SWMLP Learning Collaborative

Phase 1: Handouts

Margaret Holding, Doctoral Student

Developing a Social Work-Medical-Legal Partnership

Facilitator: Margaret Holding, Doctoral Student   margaretholding10@gmail.com

NCMLP Staff Contact:

Value Proposition: In this learning collaborative, participants will learn to appreciate the value of integrating a social worker into a Medical-Legal Practice.

Guiding Questions

Phase 1: Social work integration	
This session will discuss MLP processes to develop or revise when integrating social work into an MLP.	
What should be considered when recruiting/hiring a social worker to be part of an MLP?	
Why would it be valuable to update the MLP's Community Land Scape?	
What might be gained from conducting a Strengths, Weaknesses, Opportunity, and Threats Analysis (SWOT)?	
Why might it be helpful to update the Clinic's Goals and Patient Eligibility Criteria?	
What changes might be needed to Patient Privacy documents and to record-keeping processes?	
What additional process can you think of that may need to be revised in your organization?	

Memorandum of Understanding Checklist

Outlined below are some basic elements all SWML MOUs should include. Depending on your SWMLP's unique circumstances, more elements may be needed and can be added as necessary.

1. Preamble
   a. Statement of purpose
   b. Strategic goals
2. Common Provisions
   a. Training and Education
   b. Evaluation
   c. Funding
   d. Administration
   e. Term, renewal and termination of MOU
3. Legal Aid Partner Responsibilities
   a. Leadership and staff
   b. Resource allocation
   c. Insurance
   d. Privacy/confidentiality
4. Health Partner Responsibilities
   a. Leadership and staff
   b. Resource allocation and access
   c. Insurance
   d. Privacy/confidentiality
5. Social Work Partner Responsibilities
   a. Leadership and staff
   b. Resource allocation and access
   c. Insurance
   d. Privacy/confidentiality

6. Appendix
   a. Issues addressed by MLP and legal care services provided
   b. Issues NOT addressed by MLP and legal care services NOT provided
   c. Conflicts of interest
7. Social Work Partner Responsibilities
   a. Leadership and potential staff
   b. Resource allocation
   c. Community liaison
   d. Confidentiality

SWMLP Strategy Revision Worksheet

A. Conduct the following basic SWOT analysis.

Internal Strengths	Internal Weaknesses
1.	1.
2.	2.
3.	3.
4.	4.
External Opportunities	**External Threats**
1.	1.
2.	2.
3.	3.
4.	4.

B. Reflecting on the organization's internal strengths and weaknesses, what traits or characteristics within our organization could we leverage in the future or mitigate to help us achieve our strategic actions?

D. Reflecting on the organization's external opportunities and threats, what external elements outside of control could (and should) affect our strategy?

E. Revise the organization's key strategy statements

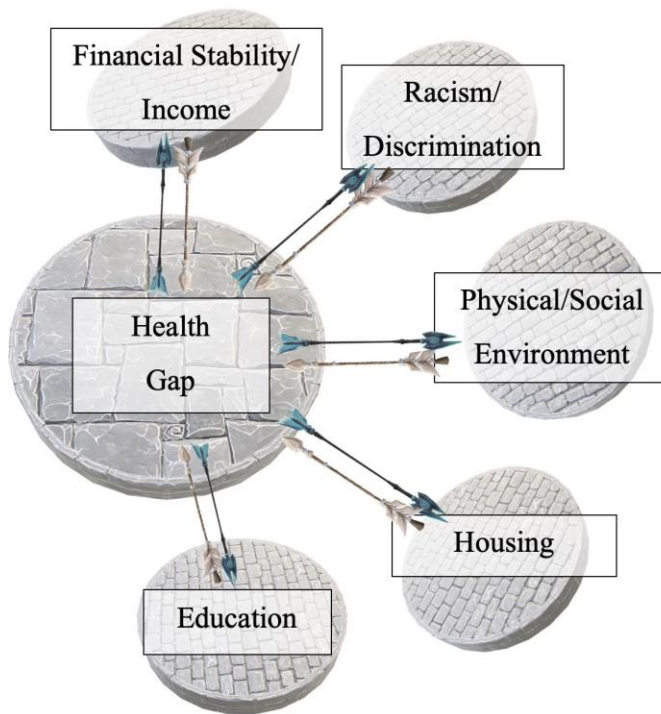| Mission Statement: |
| Vision Statement: |
| Values: |

F. Identify 3-5 strategic priorities

1.

2.

3.

