

Report from Conference on

Medical-Legal Partnerships in Saskatchewan

Disseminating Information to Key Stakeholders

October 17, 2018

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Introduction

This is a report of CREATE Justice, the centre for research, evaluation, and action on the topic of access to justice, specifically, in the areas of access to legal services, dispute resolution, and systemic justice. CREATE Justice was established at the College of Law at the University of Saskatchewan during 2016 in response to both national calls to action and a local recommendation by participants at the 2015 meeting of the Dean's Forum on Dispute Resolution and Access to Justice (the Dean's Forum).

As the need for interdisciplinary collaborations to address pressing challenges facing individuals and society becomes increasingly clear, medical-legal partnerships (MLPs) have emerged as a holistic and proactive approach to address intersecting health and legal problems. The fourth meeting of the Dean's Forum at the College of Law, held on March 1, 2017, examined this very topic in the context of Saskatchewan and centred on opportunities to expand engagement to improve access to justice by creating connections between the delivery of health and justice services in Saskatchewan. In 2018, a 'Justice and Health Partnership Community of Interest' was formed between CREATE Justice at the College of Law and the Social Accountability Division at the College of Medicine to support the development of research and action on the topic. A summer student research assistant was hired at the College of Law in 2018 to support background research at CREATE Justice that could help inform the development of an MLP project.

With the support of the Saskatchewan Health Research Fund (SHRF), CREATE Justice and the College of Law, in collaboration with the College of Medicine, hosted a conference to share interim findings from our emerging MLP project. While currently emerging, the MLP project aims to encourage doctors, lawyers, and other health and human service providers to work together to improve health and justice outcomes in Saskatchewan. The goal of hosting the conference was to disseminate the knowledge learned through our preliminary work, research, and analysis, and to facilitate an opportunity to network and discuss opportunities and challenges related to developing MLPs in Saskatchewan, drawing on the expertise of conference speakers and participants.

Conference Day Summary

The conference was held on Wednesday, October 17, 2018 as a launch event preceding the 3rd annual *Saskatchewan Access to Justice Week*.¹ The day began with introductory remarks from the conference planning committee, which included: Dean Martin Phillipson, College of Law; Dean Preston Smith,

¹ Learn more about the 3rd annual *Saskatchewan Access to Justice Week* at <https://law.usask.ca/createjustice/saskatchewan-access-to-justice-week.php>. See full conference program at Appendix "A".

College of Medicine; and, Brea Lowenberger, Director of CREATE Justice and Access to Justice Coordinator, College of Law. Conference participants were also welcomed by Patrick Odnokon, Chief Executive Officer of SHRF. Conference participants then introduced themselves and shared their interest in the project.

The remainder of the morning featured presentations from speakers and large group discussion. Conference participants heard about MLP models implemented in Canada and the United States. Lynn Burns, Executive Director, Pro Bono Ontario presented on her experience implementing the first formalized MLPs in Canada, and Professor Janet Dolgin, Executive Director/Law Professor presented on her current experience in launching an MLP in 2018 between the Maurice A. Deane School of Law, Hofstra University and Northwell Health in New York City.² Dean Martin Phillipson and Mason Stott, CREATE Justice summer research assistant and third-year College of Law student then provided background research on options to establish MLPs in Saskatchewan.

In the afternoon, conference attendees were invited to discuss the ‘working paper’ and presentations in assigned small discussion groups.³ Following the discussion, representatives from each small group reported key messages back to the larger group.⁴ Professor Michaela Keet, College of Law assisted the participants by, as is described in the next section, identifying and summarizing common themes and emerging priorities that arose during the small discussion groups’ reports. Dean Phillipson and Dean Smith provided closing remarks at the end of the day and thoughts on moving forward from the background research, which is also described below.

Common Themes and Emerging Priorities in Relation to Discussion on Background Research

As stated above, the conference was an opportunity to discuss a ‘working paper’ investigating MLP project options that could improve justice and health outcomes in Saskatchewan, and to learn with and from the experts in attendance. Some of the common themes and emerging priorities that were identified at the conference in relation to and building off of the background research include:

- Coordinating and integrating the delivery of healthcare and legal services.
- Meeting patients/clients ‘where they are at’.
- Building on situational opportunities for a pilot project and to think about a staged expansion beyond a pilot project.
- Supplementing existing services and building on partnerships.
- Building partnerships that are responsive to real needs of communities.
-

² A copy of Professor Dolgin’s presentation can be viewed at Appendix “B”.

³ See assigned groups at Appendix “C” and small group discussion questions at Appendix “D”.

⁴ See small discussion group reports at Appendix “E”.

- Taking a 'learning' orientation, with research and education growing out of (and to support) programming.

These common themes and emerging priorities are summarized in the below figure and accompanying description, under the headings of **Impact; Aims; Operational Considerations; and Process Considerations**.

Figure 1: Common Themes and Emerging Priorities in Relation to Background Research.

