
Social Work-Medical-Legal Partnership (SWMLP)

Revolutionize Your
Medical-Legal Partnership

An innovative solution for

for making an impact

Social Work-Medical-Legal Partnership Learning Collaborative Prototype

Table of Contents

Learning Collaborative Plan.....	3
Learning Collaborative Objectives	5
Learning Collaborative Slides	7
Learning Collaborative Handouts.....	8
Learning Collaborative Marketing.....	28
SWMLP Website	29
SWMLP YouTube Channel	30
SWMLP Operating Cost Forecast Model.....	32

Learning Collaborative Plan

Purpose:	Develop a learning collaborative to support the integration of Social Workers into Medical-Legal Partnerships
Planning:	The learning collaborative structure was planned in coordination with NCMLP to be provided using NCMLPs technical resources.
Objectives and Goals:	At the end of this learning collaborative, MLP participants will: <ul style="list-style-type: none"> • Appreciate the benefits of integrating a Social Worker into their partnership. • Be able to describe the operational issues that should be considered when creating a Social Work-Medical-Legal Practice • Be able to describe how adding a social worker to the partnership can help them expand their service offering and increase their impact on social determinants of care.
Meeting Structure:	This educational opportunity will be broken up into three one-and-a-half-hour sessions offered weekly. Several resources are available for attendees including corresponding weekly worksheets, recordings and slides from all three sessions, useful links listed on the SWMLP website
Technology Needs:	Execution the learning collaborative will require the following resources. <ul style="list-style-type: none"> • Zoom (provided by NCMLP) • Internet Access • Email • Computer with PowerPoint capability • Survey Monkey for assessing the desirability, feasibility, and viability of the collaborative and collaborative content.
Collaborative Handouts:	A learning collaborative handout was created for each collaborative session to communicate the most key points. This includes a session overview worksheet which prompts participants to consider important points as they proceed through the session and additional templates and worksheets to support the implementation of the concepts in each session.
Evaluation and Data Collection:	Multiple means will be used to evaluate the learning collaborative. First, NCMLP's Participant Survey. Second, quantitative information will be collected from comments supplied on the survey and from comments made during the learning collaborative.
Timeline and Milestones:	The learning collaborative will be scheduled in the Fall of 2023. The major milestone is the completion of this capstone.

Cost

As depicted in the following, the cost will be minimal to nothing to provide the learning collaborative thanks to the generous in-kind contribution of NCMLP.

Line Item Budget for Learning Collaborative	Cost
Printing Cost	In-Kind
Brochures	In-Kind
Speaker's Time	In-Kind
NCMLP Staff Time	Expensed to staff responsibilities and salaries
Total	\$ 0.00

Learning Collaborative Objectives

Session 1: Social work integration

Description:

This session will describe the essential Medical-Legal partnership processes to develop or revise when integrating social work into an MLP.

Objectives:

After this learning session, participants should be able to:

- Describe what to consider when recruiting/hiring a social worker for an MLP.
- Appreciate why updating the partnership's Community Land Scape may be valuable.
- Understand why it may be beneficial to conduct a SWOT analysis to determine if there should be changes made to the partnership's overall strategic direction.
- Understand why it may be efficacious to update the clinic's Patient Eligibility Criteria.
- Appreciate what changes may be needed to the partnership's Patient Privacy documents and record-keeping processes.

Session 2: Operational Workflow

Description:

This session will discuss operational workflow processes that would benefit from being adjusted when transiting from an MLP to an SWMLP.

Objectives:

After this learning session, participants should be able to:

- Make necessary changes to existing referral agreements.
- Appreciate the benefits of having a social worker conduct intake interview.
- Understand some of the benefits and opportunities for interdisciplinary training.
- Appreciate the benefits of a social worker's close ties to the community.
- Appreciate the beneficial mental and emotional services a social worker brings to an MLP.
- Appreciate a social worker's benefits to the patient discharge and treatment follow-up processes.

- Consider other operational elements that would be essential to address in their respective organization.

Session 3: Ongoing Considerations

Description:

This session will discuss Additional factors that should be considered for SWMLP success and continually improve the ability of the SWMLP to meet its goals.

Objectives:

After this learning session, participants should be able to:

- Describe the unique data collection and storage needs in an SWMLP.
- Appreciate the more nuanced benefits of including social work in an MLP.
- Appreciate why it is essential to have a routine multidisciplinary meeting between the three SWMLP disciplines.
- Understand the continuing education requirements for the new social work partner.
- Recognize potential new revenue sources that could come from becoming an SWMLP.

Learning Collaborative Slides

Initial Phase: Social Work Integration

Revolutionize Your Medical-Legal Partnership: Introducing the SWMLP

(Social Work-Medical-Legal Partnership)

1

Initial Phase: Social Work Integration

Use your phone to link to the SWMLP Website to download the handout and additional resources



2

Session Objectives

After this learning session, participants should be able to:

Describe what to consider when recruiting/hiring a social worker for an MLP.

Appreciate why updating the partnership's Community Land Scape may be valuable.

Understand why it may be efficacious to update the clinic's Patient Eligibility Criteria.

Understand why it may be beneficial to conduct a SWOT analysis to determine if there should be changes made to the partnership's overall strategic direction

Appreciate what changes may be needed to the partnership's Patient Privacy documents and record-keeping processes.

Hiring/Recruiting Process

What are the expectations for Social Work's role in MLP operations?



