Michigan Law
University of Michigan Law School

Pediatric Advocacy Initiative
Annual Report 2010-2011
The University of Michigan Law School Pediatric Advocacy Initiative is based on the medical legal collaborative model established at the Boston Medical Center in 1993 by Barry Zuckerman and his colleagues at the BMC Family Advocacy Program. When we started the PAI in 2004, with only five law students, two health care partner sites and no clients, we were not sure how the model would work in this community. In 2004, there were no other medical legal partnerships that operated solely through a law school clinical program. Moreover, the demographics and resources of our Southeast Michigan community were vastly different from the patient and community base of the Boston Medical Center. Nevertheless, it was clearly an inspired model of legal services delivery and one that seemed certain to find its niche both among the students of the University of Michigan Law School and legal and medical communities in Ann Arbor and the surrounding areas.

The past seven years have been exciting and challenging as the PAI has grown and evolved in response to our three main constituents: law students, medical providers and clients. We started with two healthcare provider partners and have expanded our reach to five distinct clinic settings. Each of these sites reaches specific populations that we wanted to reach with PAI services. We are now confident that our medical legal model is successfully reaching the most vulnerable clients who face the most challenging barriers to optimal health outcomes.

We have also expanded our reach within the Law School and are thrilled with our growing list of clinic alumni who have gone on to exciting legal careers. The PAI’s cutting-edge practice model has provided a valuable addition to the clinical offerings in the Law School and our small, but growing, base of alumni can attest to the value of the PAI in their legal education.

Each semester, we also have a dedicated group of undergraduate and law school volunteers who work with our Food Stamp Advocacy Project Immigrant Outreach Program clients. These volunteers get invaluable, hands-on experience working with underserved, Limited English Proficient clients and usually find the work so satisfying that they return for multiple semesters.

The PAI has also become an official field placement site for interns from the University of Michigan School of Social Work. The social work students have enabled us to streamline our work in the areas of client intake and the development of a comprehensive evaluation plan for the PAI, a plan we have begun to execute with the publishing of this Annual Report. This intra-University collaboration has been a huge success in providing macro level training to social work students while expanding the PAI’s reach and resources.

This Annual Report gives us the opportunity to inform and applaud our hard-working students and interns, to give the Law School community and others more comprehensive information about our services and activities, and, finally, to give our dedicated healthcare provider partners more detailed annualized data on our accomplishments for the patients and families they have entrusted to us.

Anne Schroth, J.D.
Director, Pediatric Advocacy Initiative
The Pediatric Advocacy Initiative (PAI) is a medical-legal partnership in Ann Arbor, Michigan and one of the clinical programs of the University of Michigan Law School. The PAI provides free legal services to low-income families who have children with short and long term medical issues that are complicated by social and legal problems. As a law school clinic, the PAI provides intensive training and mentoring to University of Michigan Law School students, who provide the direct legal services to our clients under the supervision of clinical faculty.

Why Is The PAI Important?

The connection between poverty and poor health is well-documented and there are times when legal intervention can help alleviate both. Whether the PAI is assisting a family in obtaining the appropriate amount of food assistance, helping a woman leave an abusive relationship, or helping a disabled child receive the appropriate accommodations in school, the PAI provides access to high-quality legal advocacy for low income families by integrating legal services into health care settings.
Anne Schroth is the Director of the Pediatric Advocacy Initiative and a Clinical Professor of Law at the University of Michigan. Anne started teaching at the Law School in 1997, when she was hired to develop the clinical component of the Michigan Poverty Law Program, the Law School’s innovative partnership with Legal Services of South Central Michigan.

Anne started the Pediatric Advocacy Initiative in 2004 and has been teaching in the PAI clinic since that time. Anne has also taught non-clinical courses at the Law School, including the Domestic Violence Litigation Seminar and Access to Justice. Prior to joining the Law School faculty, Anne was a senior staff attorney with Ayuda, Inc., in Washington, D.C., representing immigrant and refugee victims of domestic violence.

