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# Medical-Legal Partnerships At Veterans Affairs Medical Centers Improved Housing And Psychosocial Outcomes For Vets

**ABSTRACT** Medical-legal partnerships—collaborations between legal professionals and health care providers that help patients address civil legal problems that can affect health and well-being—have been implemented at several Veterans Affairs (VA) medical centers to serve homeless and low-income veterans with mental illness. We describe the outcomes of veterans who accessed legal services at four partnership sites in Connecticut and New York in the period 2014–16. The partnerships served 950 veterans, who collectively had 1,384 legal issues; on average, the issues took 5.4 hours' worth of legal services to resolve. The most common problems were related to VA benefits, housing, family issues, and consumer issues. Among a subsample of 148 veterans who were followed for one year, we observed significant improvements in housing, income, and mental health. Veterans who received more partnership services showed greater improvements in housing and mental health than those who received fewer services, and those who achieved their predefined legal goals showed greater improvements in housing status and community integration than those who did not. Medical-legal partnerships represent an opportunity to expand cross-sector, community-based partnerships in the VA health care system to address social determinants of mental health.

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**M**edical-legal partnerships have been established in nearly three hundred health care institutions across forty US states.<sup>1</sup> The partnerships are an evolving service model in which lawyers are integrated into health care settings to help patients resolve civil legal issues that may affect their health or access to health care and social services. The partnerships typically address issues related to income security, health insurance, housing, education, employment, and personal and family stability.<sup>2</sup> Studies have shown that these partnerships can benefit asthma patients,<sup>3</sup> improve the lives of cancer patients,<sup>4</sup>

decrease barriers to care for children,<sup>5</sup> help underserved populations in rural areas,<sup>6</sup> and reduce stress among low-income patients.<sup>7</sup> However, we are not aware of any previous study of their benefits for low-income adults with mental health problems, homelessness, or both.

The Department of Veterans Affairs (VA) operates the largest integrated health care system in the United States, which serves as a safety net for millions of veterans.<sup>8,9</sup> Thus, it is an ideal setting for a study of how medical-legal partnerships operate within an array of comprehensive medical, mental health, social, and other specialty services. While the VA has funded programs to address criminal justice problems through pro-

grams such as the Veterans Justice Program, there has been little focus on civil legal problems that can affect health and impede recovery. Annual surveys of homeless and at-risk veterans have consistently reported that civil legal assistance is among the top unmet needs in this population.<sup>10</sup> To date, there are only fifteen VA medical-legal partnerships.<sup>11</sup>

The VA has no statutory authority to directly provide or contract for legal services for veterans. As a result, many low-income veterans rely on legal aid organizations, which are often understaffed and do not have expertise with veterans' issues. To fill this gap, a growing number of outside legal organizations have partnered with local VA medical centers to form medical-legal partnerships that provide free civil legal services to low-income, disabled, and other disadvantaged veterans.<sup>12,13</sup>

We aimed to describe the legal services provided to and legal outcomes of over 900 veterans with mental illness, homelessness, or both who sought assistance in four grant-funded medical-legal partnership demonstration projects at VA medical centers in Connecticut and New York; and to examine the mental health outcomes of a subsample of veterans who received full legal representation through the partnerships over a one-year period. The results provide a comprehensive examination of VA medical-legal partnership services and outcomes and may inform the ongoing development of the partnerships in the VA and other health care systems.

## Study Data And Methods

**PROGRAM DESCRIPTIONS** In Connecticut, the Connecticut Veterans Legal Center partnered with the VA Connecticut Healthcare System, which has facilities in West Haven and Newington.<sup>13</sup> The medical-legal partnership was established in 2009 with the mission of helping veterans recovering from homelessness and mental illness overcome legal barriers to housing, health care, and income support. The center, a nonprofit organization funded by grants and donations, is located within a psychosocial rehabilitation center at VA Connecticut.