Must: What responsibilities are imperative for you MLP social worker?
Example – level of expertise in assessments/evaluations.



Could: Some potential assets of a prospective hire that may not be explicitly crucial to their position, but still be beneficial to the practice.



Should: What additional tasks will the social worker be expected to take on that they are at least moderately prepared for?



Won't: What do you want to avoid when you add a social work leader to your team? For example, a social work team leader will have input commensurate with medical & legal, but also like these practitioners, will need to operate within the guidelines established in a revised MOU.

Update Community Landscape Analysis



Utilizing Community Based Participatory Research, newly appointed Social Work leader should conduct a community assessment. This will accomplish two goals:



- 1) This will ensure the most current status of community needs, challenges, strengths & resources is being considered (Brown et al., 2019).
- 2) Conducted by with a social worker's expertise and knowledge regarding community affairs, their evaluation will provide a refined, deeper social work perspective.



For example, a revised community landscape analysis may reveal a clinic's sole focus on substandard housing issues should perhaps incorporate food insecurity if there is a rise in scarcity of nutritional food sources. **(or the MLP may not have done a complete landscape analysis b/c they were not prepared to deal with some they might have found)**

Conduct a Strength, Weaknesses, Opportunities and Threats (SWOT) Analysis



Having a dedicated social work leader, working alongside the medical/legal team, will increase the skill set of the partnership, but may also present challenges in how the program is run.



A revised SWOT analysis completed by key SWML personnel will leverage their unique expertise and perspectives to illuminate more specifically how a SWML partnership may modify its resources and barriers.

Update Clinic Goals and Patient Eligibility Criteria



SWML leaders and other key personnel will need to assess, interpret and discuss results from Social Work's current community assessment and completed SWOT analysis of revised SWML partnership operations. These findings could affect two crucial factors of SWML business:



1) The community landscape analysis may reveal changing needs of its members, but insight from the SWOT results could mediate the clinic's ability to address them. Therefore, this info will have to be considered if a SWML partnership wants to update their goals.



2) The separate outcomes from the community assessment and SWOT analysis, as well as the combined mediation between them, may necessitate changes in patient eligibility for SWML services.

Revise Memorandum of Understanding (MOU)



If an MLP has a current MOU in place, it should be updated to reflect adaptations in the SWML workflow. Given the complexities of a tri-collaborative partnership, especially one utilizing a novel approach, explicit documentation is crucial.



MOUs should include factors related to direct care, such as, patient outcome goals, target population to be served and personnel work role responsibilities.



Additional information to incorporate involves, among others, clinic goals on micro, mezzo and macro levels, outcome evaluation, what metrics to utilize and clinic responsibilities.

Patient Privacy and Record Keeping

Patient Privacy forms, such as Health Insurance Portability Act and Accountability (HIPAA), 42 CFR compliance releases, and confidentiality waivers, should be updated so that SWML social workers can be included with treatment plan, etc. The staff social worker should also assess any cross-confidentiality issues as this can vary by state.



Additionally, if feasible, documentation should be recorded, held, and shared, in a digital format. This not only assists with inter-professional communication but eases patient discomfort in the event they are uncomfortable repeating personal and potentially upsetting issues regarding social needs.



Many health system interventions have made innovative use of electronic health records (EHR) as tools to characterize social and structural characteristics of populations, identify targets for intervening, and deploy interventions and this method is recommended.



Additionally, if EHRs can be utilized, it facilitates data collection and the opportunity to analyze and link data from multiple systems (Brown et al, 2019)

Program Manager for Oversight of SWML Clinic Operations



If there is no program manager in place, a newly revised SWML partnership should strongly consider filling this position to facilitate organization and day-to-day operations in a variety of ways. For example:



By dealing with the administration details involved with running a clinic, a program manager can facilitate team members working at top capacity (social workers practicing social work, lawyers working legal cases, etc.). For example, when external information is needed (ex. - a hospital's financial record), the program manager, other than the legal practitioner, could attend to this task, thereby saving time and clinic funds.



If hiring a program manager is not feasible, a SWML partnership may want to consider utilizing simple program management software to help maintain organization and provide clear, up-to-date communication. Asana (<https://asana.com/>) is an example of a free online management program SWML staff leaders could try to assess its utility with their partnership?

Incidentals



For informational purposes, MLPs should consider updating its brand to a SWML partnership to manifest its expansion and newly designed service model. Subsequently, new marketing materials, office documents, signage, media, etc. should be re-imaged to reflect this progression and disseminated accordingly.



If communal space is unavailable, key SWML staff should consider sharing common features of communication access (area code, email domain, P.O. Box) regardless of staff member's physical location. This helps maintain the SWML operative as unified organization, facilitate patients' correspondence and increase their trust (Welch et al., 2021).

Implementation Support



A free consultation call is offered to MLPs transitioning to a Social Work/Medical/Legal partnership startups to offer further guidance and/or answer questions that may arise during this implementation process.

In the absence of any pressing issues, before "opening" for business, a newly revised SWML partnership may want to consider availing themselves of this service to confirm crucial steps were covered.