Debra Chopp is a Clinical Assistant Professor of Law at the University of Michigan and has been teaching in the Pediatric Advocacy Clinic since 2007. Immediately prior to joining the Pediatric Advocacy Clinic, Debra was a PAI staff attorney, concentrating on building the clinic’s special education law practice.

Debra has also represented survivors of domestic violence as an attorney for Sanctuary for Families: Center for Battered Women’s Legal Services in New York and has lobbied Congress for improved highway safety laws as a Legislative assistant at Advocates for Highway and Auto Safety in Washington, DC.
Yasmina Assis

is the supervising attorney at the Food Stamp Advocacy Project Immigrant Outreach Program at the PAI. Yasmina earned her J.D. from Washington University School of Law in Saint Louis. Prior to joining the Pediatric Advocacy Initiative, Yasmina volunteered at Legal Services of Eastern Missouri in the immigration law project, where she focused on immigration law, helping to unify families through naturalization, adjustment of status proceedings, and petitioning for immigration relief as victims of crimes, including Violence Against Women Act self petitions and U-visas.

Kimara Thompson

is the clinical coordinator and legal assistant for the Pediatric Advocacy Initiative. Prior to joining the PAI, Kimara worked for the University of Michigan Law School Child Advocacy Law Clinic. As the only support staff for the PAI, Kimara fills multiple roles, including orienting and supporting the law students and social work interns, supporting the faculty and staff attorney, conducting potential client intakes, communicating with medical provider partners on specific case referrals, and maintaining and monitoring our case database. Kimara’s prior experience with courts and attorneys includes preparing legal documents, working with court calendars, overseeing court filings, interacting with clients and managing law office administration.
Pediatric Social Work Team

The U-M Pediatric Social Work Team supports and serves patients dealing with psychosocial issues/concerns, bereavement, domestic violence/sexual assault, diagnosis and illness. They provide counseling referrals and offer guidance on long- and short-term caregiver needs, long-term discharge planning, housing concerns and Advance Directive issues. In addition, they help patient families with emergency clothing, transportation, food and prescription needs. Given their core mission, the Pediatric Social Work Team is a natural partner for the PAI. Sandra Iaderosa, the manager of the Pediatric Social Work Team has been our Social Work Champion since we started and has been essential to the integration of the PAI into the practice of her team of social workers. The Pediatric Social Work Team is our most frequent referring partner, sending us diverse and complex issues from the pediatric specialty clinics that serve chronically ill children and young adults.

Maternal Infant Health Program

The Maternal-Infant Health Program, formerly known as MSS/ISS, is a referral-only, state of Michigan program funded by Medicaid for pregnant women between conception and 8 weeks postpartum, and infants up to their first birthday. Its purpose is to provide support to women identified as having a pregnancy that can or may be at risk for harm, complications, or neonatal or postnatal loss. The program is staffed by an interdisciplinary team of social workers, registered nurses and nutritionists. The multidisciplinary structure of MIHP made the PAI a natural addition to the services they could offer their patients. When they learned of our work with the Pediatric Social Work Team, they asked us to expand our services to their team, as well. With their patient base of Medicaid-eligible women with high risk pregnancies, we were able to expand our reach into a new and vulnerable population of clients who would have had difficulty accessing legal services without the one-stop-shopping we could offer through our partnership.
Ypsilanti Pediatrics at Ypsilanti Health Center was one of the PAI’s earliest partners. Their high percentage of Medicaid recipients had already made their pediatricians and social workers dedicated advocates for their patients in the tangled bureaucracies faced by families living in poverty. The legal services offered by the PAI were a welcome addition to their available resources. We have now expanded our services to the family practice, as well, and receive most referrals through the Center’s two social workers, though some from specialty pediatricians and medical residents. Ypsilanti Health Center is a major site for teaching medical students and residents from the University of Michigan Medical School, most of whom receive training from the PAI in their residency curriculum and, therefore, can identify appropriate referrals in their clinic work. While the Mott Hospital referrals typically involve families with chronically ill children or high risk pregnancies, Ypsilanti Health Center patients typically present for routine doctor’s appointments. This helps to diversify our reach into the low-income communities of Washtenaw County.

