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Jennifer Kinsley Smith, Esq.

Elizabeth J. Lattner, MA

Allison Kreiner, MD

Edward J. Kilbane, MD, MA

Keyvan Ravakhah, MD, MBA

Pandemic Response Through Whole Person Care: The Intersection of Physical and Mental Health and the Law

Jennifer Kinsley Smith, Esq; Elizabeth J. Lattner, MA; Allison Kreiner, MD; Edward J. Kilbane, MD, MA; Keyvan Ravakhah MD, MBA[*]

I. INTRODUCTION

It is common in medical literature, as well as in media, to refer to a person's mental and physical health as two separate entities. However, that paradigm has been challenged in recent years as the impact of stress, commonly thought to be related primarily to mental health, has come to be recognized in downstream effects on a person's physical body.1 The precise mechanisms by which stress is translated into physiologic changes are multifactorial.2 There is consensus that stress likely damages immune defenses, organs, and physiologic systems by causing the release of inflammatory molecules such as cytokines and cortisol.3 This damage, in turn, manifests in the form of chronic illnesses such as heart disease and diabetes.4 The social determinants of health (SDOH)—social factors that substantially impact health—have been recognized as a major contributor to stress and disparities in patient outcomes.5

Medical-legal partnerships (MLPs), operating under the goal of providing whole person care and finding solutions to negative SDOH, have become more critical to addressing the aftermath of the coronavirus pandemic as the pandemic has exacerbated existing medical conditions. Long-term health effects of the COVID-19 pandemic on SDOH including education access and quality, working conditions (including underemployment and unemployment), and access to healthcare will likely take many years to be

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[1] Bruce S. McEwen, *Central Effects of Stress Hormones in Health and Disease: Understanding the Protective and Damaging Effects of Stress and Stress Mediators*, 583 EUR J. PHARMACOL. 174, 175 (2008).

[2] Suzanne C. Segerstrom & Gregory E. Miller, *Psychological Stress and the Human Immune System: A Meta-analytic Study of 30 Years of Inquiry*, PSYCH. BULL., 601 (2004).

[3] *See* Paula Braveman et al., *The Social Determinants of Health: Coming of Age*, 32 ANN. REV. PUB. HEALTH 381, 388 (2011) (discussing the pervasive role and physiological effects of stress).

[4] *Id.* at 385.

[5] *Id.* at 387–388.

completely understood.[6] However, a clear area where the impact of COVID-19 on SDOH has been immediately evident is housing stability and conditions.[7] Evictions and housing insecurity in general have been linked to increased psychological distress and lower self-rated health.[8] Furthermore, individuals experiencing housing insecurity are more likely than housing secure individuals to report that they are in fair or poor health.[9] The pandemic certainly did not ease existing racial disparities that create additional barriers to accessing care.[10] During the first year of the pandemic, higher rates of death from COVID-19 were reported in African American, Native American, and Latinx communities; in early 2022, those disparities persist in African American and Latinx communities.[11] The SDOH factors of these populations partly explain the disparity as the living and working conditions that predispose patients to worse outcomes are more common in minority communities.[12]

To begin analyzing the relationship between MLPs, SDOH and the coronavirus pandemic, Part I establishes a basic understanding of these concepts and the prevailing justice gap. Part II continues by narrowing the scope to focus on the history of MLPs in Cleveland. Part III discusses the establishment of the St. Vincent Charity Medical Center (SVCMC) Medical-Legal Partnership and the impact of the coronavirus pandemic on that

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[6] *The COVID Decade: Understanding the long-term societal impacts of COVID-19*, BRIT. ACAD., *passim* (Mar. 2021), https://www.thebritishacademy.ac.uk/documents/3238/COVID-decade-understanding-long-term-societal-impacts-COVID-19.pdf.

[7] Care management for chronic diseases "is more than just medical practice" which includes doctor-patient relationships and hospital-patient relationships. The acceptance and realization of this fact is growing compared to past practice which addressed medical treatment only and did not extend to the SDOH. *See* Sara Heath, *4 Key SDOH Impending Chronic Disease Management*, PATIENT ENGAGEMENT HIT (June 23, 2020), https://patientengagementhit.com/news/4-key-sdoh-impeding-chronic-disease-management; *see also* Joanne Finnegan, *Doctors say social determinants matter to patient health, but not their responsibility*, FIERCE HEALTHCARE (May 10, 2018, 1:55 PM), https://www.fiercehealthcare.com/practices/doctors-social-determinants-david-muhlestein (indicating that the common belief is that SDOH is beyond the responsibility of the doctor, but that the tide is shifting to reconsider that idea as the value-based healthcare payment model is further implemented which "causes physicians to think about social determinants in a different way").

[8] *National Center for Medical Legal Partnership*, MILKEN INST. OF PUB. HEALTH (2022), https://medical-legalpartnership.org.

[9] *Id.*

[10] *See* Don Bambino Geno Tai et al., *The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States*, 72 CLINICAL INFECTIOUS DISEASES 705, 705–06 (2021) (discussing the pandemic and racial disparities).

[11] *Id.* at 705.

[12] *Id.* at 706.

partnership.[13] Part IV includes anecdotal discussion from two St. Vincent Charity Medical Center providers on their experiences during the coronavirus pandemic, and a discussion on the impact of limitations on outpatient services and visitation for patients while on-unit.

Furthermore, Part V begins by highlighting the racial disparities in access to technology, food, and sufficient income that were made worse by the pandemic and how SVCMC worked to address those disparities. This Part then highlights how the coronavirus pandemic impacted case types and trends and prompted delivery model changes at the MLP, resulting in the creation of our pilot program. The discussion includes results, outcomes, and limitations of the program. Lastly, Part VI serves as a conclusion and discusses the lessons learned from the pilot program as well as how the lessons can be incorporated into other MLPs.

II. ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH MEDICAL-LEGAL PARTNERSHIPS

SDOH have been recognized as a major contributor to stress and disparities in patient outcomes.[14] According to the Centers for Disease Control, SDOH are "the conditions in which we are born, live, learn, work, play, worship, and age."[15] While only partially focused on poverty and the obvious pathways by which poverty leads to physical illness, a broader awareness on the topic has focused on factors such as racial disparities, working conditions, educational attainment, housing security, health literacy, and early childhood experiences.[16] Historically, these factors have been considered beyond the reach of the typical doctor-patient or hospital-patient relationship.[17] A medical-legal partnership (MLP) provides a way to extend

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[13] Important to note: The St. Vincent Medical Center Medical-Legal Partnership was established prior to the pandemic.

[14] *See* Braveman et al., *supra* note 3, at 387–388.

[15] *Healthy People 2020: Social Determinants of Health*, OFF. OF DISEASE PREVENTION & HEALTH PROMOTION (Jan. 18, 2022), https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

[16] *Id.*

[17] Care management for chronic diseases "is more than just medical practice" which includes doctor-patient relationships and hospital-patient relationships. The acceptance and realization of this fact is growing compared to past practice which addressed medical treatment only and did not extend to the SDOH. *See* Sara Heath, *4 Key SDOH Impending Chronic Disease Management*, PATIENT ENGAGEMENT HIT (June 23, 2020), https://patientengagementhit.com/news/4-key-sdoh-impeding-chronic-disease-management (describing four key social determinants of health that affect chronic disease management); *see also* Joanne Finnegan, *Doctors say social determinants matter to patient health, but not their responsibility*, FIERCE HEALTHCARE (May 10, 2018, 1:55 PM), https://www.fiercehealthcare.com/practices/doctors-social-determinants-david-muhlestein (indicating that the common belief is that SDOH is beyond the responsibility of the doctor,

the reach of the medical system through integration with legal providers. [18] According to the National Center for Medical-Legal Partnerships, MLPs "integrate the unique expertise of lawyers into healthcare settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities."[19] If a healthcare provider can refer patients to specialists for medical issues that their patients are facing, they should also be eager to refer patients to attorneys for legal issues that their patients are facing. MLPs offer an opportunity for providers to address the larger structural issues at hand.[20]

The adoption of legal strategies to address SDOH is complicated by what is commonly known as the "justice gap." [21] The justice gap refers to the number of people who face a civil legal problem but do not have access to legal representation.[22] In 2017, the Legal Services Corporation reported that eighty-six percent of the civil legal problems reported by low-income Americans in the past year received inadequate or no legal help.[23] Further, seven in ten low-income Americans who experienced a recent civil legal problem stated that the problem had significantly impacted their lives.[24] The justice gap exists because, unlike in criminal proceedings, a right to counsel does not extend to civil proceedings unless the dispute threatens a fundamental right.[25] This means that if someone cannot afford to hire a private attorney, their only option is a legal aid entity, pro bono assistance, or self-help.[26] The sheer size of the justice gap, indicates that the need for legal representation exceeds the resources available to address the civil problems faced by low-income Americans.[27] MLPs present a feasible method for advocates to alleviate this gap.

The modern MLP dates back to 1993, when it was born out of a partnership between Boston Medical Center (BMC) and Greater Boston

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but that the tide is shifting to reconsider that idea as the value-based healthcare payment model is further implemented which "causes physicians to think about social determinants in a different way").

[18] *National Center for Medical Legal Partnership*, MILKEN INST. OF PUB. HEALTH (2022), https://medical-legalpartnership.org.

[19] *Id.*

[20] *Id.* (demonstrating improved patient outcomes from successful MLP implementations such as reduced hospital admissions, increased medication adherence and reported lower stress levels).

[21] Lewis Creekmore et al., *The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-Income Americans*, LEGAL SERV. CORP. 5, 9 (Jun. 2017), https://www.lsc.gov/sites/default/files/images/TheJusticeGap-FullReport.pdf.

[22] *Id.*

[23] *Id.* at 6.

[24] *Id.* at 7.

[25] *Id.* at 9.