References

- Welch, K., Robinson, B., Martin, M. L., Salerno, A., & Harris, D. (2021). Teaching the social determinants of health through medical legal partnerships: A systematic review. *BMC Medical Education*, 21(1). <https://doi.org/10.1186/s12909-021-02729-1>
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Operations Phase:
Adjusted Workflow

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(Social Work-Medical-Legal
Partnership)

1

Operations Phase:
Adjusted Workflow

Use your phone to
link to the SWMLP
Website to
download the
handout and
additional
resources



2

3

Operations Phase:
Adjusted Workflow

Session Objectives


After this learning session, participants should be able to:


- Make necessary changes to existing referral agreements.
- Appreciate the benefits of having a social worker conduct intake interviews.
- Understand some of the benefits and opportunities for interdisciplinary training. .
- Appreciate the benefits of a social worker's close ties to the community.
- Appreciate the beneficial mental and emotional services a social worker brings to an MLP.
- Appreciate a social worker's benefits to the patient discharge and treatment follow-up processes.
- Consider other operational elements that would be essential to address in ytheir respective organization.

4

Operations Phase:
Adjusted Workflow

Referral Agreements

- 

The addition of a SWML social work leader will enhance a SWML's practice and expand its abilities, subsequently, a newly formed SWML should apprise present referral partners of the potential increase of applicable referrals. This could be accomplished by SWML social workers providing these groups with an updated SDOH in-service, that includes expanded SWML capabilities.
- 

The expansion of SWML offerings also provides opportunities to broaden their referral base. This could be accomplished by SWML social workers providing a similar SDOH in-service to interested parties, but one that includes an introduction to their SWML partnership.

Operations Phase:
Adjusted Workflow

Cultural Competency Training

- Despite the extent medical and legal practitioners understand and incorporate cultural sensitivity, it's possible for them to still benefit from a social work-in-service that provides an in-depth look into cultural competency. Through this experience, doctors and lawyers may be able to expand their perspectives via relevant narratives, activities and discussions that could positively impact communication with patients/clients.
- For example, 'symbolic cultural knowledge' of other social groups refers to that which is based on superficial characteristics associated with given cultures (such as, language and food preferences). However, 'deep cultural knowledge' stems from understanding how environmental and historical variables influence behavior of all ethnic populations and the relevancy of this for determining health interventions (Horevitz et al., 2013).
- Social workers may also utilize "poverty simulators" (participants roleplay as impoverished individuals and engage in activities such as, working and paying bills) that was found to help enhance Boston residents' understanding of poverty and how it affected overall patient health (Cohen et al., 2010).
- Social workers may also utilize "poverty simulators" (participants roleplay as impoverished individuals and engage in activities such as, working and paying bills) that was found to help enhance Boston residents' understanding of poverty and how it affected overall patient health (Cohen et al., 2010).

5

Operations Phase:
Adjusted Workflow

SWML Social Determinants of Health (SDOH)/Social Needs Screening

- Skills essential to social work practice involve attributes such as, empathy, expressive/receptive communication skills, cultural competence, and critical thinking that enables them to assess situations involving multiple issues. Given this makes them uniquely qualified to conduct thorough and accurate assessments, SWML social workers should be established as intake screener.
- This also offers the opportunity for social workers to determine if SWML clients need continued support/advocacy throughout treatment for navigating potentially confusing medical and legal terminology and stressful interventions.
- When an intake evaluation indicates a legal referral is necessary, the SWML social worker can immediately provide a warm "hand-off" to the staff lawyer. This is particularly helpful in cases when patients may be leery of utilizing a resource with any ties to the judiciary system due to previous unpleasant legally-related experiences.

6

Operations Phase: Adjusted Workflow

SWML Inter-disciplinary Training



SWML leaders – Social Work, Medical and Legal – have expertise unique to their domain, but also possess knowledge that could benefit each of the other practitioners in fulfilling their roles and/or streamline SWML operations.



For example, based on guidelines provided by the legal team, social workers may assess patients have a legal *risk* issue that's not yet a full-blown legal problem during the intake process. If steps necessary for successful intervention dealing with this issue falls within a social worker's wheelhouse, it may be possible for them to handle the legal risk issue without involving SWML lawyer. For example, clients may consider withholding rent to impel landlord to bring their dwelling up to code, the SWML social worker, therefore, could advise putting their rental funds in an escrow account instead.



Likewise, SWML social workers can augment doctors' and lawyers' understanding of SDOH to include those that may not require legal intervention but are health-harming all the same and may necessitate a referral from them to social work personnel.

7

Operations Phase: Adjusted Workflow

Engaging Community and Local Partnerships



SWML staff should re-examine community partnerships and leverage social work's formal inclusion into the partnership. Given social workers' close ties to the community, they may be able to partner with additional organizations sharing their social service interests and goals and these new partnerships may result in expanding their donor base, as well.



Additionally, Social Work, Medical & Legal should collaborate with key stakeholders to devise methods for engaging the local community. This would facilitate communication with community members, enhance their trust, increase awareness and encourage involvement in SWML programs.

8

Operations Phase:
Adjusted Workflow

SWML Mental and Emotional Services



It's well understood that physical well-being is highly correlated with mental and emotional health (Valverde, 2017). Unfortunately, not all MLPs have ready access for services to address these issues therefore some social needs can be treated in the immediacy but will likely pop up again.



Cases involving Intimate Partner Violence (IPV) serve as a good example. To wit, an abused wife needing help can receive medical intervention for her physical wounds while the staff lawyer can execute a restraining order against her spouse. Typically, though, this patient would greatly benefit from counseling to assist with her emotional recovery and/or decision-making to encourage this patient to make safe choices.



Additionally, in certain populations, the stigma around mental/emotional health discourages some patients to follow through even when MLPs utilize social work referrals. However, if the SWML social worker, a known practitioner, can provide these services "in-house", it's likely to encourage patient compliance.

