

Widening Our Health Lens: Incorporating Trauma-Informed Practice into Affordable Housing

*Ashlei Hurst and Doug Shoemaker
Mercy Housing California*

From its very beginnings in 1981, Mercy Housing has operated at the intersection of health and housing, seeing the connection as essential to our mission of creating vibrant and healthy communities. Over the years, we have attempted to forge those connections in many ways, such as integrating health/behavioral health programming with affordable housing, developing some of the first affordable housing for people with HIV/AIDS, and operating a formal Strategic Health Care Partnership with major health care systems for over 17 years. Yet, as interesting and important as that work has been, in many ways it was just preparation for the opportunity our field now faces as we consider how to incorporate learnings about trauma and social determinants of health into our philosophy, strategy, and practices.

Like other leaders in our field, Mercy Housing recognizes that affordable housing alone cannot address all the complex problems that residents face, so we attempt to take a more comprehensive approach that integrates onsite services and community-based partnerships with quality housing. Our current programs focus on five key areas of support: 1) housing stability; 2) financial stability; 3) health and wellness; 4) youth educational and leadership programming; and 5) community engagement. Through this work and that of our colleagues, we know that affordable housing, combined with supportive programs, can improve residents' health and socio-economic status.

However, as more of our work has shifted to a focus on homelessness and public housing, it has become clear that our health lens needs to widen yet again to include the emotional and mental health needs of our residents. Working with families that have lived in distressed public housing communities or with chronically homeless families, we have been forced to think in new ways about the implications of a trauma-informed lens for affordable housing developers. As we begin to incorporate those learnings into our work, we have initiated an agency-wide effort to build a comprehensive culture of trauma awareness and sensitivity. Our initial goal is to increase our ability to provide effective trauma-informed services to low-income residents and community members, prevent retraumatization, and support residents in their recovery process.

Addressing Childhood Trauma

In 2015, Mercy Housing California (MHC) began partnering with Leataata Floyd Elementary School (LFE) in Sacramento to establish the school-based Leataata Floyd Student and

Family Community Center (LFSFCC), a program designed to help address the unmet needs of students and their families. LFE primarily serves low-income African American youth who live in the public housing communities of Marina Vista and Alder Grove, just south of Downtown Sacramento. The school has consistently been one of the lowest-performing in the Sacramento City Unified School District. LFE's disconnection from the broader community and resources is highlighted by its proximity to Crocker Riverside Elementary, a high-performing, affluent, predominantly white school in the Upper Land Park neighborhood, located just a mile away. For example, in the 2016-17 school year, 97.1 percent of students at LFE were socioeconomically disadvantaged, compared with 20.8 percent of students at Crocker Riverside.¹

MHC first became involved with LFE in 2013 when the Sacramento Housing and Redevelopment Agency (SHRA) selected us to be part of a HUD Choice Neighborhoods Initiative planning grant for the Marina Vista-Alder Grove public housing community and local neighborhood. In partnership with SHRA, MHC organized outreach, identified community needs, and provided strategies to improve education, employment, and health. Through community meetings, youth engagement efforts, and resident surveys, MHC discovered that partnering with LFE was the most effective way to deliver services and begin to meet the many complex needs of families, as the neighborhood school was already serving as a trusted space for families to connect.

Through our intensive work with families at LFE, we found that students' behavioral health and academic challenges are directly related to their exposure to adverse childhood experiences and daily stressors of violence and concentrated poverty. Additionally, students and families are greatly impacted by systemic racism, housing segregation, and disenfranchisement. Unfortunately, these challenges are not limited to students attending LFE and impact young people in low-income communities across the country. According to the Urban Institute, "Many families living in public and assisted housing communities face extreme challenges. From juggling scarce resources to raising families in communities often devastated by violence, families report tremendous stress... At rates far higher than national averages, many families in public housing struggle with poor physical health and/or untreated depression, anxiety, trauma, or other mental health problems."² In addition, historical trauma due to a legacy of racism, residential segregation, and systemic oppression takes its toll on residents' emotional and physical well-being. For many young people and families, these conditions cause chronic stress and overwhelm residents' abilities to cope and hope for the future.³

When children have difficulty coping, they may also have difficulty excelling academically. Childhood trauma and chronic stress affect young people's developing brains and

1 Sacramento City Unified School District. 2016-2017 School Accountability Report Cards.

2 Marla McDaniel, S. Darius Tandon, Caroline Heller, Gina Adams, and Susan Popkin. "Addressing Parents' Mental Health in Home Visiting Services in Public Housing," Low-Income Working Families Initiative Brief, Urban Institute 2015.

