

# Exploring Housing and Habitability through Medical-Legal Partnerships

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**COMMUNITY**

**HEALTH PARTNERS  
FOR SUSTAINABILITY**

*STRENGTHENING HEALTHCARE FOR RESIDENTS OF PUBLIC HOUSING*



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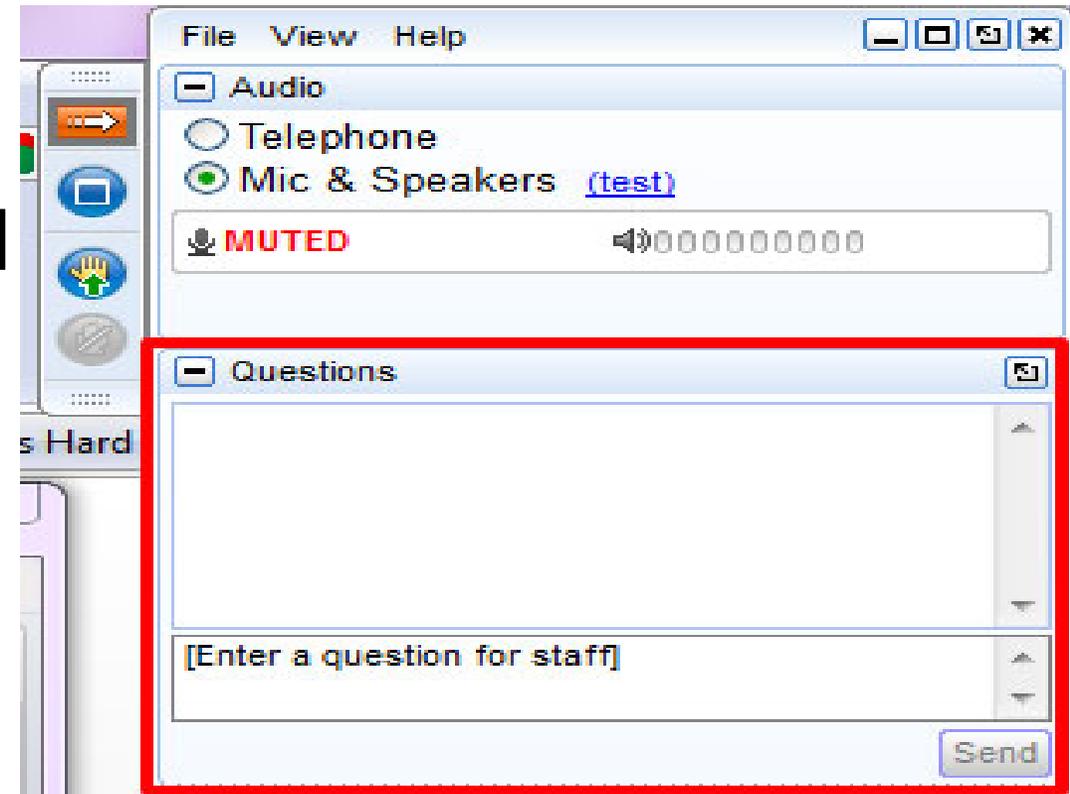
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# Today's Presenter