[26] *Id.*

[27] *Id.* at 28.

Legal Services.[28] In response to mounting clinical evidence of worsening asthma symptoms in BMC's pediatric patient population, BMC traced back the source of illness to patients' rental properties with unmitigated mold and sought to collaborate with Greater Boston Legal Services for legal counsel.[29] Despite relentless efforts to treat these patients therapeutically, patient outcomes did not improve until attorneys from Greater Boston Legal Services intervened to enforce landlords' compliance with housing standards for sanitation.[30] As publicity grew around this partnership, the MLP model began to spread around the country with nearly seventy-five medical-legal partnerships launching in the following five years.[31] In recent years, MLPs throughout the country have helped over 75,000 patients resolve legal issues that were negatively affecting their health.[32]

III. ESTABLISHING PARTNERSHIPS IN CLEVELAND

Not long after the founding of the first MLP, an attorney obtained a fellowship which brought the MLP model to Ohio.[33] This fellowship allowed The Legal Aid Society of Cleveland,[34] in partnership with MetroHealth, to launch a pediatric-focused MLP.[35] For the next fourteen years that MLP paved a path towards health equity in Cleveland by equipping MetroHealth providers with access to legal assistance for their patients.[36] In 2017, The

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[28] Ellen M. Lawton, *Medical-Legal Partnerships: From Surgery to Prevention?,* 37 MGMT. INFO. EXCH. J. 38, 38-39 (2007).

[29] Joel Teitelbaum & Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity,* 17 YALE J. HEALTH POL'Y, L., & ETHICS, 343, 357 (2017).

[30] *Id.*

[31] *Id.* at 358.

[32] *Impact*, NATIONAL CTR. FOR MEDICAL LEGAL PARTNERSHIP, https://medical-legalpartnership.org/impact/ (last visited Apr. 7, 2022).

[33] *Against All Odds: Mallory Curran Defies Convention to Help Sick Children*, SKADDEN FELLOW PROFILE (Feb. 2006), https://lasclev.org/wp-content/uploads/2011/05/02-06-Curran-Profile.pdf (highlighting Mallory Curran's Skadden Fellowship bringing the MLP to Cleveland); *see generally Legal Services,* METROHEALTH, https://www.metrohealth.org/pediatrics/legal-services (last visited Apr. 7, 2022) (discussing the history and founding year of Cleveland's pediatric MLP).

[34] The Legal Aid Society of Cleveland, formally known as "The Society," was established on May 10, 1905, for the purpose of providing legal assistance to low-income populations. *History,* LEGAL AID SOC'Y CLEVELAND, https://lasclev.org/about-us/history/ (last visited Apr. 7, 2022). It is the fifth-oldest legal aid society in the world. *Id.* In its first year of operation, Legal Aid represented 456 clients. *Id.* By 1970, around 30,000 clients were being represented in civil, criminal, and juvenile cases. *Id.* Today, The Legal Aid Society of Cleveland serves clients in civil matters across five counties in Ohio with a volunteer roster of more than 3,000 attorneys and approximately 120 in-house members, including attorneys and support staff. *Id.*

[35] METROHEALTH, *supra* note 33.

[36] *Id.*

Legal Aid Society of Cleveland and SVCMC[37] developed a new MLP to address the civil legal needs of St. Vincent's adult behavioral health patients, including those in treatment for substance use disorders.[38]

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[37] SVCMC, a Catholic hospital owned by the Sisters of Charity Health System, first opened its doors as St. Vincent Charity Hospital on October 10, 1865. *History & Timeline*, ST. VINCENT CHARITY MED. CTR, https://www.stvincentcharity.com/about/history-timeline/ (last visited Mar. 27, 2022). When the Sisters of Charity arrived in the United States, they came with the goal of providing care "regardless of creed, race or ability to pay." *About*, ST. VINCENT CHARITY MED. CTR., https://www.stvincentcharity.com/about/ (last visited Apr. 7, 2022). Over the past century and a half, the hospital has expanded its service capabilities. *Id.* The hospital has continued to operate on these principles of service and charity. *Id.* Individuals in the hospital's leadership attribute the hospital's continued survival in the very competitive Northeast Ohio hospital environment to the unwavering dedication to the hospital's broader mission. *See* Jonathan Walsh & Mark Ackerman, *How Will Hospitals Rebound After Years of Growth and Consolidation?* NEWS 5 CLEVELAND (May 8, 2020, 2:58 PM), https://www.news5cleveland.com/news/localnews/investigations/the-rebound-recovering-from-a-pandemic-after-years-of-hospital-growth-and-ownership-consolidation ("looking back to the year 2000, there were 42 hospitals in Northeast Ohio according to a registry of the Cleveland Hospital Association. Those hospitals had 30 different owners." As of 2020, only eight of those forty-two – one being the Veteran's Affairs hospital –remained independent of a major hospital system. "Cleveland Clinic, UH, and Summa own 66% of the hospitals that were listed in 2000."); Interview with Sister Miriam Erb, Vice President Mission & Ministry, St. Vincent Charity Med. Ctr. (Nov. 9, 2021) (notes on file with authors). SVCMC has been at the forefront of many medical milestones, including performance of the first short-stem hip replacement surgery in the U.S., and being the first hospital in the region to offer bariatric surgery. *History & Timeline*, ST. VINCENT CHARITY MED. CTR, https://www.stvincentcharity.com/about/history-timeline/ (last visited Apr. 7, 2022). SVCMC has a history in behavioral healthcare dating back to the early 1950s. *Id.* Rosary Hall Solarium was founded in 1952 for addiction recovery services and has been in continuous operation ever since. *Id.* Its founder, Sr. Mary Ignatia Gavin, CSA, previously worked at St. Thomas Hospital in Akron, the birthplace of Alcoholics Anonymous. *Id.* SVCMC is also home to one of two psychiatric emergency departments in Ohio; the other is in Cincinnati, four hours away. *See Emergency Medicine*, ST. VINCENT CHARITY MED. CTR., https://www.stvincentcharity.com/services-centers/emergency-medicine (last visited Apr. 7, 2022) (A Psychiatric Emergency Department (PED) services individuals aged 18 years or older with the most extreme psychiatric emergencies in its 10-bed facility, only seeing patients who present with a psychiatric issue as their primary diagnosis. The PED is a locked unit that provides crisis stabilization, as well as 23-hour observation and assessment. In this setting, patients have access to a psychiatrist or licensed practitioner around the clock, as well as nurses, mental health technicians, and security officers to ensure the safety of all. Patients experiencing a psychiatric crisis may be brought to the PED by area police, their family, nursing homes, and may also self-refer. In fact, the Cleveland Clinic, Cleveland Police Department (CPD), and Emergency Medical Services (EMS) rely on SVCMC's PED to absorb and treat their most extreme psychiatric cases); *see also Emergency Services*, UNIV. CINCINNATI MED. CTR., https://www.uchealth.com/university-of-cincinnati-medical-center/services/emergency-services/ (last visited Apr. 7, 2022) ("[T]he only program of its kind in southwestern Ohio – provides round-the-clock care to patients in crisis with psychiatric emergencies, or for those experiencing suicidal and/or homicidal feelings. While many hospitals manage psychiatric patients within their medical emergency departments, our multidisciplinary team of psychiatrists, nurses, social workers, and nurse practitioners

As a part of the Central Neighborhood of Cleveland for over 150 years, SVCMC put the needs of its community at the heart of the creation of the MLP.[39] In 2017, following a Community Needs Assessment, SVCMC reached out to The Legal Aid Society of Cleveland to establish a MLP.[40] Already a partner with MetroHealth, Legal Aid brought the experience and expertise to the creation of a new MLP at SVCMC.[41]

The Central Neighborhood has a population of 11,689 with almost sixty percent of the population who are aged 18 and older.[42] The community is approximately ninety percent Black/African American, and the median household income is $10,440 as compared to the median income of Cleveland which is $30,907.[43] Sixty-nine percent of the community lives below poverty, with nine out of ten residents eligible for food assistance and one in three households living in housing that is unaffordable to them.[44] With several shelter options within walking distance of the hospital[45] and the hospital's focus on behavioral health, the partnership would need to serve many transient patients and their families.[46]

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quickly assesses and stabilizes patients in our dedicated psychiatric ER, located at Deaconess Hospital, then refers them to the appropriate treatment.").

[38] *St. Vincent Charity Medical Center & Legal Aid Partner to Improve Health of Patients*, LEGAL AID SOC'Y CLEVELAND (Oct. 16, 2017, 3:00 PM), https://lasclev.org/10162017-2/.

[39] *St. Vincent Charity Medical Center, Legal Aid Partner to Improve Health of Addiction, Psychiatric Patients*, ST. VINCENT CHARITY MED. CTR. (Oct. 16, 2017), https://www.stvincentcharity.com/news-releases/post/st-vincent-charity-medical-center-legal-aid-partner-to-improve-health-of-addiction-psychiatric-patients/.

[40] *Get to Know: Jennifer Kinsley Smith and Legal Aid's Medical Legal Partnership*, CAMPUS DISTRICT (Sept. 15, 2021), https://campusdistrict.org/news/2021/9/14/meet-your-neighbor-jennifer-kinsley-smith-and-legal-aid-society-of-cleveland.

[41] *Id.*

[42] Alex Dorman, *Community Factsheets*, CTR. FOR CMTY. SOLS. (Sept. 2021), https://www.communitysolutions.com/resources/community-fact-sheets/cleveland-neighborhoods-and-wards/ (choose Central under "Cleveland Neighborhoods" and download fact sheet).

