

# Partnering with Families Experiencing Housing Instability: *Considerations for Interdisciplinary Teams Based in Massachusetts and Beyond*

**An MLPB  
Unlocking  
Access  
Report**

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## BACKGROUND

In 2019, MLPB convened an *Unlocking Access* Learning Community composed of ambassadors from 9 organizations/networks who partner with families in Massachusetts to address housing instability challenges, which are well-documented to correspond with poor health at both the household and population level (*sidebar*).

When it comes to the health and well-being of families with children, the Commonwealth of Massachusetts is navigating substantial challenge and opportunity. On the one hand:

- In a pre-pandemic landscape, one out of eight children in the Commonwealth was growing up in a family struggling to make ends meet. ([Obstacles on the Road to Opportunity, MA Budget and Policy Center \(MBPC\) - 12/15/29 at p. 25](#))
- Now, in a pandemic landscape with corollary impacts on health, employment, income, and housing, families in Massachusetts are facing even greater risks to health, well-being, and family stability. ([Responding to the COVID-19 Crisis: Filling Gaps in Federal Cash Support for Individuals and Families, MBPC - 4/15/2020](#))

On the other hand, the Commonwealth's:

- Office of Medicaid is leading cutting-edge care delivery and financing transformation efforts, including a Flexible Services Program that is enabling *Whole Person* investments in goods and services that further housing stability and food security for some Medicaid ACO members. This is part of a larger national trend that elevates value over volume in healthcare and emphasizes the centrality of meeting people's health-related social needs in addition to clinical and behavioral health needs -- an important pathway to deeper understanding of structural dimensions of health at the population level.
- Laws and public policies are among the most protective of tenants and utility customers in the country.
- Early education and care community is recognized for its energetic cross-sector innovation.

Care teams based inside and outside of clinics can facilitate **family access to housing and energy supports**, but this often is a complicated process. Indeed, access to many supports may be accelerated by a medical certification (sometimes known as a "doctor's note") but these processes – and how health and human services team members participate in them – often are poorly understood and executed. For this reason, we focused the Learning Community on a foundational element of demonstrating a family's eligibility for housing-related resources, benefits and legal protections: verifying that a person or household member has a qualifying health status or age.

Evidence indicates that housing instability increases risk for fair to poor child health, increased risk of child hospitalization, maternal depression, and fair to poor caregiver health. Housing instability during childhood also increases the risk of toxic stress, and, in absence of adequate buffers, the health outcomes associated with Adverse Childhood Experiences (ACEs), ranging from asthma and allergies, to initial substance use before age 14 and adult heart disease, to name a few.

See **Appendix A** for references.

Core Learning Community objectives were to:

- Distill families' key legal rights and remedies related to accessing safe, healthy and affordable housing
- Spotlight the unique “power of the pen” held by some care team members when families seek housing stability-promoting resources
- Identify opportunities and challenges confronting cross-sector workforce members who partner with families in these housing stability efforts; and
- Cultivate cross-pollination of wisdom and best practices.

### *The Learning Community*

Against this backdrop, in 2019 MLPB convened a housing instability-focused Learning Community that brought together ~30 stakeholders from 9 health and early childhood sector organizations, all of whom either partnered directly with families experiencing housing instability or supervise colleagues who do. Our goal was to build the capacity of these workforce colleagues – *Know Your Community's Rights!* and *Know Your Role!* – and simultaneously to surface barriers they face partnering with families to tackle housing instability problem-solving. In the *Know Your Role!* context, the Learning Community paid special attention to the unique “power of the pen” some care team members possess when partnering with families to *unlock access* to safer, healthier, and more affordable housing and energy

Workforce roles represented included:

- community health workers and their supervisors
- social workers
- care coordinators
- doulas
- resource coordinators
- nurses; and
- family support program administrators

***MLPB generated this report not only as a capstone to the Special Initiative and to acknowledge the work of the Learning Community, but also to:***