3 Emily Weinstein, Jessica Wolin, and Sharon Rose. "Trauma Informed Community Building A Model for Strengthening Community in Trauma Affected Neighborhoods," Bridge Housing, May 2014.

bodies. Trauma impacts a child’s executive functioning skills, behavior, and ability to learn; however, the education system has often ignored this fact.⁴ Symptoms of trauma often appear in the classroom, including defiant or aggressive behavior, an inability to focus, academic work avoidance, and difficulty cultivating healthy relationships with peers and/or adults on campus. When a child continues to display these behaviors in a school that has not adopted trauma-informed practices, the child is likely penalized, suspended, or expelled from school. According to the United States Government Accountability office, African American students, boys, and students with disabilities are disproportionately disciplined and removed from class in K-12 schools.⁵ Furthermore, when a child is removed from the classroom, he or she is more likely to repeat a grade, drop out of school, and become involved in the juvenile system. Studies show that this results in decreased earning potential and poor health and wellness outcomes. The complex challenges that young people living in public or assisted housing communities face greatly impacts their educational achievement and can change their life trajectory. Therefore, it is imperative that housing providers and educators use trauma-informed practices that consider young residents’ emotional needs and avoid retraumatization, which “traditional” practices may ignore or exacerbate.

Barriers to Addressing Trauma: Stigma, Shame, and Lack of Access

Marina Vista and Alder Grove are multiethnic communities, with residents identifying as African American, Latino, or Asian & Pacific Islander. In many communities of color, individuals are reluctant to discuss their mental health and seek treatment because of the stigma and shame associated with such conditions. In 2014, MHC conducted a resident needs assessment with 480 of the 759 households living in Marina Vista and Alder Grove. The assessment revealed that 25 percent of the households reported that one or more of their family members suffered from depression or anxiety, and 60 percent of those individuals did not receive appropriate care. Over the past four years, the MHC team has been working with residents to understand how the community views mental health and why many residents are reluctant to access care. Through focus groups, one-on-one interviews, workshops with youth, and surveys, our team found the following:

Lack of education—Many residents misunderstand what a mental health condition is and have difficulty identifying the signs and symptoms of a condition. Furthermore, they are not aware how mental health can affect every aspect of their lives; therefore, they do not seek support.

Stigma and shame—Many residents see depression or anxiety as a personal weakness. Residents feel they should be able to “just get over it.” Therefore, many residents live in silence

4 “Trauma-Sensitive Schools Learning Modules.” Wisconsin Department of Public Instruction. April 04, 2018.

5 U.S. Government Accountability Office. “K-12 Education: Discipline Disparities for Black Students, Boys, and Students with Disabilities.” U.S. Government Accountability Office (U.S. GAO). April 04, 2018.

and do not seek treatment because they do not want to feel judged, rejected, or labeled.

Distrust and misdiagnosis—People of color continue to be negatively affected by discrimination in the health care system. Misdiagnoses, insufficient treatment, language barriers, and lack of cultural humility by health professionals cause distrust and prevent communities of color from seeking treatment.

Access to care—It can be difficult for families to find consistent and quality mental health care. They may have difficulty understanding their insurance benefits, obtaining consistent transportation to appointments, and finding available mental health providers that are accepting new patients. These barriers make it difficult for families to access care and may discourage them from seeking care in the future.

Strength in Partnership

Given our understanding of the impact of childhood trauma on long-term health and economic independence, it is more critical than ever for the community development field to help address these barriers and connect people to services and resources that promote mental health. Through our partnership with LFE, we have learned that when educators and housing agencies combine resources (financial resources, human capital, and best practices in the education and housing field) and offer quality services, we can mitigate some of the impacts of trauma and more effectively support young people and families. Often, school administrators and teachers have limited time and resources to tackle the challenges that students may face at home or in the neighborhood. And, although educators have direct connections with students and families and can identify students who need the most support, they have difficulty connecting youth and families with accessible services. On the other hand, housing providers are acutely aware that providing service-enriched housing can improve the health and well-being of young people and have experience bringing quality resources and programs to families and communities.

