SEPTEMBER 18, 2019
GEORGETOWN UNIVERSITY LAW CENTER • WASHINGTON, D.C.







Acknowledgements

The Academic Medical-Legal Partnership (MLP) Convening for Law School Clinical Faculty and this Report were made possible through the generous support of the Winer Family Foundation. We are especially grateful to Brad Winer (MSB '88) & Liz Winer, for their interest in advancing medical-legal partnership research and for their attendance at the Convening. We also wish to thank Georgetown Law Center Dean, William Treanor, for his leadership in supporting the establishment of the Georgetown University Health Justice Alliance and for his support of this event. Gratitude is also owed to Clara Kelly in the Office of Special Events, who helped with hosting logistics. Thanks also to Elizabeth Abrams for her assistance in drafting this report, and to the National Center for Medical-Legal Partnership for its interest in helping the Health Justice Alliance to foster a community of academic MLPs.

We also wish to acknowledge all the participants who joined us for the Convening. We are grateful to you for sharing your time, enthusiasm, expertise, and suggestions and look forward to continuing to work with you to build a strong national coalition of academic MLPs.

The Georgetown University Health Justice Alliance

The Health Justice Alliance is a cross-campus partnership established in 2016 between Georgetown Law and Georgetown University Medical Center. Working as an interprofessional team of students, faculty, clinicians, and policy experts, the HJA law clinic helps promote the health and well-being of vulnerable children and families in Washington, DC by providing free legal services to help address issues that negatively impact health and contribute to health disparities. In addition to our work with individuals, the HJA also uses law as a tool to improve health and well-being through our support of and participation in policy projects. Through all of our work the HJA is teaching a new generation of students how to work across disciplines to advance health and justice outcomes for vulnerable populations. Leveraging Georgetown's institutional resources and our long-standing relationship with MedStar Health, the HJA uses interprofessional learning models and creates clinical environments where aspiring doctors, health professionals, and lawyers learn to understand how the social determinants of health impact patients in the real world and how to be partners in health and justice

The Winer Family Foundation

At the Winer Family Foundation, our vision is that all children born in the Carolinas have the same opportunity to thrive. We build capacity and align systems to ensure all families with children aged prenatal to five are healthy, educated and empowered.

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EXECUTIVE SUMMARY

On September 18, 2019, the **Georgetown University Health Justice Alliance (HJA)**, with generous support from the **Winer Family Foundation**, brought together a group of clinical law faculty from across the country, all of whom use the medical-legal partnership (MLP) model to teach law students to work interprofessionally to address the health harming legal needs of vulnerable patients.

The genesis of this Convening was HJA's interest in learning more about the role of MLPs housed in or affiliated with academic institutions. HJA faculty were aware of many higher education efforts grounded in the MLP model, and had relationships with a number of law and medical faculty and clinicians actively engaged in MLP work. However, we could not find any definitions or parameters for what makes an MLP an "academic MLP," or any attempt to catalogue this sub-group of MLPs beyond self-reported survey results collected by the National Center for Medical-Legal Partnership, where MLPs can note if they have a law school or medical school partner. The National Center, at the George Washington University Milken Institute School of Public Health, is the singular organization in the U.S. committed to fostering a system in which all health organizations leverage legal services for their patients, insureds, and communities to address the many social determinants of health that have legal dimensions. Through technical assistance, research, education, and convenings, the National Center has spearheaded a movement that now includes several hundred MLPs in 46 states. including a growing number of law school clinics. Recognizing from our own experience that MLPs focused on teaching future law and health professionals face unique opportunities and challenges, we felt we could make a contribution to the field by providing clarity around the continuum of activities that make an MLP "academic," and bringing together law school faculty from across the country to build a community of academic MLPs, begin to identify the unique innovations and challenges we face, and collaborate to advance our work.



We started this process by convening faculty who lead law school clinics that use the MLP model, scheduling the convening for the day before the National Center for Medical-Legal Partnership's summit, which brings together MLP practitioners for two days of learning and best practices sharing.

In law school clinics, law students represent clients facing real legal challenges under the supervision of faculty as part of a law school course. Our goal was to provide a forum for these experts to express, acknowledge, and share the unique benefits and barriers of operating a MLP law school clinic. We also wanted to learn how faculty achieve their pedagogical goals, as well as hear directly about any additional service, education, or research missions they pursue. Overall, we saw this Convening as a way to build a community of law school clinic MLPs that have as their primary focus educating the next generation of lawyers to collaborate with doctors, nurses, and other health care providers to address health justice and equity, and with the potential to engage broader university resources in MLP-focused research.

The Convening helped us advance our understanding of how law clinics are using the MLP model in a student-centered setting to achieve a variety of service, education, and research goals. Moving forward, input from the Convening will help inform the HJA's effort to formally define what it means to be an "Academic MLP," which is the focus of a current HJA paper in progress. We look forward to drawing on what we learned during the Convening to expand the opportunities for Academic MLPs to collaborate and share best practices. Ultimately, we hope to create a robust community of academic MLPs that will contribute to the national MLP movement by training a pipeline of leaders in health and law who graduate ready to work together to advance health equity.

The following Report provides some background on medical-legal partnerships and the law school clinic model, and it describes the substance discussed during each session of the convening. Where appropriate, we have also included a summary of key findings and ideas for innovation as well as areas for future exploration.

BACKGROUND ON THE MEDICAL-LEGAL PARTNERSHIP MODEL

Low-income communities of color and other marginalized groups are at risk for poor health outcomes and experience significant health disparities influenced by nonbiological factors related to where people live, work, learn, play, and age, known as social determinants of health. Many of the daily challenges tied to these factors, e.g., poor housing conditions, food insecurity, lack of insurance, education and employment problems, and legal status issues, are also "healthharming legal needs": they require legal advocacy partnered with medical care to be overcome.

Medical-Legal Partnership (MLP) is an innovative healthcare model designed to address healthharming legal needs by integrating lawyers directly into healthcare teams, and has been endorsed by the American Bar Association, American Medical Association, and the Association of American Medical Colleges as a promising approach to reduce health disparities. By screening for legal issues as part of routine healthcare, MLPs identify where advocacy is needed to solve or prevent problems that negatively impact health and then offer the combined health and legal services patients need to overcome them. On a broader scale, MLPs create teams of lawyers, doctors, nurses, and other professionals who work together to use law and policy to combat barriers to good health and wellbeing at the patient, systems, and population levels.