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Mudit Gilotra, MD

Director of Integrated Healthcare Services, Project HOME

Theresa Brabson, JD

Staff Attorney, Legal Clinic for the Disabled

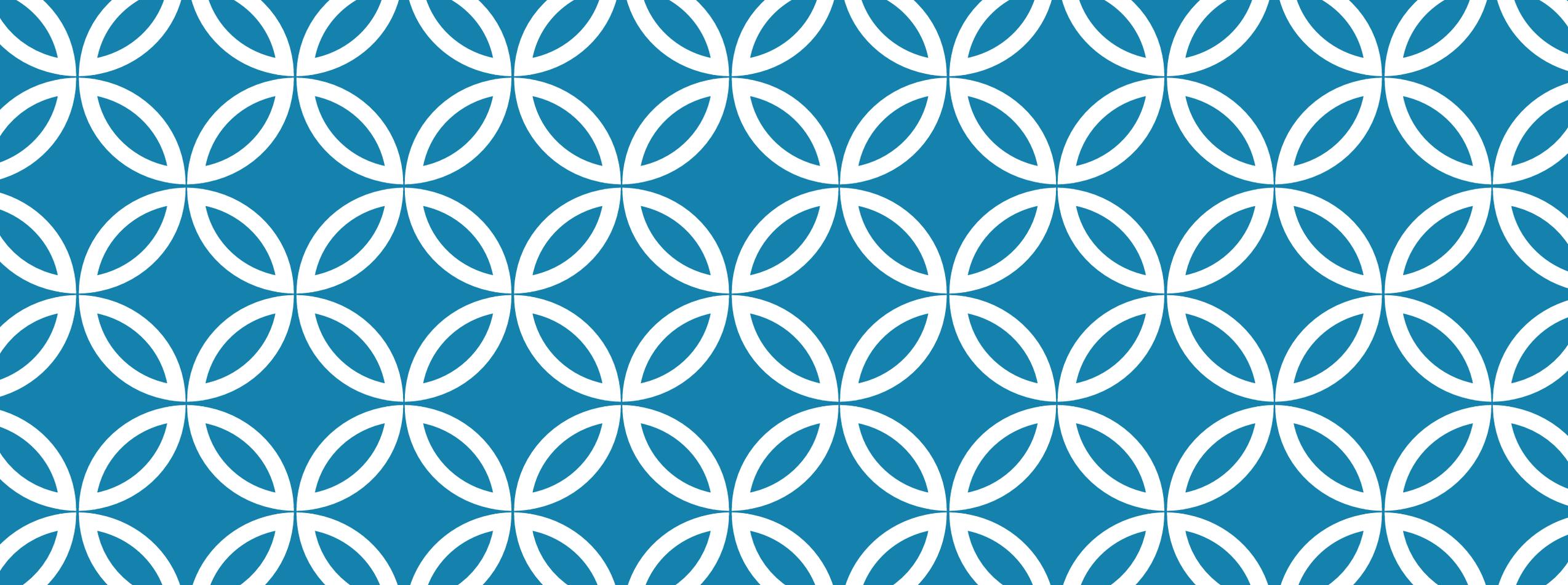
Director of PhilaKids Medical-Legal Partnership at St. Christopher's Hospital for Children

Sherry Thomas, JD

Staff Attorney, Legal Clinic for the Disabled

Director of Philadelphia Medical-Legal Partnership at The Family Practice & Counseling Network





# EXPLORING HOUSING AND HABITABILITY THROUGH MEDICAL-LEGAL PARTNERSHIPS

Speakers:

Sherry S. Thomas, JD

Mudit Gilotra, MD

Theresa Brabson, JD

# INTRODUCTION/ROADMAP

❖ Introduction of Speakers

❖ Session Roadmap:

1. Housing and Health- the Intersection
2. Overview of Housing/Habitability in Philadelphia
3. The Role of the Medical Provider/FQHC Protocol (Dr. Gilotra)
4. The Role of the Lawyer in Making Systemic Change (Theresa Brabson)
5. Q & A

# HOUSING AND HEALTH: WHERE WE LIVE MATTERS

1. Adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control.
2. Water leaks, poor ventilation, dirty carpets and pest infestation → increase in mold, mites and other allergens → respiratory conditions such as asthma
3. Very high or very low indoor temperatures → increased risk of cardiovascular disease, increased mortality (especially among vulnerable populations)
4. Poor structural features at home (shoddy floorboards, stairs, smoke detectors, windows, etc.) → injuries

Substandard housing is much more of a risk for some families than others; housing quality varies dramatically by social and economic circumstances. Families with fewer financial resources are most likely to experience unhealthy and unsafe housing conditions and typically are least able to remedy them.

