

Best Practices to Promote Health
Health and Wellness Action Team
December 3, 2014 (11:30 am - 1:30 pm)
Peter Paul Development Center

Executive Summary

The Health and Wellness Action Team reviewed the Creighton Needs Assessment data and discussed findings that were consistent with other, previously viewed data sets, as well as discussed what stood out as distinctive and/or relevant to service providers. The team reviewed the HOST model and went over questions from the previous session, which Urban Institute had answered. The team explored the Pathways to Housing, a housing-first model of ending homelessness, which is used for individuals with mental health and substance abuse problems. Next, the team learned about Trauma Informed Community Building: a model for strengthening community in trauma affected neighborhoods. This model is more about knowing and being, but it creates an ethic to avoid harms to communities. For each of the models, the group conferred over the goodness of fit, challenges and opportunities, and existing assets and stakeholders related to the models.

Welcome and introductions: we are looking at evidence-based models that will be supportive to the population affected by the redevelopment process.

Creighton Needs Assessment Update

- **23%** of children in households who are 0- to 4- years-old attend an early childhood program; **26%** of children 5- to 17- years-old attend an afterschool program
 - What is the recommendation for early childhood interventions? The starting age should probably be 2- to 4- years old. Thus, these numbers may seem more staggering than they actually are. There is, however, an early Headstart program that serves children from infancy onward.
- **74%** of adults are not working
- **Top 5 health conditions:** high blood pressure, allergies, arthritis, depression, and asthma

- Survey administrators asked residents how they considered their health. **Many** reported that they considered their health to be good or excellent. Evaluators found, however, that many residents had chronic illness; which begged the question, what is the self-definition of health? How does the definition of health affect access to care, how does one utilize preventative care, and how does one continue with maintenance care? How do we educate health status and correlate that with what we know about health seeking in the community (often, waiting until health crisis to seek care)? How are people thinking about health to begin with?
- TCB did this assessment on the ground, only for Creighton Court

HOST Update

- **The Host Model** is a multi-generation wrap-around model.
- **Expense:** There are so many components related to pairing a person with employment, which is why the employment component became so expensive.
- **Across the various HOST models, the youth components are unique to each site.**
- **Trauma Informed Care, Resident Engagement, and Substance Abuse.** We will explore trauma informed care more in-depth today. Substance abuse was a key issue that HOST did try to address, specifically for adults. For resident engagement, the HOST framework was concerned with whether residents were participating in services.
- **Challenges that we will face in implementing wrap-around services in RVA?** One challenge will be to build rapport and relationship with residents so that they will feel comfortable disclosing information.
 - The cost is a concern - 30 families per individual case manager is a very expensive model. It is cost and time intensive and difficult to get different organizations to work together. We would need about 15 full-time managers dedicated to Creighton Court. What is more, some of the most needed services are just not available. Even if we have case managers, what are we managing them to?

- There is an opportunity to not just rest our hat on full case management. This may get to a dependency on someone else to drive change. We might also look at the support system of neighbors, as well.
- The Informed Neighbors Corps, a group of 15 people, who have connections, may be great starting point of contact. This is one way to make services less expensive. It makes sense now, and even more so when we talk about de-concentration of poverty, to add to the mix of support. We need to think about the context of the community.
- This may require us to think about organizations that are already doing the work and can manage their portion of this work. This will necessitate greater awareness of the landscape of services that are already equipped to do good work.
- One of the biggest challenges is transportation. Is there a way to bring services to the community? For example, Challenge Discovery faces this problem and attempts to meet the clients where they are. ChildSavers also faces this issue. We have transportation resources, however, that we have not tapped. For example, church vans! This may be something that we could look into. RRHA has transportation, however, it seems as though it may be less reliable than we would like it to be. It might be helpful to have a list, on-hand, to know which of the organizations experience transportation as a barrier. There may be other places in the Creighton area that might make their space available (i.e. Anna Julia Cooper Episcopal School). The Resource Center and Tenant Council space are other spaces to consider in the future.
- **Family participation was voluntary in this process.**
- **Wrap-around services for youth:** Challenge Discovery, ChildSavers, Boys and Girls Club, The YMCA, Communities in Schools, CHAT.
 - Youth are particularly vulnerable, parents want kids connected to services, and we know that there are existing services for youth.
- **For adults:** Center for Workforce Innovation

- **For adults with young children:** the Early Childhood Initiative, Family Lifeline, Resource Management (for teen moms), the Fatherhood Initiative

Pathways to Housing: A Housing First Model of Ending Homelessness

- Used for individuals with mental health and substance abuse problems, Pathways to Housing has used housing as a place-based opportunity to provide services.
- It is a supportive housing model with an integration of services. Particularly remarkable is that it has an 85-90% retention rate, so people tend to stick with it. People tend to be housed for a significantly longer period of time.
- It is a harm-reduction model. People are not required to stop using substances in order to attain housing. There are, however, rules in the housing.
- As a way to entice stakeholders, this is an opportunity to tie in cost saving models related to mental health and substance use. Because we know that the Creighton population is over utilizing the hospitals and is overrepresented in the jails, it is an opportunity.
- There are different revenue sources, including government contracts, client income, private contributions, and other income. The Operating expenses are approximately \$7 million dollars.
- **Challenges:** It requires a lead organization with staff to both manage housing and offer intensive supportive services. This is a model that does have a strong wrap-around framework.
 - It is cost effective when looking at the many public systems that the homeless population touches, but it requires a lot of systems integration and up-front capital.
- **What is the group's sense?** The government contracts most likely means a combination of federal and state dollars. This may be a tough sell. We do have some work in Richmond that could be building momentum for something like this. It is not completely unrealistic to provide something similar. Virginia Supportive Housing is already overburdened, but doing great work, and they are making the case for this kind of service.

