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Teaching Tomorrow's Lawyers Through A (Semi-) Generalist, (Mostly-) Individual Client Poverty Law Clinic: Reflections on Five Years of the Community Health Law Partnership

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TEACHING TOMORROW’S LAWYERS THROUGH A (SEMI-) GENERALIST,
(MOSTLY-) INDIVIDUAL CLIENT POVERTY LAW CLINIC: REFLECTIONS
ON FIVE YEARS OF THE COMMUNITY HEALTH LAW PARTNERSHIP

*Jason A. Cade**

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Today, the importance of clinics in legal education is well-accepted.¹ Nearly all law schools have recognized clinical education as an essential component of the preparation of students for the practice of law.² Clinics provide students with a closely-supervised opportunity to develop a range of lawyering skills, to problem-solve, and to gain deep insight about the realities of legal work.³ In live-client clinics, where students bear responsibility for actual clients and interact with actual participants in the legal system, students are required to “apply practice skills in situations of unpredictability and stress that are unlikely to occur in the same way in simulated performance.”⁴ Put another way, in a live-client clinic “legal training is immediately useful” because if the student does not learn, he or she “will be embarrassed before real clients, lawyers and judges.”⁵

Design options when starting a live-client clinic from scratch can be somewhat overwhelming. Should the clinic focus on systemic impact or individual representation? Appellate work or hearings? Should the clinic specialize or cover multiple legal issues? Another set of issues concerns how the clinic should find and accept its clients, and whether students should have a role in the intake process. The list of choices goes on.⁶

¹ See, e.g., Robert A. Stein, *The Future of Legal Education*, 75 MINN. L. REV. 945, 954 (1991).

² Robert MacCrate, *An Educational Continuum, Report of the Task Force on Law Schools and the Profession: Narrowing the Gap*, 1992 A.B.A. SEC. LEGAL EDUC. & ADMISSIONS TO THE BAR 6 (hereinafter the MacCrate Report); WILLIAM M. SULLIVAN ET AL., EDUCATING LAWYERS: PREPARATION FOR THE PRACTICE OF LAW 122 (2007) (hereinafter the CARNEGIE REPORT).

³ See, e.g., ASS'N OF AM. LAW SCH., *Report of the Committee on the Future of the In-House Clinic*, 42 J. LEGAL EDUC. 511 (1992) (“Clinical education is first and foremost a method of teaching . . . [S]tudents are confronted with problem situations of the sort that lawyers confront in practice; the students deal with the problem in role; the students are required to interact with others in attempts to identify and solve the problem; and, perhaps most critically, the student performance is subjected to intensive critical review.”).

⁴ *Id.* (explaining that in “the live-client clinic . . . the interaction with others in role occurs with real clients and participants in the legal system rather than with other students and actors”); Anthony G. Amsterdam, *Clinical Legal Education—A 21st Century Perspective*, 34 J. LEGAL EDUC. 612 (1984), reprinted in CLINICAL ANTHOLOGY: READINGS FOR LIVE-CLIENT CLINICS 5, 9 (Alex J. Hurder et al. eds., 1997) (noting that in live-client clinics, the problems that arise for students are “concrete, . . . complex, . . . and . . . unrefined”).

⁵ Frank S. Bloch, *The Andragogical Basis of Clinical Legal Education*, 35 VAND. L. REV. 321, 56 (1982) (quotations and citations omitted).

⁶ See, e.g., Philip G. Schrag, *Constructing a Clinic*, 3 CLINICAL L. REV. 175 (1996) (addressing issues, considerations, and difficulties in clinic design).

In this Essay, written for the *Georgia Law Review's* Online Issue celebrating 50 years of clinics at the University of Georgia School of Law, I describe how I have navigated these and other choices in designing the Community Health Law Partnership Clinic (Community HeLP), which just completed its fifth year of operation. My experience suggests that there may be significant pedagogical benefits to forging a middle-path through some of the central divides in clinic design. Specifically, there are deep service and learning opportunities for students who engage in a combination of individual representation and larger advocacy projects concerning multiple—but not unlimited—areas of poverty law.

This Essay unfolds as follows. Part I describes the origin and development of Community HeLP in its first five years. Part II outlines the trade-offs between specialization and generalization, and evaluates the middle path thus far taken by Community HeLP. Part III then explores the value of a clinic that primarily engages in individual representation, but in which students also take on larger advocacy projects that flow from the clinic's case work.

I. A BRIEF HISTORY OF COMMUNITY HELP

In 2013, I was hired by the University of Georgia School of Law to teach immigration law and to create and direct a new clinic. The only design constraint was that the course should be some form of medical-legal partnership (MLP), which is an integrated model of both health-care and legal work that recognizes the role of social circumstances on health justice.⁷ Beyond that requirement, I was largely given free rein to define the nature of the legal work students would undertake, establish the partnership(s), and identify the patient population(s) to assist.

Fortunately, clinical education scholarship is especially rich terrain,⁸ and there were many resources available to help me thoughtfully approach the design considerations. Additionally,

⁷ Elizabeth Tobin-Tyler & Joel B. Teitelbaum, *Medical-Legal Partnership: A Powerful Tool for Public Health and Health Justice*, PUBLIC HEALTH REPORTS (2019), <https://journals.sagepub.com/doi/pdf/10.1177/0033354918824328>.

⁸ To get a sense of the historical development of clinical legal education, see generally Margaret M. Barry, et. al., *Clinical Education for This Millennium: The Third Wave*, 7 CLINICAL L. REV. 1 (2000); Richard A. Boswell, *Keeping the Practice in Clinical Education and Scholarship*, 43 HASTINGS L.J. 1187 (1992); George S. Grossman, *Clinical Legal Education: History and Diagnosis*, 26 J. LEG. EDUC. 162 (1973).

upon my arrival at UGA, I had just completed three years of teaching Lawyering at New York University School of Law, a program that has long developed and implemented components of clinical pedagogy into its curriculum.⁹ Furthermore, clinicians themselves tend to be unusually generous, and I benefited from the counsel of a number of experienced teachers.¹⁰

My working goal at the outset was to partner with one or more health providers in Athens, Georgia in a way that would allow students to gain experience representing individuals with a range of poverty law concerns that impact health. I anticipated that at least one of the clinic's practice areas would concern immigration.¹¹ Not only is immigration my primary field of research and background experience, but there are no legal service providers—and just a few private attorneys—that offer immigration law assistance in the Athens area.