- Inform policymaking and program development priorities in the Commonwealth during a time of unprecedented material hardship among families.
  - For example, this report highlights multiple ways in which healthcare staff, human services staff, and families themselves are radically interdependent in the process of connecting families to specific resources, benefits and legal protections they seek. This reality is being tested through MassHealth's pioneering and newly-launched Flexible Services Program in the accountable care context.
  - In addition, some team members are “bystanders” to challenging communications between families and providers who have the “power of the pen” in the context of a medical certification request. This is an important opportunity for deeper capacity-building across roles and teams.
- Support other states and communities invested in *Unlocking Access* efforts.
  - The table at pages 6-7 can serve as an early blueprint for other states interested in “mapping” families' legal risks, rights and remedies in the housing and energy domains.
  - The healthcare-human services integration experiments underway in the Massachusetts can inform other child health-focused communities and policymakers.

## ACTIVITIES & EVENTS

Over the course of the Special Initiative, we facilitated 4 Learning Community sessions grounded in MLPB's *Unlocking Access* curriculum – topics below MLPB analyzed participants' pre-/post-survey data and gathered qualitative data through structured interviews and a focus group.



Learning objectives for each session fell into two general categories: *Know Your Community's Rights!* and *Know Your Role!*

### 1. *Know Your Community's Rights!*

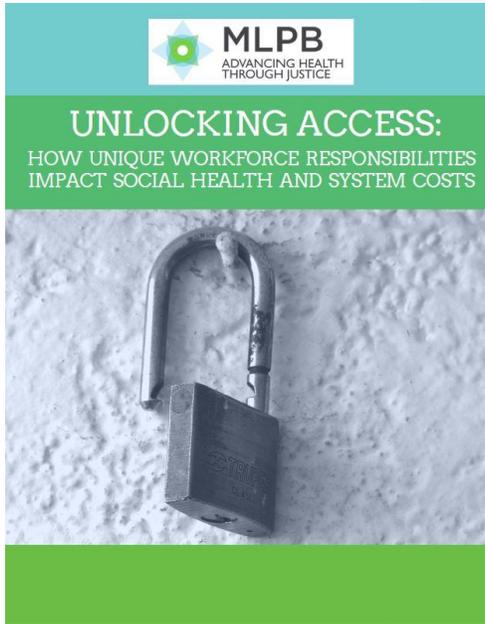
- Identify families' key legal rights to safe, healthy and affordable housing
- Observe related eligibility criteria and common barriers to access

### 2. *Know Your Role!*

- Demonstrate best practices for strengths-based communication with families when screening for, triaging, and responding to family housing instability
- Recognize one's unique role(s) and responsibility in facilitating families' access to the housing stability supports they want – given one's specific (a) position within the team/organization, and (b) relationship to the family
- Describe best practices for completing, or facilitating completion of, high-stakes medical certification functions typically vested in clinicians

Highlights from the four topical sessions are covered on pages 6 to 7.

MLPB spotlighted the *Unlocking Access* theme at its **June 19, 2019 Annual Breakfast**, releasing its first report entitled **[Unlocking Access: The Connections Between Medical Certifications and Health Equity](#)**.



Agenda				
8:30am	<b>Breakfast &amp; Networking</b> – Bri Tagliaferro - Cellist			
9:00am	<b>Welcome</b> – Samantha Morton CEO, MLPB 			
9:10am	<b>Framing</b> – Audrey Shelto President, <i>The Blue Cross Blue Shield of Massachusetts Foundation</i> 			
<b>9:15am Panel</b>				
				
<b>Baraka Floyd</b> Consultant, MLPB's Unlocking Access Special Initiative; Clinical Assistant Professor, Stanford School of Medicine	<b>Erin Loubier</b> Senior Director for Health and Legal Integration & Payment Innovation, Whitman-Walker Health	<b>Dayce Moore</b> Manager, Business and Service Delivery Development UMass Medical School, Disability Evaluation Services	<b>Tara Murphy</b> Deputy Director, MassHealth DSRIP Statewide Investments MODERATOR	<b>Dannie Ritchie</b> Founder, Community Health Innovations of RI; Clinical Assistant Professor, Alpert Medical School - Brown Univ.
10:15am	<b>Concluding Remarks &amp; Networking</b>			

On the strength of that event, **MassHealth** invited MLPB and several of its event speakers to contribute to its Statewide Investments (SWI) Program “Pop-Up” on December 6, 2019, entitled: *Lessons Learned from Other States: Creating Care Delivery Systems that Recognize and Respond to Member Priorities and Circumstances*.



