

# **Creative Innovative Community Partnerships to Address the Socio- Economic Determinants of Health: Integrating Resources and Services to Improve Outcomes**

## **Community Collaboration Development Tool-kit**

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## **Introduction**

This workshop is intended to encourage participants to begin the creation of a partnership to address the socio-economic determinants of health in order to improve health outcomes. We seek to promote the integration of resources and services in the development of innovative partnerships among healthcare providers and other professionals in their communities. These partnerships can both improve health outcomes for the community. In addition, we hope to highlight how the interdisciplinary community partnership model affords opportunities that would not exist without the participation of community partners.

We will address the necessary steps to devise a plan to develop, fund, evaluate, and sustain a community collaboration that addresses the socio-economic determinants of health and connects healthcare providers with educational institutions, community resources and other institutions that serve the community in an effective partnership. We hope to stimulate participants to look beyond their institutions toward the community by partnering with other organizations with which they share common goals or clients and with whom collaboration is likely to result in positive outcomes for the populations they serve. Participants will begin the process of creating innovative partnerships to improve community conditions.

The workshop and these materials are designed to promote the exchange of ideas and the germination of ideas for other collaborative endeavors. Participants will be asked to engage in thoughtful planning to understand the needs and resources required to support the intended program, to consider the importance of evaluation, and to develop an action plan to take home and use as a roadmap for the development of new collaborative educational initiatives.

The model for the workshop is the development plan for an innovative interdisciplinary community collaboration called the Health Law Partnership (HeLP). HeLP is a collaboration among a pediatric health system, a legal services provider, and a law school to improve the health and well-being of low-income children and their families. It is our intention to stimulate participants to think creatively about the work they do and the populations they serve, and to think more broadly about the scope of impact they wish to have. Nurturing creative ideas contributes positively to justice education by opening doors to new resources and allies.

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## Session Agenda

1. Introduction to the process/expectations for the workshop
2. Introduction to a Model Collaboration Project (HeLP)
3. Creating a community collaboration –
  - a. Germinating an idea – facilitated free write exercises (Steps 1 & 2)
  - b. Finding partners & defining roles and responsibilities, negotiating and reaching agreement (Step 3)
  - c. Cultivating Financial support
    1. Video interview with community collaboration funder
    2. Identifying considerations and opportunities for funding (Step 4)
  - d. Program evaluation: A community dialogue on evaluation tools (Step 5)
4. Wrap up: Challenges and Opportunities of collaboration (Step 6)

## Step #1

### Identifying Potential Collaborators

**Purpose:** The purpose of this exercise is to prompt you to begin thinking about your work within the broader context of your community. The model project can be used as a starting point. You may use the model project or begin to imagine something entirely different. The purpose is to generate ideas without considering any potential impediments to collaboration at this stage.

**Brainstorming exercise:** As quickly as you can, write down a list of the entities or organizations in your community that either have a mission similar to yours or serve the same or similar populations. Think broadly as well as narrowly. You may be tempted to exclude some that come to your mind, reasoning that a particular group would not be a suitable collaborator because they are a competitor or for another reason. Do not exclude any names at this point. Name at least 10, and attempt to list 20 or more.

**Example Project:**

Georgia State University seeks to develop community collaboration in connection with a health care provider, with the goals of providing direct legal services and working together with health care providers to address socio-economic determinants of health.

**Example List of Potential Collaborators:**

- Local, State and Regional Legal Services Providers
- Local Medical Schools
- Local hospitals and clinics that serve low-income populations
- Nonprofits or others that serve elderly
- Departments within GSU whose mission might intersect (Dept. of Social Work, Public Health, etc.)
- Department of Community Health
- Medical and Legal Professional Organizations
- Private Law Firms
- Health Insurance Payors
- Child Advocacy Organizations
- Organizations devoted to addressing a specific disease or problem

## Step #2

### **Beginning Your Collaboration: First Steps to Cultivating Partnerships**

**Purpose:** The purpose of this exercise is to prompt you to consider the next steps you would take in forming your community partnership idea. Making the leap from an idea to convincing partners to join you can be challenging. Consider enlisting people or organizations that could give your project credibility. You may need to approach several different potential partners, and may need to approach several more than once.

**Exercise:** Name-generating. To the extent possible, begin considering how you might approach potential partners. Look over the list of entities or organizations you named on Step 1. For each one, try to name a person you know within that organization, either personally or by reputation. If you do not know anyone, list the name of a person you know who might have contacts within the organization or who might facilitate an introduction for you. If you still do not have a name to list, write “Research Contacts.”

## Step #3

### Defining Partner Roles and Responsibilities

**Purpose:** Collaboration requires a shared understanding among the participants. It is prudent to engage in a process of defining roles, responsibilities and obligations at the beginning of your project. This exercise is designed as a group exercise and discussion to allow participants to share ideas about collaboration. We have included a Sample Memorandum of Understanding for you to consider during this exercise and beyond.