[43] *Id.*

[44] *Id.*

[45] The distance from St. Vincent Charity Medical Center, the Men's Shelter, the City Mission Shelter, and the Norma Herr Women's Shelter is walkable. *See* GOOGLE MAPS, http://maps.google.com (the authors calculated the distance between the mailing address for each shelter and the mailing address for St. Vincent Charity Medical Center. The Men's Shelter at 2100 Lakeside (2100 Lakeside Avenue East, Cleveland, OH 44114) is 1.2 miles from St. Vincent Charity Medical Center (2351 East 22nd Street, Cleveland, OH 44115); The City Mission Shelter (5310 Carnegie Avenue, Cleveland, OH 44103) is located 1.3 miles from St. Vincent Charity Medical Center; The Norma Herr Women's Shelter (2227 Payne Avenue, Cleveland, OH 44114) is located 0.7 miles from St. Vincent Charity Medical Center).

[46] *See About*, HAP LEGAL SERVS. TO END HOMELESSNESS, https://www.haplegal.org/about/ (last visited Apr. 7, 2022) (explaining that individuals experiencing homelessness often live transient lives and experience mental illness).

IV. LAUNCHING THE SVCMC MLP

The partnership between SVCMC and Legal Aid began in October 2017.[47] The program, funded by philanthropic support from the community,[48] launched with one housing attorney on site at SVCMC, two days per week, focusing on the psychiatric emergency department and behavioral health units.[49] By March of the following year, the program had grown to two attorneys and was slowly beginning to expand throughout the hospital.[50] Joseph's Home, the health system's medical-respite shelter for men, the medical-surgical unit, and several outpatient clinics were added to the program before the end of 2018.[51] In July 2018, the MLP referral system was embedded into the electronic medical record (EMR) to expedite the connection between patients and lawyers.[52] This allowed SVCMC to refer patients to the MLP in the same way that consults, or orders would be placed for the patient while in the hospital.[53]

In the first quarter of operation, the MLP served eleven patients in matters related to public utilities, child custody, Medicaid, food assistance, subsidized housing, and private landlord/tenant issues.[54] All but one referral came from social work staff.[55] By end of 2018, the MLP was serving eighty-nine patients who were facing twenty-seven different types of legal issues;

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[47] *Interdisciplinary Medical Legal Partnership Takes Holistic Approach to Wellness*, ST. VINCENT CHARITY MED. CTR. (Aug. 15, 2018), https://www.stvincentcharity.com/radiant/posts/interdisciplinary-medical-legal-partnership-takes-holistic-approach-to-wellness.

[48] *"Removing Legal Barriers to Recover at St. Vincent Charity Medical Center" Podcast with Cover2 Resources*, ST. VINCENT CHARITY MED. CTR. (Nov. 30, 2018), https://www.stvincentcharity.com/radiant/posts/removing-legal-barriers-to-recovery-at-st-vincent-charity-medical-center-podcast-with-cover2-resources.

[49] Colleen Schrappen, *Solving Legal Issues Can Improve Mental Health Treatment Outcomes*, CATHOLIC HEALTH WORLD (Oct. 1, 2018), https://www.chausa.org/publications/catholic-health-world/archives/issues/october-1-2018/solving-legal-issues-can-improve-mental-health-treatment-outcomes.

[50] *Id.* (discussing how the medical legal partnership started, but it has since grown and expanded). On March 13, 2018, the MLP services expanded from inpatient behavioral health to Joseph's Home, a medical respite shelter for men. Throughout March, planning and training occurred to allow for the following expansion dates: April 3, 2018 - Medical Surgical Units, May 10, 2018 - Pastoral Care, May 16, 2018 - HCC Wound Care.

[51] ST. VINCENT CHARITY MED. CTR., *supra* note 47.

[52] Memorandum from the St. Vincent Charity Med. Ctr and Legal Aid Soc'y of Cleveland Med.-Legal P'ship on Road Map for Onboarding MLP (Sept. 10, 2018) (on file with authors).

[53] Memorandum from the St. Vincent Charity Med. Ctr. and Legal Aid Soc'y of Cleveland Med.-Legal P'ship on Job Aid for Behavioral Health Social Work (July 2, 2018) (on file with authors).

[54] Memorandum from the St. Vincent Charity Med. Ctr. and Legal Aid Soc'y Med.-Legal P'ship on Fourth Quarter Report (Oct.-Dec. 2017) (on file with authors).

[55] *Id.*

the most prevalent being related to safe and stable housing.[56] The referral sources began to diversify in that second year with seventy referrals coming from social workers, eight clients self-referring or returning, and five coming from nursing.[57] The remaining referrals came from physicians, nurse practitioners, and pastoral care chaplains.[58] It is our position as the providers, both legal and medical who serve this partnership, that this expansion in referral sources highlights the house-wide expansion of the partnership through provider education and buy-in. As providers became more knowledgeable about the partnership, they felt empowered to make referrals and to encourage patients to reach out to the partnership for assistance.[59] The MLP continued to see increases in cases and referral sources through 2019.[60] Jointly as both the medical and legal providers referring to and serving this MLP, we expected that these trends would continue into 2020, but the pandemic changed the trajectory of our growth as it did to many others.[61] On March 9, 2020, Ohio confirmed a reporting of its first COVID-19 case.[62] Both nationally and at SVCMC, drastic changes were made to accommodate COVID-19 developments. These changes provide important context for reviewing the associated changes within the MLPs.

A. National Impact on Healthcare Availability

Medical care adjusted to the new incoming cases by pausing or delaying treatments in order to accommodate COVID-19 treatments. In fact, according to the CDC, "modeling studies have estimated that delayed screening and treatment for breast and colorectal cancer could result in almost 10,000 preventable deaths in the United States."[63] These delays in other care has caused healthcare systems in general to lose ground in the

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[56] Memorandum from the St. Vincent Charity Med. Ctr. and Legal Aid Soc'y Med.-Legal P'ship on Fourth Quarter Report (Oct.-Dec. 2018) (on file with authors).
[57] *Id.*
[58] *Id.*
[59] Interview with Dr. Edward Kilbane, Med. Dir. of Inpatient Psychiatry and Psychiatric Emergency Serv., (Sept. 15, 2021) (on file with authors).
[60] Memorandum from the St. Vincent Charity Med. Ctr. and Legal Aid Society Med.-Legal P'ship on Q. Reports 1-4 (Jan.-Mar., Apr.-June, July-Sept., Oct.-Dec. 2019) (on file with Authors).
[61] Karen A. Hacker et al., *COVID-19 and Chronic Disease: The Impact Now and in the Future,* 18 PREV. CHRONIC DIS. 2 (June 17, 2021), https://www.cdc.gov/pcd/issues/2021/21_0086.htm.
[62] Andy Chow, *Ohio Confirms First Cases of Coronavirus*, STATEHOUSE NEWS BUREAU (Mar. 9, 2020, 7:52 PM), https://www.statenews.org/government-politics/2020-03-09/ohio-confirms-first-cases-of-coronavirus.
[63] Cengiz Karacin et al., *"Swords and Shields" against COVID-19 for patients with cancer at "clean" and "pandemic" hospitals: are we ready for the second wave?,* 29 SUPPORTIVE CARE IN CANCER 4587, 4592 (Jan. 22, 2021).

prevention of all chronic diseases, mental health, and substance abuse.[64] However, certain conditions were worsening, for instance depressive symptoms have a threefold higher prevalence during the COVID-19 pandemic when compared to before the pandemic.[65] In general, visits to the emergency department decreased during the pandemic.[66] Despite this trend, emergency department visits for overdoses increased in 2020 when compared to 2019.[67] This was particularly true of opioid overdoses.[68]

B. SVCMC Trends

Due to its relatively small size, large amounts of data are not available to extrapolate the pandemic's impact at SVCMC. Nevertheless, one area where the pandemic's impact was immediately seen was in flu shot administration. In the Health Care Center (HCC) at SVCMC, an outpatient primary care unit, flu shot administration decreased by twenty-four percent, with 300 flu shots administered in 2019 compared to 229 in 2020.[69] In the first six months of 2021, only thirteen flu vaccinations were administered at the HCC.[70] Typically, over ninety percent of flu shots are administered in the last six months of the year, which could partially account for the decline.[71]

C. SVCMC Provider Perspectives[72]

At the time of writing, anecdotal discussion of healthcare provider experiences provides the most accessible accounts of the impact the

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[64] Hacker et al., *supra* note 61.

[65] Catherine K. Ettman et al., *Prevalence of Depression Symptoms in US Adults Before and During the COVID-19 Pandemic*, 3 JAMA NETWORK OPEN 1, 9 (Sept. 2, 2020).

[66] Hacker et al., *supra* note 61.

[67] Kristin M. Holland et al., *Trends in US Emergency Department Visits for Mental Health, Overdose, and Violence Outcomes Before and During the COVID-19 Pandemic*, 78 JAMA PSYCH. 372, 372–379 (Feb. 3, 2021).

[68] *Id.*

[69] E-mail from Julie Terlizzi, Director of Outpatient Practice Operations, to Carrie Lang, Project Manager (Oct. 21, 2021) (on file with author).

[70] *Id.*

[71] *Weekly Cumulative Estimated Number of Influenza Vaccinations Administered in Pharmacies and Physician Medical Offices, Adults 18 years and older, United States*, CTRS. FOR DISEASE CTR'L (Updated Feb. 24, 2022), https://data.cdc.gov/Vaccinations/Weekly-Cumulative-Estimated-Number-of-Influenza-Va/83ng-twza.

[72] There is precedent for using provider experiences and anecdotes to describe evolving medical situations where data is not yet available. A form of this is a pulse survey. This technique has been used by the Department of Health and Human Services. A pulse survey was conducted in the Spring of 2020 to gauge provider experiences and anticipate pandemic needs. *Hospital Experiences Responding to the COVID-19 Pandemic: Results of a National Pulse Survey March 23-27, 2020*, HHS OFF. OF INSPECTOR GENERAL, (April 3, 2020), https://oig.hhs.gov/oei/reports/oei-06-20-00300.pdf.

pandemic had on SVCMC. The information contained within this section reflects the perspectives of authors Dr. Edward J. Kilbane and Dr. Keyvan Ravakhah. These perspectives are based upon their departmental leadership and service to the hospital throughout the ongoing COVID-19 pandemic. These views also make comparisons based upon their experiences with patient treatment and outcomes prior to the onset of the pandemic at SVCMC.

