# Embedding Regulatory Reform-Based Civil Justice Problem-Solving in Patient Care

Innovation for Justice
January 2023

This report is the result of a semester-long design- and systems-thinking project addressing the challenge: how might we explore innovative approaches to embedding civil legal services and civil justice problem-solving in UHealth patient care.

This report may be periodically updated.
Please visit https://bit.ly/i4J22UHealth for the most up-to-date version.

Innovation for Justice
unlock change

THE UNIVERSITY OF ARIZONA
James E. Rogers College of Law

David Eccles School of Business
THE UNIVERSITY OF UTAH

## Thank You to Our Co-Creators

The work of i4J would not be possible without the support of the community, including our research team, project collaborators, community co-creators, and guest instructors. Thank you for your many contributions to this work.

Our community co-creators helped us understand the social, economic, and health needs of the West Valley community, and worked with us to identify, co-design, and test potential solutions. We look forward to continued collaboration through future design phases of this project.

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Intensive Outpatient Clinic
Latino Behavioral Health
Legal Aid Society of Salt Lake
Multicultural Counseling Center
NeighborWorks
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Redwood Health Center
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West Valley City Government
West Valley City Justice Court
Westridge Health Center

96 community members in West Valley City and throughout Utah who shared their time and energy with i4J through interviews, assumption testing, and prototype testing.

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## Executive Summary

**Innovation for Justice (i4J),** housed at the University of Arizona James E. Rogers College of Law and the University of Utah David Eccles School of Business, is a social-justice-focused legal innovation lab that designs, builds, and tests disruptive solutions to the justice gap. As the first and only cross-discipline, cross-institution, cross-jurisdiction legal innovation lab in the nation, i4J is intentionally and uniquely positioned to lead the identification, design, and launch of disruptive legal innovation across three impact areas: service, system and structure. i4J's action-driven research in its service impact area leverages regulatory reform of the legal profession to equip non-lawyer community advocates in the nonprofit sector to provide limited scope legal advice to low-income community members.[1]

In 2019, i4J designed and launched the **Licensed Legal Advocate (LLA) pilot**–the first project in the U.S. to adapt unauthorized practice of law (UPL) re-regulation to permit nonlawyer community-based advocates to give legal advice regarding family law issues. As of April 2021, the LLA pilot has funded and launched: LLAs are delivering trauma-informed, limited scope legal advice and assistance to meet the legal needs of DV survivors, including child support, spousal maintenance, and fair and equitable property and debt divisions.

In 2020, i4J received approval from the Utah State Court's Office of Legal Services Innovation to pilot two **Medical Debt Legal Advocate (MLDA) initiatives** that will connect Utahns experiencing medical debt with non-lawyer advocates in the nonprofit, social service sector. The MDLA pilots are the first projects in the U.S. to adapt UPL restrictions to permit non-lawyer community-based advocates to provide limited-scope legal advice regarding medical debt. The MDLA pilots are funded as of December 2021, MDLAs are currently working through the requisite training, and MDLA services will begin in Spring of 2023.

Building on the momentum of the LLA and MDLA pilots, in the Fall of 2021, i4J initiated a project designed to expand i4J's work at the intersection of regulatory reform and housing justice. Focusing on Arizona and Utah, the project explores how to leverage regulatory reform to legally empower lower-income community members experiencing housing instability. This project resulted in the **Housing Stability Legal Advocate initiative**. This Initiative was authorized in Arizona by Administrative Order in January 2023, and curriculum development will begin in Spring 2023.[2]

In August 2022, in partnership with University of Utah Health (U of U Health) , i4J began to research options for embedding community-centered legal services into the new West Valley hospital and health center.  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

[1] For more information on i4J's regulatory reform work over the past 4 years, see Innovation for Justice, *Leveraging Regulatory Reform to Advance Access to Justice* (draft released Jan. 2023).
[2] The Supreme Court of the State of Arizona, Administrative Order No. 2023-19 (Jan. 18, 2023).

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 community.

i4J and U of U Health worked to address 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.[3] 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?

Diving into the challenge with that research question in mind, the research team applied design- and systems-thinking methodologies to understand the current patient experience, the civil justice needs that 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. Findings from initial interviews with stakeholders and community members indicate:

- Justice needs in West Valley include personal 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 population 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

[3] 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).

- Community members want to feel like a person, not a number, and see themselves reflected in their service provider.

The research team took the information gathered from interviews and created visualizations of patient journeys and system interactions to identify bright spots— potential intervention points that are more likely to be successfully integrated — and challenge areas— where the system is unlikely to accept a proposed intervention. From this work, the research team brought three ideas back to community members for feedback  about feasibility and desire.

Based on this feedback, two service model ideas were moved to prototype testing: an interdisciplinary student clinic and a community justice worker (CJW) model. The interdisciplinary 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. 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.

The team identified research questions and created prototypes of these service models to gather community feedback. Based on this information, the research team identified key takeaways about the service model ideas:

- 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;[4]
- 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;

[4] 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.

- 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 recommends 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. Additionally, other efforts exist to create an interdisciplinary clinic at the University of Utah. Given this recommendation, the research team recommends further testing to refine the CJW model and 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 any necessary Sandbox applications for authorization.

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.[5] 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."[6]

[5] The Office of Legal Services Innovation (last visited Jan. 16, 2023).
[6] Rebecca L. Sandefur, *The Impact of Counsel: An Analysis of Empirical Evidence*, 9 Seattle Journal for Social Justice 51-96 (2010).

## Project Description

55% of a person's health is determined by social factors, including income, housing, employment and family stability.[7] Legal services are a critical part of addressing social needs, but 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.[8] Meanwhile, "the absence of action by legislative and executive branches leaves courts managing litigants' socio-economic needs, which courts are neither designed nor equipped to address."[9] In addition, the millions of low-income Americans seeking free civil legal help or attempting to problem solve in the courts are only at the top of the access-to-justice iceberg: 1 in 3 households experience a legal problem; only nine percent of them are aware the problem is legal.[10] The difference between people who know they have a legal problem and those who do not recognize that their problem is legal is known as the justice awareness gap.[11] Radically new legal service models are needed to get below the surface and reach those in this Justice Awareness Gap.

"Effective, accessible, non-legal routes to solutions for common and significant civil justice problems [can complement traditional legal services]."[12] To protect our most vulnerable populations from the devastating consequences of issues such as eviction, debt collection, and domestic violence, we need to radically expand the capacity of the social service sector to deliver legal advice and assistance earlier, before a socio-economic problem becomes a legal problem. The healthcare sector provides one such unique opportunity, particularly in Utah. 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.[13]

Innovation for Justice (i4J)[14] is a social-justice-focused legal innovation lab housed at the University of Arizona James E. Rogers College of Law and the University of Utah David Eccles School of Business that designs, builds, and tests disruptive solutions to the justice gap. As the first and only cross-discipline, cross-institution, cross-jurisdiction legal innovation lab in the nation, i4J is uniquely positioned to lead the nation in the identification, design, and launch of disruptive legal service models that leverage UPL changes.

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[7] World Health Organization, *Social determinants of health* (last visited Jan. 16, 2023).
[8] Legal Services Corporation, 2022 Justice Gap Report (2022).
[9] Colleen F. Shanahan & Anna E. Carpenter, *Simplified Courts Can't Solve Inequality*, Columbia Law School (2019).
[10] Rebecca L. Sandefur, *Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study*, (2014).
[11] For more information about the Justice Awareness Gap, see Innovation for Justice, *Leveraging Regulatory Reform to Advance Access to Justice*, 16-17 (draft released Jan. 2023).
[12] Rebecca L. Sandefur, *The Impact of Counsel: An Analysis of Empirical Evidence*, 9 Seattle Journal for Social Justice 51-96 (2010).
[13] The Office of Legal Services Innovation (last visited Jan. 16, 2023).
[14] Innovation for Justice (last visited Jan. 16, 2023).

University of Utah Health (U of U Health)[15] is Utah's only Academic Medical Center, working together with the University of Utah as One U to serve Utah communities and the region, advance equity, diversity, and inclusion, lead education and discovery, and innovate care accountable for outcomes. The University of Utah is building a new model of how a leading research institution can engage with and support the communities it serves. With 5 hospitals, 11 clinics and multiple education centers throughout the state, 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 in the West Valley community.

By leveraging regulatory reform opportunities available in Utah, under-represented populations could be helped by advocates with legal training but not a JD. These advocates "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."[16] i4J has previously designed, built, and launched similar pilots providing non-lawyers services to domestic violence survivors in Arizona,[17] people experiencing medical debt in Utah,[18] and people experiencing housing instability in Arizona and Utah.[19]

Medical-legal partnerships (MLPs) seek to address health inequities through integrating lawyers in healthcare settings, working with social workers, case managers, and clinicians to address patient needs.[20] Evaluations of MLPs show many positive outcomes including: changes in the health and well-being of patients; improved housing and utility stability among patients; improved access to financial resources among patients; improvements to health care systems and workforce; and improvements in policies, laws, and regulations.[21] The empirical evidence demonstrating the benefits of MLPs presents a compelling 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?

This report summarizes the process and findings of i4J's community-engaged, action-driven research exploring how to embed new forms of civil legal services and civil justice

[15] University of Utah, U of U Health Strategy (last visited Jan. 16, 2023).
[16] Rebecca L. Sandefur, *The Impact of Counsel: An Analysis of Empirical Evidence*, 9 Seattle Journal for Social Justice 51-96 (2010).
[17] Innovation for Justice, DV Licensed Legal Advocate Pilot (last visited Jan. 16, 2023).
[18] Innovation for Justice, Medical Debt Legal Advocate Pilots (last visited Jan. 16 2023).
[19] Innovation for Justice, *Report to the Arizona and Utah Supreme Courts: Expanding Arizona's LP and Utah's LPP Program to Advance Housing Stability* (Jan. 2022).
[20] Caitlin Murphy, *Making the Case for Medical-Legal Partnerships: An Updated Review of the Evidence, 2013-2020*, National Center for Medical-Legal Partnership 1 (Oct. 2020).
[21] *Id.*

problem-solving in the new West Valley hospital and health center, a central part of the U West Valley initiative,[22] with the goal of empowering people experiencing civil legal issues to understand their options, resolve their legal issues, and improve their health. Aims of this project include: identifying the most immediate legal and civil justice needs of the West Valley community and the viable intervention points for assisting those experiencing civil justice issues; the capacity of stakeholders within University of Utah Health to address interventions; and the public's willingness to accept new forms of assistance.

[22] Alixel Cabrera, *A big hospital complex is coming to West Valley City. See what it will have.*, The Salt Lake City Tribune (Mar. 9, 2022).

# Methodology

## Landscape analysis

At the beginning of this project, the research team conducted a legal landscape analysis to establish a baseline understanding of West Valley patient experiences. To do this, the research team reviewed existing justice needs research, conducted semi-structured interviews with key stakeholders within the U of U Health healthcare system, conceptualized representative patient experiences, and journey mapped patient experiences for four categories: generally healthy patients, new incident of care patients, chronically ill patients, and emergent patients. The research team used these journey maps to identify touchpoints– where patients interact with the healthcare system, under what circumstances, and what else a patient might be experiencing in their life at that time. The research team used these touchpoints, along with qualitative data from initial stakeholder meetings, to inform the scripts for semi-structured qualitative interviews with diverse stakeholders at the next research stage.

## Interviews

Interviews consisted of two categories: 1. stakeholders who interact with West Valley patients, and 2. community members who live in West Valley who are over 18 years old, have a household income of less than $70,000, have experienced a civil justice need in the past two years as determined by a screening survey, and speak English.

The stakeholder interview recruiting started with a list of stakeholders identified by U of U Health partners. Through initial meetings with those stakeholders, the research team was introduced to other stakeholders and community leaders who interact with West Valley patients who were then asked to participate in interviews. Healthcare stakeholders included clinic medical and nursing directors, nurses, care managers, physicians, and community health workers. Other stakeholders included community-based organization directors and staff, social workers, mental health providers, and legal service providers. Overall, 38 individuals participated in 30-minute semi-structured interviews on Zoom.

The research team connected with community members in West Valley through their healthcare providers and community-based organizations. In order for West Valley community members to participate in interviews, they had to meet eligibility requirements and complete a screening survey. Eligibility requirements included being over the age of eighteen, living in West Valley City, making a household income of less than $70,000, and speaking English.[23] The screening survey was available through Qualtrics, and community members could complete it on their own online, or contact a member of the research team

[23] This is a limitation of this research. The West Valley community is a bright and diverse community that speaks over 100 languages. However, the research team did not have the resources to engage translation services for this project.

by phone and complete the screening survey over the phone. Community members who completed the survey and identified experiencing at least one civil justice need in the past two years were asked to participate in interviews. 19 West Valley residents completed the screening survey, and 9 participated in the initial interview phase. These interviews were 30-minutes each and took place on Zoom. Community members who completed the screening survey and participated in an interview received a $40 gift card as a thank you for sharing their time and expertise.

**Creation of the screening survey**

The screening survey included demographic questions as well as questions about civil justice needs. In creating the screening survey, existing civil justice needs surveys were evaluated and questions compiled. Most questions came from the DC Listening Project[24] and the PEW justice needs survey.[25] Including all of the questions from these surveys resulted in a survey that was far too long. In order to shorten the length of the survey, the research team evaluated the most relevant, highest priority justice needs questions based on previous i4J projects that engaged with community members in the greater Salt Lake area.

Next, the research team searched West Valley zip codes on the 211Counts website[26] to better understand the categories of need within the West Valley community. Using the 211 website, the research team reviewed the identified categories of need and rates of needs within each of these categories.[27] The needs that i4J and U of U Health might be able to address and would be most helpful to know about for the scope of this project were highlighted. The research team made the decision to not ask about things too far upstream and not connected to legal resources such as home repair and maintenance. The highlighted categories were then cross-referenced with the DC listening project categories. The research team then revisited the list that was brainstormed from data collected in previous i4J projects, making sure those categories were included and adding more options based on the 211Counts needs.

The categories were then cross-referenced with IAALS[28] and Utah justice needs[29] surveys. At this point the research team determined that confidence in legal service sought is unnecessary and further information about attitudes towards receiving legal services could

[24] *The Community Listening Project*, The DC Consortium of Legal Services Providers (Apr. 2016).
[25] Erika Rickard, *Many U.S. Families Faced Civil Legal Issues in 2018*, Pew Charitable Trusts (Nov. 19, 2019).
[26] Utah 2-1-1 Counts, (last visited Jan. 16, 2023).
[27] Categories include housing and shelter, food, utilities, healthcare, mental health & addictions, employment & income, clothing & household, childcare & parenting, government & legal, transportation assistance, education, disaster, and other.
[28] The Hague Institute for Innovation of Law and Institute for the Advancement of the American Legal System, *Justice Needs and Satisfaction in the United States of America*, (2021).
[29] Utah Foundation, *The Justice Gap: Addressing the Unmet Legal Needs of Lower-Income Utahns*, (Apr. 2020).

be captured in the semi-structured qualitative interviews. The DC Listening Project categories were cross-referenced again for category completeness.

The research team chose not to ask questions about language because a requirement for participation in this research is speaking English. The research team chose not to ask in-depth questions about domestic violence experience in an asynchronous online survey because doing so could trigger trauma responses in participants, and there wouldn't be immediate support available. The semi-structured qualitative interview script was adjusted to create space for synchronous inquiries into domestic violence issues when the participant could be supported through trauma-informed interviewing techniques.

Last, the Social Determinants of Health (SDOH) screening that is used by U  of U Health was cross-referenced with the screening survey question bank so the research team could mitigate, where possible, the chance that patients have to answer the same question multiple times. After this review, the research team decided to eliminate food pantry and transportation questions because U of U Health already knows those are patient needs and to shorten the screening survey. The questions asked in the screening survey can be found in Appendix A.

## Defining stage

The research team adapted Code for America's methodology to unpack interviews.[30] After interviews were conducted, transcripts and interviewer notes were moved to Miro for analysis. Miro is an online tool that can be used, among other things, to sort data through the use of virtual sticky notes. Each data point —  in this case sentence or impression — from transcripts and interviewer notes was externalized as a sticky note on Miro.

After all data points were added to the Miro board, the research team began synthesizing through affinity mapping. The first step in synthesizing is reviewing data points and moving them around as similarities, differences, and relationships are identified. Data points were first clustered based on category— the categories surfaced as data points were reviewed and evolved organically as data points were added to or removed from thematic clusters. Next, data points within categories were further clustered based on their relationship to each other and the category. After categories were identified and data points were clustered within categories, themes were named. These themes identified the relationship of the data points within the cluster to the category. Themes were then used to surface insights, which can be found in Key Findings from the Field and Appendix B: More Findings From the Field.

[30] Code for America, *Qualitative Research Practice Guide*, 46-48 (Spring 2020).

## Ideation and Assumption testing

After analyzing the interviews and creating the affinity map for both stakeholder and community member interviews, the research team mapped the interactions in the system. This included visually representing and explaining how stakeholders interact with each other and with patients. Next, using what the research team learned so far, possible ways to address the social, economic, and health needs of the West Valley community were brainstormed. The research team's idea generation was guided by the IDEO rules for ideation.[31] After brainstorming, ideas were sorted based on their feasibility and impact.

The research team proposed 10 ideas grounded in data from interviews that align with U of U Health's Theory of Change. These 10 ideas were again evaluated by the research team for feasibility and impact, and some ideas were combined. Three ideas moved forward into assumption testing.

During assumption testing, the research team created experiments in the form of semi-structured interviews and surveys to get rapid community feedback on feasibility and desire for engagement. The research team identified the riskiest assumptions for each idea— what assumptions must be true in order for the idea to succeed— and created engagement materials to solicit community feedback. Based on the feedback gathered in this stage, two ideas for service models moved forward to prototype testing.

## Prototype testing

After evaluating the data from assumption testing, the research team decided to move forward with two service model concepts and test with five stakeholder categories:

Concept One: An interdisciplinary student clinic housed at U West Valley that acts as the patient's health and justice advocate. Patients are screened for health and justice problems through their interactions with U West Valley. Patients experiencing civil justice problems are referred to the clinic by U of U Health providers and are served by students from multiple disciplines, which could include social work, law, and public health. Student participation in the clinic would count toward internship credit and, for students interested in becoming licensed paraprofessionals, Licensed Paralegal Practitioner (LPP) requirements.

Concept Two: A service model that trains Community Justice Workers (CJWs)– people already living and working in the West Valley community. These CJWs could be Community Health Workers (CHWs), staff from local community-based organizations, or other community members, including those with justice problem-solving lived-experience, pursuing workforce development. Patients will be screened for health and justice problems

[31] IDEO, *Rules of Brainstorming* (last visited Jan. 13, 2023).

through their interactions with U West Valley, and referred to CJWs for the needs identified in the screening. These CJWs are available in evenings and on weekends to help patients with their health and justice needs.

The five stakeholder categories selected for testing were: 1. those who would authorize the service models (Authorizing), 2. those who would design the service models (Designing), 3. those who would provide the proposed services (providing), 4. those who would receive the proposed services (Receiving), and 5. those who would be affected by the proposed services (Affected). To test with these five stakeholder categories, both synchronous and asynchronous prototypes were created.

11 individuals completed prototype tests synchronously over zoom, interacting with four different prototypes for four stakeholder categories: Authorizing, Designing, Providing, and Affected. Four additional prototypes were created as asynchronous surveys that were distributed to stakeholders and community members for the Providing, Receiving, and Affected categories. 14 students completed one asynchronous prototype survey for the Providing category, 69 Utah community members completed a second asynchronous prototype survey for the Receiving category, and 2 care managers completed another asynchronous prototype survey for the Affected category. An asynchronous prototype for CHWs was created, but no responses were collected. More specifics about the prototypes can be found in the Prototype Testing section of this report.

## Key Findings from the field[32]

### Landscape analysis: patient types

Based on the research team's landscape analysis and the data collected through community-based interviewing, four primary patient types were identified. Each of these patient types could seek healthcare services in West Valley, and could be experiencing civil justice needs at the time of care. The four patient types are generally healthy, new incident of care, chronically ill, and emergent.

**Generally healthy:** These patients may begin their interaction with the healthcare system when they are working or looking for work because they would also be looking for health insurance at the same time. They may also begin their interaction through a desire to maintain their health and seek maintenance or preventative care. When the generally healthy patient does need care, they may be faced with culturally incompetent care, discrimination, receiving inadequate care, general logistical delays such as waiting to be seen in an appointment, waiting for lab results to come back, waiting for any prescriptions to be filled, and/or waiting for a follow-up appointment either with the primary care provider or a specialist.

**New incident of care:** These patients begin their interaction through instances such as an injury or an exacerbation of an existing condition. This injury or worsening of a condition may make it more difficult for this patient to seek the medical attention they need, because doing so involves a variety of logistical arrangements. The generally healthy patient also faces those same potential problems, but can navigate them more smoothly because they are generally healthy. For example, an injury like a broken leg could render someone unable to drive, introducing a host of new concerns that make traveling to a service provider more difficult. They would need to ask for someone else to drive them, which is either very costly or difficult because they need to rely on the other person's schedule. Another consideration is that a patient's employment responsibilities continue despite the injury or exacerbation of condition. The injury or exacerbation of condition may require an individual to miss work or even lose their job, resulting in a loss of whatever health insurance they may have had through their employer. These patients then may not be able to seek a healthcare provider as easily and it may take much longer. They are also still subject to each of the logistical delays of the healthy patient, including long wait times to be seen and/or to get an appointment with a specialist. They are also still subject to receiving culturally incompetent care, discrimination, and inadequate care.

**Chronically ill:** These patients may begin their interaction at the onset of symptoms that indicate a chronic condition. They may reach out to a health care provider, have an

[32] All quotes included in this report are from transcripts and surveys on file with the author.

appointment with a general care provider, and be referred to specialists. These patients have an additional barrier of figuring out what is covered and what is not covered under their insurance, if they have any. Generally healthy patients and new incident of care patients may also face challenges in this realm, but it becomes increasingly likely for this patient type. Additionally, it may not be immediately clear what condition this patient has, which will involve more appointments where health care providers or specialists will attempt to rule out other diagnoses and conduct tests and labs. Once this patient is diagnosed, they interact with the system periodically for check-ins to determine how the treatment plan is working, may need to regularly have prescriptions filled and pick them up, and may need more appointments than usual in a given time period due to a treatment plan not working.

**Emergent:** These patients may begin their interaction with the healthcare system after a traumatic event or a health emergency, such as a car accident or a heart attack. They would assess their options and use an emergency center if there was one in the community. In the emergency room, they would check-in, be asked about finances/insurance if the hospital conducts those screenings, fill out forms, wait to be seen, receive triage services such as blood pressure and temperature, and wait to be seen again. A common interaction that this patient may have is waiting to be seen in between each step of the process. Their interaction may come with much more distress because they are worried about maintaining the other aspects of their lives, such as ensuring their children are cared for and/or not missing work. They are also subject to culturally inadequate care, discrimination, and inadequate care in general. This patient type is also subject to logistical delays once they have been treated, just like each other patient type.

## Landscape analysis: Justice-related Social Determinants of Health

The research team mapped the social determinants of health (SDOH)[33] alongside civil justice needs to identify intersections between SDOH and the civil justice system. Social Determinants of Health are intertwined with civil justice needs in many ways. Social Determinants of Health fall into five categories: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. A lack of economic stability can lead to civil justice issues such as debt collection and eviction. A lack of education access and quality can lead to failure to identify the risks associated with disengagement from the civil justice system, such as default judgment and wage garnishment. A lack of healthcare access and quality can lead to a civil justice issue in the form of a medical debt lawsuit. Neighborhood and built environment problems such as pollution can lead to instances where one becomes chronically ill, but lacks the power to change the environmental hazard causing their illness. This also intersects with availability of affordable housing and landlord/ tenant issues. Finally, a lack of

[33] Office of Disease Prevention and Health Promotion, *Social Determinants of Health*, U.S. Department of Health and Human Services (last visited Jan. 2023).

social and community context can lead to isolation and the possibility of exacerbating detrimental home situations, such as domestic violence.

