CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

Addressing Health Related Social Needs for All Rhode Islanders

Care Transformation Collaborative of Rhode Island

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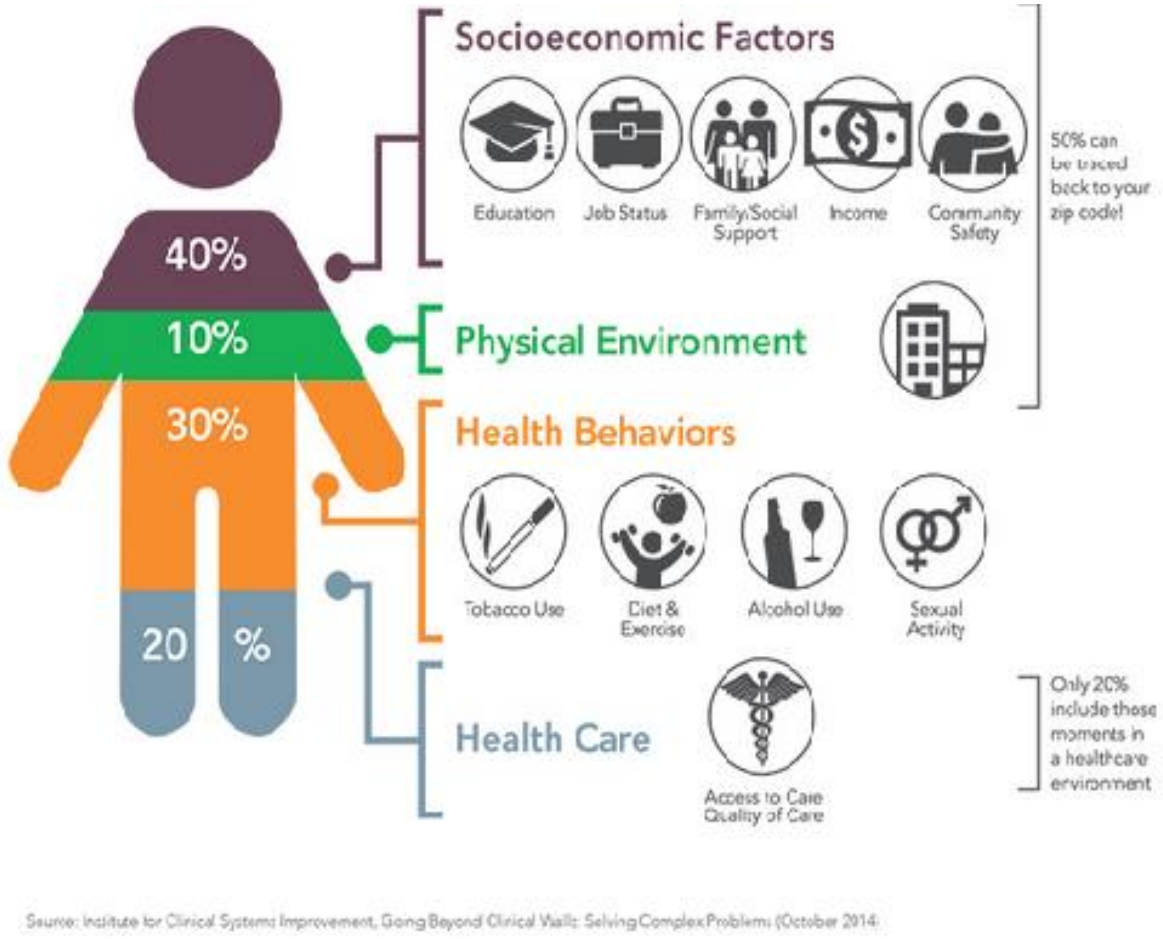
CTC-RI Clinical Strategy Meeting| September 17, 2021

Primary care recognizes the role that social needs play in health outcomes



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

What part of our health system is dealing with health related social needs (HRSNs)?

Community Health Teams as a Resource to Primary Care to Address HRSN

- Enhance primary health care delivery
- Support care coordination and care management for people at risk of poor health and well-being outcomes and to close social and equity gaps
- Address underlying community needs to address the vital conditions everyone needs to thrive
- Serve as a trusted intermediary between the community and the larger health system

Who is on the team?