4.

5.

G. Finally, develop an implementation plan and metrics for your new strategic priorities

Priority	Implementation Plan	Metric(s)
1		
2		
3		
4		
5		

Landscape Analysis
Areas of Potential Contribution

The following are potential areas where gaps may be identified when conducting a Landscape Analysis. how a social worker may add insight and perspective to of these health gaps.

- **Financial Stability/Income**

- **Racism/Discrimination**

- **Physical/Social Environment**

- **Housing**

- **Education**

Patient Privacy and Record Keeping

Notice of Privacy Change Checklist

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION	
	Updated Permissible Uses and Disclosures Without My Written Authorization Section • Add Social Worker to the treatment, payment, and operations clauses.
	Update the Uses and Disclosures Requiring Your Written Authorization Section • Address use and storage of Psychotherapy notes (i.e., it should note that psychotherapy notes will be kept separately from the medical record.
MY INDIVIDUAL RIGHTS	
	Update the Right to Inspect and Copy Section • Address how psychotherapy notes will be available to patients and address any special procedures for access and copying.

Record Keeping

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION	
	Sharing of information must take place within the local, state and federal legal statues and requirements. **Structure and degree of integration will impact how information is shared** "Highly integrated MLP's also may wish to explore HIPAA's permissive disclosures for non-consent-based models".
	Update the Uses and Disclosures Requiring Your Written Authorization Section • Address use and storage of Psychotherapy notes (i.e., it should note that psychotherapy notes will be kept separately from the medical record.
MY INDIVIDUAL RIGHTS	
	Update the Right to Inspect and Copy Section • Address how psychotherapy notes will be available to patients and address any special procedures for access and copying.

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Phase 2: Handouts

Margaret Holding, Doctoral Student

Developing a Social Work-Medical-Legal Practice

Facilitator: Margaret Holding, DSW   mholdingbarrett@gmail.com

NCMLP Staff Contact:

Value Proposition: In this learning collaborative, participants will learn to appreciate the value of integrating a social worker into a Medical-Legal Practice.

Guiding Questions

Phase 2: Operational Workflow This session will discuss operational workflow processes to adjust when transiting from an MLP to an SWMLP.	
What changes may be required related to referral agreements?	
Why might the SWMLP consider having the social worker conduct intake interviews?	
What additional opportunities exist for Interdisciplinary training?	
What benefits might come from social work's close ties to the community?	
What beneficial mental and emotional services might a social worker bring an MLP?	
What benefits could a social worker bring to the patient discharge and treatment follow-up processes?	
What additional operational elements would be important to address in your organization?	

Client Referral Form

Patient/Client Information	
Patient/Client Name:	**Date of Referral:**
Patient/Client Address:	**Patient/Client Date of Birth:**
	Patient/Client Phone Number:
Is the Patient/Client Insured? Yes ☐ No ☐ **If yes, what type of Insurance?**	
Release of Information has been signed? Yes ☐ No ☐ Please attach a copy	

Referring Clinician Information	
Referring Clinician Name:	
Clinician Address:	**Clinician Phone Number:**

Patient/Client Referral Information	
Reason for Referral:	
Is this a high risk/urgent referral? Yes ☐ No ☐ **If yes, please explain:**	**Most Recent PHQ/GAD or Other Assessment Score(s):**
Patient/Client's Primary Diagnosis (physical or behavioral health)	
Current Medications: *please include name, dosage, and indication*	
Specific Patient/Client needs: *Please include any language, transportation, cognitive impairment, or other needed accommodations*	
Safety and/or Care Plan, if relevant:	
Additional Pertinent Information:	
Other Documents Included:	

Revisions to Intake Screening Form

Consider adding the following section to the current intake assessment

Section ?: Personal Health and Well Being

Living Situation:
☐ On street Shelter ☐ Transitional   ☐ Group Home ☐ Drug Treatment Residence
☐ SRO (specify) ☐ 28 Day ☐ Permanent
☐ Rental Own Home
☐ Other

Living Arrangement:
☐ Relations/Friends   ☐Temporary   ☐ Alone   ☐ Permanent

Primary language spoken: _____
  English: Write? ☐ Yes ☐ No   Read? ☐ Yes ☐ No
  Other languages: _____   Write? ☐ Yes ☐ No   Read? ☐ Yes ☐ No
  Does the client have difficulty understanding English? ☐ Yes   ☐ No
  Does the client have difficulty using English to navigate the health and social service systems? ☐ Yes   ☐ No