**SWI Pop Up 2: Lessons Learned from Other States: Creating Care Delivery Systems that Recognize and Respond to Member Priorities and Circumstances**

**Event Summary:** The second MassHealth DSRIP TA Program SWI Pop Up highlighted strategies for member engagement, specifically innovative approaches for designing programs and care delivery models that successfully engage individuals who may have competing priorities and complex life circumstances. Representatives from three organizations outside of Massachusetts shared their experiences and offered concrete approaches for engaging and retaining these members. A total of 21 attendees from ACOs and CPs participated in this Pop Up, representing four ACOs and nine CPs. Representatives of MassHealth, Abt Associates, and key MassHealth partners also attended.



(NOTE: The following snapshots are examples, not exhaustive. Also, they reflect a focus on families living in the Commonwealth of Massachusetts. This report is for educational purposes only; nothing in it should be construed as legal advice.)

	<i>Know Your Community's Rights!</i>	<i>Know Your Role!</i> (see also <b>Appendix A</b> )
<p>1. <i>Keeping a Family's Home Safe &amp; Healthy</i></p> <p>6/19/19</p>	<ul style="list-style-type: none"> <li>• State Sanitary Code requirements of landlords</li> <li>• Rights to reasonable accommodation and reasonable modification</li> <li>• Non-discrimination rights, including non-retaliation</li> <li>• Lead exposure risk-related rights</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware of health conditions that may be exacerbated by poor housing conditions</li> <li>• Screen for unsafe and unhealthy housing conditions in a strengths-based manner (see also <b>Appendix B</b>)</li> <li>• Convey to families their key legal risks, rights and remedies (<i>"Fair Housing rights are not limited to people with sensory and mobility disabilities: the law protects people with disabilities of all kinds, including "invisible disabilities"!</i>)</li> <li>• Remember that <i>Messenger Matters</i>: a medical certification or "doctor's note" can make a big difference</li> </ul>
<p>2. <i>Getting Through the Affordable Housing Bottleneck: Eligibility for Priority/Preference Status</i></p> <p>7/25/19</p>	<ul style="list-style-type: none"> <li>• Some people in search of an affordable home may be eligible for a "priority" that can accelerate moving from wait-list to unit access; examples include displacement due to disaster, disability ("Inaccessibility of the Dwelling Unit"), domestic violence, or hate crime victimization</li> <li>• Within priority categories, some people may be eligible for one or more "preferences" that can further expedite access; examples include veterans and local residents</li> </ul>	<ul style="list-style-type: none"> <li>• Recognize families' potential eligibility for priorities or preferences!</li> <li>• Generate paperwork that serves as third-party verification of statuses that may qualify family for priority/preference!</li> <li>• Anticipate and mitigate potential barriers to successful application/qualification, like CORI and credit scores! (<i>"CORI doesn't have to be the end of the story! Sometimes information is inaccurate or can be mitigated if we supply updates on progress toward relevant goals!"</i>)</li> <li>• Coach families to keep their addresses and phone numbers up to date to avoid "lost contact" purges from waitlists</li> <li>• Partner with families throughout application process and any appeal process! Even when the first answer is "no," people sometimes can get to "yes" the second time around.</li> </ul>

*Know Your Community's Rights!*

*Know Your Role!*  
(see also **Appendix A**)

