

# Bringing Best Practices to Housing Redevelopment to Promote Health: Final Report

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## Introduction

The VCU Center on Society and Health (CSH) is an academic research center that studies the health implications of social factors – such as education, income, neighborhood and community environmental conditions, and public policy. CSH was funded by NIH in 2011 to build a partnership with the community in the East End. Our early work, which included a concentrated period of focus groups and other activities to listen to residents about community priorities, produced a strong community-university partnership known as *Engaging Richmond*. We have maintained and nurtured an ongoing relationship in the East End that is built on trust and aimed at empowering community members as coequal partners in a sustained effort to take action to improve public health. We meet weekly with the community members, many of whom live in the housing developments targeted for redevelopment. This community-university partnership, as well as our established relationships with a host of community partners, served as a platform for building a successful community engagement initiative focused on the planned redevelopment in Creighton Court.

CSH partnered with Richmond Promise Neighborhood and the Urban Institute to convene a Redevelopment Public Health Team comprised of local service providers and other stakeholders poised to affect services delivered to local residents. The team met monthly to identify and prioritize health needs in the community, review recommendations for evidence-based practices from the Urban Institute, and make recommendations for coordinated services and redevelopment planning. Throughout the process, team members presented recommendations and evidence-based practices to additional stakeholders through individual and group meetings. This work supported the shared goals of increasing transparency about the redevelopment process and promoting coordination among service providers.

The following pages highlight the work of the Redevelopment Public Health Team under CSH leadership. The report is divided into sections according to the deliverables agreed upon by the Kresge Foundation and CSH, which include:

1. Identify and Engage the Redevelopment Public Health Team
2. Summary of Session Topics
3. Review of Evidence Based Practices
4. Organize Action Steps
5. Recommendations for Continued Engagement

## **Identify and Engage the Redevelopment Public Health Team**

### **Recruitment**

Recruitment of local service providers for the engagement initiative was a joint effort by Richmond Promise Neighborhood and the Center on Society and Health.

RPN reached out by phone, email, and in person to service providers with engagement expertise in community efforts. Once participants had been recruited, they attended orientation to learn about the purpose and expectations for the Redevelopment Public Health Team.

### **Convening the Redevelopment Public Health Team**

The VCU Center on Society and Health partnered with Richmond Promise Neighborhood to host the Redevelopment Public Health Team through an expansion of its Health and Wellness Action Team. This team is comprised of residents, local service providers, and other stakeholders in Richmond's East End. The Action Team met monthly to identify and prioritize health needs, review evidence-based practices provided by the Urban Institute, and make recommendations for coordinated services and redevelopment planning. Throughout the process, Action Team members presented

recommendations and evidence-based practices to additional stakeholders through individual and group meetings. Following is a list of the organizations with whom Action Team members met:

- 7<sup>th</sup> District Health and Wellness Initiative
- Better Housing Coalition
- Bon Secours
- Challenge Discovery
- Child Savers
- Children's Mental Health Resource Center
- City of Richmond, Departments of:
  - o Budget and Strategic Planning
  - o Economic and Community Development
  - o Human Services
    - Office of Community Wealth Building
    - Richmond Public Library
  - o Social Services
- Code for America
- Communities in Schools
- Delta Sigma Theta
- Engaging Richmond
- Family Lifeline
- Federal Reserve Bank
- Fit 4 Kids
- Informed Neighbors Corps
- Institute for Public Health Innovation
- Junior League
- Middle School Renaissance 2020
- Richmond Behavioral Health Authority
- Richmond City Health District
- Richmond Redevelopment and Housing Authority
- The Community Builders, Inc.
- The Community Foundation
- Trauma Informed Community Network
- Virginia Commonwealth University

- Center on Society and Health
- Clark-Hill Institute for Positive Youth Development
- Injury and Violence Prevention Program
- Performance Management Group
- Virginia Treatment Center for Children
- Virginia Early Childhood Foundation
- Virginia Home for Boys and Girls
- Virginia Health Innovation Network
- Virginia Preschool Initiative

## Summary of Session Topics

Monthly Redevelopment Public Health Team sessions were led by two co-facilitators. . One leader was Albert Walker, the Community-Academic Liaison at the Center on Society and Health and member of the Engaging Richmond community-university research team. The other facilitator was Chimere Miles, a resident of Creighton Court, a Community Researcher with Engaging Richmond, and a Community Advocate for RPN.

