

Building a Statewide Subscription Model for Medical-Legal Partnership Services with Help from a Primary Care Association

A MONTANA CASE STUDY | SEPTEMBER 2020

THE MONTANA HEALTH JUSTICE PARTNERSHIP

- Ag Worker Health and Services
- Alluvion Health
- Bighorn Valley Health Center
- Bullhook Community Health Center
- Montana Legal Services Association
- Montana Primary Care Association
- Northwest Community Health Center
- Southwest Montana Community Health Center

CONTACT

For more info about medical-legal partnerships:

National Center for Medical-Legal Partnership
medical-legalpartnership.org

Introduction

Over 150 health centers—about 10 percent of all health centers nationwide— integrate lawyers and paralegals as part of the health center team to support efforts to tackle the social determinants of health (SDOH). These legal specialists can help prevent housing evictions, keep the lights and heat turned on, appeal denials of food and insurance benefits like SNAP, and help patients with a variety of **other urgent social needs**.

Primary care associations (PCAs) and Health Center Controlled Networks (HCCNs) are state and regional hubs for health centers that frequently lead training and technical assistance activities and help scale a range of health center-related clinical and operational innovations. From this vantage point, PCAs and HCCNs are uniquely situated to serve as a bridge between individual health centers and prospective legal partners, as well as help plan for the financing, operation, and sustainability of medical-legal partnership (MLP) activities. This case study looks at how the Montana Primary Care Association helped develop a statewide, subscription model for MLP services.

How the Montana Health Justice Partnership Works

Typically health centers either contract a legal services organization to provide MLP services for their individual health center's patients or they hire a lawyer directly as an employee of their health center. Instead, Montana takes a statewide approach. A geographic cluster of health centers collectively contract and share a dedicated legal intake specialist and a lawyer from Montana Legal Services Association (MLSA), with support from the Montana PCA. Staff from any participating health center can refer patients to the dedicated MLP legal team at MLSA for legal advice and short services. MLSA staff also routinely travel to each health center to meet clients and engage and train/re-train health center staff. The legal intake specialist and attorney are jointly funded by these health centers, and MLP screening and data collection is uniform across all sites.

How the Statewide Approach Evolved

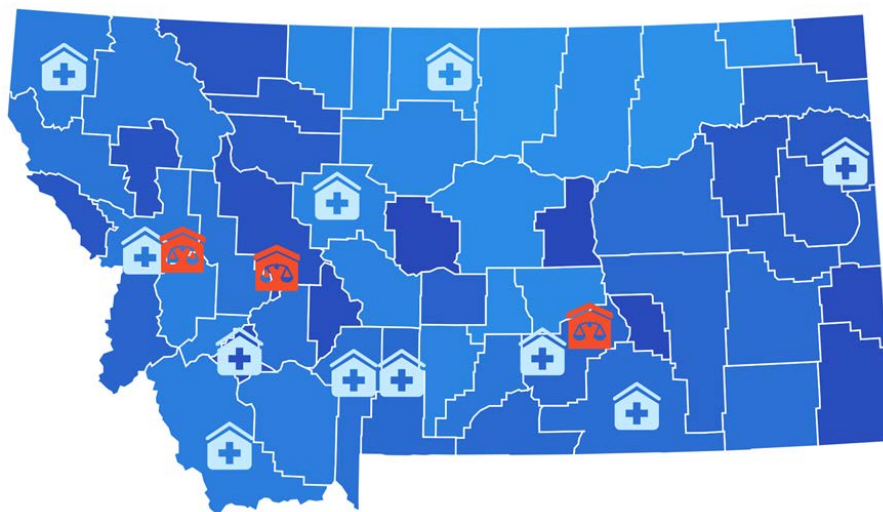
The Montana Health Justice Partnership launched in 2015 as a two-year pilot funded by the Montana Healthcare Foundation. In the beginning, four health centers participated alongside MLSA and the Montana PCA. In 2017, the partners received an expansion grant to include two more health centers, bringing the total to six. Significantly, in early 2020, all partners invested in the MLP program directly to make it self-sustaining.