**Exercise:** Choose two entities from your list on Step 1 to imagine as potential collaborators for purposes of this exercise. You may wish to review the Sample Memorandum of Understanding in Appendix C. Consider the following questions:

- a. Can you define a purpose or goal that the potential partners you identified may share?
- b. How could you allocate responsibilities among the partners?
- c. Where will the collaboration be housed?
- d. What potential conflicts do you anticipate?
- e. How will you address conflict?
- f. How will you communicate and how often? What plan can you make in terms of how to “check in”? (Example: Advisory Council Meetings, regular partner meetings, annual retreat, etc.)
- g. Given your community conditions, what other roles and responsibilities might you want defined in your own partner agreement?

## Step #4

### Funding and Sustaining a Community Collaboration

**Purpose:** Community Collaborations involving service require funding and infrastructure support. Their effectiveness and success are dependent on long term sustainability and stability. The interview with a community collaboration funder is designed to prompt you to identify funding considerations.

**Exercise:** During the interview with the community collaboration funder, make notes of potential funding sources for your collaboration and things to consider with regard to support and sustainability. Include the names of National, International and local organizations that might support your project. Include the names of the partners and others who may be able to provide in-kind or other support and potential private funders. Also consider funders who are supportive of the issues your collaboration seeks to address.

**Example:** The Model Project identified funders interested in legal education, child education, interdisciplinary education, advocacy, serving needs of low-income people, health, health disparities, children's health, etc.

## Step #5

### Evaluating the Success or Impact of your Collaboration

**Purpose:** The process of evaluating the effectiveness of a collaboration and measuring its results is important to funders. Appendix E includes keys to remember about evaluation. Consider how you wish to approach the question of evaluating the progress and success of your own project.

**Exercise:** List ways to frame research questions, measure outcomes, and evaluate success of your project.

## **Step #6**

### **Challenges and Opportunities of Collaboration**

**Purpose:** This final reflection exercise is designed to help participants move beyond what they have experienced in the workshop and identify some ideas for moving forward.

**Exercise:** Reflecting on what you have learned during this workshop, identify 5 potential challenges and 5 opportunities presented by a community collaboration you may create in your own community.

## Appendix A



### **Overview of the Model Project**

The Health Law Partnership (HeLP) is an interdisciplinary community collaboration to improve the health and well-being of low-income children and their families. HeLP's three non-profit partners are Children's Healthcare of Atlanta, the Atlanta Legal Aid Society, and Georgia State University's College of Law.

HeLP's mission is to address the multiple determinants of low-income children's health and well-being by combining the expertise of health care and legal professionals in a sustained community partnership. HeLP's overall goals are three-fold: (1) to provide direct legal services to low-income families whose children are patients at Children's hospitals; (2) to provide interdisciplinary education related to the legal and social issues facing HeLP's clients; and (3) to promote advocacy on behalf of children's health.

Shortly after its 2004 inception, HeLP established legal services offices at two hospitals—Children's at Egleston and Children's at Scottish Rite—to serve hundreds of low-income children and their families. An additional legal clinic at Georgia State's College of Law opened in 2007, allowing HeLP to increase its direct services to underserved families while providing a model interdisciplinary educational program to train future legal and health professionals to address the socio-economic needs and legal rights of children and families, especially those from poor and under-served communities.

In early 2008, HeLP's partners signed an agreement to expand the project to Children's at Hughes Spalding in downtown Atlanta. The expansion allows HeLP staff to see families at the Hughes Spalding campus, which is managed by Children's and owned by Grady Health System. This development is exciting for several reasons, one being the close proximity of the HeLP Legal Services Clinic at Georgia State Law to the Hughes Spalding campus, which enables GSU law students to engage more readily in the interdisciplinary problem-solving experience created by HeLP. This expansion also permits HeLP to serve low-income inner-city Atlanta children experiencing poverty-related legal problems affecting their health.

## Need and Rationale for HeLP in the Community

Sick children have more than just medical problems. Their health is challenged by many social, environmental, and financial problems that their families face. Lawyers can often intervene to address underlying conditions that harm children's health, such as:

- Poor housing conditions, which can exacerbate a child's chronic illness such as asthma.
- Domestic violence, which can affect a parent's ability to provide appropriate care.
- Failure to protect the legal rights of a chronically ill or disabled child, which can lead to her inability to obtain a free and appropriate public education.
- Loss of a parent's income or job—leading to possible loss of housing—which can result because of repeated absences from work to attend to a sick child.

Poverty and illness are tightly intertwined for the children and families served by HeLP. Early intervention with a comprehensive approach can address many social, economic, and environmental problems that challenge low-income families and can limit the adverse impact of these problems on children's health and well-being.