Edward J. Kilbane, M.D., M.A., joined SVCMC in July 2018 and serves as its Medical Director of Inpatient Psychiatry and Psychiatric Emergency Services.[73] In this role, Dr. Kilbane has administrative responsibility for all inpatient psychiatric services and clinical oversight of patients within those programs, including the Psychiatric Emergency Department (PED).[74]

Dr. Kilbane observed that many individuals who frequent the psychiatric departments that he oversees manage their mental illness using long acting injectables. Patients generally access these injections at clinics in the community. When community clinics closed abruptly during the pandemic,[75] Dr. Kilbane noted an increase in previously stable individuals who were experiencing deterioration in their mental status to the point of crisis and coming for treatment in the PED. He had to adjust his practice to begin the provision of these injections within the PED.

Similarly, Dr. Kilbane also noticed during the pandemic that his patient population living with substance use disorders and psychiatric diagnoses lacked access to their support groups such as Alcoholics Anonymous or Narcotics Anonymous when the meetings became virtual. Dr. Kilbane's patients often lack consistent internet access due to housing instability or limited financial resources. He further noted that in 2019, the PED averaged approximately 350 patients per month, but in 2020, that number dropped to approximately 250 patients per month.[76] The largest reduction in patient population was in walk-in patients as opposed to individuals who were being brought in by the police, nursing homes, carceral facilities, or family members for treatment.

Keyvan Ravakhah, M.D., M.B.A., has chaired the Internal Medicine Department and the Internal Medicine Graduate Medical Education (GME)

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[73] *Edward J. Kilbane*, ST. VINCENT CHARITY MED. CTR., https://www.stvincentcharity.com/physicians/edward-j-kilbane/ (last visited Mar. 30, 2022).

[74] *Id.*

[75] Dave "Dino" DeNatale, *MetroHealth to Temporarily Close Three Northeast Ohio Centers to Help with COVID-19 Staffing*, WKYC, https://www.wkyc.com/article/news/health/coronavirus/metrohealth-temporarily-closing-three-northeast-ohio-centers-covid-19-staffing/95-1cc330ae-5c6c-4bae-b1eb-a008a59057e1 (Dec. 22, 2021).

[76] E-mail from Diana Wiggins, St. Vincent Charity Med. Ctr. Clinical Applications Analyst, to Carrie Lang, Project Manager (Nov. 24, 2021) (on file with author).

program at SVCMC since 2011.[77] He oversees approximately fifty GME residents annually.[78] Dr. Ravakhah and the GME residents see patients in the Ambulatory/ Health Care Center (HCC).[79] The HCC saw 1,167 patient visits in 2019, 1,064 patient visits in 2020, and within the first six months of 2021, 795 patient visits.[80]

Dr. Ravakhah similarly shared his thoughts and observations from the early phases of the pandemic.[81] He noted that there was a decrease in both inpatient and outpatient interactions with patients.[82] Not only did patients fail to appear for scheduled appointments during this time, they also did not refill prescriptions, attend diagnostic testing, or follow through with recommended procedures.[83] Dr. Ravakhah shared that most patients who have seen him regularly for ten or more years for the management of chronic illness, stopped attending appointments and the majority of his practice was for acute pathologies.[84] As the pandemic continued on, more restrictions became necessary to protect patients.

On March 22, 2020, SVCMC suspended patient visitation except for end-of-life situations and altered mental status, ranging from confusion to coma.[85] Visitation restrictions continue to this day, although not nearly to the extent as early in the pandemic.[86] Psychiatric visitation is unique and was not reopened until August 16, 2021, however, psychiatric visitation was extremely limited prior to the pandemic as well.[87] On March 22, 2020, Ohio

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[77] *Internal Medicine Residency*, ST. VINCENT CHARITY MED. CTR., https://www.stvincentcharity.com/education-research/internal-medicine-residency (last visited Mar. 30, 2022).

[78] *Internal Medicine Residents 2020*, ST. VINCENT CHARITY MED. CTR., https://www.stvincentcharity.com/media/1651/website-residents-2020.pdf.

[79] *About Our Programs*, ST. VINCENT CHARITY MED. CTR., (last visited Apr. 8, 2022), https://www.stvincentcharity.com/education-research/internal-medicine-residency/about-our-programs ("Experiences include residents' primary care practices, subspecialty clinics and nursing home visits: - primary care and subspecialty services are delivered through the Ambulatory Care Center (HCC) at St. Vincent Charity Medical Center.").

[80] E-mail from Diana Wiggins, St. Vincent Charity Med. Ctr. Clinical Applications Analyst, to Carrie Lang, Project Manager (Dec. 1, 2021) (on file with author).

[81] Interview with Keyvan Ravakhah, M.D., MBA, Chairman, Internal Med. Dep't (July 8, 2021) (on file with author).

[82] *Id.*

[83] *Id.*

[84] *Id.*

[85] Memorandum from Maureen Nagg, Manager, Marketing and Communications, St. Vincent Charity Medical Center, to all SVCMC staff (Mar. 20, 2020) (on file with author).

[86] *Patients and Visitors*, ST. VINCENT CHARITY MED. CTR. (last updated June 15, 2020), https://www.stvincentcharity.com/patients-and-visitors/; Email from Dr. Edward Kilbane, Med. Dir. of Inpatient Psychiatry and Psychiatric Emergency Servs. at St. Vincent Charity Med. Ctr. (Oct. 7, 2021) (on file with author).

[87] *Id.*

issued a statewide stay-at-home order.[88] The state eventually lifted the order on May 1, 2020, in favor of a new "Stay Safe Ohio" order, which allowed businesses that could operate in compliance with safety standards to reopen, and the resumption of elective medical procedures.[89]

Alongside other COVID-19 policy changes, the state of Ohio expanded telehealth services in March of 2020.[90] This was a critical factor in providing continuity of care for those with chronic medical and psychiatric illnesses.

To address the legal needs that SVCMC identified and to promote MLP services, on April 1, 2020, the hospital provided guidance to all SVCMC caregivers for patients to self-refer to the MLP via a memorandum.[91] SVCMC distributed the messaging house-wide due to limited census and limited contact between hospitalized patients and social work staff.[92] In its messaging, the hospital provided directions on collecting signed patient releases and providing patient contact information to the MLP.[93]

a. Visitation on Psychiatric Units[94]

As mentioned above, visitation on the psychiatric units at SVCMC reopened later than other units, in August 2021.[95] However, pre-pandemic restrictions on visitation continue to be in effect, and visitation remains

[88] Eric Heisig, *Ohio Issues Stay-at-Home Order for All Residents to Combat Spread of Coronavirus*, CLEVELAND.COM, https://www.cleveland.com/open/2020/03/ohio-issues-stay-at-home-order-for-all-residents-to-combat-spread-of-coronavirus.html, (Mar. 22, 2020, 2:34PM).

[89] *Director's Stay Safe Ohio Order*, OHIO DEPT. HEALTH (May 12, 2020), https://coronavirus.ohio.gov/static/publicorders/Directors-Stay-Safe-Ohio-Order.pdf.

[90] Bevan Blake, *Ohio's Pandemic Telemedicine Flexibilities for Physicians Extended to End of 2021*, TRIAGE HEALTH L. (Aug. 24, 2021), https://www.triagehealthlawblog.com/regulatory-compliance/ohios-pandemic-telemedicine-flexibilities-for-physicians-extended-to-end-of-2021/.

[91] Memorandum from Hosp. Incident Command Ctr. to all St. Vincent Charity Med. Ctr. Caregivers (Apr. 1, 2020) (on file with authors).

[92] E-mail from Maureen Nagg, Manager, Mktg. and Communications, to St. Vincent Charity Med. Ctr. (Apr. 1, 2020, 1:11 pm) (on file with authors).

[93] *Id.*

[94] The following discussion on visitation in psychiatric units includes references both to practices and procedures at the various SVCMC psychiatric units, and to national trends and studies on psychiatric visitation generally. Information relative to visitation on SVCMC psychiatric units was provided by author and Director of Psychiatric Emergency Services and Inpatient Psychiatric Services at SVCMC, Dr. Edward Kilbane.

[95] Email from Dr. Edward Kilbane, Med. Director of Inpatient Psychiatry and Psychiatric Emergency Services at St. Vincent Charity Med. Ctr. (Oct. 7, 2021, 8:44 am) (on file with authors) [hereinafter Email from Dr. Edward Kilbane]; Email from Maureen Nagg, *supra* note 92.

extremely limited.[96] Nationally, patients experiencing behavioral health emergencies benefit from the involvement of family members with whom they have a positive relationship, and visitation on behavioral health units is thought to be an important contributor to patient recovery.[97] The behavioral health units at SVCMC had the strictest visitation restrictions in the hospital throughout the pandemic,[98] and therefore it seems natural to explore whether this lack of visitation further exacerbated the stress of the pandemic. However, dedicated research that specifically examines the relationship between visitation and patient outcomes is scant. Instead, visitation is often evaluated under the broader context of familial support.[99] A study by Haselden *et al.* examined the impact of a composite family/staff involvement variable, discussions with family regarding the patient's mental and physical health, and family involvement with discharge planning, in relationship to attending an outpatient mental health appointment within seven and thirty days.[100] These activities were positively associated with the outcome of attending a follow-up appointment during the specified time period.[101]

Looking specifically at SVCMC, Dr. Kilbane stated that prior to the pandemic, he believed that patients would have experienced increased anxiety and difficulty with coordination of discharge planning with family if visitation was prohibited.[102] However, in practice, Dr. Kilbane observed that the all-encompassing nature of the pandemic was so great that individuals and their families were overwhelmed with surviving the pandemic and its impacts.[103] Therefore, he did not believe the suspension of visitation was a significant issue for his patient population.[104]

Additionally, as stated above, visitation is typically limited in behavioral health units.[105] The reasons for this limitation include protection of patient privacy, emotional sensitivity of the patient population, as well as exposure to individuals in states of undress, agitation, and intoxication.[106] In Dr.