9

Operations Phase:
Adjusted Workflow

Patient Discharge and Treatment Follow-up



When possible, the SWML social worker should be present when patients receive discharge instructions. This provides an opportunity for the social worker to ascertain patients can follow through with prescribed treatment protocols if they struggle with other social needs, such as, lack of transportation. It would also be helpful in situations when there are complicated post-treatment instructions; social workers can help patients ask the right questions and make sure they understand the directives in their treatment plan.



At treatment discharge is also a timely opportunity to establish the social worker as the point-of-contact for the patient. Not only does it offer ease of communication for the patient, but post-treatment follow-up allows the social worker to accrue long-term data, if needed.

10

Operations Phase:
Adjusted Workflow

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Valverde, J. R. (2017). Preparing tomorrow's lawyers to tackle twenty-first century health and social justice issues. *Denv. L. Rev.*, 95, 539.

Duration Phase:
Ongoing Considerations

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1

Duration Phase:
Ongoing Considerations

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2

Duration Phase:
Ongoing Considerations

Session Objectives

After this learning session, participants should be able to:



Describe the unique data collection and storage needs in an SWMLP.



Appreciate the more nuanced benefits of including social work in an MLP.



Appreciate why it is essential to have a routine multidisciplinary meeting between the three SWMLP disciplines.



Understand the continuing education requirements for the new social work partner. .



Recognize potential new revenue sources that could come from becoming an SWMLP.

3

Duration Phase:
Ongoing Considerations

SWML Inter-Disciplinary Training



SWML leaders – Social Work, Medical and Legal – have expertise unique to their domain, but also possess knowledge that could benefit each of the other practitioners in fulfilling their roles and/or streamline SWML operations.



For example, based on guidelines provided by the legal team, social workers may assess patients have a legal *risk* issue that's not yet a full-blown legal problem during the intake process. If steps necessary for successful intervention dealing with this issue falls within a social worker's scope of service, it may be possible for them to handle the legal risk issue without involving SWML lawyer. For example, clients may consider withholding rent to impel landlord to bring their dwelling up to code, the SWML social worker, therefore, could advise putting their rental funds in an escrow account instead.



Likewise, SWML social workers can augment doctors' and lawyers' understanding of SDOH to include those that may not require legal intervention but are health-harming all the same and may necessitate a referral from them to social work personnel.

4

Duration Phase:
Ongoing Considerations

SWML Interdisciplinary Training



SWML leaders – Social Work, Medical and Legal – have expertise unique to their domain, but also possess knowledge that could benefit each of the other practitioners in fulfilling their roles and/or streamline SWML operations.



For example, based on guidelines provided by the legal team, social workers may assess patients have a legal *risk* issue that's not yet a full-blown legal problem during the intake process. If steps necessary for successful intervention dealing with this issue falls within a social worker's scope of service, it may be possible for them to handle the legal risk issue without involving SWML lawyer. For example, clients may consider withholding rent to impel landlord to bring their dwelling up to code, the SWML social worker, therefore, could advise putting their rental funds in an escrow account instead.



Likewise, SWML social workers can augment doctors' and lawyers' understanding of SDOH to include those that may not require legal intervention but are health-harming all the same and may necessitate a referral from them to social work personnel.

5

Duration Phase:
Ongoing Considerations

Social Work Data Collection



An ongoing issue with MLPs is lack of reliable data to determine individual program outcomes as well as make cross-comparisons among various MLP settings. One reason is the underutilization of qualitative data. Given a social worker's education and training, they are uniquely prepared to conduct this type of research.



A SWML social worker would be well-suited to gather client data as they would be positioned to work with patients in a timely manner conducive to acquiring these statistics. Initial intake screenings provide the perfect opportunity to capture pre-treatment measurements. For post-treatment measures, social workers could utilize their time during patient post-discharge consultations. Furthermore, if longitudinal studies are conducted, social workers, as the SWML point-of-contact, would likely know how to contact former clients to assess long-term results.

6

Duration Phase:
Ongoing Considerations

Benefits of Formal Social Work Inclusion



In an article by Mantel & Fowler (2022), their research indicates MLPs exhibit a high failure rate with social services referrals, particularly in populations struggling with mental/behavioral health issues, but having a trusted team practitioner, such as a social worker, proved promising in ameliorating these statistics.



Problems stemming from social issues, such as housing, IPV and poverty, are complex and require multi-faceted solutions involving skills not typically seen in the medical and legal professions. For example, these practitioners usually employ singularly focused resolutions, however the social work approach utilizes holistic methods for perceiving problems and for developing innovations to resolve them (Colvin et al., 2012)



Cultural competence is the cornerstone of social work practice and is crucial to understanding patients' environments and experiences, necessary variables for accurately framing patients' challenges, thus informing efficacious resolutions to them (Valverde, 2006).

7

Duration Phase:
Ongoing Considerations

Utility of Monthly Meetings



Given the complexity of all three domains, Social Work, Medical & Legal, working together necessitates connection on a reliable basis. Establishing regularly scheduled meetings is an important key to organizational readiness.



Patient Care: Benefits to this arrangement are advantageous to clients as it provides opportunity for SWML partnership leaders to update one another with the status of overall patient progress. Furthermore, if any patient is presenting challenges to one or more practitioner, provided feedback and insight from the others can help brainstorm potential solutions.



