

# Toolkit for Reframing Legal Involvement as a Social Determinant of Health



**CLINICAL  
SCHOLARS**

A Robert Wood Johnson Foundation program

# Toolkit for Reframing Legal Involvement as a Social Determinant of Health

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## ABOUT

This toolkit is intended to help communities wishing to integrate health and legal services to better understand these systems, develop strategic partnerships, and design implementation projects to advance access to justice and healthcare.

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**Citation:** Smith, C, Walling, P, Bonne, S. 2023. Toolkit for Reframing Legal Involvement as a Social Determinant of Health. [clinicalscholarsnli.org](http://clinicalscholarsnli.org)



# Executive Summary

## *System Integration through a Partnership*

Each year, more than 100 million cases are filed in state trial courts across the country while millions of other people are subject to community supervision like probation and parole. Combined, these figures represent the significant volume of individuals in the United States who are navigating the American legal system while living in the community. They are required to balance the demands of the legal system with the daily responsibilities of life, including their health. This project sought to understand criminal legal involvement as a social determinant of health and integrate the criminal legal and healthcare systems in Newark, New Jersey. To this end, the project aimed to:

- 1. More fully understand how people make decisions about their wellbeing when they have competing legal and healthcare needs**
- 2. Strengthen the capacity of both systems to respond to its consumers**
- 3. Implement cross-sector opportunities for service delivery**

Comprised of professionals from the healthcare and legal systems, this team grew organically as members crossed paths at various community meetings and outreach events. What drew the team to these meetings was shared experiences: the people who were frequent utilizers of the healthcare system, particularly the emergency department, were many of the same people cycling through the criminal courthouse. Healthcare workers heard from their patients about the burden of ongoing legal issues complicating their ability to tend to their health needs, while legal system representatives were responding to their clients' health needs. Separately, neither system was adequately addressing the concerns brought forth by the community, but together there was opportunity to realize a culture of health more fully.



## Planning

Originally, the team sought to align the criminal legal and healthcare systems via a “legal-healthcare exchange program” in Newark, New Jersey, attributing negative outcomes in both sectors to systemic disconnect. The COVID-19 pandemic, however, disrupted the project’s proposed interventions and necessitated significant pivots, including the introduction of new, smaller projects. Over time, the team realized that these new, smaller interventions completed as the team “waited” to begin the project, were not merely placeholders but different entry points to the systems requiring change. These projects revealed that the description of the problem itself had to be redefined and broadened. Underlying the systemic disconnect was a fundamental lack of cross-sector understanding and relationship. The problem was not that these two systems did not work in concert; it was that legal involvement was not considered a social determinant of health, which meant there was no vehicle to disseminate cross-sector institutional knowledge. Expanding the conceptualization of the problem revealed a diversity of potential interventions and a wider variety of community and organizational partners in the work toward systems alignment. In essence, redefining the problem allowed the team to broaden its approach and capitalize on multiple entry points toward transformative change rather than focusing solely on one intervention. Examples of these interventions are described throughout



### Our Project Team

**Colleen Smith, MSW, LCSW:** Newark Community Solutions

**Patricia Ann Walling, DNP, APRN:** Independent Consultant Trauma & Quality

**Stephanie Bonne, MD, FACS:** Hackensack Meridian Health

## Building Your Team

The team members needed to create collaboration between legal systems and healthcare systems can be any practitioners, leaders, or individuals motivated by this problem who have a natural interface with individuals who have unresolved legal and healthcare matters. Identifying a project coordinator, dedicated entirely to the project(s) identified by the community is essential. This individual must be able to communicate with partners, adhere to internal and external deadlines, mark project progress, and set new goals when applicable. Backgrounds in some combination of social work, the legal system, the medical field, or community health and nonprofit work are beneficial, but representation from every field is not necessary to start this work. There are broader competencies, however, that individuals seeking to create a program should possess. These include:

### KNOWLEDGE

- Deep understanding of the community, community health factors, stakeholder and anchor organizations, and local culture
- Connections to key contributors and organizations that provide social service, medical, and legal-based resources in the community
- Familiarity with and sensitivity to the cultural, historical, and political contexts and factors that influence community wellness



## SKILLS

- Ability to communicate within the framework of trauma-informed practices and non-judgmental communication style
- Flexibility to adapt deliverables of a program or project but still accomplish the overall goals as the strengths and needs of the community evolve
- Messaging techniques to build consensus and understanding around legal involvement as a social determinant of health

## TEAM MEMBERSHIP

- A champion in either the health or legal sector with the ability to authorize new initiatives within their respective institution
- Project Manager responsible for the inter-organizational tasks required to advance the project
- Social Worker, Public Health professional, or other professional trained in systems theory
- Some representation from both the legal and healthcare systems, preferably including people who have been involved in the legal system itself