After meeting with several community health organizations and a local hospital, Mercy Health Center appeared to be the best initial fit as the clinic's main community partner. The health center serves low-income, uninsured patients from Athens-Clarke County, as well as five other surrounding counties.¹² More than 20% of the clinic's patients are Latino.¹³ Furthermore, because there was a history of other graduate schools at UGA providing student-led services at

⁹ NEW YORK UNIVERSITY SCHOOL OF LAW, LAWYERING PROGRAM: CURRICULUM, <https://www.law.nyu.edu/academics/lawyringprogram/curriculum> (last visited Mar. 3, 2019) (describing the history of the Lawyering program since its beginnings in 1986 and explaining that it is designed to give first-year law students “sophisticated, in-depth grounding in the interactive, fact-sensitive, and interpretive work that is fundamental to excellence in the law”).

¹⁰ Conversations with Alex Scherr, Paula Galowitz, Nancy Morawetz, and Wendi Adelson were especially helpful.

¹¹ Samantha Morton et al., *Legal Status: Meeting the Needs of Immigrants in the Health Care Setting*, in Elizabeth Tobin-Tyler et al., POVERTY, HEALTH AND LAW: READINGS AND CASES FOR MEDICAL-LEGAL PARTNERSHIP 315, 315–22 (2011) (explaining why immigration status is a social determinant of health).

¹² MERCY HEALTH CENTER, FREQUENTLY ASKED QUESTIONS, <https://mercyhealthcenter.net/about/faq.html> (last visited May 6, 2019) (“In order to be eligible for services, patients must be completely uninsured, at or below 150% of the Federal poverty level, and a resident in one of the following counties: Clarke, Barrow, Jackson, Madison, Oconee or Oglethorpe.”).

¹³ Email from Kristi Gilleland, Director of Whole Person Care at Mercy Health Center, to author (May 5, 2019) (on file with author) (reporting that Mercy Health Center's Latino/a population has grown to 20.16%). This represents an increase from 2016, when Ms. Gilleland estimated that “about 12 percent of Mercy's 3,200 patients are Latino.” Kristen Morales, *Spanish-speaking counselors from UGA help fill community need*, UGATODAY (Dec. 20, 2016), <https://news.uga.edu/spanish-speaking-counselors-community-need/>.

Mercy Health Center, the staff already understood and was prepared to accommodate many of the dynamics in working with students.¹⁴

Before the clinic launched, I met multiple times with Mercy's staff and Board of Directors to understand the unique health and legal needs of its patient population, as well as the structure of Mercy's health services delivery. After consultations with administrators, staff and the Board, we identified nutritional insecurity and immigration status as two primary health-harming legal needs facing many of Mercy's patients. Through that process, I was able to design Community HeLP to complement the health center's work. I also developed a training for Mercy's medical and administrative staff on how to screen for health-harming legal needs, which I have continued to revise and deliver each year.

Due to these early investments and the successes Community HeLP students have achieved on behalf of many Mercy patients over the years, we have excellent communication and trust with our community partner, facilitating ongoing growth of the partnership. We continue to refine screening, methods of intake and referral, and other programmatic features. For example, very early in the partnership, Mercy identified a significant number of patients requiring assistance with end-of-life care concerns. I was then able to incorporate advanced care directives into our core practice areas, and, on occasion, have had students assist Mercy's patients with wills, conservatorships, and other related matters.

Thus far in Community HeLP's history, I have directed the clinic and served as its supervising attorney. Sarah Ehlers provides Spanish-language interpretation, as needed, for both Community HeLP and the Family Justice Clinic (FJC), as well as critical administrative assistance. In 2018, Community HeLP and the FJC were jointly awarded a Department of Justice-funded grant administered by Equal Justice Works to hire a Crime Victims Justice Corps Fellow for two years, as well as two summer law student positions.¹⁵ The Fellow position was filled by Simone Cifuentes, who is working on a docket shared between the two

¹⁴ For example, UGA launched a bilingual counseling program staffed by counseling psychology graduate students at Mercy Health Center in 2016. Morales, *supra* note 13.

¹⁵ *School of Law Clinics Receive Equal Justice Works Grant for Crime Victims Fellowship*, UNIVERSITY OF GEORGIA SCHOOL OF LAW (May 17, 2018), <http://www.law.uga.edu/news/50130> (reporting the details of the new fellowship).

clinics to assist crime victims with family law and immigration-related concerns.

In addition to our continuing work with Mercy, Community HeLP has partnered with other community organizations and individuals on more limited projects and referrals. These other collaborators have included the Georgia Legal Service Program, Public Housing Authority, The Cottage, Project Safe, the Athens Community Council on Aging, Athens-Clarke County Police Department, graduate students working in the Department of Human Development & Counseling at the University of Georgia, and various community lawyers. I return to the pedagogical and service benefits of some of these relationships below, in Part III.C.

In these ways, my work with Community HeLP has endeavored to put “community engagement pedagogy” into practice.¹⁶ By incorporating the needs and expertise of the local community into the course’s design, methodology, and learning objectives, the clinic aims to facilitate deep student growth within the service objective and attempts to achieve significant positive outcomes for individuals and communities. The following Parts delve more deeply into some of the pedagogical benefits and challenges of the clinic’s structure.

¹⁶ Chippewa M. Thomas & Ralph S. Foster, Jr., *This is Engagement: A Perspective on the ESC Special Edition*, 22 J. HIGHER EDU. OUTREACH & ENGAGEMENT 1, 3 (2018) (stating “[s]ervice-learning, as a community engagement pedagogy, can both enhance student growth and result in a public good”).

II. THE BENEFITS AND DRAWBACKS OF A SEMI-GENERALIST APPROACH

Today, the lawyering profession is marked by specialization.¹⁷ Attorneys, legal departments, and even entire law firms develop expertise that is deep but narrow.¹⁸ Legal service organizations and law school clinics too have followed this path, increasingly focusing limited resources on specialized, siloed fields of poverty law.¹⁹

To be sure, the specialization movement is commendable in many respects. Obligations of professional responsibility and competence make specialization almost *de rigueur* in a world of “changing law and new complexities.”²⁰ In the law school setting, issue-focused clinics enable administrative efficiency²¹ and predictability,²² improve supervision,²³ and promote “clinic cohesion and educational sharing.”²⁴ Specialization may also be a necessary component of the systemic-impact approach that constitutes a parallel shift in the focus of many clinical programs.²⁵ Additionally, the scope of work undertaken by a particular law school clinic may be defined (or at

¹⁷ See generally Michael Ariens, *Know the Law: A History of Legal Specialization*, 45 S.C. L. REV. 1003 (1994).