SWML Operations: Regular meetings also offer the occasion to employ these tactics on a macro, clinic-wide scale. Monthly check-ins concerning the health of their partnership allows providers to remain up to date on general clinic info, discuss broader organizational challenges, as well as make key decisions in a timely manner.

8

Duration Phase:
Ongoing Considerations

Continuing Education



Each SWML social worker, medical provider and legal practitioner are required to complete Continuing Education Units (CEU) unique to their field for individual legal/licensing requirements pertaining to their scope of practice. This not only assures they stay current in their professional knowledge and skills, but may present the opportunity, through SWML inter-professional training, to share acquired information which could be significant for SWML operations.



It is suggested that SWML social workers continue to provide outside instructional opportunities via SDOH trainings/in-services to other clinic/hospital departments, stakeholders and community partners. This would accomplish two goals: help maintain working relationships and assure that SWML clinic care remains on their radar while keeping pertinent individuals fully informed of the latest key SDOH issues in their community.

9

Duration Phase:
Ongoing Considerations

Possibilities of New Funding Revenues




A problem with funding is that financial resources are typically restricted in that they are allocated to specific silos that still exist (Brown et al., 2019). With a social work leader rounding out the team with doctors and lawyers, a newly expanded SWML partnership may encourage more interest among grantmaking organizations that emphasize social services, especially given the current emphasis on health equity and innovations to address them.


10

Duration Phase:
Ongoing Considerations


Social Work/Medical Collaboration and MLP Data




In a 2013 study, it was found that Atlanta's MLP, Health Law Partnership, was successful in reducing pediatric patient ED visits, securing family housing, and facilitating patients obtaining public benefits, which helped, in part, to contribute to an annual savings of \$501,209 (Pettignano et al., 2013) .



In an MLP qualitative review, MLP attorneys reported social work collaboration benefits involved social workers' in-depth knowledge of patients, such as their contact info and a fuller understanding of their needs, and their ability to help patients navigate necessary paperwork. It was noted, however, an advantageous, integrated approach is not utilized at all MLPs (Mantel & Fowler, 2020).



In their 2016 article discussing social work in geriatric healthcare, Rizzo and Rowe found social work/medical collaboration in this area resulted in financial savings due to decreases in hospital stays, patient's cost of care, emergency room visits, as well as increased efficiency of rehabilitation services.




Steketee et al. (2017) found in their systematic review of social work services and medical care that it improved patient outcome with asthma patients' reduced utilization and lower newborn NICU admission rates. Cost savings were also seen with social work programs for the chronically homeless and elderly patients. These authors noted, however, small sample size limited their results, but research quality improved when social workers served in healthcare leadership positions, rather than as a team member.


11

Duration Phase:
Ongoing Considerations


Identify Operational Metrics




Patient/client reported individual and family physical health



Self-reported ability to navigate health care systems



Self-reported ability to navigate legal system Engagement /Experience



Access to health care coverage (including behavioral health)

12

Duration Phase:
Ongoing Considerations

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Valverde, J. R. (2006). A new IDEA for improving the education of children with disabilities in foster care: applying social work principles to the problem definition process. *Children's Legal Rights Journal*, 26(3), p. 14.



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 1. 2. 3. 4.	Internal Weaknesses 1. 2. 3. 4.
External Opportunities 1. 2. 3. 4.	External Threats 1. 2. 3. 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?

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

D. Revise the organization's key strategy statements

Mission Statement:
Vision Statement:
Values:

E. Identify 3-5 strategic priorities

1.

2.

3.

4.

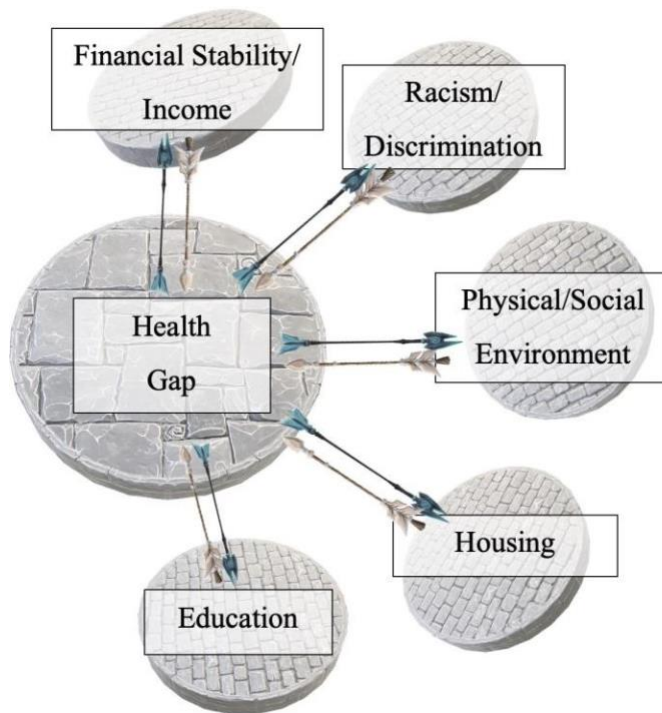
5.

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

Priority	Implementation Plan	Metric(s)
1		
2		
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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 <ul style="list-style-type: none">• Add Social Worker to the treatment, payment, and operations clauses.
	Update the Uses and Disclosures Requiring Your Written Authorization Section <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 statutes 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Address how psychotherapy notes will be available to patients and address any special procedures for access and copying.



