



TEXAS A&M HEALTH  
Institute for  
Healthcare Access

# BLUEPRINTS BEFORE THE BUILD:

**PRE-IMPLEMENTATION  
STRATEGIES FOR SUCCESSFUL  
MEDICAL-LEGAL PARTNERSHIP**

Presented by Keegan Warren, JD, LLM on  
April 24, 2025



# MEET MS. SMITH

During a second-trimester visit, Ms. Smith's gestational weight gain showed no increase in more 6 weeks. When asked about access to foods she liked to eat, Ms. Smith shared that she had applied for food benefits but was denied and told to reapply. Ms. Smith said she was living with extended family and didn't like to take “too much” food for fear of being a burden and getting kicked out. She admitted she couldn't afford to purchase more food and expressed feeling overwhelmed and worried about her baby.





# MLP & MS. SMITH

A midwife explained the role of a medical–legal partnership to Ms. Smith and offered to make a legal referral, emphasizing that she should speak to the lawyer before reapplying for food benefits. When the lawyer learned that Ms. Smith had already reapplied based on advice from a Washington, DC, Department of Human Services representative, she successfully reopened the claim, arguing administrative error and obtained an expedited review. Ms. Smith’s appeal succeeded, and benefits were available within 7 days.





# WHAT IS MEDICAL-LEGAL PARTNERSHIP?



## A healthcare delivery model

MLP embeds lawyers in the  
clinical or hospital setting as  
specialist care team members.



Texas A&M University

**Institute for Healthcare Access**

## Integrating Legal Care and Health Care

MLP is not:

- A referral network (i.e., not closing the loop on outputs / outcomes)
- Legal clinics only
- Legal information only
- Screening for legal needs only
- Partnering without equitable sharing of costs and benefits
- Partnership without a lawyer