## Funding

Given that this project constituted a variety of smaller projects and collaborative learning spaces, flexible funding was critical. Since the initial Robert Wood Johnson was not tied to specific deliverables set at the outset of the program, the team was able to respond to the evolving needs of the community. While no one predicted a pandemic would interrupt this project, it highlighted how funding sources must prioritize the community's needs over predetermined outcomes, value relationship building and diverse expertise, and promote equitable budgetary practices. Funding to compensate partners with lived experience is critical to both the planning process and actual implementation of the outreach events or other community-based work. Identify flexible funding sources that allow social service agencies to work with people lived experience to plan, canvass, and assist with outreach efforts. While some people with lived experience may be employed by partner agencies, it is helpful to use stipends to increase support during any community outreach work. System alignment demands strong cross-sector partnership with team members willing to work beyond the traditional scope of their practice. As such, funders, institutions, and organizations must invest in relationship development. Within healthcare, this proves particularly challenging as fee for service reimbursement structures fail to recognize the value of time spent at community meetings, professional networking groups, or non-health system institutions. Prioritizing people and community wellness necessitates full investment in relationships, meaning that financial capital in addition to time must be afforded to team members as they build these cross-sector partnerships.

## Community Partnerships

Prior to developing and implementing these projects, the team needed to assemble and activate resources to support the work. Diverse partnerships were essential drivers for this project, particularly as it evolved to include a variety of interventions across sectors and spaces. It is important to note that when programs develop "bottom-up," the drivers are the community's existing strengths and resources. As such, what was successful in Newark may not translate directly to other communities. Still, there are key sectors where partnerships are critical for system alignment. This section highlights their importance, provides an illustration of what was available in Newark, and general recommendations for what might be available in other communities.

## CRIMINAL LEGAL SYSTEM

### What Worked for Us

- *Newark Community Solutions:* Newark Community Solutions is a non-profit organization with more than a decade of experience working within the Newark community and the local criminal legal system. Specifically, it is a court-based alternative sentencing program, embedded within the Newark Municipal Court. Partnership with a nonprofit in the courthouse allowed for swift implementation of programming within the legal system and introduced the project to a wider network of partners within the legal landscape at the local and state levels.
- *Newark Municipal Court:* The municipal court, including judges, the prosecutor's office, the public defender, and court personnel were committed to the health and wellbeing of people coming through their court. They have a record of more than a decade of problem-solving justice, which made them ideal partners in thought and action, embracing new interventions and taking on new projects in the interest of justice.
- *Essex County Office of the Public Defender:* In New Jersey, the state public defender is separate from municipal public defenders. In this project, the Essex County Office of the Public Defender was a major driver of the legal navigation work, expanding the project's reach beyond Newark municipal matters and providing information about other legal issues individuals in the community face.

### Other Considerations

- *Problem-Solving Justice Initiatives:* Look to see who is already providing cross-sector services in your community. This can exist in a variety of spaces across the justice system.
  - Law Enforcement: Police-led diversion programs are becoming increasingly popular. Reformers should look for police departments that have hired social workers or have community response teams. Response teams may be comprised of social workers, community-members, or clergy.
  - Courts: There are three levels of courts to consider: municipal, state, and federal. Within the court system you may find problem-solving courts in the following areas: substance use (drug/recovery court), mental health, veterans, homelessness, and community courts that provide more wide-reaching intervention.
  - Community Corrections: Probation and parole offices at the county, state, and federal levels have also embraced collaborative partnerships with social service and behavioral health providers. Look for reentry courts where parolees and probationers may be able to "work down" their supervision or specialized caseloads designed to attend to people's mental health, substance use, or other needs.
- *Independent Criminal Legal Institutions:* If there are not existing specialized justice initiatives within your community, then it is important to build relationships with at least one criminal justice stakeholder. This could include partnering with a police department, municipal court, superior court, probation, or parole. Given the wide range of entry points into the legal system, a relationship with just one of these institutions can be a launching point for this work.
- *Community Organizations:* Look for nonprofit and community-based organizations specializing in legal issues, reentry, and advocacy. Often these programs have existing relationships with criminal justice stakeholders that can be leveraged.



## HEALTHCARE SYSTEM

### What Worked for Us

- *University Hospital:* With our team embedded within one of the area's major hospital systems, we were provided the space to administer our survey, deliver training, conduct cross-sector outreach in the community, and identify a referral source for continued legal navigation referrals.
- *Rutgers University Medical School:* Partnership with the medical school increased our access to healthcare practitioners to provide services at outreach events. Medical students and trainees are also a critical audience for training and conversation around the impact of legal involvement as a social determinant of health.
- *Local Health Clinics:* A local health clinic that specializes in care for people with chronic illness was critical during our community outreach work. The clinic's van provided on the spot health screenings and incentives, which increased utilization of not just the health services but also the legal navigation work being provided at the events.

### Other Considerations

In addition to local hospitals, medical schools, and community health clinics, consider partnerships with nursing schools or local health departments. Leverage existing relationships, particularly if your team has significant representation from the health sphere. Reach out to local schools, particularly if team members are alumni, and explore externship or practicum opportunities at the intersection of health and legal systems.