Below are general descriptions of the Redevelopment Public Health Team sessions. Please refer to attachments in Appendix A for more detailed content.

### **Wednesday, September 3, 2014      Project Kick Off**

. The meeting began with introductions of everyone who was present for the kick off. Following introductions, facilitators provided an overview of the project and gave background information on the initial stages of the redevelopment planning process.

Next, facilitators discussed the role of the team, plans for future meetings, and outlined the project’s objective: to promote the health of residents throughout the proposed housing redevelopment process. Following the overview by the project’s facilitators, Thu Nguyen and Gladys Medder, project leaders for the developer, The Community Builders, Inc., gave a synopsis on their transformation principles, potential funding sources, and initial plans for redevelopment. Next, Elsa Falkenburger, a representative from the Urban Institute, addressed the role of her organization on the project, providing information on best practices for services to ensure that the parties involved have access to evidence-based information on potential approaches to meet resident and community needs. Finally, the team asked questions, shared concerns, and made suggestions about other service providers who might be included in future meetings.

### **Wednesday, October 1, 2014 Best Practices Overview**

The host of the meeting, Richmond Promise Neighborhood, offered updates on their efforts to engage families and promote mental health and well-being. Over the course of the meeting, the group looked at a variety of data sources to get a full demographic picture of Creighton Court and the surrounding area. In discussions of the data, it seemed that mental health was a growing priority in the community as well as an interest in the group. In addition, the group emphasized the importance of wraparound services, and focused on other issues, such as substance use, intimate partner violence, child and adult obesity, diabetes, asthma, and heart disease. The purpose for convening service providers in the redevelopment process is multifaceted in nature: the group will share recommendations with local and national funders, policymakers, and the Richmond Redevelopment and Housing Authority (RRHA) and The Community Builders (TCB). The group reviewed suggestions for evidence-based practices and made recommendations to address specific wraparound service models, adult mental health, and substance abuse at the next meeting.

### **Wednesday, November 5, 2014      Hard to House and HOST**

Abby Baum, a project leader from the Urban Institute, attended the meeting to present two evidence-based practices. The first example was the Chicago Family Case Management Demonstration: Hard to House, which provided enhanced case management services and included smaller caseloads, sustained case management, additional stabilization and community wealth programs, on-site mental health services, and referrals for more intensive counseling. The implications of this example were that targeting high-risk families may have long-term payoffs, but that intensive service models focused explicitly on youth were needed. The second example, Housing Opportunity and Services Together (HOST), provided intensive case management (low caseloads, frequent contact); tailored and integrated services for youth *and* adults; a coordinated approach to service provision; and wraparound services to address key barriers to self-sufficiency. The HOST model included intervention specifically designed by the site, follow-up and ongoing adjustment of services (a feedback loop), engagement, sustainable community revitalization, and improved well-being of families and kids. The Health and Wellness Action Team concluded that they needed more information about the specific components of youth and substance use services; that trauma-informed care would be a necessary integral component; and that wraparound services with intensive case management would be necessary.

### **Wednesday, December 3, 2014 Pathways and Trauma Informed Community Building**

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, which is about knowing and being, 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.

**Wednesday, January 7, 2015**

**Substance Abuse and Mental Health Services**

The team reviewed two compilations of Evidence Based Practices: substance abuse and mental health services. The team agreed that there are multiple challenges related to treatment of individuals with substance use issues, including the illegal use of prescription drugs, medication management, chronic pain management, co-occurring conditions, and the interruption to education and employment. Most agreed that substance abuse could compromise the redevelopment process. Many team members thought the Celebrating Families model – a parent and child model – seemed comprehensive and feasible for Richmond. There were, however, concerns for adults without children, specifically anonymity, geographic location of services, and community violence. Kate Neuhausen, a physician and clinical assistant professor at Virginia Commonwealth University, discussed the San Antonio Model, a cost-saving and person-centered spectrum of care that aims to offer appropriate services for individuals with substance abuse and mental health issues. She introduced the opportunity in Richmond, Virginia through a state innovation grant to strengthen care for the uninsured and Medicare/Medicaid populations. For mental health services, the team explored Mental Health First Aid and the Chicago Family Case Management Demonstration, and affirmed the importance of wraparound services and co-location of multiple services in one site so to reduce the stigma associated with service seeking.