The Corner Health Center’s mission is “to help young people, ages 12-21, make healthy choices now and in the future by providing high-quality primary health care, education and support for adolescents and their children without regard to income level.” The Corner’s clinicians include family practice physicians, pediatricians, psychiatrists, certified nurse-midwives and nurse practitioners. Their multidisciplinary model made it an especially appealing partner for the PAI, where we could reach uniquely isolated teens and provide another resource accessible at their trusted healthcare site. The Corner is also a clinic site for University of Michigan Health System residents. Our partnership is, thus, reinforced by the PAI training curriculum presented four times annually to the University of Michigan pediatric residents.

Like the Mott Hospital MIHP, the WCPH MIHP supports Medicaid eligible women with high risk pregnancies. However, their reach includes home based services from a Public Health Nurse, Social Worker and Nutritionist during the patient’s pregnancy and for one year post-partum. MIHP helps in accessing transportation for doctor and social service appointments and helps patients apply for public benefits programs. MIHP services include referrals to doctors or other community agencies, referrals for getting baby items and supplies, and infant developmental screening. As a home-based program, MIHP reaches many of the most vulnerable low-income families in Washtenaw County. They were eager to include PAI legal services in their available resources for patients, especially for immigrant and Limited English Proficient patients for whom legal services are especially hard to access.
As this chart indicates, most of our cases are referred from our healthcare provider partners. We also have a significant percentage of referrals in the “Other” category. Clients often come to the PAI by word of mouth referrals from other members of their community, church, friends, or social service networks. In addition, as the PAI has become more visible as a legal services provider in the community, we increasingly receive referrals from various social and legal agencies throughout Washtenaw and Western Wayne County, including court personnel. While we reserve our resources primarily for referrals from our healthcare provider partners, we occasionally accept cases from other sources.
As a medical legal partnership, the PAI strives to provide preventive advice and legal advocacy to the patients of our healthcare provider partners, either directly to the clients or through consultation with the healthcare provider. By intervening before a legal crisis erupts, we are often able to avoid full-scale litigation, thus saving our clients time, emotional energy, and scarce financial resources. As the graph above demonstrates, in this way we are able to resolve almost half of our referrals with counsel and advice or short term advocacy (46.86%). In addition, the PAI encourages healthcare provider partners to make referrals for any identified (or possibly identified) legal issue. Although we do not have the resources or expertise to handle all case types referred, we are able to evaluate the issues and refer to appropriate resources. This service resolves approximately a quarter of our total referrals (26.07%).
Case Outcomes: Of the 303 cases referred, 222 were favorably resolved.

The other 81 cases were closed with no effect on the client’s legal problem. Most of these cases were due to clients dropping out of contact and leaving us with no way to continue providing services.
Client Profile

Number of Children Served: 308
Number of Adults Served: 235
Total Persons Helped: 548

Client Primary Language

Client Marital Status

Ethnicity of Clients

Average Household Income: $26,791
Average Household Percentage of the poverty line: 144%
Average Household Size: 3
The Food Stamp Advocacy Project Immigration Outreach Program assists low income immigrants with their public benefits issues. The program is supported by a group of law students and undergraduate students from the University of Michigan. We train students to navigate the public benefit system and to participate in the application process for public benefits and the maintenance of benefits with the Department of Human Services.

