



Photos: MELCP Los Angeles Legal Team

MEDICAL-LEGAL COMMUNITY PARTNERSHIP

Meeting Legal Needs to Advance Health Equity in the Safety-Net: Before and During the COVID-19 Pandemic

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Health Services
LOS ANGELES COUNTY

Los Angeles County Department of Health Services

In partnership with:



Key Takeaways:

- The Los Angeles County Medical-Legal Community Partnership (MLCP) helps address social determinants of health by integrating legal services into the healthcare system.
- MLCP improves accessibility and understanding of legal assistance among patient populations.
- MLCP lawyers have continued to meet legal and social needs of a predominantly Medi-Cal population during the COVID-19 pandemic due to:
 - Existing infrastructure and established MLCP-health system relationships.
 - Increased remote legal service delivery.
 - Expanded training to increase awareness of patient legal issues.

Program Overview

The Medical-Legal Community Partnership (MLCP) program launched in 2018 at the Los Angeles County Department of Health Services (LAC-DHS) to provide no-cost civil legal assistance to patients. MLCP attorneys help low-income patients avoid evictions, apply for immigration visas, access public benefits, and more. Legal issues can negatively affect health and wellbeing, resulting in higher acute care utilization, morbidity, and mortality. In LA County and across the nation, Medical-Legal Partnerships aim to improve patient wellbeing, address social determinants of health, and improve adherence to primary care. In response to increased legal needs during the COVID-19 pandemic, MLCP quickly pivoted. In addition to expanding ways to make referrals, the program also increased the depth and breadth of services offered and bolstered training and outreach efforts.

Legal Services for Health

Low-income individuals often face limited access to affordable legal services in their communities, harming their health. Yet most health care providers and staff do not have time or expertise to resolve their patients' legal issues. At the same time, patients often do not recognize that their social needs are legal.

MLCP is a partnership between LAC-DHS and four community-based legal service organizations: Neighborhood Legal Services of Los Angeles County, which functions as the lead, Legal Aid

Program Goals: Achieve better health and wellbeing by meeting patient legal needs, addressing social determinants of health, and improving adherence to primary care.

Common Medical-Legal Services:

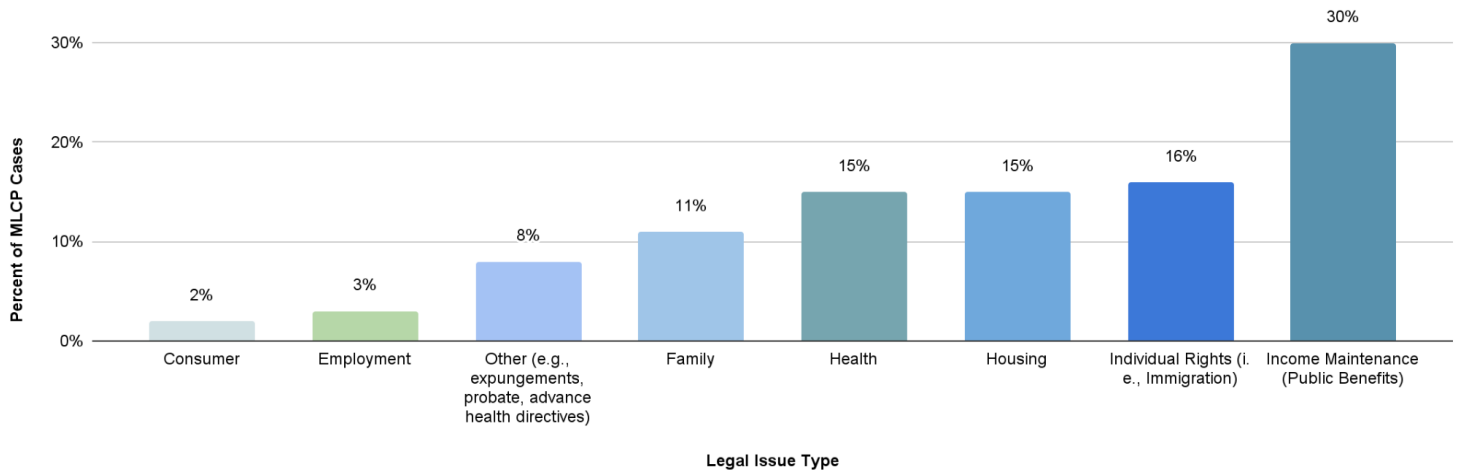
- Health coverage (e.g. Medi-Cal)
- Addressing medical debt
- Child support or custody
- Evictions and poor housing conditions
- Expungements, employment barriers
- Guardianships and conservatorships
- Immigration and legal status
- Income and employment
- Personal and family safety
- Public benefits (food, SSI and cash aid)
- Special education

MLCP does not cover medical malpractice, criminal cases, or personal injury lawsuits.

