategic plan goal to develop a focused program on populations that would benefit from better engagement in health care, such as young men, who are less likely to engage in appropriate preventative care.⁶¹ The driving force behind which legal interventions to prioritize were areas where the legal intervention aligned with the Health Department's and Health System's strategic plans goals.

The service model for Health Forward/Salud Adelante differs from other traditional MLPs, in that it is embedded within Integrated Care Services at CCH and works primarily with Care Coordination Service Providers.⁶² The care coordinators work in teams and provide services for patients in Complex Care, Inpatient, Transitional Care, with Home and Community Based Services waivers among others.⁶³ The Health Forward/Salud Adelante legal staff provides orientation and substantive trainings to the care coordinators at CCH on the health-harming legal needs prioritized by the project and how to identify them.⁶⁴

A care coordinator identifies a legal need and obtains patient consent to make a legal referral. The MLP attorney connects with the patient through a "warm handoff" and provides legal assistance through advice, brief service, extended representation, or a referral. After the legal intervention is completed, the MLP staff updates the referring provider, "closing the loop." Often throughout the course of representation, there is ongoing strategizing and coordination for mutual support of the patient-client going forward.⁶⁵

The Health Forward/Salud Adelante has a thoughtfully developed governance structure, and the leadership committee is made up of

61. *Id.*

62. Care coordination synchronizes and facilitates appropriate delivery of health care services from multiple providers and specialists to meet patient needs and deliver high-quality high-value care. *What is Care Coordination?*, NEJM CATALYST (Jan. 1, 2018), <https://catalyst.nejm.org/what-is-care-coordination/>.

63. Mary Sajdak, CCHS CARE COORDINATION, COOK CTY. HEALTH & HOSP. SYS., at 7 (May 20, 2016), <https://cookcountyhealth.org/wp-content/uploads/13.-Care-Coordination-05-20-16.pdf>.

64. Health Forward/Salud Adelante staff currently consists of 1.6 staff attorney FTE, 0.3 supervisory attorney FTE, and 1 paralegal. This is an expansion of the project from the initial grant.

65. One case example of ongoing communication and feedback relates to a patient that was referred for assistance with a Social Security Disability case from the Inpatient team. After the patient was discharged from the hospital, they no longer received care coordination services. Through the course of representation, it became apparent that the legal case, as well as the client's health would benefit from the support of a care coordinator. The advocate connected with the Chief Operating Officer of Integrated Care Services and this patient-client began receiving ongoing care coordination.

members from Legal Aid Chicago, CCH, and CDPH. The leadership committee holds short weekly check-in meetings to provide brief updates on program logistics and allow for troubleshooting and course corrections to maximize the project's effectiveness. All-stakeholder meetings are held quarterly to report longer-term data, outcomes from the project, and ensure network strength. Evaluating the referrals data through this process led to development of a pilot project focused exclusively on initial applications for Social Security Disability Insurance and Supplemental Security Income. This was a response to the need identified by the care coordination team members, which has been very successful in obtaining stabilizing income for many patients referred.⁶⁶

To stay focused on the priority communities, community engagement efforts, focus groups, and surveys allowed the project staff to develop materials and community legal education programming that was useful and responsive to communities. Project staff created tools in English and Spanish on health literacy and land use and conducted community sketch mapping events with CDPH. A very important component of this work is being responsive to the actual needs on the ground of these community members. Issues that community members identified as primarily affecting health were issues related to violence, immigration, re-entry, and substance use. This community engagement component is necessary to provide a feedback loop on what is needed in the community, solutions that originate within those communities, and how to best support those community goals with our multi-stakeholder partners.