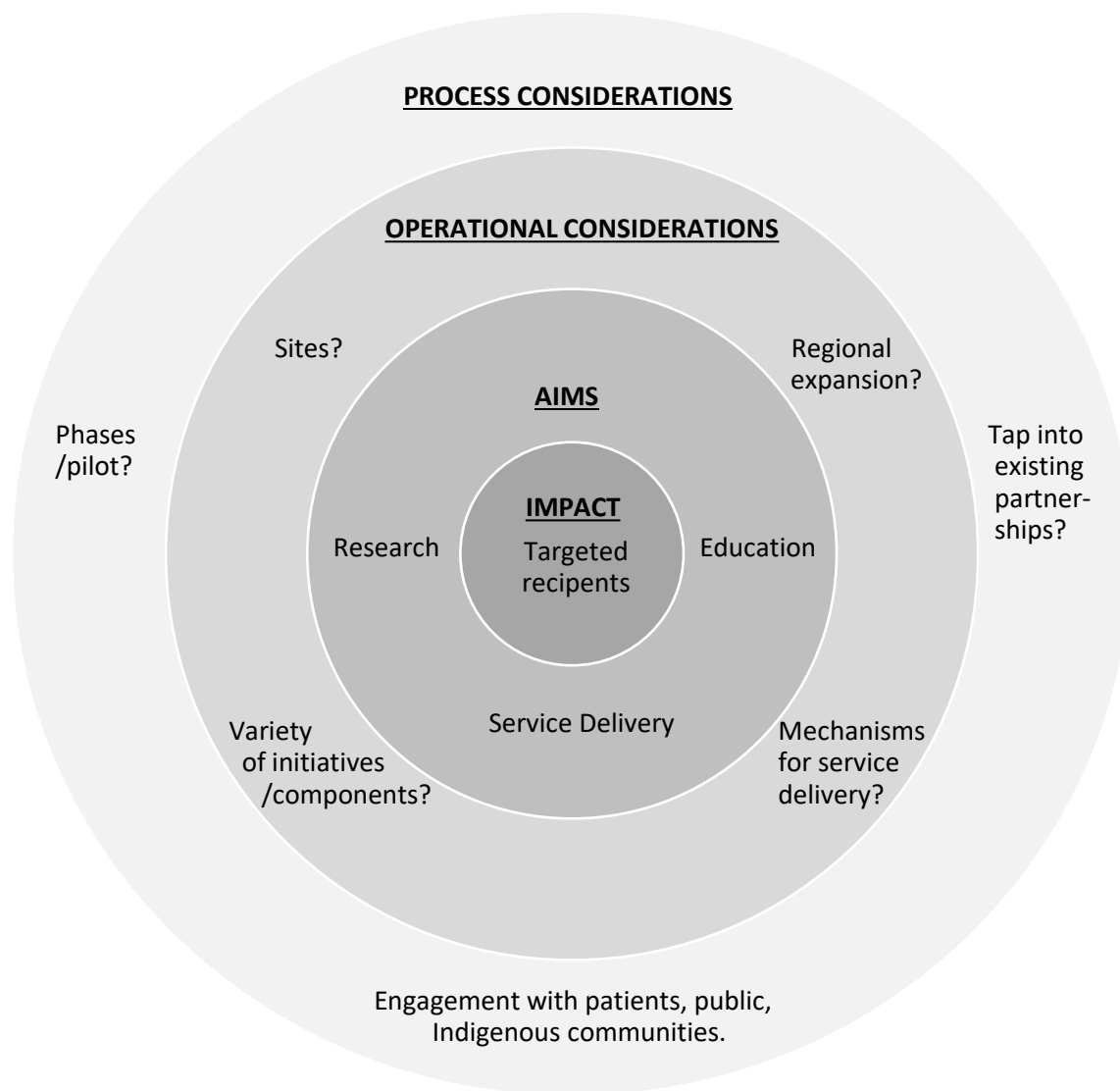


Figure 1 Description: Common Themes and Emerging Priorities in Relation to Background Research.

- **IMPACT:** The targeted recipients (i.e. the patients who will benefit) are at the heart of MLP research/potential programming in Saskatchewan, and everything should be built in accordance with the needs of the recipients.
- **AIMS:** The aims of an MLP initiative in Saskatchewan should include, as the ‘working paper’ identifies, service delivery, education, and research. Service delivery is a priority, and will inform related research that may be pursued. Research, in turn, is important to inform, support, and evaluate service delivery. Educational opportunities in both the health sciences and law can be pursued with time.
- **OPERATIONAL CONSIDERATIONS:** There could be various ways to operationalize MLPs in Saskatchewan. A site could be chosen and mechanisms for bringing in legal services could be developed, with, as is stated in the ‘working paper’, a variety of supplementary organizations and initiatives that could merge and be expanded on. Sites could expand with time.
- **PROCESS CONSIDERATIONS:** Process considerations include supporting good decision-making and principles that could guide planning, identifying and evaluating the impact of such partnerships in the community, leveraging existing partnerships, and building on early successes.

Concluding Thoughts

Dean Phillipson and Dean Smith offered concluding remarks in relation to the background research, presentations, and the day’s discussions. Specifically, they identified that:

- MLP programing is a priority, alongside further development of research and educational opportunities.
- A smaller group should be created to get a pilot MLP project off the ground.
- An MLP pilot project should be provincial in scope.
- Ongoing research is necessary and will be useful to demonstrate the needs and importance of MLP projects.

Anyone interested in learning more or being apprised of future MLP events or programming is invited to visit the ‘Justice and Health Partnership Community of Interest’ page online at law.usask.ca/createjustice and to email justicehealth_coi@usask.ca to subscribe to our list serve.