OVERVIEW OF CONVENING

The convening began with a Welcome Dinner before participants gathered the next morning to begin formal sessions. After an overview of the day, the first facilitated discussion began, focused on the legal services provided by clinics (led by Danielle Duryea and Medha Makhlouf). The goal of this session was to ground participants in the range of legal services that academic MLPs engage in at the variety of law schools represented within the group. Attendees first shared service innovations—unique strategies and efforts MLPs employ in the service delivery components of their work. Then participants shared challenges to providing these services. Together, they brainstormed potential solutions to these barriers. Topics discussed included things like selecting cases, developing partnerships, and deciding which services are both realistic and effective to offer. Sharing these experiences helped participants learn from one other's successes and address challenges as a team.

Next, two participants (Jennifer Rosen Valverde and Tomar Pierson-Brown) led a discussion around challenges and innovations within the educational mission of law clinic MLPs. Attendees considered distinctive ways they engage learners, including MLP-oriented educational and training opportunities. Additionally, the group discussed challenges to achieving their educational goals and brainstormed potential solutions.

The third session, facilitated by Deborah Perry, addressed research and evaluation, including defining and measuring outcomes, sharing data, developing data collection and screening tools, and determining what types of data are important to collect. Participants described research their MLPs already do, and they developed shared goals for future collaboration in this area.

Participants ended the Convening with a discussion of next steps for continuing their work together, building from the ideas and energy generated throughout the day. Recognizing the unique value of this gathering, participants brainstormed strategies to remain in touch, collaborate, share resources, and convene again. After this discussion, attendees traveled to the Opening Reception of the National Center for Medical-Legal Partnership's Summit.

The following Report sections describe key messages and conversation topics from each session.

Client Legal Services Discussion

Convening participants highlighted tension between providing holistic care to meet clients' intersectional needs and developing a scope of work narrow enough to realistically provide effective, quality services. While this tension is manifest both in educating students and providing direct services to clients, it is felt strongly through the latter—particularly with regard to screening and care continuity. For instance, participants expressed concern that they may be screening for needs they are limited in their ability to meet—what is the correct next step in that case? One participant gave an example from her experience:

Even though our bulk of our work still is special education, we are screening for 10 other areas of legal and social need. So that way we can find out if you are having food issues, if you have ever applied for food stamps? Is that something you might consider...? We will package the case for [another provider] and then we give it to them to litigate. And so it's trying to do as much of that kind of background work where maybe you don't have to take on the whole thing, but at least now you've got all your I's dotted and T's crossed so someone else will then carry it forward in court if need be.

Another participant shared this view with the group:

We strive to provide holistic services to our clients and I totally validate it's so hard to do...but I personally think...it's really important. If you just do one discrete thing, you haven't really impacted the family very much. And I think referring cases out can be challenging because different programs have different philosophies and then people have to answer to lots of different folks and they get confused.

Attendees articulated the value of building unique partnerships for their MLPs, they discussed successfully collaborating with hospital leadership teams, pro bono law practices, legal aid organizations, and other community-based service providers to help them meet client needs. One participant described the potential value of these partnerships at her MLP:

Something we've been thinking about a lot as well, is how can we work with our healthcare partners to take a population health approach that's sort of like a hot-spotting model. [J]ust taking referrals from community health workers is too far downstream. Instead, can you engage your physician leadership teams, who are increasingly putting together transition of care teams or QI teams. They'll call them social medicine teams, but it's physicians from different parts of the hospital or the clinics with the social work coming together to talk about complex cases.

Another participant shared this about her partnership building:

In working with our legal aid partners...I basically did a stealth mission to convert them all to MLP... so we did two things. One was to train our legal aid partners, right? We were used to training our medical partners, but training the legal aid partners by clarifying, "This is the model. If you're going to work with us on this, we want you to go to X, we want you to go to people like we do. And if you can't do that, let us know." And the

second piece was (legal aid) keep us posted. We stayed in contact with our legal aid partners about clients so that if something was dropping through the cracks, we could potentially pick it up...now... two of our legal aid partners have ongoing MLP programs, which is thrilling.

Finally, the group shared perspectives about the value of hiring staff attorneys onto MLP teams. Positives of staff attorneys include their help expanding capacity to new areas of law, dividing caseloads among more staff, and assisting in classrooms when faculty are away. However, inconsistent funding streams are a barrier to hiring staff attorneys. A participant shared an experience in which she had given a staff attorney multiple cases, and then funding disappeared and the position couldn't be sustained. Other faculty took over the staff attorney's cases, resulting in nearly unmanageable workloads, and felt they were not able to provide clients with the highest quality representation. For this reason, ensuring sustained funding for staff attorneys is critical.

ATTENDEES ARTICULATED THE VALUE OF BUILDING UNIQUE PARTNERSHIPS FOR THEIR MLPS.

Education Discussion

Attendees identified goals for their clinic seminars and clinic sites. Several educational themes were discussed: skills and substantive law training, interprofessional collaboration, empathy training (particularly through experiential learning), and social justice/social determinants of health training.

SKILLS AND SUBSTANTIVE LAW TRAINING

Several people described exercises and learning tools they find effective for building lawyering skills in the classroom: a building block exercise, Jeopardy, Family Feud, \$20,000 Pyramid, Kahoot, Socrative, and dispute resolution sessions. Little Red School House was recommended as an effective educational tool for writing techniques. Finally, one participant explained an exercise she uses for boundaries training with students, involving a

brief discussion followed by a post-it note exercise that leads students to consider where and how to draw necessary boundary lines in their work with clients. The participant conducts this exercise with law students first at orientation and again at the semester's end to show students how they may have changed over the course of the semester.

PARTICIPANTS RECOGNIZED
THE CHALLENGES
POSED WHEN TEACHING
INTERPROFESSIONAL
COLLABORATION IN A
LEARNING SYSTEM...

INTERPROFESSIONAL COLLABORATION

Participants recognized the challenges posed when teaching interprofessional collaboration in a learning system with siloed professional schools, each of which have unique organizational structures and expectations. However, attendees see extraordinary value in maximizing work across disciplines, with particular emphasis on providing opportunities for law, medical, and social work students to learn with and from one another. Attendees noted examples in which multidisciplinary teams of students have the opportunity to engage and problem-solve together. One participant described the value of having law students truly integrated into the health clinic with medical and health professional students:

So, this led us into some really, really rich conversations every Wednesday night...sitting in the exam room with medical students, with public health students, with social work students and having totally free conversations about what's going on with this patient and what are the best options for this person. I'm particularly proud of that because I see those medical students, especially, coming through and knowing how to practice with a lawyer, not just sitting in a classroom and learning from each other, which is also crucially important.

Other participants noted the value of having faculty and students from other disciplines teach law students about the diagnoses and healthcare systems their clients experience. One participant shared this example:

I was finding for, so long, I felt like our students when they were working with clients about doing advanced directives or healthcare power of attorneys or living wills, they were kind of just going through the next question on the form. [It made me wonder] Do you realize what you're talking about? And so we've brought in a doctor, a palliative care doctor, and a doctor from the HIV clinic to do the same thing—like this is what a feeding tube looks like, because clients are always concerned about, 'I don't want to have tubes, you know?'