## COMMUNITY PARTNERSHIPS

### What Worked for Us:

- *Former & Current Service Consumers:* Including people with lived experience was invaluable in shaping and implementing programs within this project. During the Health, Housing, and Justice outreach, current and former service consumers were paid to design our outreach events, recruit attendees, and encourage event participation. For each event, people who lived in or frequented the area where we were to be working were paid to canvass and audience build. Their credibility ensured that individuals who may otherwise have been suspicious of legal navigation or other service delivery felt comfortable attending.
- *Housing & Benefits Organizations:* Because most of the project was conducted during the height of the pandemic, our team shifted focus to serve people who were most likely to be negatively impacted by the digital divide, specifically people who were housing unstable. As such, we knew that many of the people we were serving through our outreach would also need housing assistance. In response, we brought in agencies that specialized in housing assistance within the county. In doing so, we increased traffic to our outreach initiatives and were able to respond to the most pressing needs of those who we served. Many people came to events most interested in learning about housing opportunities but once at the event, spoke with legal and health providers as well.
- *Local Stakeholder Networks:* Team members and partners were members of existing coalitions and stakeholder networks, which was critical in building new partnerships and reaching the community.
  - Our project benefited greatly from ties to the local Continuum of Care (CoC). CoCs are Department of Housing and Urban Development mandated bodies that seek to prevent and eliminate homelessness. Almost all municipalities are part of a regional CoC. Find yours [here](#).
  - In addition, there are many criminal legal and healthcare-based stakeholder groups that may prove strong partners. See if your state or local governments have convened working groups on mental health and justice or reentry. Often these groups are appointed by governors, attorney generals, or local prosecutor's offices. Additionally state and local health departments often convene committees specific to mental health and substance use disorders. Dissemination of our work was propelled at the local, state, and federal level because of representation on working groups convened by local public safety coalitions, the New Jersey Office of the Attorney General, and national consortium of problem solving-courts.



## Project work

Unlike more traditional projects that introduce a single intervention or change theory, system alignment in Newark occurred via smaller, homegrown collaborative projects. Initially born of necessity during the pandemic, these smaller projects proved highly effective in fostering the cross-sector relationships and buy-in required to propel larger scale change. The act of showing up, delivering a service, and working in the community sparked relationships and demonstrated impact faster than meetings and focus groups, particularly at the community level. While each program was tailored to specific issues within the legal and health systems, they all brought people together, involved interdisciplinary champions, and delivered cross-sector services. This included co-located service delivery, coordinated outreach efforts, and interdisciplinary learning opportunities.

In short, designing small cross-sector projects between the legal and healthcare systems chipped away at silos, built interdisciplinary institutional knowledge, and recognized legal involvement as a social determinant of health. Once these partnerships developed and key champions were involved, projects and deliverables were tailored to the community with sensitivity to local needs. Examples of individual, actionable projects that aligned the legal and healthcare system into firmer partnership via this project are outlined below.



### Needs Assessment

**Understanding How to Serve:** Needs assessments are a key part of the planning phase of any project intended to respond to community needs and align systems. The needs of individual communities will vary highly by community culture, policing strategies, and healthcare access. Needs assessments are a vehicle through which these nuances can be better understood and incorporated into project and partnership development. For example, some communities may have higher needs related to immigration issues, others may see patients who have outstanding family court issues, while still others may have a significant burden of criminal court matters. The team developed and administered a survey to understand the prioritization of competing legal and health needs.

