

EXECUTIVE SUMMARY

The Rhode Island Family Advocacy Program (RIFAP) is a medical-legal collaborative, a proven strategy -- pioneered in 1993 by the Boston Medical Center's Family Advocacy Program -- for achieving health care for children of low-income families. It is clear that the best doctors and the best medicines are rendered far less effective when the social environment of certain populations is not considered central to the health care picture. In Rhode Island in particular, the affordable housing crisis and high rates of childhood poverty place Providence on the national radar for cities having the most overwhelming childhood health care needs in the United States.

The solution is a medical-legal collaborative, based on the connection between a child's social environment and his or her health -- and on the realization that medical personnel need a closer connection to legal assistance in order to help their patients effectively. In 1993, the first Family Advocacy Program was founded by the Boston Medical Center Pediatrics Department. The Boston FAP, now a model of how medical-legal collaborations can work, has directly inspired other medical-legal collaborations around the country.

Transferring this model to Rhode Island, the RIFAP's core partners (Brown University Medical School, Rhode Island Kids Count, Rhode Island Legal Services, and Roger Williams University School of Law) bring erudite and passionate experts to the table to provide direct care and ideas for policy change. In addition, the RIFAP board and staff include an impressive group of exceptionally experienced professionals in the area of children's health and advocacy. The Staff Attorney, Tiffinay Antoch, Esq., has provided outstanding legal insight in the pilot year. The new Project Director, Michael Burch, brings a substantial amount of leadership and organizational skill from a variety of institutional and community contexts.

The work plan for 2003-2004 is designed to achieve four strategic goals: 1) Make substantial headway toward achieving sustainability for the program. 2) Oversee the provision of client direct legal services at three critically needed sites -- Hasbro Children's Hospital, Lead Safe Center at St. Joseph Hospital in Providence, and a Providence Community Health Center site -- serving at least 100 families annually. 3) Manage regular provider trainings at clinic sites, and coordinate a joint medical-legal course for future doctors and lawyers, and 4) Collaborate on a comprehensive policy strategy through cooperative explorations with RI Kids Count and other organizations serving low-income populations' health care needs.

At full funding, RIFAP would have a budget of \$120,000. We look to the Rhode Island Foundation to provide a leadership grant of \$25,000 for 2004 (for the first of three years) in order for the RIFAP mission to get a solid footing in attaining sustainability and providing services for hundreds of RI families. In the next two years, \$15,000 and \$10,000 grant requests to the Foundation will be made as continued crucial support for the success of this mission.

WHY THIS PROJECT?

**A Medical-legal Collaborative Example from RIFAP's Case Files:
The Gomes Family**

Gina Gomes' newborn daughter had been diagnosed with hydrocephaly. The baby came home from the hospital, but was then readmitted with a fever. Gina told the social worker at the hospital that she thought her daughter had become sick because her apartment was too cold. The social worker called the landlord, who said the heat in the apartment was fine. Gina's daughter was released from the hospital, and Gina and her husband brought the baby home. They found the apartment was still too cold, so they called their social worker again, who advised them to call RIFAP.

The RIFAP attorney called the landlord, who maintained that the heat in the apartment was fine. However, that weekend, the temperature in the apartment was measured at 62 degrees, below the legal minimum of 68 degrees.

The RIFAP attorney called the landlord again, and then called Code Enforcement to report the complaint.

The landlord sent a repair person out the next day.

The Rhode Island Family Advocacy Program (RIFAP) stresses that a child's social environment – including housing conditions, family income stability, and food availability – has a tremendous impact on her health. The impact of housing on children's health has been well documented. Homeless children have higher rates of asthma, infections and hunger than poor children in housing.¹ The link between housing and health is so obvious that a 1996 policy brief from the American Academy of Pediatrics recommends that pediatricians become involved with local housing advocacy work on behalf of their patients.² Additional research has demonstrated that poverty has a significant impact of child health, and helping families to increase their income by accessing economic supports such as food stamps, unemployment benefits, and child care subsidies, will benefit children.³

These facts are supported by the observations of families in the Providence community. 20% of low-income parents surveyed at Hasbro Children's Hospital in Providence said housing issues were affecting their children's health. 12% said problems with their public benefits (welfare, food stamps, etc.) were making their children's health worse.⁴ By mitigating the overall effects of poverty on the lives of children, we can help to make them healthier.