## Findings from Interviews

Our initial interview phase had two distinct categories. One category consisted of stakeholders who interact with patients and the healthcare system. The other category consisted of lived-experience experts, community members living in West Valley who have experienced a civil justice need in the past two years. This section of the report contains key findings from those interviews. Additional findings can be found in Appendix B.

### Key findings from Stakeholder interviews

**Justice needs in West Valley include personal safety, divorce, legal status, financial instability, and housing instability.**

**Social determinants of health + civil justice needs in West Valley include personal safety within the home.**
In the West Valley Justice Court, one judge sees about 20 to 30 criminal domestic violence cases a week. Stakeholders shared that the patients they regularly interact with experience frequent social disruptions including abusive relationships and domestic violence. Another stakeholder shared "adult protective services and child protective services, things come up."

**Civil family law needs include divorce.**
Patients are experiencing needs associated with divorces when interacting with stakeholders. This includes going through the process of divorce, as well as bankruptcy and other financial needs that commonly intersect with divorce.

**Employment issues in West Valley include discrimination and wrongful termination.**
Stakeholders shared stories about interacting with patients who have experienced discrimination in the workplace. They think that educating families about workers rights and what they can do if they face discrimination in the workplace would be a helpful asset to the West Valley community. Staff from a community-based organization shared that the most common discrimination in the workplace is withholding payment or being fired for having an accident. This is especially prevalent among the undocumented community in West Valley, because employers count on these community members to not seek help out of fear due to their legal status.

**Legal status is a high-need legal issue in West Valley.**
At one clinic, a staff member estimated that about 10-15% of patients have documentation issues. Often, community members who are undocumented start working right away to earn money so that they can later afford legal help with documentation. There are no free resources in West Valley that help with documentation issues. Stakeholders explained that often this need is higher than

reported because patients are afraid to disclose their legal status. Legal status intersects with many other social determinants of health because it impacts a patient's ability to prioritize their needs. There is a pervasive belief that people who are undocumented are not eligible for certain aid or benefits because of their legal status. Undocumented community members were not able to receive much of the rent assistance support that was made available for other community members during the pandemic. Undocumented community members have shared their fear of their legal status being used against them with their healthcare providers.

**Family petition is a legal need for which there are little to no resources in West Valley.**
Patients often want family members who are overseas to reunite with them in the States. A few community-based organizations are able to help with documentation in a limited capacity, but family petition is outside their scope of practice. Family petition is also a very expensive process, requiring community members who are seeking this route to make difficult choices about finance prioritization.

**Financial needs are prevalent in the West Valley community.**
High financial needs that healthcare providers and community-based organizations identified in their West Valley clients include ability to pay utilities, debt collection issues, food affordability, and rent affordability. One of the highest-need debt issues are with housing and eviction.[34] As with many other geographic areas in the country, the cost of living in West Valley when compared to what the average community member earns is not sustainable.

**When people are experiencing financial instability, they will often put off seeking healthcare services.**
A staff member from a community-based organization shared that a coworker feared going to the doctor because she knew that she would have to pay money that she didn't have. This coworker would rather spend money on food or paying other bills than on medical care. This is not unique— other healthcare providers and community-based organizations indicated that their clients and patients often prioritize rent and utility bills over medical care.

**Housing is a high need in West Valley.**
Many stakeholders said that housing is one of the most relevant needs in the West Valley community. One stakeholder reported that "housing is awful." While this is not unique to West Valley, this community is being severely impacted by the housing landscape. The healthcare providers and community-based organization staff that

[34] In eviction cases in Utah, judges are required to award landlords three times the usual daily rent for each additional day that the tenant does not vacate the unit. Utah Legal Services, *Eviction Part 2: Money Judgment | Utah Legal Services*, (June 2, 2021).

participated in interviews explained that they see a lot of needs for housing and rental assistance. Housing is particularly difficult for healthcare providers to deal with because it is traditionally outside the scope of their patient care, and the eviction timeline in Utah is notoriously brief. One clinic staff member told the research team that about one third to forty percent of the patients they see have "precarious housing". A staff member at a community-based organization said "we hear often that housing and gentrification are a huge concern for these families when the hospital comes in." Healthcare providers told the research team that housing concerns are a reason that preventative healthcare is not prioritized by patients. One medical director the research team spoke with said that she believes "that getting people housed is what's going to make the big difference." One legal service provider said that "housing is healthcare" and that "without a stable roof over your head, you cannot self actualize," making it harder to address other health and justice needs.

**Disagreements with landlords and eviction are housing issues that West Valley community members commonly experience.**
Utah is a very landlord friendly state, and is "not an even or fair playing field." Healthcare providers and community-based organization staff have been seeing high numbers of evictions and disagreements with landlords. Landlord and tenant disputes come up often, and one community-based organization staff member told the research team that complaints from her clients are generally not addressed in a timely manner. It usually takes "something so awful" like "public health com[ing] in and say[ing] this place isn't fit to live in."

**There are not many housing resources available in the West Valley community.**
The community-based organizations that participated in interviews explained that housing waitlists are "astronomically long" and the need far outweighs the resources available. Further, there is a lack of awareness about tenant rights. A community-based organization expressed a need and desire for housing issue education in the community. There are even less housing resources available for community members who need some extra help, especially those needing accessible supervised living arrangements.

**There are rent relief and discretionary funds available for community members who qualify.**
These funds help to alleviate the burden on community members, but are short term help not a long term solution. A community-based nonprofit started a small emergency fund in 2020 that allowed for a one-time $500 check to families that did not receive the government stimulus check. These funds could be used on whatever the family needed including rent, food, and bills. This community-based organization also provides limited immigration services at a low cost. Another community-based organization helps clients who are in credit card and medical debt schedule payment plans and apply for available assistance.

**The downstream effects of housing instability are pervasive.**
Health and housing are interconnected. Not being able to go into work means not being able to get paid. If someone doesn't get paid, then they are unable to make their rent. It can take years before people are connected to stable or permanent housing. The West Valley community has been impacted by the current housing market because they are not able to find affordable housing and rent assistance, which leads to evictions, which leads to being pushed out of their neighborhood. Even community members that have Section 8 vouchers, "because of the housing market right now… are just being pushed out all over the place." Financial and eviction histories, as well as complicating housing situations, are factors that can exacerbate mental health crises. A mental health professional that serves the West Valley community told the research team that sometimes people seek services when the reason "for their crisis is their housing situation."

Community-based organization staff spoke of the aggregation of homeless people in Salt Lake City, which is higher than the number of unhoused people in West Valley City. There is a network of community-based organizations that work with shelters and the housing authority to help with homelessness. Healthcare providers shared stories of patients who had significant health needs, like newly diagnosed diabetes, who were experiencing homelessness which made it challenging to get these patients to follow-up appointments because of a lack of consistent communication available. Even when the provider is able to reach the patient and the patient comes in for an appointment, healthcare providers often take time at the clinic away from addressing the physical health reason for their visit to help the patient figure out how to get housed. One care manager explained that "people who are unhoused tend to have significant exacerbations to their mental and medical health issues."

**The legal needs that patients are experiencing when they seek healthcare are often not related to their health.**
Most justice needs that the West Valley community is experiencing aren't related to why they are seeking healthcare. For example, a patient may be seeking healthcare for the flu, but they are also experiencing housing instability. Generally, community members are experiencing justice needs relating to divorce and separation, child custody, domestic violence, debt collection, housing, and immigration.[35]

[35] For a further explanation about what civil justice needs the West Valley community is experiencing, see Key Findings from Community Member Interviews within this report.

**The current ecosystem does not adequately meet the service needs in West Valley.**

**West Valley community members are often experiencing a range of issues which can present a barrier to seeking healthcare.**
Healthcare providers need to take care of the patient's presenting illness, but that can be "difficult to do when the patient needs attention in other areas like housing and finances." People are experiencing a large range of issues that are difficult to address completely, especially when providers have a limited time with each patient. When community members are experiencing a wide range of needs, preventative medical care is usually moved down their list of priorities. Healthcare providers told the research team that noncompliance with medical guidance occurs frequently, "especially if patients feel that health is not a priority for them at that time."

**Patients get lost between steps when seeking services.**
Providers want to have the capacity to care for every patient individually, and give the time that the patient needs. Unfortunately, most providers do not have the capacity to allow for this. Warm handoffs between providers are helpful, but that only goes so far. Interacting with patients requires relationship building and an understanding of how systems work. Building trust takes time, and when an issue is outside the scope of one provider and the patient must go to another, then trust needs to be rebuilt. Care managers want a system where there is support for patients throughout the entire process, including before problem solving is needed.

**Challenges with referrals occur when providers must contact patients without an existing relationship.**
Healthcare providers that the research team spoke with expressed difficulty connecting when they cold-call patients that they did not have an existing relationship with. Providers are siloed, especially specialists, and often have different processes for patient intake that makes connection difficult. Patients become frustrated when they have to explain things over and over again to different providers which leads to disengagement with the system.

**Challenges to getting the word out about resources include rural access, intersecting issues, and siloing of services.**
Rural access to resources is often more complicated than how systems present it. Often resources change because of need or staff turnover, and not all resource information is updated consistently. Many community-based organizations and healthcare providers indicated that 211 does a great job of keeping databases as up to date as possible, but 211 must rely on service providers to have accurate information available. Geographic location makes services inaccessible, especially when there are few providers. Community-based organizations also don't want to duplicate efforts in the community. Many organizations serve specific segments of the population or focus on specialized issues. There is a hesitancy to offer more

services in one location that people are already offering elsewhere. This means that people experiencing multiple issues must go to multiple service providers to address their needs. Further, service terms are not always consistent between government agencies, resource lists, and community-based organizations.

**Lack of knowledge about resources and issues prevents community members from accessing the resources that could help.**
Community-based organization staff shared that a lot of community members don't know about all of the resources that are available in their area. This is especially true for people who are new to the area. Some areas are resource scarce, or the resources that do exist are oversaturated. Sometimes community members don't realize that there are resources for what they are experiencing. One care manager spoke about patients that "don't know that they're eligible for these government programs," and a community-based organization spoke about how often people don't know that the discrimination they are experiencing is illegal.

**Legal resources available include People's Legal Aid, Disability Law Center, Utah Legal Services, and Legal Aid Society of Salt Lake.**
People's Legal Aid (PLA) is focused on housing and eviction issues, including residential debt collection. PLA currently provides services in Salt Lake County including community education programs and direct representation. Community education programs are for tenants and service providers and focus on tenant rights and responsibilities as well as resources available. As of Fall 2022, about one third of PLA clients are from West Valley City, which is about twenty per month. PLA receives clients through three major channels: the court system, referrals, and clients contacting PLA directly. Most of the clients that PLA sees are on the consolidated eviction calendars and the lawyers at PLA represent them with limited-scope appearances. Referrals to PLA come from Utah Legal Services, Disability Law Center, and Utah Community Action. PLA anticipates that as the community education efforts grow, so will the referrals. PLA is able to represent undocumented community members in landlord-tenant issues, but currently do not see a high volume of these cases.

Disability Law Center, Utah Legal Services, and Legal Aid Society of Salt Lake are participating in the Utah Medical Legal Partnership (UMLP). UMLP educates providers on what they call "health-harming civil legal needs." The primary goal in connecting to patients is to make sure that the patient is as comfortable as possible with the connection and referral, and the UMLP meets clients where they are. The legal resources partner with specified community health centers who refer patients. Referrals come through by fax, encrypted texts or emails, calls from providers, or calls from the patients themselves. Each legal resource involved in the partnership has a specific role. The Disability Law Center focuses on discrimination at work due to a disability, housing or accessibility discrimination, employment abuse, neglect, or

lack of accommodations. Utah Legal Services provides help with landlord/tenant law, social security applications or appeals, insurance issues, and consumer protection. Legal Aid Society of Salt Lake (LASSL) focuses on divorces, custody, protection orders, and other legal aid when eligibility is met. LASSL will accept domestic violence cases in Salt Lake County regardless of income, and will accept family law, divorce, and custody cases for people who are below their income threshold.

**Legal help is generally inaccessible to the West Valley community.**
One of the biggest barriers to seeking legal services is cost. In general, having legal services and consultation for free is important. Healthcare providers shared stories of patients "calling legal resources multiple times… leaving multiple messages and not getting any responses." Clinic leadership expressed frustration and struggle when trying to get patients connected to legal support. In addition, no stakeholder project participants knew of any free immigration legal services or organizations who provide funds that can be used on these services. Because immigration help is a need in the West Valley community, this is not only a barrier to legal help but also a barrier to other services.

**There are unique challenges and opportunities associated with the immigrant and refugee population in West Valley that should be considered in intervention design.**

**Legal status intersects with the healthcare system at multiple levels.**
Undocumented community members are often fearful of disclosing their legal status for fear of deportation, discrimination, and losing any benefit or aid they previously had. Once community members disclose their legal status and are not met with discrimination, they continue to go to that same service for their legal status needs. One care manager explained to the research team that many patients come to them with N648 forms. This form "waives the applicants need to do the English portion of the naturalization test," which without this form is required for naturalization. The reason for this waiver is usually "based off of having a cognitive impairment, TBI, really bad PTSD, stroke, dementia." However, many patients who bring the form do not qualify for the waiver, putting "a provider in a hard place because they don't want to sign it when the patient doesn't actually have a cognitive difficulty." This care manager further shared that reality sometimes makes it difficult for a care provider to make the determination whether or not to sign. She shared a story about a "patient who has been depressed and hasn't prioritized English classes." She shared that she "can understand how that could happen." She said that she "can't… technically sign off on it because if they did take a class, they might be able to learn English" but also that they were dealing with a cognitive impairment— depression— that was interfering with their ability to meet that requirement.

**There is a lot of uncertainty about what benefits, services, and aid undocumented community members and permanent resident community members can and cannot qualify for.**

The impact of being undocumented and trying to access care is a big gap in the community. Undocumented community members do not have social security numbers thus they cannot access a multitude of services. Another area of confusion is what permanent residents— those who have a legal status but are not citizens— can and cannot qualify for. Healthcare professionals told the research team that legal status affects people's willingness to apply for Medicaid, even for their children, and even in households where some might qualify for Medicaid. One interviewee said "even though children may be eligible for Medicaid or CHIP, or most of the people in the household are, if there's one person in that household that is not here legally, they are fearful of applying for the government program." Other community members fear going to hospitals and clinics at all because of the risk of deportation.

**Legal status can impact housing stability.**

The undocumented population in West Valley is not eligible for support from rent assistance. A few community-based organizations in the area provide emergency funds that can be used for rent relief, but the COVID-19 rent assistance and relief was not available to these community members. One healthcare provider told the research team that "[undocumented] patients are genuinely discriminated against by some landlords." Undocumented community members or families with mixed-legal status are "not sure if they can advocate for themselves" or "should get help" when they experience discrimination by their landlord.

**There are few legal and nonlegal resources in West Valley for undocumented community members.**

Peoples' Legal Aid (PLA) is currently the only law firm in the greater Salt Lake area that is working in landlord-tenant law who can serve tenants who have undocumented or mixed-documented status. PLA is only able to assist with tenant issues, not documentation needs. A few community-based organizations have Representatives accredited by the Department of Justice who can help with renewals for DACA, citizenship applications, and a few other forms. If community members need further assistance, community-based organizations refer community members to lawyers. While not explicitly legal help, another community-based organization offers English and citizenship classes that are open to everyone.

**Trauma-formed care is critical.**

**Seeking services can be traumatizing.**

Healthcare in general can be a traumatic experience, especially for marginalized populations who don't speak English. Regardless of first language, people are often asked for the same thing from different providers, having to tell their story again and

again. One care manager expressed a desire to see more coordinating services and service providers to create a system of wraparound services where people are not retraumatized.

**Trauma-informed care should be the standard.**
Stakeholders in multiple industries emphasized that trauma informed care should be implemented in all patient interactions and settings, and also universally recognized. Multiple healthcare providers and staff at community-based organizations talked about having "to meet somebody where they're at" and that community members need someone who is on their side. A healthcare provider put it as "patients are left only with you and trusting you and you kind of become a gatekeeper." They stressed the importance of knowing what is within their scope, and not providing services to the patient that are outside of that scope, but also the importance of connecting the patient with someone who does provide that service.

**Trauma-informed practices are translatable to various care settings.**
Trauma-informed practices aren't specific to any healthcare or clinical setting, and can be implemented in various settings. These practices include "actually giving [patients] the time of day," recognizing that every patient is different, and a "willingness to listen to [the patient] as an individual and take [them] seriously." Trying to understand cultural trauma that some patients have experienced is also important. Involving the community in the process is helpful, including letting community members and patients themselves guide how they want to be treated. Cultural responsiveness is a trauma-informed practice. Someone who is not culturally aware or responsive can make the other person feel dumb or unwanted, triggering trauma responses or exacerbating existing effects of past trauma.

**Problem-solving strategies should focus on early intervention, trust-building, cultural competence, and appropriate screening.**

**Stakeholders across professions emphasized the importance of early intervention.**
Stakeholders who work in community mental health and the courts expressed a desire for the removal of stigma for early diagnosis and treatment. It is their belief that diagnosing and treating mental health problems as early as possible can help lessen the number of interactions they have with the justice system, especially the criminal justice system. Early intervention in justice needs— before anything is filed— is helpful, particularly in housing and debt collection cases. One judge the research team spoke with said "if a debt is owed to a creditor or a landlord, getting the parties to agree on payment before it turns over to an attorney and a collection agency is important."

Early intervention is important in healthcare, generally, as well. Right now, "hospitals are a catching system for the whole of society's problems," which is not their

designed function. Patients are waiting until they have no other choice but to come in for care. Healthcare providers expressed a desire for investment in patient health "upstream from healthcare" and from "a governmental and community perspective" that should include preschool access and long maternity and paternity leave.

**Court stakeholders emphasize the importance of intervention before debt is turned over to a collection agency.**
In recent years, the cost of collection has quadrupled. This is a four times increase in the amount a person owes on the debt once it is turned over to collections. A court stakeholder said that once a debt is in the hands of the collection agency "the story is written," and there is even less that a defendant can do once a complaint is filed. If a debt is owed to a creditor or a landlord, it is helpful if the parties are able to agree on a payment plan before collection agencies or attorneys are involved.

**Establishing trust is essential to meeting patient needs.**
A community health worker told the research team that "there's a lot of mistrust in communities with systems" which makes it "hard to be effective in the work that [CHWs] do, unless [the community] trusts us." Trust can be built through intentional, proactive community engagement, and doing "what you say you're going to do." Trust can also be built by explaining why information is being collected, for what purpose, and how it will be used. Community members have expressed discomfort with their information being stored in their medical record and fear being treated differently because of information that they share.

**Representation is important when building trust.**
If community members feel represented, they are more likely to trust. One healthcare provider said that "it is important seeing someone like you" when seeking services. The area healthcare centers hosted focus groups with the community, and the overwhelming feedback was that the community wanted to see themselves in their service providers. This includes race, ethnicity, and language. Having the appropriate interpreter available is also helpful in building trust. The West Valley community speaks over 100 languages; knowing the audience and being able to effectively communicate helps to build trust and show community members that their opinions and voices matter. The importance of representation was echoed in i4J's engagement with lived experience experts throughout this project.

**Cultural responsiveness and humility are imperative when building trust and offering services to the West Valley community.**
Cultural humility is the theory that one may not ever fully know or understand someone else's community. It is centered on listening to others and being aware that the person listening does not know everything. Understanding cultural trauma is an important part. One community-based organization leader said being "culturally responsive means that there is a deep rooted understanding of the circumstances

that affect the individual being born and raised outside of the United States." There is no checklist of items or behaviors that make someone culturally responsive. Speaking a language is not enough to be culturally responsive. Another community-based organization staff member explained that "so many immigrant and refugee migration journeys are multifaceted." Caring for immigrant and refugee populations requires service providers of dominant demographics to get outside of their comfort zones, getting "to know your patients and ask them and engage" with them to best understand their needs. It is hard to make generalizations about working with populations because each patient is unique in their needs and preferences.

**Challenges in building trust include high levels of turnover, wariness of new builds, and performative community engagement.**

High turnover negatively impacts partnership, especially when building trust and sustaining relationships with the community is so important. One stakeholder said "when you have that turnover, and systems do regularly, then that trust is broken, and you have to start over again, and that's really rough." The West Valley community is wary of new builds coming in, especially the Pacific Islander community. The Pacific Islander community saw new builds in Hawaii where hospitals and churches were built in communities and then outsiders were hired to work these new jobs instead of promoting from within the community. Another challenge that stakeholders expressed relating to the West Valley project is making sure that the voices of the community are heard and incorporated into every decision.

**Questions about interpersonal relationships are not asked in a current version of SDOH screening at U of U Health.**

A version of SDOH screening that is used in many U of U Health settings currently does not ask about interpersonal relationships. This is because a patient's answer may open the provider up to liability because the provider is a mandatory reporter. However, this means that patients are not currently being connected to any resources for interpersonal relationship needs through the healthcare system unless that need is expressed in another manner.

**Screening for social determinants of health presents challenges for both patients and providers.**

Some challenges for healthcare providers when screening for SDOH include technical challenges like proprietary knowledge and implementing those services, and figuring out how to ask questions in a way that patients will trust and answer honestly. Some staff are hesitant to ask SDOH questions because they think that it's not their business and that it is outside the scope of healthcare. Some providers ask "why does everything fall on healthcare?" Providers also shared that patients are hesitant to disclose anything that may be put on their medical record because

patients do not want to be treated differently because of the things that they disclose.

**The West Valley community is a valuable resource for future service models.**

**The West Valley community has many strengths that should be leveraged in any program creation.**

As one stakeholder said, "West Valley is a really diverse city. And so I really want to see it catering to that diversity, where it can be a place where people of color, where everyone can go" and they "want it to be good for the community." Stakeholders have expressed that they want to "make sure that people who live in the community currently can go to school and be the care providers and continue to live in their community long term." Bringing in service providers who aren't part of the community is not desired. Instead, community-based organizations and other leaders in the West Valley community want to see educational and job development pathways where current community members can become the providers and not get pushed out for incoming industry. "When the jobs are not available for community members, they have to go elsewhere. And we want to make sure that that doesn't happen."

One community-based organization director said that "the solutions [to any need] are with the people in the community." This director spoke of the importance of giving "community the opportunity" to be involved in design and decision-making processes for services and programs that affect them. "It isn't just enough to go to the community and say, okay, what is the solution, but there's like this process where we have to work together and folks in the community need to learn and need to have access to more information about how the system works." Community members' individual experiences and what they had had to navigate make them experts and their knowledge is often not only undervalued but ignored and viewed as inferior in the design of services and programs. This can, validly, lead to distrust of organizations by the community.

**New service models should consider patient needs regarding referrals, service provider preferences, and siloing of services.**

**Any service or program implemented in West Valley should have language and interpretation services.**

Language is a barrier for patients when going to the pharmacy, being able to self-advocate, reading after-visit summaries, and understanding diagnoses and next steps including dates and times. Many clinic and community-based organization staff speak Spanish, but there are over 100 languages spoken in West Valley. It is important for service providers to be able to speak languages other than English. In addition to spoken language, literacy needs to be considered. Some patients are able to verbally communicate in a common language but might not be able to read that

language. This is also applicable to family members of the patient who may be helping to translate things. When information is not in a language that the patient speaks, they "can't really utilize it."

Clinics do their best to connect patients with interpreters, but that presents challenges. Providers generally have limited time to spend with each patient, and sometimes interpreters aren't available at the same time. When using an interpretation service, it can take between thirty minutes to three hours to connect with an interpreter. Further, clinic and community-based organization staff members must often call patients for follow-up "without interpreters, which makes [patients] feel intimidated" and increases the likelihood that patients will not understand whatever information is being provided.