Immigration Status:
Is the client an undocumented U.S. resident? ☐ Yes   ☐ No Does the client have pending immigration issues? ☐ Yes   ☐ No

Family History (including mental health history)
Mental Health Diagnosis (Current and Previous)
Social/ Romantic Relationships
Personal and Sleep Patterns
Sleep Patterns
Exercise Patterns

Opportunities for Expanding Services

Community Engagement

Mental and Emotional Services

-

Patient Discharge Planning and Treatment Follow-up

-

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Guiding Questions

Phase 3: Ongoing Considerations Additional factors that should be considered for SWMLP success and continually improve the ability of the SWMLP to meet their goal.	
What additional opportunities exist for interdisciplinary training?	
What data collection and storage issue need in a SWMLP?	
What are the benefits of including social work into an MLP?	
Why is it important to have a routine multidisciplinary meeting between the three SWMLP disciplines?	
What are the common continuing education requirements for the new social work partner?	
What new revenue sources could come from becoming an SWMLP?	

Social Worker Contribution to Data Collection

Possible Benefits

- Social worker can help capture data related to social determinates of health using multiple methods to include:
    - Qualitative data by means of
        - Interviews
        - Observations
        - Surveys
        - Focus groups
    - Quantitative data in the form of metrics
        - Nerlinger and colleagues (2021) outline a full spectrum of measures that could be used to assess the impact of MLP's as it relates to social determinates of health.
        - Some of these measures are before and after (spot measures), while others are measures that could be monitored and displayed monthly to help assess the progress of the SWMLP in addressing social determinants of health. Measure
        - Ideally, the SWMLP would have a family of measures as depicted below.

        - This would include
        - Some of these measures are before and after (spot measures), while others are measures that could be monitored and displayed monthly to help assess the progress of the SWMLP in addressing social determinants of health. Measure
        - Ideally, the SWMLP would have a family of measures as depicted below.

SWMLP Data Collection

Potential Metrics

Patient/client reported individual and family physical health	Number/percent of patients screened for legal needs
Patient/client reported individual and family emotional health	Number/percent of referrals from providers to MLP for legal assistance
Self-reported ability to navigate health care system	Number/percent of providers who report re-allocation of time to other health care obligations as a result of MLP services
Self-reported ability to navigate legal system	Acute care utilization for ambulatory sensitive conditions
Impact of MLP on physical safety	Costs for ambulatory sensitive conditions
Impact of MLP on financial well-being	Access to appropriate primary and specialty care
Impact of MLP on family well-being	Access to health care coverage (including behavioral health)
Impact of MLP on educational well-being	Access to appropriate level of insurance benefits (for those with coverage)
Perceived ability to deal with stress and improved coping skills	Self-efficacy in handling health-harming legal needs

Sample SWMLP Family of Measures Dashboard
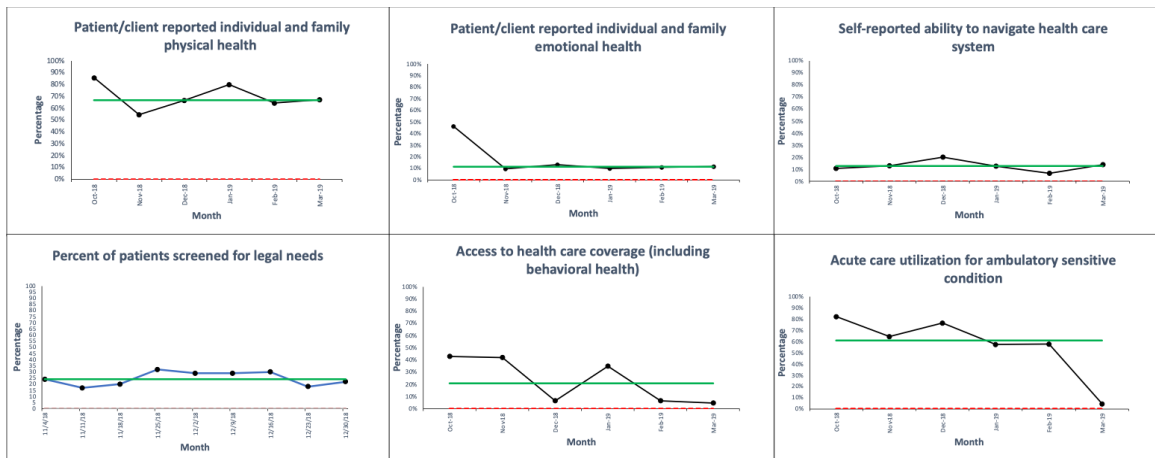
(populated with fictional data)

Measures adapted from: Nerlinger, A. L., Alberti, P. M., Gilbert, A. L., Goodman, T. L., Fair, M. A., Johnson, S. B., & Pettignano, R. (2021). Evaluating the efficacy of medical-legal partnerships that address social determinants of health. *Progress in community health partnerships: research, education, and action*, 15(2), 255.