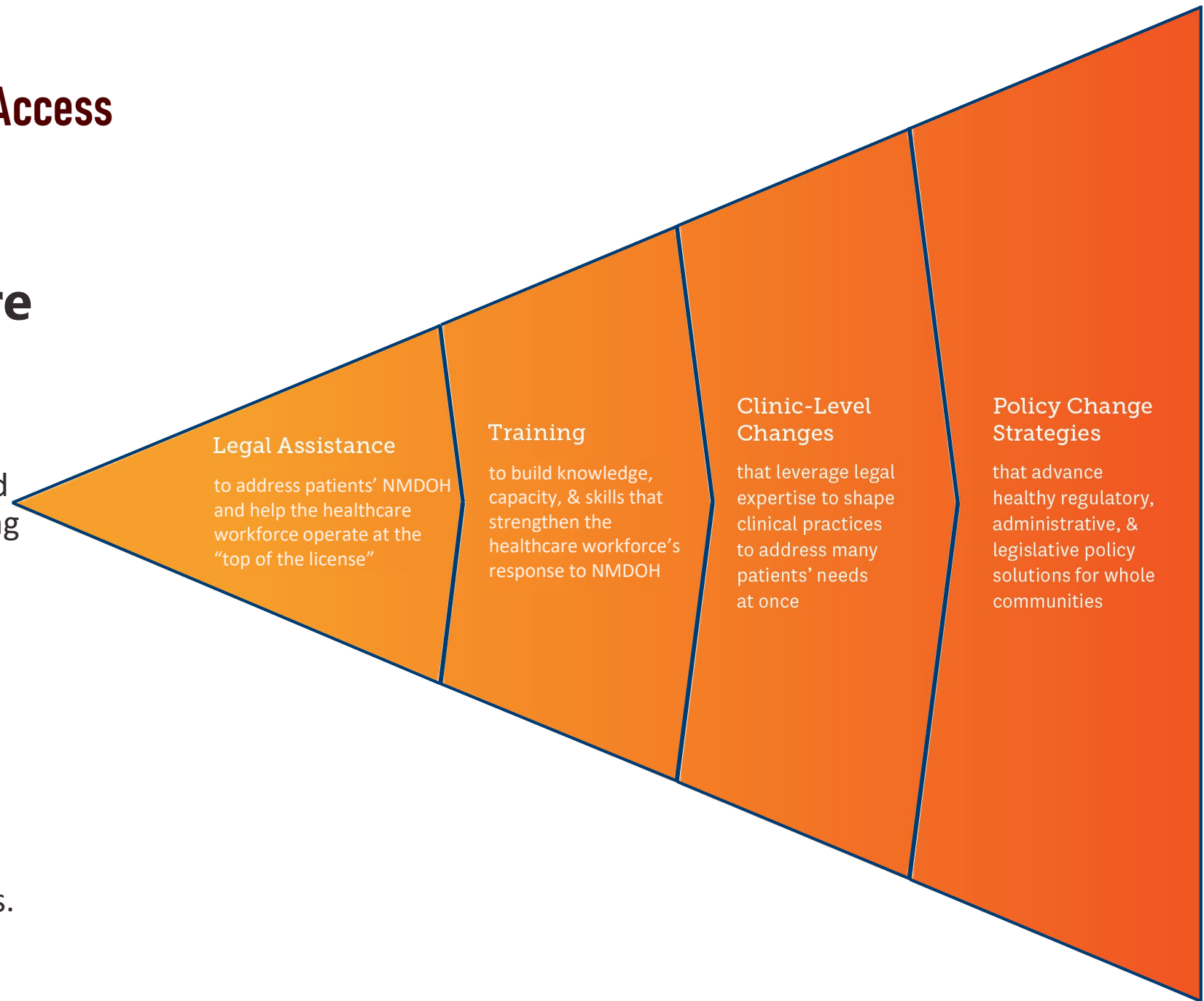


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## A Continuum of Integrated Legal Care

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# HOW CLINICIANS ADVOCATE FOR PATIENTS WITHIN THE DELIVERY OF HEALTHCARE





# HOW ATTORNEYS ADVOCATE FOR PATIENTS WITHIN THE DELIVERY OF HEALTHCARE







# WHAT IS MEDICAL-LEGAL PARTNERSHIP?



## A healthcare delivery model

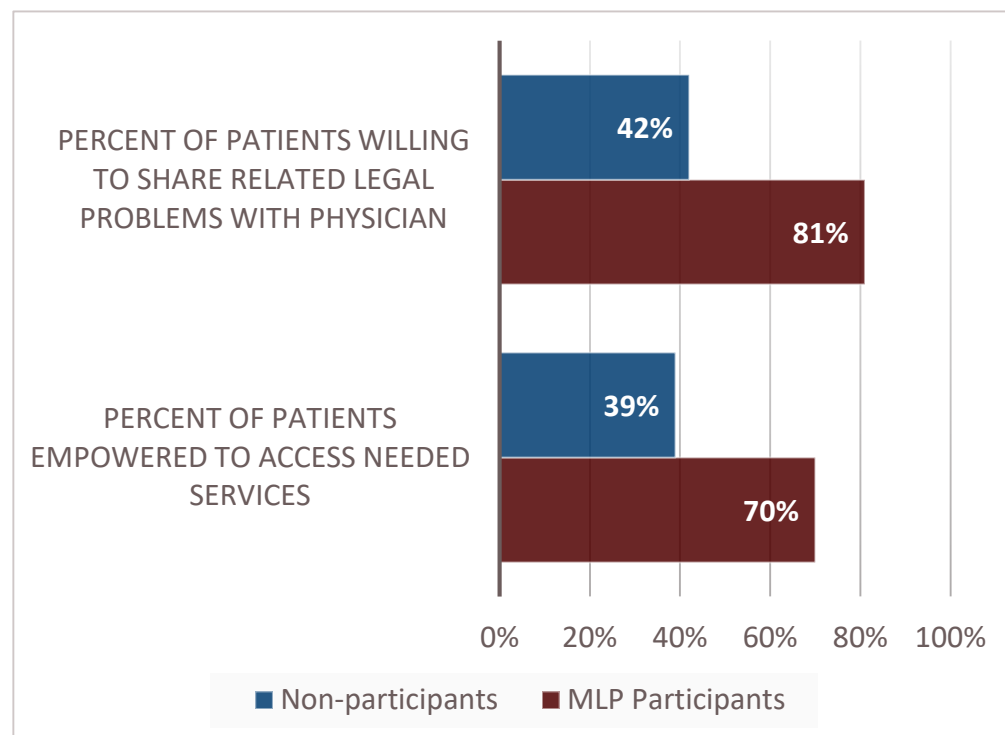
MLP embeds lawyers in the clinical or hospital setting as specialist care team members.



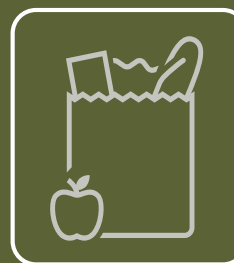
## An evidence-based approach

MLP addresses the underlying causes of expensive, low-quality healthcare outcomes.