**Services are siloed and too specific.**
A staff member at a community-based organization said that a lot of resources that exist are too specific and a lot of clients don't have the time or ability to connect with all of the different resources they need. There are currently no standardized communication pathways between services. When trying to get patients connected to services, sometimes clinics find themselves reinventing things that are already out there because they don't know what is out there and the existing services are "so convoluted, or the wait list is too long." It often takes at least a few calls "to various organizations to get the person the help they need."

**Case managers, care managers, and social workers are in a position to assist patients with SDOH needs.**
Care managers are usually nurses who have done nursing for a while before transitioning to a care management role. Case managers usually have the same role as care managers, but work in inpatient instead of outpatient settings. The goal of a care management department is to address hurdles and barriers to patient health including navigating insurance, financial stress, transportation, medication access, food insecurity, and housing. Care managers who serve West Valley interact with about 50 patients per week. Sometimes it is an ongoing relationship with a patient, and other times the patient does not need more follow-up assistance. This often looks like phone calls and follow-up coordination with the patient, and can sometimes include sit down appointments. The services that care managers help patients with depend on what is available and what capacity the care managers have. Care managers are passionate about helping their patients, but expressed a desire to focus on patient clinical healthcare needs. The care managers the research team spoke with said that sometimes the healthcare need is something that needs to be addressed immediately for the patient's physical health, but the patient is not in a place to address it because of other needs that they are experiencing such as housing, domestic violence, or debt. Case managers, care managers, and social

workers are all connecting patients to resources that help the patient address their needs.

**When it comes to referrals, proximity matters.**
Providers told the research team that referrals have been successful when the social program that they are referring the patient to is on-site and they can physically walk the patient to that service and make the introduction. Referrals that rely on patients contacting the service that they are referred to anecdotally have the lowest rate of success.[36]

**Referrals within the healthcare system are more successful when warm handoffs are used, reducing as many barriers to connection as possible for the patient.**
Referrals between healthcare providers are generally more successful when care managers serve as a connection during transition work. Warm handoffs between providers, and scheduling appointments before patients leave the office, have higher success rates for patient follow-through than providing a phone number and asking the patient to set up an appointment with another provider on their own. Removing barriers by making connections for patients has been helpful. When connections are made for patients, the patients "don't have to get stuck in that calling system or call five different numbers to schedule the things that they need."

**Partnerships are helpful to get community members connected to services.**
Partnerships between resources are helpful because "they're going to work much better if they're all working together." Care managers and community health workers expressed a need and desire for alignment across their services. Community-based organizations also spoke about partnerships that they have with healthcare providers and government entities where they can offer services, including SNAP and Medicaid enrollment, at various locations. One community-based organization worked with other organizations that focus on serving and building communities with certain ethnic and racial backgrounds to get the word out about the discretionary funds they were offering.

**Wraparound services are necessary to address patient needs.**
One healthcare stakeholder that the research team spoke with said that "if [patients] have one [need] they have four," explaining that patients don't experience needs one at a time and instead are often juggling and prioritizing a myriad of needs. Despite the number of needs that patients have, many healthcare professionals note their patients' resilience. One medical director told the research team that sometimes she is "surprised how some of these people have hung on for as long as they have with

[36] This is anecdotal because providers and referral services are not currently collecting data about how many referrals are made and how many patients follow up; this is a trend that providers are seeing without being able to point to exact numbers.

some of the adverse conditions or… really significant medical issues or… lack of access to medical care or … some basic needs… they've really persevered."

Healthcare providers highlighted the importance of wraparound services because they often learn of other needs their patient has through the course of the medical exam. One provider told the research team that she was "talking about [the patient's] blood pressure, and [the patient] said [they've] been really stressed lately because [they are] about to be evicted." This provider worked at a clinic that had a social worker on staff who was able to come in and speak with the patient to help address the patient's housing stability needs.

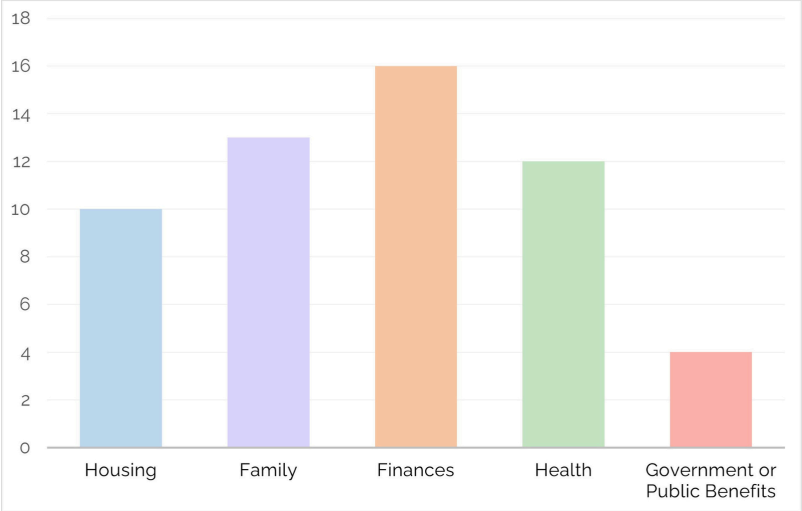
Because of the intersecting patient needs, it is important for the provider and patient to communicate so that the patient's priorities are addressed first. Providers spoke about how they invest in their patients, wanting them to be healthy in all aspects of life. One provider told the research team "if we're able to build care teams that can improve people's health and help address a lot of the SDOH, for when they do come into the clinic, they hopefully will come in healthier and better connected."

## Key findings from Lived-Experience Expert interviews

**Overview of justice needs responses**

The justice needs survey asked questions about experience with civil justice issues in five areas: housing, family, finances, health, and government or public benefits. Overall, 16 out of 19 community members identified experiencing a financial issue, 13 out of 19 identified experiencing a family issue, 12 out of 19 identified experiencing a health issue, and 10 out of 19 identified experiencing a housing issue. Only 4 out of 19 community members identified an issue with government or public benefits.

## ILS22 Justice Needs Survey Data




**Justice needs responses by category**

**Housing**: 10 community members identified the following experiences.

| **Housing experience** | **Number of community members identified** |
|---|---|
| Difficulty or problem paying rent | 6 |
| Homelessness | 5 |
| Difficulty or problem with subsidized housing | 5 |
| Problem or disagreement with landlord | 5 |
| Difficulty or problem finding housing | 5 |
| Unsafe living conditions | 3 |
| Difficulty or problem paying utilities (like gas, water, electricity, internet) | 3 |
| Eviction | 2 |
| Landlord not fixing problems with my rental | 0 |
| Other: | 3: problems with rent assistance<br>1: problems with neighbors<br>1: problems with roommates |

**Family**: 13 community members identified the following experiences.

| **Family experience** | **Number of community members identified** |
|---|---|
| Caring for sick or elderly relatives | 6 |
| Harassment or violence from current or ex-partner, or other family or household member | 5 |
| Marriage | 5 |
| Divorce or separation | 4 |
| Caring for grandchildren or other relatives who are younger than 18, who are not your children | 3 |
| Child custody problems | 3 |
| Child support problems | 2 |
| Other: | 1: criminality around the house<br>1: widowed |

**Finances:** 16 community members identified the following experiences.

| **Financial experience** | **Number of community members identified** |
|---|---|
| Worried about being able to pay your bills, debt, or loans | 14 |
| Problems with creditors | 7 |
| Unpaid bills, debt, or loans | 6 |
| Money taken out of paycheck or bank account for unpaid bills, debt, or loans | 4 |
| Difficulty or problem receiving assistance with paying bills, debt, or loans | 4 |
| Received papers from an attorney or the court for unpaid bills, debt, or loans | 2 |
| Other: | 1: inflation and taxes have risen but wages have not<br>1: unable to pay anything outside of bills (i.e. cannot pay for car repair)<br>1: food is not affordable anymore |

**Health**: 12 community members identified the following experiences.

| Health experiences | Number of community members identified |
|---|---|
| Medical debt | 9 |
| Difficulty paying medical bills | 6 |
| A problem with health insurance | 5 |
| A problem with medicaid or medicare | 5 |
| Difficulty signing up for insurance | 3 |
| Other: | 1: insurance prices keep rising<br>1: lack of nearby medical treatment |

**Government or public benefits:** 4 community members identified the following experiences.

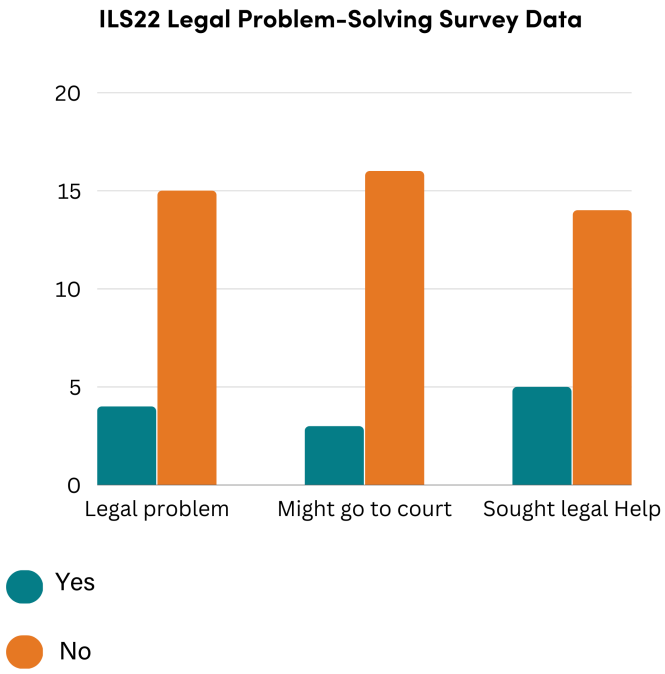
| Government or public benefit experiences | Number of community members identified |
|---|---|
| Problem with public benefits | 3 |
| Problem with unemployment payment | 2 |
| Problem with government payment | 1 |
| Problem with disability payment | 1 |
| Other: | 0 |

**Interactions with the justice system by community members**

Within the justice needs survey, the research team included three questions about interactions with the justice system within the past 2 years. Research shows that often people don't recognize their problem as a legal problem, which is why legal problems were phrased in multiple ways in addition to asking about specific experiences in the five categories. In this section, the first question asked "in the past two years, did you experience a problem that involved an attorney, a lawsuit, a court, or a judge?"; the second question asked "in the past two years, have you had a problem you thought might go to court?"; and the third question asked "in the past two years, did you seek legal help for a problem?"

4 community members indicated that they had experienced a problem involving an attorney, a lawsuit, a court, or a judge within the past two years, while 15 had not. 3 community members experienced a problem within the past two years that they thought

might go to court, while 16 did not. 5 community members sought legal help while 14 did not.




**West Valley community members are experiencing employment, financial, and housing instability, mental health needs, and are responsible for caring for family members.**

**West Valley community members need employment stability.**
One community member that the research team spoke with described a work accident that left him disabled. He has had difficulty finding new jobs because typing resumes and sending them out, something that used to be a simple task, now takes days to complete. He described his frustration when he felt like he had to train insurance adjusters who are not familiar with prosthesis about what it is and the services he needed to maintain it. He told the research team that he doesn't have the time needed to re-learn how to do basic chores and tasks while also looking for work that is suitable for his disability and advocating for himself with his insurance company.

**Community members have to make difficult decisions after experiencing medical emergencies.**
A community member described frustration and feeling like she missed out on opportunities in life because of medical debt. She has worked two to three jobs to try to pay her medical bills, delaying pursuing a degree because she doesn't want the medical bill to affect her credit score. She knows that if she enrolled in school, she wouldn't be able to work the same hours and earn the same wage which would put her behind on paying the balance.

**Community members experience mental health needs.**
One community member explained that she felt "desperate" and "mentally drained" while trying to navigate her family's justice and health needs. She described having to take her daughter to the emergency room "over and over" for mental health crises because they couldn't access other resources. A community member who became disabled after a work accident told the research team that his mental health has been the "hardest thing to overcome."

**West Valley residents experiencing housing instability are fearful and experience barriers to seeking legal help.**
Housing instability issues that community members shared with the research team include disputes with landlords, mortgage concerns, neighbor concerns, and problems with the building. Interview participants shared that they felt scared and very stressed when dealing with these issues. Barriers to seeking legal help included feeling like the time and money for legal help on landlord issues might not be worth it, and a lack of time to devote to the issues because of other things that they were dealing with.

**West Valley community members are responsible for taking care of relatives, both elders and children.**
One interview participant described the "added pressure" of caring for her eighty year-old mother. Another is a caretaker for her grandmother who was originally misdiagnosed which has exacerbated her health needs. Caretakers are struggling to navigate Medicare and Medicaid. When seeking care for elderly family members, a community member expressed concern that doctors were focusing on only one aspect— her grandmother's dementia— and not taking into account any other health issues or causes. Support systems of valued friends and family members help when acting as a caregiver, but the stress of caring for relatives impacts relationships with others in their lives. Another community member said that she didn't feel like she could devote the necessary time to her landlord dispute when she was caring for her grandmother because of the care and attention her grandmother needed.

**West Valley community members who have children must make decisions about whose needs to prioritize.**
An interview participant who has a daughter with mental health issues described the time and financial requirements for obtaining care. She is "the sole provider for [her] daughter." She explained needing to take extra precautions during COVID because if she got sick, "who would take care of [her] child?" Another interview participant described that having a child to care for takes away time availability to access resources. She told the research team that she is "busy with work and [she has] a three year old." She described how "it's really hard" for her to have the time and energy to seek out and access resources for her needs.

**The existing services are not adequate to meet the needs of West Valley community members and they express a desire for more options.**

**Four out of nine interview participants made too much money to qualify for assistance, but were still unable to afford housing and medical care.**
One interview participant was trying to get into HUD housing, but was unable to because they made over the threshold. Another interview participant explained that aid was "based on [her] previous income" that she no longer received. Yet another participant said that "because of [his] income, and according to the government, [he] make[s] too much money to qualify for assistance."

**Community members expressed a desire for financial literacy courses, job assistance, and overall affordability.**
One participant believes that connecting people to jobs "will solve a lot of healthcare issues" because people will be able to afford the care that they need. This participant also wants to see resource fairs and financial literacy courses available to the community. Another participant says that "if you can save any money in an emergency fund, do it!" He thinks that if he had done that, he would be in a different position today. A different participant wants the system to be more affordable and change so that it doesn't "make you feel like you're begging to have good health."

**Barriers to the West Valley community seeking legal services include confusion, lack of trust, and lack of time.**

**People know about resources through independent research, advertisements, and asking for help.**
Some interviewees found resources through independent research, usually online. Two interviewees explained that they tried to find resources online, but it took so much time and research to figure out what they needed. They said that someone needs a "tremendous amount of time" available to find resources on their own. It is "tedious to figure out what to do," and that includes finding healthcare providers. This interviewee expressed a desire for online resources that are easy to understand. One interviewee found out about rent assistance through an advertisement. He explained that it was a very easy process once he was able to bring himself to call. Asking for and admitting he needed help was the most difficult part for him. Overall, interviewees described a lack of easily digestible information when they were able to find relevant resources.

**Community members rely on their social circle when they are experiencing a justice issue.**
10 out of 19 West Valley community members who participated in the survey experienced housing issues in the past two years. One of these community members

explained that she asked a friend in law school for help with landlord tenant issues, rather than seeking out a lawyer.

**Community members don't trust attorneys.**
Community members expressed a desire for more trusted sources, especially when it comes to navigating justice issues. One community member said that mistrust of lawyers can be attributed to lack of representation, "lawyers don't look like or understand the community." Additionally, community members don't think that lawyers are worth the cost. One community member put it frankly, that "lawyers are for rich people." It costs money to get records expunged, get legal advice, and file documents with the court. Community members don't think the cost of lawyers is worth it for the help that they will get, especially when it comes to housing and debt issues. They know when they cannot pay rent, and they know when they have to prioritize what bills get paid when. Adding another cost— the cost of legal services— is not worth it from their perspective.

**Time is a barrier when it comes to seeking legal help.**
Three of the community member interview participants identified lack of time as a barrier to contacting a lawyer when they are experiencing a justice issue. One felt that the time and money for legal help on a landlord issue might not be worth it. A second said "there has not been time to seek legal help." A third said that the attorney she contacted lived several hours away and she did not have the time available to travel and meet with them.

**Even with an attorney, the process is still confusing.**
Two of the community member interview participants did seek lawyer services when problem-solving their justice issues. One said that the lawyer they interacted with was "fine, but didn't help make the process easier."

**Community members identified case managers, social workers, community health workers, and community-based organizations as helpful resources when trying to problem-solve.**
Two interviewees identified social workers as having played helpful roles when they were experiencing health and justice issues. One interviewee spoke about how helpful a social worker was in opening doors and getting the interviewee to meetings and appointments. A different interviewee described his relationship with his case manager, and told the research team that the reason he was able to be in the position he is in now is because of her help. Another interviewee also identified community health workers as a helpful and known resource option in West Valley.

**Community members want to feel like a person, not a number, and see themselves reflected in their service provider.**
Interview participants described feeling like the system is set up to see as many patients as possible, not to meet the needs of each individual patient. One participant said that they feel like they must go to two doctors, at a minimum, to get the care they want and need. The first "layer" is just to get connected to the second doctor who can actually help. Another participant told the research team about  his challenge advocating for himself. He knew something was wrong and wanted to get an MRI, but the doctor was reluctant to give an MRI because the doctor just thought he needed rest from playing basketball. The participant felt like the doctor was going through the motions and not listening to him.

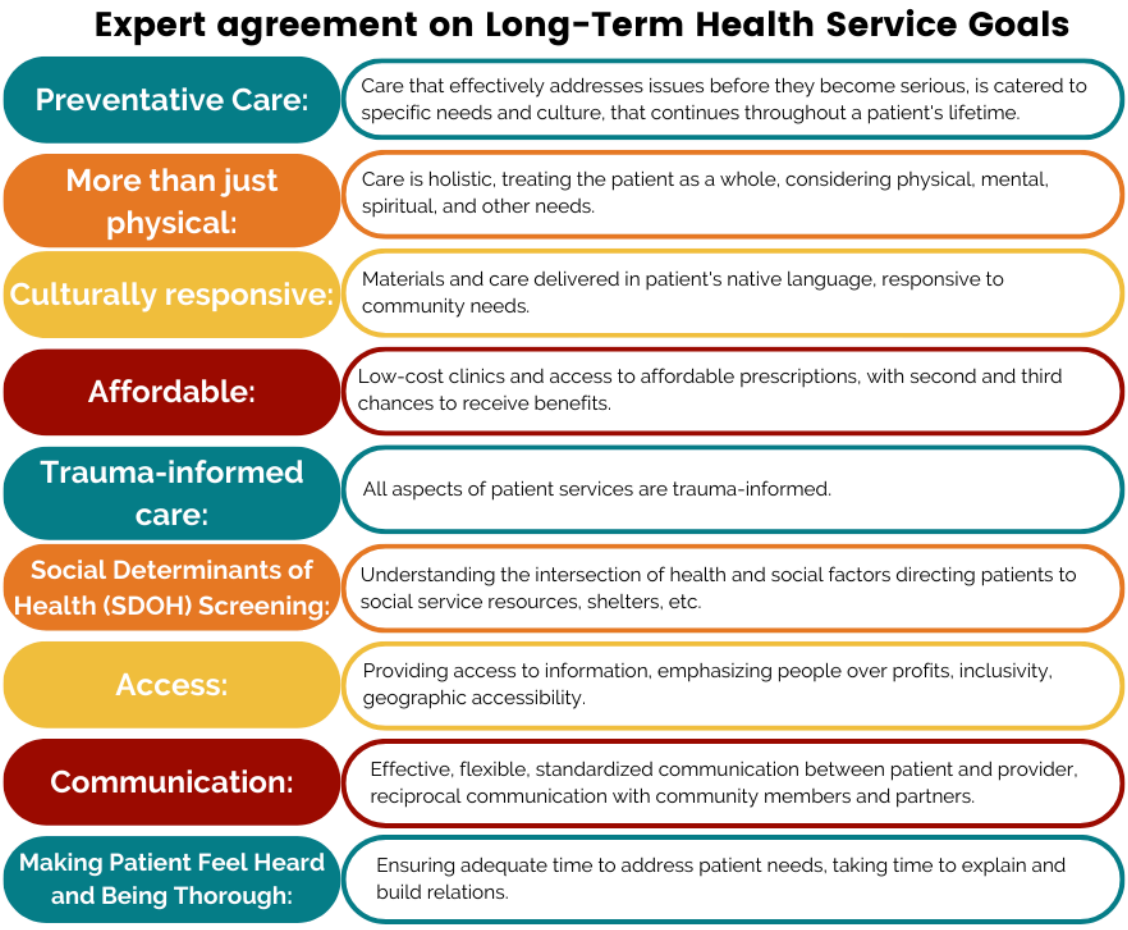
One participant disclosed that she is hesitant to go to certain providers for healthcare because of a bad experience she had twelve years ago. This highlights the long-term effects that broken trust and poor interactions can have on patients.

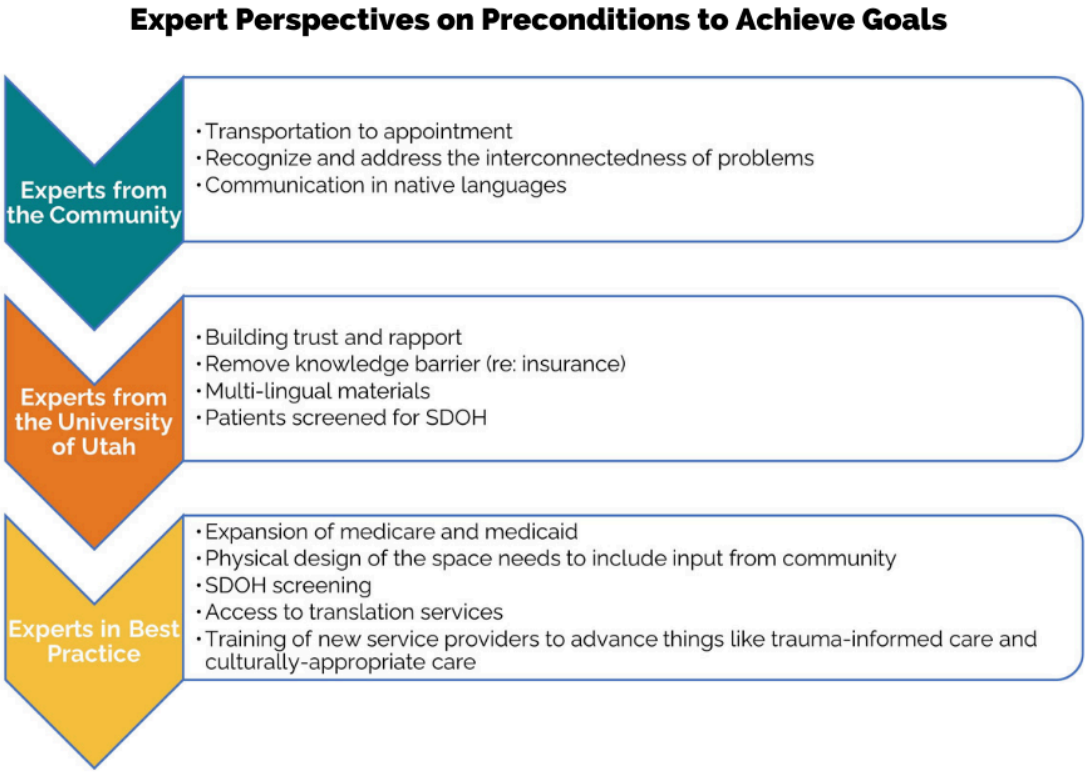
Community members also described what they like about service providers that they have seen. One described a provider who "listened to what [she] was going through, and [she] felt comfortable going there." They want to go to service providers who look like them and understand the community.