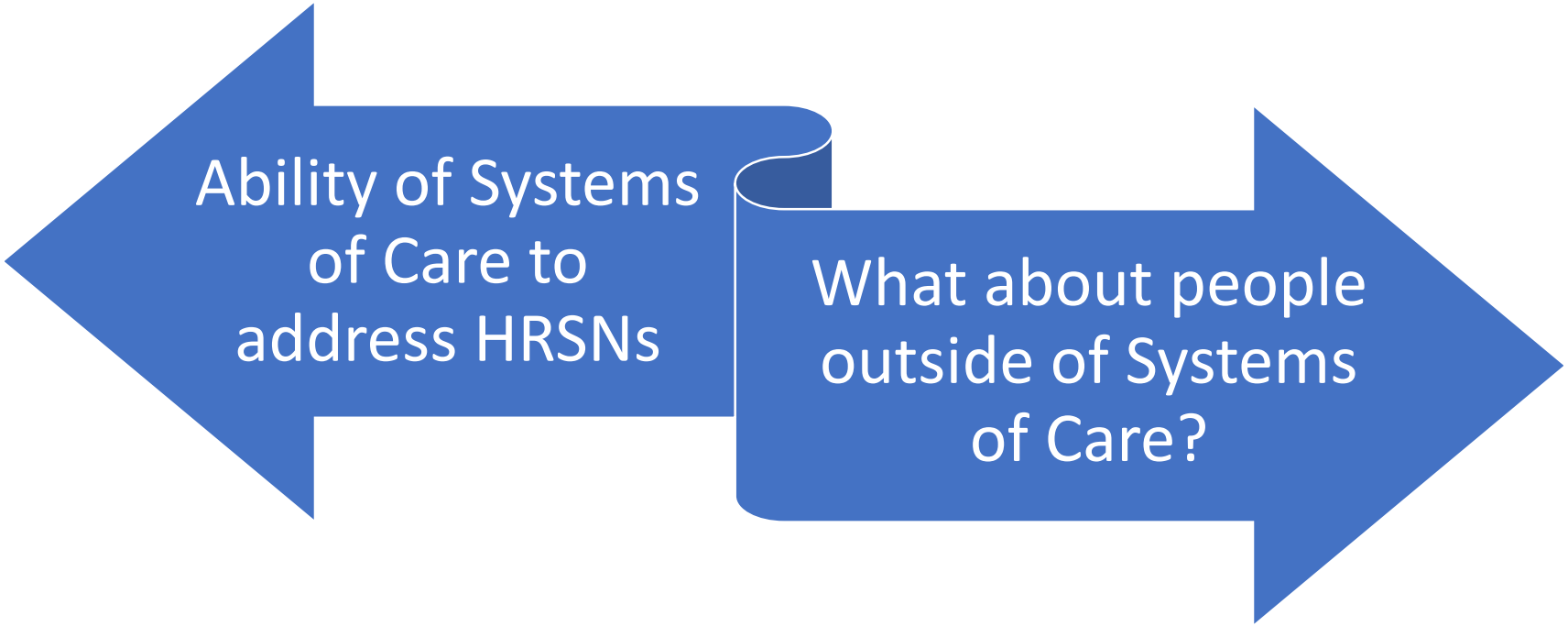
CORE:

- **Community Health Workers**
- **Behavioral Health Provider**

ADJUNT SUPPORT:

- **Screening, Brief Intervention, and Referral to Treatment (SBIRT) Screener**
- **Peer Recovery Specialist**
- **Family Care Liaison**
- **Legal Information and Rights Education (MLPB)**

How to ensure HRSNs get addressed?



Hybrid Model Proposal

A complementary network of both regional community health teams AND System of Care/practice based CHTs. Ensures CHT availability to all Rhode Islanders

- Need for community-based care management for high-risk adults, children and families that addresses HRSNs, BH and coordinates with PCPs, health plans, hospitals, and CBOs
- Need to engage patients in a systematic way who have fallen through the cracks
  - Actively support connection to primary care and community resources
- Support for emergency departments and inpatient discharge planners with complex cases in order to maximize engagement with needed transitions of care services
- Advance population health through placed based collaboration with community organizations

Role of Regionally Based CHTs

- Organized regional teams as part of a statewide commitment to ensure CHT services are **available to all Rhode Islanders**
- Flexibility to receive **referrals from outside of primary care** (i.e. health plans, hospitals, First Connections, housing authorities) and from small unaffiliated primary care practices. Works to connect people to primary care if unengaged
- Enhanced ability to provide "**whole family care**" and collaborate with child/family systems
- Leads essential **care coordination** efforts across multiple systems
- Ability to comprehensively address social and economic needs by virtue of its **strong regional connections**
- Actively participates in **community building efforts to address health disparities** through a race equity lens