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[96] Email from Dr. Edward Kilbane, *supra* note 95; Email from Maureen Nagg, *supra* note 92.

[97] Morgan Haselden et al., *Family Involvement in Psychiatric Hospitalizations: Associations with Discharge Planning and Aftercare Attendance*, 70 **PSYCHIATRIC SERVS. 860, 860–66** (2019).

[98] Email from Dr. Edward Kilbane, *supra* note 95.

[99] Amy Drapalski et al., *Involving Families in the Care of Persons with Schizophrenia and Other Serious Mental Illnesses: History, Evidence and Recommendations*, 3(1) CLINICAL SCHIZOPHRENIA & RELATED PSYCHOSES (2009).

[100] Haselden et al., *supra* note 97 at 862.

[101] *Id.*

[102] E-mail from Dr. Edward Kilbane, *supra* note 95.

[103] *Id.*

[104] *Id.*

[105] *Id.*

[106] *Id.*

Kilbane's experience, this environment is not typically conducive to productive family visits even in the absence of a pandemic.[107]

Dr. Kilbane also highlighted the reduced ability of case managers and SVCMC social workers to visit the unit and coordinate with patients.[108] He believes these factors had more of an impact on patients than the lack of visitation.[109] Nationally, a major challenge for patients is the management of the transition from the safe, structured environment of a psychiatric unit to their everyday life, which often includes stressors that are not easily changed.[110] As case management often provides support in obtaining or maintaining benefits or housing and rental assistance, lack of connection can contribute to the termination of benefits, subsidies, and housing.[111] Decreased availability of other community support makes a connection to the MLP more critical to ensure stability, especially during the pandemic.[112] Planning for post-discharge case management is essential to successfully bridging the gap from inpatient to outpatient.[113]

b. Limitation on Outpatient Services

Primarily, inpatient behavioral health hospitalization is intended to manage acute behavioral health issues that cannot be effectively managed in an outpatient setting, sometimes considered a "last resort."[114] Inability to manage someone in an outpatient setting might be indicated for individuals who are a danger to themselves or others, those using substances, experiencing psychosis, or in need of medication and symptom management beyond the capacity of an outpatient psychiatrist.[115] The inpatient setting is structured and provides stability for patients through intensive treatment programs.[116] Based on his experience, Dr. Kilbane notes that during the

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[107] *Id.*
[108] *Id.*
[109] *Id.*
[110] Paul N. Pfeiffer et al., *Preferences and Barriers to Care Following Psychiatric Hospitalization at Two Veterans Affairs Medical Centers: A Mixed Methods Study*, 43 J. BEHAV. HEALTH SERV. RES. 88, 94–101 (Jan. 2016).
[111] *See id.* at 93–94 (finding that after discharge from inpatient psychiatry service, two of the most commonly desired services that patients were not already receiving were housing and employment assistance).
[112] *Id.*
[113] *Id.* at 101.
[114] Tanya J. Peterson, *Inpatient Mental Health Treatment Facilities: Who Needs One?*, HEALTHYPLACE (Oct. 2019), https://www.healthyplace.com/other-info/mental-illness-overview/inpatient-mental-health-treatment-facilities-who-needs-one.
[115] *Id.*
[116] *See id.* (discussing types of inpatient mental health services and treatment, including intense mental health treatment).

pandemic, outpatient mental health services were already reduced or difficult to access and coordination with case managers became increasingly difficult.[117] When behavioral health patients are unable to connect with follow-up care and case management upon or prior to discharge, they have greater difficulty achieving healthy outcomes.[118] Because the pandemic caused stress and anxiety on top of the preexisting mental health issues, people's access to health care – specifically mental health care – was impaired.[119] Further, the consequence of unsuccessfully linking inpatient and outpatient care frequently contributes to a cycle of hospital readmission.[120]

In the early phase of the pandemic, outpatient services were severely limited, making the discharge transition more perilous.[121] Unfortunately, even prior to the pandemic, continuity of care after a behavioral health discharge was inconsistent, with "roughly 30%-50% of individuals admitted to hospital psychiatric units fail[ing] to attend an aftercare appointment within thirty days of discharge" in one 2020 study.[122] Based on a 2007 study, only forty-nine percent of patients received follow-up behavioral health care in the thirty days after a psychiatric hospitalization discharge.[123] In another study, sixty-five percent of patients failed to attend scheduled or rescheduled initial referral mental health appointments after discharge.[124] The study demonstrated that "clinical bridging strategies" are key to increasing this figure.[125] Among the strategies tested, treatment sessions that included family as a part of the medical care team were particularly effective in linking inpatient care with more consistent outpatient care.[126] Additionally, for

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[117] E-mail correspondence with Dr. Edward Kilbane, *supra* note 95.
[118] Boyer et al., *infra* note 124 at 1592.
[119] *See* Betty Pfefferbaum & Carol S. North, *Mental Health and the Covid-19 Pandemic*, 383 NEW ENG. J. MED. 510, 511 (2020) (discussing the impact of the COVID-19 pandemic on mental health).
[120] Donisi V. et al., *Pre-Discharge Factors Predicting Readmissions of Psychiatric Patients: A Systematic Review of the Literature*, 16(1) BMC PSYCHIATRY 449 (Dec. 2016); Janet Durbin et al., *Is Readmission a Valid Indicator of the Quality of Inpatient Psychiatric Care?*, 34 J. BEHAV. HEALTH SERV. RSCH. 137 (Apr. 2007).
[121] Sarah L. Kopelovich et al., *Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness*, 57 CMTY. MENTAL HEALTH J. 405 (June 2020).
[122] Thomas E. Smith et al., *Relationship Between Continuity of Care and Discharge Planning After Hospital Psychiatric Admission*, 71 PSYCHIATRIC SERVS. 75, 75 (Jan. 2020).
[123] Bradley D. Stein et al., *Predictors of Timely Follow-Up Care Among Medicaid-Enrolled Adults After Psychiatric Hospitalization*, 58 PSYCHIATRIC SERVS. 1563, 1565 (2007).
[124] Carol A. Boyer et al., *Identifying Risk Factors and Key Strategies in Linkage to Outpatient Psychiatric Care*, 157 AM. J. PSYCHIATRY 1592, 1594 (2000).
[125] *Id.* at 1596 (finding that the most meaningful "clinical bridging strategies" included inpatients' beginning outpatient programs before discharge, communication about discharge plans… and sessions that made the family a part of the treatment team").
[126] *Id.* at 1595–96.

psychiatric units that utilize family interventions as a linking strategy, a 2000 study identified increased utilization of other types of linking strategies for those facilities.[127] It is well known that correlation is not equivalent to causation, but it is possible that increased family involvement helps facilitate usage of multiple linkage modalities.[128] In the same study, communication between inpatient and outpatient staff prior to discharge was found to increase the likelihood of adherence to follow-up care.[129] Yet, Dr. Kilbane pointed out that all of these strategies were disrupted at SVCMC due to the COVID-19 pandemic and related restrictions.[130]

SVCMC providers encouraged continued outpatient care by highlighting the improvement of patients' symptoms during their hospital stay.[131] Often, SVCMC providers use motivational interviewing/enhancement, a type of psychotherapy that aims to move patients through a cycle of change to document patient willingness to stay motivated for treatment.[132] This type of positive reinforcement is paired with an array of resources at discharge.[133] When an individual is discharged from an inpatient behavioral health unit or from the PED at SVCMC, the patient either has an appointment scheduled for them or is given a resource list to make an appointment for themselves.[134] The latter is more common for individuals in the PED because of staff workload—patients are seen twenty-four hours per day, seven days per week.[135] If staff deem a patient stable to discharge from the PED, the patient is usually expected to call a provider for follow-up from the list provided to the patient at discharge.[136] Hospitalized behavioral health patients or individuals in the PED can be referred to an array of providers and programs, including, but not limited to, outpatient psychiatrists (MDs, DOs),

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[127] *Id.* at 1596.

[128] *See id.* ("The most meaningful and successful linkage strategies involved an interpersonal dimension that reduced the in-patient-outpatient dichotomy (25). These strategies included inpatients' beginning outpatient programs before discharge, communication about discharge plans be-tween inpatient and outpatient staff, and sessions that made the family a part of the treatment team. Prior work has also shown that inpatient psychiatric units that re-ported more family interventions during a hospital stay were also oriented to using more linkage strategies").

[129] *Id.* at 1595.

[130] E-mail correspondence with Dr. Edward Kilbane, Medical Director of Inpatient Psychiatry and Psychiatric Emergency Services, St. Vincent Charity Medical Center (Sept. 22, 2021).

[131] *Id.*

[132] *Id. See also* Brad W. Lundahl et al., *A Meta-Analysis of Motivational Interviewing: Twenty-Five Years of Empirical Studies*, 20 RSCH. ON SOC. WORK PRAC. 137, 138 (2010) (discussing motivational interviewing's counseling approach).

[133] Email correspondence with Dr. Edward Kilbane, *supra* note 95.

[134] *Id.*

[135] *Id.*

[136] *Id.*

psychiatric nurse practitioners, outpatient psychotherapists (MDs, DOs, psychologists, social workers), outpatient substance use treatment providers, intensive outpatient programs, or residential treatment programs.[137] Whatever the choice of follow-up, timing is key.