Another participant noted the value of law students going to medical clinics with residents to learn how to read and interpret their client's medical records. Doing that exercise on-site at the clinic offers insight and collaborative opportunities that aren't available in a typical classroom setting. As she explained, "There's a lot of learning that happens in context [on site] that's not just about the medical records or the proving SSI disability."

One of the participants then described an exercise she uses with students from law, social work, and medical schools. Students consider three questions: What are your professional norms? What are the tools of your profession? What is your approach? Answering these questions in groups shows students how much their work overlaps—and, where overlap is limited, students recognize ways the three disciplines are complementary. In this way, students learn at an early stage that no one profession is "at the top of the totem pole." She uses this so students can:

[...] step out of your own notion of, 'oh they only just practice medicine' or only 'they just do therapy' and to think about what are all these other skill sets that they can bring to the table. And because they don't know, you need to put them in a situation where they are trying to figure that out. And I think the hardest thing is to teach students skills while also teaching how to work with each other when you don't even know your own professional skills that well yet. [...] you have to create these situations where it's a forced exploration of that and then keep bringing them back to the table over and over to keep discussing it.

Along that same vein, another participant shared an approach for achieving a similar goal that she referred to as "Skills BINGO" as an engaging way to show students who is responsible for which client tasks and how professions can collaborate. Another participant also described holding case rounds in

which team members from the varied professions meet to discuss a case and brainstorm ideas; this consultation format prompts collaboration and demonstrates the value of work across disciplines.

Participants agreed it is important for students to recognize the assets of each profession, become an expert in their own niche area, and respectfully and prudently request colleagues' assistance in order to provide clients with the strongest and most holistic care possible.

EMPATHY TRAINING

Attendees soundly concurred that experiential learning adds extraordinary value to education, largely by fostering empathy. Professionals should know what it is like for their clients to rely solely on bus transportation, wait for hours in an Emergency Department waiting room, and struggle to access quality legal and medical services. Poverty simulations, cultural competency sessions, and implicit bias workshops are tools some law clinic faculty have used to help students develop a sense of the intense challenges people face. One participant mentioned that she counts these experiences towards students' law clinic hours so everyone makes time to participate. Another described the Facilitating Attuned Interactions (FAN) approach, which promotes mindfulness and self-regulation:

[...] how do you teach that to your students who, in the moment, are managing their own emotions about their clients' difficult lives? And we don't want them to cut off from those feelings, right? We actually want them to feel those feelings. But how do they manage them [...] [so] that [they] don't suffer their own trauma on top of it?

She also noted that studies have shown that medical students tend to lose empathy over the course of their training; changing this trend requires shifting their educational culture to one that not only teaches empathy but teaches the tools to transform empathy into action.

SOCIAL DETERMINANTS OF HEALTH/SOCIAL JUSTICE TRAINING

Participants agreed that a cornerstone of the law clinic MLP work is to teach future medical and legal professionals to embrace the broader concepts of social determinants of health and their impact on health equity. Noting that it can be challenging

when colleagues or students don't understand or appreciate the importance of the systems-level lens, participants agreed that as MLP advocates they must continue to push back when people exclude it from teaching or practice. These efforts shape the profession's future:

We're not just teaching [students] the system, but how to change the system and push back and move the law forward. And so I think it can be kind of freeing to them to present it in that way, that they're not stuck with what we have, but we really do care about their ideas and their innovation, and we hope that they will develop those skills and take it with them in their future careers and practice.

ATTENDEES SOUNDLY
CONCURRED THAT
EXPERIENTIAL LEARNING
ADDS EXTRAORDINARY VALUE
TO EDUCATION, LARGELY BY
FOSTERING EMPATHY.

Research Discussion

While there is evidence that the MLP model is effective, there is a need for more rigorous, longitudinal studies of how and for whom the MLP impacts a range of outcomes. One of the unique assets that an academic MLP can bring to the work is the presence of research faculty within the institutions that can help to document the impact of the MLP on individual, systems and population outcomes. And this was the last topic of the day for the Convening.

RESEARCH IN THE ACADEMIC MLP SETTING

Academic MLPs have the added value of being based in a university setting, however, which can help facilitate efficient collaboration with research partners. As one participant noted, "I feel like I just learned a lot by having evaluators who knew nothing about law." Others cautioned that having partners who have no background in the subject area could be difficult, so the MLP team may need to build their evaluation partners' capacity as their work begins. As one articulated:

So I think if you can train people, you can help them understand. And if they're good program evaluators, they should ask the kinds of questions that allow them to help you. Whether or not they're MLP experts.

ATTENDEES ALSO
RECOGNIZED THE NEED TO
FOCUS ON UTILIZATION AND
COST-SAVINGS OUTCOMES...

DEFINING OUTCOMES

There was much discussion around approaches for identifying, defining, and measuring outcomes to show MLPs' impact both on learners and patients/ clients. Academic MLPs are unique in that law clinics often have fewer cases than non-academic MLPs, making it harder to show statistically significant impacts. One participant summarized the challenge this way:

We are doing very specific things around [assessing] learner outcomes and we can articulate short, medium, [and] longer-term outcomes. We're also doing specific things for clients, and what would we be comfortable measuring about the impact that we're having on our clients? [...] To be able to measure all of those different impacts simultaneously in a high-quality way with a small set of cases, it's pretty complex.

While clients' medical outcomes may seem clear, other, more distal outcomes are not as well-defined. In cases of domestic violence, child support, or special education, for instance, what does success mean? A participant identified stress as an outcome tying many cases together. While there are challenges associated with measuring stress, given that it is frequently self-reported and clients facing constant toxic stress may not even identify as "being stressed," stress does seem to be a common outcome for MLPs to assess.

Attendees also recognized the need to focus on utilization and cost-savings outcomes, particularly when talking with health care funders. As one participant noted:

But I think a lot of people are oriented towards the utilization question, the money question. I mean I think [...] the holy grail is like are we actually reducing costs?

Some participants had experience showing that even a small number of successes can be compelling to funders and system leaders if those cases are high-cost and involve frequent utilizers of the health care system.

Improving no-show rates at both the medical and legal sites may be another meaningful utilization outcome. One participant discussed some of the work her MLP is doing to identify overlap between patients/clients who are missing both their medical and legal appointments. These data can alert staff to reach out to those individuals and develop interventions that address attendance barriers.