Appendix A: Conference Program



CREATE Justice

Centre for Research, Evaluation,
and Action Towards Equal Justice

Access to Legal Services - Dispute Resolution - Systemic Justice

Medical-Legal Partnerships in Saskatchewan

Disseminating Information to Key Stakeholders

OCTOBER 17, 2018

law.usask.ca/createjustice

ABOUT THE WORKSHOP

As the need for interdisciplinary collaborations to address pressing challenges facing individuals and society becomes increasingly clear, medical-legal partnerships (MLPs) have emerged as a holistic and proactive approach to address intersecting health and legal problems. The fourth meeting of the Dean's Forum on Access to Justice and Dispute Resolution (the Dean's Forum) at the College of Law, held on March 1, 2017, examined this very topic in the context of our province and centred on opportunities to expand engagement to improve access to justice by creating connections between the delivery of health and justice services in Saskatchewan.

With the support of the Saskatchewan Health Research Fund, CREATE Justice and the College of Law, in collaboration with the College of Medicine, are hosting a conference to share interim findings from our MLP project. While currently emerging, our MLP project aims at encouraging doctors, lawyers, and other health and human service providers to work together to improve health and justice outcomes in Saskatchewan. The goal of hosting the conference is to disseminate the knowledge learned through our work, research, and analysis, and to facilitate an opportunity to network and discuss interests and concerns related to developing MLPs in Saskatchewan, drawing on the expertise of conference speakers and participants.

If you would like to learn more or be apprised of future medical-legal partnership events, please visit our Justice and Health Partnership Community of Interest page at law.usask.ca/createjustice and/or email justicehealth_coi@usask.ca.

PLANNING COMMITTEE

Brea Lowenberger, CREATE Justice, College of Law, University of Saskatchewan

Dr. Preston Smith, Dean of Medicine, University of Saskatchewan

Professor Martin Phillipson, Dean of Law, University of Saskatchewan

WIFI

uofs-guest

Username: MedicalLegal

Password: Law2018

KEYNOTE SPEAKERS



Martin Phillipson joined the Faculty of the College of Law in 1999. He held previous teaching positions at Osgoode Hall Law School, Victoria University of Wellington in New Zealand and at the Australian National University. He received his LLB from Leicester University in the UK, and obtained his LLM from the University of Saskatchewan in 1991. Professor Phillipson's teaching and research interests lie in the fields of intellectual property law, biotechnology law, international environmental law, the law of property, and most recently, medical-legal partnerships. Professor Phillipson was Co-editor in Chief of the *Journal of Environmental Law & Practice* from 2003-2014. The Journal is published by Thomson-Carswell and is Canada's leading peer-reviewed environmental law publication.

In 2007 Professor Phillipson became the first Associate Dean of Research and Graduate Studies at the College of Law. In 2011 he was named Acting Vice-Provost of Faculty Relations at the University of Saskatchewan. In 2012 he was appointed Vice-Provost for the College of Medicine, and helped lead a major restructuring of the medical school at the University of Saskatchewan. He was named Dean of the College of Law in January 2016 and took up the position in July 2016.



Mason Stott, BComm University of Saskatchewan; MPP, University of Calgary; JD Candidate, U of S. Mason's Master of Public Policy degree was completed with a health and social focus, and his capstone research project investigated the financial implications of investing in preventive mental health care, in the Alberta context. As part of his JD education, he completed a one-term for-credit placement at CLASSIC, a poverty law clinic in Saskatoon's inner city. During the summer of 2018, Mason was hired by Dean Martin Phillipson as a research assistant, primarily to investigate the topic of medical-legal partnerships in relation to the Saskatoon and Saskatchewan context. Mason also worked with Brea Lowenberger, Director of CREATE Justice at the College of Law, to investigate and advance research and ideas that were discussed about justice and health partnerships at a previous meeting of the Dean's Forum on Access to Justice and Dispute Resolution.



Lynn Burns is the Founding Executive Director of Pro Bono Ontario, an organization that develops and manages high quality programs that connect volunteer lawyers with Ontarians who can't afford a lawyer. Some of Lynn's notable work includes creating a program to protect the education rights of school children, launching Canada's first court-based self-help program for unrepresented litigants, creating Canada's first medical-legal partnership, and launching the province-wide Free Legal Advice Hotline, the first of its kind in Canada. In 2017, Pro Bono Ontario served over 25,000 low-income Ontarians. Lynn has changed Ontario in terms of who can now access legal assistance, where people can get help, and how the legal profession engages with pro bono.



Janet Dolgin, B.A. (philosophy), Barnard College; M.A., Ph.D. (anthropology), Princeton University; J.D., Yale University, is the Jack and Freda Dicker Distinguished Professor of Health Care Law at the Maurice A. Deane School of Law at Hofstra University. She is also Professor of Science Education at Hofstra's School of Medicine, and holds a faculty appointment in the University's public health program. Professor Dolgin is Director of the Gitenstein Institute for Health Law and Policy and co-Director of the Hofstra Bioethics Center. She has published books and articles about family law, health law, and bioethics and lectures widely in the United States and abroad.