# HOUSING AND HEALTH: BURDENS OF COST

1. More money spent on housing leaves less money for meeting other basic needs: healthcare, nutrition, heating, etc.
2. “Affordable” housing requirement is met when a family spends less than 30% of their income to rent or buy a residence. For many low-income Americans, this proportion is not realistic- the number is closer to 50%.
3. One study found that low-income people with difficulty paying rent, mortgage or utility bills were less likely to have a usual source of medical care and were more likely to postpone treatment and to use the emergency room for treatment.
4. Families who lack affordable housing are more likely to move frequently. Residential instability is associated with emotional, behavioral and academic problems among children, and with increased risk of teen pregnancy, early drug use, and depression during adolescence.

# HOUSING AVAILABILITY

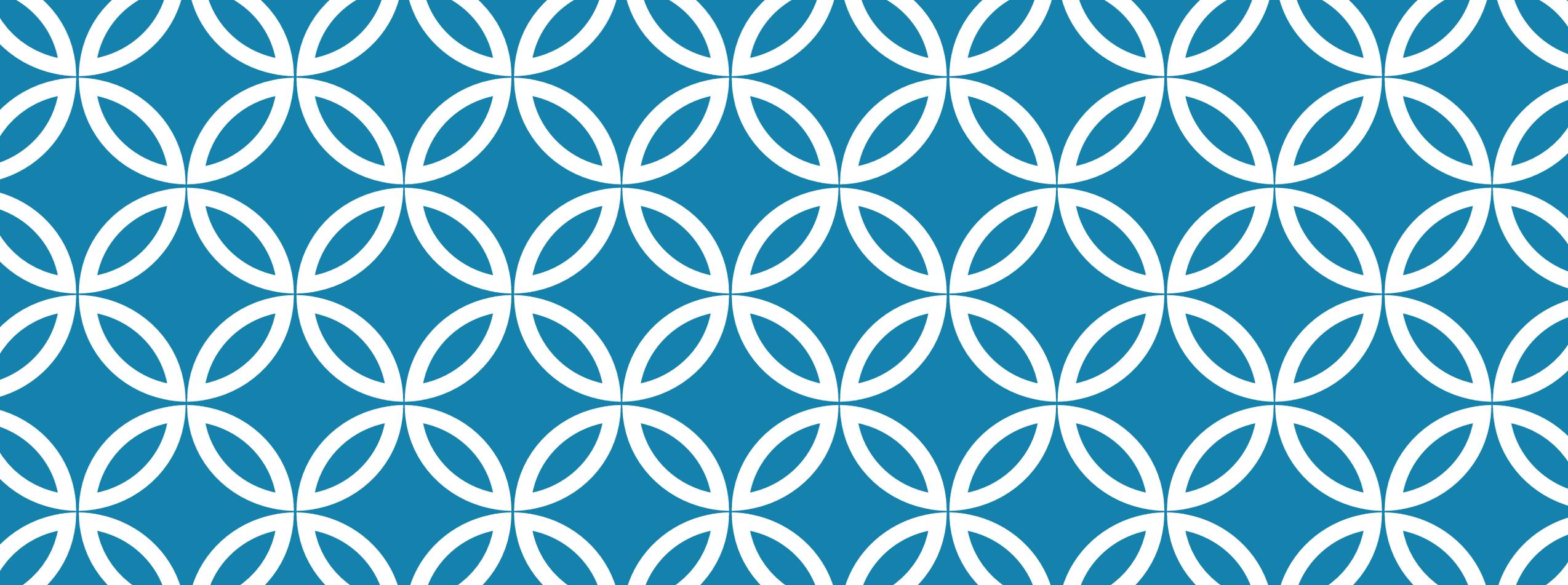
## ❖ Private Housing

- Managed by a landlord/management company
- Typically difficult to find affordable/safe housing, especially in Philadelphia
- Philadelphia has a significantly high proportion of deep-poverty at a rate of 12.3%, compared to the rest of the U.S., which is at 6.8%. Deep poverty is measured as income of 50 percent or less of the poverty rate. A family of four living in deep poverty takes in \$12,000 or less annually, half the poverty rate of \$24,000 for a family that size. (Source: *The Philadelphia Inquirer*, October 28, 2015)