Ensuring low-income children's health and wellness must begin by harnessing the resources already in the community. Primary care clinics and community health centers are one logical place to target these efforts; a survey performed at Hasbro Children's Hospital revealed that doctors are among the most trusted people with whom low-income families interact⁵. Regular pediatric visits ensure that families have an established and on-going relationship

¹ "Health Needs of Homeless Children and Families", American Association of Pediatrics, 1996

² "Health Needs of Homeless Children and Families", American Association of Pediatrics, 1996

³ "Improving Children's Economic Security: Research Findings About Increasing Family Income Through Employment", National Center for Children in Poverty, www.nccp.org

⁴ Patients Needs Assessment performed at Hasbro Children's Hospital, summer 2002

⁵ In a survey asking patients whom they trusted most to provide them with information on social services related to health needs, "Family/Relative" came in first, with pediatricians second.

with their health care provider and create frequent opportunities for families to discuss their children's health conditions and health needs. But while doctors are at once perfectly positioned to recognize the effects of poor living conditions and to treat resulting illnesses with medication, they are powerless to *prevent* environmental risks because improving living conditions is outside of the scope of traditional medical care.

The solution is a medical-legal collaborative. It will take more than dedicated attorneys who advocate for underserved children, as essential as these attorneys are, to bring about healthy low-income families. It requires attorneys who work directly with health care providers to successfully reach the clients in need and provide the most effective advocacy. A medical-legal collaborative brings these legal and medical professionals together along with a number of other partners to create a potent, cost-effective collaborative.

With Providence ranked third in the nation for highest percentage of children living in poverty, for cities over 100,000, there could hardly be a situation more deserving of a medical-legal collaborative than Rhode Island. Such circumstances mean that doctors partnered with lawyers can improve conditions that health care providers working alone cannot. These include **Healthy Housing** (combating sub-standard housing, the instability and peril of homelessness, and the critical shortage of affordable housing); **Sustainable Income** (countering the numerous adverse health effects of poverty for children and their families-- poor nutrition, slowed mental, physical, and emotional development); **Safe Families** (countering domestic and community violence, which has a significant impact on children's physical and mental health and development); and **Effective Education** (informing parents, doctors and teachers about laws pertaining to extra medical and educational services for children with physical and learning disabilities).

In the same way people speak of "preventive medicine," a medical-legal collaborative such as RIFAP focuses on the idea of "preventive law." In other words, if we can help families solve environmental problems before they create health crises, we will limit children's risk for poor health. Many of these factors, including housing problems, food insufficiency, or lack of proper education, are identified at the doctor's office. This pre-established and ongoing relationship makes the doctor's office a perfect place for a preventive program like RIFAP.

Beyond the philosophical soundness of medical-legal collaborations and other successful models, the existing social conditions in Rhode Island make the need for such a program even more compelling. In 2002, Health & Education Leadership for Providence (HELP) funded a study commissioned by Children's Friend & Service (CFS) and the HELP Lead Safe Center to assess the housing problems, particularly lead paint issues, faced by low-income tenants in Providence. "Safe and Secure," the resulting report authored by attorney Liz Tobin Tyler with assistance from students, concluded that a legal/medical collaborative in Rhode Island could help provide legal education and legal services around families' housing and lead paint issues and inform policy and advocacy efforts in these areas.

Also in 2002, Dr. Patricia Flanagan of Hasbro Children's Hospital, and Jyothi Nagraj, a medical student at Brown University, piloted a Family Advocacy Program in Rhode Island. RIFAP began as a summer program at Hasbro Children's Hospital in which lawyers from Rhode Island Legal Services spent one afternoon at the hospital each week serving clients who were either self-referred or referred by health care providers. The six-week summer program exceeded expectations, assisting twenty clients. Informed by these two projects, Brown Medical School, Roger Williams University School of Law, Rhode Island Legal Services and Rhode Island Kids Count have formed a collaboration called the **Rhode Island Family Advocacy Program** to extend the pilot into an ongoing program. The RIFAP partners are building on the needs identified by the "Safe and Secure" report and the successes of the pilot to create sustainable and effective medical-legal collaboration.

WHAT ARE YOU GOING TO DO?