Participants identified the development of advocacy and interprofessional collaboration skills as potentially useful learner outcomes, though reporting and measuring these concepts requires careful consideration. As a participant explained:

So you ask any doctor, "Do you believe in interprofessional collaboration?" they're going to say "yes." But then when you ask how do they define interprofessional, [collaboration] [...] they're going to say I collaborate with the nurses, the medical assistant, and you know, the podiatrist and, and other health professionals, but they're not thinking beyond those—like at most you'd get a mention of social workers—but we won't get anything like law. So you know, you really have to get down and dirty just to even get the initial definitions of, 'What does interprofessional even mean to you?' to then understand what are you actually testing.

Further, academic MLPs' focus on training the next generation of the workforce makes them uniquely situated to build capacity for health justice work among future professionals. One participant commented, "I think if we're to categorize academic MLP as an intervention, I think the primary goal of that intervention is, is workforce capacity."

As highlighted by a participant, having longitudinal data on learners' behavior after graduation is critical:

You know, a lot of us run around and say we're changing the next generation of lawyers and doctors. Some of us say that, and then some of us feel like we might want to have some data to underscore how true that is.

Integrating data sources like survey questions about students' understanding of health-harming legal needs, extant literature defining 'quality' in lawyering, and prospective employers' perspectives on the abilities and attributes they expect in their employees may be useful as the MLP research agenda moves forward.

TYPES OF DATA

Both qualitative and quantitative measures are important for demonstrating MLP effectiveness. Not only is it important to show cost-savings, but client stories and other legal data like memos and briefs also help audiences understand the value of legal interventions and the "touches" clients have among multiple systems—health care, legal, and others. In this vein, a participant mentioned the utility of qualitative comparative analysis, a mixed methods approach for establishing causality for a specific outcome with small sample sizes. Similarly, another participant, explained results of a previous study she worked on:

We ended up finishing a qualitative assessment of the patients in the pediatric clinic at Yale and [...] learned that [the MLP model is] actually an access-to-justice tool on many levels, which was really exciting to see. So we're seeking to publish that now.

Participants eagerly agreed that pooling and sharing their data, and/or contributing data to non-academic MLPs, would help address this and contribute to developing a rigorous evidence base for MLPs. Participants shared an interest in exploring other existing research on MLP (or MLP-like) impact.

NEXT STEPS

Overwhelmingly, participants were eager to keep the academic MLP community and energy alive. A convening leader from Georgetown offered to create an online resource exchange space, where participants could upload teaching tools, service provision information, research, screening tools, and other documents. Attendees also agreed that quarterly Zoom calls would be beneficial, and communicating meeting topics beforehand will help people effectively prepare for and contribute to these meetings.

Participants felt that the Research section of the Convening in particular offered key follow-up points to address as a group. Work needs to be done to identify and define outcomes of interest, and then share and collect data to measure those outcomes together.

The HJA, with support from the Winer Family Foundation, is currently analyzing the results of a national scan of medical and law school MLPs to learn more about the number and nature of these partnerships. Data collected will help define what an academic MLP is and establish a typology for classifying the structure for these partnerships. Moving forward, the HJA intends to expand its convening efforts beyond this first meeting of law clinic faculty, which we took as a first core step in our broader work to understand the landscape of academic MLPs.

CONCLUSION

The Convening achieved its goal of serving as a first step in bringing together law faculty to build community and share resources unique to academic MLPs. Sharing experiences and insights around their service, education, and research and evaluation efforts provided participants the opportunity to focus on the unique features of their academic missions. We look forward to expanding this network and adding to it the academic medical partners who are also engaged in this important work.

APPENDIX 1

CONVENING AGENDA

Georgetown University Law Center McDonough Hall 600 New Jersey Avenue, NW Washington, DC 20001

SEPTEMBER 17, 2019

6:30 - 9:00 PM Welcome Dinner

Georgetown Law Center Faculty Lounge (5th Floor of McDonough

Hall)

SEPTEMBER 18, 2019

8:15 AM - 4:00 PM Convening

McDonough Hall 208

8:15 - 9:00 AM Registration & Continental
Breakfast

9:00 - 9:15 AM Welcome & Overview

9:15 - 10:45 AM Facilitated Discussion:
Client Legal Service Areas

10:45 - 11:00 AM Break

11:00 AM - 12:15 PM Facilitated Discussion: Education

12:15 - 1:30 PM Break & Networking lunch

12.10 1.00 TT Broak & Process of King Tarlott

1:30 - 2:45 PM Facilitated Discussion: Research

2:45 - 3:00 PM Break

3:00 - 3:30 PM Moving Forward—Staying in

Touch & Collaborating/Sharing

3:30 - 3:45 PM Wrap Up & Closing

4:00 PM Transport to National Harbor

for Opening Reception of

MLP Summit

APPENDIX 2

PARTICIPANT BIOGRAPHIES



Ricardo N. Avila, S.J. is a Visiting Legal Fellow & Scholar with the Georgetown University Health Justice Alliance. As part of the HJA team, Fr. Avila is using his litigation and transactional experience in consumer protection

and commercial matters to develop programs that will address the health-harming legal needs of cancer patients at the MedStar Washington Cancer Institute. Fr. Avila received his JD from Yale Law School. He also holds an MDiv and an STB from the Jesuit School of Theology of Santa Clara University, an MAPR from Fordham University and a BA in Political Science and Latin American Studies from the University of Chicago.



Emily A. Benfer is a visiting associate clinical professor of law at Columbia Law School where she founded and directs the Health Justice Advocacy Clinic. As a well-known authority in the field of health justice, Benfer is recognized

for a myriad of social justice and scholarly accomplishments, and a commitment to preparing the next generation of advocates. Prior to joining the faculty to direct the Health Justice Advocacy Clinic, Benfer was a Visiting Distinguished Scholar and Senior Fellow at Yale Law School Solomon Center for Health Law & Policy.

Between 2010-2017. Benfer served as a Clinical Professor of Law at Loyola University Chicago School of Law and Loyola University Chicago Stritch School of Medicine Department of Public Health where she founded and directed the Health Justice Project, a fully integrated medical-legal partnership at Erie Family Health Center in which providers, lawyers, and law students collaborated to resolve the social determinants of poor health for patients. The Health Justice Project received the CLEA Award for Excellence in a Public Interest Case or Project for student leadership in an interprofessional advocacy campaign to protect children in federally assisted housing nationwide from lead poisoning. In addition, the Health Justice Project received the Outstanding Medical-Legal Partnership Award from the National Center for Medical-Legal Partnership.