In New York, LegalHealth, a division of the New York Legal Assistance Group that was founded in 2001, provides free legal services to low-income New Yorkers at thirty hospitals and community organizations. In 2013 LegalHealth started providing services (funded by private foundations) at VA hospitals. For this study, LegalHealth partnered with the Manhattan campus of the VA New York Harbor Healthcare System and the James J. Peters VA Medical Center, located in the Bronx.<sup>14</sup>

The medical-legal partnerships in Connecticut and New York received a grant from the Bristol-Myers Squibb Foundation for this study. As part of the grant, both partnerships provided presentations to the VA Mental Health and Social Service Lines to educate clinical providers about partnership services and encourage referrals. The executive directors of both partnerships emphasized the importance of their co-location with VA medical centers for making it easy to communicate with VA providers and schedule veterans for appointments with the legal centers, and for reducing travel barriers for veterans.

All study procedures were approved by Institutional Review Boards at the VA Connecticut Healthcare System, the VA New York Harbor Healthcare System, and the James J. Peters VA Medical Center.

**DATA SOURCE** An online data capture system was created by the Connecticut Veterans Legal Center and LegalHealth to collect administrative legal data on 950 veterans (705 from Connecticut and 245 from New York) who received medical-legal partnership services in the period June 2014–January 2016. The administrative legal data included information on baseline characteristics of veterans, their legal problems, the legal services they received, and their legal outcomes.

A taxonomy of legal problems was developed based on past systems that the two participating legal centers had used and refined over several years. The centers consolidated their systems and reached consensus on each of the categories of legal problems to use in this study. Over thirty specific issue categories were reduced to eleven general legal matter categories.

Legal services were grouped into four categories: administrative tasks (for example, gathering a client's medical documentation); consulting, meeting, or interviewing (for example, meeting with a client); preparing, drafting, or researching (for example, drafting a letter); and appearing in court or at a hearing (for example, representing a client in housing court).

To assess legal outcomes, legal staff members worked with clients to create shared legal goals at intake and then determined whether legal goals had been achieved at the end of the case. The data capture system contained a list of over sixty possible goals across different legal issues (for example, judgment for eviction avoided, VA disability compensation obtained, and child support arrearages decreased). Legal goals were placed in three categories, which were combined into two categories: partially or fully achieved, or not achieved.

Comprehensive intake and outcome assessments were conducted by an independent re-

# There is clinical value in expanding the delivery of health care by including partnership services and support efforts by the VA.

search assistant with a subsample of 148 veterans (108 from Connecticut and 40 from New York) every three months for up to one year, using validated measures of housing, mental health, and well-being.

The members of this subsample were selected based on their need for full legal representation for one of four legal problems: housing (for example, evictions), consumer debt (for example, college loans), child support payments, and disability benefits (for example, VA disability compensation or Social Security). These four legal problems were selected based on a review of past legal administrative data, in which they were found to be the most common legal problems among veterans that required full legal representation. *Full legal representation* can be defined as an attorney's undertaking to provide the full range of legal services that are relevant to the existing factual situation and representing the client for as long as it takes to resolve the particular matter.

**MEASURES** Housing status was assessed by asking participants how many days during the previous three months they were housed in each of seven living settings, which were collapsed into four categories: own place (own apartment or house); transitional housing (someone else's place, transitional housing, or a residential program); institution (hospital, or prison or jail); or homeless (living in a shelter or automobile or outdoors).

Income received in the past month was assessed by asking participants the amount of any income from employment, public support sources (for example, VA benefits and Social Security), and informal sources (for example, panhandling). The amounts were summed.

Mental health was assessed with well-validated measures, including the Patient Health Questionnaire-9;<sup>15</sup> the Generalized Anxiety Disor-

der-7;<sup>16</sup> the PTSD Checklist for DSM-5 (the *Diagnostic Manual of Mental Disorders*, Fifth Edition);<sup>17</sup> and the hostility, paranoia, and psychoticism subscales of the Brief Symptom Inventory.<sup>18</sup>

Substance abuse was assessed with items from the Addiction Severity Index<sup>19</sup> and alcohol and drug composite indices, which asked participants how many days they used the substances, how much money they spent on alcohol and drugs in the past thirty days, and how many days they experienced alcohol and drug problems in the past thirty days.