# MLP ENHANCES THE ACCURACY AND EFFICACY OF INTERVENTIONS TO ADDRESS NMDOH.



Elizabeth Tobin Tyler, “Medical-Legal Partnership in Primary Care: Moving Upstream in the Clinic,” 13 AM. J. LIFESTYLE MED. 282 (2019), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6506975/>.



## Sample Food Literature

- Marple K et al. (2018). Increasing Nutritional Supports for Newborns. ([Link](#))
- Atkins D et al. (2014). MLP and Healthy Start: Integrating Civil Legal Aid Services into Public Health Advocacy, Journal of Legal Medicine, 35:1, 195-209. ([Link](#))



## Sample Housing Literature

- Taylor DR et al (2015). Keeping the Heat on for Children’s Health: A Successful MLP Initiative to Prevent Utility Shutoffs in Vulnerable Children. Journal of Health Care for the Poor & Underserved 26(3), 676-685. ([Link](#))
- Beck AF et al. Identifying and Treating a Substandard Housing Cluster Using a MLP. Pediatrics. 2012;130(5):831-838. ([Link](#))



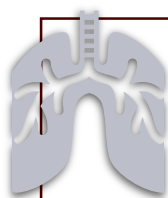
## Sample Transportation Literature

- Upadhyay P et al. Why Inequitable and Burdensome Court-issued Fines and Fees Are a Health Issue—and What Health and Policy Leaders Can Do about It, Oct. 2021. ([Link](#))
- Eynon CA et al. MLPs: 11 Years’ Experience of Providing Acute Legal Advice for Critically Ill Patients and Their Families. Journal of the Intensive Care Society. 2019;21(1):40-47. ([Link](#))





# FROM PEDIATRICS TO ADULT MEDICINE AND FROM PRIMARY CARE TO SPECIALTY CARE, MLP IMPROVES HEALTH OUTCOMES AND REDUCES COSTS.



## ASTHMA

- Robert Pettignano et al, "Can Access to a Medical-Legal Partnership Benefit Patients with Asthma who Live in an Urban Community?," 24 J. HEALTH CARE POOR & UNDERSERVED 706 (May 2013), available at <https://doi.org/10.1353/hpu.2013.0055>.



## TYPE 1 DIABETES

- Faisal Malik et al, "Improving the Care of Youth with Type 1 Diabetes with a Novel Medical-Legal Community Intervention: The Diabetes Community Care Ambassador Program," 44 DIABETES EDUCATOR 168 (2018), available at <https://doi.org/10.1177%2F0145721717750346>.



## SICKLE CELL DISEASE

- Robert Pettignano et al, "Medical-Legal Partnership: Impact on Patients with Sickle Cell Disease," 128 PEDIATRICS e1482 (2011), available at <https://doi.org/10.1542/peds.2011-0082>.



## CANCER

- Kerry Rodabaugh et al, "A Medical-legal Partnership as a Component of a Palliative Care Model," 13 J. PALLIATIVE MEDICINE 15 (2010), <https://www.liebertpub.com/doi/abs/10.1089/jpm.2009.0203>



## HEALTHY NEWBORNS

- Robert Sege et al, "Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial," 136 PEDIATRICS 97 (2015), available at <https://doi.org/10.1542/peds.2014-2955>.



## MENTAL HEALTH

- Jennifer Rosen Valverde et al, "Medical-Legal Partnership Impact on Parents' Perceived Stress: A Pilot Study," 45 BEHAVIORAL MED. 70 (May 20, 2018), <https://doi.org/10.1080/08964289.2018.1481011>.



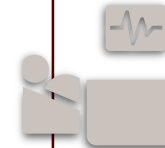
## VETERANS

- Jack Tsai et al, "Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets," 36 HEALTH AFFAIRS 2195 (Dec. 2017), <https://doi.org/10.1377/hlthaff.2017.0759>.



## EMERGENCY DEPARTMENT

- Jeffrey Martin et al, "Embedding Civil Legal Aid Services In Care for High-Utilizing Patients Using Medical-Legal Partnership," Health Affairs Forefront, April 22, 2015, [10.1377/forefront.20150422.047143](https://doi.org/10.1377/forefront.20150422.047143).



