

Legal Assistance & the Aging Services Network: Strengthening Partnerships and Communication

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Sarah Galvan, Justice in Aging

Introduction

Partnerships and collaboration between legal and aging services programs are key to providing holistic and effective services to older adults with the greatest social and economic need. Legal issues such as elder abuse, housing, debt, and healthcare are often best addressed by a combination of legal and non-legal interventions. Many successful programs incorporate a variety of disciplines and partners, including lawyers, social workers, case managers, medical providers, insurance counselors, ombudsman, and more.

Additionally, partnerships help extend the reach of individual programs, particularly when resources are limited for one or both partners. In rural settings or in programs with large service areas, having connected services makes the difference of being able to meet more of the community's needs.

Fundamental Features of Effective Collaboration

There are many models of partnerships and collaboration between legal assistance providers and aging services providers. Some are more formal, such as multidisciplinary teams, task forces, and grant-directed programs. These models may have memorandums of understanding (MOUs) in place, which are contracts that outline the obligations of each partner. Other partnerships are less formal, and include activities like shared outreach events and facilitated referrals. For all of these partnership efforts, with or without MOUs, there are some considerations that can be explored together in order to strengthen collaborative efforts:

- Shared understanding of intake & eligibility guidelines;
- Awareness of differing professional and ethical responsibilities; and
- Defined process for handling unexpected issues.

Addressing each of these elements can help legal services and aging services providers improve their services to older adults and develop partnerships with lasting impact.

Shared Understanding of Intake and Eligibility Guidelines

Sharing guidelines for intake and eligibility may seem like an obvious element of collaboration. However, this practice should go beyond just knowing what types of issues your partner handles and what their income eligibility guidelines are. Some questions to ask include:

- Are there any exceptions to your intake guidelines for emergencies or extenuating circumstances? Who should we talk to if that exception exists?
- Do you require that the person have capacity to consent to receiving your services?
- What is the best time for individuals to call your office? Are there specific intake hours?

Sharing this kind of information has benefits to both organizations and to your clients. Your clients will be more likely to access services when you make referrals or connections. Transparency and providing more detailed information will also reduce the chances of confusion or resentment among the organization partners that might arise from rejected referrals.

Addressing Turnover and Growth

For programs that frequently have new staff or staff members in changing positions, it can be challenging to share existing information and keep up with new information. Here are some promising practices to address this and ensure that information is available to everyone:

- Establish regularly scheduled cross-training, such as every six months. This can serve as a refresher for existing staff and an opportunity to learn for new staff.
- Consider recording your cross-training session, so that it can be shared with new hires.
- Provide clear direction and information on referrals, such as developing your own chart or visual guide for staff to use. [NCLER Decision Guide templates](#) are available for you to customize for your own program and partner programs (*see Decision Guide 6*).

Referrals

Referrals are an important element of partnerships between legal services and aging services providers. Being thoughtful about the system of referrals can make a difference in ensuring that older adults are able to access critically needed services. There are many different ways to structure a referral process – some programs will simply provide the client with general contact information for a partner, or offer a direct number. Warm handoffs go a step further and facilitate the connection. Examples of this include:

- Have a conference call with the client and partner provider.
- Set an appointment for the client to be contacted directly by the other service provider.
- Walk the client to the other service provider's office.

Warm handoffs can be particularly helpful when a client is facing a crisis and needs immediate help. Additionally, if a client has limited access to a phone, transportation, or the internet, facilitating the connection to services overcomes clients' barriers to receiving services.

Technology is increasingly being utilized to facilitate direct referrals. Partnerships are finding success in programs like the [Legal Risk Detector](#), which generates a report and referral directly to a legal assistance provider. Similarly, Community Legal Aid's [virtual office](#) uses video conferencing technology to facilitate "face-to-face" meetings across large services areas.

Awareness of Professional and Ethical Responsibilities

Confidentiality

Even with long-established, formal partnerships, confidentiality is a topic that requires attention. Many professionals, including those in medical, health, and legal industries, have ethical responsibilities to preserve client or patient information. Exceptions to this vary by profession, as does the scope of the information that must remain confidential.

However, maintaining a process to protect confidentiality can be challenging when working in partnership across various professions. All advocates involved with an individual client may find it difficult to effectively assist the individual without knowing what the other partner programs are doing. Although well-meaning, this is not reason enough to disclose information without consent.

The Older Americans Act (OAA) also addresses this issue. Area agencies on aging may not require that OAA-funded legal assistance providers reveal information protected by the attorney-client privilege.¹ Partnerships between area agencies on aging and OAA funded legal services providers should be mindful of this provision when designing intake and referral procedures, as well as in ongoing case handling.

For example, an attorney may not be able to even confirm that someone is their client, unless the client consents to sharing the information. This may seem extreme, especially when there are shared clients within a partnership. However, confidentiality is critical to preserving an attorney-client relationship. Partners in formal and informal collaborations may want to have an *optional* standard client consent form, allowing specific, limited information to be shared between organizations. Additionally, partnerships with MOU's may consider adding specific direction on confidentiality procedures.

Mandatory Reporting Requirements

Interdisciplinary approaches also require that all partners to be aware of their varying mandatory reporting requirements. When working with older adults, it is likely that advocates will discover abuse, neglect, or exploitation in some cases. But, their required response may be quite different, depending on the state law. Medical or social work professionals may have a duty to report suspected elder abuse, while attorneys may not have the same duty in all circumstances.

When working in partnerships that include referrals, awareness of the mandatory reporting requirements is important. For example, if an attorney is working with an older adult who does not want to disclose abuse to law enforcement, they will want to advise their client that some service providers would be required to report before the attorney makes a referral to those service providers.

The National Center on Law & Elder Rights offers a [training](#) on mandatory reporting, and many states have state-specific training materials for mandated reporters.

Troubleshooting

Even the best partnerships and collaborative projects will encounter issues that require attention and resolution. Some issues can include situations addressed in this practice guide, such as miscommunication about referral procedures, confidentiality questions, and confusion due to staff turnover.

Knowing this, programs should consider having a defined process for addressing problems when they arise. Some suggested practices include:

- Named points of contact within each organization
- Clear method of contact
- Outlining procedures in MOUs
- Training staff on the procedures

Communication and openness are key. For many collaborative approaches, the goal is the same—to improve the quality of life and access to justice and services for older adults. Armed with this shared mission and clarity on the different processes of enacting this mission, partnerships will go far to serve older adults in the community.

¹ 42 U.S.C. 3026, Older Americans Act, SEC. 306 (d)(2)(e).

Additional Resources

- [NCLER Practice Guide: Legal Issue Spotting, Intake, and Referrals](#)
- [NCLER Practice Guide: Understanding Legal Capacity & Ethics](#)
- [NCLER Issue Brief: The Older Americans Act in Action: Building & Cultivating Your Elder Law Program](#)
- [NCLER Chapter Summary: Creating Effective Legal Outreach Programs](#)
- [Department of Justice Elder Justice Initiative: MDT Guide & Toolkit](#)
- [Department of Justice Elder Justice Initiative: Webinar—The Benefits of Referring Elder Abuse Clients for Civil Legal Assistance](#)
- [Eldercare Locator](#)
- [Administration for Community Living: Aging & Disability Networks](#)

Case consultation assistance is available for attorneys and professionals seeking more information to help older adults. Contact NCLER at ConsultNCLER@acl.hhs.gov.

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