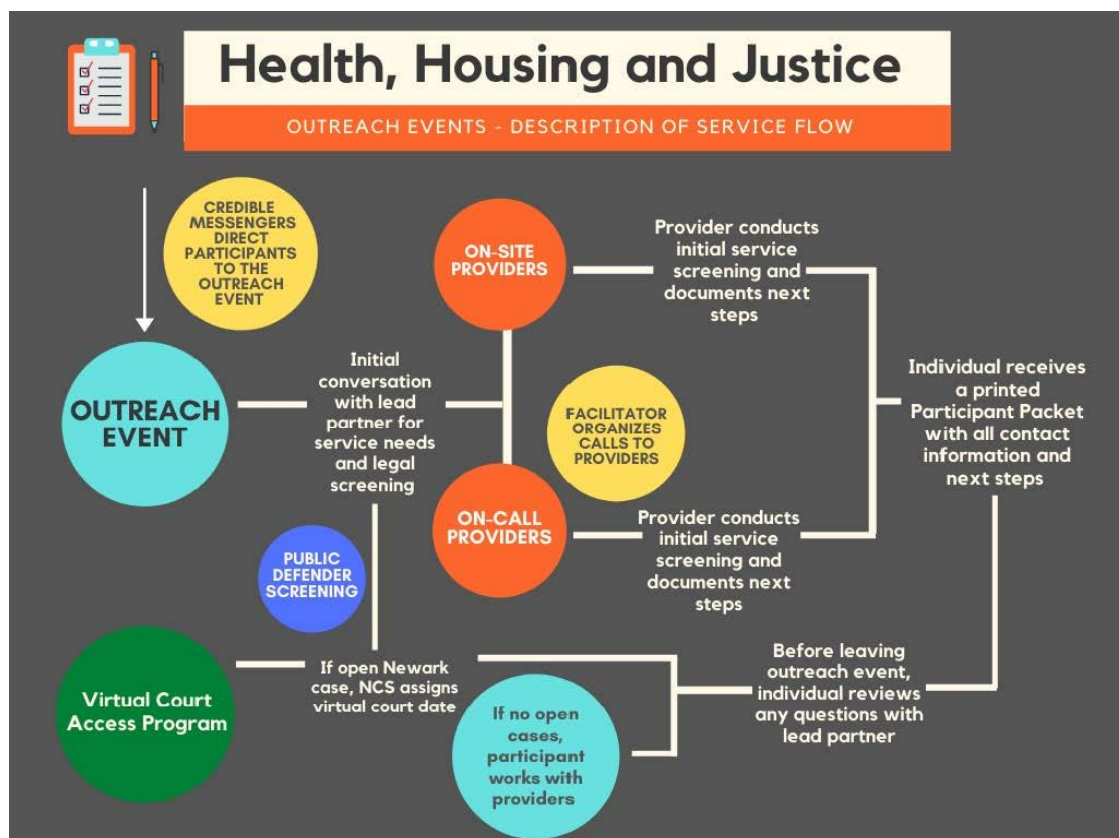
### The Public Health School

**A Healthcare Solution to Fees and Fines:** At the start of the pandemic, states and localities issued several public health ordinances and, in the name of public safety, utilized local law enforcement to enforce them. Violation of these ordinances, which included mask wearing and stay-at-home orders, had legal implications ranging from fines to jail time. When law enforcement becomes the primary driver for regulating public health in communities, urban centers, like Newark, risk experiencing disproportionately high rates of summonses due to increased police presence in these neighborhoods. Moreover, when law enforcement agencies were tasked with sharing public health information during the crisis, residents in communities with historically fraught relationships with the police may be less likely to receive critical, life-saving information. Combined, these factors threaten to widen inequities in both the criminal legal system and the health outcomes in urban centers, particularly in communities of color.

In response, the team developed a “Public Health School” to serve as an alternative to prosecution for these cases. A short, online course, the Public Health School helped individuals who had violated a lockdown mandate to better understand the rationale for public health ordinances, how to stay safe in their homes and communities, and how to act as stewards of public health in their neighborhoods. Over 2,000 tickets were issued in the first eight weeks of the pandemic in Newark. In December 2020, the Newark Municipal Court created a special calendar to process tickets. Newark Community Solutions staff attended these hearings and offered the course as a prosecution alternative.

## Community Engagement and Outreach

**Increasing Access Together:** The team also launched the “Health, Housing, and Justice Alliance” (the Alliance). The Alliance connected people experiencing housing instability to critical services and strengthened partnerships across the healthcare, social services, and legal systems. Utilizing Community-Campus Partnerships for Health’s [authentic partnership framework](#)<sup>1</sup>, the Alliance activated community members and more than 25 organizations interested in improving service delivery to people who were housing unstable. Central to this effort was engagement with community members and service consumers who helped plan, advertise, and facilitate the outreach events. The project included strategic planning meetings, six outreach events, and two community-based virtual court “hubs” between February and May of 2021. At the outreach events, people were able to complete blood pressure screenings, schedule primary care appointments, speak with housing programs, schedule court dates, and complete legal screenings. Offering these services in real-time provided attendees with tangible “wins” as they connected (or re-connected) with healthcare, the legal system, and social services. In addition to providing direct care to community members in need, these outreach efforts simultaneously created space for professionals in diverse sectors to build new, strengthened relationships, laying the foundation for new collaboration in the future.



<sup>1</sup> CCPH Board of Directors. Position Statement on Authentic Partnerships. Community-Campus Partnerships for Health, 2013.



## Legal Navigation

**Bringing the Court to the People:** The work completed through the Alliance illustrated how healthcare and social service providers and the community at large had limited access to and understanding of operations within the legal system. While the pandemic exacerbated these obstacles, these issues pre-dated the pandemic and underscored fundamental shortcomings of court and community relationships.

During the Alliance outreach events, Newark Community Solutions staff, in partnership with the Essex County Office of the Public Defender and the Newark Municipal Court, assisted attendees with identifying outstanding legal matters, including pending criminal cases at the municipal and superior court levels, upcoming court cases, outstanding fines and fees, active bench warrants, and community supervision obligations. In addition to these criminal legal matters, legal issues related to record expungement, child support arrears, evictions, and immigration also arose.

As the Office of the Public Defender identified these pending criminal matters, Newark Community Solutions team members helped individuals respond. All pending court matters, including outstanding fines and fees, were scheduled for pre-established virtual court “pop-up” dates in the community, during which these matters could be resolved through traditional court processing or Newark Community Solutions’ existing alternative-sentencing program. Legal matters, both criminal and civil, which were outside the jurisdiction of the City of Newark were addressed individually, with staff helping people schedule court dates, identify alternatives to fines and fees, connect (or reconnect) with defense counsel, or identify legal services for civil matters.

Virtual court “pop-ups” were conducted at the Newark Public Library and a local nonprofit organization. These agencies provided the space to conduct court while Newark Community Solutions provided the staff and hardware to manage the video court process. As individuals waited to see the Judge, they were able to access the existing support services available through the two host organizations, and individuals learned about existing resources, upcoming service events, and even completed intakes for continued connection beyond the court date.

