

March 9, 2015

Mr. Peter C. Carpino
President and CEO
United Way of Greater Rochester
75 College Avenue
Rochester, NY 14607

Dear Peter:

Thank you for your leadership in addressing systemic poverty solutions for the City of Rochester. Your Anti-Poverty Initiative Proposal outlines critical ideas for reshaping how we support residents on their path to self-sufficiency. Many of the ideas tie directly to work we are undertaking around trauma. Last year we convened a group of stakeholders to develop ways in which service providers can better care for children and adults dealing with trauma. Unfortunately, trauma symptoms affect a high percentage of the population, particularly women and children living in poverty.

Trauma occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences. Children and families in the child welfare system experience higher rates of trauma and associated behavioral health problems. Though these figures are likely underestimates: 50% of children and youth in child welfare, 60-90% of youth in juvenile justice and 83-91% of urban youth experience trauma¹. The Wilson Foundation recently released the SHIFT Study, which followed women and their children living in various models of homeless shelters for three years. The study was conducted in Buffalo, Rochester, Syracuse and Albany. 93% of women in the study experienced at least one instance of trauma, and 81% experienced multiple instances. After three years, the two biggest predictors for why families hadn't achieved stable housing were low self-esteem and trauma symptom severity. Reasons such as unemployment and education were factors in the first year of the study, but those factors failed to be the long-term contributors for instability. If a person is unable to address the underlying cause of their instability then it increases the likelihood of drug and alcohol use; school truancy; poor learning habits; increased depression, anxiety, PTSD; increased health risks such as high blood pressure, diabetes, cardiac arrest; difficulty maintaining employment; difficulty remaining in stable housing.

Research shows us that exposure to trauma is directly linked to youth brain development. A traumatized brain can be 35% smaller than those youth who had not experienced the same level of trauma. The part of the brain that is minimized is the frontal lobe, which is responsible for impulse control and the ability to build relationships. When well-meaning agencies or individuals try to "fix" these youth through consequences, or worse, force, it results in very little progress or often re-traumatization. Trauma is best addressed in the context of safe and loving relationships within families and communities. And yet poor people (children and adults alike) are disproportionately subjected to interventions that disrupt their family and community relationships, such as foster care and incarceration. The good news, though, is that trauma symptoms are treatable in the proper environment with the appropriate support and awareness. The brain can even be repaired.

As our trauma work-group evolves, it appears our greatest impact can relate to trauma-informed care (TIC). Trauma-informed care is an organizational culture built on core values of safety, trustworthiness, choice, collaboration and empowerment. It is a part of every staff person's training and job, every policy, the physical environment, and all aspects of care. Locally, organizations like Villa of Hope and the YWCA of Rochester and Monroe County have undertaken the cultural shift to become trauma-informed. And with increased awareness, other organizations have acknowledged that they could be serving their populations more effectively with a trauma-informed approach. Many communities are looking at how to create a trauma-informed community, which is a strategic approach linking all community sectors together around the effects of trauma, while preventing gaps in services for clients. It is coordinated and

¹ National Center for Children in Poverty

collaborative; recognizes that the diversity of the population requires individual responses; uses a common language, measurements and accountability. Tarpon Spring, FL and Buffalo, NY both have groups working to spread awareness of TIC and resources for organizations to become trauma-informed.

Recently the state of Ohio, with support from the governor's office, has begun a state-wide trauma-informed care initiative. The intention is to educate and train providers in various areas of human services to become trauma-informed; this includes, among others, healthcare, mental and behavioral health, education, housing and law enforcement. It is not enough for only a few agencies to be trauma-informed. For instance, children receiving support from Villa of Hope can have a positive experience there, but if they don't receive the same empowerment and respect from other agencies, any gains could be lost. Our goal is to create a collaborative trauma-informed community so that a young person can thrive no matter where they are.

In order to achieve the broad community-wide impact we need to demonstrate success, we have outlined the following work plan:

1. Raise awareness around the concept of TIC, and the difference between TIC and trauma services.
2. Encourage organizations to become trained in TIC by providing education opportunities.
3. Create an evaluation model so we can track progress and create an evidence-based community model. TIC is a proven model, but making a trauma-informed community is a new concept. The other communities embracing the idea do not have benchmarks and evaluation. Our community can be a pioneer in this effort.
4. Once data is collected, replicate the concept in other parts of the state, particularly other areas tackling poverty.
5. Recommend policy to help implement and support TIC for organizations and communities.

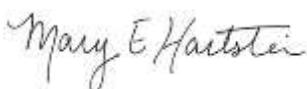
This is truly a public-private partnership. The current work group is convened by the Wilson Foundation and the Rochester Area Community Foundation, with participation from service providers, evaluators, clinicians and county contractors. We envision a larger working group that incorporates leaders in all service sectors, as well as county and city support. Alone our work-group can raise awareness and encourage organizations to become trained in TIC. The other communities working toward a trauma-informed community recommend we hire a staff person to keep the initiative active. Buffalo and Tarpon Springs are volunteer driven and see that as a hindrance to their success. Ohio has a dedicated staff person working for the Ohio Mental Health & Addiction Services department. All of the communities recognized their lack of benchmarking and data. We think with the appropriate back-end support we can become the leader in implementing and evaluating a trauma-informed community. Of course, even without dedicated staff, incorporating a message of trauma-informed care into the task force and anti-poverty initiative can only benefit our community's efforts.

We all have the same goal—eliminate poverty and the barriers our residents have to success. We are confident that the work we are doing is at the core of the ideas outlined in your proposal. Without addressing the underlying issues our residents face, many will not benefit from the programs and ideas you have outlined. We hope you will consider including our work in your plan. Please contact us if you would like to speak in more detail about the research we have or about our implementation plan.

Sincerely



Megan Bell
Executive Director
Wilson Foundation
585.461.4696



Mary Hartstein
Program Associate
Rochester Area Community Foundation
585.341.4352

cc: Hon. Joseph D. Morelle
cc: Hon. Lovely A. Warren
cc: Hon. Maggie Brooks