Number of cases opened from July 1, 2010– June 30, 2011: 136
Number of Children Served: 128  
Number of Adults Served: 98  
Total Persons Helped: 224

Client Primary Language:  
- Spanish: 86.29%  
- French: 4.84%  
- English: 8.87%

Client Marital Status:  
- Married: 24.05%  
- Separated: 5.06%  
- Single: 69.62%  
- Widowed: 1.27%

Ethnicity of Clients:  
- White: 5.61%  
- Black: 9.35%  
- Hispanic/Latino: 85.05%

Average Household Income: $11,826  
Average Household Percentage of the poverty line: 73%  
Average Household Size: 3
Each year we provide information and training to our healthcare Provider partners in a variety of ways, including e-mail issue alerts, individual case consultation, meetings with individual healthcare staff and/or formal presentations at staff or team meetings. We offer our healthcare provider partners substantive Trainings on legal issues of particular relevance to their practice areas in a format that is best suited to their practice. Thus, for example, for the C.S. Mott Social Work Team, we have provided in-depth training on Special Education law and practice because they are often involved in advocating for school accommodations for their chronically ill patients. For The Corner Health Center staff, where there is less uniformity of experience, we provided an overview training, describing a variety of case types, how the clinic staff could provide advocacy and how our legal intervention would work.

In addition to the variable trainings for our healthcare provider partners, the PAI is part of the formal pediatric residency training curriculum at C.S. Mott Children’s Hospital. As such, we provide four lectures annually for the pediatric residency program. These are formal lectures in PowerPoint format and we generally assign law students in our Advanced Clinic to conduct the lectures. This provides valuable training to the law students on alternative forms of legal advocacy. In 2010-2011, we conducted the following residency lectures:

**In 2010:**
- 2 Special Education
- 2 Family Law
- 1 Safe Housing

**In 2011:**
- 1 Special Education
- 1 Public Benefits and Child Health
- 1 Human Trafficking
I've been a social worker since I graduated from the University of Michigan School of Social Work in 1985. I got my undergrad degree from Oberlin College in 1983. The majority of my clinical experience has been in health care settings. I have worked in a variety of different services but have spent the majority of my clinical time working in oncology. I have a great deal of passion for end of life work as well as cultural differences related to health and well-being.

I've been a manager for over 10 years in the Pediatric work team. I am responsible for the overall supervision and daily operations for about 25 social workers in both the inpatient as well as outpatient services. I am responsible for all the human resources functions including hiring and orientation for all new staff. I really love my job because I have a tremendous amount of variety and challenges every day. I have never been bored when I've come to work.

My excitement and gratitude about our PAI program has not wavered since its inception. It has grown but has never lost sight of its original mission to connect low income families with the legal resources they need to address the barriers they face especially as it relates to health care access or adherence. As a social worker, I know that one of our primary functions is to advocate for patients and families when they are unable to do so for themselves. Yet, I am also aware that social workers are not equipped to handle the more complex legal issues that often arise when working with families who have issues that extend beyond our professional scope. Prior to PAI, these families were often referred to Legal Aid, often with little or no success given the wait list, caseloads, etc.. With PAI, we have developed a relationship with the providers whereby they have a much deeper understanding and appreciation of the issues that our families face. We have the ability to speak with our legal partners to brainstorm, consult and refer in ways which were previously inaccessible to us. I firmly believe that without PAI, many of our families would not have had the access to educational, housing or public assistance resources. I could go on and on about my deep respect and gratitude for this partnership but I will stop in the interest of brevity. Suffice it to say, I firmly believe that we are a stronger and much more effective social work team because of our partnership with PAI. I know our patients are better served and ultimately, this is our shared goal.
I have been working in Pediatric Social Work at Mott Children's Hospital for 8 years with different patient populations. For four years I worked with children who had cancer and their families. I then began working with patients with chronic conditions and their families in the following Pediatric Specialty Clinics: Neurology, Neurosurgery, Gastroenterology, Genetics, Endocrinology, Infectious Disease, Urology, Behavioral Health, Neonatology, and Psychology. The clinic serves patients from age birth to young adult with varied chronic conditions such as epilepsy, cerebral palsy, spinal bifida, hydrocephalus, inflammatory bowel disease, congenital adrenal hyperplasia, bladder extrophy, and autism. Social Work deals with a wide variety of clinical issues such as individual/family assessment, identifying supportive social services, patient/family coping with illness, accessing special education services, and financial and insurance issues.