AGENDA

WEDNESDAY, OCTOBER 17, 2018

Location: McKercher, McKercher and Whitmore Classroom (Rm. 74)

College of Law, University of Saskatchewan (15 Campus Drive)

8:30am	Registration
9:00am	Welcome and Introduction of Topic <i>Dean Martin Philipson, College of Law, Dean Preston Smith, College of Medicine, and Brea Lowenberger, Director, CREATE Justice and Access to Justice Coordinator, College of Law</i> Welcome from the Saskatchewan Health Research Foundation <i>Patrick Odnokon, Chief Executive Officer, Saskatchewan Health Research Foundation</i> Introduction of Participants Each participant will share who they are, what organization they are from, and their interest in the project.
9:40am	Presentation and Large Group Discussion - Part 1A Medical-Legal Partnership (MLP) Models Implemented in Canada and the United States <i>Lynn Burns, Executive Director, Pro Bono Ontario</i>
10:30am	Coffee Break Refreshments available outside of Rm. 74
10:45am	Presentation and Large Group Discussion - Part 1B Medical-Legal Partnership (MLP) Models Implemented in Canada and the United States <i>Professor Janet Dolgin, Executive Director/Law Professor on establishing MLP between Maurice A. Deane School of Law, Hofstra University and Northwell Health, New York City</i>
11:35am	Presentation and Large and Small Group Discussion - Part 2A Background Research on Options to establish MLPs in Saskatchewan <i>Dean Martin Phillipson and Mason Stott, CREATE Justice summer research assistant, third-year College of Law student</i>
12:25pm	Lunch Provided outside of Rm. 74

**Schedule and topics subject to change.*

WEDNESDAY, OCTOBER 17, 2018

Location: McKercher, McKercher and Whitmore Classroom (Rm. 74)

College of Law, University of Saskatchewan (15 Campus Drive)

- | | |
|--------|--|
| 1:00pm | Small Group Discussion - Part 2B
See handout for your assigned small group, facilitator and room number. |
| 2:10pm | Small Groups report back to Large Group
Each group will provide a brief 2 minute summary of their small group discussion |
| 2:30pm | Coffee Break
Refreshments available outside of Rm. 74 |
| 2:45pm | Large Group Discussion - Part 2C
Concluding Thoughts on Interests and Concerns Related to Background Research |
| 3:20pm | Closing Remarks and Evaluation
Dean Martin Philipson, Dean Preston Smith, and Brea Lowenberger |

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Appendix B: Presentation Slides

Hofstra's Medical-Legal Partnership

An Alliance with Northwell Health

Powered by:



Today's Agenda

- Hofstra-Northwell MLP: the Mission & Structure
 - Structure, Process and Agreements
 - Participants and Stakeholders
 - Initial Issues and Structure of Operations
- Education
 - Community, Patient Navigators, Patients & Clients, Clinicians and Medical Students, Law Students
- Research and Assessment
 - Measures of Process, Legal Services, Patient/Client Health Status, Financial Outcomes, Educational Outcomes
- Next Steps
 - Review, New Clinics, Research

Shared Mission

We seek to deliver holistic care to underserved patients in our community by combining social, medical, legal and academic resources.

What is a Medical-Legal Partnership?

- Healthcare delivery model that embeds lawyers into care settings to identify and address legal issues that affect **social determinants of health**¹
- **Break it down:**
 - Social determinants: “conditions in which a person is born, grows, lives, works and ages”²
 - These conditions impact a person’s health – both positively and negatively
 - MLP: partnership between clinicians, lawyers and social workers to improve these conditions
 - When clinicians and lawyers are working together to improve these conditions, they are “address[ing] health-harming legal needs”
- Health-harming legal needs we plan to address (I-HELP):³



Income



Housing



Employment &
Education



Legal Status








Personal/Family

Sources:

1. National Center for Medical-Legal Partnership, *What Is a Medical-Legal Partnership?* (<http://medical-legalpartnership.org/faq/>) (Last Accessed May 29, 2018).
2. World Health Organization, *About Social Determinants of Health*, (http://www.who.int/social_determinants/sdh_definition/en/) (Last Accessed May 29, 2018).
3. National Center for Medical-Legal Partnership, *Medical-Legal Partnership and Health Centers: Addressing Patients’ Health-Harming Civil Legal Needs as Part of Primary Care* (2015).

How Can We Help?

Examples of Social Conditions Improved Through Legal Support

Category	Negative Social Condition	Legal Remedy
 Income	Lack of money (for food, etc.)	Appeals of SNAP denials
 Housing	Loss of housing	Eviction protection
 Education (disability issues)	Little or inadequate support at school	Specialized education services
 Legal Status	No authorization to work in the U.S.	Adjustment of immigration status
 Personal/ Family	Domestic violence	Temporary Restraining Orders

Source: Adopted From National Center for Medical Legal Partnership, *Framing Legal Care as Health Care* (Jan. 2015)

Participants and Stakeholders

- Patients/Clients
- Larger Community (e.g., advocacy & health literacy programs)
- Executive Directors (legal-medical dyad)
- Patient Navigators
- Social Workers
- Clinicians in two Northwell clinics that focus, respectively, on pediatrics and adult medicine
- Lawyers (law professors; pro bono counsel; hospital counsel; University counsel)
- Law & Medical Students
- University & Hospital Administration

Initial Issues & Structure of Operations

- Professional Liability Insurance
- Student Practice Order
- Agreements
 - Agreement with Funder (Medicaid: Delivery System Reform Incentive Payment Program)
 - Obligations of MLP
 - Funding Distributions
 - Agreements between University & Hospital System, such as:
 - Confidentiality Agreement
 - Memorandum of Understanding
 - Business Associate Agreement
 - Educational Affiliation Agreement
 - Lease Agreements
- Internal Law School MLP Documents

Education About MLP to:

1. Community
2. Patient Navigators
3. Patients/Clients
4. Clinicians & Medical Students
5. Law Students

I. Educating the Community

Purpose: Inform potential patients and clients about the MLP's work

- Training to CBOs & FBOs
 - Development of referral networks
- Hospital Health Fairs
 - Information about role of law in responding to health-harming social/economic factors
- Videos in Clinics

II. Educating Patient Navigators

- Navigators refer patients to social workers & lawyers
 - Educate navigators about role of lawyers in responding to negative social determinants of health (use of illustrative case simulations)
 - Educate navigators about patient triage (issues that are retained by the social worker and issues escalated to lawyers)
 - “Phrases and words to listen for”

Legal Topics: Navigator Training

A. Immigration / Legal Status

Immigration (Family Based or Humanitarian Eligibility Only, No Business Cases) “Trigger Statements”

- “I need to apply for my Green Card.”
- “I entered the country to escape persecution, and I need help staying” or “I need help getting asylum.”
- “I am about to be deported.”
- “My wife/husband who is my immigration sponsor is abusing me.”
- “My application was denied.”
- “I am afraid that I could be separated from my children.”

Intake

- Screening for asylum and other forms of humanitarian relief

Substantive Relief (Legal Solutions)

- If we win, client gets legal status

Procedural Matters (Formalities)

- Processing Times
- Fee Waivers
- Use of family members as translators
- Privilege Issues
- Setting Reasonable Expectations

Legal Topics: Navigator Training

B. Special Education

Special Education (IEP/504, Placement Disputes, Discipline Issues) “Trigger Statements”

- “I think my child has a disability, and the school isn’t listening.”
- “My child isn’t getting the services he/she needs.”
- “The school isn’t following our agreed-upon educational plan.”
- “I have no idea how to help my child with his needs in school.”
- “My child is in trouble at school.”
- “There is no one in my child’s school to whom I can talk.”

Intake

- The child, not the parent, is the client.

Substantive Relief (Legal Solutions)

- Right school and right program for individual child

Procedural Matters (Formalities)

- Has district met obligation to identify children with needs?
- Timeliness of educational evaluation

Legal Topics: Navigator Training

C. Employment

Employment Discrimination

“Trigger Statements”

- “I wasn’t hired because of my [race/sex/disability/religion/age/ethnicity, marital status, etc.”
- “I was refused promotion because...”
- “I was fired when my employer found out about...”
- “I am being treated unfairly (or harassed) at work because...”

Intake

- Less formal than immigration.

Substantive Relief (Legal Solutions)

- At work, relief could involve the right accommodations to successfully perform the job or ending harassment or intimidation

Procedural Matters (Formalities)

- Request for accommodation

Legal Topics: Navigator Training

D. Income / Public Benefits

Public Benefits “Trigger Statements”

- “I need help paying for food/heat/electricity/healthcare.”
- “I’m hungry and don’t have enough healthy food to eat”
- “My application has been denied.”
- “I was told my benefits are about to stop”
- Medicaid, SNAP, HEAP, School Lunch Aid, etc.

Intake

- Screening for threshold eligibility
- Identifying emergencies

Substantive Relief (Legal Solutions)

- If we win, it will reduce the client’s worry about where the next meal is coming from or how to pay the next medical bill.

Procedural Matters (Formalities)

- Submission of documentation to substantiate claim
- Client’s attendance at required meetings

Legal Topics: Navigator Training

E. Housing

Housing “Trigger Statements”

- “I’m about to be evicted.”
- “My apartment is unlivable (mold, environmental hazards, etc.).”
- “I have no heat/hot water/electricity.”
- “I am homeless” or “living in my car” or “couch surfing”
- “I need help paying my rent/mortgage.”
- “My [fill in name of relative or friend] says I have to find my own place.”

Intake

- Screening for homelessness, eviction prevention, and housing conditions impacting habitability

Substantive Relief

- Returning client to housing
- Preventing eviction from current housing
- Ensuring that come is habitable (free of mold, lead paint, and toxins).

Procedural Matters

- Does are client’s legal right to the housing?
- Barriers due to income and immigration status

III. Educating Patients/Clients

- Benefits of MLP lawyer/doctor cooperation for you
 - Education provided by navigators, clinicians, social workers, and lawyers
 - Social Determinants of Health: Legal Issues
 - Responding to fear of attorneys
 - » “MLP lawyers are your lawyers”
- “Know Your Rights”
- Patient Advocacy Tool-kit

IV. Educating Clinicians & Medical Students

- Collaborative training by MLP principals in medicine and in law: Why a Medical-Legal Partnership?
 - A negative social condition is a health-harming legal need when the social condition has a legal remedy¹
 - Lawyers support the clinical team to address such social conditions
 - No single specialist can solve every problems created by negative social conditions, **but they can solve them together**²
 - **Think of us as a specialist to whom you can refer patients**³

Sources:

1. Megan Sandel et al., *Medical-Legal Partnerships: Transforming Primary Care By Addressing The Legal Needs Of Vulnerable Populations*, HEALTH AFFAIRS 29, no.9 (2010).
2. Cathryn Miller-Wilson, *Medical-Legal Partnerships: Origins and Ethical Lessons*, 93 NEB. L. REV. 636 (2015).
3. National Center for Medical Legal Partnership, *The Response*, (<https://medical-legalpartnership.org/response/>) (Last visited: Sept. 18, 2018)