Before founding the Health Justice Project, Professor Benfer served as a teaching fellow and supervising attorney in the Federal Legislation & Administrative Clinic at Georgetown Law Center. In practice, she was a legislative lawyer in the successful efforts to pass the ADA Amendments Act; to require education assistance for homeless children and youth in Washington, DC; and to align the Illinois definition of lead poisoning with the Centers for Disease Control and Prevention standard. Benfer has testified before Congress and appeared in numerous media outlets. She served as an Equal Justice Works Fellow and a Peace Corps volunteer.

She was named a Legal Freedom Fighter by Rocket Matter and one of Chicago's Top 40 Lawyers Under 40 by the National Law Journal. She has received numerous commendations for her commitment to health equity and social justice, including the American Public Health Association David P. Rall Award for Advocacy, Health Innovator Award and the inaugural Schweitzer Leadership Award. In addition, Professor Benfer was named Chicago Person of the Year (group award) for her pro bono work to organize attorneys at O'Hare International Airport in response to the travel ban. Benfer earned her LLM from Georgetown Law Center and JD from Indiana University Robert H. McKinney School of Law. She received a Certificate in Social Justice and a Certificate in Nonprofit Leadership and Development from Loyola University Chicago.



Yael Cannon is an Associate Professor and Director of the Health Justice Alliance Law Clinic at Georgetown Law School, a medical legal-partnership with Georgetown University Medical Center through which law students provide poverty

law advocacy to low-income patient families in Washington, DC. The law clinic embeds students in MedStar Georgetown Community Pediatrics health clinics at a high school health center and a pediatric mobile van where patients are screened for unmet legal needs. Law students partner with healthcare providers and students to advance their casework. Professor Cannon also works closely with cross-campus research partners to develop and implement assessment tools to evaluate the impact of the Health Justice Alliance's service and academic initiatives on learners, patients, clients and health providers. In its first year, the Health Justice Alliance team was recognized by Georgetown University and the Fox 5 Morning News

as "Campus Heroes" for its work serving families in need in Washington, DC.

Professor Cannon previously taught clinical poverty law courses and doctrinal courses at the University of New Mexico School of Law, where she was an Associate Professor. She led a successful effort there to secure a \$2.6 million grant from the W.K. Kellogg Foundation to develop a new law school initiative, the Center for Child and Family Justice, which prepares and mobilizes law students and graduates to pursue justice, equity, and health for New Mexico's most vulnerable families. While in New Mexico, Professor Cannon co-chaired the state legislature's John Paul Taylor Early Childhood Taskforce and served by appointment on the New Mexico Supreme Court's Children's Court Rules Committee. Professor Cannon began her law teaching career at the American University Washington College of Law, where she served as a Practitionerin-Residence and Acting Director of the Disability Rights Law Clinic and taught doctrinal courses.

Prior to teaching, Professor Cannon was an attorney at the Children's Law Center's medical-legal partnership providing legal services at Washington, DC pediatric clinics and engaging in policy advocacy on behalf of low-income children and families. Her research focuses on the ways in which the law can address social determinants of health to ensure better outcomes for children and families living in poverty. Professor Cannon graduated with distinction from Stanford Law School and summa cum laude from the University of Maryland with BA degrees in History and African American Studies.



Debra Chopp directs the Pediatric Advocacy Clinic and is the Associate Dean for Experiential Education at the University of Michigan Law School. Her research, teaching, and legal practice focus primarily on education law,

family law/domestic violence, and cross-cultural communication. Professor Chopp has presented on these and other topics at local, state, and national conferences. She also provides regular trainings to medical providers on patient advocacy, special education, and social determinants of health. As the director of the Pediatric Advocacy Clinic, Professor Chopp works with medical providers and law students to provide free legal services that address the social determinants of health of families and improve child health. She is the Law School faculty representative

to the Child Health Evaluation and Research (CHEAR) Unit at the University of Michigan.

Immediately prior to joining the Pediatric Advocacy Clinic, Professor Chopp was a staff attorney with the Pediatric Advocacy Initiative at the Law School. She has represented survivors of domestic violence as an attorney for Sanctuary for Families: Center for Battered Women's Legal Services in New York. She earned her BA in political science with high honors from the University of Michigan and her JD from the University of Pennsylvania Law School.



Hannah Demeritt, a Clinical Professor of Law, is a supervising attorney in the Health Justice Clinic. Demeritt was a student in the Health Justice Clinic (then known as the AIDS Legal Project) as a law student. She returned to Duke

Law as a supervising attorney in 2011. In her role as clinical professor and supervising attorney, Demeritt supervises students in their representation of low-income clients with health-related legal needs. Demeritt works with students on cases involving: Social Security disability and Medicaid appeals, breach of confidentiality, discrimination, end-of-life planning, and other health-related legal issues. She also speaks to medical providers, case managers, social workers, and community members about the legal needs and rights of people living with HIV and other serious illnesses.

Demeritt also teaches legal ethics, with a focus on professional responsibility in social justice lawyering, and in the criminal justice system. She has a strong interest in the intersection of professional responsibility and lawyers' mental health and wellbeing. Demeritt has also taught legal writing and legal interviewing and counseling.

After graduating from law school, Demeritt clerked for the Honorable Robin Hudson for three years, at the North Carolina Court of Appeals and NC Supreme Court. Following her clerkships, she worked part-time as a supervising attorney at the Health Justice Clinic on a statewide project, and served as court-appointed criminal defense at the trial and appellate levels in state court. She also represented juveniles in delinquency court and was active in local and statewide juvenile defense policy, advocacy, and education. In 2010, Demeritt went to work as an assistant appellate defender in the NC Office of the Appellate Defender. There, she served

as co-counsel in JDB v. North Carolina at the United States Supreme Court—a case she had worked on pro bono in state court. The US Supreme court decided JDB in her client's favor in June 2011.

Demeritt earned her JD, magna cum laude, with membership in the Order of the Coif, from Duke Law School in 2004. She received a BA in History from Reed College in 1992. Between college and law school, she worked in social service agencies in Portland and New York City, counseling and advocating for low-income teen and youngadult clients. Demeritt is licensed to practice in North Carolina, and is a member of the bars for all federal courts in North Carolina, as well as the US Supreme Court. She is a member of numerous professional associations, including the American Bar Association (and its Professional Responsibility section), the North Carolina Advocates for Justice, and the NC Gay Advocacy Legal Alliance. She is also on the executive committee of the American Association of Law Schools.



Vicki W. Girard is the Faculty Director of the Georgetown University Health Justice Alliance and Professor of Law, Legal Practice. Professor Girard joined the Law Center after more than a decade of representing cosmetic.

pharmaceutical, biotech, and tissue companies in FDA-related proceedings and other regulatory and policy matters. At Georgetown, her interest in the intersection of health and law led her to embrace medical-legal partnership as a model for addressing the health-harming legal needs of vulnerable populations. Recognizing the opportunity to expand the Law Center's direct legal services in DC and to provide a transformative educational experience for medical, nursing, and law students, she worked with Professor Yael Cannon to launch the Health Justice Alliance in the Fall of 2016. In her current role, she works across the University and with MedStar to expand Georgetown's direct engagement with DC residents and to foster inter-professional collaborations and solutions aimed at reducing health disparities.