**Wednesday, February 11, 2015**

**RPN Quarterly Meeting**

The Richmond Promise Neighborhood (RPN) quarterly meeting convened the Informed Neighbors Corps, a group of community leaders and residents working to promote transparency and resident-centered redevelopment in Richmond, and the initiative around best practices for housing redevelopment hosted by the RPN Health and Wellness Action Team. Over 60 individuals representing over 30 organizations participated in the event. The aim of the meeting was to review priorities for redevelopment and Evidence Based Practices to promote health. Previously, the Informed Neighbors Corps and the working group had identified the following priorities for action: mental health and substance abuse, the invisible population, and Trauma Informed Community Building. Consequently, the meeting consisted in breakout sessions on these priorities, and each breakout aimed to examine the strengths of existing Richmond area agencies, the opportunities to build on existing services in order to move to another level of impact, and aspirations for further action. The breakout teams gathered again and shared their suggestions for action.

**Wednesday, March 4, 2015**   **Next Steps for Priority Areas**

The team revisited three main housing redevelopment priorities identified at the Richmond Promise Neighborhood meeting on February 11: Trauma Informed Community Building, the Invisible Population, and Mental Health and Substance Abuse. Next steps for each priority area, identified through break-out sessions, were discussed during today's monthly meeting. Representatives from the Urban Institute joined the group and discussed their experience with working with public housing development. The group discussed additional action items/next steps that should be addressed in order to move forward with redevelopment, including developing a Relocation Rights contract, working to secure additional funding for supportive housing, and developing a community approach towards mentoring.

## **Wednesday, April 1, 2015 Youth Violence and Asthma**

Youth violence and asthma were the focus of the meeting on April 1. Guest speaker Saba Masho, an associate professor in the Department of Family Medicine & Population Health at Virginia Commonwealth University, presented data to contextualize the issue of youth violence in the City of Richmond. The group discussed the Communities that Care model, as well as an application for grant renewal by The VCU Clark Hill Institute for Positive Youth Development. The team brainstormed ways to prevent and reduce youth violence and to promote community-wide safety. In addition, two models of asthma were explored: the Breathe Easy Homes Intervention and the Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC). Both models were received favorably by the group and existing Richmond resources were considered. The team discussed their efforts to work toward actionable solutions such as policy change, funding, and connecting programs and services to make them work together. Following the meeting, project leaders with the Center on Society and Health, Amber Haley and Albert Walker, met with individual members of the Redevelopment Public Health Team to discuss their agency's contributions to future efforts.

## **Wednesday, May 6, 2015 Review Action Steps**

The City of Richmond and the Richmond Redevelopment and Housing Authority hired consultants from Urban Strategies to develop a plan for services for residents before, during, and after the redevelopment. Following the May 6<sup>th</sup> meeting, CSH leaders met with Urban Strategies representatives to bring recommendations from the Redevelopment Public Health Team and the Informed Neighbors Corps. We outlined the top community-identified services and programs that should be provided to Creighton residents, along with several actionable items. Five general categories evolved from this process: communication, mental health/substance abuse resources, creation of a people plan for smooth transitioning, wraparound service accessibility, and respiratory illness issues within the community. Afterwards, a list was composed consisting of service providers and organizations the group wanted to see involved in the process. Towards the conclusion of the meeting, providers and residents discussed how they can continue to keep communication lines open.