Physical and mental health-related quality of life was assessed with the Short Form 12-Item Health Survey, version 2 (SF-12v2),<sup>20</sup> which generates standardized physical component and mental component summary scores ranging from 0 to 100.

Sense of empowerment was assessed with the twenty-five-item Empowerment Scale.<sup>21</sup> Participants are asked to rate their level of agreement with statements such as "I am usually confident about the decisions I make" on a four-point scale, where 1 is "strongly agree" and 4 is "strongly disagree." The total score is the mean item response, with higher scores indicating greater levels of empowerment.

Citizenship was assessed with an abbreviated twenty-five-item citizenship measure.<sup>22</sup> Participants are asked to respond to statements such as "You have the ability to influence your community or local government" on a five-point scale, where 1 is "not at all/never" and 5 is "a lot/very often." The total score is the mean item response.

Overall quality of life was assessed with the Quality of Life Enjoyment and Satisfaction Questionnaire-Short Form,<sup>23</sup> a fourteen-item measure that asks participants to rate their satisfaction in the past week—using a five-point scale, where 1 is "very poor" and 5 is "very good"—on various life domains (for example, health, work, relationships, and leisure activities). Responses are summed for a total score.

**DATA ANALYSIS** Our analysis proceeded in four phases. First, we used descriptive statistics to describe the full sample of veterans seeking assistance from VA medical-legal partnerships in Connecticut and New York. Second, we examined the number of legal issues that were resolved and the types and amounts of legal services that were provided. We also calculated the average amounts of time required to resolve each issue and spent on each veteran.

Third, we used repeated-measures mixed linear models to analyze outcomes of the subsample of veterans who were followed for one year. A first-order autoregressive covariance structure

was specified. These models were first constructed to examine changes in housing, mental health, and other psychosocial outcomes in the cohort over the one-year period, with time entered as a main effect.

Fourth, we constructed an additional series of models to examine whether two measures—the amount of time during which participants received medical-legal partnership services and whether their legal goals were achieved—were associated with differences in outcomes, after we controlled for baseline values. All of these models included interaction effects between time and minutes of medical-legal partnership service received, and between time and goal attainment. To examine potential multicollinearity issues, we conducted a correlational analysis. This revealed a weak association between minutes of partnership services received and goal attainment (Pearson  $r = 0.04$ ;  $p = 0.17$ ).

**LIMITATIONS** Our study had several limitations. First, it was an observational study that lacked a comparison group, so the causal effects of medical-legal partnership services on outcomes could not be determined.

Second, a group of veterans with heterogeneous legal problems was served. Further study is needed to tease out the relation between specific legal problems and psychosocial outcomes.

Third, we found that some legal problems required longer than a year to resolve. Thus, careful planning will be needed in future studies, to ensure that the resolution of legal problems occurs within the time frame of the study.

Fourth, multiple statistical tests were conducted, which led to a high type I error rate. This was a trade-off to minimize type II errors, given the sample size and opportunity costs in this case.

Fifth, our study included established VA medical-legal partnerships in Connecticut and New York that have served as model programs for other VA medical centers. Thus, our outcomes might not be generalizable to newer partnerships in other geographic regions.

## Study Results

**PARTICIPANTS' CHARACTERISTICS** During the study period, 950 veterans presented to medical-legal partnerships with 1,384 total legal issues (an average of 1.5 legal issues per veteran). The majority of veterans seeking partnership services were male and unmarried (Exhibit 1). The mean age of the veterans was fifty-three, and the mean annual income was below \$25,000. The most common legal matters concerned receipt of VA benefits, housing, family issues, and consumer issues.

# It can be theorized that partnerships address social determinants of health and help stabilize veterans so that they can focus on their recovery.