- At Creighton, substance abuse is about 36%. Creighton is considered public housing, so people are already housed. Creighton would not be eligible for these types of funds.
- When we think about the shift, moving forward, what happens to the people that we know are in Creighton and should not be? We can't turn a blind eye and say that it is not happening. In terms of thinking about resources for people who are currently housed in Creighton, where would they then go? We can think about Virginia Supportive Housing.
- Current criteria (for Virginia Supportive Housing) is chronically homeless, and having a substance or mental health diagnosis. Services exist under certain circumstances. People need to use specific terms to describe their situation. At that point, the case management role is so important. How do we get someone on the radar without precipitating repercussions? We have to think intentionally about how to bring these people out.
- **Is this something that would be on the radar of the housing advocate?** This is a new position. We are interested in asking the housing advocate to help, as well as organizations like Homeward and Virginia Supportive Housing. Kelly, the housing supervisor has monthly meetings with RRHA and hopes to put together an advisory group. Carol Jones Gilbert will help with approaching these situations. They are trying to create a chain of command.

Trauma Informed Community Building: a model for strengthening community in trauma affected neighborhoods

- This model is more about knowing and being. It is not necessarily a model that you overlay in a community. But, it creates an ethic to avoid harms to communities.
- **The definition of trauma comes from the** National Center for Posttraumatic Stress. Traumatic stress affects your neurobiology.
- **This model attempts to converge Housing/Development, Programs and Services, and Community Building.**
- The principles include: do no harm; acceptance (meet people where they are; non-judgment); community empowerment (this is not

holding someone's hand through a process, it is equitable participation, and building social networks is an essential piece); and reflective process (this means that we evaluate in order to ensure that we are moving in a direction that honors what we have committed to do).

- It increases readiness by de-escalating chaos and stress, fostering resiliency, strengthening social connections, and recognizing trauma.
- Strategies:
 - Individual
 - Interpersonal
 - Community: cultivating community leadership takes time (for example, the Informed Neighbors Corps)
 - Systems: reflecting community voices and priorities to stakeholders
- **Is this something that we can do?** Services need to be ready when people are ready. How do we add on to the other things that are already going on? How do we encourage and support people who are leading in their own communities?
 - Maybe we could approach a dual-model. Trauma Informed Community Building is a way of buying in to the new community. Moreover, some of these components are already in place.
 - **Goodness of fit:** Are we talking about training all the partners who are engaging in this work in the Trauma Informed model? How do we make this model more concrete? One suggestion would be to say that we feel that this type of approach to service provision would benefit our service network? Can we agree to this set of principles? We would then have to operationalize it, but it could provide shared values.
 - We could establish principles, which then anyone who enters into revitalization must buy into these principles. From a service perspective, what might those principles be? How realistic is it to covenant to principles? It is realistic if you start it at the front end and get the buy in. TCB has been able to demonstrate that this is something that can be done with the Informed Neighbors Corps,

who are dedicated to truth and empowerment and engagement.

- When TCB comes into a community, they seek partners that will support for at least 5 years after development. This doesn't cost anything!
- A Request For Proposal (RFP) is going out to ask for facilitators of this process. The facilitators would conduct this process throughout the Richmond City. This would make sure that folks are at the tables to have the conversations. There is an opportunity to work in advance of this process, because it may not come to fruition.
- **Are there any reactions to the 8 goals that San Francisco used?** Are there any suggestions for how to further this conversation? The Informed Neighbors Corps should vet it, and they should have the most say in how they would like outside agencies to engage with their community.

Questions and Discussion

Promise Family Network

- At the last meeting, Gwen offered an overview of the Promise Family Network. Think of it as a 2-generation model. What they are doing is recruiting families to be a part of the Promise Family Network. They will develop family plans, basically specific goals to strengthen their family. It is built around Strengthening Families and it is built on resiliency and protective factors. RPN is trying to see how they can learn from other models. RPN has 7 families that have agreed to commit and engage in the network. They will kickoff in January very ceremoniously, wherein families will make a pledge. She will encourage service providers to pledge to support these families. This group would be invited to that event.

Amber showed a webpage. This webpage houses the documents related to this meeting, including meeting minutes, documents, and slides. If you miss a meeting, visit the page to see what we are doing. It might be nice to

have a comment feature; absent that, folks can email Amber. Jill will e-mail it to the group again.

We want to have an opportunity for people to offer feedback. What we would like to do is have the February meeting include all of the action teams. We may have some facilitated breakouts.