¹⁸ See, e.g., Johannes P. Burlin, *Lawyer Certification and Model Rule 7.4: Why We Should Permit Advertising of Specialty Certifications*, 5 GEO. J. LEGAL ETHICS 939, 945 (1992) (“Most large law firms compartmentalize lawyers in departments where attorneys only practice in a narrow field, while other law firms practice exclusively in one field.”).

¹⁹ See JoNel Newman, *Re-Conceptualizing Poverty Law Clinical Curriculum and Legal Services Practice: The Need for Generalists*, 34 FORDHAM URB. L.J. 1303, 1305–08 (2007) (noting the increase in specialization among law school clinics and legal service organizations providing services to the poor and defining poverty law as a “shorthand for the myriad areas of law that affect poor people”).

²⁰ MacCrate Report, *supra* note 2, at 40.

²¹ See ABA Ad Hoc Committee on Business Courts, *Business Courts: Towards a More Efficient Judiciary*, 52 BUS. LAW. 947, 948–49 (1997) (noting that specialization, even in the courts, can improve the efficiency of legal services).

²² See Antoinette Sedillo Lopez, *Learning Through Service in a Clinical Setting: The Effect of Specialization on Social Justice and Skills Training*, 7 CLINICAL L. REV. 307, 309 (2001) (acknowledging that specialization makes “the teaching experience more predictable”).

²³ Schrag, *supra* note 6, at 191 (arguing that specialization “enables most teachers to offer better supervision, because they themselves don’t have to spread their knowledge over several fields”).

²⁴ *Id.*

²⁵ See, e.g., Sameer M. Ashar, *Law Clinics and Collective Mobilization*, 14 CLINICAL L. REV. 355, 389–390 (2008) (describing case studies of clinics helping with specific social problems); April Land, “*Lawyering Beyond*” *Without Leaving Individual Clients Behind*, 18 CLINICAL L. REV. 47, 60–61 (2011) (noting that models of mobilization still require clinics to represent individual clients).

least strongly influenced) by the interests of grants or donors that help fund its operation.²⁶

Specialization is not free of drawbacks, however. Critics have charged that highly specialized practices interfere with a “lawyer’s ability to see a client’s problems as a whole, rendering the lawyer’s judgment thinner and more abstract.”²⁷ And while wealthier clients may well be able to hire multiple lawyers to address fragmented legal obstacles through various specializations, the impoverished are much less likely to have the time or resources to piece together an effective mosaic of advocates. In Antoinette Sedillo Lopez’s words, “[t]he most obvious problem with limiting the subject matter of the representation is failure to provide full service quality legal work for poor people, leaving their myriad and multiple needs for legal services unmet.”²⁸

An alternative vision for clinical education, one grounded in a more generalist approach to poverty law, has found some traction. One particularly influential iteration of this movement is the medical-legal partnership (MLP), which has been implemented by more than fifty law schools nationwide.²⁹ The MLP model recognizes that lawyers (or law students) can help address many of the root social and economic circumstances that lead to negative health consequences.³⁰ Although the legal interventions that MLPs undertake vary from clinic to clinic, the underlying ethos of the model recognizes that the client’s overall well-being is rarely achieved by a myopic focus on a single issue, but instead is contingent on seeing that client as a whole person. In many cases, the patient’s advocate must help her address a constellation of legal issues in order to overcome barriers to good health.

²⁶ Schrag, *supra* note 6, at 193 (noting that funding sources may define the type and number of cases handled); Newman, *supra* note 20, at 1310 n.28 (noting that funders may require the clinic to target a specific population).

²⁷ Newman, *supra* note 20, at 1311 (citing ANTHONY KRONMAN, *THE LOST LAWYER* 283-91 (1993)).

²⁸ Sedillo Lopez, *supra* note 23, at 317.

²⁹ NATIONAL CENTER FOR MEDICAL LEGAL PARTNERSHIP, *PARTNERSHIPS* (last visited Feb. 10, 2019), <https://medical-legalpartnership.org/partnerships/#OHS> (indicating that fifty-three law schools currently have some form of a medical-legal partnership).

³⁰ See Ellen Cohen et al., *Medical-Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities*, 25 J. GEN. INTERNAL MED. S136 (2010) (“Medical-legal partnerships (MLPs) bring together medical professionals and lawyers to address social causes of health disparities, including access to adequate food, housing and income.”); Emily A. Benfer, *Educating the Next Generation of Health Leaders: Medical-Legal Partnership and Interprofessional Graduate Education*, 35 J. LEGAL MED. 113 (2014).

A generalist approach to legal services in a law school clinic portends benefits for both clients and students. The client of a generalist practice gains “an opportunity to have all her legal problems addressed in an integrated, or ‘holistic,’ manner.”³¹ Moreover, this whole-person approach to advocacy helps students recognize their clients as individuals, not simply issues, possibly leading to better representation or at least a more empathetic experience.³²

For students, the experience of helping the same client attempt to resolve multiple legal issues (or, in some cases, helping different clients with distinct legal issues) can be challenging but rewarding. They gain practical experience in a variety of forums and within several areas of substantive law. Ideally, in the process they build the confidence to be sophisticated legal problem-solvers. The multifaceted nature of legal work helps them develop a framework for approaching a wider range of advocacy problems. Clinics that tackle diverse areas of law can “help students draw connections, recognize common strands, or make distinctions among several types of legal practice.”³³ Through experience with general poverty practice, clinic students learn “the skills to suspend judgment, to communicate and listen across differences and to explore solutions creatively.”³⁴

The ability to solve problems analytically and rigorously has long been recognized as a key lawyering skill, and one that well-designed and well-supervised clinics are in a good position to impart.³⁵ In a seminal article, Anthony Amsterdam described problem-solving as “ends-means thinking”:

³¹ Newman, *supra* note 20, at 1312.

³² Cf. David F. Chavkin, *Spinning Straw into Gold: Exploring the Legacy of Bellow & Moulton*, 10 CLINICAL L. REV. 245, 268 (2003) (“Subject-matter clinics essentially stamp on the client’s forehead the words ‘disability law case’ or ‘civil rights law case’ or ‘family law case.’”).

³³ Schrag, *supra* note 6, at 191.

³⁴ Sedillo Lopez, *supra* note 23, at 322.