An additional resource this project has been able to utilize is working with CCH's Collaborative Research Unit.⁶⁷ Working with providers trained in data collection and evaluation has allowed for exponential growth in the project's ability to track, report, and understand data. Data analysis is not in the traditional attorney's wheelhouse; however, data can be a very powerful tool for advocacy. Using Legal Server MLP data, as was shown with the disability application

66. Initial disability applications were consistently referred to the MLP by care coordinators, despite the fact that this legal issue was not included as a legal service provided by Legal Aid Chicago. After several meetings with the leadership team and the steering committee, the referral priorities were adjusted to allow for initial applications with specific criteria. A supplemental grant was received from BUILD to fund a paralegal to do this initial application work, and this pilot has been picked up for ongoing funding by the health system.

67. In addition to Dr. Keiki Hinami and Dr. Daniel Berg, from the Collaborative Research Unit at CCH, the evaluation committee of Health Forward/Salud Adelante is comprised of Kathy Chan, Director of Policy for CCH, and Ann Cibulskis, Grant Development Coordinator at CDPH.

pilot, can illustrate referral trends and demonstrate impressive return on investment.⁶⁸ Data from the project indicates there is broad usage of the program throughout the Care Coordination teams, and public benefits related issues are the most commonly referred legal issues.⁶⁹ A heat map generated from the data shows that referrals are aligned with the areas of concentrated poverty in Cook County.⁷⁰

Research conducted by the Collaborative Research Unit on referrals conducted during the pilot year of the program shows that the screening productivity and the complexity of services provided by Legal Aid Chicago has increased over time as the project has become further embedded in the health system.⁷¹ Based on that team's finding, there has been a fairly constant rate of increase in both screening numbers and referrals to Legal Aid Chicago—indicating effective training of the care coordination team members on appropriate legal referrals as well as consistent contact with those providers to maintain sensitivity for detecting health-harming legal needs.⁷² Further, more recent increases in the number of patients receiving extended legal representation suggests that care coordinators continue to improve in identifying cases appropriate for more high intensity legal intervention.

Additional qualitative analysis was done by CCH where patient-clients who consented to be interviewed by researchers were asked: “What impact did (Legal Aid Chicago) have on your (1) personal health, (2) personal general well-being, (3) family’s health, and (4) family’s general well-being?”⁷³ The response options included negative and positive options⁷⁴ to look at whether there was an unintended negative effect by the program on patient-clients. Fortunately, the results were consistent with the maxim *primum non nocere*—first do no

68. The Health Forward/Salud Adelante project received 777 total referrals from March 2017–April 2019, conducted 136 consultations with care coordinators, and has resulted in over \$1,000,000.00 in medical costs covered by Medicaid. The number of referred cases dropped in July and August 2018 when the caseload capacity was met, but a greater proportion of referred patients have successfully received more intensive legal services.

69. LEGAL AID CHICAGO, HEALTH FORWARD/SALUD ADELANTE PROJECT DATA REPORT 2019 (on file with the author) (this report captures project data from March 2017 through October 2018).

70. *Id.* at 21–22.

71. CCH conducted IRB approved research evaluating the pilot year of Health Forward/Salud Adelante, looking at both screening conducted by CCH, legal referral outputs and outcomes, and surveys of patient-clients post legal intervention. Dr. Daniel Berg, *Collaborative Research Unit* (Working Paper) (contact the author for more information).

72. *Id.*

73. *Id.*

74. These options were: extremely negative, moderately negative, somewhat negative, none, somewhat positive, moderately positive, and extremely positive.

harm. Almost all respondents indicated positive effects, slightly favoring the positive impact on personal general well-being versus personal health. This finding further supports the hypothesis that legal interventions may improve patient health.⁷⁵

CONCLUSION

There are valuable lessons learned from the MLP model of legal service delivery. Primarily interdisciplinary approaches to addressing social determinants can function to breakdown silos and achieve improved health outcomes in ways that providers working independently cannot. Communication and connection between providers, patient-clients, and communities is also necessary for effective and efficient service provision. Finally, building long-lasting and sustainable relationships between the health and legal sectors is necessary to breakdown the structures in place that prevent health equity and keep people in poverty.

75. Berg, *supra* note 71.