A comparison of veterans in Connecticut and New York showed that those in New York were significantly older ( $t = 5.98$ ;  $p < 0.001$ ), less likely to have served in Iraq or Afghanistan (chi-square = 557.00;  $p < 0.001$ ), more likely to be black (chi-square = 82.3;  $p < 0.001$ ), and more likely never to have married (chi-square = 14.33;  $p < 0.01$ ). There were also significant differences between veterans in the two states on legal matters (chi-square = 90.8;  $p < 0.001$ ), with the largest differences being in housing (22.9 percentage points more cases in New York) and family issues (9.7 percentage points more cases in Connecticut).

**LEGAL SERVICES** Veterans' legal goals were achieved in 712 (51.4 percent) of the 1,384 issues addressed by the medical-legal partnerships. Their goals were not achieved in 117 issues (8.5 percent), and the remaining 555 issues (40.1.9 percent) were not resolved during the study period. Among legal goals achieved, Exhibit 2 details the number of issues addressed by and the amount of time spent on different legal services. Nearly all of the issues in which veterans' goals were achieved required that representatives of the medical-legal partnership consult, meet with, and interview the parties involved, and most of the time was spent in on these services (Exhibit 2). Only sixty-two (8.7 percent) of the issues required partnerships to be involved in court appearances or hearings, but when those services were needed, they took a substantial amount of time—on average, more than three hours per issue. In the case of issues in which veterans' goals were not achieved, an average of 32.9 minutes was spent per issue (data not shown).

Comparisons of veterans who achieved and did not achieve any legal goal revealed no significant

**EXHIBIT 1**
**Baseline characteristics and legal issues of veterans who presented at medical-legal partnerships in Connecticut and New York**

	Connecticut (n = 705)		New York (n = 245)		Total (N = 950)	
	Mean or count	SD or %	Mean or count	SD or %	Mean or count	SD or %
<b>CHARACTERISTICS</b>						
Mean age (years) <sup>****</sup>	51.7	13.1	57.8	14.8	53.3	13.8
Sex						
Male	623	88.4%	211	86.1%	834	87.8%
Female	82	11.6	34	13.9	116	12.2
Race						
White	372	52.8%	48	19.6%	420	44.2%
Black <sup>****</sup>	230	32.6	128	52.2	358	37.7
Other	103	14.6	69	26.2	172	18.1
Marital status						
Married	159	23.3%	70	29.5%	229	24.9%
Divorced or separated <sup>a</sup>	294	43.0	69	29.1	363	39.5
Never married <sup>***</sup>	230	33.7	98	41.4	328	35.7
VA disability percentage	51.6%	34.4%	55.8%	31.5%	51.7%	34.3%
Annual income	\$20,707.20	\$37,911.00	\$24,645.20	\$28,426.80	\$21,666.30	\$35,858.50
Served in Iraq or Afghanistan <sup>****</sup>	141	20.0%	3	1.2%	144	15.2%
<b>LEGAL ISSUES PRESENTED TO MEDICAL-LEGAL PARTNERSHIP****</b>						
Consumer (for example, debt)	122	10.9%	30	11.3%	152	11.0%
Criminal	80	7.2	1	0.4	81	5.9
Employment	19	1.7	2	0.8	21	1.5
Estate or probate	35	3.1	26	9.8	61	4.4
Family (for example, divorce or child support)	154	13.8	11	4.1	165	11.9
Housing (for example, eviction)	186	16.6	105	39.5	291	21.0
Military (for example, discharge upgrade)	79	7.1	5	1.9	84	6.1
Public benefits (for example, Social Security)	90	8.1	22	8.3	112	8.1
Taxes	38	3.4	1	0.4	39	2.8
VA benefits	310	27.7	61	22.9	371	26.8
Other	5	0.4	2	0.8	7	0.5
Total number of issues	1,118	— <sup>b</sup>	266	— <sup>b</sup>	1,384	— <sup>b</sup>

**SOURCE** Authors' analysis of administrative legal data from the two partnerships studied, June 2014–January 2016. **NOTES** SD is standard deviation. VA is Veterans Affairs. <sup>a</sup>Including nine veterans from New York who were widowed. <sup>b</sup>Not applicable. <sup>\*\*\*</sup> $p < 0.01$  <sup>\*\*\*\*</sup> $p < 0.001$