³⁵ See, e.g., Amsterdam, *supra* note 4, at 9 (“The students dealt with the problem *in role*. They bore the responsibility for decision and action to solve the problem. They had to: (a) identify the problem; (b) analyze it; (c) consider, formulate, and evaluate possible responses to it; (d) plan a course of action; and (e) exercise that course of action.”); Gary L. Blasi, *What Lawyers Know: Lawyering Expertise, Cognitive Science, and the Functions of Theory*, 45 J. LEGAL EDUC. 313 (1995), reprinted in CLINICAL ANTHOLOGY: READINGS FOR LIVE-CLIENT CLINICS, *supra* note 4, at 40, 48, (“In every other human endeavor, expertise in problem-solving is acquired by solving problems. There may be better and worse ways to learn to solve problems, but there appears to be no substitute for context.”).

This is the process by which one starts with a factual situation presenting a problem or an opportunity and then figures out the ways in which the problem might be solved or the opportunity might be realized. What is involved is making a thorough, systematic, and creative canvass of all the possible goals or objectives in the situation . . . then making an equally systematic and creative inventory of the possible means or routes to each goal This includes estimating the probabilities that certain means will lead to certain goals: it may utilize such analytic techniques as best-case/worst-case analyses, and such strategic principles as keeping options open.³⁶

The Carnegie Report similarly calls for law schools to help students gain the “wisdom of practice,” which it summarizes as “the ability to size up a situation well, discerning the salient features relevant not just to the law but to legal practice, and, most of all, knowing what general knowledge, principles, and commitment to call on in deciding on a course of action.”³⁷ While systemic (impact) advocacy undoubtedly teaches forms of problem-solving, “[w]ork on small individual cases permits students to explore the unique questions of judgment associated with the profound responsibility of representing an individual client.”³⁸

Over the course of representing a client on a particular legal issue, Community HeLP students often identify a panoply of additional client challenges that might be remedied through our advocacy efforts. When these other issues fall within our common practice areas, students can readily fold them into their representation. For example, it is not uncommon for the clients we are helping with immigration matters to have citizen-children who are eligible for nutritional assistance. Because our clients tend to be low-income and uninsured, they frequently need energy assistance or help seeking a reduction of medical debt, in addition to establishing household eligibility for the Supplemental Nutrition

³⁶ Amsterdam *supra* note 4, at 7.

³⁷ CARNEGIE REPORT, *supra* note 2, at 115.

³⁸ Jayashri Srikantiah & Jennifer Lee Koh, *Teaching Individual Representation Alongside Institutional Advocacy: Pedagogical Implications of a Combined Advocacy Clinic*, 16 CLINICAL L. REV. 451, 457–58 (2009).

Assistance Program (SNAP). And many experience disability or language access issues on top of the underlying health-harming legal needs.

When a client's legal matter is unusual and outside our core practice areas, we engage in a team meeting to talk through what the expansion of representation will entail and determine whether the clinic has the capacity at that time to take the matter on. Although this process is primarily student-led, the discussion about bandwidth necessarily includes my own assessment as director (and the only bar-licensed supervisor in the clinic) as to whether I can competently supervise the matter. Typically, the students are eager for the challenge. On occasion, this process has required us to recruit a lawyer in the community willing to help strategize and supervise.

In one case, for example, the clinic was helping a woman and her daughter obtain permanent resident status pursuant to the federal Violence Against Women Act. During the course of our representation, students noticed that Paula (not her real name) had become unusually stressed. When they inquired and offered support, the client shared the source of her extreme anxiety. She had hired a private investigator (PI) many years ago to trail her then-husband. Although Paula had receipts proving that she had long ago paid for the PI's services in full, the PI had recently begun harassing her through threatening calls, texts, and emails, claiming she still owed thousands of dollars. Paula resisted, leading the PI to escalate by revealing the prior investigation to her abusive ex-husband, who then angrily confronted Paula about it.

Because this "side issue" was having such a negative effect on our client's health and ability to develop her immigration case, the students wanted to help Paula resolve it. They developed a working understanding of the standards and norms that govern licensing and professional association memberships for PIs and spoke with experts in that field about the ethical implications of revealing an investigation to the investigation's subject. In negotiations on Paula's behalf, they argued the PI's action violated an implied term of the contract, as well as the field's professional norms. As students prepared to litigate the contract issue in small claims court through development of these legal arguments and the identification of additional facts and witnesses that supported our client's assertions, the PI eventually abandoned the matter.

Paula's case illustrates the rich benefits of following the client where she leads, in terms of outcomes both for the client's well-being and for the students' learning experiences. Her contract dispute did not fall within any local service providers' areas of practice. Nor would our indigent client have been able to hire a private attorney to handle the matter. Thus, without Community HeLP's willingness to take it on, Paula would have had to navigate that dispute alone. For the students, the matter exposed them to new areas of law and practice. Most importantly, it reinforced the transferability of the problem-solving skills they were developing in the clinic. This experience also led to a deepening of trust between Paula and the clinic, as she felt the students' conviction to advocate for her on multiple fronts. Further, helping the client eliminate a source of significant stress was critical to returning to progress on her immigration case. Ultimately, Paula and her daughter were granted permanent residency through the clinic's assistance.

Other legal issues outside of the clinic's core practice areas that students (or the clinic's EJW fellow) have taken on for clients as their needs arose include eviction proceedings and other housing issues, adult conservatorships, wills, disability or language accommodations for access to government programs, and medical insurance issues.

To be sure, there are challenges and drawbacks to this generalist approach, as others have identified.³⁹ Foremost among these are competency concerns and student anxiety about manageability. Immigration law is a particularly complex field, and one that demands constant attention to ever-changing developments in case law, agency policy, and adjudicator-specific rules and preferences. Immigration law both raises and challenges the usual premises and practices of administrative law,⁴⁰ while also requiring students to develop working understandings of family law, criminal law, and even constitutional law. As students interview and counsel clients, investigate and develop facts, and prepare written filings, they must contend with an array of statutes, regulations, case law, and administrative guidance. Finally, work on behalf of noncitizen

³⁹ See *supra* notes 22–26 and accompanying text.

⁴⁰ See generally Jill E. Family, *Administrative Law Through the Lens of Immigration Law*, 64 ADMIN. L. REV. 565 (2012).

clients is often complicated by client trauma, cultural differences, and language barriers.⁴¹

Understandably, many immigration-law clinics tend to specialize, as I have sometimes been tempted to do. Most of our noncitizen clients are a step away from crisis; as a result, the work is often highly stressful. My students look to me, as the director of the clinic, to demonstrate determination and resiliency, as well as guide them towards exemplary legal practice and procedure. Lurking behind the obligation to teach and mentor students are professional and ethical obligations to avoid legal mistakes that would harm our clients. The combination of these pedagogical and fiduciary duties requires that clinic supervisors in the immigration field maintain a very high level of attention and competence on a daily basis. Such concerns are magnified in a clinic that engages in more than one legal area. Nevertheless, I have concluded that the benefits—for students and clients—of a diverse practice are worth the challenges.