## Layering systems thinking

After affinity mapping for stakeholder and lived experience expert interviews, the research team built charts to reflect and explain how different stakeholders in the system interacted with each other, the system, and the patient. This helped to map the patient interaction with the healthcare system, incorporating what the research team learned about experiencing civil justice needs while seeking healthcare, and begin to identify areas where the system is stuck— where an intervention is not likely to succeed— and potential opportunity spaces— where there is more possibility to implement a successful intervention.

As interviews were being analyzed and the system was being mapped, the research team also engaged U of U Health partners in a Theory of Change discussion. This consisted of four steps: first, the research team identified three key stakeholder categories —experts from the community, experts from University of Utah, and experts in best practices — and brainstormed what their definition of health is, based on what the research team learned in interviews. Second, the research team collaborated across these stakeholder groups to develop a shared definition of health across all 3 expert groups. Third, the research team used that definition to brainstorm what each stakeholder category would need to meet that definition of success. Last, the research team brainstormed how each stakeholder category would define success.


Expert agreement on Long-Term Health Service Goals
Preventative Care:
Care that effectively addresses issues before they become serious, is catered to specific needs and culture, that continues throughout a patient's lifetime.
More than just physical:
Care is holistic, treating the patient as a whole, considering physical, mental, spiritual, and other needs.
Culturally responsive:
Materials and care delivered in patient's native language, responsive to community needs.
Affordable:
Low-cost clinics and access to affordable prescriptions, with second and third chances to receive benefits.
Trauma-informed care:
All aspects of patient services are trauma-informed.
Social Determinants of Health (SDOH) Screening:
Understanding the intersection of health and social factors directing patients to social service resources, shelters, etc.
Access:
Providing access to information, emphasizing people over profits, inclusivity, geographic accessibility.
Communication:
Effective, flexible, standardized communication between patient and provider, reciprocal communication with community members and partners.
Making Patient Feel Heard and Being Thorough:
Ensuring adequate time to address patient needs, taking time to explain and build relations.




# Measures of Success

## Experts from the Community

- 100% of low-income community will have free health insurance
- A proper quantity of providers in geographic area, hours that work for the community, child care options
- Strong community partnerships that provide resources to patients (transportation, education, etc.), and clinic employees that connect patients to those resources
- Collecting, processing and utilizing data on patient outcomes that are holistic (satisfaction, referral/use of resources, fewer missed appointments)

## Experts from the University of Utah

- Increase the number of insured, and the number of community members served
- Increased level of preventive care, patients receive care more regularly with dedicated preventive care staff.
- Reduction of missed appointments
- Patients are screened for SDOH
- Increased language accessibility in all aspects of patient care
- Transportation to/from facility no longer a barrier

## Experts in Best Practice

- Comparison of West Valley metrics and traditional clinic metrics and respective outcomes
- Patient satisfaction surveys and cognition
- High percentage of providers receive customized training; partnerships with CBOs to provide specialized training
- Longitudinal data collection of socioeconomic status after treatment
- Design of facility is community-informed

## Ideation

After analyzing and synthesizing interview data, the research team brainstormed ideas to address the social, economic, and health needs of the West Valley community. During brainstorming, in line with the IDEO rules for ideation,[37] there were no constraints or limits for what could be proposed. After brainstorming, ideas were sorted based on their feasibility and impact. The research team focused on the ideas that had the potential for high impact, and were within the realm of possibility when thinking of design and implementation. These ideas were further narrowed by returning to the findings from interviews and referencing U of U Health's Theory of Change. From this, ten ideas were proposed. A further explanation of these ten ideas can be found in Appendix C.

1. Formal and informal communication mechanisms with the West Valley community.
2. A chatbox that helps patients connect with resources and information specific to their problem.
3. A mobile service vehicle staffed by CHWs or community members who have experienced civil justice problems that travels around neighborhoods providing access to internet and computers as well as information and advice.
4. A screening tool that connects patients to services for both SDOH and justice needs.
5. An interactive app that contains FAQs, how-to videos, the ability to connect with case managers, schedule appointments, and Know Your Rights presentations.
6. An online database with a "counseling service" built in for patients consisting of informative modules to answer common health and justice questions.
7. An interdisciplinary student clinic housed within U West Valley where students from multiple disciplines would be trained and authorized to provide limited-scope legal advice about common civil justice issues.
8. A new healthcare position whose job it is to advocate for patients and ensure their needs are being met.
9. An online system to accommodate the organization of an individual's medical and legal needs.
10. An interactive website that asks the user questions about what is going on to quickly diagnose the problem and immediately send referrals to area services.

[37] IDEO, *Rules of Brainstorming* (last visited Jan. 13, 2023).

# Testing

## Assumption testing

From the 10 proposed ideas, the research team revisited the data collected during the empathy phase and considered existing resources and appetite for collaboration to evaluate potential feasibility and impact for each idea. Based on this review, the research team selected four ideas to move forward into assumption testing. Assumption testing is a rapid community-feedback collection process that identifies critical assumptions that must be true in order for the idea to succeed and engages the community to test those assumptions.

**Idea 1**: During the empathy phase, the research team learned that community members experienced challenges finding easily-digestible resources. "It takes tenacity" to navigate the system, and warm handoffs tend to work best when referrals are made. Further, community members want local, specific resources that are tailored to the problems they are experiencing. Patients are often dealing with many needs at once and have varying priorities. Healthcare providers expressed an interest in building teams that can address all patient needs and can answer questions that patients have. Community members want resources that they can trust and that save them time. There are currently no standardized communication pathways between multiple providers and patients, and sometimes it takes multiple calls to multiple providers for the patient to be connected to the help they need.

Therefore, the first idea was **a one-stop-shop technology tool for health and civil justice problem-solving. The interactive tool provides user-friendly resources for patient care, social services, and legal services. In addition to offering information and resources, this tool leverages community justice workers who provide direct legal assistance and advice.** To test this idea, the research team made an asynchronous survey that was distributed to the West Valley community and other Utah residents. The research team identified four research questions for testing: 1. Do patients want to get patient services, social services, and legal services all from the same place, particularly the healthcare setting? 2. Do patients want their first touch with healthcare to be comprehensive? 3. Do patients want their first touch with healthcare to be through technology? 4. Do patients want continuity in patient experience to be provided through technology?

**Idea 2**: Healthcare providers told the research team about the difficulty of getting patients to interact with the healthcare system. One described it as "right now, it's if you don't come in, you're off the radar, you're off the grid." Some providers that the research team spoke with explained that because it takes a lot to get patients through the door, they try to leverage that opportunity to get patients connected to as many resources as possible while they are seeking healthcare services. Additionally, the hospitals are currently operating as a catching system for many problems, not just physical health needs. One member of nursing leadership told the research team that taking the time to educate patients and connect them with other services has been working really well. There are a few versions of patient

needs surveys that are used in various U of U Health settings that seek to identify patient needs and connect them with relevant resources.

Therefore, the second idea was **an interactive patient screening method that quickly diagnoses a patient's justice-related problems and identifies the need for potential referrals to / services from local legal and social service providers. The screening method is trauma-informed and coupled with a justice worker who performs follow-ups and helps patients navigate their health and civil justice problems.** To test this idea, the research team drafted interview questions for a semi-structured interview to learn more about the status of the SDOH pilot at U of U Health, whether justice needs are included, and if the pilot collaborators needed any assistance from i4J on question drafting and testing. The research team identified three research questions to test this idea: 1. What is "screening"— is it an iPad, paper, an interview with a person? 2. Are there already decisions being made about patient screening for the West Valley hospital and health center? 3. Is U of U Health willing to collaborate on a patient screening protocol that combines health and justice needs?

**Idea 3**: Community members want more trusted sources of information that help inform them before decisions are made. Current services, including legal services from an attorney, are very expensive and "not worth it." One community member asked a friend in law school about the landlord issues they were experiencing. Initial interactions with university leadership indicated that there is student desire for practical experience, and previous i4J projects have interacted with specific programs learning more about what it would take for students to learn to provide limited-scope legal services.

Therefore, the third idea was **an interdisciplinary student clinic housed at U West Valley that acts as the patient's health and justice advocate. Clients experiencing civil justice problems are referred to the clinic by U of U Health and served by social work, law, and public health students. Student participation in the clinic counts towards internship credit and Licensed Paralegal Practitioner requirements.** To test this idea, the research team spoke with stakeholders from U of U Health and various degree programs in brief semi-structured interviews. The research team identified three research questions to test this idea: 1. Are care/case managers amenable to clinic staff assisting in this capacity? 2. Do schools that would staff the clinic have an appetite for engagement and the ability to deliver impact? 3. Are there other graduate programs that should be included in an interdisciplinary student clinic model?

**Idea 4**: During empathy phase interviews, the research team heard that there is a lack of easily digestible information and resources are usually found through independent research that is time-intensive. Community members also told the research team that traveling to services is difficult and they don't have the time because they have other obligations and responsibilities. Additionally, community members don't have the option to take off a lot of time from work to get to appointments.

Therefore, the fourth idea was **a mobile clinic of community justice workers and community health workers who provide civil legal problem-solving as part of patient care at accessible locations within the community, including on evenings and weekends.** To test this idea, the research team made an asynchronous survey that was distributed to the West Valley community and other Utah residents. The research team identified three research questions to test this idea: 1. Are patients more likely to engage with health and justice care when this help comes to them? 2. What qualities would increase patient trust in community justice and community health care? 3. What mobile and justice services are most valued?

## Findings from assumption testing

**Idea 1 — one-stop tech shop:** this idea was tested with 21 community member participants through an online asynchronous survey.

**1. Do patients want to get patient services, social services, and legal services all from the same place, particularly the healthcare setting?**

To answer this, the research team included the question "on a scale of 1 to 5, 1 being not at all interested, and 5 being very interested, how interested are you in being able to connect with several types of services— health, legal, financial, etc.— through the healthcare setting?" in an asynchronous online survey. The average score of 21 participants was 3.8 out of 5. This indicates that a healthcare setting may be an effective intervention point.

**2. Do patients want their first touch with healthcare to be comprehensive?**

To answer this, the research team included the question "when you see a healthcare provider, would you feel comfortable speaking with them about other needs? Check all that apply" within the asynchronous online survey. The options included: housing; food assistance; domestic violence; custody, separation, divorce; financial assistance, including debt; health insurance; disability insurance; utility assistance; childcare; and none of the above.

Of the 21 participants, 12 identified that they would feel comfortable speaking about health insurance. The second-highest-scoring topics were financial assistance including debt, and childcare with 8 participants indicating comfortability for each. Domestic violence and none of the above were tied for third with 7 participants indicating comfortability with discussing domestic violence and 7 participants indicating no comfortability with any of the options presented. Disability insurance and custody, separation, divorce both had 6 responses. Comfortability speaking about food assistance, utility assistance, and housing were only indicated in 4 responses.

**3. Do patients want their first touch with healthcare to be through technology?**

To answer this, the research team included the question "generally, how do you prefer to set up a healthcare appointment? Please rank the following choices" in the asynchronous online

survey. The choices included text, online conversation with an expert, phone call, zoom, in person, with my case manager, with a family or community member, and other.

The highest ranking option was phone call, followed by text, then online conversation with an expert, and fourth in-person. Zoom was fifth, and case managers and family or community members were tied for sixth. This indicates that community members want to speak to a person when they are setting up a healthcare appointment.

**4. Do patients want continuity in patient experience to be provided through technology?**

To answer this, the research team included the question "how do you prefer to receive follow-up information from your healthcare provider? Please rank the following" in the asynchronous online survey. The question options included text, online conversation with an expert, phone call, zoom, in person, with my case manager, with a family or community member, and other.

Across 21 responses, text and phone call were tied for first, and online conversation with an expert came in second. The third-ranked option was in-person. Zoom was fourth, with a family or community member was fifth, and with my case manager was last. Only one participant suggested an online portal within the "other" category. This indicates that community members are okay with reminders through text, but still want it to be tied to a person they can speak with through a phone call, online conversation, or in person.

**Idea 2 — interactive justice needs and SDOH screening tool:** this idea was tested through a 15-minute semi-structured interview with leadership working on the University of Utah SDOH pilot.

**1. What is "screening"— is it an iPad, paper, an interview with a person?**

Screening will occur at patient visits and be incorporated into their medical records.

**2. Are there already decisions being made about patient screening for U West Valley?**

Yes, the SDOH pilot will be implemented at the U West Valley hospital and health center.

**3. Is U of U Health willing to collaborate on a patient screening protocol that combines health and justice needs?**

At this point, the team behind the SDOH pilot is not in need of assistance in screening protocol creation or testing. They are anticipating inclusion of justice needs questions within this screening.

**Idea 3 — interdisciplinary student clinic:** this idea was tested through 15-minute conversations with medical directors at area clinics and clinical professors at University of Utah.

**1. Are care/case managers amenable to clinic staff assisting in this capacity?**

Care managers would be amenable to clinic staff assisting to address patient SDOH and justice-related needs so that they can focus on patient clinical needs.

**2. Do schools that would staff the clinic have an appetite for engagement and the ability to deliver impact?**

The stakeholders the research team spoke with expressed interest and passion about creating an interdisciplinary clinic learning opportunity for students. Resources across programs would be available, and stakeholders were confident that resources to fund could be found. Healthcare stakeholders indicated interest and opportunity to create pilots at various healthcare providers in the area prior to the opening of the West Valley hospital and health center. .

**3. Are there other graduate programs that should be included in an interdisciplinary student model?**

Stakeholders suggested including medical, social work, psychology, and public health students in an interdisciplinary student model.

**Idea 4 — mobile community justice worker model:** this idea was tested with 21 community member participants through an online asynchronous survey.

**1. Are patients more likely to engage with health and justice care when this help comes to them?**

To answer this question, the research team included the question "on a scale of 1 to 5, 1 being not important and 5 being very important, how important are the following to you?" and included the options: resources/help getting to and from a healthcare center, mobile healthcare services that come to my neighborhood, healthcare that is available on weekends, healthcare that is available in the evenings, healthcare that is close to where you live, and healthcare that is accessible online.

The most important option for the 21 community member participants was healthcare that is close to where they live, with an average score of 4.5 out of 5. Healthcare available in the evenings and healthcare available on weekends were tied for second averaging 4.2 out of 5. The third highest was healthcare that is accessible online, averaging 4 out of 5. Fourth was resources/ help getting to and from a healthcare center, averaging 2.6 out of 5. Least important was mobile healthcare services that come to their neighborhood, averaging 2.4 out of 5.

**2. What qualities would increase patient trust in community justice and community health care?**

To answer this question, the research team included the question "on a scale of 1 to 5, 1 being not important and 5 being very important, how important are the following to you?"

and included the options: the person helping me is a member of my community, and the person helping me speaks my language.

It is very important for the person helping community members to speak their language, with an average score of 4.5 out of 5 across 21 responses. It was significantly less important, with an average score of 2.6 out of 5, for the person helping community members to be a member of the community.

**3. What mobile and justice services are most valued?**

To answer this question, the research team included the question "on a scale of 1 to 5, 1 being not important and 5 being very important, how important are the following to you?" and included the options: the person helping me with my health issue can also help me with other issues like financial or housing problems; the person helping me has training and certification from a school that I know and trust; the person helping me is the same person during the entire time that I need care.

The most important to community members was that the person helping them is the same person during the entire time that they need care, with an average score of 3.95 out of 5 across 21 responses. Second was that the person helping has training and certification from a school that they know and trust, averaging 3.3 out of 5. Last was that the person helping with health can also help them with other issues, like financial or housing problems, which averaged 2.15 out of 5. It is important to note that the person helping with health can also help with other issues is the lowest importance out of all questions asked in the survey.

## Prototype testing[38]

Through community-based research during the empathize and define stages, as well as the feedback collected during assumption testing, the research team learned that patients want to talk with people to problem-solve in-person, on the phone, online with an expert, or through text, when they are experiencing a health or justice issue. The research team learned that community members care that the people helping them speak their language and are available on nights and weekends. Patients want help nearby, but it doesn't need to come directly to them. The research team learned that there is stakeholder buy-in for creating a student clinic, and that there is already a strong framework for a screening tool that will be implemented at U West Valley. Based on these findings, the research team targeted two service models to move forward into prototype design and testing.

### Service model idea 1

An interdisciplinary student clinic housed at U West Valley that acts as the patient's health and justice advocate. Patients are screened for health and justice problems through their interactions with U West Valley. Patients experiencing civil justice problems are referred to

[38] All prototypes are on file with the author.

the clinic by healthcare providers and served by students from multiple disciplines, which could include social work, law, and public health. Student participation in the clinic would count toward internship credit and, for students interested in becoming licensed paraprofessionals, Licensed Paralegal Practitioner requirements. Assumption testing results also suggested interest in the clinic acting as a vehicle for peer-based services through alternative university-based education such as certification and workforce development.

This idea leverages regulatory reform through participation in the clinic by students who are not studying law— these could include, but not be limited to, medical, social work, or public health students. This service model could be authorized through the Sandbox or as an alternative pathway to LPP certification by making hours worked in the clinic count towards the experiential requirement.

## Service model idea 2

A service model that trains Community Justice Workers (CJWs), people already living and working in the West Valley community. These CJWs could be community health workers (CHWs), staff from area community-based organizations, or other community members pursuing workforce development. Patients will be screened for health and justice problems through their interactions with U of U Health providers at the West Valley hospital and health center, and referred to CJWs for the needs identified in the screening. These CJWs are available in evenings and on weekends to help patients with their health and justice needs. This idea leverages regulatory reform through training and certifying community members who are not lawyers to provide limited-scope legal advice. This service model could be authorized through the Sandbox.

Both of these ideas align with findings from the field and U of U Health's Theory of Change because they are culturally responsive, affordable (patients would not be charged for these services), address more than just physical health, are trauma-informed, and address justice-related social determinants of health. These services would further align with U of U Health's Theory of Change if they are available in multiple languages, communication needs are met, follow-up patient care is prioritized, and having an open-loop feedback system where patients can provide feedback and that feedback is meaningfully considered. Evaluation of these service models has not yet been considered, but would include measuring success in ways that are beneficial for both patients and stakeholders including but not limited to language accessibility, patient satisfaction surveys, and alignment with industry best practices.

To test these service model ideas, the research team created 5 categories of stakeholders and identified research questions to test through the creation of prototypes.

## Five stakeholder categories for prototype testing

Research team members created prototypes to test with five groups of stakeholders: authorizing stakeholders, designing stakeholders, providing stakeholders, receiving stakeholders, and affected stakeholders.

**Who is authorizing the service?:**
Regulatory reform decision-makers and University of Utah decision-makers are the stakeholders who authorize the scope of services for both students and CJWs through either the LPP program or the Sandbox. This stakeholder category includes individuals who have experience with the Utah Sandbox and LPP program creation and authorization as well as University of Utah leadership who know how this project fits into the larger U West Valley project. The LPP and Sandbox stakeholders can speak to the feasibility of the initial approval and authorization of any innovative service model leveraging regulatory reform, including supervision requirements. This stakeholder category also includes University of Utah decision-makers who can speak to the feasibility of implementing these ideas within the physical space and how the service models might fit into the overall goals for the U West Valley project.

**Who is designing the service?:**
This stakeholder category includes clinical instructors and supervisors who will design the details of the service models including training and supervision. These stakeholders currently supervise early-career practitioners in multiple disciplines who are interacting with patients in a variety of clinical settings. These early-career practitioners include, but are not limited to, social work students, master of public health students, medical students, and providers including physicians, nurses, and social workers. These stakeholders have subject matter expertise in how student clinical experiences are started and sustained as well as what is feasible within a healthcare setting.

These stakeholders interact with the interdisciplinary clinic idea because of their role within their respective educational programs at the University of Utah. These stakeholders provide information about the specific requirements for students in varying disciplines, the supervisory requirements to oversee these students, and the feasibility to house a clinic within a healthcare setting. Additionally, these stakeholders can provide input about the feasibility for programmatic design as well as training and supervising community members who are not currently students, but may provide services through the University.

**Who is providing the service?:**
This stakeholder category includes students and professionals who would be providing services, if these models are authorized. Prototypes designed by this category included one for students from various non-law disciplines who might participate in the interdisciplinary clinic, and another for CHWs. At this stage in the design process, the research team is using CHWs as an example of someone who might become a CJW. These stakeholders are

subject matter experts in their ability, capacity, desire, and motivation for participating in training and providing these services.

**Who is receiving the service?:**
This stakeholder category includes potential West Valley Health patients. Their role in this system is consumption of services, and if services aren't designed to address the patient's needs then it is likely that the services will not be effectively utilized by these stakeholders. The variety of needs that community members have often overlap and co-occur. However, the needs aren't always related and community members must choose what to prioritize.

Prospective patients would interact with service providers — either Student Service Providers (SSPs) or Community Justice Workers (CJWs) — after completing an SDOH screening at a healthcare appointment. The research team seeks to gather further information about what time of day community members want services, who they want legal problem-solving help from, and to what extent they want help problem-solving.

**Who is affected by the service/ interfaces with the service?:**
This stakeholder category includes healthcare providers who would be affected by these proposed service models. These stakeholders include, but are not limited to, medical directors, nursing directors, case managers, and care managers.[39] Because neither of these ideas exist in a vacuum, this team will focus their prototypes on the other roles that interact with the proposed ideas, specifically care and case managers and healthcare providers. This stakeholder category is a subject matter expert in the existing roles in the healthcare service system, where CJWs or SSPs might fit within that system, and whether these stakeholders want to work with SSPs or CJWs.

[39] Initial stakeholder interviews indicated that case managers and care managers are similar roles within the healthcare system, the main difference being case managers work inpatient while care managers work outpatient.

## Evaluation of proposed interventions

### Findings specific to service model idea 1: Interdisciplinary clinic

**Authorizing stakeholders research question: Is there any flexibility to the education and experience requirements for LPP certification?**

**Currently there is significant rigidity in the requirements for LPP certification.** Largely, when prompted with these situations, LPP committee members interpret the rules and requirements to guide their feedback. The program currently is very rigid and although opportunities are coming in the future, there is little that can be done to be more flexible currently.[40]

**The current requirements do not allow for flexibility or case-by-case determinations.** The current rigidity of the rule was highlighted by stakeholders. There is a future possibility of expansion into other practice areas, but it is likely to take years to get to that point. Increased flexibility that falls outside of the approved education and experience requirements could be damaging to the program as a whole, because it may create a landslide of exception requests.[41]

**Authorizing stakeholders research question: Could LPPs become certified in additional areas beyond housing and debt?**

**Currently the only authorized practice areas are the three approved areas and LPP students would not be authorized to practice anything else, until the rules are expanded.** It is important to the LPP program committee that the rules are not expanded in their interpretation to preserve the intent and current structure of the program. The individuals who oversee this program are required to follow the rules as they are written and apply them to current applicants. Because there are only three approved practice areas— landlord tenant law, debt, and family law— applicants can only be authorized to practice in those specific areas. However, applicants can earn experiential hours towards certification in other content areas but will not be authorized to practice in those areas.

[40] The current LPP requirements include: having a law-related degree, such as an associates or bachelors paralegal degree, an MLS degree, or a certified paralegal credential; 1,500 hours of law-related experience; and pass a certification exam. The cost for becoming and LPP is between $600 and $10,000, depending on previous education. Institute for the Advancement of the American Legal System, *The Landscape of Allied Legal Professional Programs in the United States*, (Nov. 2022).
[41] The LPP program is authorized through Rule 14-802 of the Rules Governing the Utah State Bar. In order to modify this rule, any language change would have to go through the formal rules change process.