3. *Accessing  
Emergency  
Assistance  
Shelter*

8/15/19

- Some pregnant and parenting people residing in MA are eligible for a type of shelter administered by the Department of Housing and Community Development
- Extremely restrictive eligibility criteria; beyond income and immigration status, demonstrating eligible “homeless” circumstance or lack of “feasible alternative housing” is challenging
- While continuous presence is expected, there are some limited rights to “Temporary Emergency Shelter Interruptions” (TESIs) in certain circumstances

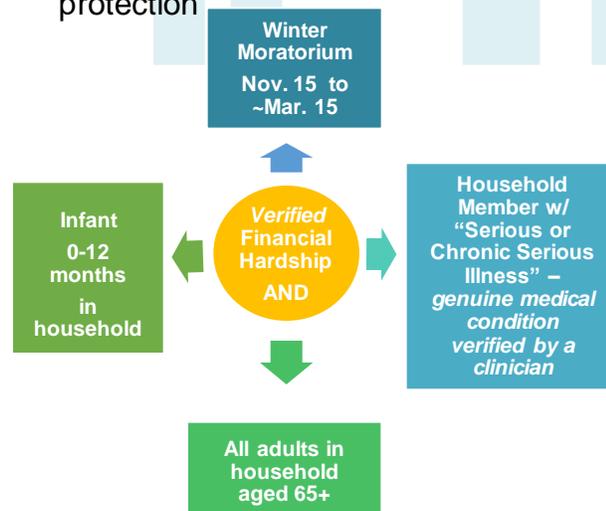
- Recognize that applications for EA shelter are very complicated and require a lot of paperwork and effort – and you can help families navigate this maze!
- Generate DV/medical certifications that can help establish a family's eligibility for EA shelter, or support any appeals!

4. *Keeping the  
Heat & Lights  
On: Securing  
Gas &  
Electricity  
Shut-Off  
Protection*

9/12/19

- In several contexts (*see graphic below*), lower-income households are entitled to gas and electric shut-off protection -- means that gas and electric service are usually available even if the family can't pay their utility bills
- People have right to transfer protected accounts (and debt) to new homes – but must do so before account is terminated
- Shut-off protection is only available to lower-income households – having serious or chronic serious illness does not *automatically* activate shut-off protection

- Myth-bust! Utility shut-off protection is not debt relief: families should pay what they can – even a few dollars a month – to reduce debt over time and show good faith in case eligibility lapses and payment plan is needed
- Recognize that providers determine (at their discretion) what counts as “serious” or “chronic serious” illness; unlike other contexts (like disability benefits), there is no list of illnesses that do/don't qualify for utility shut-off protection
- Remind families that demonstrating financial hardship is not a one-time thing – mark calendars for cyclical re-certification!
- Respect privacy and confidentiality – it is not necessary to disclose specific diagnosis/label that risks discrimination; information about symptoms is sufficient



### ***Learning Measurement Strategies***

Surveys were utilized to measure demographics and meeting learning objectives. Pre-/post-test surveys were performed consistently with the exception of the first in-person session. Of completed surveys, CHWs were the largest group represented, followed by social workers. In addition, nine participants volunteered to complete structured interviews (and in one instance a focus group) discussing their past experience with medical certifications, barriers and facilitators to obtaining them, perceptions of importance of understanding law and policy underpinnings of eligibility criteria for health promoting protections, and what types of training, support, or guidelines may be helpful to support care teams.

#### ***Characteristics of Learning Community Participants***

- Respondents worked with adults (66.7%), children (57.1%), older adults (52.4%), and pregnant people (42.9%).
- Populations served by respondents experience myriad health conditions, including substance use disorder (90.4%), diabetes (90.4%), developmental delay (85.7%), asthma (80.1%), cancer (66.7%), failure to thrive (66.7%), pregnancy complications (47.6%), and mental health disorders (47.6%).
- Barriers faced by people served by respondents include English language learning (95.2%), homelessness (95.2%), and low income (95.2%). Surprisingly, only one participant referenced immigration status as a barrier (4.8%).