This model of sharing and coordinating MLP services across multiple health centers grew out of past experiences, the need to think strategically about how to use limited resources, and the reality of Montana's rural landscape:

- An earlier iteration of an MLP in one of Montana's health centers had struggled with sustainability, health center engagement, and low referral levels, due in part to inconsistent screening procedures;
- Despite the fact that health center patients have significant, urgent health-related social needs that can be helped with legal assistance and the fact that 20 percent of Montanans are income-eligible for free legal aid services, there is only one legal aid attorney for every 12,133 Montanans living in poverty; and
- With only three offices statewide, the nearest legal aid lawyer is often hundreds of miles away from where someone lives and receives their health care, making it difficult for many to access services (see Graphic 1, which is a map of the health centers and legal aid offices in Montana.)

With these challenges in mind, the Montana PCA convened MLSA and various health centers to look at these issues and the landscape statewide, and broaden the vision for what was possible. Together, the partners devised a different model that would allow health centers to effectively "subscribe" for MLP services, thus creating a sustainable mechanism for supporting on-going civil legal aid access for patients, along with building workforce capacity at each participating health center to better understand, screen, and intervene with patients who have complex social needs that would benefit from legal help. This innovative strategy is unique in the national medical-legal partnership landscape, and speaks to the unique collaborative, leadership role that primary care associations can play to unite cross-sector partnerships like MLP in a single, cohesive approach.

Graphic 1.
Map of the health centers
and legal aid offices in
Montana



Four Strategies that Drove the Model's Success

01

Everyone came together early on to define their shared values.

One of the first things the Montana partners did was bring together the teams from all the participating health centers and Montana Legal Services Association to build strong relationships, define their shared values, and set goals for the partnership. In the beginning, the CEOs met regularly to ensure leadership engagement and support. They also engaged point people and project champions at each health center including front desk staff, social workers, care managers, technology experts and providers. Health care and legal partners made planning and operational decisions together. Being at meetings together, even when they were just listening, was an important part of keeping all parties invested. And the partners regularly referred back to the shared values established at the beginning when struggling with any decision.

02

Legal services were integrated into the health center's existing workflows.

The best way to build buy-in for legal services at a health center, help patients access these services, and ensure health center staff will utilize them is to ensure that legal services integrate naturally into the health center's existing workflows. In Montana, the process starts when patients enter a partner health care center. Their check-in form includes a basic legal services screening to determine whether the patient has legal needs or problems. Health center staff members use MLSA's online screening tool or fax to send the information to MLSA. The goal for health centers is to screen each new patient and every regular patient annually. Project data is then reported back to all partners quarterly.

03

Screening and data tracking were streamlined.

The Montana PCA helped guide Montana Legal Services Association and partnering health centers to develop streamlined outcome measures, screening questions, and data tracking. This was a natural role for the PCA since it plays a similar role across a variety of other data domains. With that foundation, the program received a national technology grant to connect data and referrals through the electronic health record (EHR), a pioneering strategy that is continuing to inform growth, strategy, and value, in Montana and nationally. ([Read this issue brief](#) for more information on Montana's work linking MLP services with the EHR.) This streamlined MLP data collection adds to the SDOH screening data that is already happening at health centers, and shows the value of MLP services beyond anecdotes. Data about health center patients' social needs and intervention strategies is also imperative in the move toward value-based payment models.

04

MLP outcomes were tied to health center priorities in order to advance sustainability.

There are many challenges and competing priorities within health centers. When asking a health center to integrate and invest in legal services, the most important thing is to demonstrate the value of the program—for patients, for staff, and for the health center itself. In Montana, the PCA was able to help both legal and health center partners understand and frame legal services within the context of health centers' broader operations and financing. Using data and stories collected by the partnership, partners saw that these services broke down barriers for patients that resulted in improved health outcomes, connected patients to critical resources and renewed their confidence, and were a resource for and expanded the capacity of case workers.