Over time, this outreach coupled with the community-based court “pop-ups” became known as “legal navigation” services. Conceptually, legal navigation allows for a single point of entry for people to identify their legal obligations across the state’s numerous legal jurisdictions and provides guidance for how to attend to these matters using existing resources throughout the community. In practice, legal navigation has the flexibility to either serve the wider community or target specific problem areas (e.g. collateral consequences on housing applications) or institutions (e.g. hospitals or screening centers). Legal navigators may be employees of the courts, independent nonprofits, or healthcare or social service agencies, demonstrating legal navigation’s adaptability to the existing strengths of a community wishing to provide these services.



## Interdisciplinary Education

**Building Institutional Understanding:** Developing a cross-sector knowledge base is critical to address the complex health needs of those who have legal involvement. Increasing understanding and capacity for legal providers to respond to the healthcare needs of their clients and for healthcare providers to address the legal needs of their patients is the first step towards system integration and relationship building. These information sessions can vary in formality and scope, drawing on the expertise of community partners and national experts. Our team conducted several interdisciplinary information sessions and panels within both the legal and healthcare systems. While the content of these information sessions and panel discussions were tailored to the audience, common themes cut across all presentations and are important to include when designing educational series across these two systems.

PRESENTING TO HEALTHCARE PROVIDERS	PRESENTING TO CRIMINAL JUSTICE STAKEHOLDERS
<ul style="list-style-type: none"><li>■ Defining Social Determinants of Health</li><li>■ Presentation of the local criminal legal system landscape</li><li>■ Collateral Consequences of Legal Involvement</li><li>■ Introduce Elements of the Criminal Legal System (<a href="#">Sequential Intercept Model</a><sup>2</sup>)</li><li>■ Techniques for collecting information about the legal system</li></ul>	<ul style="list-style-type: none"><li>■ Defining the <a href="#">Social Determinants of Health</a><sup>3</sup></li><li>■ Understanding Health Needs as a Barrier to Compliance with Legal Obligations</li><li>■ Engaging Providers, Public Institutions and Community Members</li></ul>

While these information sessions, panels, and presentations represented opportunities to disseminate findings from various project interventions, they also increased the capacity of professionals in both systems to identify and respond to cross-sector needs. In addition, information sessions provided at the local level, continued to create space for cross-sector interaction and relationship development to propel organic collaboration and interdisciplinary service coordination.

<sup>2</sup> “The Sequential Intercept Model,” SAMHSA, <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

<sup>3</sup> “Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity,” KFF, <https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>



## Evaluation and Dissemination

As many of the interventions conducted through this project were in direct response to immediate concerns of the pandemic, the evaluation of the work was action-oriented such that feedback provided by service recipients and community partners resulted in adjustments to interventions and the direction of project development. Evaluation tools included surveys and feedback forms provided by partners and service recipients alike. Similarly, the act of dissemination itself also influenced the project's impact, functioning as a tool to bring interdisciplinary providers together and build relationships between institutions.

Surveys combined qualitative and quantitative questioning to allow for broad analysis of the various interventions and for depth of process-based feedback. Surveys were administered to Public Health School participants, Alliance contributors, and information session attendees.

Because this project centered on relationship development, dissemination was both a vehicle for change as well as an opportunity to share best practices. For example, healthcare providers were given tools to screen for legal needs in healthcare settings (*Appendix A*) while forensic social workers and legal professionals completed planning exercises to introduce legal navigation to their outreach services (*Appendix B*). The act of dissemination and cross-sector education created new spaces for people to meet, learn from one another, and make plans for future collaboration. Work related to elements of this project has been shared at the local, state, and national levels, and the process of dissemination often helped to advance the aims of this project. State and local information sessions, panels, and presentations served as a vehicle for relationship building and increased capacity to effectuate change at the community level, while national presentations created opportunities to spread ideas and receive feedback from others doing similar work across the country. The work was presented in the following platforms, which could provide equally advantageous environments to forge partnerships, increase capacity, and disseminate findings.

LOCAL
<ul style="list-style-type: none"><li>■ Hospital Grand Rounds</li><li>■ Professional Advisory Committees &amp; Stakeholder Groups</li><li>■ Social Service Offices within County Government</li><li>■ Special Interest and Advocacy Groups</li></ul>
STATE
<ul style="list-style-type: none"><li>■ State Government Working Groups</li><li>■ State Association of Counties</li><li>■ Continuing Education Programs and Working Groups</li></ul>
NATIONAL
<ul style="list-style-type: none"><li>■ Criminal Justice Consortia</li><li>■ State Court Consortia</li><li>■ Professional Associations and Organizations</li></ul>

## Key Messages

While dissemination of this work varied based on the audience, their professional background, and their proximity to the community being served, several themes cut across all communication.

**Partnerships Drive Change:** Partnerships are an active element of the change process. Too often, they are considered a means to an end, like a box to check when preparing for the “real” project. Partnerships are crucial to addressing deeply rooted, systemic challenges. Investing in creating and maintaining authentic partnerships is critical to launching new projects and planning for future initiatives.