#### ***Self-Reported Proficiency Across Training Topics***

- Survey responses indicated statistically significant increases in proficiency across learning objectives for 3 out of 4 sessions. (Per above, pre- and post-tests were accomplished for all sessions but the first.)
- Information considered “most valuable” varied widely from session to session
  - Baseline cross-sector knowledge re: family eligibility for housing-related protections, let alone the role of medical certifications in helping families to secure them, was *highly variable*.

#### ***Qualitative Data***

- Knowledge of laws and policies governing eligibility for (and implementation of) housing and utility protections is a helpful tool for health-related social need (HRSN) problem-solving.
- Barriers to successfully preparing and submitting medical certifications required to *unlock access* are varied and include:
  - Delayed disclosures of housing instability and utility needs by families due to competing priorities and limited bandwidth (e.g., one participant offered the example of a family seeking help from the care team only upon receiving an eviction notice as opposed to an earlier stage of risk.)

- Many participants stated that they were uncertain about what level of detail to include in a medical certification, especially if they are being asked to assist the medical provider in preparing the documentation. Finding the right balance between providing sufficient detail and protecting patient confidentiality was noted as a concern.
- Varied implementation of eligibility guidelines and medical certification standards by decision-making agencies and companies creates confusion for consumers and care teams, creating additional barriers to accessing health-promotive resources.
- Relationships are key for team members to help families – in general and when facilitating access to medical certifications -- and more challenging for those not operating within a clinic setting. Participants valued practical knowledge about how to facilitate a family’s securing of a medical certification by “managing up” with colleagues and maximizing teamwork.
  - Participants noted that it was much easier to contact and seek a medical certification from providers they had worked with in the past, or with whom they were co-located. Even for participants who had ongoing relationships with medical providers, being off-site created an additional challenge in reaching a member of the care team to facilitate a request for a medical certification.
- Effective housing instability problem-solving is connected to several other domains, including domestic violence advocacy, criminal justice system involvement, and immigration. Participants appreciated learning how factors like criminal conviction history and prior evictions can be barriers to affordable housing program admission.

During structured interviews, colleagues were asked to share their perspectives on the value, if any, of familiarity with legal eligibility frameworks governing family access to housing and energy supports. In general, colleagues shared that this understanding reassures them that they are doing all they can within the existing system to support families, enabling them ultimately to pass this reassurance on to them. This knowledge can clarify what lever, or what piece of information, can be used to *unlock access* to the supports a consumer needs.

- “You don’t have a housing assessment necessarily in the same way you do a suicide assessment, like what are those first 3-5 questions you ask someone when they say “I need help with \_\_\_\_\_.”
- It bolsters “confidence when explaining what someone needs or . . . when they’re talking about the letter or asking for a letter or looking at anything with a PCP team, I think it’s definitely worthwhile and helpful.”
- [I have a] "case with a client who is couch-surfing with an 18-month-old, and she’s been trying to get into shelters since we’ve opened this case—it’s been almost a year So we’re getting legal counseling on it because we try to go, they reject her she tries something different. The boyfriend was violent against her so she’s trying to decide whether or not to introduce that in because she doesn’t want to lose her child to [DCF], and all she wants to do is get a place of her own and so I was trying to figure out, would she qualify for something like that. She’s going to methadone clinics. She’s been [abstinent] since before the child was born and throughout the pregnancy as well and she doesn’t want to relapse as well. **And so, somebody like that, how do you—first of all would she be eligible, and number two is any of this relevant to be able to make it.” (emphasis added)**

## KEY RECOMMENDATIONS

The *Unlocking Access* Special Initiative helped to identify several areas for future capacity-building, innovative program development and investment, and human-centered policymaking. Key recommendations include:

**1. Adapting *Unlocking Access* strategies to the new, daunting COVID-19 landscape of barriers to housing and energy resources impacting families. Expanding financing strategies that enable integration of legal specialists across the child health ecosystem in order to anticipate, identify and eliminate families' barriers to housing stability and energy security.**

The speed with which law and policy is changing these days is staggering. All involved in *Unlocking Access* need to be supported in staying up to date on key developments. Several Massachusetts examples:

- *Housing Conditions*: Tenants still have legal rights to certain *emergency* repairs, and legal rights to limit *non-emergency* access by landlords that would undermine social distancing.
- *Priority/Preference Status*: One Boston housing authority and school district is partnering to house 1,000 homeless or at-risk families.
- *Shelter*: Temporary Emergency Shelter Interruptions (TESIs) have become even more relevant for shelter residents navigating COVID-19 testing, diagnosis and potential quarantine.
- *Utility Shut-Off Protection*: Companies may not disconnect gas or electric service to any homes while the State of Emergency is in effect – regardless of income, health or age.