## HOSPITALIZATION

- Andrew Beck et al, "Reductions in Hospitalizations Among Children Referred to a Primary Care-based Medical-Legal Partnership," 41 HEALTH AFFAIRS 341 (March 2022), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00905>.



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### **An evidence-based approach**

MLP addresses the underlying causes of expensive, low-quality healthcare outcomes.



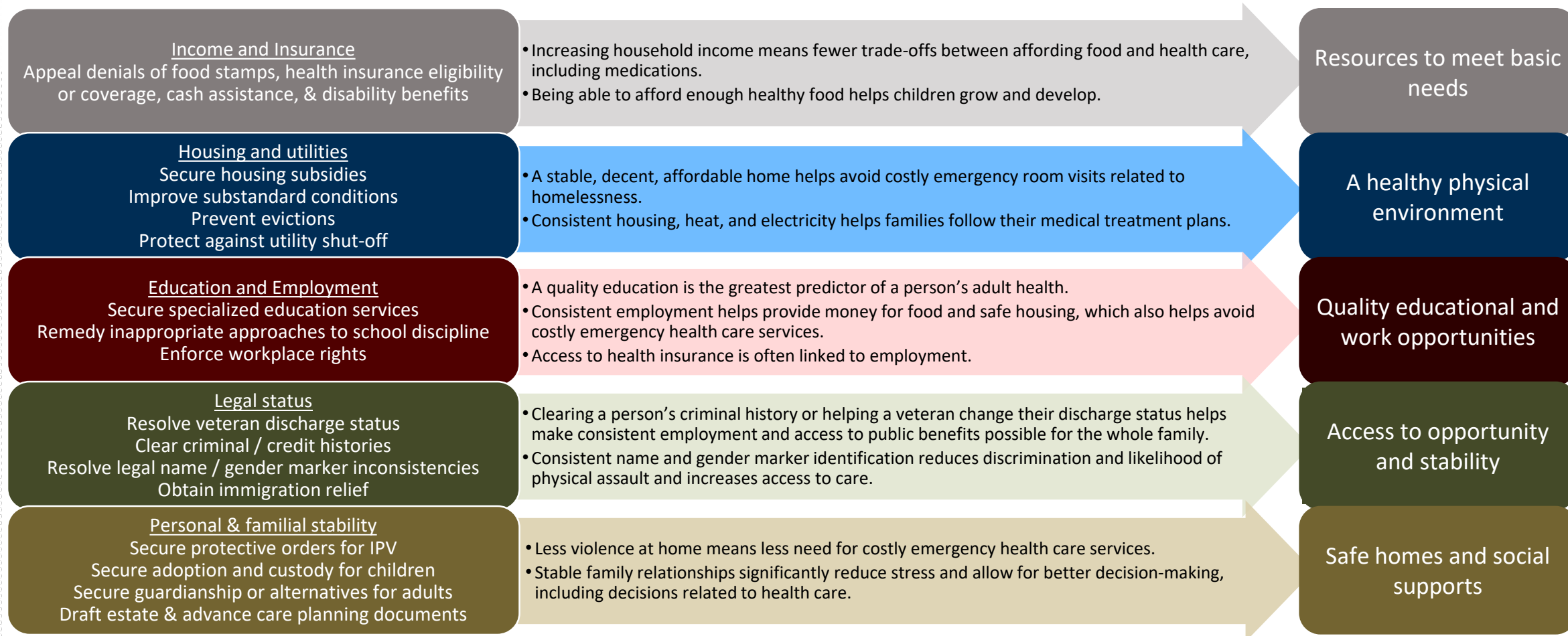
### **A standard of care**

MLP systematizes quality in addressing for non-medical drivers of health.