**Legal and Healthcare Needs are Interrelated:** When considered a social determinant of health, the impact that legal involvement and its collateral consequences have on health becomes increasingly apparent. Conversely, significant health problems can create barriers to attending to legal obligations, and in extreme circumstances, cost people their liberty. A vicious cycle, this progression through the criminal legal system can result in intensified collateral consequences and exposure to the health risks associated with incarceration. As such, to achieve a culture of health, healthcare professionals must understand the legal system as a social determinant of health while legal professionals must be mindful of and responsive to the health needs of those before them.

**Invest in People with Lived Experience:** Including people with lived experience during the planning and implementation of this project was critical to its impact. Current and former service consumers helped the Alliance to design outreach events, recruit attendees, encourage event participation, and disseminate findings throughout the community. Budgeting for this project, and those that follow, must allocate fair compensation for community contributors. Budgets must dedicate funds to bring community members into the project process early and flexible funding sources can allow collectives, like the Alliance, to pay people with lived experience to engage at all levels of the work.

**Go Small, Go Often:** As opposed to large-scale social service fairs, these outreach efforts through the Alliance and legal navigation are smaller events that occur more often. Consequently, they require much less planning and energy to get off the ground. This format allowed the Alliance to cover a wider geographic range, deliver services directly to people where they live, and build familiarity through consistent community presence without disruption to the surrounding environment. Dedicating funding and setting performance measures to support this style of outreach can help cross-sector collectives like the Alliance to maximize their presence and impact within communities.



***“You need more people that have lived the experience or are still living the experience to say [to participants] ‘Hey, you need to come out.’ My Alliance partner and I had both been in a state of homelessness, that’s how we met. So, people knew us and when we said, ‘Come out, this is to benefit you,’ people trusted us.”***

- Theresa Pringle, Pringle’s Pit Stop

## Lessons learned & recommendations

Aligning major anchor systems and the institutions within them demands an approach as complex and multi-faceted as the systems themselves. There is no singular intervention large enough or adaptable enough to integrate the legal and healthcare systems in Newark or elsewhere in the country. Yet, starting with small, scalable projects and connecting with individuals across sectors creates the environment necessary for fuller integration. These are projects which have the flexibility to meet communities' needs and can begin with a small team of dedicated champions.

### Challenges

While a variety of challenges presented themselves over the three years of this project, most obstacles related to the launch of a health and legal “exchange program” whereby nurses would be administering preventative medicine in the courthouse while forensic social workers would respond to the legal needs of Emergency Department patients. This “exchange” was a variation of a Medical-Legal Partnership in which a high-volume hospital and court settings addressed criminal legal matters and healthcare needs of the community.

**HIPAA & Creating Institutional Buy-In:** Larger scale interventions, such as a Medical-Legal Partnership, require the support and approval of senior administrators in the institutions where the services are to be delivered. Partnerships between healthcare and legal, in our case a nonprofit community justice entity, necessitates a written, contractual relationship. Accordingly, attorneys representing both institutions must fully understand the nature of the relationship, the goals of the service/intervention, and the theory of change driving the work. Solidifying the details of this relationship takes time, particularly as it relates to the release of Protected Health Information and HIPAA privacy laws. Energy must be dedicated to briefing administrators and general counsel to prepare and propel the contract process with the understanding that the project in large institutions is one of numerous concerns demanding the time of leadership. For our project, the pandemic (and adjustment to virtual workplaces), changes in organizational leadership, and agency re-incorporation were the primary hurdles. While not all projects will be impacted by obstacles at the magnitude of a global public health crisis or the complete restructuring of an organization, the reality is that projects are never implemented in ideal circumstances. Attention shifts between other responsibilities, people come and go, and life continues to reshape the issues we try to address. Teams must be prepared for whatever expected, or unexpected, obstacles present themselves.

When working through the contract for creating a healthcare based legal navigator, we held multiple virtual meetings between our two agencies, exchanged countless emails, and created several drafts of a Memorandum of Understanding to memorialize the partnership. The process took almost a year and ultimately resulted in a contract that was never fully executed. The sticking point was HIPAA and the need for a Business Associate's Agreement. While the virtual workspace creates opportunity for partnerships by eliminating commute times (the attorneys creating our contract spanned two states) and finding time to schedule a “quick check-in,” it is clear that creating the institutional buy-in to solidify this partnership would have benefited from an early, in-person meeting where the team could share what had been learned thus far, the vision for legal navigation in the hospital, and what would be required for effective and confidential information-sharing within the program.

**Project Ownership & Accountability:** When multiple organizations, particularly those operating in two entirely different systems, are equally responsible for development and implementation of a new service or project, it is critical to have an individual serving in a project manager role, preferably someone who is entirely (or nearly entirely) dedicated to the project. While our team worked together to advance the aims of this project (both smaller initiatives and larger ones), there was no individual

whose primary role was understood to span both institutions nor who was dedicated to some of the day-to-day project management tasks necessary to move a project forward, particularly in its infancy. As such this project experienced prolonged delays as team members had competing responsibilities and projects to attend to in addition to the establishment of this Medical Legal Partnership.