Poverty Simulation Exercise

Pre-Simulation

- Consider the population of interest and who will be part of the simulation.
- Decide if the SWMLP will conduct the Poverty Simulation or partner with an outside organization.
- Develop a clear understanding of the aim of the exercise.
- Secure a large room for the exercise.
- Invite individuals faced with poverty to participate.

Simulation

- Usually a 2–4-hour experience.
- Participants are asked to assume the identity of multiple different families and family members facing poverty.
- Participants role-play each scenario, attempting to maintain basic needs.

Post-Simulation

- Discuss insights gleaned from the exercise
- Partners discuss how these insights might impact SWMLP practices.

Benefits of Formal Social Work Inclusion

Consider adding the following section to the current intake assessment

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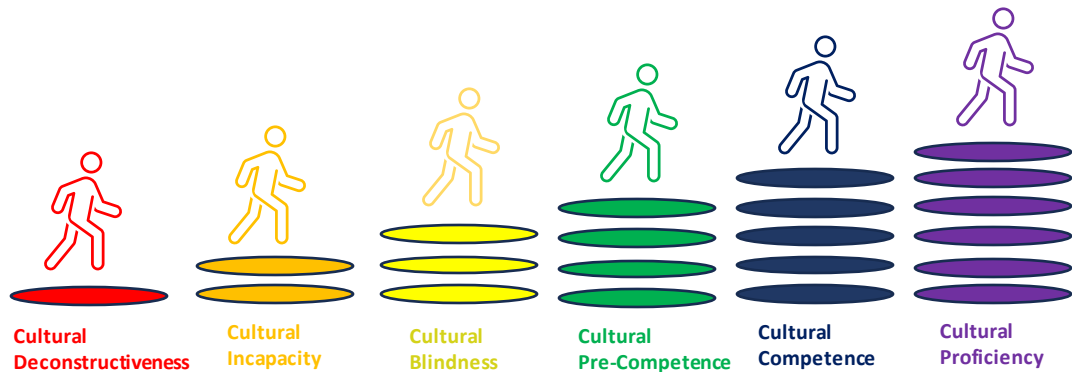| Family History (including mental health history) |
|---|
| |

Mental Health Diagnosis (Current and Previous)

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Personal and Sleep Patterns

Sleep Patterns

Exercise Patterns

Cultural Competency Continuum

Cultural Deconstructiveness   Cultural Incapacity   Cultural Blindness   Cultural Pre-Competence   Cultural Competence   Cultural Proficiency

Cultural destructiveness

    Genocide or ethnocide; exclusion laws; cultural/racial oppression; forced assimilation.

Cultural incapacity

    Disproportionate allocation of resources to certain groups; lowered expectations; discriminatory practices, and unchallenged stereotypical beliefs.

Cultural blindness

    Discomfort in noting differences; beliefs/actions that assume the world is fair and achievement is based on merit; we treat everyone the same: this approach ignores cultural strengths. The belief that methods used by the dominant culture are universally applicable can lead to the implicit or explicit exclusion of ethnic minority communities

Cultural pre-competence

    Delegate diversity work to others, e.g., cultural programs asked to be led by those of that background; quick fix, packaged short-term programs; a false sense of accomplishment; inconsistent policies and practices; practitioners are sensitive to minority issues, but these are not an organizational priority.

Cultural competence

    Advocacy: ongoing education of self and others; support, modeling, and risk-taking behaviors; a vision that reflects multi-culturalism, values diversity, and views it as an asset: evidence of continuing attempts to accommodate cultural change; careful attention to the dynamics of difference, realizing that equal access is not equal treatment.

Cultural proficiency

    Interdependence; personal change and transformation; alliance for groups other than one's own; adding to knowledge-base by conducting research; developing new therapeutic approaches based on cultural considerations; follow-through social responsibility to fight social discrimination and advocate for social diversity.

Reference: Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, Volume I.* Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Centre.
Adapted from an electronic image: Waitemata District Health Board. (2019). Cultural Competence Continuum (Online image).