# Social Care Matters: Do Teams Have What They Need to Succeed?

SAMANTHA J. MORTON, JD; LINDA CABRAL, MM; ELIZABETH LYNCH, LICSW; BARAKA FLOYD, MD, MSc

## INTRODUCTION

Recent research confirms that health-related social needs (HRSN) – like housing instability and food insecurity – increased in the United States in July 2020, upon expiration of initial federal pandemic unemployment compensation.[1] These kinds of HRSN were entrenched in the Ocean State before COVID-19 arrived,[2] with disparate impacts on Black, Indigenous and People of Color (BIPOC) communities.[3] Transformation efforts that better account for people's social needs are underway in Rhode Island in both public health contexts (such as Health Equity Zones[4]) and healthcare contexts (such as Care Transformation Collaborative of Rhode Island / PCMH (Patient-Centered Medical Home) Kids,[5] or CTC-RI, initiatives). In fact, a 2019 CTC-RI quality improvement pilot with MLPB (formerly known as Medical-Legal Partnership | Boston)[6] – involving complex care-based Community Health Teams[7] (CHTs) who are dedicated to holistically meeting people's medical, behavioral and social health goals – suggests that if care teams' knowledge is expanded to include legal rights education, teams will be more effective social care partners with people at this time of material hardship resurgence.

An illustrative, de-identified example from the pilot follows:

> During a High-Risk Case Review meeting, a CHT member asked MLPB how they could support a patient with a behavioral health condition who was at risk for eviction. Due to their diagnosis, the patient had difficulty keeping their apartment orderly, and the landlord had threatened to initiate eviction proceedings if the unit was not cleaned up in a week. The CHT member was concerned that the patient could not meet this deadline and might become homeless.
>
> MLPB's law and policy consultant oriented the CHT to a common dynamic in landlord-tenant relationships: a landlord's lack of understanding that behavioral health conditions can impact how tenants engage with tenancy responsibilities, and an inaccurate perception that the tenant is being willfully non-compliant. The consultant also oriented the CHT to the basics of people's fair housing rights, including an important legal protection for people living with disabilities: the right to reasonable accommodation in housing. Finally, MLPB helped the CHT understand the key elements of a valid request for reasonable accommodation.
>
> This education enabled the CHT to identify a reasonable accommodation request as a potential next step in social care planning with this patient. The CHT member conveyed this basic legal information to the patient, confidently partnered with the patient to prepare a reasonable accommodation request letter, which was approved by the landlord and gave the patient more time to organize the unit. The patient was spared being served with eviction papers that week, and the CHT now is equipped to harvest this learning in future partnerships with other patients.

### For Effective Social Care, We're Going to Need a Bigger Toolbox

In December 2018, CTC-RI launched a seven-month quality improvement pilot with MLPB, an organization that provides legal education and problem-solving insight to care teams so they can more effectively partner with people around HRSN and social determinants/structural drivers of health (SDOH). CTC-RI wanted to equip Community Health Teams with additional tools to help patients navigate complex HRSNs, which exist in larger structural contexts, including racism in America and laws and policies that control access to resources.[8] MLPB pioneered the evidence-based[9] *team-facing, legal partnering approach*[10] that constructs a community of practice equipped to surface legal rights, risks and remedies that can and should impact social care delivery. During the pilot, a law and policy consultant from MLPB (a) trained statewide CHT staff on the connections between HRSN, people's legal rights, risks and remedies, and scope-of-practice-aligned problem-solving strategies; and (b) embedded with the CHT at Thundermist Health Center[11] to support their social care planning and delivery. Notably, this MLPB colleague was not deployed to provide direct legal representation to patients, which most often is a downstream intervention. The pilot involved:

- Workforce training for the entire CHT workforce;
- Participating once a month in two "High Risk Case Reviews" (six total at the West Warwick site, six total at the Woonsocket site) to offer the teams continuous education on potentially relevant legal rights, risks and remedies;

- Responding to consults (questions about potential relevant legal rights, risks and remedies and scope-of-practice-aligned problem-solving options) initiated by CHT members outside of Case Review meetings;
- Identifying situations where the CHT might consider offering the patient a referral to an external legal specialist for direct legal representation; and
- Noting opportunities for CHT and clinic system adjustments that may enable more responsive social care across populations.

During the pilot, MLPB delivered six trainings to CHT workforce members. Of the 19 CHT learners who attended MLPB's January 2019 "Immigration 101" training, 9 staff completed both a pre-and post-training survey. These learners reported increased proficiency in discussing, screening for, and understanding links between immigration status and health and making appropriate referrals, reflected in **Figure 1**.