## ❖ Public Housing

- Housing provided by the city or federal government (either project based or subsidized)
- Not enough units available for those who qualify
- In Philadelphia, waitlist can be anywhere from 8-12 years long, depending on the list you are on

**Bottom line: Important for patients to 1) find safe housing → 2) maintain/improve housing conditions**



**PROJECT HOME/  
LEGAL CLINIC FOR THE DISABLED**

*A natural partnership*

# BACKGROUND

- ❖ 330H Federally Qualified Health Center
- ❖ Rapid growth phase in patient numbers and services offered
- ❖ Partnership began about 2 years ago

# STARTING A MEDICAL LEGAL PARTNERSHIP

- ❖ Strong core belief that affecting the social determinants of health leads to direct long-term health improvement (and perhaps cost reduction)
- ❖ Needs assessment
- ❖ Provider education
- ❖ Referral form and a starting workflow

# REFERRAL FORM

SKWC MLP A PARTNERSHIP BETWEEN LEGAL CLINIC FOR THE DISABLED & PROJECT HOME	
REFERRAL INFORMATION	PATIENT INFORMATION
<b>Referring Provider:</b>	<b>Name:</b> _____ <b>DOB:</b> _____
<b>Preferred Provider Contact: (Phone / Pager / Email)</b>	<b>Parent/Caregiver's Name:</b> _____
<input type="checkbox"/> PLEASE CALL CAREGIVER	<b>Phone #:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<input type="checkbox"/> DECLINED SERVICES	<b>Other Phone #:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<input type="checkbox"/> NEGATIVE SCREEN	<b>Safe to leave a message?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>Preferred language:</b> _____

I authorize the health care provider(s) named above to talk with Legal Clinic for the Disabled, Inc. (LCD), about my potential legal problem to see if LCD can help resolve the problem or refer me to other resources. I also authorize LCD to discuss my potential legal problem with my health care provider(s), therapist and/or social worker to help resolve my problem. I understand that I can cancel this authorization in writing at any time, except to the extent that LCD has already taken action in reliance on this authorization. This authorization will expire **one year** from the date of the signature listed below.

I have carefully read and understand the above and do herein expressly and voluntarily authorize disclosure of information between my healthcare provider(s), therapist and/or social worker and LCD.

\_\_\_\_\_  
Signature of Patient / Representative

\_\_\_\_\_  
Date

### PRESENTING PROBLEM(S) (check all that apply):

*The partnership does not handle criminal defense, malpractice, personal injury or traffic offenses.*

#### 1. Income/Insurance Supports

- a) Health Insurance issue/Medical Assistance (Medicaid)
- b) Social Security benefits SSDI/SSI
- c) Assistance with Public Benefits (Welfare, WIC, Food Stamps)
- d) Dept. of Public Welfare (DPW) denial of benefits

#### 2. Housing and Utilities

- a) Unsafe Housing Conditions/Housing Code Violations
- b) Access to Public Housing (denials, voucher problems)
- c) Eviction (check if Notice from Landlord or Court date)
- d) Utilities (shut off notice for gas/electric/water)

#### 3. Consumer Debt

- a) Contacted by creditors for new or old debt

#### 4. Personal and Family Safety and Stability

- a) Domestic Violence (Protection Order)
- b) Divorce
- c) Child Support or Child Custody

#### 5. Long-Term Planning Documents

- a) Power of Attorney (financial matters)
- b) Health Care Power of attorney (health care matters)
- c) Living Will
- d) Will
- e) Standby Guardianship for children

#### 6. Employment

- Questions about medical leave from work
- Questions about discrimination based on cancer diagnosis

# CREATING A SCREENING WORKFLOW

Needed to consider:

- ❖ Where we could achieve universal screening
- ❖ How to be time efficient
- ❖ Decrease provider burden
- ❖ How to keep it from being buried with other screening/questionnaires

# WORKFLOW

❖ Medical assistant asks: “Are you having any issues with your landlord?”