Over the years I have made numerous referrals to the Pediatric Advocacy Initiative, and the assistance has been invaluable to the families of my patients. PAI students and faculty have helped my patients/families with advocacy for special education services, immigration issues affecting insurance status, custody issues, and navigating the complicated government system to obtain appropriate benefits for disabled children. As I write this, two cases come to mind. The first is a woman who had a child with a brain abnormality that caused severe disability including blindness, cerebral palsy and developmental delay. In the midst of coming to grips with this, the baby of the father, who had been physically and emotionally abusive, married another woman and began fighting for custody of the child. PAI assisted the mother through the process of establishing formal custody and visitation with Friends of the Court. She was a simple woman who would have been unable to navigate that process herself and could not afford an attorney. The second case was for a patient who was having seizures and behavioral issues related to his seizures, and his school would not acknowledge the epilepsy or provide appropriate special education services. PAI staff assisted the parents advocate for appropriate services for him with the school.

Most of the families that I refer to PAI are struggling to provide the care needed by their disabled child and usually have other stressors including poverty, lack of social support, and lack of education. PAI helps each parent(s) to feel less alone and increases the quality of life of the disabled child. I appreciate PAI and all the help they have provided to me and the patients/families with which I work.
I had a phenomenal experience in the Pediatric Advocacy Clinic. The clinic offered a substantive opportunity to improve the lives of low-income individuals and families in Michigan who would otherwise lack legal assistance. I worked with another student on a special education matter and on a family law case. Over the course of the semester, I advocated for proper educational placement at individualized education program meetings and represented a client in a divorce proceeding. I communicated frequently with my clients and developed strong working relationships with them. Although the semester ended before my cases were fully resolved, I was thrilled to make significant progress with both cases.

The seminar component of the clinic provided a beneficial structure for our legal work. I learned about negotiation tactics, oral advocacy skills, and ethical responsibilities. I also learned how to properly counsel individuals on both legal and personal matters, which improved the way in which I communicated with my own clients. Finally, the mentorship was fantastic. Anne and Debra were closely involved in our cases and offered valuable advice throughout the semester. As a result of my clinic experience, I have become a better legal representative and advocate.

I have been lucky enough to work at the PAI Clinic as a student and as a recent graduate. As I get ready to start my career, I know that I have been given a great set of skills by this clinic experience. The law school did a wonderful job of teaching me what I needed to know about the law. However, the clinic showed me that this knowledge is useless without the ability to communicate with clients, to recognize what the legal issues are, and to know what steps need to be taken in the judicial process. Empathy, concern, and confidence in our abilities as lawyers can only be taught in a clinic setting and not in the classroom.
As a social work graduate student concentrating in Social Policy and Evaluation, I have been able to translate my social work training and learning into practice at the Pediatric Advocacy Initiative. My role is to apply micro and macro social work skills in order to achieve the mission of the PAI. For example, I am usually the first person to contact a potential client, an extremely important first step in intervention. I conduct an intake interview and apply my clinical and analytical skills in assessing a client’s legal needs. Our clients are often disadvantaged by social and economic conditions. By assessing how these conditions are impacting their legal needs, social work and law can collaborate to achieve social justice.

Another important role I have at the PAI is to evaluate how effective our services are to our clients. During my internship, I created two pilot surveys to measure our effectiveness from our clients’ perspectives. The results suggested that most clients felt that the PAI provided an effective service. I also constructed PAI’s first Annual Report. One of the critical components of program evaluation that is often overlooked is to disseminate the agencies results to the community. Future social work interns will maintain and further expand the evaluation project in order to continue to ensure that we are providing high-quality services to our clients and the community.

I hope to use the knowledge and skills obtained through my social work education and internship with the PAI to further evaluate programs and policies that affect disadvantaged and vulnerable children and families. My experience at the PAI reinforced my desire to create social change through macro related social work practice.
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