Civil Legal Services and Medical-Legal Partnerships Needed by the Homeless Population: A National Survey

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Objectives. To examine civil legal needs among people experiencing homelessness and the extent to which medical-legal partnerships exist in homeless service sites, which promote the integration of civil legal aid professionals into health care settings.

Methods. We surveyed a national sample of 48 homeless service sites across 26 states in November 2015. The survey asked about needs, attitudes, and practices related to civil legal issues, including medical-legal partnerships.

Results. More than 90% of the homeless service sites reported that their patients experienced at least 1 civil legal issue, particularly around housing, employment, health insurance, and disability benefits. However, only half of all sites reported screening patients for civil legal issues, and only 10% had a medical-legal partnership. The large majority of sites reported interest in receiving training on screening for civil legal issues and developing medical-legal partnerships.

Conclusions. There is great need and potential to deploy civil legal services in health settings to serve unstably housed populations. Training homeless service providers how to screen for civil legal issues and how to develop medical-legal partnerships would better equip them to provide comprehensive care. (*Am J Public Health.* 2017;107:398–401. doi:10.2105/AJPH.2016.303596)

Civil legal issues, which are noncriminal problems, can affect housing, access to health care, disability payments for income support, family issues, and relief from financial exploitation.[1] People with low income are often at a disadvantage when they have civil legal issues because many cannot afford a lawyer. Individuals who are homeless represent the most vulnerable, indigent group in the United States and thus may have great civil legal needs that must be addressed to prevent and end homelessness.

One novel approach to addressing civil legal problems within health care settings is medical-legal partnerships. Medical-legal partnerships represent an innovative health care delivery approach that integrates lawyers into health care teams to address various complex problems that affect vulnerable populations.[2] They strive to address legal problems before they require litigation by using preventive administrative legal solutions.[3]

A few studies have shown that medical-legal partnerships can improve the health and lives of various patient populations,[4–7] but more research is needed to examine the need and potential for medical-legal partnerships for homeless populations.[8] Thus, we surveyed a national sample of homeless health clinics about their needs, attitudes, and practices related to civil legal issues and medical-legal partnerships.

METHODS

In November 2015, we distributed Web-based surveys to homeless services organizations that were members of the Practice-Based Research Network within the National Health Care for the Homeless (HCH) Council. The National HCH Council is a network composed of more than 250 federally funded health center grantees and includes a Practice-Based Research Network that consists of 61 grantees. Representatives, who were mostly program directors and clinical managers, were geographically dispersed across the major regions of the United States spanning 26 states. Of the 61 homeless service organizations, 48 (78.7% response) completed the survey.

The survey was developed by a research group within the Practice-Based Research Network in consultation with HCH sites and the National Center for Medical-Legal Partnerships. The survey asked HCH sites for information about their operations, knowledge, and attitudes about legal services and legal-related practices including medical-legal partnerships (defined as having a lawyer integrated on-site in the health care setting who works with patients). The survey also asked sites to rate the extent to which their patients experienced any of a list of civil legal issues and then asked open-ended questions about which civil legal issues were most commonly encountered and which most affected patient health.

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RESULTS

Table 1 describes the characteristics of participating sites. Only 60.4% of the sites reported that they screened patients for civil legal problems, and only 19% of the sites had received training on legal screening, although most were interested in receiving training. The large majority of sites also reported that there is a need for civil legal services, that access to civil legal services would benefit their patients, and that their organization is interested in developing a medical-legal partnership. Among the only 5 sites (10%) with medical-legal partnerships, 4 reported that they partnered with a legal aid office, and 1 site partnered with a pro bono legal organization; 2 sites had been operating for longer than 2 years, and the remaining 3 sites had been operating for a shorter amount of time.

Among the 43 sites that did not have a medical-legal partnership, qualitative reasons they gave for not having a medical-legal partnership were categorized as follows:

- 13 sites stated that it was not a priority;
- 13 sites were not sure or had not heard of medical-legal partnerships;
- 10 sites described a lack of staff and financial resources;
- 6 sites reported relying on legal professionals but not in a partnership model (e.g., referral to community legal aid);
- and 1 site gave no reason.

Spearman correlation analyses found that sites that had a medical-legal partnership were more likely to serve unaccompanied youths ($\rho = 0.30$; $P = .038$) and to have received training on screening for legal issues ($\rho = 0.36$; $P = .012$) and in developing medical-legal partnerships ($\rho = 0.64$; $P < .001$). Sites that reported greater knowledge about civil legal issues were more likely to report that access to civil legal services would benefit their patients ($\rho = 0.31$; $P < .033$), and sites that served more than 1000 patients annually were more likely to report that there was a need for civil legal services ($\rho = 0.38$; $P = .026$). Sites that were interested in developing a medical-legal partnership were more likely to report that there was a need for civil legal services ($\rho = 0.40$; $P < .005$) and that access to civil legal services would benefit their patients ($\rho = 0.40$; $P = .005$).