When caring for a seriously ill child, parents can become overwhelmed by having to handle other socioeconomic or environmental problems. If a father has been wrongly denied government benefits, he may have to choose between filling needed prescriptions for his sick child or buying food for his family. A mother with a terminally ill child may have to choose between being at her child's hospital bedside or keeping her job if she has not received Family Medical Leave Act benefits to which she may be entitled.

HeLP addresses the domino effect of personal and financial catastrophes that can harm children's health, and it thereby helps to break a poverty-related cycle of medical problems and hospitalizations. HeLP's educational program serves to strengthen the long-term effectiveness of its legal services by training the next generation of law and health care professionals to address patients' social needs and legal rights.

### ***HeLP's Structure and Purpose***

HeLP as a Community Partnership: HeLP was established as a medical-legal community partnership to provide a comprehensive set of services to low-income families and their children who are patients of **Children's Healthcare of Atlanta, Inc.** Children's is one of the leading pediatric health care systems in the country. With 430 licensed beds and more than 450,000 annual patient visits, Children's is among *U.S. News & World Report's* top pediatric hospitals.

The second community partner is the **Atlanta Legal Aid Society**, whose mission is to provide free legal services in civil matters to people with low incomes who cannot afford to hire counsel. Founded in 1924, Legal Aid now serves a five-county metropolitan Atlanta area with five fully staffed offices and one satellite office.

The third community partner is **Georgia State University's College of Law**. Established in 1982 to provide publicly funded legal education, Georgia State Law is accredited by the American Bar Association. The Center for Law, Health & Society at Georgia State Law oversees its involvement with the HeLP collaboration.

Mission and Principal Activities: HeLP's mission is to provide a comprehensive set of services that address the full spectrum of medical, social, economic, and environmental factors that affect children's health and well-being. HeLP's underlying premise is that by combining the legal expertise of attorneys with the health care expertise of hospital professionals, the needs of low-income children and their families can be holistically addressed and their health and quality of life thereby improved.

HeLP engages in three principal activities to carry out its mission:

1. Direct Legal Services: HeLP provides on-site legal services for low-income patients and families at three hospitals—Children's at Egleston, Children's at Scottish Rite, and Children's at Hughes Spalding—as well as at Georgia State Law's HeLP Legal Services Clinic.
2. Education: HeLP provides interdisciplinary educational programs about the legal, social, and ethical issues that affect children's health. These programs include in-service training and education for health care professionals at Children's, an externship program for graduate students at the hospital-based legal clinics, and the in-house, live-client clinic at Georgia State Law.
3. Advocacy: HeLP addresses broader policy issues in collaboration with other community groups which advocate on behalf of the health of disadvantaged and under-served children and their families in Georgia.

Governing Structure: Representatives of each of the three partners have on-going meetings regarding all aspects of HeLP's operations, including strategic planning and program evaluation. A strong Advisory Council meets bi-monthly with the partners, and it has formed five committees to assist HeLP with its educational programs, fundraising, pro bono legal services, ethical considerations, and public relations. The Council includes professionals from the legal, health care, and educational communities in Atlanta.

Evaluation Component: HeLP's activities are being evaluated by an independent evaluator. HeLP's evaluation protocol has Institutional Review Board approval at both Georgia State University and Children's Healthcare of Atlanta. The evaluation protocol is quasi-qualitative and quantitative and incorporates on-site visits, stakeholder interviews, pre- and post-client surveys, case studies, analysis of administrative claims data, and satisfaction surveys.

Sustainability: HeLP is supported by the generous donations of private foundations and donors and the contributions of its partners. HeLP's partners have raised over \$1.5 million in operating funds since the program's inception, and all three partners are committed to ensuring HeLP's long-term sustainability. Georgia State Law provides the salary of HeLP's Director and will assume full financial support for the in-house legal

clinic in 2009 when the project's start-up phase expires. Legal Aid is committed to supporting the office manager and two attorneys from external fundraising or its general funds. Children's will continue its donation of office space, parking space, and communications equipment for HeLP staff at the three hospitals.

## **Program Description**

Nature of Legal Services Offered: HeLP assists clients with the following types of legal problems that can threaten health improvement and access to care:

- Consumer (e.g., payment of medical bills, debt relief)
- Education (e.g., special education needs, school discipline problems)
- Employment (e.g., Family Medical Leave Act benefits, employment discrimination)
- Family stability (e.g., domestic violence, child support)
- Housing conditions (e.g., unsafe or unsanitary living conditions)
- Permanency planning and consent for care (e.g., wills, guardianships)
- Public benefits (e.g., Medicaid, disability benefits, food stamps).