Through the LFSFCC, MHC and LFE use the safe hub of the school to provide health care navigation, mental health support, and youth empowerment programs; they also partner with various community-based organizations to bolster programs and services offered on campus. Working on campus allows MHC staff to connect with students and families in a familiar environment while providing needed services that can extend beyond the traditional hours and scope of the school system.

At the same time, LFE and MHC remain mindful of how school systems and housing providers themselves can retraumatize and ultimately impact the life trajectory of young people. Consequently, we have adopted trauma-informed strategies that enable us to create an environment that is more empathetic and understanding of the emotional needs of young people and families. We know that families in our community have difficulty accessing mental health care; therefore, we are committed to promoting healing on campus. Our strategy includes consistent professional development and coaching that focuses on youth mental health first aid and trauma-informed practices. These trainings have given us the tools

needed to identify a young person who is impacted by childhood trauma and may need mental health support. Once students are identified as needing additional support, they are referred to the school social worker or to the LFSFCC. Then, our multidisciplinary team, which includes a resident services manager, health care navigator, school-based social worker, parent liaison, school nurse, and youth engagement specialist, work together to develop a holistic care plan that will meet the various needs of the child and diminish the barriers to learning. This strategy has allowed us to create a network of support for students and families and increase the number of residents we serve.

Additionally, we infuse trauma-informed strategies into their classrooms and afterschool programs. Most important, our team is committed to cultivating safe and trusting relationships with students and families. Building positive relationships is essential for growth, development, and learning. It is a key factor in student resilience and is one of the few things that has the potential to create a buffer against the impact of adversity. We also infuse mindfulness techniques into our classrooms, implement a social emotional development curriculum during and after school, use restorative practice techniques, and help students find ways to calm and handle conflict. These strategies have helped us create a trauma-sensitive environment at Leataata Floyd.

Building Hope for the Future

In addition to working closely with educators at LFE, we found it is necessary to support students and families as they transition to middle and high school. When our students transition to larger school systems that have not adopted school-wide trauma-informed strategies, they have difficulty staying in class, meeting academic expectations, and graduating high school. Our trusting relationship with families and our partnership with the local schools allow us to advocate for the youth living in the community. Whether it's helping families understand special education designations, attending parent-teacher conferences, or meeting with teachers and administrators about the importance of adopting trauma-informed classroom strategies, we are eager to support youth and bridge the gap between school and home. Furthermore, MHC provides youth empowerment programs for students in grades 7-12. Young people who have experienced adverse childhood experiences often feel helpless and out of control; therefore, we empower students to acknowledge their value, manage their stress, and recognize their capacity to handle life's problems. The LFSFCC is a safe space for young people that offers academic support and enrichment activities and connects young people with their peers and caring adults. We have learned that one of the most important things you can do for a child who has experienced trauma is to connect him or her with a consistent and caring adult who instills hope. Child trauma expert Bruce Perry writes, "Resilience cannot exist without hope. It is the capacity to be hopeful that carries us through

challenges, disappointments, loss, and traumatic stress.”⁶

At the LFSFCC, we are committed to building caring, trusting relationships with young people that instill hope. We have learned that when you give young people the appropriate supports, and connect them with consistent and caring adults, they can succeed academically and become self-sufficient young adults. This summer, we are excited to watch our students graduate high school. Kayla is one of those students. When we met Kayla in our first youth empowerment program in 2014, she was angry and admitted she was depressed. Many of her family members struggled with addiction and had trouble obtaining consistent work. Her family’s instability made it difficult for her to attend school every day, and she was failing most of her high school classes. Additionally, she had difficulty managing her stress and often isolated herself from her peers and family. After a year of coming to the LFSFCC, Kayla admitted that her mother was in an abusive relationship, and she feared for her mother’s life. Our team worked swiftly to support Kayla and her mother. We helped them obtain a restraining order and maintain safe housing and connected them with the appropriate mental health supports. Now, Kayla is our most consistent youth leader. Due to the support the LFSFCC provided, she reports feeling less stressed and more hopeful about her future. In June 2018, Kayla was the first person in her immediate family to graduate high school and received a full scholarship to a four-year university in New Orleans, LA.