❖ If person answers “Yes”:

- MA asks more details
- Fills out the following simple referral form
- Places it in the LCD mailbox
- MA checks off box in EHR marking that referral was made.
- If lawyer is present during visit, MA/Provider will make warm hand-off.

## SKWC MLP—LANDLORD / TENANT REFERRAL FORM

A PARTNERSHIP BETWEEN LEGAL CLINIC FOR THE DISABLED & PROJECT HOME

MEDICAL ASSISTANT	PATIENT
Referring Medical Assistant:	Name:
Preferred MA Contact: (Phone)	Parent/Caregiver's Name:
	Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Other Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Safe to leave a message?    YES    NO

I authorize the health care provider(s) named above to talk with Legal Clinic for the Disabled, Inc. (LCD), about my potential legal problem to see if LCD can help resolve the problem or refer me to other resources. I also authorize LCD to discuss my potential legal problem with my health care provider(s), therapist and/or social worker to help resolve my problem. I understand that I can cancel this authorization in writing at any time, except to the extent that LCD has already taken action in reliance on this authorization. This authorization will expire one year from the date of the signature listed below.

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Date

### Landlord / Tenant Problems

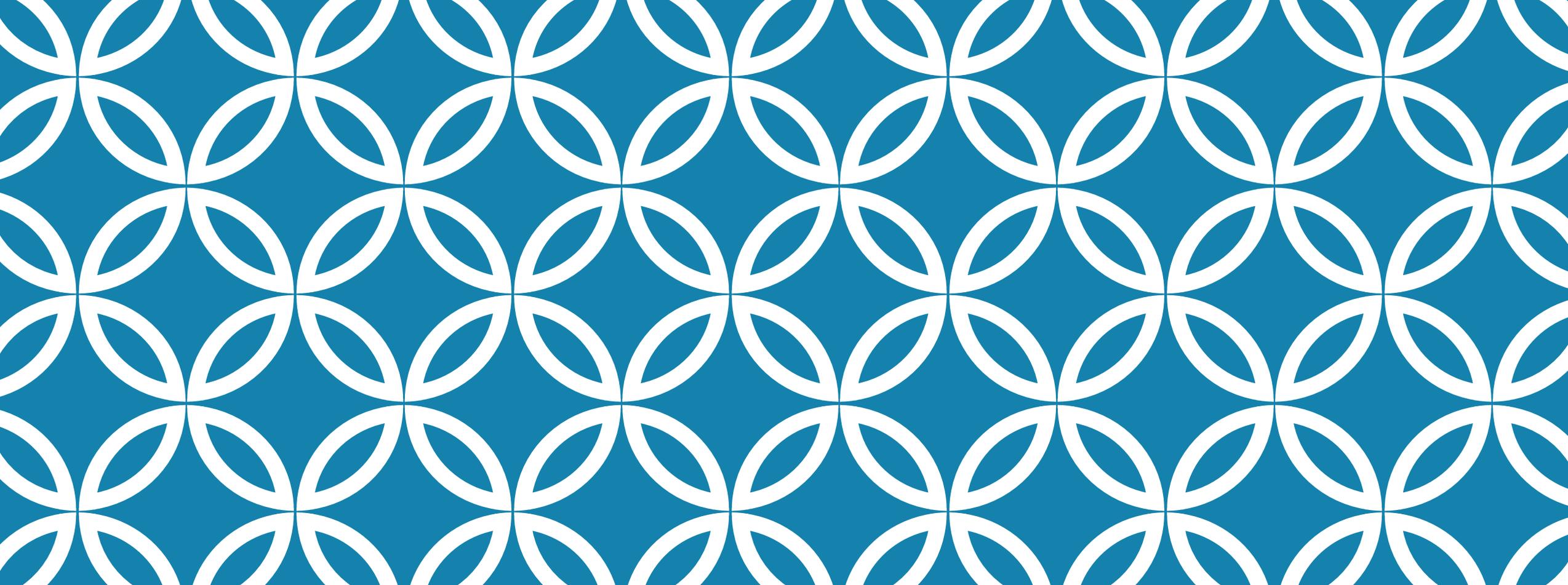
- Do you have problems with mold, rodents/insect or repairs in your home that your landlord will not fix?
  