**EXHIBIT 2**
**Type and duration of legal services provided to veterans by medical-legal partnerships in Connecticut and New York, for resolved issues**

Category	Number of issues	Mean minutes spent per issue	Number of veterans	Mean minutes spent per veteran
Administrative tasks	335	40.3	309	43.7
Consulting, meeting, interviewing	705	159.2	582	192.9
Preparing, drafting, researching	527	96.9	463	110.3
Appearing in court or at a hearing	62	209.8	57	228.2
Unique total	712	324.6	589	392.3

**SOURCE** Authors' analysis of administrative legal data from the two partnerships studied, June 2014–January 2016. **NOTES** The categories of legal services are explained in the text. Issues and veterans could fall into more than one category.

differences in background characteristics, but there were significant differences in legal matters (see the online Appendix).<sup>24</sup> Among the largest differences, veterans who achieved a legal goal were more likely to have issues related to consumer and housing matters, and less likely to have issues related to criminal and military matters.

**OUTCOMES** Of the subsample of 148 veterans who received full legal representation for housing issues, consumer debt, child support, or disability benefits (Exhibit 3), 112 (75.7 percent) had met their legal goal within the one-year study period (data not shown). There was notable attrition in assessments over the year, with 52.0 percent of the veterans assessed at three months ( $n = 77$ ) and 37.2 percent assessed at twelve months ( $n = 55$ ). When we compared veterans who had dropped out by twelve months and those who had not, we found that the former were significantly younger and more likely to have served in Iraq or Afghanistan. However, there were no significant differences in any other baseline measure or type of legal matter.

In the first three months, veterans who received full legal representation showed significant reductions in symptoms of hostility, paranoia, psychosis, generalized anxiety disorder (GAD-7), and posttraumatic stress disorder (PCL-5) (Exhibit 3). An analysis of the SF-12v2 subscales also revealed significant improvements on the general health subscale ( $F = 7.61$ ;  $p < 0.01$ ) by three months (data not shown).

At twelve months, veterans continued to show significant reductions in symptoms of hostility, paranoia, and generalized anxiety disorder and had improvements in housing status and total income. They also showed significant improvements on the SF-12v2 general health ( $F = 4.73$ ;  $p < 0.05$ ) and mental health subscales ( $F = 4.26$ ;  $p < 0.05$ ) (data not shown). A further examination of the increase in total income at twelve months revealed a significant increase in income from VA disability compensation ( $F = 4.97$ ;  $p < 0.05$ ), but no significant increase in income from employment ( $F = 0.16$ ;  $p = 0.69$ ) or other public sources of support

**EXHIBIT 3**

**Housing, mental health, and psychosocial outcomes at various times during a one-year period for veterans who received full legal representation through medical-legal partnerships in Connecticut and New York**

Outcome	Coefficient					Change from baseline in:	
	Baseline ( $n = 148$ )	3 mo. ( $n = 77$ )	6 mo. ( $n = 66$ )	9 mo. ( $n = 53$ )	12 mo. ( $n = 55$ )	First 3 mo. (F)	12 mo. (F)
Days in own housing	62.0	67.6	75.1	76.2	74.3	1.04	8.92***
Days homeless	4.1	1.9	1.3	0.0	0.3	1.16	7.35***
Total income	\$1,197.14	\$1,286.12	\$1,319.83	\$1,575.64	\$1,693.40	0.37	9.99***
Empowerment scale	2.1	2.1	2.1	2.1	2.1	0.12	0.19
Citizenship scale	85.9	87.9	86.0	85.9	84.8	0.66	0.23
BSI, hostility	0.9	0.6	0.6	0.7	0.6	5.21**	8.26***
BSI, paranoia	1.3	1.0	1.0	1.1	1.0	6.82**	5.85**
BSI, psychoticism	1.1	0.8	0.8	1.0	0.9	8.64***	1.37
GAD-7	9.6	7.0	6.4	7.5	7.5	8.30***	6.44**
PCL-5	35.5	29.4	29.3	33.6	32.9	4.50**	0.70
PHQ-9	10.8	9.3	8.9	10.5	10.1	2.02	0.36
Quality-of-life scale	40.8	43.8	43.7	41.9	32.2	3.50	1.44
Money spent on alcohol, drugs, or both	40.1	21.2	14.6	21.2	12.1	0.42	1.50
Days had problems with alcohol, drugs, or both	0.7	1.9	0.2	0.4	0.0	1.85	1.54
SF-12v2, physical component	40.0	40.3	40.0	38.2	37.9	0.03	1.86
SF-12v2, mental component	36.9	40.4	40.5	38.6	39.8	3.84	2.20