Staffing: Georgia State Law has hired two clinical faculty members, one of which is HeLP's overall Director, and an administrative coordinator to oversee the new clinic at the law school. Georgia State Law also hosts an Equal Justice Works fellow who specializes in education law issues. Legal Aid has hired two staff attorneys and an office manager to staff the three legal services offices at Children's hospitals. In FY 2008, the project opened 400 new client cases, and it delivered dozens of educational programs to physicians, nurses, and social workers at Children's, law and medical students, and community groups.

Population Served: Children's patients come from Georgia's 159 counties. HeLP serves Children's patients and families with incomes up to 200% of the federal poverty level. Over 53% of Children's patients meet this criterion by being insured through Medicaid or as indigent/self-pay. While HeLP primarily serves low-income families around Atlanta, 38% HeLP's clients are from rural areas outside of Atlanta with little or no access to legal assistance. Over 70% of HeLP's clients represent various racial/ethnic minorities.

Approximately 15% of the clients served speak Spanish only. Through the support of other foundation funding, all HeLP legal staff members have undergone intensive Spanish-language training in order to more effectively serve this client segment. In addition, the project has obtained *pro bono* translation and printing services to produce program brochures in Spanish.

## **HeLP's Impact**

HeLP's impact has been felt throughout the state of Georgia and beyond. The project has handled cases from almost every Georgia county on a wide variety of issues critical to the everyday needs of its clients. HeLP's director and independent evaluator

have participated in the nationwide evaluation of best practices in medical-legal partnerships, and the project has served as an operating model for similar health-law collaborations, including one in Asheville, North Carolina.

HeLP was the first medical-legal partnership for children established in the South; it remains one of the few health-law partnerships to include as a core activity the interdisciplinary education of future legal and health care professionals to work as a team.

The January 2007 opening of the HeLP Legal Services Clinic at Georgia State Law has allowed HeLP to increase its case load and train future lawyers and health care professionals to work together to improve the health of children, especially those from under-served communities.

The Atlanta Business Chronicle selected HeLP as a Health-Care Heroes Award finalist in 2007 to recognize its success in improving the access to and the quality of medical services of low-income persons in the Atlanta-metropolitan area.

HeLP's 2008 expansion into the Hughes Spalding campus of Children's affords HeLP the opportunity to begin meeting the needs of underserved inner-city children who are experiencing poverty-related legal problems that are affecting their health and well-being.

### **Cases from the Health Law Partnership (HeLP)**

- **Access to Benefits Case:** *A teenage girl suffers from an unusual bleeding disorder—one so rare that it does not yet have a name and its treatment requires off-label use of very expensive prescription medications. The girl's health insurer refused to cover the cost of the medications. The family turned to the Health Law Partnership (HeLP) to resolve the problem. HeLP attorneys assisted with the girl's application for disability benefits, enrollment in Medicaid fee-for-service, and home infusion of the medications. The girl obtained access to her life-saving medications, was able to return to school, and now is able to enjoy her teen years.*
- **Adoption Case:** *In 2007, HeLP attorneys completed their first adoption case. Our client "Ms. J" began her journey as a relative caregiver in 2000, when her granddaughter stopped caring for her eight-month-old son, "Mark." Ms. J agreed to take over Mark's care, initially under power of attorney before eventually petitioning for permanent custody. Since 2000, Ms. J has raised her great-grandson, ensuring appropriate educational and medical interventions for his numerous problems, including oligodendroglioma (a brain tumor), which was removed in 2004.*

*In 2005, the Department of Family and Children's Services (DFCS) contacted Ms. J with startling news: Mark had two younger sisters. The girls lived in an unsafe and unhealthy environment, neglected by their mother, who tested positive for cocaine use. Ms. J. immediately filed to receive Temporary Custody of the girls.*

*During a 2006 medical follow-up visit required after Mark's cancer surgery, Ms. J met with attorneys of the Health Law Partnership (HeLP) on premise at Children's Healthcare of Atlanta. She requested assistance in filing an adoption petition to ensure that Mark and his sisters would never be returned to their birth mother's care or custody. The proceedings grew complicated when the children's birth mother contested the adoption. Our attorneys traveled to Walker County to represent Ms. J. After a daylong trial, the court ruled in Ms. J's favor. To celebrate, HeLP staff hosted an ice cream celebration on behalf of Ms. J and her three adopted great-grandchildren.*

## **Appendix B**

### **Overview of the HeLP Legal Services Clinic at Georgia State University College of Law**

The HeLP Legal Services Clinic is part of the educational component of the Health Law Partnership. The Clinic opened in January 2007 at the Georgia State University College of Law. The HeLP Legal Services Clinic provides a supportive environment for law students to experience interdisciplinary education and to develop practical lawyering skills in substantive legal fields related to children and families.