As indicated in **Figure 2**, housing instability-related concerns represented the highest volume of CHT consults with MLPB.

The most prevalent specific housing concerns were rental conditions and eviction risk, reflected in **Figure 3**.

**Figure 1.** MLPB Immigration 101 Training for CHTs, Outcomes (Jan. 2019)

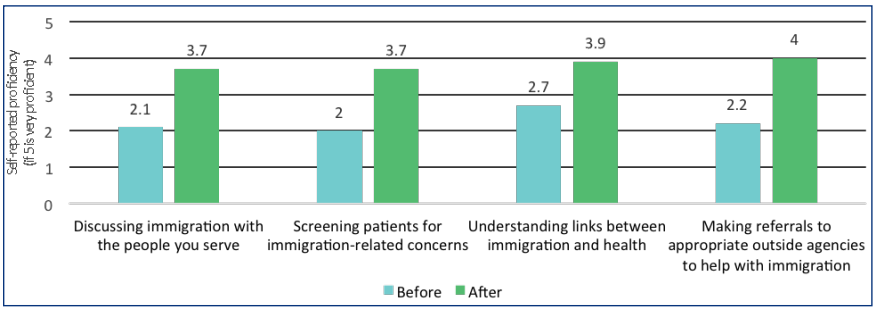


**Figure 2.** Health-related Social Needs Discussed During CHT-MLPB Consults. (N=67) Dec. 2018–June 2019

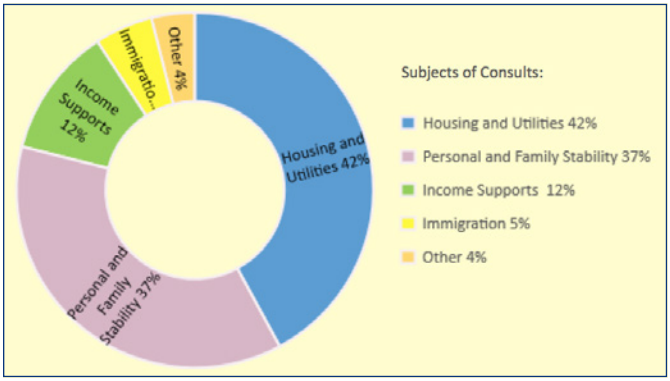


**Figure 3.** Range of Housing & Utilities-related Sub-Topics Identified During CHT-MLPB Consults (Dec. 2018–Jun. 2019)

| Housing & Utilities sub-topics | # of Consults w/sub-topic |
|---|---|
| Rental conditions | 9 |
| Eviction | 5 |
| Access to stable housing | 4 |
| Other | 4 |
| Foreclosure | 3 |
| Search resources | 1 |
| Security deposit return | 1 |
| Reasonable accommodation | 1 |
| **Total** | **28** |

During reflective debriefs, CHTs shared with CTC-RI and MLPB that:

- Historically, tackling health-related social needs borne by complex care patients had often felt overwhelming to the team and sometimes had a "numbing" effect on team members;
- Thundermist's High-Risk complex care team initially was skeptical that this pilot could meaningfully support HRSN problem-solving;
- Integration of a law and policy consultant colleague generated new confidence, capacity and enthusiasm on the team, because staff were better equipped to "meet patients where they are" and therefore could better build – and sustain – therapeutic alliances with patients.

In the wake of this pilot's learning, CTC-RI has continued to prioritize integration of MLPB training and technical assistance within its CHT network.

## CONCLUSION

Caring for people classified by insurers and health organizations as high-risk presents unique challenges for care teams, and complex care practice will only become more demanding as pandemic-worsened trends in employment, income, and access to basic needs like food and housing evolve. To advance quality and impact, organizations and systems should break down silos of knowledge and problem-solving pathways. Welcoming legal education and problem-solving insight within the community health workforce is an important first step.

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## Authors

Samantha Morton, JD, CEO of MLPB (f/k/a Medical-Legal Partnership | Boston).

Linda Cabral, MM, SBIRT/CHT Project Manager at Care Transformation Collaborative of Rhode Island/CMH Kids.

Elizabeth Lynch, LICSW, Director of Behavioral Health and Social Services at Thundermist Health Center.

Baraka Floyd, MD, MSc, Clinical Assistant Professor in the Division of General Pediatrics and Associate Chair for Diversity, Equity & Inclusion for the Department of Pediatrics at the Stanford School of Medicine. During the term of the pilot described in this commentary, she served as a consultant to MLPB.

## Correspondence

Samantha Morton
MLPB
c/o TSNE MissionWorks
89 South Street, Suite 700
Boston, MA 02111
617-336-7500, ext. 455
smorton@mlpboston.org