

## Learning Collaborative Slides

Initial Phase: Social  
Work Integration

# Revolutionize Your Medical-Legal Partnership: Introducing the SWMLP

(Social Work-Medical-Legal  
Partnership)

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Initial Phase: Social  
Work Integration

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



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## 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

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Operations Phase:  
Adjusted Workflow

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Operations Phase:  
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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.

Operations Phase:  
Adjusted Workflow

### Referral Agreements

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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.
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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).



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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.

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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.

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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.

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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.

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.



Operations Phase:  
Adjusted Workflow

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Duration Phase:  
Ongoing Considerations

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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.



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Duration Phase:  
Ongoing Considerations

### SWML Interdisciplinary Training



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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.



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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.

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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.

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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.

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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.

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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 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.

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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)

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