**SOURCE** Authors' analysis of collected outcome data from the two partnerships studied, June 2014–January 2016. **NOTES** BSI is Brief Symptom Inventory. GAD-7 is Generalized Anxiety Disorder–7. PCL-5 is PTSD Checklist for DSM-5 (the *Diagnostic Manual of Mental Disorders*, Fifth Edition). PHQ-9 is Patient Health Questionnaire-9 (PHQ-9). SF-12v2 is Short Form 12-Item Health Survey, version 2. \*\* $p < 0.05$  \*\*\* $p < 0.01$

( $F = 2.93$ ;  $p = 0.09$ ) (data not shown).

Outcomes were further analyzed to determine whether the amount of medical-legal partnership services received or the successful accomplishment of prespecified legal goals was associated with greater improvements in outcomes. Mixed linear modeling revealed that more time spent receiving medical-legal partnership services was associated with greater improvements in housing, reduced spending on abused substances, and reduced symptoms of psychosis and posttraumatic stress disorder (Exhibit 4). There was no significant effect on total income. However, a further analysis of income revealed that more time spent receiving partnership services was associated with greater increases in income from public support sources ( $F = 3.15$ ;  $p < 0.05$ ) (data not shown). Achieving legal goals was associated with greater improvements in housing and citizenship.

## Discussion

To our knowledge, this is the first outcome study of medical-legal partnerships that serve adults with mental illness and addiction, and the first to examine such partnerships in the Veterans Health Administration. The study included nearly a thousand veterans from four sites across two states, and the proportion of veterans who sought partnership services demonstrates that there is a large demand for them. The workload was also quite remarkable, considering that these VA partnerships consisted of only a handful of legal providers and that the project did not receive any direct funding from the VA. The number of VA partnerships may continue to increase in coming years, and the VA has issued VHA Directive 2011-034 to provide guidance to VA medical centers on how to work with outside legal providers, set up referrals, provide office space, and make required disclaimers.

Our results show that veterans presenting to VA medical-legal partnerships sought assistance for a wide range of problems that required diverse levels of legal assistance. The most common problems were related to applications for VA benefits, housing issues (for example, eviction), family issues (such as child support), and consumer problems (for example, credit card debt). Nearly half of the issues for which veterans sought VA partnership services were related to VA benefits or housing issues. On average, each issue took 5.4 hours of partnership time to resolve. That can be considered minimal compared to the amount of time it might take for a veteran to find another income source or housing arrangement.

Although we did not conduct a cost-effective-

ness analysis, the two participating medical-legal partnerships estimated that their costs (including overhead) for providing services were about \$50–\$75 an hour. Thus, the average total cost for each resolved issue was \$270–\$405, a small amount relative to the average annual direct costs of \$10,000–\$60,000 to provide care to a person who is chronically homeless, has a severe mental illness, or both.<sup>25–27</sup> Importantly, fewer than 10 percent of the issues required a court appearance or attendance at a hearing—which, when required, was time-consuming for both lawyers and veterans. Medical-legal partnerships can address problems at an early stage through administrative or informal legal processes, thereby preventing them from requiring litigation. Such early interventions are of great value to both patients and the court system.<sup>28</sup>

A major finding of this study was that veterans who received medical-legal partnership services showed significant improvements in mental health within the first three months and continued to show these improvements at twelve

### EXHIBIT 4

**Effects of the minutes of medical-legal partnership (MLP) services and attainment of legal goals on housing, mental health, and psychosocial outcomes of veterans in Connecticut and New York**