## Successes

Despite the challenges noted above, this project witnessed several key successes that have improved access to the legal system for healthcare providers and community members in Newark and illustrate how similar interventions can be adopted in other communities.

**Understanding Need:** 72 people within the Emergency Department were surveyed to better understand the legal needs of those use access emergency medical services. The demographics of survey respondents were 56% male and 44% female, with a median age of 38 and age range of 22 to 78. Respondents identified predominantly as Black or African American (64%) or Hispanic (22%) and were in the Emergency Department for a variety of concerns including trauma or minor accidents, abdominal pain, obstetrics issues, or headache. The responses indicate that approximately 20% of respondents in the Emergency Department have unresolved or open legal matters. 30% say they would prioritize legal matters or a court date over an urgent health matter. These results indicate that patients may prioritize legal matters over individual health and reveal an opportunity for the health system to engage and educate these patients. This knowledge supported the belief that legal involvement is a social determinant of health, like other factors in an individual's life or circumstances that prevents timely acquisition of healthcare such as lack of insurance, lack of transportation, or lack of healthcare literacy.

**Community Health Response to Public Health Emergencies:** With referrals from two courts, approximately 125 people participated in the Public Health School. About two-thirds of participants who completed the post-group survey reported that they would attempt behavior changes including increased mask wearing, social distancing, and hand washing as well as adding stress-management activities to their routines. This program, while not part of the original project plan, represented a meaningful pivot and underscored how interdisciplinary relationships provide the flexibility necessary to meet a moment and respond to the health needs of the community while addressing legal issues.

While the Public Health School group is no longer necessary as ticketing around COVID-19 is no longer in practice, this group allowed prosecutors to provide meaningful alternatives to ineffective fines, fees, and jailtime. The Public Health School curriculum was shared with both the New Jersey Attorney General and the state's Administrative Office of the Courts. When the Attorney General issued guidelines on how prosecutors were to handle the COVID-19 tickets in their courtrooms, community justice alternatives, like the Public Health School, were encouraged. While a Public Health School specific to COVID-19 will hopefully no longer be necessary in the future, the concept can be applied to other public health issues addressed in the legal system. Moreover, as police-led diversion (also known as deflection) practices become more popular within the legal system, the Public Health School approach illustrates how Community Health Workers can be a more effective tool in promoting public safety and health in communities.

**Improved Cross-Sector Presence within Communities:** Service coordination for all the initiatives completed through this project further strengthened cross-sector relationships within the Newark community and improved each system's capacity to identify and respond more holistically to the legal or health needs of the people they serve. The small, more frequent outreach efforts of the Alliance continue through the Essex County Continuum of Care as the county has launched small "pop-up" events throughout the year. Historically, the county's outreach focused on a single, large-scale event aligned with the annual Department of Housing and Urban Development mandated Point-in-Time



Count. While this event remains, the county has invested in several smaller, mobile outreach events leading into this larger event, widening the reach of their outreach efforts in both time and space.

**Development and Institutionalization of Legal Navigation:** During the cross-sector outreach events, Newark Community Solutions learned that over half of the people engaged requested legal screenings. Results from these screenings showed that people engaged in Newark had legal issues spanning 22 jurisdictions across eight different counties. Through community-based court “hubs” 16 people were able to see a Newark Municipal Court judge and 15 people had their matters dismissed outright while the other individual was referred to a diversion program. For matters outside of Newark, Newark Community Solutions was able to connect people the requisite courts and defense counsel to satisfy their needs. This “legal navigation” work proved critical to community members and emerged as a necessary service within the community justice framework.

Newark Community Solutions was able to hire a legal navigator dedicated to conducting community outreach and improving access to the legal system. Given that the courts remained largely virtual during the project period and more transient communities had limited access to court services, the navigator focused their outreach at local shelters, community events for people who were housing unstable, and with mobile units providing substance use services. A second legal navigator has also joined the team and is leveraging relationships within the health system to more specifically respond to the legal needs of people who experience competing healthcare and legal obligations. Legal Navigation has been pitched to the New Jersey Office of the Attorney General’s Statewide Steering Committee on Mental Health and is being considered as a mechanism to respond to the legal needs of individuals more effectively with mental health needs who experience police interactions. The model has been replicated by local law enforcement who frequently engaged people with significant behavioral health and social service needs at Newark Penn Station, a major transit hub in the state.

## Shifts in Thinking

While the pandemic completely disrupted the original plans for this project, it also revealed the centrality of relationships in anchor system alignment. The pandemic permanently altered the landscape of healthcare and the courts and presented new problems at the nexus of public health and the legal system. The speed at which the world was changing and the urgency of the problems we faced required nimble and fluid solutions that are not characteristic of major institutions like hospitals or courts. This team and their connections with both these larger bureaucracies and smaller community-based resources were perfectly situated to introduce meaningful solutions, mitigate harm, and improve access to care from within. When initially designing this project, the work always culminated in a singular intervention – the legal exchange program or medical legal partnership. What we learned, however, is that with the numerous entry points into the legal system and healthcare systems, maintaining a more global understanding of the problem and leveraging relationships across several entry points ensures the adaptability necessary to navigate a world in crisis, whether it be health, economic, climate, or something we have yet to experience.