Foundation of Los Angeles, Mental Health Advocacy Services, and Bet Tzedek Legal Services. Community health workers, caseworkers, social workers, and clinicians identify patients with possible legal issues and refer them to MLCP. Referrals occur throughout LAC DHS, including all hospitals and clinics, through an online platform, in-person MLCP help desks, or direct contact with attorneys.

Types of Legal Issues Facing Participants

March 2018-December 2021



Legal services include empowering participants through counsel and advice, negotiation and advocacy, and attorney representation in court and other venues. MLCP serves participants with limited financial resources. Many participants face homelessness or housing insecurity, chronic physical or mental health conditions (including substance use disorders), disabilities, histories of justice involvement, and interpersonal violence or other crime. Please see Page 5 for additional details on the legal issues seen.

Building Capacity through Training

Training is an integral part of the MLCP work, helping clinical staff identify and triage patients with legal needs that negatively impact their wellbeing. Lawyers train clinical staff on legal screening, immigration, housing, and public benefits. Training occurs in various ways, including at clinics or during all-staff clinical meetings, case discussions, or webinars. Ad hoc consultations also help clinic staff triage referrals and clarify the role of medical providers in legal advocacy.

Medical-Legal Trainings:

- Public benefits eligibility
- Consumer rights
- Disability benefits (including provider's role)
- Healthcare access and in-home services
- Housing (eviction protections, fair housing and disability rights, suing landlords in small claims, habitability, eviction moratorium)
- Workers protections and rights
- Immigration (remediation, benefit eligibility, provider role in disability naturalization)
- *And* numerous additional ad-hoc trainings (case reviews, individual consultations, etc).

Training has reached more than 6339 clinical staff in 245 sessions from March 2018-December 2021.

During COVID-19, MLCP also launched a webinar training series for DHS staff focused on pandemic-related legal barriers and produced a tip sheet on common legal problems for clinical staff. Remote training covered emerging pandemic topics, including financial assistance, unemployment, housing discrimination, health/social service benefits, and immigration. The lawyers also attended clinic staff meetings to improve awareness of MLCP services and encourage referrals.

MLCP Participant Demographics March 2018-December 2021 (N=8,998)	
Variable	N (%)
Age	
Under 18	134 (1.5%)
18-24	311 (3.5%)
25-45	3126 (34.7%)
46-65	4355 (48.4%)
Over 65	1072 (11.9%)
Gender	
Female	4833 (53.8%)
Male	4125 (45.9%)
Transgender	25 (0.3%)
Other	7 (0.1%)

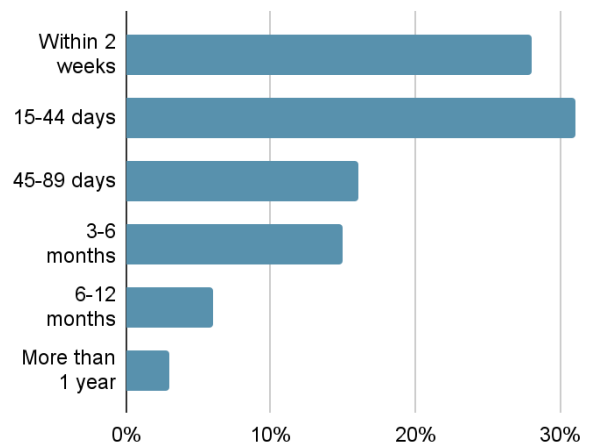
MLCP Impact and Outcomes

MLCP worked on over 9,000 cases from March 2018 to December 2021, helping individuals avoid evictions, obtain or restore public benefits, and receive other legal services. The most common legal issues seen are income maintenance (public benefits), family issues including custody and divorce, and legal rights including immigration, housing, and health.