**The rule making committee is looking towards expansion of the LPP program, but not for many years.**
It is unlikely that expansion of the LPP program will happen anytime soon because of the challenges of creating new curricula and tests. It is anticipated that the next practice areas the committee will consider for LPPs will be probate law and criminal law. The committee does not yet have a timeline for authorization of these areas, but would be at least "several years" because they "don't currently have a test for that." Additionally, the committee would "have to get the rule changed" in order to authorize any other practice areas.

**Authorizing stakeholders research question: Under the LPP program are there any requirements for specific supervision?**

**Usually, an attorney needs to supervise LPP applicants during their experiential hours.**
Supervision requirements and authorized supervisors for LPP applicants are determined on a case-by-case basis by the admissions committee. If an alternative supervisor who is not an attorney is desired, the applicant can propose this supervision structure to the LPP admissions committee for approval. A member of the LPP admissions committee said that "it comes down to what kind of an expert would be supervising," would need committee approval, but doesn't "initially see a reason why" it wouldn't be possible.

**Authorizing stakeholders research question: What does university leadership need to see to feel comfortable with students giving legal advice?**

**Trauma-informed training would be required for university leadership to be comfortable with students providing legal advice.**
One member of University leadership told the research team that "the student model already exists and it can be implemented pretty easily, we also need to ensure trauma-informed training is implemented into the training process." This is consistent with what the research team learned in the initial interview stage of this project, as well as from other stakeholder categories in prototype testing.

**Designing stakeholders research question: What would the supervision and training requirements be for the interdisciplinary clinic?**

**There are specific requirements that individuals in the supervisory role must complete prior to working in the interdisciplinary clinic and limitations to their oversight capability in the clinic.**
The supervisory requirements seem to vary between disciplines: medical students are "never" allowed to see patients without direct oversight; and social work students do not need direct oversight as long as the student is reporting back to the supervisor or has "somebody they can debrief with." Each supervisor for social work has "a maximum of six" students under supervision at once. For masters of social work students, they are required to have "one on one direct supervision for one hour a week." Direct supervision does not mean

that the supervisor has to be involved in every single meeting with a client or be "carefully watching all the decisions and everything," but the supervisor must keep an eye on the interactions and have a pulse for how the interactions are unfolding.

Unfortunately, because the clinic work required for social work students is all outsourced to "external partnerships," there is not a one-size-fits-all for the supervisory requirements. For social work, the faculty imagine this setting supervision could be a higher student to supervisor ratio. The supervisors who are faculty with the University of Utah can volunteer for the position "as a part of being a professor," but those that are not faculty with the University must be compensated for their work.

There are typically about "six to eight students in a [law school] clinic in a semester." There is a limitation on how many students a supervisor can handle at once because the "students are practicing under [the clinicians] license" and the clinician is responsible for all their work and behavior. There is no scaled level of supervision for individuals that have prior experience within a law school clinic. Students with prior experience are treated the same as those that have no experience. While in a law school clinic, students must constantly be checking in with their direct supervisors to ensure expectations are being met and learning is on track. For law students, students would work under the supervision of an attorney who is employed by the University. "Students cannot give legal advice without the supervisor's involvement."

**There are training requirements that the students must complete before interacting with patients in the clinic.**

There are specific trainings that students must complete prior to working in the clinic. For social work students, these trainings include "a reflexive course" on "anti-oppressive practices," diversity, equity, inclusion, cultural awareness, and ethics. Most of these trainings can be completed online and they could be done through an outside partnership. The specific trainings that students must complete include Health Information Portability and Accountability Act (HIPAA), "ethics [], and then within their agencies, they are required to comply with whatever standards are in place within their agencies." Currently, experiential learning is not a requirement for social work students because most students that are interested in the clinic want to do the field work regardless.

A suggested training for this interdisciplinary clinic would be a cross-discipline awareness to teach the students how they can support each other in providing care. It was suggested to the research team that students should go through a course about the "common set of knowledge about the expectations and kind of the do's and don'ts." There should be an emphasized need for trauma-informed approaches and "vicarious trauma training for the students themselves, so that they can process and manage their experiences." Before seeing patients, the social work students are required to complete a "generalist Foundation's course, which is like a two-day intensive course." From a law school clinician perspective,

there should also be training on specific discipline "jargon and certain norms in a given disciple so that people can [] navigate [] interactions in a healthy way."
Social work students are required to go through training on how to handle confidential information. The students go through the same personal identifiable information (PII) training that professionals do. The social work students do not handle PII in the course of their practicum. For medical students, HIPAA and privacy awareness is ingrained from day one. It would be up to U of U Health to decide what patient confidentiality looks like (HIPAA and FERPA compliance).

**Social work students are required to complete a practicum within their program and 95 percent of the practicum sites are off-campus.**
For social work students, "95% of the practicum are off-campus." For BSW students, the practicum takes place over one semester. For MSW students, however, the practicum takes place over the length of the two-year program.. The clinical social work practicum usually operates in teams of one supervisor with a "maximum of six" in the field. On average, there are roughly "400 students" in the field for the MSW program and "between 35 and 80 students" for the BSW program.

For BSW students, most of the training focus is to continue and define their experience. "BSW students are doing their field work as a capstone;" no other coursework is required. For MSW students, they are required to participate in experiential learning. It is a two or three-year program, where students will be doing coursework in a classroom setting for the first year and working in the field the second year. Students must be part of the two or three year program to be part of the MSW clinic.

For medical students, they are often sent to an in-house clinic or external facility with other professionals in the field. Students are also sent to and from other universities to participate in the clinics. The medical school is moving towards "creating more robust clinical experiences in the first two years that will probably move away from just a voluntary type of arrangement to one that's [a] requirement to complete medical school." Throughout the practicum, both the students and faculty are surveyed to ensure they are both enjoying their time and getting the most out of their experience.

All MPH students complete 6 hours of practicum which is 270 hours of fieldwork.[42] Students must complete at least 4 of the 6 prerequisite courses prior to beginning their practicum. As they begin their practicum experience, MPH students meet with their host site and faculty advisor to co-create objectives for the practicum. There are periodic check-ins and reports throughout the semester. The practicum experience is about being in the field and doing the work, and MPH faculty thinks that an interdisciplinary clinic could be "a very attractive practicum site." Faculty from the MPH program are "curious and interested in being part of [an interdisciplinary clinic]."

[42] University of Utah Health, MPH Practicum, (last visited Jan. 16, 2023).

**Designing stakeholders research question: How will the interdisciplinary clinic ensure adequate patient accessibility and be receptive to the varying languages spoken by the community members?**

**There are various free medical clinics in the local area but they do not provide the same structured care as in-house clinics do.**
There are a few free clinics in the West Valley area for patients that may not be able to afford medical care or for those that are uninsured. However, the free clinics do not provide care as structured as "in-house clinics" and the "continuity of care" between the medical clinics is also lacking. In-house clinics are referencing care rendered from a hospital or hospital affiliate that requires insurance or compensation of some kind, as opposed to free medical care from a clinic. Further, the physical space must ensure that it is meeting the Americans with Disabilities Act (ADA) mandates for accessibility requirements. The interdisciplinary clinic may also be able to provide services to the local community members through telehealth services, which would increase patient accessibility.

**In a diverse area it would be beneficial for the interdisciplinary clinic to address the language barrier with an interpreter and to be culturally responsive to the local community through the use of a peer support system.**
An interpreter would be ideal for communicating with patients who do not speak English and would "provide the most fidelity to the actual interaction." Translation technology would not be conducive for open and personable dialogue. U of U Health would be a good resource for procuring interpreters and translation services. Students that speak other languages would be preferred candidates for the clinic, however, just speaking the language does not equate to being culturally competent. A "preferred" quality in a clinic candidate would be Spanish-speaking. West Valley is a very diverse area. Granite School District is composed of "36% of people identifying as Latinx." Students should complete a training on cultural awareness before they see patients to ensure diversity needs are being more adequately addressed. "Peer support would be something really smart to try to build as a part of the team." Peer support would be an individual from the local community that is connected with the local cultures and helps the clinic be "culturally connected and culturally consistent."

**Designing stakeholders research question: Do other disciplines know about the LPP program?**

**Other disciplines have varying degrees of name recognition with the LPP program, but overall are not aware of the specifics.**
Healthcare and social work stakeholders are confused about the experience requirements, and what type of work counts towards the 1,500 experience hours. There were questions

about how long, on average, it takes to complete 1,500 hours of experience, and whether this is considered "normal" for paraprofessional training.

**While becoming certified as an LPP seems like a practical career path, the time and financial costs of the LPP program are too high for people not already working in the legal field.**
One stakeholder said "1,500 hours seems like a lot for the LPP," which is a sentiment that was echoed by each stakeholder the research team spoke with. They had questions about the significant range in cost to become an LPP, and how cost is determined. One of the clinical faculty stakeholders questioned how it would be feasible for students in other disciplines to fit in the requirements with their other coursework. One did note that it seems like "a practical way for students to get experience" on the pathway to their career.

**Designing stakeholders research question: What resources are needed to make a clinic successful?**

**Exact resource requirements are currently unknown because an interdisciplinary clinic would be a completely new model.**
Stakeholders that spoke with the research team have never seen a model that addresses both medical- and justice-related issues. That being said, they think that the clinic is a very feasible idea and just because it is new does not mean that it cannot succeed. Further, they think that providing legal advice through this interdisciplinary clinic would be a great complimentary service with the medical side.

**More resources would be needed to create this clinic.**
There are currently no existing resources for creating this clinic. It would need funding to support the salary of the clinical supervisor(s) and the cost of running the clinic. It would need cross-disciplinary training to teach everyone what each student and discipline does and how they can learn to work together. Additionally, approval by the associate dean of academic affairs would be necessary.

**It is likely that there would be student desire and engagement with this opportunity.**
The stakeholders told the research team that students are "generally eager" to sign up for this opportunity. This is consistent with results from prototype tests with other stakeholder categories in this project, as well as engagement with students from other disciplines in past i4J regulatory reform projects.

**Additional findings from the Designing team**

> **Clinic models do not have a far-reaching impact because they have limited capacity.**
> It is more likely with clinic models that there won't be a wide impact, but there will be meaningful help in the few that the clinic is able to work with. Limited capacity in

student clinics and work exists because they can't take many cases at a time due to supervision requirements and capacity. Using a typical law school clinic as a capacity model, there are usually about 8 students. Clinicians can only supervise a handful of students at a time. Sometimes other logistics such as length of participation and supervision style, outside of accreditation requirements, are specific to the clinician who is running the clinic.

**Outstanding unknowns about this service model include: who will be running the clinic, tracking and quantifying the value, measuring success, and how this fits with current educational and programmatic requirements.**
One university stakeholder told the research team that the idea is "feasible, absolutely. But sustainable, what's the value proposition?" The key question they identified is how would the university quantify the value the clinic is providing and how would it be tracked? This stakeholder further elaborated, "the sustainability would be difficult because we would need to track where the value is and where the value accrues. Like, for example, the medical clinic provides value for Medicaid and that is where they get their funds because they are providing them value."

As for measuring success for the clinic, decisions would have to be made about what success is and ways it should be measured. Suggestions included focusing on defining success as helping the community, or defining it as a student learning experience. Success in these two areas does not always look the same, or have the same outcome.

Other questions include whether the clinic would be run by the law school or would students be placed in the clinic run by the hospital, and where students from other disciplines would fit their legal training within their existing coursework?

**Providing stakeholders research question: Are students interested in participating in an interdisciplinary clinic?**

**Master of Public Health students would be interested in participating in the interdisciplinary clinic model.**
The interest in participating at an interdisciplinary clinic is high with 12 out of the 14 students responding with interested or very interested in participating in the interdisciplinary clinic. 2 out of the 14 students were neutral.

| How interested are you in participating in the interdisciplinary clinic? | Student Responses (14 Students surveyed) |
|---|---|
| Very Interested | 3 |
| Interested | 9 |
| Neutral | 2 |

**Providing stakeholders research question: What motivates students to participate in the clinic?**

**MPH Students were primarily motivated by professional development opportunities and the desire to help the community.**
Professional development was the highest motivator for clinic participation, with 13 responses. Following in close second with 12 responses was a desire to help the community. Both experience and university credits were chosen 9 times, while working towards the LPP certification was chosen 8 times.

| What would be your motivation for participating? | Student Responses (14 Students surveyed) |
|---|---|
| Professional Development | 13 |
| Desire to help the community | 12 |
| University Credits | 9 |
| Experience | 9 |
| Working Towards the  LPP Certification | 8 |

**Providing stakeholders research question: What training timing and modality would work best for students?**

**Students would be willing to complete the required training over the summer.**
10 out of 14 students indicated that summer is a viable training period. 4 students were not willing to use the summer to complete the training. Further research is needed to determine whether that changes based on when the student would provide services in the clinic.

**Students would be willing to commit to between 1 to 3 hours of training per week.**
10 students chose the 1-3 hour response, while 4 students chose the 4-6 hour response. No students were willing to commit more than 4-6 per week to training.

**Students prefer a hybrid learning environment.**
9 out of 14 students like hybrid training formats best. This would consist of both online and in-person training. 5 out of 14 students prefer online-only training. No student preferred in-person only training.

**Providing stakeholders research question: What civil justice needs are students most interested in helping community members with?**

**Students were most interested in helping community members with public benefits, housing issues, and domestic violence.**
13 out of 14 students indicated that they were "interested" or "very interested" in providing help with public benefits and domestic violence. 12 out of 14 students indicated that they were "interested" or "very interested" in helping with housing issues. 10 out of 14 students were "interested" or "very interested" in helping with custody and divorce, and only 7 out of 14 students were "interested" or "very interested" in helping with debt collection.

| Topic | Not at all interested | Not Interested | Neutral | Interested | Very Interested |
|---|---|---|---|---|---|
| **Public Benefits** | 0 | 0 | 1 | 5 | 8 |
| **Domestic Violence** | 0 | 0 | 1 | 6 | 7 |
| **Housing Issues** | 0 | 0 | 3 | 4 | 7 |
| **Custody** | 1 | 1 | 2 | 4 | 6 |
| **Divorce** | 1 | 2 | 1 | 5 | 5 |
| **Debt Collection** | 1 | 1 | 6 | 3 | 4 |

**Providing stakeholders research question: What training would students find most helpful to provide this service?**

**Legal training and training on how to access social service providers were most helpful for student comfortability and success, followed by cultural awareness training.**
12 of the 14 students indicated both legal training and how to access social service providers would benefit them the most when participating in the interdisciplinary clinic. Cultural awareness training followed, with 10 students indicating helpfulness. The least helpful

training topic was patient interaction training, with only 7 out of 14 students including it in their response.

| Training topics | Student Responses |
|---|---|
| Legal Training | 12 |
| How to access social service providers training | 12 |
| Cultural awareness training | 10 |
| Patient interaction training | 7 |

**Providing stakeholders research question: Do students feel comfortable interacting and providing support to diverse communities?**

**Students generally feel comfortable providing services to diverse communities.**
12 out of the 14 students were confident in their ability to provide advice and help others. This confidence stemmed from the previous work they had done, their cultural background, and their desire to help others. One student said "serving underserved communities is part of public health." 11 out of 14 students felt comfortable providing services to diverse community members. With proper training and education, all of the students would eventually feel comfortable. One student said they "would feel comfortable if the training was comprehensive." Another student expressed the desire for the training to be "designed with input from local community members."

When it comes to providing legal advice, students felt most comfortable doing so with a supervisor on site. 12 out of the 14 students indicated a supervisor would make them feel more comfortable, while only one student said that they were comfortable without a supervisor. One student said they would be comfortable in both settings.

**Providing stakeholders research question: Do students in other disciplines know about the LPP program and would they be interested in pursuing the certification?**

**MPH students do not know about the LPP program.**
14 out of the 14 students had never heard of the LPP program. This is consistent with what the research team heard from other non-law disciplines in this project as well as other i4J projects.

**The majority of students are not interested in pursuing LPP certification.**
Only one student was "very interested" in pursuing LPP certification, and 5 were "interested." 4 students were "neutral," indicating that given more information or adjustments to the requirements, they might be willing to pursue LPP certification. 4 students were not interested.

**Barriers to pursuing LPP certification include lack of time, cost, and significant requirements.**
12 out of 14 students indicated that they do not have enough time to pursue LPP certification. 7 indicated that LPP certification is too expensive, and 6 that there are too many requirements for certification. Only 3 students said that a barrier to pursuing certification is that they are not interested in doing so.

**Receiving stakeholders research question: What do community members feel comfortable sharing with a Student Service Provider (SSP)?**

**Community members are comfortable sharing information about housing; custody, separation, or divorce; financial assistance; health insurance; and disability insurance with SSPs.**
Community members in Utah are most comfortable speaking with SSPs about housing, followed by health insurance. Third is disability insurance, fourth is financial assistance including debt, and fifth is custody, separation, or divorce. Last is domestic violence. West Valley community members, however, are most comfortable speaking with SSPs about health insurance. Tied for second are housing and financial assistance including debt. The third highest comfortability level is custody, separation, or divorce, followed by disability insurance. Last is domestic violence.

| Information sharing comfort level | Average for SSP for full data set (69 responses) | Average for SSP for WV (13 responses) |
|---|---|---|
| Housing | 3.7826 | 3.7692 |
| Health insurance | 3.7391 | 3.9320 |
| Disability insurance | 3.6231 | 3.4615 |
| Financial assistance, including debt | 3.5217 | 3.7692 |
| Custody, separation, or divorce | 3.4927 | 3.6153 |
| Domestic violence | 3.2608 | 3.2307 |

## Findings specific to service model idea 2: CJW

**Authorizing stakeholders research question: What are potential challenges to collecting data for the Sandbox and how can those challenges be overcome?**

**Delaying data collection, and having multiple people in charge of data maintenance, can lead to insufficient data and potential client risk.**
Having service providers input data into relevant forms in real-time is helpful to preserve information, instead of relying on providers to remember all details or requiring them to take notes and then transfer the notes later. Additionally, it would be important to have one person in charge of data maintenance to preserve uniformity and limit risk to clients.

**Integrating the questions for Sandbox data reporting requirements with an existing case management software would be helpful.**
A current Sandbox manager suggested doing this so that every time an advocate has an experience with a client, they only have to complete one set of reporting for both their organization and the Sandbox. The system would be able to then generate a report that fits the Sandbox's template, making data reporting easier. This eliminates the challenge of requiring service providers to document client interactions in multiple places with varying information requirements.

**Authorizing stakeholders research question: What is the riskiest part of the CJW service model?**

**Funding and paying CJWs is a big concern.**
It is important that CJWs be properly trained prior to providing services, and compensated fairly once service provision begins. Being certified as a Community Justice Worker would be an added certification for this person, and they should be compensated for their additional training, knowledge, and service abilities. Additionally, funding to participate in training is important to make the certification desirable and accessible.

**Making referrals to outside organizations is risky.**
It is important to ensure that any referrals made to outside organizations are intentionally taking into account the provider's capacity and the client's needs. The person making the referral must have the capacity to follow up on the referral. Additionally, the provider must evaluate whether the referral is meaningful to the client and has a strong probability to help.

**Authorizing stakeholders research question: What does university leadership need to see to feel comfortable with CJWs giving legal advice?**

**More training would be required for the CJW model because CJWs might not have similar educational backgrounds.**
Since the CJW model is broader, it would require a surface-level knowledge curriculum built in so that all CJWs have the same baseline. According to University leadership, the CJW model could be more innovative and exciting than the student model. University leadership said that because the student model already exists, it will likely be easy to get buy-in on the interdisciplinary clinic model. However, there currently is not a University model that trains nonstudents to provide services in the way proposed in the CJW service model.

**Providing stakeholders research question: would CHWs be interested in and willing to invest time in the LPP Program?[43]**

**Community Health Workers would be interested in pursuing LPP certification.**
CHWs are already trained to interact with the public in a problem-solving setting. Additionally, CHWs would be interested in pursuing LPP certification because of increased pay opportunities, professional development, new experiences, and helping their community.

**The CJW model is more attainable for CHWs because the current LPP requirements present barriers to CHWs.**
CHWs already have training and experience problem-solving with and supporting patients. Any further training should focus on the legal knowledge required to become an advocate. The current LPP education and experience requirements are rigorous. One CHW asked, “do you need a law-related degree *and* 1500 hours of experience?” Many CHWs have other commitments and cannot invest in large amounts of training or extra work. The expenses involved in the current LPP structure are also prohibitive for CHWs.

**CHW leadership in Utah is excited about the possibility of legal advice certification, even if it’s not through the LPP program.**
A member of CHW leadership in Utah said "always keep in mind the association... we are looking at building communities inside out." CHW leadership is interested in and actively creating educational pathways to become a CHW, and further opportunities for training and certification while working as a CHW.

[43] CHWs are the proxy for CJW service provider in the Providing stakeholder category because they are already members of the community, connected to the community, and trusted within the community. Further research is needed to determine what other providers might be interested in pursuing CJW certification.

**Providing stakeholders research question: What training would CHWs find most helpful to provide this service, and would they be willing to attend training in an academic setting?**

**CHWs prefer an online or hybrid training experience.**
Hybrid training is the best option because it has "both accessibility and in person components." Online would also be tenable, CHWs have been completing other training online with success. However, some people don't have regular access to the internet which would make any online components difficult to complete without also making internet and computer access available to CHWs for this training.

**CHWs would be able to devote 1-3 hours a week to training.**
Because of other work obligations, it is likely that CHWs would not be able to devote more than 1-3 hours per week to CJW training.

**Legal training in civil justice issues would be most helpful for CHWs to feel comfortable stepping into the role of CJW.**
CHWs are already trained in patient interaction and various problem-solving methods. The knowledge gap in their existing training that would need to be filled to become a CJW is the specific information about the legal issues and how the issues should be approached.

**Providing stakeholders research question: how comfortable are CHWs providing services to local communities in need, and what would increase that comfort level?**

**CHWs are comfortable interacting with patients because of their previous training, but they would like additional training and supervision when providing legal advice.**
CHWs are comfortable providing services to community members, but are hesitant to provide advice, especially legal advice. One member of CHW leadership in Utah was unaware of any CHW having previous legal training or legal work experience. Comfortability with providing legal services would increase with training and supervision.

CHWs are already trained to provide basic healthcare and help community members interact with available service providers and community resources. Training in cultural awareness and patient interaction may not be needed for current CHWs because of their previous training. Representation is also important. One CHW who participated in prototype testing explained that she doesn't think that CHWs and community members "have to be the exact same ethnicity to achieve representation," but representation is imperative.

**Receiving stakeholders research question: What do community members feel comfortable sharing with a CJW?**

**Community members are comfortable sharing information about housing; custody, separation, or divorce; financial assistance; health insurance; and disability insurance with CJWs.**
Community members in Utah are most comfortable speaking with CJWs about housing, followed by disability insurance. Tied for third is financial assistance including debt and domestic violence. Last is custody, divorce, or separation and health insurance. In contrast, West Valley community members are most comfortable speaking with CJWs about both health insurance and custody, divorce, and separation. Housing, disability insurance, and financial assistance including debt, are tied for second. Last is domestic violence.

| Information sharing comfort level | Average for CJW for full data set (69 responses) | Average for CJW for WV (13 responses) |
|---|---|---|
| Housing | 3.8840 | 4.0769 |
| Disability insurance | 3.8260 | 4.0769 |
| Financial assistance, including debt | 3.7391 | 4.0769 |
| Domestic violence | 3.7391 | 4 |
| Custody, separation, or divorce | 3.7356 | 4.1538 |
| Health insurance | 3.7536 | 4.1538 |

## Findings applicable to both service model ideas

**Authorizing stakeholders research question: If working under the Sandbox's authority, what is the needed level of supervision?**

**It  is important for CJWs and SSPs to be properly trained in a broad range of curriculum, including professional conduct.**
Proper training is essential in making sure that advocates feel comfortable and confident. A Sandbox project manager explained that advocates tend to have "imposter syndrome, where they feel like they're not going to do a good enough job once they're out in the field." A comprehensive and efficient curriculum is helpful to provide "them with a toolkit that they can come back to over time." Legal training should be "robust, and … come from a subject matter expert."