Relationships are as much a part of the product as they are the process. Our team consisted of individuals who largely innovated through action, focusing interactions and planning on actionable next steps. This “down to business” approach does not always lend itself to relationship building as the impact of the work becomes synonymous with what is being produced and moments spent not “doing” seemed wasted; however, when the pandemic hit, half of the project (the court) ground to a halt, while the other half (the hospital) went into overdrive. As the healthcare providers on the team responded to COVID, the team member staying home, deemed “non-essential” by the state had to move the project forward, revealing the power of relationships. All the time spent in meetings, talking in hallways, and helping created a new space for this work to occur, even when there was no way to interface. Had it not been for years of networking groups, being embedded in the court, and a culture of lending a hand even when an issue was not necessarily “court-involved,” there would be no Public

Health School, Alliance, or legal navigation services. During a time of crisis, connections built long before any of these projects were born or even needed- relationships between the court and Newark Community Solutions, Newark Community Solutions and community programs, and our community advocates- laid the groundwork to propel these projects forward. And as services were provided, these partnerships strengthened, creating new responses to existing and emerging needs.

## Final Reflections

The strength of this project lies in the people who contributed: the team, their colleagues, community-based organizations, and community members. What was accomplished and learned during this time can be largely attributed to coordination and the leveraging of work that was already being done. And while this makes sense from a program design approach, particularly during crisis, it does complicate replication.

### Getting Started

**Assess:** Complete an assessment of existing community strengths and resources across the health, legal, and social service spheres. Convene a small group of partners who can, together, complete a larger stakeholder analysis of key players in the community and the degree to which they can support and contribute to the project. Additionally, assess the needs of the community through surveys, focus groups, and interviews. Employ current and former service consumers to design and disseminate portions of this assessment.

**Design:** Depending on scale and capacity, use what was gathered during these assessments to design manageable projects spanning both the legal and healthcare sectors, leveraging the existing strengths in the community to meaningfully respond to the needs identified through the assessment.

**Reflect, Grow, & Share:** Structure time to reflect on the short- and medium-term impacts of these projects and the understanding of the problems faced by the community at the nexus of these two systems. Revisit the stakeholder analysis and identify new partners and entry points which may have emerged through this process. Talk across sectors about the work in the community, particularly at the local level. Elicit feedback and share vision for the development of the work both within and across communities.



## Appendix

### A: Screener for Addressing for Legal Needs

WHAT WE WANT TO KNOW	WHAT WE ASK	WHAT WE LISTEN FOR
<p>What type of legal issue is this?</p> <ul style="list-style-type: none"> <li>■ Criminal?</li> <li>■ Traffic?</li> <li>■ Civil?</li> <li>■ Community Supervision?</li> <li>■ Collateral Consequence?</li> </ul>	<p>Tell me about any concerns you may have with the legal system.</p> <ul style="list-style-type: none"> <li>■ Do you have any court dates coming up?</li> <li>■ Have you been arrested in the last year?</li> <li>■ Do you owe any money to courts, probation, or any other justice agency?</li> </ul>	<p>Key Words:</p> <ul style="list-style-type: none"> <li>■ Tickets/ Owe Money/License Suspended</li> <li>■ Probation/Parole</li> <li>■ Court</li> <li>■ Warrant</li> <li>■ Expungement/ Eviction/ Restraining Order</li> </ul>
<p>Where in the legal system is this being processed?</p> <ul style="list-style-type: none"> <li>■ Municipal Court?</li> <li>■ Superior Court?</li> <li>■ Civil Court?</li> <li>■ Family Court?</li> <li>■ Probation or Parole?</li> </ul>	<p>Where are these cases?</p> <ul style="list-style-type: none"> <li>■ What courthouse did you go to?</li> <li>■ Describe where the court was what street?</li> <li>■ What are the court issues about?</li> <li>■ Do you have to check in with anyone, like an officer or court employee?</li> </ul>	<p>Cities or towns suggests municipal court matters</p> <p>Counties suggests superior court matters</p> <p>Other issues are likely handled in civil court parts and can be connected with legal services for assistance.</p>
<p>What are the current legal obligations that need to be addressed?</p> <ul style="list-style-type: none"> <li>■ Warrants?</li> <li>■ Court Dates?</li> <li>■ Fines or Fees?</li> <li>■ Pre Trial Monitoring?</li> <li>■ Probation or Parole Reporting?</li> </ul>	<p>When's your next court date?</p> <p>Have you spoken with your lawyer?</p> <p>Can you make your next payment?</p> <p>Are you supposed to be checking in with anyone? When did you last reach out?</p>	<p>Assess the immediate needs to identify potential barriers to future treatment adherence.</p> <p>"I don't knows" and "I'm not sures" could mean that the individual is in violation of their obligations and may require further follow up.</p>

### B: Legal Navigation Planning Guide

Link: <https://clinicalscholarsnli.org/wp-content/uploads/2023/01/Legal-Navigation-Planning-Guide.pdf>