Supporting Shared Learning among ALL CHTs

Establishing a Statewide Convener for CHTs would accomplish the following:

- Help develop and track common performance metrics
- Identify where common tools would be helpful
- Promote best practice sharing; performance improvement, trainings
- Participate in innovative community collaboration efforts (i.e. R2E)
- Learning to maximize Community Resource Platform

Social Health, Prevention Imperatives, and Evolving Care Teams – *Thoughts on Design Principles*

Samantha J. Morton
CEO, MLPB

CTC-RI/PCMH Kids Clinical Strategy Committee meeting
Friday, 9/17/2021
7:30-9am

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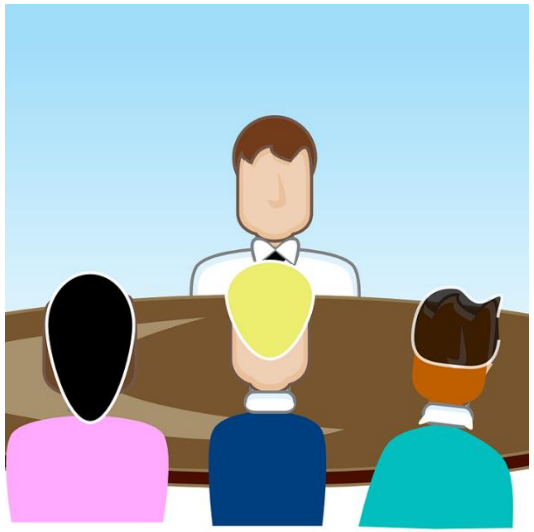
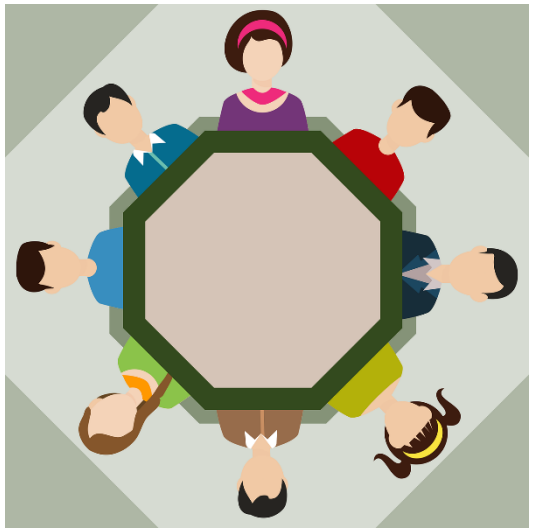
Care planning, delivery and financing should systematically account for people's legal rights, risks, and remedies.

MLPB equips communities of care with legal education and problem-solving insight that foster prevention, health equity, and human-centered system change.

Through training, consultation and technical assistance, we help care teams more quickly and effectively connect people to the resources and legal protections they seek.