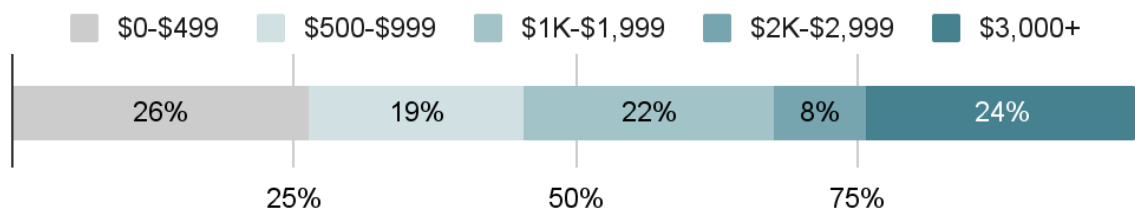
Participants often have multiple legal issues, highlighting the complexity of their socioeconomic, health, and legal matters. The intensity of legal interventions varies significantly based on each participant's need. On average, MLCP cases run 70 days in length, and a majority are completed within 45 days. While 75% of cases are completed in less than three service hours, 10% require more than 5.5 hours to resolve. For example, one patient's family law court case involved over 150 hours of advocacy.

Legal outcomes include preserving housing, reinstating public benefits and health insurance, improving immigration status, protecting workers, securing restraining orders, obtaining reasonable

Legal Case Lengths March 2018-December 2021



Case Outcomes by Average Monetary Recovery (Benefits, Medical Debt, Housing, Dismissed DMV Charges, etc.)



Monetary Case Outcomes

accommodations, etc. Economic outcomes for MLCP patients also vary, and when financial returns occurred, participants saw an average monetary recovery of over \$4,000.

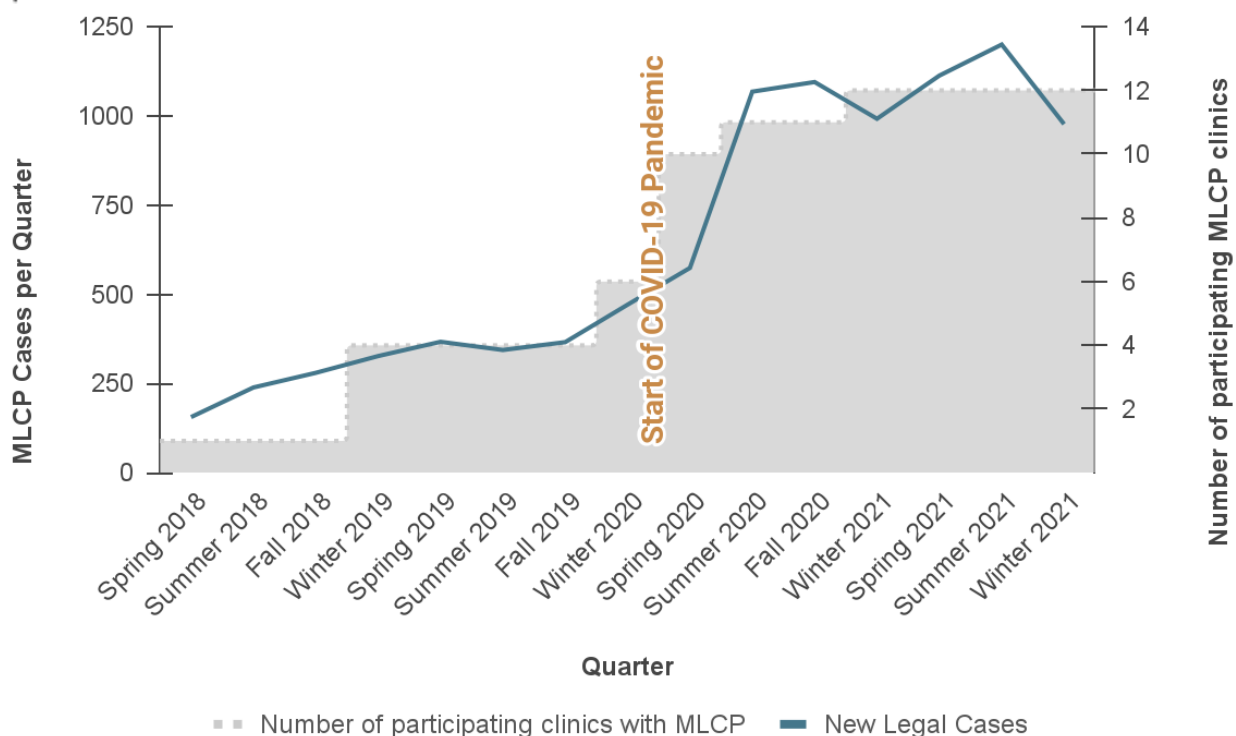
To understand MLCP's impact on healthcare use, we compared healthcare utilization for LAC-DHS patients who obtained MLCP services with those who did not receive MLCP services (controls). Visit type was analyzed using generalized linear mixed models with logit link function for post-12 months of enrollment, adjusting for confounders. Due to limitations in available health data, a more recent review of legal services' impact throughout the COVID-19 pandemic was unavailable. Statistical analysis is described further on Page 8.