The HeLP Clinic course is designed to prepare students for their work on behalf of the clients that HeLP serves, but also to help them understand their role as part of a community collaboration. One of the collaboration's partners is Children's Healthcare of Atlanta. To help law students understand pediatric health care, students begin the semester by taking a "behind the scenes" tour of the Children's hospital. This tour allows students to see the specialized facilities and equipment used for care of pediatric illnesses and the health services that Children's provides to children in the community. During the semester, the other partner, Atlanta Legal Aid Society, contributes to student learning by having its lawyers with special expertise in clinic case areas come to the class to share their knowledge.

The HeLP Clinic provides a venue for interdisciplinary learning. There are multiple layers of interdisciplinary learning experiences. Residents from Emory Medical School attend the HeLP Clinic class case rounds to discuss ongoing clinic cases and engage in interdisciplinary problem-solving. Clinic students complete this exchange by participating in patient rounds at the nearby pediatric hospital. Clinic students also attend joint classes held with third year medical students at Morehouse School of Medicine, where they learn together about medical and legal aspects of topics such as professionalism, confidentiality, housing issues, end of life decisions and other issues common to the populations we serve.

Members of the medical profession also contribute to the course content. A class session introducing medicine and medical school to law students helps orient them to the nature of the medical profession. They also learn how to read medical charts and common abbreviations. The HeLP Physician Champion, who is Medical Director of one of the Children's Hospitals, also participates in the clinic course to help students understand learn how to work with the medical profession, develop an understanding of the physician's role in patient care and advocacy, and to address other interprofessional issues. Clinic students keep office hours in the clinic as well as at the main HeLP Office, to allow them to participate in client intake, participate in case acceptance meetings, and to better understand how the HeLP staff attorneys function in their role in the collaboration as direct service providers.

The Clinic offers students the opportunity to develop basic lawyering skills, such as client interviewing, counseling and representation; negotiation; research and drafting; and case management. HeLP Clinic students handle cases involving guardianship, Medicaid, food stamps, housing, SSI, family law, education and employment issues. Through their experience, students understand the multiple determinants of children's health and poverty, and the positive impact of creative problem-solving together with other disciplines.

Weekly class sessions cover substantive law and legal skills, as well as education related to the mission of HeLP, including training and work with medical professionals and social workers. Students also learn to research beyond legal research sources. They receive training on how to research medical issues and diseases, drugs and treatment protocols. This knowledge enables them to be better advocates for clients who seek assistance with legal problems that impact their health and well-being.

### **Cases from the HeLP Legal Services Clinic at Georgia State University College of Law**

- **Access to Benefits Case:** *“Dean’s” wife died suddenly, leaving him to raise two daughters, one of whom is severely disabled. With no way to care for the disabled child while he worked, Dean sought the HeLP Clinic's assistance. Law students, under faculty supervision, helped Dean apply successfully for a home health care provider under the Mental Retardation Waiver Program. Dean returned to work. In addition, Clinic students prepared his will to ensure appropriate guardianship in the event of his passing. The will included stipulations to ensure that the inheritance of any assets would not jeopardize the disabled child's eligibility for benefits.*
- **Disability Case:** *Clinic students, under close faculty supervision, successfully represented an eight year old girl in the appeal of the denial of her application for Supplemental Security Income benefits. Such benefits include a monthly cash payment as well as access to healthcare services for children who qualify as disabled. The child had DeGeorge Syndrome, a genetic deletion, and Fetal Alcohol Syndrome. The Administrative Law Judge ruled in the child's favor and the family received monthly benefits as well as back benefits dating to the time of the original application.*
- **Consumer Case:** *“Mrs K's” case was referred to the Clinic from HeLP because an outstanding, unpaid bill for an expensive prescription drug was turned over to collections. Again, under faculty supervision, law students determined that the pharmacy failed to obtain necessary prior approval before filling the prescription, and the students successfully negotiated an agreement to eliminate the charge.*
- **Housing Case:** *A single mother living in subsidized housing was notified of her landlord's intention to break the lease. By working with the housing authority, the*

*landlord and the client, the clinic student facilitated a settlement with the landlord for early return of the client's security deposit and payment of the client's moving costs. The client was able to get a new subsidized housing voucher, secure better quality housing and use the money she received to move into her new place.*

## Appendix C

### Sample Memorandum of Understanding for Community Collaborations

#### 1. PREAMBLE

This agreement is entered into by and among [Community Partner Number One], [Community Partner Number Two], and [Community Partner Number Three] for the purposes of creating an interdisciplinary/community collaboration, called [Name of Collaboration], to support [Justice Education/Brief Statement Describing Project and its mission]. This agreement supports a multi-disciplinary, cooperative, community collaborative approach to [justice education/collaboration's subject area/area of concern health care/etc.], which considers the [justice/human rights/medical/socio-economic/environmental/educational, etc.] issues/needs of [affected population] and promotes the role of [justice education/interdisciplinary education/other function] in serving [affected population]. The [Name of Your Collaboration] has [Insert Your project's objectives]:

**[List your objectives and briefly describe—below are examples which may be adapted from the Model Project, the Health Law Partnership (HeLP)]**

1      **Legal Services:** To improve health outcomes for low-income patients by providing a cost-effective coordinated approach to the delivery of health care and legal services through on-site legal services clinics at the pediatric hospitals in order to address basic needs affecting children's health.