Professor Girard is a member of the Public Stakeholders Committee of the National Board of Medical Examiners, a Community Advisory Board member with the Georgetown Office of Minority Health, and serves on the Academic Programs Committee at the Food and Drug Law Institute. She holds a BA, cum laude, in political science from Drew University and her JD, magna cum laude, from Georgetown Law Center.



Sara Gold joined the faculty at Maryland Carey Law faculty in 2011 and teaches the Medical-Legal Partnership Clinic, which partners with HIV medical clinics on the UMB campus to provide legal services to low-income clients living with HIV.

Previously, Professor Gold was Pro Bono Manager at the Washington, DC office of Howrey LLP. Prior to joining Howrey, she was a Visiting Professor in the Domestic Violence Clinic at Georgetown University Law Center. She has also worked in the Office of the Attorney General for the District of Columbia as a Section Chief for the Child Protection Section, then as Acting Deputy Attorney General for the Family Services Division. She received her BA in Political Science, with distinction, from the University of Michigan, and her JD from the University of Pennsylvania Law School. Professor Gold is a member of the Maryland bar.



Crystal Grant, Interim Director of the Duke Children's Law Clinic, joined Duke Law faculty in 2018 after serving as a clinical fellow in the Pediatric Advocacy Clinic at the University of Michigan Law School. She earlier practiced public interest

law in Michigan for seven years and served as an adjunct professor at Spring Arbor University.

Grant's research interests are in special education and using interdisciplinary collaboration to address the social determinants of health. She has represented children and their families in administrative hearings and federal court. She has provided continuing education for attorneys and medical providers on special education and related topics such as trauma-informed care, bullying and the Americans with Disabilities Act (ADA). Her representation of students includes participation in IEP team meetings, Section 504 meetings, due process proceedings and administrative complaints. She has received favorable resolutions through the Office of Civil Rights and the Department of Justice.

Grant received her MSW from the University of Michigan and JD from Michigan State University College of Law. She clerked for Judge Janelle A. Lawless of the Ingham County Circuit Court where she conducted legal research on family law, child welfare, and juvenile justice issues.



Sarah Hooper is the Executive Director of the UCSF/UC Hastings Consortium on Law, Science & Health Policy and Adjunct Professor of Law at UC Hastings College of the Law. She is also Policy Director of the Medical-Legal Partnership

for Seniors and a Senior Atlantic Fellow for Health Equity in the Fitz Mullan Health Workforce Institute at George Washington University. Since first joining the Consortium in 2009 as a Senior Legal Research Fellow, Sarah has dedicated her career to developing innovative medical-legal collaborations that can advance equity in health care. She has a special interest in complex care populations, and in particular how health and legal systems can respond to the aging of this population. Her work encompasses clinical interventions such as the Medical-Legal Partnership for Seniors Clinic, research collaborations such as the Dementia Care Ecosystem trial, and educational initiatives for providers and the public such as the Optimizing Aging Collaborative and PREPARE. Professor Hooper teaches in the JD health law program at UC Hastings and the UCSF-UC Hastings Master of Science in Health Law & Policy program.

Sarah received her BA in Law & Society with honors from the University of California, Santa Barbara, where she was a Regents Scholar and appointed member of the Associated Students Legislative Council and board member of the Shoreline Preservation Fund. She received her law degree from the University of California Hastings College of the Law, where she co-founded the Hastings Hurricane Relief Organization following the devastation of Hurricane Katrina.



Lisa Kessler, MBA, is the Director of Operations for the Georgetown University Health Justice Alliance (HJA), where she plays a critical role in the execution and expansion of HJA's service, education, and research efforts.

Ms. Kessler has over 10 years of experience in nonprofit management and community-based work, including as an associate in CareFirst BlueCross BlueShield's leadership development program, where she rotated through various business units to understand opportunities and challenges and contributed on high level strategic projects. Ms. Kessler previously worked at Georgetown Law as the program coordinator in the Community Justice Project, where she refined and enhanced the clinic's work with nonprofit clients, and at LIFT-DC, where she trained and supervised college students working one-on-one with low-income community members to chart a path out of poverty. As an undergraduate, she interned at the Medical-Legal Partnership at Boston Medical Center, the founding site of the national medical-legal partnership network, where she assisted clients with housing issues negatively impacting their health.

Ms. Kessler received her Master's in Business Administration from Georgetown's McDonough School of Business and her undergraduate degree in Community Health and Spanish from Tufts University.



Medha D. Makhlouf is an Assistant Professor of Law at Penn State's Dickinson Law, an Assistant Professor in the Department of Public Health Sciences at Penn State College of Medicine, and the Founding Director of the Medical-

Legal Partnership Clinic. The Clinic aims to reduce health disparities and improve health in vulnerable communities through collaboration with medical providers and public health practitioners. Currently, the Clinic focuses on representing immigrants with legal needs relating to access to health-supporting public benefits. Professor Makhlouf's research and teaching interests lie at the intersection of health law, immigrants' rights, and poverty law and policy. She also teaches other courses in the area of health law, including Public Health Law and Law & Medicine. Prior to entering academia, she was a Staff Attorney at the Central West Justice Center in Worcester, MA; an associate attorney at Ropes & Gray LLP in Boston; and a public interest fellow at Asylum Access in Quito, Ecuador, and the Political Asylum / Immigration Representation Project in Boston. She is a graduate of Yale Law School and Brown University.



Margaret Middleton, assistant clinical professor and co-director of the HeLP Legal Services Clinic, teaches in the live-client civil clinic, which is a part of an interdisciplinary community collaboration with Georgia State

University College of Law, Children's Healthcare

of Atlanta and the Atlanta Legal Aid Society. Middleton holds an adjunct faculty appointment in the Department of Pediatrics at Morehouse School of Medicine. The clinic enrolls law students, medical students and graduate students in the fields of social work, public health and bioethics.

Prior to joining the faculty, Middleton served as the co-founder and executive director of the Connecticut Veterans Legal Center (CVLC). Under her leadership CVLC served over 2,000 low-income veterans recovering from homelessness and mental illness. The Department of Veterans Affairs recognized CVLC as the first medical-legal partnership established with Veteran Affairs, and honored CVLC with its National Community Partnership Award in 2015. Middleton testified before Congress about the need to reform VA's handling of disability claims stemming from military sexual violence and she helped to lead the effort to secure federal funding for veterans' legal services in Congress.