As a practical matter, the timing of the follow-up appointment depends on the clinical scenario and the availability of appointments.[138] SVCMC staff try to ensure that patients discharged from inpatient care are seen within two weeks after discharge.[139] However, the majority of patients are seen in an outpatient setting within thirty days.[140] Dr. Kilbane explains that, if an individual has a specific acute medical issue, they are referred to the appropriate provider, independent of their psychiatric or substance-abuse treatment referral.[141]

Patients in the SVCMC PED are often discharged with information specific to their particular medical issue, a list of providers (as described above), and direction to additional resources available in the community.[142] SVCMC staff provide individuals discharged from an inpatient behavioral health unit with the above-mentioned materials and a discharge packet from the on-unit social work team.[143] Prioritizing connection to care and case management, as SVCMC does, can help overcome barriers to health.[144]

V. SVCMC'S EFFORTS TO RESPOND TO THE COVID-19 PANDEMIC

As previously mentioned, the COVID-19 pandemic exacerbated pre-existing racial disparities in accessing care.[145] As the pandemic pushed services online, those without access to certain technologies were left behind—further exacerbating patterns of unequal access to information technologies based on factors such as race and income.[146] This "technology

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[137] *Id.*
[138] *Id.*
[139] *Id.*
[140] *Id.*
[141] *Id.*
[142] *Id.*
[143] *Id.*
[144] *Case Managers Can Ease Health Inequities and Barriers to Care*, RELIAS MEDIA (Aug. 1, 2019), https://www.reliasmedia.com/articles/144745-case-managers-can-ease-health-inequities-and-barriers-to-care.
[145] *See* Bambino Geno Tai et al., *supra* note 10 (discussing the pandemic and racial disparities).
[146] *See* Sara Atske & Andrew Perrin, *Home Broadband Adoption, Computer Ownership Vary by Race, Ethnicity in the U.S.*, PEW RES. CTR. (July 16, 2021), https://www.pewresearch.org/fact-tank/2021/07/16/home-broadband-adoption-computer-ownership-vary-by-race-ethnicity-in-the-u-s/ (reporting survey results on racial differences in desktop, broadband, and smartphone ownership); *See* Emily Vogels, *Digital Divide Persists even as Americans with Lower Incomes make Gains in Tech Adoption*, PEW RES.

gap" has been demonstrated nationwide and in surveys specifically focused on the Cleveland Central Neighborhood, where internet access an access to computers within the home is less common than the rest of Cleveland.[147]

A 2021 Pew Research survey found that Hispanic (65%) and Black adults (71%) are less likely than White adults (80%) to have broadband at home.[148] Furthermore, Black adults are also more likely than White adults to believe this lack of access to broadband is a major disadvantage in monitoring the pandemic and connecting with doctors or other health care professionals.[149] While smartphone ownership and use are similar among groups, Black and Hispanic adults are less likely to own a desktop computer than white adults (69%, 67%, 80%, respectively).[150]

Although the expansion of telehealth services during the pandemic has allowed more individuals to access care in a safe environment, pre-existing racial disparities in technology access once again results in reduced benefits to minority communities..[151] Advocacy for health equity through the provision of technology that would allow telehealth access for those patients who would otherwise be unable to access this type of care is something that MLPs should consider.

While disparities were far reaching in relation to technology access, they also persisted in relation to other social determinants of health such as access to food and safe housing. In 2021, the Kaiser Family Foundation (KFF) published a report based on the Census Bureau's Household Pulse Survey.[152] Because the survey was instituted in response to COVID-19, there is no "pre-pandemic [data] for comparison."[153] Nevertheless, the information is useful

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CTR. (June 22, 2021), https://www.pewresearch.org/fact-tank/2021/06/22/digital-divide-persists-even-as-americans-with-lower-incomes-make-gains-in-tech-adoption/ (reporting survey results on income-based differences in access to broadband).

[147] *See generally* Mossberger et al., *Race, Place and Information Technology*, 41 URB. AFFS. REV. 583, 587–89 (2006) (discussing racial and ethnic dimensions in the technology gap of certain information technologies); *see also* Dorman, *supra* note 42 (finding that 46.4% of households in the Central Neighborhood did not have internet access and 28.1% did not have a computing device in 2019).

[148] Atske & Perrin, *supra* note 146.

[149] *Id.*

[150] *Id.*

[151] *See* Robert P. Pierce & James J. Stevermer, *Disparities in the use of Telehealth at the onset of the COVID-19 Public Health Emergency,* 0 J. TELEMEDICINE & TELECARE 1, 3 (2020) (finding that "telehealth was used less often by Blacks and those identifying as other race, compared with whites").

[152] Kendal Orgera et al., *Tracking Social Determinants of Health During the COVID-19 Pandemic*, KAISER FAM. FOUND. (Dec. 15, 2021), https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/.

[153] *Id.*

as a snapshot of the current situation in the United States.[154] Key findings from survey data, collected in 2021 between September 29 and October 11, show that one in three adults reported symptoms of anxiety or depression, greater than fifty percent of adults said they had difficulty paying for normal household expenses over the past week, and "nearly seven in ten of Black and Hispanic adults (68.6% and 65.7%, respectively) reported difficulty paying household expenditures compared to 45.7% of White adults."[155] Further, Black and Hispanic adults are more likely than White adults to report that they have no confidence that they can make the next month's housing payment, suffer from food insufficiency in the household, and live in a house that experienced a loss of employment income in the last four weeks.[156]

These national trends can be seen in Ohio and the Cleveland community as well. According to the Greater Cleveland Food Bank, more than 150,000 people turned to the food bank for the first time in 2020—twice as many during the same period in 2019.[157] Similarly, the Center for Community Solutions surveyed more than 350 individuals from Ohio about their experiences during the pandemic; nearly "[seventy-eight] percent of respondents indicated difficulty in affording cost-of-living expenses."[158]

A. Early Efforts of the Pandemic: SVCMC and the MLP

In light of the many health impacts and disparities highlighted above, SVCMC turned to their Community Advisory Board (CAB) to work in partnership with the Central Neighborhood to identify and address pervasive SDOH impacting the residents and the community at large.[159] The CAB is comprised of people of all backgrounds who live, work, and play in and

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[154] *See, e.g.*, *Week 39 Household Pulse Survey: September 29-October 11*, U.S. CENSUS BUREAU, https://www.census.gov/data/tables/2021/demo/hhp/hhp39.html (Oct. 20, 2021) ("The HPS is designed to provide near real-time data on how the pandemic has affected people's lives.").

[155] Orgera et al., *supra* note 152.

[156] *Id.*

[157] *An Unprecedented Year: Meeting the Need*, GREATER CLEVELAND FOOD BANK (Sept. 9, 2021), https://issuu.com/gcfb/docs/gcfb_ar_fy20_web_sep-pages.

[158] Alex Dorman & Hope Lane, *New Survey Shows Nearly 80 Percent of Ohio Households Struggled to Make Ends Meet During the Pandemic: What Has Helped?*, CTR. CMTY. SOLS. at 1 (Oct. 11, 2021), https://www.communitysolutions.com/wp-content/uploads/2021/10/Issue-Brief_SNAP-Pandemic-Help_DormanLane_101121-1.pdf.

[159] *SEE* ST. VINCENT CHARITY MEDICAL CENTER, COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY 2020-2022 15 (2020), https://www.stvincentcharity.com/media/1602/02525_2020healthstrategyart.pdf (noting that the CAB "will serve to establish and facilitate an ongoing dialogue to rebuild and enhance the relationship between the hospital and community in an effort to inform the hospital's plans/programs to meet community needs").

around the Central Neighborhood.[160] When the pandemic started, the newly formed SVCMC CAB worked diligently to address the need of the community.[161] The purpose of the CAB is to strengthen SVCMC's relationship with the surrounding community.[162] Hospital administration connected with the CAB early into the pandemic in order to identify the most urgent needs of the surrounding community. In response to that connection and community outreach, the CAB distributed meals, hundreds of masks, and other personal protective equipment to the community.[163] Later, SVMC CAB distributed flyers in the community regarding vaccination locations and availability.[164]

While the CAB worked to address the immediate needs of the Central Neighborhood, the Outpatient Behavioral Health Clinic worked to connect behavioral health patients with much needed follow-up care.[165] SVCMC opened the Outpatient Behavioral Health Clinic to encourage follow-up care for those who are discharged from on-unit behavioral health floors at SVCMC.[166] The most common SDOH that providers see in this clinic are lack of affordable housing, lack of stable income, trauma, and substance use disorders.[167] In response to the pandemic, the clinic provided a range of telehealth options including virtual appointments with a therapist or care coordinator, and they also utilized phone calls and texting options.[168] Outpatient Behavioral Health Clinic staff report that the telehealth option is minimally utilized due to the lack of access to technology that this client population experiences.[169]

The MLP at SVCMC also went completely remote in March 2020.[170] Because the MLP team was no longer on-site at the hospital, they were unable to reach patients in-person on the units.[171] In the SVCMC MLP staff's opinion, the decrease in on-site presence, reliance on technology, and an overall decrease in hospital census led to a drop in referrals to the program.[172]

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[160] Internal document from SVCMC CAB (Dec 7, 2021) (on file with author).
[161] *Id.*
[162] *Id.*
[163] *Id.*
[164] Interview with Carrie Lang, Community Outreach Planning (Jan. 19, 2021).
[165] Interview with Alison Jakubowski, Care Coordinator, St. Vincent Charity Med. Ctr. Outpatient Behavioral Health Clinic (Sept. 27, 2021).
[166] *Id.*
[167] *Id.*
[168] *Id.*
[169] *Id.*
[170] Email from Jennifer Kinsley Smith and Elizabeth Lattner, St. Vincent Charity Med. Center and Legal Aid Soc'y Med.-Legal P'ship Att'y & Paralegal, to All Staff, St. Vincent Charity Med. Ctr.r (Mar. 20, 2020) (on file with authors).
[171] *Id.*
[172] *Id.*