V. Educating Law Students to Work in the MLP: Goals

1. Introduce students to the social determinants of health and the legal remedies
2. Foster a culture of respect and trust between doctors and lawyers in the service of patient/client needs (i.e., “we’re all on the same team”)
3. Train law students to understand the unique ethical concerns that arise in medical-legal partnerships
4. Prepare students to enter a dynamic, evolving workforce that requires collaboration between healthcare professionals and lawyers

Educational Experience for Law Students

First-Year Law and the MLP

- “Under the Microscope” Seminar

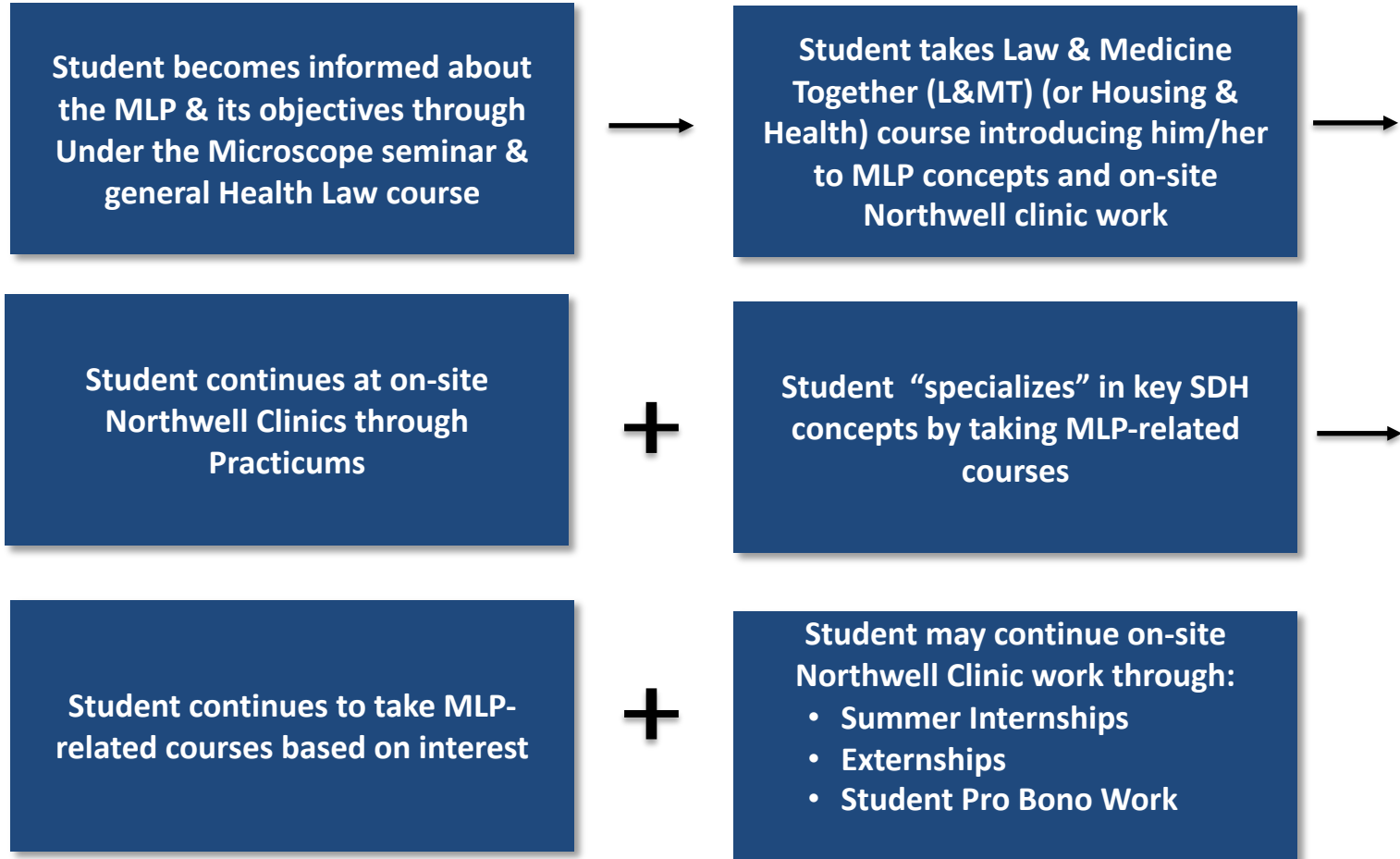
MLP Courses

- Law & Medicine Together (L&MT) (Spring & Fall)
- Housing & Health (Spring & Fall)
- Practicums (following basic MLP courses), In-Clinic Work)

MLP-related Courses

- Bioethics
- Disability Law
- Elder Law/Guardianships
- Family Law
- Immigration
- Law & Psychology
- Medicare/Medicaid (Public Benefits)
- Special Education

Student Experience Map



Law & Medicine Together (L&MT): Cooperative Professionalism

Purpose: Introduces law and medical students to social determinants of health and health disparities and to legal responses

Weeks 1-4: course includes all MLP students (law and medicine)

- **Week One:** Social Determinants of Health
- **Week Two:** Introduction to MLP
- **Week Three:** Information Sharing (Ethics and Confidentiality)
- **Week Four:** Income Inequality and Healthcare

Weeks 5-14: law students continue in L&MT or in Housing & Medicine

- **Weeks 5-8:** Substantive legal responses (housing issues; special education; Americans with Disabilities Act; immigration issues)
- **Weeks 9-14:** Work in Clinics (to be continued during following semester)