Middleton also paved the way for CVLC to lobby with teams of Yale Law School students to pass legislation in Connecticut to help veterans get treatment instead of jail time for low-level offenses. In addition, this initiative helps veterans transition from the war force to the workforce by properly crediting military training.

In 2017 Middleton co-authored a peer-reviewed article in Health Affairs about the outcome of one of the largest academic research studies of medical-legal partnership. The study, funded by the Bristol-Myers Squibb Foundation, proved that veterans receiving legal help, integrated with VA care experienced improved mental health and reduced homelessness. Middleton served as a co-instructor and visiting clinical lecturer of the Veterans Legal Services Clinic at Yale Law School from 2010 to 2015.

Following law school, Middleton served as a law clerk to the honorable Janet C. Hall of the United States District Court for the District of Connecticut. Later she became the Thomas Emerson Human Rights Fellow at David Rosen and Associates.

Middleton is a 2014 recipient of the National New Leader in Advocacy Award from the National Legal Aid and Defenders Association. She was recognized as one of Forty Under Forty by Connecticut Magazine in 2014 and received the New Leaders in the Law Award from the Connecticut Law Tribune in 2012.



Kate Mitchell joined the Health Justice Project in August 2017 after more than 16 years practicing and teaching in the areas of poverty law, children's rights, and health law. Professor Mitchell has extensive experience representing children

and families in poverty in access to health care, public benefits, special education, housing and family law, juvenile delinquency, prison condition cases, and other general civil law matters. She has also been involved in local, state, and national policy work in the areas of access to health care, education, and juvenile justice.

Before joining Loyola, Professor Mitchell spent three years as a clinical teaching fellow with the Pediatric Advocacy Clinic at the University of Michigan Law School, a medical-legal partnership clinic serving pediatric patients and their families. She previously served as the Legal Director of the Toledo Medical Legal Partnership for Children at Advocates for Basic Legal Equality and Legal Aid of Western Ohio in Toledo, Ohio. Professor Mitchell started her legal career as a staff attorney with LAF in Chicago and then as a staff attorney and policy director at the Juvenile Justice Project of Louisiana in New Orleans. Following Hurricane Katrina, Professor Mitchell worked as a fellow at The Public Law Center at Tulane University School of Law focusing on economic and housing revitalization efforts in New Orleans.

Professor Mitchell has presented at local, state, and national conferences on a variety of topics including Medicaid and child access to health care, special education, collaborative interdisciplinary advocacy, juvenile competency standards, and healthy housing advocacy. Her primary research interests relate to the intersection of: poverty; health and legal advocacy; interdisciplinary approaches to advocacy; access to health care; and the impact of school disciplinary practices on children with disabilities. Professor Mitchell has been admitted to practice law in Illinois, Louisiana, Ohio, and Michigan.



Danielle Pelfrey Duryea directs BU's new Compliance Policy Clinic, which will launch in spring 2020. Before returning to teaching, she practiced in the government enforcement practice group at Ropes & Gray LLP for five years,

where she focused on pharmaceutical and medical device regulation and compliance. She was also a

founding lead for the firm's nationally-recognized pro bono medical-legal partnerships.

Before joining BU Law, she taught at the University at Buffalo School of Law—SUNY. There she founded the Health Justice Law & Policy Clinic, represented the law school across the university as assistant dean for interprofessional education & health law initiatives, and served as associate director of the interdisciplinary UB Center for Successful Aging. Just before joining UB Law, Pelfrey Duryea completed a clinical teaching fellowship in Georgetown University Law Center's Domestic Violence Clinic.

She holds a JD and LLM from Georgetown, where she also served as editor-in-chief of the Georgetown Journal on Poverty Law & Policy. Before law school, Pelfrey Duryea was an academic editor and a PhD student in the Department of English at the University of Virginia.

Her research and teaching interests also include clinical pedagogy and experiential learning; interprofessional education and collaborative practice; medical-legal partnership and law as a social determinant of health; and gender, race, and critical theory.



Deborah F. Perry, PhD, is the Director of Research and Evaluation for the Georgetown University Health Justice Alliance and a professor at the Georgetown University Center for Child and Human Development (GUCCHD).

At GUCCHD, Dr. Perry provides leadership on a broad portfolio of applied research and rigorous program evaluations as the Director of Research and Evaluation. In addition to her HJA research, Dr. Perry focuses on approaches to designing and testing preventive interventions for low-income young children and their caregivers. An area of focus for her community-based research is the prevention of perinatal depression in high-risk women. Dr. Perry helped develop the evidence base for the effectiveness of early childhood mental health consultation, evaluating several statewide projects in the Washington DC region. She also serves as the external evaluator for several federally funded grants including: Washington DC's Maternal Infant and Early Childhood Home Visiting program, and the SAMHSA-funded early childhood system of care grant in DC.



Tomar Pierson-Brown joins the Pitt Law faculty as a clinical assistant professor of law and director of the Health Law Clinic. Under her leadership, the Health Law Clinic will operate as a medicallegal collaborative. Clinic cases and

coursework will focus on the use of legal advocacy to address social determinants of health facing the families of our region's sick and disabled youth.

Pierson-Brown previously served as a clinical instructor and supervising attorney in the Juvenile and Special Education Law Clinic at the University of the District of Columbia—David A. Clarke School of Law. In that position, Pierson-Brown and her clinic students represented the interests of students with disabilities and their parents in cases involving the Individuals with Disabilities Education Act, and in student discipline hearings.

From 2008 to 2013, she served first as staff attorney, then as senior attorney and training coordinator, with the Children's Law Center in Washington, DC. Prior to that experience, Pierson-Brown was a 2006 Equal Justice Works fellow with the Legal Aid Society of Cleveland, Ohio. Pierson-Brown received her JD from Case Western Reserve University School of Law in 2006 and her LLM in clinical legal education and systems change from UDC School of Law in 2015.



Katy Ramsey joined the faculty in 2018 as an Assistant Professor of Law and Director of the Medical-Legal Partnership Clinic, a collaboration between the Law School, Le Bonheur Children's Hospital, and Memphis Area Legal

Services that provides legal and social work services to low-income patients and families of Le Bonheur in civil legal problems that affect their health and wellbeing. From 2015 to 2018, Professor Ramsey was a Visiting Associate Professor of Clinical Law and Friedman Fellow in the Prisoner & Reentry Clinic at George Washington University Law School, where she supervised law students representing incarcerated and formerly incarcerated residents of the District of Columbia in post-conviction and reentry matters. Before entering teaching, she was an Equal Justice Works AmeriCorps Legal Fellow and attorney at Lenox Hill Neighborhood House in New York City, where she represented low-income tenants and families in housing and benefits

matters, including evictions, housing conditions cases, SSI appeals, and welfare and SNAP terminations. She also volunteered with the Safe Passage Project at New York Law School, where she represented a Central American migrant child in a successful petition for Special Immigrant Juvenile Status.

