Community Justice Workers in Patient Care: A Collaboration Between Innovation for Justice and University of Utah Health

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University of Utah Health (U of U Health), Utah's only academic medical center, together with the University of Utah, is building a new model of how a leading research institution can engage with and support communities. The U strives to increase community engagement, improve health, equity and economic outcomes and increase access to higher education for every Utahn. Because the West Valley area is growing so quickly and is home to vital, vibrant and diverse communities, the U is developing a bold new initiative, "U West Valley," that will provide improved access to world-class health care and provide high-quality education and training programs for the West Valley City community.

U of U Health's 2025 strategic plan prioritizes advancing community and mission-driven work. To help accomplish this goal, U of U Health asked Innovation for Justice (i4J) to apply their design- and systems-thinking research methodologies to propose potential service models for embedding civil justice problem-solving in patient care in West Valley. A Directed Step for this 2023 plan included evaluating models for integrating legal support services into patient care models to address social determinants of health.

In the United States, there is no right to counsel for civil cases.[1] This means that if a patient is experiencing a debt collection lawsuit, domestic violence, or an eviction, they are not guaranteed a lawyer. The under-resourced nonprofit legal service sector lacks the capacity to serve many who seek their services: 93% of low-income Americans receive inadequate or no civil legal assistance.[2] Right now, "hospitals are a catching system for the whole of

[1] The Right to Civil Counsel | American Academy of Arts and Sciences
[2] Legal Services Corporation, 2022 Justice Gap Report (2022).

society's problems,"[3] which is not their designed function. Patients are waiting until they have no other choice but to come in for care, and are coming in with more than physical health needs.

This collaboration between i4J and U of U Health addressed the challenge: how might we explore innovative approaches to embedding civil justice problem-solving in a healthcare setting? Throughout the country, medical-legal partnerships (MLPs) seek to address health inequities through integrating lawyers in healthcare settings, working with care teams to address all of the patient's needs, not only their physical symptoms.[4] Empirical evidence supports the efficacy of MLPs, which raises the research question: can those benefits be replicated and / or expanded through potentially more cost-effective, community-centered non-lawyer legal services made possible by regulatory reform?[5]

Fall 2022 Work[6]

i4J applied design- and systems-thinking methodologies to understand the current patient experience, the civil justice needs that West Valley City patients are experiencing, and explore innovative approaches to civil-justice problem-solving. This project began with 38 stakeholder and 9 community member interviews, seeking to understand the varying perspectives and experiences of those involved in the healthcare system. Additionally, a justice needs survey was distributed to West Valley City community members that asked questions about experience with civil justice issues in five areas: housing, family, finances, health, and government or public benefits. 84.2% of community members identified experiencing a financial issue, 68.4% identified experiencing a family issue, 63.2% identified experiencing a health issue, and 52.6% identified experiencing a housing issue. 21.1% of community members identified an issue with government or public benefits.

Although most participants had experienced a civil justice issue, few turned to the civil legal system for problem-solving: 21.1% of community members indicated that they had experienced a problem involving an attorney, a lawsuit, a court, or a judge within the past two years; 26.3% of community members sought legal help while 73.7% did not. This data aligns with research demonstrating the Justice Awareness Gap: most people don't recognize their problem as a legal problem.[7] These health-harming civil legal needs are impacting the

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[3] Interview from i4J's fall work, transcript on file with authors
[4] Caitlin Murphy, *Making the Case for Medical-Legal Partnerships: An Updated Review of the Evidence, 2013-2020*, National Center for Medical-Legal Partnership (Oct. 2020).
[5] Regulatory reform refers to changes being made to Unauthorzied Practice of Law (UPL) restrictions. In every state UPL restrictions create a lawyer monopoly, mandating that only lawyers can provide legal advice. Utah is leading the country in the re-regulation of the legal profession, allowing for innovative service models where nonlawyers can provide limited-scope legal advice to those who need it with court approval.
[6] For the full Fall 2022 report, see Innovation for Justice: Embedding Regulatory Reform-Based Civil Justice Problem-Solving in Patient Care -- ILS22 report.docx
[7] Rebecca L. Sandefur, *Bridging the Gap: Rethinking Outreach for Greater Access to Justice*, 37 U. Ark. Little Rock L. Rev. 721, 725 (2015).

lived experience of West Valley City residents, and access to justice problem-solving help intersects with social determinants of health for this community.[8]

Further findings from initial interviews with stakeholders and community members indicate:

- Justice needs in West Valley include person safety, divorce, legal status, financial instability, and housing instability;
- The current ecosystem does not adequately meet the service need in West Valley;
- There are unique challenges and opportunities associated with the immigrant and refugee populations in West Valley that should be considered in intervention design;
- Trauma-informed care is critical;
- Care strategies should focus on early intervention, trust-building, cultural competence, and appropriate screening;
- The West Valley community is a valuable resource for future service models;
- New service models should consider patient needs regarding referrals, service provider preferences, and siloing of services;
- West Valley community members are experiencing employment, financial, and housing instability, mental health needs, and are responsible for caring for family members;
- Barriers to the West Valley community seeking legal services include lack of trust, time, and confusion;
- Community members identified case managers, social workers, community health workers, and community-based organizations as helpful resources when trying to problem-solve; and
- Community members want to feel like a person, not a number, and see themselves reflected in the identities and experiences of their service provider.