Goals: The foundational goals of the Rhode Island Family Advocacy Program are similar to those of the Boston FAP model, yet with distinct differences regarding education and policy change. **RIFAP's goals are to:**

- **Provide direct legal services** in health care settings to strengthen the capacity of families to live in safe and healthy housing, receive needed nutrition and income support, have access to health care, and receive proper educational services.
- **Train health care providers and students** on advocacy, patient/client centered services, and on the laws and programs that safeguard patients' health and welfare.
- **Develop doctors and lawyers as interdisciplinary partners** and caring advocates for low-income families by providing a supervised experience for medical students and law students in clinic settings and academic course work.
- **Develop and influence policy** for systemic health care improvement.

The RI Family Advocacy Program's **work plan** for the coming year (October 2003-September 2004) includes the following objectives and activities for each of the goals. This is intended to be the first full year of a three-year project period.

- **Improving Health through Direct Legal Services at Multiple Sites**

The RIFAP's pilot year ran from July 2002 through June 2003. During the first ten months (July 2002 through May 2003), 100% of the 86 cases came from the two initial sites, both in Providence: Hasbro Children's Hospital on the Rhode Island Hospital campus, and the Lead Safe Center located at St. Joseph Hospital for Specialty Care (formerly located at the HELP center on Broad Street). For the new project year, RIFAP has begun discussions with the Providence Community Health Centers (PCHC) to begin piloting collaborative work at a PCHC clinic in one of the medically underserved neighborhoods of Providence during the fall of 2003 (target date October 1st).

Objectives: In each year of the three-year RIFAP project period, program staff will provide direct legal services (advice and counsel, brief service, referral after a legal assessment, or comprehensive representation, as needed) to approximately 100 family or individual clients, with the following results:

- **Public Benefits:** 20 parents of children will maintain a source of income support (Temporary Assistance for Needy Families [TANF], Social Security benefits, Supplemental Security Income [SSI], unemployment insurance, etc.).
- **Family Law:** 20 parents of children will maintain custody of their children, and/or obtain and retain visitation rights.
- **Housing Law:** 50 families will benefit from direct legal services:
 - a. Preventing the loss of their homes through eviction; and/or
 - b. Securing and enforcing their housing rights: the right to decent, safe, and sanitary housing (resolving code enforcement issues), to due process in public/subsidized housing (rent, occupancy, and eviction decisions), and to fair housing (preventing or remedying housing discrimination).
- **Other:** Approximately 10 families will maintain or enforce their rights regarding other legal matters, such as health benefits, employment, or debt relief, among others.

Activities and methods: At Hasbro Children’s Hospital, the source of 75% of all RIFAP clients in 2002-2003, RIFAP works in collaboration with the Family Help Desk (FHD). The FHD is staffed weekday afternoons by undergraduate volunteers from Brown University’s Project HEALTH (Helping Empower, Advocate and Lead through Health). The hospital’s doctors, nurses and social workers refer parents of children whose health is being affected by problems with housing, utilities, public benefits, domestic violence, or other issues to the FHD or directly to the Rhode Island Legal Services staff attorney staffing the on-site RIFAP clinic. The FHD volunteers provide these parents with answers to basic questions about public benefits, employment, and housing assistance. The FHD volunteers also schedule appointments for clients with the attorney. (Appointments may also be made by telephone to the RIFAP or RILS offices.)

The attorney provides the critical assistance the client needs to begin taking effective steps to address their problems, whether it is advice or direct intervention (for example, through a phone call to a landlord). In appropriate cases follow up appointments explore matters that may require legal action. Once the attorney meets with the client, establishes his or her eligibility for service⁶ and determines how to proceed, that client is entered into the RILS and RIFAP data systems. Service rendered may range from simple advice and counsel or brief service, to a referral to other resources, to representing the client in negotiations or court proceedings. It is RILS’ practice to refer all immigration-related cases to the International Institute of Rhode Island, which has special expertise in this area. Other cases are referred out to the Volunteer Lawyer Program if a check of RILS’ files shows that a conflict exists with other parties in a current or closed case, or if the case falls outside RILS’ priority areas.

⁶ Rhode Island Legal Services provides free civil legal services to persons with a household income up to 125% of the Federal poverty guidelines, or to any person over 60 years old regardless of income. The 2003 maximum income level for individuals eligible for legal assistance funded by the Legal Services Corporation is \$23,000 for a family of four. See 68 Federal Register 7718 (February 18, 2003).