## **Review of Evidence Based Practices**

### **Trauma Informed Community Building**

#### **Bridges – Trauma Informed Community Building**

**Description of service:** A Model for Strengthening Community in Trauma Affected Neighborhoods (San Francisco)

Adults, children, and families are often overwhelmed with trauma as a result of their living conditions. This pervasive- current and historical- trauma requires community building and revitalization that takes into account residents' emotional needs as well as practices to mitigate the possibility of re-

traumatizing triggers. The Trauma Informed Community Building (TICB) model addresses five challenges that trauma impacted communities face during transformation efforts:

1. Lack of trust and social cohesion
2. Lack of stability, reliability, and consistency
3. Disempowerment and lack of a sense of community ownership
4. Inability to vision the future
5. Breadth and depth of community needs

#### **Team reactions:**

- Trauma Informed Community Building is a way of buying in to the new community.
- Some of these components are already in place.
- We would have to operationalize these principles, but it could provide shared values.
- This is realistic if you start it at the front end and get buy-in.

## **Supportive Housing**

### **Pathways to Housing: A Housing First Model of Ending Homelessness**

**Description of service:** A Housing First model of ending homelessness, which is an approach that centers on providing people experiencing homelessness with housing as quickly as possible – and then providing services as needed.

- The Pathways model involves: proving housing first, then combining the housing with supportive treatment services specifically in the areas of mental and physical health, substance abuse, education, and employment in order to facilitate recovery and integration into the community.

#### **Team reactions:**

- The cost saving in this model may be appealing to stakeholders.
- 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 may be difficult to get funding.
- The invisible population (ie, those who are homeless) is an ongoing problem in public housing that is not being adequately addressed.
- Temporary and permanent housing agencies exist in Richmond, but can be difficult to access..
- The presence of a neutral housing advocate in the community should theoretically encourage residents to disclose tenants living with them who are not on the lease (ie, “invisible tenants”).



## **Mental Health and Substance Abuse:**

For people who struggle with co-occurring mental health and substance abuse disorders, impairment of life skills and health risks are great. The chances for successful treatment are less; that is, if treatment is even available. All of these factors contribute to stigma and further complicate service seeking for the population. During Health and Wellness Action Team discussions about redevelopment, increasing attention has been paid to the intersection of trauma, substance use, and mental illness. Unfortunately, many gaps in services have been identified. In turn, evidence based practices were reviewed and potential actionable steps to address existing challenges were identified.

### **Clinical Mental Health Counseling**

- Wellness counselors are present at each resource center site with a psychiatrist available a few hours a week. Clinical/mental health assessments are conducted and individual and group/family counseling is available.

### **Substance Abuse Treatment**

- On-site licensed clinical social worker who is able to refer residents to substance abuse counseling and treatment.

### **Hot spotters**

- Medical professionals reach out to those who are sickest, and a 'health coach' ensures they are able to get and take medications properly. Increased social worker presence to tackle insurance problems and to fill out paperwork.
- Community meetings in the worst-affected blocks, to rally for political change.

### **Celebrating Families!**

- Parenting skills training program for families in which one or both parents are in early stages of recovery from substance addiction.
- It includes 16 sessions with parents and children with a goal of breaking the cycle of substance abuse and dependency, decreasing substance use, and facilitating successful family reunification.

### **San Antonio Model**

- A cost-saving and person-centered spectrum of care that aims to offer appropriate services for individuals with substance abuse and mental health issues.

### **Mental Health First Aid (MHFA)**

- Interactive 12 -hour course introducing adult participants to risk factors, warning signs, and symptoms for a range of mental health problems.

- Taught a five step action plan to use when providing mental health first aid:
  - A: Assess for risk of suicide or harm
  - L: Listen non-judgmentally
  - G: Give reassurance and information
  - E: Encourage appropriate professional help
  - E: Encourage self-help and other support strategies

#### Team reactions:

- There is a concern for adults and the lack of support services, especially for the uninsured
- There seems to be a lack of psychiatrist availability
- If a young person needs quick care and has no insurance, it is impossible to acquire services
- Having established relationships with other agencies to create more of a team orientation for referral and connection would be beneficial
- Service providers are often not aware of existing programs to recommend to residents, or residents might not have insurance to qualify for them
- People struggling with mental health issues have trouble navigating the existing services
- Address stigma by teaching service providers to emphasize addiction as a medical issue and not a character flaw
- Trauma-informed care should be adopted by area service providers
- Trauma, mental health, and substance abuse must be addressed together
- Primary care doctor's offices might be a great place to start. This does assume that a person has a primary care physician. There are only about 4-5 different primary care offices in the East End.