Next Steps for the Field

Combining the knowledge, skill sets, and resources of the public education and affordable housing sectors is making us all more effective in our work. The next step for MHC, and the field as a whole, is to figure out how to apply these lessons more broadly to our work as housing providers. Our experience at LFE complements the current research, which reveals how housing instability and childhood trauma can jeopardize a child’s success in school and contribute to long-lasting achievement gaps and health disparities. Helping a family to stay housed is one of the most profound activities we undertake to promote health.

MHC employs a housing stabilization model that brings together our resident services and property management staff to both support the family and ensure mutual accountability. As the term “trauma-informed” is becoming more common, we are asking ourselves, “What does a trauma-informed property operations model look like?” To start, MHC initiated a training program that is equipping staff with a trauma-informed approach. This approach aims to foster an organizational culture that prioritizes sensitivity to recovery, healing from trauma, and mental-emotional well-being. We have also begun to train our staff in self-care. Like teachers, property-based staff are often surrounded by the conditions that traumatize residents. They often spend large portions of their work day engaging with residents around

6 Bruce Perry. “Resilience: Where Does It Come From?” April 2006. <http://www.scholastic.com/browse/article.jsp?id=3746847>.

very difficult issues, such as community and domestic violence. As organizations, we need to help our staff with their own relationships to trauma for a variety of reasons, including staff effectiveness, turnover, and burnout.

Although these are important first steps, there are more complicated topics for the field to take on. For example: As housing agencies, what can we do to reduce the occurrence of adverse childhood experiences in our communities? To avoid retraumatizing families, we may need to rethink some of the more rule-oriented aspects of property management, such as late-rent notices and enforcement of house rules. We also need to contextualize some of this work by considering the racial dimensions of who lives in affordable and public housing. Our experience in other communities suggests that what our industry typically sees as neutral lease enforcement can be seen by residents as part of a continuum of life experiences in which people of color and low-income people are subjected to intense levels of social control. In that context, a violation of house rules is not as neutral as it may seem and may be an example of how retraumatization occurs.

These are not easy topics, and awareness alone does not resolve the tensions involved in constructing a trauma-informed operation. As MHC continues to grow our partnership with LFE in the coming years, we will apply the lessons we learn to our broader affordable housing work and explore additional evidence-based strategies that can help improve the life trajectory of young people living in affordable housing communities.

Ashlei Hurst is an Associate Director of Resident Services for Mercy Housing California. She helped found and currently oversees the school-based Leataata Floyd Student and Family Community Center (LFSFCC). In partnership with the Sacramento Unified School District, the LFSFCC provides support to low-income students and families primarily living in the nearby Marina Vista-Alder Grove public housing community. Prior to joining Mercy, Ashlei was the Director of Outreach and Community Care at Bayside Midtown Church and a teaching assistant at the University of California, Davis. She founded and directed Project Voice, a program to educate and empower young women in Sacramento. Ashlei earned her Bachelor of Arts in Social Work from California State University, Sacramento and her Master of Science in Community Development from the University of California, Davis.

Doug Shoemaker serves as President of Mercy Housing California (MHC), the largest regional affiliate of Mercy Housing, Inc. With offices in Los Angeles, San Francisco, and Sacramento, MHC develops, manages, and provides services to very-low-income seniors, families, and formerly homeless people. Since 1993, MHC has developed over 9,500 homes across 36 California counties. MHC and the Low Income Investment Fund recently co-authored “Innovative Models in Health and Housing.” Prior to joining MHC, Doug was the Director of the San Francisco Mayor’s Office of Housing and Community Development (MOHCD). He led various key mayoral initiatives at MOHCD, including the launch of HOPE SF, San Francisco’s groundbreaking effort to revitalize five distressed public housing sites into mixed-income communities.