

BACKGROUND

The Richmond Promise Neighborhood (RPN) quarterly meeting convened the Informed Neighbors Corps 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. For a list of the organizations represented, please see page 6.

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 in what Richmond area agencies are already doing, 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.

BREAKOUT SESSIONS

Substance Abuse

A number of supportive services already exist in Richmond for individuals battling addiction; however, actually connecting East Enders to these resources has so far proven difficult. Often, service providers are not aware of existing programs to recommend to residents, or residents might not have insurance to qualify for them. An additional challenge in tackling substance abuse is the multifactorial nature of its root causes. A significant point brought up during the meeting was that trauma, mental health, and substance abuse must be addressed together.

There is often a great stigma associated with substance abuse, which can be partially addressed by teaching service providers to emphasize addiction as a medical issue and not a character flaw. Participants further stated that substance abuse is rampant due to the prevalence of underlying psychiatric disorders in the community, for which people self-medicate through substances in lieu of professional treatment. Service providers should therefore make sure to assess for substance abuse and mental illness concurrently, as RBHA already does. Psychiatric disorders are also heavily linked to high levels of trauma, and trauma-informed care was also brought up as an important priority for service providers to learn. Challenge Discovery Projects and the Greater Richmond Trauma Informed Community Network were cited as examples of organizations already applying the trauma-informed model, and participants agreed that trauma-informed care could be implemented in other agencies as well.

Other suggestions to improve substance abuse services included: implementing a smoking cessation program; inviting a motivational speaker from the Healing Place to speak about addiction; utilizing the Richmond City Drug Court; and training service providers in motivational interviewing (MI). Immediate priorities for action included: further engaging RRHA in the process; holding more substance abuse meetings in the community (“inspiration meetings”) led by community members; and providing a comprehensive list of resources for service providers.

Invisible Population

“Invisible” residents in public housing arise when existing tenants open their homes, under the table and for indefinite lengths of time, to families or individuals who may not have anywhere else to live. The invisible population is an ongoing problem in public housing, and participants at the meeting agreed that this “hidden homelessness” is not being addressed to the extent that it should be. Temporary and permanent housing agencies exist in Richmond, such as HomeAgain, Habitat for Humanity, and the Daily Planet, but it can be difficult to access these services. People agreed that effective communication and education – regarding both existing resources as well as the risks of housing invisible tenants – were critical to tackling this issue. The presence of a neutral housing advocate in the community should theoretically encourage residents to come forward and disclose the fact that they are housing invisible tenants. However, residents felt that there should be a level of amnesty for those that do come forward in order to encourage honesty.

Important priorities for action identified at the meeting included: creating a comprehensive list of housing-related service providers in the community and how to get connected with them; having these service providers share information directly with residents; attempting to actually measure the size of the problem (i.e., how many invisible residents are there in Creighton Court?); approaching RRHA about the option of amnesty; and inviting ECDC/TCB to Informed Neighbors Corps meetings.

Trauma Informed Community Building

At the meeting, participants were able to name a wide variety of agencies already applying a trauma-informed approach in the East End. In terms of implementing a trauma-informed community building model for the redevelopment, participants had several suggestions. People thought that family issues need to be addressed holistically (i.e., there should not be separate services provided to adults and children -- services should be offered to the full family), and that providers and community members needed to come together without pointing fingers and have an honest dialogue as equals. Other suggestions for the TICB model included: providing mental and physical health services in schools; providing uniform, concrete information to residents on issues related to redevelopment; implementing greater preventive services during the primary phase of redevelopment in order to avoid crisis-based action later; continuing to provide support for the Informed Neighbors; and getting direct input from residents about their actual needs before redevelopment.

The most significant barrier to the trauma informed community building process is funding. Because projects need to meet specific goals outlined by funders, initiatives are limited and do not always address all of the community's needs. Also, typically the effort ends when the funding ends. One person suggested that funders are more open and flexible than in the past and should be brought into a conversation when addressing redevelopment in the community.