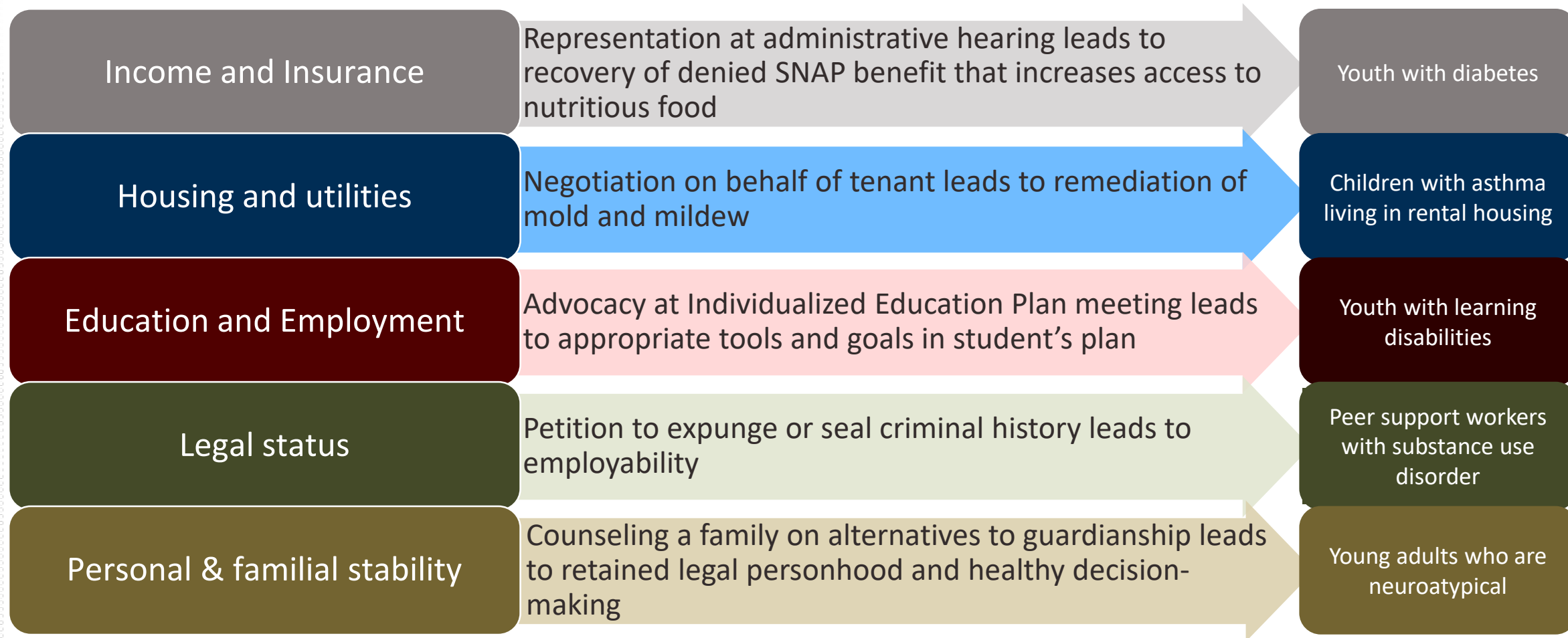


## HEALTH-HARMING LEGAL NEEDS: IHELP



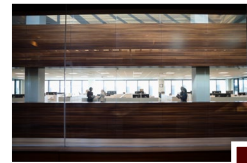


## HEALTH-HARMING LEGAL NEEDS: CLINICAL CROSSWALK





# The Architecture of Pre-Implementation Planning



Organization



Patients



Community

# ***THE ORGANIZATIONAL ECOSYSTEM***



# Questions to ask about your Organization before Beginning MLP Implementation

- Define the **why**.
  - Consider how MLP aligns with **externally set priorities** by **professional associations, organizational networks, accrediting bodies, payors, funders, or others**.





## ALIGNING WITH GROWING NATIONAL SUPPORT

### American Academy of Pediatrics

- Resolutions: encourages closer and more frequent legal/medical collaboration and promotion of pediatric MLP

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### American Bar Association

- Recommendation and Resolution: encourages legal profession to develop MLPs with healthcare and social service organizations

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- Define the **why**.
  - Consider how MLP aligns with **externally set priorities** by **professional associations, organizational networks, accrediting bodies, funders**, or others.
  - Consider how MLP aligns with your **internally set strategies**, such as increasing **access to care**, addressing **population health** “pain points,” shifting to **value-based care**, engaging **leadership**, or becoming the **provider of choice**.





## MLP WITHIN SIX DOMAINS OF VALUE-BASED CARE

### Organizational Commitment to Population Health

- A Memorandum of Agreement is a core component of MLP and concrete evidence of organizational commitment to population health. ([Link](#))
- MLP enables moving “from patients to policy” by routinely detecting patterns in patients’ needs that reveal opportunities to advance healthy policy solutions for whole communities. ([Link](#))

### Financial Health and Planning

- Clinical services are more frequently reimbursed by public and private payers when following the MLP model. ([Link](#), [Link](#))
- MLP lawyers use national and state standards to document legal interventions at the patient level through structured data fields in “electronic legal records.” This legal care data can help to determine appropriate CPT codes for office visits ED visits. ([Link](#))