MLPB's [COVID-19 Digital Digest](#) is one resource for care team members trying to stay abreast of key federal developments as well as changes in Massachusetts and Rhode Island state law that impact housing instability problem-solving strategies. But policymakers and influencers should elevate strategies – like [legal partnering for child and family health](#) – that integrate legal problem-solving insight/expertise in systematic, continuous and longitudinal ways within teams dedicated to advancing child and family health and wellbeing.

**2. Expanding multi-sector workforce training and system infrastructure relating to:**

- a) the pivotal role of medical certifications in verifying individual and family eligibility for a range of resources, benefits, and legal protections that promote housing stability among families with children;
- b) best-practice teamwork when supporting families to secure this valuable paperwork; and
- c) family-centeredness and structural competency (including strengths-based screening & communication) in policies, protocols, practices, and culture.

Misapprehension about the power of, and logistics relating to, medical certifications vis-à-vis establishing family eligibility exists at team/workforce/system levels, so broader demystification of the “fundamentals” is key – including what public policy makes possible, and what it does not. Differences in provider v staff understanding are critical since often only the provider has the “power of the pen” but a different team member (e.g., the CHW) has the trust of, and deeper relationship with, the family.

Differentials in knowledge and power across a family's cross-sector team (e.g., pediatrics care team v early childhood-based home visitor) can slow down progress on family access to housing and other supports. And understanding and helping families “stay on top of” the cyclical recertifications is crucial as well; lapses in re-establishing eligibility and maintaining access to the benefit are tied to child and family health in very concrete ways. All of this complexity and interdependence demands more intensive capacity-building.

Meanwhile, the systems that deploy workforces and teams to partner with families must embrace structural competency – active recognition that people's social, economic and environmental contexts are driven not merely by individual action but rather by structural and historical conditions, like institutional racism. Racism in all forms -- whether personally mediated, internalized, or institutional -- is a social determinant of health that increases the risk of chronic disease and infant mortality, among other diseases. Systems cannot be part of health equity solutions without acknowledging and responding to this reality. See **Appendix A** for references.

**3. Bolstering capacity and accountability across agencies and companies that control families' access to housing and energy resources, especially to reduce inappropriate rejection of medical certifications that have been completed properly on behalf of families by authorized care team members.**

Even if a team partnered with a family gets everything “right,” an agency or utility company still might decline a family's application for benefits in error. And too often agencies/companies reject legitimate medical certifications based on misapprehension of current public policy or for other reasons. Complex eligibility frameworks, dynamic rules and regulations, voluminous caseloads, shrinking budgets, and bias (played out with consumers in both interpersonal and institutional ways) all can converge to render bureaucracies as sources of distrust and alienation as opposed to support. Now is the time for more [Courageous Conversations](#) with these decisionmakers who steward and allocate scarce, health-promoting resources -- not less.

## APPENDIX A: REFERENCES

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**APPENDIX B:  
A “KNOW YOUR ROLE” GUIDE TO  
REQUESTS FOR MEDICAL CERTIFICATIONS  
NECESSARY TO ESTABLISH ELIGIBILITY**

**Care team member (usually clinician)  
charged with verifying health status and signing paperwork**

- Confirm legal context(s) -- *what support are you asking for and why?*
- Resist comparing person to others
- Stay “in your lane” by providing accurate information about symptoms and functioning
- *Tell the Truth* from clinical perspective – and check your biases/blind spots!