- Have you received a written or verbal threat of eviction from your landlord?
  
- Are you having other legal issues with your landlord?

# CASE

- ❖ KH: 48 year old male with history of diabetes and chronic left knee pain due to osteoarthritis. He and his wife were renting a room from a landlord for about 2 years. In that time, basic utilities including water and electricity were often intermittently not available. Further, the place had an infestation of rodents.
- ❖ KH began withholding rent and keeping the money in his bank account.

# CASE

- ❖ I had been seeing him for a year and had no idea any of this was going on. He did not bring it up and I did not ask.
- ❖ On screening: picked up that he was having issues with his landlord
  - Recent threatened eviction
  - With help of LCD, came to light that he did not have license to rent property.
  - Ultimately able to move out of property with return of deposit



# UTILITY MEDICAL CERTIFICATIONS

Theresa Brabson, JD  
Director  
PhilaKids MLP @ St.  
Christopher's Hospital for  
Children

# MEDICAL CERTIFICATIONS: WHAT ARE THE POLICIES?

A public utility shall not terminate service to a premises when a licensed physician or nurse practitioner has certified that the customer or a member of the customer's household is seriously ill or afflicted with a medical condition that will be aggravated by cessation of service.

66 Pa.C.S. §1406(f)

# MEDICAL CERTIFICATIONS: WHAT ARE THE POLICIES?

**Medical Certifications**, whether written or oral, must include the following:

- (1) The name and address of the customer or applicant in whose name the account is registered.
- (2) The name and address of the afflicted person and relationship to the customer or applicant.
- (3) The nature and anticipated length of the affliction.
- (4) The specific reason for which the service is required.
- (5) The name, office address and telephone number of the certifying physician or nurse practitioner.

**52 Pa. Code §56.113**

# PRACTICAL IMPACT

Medical certifications prevent utility service termination for 30 days and can be renewed for 2 additional 30-day periods. If a customer fails to pay the current charges during the medical certification period, no further medical certifications will be accepted until the account is paid in full or a repayment plan is authorized by the utility company.

- Gives patients time to enter into a payment plan with the utility company and/or apply for grant assistance

# DEVELOPING A UTILITY PROTOCOL THROUGH THE MLP

Beginning in February of 2011, the Legal Clinic for the Disabled (LCD) worked with the physicians at St. Christopher's Hospital for Children to create a new protocol around Utility Shut Off Protection.

# BENEFITS

- ❖ Without standard criteria for issuing medical certifications, there is room for provider bias to impact decision-making.
- ❖ Uniform standards
- ❖ Increased efficiency

# UTILITY MEDICAL CERTIFICATION CONDITIONS

## ❖ Asthmatics

❖ All children under 2 years of age (temperature instability and risk of serious long-term adverse effects of utility insecurity)

## ❖ Chronic medical conditions such as:

- Heart disease on meds
- Diabetics
- Immunodeficiency/and or on chronic immunosuppressive
- Oncologic Conditions
- Sickle Cell Disease

❖ Failure to Thrive (due to the documented decrease in weight during colder months of children in utility insecure homes)

❖ Special Needs/technology dependent patients

❖ Acute conditions that leads to temporary disabilities, s/p hospitalization (Pneumonia)

# IMPACT

	PECO Forms Denied	PECO Forms Approved	PGW Forms Denied	PGW Forms Approved
November 2010- November 2011	127	155	88	80
November 2011- November 2012	50	416	74	310

# RESOURCES FOR PATIENTS

- ❖ MLP lawyers worked with social workers to develop a resource packet for families facing utility shut-offs
- ❖ The resource packet is available on the provider portal for easy access once a patient presents with utility insecurity
  - Includes information about payment plan options for each utility company and various grant assistance programs

# ONGOING PROVIDER TRAININGS

- ❖ Education outreach to providers about the importance of utility shut off protection for patients
  - Noon advocacy lectures
  - One on one resident trainings on social determinants of health

# CASE STUDY

Barbara is a young mother of 3 children, including a newborn. She has lived in public housing for several years but has never felt safe in her home. The building she lives in is dirty and unsafe. She often finds the stairwell leading to her home riddled with drug paraphernalia and homeless strangers using the stairwell at all hours of the night and day. Her middle child has experienced illness from living in the apartment. Barbara has high blood pressure, severe anxiety and depression. Living in this situation causes her chronic stress and she approached the MLP for assistance.

