

ABA/ NLADA 2004 Equal Justice Conference

Holistic Approaches to Advocacy: Creating a Medical-Legal Collaborative

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Brief Description:

This workshop explores possibilities for building effective medical-legal collaboratives designed to improve the health and welfare of low-income families and children. Panelists will discuss the role of these programs in improving client access to legal services and provide participants with tips on how to begin developing the necessary partnerships between various entities to make a medical-legal collaborative a reality. The workshop will also cover how to avoid some common difficulties in creating these programs and strategies for incorporating a pro bono component into the project.

Topical Outline:

- I. Examples of Medical-Legal Collaboratives - Development of the Family Advocacy Program at Boston Medical Center
 - a. Grew out of clinical practice and identified need
 - b. Enables preventive intervention
 - c. Need for Clinical Initiative and Leadership
 - i. Different disciplines, different expectations
 - ii. Lawyers & doctors – the cross-cultural experience
 - d. Training & Education of Doctors and Residents
 - e. The key to changing behavior and introducing new information
 - f. Need for accessible tools/information
 - g. Funding
 - i. Bar Associations
 - ii. Health –related foundations
 - h. Pro Bono
 - i. Unique preventive aspect and collaboration with doctors makes pro bono saleable
 - ii. Firms need on-site facilitator

- II. Rhode Island Family Advocacy Project (RIFAP)
 - a. Development of the Academic Component of RIFAP
 - i. Roger Williams University School of Law and Brown Medical School as early partners in the development of RIFAP
 - ii. Law and medical students as fundamental to RIFAP
 - b. The Development of Courses
 - i. Opportunity to combine practical experience with course component
 - ii. Courses open to all interested students, not just those working at RIFAP
 - iii. Courses at Brown and RWU
 - 1. Law School: “Pursuing Justice through Interdisciplinary Practice: The Medical/Legal Collaborative”
 - 2. Medical School: “Crossing Borders: Practicing Socially Responsible Medicine in Complex Communities”
 - 3. Three Joint Sessions
 - c. The Focus of the Courses
 - i. Teaching future lawyers and doctors to think about complex social problems
 - ii. Pushing law and medical students to think about professional boundaries and roles
 - iii. Probing the ethical problems that arise in interdisciplinary practice
 - iv. Encouraging interdisciplinary problem-solving in joint sessions
 - d. The Challenges and Hurdles of Interdisciplinary Teaching
 - i. Different educational systems
 - 1. Structure of medical education versus legal education
 - 2. Different levels of law and medical students
 - ii. Logistics
 - 1. Different locations
 - 2. Different schedules
 - iii. Varying backgrounds of students
 - 1. Course materials
 - 2. Community guests
 - e. Law student externs and Medical students clerkships
 - i. Brings practical experience into the classroom
 - ii. Opportunity for interdisciplinary experience
 - f. Law Student Volunteers
 - i. Fills a need at RIFAP
 - ii. Expands student opportunities
- III. Maryland Volunteer Lawyers Service (“MVLS”) – Project HEAL (Health, Education, Advocacy and Law)
 - a. How MVLS started Project HEAL partnership with Harriet Lane Clinic of the Johns Hopkins Hospital Children’s Center
 - i. Wanted prestige of Hopkins as a partner
 - ii. Knew the Head of the Children’s Center socially and felt comfortable approaching him

- iii. Hopkins has had a difficult relationship with the low-income community that surrounds the Hospital and we came at a time when the Hospital needed community support for its biotech park that was going to raze 200 homes
 - iv. Community had identified drugs and poverty as the most pressing problems they faced
 - v. Hopkins was experienced in dealing with drug addiction but children's Center didn't know how it could help alleviate poverty—Project HEAL fit its need
 - b. What Project HEAL does
 - i. A lawyer is located full-time at the clinic
 - ii. Provides brief service and advice to patients and their families on a range of issues
 - iii. Consults with residents and attending physicians on legal issues and in writing letters for the child to receive public benefits or other services
 - iv. Conduct formal and less structured presentations to medical, social work and nursing staff about legal issues
 - v. Conduct outreach to patients by staffing an information table in the patient waiting room
 - vi. Complicated cases are referred to pro bono attorneys on MVLS' panel
- IV. Starting a Legal-Medical Collaborative
- a. Teaming with capable and established community partners
 - b. Assembling an effective and experienced board
 - c. Working with other Family Advocacy Programs
 - d. “Getting the Word Out”
 - i. FAP trainings and presentations at provider sites
 - ii. Networking with community advocacy groups
 - e. The Risk of Being Overwhelmed
 - i. Identifying your advocacy foci
 - f. The Uniqueness of Your Local Environment
 - i. The distinctiveness of each FAP
 - ii. Listening to potential partners and unexpected clients
 - g. The Effectiveness and Appeal of the Legal-Medical Collaborative Approach
 - i. Building on the enthusiasm for and recognition of a good idea.
 - ii. Recognizing the legal-medical collaborative movement
- V. Challenges and barriers
- a. Understanding culture of clinic and how doctors think
 - b. Didn't understand academic training requirements -difficult to fit education programming into resident training schedule
 - c. No full-time physician at the clinic to oversee Project HEAL and problem solve quickly
 - d. Need to increase visibility with residents so they'll make referrals. Difficult to get residents' attention to understand how to use the lawyer

- e. Clients typically are in crisis mode when they see the lawyer and it's difficult to get them to follow-up with information the lawyer needs to proceed
- f. Special education due process cases are the most common need but the lawyer does not have the time to handle these cases
- g. Helping the lawyer make the transition from lawyer to basically an administrator
- h. Making the work interesting and mentally challenging enough to keep the lawyer
- i. Fund raising is not easy. We have found only one group willing to fund us for more than one year. Constant grant writing.

VI. Strategies to overcome barriers

- a. Bi-weekly steam meetings for staff from MVLS and Hopkins and lawyer to hash out problems
- b. Go directly to clients in order to get patients if not getting enough referrals from doctors/residents
- c. Attend regular resident training sessions even if not on the agenda and be available to participate and bring up legal issues
- d. To deal with special ed cases MVLS will have a summer clerk research and write a primer on special ed for clients