To further extend the reach of the program, the RIFAP staff, assisted by RILS staff as needed, will publish and distribute 5,000 copies of an updated brochure on the RIFAP program. The brochure will be distributed to patients and clients through medical clinics, social work offices, and other community venues.

Accomplishments: Of the 86 RIFAP cases in 2002-2003, about 49% were housing-related, including landlord-tenant issues, housing rights, and other issues. Another 29% of RIFAP cases concerned advocacy for public benefits and 11% addressed immigration-related issues. Therefore, housing, public benefits, and immigration made up nearly 90% of RIFAP cases in the pilot year. This profile is comparable to RILS' overall legal services caseload, where the largest percentage of the 5,871 cases closed in calendar 2002 was in housing (37%), followed by family law issues including termination of parental rights, child support, child custody, and divorce (29%), public benefits (16%), and domestic violence (9%). The disposition of the 51 cases in the RILS case management system included 30 resolved through either counsel and advice or another brief service. Three were referred out. Four cases resulted in a negotiated settlement; only one resulted in a court decision.

Future plans: RIFAP's experience and observation of its clients' environment is leading us to explore expanding services to additional health care sites, in additional neighborhoods where chronic asthma and high lead levels negatively impact children's health. Solutions to asthma and lead problems are inseparable from legal advocacy for housing rights. Thus, RIFAP has begun discussions with PCHC to begin collaborative work at a PCHC site in one of the medically underserved neighborhoods of Providence during the fall of 2003 (target date October 1st). Among the sites under consideration are Allen Berry Health Center (202 Prairie Avenue, serving Upper and Lower South Providence neighborhoods), Central Health Center (239 Cranston Street, serving the West End, Federal Hill, and Elmwood neighborhoods), and Fox Point Health Center (650 Wickenden Street, in the Fox Point neighborhood). Ninety-one percent of the Providence Community Health Centers' clients are low-income ethnic minorities, including a large influx of new immigrants.

With PCHC added to the RIFAP partnership beginning approximately October 1, 2003, the RILS attorney staffing the RIFAP legal clinics will hold clinic hours each week at Hasbro Children's Hospital, the Lead Safe Center at St. Joseph Hospital, and at one or more PCHC sites. Together with added publicity through publication of a RIFAP brochure, the added site will likely result in the number of families served by the legal clinic exceeding the projected minimum of 100 cases per year.

- **Health Care Provider Training and Education**

Physicians have identified training and information about availability of community resources as an important need. When asked why they do not ask their patients about basic needs, including housing and food security, 38% of providers surveyed at Hasbro Children's Hospital responded that they don't ask either because they don't know enough about the issue or because they don't know where to send their patients if they need help⁷. The same providers also stated that in order to better advocate for their patients, they need user-friendly resources.

⁷ Provider Needs Assessments performed at Hasbro Children's Hospital, summer 2002

Acknowledging this need, RIFAP designs and delivers trainings to pediatric doctors, nurses and social workers on issues related to advocacy and resources for patients, including housing, food and public benefits. The trainings are designed to raise provider awareness about challenges their patients face, and also educate them about community resources that can help their patients.

Objectives: In the 2003-2004 program year (the first of three years in the project period), RIFAP staff and staff of partner agencies will:

- Conduct at least four training sessions per year for health care professionals (including physicians, nurses, social workers, medical residents and medical students) on legal resources available to their patients. Each session is expected to enroll approximately 25 to 30 persons.
- Prepare and distribute educational materials to health care professionals. The principal tool is RIFAP's "Advocacy Code Card", a pocket sized laminated list of advocacy resources for common problems. Up to 500 copies of the card will be distributed.

Activities and methods: RIFAP will use hospital, health center, and university settings to educate health care professionals about legal advocacy in the context of medical practice. The principal venues for training and informational sessions for physicians, nurses, social workers, and other practicing professionals will include Hasbro Children's Hospital "Grand Rounds" with resident physicians, at the Hasbro Management and Leadership monthly meetings, at select PCHC clinics with physicians, nurses, and social workers, at St. Joseph Hospital, and classroom settings at Brown University Medical School and Roger Williams School of Law.