We found a greater reduction in inpatient stays for MLCP participants (-21%) following MLCP service compared to controls (-13%); however, this was not statistically significant, meaning we cannot rule out that these differences are not due to chance alone given the small sample size. We did not find statistically significant differences between ED visits, primary care, and specialty care. While we adjusted for other county umbrella program enrollment (69% of MLCP participants and 8% of controls), these care differences may be attributed to other care programs. Additionally, we were unable to evaluate other health outcomes due to the small sample size. While MLCP is not designed to impact healthcare utilization, further analysis is needed to understand the potential health outcomes of MLCP and other similar programs.

Increasing MLCP Services During the COVID-19 Pandemic

The COVID-19 pandemic exacerbated existing social and economic challenges facing LAC-DHS patients. It underscored the importance of legal advocacy for patients in the safety net.

Number of New Cases
April 2018-December 2021



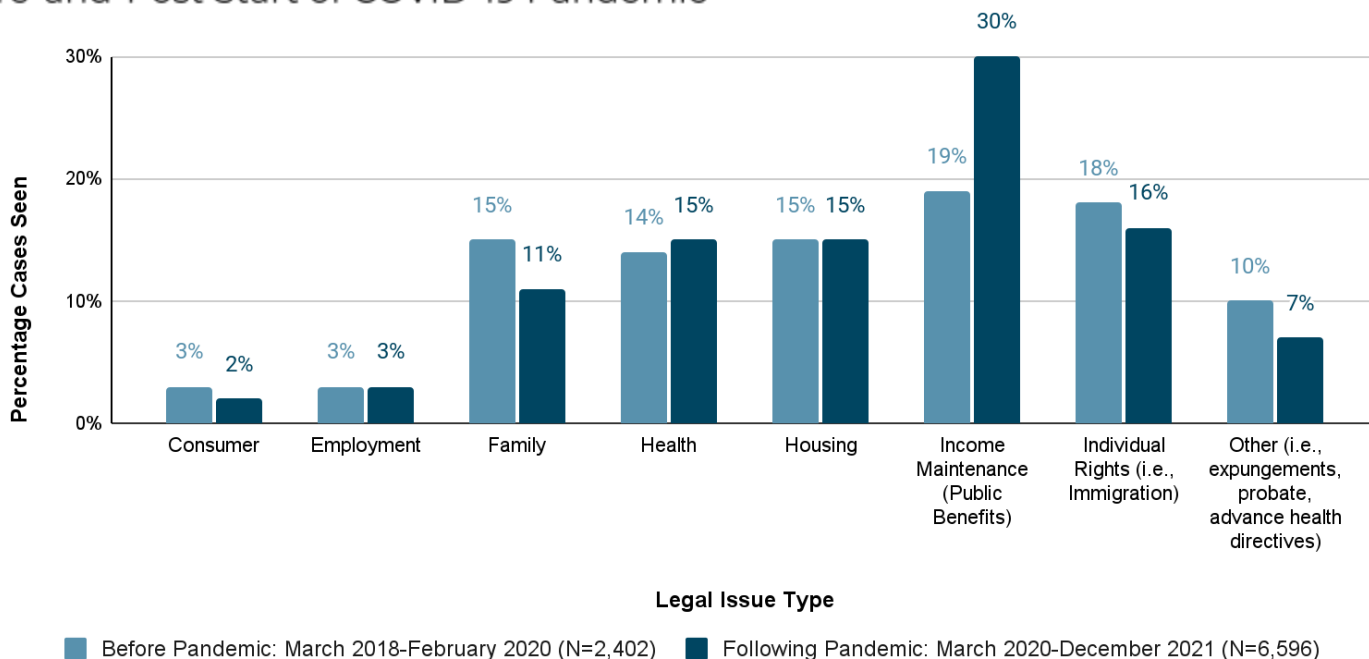
Concurrently, referrals to the MLCP fluctuated as the health system was stressed and saw key clinical staff redeployed to combat COVID-19. In general, however, MLCP cases have continued to rise due to increased system awareness, clinic site expansions, a system-wide platform for online referrals, and increasing legal needs in the pandemic.