**It is important to make sure that CJWs and SSPs are trained in trauma-informed practices.**
This is important when working with any population, but "especially with minority communities, immigrant communities, or people who have English as an additional language." Being trained in and implementing trauma-informed practices is "really important in just building the trust that's needed to actually give good advice." A Sandbox project manager said that building trust and giving good advice, using a trauma-informed approach, is "very powerful."

**Supervisors should be aware of reporting requirements and how the referral system will work.**
If authorized through the Sandbox, both SSP and CJW models will need a supervisor to train advocates "on how to collect that data" that is needed for reporting. The Sandbox requires specific information on a specific schedule, determined by consumer risk level as evaluated by the Office of Legal Services Innovation and the Utah Supreme Court. If a referral system is being used, a current Sandbox project manager provided advice that a "significant training program" would be imperative to getting advocates accustomed and aware of the potential sites to refer to.

**Authorizing stakeholders research question: How does the University approach liability when services are provided by students or other providers in university settings?**

**Supervision is a requirement for both models.**
The riskiest components of the service models, from the perspective of University leadership, is potential liability. When considering what supervision would be required, it is important to understand the difference between a CJW and a student. Because it has yet to be determined what qualifications someone must have to be a CJW, the difference in education and experience level between a student and a CJW is still unknown. However, it is likely that they would have different supervisory needs depending on this. University leadership wants "assurance that the person providing these services has been adequately trained" on the scope of service and both the personal and professional responsibility of their role. Knowing that supervision would be required mitigates liability concerns.

**While supervision is necessary, it might not have to be regular on-site supervision by a lawyer for the CJW model.**
University leadership suggested that it would be helpful to "have a lawyer involved too, [CJWs] could refer to and sort of triage to if there are issues that are too intense to handle, but I don't think that on site regular supervision by a lawyer is necessary in that context." Having an appropriate curriculum and training would be helpful to relax supervision requirements. Additionally, CJWs would be professionals doing this as a job, not students doing it for course credit while they are in other classes and have limited time and attention to devote to the clinic.

**Authorizing stakeholders research question: What is the University's return on investment expectation?**

**Success will be evaluated through social determinants of health screening within a population health approach.**
The University intends to use the population health approach at U West Valley hospital and health center, allowing "a bigger snapshot of health" including "food security, housing security, [and] financial security." The return on investment expectation is "a patient population [that] is healthier in a lot of ways, including financial health."

**The University wants to develop programs that make legal services accessible to people who would otherwise not have access.**
University leadership expressed an interest in "just getting from nothing to something, as a starting point" and then improving from there. After getting to something, then "a lot more is possible," especially as programs are evaluated.

**University leadership is more excited about the disruptive potential of the CJW model than the SPP model.**
The interdisciplinary student clinic is unique in its interdisciplinary nature and training students from other disciplines to provide legal advice, but the student clinic model already exists in many places throughout the country. University leadership said, "if we were choosing between the two, I would go for [the CJW model] because it's the actual change making piece." The CJW model "would be the first to be what we might think of as a medical legal partnership 2.0, aka one that doesn't just involve lawyers." The CJW model is "the idea that pushes the envelope and builds something new."

**Receiving stakeholders research question: Are community members comfortable sharing sensitive information with CJWs and SSPs?**

**Community members are generally more comfortable sharing information with CJWs than SSPs.**
On a scale of 1 to 5, comfortability sharing vulnerable and private information with an SSP averaged 3.5652 out of 5 while comfortability sharing vulnerable and private information with a CJW averaged 3,7826 out of 5 across 69 Utah resident responses. On average, West Valley residents are slightly less comfortable sharing vulnerable and private information to either service provider, but still prefer CJWs. Across the 13 West Valley responses, the SSP comfortability average was 3.5384 out of 5 and the CJW comfortability average was 3.6153 out of 5.

| Information sharing comfort level | Average for SSP for full data set (69 responses) | Average for SSP for WV (13 responses) | Average for CJW for full data set (69 responses) | Average for CJW for WV (13 responses) |
|---|---|---|---|---|
| Do you feel comfortable sharing vulnerable and private information? | 3.5652 | 3.5384 | 3.7826 | 3.6153 |

**Generally, community members are least comfortable sharing information about domestic violence with both SSPs and CJWs.**
Community members are generally least comfortable sharing information about domestic violence regardless of which service provider they are speaking with. When looking at all 69 responses from Utah residents, community members were only marginally more comfortable speaking about domestic violence than custody, separation, or divorce with a CJW. The average comfortability score for speaking about domestic violence with a CJW is 3.7391 out of 5 while custody, separation, and divorce and health insurance both averaged 3.7356. West Valley residents are least comfortable speaking with either service provider about domestic violence, but are more comfortable speaking with a CJW than with an SSP about domestic violence.

| Information sharing comfort level | Average for SSP for full data set (69 responses) | Average for SSP for WV (13 responses) | Average for CJW for full data set (69 responses) | Average for CJW for WV (13 responses) |
|---|---|---|---|---|
| Domestic violence | 3.2608 | 3.2307 | 3.7391 | 4 |

**Receiving stakeholders research question: How do LEEs prefer to communicate with an SSP/CJW?**

**Community members prefer SSPs and CJWs to reach out to them.**
43 out of 69 Utah community members preferred SSPs or CJWs to reach out to them after being referred by a healthcare provider. 17 out of 69 community members preferred to reach out to the SSP or CJW, and 8 were not sure what they would prefer. One community member said that they would prefer both parties to reach out.

**Community members prefer to reach out to SSPs and CJWs through SMS / text messaging, followed closely by email and phone calls.**
49 out of 69 community members indicated that they would prefer to reach out to SSPs and CJWs through text message. 46 community members indicated a preference to reach out by email, and 44 indicated comfortability reaching out through a phone call. 36 out of 69

community members preferred to reach out to SSPs and CJWs in-person, while only 4 wanted to reach out by postal mail.

**Community members are comfortable reaching out to SSPs and CJWs through a combination of methods.**
Only 13 out of 69 community members indicated preference with a single communication method; the other 56 indicated comfortability with two or more. Of the 13 who only chose one communication method, 6 chose to reach out to an SSP or a CJW through text message, three chose to reach out by phone call, 2 by email, and 2 in-person. No community member chose to only reach out by postal mail.

**Community members prefer that the SSPs and CJWs reach out through SMS / text messaging.**
54 out of 59 community members indicated that they would like to communicate with SSPs and CJWs through text messaging. The next highest preference was email, chosen by 49 community members. Third was contact preference by phone call, indicated by 46 community members. 30 community members wanted to communicate with SSPs and CJWs in-person. Only 7 community members wanted to communicate by postal mail.

**Community members are comfortable with SSPs and CJWs reaching out through a combination of methods.**
60 out of 69 community members chose more than one communication method. Only 9 out of 69 chose only one communication method, and of those 9, 5 chose email. 2 community members chose only phone calls, while one community member chose text messaging and another chose postal mail.

**Receiving stakeholders research question: When do community members prefer to meet with SSPs and CJWs?**

**Community members have the most availability Friday mornings, and prefer to meet with SSPs and CJWs on weekday mornings or afternoons.**
34 out of 69 community members indicated that they would prefer to meet with SSPs and CJWs Friday mornings. More community members prefer to meet during the week compared to the weekend, and during the morning or afternoon compared to the evening. It is important to note that this is in contrast to the qualitative data that was collected in interviews that indicated that evening and weekend appointment availability would be preferred. This might be because most community members who completed this survey were between the ages of 18 and 24, while the community members who participated in interviews were older.

| | MON | TUES | WED | THUR | FRI | SAT | SUN |
|---|---|---|---|---|---|---|---|
| **Morning** | 33 | 33 | 28 | 32 | 34 | 24 | 14 |
| **Afternoon** | 26 | 34 | 30 | 31 | 25 | 21 | 13 |
| **Evening** | 25 | 22 | 27 | 22 | 20 | 15 | 24 |

There are currently no data to indicate that there would be a difference in appointment time preference between CJW and SSP, but that is an area for future research before any service model should be implemented.

**Receiving stakeholders research question: What makes community members comfortable sharing information with an SSP or CJW?**

**Provider knowledge and training would make community members more comfortable sharing information with an SSP or a CJW.**
33 out of 69 Utah community members mentioned increased comfortability with sharing their private information with an SSP or CJW because the CJW or SSP has specialized knowledge or training. One community member said that they would feel comfortable knowing "that they have the knowledge required to provide me with the best advice possible," and another said that CJWs and SSPs "are trained to help so I would feel comfortable sharing my information with them."

Some community members want to know more about the SSP and CJWs knowledge and training. One community member wants to know that their provider is "properly certified," and another wants "more understanding of their qualifications."

**Community members already view SSPs and CJWs as trustworthy.**
7 community members said that they trust SSPs and CJWs. One "assumes they are trustworthy" because "they are there to help." Another explained the referral process would help, saying "I am trusting of my healthcare provider so any program they are part of I would feel safe with."

**Empathy and compassion are important for community members to feel comfortable sharing information.**
A community member described this as "someone who shows they value me as a client." Another said "a nonjudgmental person who is an empathetic listener and a problem solver." Four other community members also expressed a desire to be treated with empathy and compassion, needing "to feel like the person actually wants to help me."

**Community members are concerned about privacy.**
One response included the suggestion for "a signed agreement that stated my information would not be shared," and two others expressed a desire for assurances that information

would be kept private. Community members' responses included in the knowledge and training section also expressed a desire for CJWs and SPPs to be trained in proper information-keeping and privacy practices.

**Community members want their providers to be trauma-informed.**
One community member said they would feel comfortable sharing information with CJWs and SPPs if they "understand trauma and are sensitive to my experiences." Other community members want to be in a "comfortable" environment that includes SSPs and CJWs speaking in "a calm tone" and the environment is "not too loud."

**Community members indicated various other factors including occupation, supervision, and wanting to make sure they don't know the CJW or SSP in a different context.**
Related to legal knowledge, one community member said that "knowing a professional is supervising is assuring for me." Another community member said that they are already "giving all of my health details" so would be comfortable speaking with an SSP or CJW about their needs. One community member said they would be comfortable "if [the SSP or CJW] were also a social worker." A community member expressed concern that they might know the SSP or CJW through other aspects of their life, saying "it will be super uncomfortable" to share their private information with a person they already know. One community member did not provide an answer to this question.

**Receiving stakeholders research question: What kind of help do community members want from SSPs and CJWs?**

**Community members want SSPs and CJWs to give them different options so that they can choose what works best for them.**
47 out of 69 community members said they prefer to make the decision about what option to pursue themselves, without the SSP or CJW telling them what they should do or representing them like a lawyer would. 15 community members said they want the CJW or SSP to tell them what they should do, and 6 said that they wanted an SSP or a CJW to represent them like a lawyer would. This is consistent with community members' desire for upstream intervention, before a problem becomes court-involved. One community member chose to provide a different answer, saying "I would want different options but also let me know what they think I should do. I would want to weigh all of the options but also get their opinion on what they think is best."

**Receiving stakeholders research question: What kind of follow-up information do community members need after meeting with a SSP/CJW?**

**Community members want the contact information of the specific SSP or CJW they spoke to for follow-up questions and a next steps appointment for their needs already scheduled most after meeting with an SSP or CJW.**
56 out of 69 community members indicated that both of these things are needed after meeting with an SSP or CJW. 55 out of 59 indicated that information about what to do next is necessary. Only 26 community members indicated that contact information for any SSP or CJW, instead of the specific SSP or CJW they spoke with, would be helpful. This is consistent with community members' desire to have the same person working with them through the problem-solving process.

**Community members want text reminders about next steps.**
Of those community members that wanted next step reminders, 38 wanted them by text. 24 wanted next step reminders by email, and 14 by phone call. Only 3 community members wanted next step reminders by postcard.

**Community members generally need more than one thing after meeting with an SSP or CJW.**
62 out of 69 community members indicated that they needed more than one of the options listed after their meeting. Only 7 community members indicated a single need. 2 only need information about what to do next. 2 only need contact information for the specific SSP or CJW they spoke to for follow-up questions. One needs the contact information of any SSP or CJW for follow-up questions. One needs a next-steps appointment already scheduled, and one needs a phone call reminder about next steps.

**Receiving stakeholders research question: What qualifications do community members care about?**

**Utah community members place the most importance on a SSP/CJW's hours of experience, closely followed by references from certified experts.**
On a scale of 1 to 5, hours of experience was most important to community members averaging 3.8115 out of 5 for the 69 Utah survey participants. A close second was references from certified experts, averaging 3.7826 out of 5. Third was recommendation from someone they know, averaging 3.5653 out of 5. Fourth was the number of outside certifications the SSP or CJW holds averaging 3.4347 out of 5. Least important to Utah community members was trained at a recognized University, averaging 3.4047 out of 5 across the 69 responses.

| Qualification importance | Average for full data set (69 responses) |
|---|---|
| Hours of experience | 3.8115 |
| References from certified experts | 3.7826 |
| Recommendation from someone I know | 3.5652 |
| Number of outside certifications | 3.4347 |
| Trained at a University I recognize | 3.4057 |

When looking at only West Valley community member responses, hours of experience and references from certified experts was tied for most important, averaging 4.2307 out of 5. Second most important qualifications for West Valley community members were the number of outside certifications and training at a recognized University, both averaging 3.8461 out of 5. Least important is a recommendation from someone they know, averaging 3.6153 out of 5.

| Qualification importance | Average for WV (13 responses) |
|---|---|
| Hours of experience | 4.2307 |
| References from certified experts | 4.2307 |
| Trained at a University I recognize | 3.8461 |
| Number of outside certifications | 3.8461 |
| Recommendation from someone I know | 3.6153 |

**Receiving stakeholders research question: In general, who do community members prefer to talk to about their civil justice needs?**

**Overall, community members were most likely to seek help from an organization in their community that specializes in problem-solving.**
On a scale of 1 to 5, the likelihood of seeking help from an organization in the community that specializes in helping with that problem averaged 3.7101 out of 5 for 69 Utah community members. When looking at only West Valley residents' likelihood of seeking help from this type of organization, the average was 4 out of 5. The only service provider that had a higher likelihood of help-seeking by West Valley community members was a social worker who has helped them with other problems, with an average likelihood of 4.0769 out of 5.

**Utah community members were just as likely to seek help from a social worker who has helped with other problems as they were to seek help from an attorney.**
When asked about likelihood of seeking services, Utah community members averaged 3.5217 out of 5 for seeking out attorneys and social workers who have helped them with other problems. This indicates that social workers might be promising candidates to fill the role of CJW, from the perspective of community members.

> **However, West Valley residents were much more likely to ask a social worker who has helped them with other problems for help than to seek out an attorney.**
> West Valley community members indicated that, out of all options, they are most likely to go to a social worker who has helped them with other problems when they need help with an average likelihood of 4.0769 out of 5. West Valley residents were as likely to seek help from a CJW as an attorney, with an average likelihood of 3.6153.

**Utah community members are just as likely to seek help from a CJW as someone in their community that they trust.**
On a scale of 1 to 5, the average likelihood of a Utah resident to seek help from a CJW or someone in their community that they trust was 3.4057 out of 5. Of the options given, this is their fifth highest-ranking service provider preference out of ten service provider options.

> **In contrast, West Valley residents are just as likely to seek help from a CJW as an attorney, and less likely to seek help from someone in their community that they trust.**
> The average likelihood of West Valley community members to seek help from a CJW or an attorney is 3.6153 out of 5, while the likelihood of seeking help from someone in their community that they trust was 3.4615. Seeking help from a CJW or attorney tied for fourth out of the ten options.

**Overall, respondents were least likely to ask for help from a SSP.**
Given ten options of service providers, including problem-solving on their own, the average lowest likelihood for all Utah residents and looking only at the 13 West Valley residents was asking Student Service Providers for help at 3.0579 out of 5 and 3.0769 out of 5, respectively.

When looking at the averages of all 69 Utah resident responses, they were most likely to seek services from an organization in their community that specializes in helping with that problem averaging 3.7101 out of 5. Second was seeking help from a friend or family member, averaging 3.6811 out of 5. Third was trying to handle the problem themselves, with an average of 3.5492 out of 5. Fourth was a tie between asking an attorney for help, or asking a social worker who has helped them with other problems for help, with an average of 3.5217 out of 5. Fifth was a tie between seeking out a CJW or someone in the community that they trust, with an average of 3.4057 out of 5. Sixth was someone who works for the local government providing resources with an average of 3.2028 out of 5. Second to last was

someone who works at a nonprofit in the community providing resources with an average of 3.2028 out of 5. Last was a student service provider with an average of 3.0579 out of 5.

| **Likeliness to seek services from particular provider** | **Average for full data set (69 responses)** |
|---|---|
| An organization in your community that specializes in helping with that problem | 3.7101 |
| Friend or family member | 3.6811 |
| I would try to handle the problem myself | 3.5942 |
| A social worker who has helped me with other problems | 3.5217 |
| Attorney | 3.5217 |
| Community justice worker (CJW) | 3.4057 |
| Someone in my community that I trust | 3.4057 |
| Someone who works for my local government providing resources | 3.2028 |
| Someone who works at a nonprofit in my community providing resources | 3.1594 |
| Student service provider (SSP) | 3.0579 |

When looking at the averages of only the 13 West Valley responses, community members were most likely to seek help from a social worker who has helped them with other problems, with an average of 4.0769 out of 5. The second-most likely was an organization in the community that specializes in helping with that problem, averaging 4 out of 5. Third was a friend or family member, with an average of 3.6666 out of 5. Fourth was a tie between seeking help from a CJW or an attorney, both averaging 3.6153 out of 5. Fifth was someone who works at a nonprofit in the community providing resources, with an average of 3.5384. Sixth was someone in the community that they trust, averaging 3.4615 out of 5. On average, West Valley community members ranked trying to problem solve themselves as the seventh most likely way to problem-solve, with an average likelihood of 3.3333 out of 5. Second to last was someone who works for the local government providing resources averaging 3.1538 out of 5. Last was an SSP with an average of 3.0769 out of 5. The average for the likelihood of seeking help from an SSP was a full point lower than the average for the likelihood of seeking help from a social worker.

| Likeliness to seek services from particular provider | Average for WV (13 responses) |
|---|---|
| A social worker who has helped me with other problems | 4.0769 |
| An organization in your community that specializes in helping with that problem | 4 |
| Friend or family member | 3.6666 |
| Community justice worker (CJW) | 3.6153 |
| Attorney | 3.6153 |
| Someone who works at a nonprofit in my community providing resources | 3.5384 |
| Someone in my community that I trust | 3.4615 |
| I would try to handle the problem myself | 3.3333 |
| Someone who works for my local government providing resources | 3.1538 |
| Student service provider (SSP) | 3.0769 |

**Receiving stakeholders research question: At what point in the civil justice journey would it be most helpful for consumers to be contacted by a SSP/CJW and why?**

**Community members want upstream help to problem-solve their legal needs.**
Out of 69 Utah community members, 30 indicated that they would like problem-solving help with a legal issue when the problem begins interfering with their daily life. Participants felt that this timing "seem[ed] to be the most appropriate use of resources," that this "is when [they] would be the most stressed out and need help," and that they "wouldn't want to bother [anyone] unless it interfere[d] with [their] life." Additionally, community members said that at this point the problem "is no longer ignorable" and "it would become more difficult to manage" and they "would need more help."

24 out of 69 Utah community members indicated it would be most helpful to be contacted even further upstream, when they think it might become a problem. Participants felt that this timing "would give… the most control over the situation," would be "before things get out of hand," would "prevent the worst from happening," and that it would be "best to receive help before it becomes a bigger problem." Further, community members told the research team that it's "better to solve the problem early on" and problem-solve whether "what was becoming a stress factor was a real issue."

10 out of 69 participants wanted to wait for problem-solving help until they received court documents. One community member thinks that this timing "will allow the most progress to be made," and another said that "a legal issue… needs immediate help… when the law starts getting involved." The qualitative responses to this question highlight the need for early intervention, because some participants thought that this would be the timing "to be ahead of the problem." However, depending on the legal issue, sometimes the turnaround time for problem-solving within the court system is as little as 3 business days.

5 out of 69 community members indicated it would be most helpful to be contacted when the problem affects employment, renewals, etc. One community member chose this time because they "don't want it affecting [their] income," while another said that this would create the need making it "easier to ask for help."

**Receiving stakeholders research question: If given the option between the two, do community members prefer an SSP or a CJW?**

**Utah community members prefer CJWs.**
37 of 69 participants chose a CJW to help them. One survey participant said they chose a CJW over an SSP because "I feel like the community justice worker is more experienced and I would feel uncomfortable talking to a young student about some issues." Another survey participant said they chose a CJW because "They wouldn't have school also so they can devote more time to their cases" and another noted that "...I feel like I would feel better with a specifically trained specialist than a student-in-training. They might be able to understand my experience a little bit better since they're (presumably) older. I want what would be best for my case and I feel like the CJW does that." One Utah resident "would feel better opening up to" a CJW and were concerned about looking "like a failure" to a college student. A handful of responses indicated an assumption that CJWs would be older than students; this is an area for further research because qualifications to be a CJW have not yet been determined. In contrast, other Utah residents liked that there would be explicit and structured oversight of SSPs by attorneys within the interdisciplinary clinic setting.

> **West Valley community members prefer CJWs, but the results are more evenly distributed.**
> There were 13 survey participants from West Valley, Utah. Of these 13, 6 chose an SSP to help and 7 chose a CJW.
>
> Of the West Valley participants who chose a CJW, they liked that a CJW "knows about the judicial law" and felt that a CJW was "more educated." There was some concern about the "attitude" of a CJW and concern that a CJW "may not know how to navigate difficult systems."

Of the West Valley participants who chose a SSP, they liked that an SSP would be "gaining more knowledge in study time," felt that an SSP would be "more of a professional legal help," and felt that an SSP would be "more of an advocate on my side I could trust." Some of the reasons community members did not choose a CJW is that a CJW "may be someone I know." However, some participants were concerned that, because an SSP is a student, that the role might "make extra pressure" for the student.

**Affected stakeholders research question: What does communication and interaction between CJWs and SPPs with case and care managers look like?**

**CJWs and SSPs should be in continuous communication with case and care managers.**
Medical directors and care managers who spoke with the research team wanted to ensure continuity of care for all patients and saw continual communication to be essential in achieving this. Various stakeholders voiced a desire to ensure a clear continuum of care. One stakeholder said "case managers should have a continual partnership with a SSP/CJW." Further, "it would be very helpful for current case managers to transfer new patients to CJWs, but there is also a concern about some 'gaps' in the model." This stakeholder shared that case managers are not the end of the care line, "it continues to other places that have expertise in a single form of aid." This highlights that CJWs and SSPs cannot be experts in everything and will be trained to provide legal help within a specific scope. Even after interacting with CJWs and SPPs, patients will often need to have continuing care making continual communication and partnership with U of U Health case and care managers important in these models.

**Affected stakeholders research question: How does the role of an SSP or CJW compare to the role of a case manager?**

**The role of a CJW/SSP is likely to be quite similar to that of a case or care manager, but the duplication of roles is a benefit to the system.**
Currently, there are more patients that need care manager services than there are care managers to provide those services, creating capacity issues. A clinic nursing director said that "there are enough patients searching for help and not enough able to help as it is," when speaking about the current capacity of case and care managers. Case managers also reported no concern about duplication of efforts. CJWs and SSPs can be extremely helpful in covering many patients' needs, but they are not always going to be the final person the patient interacts with, especially for patients experiencing complex and intersecting needs. There is ample opportunity for SSPs or CJWs to address patient needs. Most of these patient needs relate to or revolve around justice needs, but there are additional social determinants of health that can also be addressed.