The RIFAP Project Director and Attorney have coordinated the development of and implemented advocacy training modules for health care providers, as well as for support staff and for medical and law students. The curriculum and teaching tools will be reviewed and revised as needed during the new project year. Presenters may include staff of partner agencies as well as program staff.

RIFAP has designed and distributed materials – including the Advocacy Code Card⁸, a housing resource page, and a public benefits resource page – which allow health care providers to guide their patients to appropriate services. Based on physician recommendations, RIFAP is also producing "clinical practice guidelines" for advocacy, tools which allow health care providers to follow a step by step flowchart to help their patients access child care, food, housing, assistance with immigration and income supports.

Both the training and the Code Card emphasize resources for doctors and other health professionals in areas of family law, public benefits and housing, and the processes of making referrals and obtaining legal assistance for patients.

⁸ Based on a model from the Boston Medical Center, the Advocacy Code Card is a one-page pamphlet with advocacy questions, tips and numbers for referral agencies.

Accomplishments: Four training sessions were conducted in the summer of 2002, and three more through May 2003. Participant feedback from the 2002 sessions was overwhelmingly positive. After trainings on housing and lead poisoning, one physician noted that, “lead & safe housing are, until today, only discussed if a patient makes us aware of the problem. As pediatricians, we desperately need to know about resources [available to patients].”⁹

Future plans: The Providence Community Health Centers have requested training in advocacy resources. Those training sessions, and additional sessions for Hasbro Children’s Hospital and the Lead Safe Center staff, will be added to the program’s implementation schedule.

- **Engaging Medical Students & Law Students**

In order to create truly sustainable change, the RIFAP model focuses on teams of law students and medical students providing case management and legal assistance to families in health centers, hospitals, and multi-service centers. The partnership has involved the Brown University Medical School and the Roger Williams University School of Law, and these relationships will continue.

Objectives: In each year of the three-year RIFAP project period, program staff will engage one to three Brown University Medical School students and one to three Roger Williams University School of Law students in direct legal services to RIFAP clients. The universities are developing specific educational objectives for the students.

Activities and methods: Brown University Medical School has set up a medical clerkship rotation for students interested in working with RIFAP, and Roger Williams University School of Law has established RIFAP as an externship opportunity for its students. The involvement of students brings two major benefits. First, RIFAP will be able to serve more clients at a lower cost. Instead of one attorney working at one health center, we can have one attorney and three pairs of students servicing four health centers and four times as many patients for almost the same cost. Secondly, the program has educational benefits for future doctors and future lawyers.

In addition to the externship at the Law School and the clerkship at the Medical School, both schools will jointly offer an exciting new co-curricular course in the fall of 2003 that will allow medical students and law students to actively dialogue about issues of medical-legal interface, including ethics, confidentiality, and effective advocacy. These opportunities will hopefully engender a collaborative spirit among our future doctors and lawyers, and raise new questions about policy.

Accomplishments: The RIFAP staff has developed a training and orientation plan for participating students, and is making progress on integrating law and medical curricula, including an ethics core. Faculty from both Brown and Roger Williams are involved in the curriculum development.

⁹ From provider training evaluation, 9/30/02

In the spring of 2003, RIFAP had two law students and two medical students working side by side. In the summer of 2003 a medical student, Myron Allukian, has been working in collaboration with legal intern, Kate Burdick. Kate and Myron have worked together on client outreach at Hasbro Children's Hospital, gathering information about housing enforcement, compiling an immigration resource binder, and doing grant research. In addition they have staffed the clinic desk in Hasbro one day a week. Kate and Myron spend 1-2 additional days working with the RIFAP attorney and physician – Kate with Staff Attorney Tiffany Antoch, Myron with Dr. Patricia Flanagan. Myron will have the additional opportunity of observing Dr. Flanagan in work related to her Soros Fellowship.

Future plans: Approximately four to six more students from Roger Williams University and Brown University will be working with RIFAP for 2003-2004. Three medical students are already enrolled to begin trainings between August 15th and October 1st.

- **Creating Systemic Change: Policy & Advocacy**

In addition to effecting change at the level of the individual family, the students and the RIFAP staff will work collaboratively with existing organizations to inform and participate in systemic improvement.