**Person seeking "doctor's note"**

**Recognize that your healthy housing goals may only be met  
if a health professional steps up to help *unlock access***

- Be as clear as possible about your (or your child's) health needs and their connection to the request you are making
- Enlist others to join your problem-solving team!

**Other Health Care Team members:  
You may not have the “power of the  
pen,” but you can:**

- Serve as a “bridge” between the person and the verifying/signing provider!
- "Manage up" to promote prompt and comprehensive paperwork preparation and submission!
- Educate more of your colleagues about how important these certifications are to patient care!

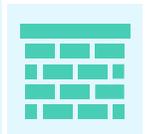
**Human service and early childhood  
colleagues also partnered with the  
person/family:**

- Identify who on your family's cross-sector team can verify health status in writing
- Identify who on that team will do so
- Develop strategies if the provider can but won't
- "Manage across" to promote prompt and comprehensive paperwork preparation and submission! For example, people "on the fence" often respond better to a draft than to a blank page.

## KEY STRENGTHS-BASED COMMUNICATION STRATEGIES THAT CAN PROMOTE SUCCESSFUL MEDICAL CERTIFICATION DIALOGUES



Embrace that offering resources to address housing instability and energy insecurity provides a unique opportunity to build rapport and trust with people.



Normalize challenges to making ends meet.



Do not assume but instead ask whether the person/family would like help.



Approach conversation with cultural humility: listen non-judgmentally



Consider offering to connect family with affinity groups who have confronted this challenge OR consider whether privacy concerns make affinity groups problematic; if so, consider more general options.



Recognize that experiencing housing instability & energy insecurity can be traumatic and may compound other traumas; engage in trauma-informed problem-solving throughout the partnership.



Focus on strengths and assets: ask how they have addressed such challenges in the past and help them identify sources of support in their social network.



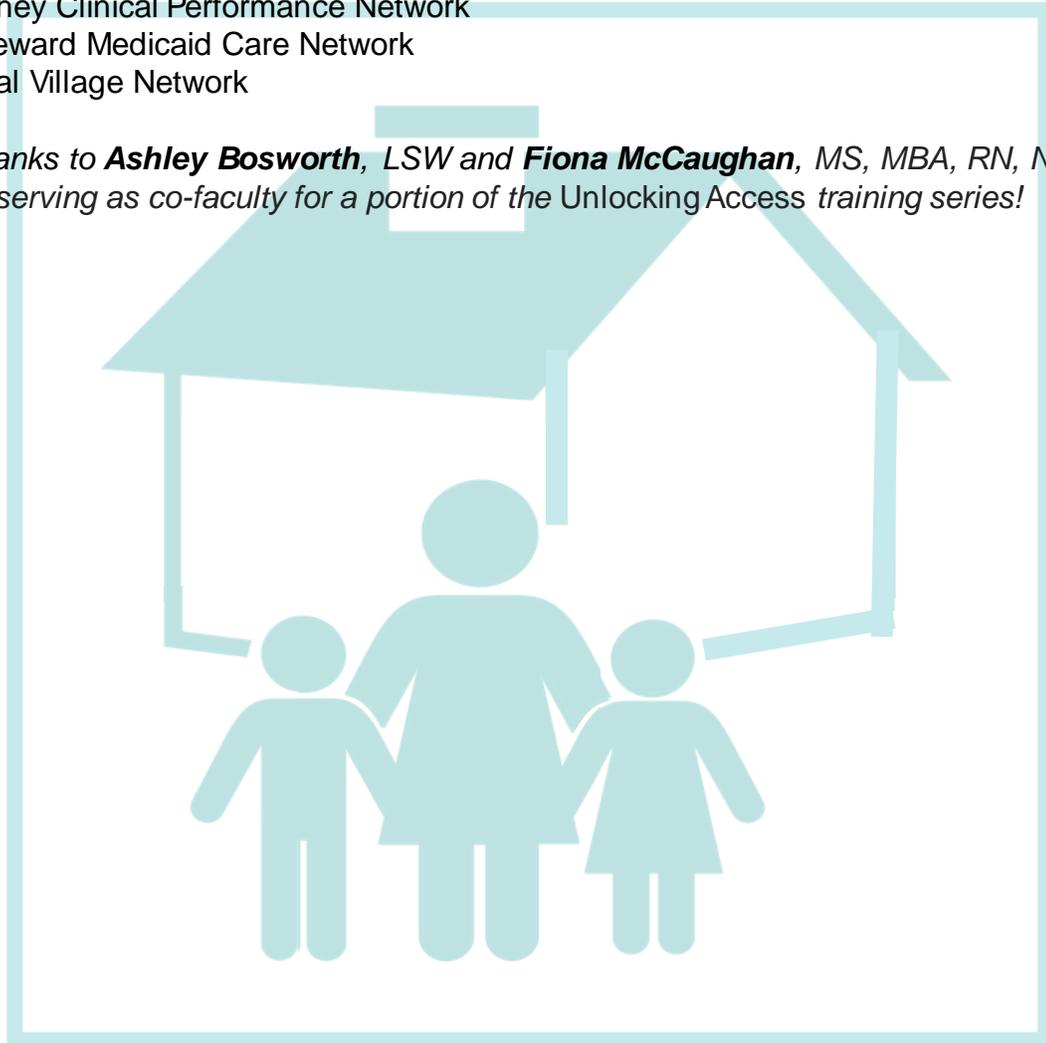
Level with people that you, and any community resource, do not have all the answers but may be able to help identify next steps.