**CJWs and SPPS would be able to help patients problem-solve legal issues such as insurance issues, expungement, guardianship, family law issues, and legal debt issues as their point of expertise in the field, while care and case managers cannot.**
Healthcare providers indicated that "debt, expungement, guardianship, family law, drug charges, insurance, housing, employment issues" would be helpful services for CJWs and SSPs to provide. It will be key to train SSPs and CJWs to identify when cases are too complex or beyond their scope or capabilities so that patients can be directed to the next proper service provider. In fact, healthcare providers even stated that "CJWs/SSPs would be helpful to patients with highly complex civil needs by connecting and referring them to someone else who can help." Another healthcare provider thinks that CJWs and SSPs "can still be helpful for follow up and ensuring the patient does not fall through the cracks" when patients are directed to other experts for their issues.

**Affected stakeholders research question: How much touch does the CJW or SSP have in the healthcare field?**

**Case and care managers should provide clinical follow up.**
One healthcare provider said that "anything that is going along with clinical or healthcare, that should stay with the care manager." This might look like "care managers… focus more on clinical needs and the CJW could take over the SDOH and justice needs." Nursing and medical directors as well as care managers think that SSPs and CJWs need to have a strong foundational understanding of the healthcare system and contextual knowledge for their work, but will be more helpful in roles that address SDOH and justice-related issues rather than healthcare or clinical needs.

**Affected stakeholders research question: What level of knowledge should SSPs and CJWs have about health care issues?**

**CJWs and SSPs should be knowledgeable about the healthcare system and process to best meet patient needs.**
Medical and nursing directors indicated that SSPs and CJWs need to be "extremely" and "incredibly knowledgeable about the healthcare field," while care managers indicated a moderate level of knowledge is acceptable and sufficient.

**Additional findings from Affected stakeholders.**

> **Care managers would like to see the two models combined, if possible.**
> One care manager said that "it would be cool" to combine the two models because "students do carry an excitement that makes them amazing and hard workers, but the limited time they have" is a concern.

**Care managers are excited about the potential impact of student service providers, but have some concerns.**
Both care managers that provided feedback to the research team said that working with students makes them feel "energized." One was also "excited," while the other was "cautious." Comprehensive student training would mitigate their concerns. One of the care managers expressed a worry that if "multiple students [are] helping one patient, things might fall through the cracks if this isn't their full time job." One care manager was very interested in being involved in the interdisciplinary clinic, while another was not at all interested.

## What would each service model look like if authorized?

### Interdisciplinary clinic — LPP

The interdisciplinary clinic service model idea was conceptualized as a way for students to complete the experiential requirements for LPP certification while they are still students in other degree programs. This idea came from previous i4J projects as well as stakeholder interviews that indicated student and professional interest in being able to provide legal advice but insurmountable challenges in completing the existing LPP requirements. This service model initially proposed that clinic experience might replace the required 1,500 hours for LPP certification, however that is not feasible given the existing LPP program structure and authorization. Although experience in the interdisciplinary clinic could provide experiential hours that would count towards LPP certification, the certification requirements at this time are not modifiable. Any student participating in the clinic who would also want to pursue LPP certification would need to complete the requisite coursework and experiential requirements, as well as pass the exam, to be certified. Experience in the clinic alone would not be sufficient to continue providing limited scope legal services after involvement with the clinic concludes.

### Interdisciplinary clinic — Sandbox

It seems most feasible for the U of U Health to be the Sandbox applicant because of the data reporting and supervision requirements. Because the interdisciplinary clinic would involve students from multiple disciplines, each having their own internal data gathering and reporting requirements, it is likely more feasible for someone in an administrative role who is not tied to a specific discipline to oversee the data collection and reporting for the interdisciplinary clinic. However, programmatic and administrative capacity would need to be further evaluated before deciding who should direct this data collection.

Given the general clinic supervision model in use by multiple disciplines, it is likely that this Sandbox application would fall in the moderate risk category because there would be lawyer involvement and supervision. This would reduce the Sandbox reporting requirements, when compared to the requirements for a high risk service model. U of U Health would work with the Office of Legal Services Innovation to ensure that the data

reporting and supervision requirements authorized by an approved application are met within the intervals approved by the Court.

## Community Justice Worker Model — Sandbox

Similar to the interdisciplinary clinic, it would likely be most feasible for U of U Health to be the sandbox applicant for the Community Justice Worker service model, again for data gathering and reporting requirements. Additionally, this would allow for any CJW working with U of U Health to be authorized — as long as they complete the training requirements — instead of each CJW having to seek Sandbox approval individually. Having a trauma-informed, efficient, and all-encompassing training process for CJWs is essential for their success as well as mitigating the potential for client harm. Any proposed training curriculum and accompanying experiential requirements must be co-created with potential CJWs to ensure that they would have the time, capacity, and resources to succeed.

It is of note that no decision has been made yet about what educational or experiential background an individual must have to participate in CJW training. Further research is needed into what the Court might allow as well as what is feasible within the pool of potential CJWs.

## Overall takeaways for interdisciplinary clinic service model

**Right now, there are significant challenges to positioning a student clinic to meet the LPP experiential requirements.**
Currently there is significant rigidity in the requirements for LPP certification. (i.e. strict hour requirements and limit to the approved practice areas) meaning that it is unlikely that clinic experience would be sufficient to meet the experiential requirements of certification at this time. Under the current LPP framework, the only authorized LPP practice areas are family law, debt collections, and forcible entry and detainer[44] and LPPs cannot be authorized to practice in any other area., There may be an opportunity to adjust requirements as the LPP program evolves and expands, but that won't be for some time.

**Initiating a new interdisciplinary clinic will require meeting the experiential standards required for all students participating from various degree programs.**
Social work students are allowed to interact with patients in the field, so long as they have a direct supervisor to report to. Masters of social work students are required to have direct supervision for at least one hour per week. Social work students are required to complete a two-day generalist foundation's course before participating in experiential learning. Social work students (both in the bachelors and masters program) are required to complete a practicum before graduating.Medical students are never allowed to see patients without direct oversight. Law students work under the supervision of an attorney employed by the university while doing experiential learning. The students cannot give legal advice without the supervisor's involvement. MPH students work collaboratively with their host site and professor to determine goals and deliverables for their practicum experience.

All students participating in the interdisciplinary clinic will have to complete HIPAA training, how to handle personal identifiable information (PII), ethics training, and whichever specific agency trainings mandated from the place where the experiential learning is taking place. A suggested course would be a cross-discipline awareness program to teach the students how they can support each other in providing care to patients and clients.

**There is an appetite for collaboration in the creation of an interdisciplinary student clinic.**
It would be an ideal collaborative space to use university-run clinics over other field placements for sending students to complete their experiential learning. A healthcare stakeholder who spoke with the research team about this idea suggests that students should have continuous training on interdisciplinary collaboration. This would allow the students to become more aware of what the other disciplines provide patients and how they provide it. Being aware of the workings of other disciplines will create a more collaborative work environment that would result in more effective and efficient care rendered to the patients and clients.

[44] Utah Courts, *Licensed Paralegal Practitioner*, (last visited Jan. 16, 2023).

**Students express a desire for supervision if providing legal services.**
Students expressed interest in participating in the interdisciplinary clinic. However, they want supervision while providing legal services. Students expressed comfortability working with diverse communities; their lack of comfort in providing services stems from not yet having training in legal service provision.

**Community members are least likely to seek services from a Student Service Provider.**
Out of all options presented, community members were least likely to ask a Student Service Provider for help with their legal problem. Instead, they prefer to seek help from an organization in their community that specializes in helping with that problem, a friend or family member, or trying to handle the problem themselves.

## Overall takeaways for Community Justice Worker service model

**CJWs should be adequately trained and compensated for providing legal services.**
Ensuring proper compensation, training, and community support for CJWs is a priority for those who would authorize the proposed interventions. Training should include filling substantive knowledge gaps and curriculum related to professionalism.

**CHW training needs to align with the realities of CHW workloads.**
CHWs are often at capacity and have commitments outside of work. Because of this, there is a limited amount of time that CHWs have available for CJW training. Any proposed training would have to account for CHW availability and capacity.

**CHWs are interested in pursuing LPP certification but the current requirements present an insurmountable barrier.**
CHWs have a limited amount of time to pursue training and certifications. This, coupled with the expenses associated with the LPP program, make it virtually unattainable for most CHWs to pursue certification.

## Overall takeaways for both service models

**When choosing between the two service model ideas, community members prefer Community Justice Workers to Student Service Providers.**
Community members indicated higher levels of trust in Community Justice Workers and were more likely to seek help from a CJW compared to a SSP.

**Supervision and oversight of CJWs and SSPs  can alleviate authorization and liability concerns.**
The Sandbox and University leadership stakeholders indicated that supervision by an attorney would alleviate authorization and liability concerns of both SSPs and CJWs providing legal advice.

**Trauma-informed practices must be part of any service model.**
Participants emphasized and highlighted the importance of trauma-informed practices throughout most stakeholder categories. Any service model pursued must include trauma-informed training. Ensuring that CJWs and SSPs are trauma-informed and properly trained to provide meaningful care to all patients is a priority for those authorizing the proposed interventions.

**Knowledge about the healthcare system should be part of the CJW/SSP training process.**
Healthcare stakeholders expressed a need for CJW/SSPs to be knowledgeable about the healthcare field to be effective members of care teams.

**Decision-makers at U of U Health are more likely to approve a health and justice intervention if there is a demonstrated ability to deliver positive patient outcomes.**
The return on investment in this project is focused on positive patient outcomes and a healthier population. Decision-making leadership is less concerned about profitability than increasing the overall health and wellbeing of the patient population. Further research is needed about outcome measures leadership needs to consider an intervention successful.

**When collecting data, designating a singular contact person would be ideal to ensure that data is as accurate as possible and risk to patients is limited.**
The Office of Legal Services Innovation requires data reporting to identify whether consumer harm is occurring.[45] Any service model authorized through the Sandbox will be required to collect and report data; the frequency of these reports is dependent on the risk level of the service.[46] Designating one person as the primary contact for each area of legal service would allow more accurate, detailed data to be collected for the patients being served. An important aspect for Sandbox authorization is ensuring that patient privacy and confidentiality is preserved and respected.

**Continual communication between CJWs/SSPs and care managers is important to keep patients from falling through the cracks.**
Healthcare stakeholders emphasized the importance of communication between care managers and CJW/SSPs when providing patient care. The added role of SSP or CJW in a care team would allow for case and care managers to focus on a patient's clinical needs while the SSP or CJW could assist in addressing SDOH and justice needs.

[45] The Office of Legal Services Innovation, Frequently Asked Questions, (last visited Jan. 16, 2023).
[46] For more information about the Sandbox and risk models, see the Innovation Office Manual (last visited Jan. 16, 2023).

## Recommendations for future research

The research team recommends additional research and testing before choosing and implementing either of these proposed service models.

First, additional research is needed to determine what civil justice issue or issues these service models should seek to address based on the civil justice needs in West Valley. As part of this project the research team collected responses to a justice needs survey. However, because only 19 community members completed the survey, more inquiry into justice needs for the West Valley community will be beneficial to inform the breadth and scope of services.

Second, further research is needed regarding how a patient gets from completing a screening questionnaire at a healthcare appointment to a student service provider or CJW to problem-solve justice issues. This project evaluated community member perspectives on communication methods but further inquiry into the administrative and service provider side of these service models is necessary prior to implementation. This could be achieved through the creation of a service model blueprint that describes a service model from multiple perspectives, including the consumer, provider, and any support.

Third, one theme the research team identified from initial interviews is that community members want the same person to help them throughout the process. Designing and implementing either service model should take that into account, trying to mitigate shuffling a patient between multiple service providers as much as possible. This is a bigger concern with the interdisciplinary clinic service model idea because students cycle in and out of the clinic on a predetermined timeline by design. Research into the feasibility of treatment teams that include SSPs and CJWs and how they would ensure that the patient feels like they are working with the same service provider(s) throughout the process is recommended.

Fourth, research is recommended to determine who can be a CJW. Through testing, the research team learned that community members assume that CJWs would be older / have more life experience than student service providers. It would be beneficial to determine whether students could become CJWs, what educational and experiential backgrounds would be required, and what the training workload would be like to accurately describe this service model to community members as design continues to obtain feedback about trust and likelihood of interacting with this service model.

## Other considerations

The research team was unable to prototype with students in disciplines other than public health. The information provided by MPH students was valuable in informing further design of the interdisciplinary clinic model, especially when evaluating student interest and capacity. Previous i4J projects have engaged with social work students resulting in similar levels of interest, but those projects had civil justice needs already identified.[47] However, it cannot be assumed that social work students would be interested in providing limited-scope legal advice on other topics or be interested in this clinic opportunity.

Similarly, the research team was unable to reach CHWs providing services in the field. State CHW leadership was able to speak to the capacity and potential desire of CHWs to participate in a training, but the perspectives of the CHWs themselves would be more beneficial in informing any future design and implementation decisions.

Third, many stakeholders indicated that legal status issues are a justice need in the West Valley community. Immigration challenges are complex and intersect with many other things. However, immigration law is outside the scope of the services that i4J designs and builds. Any screening method that identifies immigration needs should be co-created with organizations offering immigration services in West Valley to ensure that community members with those needs are connected with appropriate resources that can  to address their needs.

Last, the West Valley community is vibrant and diverse with over 100 languages spoken. However, all research associated with this project was conducted in English. This is a limitation because this report does not contain the perspectives of non-English speakers. Future developments of either service model should seek feedback in multiple languages to ensure that the West Valley community as a whole is represented and able to contribute to the decision-making process, not only those that speak English.

[47] MSW and BSW students contributed to the Medical Debt Legal Advocate project in Fall of 2020.

## Next steps

The research team recommends moving forward with the CJW model. The CJW model is more disruptive and is the first of its kind seeking to train community members from various backgrounds to provide limited scope legal advice on multiple topics. Additionally, other efforts exist to create an interdisciplinary clinic at the University of Utah and community members both prefer and are more likely to seek help from a CJW than an SSP.

Given this recommendation, further testing to refine the CJW model including what the service model would look like from the administrative, service provider, and consumer perspectives is needed. 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 any necessary Sandbox applications.

## Conclusion

Addressing the challenge of exploring innovative approaches to embedding civil justice problem-solving in a healthcare setting, the research team identified the following themes from initial interviews:

- 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 needs in West Valley;
- There are unique challenges and opportunities associated with the immigrant and refugee population 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, along with mental health issues,, and are responsible for caring for family members;
- Barriers to the West Valley community seeking legal services include lack of trust, time, and confusion about the legal process;
- 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 want to see themselves reflected in their service provider.

After creating visualizations of the patient experience and healthcare system, identifying potential intervention points and brainstorming potential interventions, the research team brought three ideas back to the community for feasibility and desirability feedback. Based on this feedback, the research team decided to move forward with two ideas: an interdisciplinary clinic service model and a community justice worker service model. The research team identified research questions and created prototypes of these service models to gather community feedback. Based on this information, the research team identified key takeaways about the service model ideas:

- Right now, there are significant challenges to positioning a student clinic to meet the LPP experiential requirements;
- Initiating a new interdisciplinary clinic will require meeting the experiential standards required for all students participating from various degree programs;
- There is an appetite for collaboration in the creation of an interdisciplinary student clinic;
- Students express a desire for supervision if providing legal services;

- Community members are least likely to seek services from a Student Service Provider;
- Community Justice Workers should be properly trained and compensated for providing legal services;
- There is a capacity concern for 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 recommends 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. Additionally, other efforts exist to create an interdisciplinary clinic at the University of Utah. Given this recommendation, the research team recommends further testing to refine the CJW model. 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 any necessary Sandbox applications for authorization.

# Appendices

## Appendix A: Justice Needs Survey Questions

Section 1 of 3:

Please answer the following 6 questions to help us understand some situations you have experienced in the past two years.

Question 1 of 6:

Housing: Please select any situation that you've experienced in the past two years.

- ☐ Homelessness
- ☐ Eviction
- ☐ Difficulty or problem finding housing
- ☐ Difficulty or problem paying rent
- ☐ Difficulty or problem with subsidized housing
- ☐ Problem or disagreement with landlord
- ☐ Landlord not fixing problem with my rental
- ☐ Unsafe living conditions
- ☐ Difficulty or problem paying utilities (like gas, water, electricity, internet)
- ☐ Other:
- ☐ None of the above

Question 2 of 6:

Family: Please select any situation that you've experienced in the past two years.

- ☐ Caring for grandchildren or other relatives who are younger than 18, who are not your children
- ☐ Caring for sick or elderly relatives
- ☐ Divorce or separation
- ☐ Marriage
- ☐ Child custody problem
- ☐ Child support problem
- ☐ Harassment or violence from current or ex-partner, or other family or household member
- ☐ Other:
- ☐ None of the above

Question 3 of 6:

Finances: Please select any situation that you've experienced in the past two years.

- ☐ Worried about being able to pay your bills, debt, or loans

- ☐ Difficulty or problem receiving assistance with paying bills, debt, or loans
- ☐ Unpaid bills, debt, loans
- ☐ Problems with creditors
- ☐ Received papers from an attorney or the court for unpaid bills, debt, loans
- ☐ Money taken out of paycheck or bank account for unpaid bills, debt, loans
- ☐ Other:
- ☐ None of the above

Question 4 of 6:

Health: Please select any situation that you've experienced in the past two years.

- ☐ Difficulty paying medical bills
- ☐ Medical debt
- ☐ A problem with health insurance
- ☐ A problem with medicaid or medicare
- ☐ Difficulty signing up for insurance
- ☐ Other:
- ☐ None of the above

Question 5 of 6:

Government or public benefits: Please select any situation that you've experienced in the past two years.

- ☐ Problem with government payment
- ☐ Problem with disability payment
- ☐ Problem with unemployment payment
- ☐ Problem with public benefits
- ☐ Other:
- ☐ None of the above

Question 6 of 6:

In the past two years, I have experienced or am experiencing another problem that is not listed above.

- Yes (please explain)
- No

**Legal System**

Section 2 of 3:

Please answer the following 3 questions to help us understand your experience with lawsuits and the legal system.

Question 1 of 3:

In the past two years, did you experience a problem that involved an attorney, a lawsuit, a court, or a judge?

- Yes
- No
- I am not sure (please explain):

Question 2 of 3:

In the past two years, have you had a problem you thought might go to court?

- Yes
- No
- I am not sure (please explain):

Question 3 of 3:

In the past two years, did you seek legal help for a problem?

- Yes
- No
- I am not sure (please explain):

**Demographic Questions**

Section 3 of 3:

Almost done! We need some basic information about you—your responses are confidential.

Question 1 of 12:

What is your age?

- Under 18
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55- 64
- 65 – 74
- 75 or older

Question 2 of 12:

Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No
- Prefer not to say

Question 3 of 12:

How would you describe yourself? Please select all that apply.

- ☐ Asian
- ☐ Black or African American
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Multiracial or Biracial
- ☐ An identity not listed here (please explain)
- ☐ Prefer not to say

Question 4 of 12:

What is your gender identity?

- Male
- Female
- Trans male/trans man
- Trans female/trans woman
- Nonbinary
- An identity not listed here (please explain)
- Prefer not to say

Question 5 of 12:

What is your highest level of education or school?

- Less than a high school degree
- High school degree or equivalent (e.g. GED)
- Some college, no degree (including currently enrolled in college)
- Associate degree (e.g., AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Master's degree (e.g. MA, MS, MEd)
- Doctorate or professional degree (e.g. MD, DDS, PhD)
- Technical or vocational degree

- Prefer not to say

Question 6 of 12:

How would you describe your current work situation? Please select all that apply.

- ☐ Working full time
- ☐ Working part time
- ☐ Full-time student
- ☐ Part-time student
- ☐ Homemaker
- ☐ Retired
- ☐ Unemployed and looking for work
- ☐ Unemployed and not looking for work
- ☐ Permanently unable to work due to a disability
- ☐ Caring for a sick, elderly, or disabled person
- ☐ Odd jobs
- ☐ Other

Question 7 of 12:

Which of the following categories describes the **total income** that **you and your spouse or partner living in your home** received from all sources, before taxes and deductions, **in the past 12 months**?

- Less than $15,000
- $15,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $199,999
- $200,000 or more
- Prefer not to say
- If you don't know your annual income, please tell us your monthly income

Question 8 of 12:

How many people (including yourself) live in your household?

Question 9 of 12:[48]

[48] The remaining questions inquired about the survey participant's zip code and contact information for follow-up by a research team member.

Do any of the following apply to you or someone in your household? Please select all that apply.

- ☐ Long-term or chronic illness
- ☐ Physical disability
- ☐ Visited the emergency room or urgent care within the past two years
- ☐ Mental disability
- ☐ None
- ☐ Prefer not to say
- ☐ Other (please explain)

## Appendix B: Additional findings from the field

At the beginning of this project, the research team interviewed 38 stakeholder individuals and 9 community members. The key findings from these interviews that relate specifically to the i4J project can be found within the main report. This appendix includes the additional information that i4J learned through these interviews, but was not directly related to the challenge this project seeks to address.

### Stakeholder interview additional findings

#### Additional findings related to Social Determinants of Health (SDOH)

**Food is a high need in West Valley.**
Food insecurity has been made worse by COVID-19 because of layoffs and reduced hours for many people, especially the undocumented community. Food is an often-intersecting need within the West Valley community, regardless of legal status. One stakeholder the research team spoke to said "where there's housing concerns, there's legal concerns, there's immigration concerns, there's food, employment, school registration." Care managers are often asked for help with nonclinical things, including connecting patients to food resources. Care managers also shared that "people are making decisions between do I buy food? Or do I buy my medication?" Further, their patients "say they can't afford their medication, or they don't have enough food or no transportation." Some community-based organizations have emergency funds available that can be "used on whatever the family needs" including food. Nurses, care managers, and staff at community-based organizations say that, while there are a lot of food pantry options available, food pantries are short term. Food insecurity is often addressed through Utah Food Bank. Comunidades Unidas has a food pantry containing items that the community is familiar with. Care managers and staff at community-based organizations focus on getting patients connected with food pantries to meet their immediate need, and want to assist patients in applying for food stamps for longer-term assistance.

**Transportation presents barriers to seeking healthcare and other services.**
There are persistent transportation issues in West Valley. Healthcare providers said that transportation is difficult for patients, especially to and from primary care appointments. There are cost and logistical barriers to patients seeking care, which include transportation and the time it takes to travel to clinics. The population health model at the Intensive Outpatient Clinic is trying to problem-solve to get patients to their appointments, including "helping them with the bus or bus pass… [or] Medicaid ride service." Care managers often spend time helping patients find transportation options.

**Goals of screening for SDOH include working to address all needs of a patient, and not just their physical health needs.**
Providers want their patients to come into the clinic healthier and better connected. The goals of the SDOH pilot are to standardize a set of questions that can go into the electronic medical record and build referral partnerships to work towards meeting all of a patient's needs. Right now, the SDOH screening at U of U Health is elective. After they fill out the screening instrument, the patient chooses whether or not they would like to receive services. The screening survey is given based on immediate needs such as transportation, food, housing, or utilities.

**Rent assistance resources exist but not every community member who needs it receives it.**
Funds for housing are limited— one community-based organization that participated in interviews said that the eligibility for their rent relief was "pretty open but not enough to fix the problem." The discretionary funds that this community-based organization had available to the community allowed them to see that housing is likely the greatest concern among the low income population they serve. This includes stable housing, paying for housing, and not being evicted. Another community-based organization staff member told the research team that not everyone who is referred for rent assistance is able to get it. Yet another explained that they "are just constantly helping people apply for rental assistance, and then hearing the stories of eviction."