Outcome	Mean count or score	
	Minutes of MLP services received <sup>a</sup>	Achieved legal goals <sup>b</sup>
Days in own housing	4.38***	4.32***
Days homeless	0.12	0.68
Total income	1.64	1.04
Empowerment scale	1.19	0.65
Citizenship scale	1.99	3.18**
BSI, hostility	1.12	0.86
BSI, paranoia	2.19	1.02
BSI, psychoticism	3.34**	1.33
GAD-7	1.59	0.09
PCL-5	2.96**	0.43
PHQ-9	1.81	1.91
Quality-of-life scale	0.89	0.48
Money spent on alcohol, drugs, or both	5.96***	1.18
Days had problems with alcohol, drugs, or both	0.47	1.22
SF-12v2, physical component	0.23	0.35
SF-12v2, mental component	1.88	0.53

**SOURCE** Authors' analysis of collected outcome data from the two partnerships studied, June 2014–January 2016. **NOTES** BSI is Brief Symptom Inventory. GAD-7 is Generalized Anxiety Disorder-7. PCL-5 is PTSD Checklist for DSM-5 (the *Diagnostic Manual of Mental Disorders*, Fifth Edition). PHQ-9 is Patient Health Questionnaire-9 (PHQ-9). SF-12v2 is Short Form 12-Item Health Survey, version 2, summary scales. <sup>a</sup>Test of interaction effects of time by minutes of MLP services received, controlling for baseline values of dependent variables. <sup>b</sup>Test of interaction effects of time by resolution of legal issues, controlling for baseline values of dependent variables. Achieved legal goals were either partially or fully achieved. \*\* $p < 0.05$  \*\*\* $p < 0.01$

months, at which time they also showed increases in income and days housed as their legal issues were resolved. A notable caveat is that we did not have a comparison group, so we cannot determine whether these veterans would have shown these improvements in the absence of partnership services. However, we did find that veterans who received more partnership services showed greater improvements in housing, spending on abused substances, and mental health (that is, symptoms of psychosis and post-traumatic stress disorder). In other words, veterans who received a larger “dose” of partnership services showed greater benefits, and this pattern appeared regardless of whether or not they achieved their legal goals. Veterans who did achieve their goals showed greater improvements in housing, sense of citizenship (that is, community integration), and public support income. Thus, both the amount of partnership services and meeting desired legal goals independently contributed to improvements in clinical recovery. Together, these findings both suggest that there is clinical value in expanding the delivery of health care by including partnership services and support efforts by the VA to adopt this innovation.

One might interpret the amount of partnership services received as connected to the concept of procedural justice, and the achievement of desired legal outcomes as linked to distributive justice. *Procedural justice* can be defined as fairness and transparency in the process of how disputes are resolved, whereas *distributive justice* is fairness in the actual outcome of disputes.<sup>29</sup>

While the benefits of distributive justice are obvious, studies have shown that procedural justice is associated with greater satisfaction with legal decisions even when the outcome is unfavorable, greater adherence to court decisions, and greater reductions in mental health symptoms.<sup>30–32</sup> Perhaps medical-legal partnership services help patients achieve both procedural and distributive justice. Since the partnerships can help veterans secure housing and income, it can also be theorized that they address social determinants of health and help stabilize veterans so that they can focus on their recovery.

## Conclusion

Our findings demonstrate the potential effectiveness of medical-legal partnerships for veterans with mental health problems or homelessness treated at VA medical centers. The VA is continuing to expand cross-sector, community-based partnerships with outside entities to serve veterans, and the partnerships would fit well within the portfolio of these services to address social determinants of health. The VA also remains committed to preventing and ending homelessness, and the partnerships represent an innovative solution for many homeless and at-risk veterans. Our findings also contribute to the broader literature on medical-legal partnerships, since there has been limited study of the effect of the partnerships on housing and mental health—although there has been widespread interest in them on the part of researchers, providers, and administrators. ■

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outcomes of the study. All views presented are those of the authors alone, and do not represent the position

of any federal agency or of the US government.

## NOTES

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