Still, for all these reasons, Community HeLP can only strive to be a semi-generalist poverty clinic. Many issues commonly arise for our clients that the clinic does not have the bandwidth or supervisory expertise to handle. Chief among these are disability claims (SSI/ SSDI), family law, and deportation defense. Fortunately, we have solid referral sources for these legal issues.

III. THE COMBINED ADVOCACY MODEL: INDIVIDUAL REPRESENTATION PLUS BROADER PROJECTS

When students take on responsibility for the legal cases of individuals, they are well-positioned to learn key lawyering skills. They are also more likely to develop empathy for the plight of those in the community who are vulnerable and a more sophisticated

⁴¹ See, e.g., Susan Bryant, *The Five Habits: Building Cross-Cultural Competence in Lawyers*, 8 CLINICAL L. REV. 33, 42 (2001) (“Lawyers and clients who do not share the same culture face special challenges in developing a trusting relationship in which genuine and accurate communication can occur.”); Muneer I. Ahmad, *Interpreting Communities: Lawyering Across Language Difference*, 54 UCLA L. REV. 999, 1001 (2007) (examining the “phenomenon of lawyering across language difference, the radical disruption it effects on the traditional lawyer-client relationship, and the fundamental challenges it poses to the prevailing, client-centered model of representation for poverty lawyering”); Sarah Katz & Deeya Haldar, *The Pedagogy of Trauma-Informed Lawyering*, 22 CLINICAL L. REV. 359, 364–67 (2016) (explaining the difficulties faced by clinics that work with clients who have experienced significant trauma).

awareness of whether legal and health systems can adequately address their needs. At the same time, when students work on larger advocacy projects, they gain experience with a complimentary but distinct set of skills, and they can sometimes achieve results that benefit more people than any single case on behalf of an individual client might achieve. The Community HeLP clinic has increasingly implemented a combined advocacy approach, in which students primarily work individual cases, but take on at least one larger team project.

A. DEVELOPMENT OF LAWYERING SKILLS AND PROFESSIONAL IDENTITY THROUGH INDIVIDUAL CASE WORK

Individual case work can provide students with a valuable means of understanding and practicing fundamental lawyering skills. One overall learning objective for the Community HeLP clinic is that students will gain an awareness of what Jerome Frank described as “the ‘atmosphere’ of a case”—in other words, sophistication about what it’s really like to work with a client and to take that client through one or more legal processes.⁴² The reality of lawyering work like this simply cannot be taught to the same extent through case books or simulations.

Bearing actual responsibility for the outcome of an individual client’s situation has long been recognized as the key catalyst that leads clinic students to put in the work necessary to develop numerous lawyering skills.⁴³ As Stephen Wizner and Jane Aiken explained, “having direct responsibility for cases means that students must establish independent relationships with clients, must think ahead, and must shoulder the responsibility for the choices they make.”⁴⁴ Many routine situations that lawyers face, which might have seemed abstract in the professional responsibility classroom, suddenly become tangible in the clinic, such as duties to

⁴² Jerome Frank, *Why Not a Clinical Lawyer-School?*, 81 U. PA. L. REV. 907 (1933), reprinted in CLINICAL ANTHOLOGY: READINGS FOR LIVE-CLIENT CLINICS, *supra* note 4, at 1, 2, 4 (discussing the “inherent subjectivity of those ‘facts’ in ‘contested cases’”).

⁴³ Stephen Wizner & Jane Aiken, *Teaching and Doing: The Role of Law School Clinics in Enhancing Access to Justice*, 73 FORDHAM L. REV. 997, 1008 (2004) (“It is the sense of responsibility that they feel, the fear, the vulnerability when representing real clients, that inspires students to strive to be effective lawyers with excellent skills.” (citing Abbe Smith, *Rosie O’Neill Goes to Law School: The Clinical Education of the Sensitive New Age Public Defender*, 28 HARV. C.R.-C.L. L. REV. 1 (1993))).

⁴⁴ *Id.*

preserve client confidences and to act diligently, communications with clients, witnesses, and adverse parties, potential conflicts raised by dual representation, and much more.⁴⁵ Although perhaps more mundane, part of “the atmosphere” of the practice of law in the real-world that clinics can impart is office organization and case management.⁴⁶ In Community HeLP, for example, students track all case work through a cloud-based case management system. They keep and report time, and they share responsibility for checking the clinic office mail, emails, and voice messages.

Like other clinicians, I also aim to teach students to recognize the crucial role that fact development plays in real-life lawyering.⁴⁷ In most law school classes, students learn by reading and discussing judicial opinions in which the facts are provided, and the focus is on the application of legal standards. Out there in the real world, however, the facts lawyers need to work their cases are both undetermined and capable of development through conscious choices.⁴⁸ Indeed, in one survey of practitioners regarding the skills that effective lawyers should have, the most important tools indicated were “fact gathering” and the “capacity to marshal facts and order them so that concepts can be applied.”⁴⁹ Related studies have honed in on “the importance of a lawyer’s ability to integrate factual and legal knowledge and to exercise good judgment in light of that integrated understanding.”⁵⁰

In the Community HeLP clinic, students working on individual poverty law cases quickly learn that they must become adept at developing and presenting facts, just as any practicing lawyer would have to do.⁵¹ They do this through interviewing clients and their

⁴⁵ See, e.g., ASS’N OF AM. LAW SCH., *supra* note 3, at 514 (“Most clinicians believe that it is part of their charge to teach this kind of professional responsibility. In the clinic, students are . . . required to respond in role to ethical dilemmas, with real-life consequences attached to their decisions.”).

⁴⁶ The MacCrate Report, *supra* note 2, at 235 (articulating “the importance of the skill of ‘organization and management of legal work’”).

⁴⁷ Frank, *supra* note 44, at 4 (discussing the “transcendent importance of the ‘facts’ of a case”).

⁴⁸ Amsterdam, *supra* note 4, at 8 (explaining that lawyers work on cases “in which the facts were not given, [and] in which there were options as to what fact situation should be created”).

⁴⁹ Blasi, *supra* note 37, at 43–44 (citation omitted).

⁵⁰ *Id.* at 43.