**Mental health support is needed in the West Valley community.**
Community-based organization staff shared that mental health needs are high and support is needed. Mental health issues can be exacerbated by other problems and needs such as housing instability, divorce, legal status, and financial instability. Community-based organizations and healthcare providers are trying to figure out how to ask patients questions about mental health in a way that allows patients to trust providers, opening up and explaining their needs. One of the most-cited barriers to getting patients connected with mental health support is the social stigma that is associated with talking about mental health. There are also cultural expectations about discussing mental health issues. One community-based organization director shared that "the hispanic and latino community do not like to talk about mental health." There is a wellness bus that goes around the community providing general check-ups and labs to be drawn, but they do not address mental health issues.

**There is a lack of mental health services and providers available to the West Valley community.**
The mental health field, generally speaking, has shortages right now. One mental health provider explained that "right now, in the psychiatric field in general, providers are leaving in huge groups because they're just burnt out, after the pandemic and everything." Community-based organizations shared that there is a "broad array of

mental health services that aren't provided" and the services that do exist tend to have long wait lists. Wait times can range up to six months from now, which is too long "when you're dealing with brain illness." Even though mental health-specific resources are overburdened with long wait times, many area clinics have social workers on staff who can help with immediate behavioral health needs.

**Crisis mental health needs are often time-intensive.**
Mental health crises often start with visits to the emergency room where patients are evaluated for care. When it is determined that the patient needs behavioral health care, the average length of stay is ten days. Providers determine that patients need behavioral health care when patients say that they are going to hurt themself or someone else. Often the patient will bring themself in, but sometimes they are brought in semi-voluntarily by family or friends. Police and crisis teams also bring in patience experiencing mental health crises. Financial and eviction history that complicate housing situations are factors that may exacerbate peoples' mental health crisis. Sometimes the impetus for seeking mental health services is a patient's precarious housing situation.

**Stakeholders spoke about the intersection of health and the criminal justice system, particularly as it relates to mental health.**
One mental health professional stakeholder spoke about community members who are taken to jail because they are perceived as an inconvenience to people, which can exacerbate their health crisis. A judge the research team spoke with said that Justice Court ends up with folks who have significant mental health and coexisting substance use issues, largely because of the unmet need for mental health treatment. This judge also spoke about the treatment resistance of people who come into court who are experiencing substance use issues which is a challenge when trying to connect these community members to services. There is a Mental Health Court in West Valley, but a lot of people don't get into it. There is consensus that the justice system, especially the criminal justice system, should not be the frontline for mental health care. Court stakeholders expressed an interest for interventions outside of the justice system to be bolstered and supported.

Further, having legal issues and the stress that goes with it will have a deleterious effect on health outcomes. Criminal justice issues also negatively impact people who are seeking mental health care. Removing penalties for people experiencing civil justice problems and the mental health effects of those problems through supporting community members instead of punishing them through fines and court interaction would help change the cycle.

## Additional findings relating to legal status

**Community members with humanitarian aid status have required interactions with the healthcare system.**
People who have humanitarian aid status are required to receive an initial health screening for the Office of Refugee Resettlement within thirty days of their arrival to the state. Caseworkers usually bring refugees with humanitarian aid status to appointments because the patients do not know how to get around. Additionally, resettlement agencies have health promotion contracts "and they're supposed to go over health literacy, navigation, tours to the clinic" and teach patients "how to use public transportation." Through humanitarian aid status, refugees often get their legal status that allows them to receive benefits.

**Refugees in West Valley have access to resources that migrants without legal status do not.**
Refugees generally receive a case manager and contact with a local family to help them get food, learn how to do taxes, and get advice about enrolling their children in schools. Most of the refugee population in West Valley seeks healthcare services at Redwood Health Center.

**Legal status affects insurance qualification.**
The majority of clients at one community-based organization are uninsured for multiple reasons, including being employed but at multiple part-time jobs, earning above the threshold but not enough to afford commercial insurance, and being undocumented themselves or having family members without legal status. A care manager shared a story about a patient whose DACA status was in question so the patient was not eligible for Medicaid, even though the patient would have been eligible in the past. Another care manager shared a story about a parent whose "children may be eligible for Medicaid or CHIP." "Most of the people in the household" were not in the state legally, and the parent was "fearful of applying for the government program" because of the chance that any family member would be deported. Some clinics and community-based organizations are trying to educate mixed status households about who qualifies for what service in the hopes that if some family members qualify for and get on Medicaid then it will help with finances and health.

## Additional findings related to children

**West Valley community members are trying to navigate mental health and medical care needs for their children.**
Seeking mental health and medical care for children is time consuming and frustrating. When seeking mental health care for children, one of the most pressing issues is a shortage of child and adolescent service providers. One stakeholder said

"we just do not have enough… for the need." Family support is helpful when community members are trying to meet these needs, but that's not always possible. Care is not always geographically close to where patients live, adding further barriers and challenges to getting needs met.

**Child education is a higher priority for patients than preventative healthcare.**
Healthcare provider stakeholders shared that the community they serve has a lot of needs to worry about, often prioritizing food and education for their kids, clothes, and housing ahead of preventative healthcare. Sometimes "it can be an uphill battle" for parents to get their children into a certain school system that meets their child's needs, especially if that child has particular health or education needs.

### Additional findings related to the court system

**When West Valley community members are experiencing a civil justice need, they either go to the West Valley Justice Court or the Third District, depending on the issue.**
The Justice Court is a court of limited jurisdiction, handling misdemeanors and small claims seeking less than $15,000. Most parties at the Justice Court are unrepresented. Most debt collection cases in Justice Court are filed by bulk filers—plaintiffs who have filed more than five cases in a year. The Third District hears eviction cases, and has a consolidated calendar that Judge Parker oversees.

**It is common for defendants in debt collection cases to not respond or interact with the justice system.**
Most debt collection that proceeds to collection litigation are debts that have been assigned to collection agencies. These debts include credit card and medical debts. There are a few banks that will file debt cases directly. There is little to dispute in most debt collection cases. The parties know that the amount is owed, and the defendant knows that they cannot pay it. Most defendants do not respond to debt collection lawsuits, and the case ends in a default judgment against them. When cases go to trial, they don't last long. The contract is entered into evidence, the amount is named, and the defendant is ordered to pay that amount. Defendant representation is scarce but can ameliorate harm: counsel might help them set up a payment plan and avoid having to pay a judgment upfront or having their wages garnished.

### Additional findings related to healthcare

**The healthcare system is not designed to meet all patient needs, and are being asked to do too much.**
The healthcare system generally operates as a building with services in it, and "people self-select to come in" which does "not necessarily address what people

need." If patients are not coming in, then they are "off the radar." One healthcare provider explained that most healthcare models are "a one size fits all program, one way of paying things and it's all based on volume." Providers see patients, treat their physical symptoms, and send them on their way. Clinics in West Valley and Salt Lake County are taking steps to challenge this model, with success. However, there are those within the healthcare system who have an inflexible mindset, making change slow and challenging. One healthcare provider explained that resistance to systemic change "doesn't mean that physicians are cold hearted, or anyone has bad intentions," it's just how physicians have been trained and the way that they are compensated for their work. Some healthcare professionals are hesitant to help patients with nonmedical needs because they don't "have time to do that, [they're] not an expert at that, nobody else is stepping in to help" which means that the patient is frustrated, the provider is frustrated, and that can affect the patient's overall health.

**Healthcare services and systems are inaccessible**.
The healthcare system is very difficult for patients to navigate, by design. The eligibility requirements for services are not easy. Patients can do all the work to apply for services and still be denied. One care manager said "it takes tenacity to navigate" the different programs that exist, and healthcare providers often don't have the time and energy to help. Community-based organizations do their best to take care of basic needs by providing information and referrals, and also recognizing that navigating systems of service is really complicated. The services that do exist are overburdened. One healthcare provider shared with the research team that "the systems that are in place and established to help patients with health promotion, travel training, education are so overwhelmed that they can't meet the needs of the population." Social work and care management departments at clinics are generally overwhelmed and unable to meet the demand.

**Cost is a barrier to healthcare.**
Lack of funds seems to be a primary factor when it comes to receiving adequate healthcare because of the basic needs each individual has. A staff member at a community-based organization shared that many clients "are on a fixed income, and can't afford their medications or their Medicaid has a spend down and [the patient] can't meet their spend down." Sometimes getting on Medicaid can help, but it doesn't always cover the services that the patient needs including prescriptions. There are also West Valley community members "where people don't qualify" for Medicaid because they make too much money, but not enough money to afford the cost of their healthcare. Health centers are put in a challenging situation when patients cannot afford care because they want to help patients, but they also have to maintain their finances. Some healthcare providers are able to provide vouchers based on a patient's housing and work status that allow patients to be seen by specialized doctors at a reduced cost.

**Referrals occur between healthcare providers and community-based organizations**.
Healthcare providers will often refer patients to community-based organizations who may be able to help the patient with their nonmedical needs. These referrals sometimes create referral loops, where community-based organizations and healthcare providers develop relationships and are able to provide warm handoffs to each other depending on community member needs. Some area clinics provide training for their staff so that they can work as liaisons between the patient and the service they need access to.

**Connecting patients to resources is an effective short-term solution, but more is needed.**
There is a desire to not address social determinants of health not just by connecting patients to resources, but by creating a holistic approach addressing patient needs through the state's infrastructure around economics, civility, sustainability, education, and employment. Connecting patients to resources is helpful and necessary in the short term, but is often treating the symptom instead of addressing the cause.

**Insurance issues are common and insurance support systems are inadequate.**
Both healthcare providers and staff at community-based organizations identified insurance issues and a common need among the West Valley community. Application processes are confusing, especially for community members whose first language is not English or Spanish. One care manager shared that patients "want somebody to problem solve… and fill out the application," expressing a desire and need for more people available to help patients complete the necessary paperwork.

A lot of services are not covered by Medicaid. One healthcare provider shared that "most [patients] are on Medicaid… but it doesn't even cover a physical." This provider also shared that Medicaid doesn't cover Dental or necessary prescriptions. Speciality care or specialty diagnostics that are necessary for the patient's care are also generally not covered under Medicaid, or even commercial insurance. There are some support systems in place and cost help available, but the options are not a long term solution especially for patients who are dealing with chronic health problems.

**Knowledge gaps prevent people from obtaining insurance.**
People are not sure where to go to talk about insurance and get help. One staff member at a community-based organization asked the research team to "imagine someone in distress trying to figure it out, it's very complicated." People don't know that they are eligible for government programs, and even when they are eligible the application process is burdensome, time-intensive, and confusing.

**Medicaid and benefit application resources do exist.**
One community-based organization does onsite Medicaid enrollment at a West Valley clinic which is helpful. This nonprofit has people who "speak many different languages," which is a need when serving the West Valley community. Care managers also help patients get enrolled in medicaid. A community-based organization that serves the Hispanic community has a SNAP enrollment program that helps community members fill out applications and renewals, and even offers SNAP enrollment at the Mexican Consulate.

**Healthcare providers evaluate services through soliciting patient feedback, indirect feedback, and other measures.**
Many healthcare providers "survey every patient visit and interaction they have," saying that direct patient feedback is "very important." Indirect feedback mechanisms include social media feeds, whether people are accessing services, and whether programs have waiting periods. Quantitative data is collected on Key Performance Indicators and monitoring levels for health conditions. Another measure of success is seeing representation and resources in places that it has previously not been seen. Healthcare and community-based organization stakeholders want to make sure that the communities they serve continue to be better and better represented. Many stakeholders are "focused about who sits at the table and who's invited, making sure that communities understand the power of their voice, and that when they're approached they participate."

## Additional findings related to community-based organizations

**There are a wide range of community-based organizations providing services to the West Valley community.**
Some of the organizations that stakeholders spoke of most frequently are the Utah Self Help Center, Utah 211, Latino Behavioral Health, the Utah Food Bank, and the LDS and Catholic Church. For legal needs, clients are usually referred to Legal Aid Society of Salt Lake, Utah Legal Services, Disability Law Center and Holy Cross Ministries depending on the legal need.

**Community-based organizations and healthcare providers get the word out about services through outreach efforts; they would like to expand outreach efforts but lack capacity.**
Word of mouth is the most common mechanism through which community members learn about services. One healthcare provider said "we work through trusted people within the community to build some rapport." Healthcare providers present an opportunity for sharing resources because of the many touch points healthcare providers have with patients. Posting flyers and having events is also an effective way for community-based organizations to get the word out. Community-based organizations build relationships with each other, helping to

increase the number of service providers and community members who are aware of distinct services.

### Additional finding related to U West Valley design

**The U West Valley team is proactively engaging the West Valley community in an effort to build trust and implement feedback from the community throughout the hospital design process.**
The U West Valley team reaches out "to communities in West Valley, in an effort to build trust with the community prior to the hospital" being built. This looks like "a steering committee that's made up of residents and nonprofits and system level people" and "a resident committee that's run by University Neighborhood Partners." There are also other community events that are more successful if they are marketed in advance as "a health and resource fair" so that "people know why they're coming and that there's going to be resources available."

## Community member interview additional findings

### Additional community member findings related to SDOH

**West Valley community members are experiencing COVID, cancer, amputation, insurance issues, environmental health concerns, and chronic conditions.**
Our interview participants shared with the research team some of the health needs they have been experiencing, especially over the past two years. The research team heard from a participant who is an amputee, and two that have been diagnosed with cancer and are going through treatment. One participant is concerned about what health effects might be on the horizon after living by a plant for several years. Participants shared the difficulties of finding providers in their network and stigma for being on Medicare and not commercial insurance. One participant shared that they have had COVID three times and are trying to navigate long-lasting stomach issues that they have developed as a result.

**Community members are frustrated with lack of transportation and the need to travel to many areas for care.**
Community members told the research team about having to travel further for care that is covered by their insurance. One community member didn't have a car, and had to go eight miles from her house for cancer treatment. She expressed frustration at policies because she "needed someone to drive [her] home, they wouldn't let [her] get an uber." Other community members described using buses to get to appointments, often spending a significant amount of time waiting and commuting.

**Stress from missing work and having to pay medical bills exacerbates health symptoms.**
One community member described this cycle as a "snowball effect." They explained that when they have health problems, they have to miss work, which causes stress. They miss work to see a healthcare provider, which means medical bills. They stress because of their medical bills and missing work, which creates or worsens health problems, starting the cycle again. Another community member described how stress disrupted her work life balance.

**Community members are experiencing stress and anxiety about finances and having to make difficult decisions when determining what to spend money on.**
One community member described being worried about losing her job because she wouldn't be able to pay bills or care for her daughter. A different community member told the research team that she waits until the last minute to see a care provider because of how expensive it is. In the past she has forgone treatments to prioritize paying other bills. Another community member told the research team that he "know[s] people that have died… because they were really sick because they never saw treatment because they're afraid of bills."

**Additional community member findings related to healthcare**

**Interacting with the healthcare system is frustrating and confusing.**
Community members told the research team that they "just don't understand a lot of it" and that "somethings wrong with our system." They described interacting with the healthcare system as "really frustrating," like "one hand doesn't know what the other is doing." Patients have to go to many different places to get things straightened out. Another community member told the research team that they "have to muddle through on [their] own" with no one to help.

**The cost of healthcare is too high.**
One interview participant explained that they are usually offered options for healthcare services, but all of the options seem "extremely expensive." Another interview participant told the research team about an expensive medication that insurance does not cover. The cost of this prescription was $16,000 per month. She "keeps getting bills" and is having trouble keeping up with them and keeping track of what has been paid and what hasn't been paid. One interviewee earned too much money to qualify for assistance, but had to use up her savings for her cancer treatment.

**Community members are frustrated with the inability to get healthcare appointments.**
A community member told the research team that "it's almost impossible to actually get an appointment." Another explained that he often has to wait days for email

responses for appointment approvals and scheduling. He explained that this might be because he is on Medicare and the doctors that take Medicare are backed up with long waitlists. There is also an added layer of having to get approval from the insurance adjuster before certain services or movement aids can be obtained.

**The healthcare insurance system is confusing.**
Community members just "don't understand a lot of it" and are confused about what they must pay and what is or is not covered by insurance. The explanations about terms of coverage are either hard to find or extremely difficult to understand. It is "tedious to figure out what to do" and there is "so much medical paperwork to figure out and payments to manage."

**It takes a lot of time to research insurance options.**
Participants spoke of a desire to be knowledgeable and informed when making insurance decisions, but it takes "so much time to research and figure out." The information available is often complex and confusing, requiring time to understand. Once an insurance option is chosen, there is more time required to figure out what providers and services are covered.

## Appendix C: Explanation of 10 ideas coming out of ideation

Idea 1: create both formal and informal communication mechanisms. The formal system consists of having a shared database for all healthcare and legal professionals to opt-into and a monthly newsletter to be sent to those professionals as well. The informal system would be community resource fairs where representatives from different providers come together a few times a month with food trucks and local musicians and craftspeople to share information regarding health and legal services available. This idea was supported by several community member and stakeholder interviews which reveal that patients conducting their own research is time consuming and challenging, it can be difficult to understand the information, and support from professionals helps to make the information more palatable. This idea connects with the theory of change because it addresses the geographically accessible part of healthcare resources. It also creates access to information on the process of accessing care or legal help that is otherwise difficult to find and/or understand.

Idea 2: a chatbox that patients can text or message on a website describing their need or question. Again, community members and stakeholders shared how a feature like this would address the challenge patients face in finding information that fits their issue and is also digestible. They shared how complicated and complex navigating systems can be. This idea connects to the theory of change because it helps to increase knowledge of available resources. It is not constrained and can respond to as many people as message it; it's a very flexible form of communication that can be made available at all hours of the day from anywhere.

Idea 3: a mobile service vehicle that is staffed with community members who have experienced civil justice problems or CHWs that travels around neighborhoods to provide access to internet and computers as well as information and advice. The interview data show that information is difficult to understand and is not created with laypersons in mind. West Valley community members also face challenges trying to access transportation to appointments and meetings as well as meet with professionals at hours that are conducive for their work schedules. This connects with the theory of change because it improves the accessibility of resources and legal representation in many ways: geographically, information is more easily accessible, expanding available hours, and providing internet access. It is more culturally responsive by leveraging CHWs in addition to training community members.

Idea 4:  a form that patients can fill out at the beginning of their appointment to address different SDOH needs; it works as a screening tool. This idea is supported by data that indicates hospitals and healthcare facilities are already acting as catching systems for other issues that individuals are facing. Case managers and community members shared how effective care and treatment becomes when other factors or determinants are addressed and acknowledged. This connects to the theory of change because it allows for case

managers and patients to communicate further on resources they may already be knowledgeable about.

Idea 5:  an app with interactive services that leverages partnerships with healthcare providers, community-based organizations, and legal services, so a user can have all resources in one location. This app contains common FAQs, how-to videos, the ability to connect with case managers, schedule appointments, and Know Your Rights presentations. This app is supported by data from the stakeholders and community members who explained that when someone is experiencing multiple and interrelated needs, they don't want to sit in multiple waiting rooms to get information about each issue. Community members and case managers acknowledge how individual and personal each patient's needs may be. This idea connects to the theory of change because it seeks to implement preventative measures through know your rights information and how-to guides and directly addresses SDOH. Additionally, it seeks to be accessible and affordable to all as a free platform in a culturally responsive way.

Idea 6:  an online database with a "counseling service" built in for patients. It would consist of informative modules to answer common health and justice questions. This idea is supported by community members and stakeholders who state that there is a tremendous amount of time needed to do research and find usable, understandable information. Stakeholders state a desire to have more ready-made information for patients. This connects to the theory of change because it seeks to increase communication by more clearly articulating what resources and information already exists in this space. Furthermore, it addresses SDOH with an emphasis on being culturally responsive.

Idea 7:  an interdisciplinary student clinic that is housed within U West Valley. This idea provides legal services and social services to U of U Health patients by authorizing students in multiple disciplines to provide limited-scope legal advice on common civil justice issues. The data supports this idea by providing other affordable options to patients for legal services because most community members shared in interviews that legal help is often expensive and difficult to access. This idea connects to the theory of change because it creates accessible services where patients already frequent. In addition, the clinic would work to  provide trauma-informed care that is also culturally responsive.

Idea 8: a new position in the healthcare realm that is exclusively intended to advocate for patients and ensure their needs are being met. The data reveals that there is a need for more direct help for patients, especially as information is difficult to find, understand, and utilize. This idea connects to the theory of change by addressing wrap-around services that many patients are missing through extensive hospital involvement. Additionally, this intervention increases access for all people while also creating a more streamlined form of communication with patients.

Idea 9:  an online system to accommodate the organization of an individual's medical and legal needs. The website would have various tabs including: a timeline of both upcoming medical appointments and upcoming legal appointments and deadlines; a tab to set up automated text message, call, or email reminders; a tab to ask your medical or legal provider questions through an encrypted chat feature or through a secure zoom call; a calendar tab where you can input other ongoing scheduled events such as picking your kids up from school or work shifts— this will also help facilitate appointment scheduling. This idea was supported by data that reveals several challenges patients face in making it to various appointments, such as a lack of transportation or child care. This idea connects to the theory of change because it is preventative, culturally responsive, affordable, and accessible. It aims to decrease confusion and provide a single resource for people to rely on for help and community support and dialogue.

Idea 10:  an interactive website that asks the user questions about what is going on to quickly diagnose the problem. Then, based on the diagnosis, a referral is automatically sent out to the relevant services in the immediate area. The following data supports this idea: patients struggle to get connected to legal services and healthcare providers do not have the capacity to navigate the different programs that exist. This idea connects to the theory of change because it seeks to provide preventative care by addressing patient's known and unknown needs by asking the right questions in relation to the user's responses. In addition, this idea also will be programmed to have a variety of languages, especially those spoken in West Valley, thereby making a resource that provides care in patients' desired language.

## Appendix D: Community member prototype testing data tables

| Information sharing comfort level | Average for SSP for full data set (69 responses) | Average for SSP for WV (13 responses) | Average for CJW for full data set (69 responses) | Average for CJW for WV (13 responses) |
|---|---|---|---|---|
| Do you feel comfortable sharing vulnerable and private information? | 3.5652 | 3.5384 | 3.7826 | 3.6153 |
| Housing | 3.7826 | 3.7692 | 3.8840 | 4.0769 |
| Domestic violence | 3.2608 | 3.2307 | 3.7391 | 4 |
| Custody, separation, or divorce | 3.4927 | 3.6153 | 3.7356 | 4.1538 |
| Financial assistance, including debt | 3.5217 | 3.7692 | 3.7391 | 4.0769 |
| Health insurance | 3.7391 | 3.9320 | 3.7536 | 4.1538 |
| Disability insurance | 3.6231 | 3.4615 | 3.8260 | 4.0769 |

| Qualification importance | Average for full data set (69 responses) | Average for WV (13 responses) |
|---|---|---|
| Hours of experience | 3.8115 | 4.2307 |
| References from certified experts | 3.7826 | 4.2307 |
| Recommendation from someone I know | 3.5652 | 3.6153 |
| Trained at a University I recognize | 3.4057 | 3.8461 |
| Number of outside certifications | 3.4347 | 3.8461 |
| **Likeliness to seek services from particular provider** | **Average for full data set (69 responses)** | **Average for WV (13 responses)** |
| I would try to handle the problem myself | 3.5942 | 3.3333 |
| Student service provider (SSP) | 3.0579 | 3.0769 |

| | | |
|---|---|---|
| Community justice worker (CJW) | 3.4057 | 3.6153 |
| Attorney | 3.5217 | 3.6153 |
| Friend or family member | 3.6811 | 3.6666 |
| Someone in my community that I trust | 3.4057 | 3.4615 |
| A social worker who has helped me with other problems | 3.5217 | 4.0769 |
| Someone who works at a nonprofit in my community providing resources | 3.1594 | 3.5384 |
| Someone who works for my local government providing resources | 3.2028 | 3.1538 |
| An organization in your community that specializes in helping with that problem | 3.7101 | 4 |

**Overall service model choice**

Community Justice Worker: 37/69
West Valley preference: 7/13

Student Service Provider: 32/69
West Valley preference: 6/13