Objective: During each of the three project years, the policy agenda developed and/or endorsed by RIFAP in collaboration with its partners will advance in the Rhode Island General Assembly, state government agencies, and other venues.

Activities and methods: Rhode Island Kids Count has agreed to be a policy partner with RIFAP. These two agencies, as well as other partners in the RIFAP collaboration, will jointly develop a policy agenda and implementation plan. In partnership with RI Kids Count, RIFAP will bring the experiences of the field staff to the table in local and state health policy initiatives, informing policymakers how links between medicine and the law impact public health.

Program Staffing: The entire program will be carried out under the supervision of the RIFAP Project Director, **Michael Burch**. Michael brings a wealth of experience and skills to the position. Michael volunteered his support and services in RIFAP's early stages of development. In addition to working with individual families Michael organized a kick-off fundraiser that secured RIFAP \$5,000. This money helped fund the pilot program. In addition, his academic work, culminating in a PhD (history of ancient religions) from Brown University this coming year, will better enable him to advocate for institutional participation from both Brown University and Roger Williams University School of Law.

Michael's work at the First Baptist Church in America as coordinator of education and outreach provides additional community relationships of support. Additionally, Michael's successful college coaching background also makes him a desirable candidate for building enthusiasm and teamwork among our many partners and volunteer college students. His past work at the University of California, Davis and Brown University has required him to manage substantial and complex budgets, which have included operational costs, travel, scholarships, and alumni fundraising. At the University of California, as the sole paid staff

member, he completely reorganized and rebuilt a previously failed program. The task required skills in recruiting, and training student volunteers on a regular basis. His work won him several honors and attracted frequent media coverage. Finally, Michael's passion for helping children is the most important part of his credentials.

The Rhode Island Legal Services Staff Attorney assigned to the RI Family Advocacy Program is **Tiffinay Antoch, Esq.** Attorney Antoch is a 2002 graduate of the Roger Williams School of Law, and joined RILS in August 2002. She serves as the front-line staff member for the RIFAP project, staffing the walk-in clinics at hospital and health center sites and directing the work of law students and medical students at the clinics. When not on-site with RIFAP, Attorney Antoch works in RILS' Eviction Defense Unit. (There is significant overlap between these two responsibilities, since about 50% of the RIFAP caseload involves housing cases.)

In addition to the Project Director's oversight, RIFAP is supported by a dedicated and extremely experienced Board of Directors. The RIFAP collaborative's Board brings with it over a hundred years of combined experience in law, medicine, and social work. The board is strongly devoted to advocacy for low-income RI families. Beyond RIFAP, their own professional careers are deeply invested in this mission.

RIFAP Board Members (Executive Committee members only):

Elizabeth Burke Bryant – Executive Director of RI Kids Count, **Mary Curtin** – Rhode Island Legal Services, **Dr. Patricia Flanagan**, (Board Chair) – Hasbro Children's Hospital Pediatrician, **Janet Gilligan** – Deputy Director of Rhode Island Legal Services, **Dr. Alicia Monroe** – Assistant Dean of Minority Medical Affairs at Brown Medical School, **Jyothi Nagraj** – Brown Medical School Student and RIFAP Founder, **Elizabeth Tobin-Tyler** – Director of Feinstein Institute for Public Service at Roger Williams University School of Law.

WHY YOU?

The project of teaming medical, legal, and academic resources to achieve greater and more consistent health for Rhode Island's children is the very reason RIFAP exists. RIFAP's unique medical, legal, and academic mission joins Brown Medical School, Rhode Island Kids Count, Rhode Island Legal Services, and Roger Williams University School of Law. Together these well-established and influential entities will work to provide advocacy and legal services to low-income RI families in partnership with the family's health care provider. Both, extraordinary expertise and a wealth of committed volunteer students, stand behind the execution of RIFAP services. Adding to the Boston FAP model, RIFAP integrates an academic component to our collaboration believing that relevant research and the education of future doctors and lawyers are critical to long-term success. Furthermore, one of RIFAP's fundamental goals is to influence the direction of public policy on children's health issues, which is the impetus for acquiring separate 501(c)3 status.