#### Wraparound Services:

##### Housing Opportunities and Services Together (HOST) Demonstration

- This HOST model was demonstrated by the Urban Institute in neighborhoods in both Chicago and Portland and uses housing as a platform for services to improve the life chances of vulnerable youth and adults. Backed by research that states troubles related to economic hardship, fear, violence, underemployment, substance abuse, and inequality are still problems even after housing improves.
- It uses a strength-based, personalized approach to working with families – staff to household ratio of 1:30 or lower. There is an emphasis on wraparound services including employment, mental health, literacy, financial planning, education, and behavioral planning.
- There is a targeted approach to services using data to serve each family appropriately, with a two generation or whole family approach.

#### Asthma:

### **Breathe Easy Homes Intervention (BEH)**

- Housing features:
  - Optimize moisture proofing
  - Minimize dust and off-gassing in interiors
  - Energy-efficient heat-exchange ventilation system with filtration
- In-home asthma education including trigger reduction and home management

### **Improving Pediatric Asthma Care in the District of Columbia (IMPACT DC)**

- This evidence based process is initiated when a child goes to the emergency room or is hospitalized for asthma
- Asthma care provider develops a unique coordinated plan of care, working with PCP, school nurse, and others.

### **Organize Action Steps**

Action plans were developed for each of the community priority areas, with special attention to individual players in each priority area and attainable goals. Community partners were identified for each area and overall desired outcomes were also specified to guide the short and medium-term actions. Actions were separated based on the type of action required to better guide in understanding the scope of the overall plan. These action plans were brought before major partners and the Informed Neighbors Corps for additional input and suggestions.

# Bringing Best Practices to Housing Redevelopment to Promote Health

Funded by the Kresge Foundation

From 2014-2015, The VCU Center on Society and Health partnered with Richmond Promise Neighborhood to convene the Health and Wellness Action Team comprised of residents, local service providers, and other stakeholders in Richmond's East End. The Action Team met monthly to identify and prioritize health needs, review evidence-based practices provided by the Urban Institute, and make recommendations for coordinated services and redevelopment planning. Throughout the process, action team members presented recommendations and evidence-based practices to additional stakeholders through individual and group meetings.

## Community Identified Priorities:

Communication and Transparency

Mental Health and Substance Abuse

Trauma Affected Communities

Wrap-Around Services

Affordable Housing

Asthma

Violence Prevention and Youth Development

## Evidence-Based Practices reviewed:

- Relocation Rights Contract
- Chicago Family Case Management Demonstration
- Hot-Spotters
- Celebrating Families!
- Mental Health First Aid
- Trauma Informed Community Building
- Housing Opportunities and Services Demonstration (HOST)
- Pathways to Housing: A housing first model of ending homelessness
- Breathe Easy Homes Intervention
- Improving Pediatric Asthma Care in the District of Columbia
- Cure-Violence Model

## Community Partners engaged:

- 7th District Health and Wellness Initiative
- Better Housing Coalition
- Bon Secours
- Challenge Discovery
- Child Savers
- Children's Mental Health Resource Center
- City of Richmond, Departments of:
  - o Budget and Strategic Planning
  - o Economic and Community Development
  - o Human Services
    - Office of Community Wealth Building
    - Richmond Public Library
  - o Social Services
- Code for America
- Communities in Schools
- Delta Sigma Theta
- Engaging Richmond
- Family Lifeline
- Federal Reserve Bank
- Fit 4 Kids
- Informed Neighbors Corps
- Institute for Public Health Innovation
- Junior League
- Middle School Renaissance 2020
- Richmond Behavioral Health Authority
- Richmond City Health District
- Richmond Redevelopment and Housing Authority
- The Community Builders, Inc.
- The Community Foundation
- Trauma Informed Community Network
- Virginia Commonwealth University
  - o Center on Society and Health
  - o Clark-Hill Institute for Positive Youth Development
  - o Injury and Violence Prevention Program
  - o Performance Management Group
  - o Virginia Treatment Center for Children
- Virginia Early Childhood Foundation
- Virginia Home for Boys and Girls
- Virginia Health Innovation Network
- Virginia Preschool Initiative