## ACKNOWLEDGMENTS

The *Unlocking Access* Learning Community was, by design, a collaborative effort. MLPB partnered with talented colleagues representing the following stakeholders who are invested in best practices that can enhance family access to housing and energy supports, improve care quality, and further cross-sector collaboration that meets people where they actually are:

- Boston Medical Center – Department of Pediatrics
- Boston Senior Home Care, part of Boston Allied Partners (a MassHealth LTSS Community Partner)
- Brigham and Women's Hospital Regional Service Organization, part of Partners HealthCare Choice ACO
- Cambridge Health Alliance & Tufts Public Plans
- Community Care Cooperative (C3)
- The Children's Trust
- Lahey Clinical Performance Network
- Steward Medicaid Care Network
- Vital Village Network

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## ABOUT MLPB

MLPB believes in the power of justice to advance health, and in the urgency to democratize access to legal problem-solving tools. We equip health ecosystem partners with upstream problem-solving strategies that disrupt the evolution of a person’s social, economic or environmental need into a legal – and health – crisis. Through robust, prevention-oriented training and technical assistance, we help workforce colleagues understand their unique capacities to *unlock access* to a range of health-promoting benefits, services and legal protections – thereby advancing health equity for individuals, families and communities.

The evidence base for MLPB’s pioneering *team-facing legal partnering* approach (a complement and “bridge” to *family-facing legal partnering*) is mounting, especially in the pediatrics/early childhood context:

- Bovell-Ammon, A., Mansilla, C., Poblacion, A., Rateau, L., Heeren, T, Cook, J. T, Zhang, T, et al. (2020). Housing intervention for medically complex families associated with improved family health: pilot randomized trial. *Health Affairs (Project Hope)*, 39(4), 613–621.
- Sege, R., Preez G., Morton, S. J., Cabral, H., Morakinyo, O., Lee, V, Abreu, C., et al. (2015). Medical-Legal Strategies to Improve Infant Health Care: A Randomized Trial. *Pediatrics*, 136(1), 97–106.

MLPB’s CEO Samantha Morton is a co-developer of [DULCE](#) (*Developmental and Legal Understanding for Everyone*) and MLPB is honored to serve on the DULCE National Team to support the DULCE Learning Network, convened and led by the Center for the Study of Social Policy. MLPB is a MassHealth-certified DSRIP technical assistance vendor and is also participating in MassHealth’s Flexible Services Program, through which certain goods and services promotive of housing and food access will be delivered to qualified Medicaid members enrolled in an accountable care organization.

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