2      **Education:** To offer interdisciplinary educational opportunities about the legal, policy, and ethical issues that affect patients' health, including in-service training and education for health care professionals, the attorneys who work with patients/clients, and professional students in medicine, law, and other health-related fields thereby to improve the health outcomes and health care access of low-income children by fostering respect, understanding, and a cooperative spirit between health and legal professionals.

3      **Advocacy:** To promote improvements in low-income children's access to health care and the conditions that affect their health through a program of advocacy at the legislative, policy-making, and government agency levels.

4      **Evaluation & Research:** To evaluate the quality and effectiveness of the other program components in order to provide internal quality assurance, which also assists in securing financial and pro bono support for [the project]; and to undertake research with [Approved Research Protocols, such as Institutional Review Board] in order to assess the impact that the program has on the [hospitals, outcomes of care, and the health and well-being of the children and families served], which can be used for external publication of

program quality and efficacy in order to serve as a model demonstration project.

## 2. RESPONSIBILITIES OF [COMMUNITY PARTNER NUMBER ONE]

[Community Partner Number One] agrees to:

**[List Responsibilities and Briefly Describe—Below are Examples which may be adapted from the Model Project, the Health Law Partnership (HeLP)]** (Note: Although in this example some of the responsibilities of each partner are similar or the same, some are also different depending upon resources and other considerations. You will wish to consider the resources and strengths each partner brings to the collaboration and define their responsibilities accordingly. The following examples illustrate some of the types of responsibilities that could be defined in an agreement, some that are shared, and some that are only agreed to on behalf of a single partner.)

a. **Personnel:** Provide [number of people] who will carry out the work of [Name of Your Collaboration], conditioned upon the successful fund-raising efforts to continue in good faith upon execution of this agreement. The responsibility of [Partner Number One] to provide personnel and resources and carry out [Partner Number One's] obligations under this agreement is expressly conditioned upon successfully securing continued adequate funding from private and public sources to support [Name of Your Collaboration].

b. **Client Representation:** Undertake client representation in the kinds of cases [listed in Part I of Appendix A or include here if limited type and number], consistent with attorney and resource capability. [May also need to state that representation will not be undertaken in certain types of cases-list here and/or in Part II of Appendix A].

c. **Referral and Back-Up Resources:** For those cases which the [Name of Collaboration] attorneys will not accept or which may require additional resources beyond [Name of Collaboration's] scope, refer such cases to [List Possible Organizations] as appropriate.

d. **Insurance:** Provide legal malpractice insurance for the [Name of Collaboration]-sponsored attorneys, staff, and students working with [Name of Collaboration] for their actions in undertaking work on behalf of [Name of Collaboration].

e. **Education:** Develop in-service and other interdisciplinary educational programs for [Name Specific Audience] professionals, students, community organizations, other entities which serve or promote justice, etc.as appropriate and consistent with [Name of Collaboration's] service dimension.

f. **Privacy:** Require that [Name of Collaboration] personnel respect and honor the confidential nature of patient/client information and medical records at [Name of Hospital or Clinic or other entity] of which they become aware.

g. **[Names of Entity/Partner's] Policies:** Require the [Community Partner(s)] [attorneys and staff, students and faculty] affiliated with [Name of Collaboration], and other personnel associated with [Name of Collaboration] to comply with [Name the Entity/Partner's] written operating policies and procedures while fulfilling [Name of Collaboration's] objectives.

h. **Confidentiality:** Respect and honor the medical and ethical confidentiality requirements that [Name of Entity's] employees and staff physicians must maintain with patient medical records and other Protected Health Information pursuant to state and federal law and applicable professional codes.

f. **Primary Contact:** Provide a single primary contact within [Community Partner(s)] for access to assist in coordination of the day-to-day operations of [Name of Collaboration].