# Action Plan: Communication and Transparency

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor's Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers and Housing Advocates</p> <p>The Community Builders (TCB)</p> <p>Richmond Redevelopment and Housing Authority (RRHA)</p> <p>Bon Secours Hospital</p> <p>Richmond Public Library</p> <p>Office of Community Wealth Building</p> <p>Institute for Public Health Innovation</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>**Regular updates at informed neighbors meetings</p>	<p>Successful participation of informed neighbors in lease development and redevelopment</p>	<p><i>Residents are prepared to be successful in their current living situation and during redevelopment.</i></p> <p><i>Trusting relationships are formed between TCB, RRHA, and residents.</i></p> <p><i>Residents understand and can participate in all stages of the redevelopment process</i></p> <p><i>Increased transparency through regular and transparent bi-directional communication</i></p> <p><i>Lease agreements reflect resident priorities</i></p>
	<p><b>2. Partnership:</b></p>	<p>TCB, RRHA, Tenant Council, and INC work together in the development of a new lease</p>	<p>Widely advertise website and social media accounts at community resource hubs.</p>	
	<p><b>3. Programs, services, and education:</b></p>	<p>*Publicize notes, PowerPoint slides, information about upcoming meetings, and any other material from community meetings on the churchhillrva.org website</p>	<p>*Make notes and other information about the redevelopment process available at the resource centers and other community locations.</p>	
	<p><b>4. Policy:</b></p>	<p>**Increase understanding of need for system change and increased support during time of redevelopment</p>	<p>Draft and edit a new lease and relocation rights contract</p>	
	<p><b>5. Research:</b></p>	<p>Evaluate and track process with consistent documentation</p>	<p>* Planned      ** In progress currently (July 2015) ***Completed</p>	

# Action Plan: Mental Health and Substance Abuse

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor's Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers</p> <p>Challenge Discovery Projects</p> <p>Strengthening Families Program</p> <p>Richmond Promise Neighborhood (RPN) at Peter Paul Development Center</p> <p>Richmond Behavioral Health Authority (RBHA)</p> <p>Virginia Health Innovation Plan</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>INC and Challenge Discovery Projects to hold substance abuse meetings in the community.</p>	<p>Create working partnerships with AA, Virginia Health Center, Daily Planet, and crisis stabilization center at Chippenham.</p>	<p><i>Residents are aware of mental health resources and are consistently referred appropriately.</i></p> <p><i>Mental health screening is routinely used to provide necessary diagnosis and facilitate connection with resources.</i></p> <p><i>Residents and service providers are better equipped to communicate with those suffering from addictions or mental health challenges.</i></p> <p><i>Residents have access to adequate mental health and substance abuse infrastructure.</i></p>
	<p><b>2. Partnership:</b></p>	<p>**Resource center and housing advocate to increase awareness of and referral to available mental health resources.</p>	<p>Strengthening families to expand existing programs to incorporate elements of the "celebrating families!" model.</p>	
	<p><b>3. Programs, services, and education:</b></p>	<p>**RBHA and RPN to provide targeted training of Mental Health First Aid (MHFA) for youth, parents, service providers, and community leaders.</p>	<p>Develop common screening tools for mental health problems to be used across agencies.</p>	
	<p><b>4. Policy:</b></p>	<p>Apply for Mental Health First Aid funding to support targeted training.</p>		
	<p><b>5. Research:</b></p>	<p>Evaluate and track process with consistent documentation.</p>		
			<p>* Planned    ** In progress currently (July 2015) ***Completed</p>	