History & Evolution





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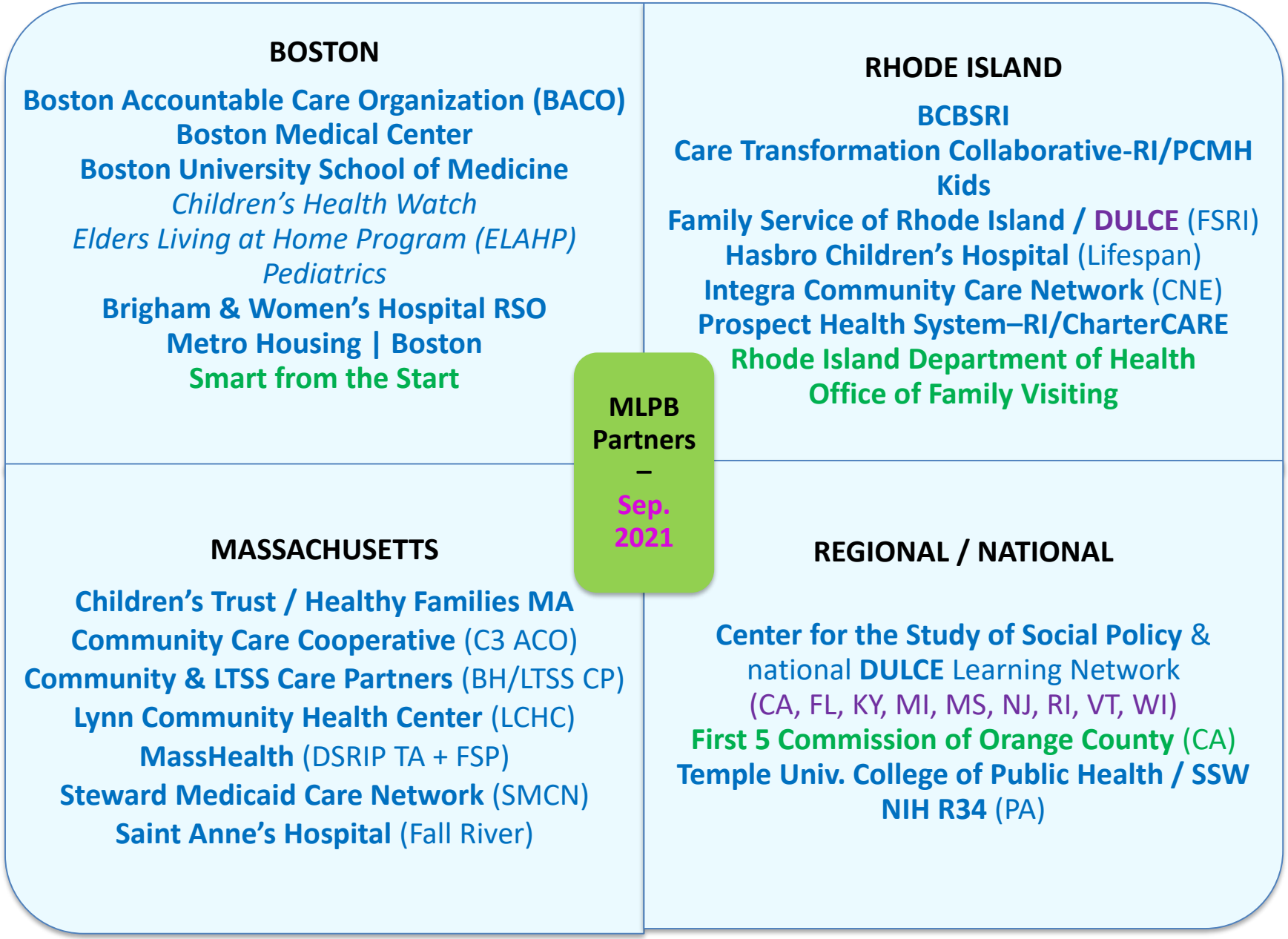

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Unlocking Access 201

Beyond Flattening the Curve: Addressing Health-Related Social Needs in the COVID-19 Landscape

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Consult example from CHT meeting

- Complex case involving a patient who suffered a work-ending injury. In addition to the **profound medical and employment aftermath**, the patient was:
  - struggling to secure **worker's comp benefits**,
  - navigating potential **foreclosure**, and
  - trying to fix a long-standing **error in a pivotal identity document**.
- How to develop a social care plan that would be effective and humane?
  - Merely trying to **establish priorities** with the patient – in ways that would honor their **autonomy**! – was difficult because many of these needs/barriers are **legally interdependent.**
  - Even if patient wanted to prioritize one goal over all others, CHT might need to educate the patient about why tackling that top goal successfully would be contingent on addressing another item.

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Consult example from CHT meeting

- MLPB partnered with CHT to support development of a care plan that accounted *both* for patient goals and potential legal contingencies they might encounter during the problem-solving journey

- This social health telementoring took place during a **virtual Best Practice Meeting** as well as **multiple follow-up 1:1 consults** between the CHT worker and MLPB – devoted not only to:

  - clarifying what kind of **problem-solving was in-bounds, not out-of-bounds, for the CHT member**, but also to

  - **supporting sound expectation management with the patient** about where the law was, and wasn't, on their side.

- With this support and coaching, the CHT was more empowered to provide quality, human-centered social health care to this patient, and now could cross-pollinate the learning to work with many other patients!

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Why is MLPB part of a conversation about CHT structures and sustainability?

- We integrate with and support **many social care teams anchored in CHWs**; all of whom (appropriately!) express commitment to anti-racism and other equity-advancing principles.

- We bear witness to some **complex dynamics on those teams**, which – among other things – may feature largely white senior leaders and supervisors and predominantly BIPOC community health workers.

- We are **invested in the thoughtful stewardship of care teams vested with some of the most challenging work in healthcare**: *partnering with people to problem-solve around social, economic and environmental barriers to health, wellbeing and dignity that are rooted in powerful and long-standing inequities*.