⁵¹ See ASS’N OF AM. LAW SCH. *supra* note 3, at 512 (noting that in live-client clinics “the problems presented to students have all the difficulty, texture, and chance that occur in the world of practice”).

family members, reviewing medical files and other health documents, requesting records, and visiting courthouses. They also learn that the acquisition of case-relevant facts is within the client's and lawyer's control—for example, by referring clients for counseling or evaluation, advising clients how changes to their household meal preparation and consumption might affect their SNAP eligibility, or preparing affidavits, records requests, and other measures.

The paramount importance—and contestability—of facts in lawyering work leads to another learning component facilitated by individual client advocacy. Namely, students in Community HeLP, just like practicing lawyers, frequently must counsel or advocate on behalf of their clients in situations where the facts are incompletely ascertained or still in development.⁵² Thus, in contrast to the method of learning in doctrinal courses, “the student in a clinical program is required to grapple with the impact of doctrine when there is no ‘given’ fact situation.”⁵³ To be sure, students find it unsettling to grapple with the difficulties of helping their clients make critical decisions in situations where each option involves indeterminate risks or gains.⁵⁴ But that is the very point: in the clinic setting, students have the valuable opportunity to practice these skills under the supervision of the clinic director (or other supervising attorney) and within a structure for collaborative and systematized problem-solving and feedback.

Individual case work also teaches students to value a client-centered approach to the representation.⁵⁵ This model recognizes that all clients—especially those who have rarely had an advocate in their corner—deserve to have their goals (rather than the lawyer's) drive the representation. At bottom, client-centered approaches involve collaboration and the sharing of responsibilities

⁵² See Land, *supra* note 26, at 58 (“As the representation continues, law students get the opportunity to experience first-hand that lawyers must help their clients to make decisions, without perfect knowledge, in a developing context.”); ASS’N OF AM. LAW SCH., *supra* note 3, at 512 (observing that clinic students must “structur[e] and apply[] doctrine to situations where the facts are unclear or developing”).

⁵³ ASS’N OF AM. LAW SCH., *supra* note 3, at 512.

⁵⁴ See Amsterdam, *supra* note 4, at 7-8 (reasoning that dealing with situations that involve indeterminate risks is not typically part of the law school curriculum).

⁵⁵ See *generally* DAVID A. BINDER & SUSAN C. PRICE, LEGAL INTERVIEWING AND COUNSELING: A CLIENT-CENTERED APPROACH (1977) (explaining and defending the client-centered approach).

between advocate and client.⁵⁶ In the process, students usually learn to recognize that their clients will be invested when the relationship is more egalitarian and collaborative, contributing to better outcomes. And even in those situations where there is little that can be done to help a client achieve his goals, there is an important dignitary value in undertaking a client-centered approach.⁵⁷

To be sure, supervision is absolutely key to achieving maximum learning within the context of an individual representation clinic. Students' work must be "subjected to intensive and rigorous *post mortem* critical review."⁵⁸ In addition to team supervision meetings, the Community HeLP Clinic engages in clinic-wide case rounds to review issues and collaboratively brainstorm solutions.⁵⁹ For each task the students undertake, the process is the same: (1) plan and prepare, (2) execute, and (3) review what went well and what could be improved on the next time.⁶⁰ Close supervision of clinic students consumes significant time and resources, but it does not necessarily mean a "constant faculty presence."⁶¹ Indeed, ubiquitous supervisory presence may undercut a student's ability to fully embrace responsibility for her client. I have endeavored to create a structure that enables open and ongoing dialogue with students about their work, punctuated by regular formal supervision

⁵⁶ See Anthony V. Alfieri, *Reconstructive Poverty Law Practice: Learning Lessons of Client Narrative*, 100 YALE L.J. 2107, 2140–2141 (1991) (arguing that collaboration offers "the commitment to the negotiation of shared responsibilities" and "obliges the lawyer to center the voices of the client's narratives in the telling of the client's story"); TOM R. TYLER, WHY PEOPLE OBEY THE LAW 161-63 (1990) (reasoning that procedural justice is important to legitimacy).

⁵⁷ See Alfieri, *supra* note 58, at 2139 ("The goal of lawyer-client collaboration is to permit the lawyer to eclipse momentarily his dominant-dependent relational vision in order to experience an alternative social arrangement. For the lawyer, recognition of this possibility is the threshold to integrating empowering client narratives into storytelling.").

⁵⁸ Amsterdam, *supra* note 4, at 10.

⁵⁹ See, e.g., Bloch, *supra* note 5, at 54 (explaining that in supervision "the teacher uses a shared experience to point out and convey to the student points of law, methods of practice, and elements of the legal process"); Susan Bryant & Elliott S. Milstein, *Rounds: A "Signature Pedagogy" for Clinical Education?*, 14 CLINICAL L. REV. 195 (2007) (describing the importance and methodology of case rounds in law school clinics).

⁶⁰ See Gary Palm, *Reconceptualizing Clinical Scholarship as Clinical Instruction*, 1 CLINICAL L. REV. 127, 129 (1994) ("[C]ollaborating with an inexperienced law student can often be difficult and time consuming."); ASS'N OF AM. LAW SCH., *supra* note 3, at 512 ("While time-consuming, that individual supervision is a powerful means to focus student attention on these skills.").

⁶¹ Bloch, *supra* note 5, at 59.

meetings.⁶² When students represent actual human beings, especially those who are just a step away from crisis, the points of necessary decision-making and intervention are never fully predictable. Accordingly, establishing open, regular dialogue with my students about their case-work proves invaluable because at any point the client may suddenly need to make a critical decision, or the students may need to engage in rapid advocacy.⁶³ While stressful, this reality “offers the student opportunities for valuable learning experiences both at expected and unexpected moments during representation.”⁶⁴

Clinical theorists have argued that a pedagogically successful “learning climate” will include “a spirit of mutuality between teachers and students as joint inquirers.”⁶⁵ When the client representation component of clinical work is a “shared enterprise,” the learning process also becomes more mutual.⁶⁶ For most students, working on individual cases within this structure helps them begin to develop a sense of professional identity. Through clinical work, “students have, at last, a body of their own experience which they can compare to the faculty’s assertions and statements.”⁶⁷ Thus, the experience sometimes “radically alters the usual relationship of faculty to student.”⁶⁸ The result is that I often have much to learn from my students in Community HeLP, as they gain comfort sharing their thoughts about case strategy as well as the legal and political forces that shape our clients’ lives.