WRAP-UP

Substance Abuse

Resident-led groups for individuals with substance abuse problems could be convened between now and May, and service providers such as Challenge Discovery Projects stated they would be willing to provide services to these residents as a whole. Additionally, RPN is hosting Mental Health First Aid trainings in March and April for organizations working with youth. A major goal will be to break down the stigma associated with substance abuse and mental illness.

Invisible Population

It is apparent that educating both residents and service providers about existing resources is a major issue to be addressed between now and May. A full list of service providers already working with the community, as well as a more comprehensive list of resources for supportive housing, should be created. Service providers have to foster relationships for referral, and those that provide resources need to know about other resources. A resource fair could be held to introduce providers to each other. Service providers should also have a forum to provide information directly to residents. Additionally, members of the community development team should attend tenant council meetings for informational updates.

People thought it would be helpful to know how many people comprise the invisible population. Many also thought that key players should help negotiate an amnesty for residents housing the invisible tenants, so that these people could receive help without fear of jeopardizing their own housing situations. In the planning of the physical site, the possibility of building in permanent supportive housing for the invisible population should be explored.

A subset of the invisible population is convicted felons. These people, once released from prison, re-enter society and live, invisibly, with their families. A challenge will be supporting them during and after the redevelopment.

Trauma Informed Community Building

A major point in the discussion of TICB is language: people need to stop saying “us” and “them,” because everyone is in this together. Collective participation from both service providers and residents will be essential in this process. Lack of trust and hope among residents in the community needs to be addressed. Interventions should be multi-layered with a focus on prevention. Lastly, a stream of funding is needed to sustain the entire process.

SUMMARY OF ACTIONS

Substance Abuse:

Service providers should assess for substance abuse and mental illness concurrently
Trauma-informed care was an important priority for service providers to learn
Implement a smoking cessation program
Invite a motivational speaker from the Healing Place to speak about addiction
Utilize the Richmond City Drug Court
Train service providers in motivational interviewing (MI)
Further engage RRHA in the process
Hold more substance abuse meetings in the community, especially (“inspiration meetings”) led by community members
Provide a comprehensive list of resources for service providers

Invisible Population

There should be a level of amnesty for those residents that do come forward and disclose the fact that they are housing invisible tenants in order to encourage honesty.
Create a comprehensive list of housing-related service providers in the community and how to get connected with them
A resource fair could be held to introduce providers to each other.
Have service providers share information directly with residents
Attempt to actually measure the size of the problem (i.e., how many invisible residents are there in Creighton Court?)
Approach RRHA about the option of amnesty
Invite ECDC/TCB to Informed Neighbors Corps meetings
Members of the community development team should attend tenant council meetings for informational updates

Trauma Informed Community Building

Family issues need to be addressed holistically (i.e., there should not be separate services provided to adults and children -- services should be offered to the full family)
Providers and community members need to come together without pointing fingers and have an honest dialogue as equals
Provide mental and physical health services in schools
Provide uniform, concrete information to residents on issues related to redevelopment

Implement greater preventive services during the primary phase of redevelopment in order to avoid crisis-based action later

Continuing to provide support for the Informed Neighbors and get direct input from residents about their actual needs before redevelopment

Funders should be brought into a conversation addressing redevelopment in the community

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Representatives from the following organizations attended the meeting on 2/11/15:

- Bon Secours
- Center on Society and Health
- Challenge Discovery
- Child Savers
- Children's Mental Health Resource Center
- City of Richmond - Department of Budget and Strategic Planning
- City of Richmond - Department of Economic and Community Development
- City of Richmond - Health Department
- City of Richmond - Early Childhood Development Initiative
- City of Richmond - Office of Community Wealth Building
- City of Richmond - Human Services
- Code for America
- Communities in Schools
- Community Leader
- Delta Sigma Theta
- Engaging Richmond
- Family Lifeline
- Federal Reserve Bank
- Fit 4 Kids
- Informed Neighbors Corps
- Junior League
- Middle School Renaissance 2020
- RePhrame
- Richmond Behavioral Health Authority
- Richmond Department of Social Services
- Richmond Public Job
- The Community Builders
- The Community Foundation
- VCU Injury and Violence Prevention
- VCU Performance Management Group
- Virginia Early Childhood Foundation
- Virginia Home for Boys and Girls
- Informed Neighbors Corps