### Clinical Management and Care

- MLP increases adhere to medication protocol and vaccination acceptance. ([Link](#), [Link](#))
- MLP increases structural competence by addressing misinformation that disrupts trusting relationships with patients and communities. ([Link](#))

### Health Information Technology and Data

- MLP-focused, structured data collection and sharing reduce inefficiencies in current data tracking, decreases missed opportunities for NMDOH screening, and mitigates the difficulties in tracking patient health and other outcomes after MLP interventions are delivered. ([Link](#))
- MLP is encourages and enable interprofessional communication and information-sharing. ([Link](#))

### Non-medical Drivers of Health

- MLP lawyers are problem solvers (not just problem screeners), making them able to be express about identifying and resolving systemic inequities with linkage to health outcomes. ([Link](#))
- MLP enhances accuracy and depth of the social history that impacts treatment. ([Link](#))

### Patient and Staff Experience

- In addition to studies demonstrating reduction in stress, MLP makes patients more comfortable with whole-person care. ([Link](#))
- MLP decreases clinician burnout, improves overall job satisfaction, and reduces feelings of helplessness around offering meaningful options. ([Link](#), [Link](#), [Link](#))

# Questions to ask about your Organization before Beginning MLP Implementation

- Define the **why**.
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  - Consider how MLP aligns with your **internally set strategies**, such as increasing **access to care**, addressing **population health** “pain points,” shifting to **value-based care**, engaging **leadership**, or becoming the **provider of choice**.
- Define the **what**.
  - Consider which **internal resources** are ready for deployment, including **funding, space, technology, and personnel**.

# ***THE PATIENT ECOSYSTEM***





# Questions to ask about your Patient Population before Beginning MLP Implementation

- Define the **who**.
  - Review the **literature** on the impact on MLP on populations you serve in terms of **medical condition**, **socioeconomic condition**, or **demographics**.
  - Probe **pain points** within the **EHR** for populations for whom it's a struggle to **reduce costs** or **meet quality standards**, or for encounters eligible for **team-based care reimbursement**.
  - Evaluate **team-based care**, such as **group medical visits**, **group prenatal care**, and **complex care coordination**, for opportunities to integrate legal expertise.
  - Examine current **screening results**, including NMDOH or Community Health Needs Assessments, for common **patterns** of **unmet health-harming need**.
  - **Interview** clinicians, other staff, and patients, including by conducting a formal **legal needs assessment**.

