

MARYLAND VOLUNTEER LAWYERS SERVICE

Project HEAL Proposal Narrative for

The Aaron Straus and Lillie Straus Foundation, Inc.

A. Organizational Background

Founded in 1981 by a small group of lawyers in private practice, who saw the need for an independent organization that would provide legal representation to poor persons, MVLS is the first and largest volunteer driven pro bono legal services program in the state of Maryland. The mission of MVLS is to provide quality legal services to Marylanders with limited income. Our core services involve representation for divorce, custody, bankruptcy, landlord-tenant disputes, denial of public benefits, wills, name and deed changes, tax preparation and disputes, and school suspension.

The strength of MVLS lies in organizing volunteer attorneys to connect directly with people in need of help, using the legal system as a medium to improve society and provide equal access to justice for the poor and working poor. Its panel of over 2,700 volunteers includes attorneys from all areas of the legal community, from partners in the largest firms to solo practitioners, from corporate counsel to counsel in government agencies. In the year ending June 30, 2003, MVLS assisted 4,655 individuals through direct representation and at self-help clinics. The value of these services exceeded \$1.2 million.

The Harriet Lane Clinic has provided pediatric primary health care services to the East Baltimore community since 1912. The clinic population serves low-income families with limited access to care and strives to improve the health of children and adolescents within the context of their family and community. Although The Johns Hopkins Children's Center and Harriet Lane Clinic have provided quality health care, poor access to care, poverty, and environmental risk remain health challenges. The Harriet Lane Clinic of the Division of General Pediatrics and Adolescent Medicine provides primary pediatric health care for the East Baltimore Community and currently serves over 7,500 children and adolescents with over 25,000 annual visits. The mission of the clinic is to provide a "medical home" for families defined as a source of care, which is accessible, family centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. The multidisciplinary clinic staff includes physicians, nurses, social workers, child life specialists, psychologists, health educators, interns in many of these fields, and now an attorney.

B. Purpose of Request and Anticipated Results

1. Need:

- Health care issues such as asthma and lead poisoning, among others, are more prevalent in low-income communities like Baltimore City;
- Only 49% of all Maryland children and 28% of Baltimore children are fully prepared with the academic, social, and physical skills to enter kindergarten with particular deficits in language and literary skills;
- Twenty percent of the children seen at the Clinic have an identifiable drug and alcohol problem in the family;
- Baltimore City children have nearly twice the rate of injury compared to the national average: the number one cause of death for ages 1-24 years is injury;
- The rate of births to teenagers in Baltimore City is almost three times higher than the Maryland rate.

Effectively addressing barriers to care and “new morbidities” requires multidisciplinary approaches that go beyond the pediatric office. Child health needs to be addressed in the context of family and community and integrated with schools, childcare centers, community centers, and other sites. While genetics helps to identify children that are biologically at-risk, “new morbidities” direct us to identify and intervene with children who are environmentally at-risk. While the health care system alone may be able to screen for risk and address some psychosocial issues, a commitment is needed to develop interdisciplinary processes and infrastructure to support an expanded collaborative model of health care. Developing systems of care beyond the pediatrician's office with real integration of health care, education, legal, nursing, and social services is essential in addressing the health and well-being of children, adolescents, and families.

2. Description of Project: Project HEAL is an interdisciplinary team of pediatricians and social workers at the Harriet Lane Clinic of the Johns Hopkins Children’s Center and a lawyer from Maryland Volunteer Lawyers Service. Project HEAL provides medical care and free legal services to low-income children and families within a primary care setting. In addition, Project HEAL trains medical, nursing and social work staff in legal advocacy especially identification of legal issues affecting children and families so they can be referred to the project attorney for legal assistance. The project began in September 2003 and is modeled after a program developed at Boston Medical Center.

The Harriet Lane Clinic is a primary care site for many low-income children and adolescents, as well as to children affected by HIV and other chronic conditions. Like their counterparts at other urban primary care facilities, families using the Harriet Lane Clinic view their pediatrician as one of their most trusted sources of information. This unique relationship provides a real

opportunity to help families address and resolve some of their daily challenges and legal issues.

The Project HEAL attorney is located in the clinic and is part of the team that serves patients in the Harriet Lane Clinic. The attorney provides advice and brief representation on issues such as safe housing, denial of food stamps or other public benefits, special education services, family law, and guardianship. For families requiring more extensive representation, a referral is made to Maryland Volunteer Lawyers Service for placement with a pro bono lawyer.

3. & 4. Anticipated results and process to measure success: This proposal focuses primarily on developing a research model to assess the effectiveness of Project HEAL. We have two objectives:

- **To assess Project HEAL’s impact on families’ access to legal services.**
- **To assess resident screening practices and attitudes regarding legal advocacy and the resulting impact of a legal advocacy program in a health care setting.**
 - a. **To assess Project HEAL’s impact on families’ improved access to legal services.**

Background: In Baltimore City, less than 50% of poor families have their legal needs met. In addition, free legal services are not easily accessible. Many families are unaware that their problems can be resolved through assistance from an attorney. It is our hypothesis that Project HEAL will improve identification of health related legal problems and improve access to legal services.