# Action Plan: Trauma Affected Communities

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor's Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers and Housing Advocates</p> <p>Center on Society and Health</p> <p>Office of Community Wealth Building (OCWB)</p> <p>The Community Builders</p> <p>Richmond Redevelopment and Housing Authority (RRHA)</p> <p>Trauma Informed Community Network</p> <p>Child Savers</p> <p>Richmond Department of Social Services (DSS)</p> <p>Richmond Promise Neighborhood at Peter Paul Development Center</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>***CSH to discuss with INC to develop principles of Trauma Informed Community Building (TICB). Training of INC in TICB.</p>	<p>Develop and implement strategies for community development.</p>	<p><i><b>Social cohesion and collective efficacy is increased.</b></i></p> <p><i><b>Residents are equipped to lead strategies for community redevelopment.</b></i></p> <p><i><b>Service providers are equipped to provide trauma informed care.</b></i></p> <p><i><b>Residents and organizations are aware of the impact of trauma and operate according to trauma informed principles.</b></i></p> <p><i><b>Community development practices reflect the trauma informed principles.</b></i></p> <p><i><b>The efficacy of trauma informed principles on community development is demonstrated.</b></i></p>
	<p><b>2. Partnership:</b></p>	<p>** Submit grant application for resident-led TICB and evaluation</p>	<p>*Trauma informed principles are integrated into the work of the RPN coalition</p>	
	<p><b>3. Programs, services, and education:</b></p>	<p>*RPN to schedule training for service providers and residents regarding trauma informed principles in partnership with ChildSavers and DSS.</p>	<p>City agencies and partners adopt trauma informed principles.</p>	
	<p><b>4. Policy:</b></p>	<p>**OCWB to release request for proposals to develop city-wide redevelopment principles.</p>	<p>Explore the impact of integrating trauma informed care and resident led trauma informed community development</p>	
	<p><b>5. Research:</b></p>	<p>**CSH to apply for funding from local and national sources.</p>	<p>Describe the process and evaluate the impact of the INC and community partners as a case study.</p>	
		<p>Evaluate and track process with consistent documentation</p>	<p>* Planned      ** In progress currently (July 2015) ***Completed</p>	

# Action Plan: Wrap-Around Services

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor's Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers and Housing Advocates</p> <p>Office of Community Wealth Building</p> <p>Virginia Home for Boys and Girls</p> <p>The Community Builders</p> <p>Richmond Redevelopment and Housing Authority (RRHA)</p> <p>Richmond Department of Human Services (RDHS)</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>**Engage with INC to discover additional services needed and the residents' perspective on prioritization.</p>	<p>TCB to ask Virginia Home for Boys and Girls to include housing redevelopment as a part of their services program</p>	<p><i>Residents are engaged in the process of identifying specific needs.</i></p> <p><i>Residents are prepared to succeed in their current and future living situations.</i></p> <p><i>Residents experience a cohesive and connected service environment.</i></p>
	<p><b>2. Partnership:</b></p>	<p>*INC and resource center to refer families to available wraparound services.</p>	<p>Create a clear system of referrals for existing specific wraparound services.</p>	
	<p><b>3. Programs, services, and education:</b></p>	<p>*Work with RRHA to identify sources for funding wraparound services.</p>	<p>Bring wrap-around services to Creighton, with a targeted and multigenerational approach.</p>	
	<p><b>4. Policy:</b></p>	<p>***CSH to meet with key stakeholders to present wrap-around services models and propose bringing these programs to Creighton.</p>	<p>Reallocate existing funds from various departments to support wrap-around services</p>	
	<p><b>5. Research:</b></p>	<p>Evaluate and track process with consistent documentation</p>	<p>* Planned      ** In progress currently (July 2015) ***Completed</p>	



# Action Plan: Affordable Housing

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor's Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers and Housing Advocates</p> <p>Center on Society and Health</p> <p>The Community Builders</p> <p>Richmond Redevelopment and Housing Authority (RRHA)</p> <p>Virginia Supportive Housing</p> <p>Better Housing Coalition</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>*Housing advocates to link residents to housing-related services.</p>	<p>*TCB to seek potential funding streams for permanent supportive housing.</p>	<p><i>Residents are aware of resources available for all occupants and seek out these resources when appropriate.</i></p> <p><i>Appropriate housing options are found for all occupants and the housing first model is adopted once funding is obtained.</i></p> <p><i>Adequate permanent supportive housing options are available.</i></p> <p><i>No one is displaced as a result of redevelopment.</i></p>
	<p><b>2. Partnership:</b></p>	<p>*Housing advocate to host a resource fair introducing providers to each other and residents to available services</p>		
	<p><b>3. Programs, services, and education:</b></p>	<p>*Housing advocate to educate residents about terms of the lease and issues with hosting non-lease holders.</p>	<p>Ensure 1:1 replacement for all housing occupants.</p>	
	<p><b>4. Policy:</b></p>	<p>Develop a plan to ensure 1:1 replacement for all housing occupants.</p>		
	<p><b>5. Research:</b></p>	<p>Evaluate and track process with consistent documentation.</p>	<p>* Planned    ** In progress currently (July 2015)          ***Completed</p>	