Advocacy on behalf of indigent clients also provides law students with a meaningful opportunity to develop or nurture empathy. At

⁶² Cf. Ann Shalleck, *Clinical Contexts: Theory and Practice in Law and Supervision*, 21 NYU REV. L. & SOC. CHANGE 109 (1993-1994), reprinted in CLINICAL ANTHOLOGY: READINGS FOR LIVE-CLIENT CLINICS, *supra* note 4, at 29, 29 (“Nowhere is the intersection of legal theory and legal practice more intense than in supervising students representing real clients on real cases. Supervision is an ongoing dialogue between student and teacher about that representation.”).

⁶³ Cf. Bloch, *supra* note 5, at 58. Palm, *supra* note 62, at 128 (“[E]very case, project and activity must be the *joint responsibility* of an attorney and a student.”).

⁶⁴ Bloch, *supra* note 5, at 58.

⁶⁵ *Id.* at 53 (quoting M. KNOWLES, *THE MODERN PRACTICE OF ADULT EDUCATION* (1970)).

⁶⁶ See Gary Bellow & Earl Johnson, *Reflections on the University of Southern California Clinical Semester*, 44 S. CAL. L. REV. 664, 694 (1971); Bloch, *supra* note 5, at 59 (noting the clinical “method of supervision allows students to learn through mutual inquiry”).

⁶⁷ Bellow & Johnson, *supra* note 68, at 693.

⁶⁸ *Id.*

bottom, lawyering work is human relations work.⁶⁹ It is an endeavor in which attorneys must navigate difficult subject matter with deep emotional content. In the right setting, clinic students can learn to meld their legal training with humanity and empathy. Law school clinics provide “direct exposure for law students to miseries that overwhelmed others and lay behind the legal situations of individuals against whom the law seems to operate.”⁷⁰ As April Land has explained, “the immediacy of these human needs compels students to care.”⁷¹

In an individual case model of clinical work, students must engage with clients as fellow human beings. They are confronted by the vivid emotional realities of their clients’ situations. These experiences help students recognize the extent to which the legal “care” that lawyers provide, especially to clients in dire straits, has a deeply human side.⁷²

Finally, poverty law practice focused on individual representation in a clinical setting provides students with the experience and confidence to undertake similar work in a manageable way when they graduate and become lawyers.⁷³ Many of my students have gone on to continue similar work in summer positions and post-graduate employment, including at immigration firms or nonprofits, disability firms, and public defender offices. Some clinic members find the work rewarding enough to seek out similar advocacy opportunities while still in law school. At least four past clinic students from Community HeLP used the experience to formulate related independent projects for credit (for which I was

⁶⁹ See Bloch, *supra* note 5, at 55 (“To the extent that broader human relations skills are a desirable subject of learning in law school, clinical legal education—with its emphasis on experiential learning—offers the opportunity to teach those skills.”).

⁷⁰ Frederick M. Hart & J. Michael Norwood, *The Origins of Law School Education*, in PROFESSIONAL EDUCATION IN THE UNITED STATES: EXPERIENTIAL LEARNING, ISSUES, AND PROSPECTS 75, 83 (Solomon Hoberman & Sidney Mailick eds., 1994) (quoting William Pincus); Land, *supra* note 26, at 61 (“Students experience the weight of responsibility that comes from the duty to provide legal care.”).

⁷¹ Land, *supra* note 26, at 55 (“Each client presents vivid personal and emotional issues”).

⁷² See Frank, *supra* note 44, at 4 (“The student would be made to see, among other things, the human side of the administration of justice” (emphasis omitted)); Land, *supra* note 26, at 54–55 (observing that “the legal profession remains a human enterprise with people providing service to other people,” that in clinics “law students internalize an awareness that they are members of a profession that provides legal care to clients” and that the “emotional content of this caring cannot be taught through books, articles, or lectures”).

⁷³ Cf. Land, *supra* note 26, at 60, 71 (discussing the positive impact that working with indigent clients can have on law students aspiring for social justice aims in their legal work).

the faculty supervisor). Others have engaged in related work for the community through projects I helped devise and supervise for UGA Law's Public Interest Practicum course (currently taught by Professor Elizabeth Grant). Twice I have co-authored and published papers with former students that arose from the clinic's work.⁷⁴

B. LARGER ADVOCACY PROJECTS FLOW FROM REPRESENTATION OF INDIVIDUALS

As I have discussed, individual case work in the clinic setting benefits both law students and clients. Additionally, the clinical experience "can provide the opportunity for examining the functioning of legal institutions as a whole, analyzing how such institutions are operating currently and how they might be changed to work more effectively."⁷⁵ Indeed, the representation of indigent or vulnerable individuals, in conjunction with the opportunity to unpack the experience through supervision and case rounds, often leads students to assess and recognize the magnitude of the obstacles that their clients face.⁷⁶

Theorists have suggested that these kinds of systemic insights are a worthy goal of clinical education.⁷⁷ Professors Aiken and Wizner wrote, for example, "[w]e do not want our students just to learn how to handle a domestic violence case; we want them to reflect on how the justice system responds, or fails to respond, to

⁷⁴ Jason A. Cade & Mary Honeychurch, *Restoring the Statutory Safety-Valve for Immigrant Crime Victims: Premium Processing for Interim U Visa Benefits*, 113 NORTHWESTERN UNIV. L. REV. ONLINE 120 (2019); Jason A. Cade & Meghan L. Flanagan, *Five Steps to a Better U: Improving the Crime-Fighting Visa*, 21 RICH. PUB. INT. L. REV. 85 (2018).

⁷⁵ ASS'N OF AM. LAW SCH., *supra* note 3, at 516.

⁷⁶ See, e.g., Bryant & Milstein, *supra* note 61, at 219 ("In general, the types of social justice conversations that predominate in rounds are . . . exploring the ways in which the client's situation is emblematic of broader concepts of injustice in the world . . . , and how to lawyer to make things better."); Alan A. Stone, *Legal Education on the Couch*, 85 HARV. L. REV. 392, 429 (1971) ("[T]he student's experience with human problems in the legal clinic always has the potential of being emotionally real. The student is directly involved in a case and can explore its social and psychological implications in as great a depth as his motivation allows."); Land, *supra* note 26, at 59.

⁷⁷ See, e.g., ASS'N OF AM. LAW SCH., *supra* note 3, at 515 (arguing that clinical "instruction includes learning about poverty" and that students "should confront the failure of our government to provide equal justice and fair legal procedures for the poor" (quoting Gary H. Palm, Message from the Chair, AALS Section on Clinical Legal Education Newsletter 2 (Nov. 1986))).

domestic violence.”⁷⁸ Thus, clinic teachers can not only facilitate students’ ability to alleviate the suffering of their individual clients through the development of key lawyering skills, but also “sensitize students to what they are seeing, guide them to a deeper understanding of their clients’ lives and their relationship to the social, economic, and political forces that affect their lives, and help students develop a critical consciousness imbued with a concern for social justice.”⁷⁹

Community HeLP students often develop a desire to apply the wisdom and insights gained through individual representation to a broader group of people. Accordingly, in the second semester of each clinic year, the clinic takes on various systemic projects that organically developed from the students’ case work. By the second semester, students typically have a solid grasp of the realities their clients face, which gives content and direction to the clinic’s approach on larger projects.