In the second quarter of 2020, the MLP handled forty-seven cases and had forty-four distinct clients.[173] In comparison to the seventy-six cases that the MLP handled in the fourth quarter of 2019, the numbers dropped substantially.[174] With fewer individual referrals, MLP attention turned to systemic advocacy instead and focused on advocacy surrounding resources for the unhoused, housing insecure, and access to food resources for those who were food insecure for the first time.[175] Accordingly, the types of cases the MLP worked on also changed – clients were much more focused on basic life needs such as food, shelter, and stable income.[176] For example, in the second quarter of 2020, the MLP handled thirteen cases related to income and twelve cases related to stable housing.[177] After identifying this change in community needs, the MLP added a paralegal to the team to connect clients with resources and to assist the attorney with the case load.[178]

To keep in touch with providers and health care staff while not on-site, the MLP team increased provider education by sending frequent emails to SVCMC providers with updates on the changes in public benefits, emergency assistance programs, and the eviction moratorium extensions and terminations.[179] The MLP held virtual trainings for providers on civil legal topics such as public benefits and housing in hopes that this would help them to better spot these issues in the patient population.[180]

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[173] St. Vincent Charity Hosp. and Legal Aid Soc'y Med.-Legal P'ship Apr. 2020–June 2020 Second Q. Rep. (on file with authors).

[174] St. Vincent Charity Hosp. and Legal Aid Soc'y Med.-Legal P'ship Oct. 2019–Dec. 2019 Fourth Q. Rep. (on file with authors).

[175] *Legal Aid's Jennifer Kinsley, Esq., Named a 2020 "Champion of Central,"* THE LEGAL AID SOC'Y OF CLEV. (Dec. 8, 2020, 1:23PM), https://lasclev.org/12082020-2/; Linda Gandee, *Avon resident Jennifer Kinsley offers legal help to those in need*, CLEVELAND.COM (Jan. 4, 2021, 11:48AM), https://www.legalbluebook.com/bluebook/v21/rules/18-the-internet-electronic-media-and-other-nonprint-resources/18-2-the-internet.

[176] St. Vincent Charity Hosp. and Legal Aid Soc'y Med.-Legal P'ship, *supra* note 173.

[177] *Id.*

[178] *See Alumni News | Liz Lattner fights for her clients' legal and housing needs*, COLL. OF ARTS & SCIENCES F. (Dec. 17, 2021, 9:49AM), https://www.ohio-forum.com/2021/12/alumni-news-liz-lattner-fights-for-her-clients-legal-and-housing-needs/(discussing how Lattner's case load as an MLP paralegal assists community needs).

[179] Emails from the St. Vincent Charity Med. Ctr. Legal Aid Soc'y Med.-Legal P'ship to St. Vincent Charity Med. Center, Providers and Health Care Staff, (March 2020-Sept. 2021) (on file with authors).

[180] Training was conducted by Jennifer Kinsley Smith and Elizabeth Lattner, authors on this paper. Training on housing and public benefits law were prioritized because this was a primary concern during the pandemic. Further, providers were trained on the eviction moratorium and the federal public health emergency since those regulations impacted patient-client's housing and income situations. For example, providers were taught that every SNAP (food stamps) household should be receiving the maximum benefit amount until further notice. This empowered them to identify the issue if a patient told them that their SNAP benefit decreased. Similarly, providers were trained on what steps needed to be

A substantial barrier Legal Aid SVCMC patient-clients face is the aforementioned technology gap.[181] During the pandemic, when the majority of the world went remote, patient-clients struggled to connect with the MLP.[182] This struggle impeded their ability to connect with follow-up care providers and impeded their ability to engage with the MLP. As previously mentioned, Legal Aid's client population does not have widespread access to the technology needed to substantially engage in a remote world. The MLP's primary mode of communication with clients is through phone or by mail. Many clients use their phone to access a website. This posed a problem during the pandemic when court appearances were held virtually, or when the mail was taking substantially longer to be delivered and processed.[183]

As vaccines began to rollout and "work from home" policies expired, the MLP began to see pre-pandemic numbers again.[184] In the third quarter of 2021, July through September, the MLP handled sixty-seven cases and served fifty-two unique clients.[185] In the fourth quarter of 2021, the SVCMC MLP opened forty-three cases in the quarter and handled eighty-three total cases.[186] This was the largest case volume ever experienced by the program.

However, the types of cases the MLP is handling has not returned to pre-pandemic norms. While housing has always been a common case type at the MLP, the number of housing cases the MLP handles has increased drastically. In the third quarter of 2021, July through September, the MLP

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taken for patients to be protected under the eviction moratorium. This empowered the providers to promptly address a patient-client's concern about losing their home during the pandemic.

[181] *See* Dorman, *supra* note 42 (discussing how in the Central Neighborhood, 46.4% of households did not have internet access and 28.1% did not have a computing device in 2019).

[182] YUSEN ZHAI, A CALL FOR ADDRESSING BARRIERS TO TELEMEDICINE: HEALTH DISPARITIES DURING THE COVID-19 PANDEMIC (2020); SVCMC MLP staff regularly encountered clients reporting inability to connect with government agencies, income supports, telehealth appointments and court appearances due to their limited access to computers, smart phones, copy/fax machines, and limited knowledge of applications/platforms such as Zoom, Webex and Microsoft Teams.

[183] Jordan Vandenberge, *In-Depth: Data shows impact of record demand, pandemic on USPS on-time delivery rate*, NEWS 5 CLEVELAND (last updated Mar. 2, 2021, 6:02 PM), https://www.news5cleveland.com/news/local-news/in-depth/in-depth-data-shows-impact-of-record-demand-pandemic-on-usps-on-time-delivery-rate; Alexis Oatman, *Coronavirus delays plague Cleveland Post Office during holidays*, CLEVELAND.COM (Dec. 9, 2020), https://www.cleveland.com/news/2020/12/coronavirus-delays-plague-cleveland-post-office-during-holidays.html.

[184] St. Vincent Charity Hosp. and Legal Aid Soc'y Med.-Legal P'ship July 2021–Sept. 2021 Third Q. Rep. (on file with authors).

[185] *Id.*

[186] St. Vincent Charity Hosp. and Legal Aid Soc'y Med.-Legal P'ship July 2021–Sept. 2021 Fourth Q. Rep. (on file with authors).

handled seventeen housing related legal cases as compared to seven total housing related legal cases in the prior quarter. Many of the housing cases handled were for evictions or unsafe housing conditions. Eviction filings in Cleveland initially decreased during the pandemic and especially decreased from 2019.[187] This decrease was likely due to the federal Centers for Disease Control and Prevention (CDC) order placing a moratorium on evictions, which the U.S. Supreme Court overturned in August 2021.[188] Initial data indicates an increase in evictions in September 2021.[189]

Moreover, "[i]n Ohio, 5,510 eviction cases total were filed in August, according to state court data. In September, the total increased 22% to 6,747 filings."[190] Organizationally, The Legal Aid Society of Cleveland similarly saw a tremendous increase in housing and eviction related matters between July and September of 2021.[191] That trend continued into the fourth quarter of 2021; however, Cleveland saw a reduction in average monthly eviction filings for the first time since the end of the eviction moratorium during the first quarter of 2022.[192]

Additionally, the MLP saw an increase in family law cases. In the third quarter of 2021, the MLP handled twelve family cases and most family cases were for divorce. It is the authors' opinion that one reason for this increase in referrals may be a result of the targeted effort to increase screening for the MLP at SVCMC through the pilot program discussed below.

B. The Pilot Program[193]

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[187] STOUT, CLEVELAND EVICTION RIGHT TO COUNSEL ANNUAL INDEP. EVALUATION 23 (2022); EVICTION LAB, https://evictionlab.org/eviction-tracking/cleveland-oh/ (last visited Mar. 5, 2022).

[188] Liam Niemeyer & Katie Myers, *No Shelter: Eviction Protections are Latest Safety Net to Erode, as COVID-19 Rages On*, OHIO VALLEY RESOURCE (Oct. 22, 2021), https://ohiovalleyresource.org/2021/10/22/no-shelter-eviction-protections-are-latest-safety-net-to-erode-as-covid-19-rages-on/; STOUT, *supra* note 187.

[189] Niemeyer & Myers, *supra* note 188.

[190] *Id.*

[191] Interview with David Johnson, Legal Aid Society of Cleveland Data and Evaluation Manager (Dec. 8, 2021) (on file with author).

[192] Interview with David Johnson, Legal Aid Society of Cleveland Data and Evaluation Manager (Dec. 8, 2021) (on file with author); *Cleveland, OH*, EVICTION LAB (last accessed Apr. 17, 2022), https://evictionlab.org/eviction-tracking/cleveland-oh/.

[193] This section describes a pilot program created jointly by the authors of this paper to address the increased needs of the SVCMC patient population following the early phases of the Coronavirus pandemic. The program launched in August of 2021. The discussion of this program from implementation to plans for the future is based on the first-person experience of the legal and medical providers who created and implemented the program at SVCMC.

a. Implementation

When the pandemic protections, such as the eviction moratorium and the emergency SNAP allotment, started to wind-down, the MLP staff brainstormed a targeted plan to address the aftermath of the pandemic. The MLP staff decided to create a referral pilot program with two SVCMC providers focused on mental and physical health respectively. These two providers—Dr. Kilbane and Dr. Ravakhah—were chosen for this pilot because research shows that COVID-19 has negatively impacted both physical and mental health.[194] Additionally, the MLP staff launched the program in Dr. Kilbane's PED and Dr. Ravakhah's HCC to better engage these programs that were not consistently referring to the MLP pre-pandemic. The goal of the pilot program was to increase screening for health harming legal needs to connect more patients with civil legal services.