SWMLP Learning Collaborative

Phase 2: Handouts

Margaret Holding, Doctoral Student

Developing a Social Work-Medical-Legal Practice

Facilitator: Margaret Holding, DSW 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 2: Operational Workflow This session will discuss operational workflow processes to adjust when transitioning 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, what type of Insurance?	
Release of Information has been signed? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	Most Recent PHQ/GAD or Other Assessment Score(s):
Patient/Client's Primary Diagnosis (physical or behavioral health)	
Current Medications: <i>please include name, dosage, and indication</i>	
Specific Patient/Client needs: <i>Please include any language, transportation, cognitive impairment, or other needed accommodations</i>	
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
<p>Living Situation:</p> <p><input type="checkbox"/> On street Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Group Home <input type="checkbox"/> Drug Treatment Residence</p> <p><input type="checkbox"/> SRO (specify) <input type="checkbox"/> 28 Day <input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Rental Own Home</p> <p><input type="checkbox"/> Other</p> <p>Living Arrangement:</p> <p><input type="checkbox"/> Relations/Friends <input type="checkbox"/> Temporary <input type="checkbox"/> Alone <input type="checkbox"/> Permanent</p> <p>Primary language spoken: _____</p> <p>English: Write? <input type="checkbox"/> Yes <input type="checkbox"/> No Read? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other languages: _____ Write? <input type="checkbox"/> Yes <input type="checkbox"/> No Read? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the client have difficulty understanding English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the client have difficulty using English to navigate the health and social service systems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Immigration Status:</p> <p>Is the client an undocumented U.S. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client have pending immigration issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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



SWMLP Learning Collaborative

Phase 3: Handouts

Margaret Holding, Doctoral Student

Developing a Social Work-Medical-Legal Practice

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 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 anMLP?	
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

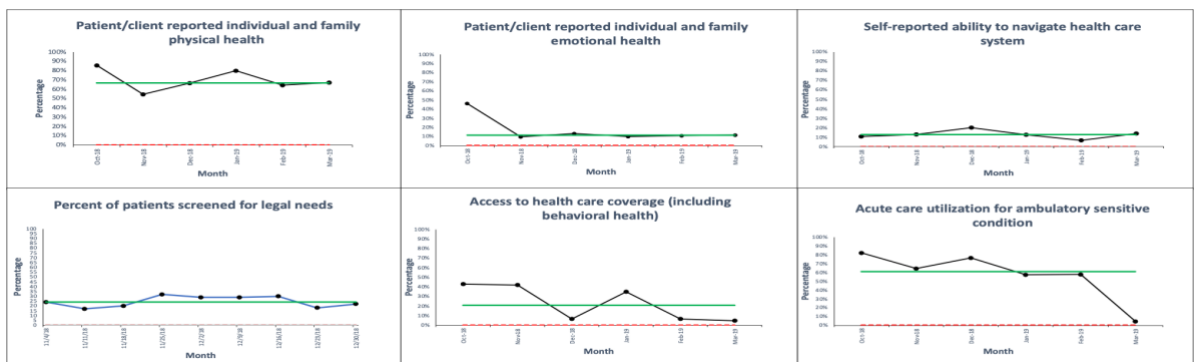
- Social worker can help capture data related to social determinates of health using multiple methods to include:
 - Qualitative data by means of
 - Interviews
 - Observations
 - Surveys
 - Focus groups
 - Quantitative data in the form of metrics
 - Nerlinger and colleagues (2021) outline a full spectrum 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 determinantsof health. Measure
 - Ideally, the SWMLP would have a family of measures asdepicted 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 determinantsof 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

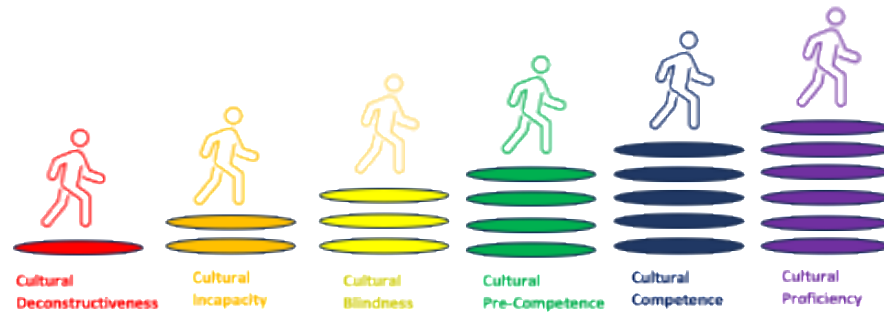
- Discuss insights gleaned from the exercise
- Partners discuss how these insights might impact SWMLP practices.

Benefits of Formal Social Work Inclusion

Consider adding the following section to the current intake assessment

Section ? : Personal Health and Well Being
<p>Living Situation:</p> <p><input type="checkbox"/> On street Shelter <input type="checkbox"/> Transitional <input type="checkbox"/> Group Home <input type="checkbox"/> Drug Treatment Residence</p> <p><input type="checkbox"/> SRO (specify) <input type="checkbox"/> 28 Day <input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Rental Own Home</p> <p><input type="checkbox"/> Other</p> <p>Living Arrangement:</p> <p><input type="checkbox"/> Relations/Friends <input type="checkbox"/> Temporary <input type="checkbox"/> Alone <input type="checkbox"/> Permanent</p> <p>Primary language spoken: _____</p> <p>English: Write? <input type="checkbox"/> Yes <input type="checkbox"/> No Read? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other languages: _____ Write? <input type="checkbox"/> Yes <input type="checkbox"/> No Read? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the client have difficulty understanding English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the client have difficulty using English to navigate the health and social service systems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Immigration Status:</p> <p>Is the client an undocumented U.S. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the client have pending immigration issues? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Family History (including mental health history)
Mental Health Diagnosis (Current and Previous)
Social/ Romantic Relationships
Personal and Sleep Patterns
Sleep Patterns
Exercise Patterns

Cultural Competency Continuum



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).