Some of the larger advocacy projects Community HeLP has undertaken include:

- Creating a streamlined process to assist older adults at senior housing communities with applying for Medicare, food stamps, and an under-used deduction for out-of-pocket medical expenses intended to help elderly or disabled persons receiving food stamps, which clinic students successfully piloted with the Athens Community Council on Aging at several locations.
- Submitting Freedom of Information Act Requests for extensive data on lengthy detentions of non-citizens by local law enforcement in collaboration with Immigration and Customs Enforcement, and then preparing analysis of the response.
- Participating in a variety of advocacy around implementation of SNAP in Georgia, including Able Bodied Adults Without Dependents requirements; the standard medical expense deduction for older or disabled

⁷⁸ Wizner & Aiken, *supra* note 45, at 1009; *see also* Bloch, *supra* note 5, at 54 (“[W]hen a case is so novel or complex that the clinical teacher really must struggle together with the student, the answer may be that there is no answer, and the student both experiences and learns this limit of the rules of law.”).

⁷⁹ Stephen Wizner, *Beyond Skills Training*, 7 CLINICAL L. REV. 327, 338–39 (2001).

persons; and disability-access issues for the SNAP program.

- Developing educational presentations related to many of the client's issue areas, which is then delivered to relevant communities in and around Athens.

Scholars such as Jennifer Koh and Javashri Srikantiah have explored the pedagogical benefits of this mixed docket approach, in which students work on both individual cases and larger projects.⁸⁰ When clinic students have the opportunity to take on additional lawyering roles and forms of advocacy, they gain greater insight into “the complexity of the issues facing the populations served by the clinic.”⁸¹ Ultimately, “a combined advocacy clinic deepens students’ ability to engage in problem solving, expands their exercise of judgement, and most fully develops their professional identity.”⁸²

Depending on the nature of the project, I sometimes take a more active role in helping students develop and carry out systemic projects than I might with individual representation. In this way, clinic students engaging in complex advocacy in addition to continuing with individual representation of clients can make meaningful contributions as part of a team (on which I am just another collaborator) without becoming overwhelmed.

C. INTER-PROFESSIONAL COLLABORATIONS

A final component of the Community HeLP clinic worth noting is the growing opportunity it provides for students to engage in inter-professional collaborations. The process of working with other professionals towards a shared goal is not a skill commonly taught in law school. Medical-legal partnerships, by definition, incorporate various forms of teamwork between persons of different professional backgrounds and skills to improve the care provided to patients or populations.⁸³

One of our growing collaborations is with graduate students in *The Clinica in LaK’ech*—a team of bilingual graduate students working in the UGA Department of Human Development & Counseling under the supervision of Dr. Ed Delgado-Romero—

⁸⁰ See Srikantiah & Koh, *supra* note 40, at 476.

⁸¹ *Id.*, at 452.

⁸² *Id.*

⁸³ See, e.g., WORLD HEALTH ORG., FRAMEWORK FOR ACTION ON INTERPROFESSIONAL EDUCATION & COLLABORATIVE PRACTICE 7 (2010).

which provides much-needed counseling services for many of our clients and often creates evaluative reports that are useful in our advocacy. This interdisciplinary approach to addressing social determinants of health has helped to build client resiliency and improve outcomes on both therapeutic and legal fronts. The two programs hold joint seminar classes several times each academic year, providing training for each other. Ultimately, the students in each of these programs gain valuable experience in working with different professions on shared service goals.

Similarly, we have regularly consulted with community lawyers, both to ensure our own competency and to collaborate on approaches to systemic issues that affect shared client populations. In particular, we have worked often with Nancy Lindbloom, an Athens attorney who is an expert on public benefits law. Shorter term or more limited project partners that Community HeLP has worked with include lawyers from Silver & Archibald (a disability law firm), Athens Community Council on Aging, the Public Housing Authority, and the Atlanta-based Project South.

The trust that Community HeLP built in the community also led the Athens-Clarke County Police Department (ACCPD) to host me to give a department-wide training on working with noncitizen crime victims. Also attended by prosecutors and community workers, the training was well-received and led to a number beneficial policy changes and continuing relationships. ACCPD later submitted a letter in support of Professor Christine Scartz's and my application for the aforementioned DOJ-funded Crime Victims Justice Corps Fellow, attesting to the clinic's ability to build bridges with community institutions and the ACCPD's reliance on Community HeLP as a resource.⁸⁴

Reaching out to, learning from, and working together with other professionals helps build law students' confidence and experience in holistic problem-solving and inter-professional collaboration. These experiences also provide them with a grounding in how to work with experts in their post-graduate law practices.

⁸⁴ See *supra* note 15 and accompanying text.

CONCLUSION

Underlying all of Community HeLP's design components is my awareness of the signature benefit of experiential pedagogy: learning is stronger and deeper when the material has immediate application in real-world situations.⁸⁵ To be sure, this course can be challenging, as the students and I must adapt to a new set of cases and issues every semester. Taking on multiple issue areas, like engaging in larger projects in addition to individual client representation, raises complexities that could be avoided through specialization and a single-advocacy approach. Experience has shown, however, that the benefits for students and the community we serve outweigh the costs. The combined advocacy, semi-generalist approach of the Community HeLP clinic gives students the opportunity to expand their range of lawyering skills, broaden their sophistication about the social justice issues facing our clients, and develop their professional identities. Most importantly, the process of facing the challenges presented in the clinic builds students' self-confidence and helps them develop a framework for lifelong learning throughout their careers.⁸⁶

⁸⁵ Put differently, I teach the relevant law and skills "just in time," rather than "just in case." See SUSAN BRYANT, ET AL., TRANSFORMING THE EDUCATION OF LAWYERS: THE THEORY AND PRACTICE OF CLINICAL PEDAGOGY 117 (2014).

⁸⁶ Amsterdam, *supra* note 4, at 10 (observing that the clinic experience is "the beginning of the students' development of conscious, rigorous self-evaluative methodologies for learning from experience—the kind of learning that makes law school the beginning, not the end, of a lawyer's legal education").