A. Assessment & Research

Process Measures

- Process Measures: Operational & Administrative
 - How many screening tools are distributed to patients?
 - How many referrals from navigators?
 - How many accepted or rejected for legal help?
 - Percent of clients needing help in each legal specialty offered
 - How many screening tools are distributed to patients?
 - Number of returning clients

B. Assessment & Research Legal Services

- Outcome of cases that were resolved
- Method of resolution
 - E.g., administrative remedy, arbitration, court resolution, mediation
- Level of client satisfaction with legal services

C. Assessment & Research

Medical Outcome Measures

- Biomarker
 - Changes in cholesterol; blood pressure; BMI; stress hormones
- Psychological
 - Changes in subjective stress levels
 - Correlate changes in subjective stress levels with changes in stress hormones

D. Assessment & Research Financial Outcomes

- Monetary value of benefits secured for clients
- Increases in Medicare and Medicaid benefits
- Changes in avoidable hospital admissions
 - Compared with a control group of patients
- Changes in number of ED visits
 - Compared with a control group of patients

E. Assessment & Research Educational Outcomes

- Responses of clinicians to legal work in clinics
 - Are lawyers/law students perceived as a benefit or a burden?
 - Level of awareness of legal remedies among clinicians, social workers, and navigators
- Responses of law students to MLP's educative program
- Changes in law students' lawyering skills

Next Steps

- Additional Review and Training
 - Review of referral process
 - Breaking the legal support stigma
 - Patient empowerment and “self-advocacy”
- Additional clinics
 - Psychiatric clinic
 - Veterans clinic
- Continuing (short- and long-term) research and assessment

Appendix C: Assigned Small Discussion Groups *

GROUP 1 - ROOM 135

Doug Surtees - Facilitator

Dr. Janet Dolgin
Janice Gingell
Dr. Donna Goodridge
Dr. Kara Fletcher
Emily Kirk
Amanda Doucette
Mason Stott – Note taker

Associate Dean (Academic), College of Law

Professor, Northwell Law
Lawyer Volunteer, CLASSIC
Faculty, Respiriology, Critical Care and Sleep Medicine, College of Medicine
Assistant Professor, Field Education Research Coordinator, Faculty of Social Work, UofR
Student-At-Law, Churchman & Co. Law Office
Partner, Stevenson Hood Thornton Beaubier LLP
Law Student and CREATE Justice Summer Student Research Assistant

GROUP 2 - ROOM 130

Dr. Beth Bilson, QC - Facilitator

Sarah Knowles
Lisa Broda
Tiffany Paulsen, QC
Sinead McGartland
Dr. Anne Leis
Dr. Susan Whiting
Coleman Owen – Note taker

University Secretary on secondment from College of Law

Director, Regulatory Affairs – Governance & Policy, Saskatchewan Health Authority
Saskatchewan Deputy Advocate for Children and Youth
Partner, Robertson Stromberg LLP
Senior Projects Leader, College of Medicine
Department Head, Community Health and Epidemiology, College of Medicine
Distinguished Professor of Nutrition, College of Pharmacy and Nutrition
Law Student and Co-Coordinator, Pro Bono Students Canada Saskatchewan Chapter

GROUP 3 - ROOM 85

Heather Heavin - Facilitator

Merlis Belsher, QC
Corey O'Soup
Angie McConnell
Dr. Paul Babyn
Taylor Bereziak – Note taker

Associate Dean (Research and Graduate Studies), College of Law

Law Foundation of Saskatchewan
Saskatchewan Advocate for Children and Youth
Social Worker, Saskatoon Health Region
Physician Executive, Saskatchewan Health Authority
Law Student and CREATE Justice Justice and Health Initiative Student Assistant

GROUP 4 - ROOM 120

Melanie Hodges-Neufeld - Facilitator

Dr. Barbara von Tigerstrom
Michelle Oullette, QC
Brent Cotter, QC
Dr. Gary Groot
Dr. Bruna Bonavia-Fisher
Amy Zarzeczny
Dr. Vivian Ramsden
Zoe Johansen-Hill – Note taker

Director of Legal Resources, Law Society of Saskatchewan

Professor, College of Law
Partner, McKercher LLP
Professor, College of Law
Faculty, General Surgery & Community Health and Epidemiology, Clinical Professor
Research Facilitator, College of Medicine
Associate Professor, Johnson Shoyama Graduate School of Public Policy, UofR
Faculty, Academic Family, College of Medicine
Law Student

GROUP 5 - ROOM 76

Leah Howie - Facilitator

Wanda Weigers
Dr. Lori Hanson
Kylie Head, QC
Erin Walling
Dr. Karen Leis
Valerie McLeod
Darin Gette – Note taker

Director, Law Reform Commission of Saskatchewan

Professor, College of Law
Faculty, Community Health and Epidemiology
Assistant Deputy Attorney General, Innovation Division, Ministry of Justice
Social Accountability Strategist, Social Accountability Division, College of Medicine
Clinical Assistant Professor, Pediatrics, University of Saskatchewan
Lead of First Nations and Metis Health Services
Law Student

GROUP 6 - ROOM 74

Erin Wolfson - Facilitator

Sarah Buhler
Joel Janow
Dr. Sanjukta Choudhury
Karen Cederwall
Dr. Myrna Willick
Dr. Nazeem Muhajarine
Alexandra Barlas – Note taker

Community Engagement Specialist, Social Accountability Division, College of Medicine