What can the medical provider and lawyer do in this instance?

# CASE STUDY (CONT'D.)

1. Lawyer discusses Barbara's housing options with her (does she want to move, does she want the building manager to make changes, etc.)
2. Medical provider discusses Barbara's health conditions/symptoms resulting from living in the environment
3. Lawyer and provider write a letter together, citing Barbara's medical conditions to request a transfer based on accommodation
4. Public Housing officials follow-up with medical providers for additional information
5. Provider engages in telephone advocacy with public housing to further explain Barbara's need for an accommodation

# QUESTIONS?

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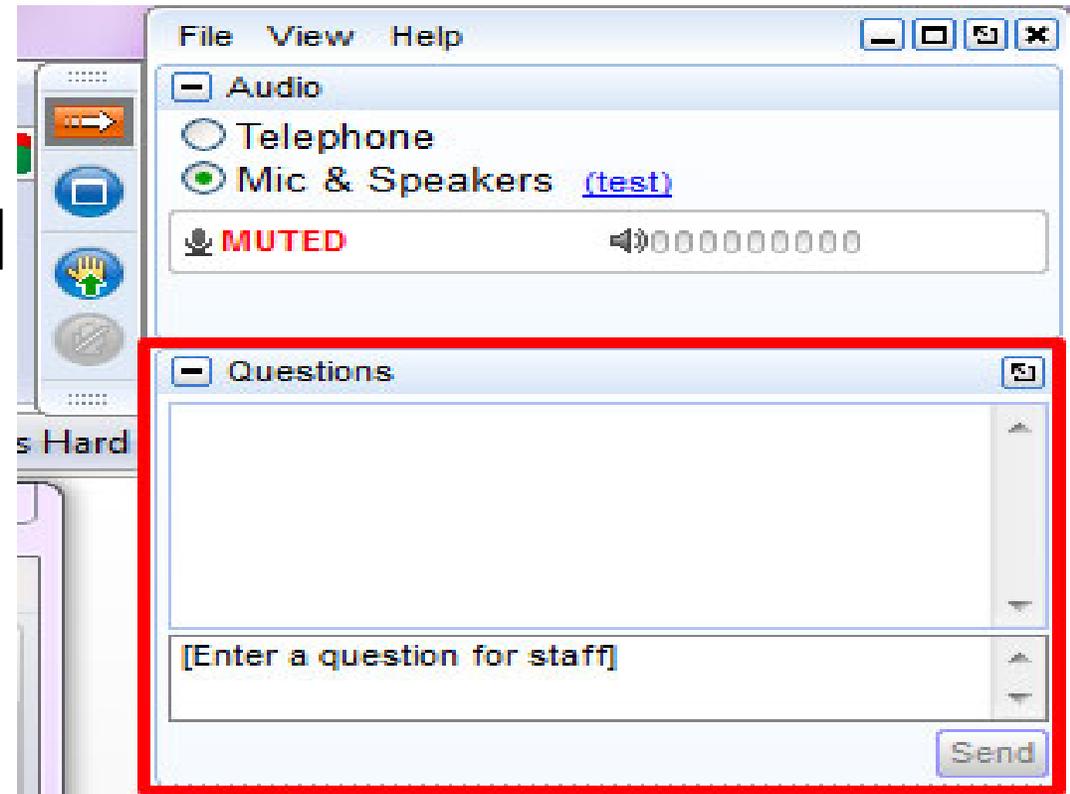
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Thank you for joining us today!

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