Dr. Kilbane identified nurses in the PED who would refer to the MLP and Dr. Ravakhah chose four internal medicine residents working in the HCC to train on making referrals. The MLP team met with the referring residents and nurses to obtain feedback on what processes would work best for their day-to-day practices. The MLP team met with IT to incorporate the referrals into established processes. The IT team created buildouts in the electronic medical records system that allowed the providers to make referrals using technology with which they were already familiar.

MLP staff trained Dr. Ravakhah's internal medicine residents on identifying civil legal needs in the patients they were seeing. The staff instructed the residents to not ask a specific question to prompt a referral, but instead the staff encouraged the residents to identify civil legal issues in a way that felt comfortable for them when communicating with their patients. This was an intentional decision by the MLP team because the residents are often spending more time with the patients than the nurses are in the PED. Because of the quick turnaround for PED patients, the nurses were trained to ask a very specific question:

> "As a patient at SVCMC, you have access to free legal services through Legal Aid. Legal Aid can help with issues like housing conditions, eviction, public benefits, income, and employment. Would you like to talk with a lawyer about any non-criminal legal matters?"[195]

[194] Hacker et al., *supra* note 61.

[195] Job aid—PED Nursing Assessment (Aug. 30, 2021) (unpublished SVCMC internal document) (on file with authors).

If the patient answered "Yes," an Authorization for Release of Information form was signed, and a referral was sent to Legal Aid through the electronic medical record system.

b. Results and Outcomes[196]

After identifying the referring providers, and developing screeners and technology, the MLP staff was ready to launch the Pilot Program.[197] The Pilot Program launched in the HCC on August 4, 2021 and in the PED on September 1, 2021.[198] The first referral came through on August 10th from one of Dr. Ravakhah's medical residents.[199] From then until December 10th, the program received sixty-seven referrals for patients in the PED or the HCC.[200] Nurses in the PED sent fifty-five referrals, and medical residents in the HCC sent twelve referrals.[201] From those referrals, the staff opened cases for civil legal issues such as improper nursing home discharge, eviction, identity theft, Supplemental Security Income (SSI) benefit termination, and utility shut off.[202] These case types are all tangentially related to the pandemic in some way. For example, a utility shut-off and eviction resulted from decreased income during the pandemic and the ending of the eviction moratorium. In another example, an SSI termination case resulted from the client's inability to provide verifying documents while the Social Security Administration offices were closed.

Providers and other individuals also referred patients for problems where there was no legal issue, and the patient was seeking connection to social services.[203] For example, many referrals were for housing locator services, public benefit, rental, and utility assistance applications.[204] In response to those referral types, the MLP provided resources such as the phone number to apply for rental assistance or the Greater Cleveland Food Bank help line to apply for food benefits. These social issues are also health harming but unfortunately, do not have a legal solution that can be offered by The Legal Aid Society of Cleveland. Although the MLP did not open cases for those

[196] The results discussed within this section reflect the first-hand experiences of the providers and legal team that make up the SVCMC MLP. All experiences, trends, and data relative to this project are internal to the program and are based upon the personal knowledge of the authors of this paper.
[197] MLP Pilot Program Referral Data Spreadsheet (Aug. 4, 2021) (unpublished SVCMC internal document) (on file with authors).
[198] *Id.*
[199] *Id.*
[200] *Id.*
[201] *Id.*
[202] *Id.*
[203] *Id.*
[204] *Id.*

individuals, they still highlight the basic life needs that were unmet during the pandemic.

c. Limitations[205]

As discussed in the pilot results data, the HCC sent very few referrals.[206] It is unlikely that the reasoning behind this is that patients in the HCC have fewer civil legal barriers than patients in the PED. There could be many reasons for this, but one may be the referral source. The mental and physical toll that the pandemic has had on healthcare workers should not be understated. Healthcare workers are being pushed to lengths previously unimaginable.[207] Medical residents may not have the capacity to make referrals in addition to their long list of duties. It is imperative to find a way to make the referral seamless within the referring provider's established practices. Programs looking to duplicate this project should consider the above limitations when determining logistics of referrals. Otherwise, a referral to the MLP is just one more responsibility added to the already long list of tasks healthcare workers are unable to find time for in the current climate.

VI. LESSONS FOR THE FUTURE

In order to identify trends in one's community, the authors of this paper recommend that legal entities implement an MLP, similar to the SVCMC MLP, with a local health care partner. After an analysis of the SVCMC MLP, we suggest adding a full-time social worker or community health worker as

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[205] This section is written based upon the first-person knowledge of authors Jennifer Kinsley Smith and Elizabeth Lattner. Jennifer and Elizabeth staffed the SVCMC MLP during the implementation of this pilot program at the medical center as attorney and paralegal respectively. The main setback in this program was that the contact information provided on the referrals was sometimes outdated. When referrals are made, the information sent to the MLP team stems from the face sheet that SVCMC has for the patient. The face sheet is created by the registration department at the time of the patient's first visit to the hospital. If the patient returns to the hospital weeks, months, or even years later, that face sheet may not be correctly updated. This means that the document feeding the referral system may contain outdated contact information. Because many of the SVCMC MLP patient-clients do not have a stable address or phone number, this method created a problem with reaching patients who were referred. After identifying this issue, the MLP team addressed it by encouraging providers to make sure the contact information was up to date. One way to handle this was through a notes section on the referral. The MLP team implemented this so that the referring provider could fill in an updated phone number or address if necessary.

[206] MLP Pilot Program Referral Data Spreadsheet, *supra* note 197.

[207] Ed Yong, *Why Health-Care Workers are Quitting in Droves*, ATLANTIC (Nov. 16, 2021), https://www.theatlantic.com/health/archive/2021/11/the-mass-exodus-of-americas-health-care-workers/620713/.

part of the MLP. At all stages of the pandemic, the MLP received case referrals for social, not legal, needs. A social or community health worker would be better equipped to address those needs.[208] As mentioned above, social needs are also health harming. Having a social worker and an attorney work together at an MLP would enhance wrap around services and better address whole-person care.

Healthcare centers should be doing more to encourage mental health evaluation and connection to legal assistance for all patients as we enter a new phase of COVID response. Legal aid programs have an opportunity to partner with healthcare centers to address health harming social needs that have legal solutions.[209] Providing these legal solutions for low-income patients can address the justice gap and health inequity.[210] It is anticipated that there will be an increase in civil legal needs as COVID-19 relief programs begin to wind down, especially given concerns around erroneous Medicaid terminations.[211] These needs will undoubtedly contribute to health disparities if unmet, especially in patients living with mental illness.[212] When starting an MLP, programs should take into consideration the above pilot program. Referral source and referral process integration should also be taken into consideration. Further, programs interested in beginning an MLP should review the toolkit for the creation of MLPs at the National Center for Medical-Legal Partnerships website.[213]

The Medical-Legal Partnership at SVCMC aims to practice preventative law by identifying legal issues through screening processes rather than

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[208] Jeffrey David Colvin et al., *Integrating Social Workers into Medical-Legal Partnerships: Comprehensive Problem Solving for Patients,* 57 SOC.WORK 333–341 (Oct. 2012), https://doi.org/10.1093/sw/sws012.

[209] *Impact,* NAT'L CTR. FOR MED. LEGAL P'SHIP (2022), https://medical-legalpartnership.org/impact/.

[210] *Id.*

[211] *The COVID-19 Economy's Effect on Food, Housing, and Employment Hardships*, CTR. ON BUDGET AND POL'Y PRIORITIES, https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-economys-effects-on-food-housing-and.; Sara Rosenbaum et al., *Winding Down Continuous Enrollment for Medicaid Beneficiaries When the Public Health Emergency Ends,* THE COMMONWEALTH FUND, (Jan. 7, 2021), https://www.commonwealthfund.org/publications/issue-briefs/2021/jan/winding-down-enrollment-medicaid-health-emergency-ends.

[212] Emma James, MD et al., *Impact of a Medical-Legal Partnership Program on Readmissions to a Family Medicine Inpatient Service*, MEDRXIV, (July 14, 2020), https://www.medrxiv.org/content/10.1101/2020.07.12.20152009v1.full.pdf.

[213] Kate Marple et al., *Bringing Lawyers onto Health Center Care Team to Promote Patient & Community Health: A Planning Implementation, and Practice Guide for Building and Sustaining a Health Center-Based MLP,* NAT'L CTR. MED. LEGAL P'SHIP (Oct. 6, 2020), https://medical-legalpartnership.org/mlp-resources/health-center-toolkit/.

waiting for legal crises to occur.[214] Based on our experience, when a legal practice becomes embedded in a healthcare system, patients' legal needs can be identified using a proactive screening model that fits within the healthcare system's existing workflow.[215] This allows health harming legal needs to be addressed before they become emergencies. Addressing health harming legal needs improves not only the patient's health, but the general health of the community.[216] Whether responding to personal, natural, or pandemic disaster, the MLP is a tool that healthcare systems should employ to address patient health proactively and holistically.

[214] Sarah Beardon et al., *International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review*, PUB. HEALTH REVS., (Apr. 26, 2021), https://doi.org/10.3389/phrs.2021.1603976.
[215] Joanna Theiss & Marsha Regenstein, *Facing the Need: Screening Practices for the Social Determinants of Health*, 45 J. OF LAW, MED. & ETHICS 431–441, 439, (Oct. 18, 2017), https://journals.sagepub.com/doi/full/10.1177/1073110517737543.
[216] Marsha Regenstein et al., *Addressing Social Determinants of Health Through Medical-Legal Partnerships,* HEALTH AFFS. (Mar. 2018), https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2017.1264.