### 3. RESPONSILITIES OF [COMMUNITY PARTNER NUMBER TWO]

[Community Partner Number Two] agrees to:

**[List Responsibilities and Briefly Describe—Below are Examples which may be adapted from the Model Project, the Health Law Partnership (HeLP)]**

a. **Personnel:** Provide [Number and Type of Staff] who will take responsibility for [Describe Responsibilities], conditioned upon the successful fund-raising efforts to continue in good faith upon execution of this agreement. The [Community Partner Number Two] employees will work with the employees of [Community Partner Number One] to carry out the work of [Name of Community Collaboration], and will undertake [State Work to be Done].

b. **Education:** Oversee the development of [Describe Educational Program] as appropriate and consistent with [Name of Collaboration's] service dimension. The Community Partner Number Two] will have primary responsibility for developing and overseeing the [Describe Project or Work or portion of work responsibility].

c. **Client Representation:** Undertake client representation in the kinds of cases [listed in Part I of Appendix A or include here if limited type and number], consistent with attorney and resource capability. [May also need to state that representation will not be undertaken in certain types of cases-list her or in Part II of Appendix A].

d. **Referral and Back-Up Resources:** For those cases which the Name of Collaboration] attorneys will not accept or which may require additional resources beyond [Name of Collaboration's] scope, refer such cases to [List Possible Organizations] as appropriate.

e. **Insurance:** Provide legal malpractice insurance for the [Name of Collaboration]-sponsored [attorneys, staff, and students] working with [Name of Collaboration] for their actions in undertaking work on behalf of [Name of Collaboration].

e. **Education:** Develop in-service and other interdisciplinary educational programs for [Name Specific Audience] professionals, students, community organizations, other entities which serve or promote justice, etc. as appropriate and consistent with [Name of Collaboration's] service dimension.

f. **Privacy:** Require that [Name of Collaboration] personnel respect and honor the confidential nature of patient/client information and medical records at [Name of Hospital or Clinic] of which they become aware.

g. **[Names of Entity/Partner’s] Policies:** Require the [Community Partner(s)] [attorneys and staff, students and faculty] affiliated with [Name of Collaboration], and other personnel associated with [Name of Collaboration] to comply with [Name the Entity’s] written operating policies and procedures while fulfilling [Name of Collaboration’s] objectives.

h. **Confidentiality:** Respect and honor the medical and ethical confidentiality requirements that [Name of Entity’s] employees and staff physicians must maintain with patient medical records and other Protected Health Information pursuant to state and federal law and applicable professional codes.

f. **Primary Contact:** Provide a single primary contact within [Community Partner(s)] for access to assist in coordination of the day-to-day operations of [Name of Collaboration].

#### 4. RESPONSILITIES OF [COMMUNITY PARTNER NUMBER THREE]

[Community Partner Number Three] agrees to:

**[List Responsibilities and Briefly Describe—Below are Examples which may be adapted from the Model Project, the Health Law Partnership (HeLP)]**

a. **Cooperation:** Cooperate with [Name of Collaboration] representatives in the implementation of [Name of Collaboration’s] objectives to the extent permitted by law and the ethical obligations of [Community Partner/Entity].

b. **Office Space and Equipment:** Provide confidential office space, basic equipment (including telephones, desks and chairs, computers, printers, photocopier, internet access, and filing cabinets) and other needs (including access to parking) reasonably available at [Community Partner/Specific Location] for the purpose of [Insert Purpose].

c. **Education Space:** Make space reasonably available at the discretion of [Name of Partner], and subject to availability, at [Name of partner/Location] to carry out education and training described in paragraph 3. b. that benefit [Community Partner’s] [personnel, medical staff, interdisciplinary students, faculty, members of the community].

d. **Access:** Provide [Name of Collaboration] representatives reasonable access to [Community Partner’s] personnel (including medical, nursing social work, and behavioral health staff, etc.) in order to carry out their representation of clients and education responsibilities. When authorized in writing by a parent, guardian or other appropriate patient representative, reasonable access to patient records will be provided.

e. **Confidentiality:** Respect and honor the attorney-client privilege and the ethical confidentiality requirements that [Name of Collaboration] representatives must maintain with its clients pursuant to state and federal law and applicable professional codes.

f. **Primary Contact:** Provide a single primary contact within [Community Partner(s)] for access to assist in coordination of the day-to-day operations of [Name of Collaboration].

#### 5. COMMON PROVISIONS

a. **Periodic Meetings:** The parties agree to have occasional meetings to assess the status and progress of the [Name of Collaboration]. In attendance at the meetings, the parties will have at a minimum, the following representatives:

[List Essential Representatives from each partner]]

b. **Term and Renewal:** This agreement shall be effective for [define time period. Example: three years] from the date signed by the parties, and shall be governed by the laws of the [Insert Jurisdiction]. It is renewable upon the mutual written consent of the parties.

c. **Termination:** This agreement may be terminated at the will of any party upon [30 day's] written notice.

d. **Condition:** The parties understand and agree that the responsibilities of [Community Partner(s)] to provide personnel and resources under this agreement are expressly conditioned upon the successful fund-raising efforts to be undertaken in good faith.

e. **Potential Conflicts:** As of the date of this contract, [Community Partner] will not represent any client in any future matter involving [Community Partner] as an adverse party which relates to the provision of [health-related] services by those entities. [Community Partner] may refer clients to outside [legal] resources for representation in matters as described in this paragraph.