TABLE 1—Characteristics, Practices, Attitudes, and Civil Legal–Related Needs Among National Health Care for the Homeless Council (HCH) Sites: United States, 2015

Site Characteristics and Civil Legal–Related Needs	Mean ±SD or No. (%)
Years of operation	22.2 ±10.3
No. of full-time staff	114.3 ±133.6
Geographic region	
West	13 (27.1)
Midwest	9 (18.8)
South	10 (20.8)
Northeast	16 (33.3)
Setting	
Stand-alone clinic	9 (18.8)
Part of medical care center	21 (43.8)
Medical respite/shelter-based	7 (14.6)
Other	11 (22.9)
Any rural branch	9 (18.8)
Primary client populations	
Single adults	45 (93.8)
Families	26 (54.2)
Elderly	26 (54.2)
Veterans	22 (45.8)
Unaccompanied youths	11 (22.9)
No. of patients served annually	
101–500	5 (10.4)
501–1000	6 (12.5)
1001–5000	27 (56.3)
>5000	10 (20.8)
Screening for civil legal needs	
Verbal	16 (33.3)
Paper-based	10 (20.8)
Electronic medical record–based	7 (14.6)
None	19 (39.6)
Approach to legal needs	
Rely on social workers	23 (47.9)
Referral to outside legal providers	22 (45.8)
Has medical-legal partnership	5 (10.4)
Received training on assessing legal needs	9 (18.8)
Received training on developing medical-legal partnership	4 (8.3)
Knowledge and attitudes about legal services	
Comfortable assessing legal needs[a]	39 (81.3)
Knowledgeable about legal aid programs[b]	26 (54.2)
Believe legal services needed at organization[c]	45 (93.8)
Agree access to legal services would benefit patients[d]	39 (81.3)
Request training material about legal screening	47 (97.9)
Organizational interest in developing a medical-legal partnership[e]	34 (70.8)
Civil legal–related needs of patients reported by HCH sites	
Employment	46 (95.8)
Health insurance	45 (93.8)
Medicaid enrollment	43 (89.6)

Continued

TABLE 1—*Continued*

Site Characteristics and Civil Legal–Related Needs	Mean ±SD or No. (%)
Medicare enrollment	44 (91.7)
Social Security/benefits enrollment	47 (97.9)
Temporary Assistance for Needy Families enrollment	34 (70.8)
Bankruptcy/debtor relief	38 (79.2)
Housing	47 (97.9)
Utilities	43 (89.6)
Landlord issues	46 (95.8)
Education	39 (81.3)
Veteran benefits	42 (87.5)
Legal status	41 (85.4)
Criminal record	45 (93.8)
Identification	44 (91.7)
Revoked driver's license	42 (87.5)
Guardianship issues	34 (70.8)
Divorce or child custody issues	33 (68.8)
Garnishment of wages	36 (75.0)

Note. The sample size was n = 48.

[a]Coded as "somewhat comfortable" or "very comfortable" about assessing legal needs.

[b]Coded as "somewhat familiar" or "extensive knowledge."

[c]Coded as feel "some need" or greater for legal services at respondent's organization.

[d]Coded as "agree" or "strongly agree" that access to a lawyer would benefit patients at respondent's organization.

[e]Coded as "somewhat interested" or greater.

Table 1 also summarizes the civil legal–related needs of patients reported by HCH sites; 93.0% reported that their patients experienced at least 1 of the 20 civil legal–related needs listed. The civil legal–related needs most highly endorsed (93%–98%) were related to housing, Social Security/benefits enrollment, employment, and health insurance. Analysis of open-ended responses from HCH sites found that the 3 most common civil legal problems were related to housing (40 sites), public benefits (29 sites), and health insurance (7 sites), and sites reported that the same top 3 civil legal problems most affected patient health (36 sites reporting housing, 29 sites reporting public benefits, and 11 sites reporting health insurance).

DISCUSSION

This was one of the first national studies to survey civil legal needs and services among homeless service organizations. Although HCH sites may not represent all homeless service organizations, we found that there was a clear need for civil legal assistance because more than 90% of the HCH sites reported that their patients experienced at least 1 civil legal issue. Although not directly comparable, only 66% of a random sample of the general population reported that they have experienced a civil legal issue.[9]

In our sample, the most common civil legal issues were around housing, employment, health insurance, and disability benefits. Our survey also found that an overwhelming majority of homeless service sites reported that access to legal services would benefit patients, but only half of all sites reported systematically screening for civil legal issues, and only 19% of the sites had received training on screening for legal services. Nearly all HCH sites requested training materials, and many sites were interested in developing a medical-legal partnership, suggesting that this is an area for development that administrators and program directors in these settings should attend to.

Very few HCH sites surveyed had a medical-legal partnership. Sites that served homeless youths and had received previous training on legal screening were more likely to have a medical-legal partnership. Although more than 70% of the sites reported organizational interest in forming a medical-legal partnership, many cited challenges with lack of financial and staff resources to develop medical-legal partnerships. Medical-legal partnerships in other clinical settings often involve partnerships with public or nonprofit agencies that have a small but dedicated funding stream.[10,11] Homeless service-focused medical-legal partnerships, like other medical-legal partnerships, should seek to optimize those small funding streams via structured partnerships that can draw in additional investment from service funding streams. As homelessness persists, we need to explore new opportunities to address social determinants of health, including civil legal issues, in homeless and at-risk populations.

PUBLIC HEALTH IMPLICATIONS

Preventing and ending homelessness require addressing the civil legal needs of homeless populations. Our survey showed that many people experiencing homelessness have civil legal needs that could benefit from legal aid. Training homeless service providers how to screen for civil legal issues and how to develop medical-legal partnerships would better equip them to provide comprehensive care. AJPH

CONTRIBUTORS

J. Tsai and D. Jenkins conceptualized the study, analyzed the data, and wrote the article. D. Jenkins collected the data. E. Lawton helped advise on the data collection and the writing of the article.

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HUMAN PARTICIPANT PROTECTION

Institutional review board approval was not needed for this work because there were no human subjects involved and the surveys collected did not contain any identifying information.

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