Learning Collaborative Marketing

Integrating the important function of Social Work into an MLP

FALL, 2023

By National Center for Medical Legal Partnership

[Download the Slides](#)

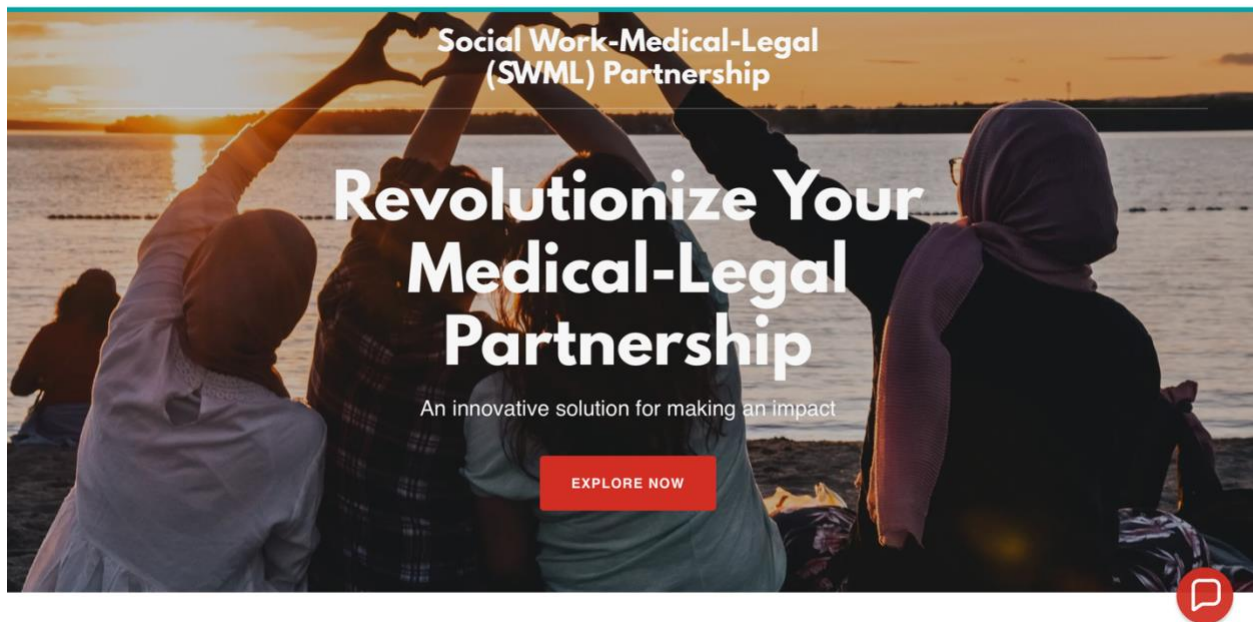
The persistent challenge of U.S. health disparities remains despite extensive research and innovative solutions, complicated by health harming social needs fueled by broader, upstream determinants of health. While specific wellness interventions and smaller collaboratives offer some relief, a multi-dimensional strategy with the expertise of key professionals is needed for true progress. Medical-Legal Partnerships (MLP) which use lawyers to address patients' legal based needs has shown promise but has limitations in effectively addressing other damaging social needs. Social workers, with their clinical skills and community ties, can greatly enhance MLP operations, but are often underutilized. Hence, by incorporating social work leaders alongside doctors and lawyers, MLPs can become suitably comprehensive to elevate their impact at multiple levels. To address this, an online learning collaborative offering process guidelines for creating an expanded Social Work-Medical-Legal Partnership (SWML) has been developed for the National Center for Medical-Legal Partnership (NCMLP) and will be offered on their national platform. The curriculum is broken down into three weekly segments that focus on steps to incorporate social work's role and adjust workflows. This holistic approach aims to save time and costs in treatment while achieving positive patient outcomes. Additional impacts are likely on mezzo and macro-levels by enhancing community projects and policy change with social work's expertise informing these efforts. With their greater implications, SWML partnerships may also help address the broader, upstream social determinants that continue to fuel health disparities.

Featured Panelists:

- **Margaret Holding**, Social Work Doctoral Student
- **Expert Panel: TBD**

SWMLP Website

A website was created to facilitate communication with the SWMLP community. The site as depicted below is located at <https://socialwork-medical-legalswmlpa.godaddysites.com/>



Downloads/Templates

Patient Referral Failures - Jessica L. Mantel and Leah R. Fowler, Patient Referral Failures, 32 Heal (pdf)

DOWNLOAD

Federal funding may boost social determinants of health infrastructure - McKinsey (pdf)

DOWNLOAD

Integrating Social Workers into Medical-Legal Partnerships: Comprehensive Problem Solving for Patient (pdf)

DOWNLOAD

SWMLP Phase 1 Worksheets (pptx)

DOWNLOAD

SWMLP Phase 2 Handouts (pptx)