Through this research, two service model ideas were brought back to the community for feedback: an interdisciplinary student clinic and a Community Justice Worker (CJW) model. The interdisciplinary student clinic housed at the new hospital and health center in West Valley would be staffed by students from law, social work, and public health programs and participation would count toward internship credit and Licensed Paralegal Practitioner (LPP) experiential requirements.[9] The Community Justice Worker model seeks to train community members who are already living and working in West Valley to provide civil justice problem-solving help, including providing limited-scope legal advice, after completing training. These community members could be staff from area community-based organizations (CBOs), those seeking workforce development, or others already in community-helping roles.

[8] For more information about the intersection of access to justice and social determinants of health, see pages 18-19 of Innovation for Justice: Embedding Regulatory Reform-Based Civil Justice Problem-Solving in Patient Care -- ILS22 report.docx

[9] For more information about Utah's LPP program, see https://www.utahbar.org/licensed-paralegal-practitioner/

The key takeaways from the community about the service model ideas were:

- There is an appetite for collaboration in the creation of an interdisciplinary student clinic;
- Right now, there are significant challenges to positioning a student clinic to meet the Licensed Paralegal Practitioner (LPP) experiential requirements;
- Initiating a new interdisciplinary clinic will require meeting the experiential standards required for all students participating from various degree programs;
- Students express a desire for supervision if providing legal services;
- Community members are least likely to seek services from a Student Service Provider;[10]
- Community Justice Workers should be properly trained and compensated for providing legal services;
- There is a capacity concern for Community Health Workers (CHWs) to become CJWs;
- CHWs are interested in pursuing LPP certification but the current requirements present an insurmountable barrier;
- Supervision and oversight of CJWs and students can alleviate authorization and liability concerns;
- Trauma-informed practices must be part of any service model; and
- When choosing between the two service model ideas, community members prefer Community Justice Workers to Student Service Providers.

Based on this feedback, the research team recommended moving forward with the CJW model because it is more disruptive, the first of its kind seeking to train community members from various backgrounds to provide limited scope legal advice on multiple topics.

The CJW model would embed Community Justice Workers in the new West Valley hospital and health center. Community Justice Workers would be trauma-informed, trained and certified legal advocates from the West Valley community equipped to provide legal advice on high need civil justice issues as part of wrap-around services for West Valley patients. In nearly every state in the United States, unauthorized practice of law (UPL) restrictions mandate that only lawyers can give legal advice. Utah is leading the nation in reforming these restrictions to permit new types of legal service models.[11] By leveraging regulatory reform opportunities available in Utah, under-represented populations could be helped by Community Justice Workers, advocates with legal training but not a JD, who "would not be limited to legal routes to obtain solutions; rather, they would be focused on helping people understand their options and resolve their substantive problems."[12]

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[10] When compared to Community Justice Workers (CJWs), social workers, attorneys, staff at community-based organizations, and others. For the full explanation of data supporting this finding, see "Findings applicable to both service models" within this report.

[11] The Office of Legal Services Innovation (last visited Jan. 16, 2023).

[12] Rebecca L. Sandefur, *The Impact of Counsel: An Analysis of Empirical Evidence*, 9 Seattle Journal for Social Justice 51-96 (2010).

Spring 2023 Work[13]

In Spring 2023, U of U Health leadership agreed with the recommendation and asked i4J to continue the design work on the CJW service model. This phase of the project focused on identifying and beginning to answer questions related to the intricacies and details of what it would take to embed Community Justice Workers in patient care. In collaboration with the Population Health Center, i4J created a research guide detailing how other clinics can replicate the design work for their specific clinic. This includes creating a service model blueprint, visualizing the interactions between clinic staff members, patients, and CJWs along the patient health journey. This research guide uses the Intensive Outpatient Clinic (IOC) as a case study.

Key takeaways from the spring work on this project are:

- Each clinic setting is unique, and embedding CJWs should align with the clinic's mission, vision, and values;
- Spending time creating a service model blueprint is a valuable strategy for identifying unknowns and working towards resolving those before onboarding any CJWs; and
- At the Intensive Outpatient Clinic, it is more feasible for a CJW to be a full-time job, instead of upskilling someone already working at the clinic. This may be consistent across other clinic settings, but further research should be done for each clinic setting before making that determination.

While many unknowns were identified and addressed in the creation of the service model blueprint for the IOC, it is important to note that **the CJW service model has not yet been approved by the Utah Supreme Court** and should not be implemented prior to receiving Court authorization. If implemented prior to receiving authorization, CJWs would run the risk of violating unauthorized practice of law restrictions. i4J is committed to working with University of Utah Health leadership to advise on any service model authorization applications. This service model should be authorized through application to the Sandbox, a regulatory reform mechanism that allows for authorization of nonlawyer legal services. It is likely that the most feasible applicant would be University of Utah Health — this would allow one application to cover CJW services at multiple clinics. The applicant, once approved, will be responsible for Sandbox-required data collection and reporting requirements to evaluate potential consumer harm.[14]

i4J is committed to continued collaboration with U of U Health leadership to answer outstanding service model design questions and guidance in drafting and submitting necessary Sandbox applications for authorization.

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[13] For the full Spring 2023 research guide and case study, see Mapping the Community Justice Worker Service Model

[14] These requirements are determined by the Sandbox based on the level of perceived consumer risk. For more information about authorization pathways, see page 85 of Innovation for Justice: Embedding Regulatory Reform-Based Civil Justice Problem-Solving in Patient Care -- ILS22 report.docx