# ***THE COMMUNITY ECOSYSTEM***

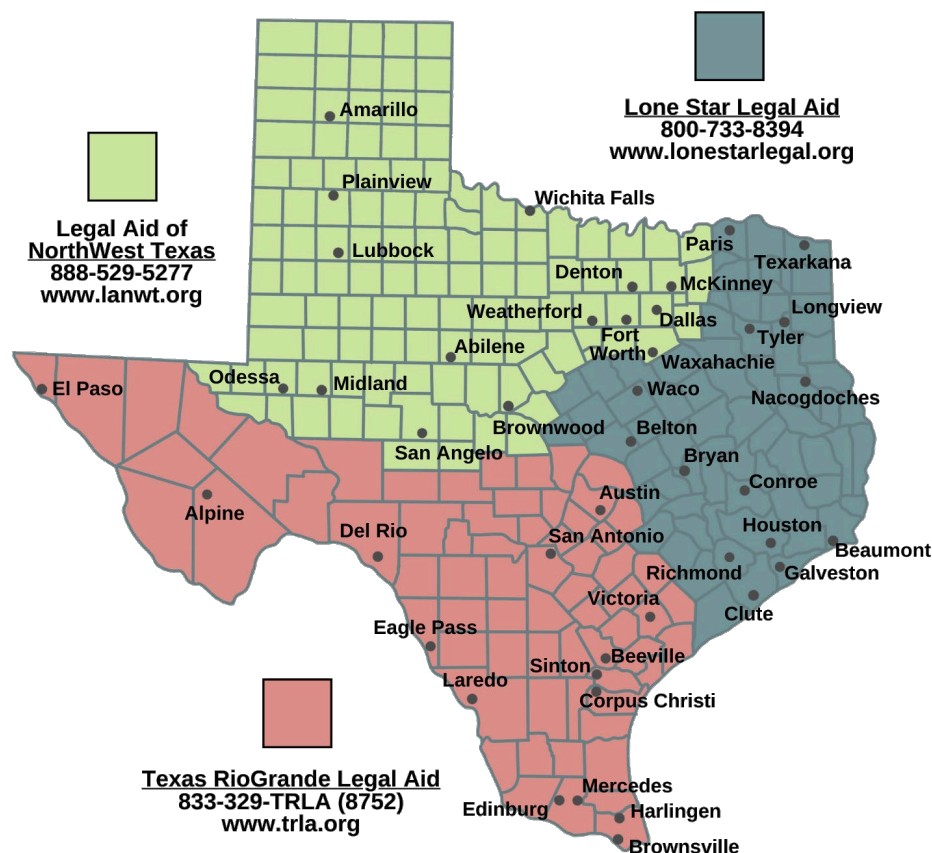




# Questions to ask about your Community before Beginning MLP Implementation

- Examine the how.

# LEGAL AID IN TEXAS

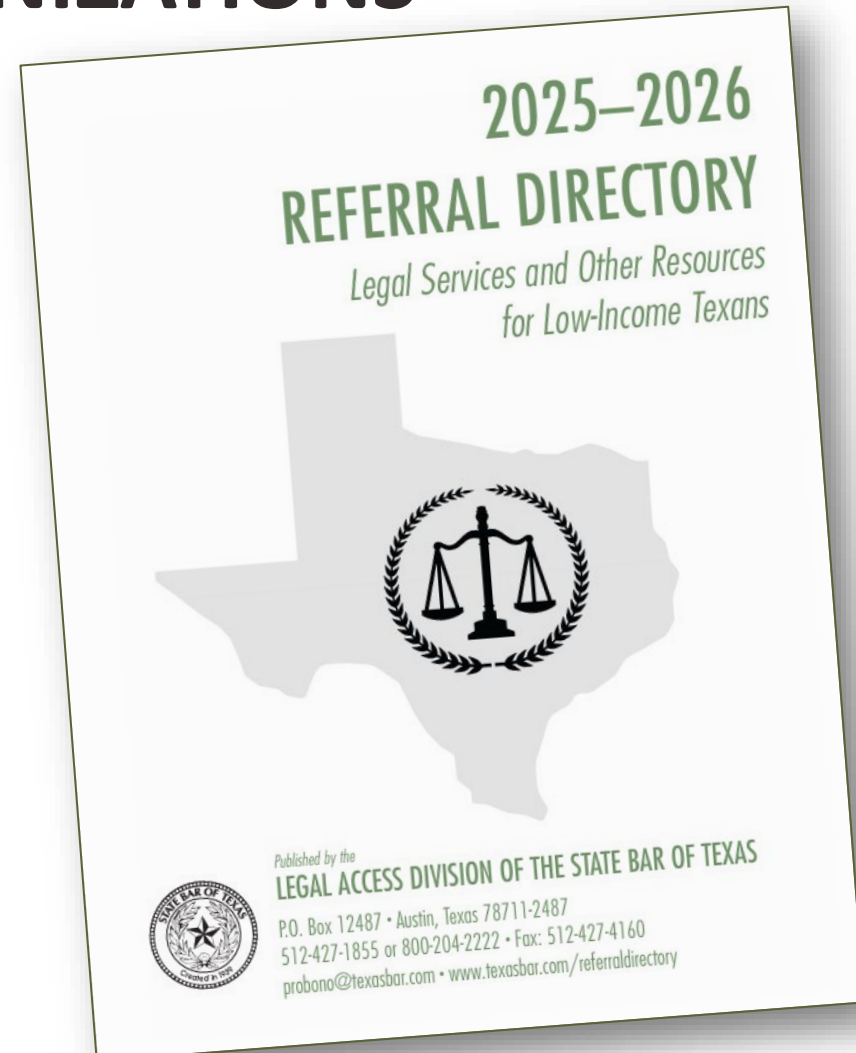


- The federal government, through the Legal Services Corporation (LSC), funds three legal services programs that serve every county in Texas: Legal Aid of NorthWest Texas (LANWT), Lone Star Legal Aid (LSLA), and Texas RioGrande Legal Aid (TRLA).
- The three LSC-funded programs provide a wide range of civil legal services, including some or all of those listed in the [MLP IHELP chart](#).
- Due to federal restrictions, these LSC-funded programs cannot handle criminal cases or immigration cases, except for representation of immigrants who have been victims of violent crime.
- Additionally, LSC-funded programs are restricted to serving those under 125% of the Federal Poverty Level (FPL), but legal aid programs may have other sources of funding with higher income limits (usually up to 200% FPL) for target populations (e.g., veterans).