- We – in partnership with leading-edge communities of care in the Ocean State and beyond – are innovating the structure of interdisciplinary legal partnering to more explicitly recognize that:

Why is MLPB part of a conversation about CHT structures and sustainability?

- Trust matters. And, therefore, transparency matters.
- Good intentions abound.
- Mistakes and bad acts happen in health care sometimes.
- Individuals and families sometimes experience harm in care settings.
- Often, patients' interests and care team interests align; but sometimes they do not.

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Reflections in support of sound Hybrid CHT design planning in RI

- How will the Hybrid approach assure equity for this critical and valuable state-wide workforce?
  - **Co-design** of interdisciplinary team workflows and reflective practice
  - **Compensation and advancement** benchmarks across practice-based and regional teams
  - **Supervision** quality and assets
  - The notion of **"conflict-free" community health work** – the regional teams will have this; the practice-based teams will not

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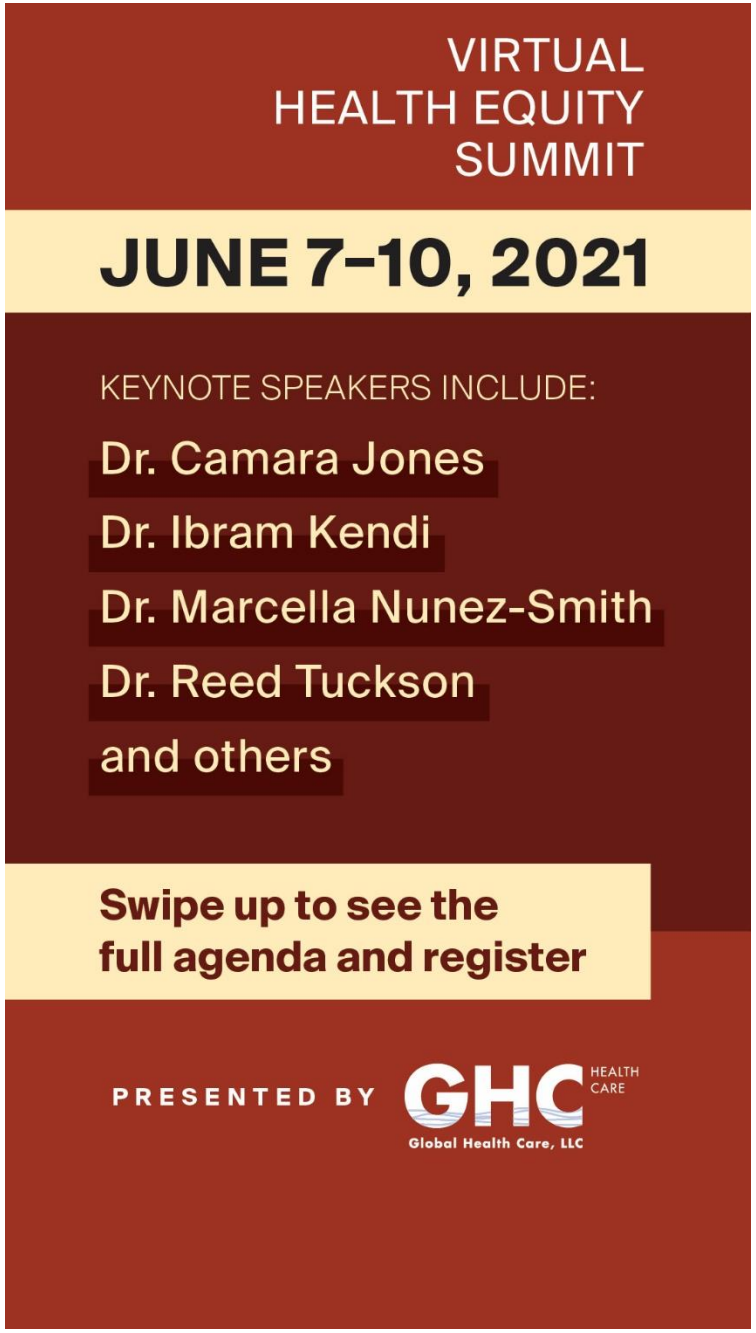
Legal Information And Rights Education As An Element of Care: A Promising Health Justice Strategy

Samantha J. Morton

JUNE 7, 2021 10.1377/hblog20210603.174251



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Morton, Samantha J. (2019). "Legal Partnering for Child and Family Health: An Opportunity and Call to Action for Early Childhood Systems." Washington, DC: Center for the Study of Social Policy.

Available at: https://cssp.org/resource/legal-partnering/

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;

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