MLCP was quickly restructured to meet patients’ increasing legal needs in a changing healthcare landscape in response to the pandemic. The legal teams modified the referral workflow and shifted program priorities. When LA County issued a stay-at-home order, MLCP quickly pivoted from a system centered around in-person, in-clinic services (offered twice per week) to an entirely remote program available each weekday via phone, e-mail, and electronic referral. MLCP attorneys also prioritized training and clinical team engagement, increasing the efficiency of virtual case management to support staff and participants. Once stay-at-home mandates were relaxed, MLCP deployed a hybrid service model offering in-person and remote legal help.

A clear shift in case type occurred after the pandemic began, with increases in income maintenance, including public benefits eligibility, health insurance eligibility and debt, and rent relief. These benefits became increasingly important as patients with low incomes were impacted by the pandemic’s social and economic repercussions. The mass influx of new public benefits applications created administrative delays, and MLCP resolved issues for individual participants while simultaneously supporting systemic advocacy. Additionally, patients faced other problems such as missing stimulus checks, refused paid sick leave and other worker protections, and COVID-19-specific housing rights violations.

MLCP also expanded services to meet participants’ needs. By the summer of 2020, MLCP’s services were fully available to all DHS patients across more than two dozen clinics, a marked

Types of Legal Issues Facing Participants Pre-and-Post Start of COVID-19 Pandemic



expansion from a year prior. In July 2021, as patients and staff returned to DHS clinics and hospitals, so did the MLCP. Attorneys reintegrated within the sites through a new hybrid service delivery system that offers in-person services while continuing access to remote services for participants who prefer them. As LAC-DHS reassessed essential services in the pandemic, the department affirmed its commitment to fund MLCP programming.

MLCP Success Story: A participant finally receives disability insurance

Maria*, a recent widow and single mom, was referred to the MLCP after being denied disability insurance. Maria had suffered multiple heart attacks at the beginning of 2020 and was unable to work due to health issues. After she applied for State Disability insurance in 2020, Maria was erroneously denied benefits, likely due to the influx of COVID-19 benefit applications. This influx meant that Maria could not get through to reaching California's Employment Development Department (EDD) to advocate for her application. In June 2020, an MLCP attorney took on the case and represented her at her EDD hearing. The MLCP attorney recovered \$15,000 in State Disability Insurance back pay and secured ongoing benefits in light of her continued inability to work. With her improved economic stability, Maria can now focus on her health and her children.

**Name changed to protect client's identity.*

Lessons Learned: Strengths and Challenges

Partnerships between medical and legal professionals help address patients' legal and social needs in a health context. Embedded MLCP legal services in the health system allow for cross-professional medical-legal collaboration, effective knowledge exchange and help address patients' health and social needs. MLCP enables clinicians to connect patients to legal help, many for the first time because they have received legal training and recognized civil legal issues. MLCP also helps increase awareness of a patient's social situation and the provider's tailoring of care plans. MLCP helps participants obtain Medi-Cal coverage and allows clinics to capture a broader subset of Medi-Cal beneficiaries for reimbursement.

A countywide coalition of legal aid agencies and the inclusion of remote services enabled a quick response when the COVID-19 pandemic hit. Multiple legal aid organizations were already contracted when the pandemic began, each with their expertise. The cross-agency coalition allowed a quick pivot to expand legal services, mobilize lawyers, and shift to remote service delivery. In response to the COVID-19 pandemic, the existing shared cross-agency online referral and case management platform also made it possible to shift to remote legal services with minimal disruption.