## OTHER LEGAL SERVICES ORGANIZATIONS

- For a listing of legal service providers by county, see the [Referral Directory for Low-Income Texans](#) (PDF).







# LAW SCHOOL-BASED MLP

Academic MLP focuses on

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educating pre-professional  
learners

---

intentionally creating  
interprofessional learning  
environments

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contributing to the evidence  
base for the MLP model

There are ten law schools in Texas:

- University of Texas School of Law (Austin)
- Texas A&M University School of Law (Fort Worth)
- SMU Dedman School of Law (Dallas)
- Baylor University Law School (Waco)
- University of Houston Law Center (Houston)
- Texas Tech University School of Law (Lubbock)
- South Texas College of Law (Houston)
- St. Mary's University School of Law (San Antonio)
- University of North Texas Dallas College of Law (Dallas)
- Texas Southern University Thurgood Marshall School of Law (Houston)

# Questions to ask about your Community before Beginning MLP Implementation

- Examine the **how**.
  - Determine which **legal services organizations** are in your region and serve a population similar to yours.
  - Explore which **social services organizations** in your region provide complimentary services along the **socio-legal continuum of care**, such as a tenant's rights council that could assist patients with landlord/tenant issues before they rise to the level of needing a lawyer.
  - Consider whether **direct employment** of a patient-centered lawyer rather than contracting with a legal partner is right for you.



## CLARIFYING YOUR NMDOH FOCUS THROUGH MLP

Population	Health care-focused Definition	Legal services-focused Definition	MLP Definition
Asthmatic children	All children with asthma in a specific clinic	Children with housing problems in a specific geography	Children with uncontrolled asthma and housing problems in a specific geography
Seniors with diabetes	Patients with uncontrolled diabetes who are referred to an insurance hotline	Clients over 65 years old living under 200% federal poverty line	Elderly people with diabetes under 200% federal poverty line who cannot afford their medications
Children with sickle-cell disease	All children with sickle cell disease in a certain pediatric office	Children in various school settings, some of whom have sickle cell	Children with sickle cell disease with problems in school requiring accommodations



## CALL TO ACTION

- Connect with Texas MLP practitioners and stakeholders by joining the **Texas Medical-Legal Partnership Coalition**. Visit <https://www.txmlpc.org/newsletter>.
- Read the latest MLP news from the **National Center for Medical-Legal Partnership** at <https://medical-legalpartnership.org/about-us/newsletter/>.



### 2025 MLP Conference & Annual Member Meeting

**Topics:**

- Navigating the Future: Aligning with New Immigration Legislation and Updates in Texas
- Empowering Partnerships: Texas Legislative Changes Impacting Medical-Legal Partnerships in 2025
- And More!

**May 8-9, 2025**

**THURSDAY: RECEPTION & NETWORKING**  
6:00 PM - 8:00 PM

**FRIDAY: CONFERENCE & MEMBER MEETING**  
8:30 AM - 3:00 PM

**Location:**  
TEXAS A&M HEALTH  
SCIENCE CENTER  
ROUND ROCK, TX

# Presenter Information



Texas A&M University

**Institute for Healthcare Access**



**Keegan Warren, JD, LLM**

*Executive Director, Institute for Healthcare Access*

*Adjunct Professor, School of Law*

*President, Texas Medical-Legal Partnership Coalition*

[kwarren@tamu.edu](mailto:kwarren@tamu.edu)

*Keegan brings a civil justice lens to bear on health and wellness, specializing in non-medical cost drivers and health equity. Her talks, courses, and research focus on health justice—and especially the ways that law incidentally impacts health and patient outcomes—as well as healthcare law and policy.*

*An FQHC director with two decades of senior management experience spanning both health and human services, Keegan is a national SME on medical-legal partnership, a care delivery model that leverages legal services and expertise to advance individual and population health. She has consulted on MLP implementation nationwide.*

*Keegan currently serves on the National Academy of Medicine Board on Health Care Services, the Texas Health Integration Recommendations Committee, and the Texas Design in Health Advisory Council.*

*In her spare time, Keegan rows crew competitively. She adores time with her undergraduate twin daughters, who study chemistry and linguistics, respectively, and her husband, Patrick, who is Sierra Club's Vice President and a national SME on sustainability and climate.*