What Rhode Island lacks is the critical conduit that integrates the necessary legal, medical, and social services, so that more skills and resources can serve clients who need multi-faceted solutions. The health care needs of thousands of Rhode Island children simply

cannot be met by traditional health care protocol. When legal and medical providers work in isolation from one another, social environmental factors inhibit, or prevent, healing. The RIFAP collaboration circumvents the problems caused by failures to work in partnership. By connecting existing resources and utilizing a dedicated corps of university volunteers, RIFAP becomes a low cost health care solution that can reach hundreds of families in multiple sites. The populations who are in need of RIFAP's services typically have little or no voice in matters needing legal assistance. Consequently, even the most basic legal representation offers a level of support that many families would not otherwise have.

A Social Worker's Comments on RIFAP:

The Collier Family

In sixteen years of work with homeless populations I faced my most difficult case this past year. I had never heard of RIFAP, but fortunately they were there to help connect a variety of community resources to help the Collier family survive, and especially improve the health of their very sick son. Without legal assistance this family will eventually be on the street. If that happens, the outcome could be fatal for 12-year-old Samuel.

Michelle Middleton, Providence
Interim House, House Manager

HOW WILL YOU KNOW YOU SUCCEEDED?

The RIFAP Project Director is ultimately responsible for the evaluation of the program, and for preparation of reports to collaborative partners, the board, and funding sources. Currently, information from intake questionnaires and exit surveys are used to track change in the clients' status and gather information about outcomes. The Family Help Desk volunteers and the RILS attorney record client tracking information for RIFAP's internal use. RILS uses its computerized case management database system to maintain client information and to track the progress of cases.

The RIFAP Project Director will work with the RILS staff to make the best use of existing case management databases and other available evaluation tools to track both process and outcome measures of success. RIFAP and RILS are jointly evaluating the requirements for an integrated database system for the program. Current evaluation indicators and tools include:

- Number of cases (intake records)
- Client demographics (gender, race, income, family structure, residence, housing tenure, etc.)
- Number of inquiries by clients, linked to information or referral source
- Number of cases by type of case (subject matter – housing law, family law, public benefits law, others), by type of service rendered (advice and counsel, brief service, referral out, representation), and by legal outcome
- Number of training sessions and attendance at each
- Percent of positive feedback from training provided to health care providers and medical and law students
- Percent of positive responses from client satisfaction surveys

- Number and qualitative feedback of trainees reporting use of program information to assist patients and families to access advocacy resources

HOW WILL THIS HAPPEN?

The annual goal for RIFAP's budget is \$120,000. When fully funded, the budget will include salaries of one Staff Attorney (maximum \$45,000 annually), a Project Director (\$45,000), a comprehensive evaluation program and database (\$15,000), and materials, supplies and other non-personnel costs (\$15,000).

The budget attached to this proposal is more modest, totaling \$89,846. Based on the current staffing pattern, the budget in Part IV includes a Project Director compensated as an independent contractor at \$30,000 annually (\$25,000 of which is requested from the Rhode Island Foundation, \$5,000 to other funding), and an Attorney's salary of \$33,800 (paid by RILS' unrestricted funds). Health benefits for both positions and other fringe benefits and payroll taxes for the Attorney total \$12,460, and non-personnel expenses total \$13,686. The budget demonstrates Rhode Island Legal Services' commitment to the program: RILS has committed \$59,846 in unrestricted funds to supporting the RIFAP staff attorney part-time and the non-personnel costs through calendar year 2004 if necessary.

At this writing, \$12,000 has been raised toward the overall \$120,000 goal, not counting the RILS unrestricted funds. In addition, RIFAP has submitted proposals to Textron, CVS, The Providence Journal Charitable Foundation, and Hasbro totaling \$45,000. Other potential funding sources are being identified, to which RIFAP will submit proposals before December of 2003.

If financially necessary the Project Director will work reduced hours to help keep costs low in 2003-04 if the fundraising goals are not met. However, it is critical that RIFAP be able to support the Project Director and Attorney at full time in order to provide adequate services to health providers and direct service clients. RIFAP's long-term goal is to become sustainable through institutional support (primarily health care provider institutions, supplemented by grants and individual donors) within the next 24 to 36 months. As with any young organization, RIFAP will need time to develop a diversified funding base. As RIFAP seeks to develop this base, it is anticipated that this \$25,000 grant request of the RI Foundation will be followed by a \$15,000 grant proposal in 2004 and a proposal for \$10,000 in 2005.