DOWNLOAD

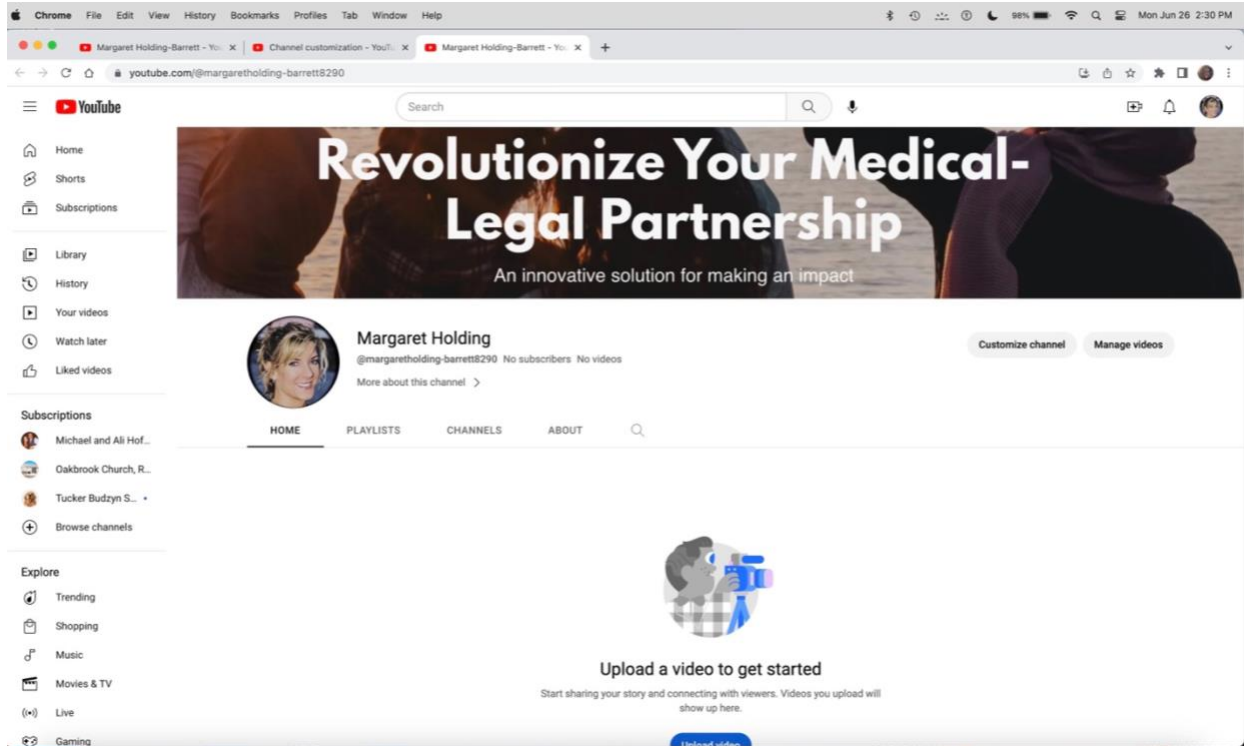
SWMLP Phase 3 Handouts (pptx)

DOWNLOAD



SWMLP YouTube Channel

Located at https://www.youtube.com/channel/UCsXmh_cNosTDxn6yG-SBNpQ



SWMLP Google Group

A Google Group was created to facilitate continued conversation and learning among those interested in SWMLP. The group can be located at

<https://groups.google.com/g/swmlpartnership>

(Currently in the process of being verified)

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Sample

The following model was created to help SWMLP estimate the cost of operation. To complete the model, first enter the annual salary of staff members. Next, enter the number of days of legal and medical center usage. Finally, enter the estimated cost of printing and operational cost. The model will then populate the total annual estimated SWMLP cash budget.

STAFF SALARY AND BENEFITS						
Staff	Organization	Base Salary	SWMLP Effort Salary	SWMLP Effort Salary	SWMLP Effort Fringe Benefits (25%fringe rate)	Total
Lead attorney	Legal aid agency	\$ 70,000.00	100%	\$ 70,000.00	\$ 17,500.00	\$ 87,500.00
Paralegal	Legal aid agency	\$ 70,000.00	50%	\$ 35,000.00	\$ 8,750.00	\$ 43,750.00
Legal Supervisor	Legal aid agency	\$ 40,000.00	10%	\$ 4,000.00	\$ 1,000.00	\$ 5,000.00
Physician Champion	Health center	\$ 30,000.00	10%	\$ 3,000.00	\$ 750.00	\$ 3,750.00
Social Worker	Health center	\$ 30,000.00	10%	\$ 3,000.00	\$ 750.00	\$ 3,750.00
Administrative/ Data Coordinator	Health center	\$ 30,000.00	10%	\$ 3,000.00	\$ 750.00	\$ 3,750.00
TOTAL SALARY COST						\$ 147,500.00
OTHER COST						
Item	Description	Days a Wk	Unit Cost	Legal Aid In-Kind	Health Ctr. In-Kind	Cash
Rent, phone, office supplies	At legal aid agency	5	\$ 3,000.00	\$ 15,000.00		\$ 15,000.00
Rent, phone, office supplies	At health center per day/wk	2	\$ 10,000.00		\$ 20,000.00	\$ 20,000.00
Preinting and communication expenses	Reports / brochures					\$ 1,500.00
TOTAL OTHER COST						\$ 36,500.00
TOTAL SWMLP CASH BUDGET						\$ 184,000.00