# Action Plan: Asthma

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor’s Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers and Housing Advocates</p> <p>Center on Society and Health</p> <p>The Community Builders</p> <p>Bon Secours</p> <p>Richmond City Health District</p> <p>VCU Health Systems</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>Resource centers to explore existing programs: Family Lifeline asthma check-ins, Medicaid health coaches, Bon Secours home-based follow up program.</p>	<p>*Resource centers connect residents to existing resources.</p>	<p><i>Families affected by asthma are connected to appropriate resources.</i></p> <p><i>Emergency department visits due to asthma complications are decreased.</i></p> <p><i>Adequate filtration systems are obtained to provide a safe living situation for families living with asthma.</i></p> <p><i>Community informed asthma intervention is planned.</i></p>
<p><b>2. Partnership:</b></p>	<p>Resource centers to provide individual follow-up and teaching for residents.</p>	<p>RRHA and TCB incorporate asthma safe housing units into plans for new construction.</p>		
<p><b>3. Programs, services, and education:</b></p>	<p>Promote planning for appropriate filtration in new construction.</p>	<p>CSH to engage stakeholders to assess community needs and priorities related to asthma.</p>		
<p><b>4. Policy:</b></p>	<p>*CSH to seek funding to complete an asthma community needs assessment.</p>			
<p><b>5. Research:</b></p>				
			<p>* Planned      ** In progress currently (July 2015)          ***Completed</p>	

# Action Plan: Violence Prevention and Positive Youth Development

Partners	Strategies	Short-term Actions	Medium-term Actions	Outcomes
<p>The Informed Neighbor's Corps (INC)</p> <p>Tenant Council</p> <p>Resource Centers and Housing Advocates</p> <p>Center on Society and Health</p> <p>The Community Builders</p> <p>Richmond Redevelopment and Housing Authority (RRHA)</p> <p>Clarke Hill Institute for Positive Youth Development</p> <p>Injury and Violence Prevention Program</p> <p>Community Advocates and Service Providers</p>	<p><b>1. Resident Engagement:</b></p>	<p>Engage the Informed Neighbors Corps to plan activities to promote community safety.</p>	<p>Expand the Informed Neighbors Corps to promote community safety through increased social cohesion.</p>	<p><i>Creighton youth are connected to meaningful mentoring relationships with adults in the city of Richmond.</i></p> <p><i>Residents are empowered to change the culture regarding violence.</i></p> <p><i>Youth are motivated and engaged in meaningful activities.</i></p> <p><i>Research funding is used to identify, implement, and evaluate programs and interventions to support positive youth development.</i></p> <p><i>Social cohesion is increased and youth violence is reduced.</i></p>
	<p><b>2. Partnership:</b></p>	<p><b>**Resource centers to connect youth with challenge discovery, who can connect them with mentoring programs currently available in the city of Richmond.</b></p>	<p>Students from U of R, VCU, VUU, and Richmond City public schools to engage youth in mentoring</p>	
	<p><b>3. Programs, services, and education:</b></p>	<p>Engage youth regarding what types of activities in which they would like to participate</p>	<p>Plan and promote positive activities for youth.</p>	
	<p><b>4. Policy:</b></p>	<p>Evaluate and track process with consistent documentation</p>	<p><b>*Clarke Hill Institute for Positive Youth Development to apply for funding for youth violence prevention in partnership with CSH</b></p>	
	<p><b>5. Research:</b></p>	<p>* Planned      ** In progress currently (July 2015) ***Completed</p>		