Associate Professor, College of Law
Executive Director, Public Legal Education Association of Saskatchewan
Research Facilitator, College of Law
Executive Director, SWITCH
Registered Doctoral Psychologist, St. Mary Wellness & Education Centre
Faculty, Community Health and Epidemiology, College of Medicine
Law Student



GROUP 7 - ROOM 78

Michaela Keet - Facilitator

Dr. Preston Smith

Lynn Burns

Evert van Olst, QC

Carly Romanow

Chantelle Johnson

Martin Phillipson

Brynn Boback-Lane

Dr. Laurence Givelichian

Associate Professor, College of Law

Dean, College of Medicine

Executive Director, Pro Bono Ontario

Chief Legal Counsel, Saskatchewan Health Authority

Executive Director, Pro Bono Law Saskatchewan

Executive Director, CLASSIC

Dean, College of Law

President and CEO, Jim Pattison Children's Hospital Foundation

Professor and Head, Department of Pediatrics, College of Medicine

Sarah Wingerak - Notetaker

Law Student

* Note: While these were the assigned groups, due to last minute changes in RSVPs, the above groups do not necessarily represent a fully accurate depiction of who took part in each group. For more information, please contact Brea Lowenberger, Director of CREATE Justice and Access to Justice Coordinator at b.lowenberger@usask.ca.

Appendix D: Small Group Discussion Questions

1. Can you comment on your views about the need and value of research, teaching, and/or programming in this area?
2. Of the potential partnerships and options described by the presenters and in the working paper, which are you most excited about? Are there other potential partnerships and options that have not been discussed by presenters or in the working paper?
3. What are the biggest opportunities and challenges associated with each option in the working paper?
4. How do you see your role in any developments moving forward, and where might your role fall – e.g. in research, teaching, programming, etc.?
5. Who is missing here today? Who else should be included in discussions about this topic?
6. What key points/themes would you like to report back to the group?

Appendix E: Small Group Discussion Reports

Each group provided a brief 2-minute summary of the discussion that unfolded during the small break-out groups:

Group 1

- Evaluation will be very important. Evaluation of hospital use for example will be important for funding in the future.
- Need for an additional 'middle-man' to deal with legalese.
- College of Medicine and College of Law are in a good position to create MOU.
- Community consultation is important to determine what the population needs.
- Both lawyers and HCPs will have to learn about how legal and health issues are intertwined (e.g. identifying I-HELP areas).

Group 2

- Very enthusiastic about ideas and themes. Group found idea of 'lawyer as part of team' impactful.
- One issue identified was how to scale these projects to different populations. There also is not a huge 'buy-in' from the public about justice issues in comparison to, for example, healthcare. If there is going to be public funding, there will need to be public buy-in – developing a 'business case' would help in adding a lawyer to healthcare teams.
- MOU is important; can be simplified by engaging one Health Authority and one University. Probably good test sites would be in the Royal University Hospital, Dube Centre, Rural and Remote Memory Clinic, etc.
- Moving forward, also engage Ministry of Health, curriculum leader from College of Medicine, and other members of Law Society.

Group 3

- There is a lot of excitement surrounding this idea.
- Noted the importance of child development, and solving issues early.
- Children's Hospital is provincial in scope, thus having provincial reach.
- Need to build a business case that relates to an MLP getting people out of hospitals and freeing up resources.
- Research areas – need patient assessment, but possibility of doing these surveys early on. Social workers would be a good resource for this information.
- We can lean on Ontario and the work they have done.
- People missing: Representatives from the Ministries of Health, Education, Social Services and the Faculty of Social Work (faculty representative sent regrets but an expression of interest to be involved).

Group 4

- Other partners – nurses.
- Clinics and services offered in other places (e.g. library has walk-in counselling).

- Getting lawyers involved – possibility of engaging retired lawyers.
- Engage in partnerships – partnerships provide opportunities to find funding across different pools.
- People often look to lawyers to do more pro bono work and give more time (e.g. all charitable boards have a lawyer), rather than imagine systemic solutions. Profession can help with research.
- Law Society – there is a shift in the understanding of “public interest” (i.e. a broad definition).
- Intersection between mental health and justice.

Group 5

- Existing initiatives could be built on to form an MLP. Discussed importance of demonstrating cost-effectiveness and expanding existing programs, rather than building something from the ground up.
- Need community involvement and involvement from Aboriginal communities; specifically, looking at how people are given plenty of information but not helped in the practical application of this information.
- At the university – opportunity to establish collaborative programs between College of Law and College of Medicine, but note the issue of adding on additional programs for students who are already overloaded.

Group 6

- MLPs do not have to be hospital-based; they could be in schools.
- MLPs already happen in informal settings.
- There are hurdles in community-based clinics.
- Funding is scarce but if there are community-based organizations already established; could bring someone there.
- Graduate students are missing here today.

Group 7

- Consensus of group that there is a triad of research, programming, and teaching that should unfold, but at the beginning we should focus on programming.
- Could have an MLP at Children’s Hospital, since it is just starting. A lawyer could be embedded in the new hospital.
- Guiding principles to address potential issues:
 - This program should be supplementary, not impeding primary focus that is health care.
 - Need to work with existing partners.
 - First Nations and Metis involvement is front and center.
 - If we involve Children’s Hospital, it is provincial – so might be based in Saskatoon, but should have provincial reach.
 - Should have a staged approach. For example, in Ontario – triage lawyer who refers appropriate matters out to other lawyers.