Addressing the societal issues that negatively impact the health of children requires advocating on behalf of this population for safe housing and mice and roach-free home environments and full utilization of various public assistance programs. A Patient Needs Assessment was conducted in the Harriet Lane Clinic in October 2003. The results indicated that the most pressing issues for clinic families include:

- Assistance with public benefits, including the Family Investment Plan and Food Stamps
- Supplement Security Income (SSI)
- Housing conditions—mice, roaches and lead
- Special education services
- Family law issues—guardianship, divorce and custody

Methods: The project will track the number of referrals to the project attorney and pro bono attorneys, the legal issues, legal action and outcomes. In addition, the project will collaborate with the Baltimore City Health Department and the Coalition to End Childhood Lead Poisoning to map environmental issues uncovered by the Project and develop strategic and systemic solutions.

Outcomes: Process evaluation of the number of families represented, nature of cases and amount of time spent. Outcome evaluation to determine the legal outcome of family representation.

b. To assess resident screening practices and attitudes regarding legal advocacy and the resulting impact of the legal advocacy program.

Background: Pediatric residents receive variable training in child and family advocacy. Though advocacy training is required for accreditation of pediatric residency training programs, until Project HEAL, training at Johns Hopkins had been informal. A preliminary survey of all residents in the Harriet Lane Clinic was conducted in October 2003 to assess resident knowledge, attitudes, skills, and perceived need for legal advocacy resources. Survey results indicated that the residents believed that their Clinic families had unmet legal needs; would benefit greatly from free legal services; and, free legal services would have a positive effect on a child's health

A goal of Project HEAL is to educate medical staff about how to be more effective advocates for their patients. Education of residents will include formal presentations, informal discussion in a clinical setting, individual consultations with medical and social work staff. The lawyer will be available to assist medical and social work staff in completing government forms and writing letters on behalf of children.

It is our hypothesis that Project HEAL will improve residents' attitudes toward screening practices within a primary care setting.

Methods: 1. We will conduct Pre-Post surveys of residents regarding their knowledge, attitudes, and skills in legal advocacy. Pre-program surveys of residents in the continuity clinic were completed in October 2003. We will survey all residents again in June and survey new incoming interns twice yearly at the start and end of each residency year. The survey instrument assesses resident screening practices in addressing advocacy issues and uses a Social Cognitive Theory framework to assess resident attitudes about the importance of advocacy, self efficacy and barriers in addressing advocacy issues, and outcome expectation regarding advocacy efforts. 2. We will track

resident educational interactions, such as referrals to the attorney and formal and informal educational presentations.

Outcomes: Change in residents' screening practices, self efficacy and outcome expectation in addressing legal advocacy issues. We expect that residents will increase their screening for legal advocacy issues and will have increased self efficacy and outcome expectation in their advocacy efforts.

C. Organizational Capacity

- a.** Relevance to MVLS mission and strategic goals: Project HEAL embodies the mission, goals and strategic direction of MVLS. The population and services mirror MVLS' core services. It also meets our strategic goals of serving children and providing legal services integrated with other services.
- b.** This request will enable us to document the effectiveness of the medical-legal model and support our efforts to seek additional funds for the project.
- c.** One-on-one pro bono assistance is MVLS' core mission. We help individuals with their everyday legal problems such as filing for divorce and custody of their children, resolving disputes with landlords or vendors of services or products, drafting wills, changing names of birth certificates, resolving disputes with the IRS and other issues. MVLS has extended its outreach to help thousands of people in need through clinics, workshops, classes on legal rights, community development initiatives, and partnerships with government agencies and other nonprofit corporations. MVLS has a successful record of launching new programs and projects, particularly partnerships as shown below.
 - The Income Tax and Dispute Clinic helps low-income families with preparation of their tax returns and obtain the Earned Income Credit. In 1999, the IRS awarded MVLS a grant to work in partnership with the University of Maryland and University of Baltimore Schools of Law to represent low-income taxpayers in disputes with the IRS. The People's Pro Bono Action Center recognized the Tax Clinic as the outstanding pro bono project of 1995.
 - Family Law Reduced Fee Programs enables individuals embroiled in complex family law matters to pay a moderate \$45 per hour fee for legal counsel.
 - Court House family law clinics in five rural counties help individuals file for divorce, custody, and child support on their own.

- Self-help classes give clients the knowledge to represent themselves while filing for bankruptcy.
 - SafeNet partners with Mid-Shore Council on Family Violence to provide case management and legal representation for victims of domestic violence in five Eastern Shore counties.
 - Legal assistance for disabled adults under public guardianship is provided through a contract with the Department of Human Resources.
 - Community Development Project offers real estate, corporate, and labor law assistance to community-based groups and nonprofit organizations.
 - Welfare-to-work partnerships provide legal services to those entering the workforce.
- d.** Organizational structure and board/staff responsibilities: MVLS is governed by a 21-member Board of Directors that has the responsibility to oversee the financial health of the organization, set policies for its successful operation, and ensure it stays clear to its mission. Executive Director Winnie Borden has held her position since 1991 and Deputy Director Mina Naddaf, an attorney with ten years legal and program management experience, supports her. Hope Tipton is the Project Manager and she has four years' previous experience as an attorney at the Maryland Disability Law Center.
- e.** Links to other organizations: We have a strong relationship with Boston Medical Center that has consulted with us in establishing the project. We have developed relationships with the Baltimore City Health Department and the Coalition to End Lead Poisoning.
- f.** Relationships with stakeholders: Project HEAL is managed by a team of representatives of each organization that meets bi-weekly.
- g.** Affiliation with federated funds or public agencies: We are not a United Way agency, although we receive a small amount of donations from individuals who designate MVLS. We have contracts with the Maryland Department of Human Resources and the Administrative Office of the Courts. We have grants from the Internal Revenue Service and the Department of Justice.