For [Community Partner Number One], [Community Partner Number Two] and [Community Partner Number Three]

\_\_\_\_\_  
Community Partner Number One

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Partner Number Two

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Partner Number Three

\_\_\_\_\_  
Date

#### APPENDIX A

(to Sample Memorandum of Understanding for Community Collaborations Established to Promote Justice Education labeled as Appendix C)

#### I. [Legal] Issues Addressed by [Name of Collaboration]

The [legal] issues listed below represent the types of [cases] that may be handled by [Name of Collaboration] for [patients or their families]. Other resources within the community may also provide additional assistance, such as [Insert].

1. **Income support, health insurance, and nutritional supplements:** [List]
  2. **Family law:** [List]
  3. **Permanency planning:** [List]
  4. **Housing:** [List]
  5. **Education:** [List]
  6. **Employment:** [List]
  7. **Consumer:** [List]
- 1 Other issues: [List]

## **II. [Legal] Issues NOT Addressed by [Name of Collaboration]**

There are a variety of [legal] issues that will not be handled by [Name of Collaboration], particularly if the issues pose a [Describe Conflict]. The following issues will NOT be addressed by [Name of Collaboration]:

1. Medical malpractice issues.
2. Representation in obtaining court-ordered care or withdrawal/de-escalation of care whether or not adverse to the hospital provider.
3. Criminal cases

## Appendix D

### Keys to Remember about Funding

1. Anatomy of an attractive program to funders:
  - a. Demonstrated stability
    - i. Financial stability
    - ii. Managerial stability
    - iii. Clarity of mission
    - iv. Articulated need for and benefit of new organizations with no demonstrated track record—the tension between start-up with a great idea and established programs with history of success
  - b. Writing an effective grant application
    - i. Read RFPs carefully
    - ii. Address all the issues and complete all sections
    - iii. Pay attention to budget development and details
  - c. Demonstrate ability to provide good return on investment (ROI)
    - i. Define desired outcomes
    - ii. Include evaluation component to demonstrate success
    - iii. Practice responsible stewardship of grant funds—use funds for their intended purpose
    - iv. Comply with reporting requirements
2. Continuum of funding resources —local, regional, state, national, international
3. Research and investigate potential funding resources
  - a. Understand their missions, interests, concerns, challenges, opportunities
  - b. Appreciate how funders determine funding priorities – assessing societal/community concerns and setting priorities
  - c. Understand whether popularity of a cause can alter priorities—short term, long term
  - d. Determine whether community collaborations (combining talents, maximizing resources, expanding outcomes) are valued by the funder. Are there special expectations with regard to the funding of community collaborations?
4. Determine funder’s preferences or priorities
  - a. Seed funding
  - b. Capital expenditures/bricks and mortar
  - c. Ongoing organizational development/general operating needs.
5. Demonstrate sustainability
6. Important factors about the application process
  - a. Application deadlines, revolving applications
  - b. Grant award limits
  - c. Funder’s interest in or ability to provide technical assistance
7. Beware of the effect of “chasing the money”—diluting or eroding mission for funds.

## Appendix E

### Keys to remember about Program Evaluation

Effective, systematic program evaluation is an important component in the development of creative, innovative community partnerships. Program evaluation methods may be used to assess program activities and characteristics, successes and challenges, identify unmet needs, and highlight opportunities for improvement and growth. The following list includes issues for programs to consider concerning the evaluation process.

1. Program evaluation reveals how your program functions and how well it performs
  - a. Program management—strengths, weaknesses, opportunities, challenges
  - b. Funding—demonstrates the measurable impact of your services upon those you serve
  - c. Research—are results capable of duplication elsewhere?
2. Needs Assessment
  - a. What needs does your program address?
3. Who will be the users of the evaluation data?
4. Tools for evaluation
  - a. Literature review
  - b. Stakeholder interviews
  - c. Surveys
  - d. Program utilization data analysis
  - e. Client case study interviews
5. Benefits of evaluation
  - a. Motivates internal assessment
  - b. Identifies unmet need
  - c. Indicates program successes, opportunities, weaknesses, and challenges
6. Human Subject Research
  - a. Institutional Review Board (IRB)
    - i. Approval required to publish any information obtained as part of the evaluation process
    - ii. Concerns of an IRB are specific to their affiliated organization
  - b. IRB Issues
    - i. Preplanning process
      1. Plan your evaluation instrument/methods
      2. Obtain necessary approvals
      3. Develop protocols for handling and protecting information
    - ii. Benefits of IRB process
      1. Encourages collaborators to define components and articulate goals
      2. Provides opportunity to develop a common language
      3. Builds working relationships and trust among partners
      4. Facilitates development of a base line from which to evaluate growth, success, opportunities, and challenges over time

## Appendix F

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