Professor Ramsey received her JD and MA from the University of Wisconsin in 2010. In law school, she participated in multiple clinics, including the Neighborhood Law Clinic and the Domestic Violence and Immigration Clinic, and was the president of the Public Interest Law Foundation. Professor Ramsey earned her BA in History and Spanish from Middlebury College in 2005. She currently serves as the co-chair of the AALS Section on Clinical Legal Education Membership, Outreach and Training Committee, and is a member of the Tennessee Bar Association Access to Justice Committee. She is fluent in Spanish.



Allison Rice is a Clinical Professor of Law and Director of the Health Justice Clinic at Duke Law School. She is also engaged in HIV/AIDS policy research and advocacy, with a focus on health care access and implementation of the Affordable

Care Act. She collaborates with health care advocates in North Carolina and nationally on health care access issues. Rice is a regular speaker and trainer on HIV legal issues, presenting to medical providers, case managers, government officials, and community members

In the Health Justice Clinic, Rice supervises law students who provide legal representation to individuals living with HIV, cancer and other serious medical conditions, in cases involving estate planning, disability, insurance, public benefits, breach of confidentiality, and discrimination. In the HIV/AIDS policy clinic, she works with students on policy projects which have included monitoring and evaluating health plans offered through the Affordable Care Act with respect to their suitability for people living with HIV; studying insurance assistant programs offered by AIDS Drug Assistance Projects (ADAP) and advocating with North Carolina policy makers for expanded insurance cost assistance in the North Carolina ADAP program; reviewing and preparing comments on the proposed North Carolina 1115 Waiver; studying North Carolina HIV control measures and educating the HIV community about HIV criminalization. Many

of these policy projects are collaborations with the North Carolina AIDS Action Network, of which Rice is a board member.

Rice has previously taught Legal Writing and Legal Ethics maintains a writing and ethics focus in her clinic supervision. Rice is also interested in the use of technology in law practice and teaching.

Rice began her legal career in 1984 as a staff attorney at Legal Services of Southern Piedmont in Charlotte, North Carolina. She was later appointed Managing Attorney. Prior to coming to Duke, Rice also did legal work for a small public interest law firm and the corporate counsel's office of an environmental consulting firm. Ms. Rice received her BA in History from Colgate University in 1975, and her JD, magna cum laude, from Boston University in 1984. She lives in Durham with her husband, Lou Perron, a designer and real estate broker, and two college-aged children.



Jennifer Rosen Valverde is a Clinical Professor of Law at Rutgers U. School of Law in the Education and Health Law Clinic, and Co-Founder/Legal Director of H.E.A.L. Collaborative® (Health, Education, Advocacy & Law), a medical-legal-

social work partnership and joint project with Rutgers-N.J. Medical School's Pediatric Primary Care Clinic. Professor Valverde co-teaches a course on Special Education Law, and supervises graduate students in law, social work, medicine and public health as they collaborate with each other, with families, and with the Greater Newark community to address the non-medical causes of poor health and well-being, i.e. social determinants of health. In H.E.A.L. Collaborative, Professor Valverde and her students provide assistance to families and the community in the areas of special education, public benefits, health insurance appeals, and more, through multi-tiered interventions following a preventive law approach. H.E.A.L.'s assistance and advocacy takes many forms, including social work referrals and case management; public benefits advocacy at the agency level; legal advice and consultation; direct legal representation, including litigation; and policy advocacy.

Professor Valverde has published numerous articles on special education law, cross-systems educational advocacy, social determinants of health, and interprofessional collaboration. She frequently

provides training to attorneys, state agency staff, medical and health professionals, and social service organizations, and presents at local and national conferences on these and related topics. Before joining Rutgers in 2001, she represented children at the Cook County Office of the Public Guardian and the Chicago Lawyers' Committee for Civil Rights Under Law, Inc. Professor Valverde received her BA in sociology from Wesleyan University in Connecticut, and is a magna cum laude graduate of the Loyola University-Chicago Schools of Law and Social Work.



Kathryn M. Smolinski is director of the Legal Advocacy for People with Cancer Clinic. The clinic grew out of a medical-legal partnership Smolinski created through a two-year Equal Justice Works Fellowship she was awarded while a third-year

Wayne Law student. Before attending law school, she worked for 20 years as an oncology social worker, including serving as executive director of the Association of Oncology Social Work and as a senior oncology social worker at The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins in Baltimore.

She earned a Bachelor of Arts in Psychology and English and a Master of Social Work from the University of Michigan, as well as a law degree from Wayne Law.



Emily Suski is an Assistant Professor at the University of South Carolina School of Law. Her areas of expertise include education law, family law, health & poverty law, and clinical legal education. Her scholarship explores issues at the

intersection of education law and civil rights as well as the role of the law in the caretaking of children. Her articles have been published in the California Law Review (forthcoming), UCLA Law Review (forthcoming), Maryland Law Review, Case Western Reserve Law Review, Louisiana Law Review, Clinical Law Review, and the Georgetown Journal of Poverty Law and Policy.

Prior to joining the University of South Carolina faculty, Professor Suski was on the faculty at Georgia State University College of Law, where she taught family law and in a medical-legal partnership clinic. She has taught as a lecturer at

the University of Virginia School of Law and was a clinical teaching fellow at Georgetown University Law Center. In addition, she was a staff attorney for the JustChildren Program of the Legal Aid Justice Center in Charlottesville, Virginia. She holds an LLM with honors from Georgetown University Law Center and a JD, MSW, and BA with distinction from the University of North Carolina.



Yvonne Troya is the founding legal director of the Medical-Legal Partnership for Seniors Clinic (MLPS), a project of the UCSF/UC Hastings Consortium on Law, Science, & Health Policy. MLPS is a collaboration between UCSF

and UC Hastings College of the Law whereby law students work closely with medical providers to provide holistic legal care for older adult patients. MLPS is one of very few geriatric medicallegal partnerships in the country and has been recognized in the New York Times for its innovative approach to legal services for older adults. In Fall 2015, MLPS expanded its services to represent geriatric veterans seen at the San Francisco VA Medical Center.

Yvonne previously served as a Supervising Attorney in the Health Practice of the East Bay Community Law Center, a clinic of UC Berkeley Law School. While there, Yvonne worked in two medical-legal partnerships serving low-income adults with HIV/AIDS and families seen at Children's Hospital and Research Center Oakland. She was also involved in the planning of a law school-based medical-legal partnership in Goma, Democratic Republic of the Congo.