MLCP improves accessibility and understanding of legal assistance among patient populations. Many patients have lived with their legal issues for a long time, yet MLCP is often the first time patients are connected to legal support. MLCP destigmatizes legal services and builds trust in legal advocacy and systems. MLCP helps individuals identify and address legal issues and helps them understand the damaging impact legal issues may have on health. MLCP also helps patients fully utilize their care by resolving insurance problems and encouraging them to talk to their doctors about conditions, including unresolved barriers such as mental health.

The logistics of MLCP integration across an extensive county health system are complex, taking time, education, and investment, particularly in response to the COVID-19 pandemic. 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 to develop a shared understanding between medical and legal professionals, particularly during a pandemic. Data sharing is difficult due to HIPAA and attorney-participant confidentiality, and a waiver process must be in place for case discussions between the medical and legal teams. Variations among health clinics can make MLCP workflows and implementation challenges. Finally, responding to evolving community needs during the pandemic can benefit from specialized knowledge and advocacy to help patients and the health system meaningfully access social service benefits.

Recommendations

Meeting the complex legal, social, and medical needs patients face in the safety net requires new cross-disciplinary legal expertise and partnerships. MLCP participants faced extensive challenges due to COVID-19. In addition to the disproportionate morbidity and mortality in the safety net, many families struggled with lost jobs, homes, benefits, and difficulty accessing food. MLCP helped mitigate some of the worst impacts by having lawyers embedded in the health system to train clinicians on rapidly changing policies and addressing legal issues for the patients they identified. This existing medical-legal relationship allowed MLCP to continue offering providers legal service referrals, training, and technical assistance. The lawyers focused on the most pressing issues, including helping individuals maintain income when they faced economic losses. The role of legal services in supporting a health system in addressing social determinants of health and during the COVID-19 pandemic highlights their importance in responding to future disasters here or elsewhere, including tornadoes, heat waves, or fires.

Increase health plan and state Medi-Cal funding for Medical-Legal Partnerships (MLPs) and MLCPs to address legal service gaps. 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 specifically or through waivers such as CalAIM, much like Enhanced Care Management services or Community Supports. As the COVID-19 pandemic has increased the demand for legal services and disproportionately increased vulnerable populations' health, social, and economic needs, sustainable funding ensures meeting these needs.

Invest into MLP evaluation for system improvement in addressing the social determinants of health and health equity. MLP is a recent service partnership that requires further research and evaluation so health systems can better understand and value how such programs improve patient care and their social and economic outcomes. Addressing social needs is a national healthcare priority and critical for serving the comprehensive needs of vulnerable patients in the safety net.

Acknowledgments

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Statistical Methods:

Using data from MLCP patients enrolled before February 2019, to ensure 12 months of time had passed, we assessed the health utilization of MLCP patients and compared them with similar DHS patients not enrolled in MLCP (controls). Controls were selected from DHS administrative data and met the following criteria: (1) enrolled in a Medi-Cal coverage care plan and (2) had at least one primary care visit before March 2018, the MLCP start date. Data were linked to MLCP data files to exclude any MLCP clients from the control group sample. MLCP clients were selected if their case disposition was open or closed and had documented legal outcomes using data from the MLCP legal case management platform, which tracks cases over time. We also excluded DHS patients without baseline utilization for matching purposes. The final control group sample was 199,233 DHS patients.

Propensity score procedures were used to match MLCP clients to controls. Specifying a 1:1 match ratio, matching models were conducted with the following covariates: age, gender, race/ethnicity, baseline Charlson comorbidity score, and baseline utilization. Baseline utilization included the number of medical inpatient, emergency department (ED), primary care, and specialty care visits. After matching, 12-month pre-and post-enrollment service use was analyzed for medical inpatient, ED, primary care, and specialty care visits. Each visit type was analyzed using generalized linear mixed models with logit link function for post-12 months of enrollment adjusting for gender, age, race/ethnicity, baseline Charlson comorbidity score, past participation in county programs (mental health, medical, housing, and reentry), and pre-12 months enrollment service use. Adjusted differences in pre-and post-enrollment rates were calculated for any visit. Difference-in-difference analyses were conducted to calculate the significance in adjusted differences between MLCP clients and controls.