



Founding Guiding Principle: Public policymakers and the community must address the underlying issues of structural racism and its intersections with class, gender, gender identity, sexual orientation, age, disabilities, and the political, economic and social structures that creates and perpetuate hunger, homelessness, the lack of decent affordable housing and disinvestment in neighborhoods of color

January 19, 2021

TO: Mayor Steinberg, Sacramento City Councilmembers, County Board of Supervisors
FROM: Bob Erlenbusch, Executive Director
RE: Homeless “Service Resistant”; Adverse Childhood Experiences & Trauma-Informed Approach

Background: At least two city councilmembers at the January 5, 2021 discussion of agenda item #14, *Master Siting, Operations, Programmatic and Financing Plan to Address Homelessness*, referred to people experiencing homelessness in our community as “service resistant,” i.e., turning down offers of shelter, housing, mental health and substance use services, usually from law enforcement and other outreach workers.

It would appear that elected officials, as well as many community members, take this “resistance” at face value, and/or make uninformed judgements, rather than trying to understand the physical, neurological and psychological underpinnings of why our unhoused neighbors may appear to “refuse” services.

SRCEH Recommendations:

Sacramento City and County train all staff that work with and/or provide services to people experiencing homelessness and low-income people in the Trauma-Informed Approach. Additionally, Sacramento City and County adopt a trauma-informed approach to change the organizational culture of the delivery of all services to people experiencing homelessness and low-income people.

What does this mean in practice?

- City and County changes their language when describing people experiencing homelessness and no longer refers to them as “service resistant;”
- Immediately stop law enforcement sweeps of encampments – which are highly stressful events – and instead provide food, health and sanitation services to homeless encampments which will build trust and community;
- Revamp the City and County 911 response moving forward; instead of having law enforcement respond to homeless and mental health 911 calls, form a 24/7 multi-disciplinary team, including Peer Advocates, to respond to these calls.

These are just a few examples of transforming the City’s & County’s policies and programs to embrace a trauma-informed approach and dramatically change the culture of this community, beginning with the Mayor, City Council and Board of Supervisors.

By embracing an equity-centered, trauma-informed approach, the City & County can move from understanding and treating people experiencing homelessness and low-income people as “service resistant” to “dignity resilient.”

The explanation is grounded in an understanding of ***Adverse Childhood Experiences and Trauma-Informed Care.***

We make these recommendations based on the following analysis:

Adverse Childhood Experiences: ACE's:

“Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today,” noted Dr. Robert Block, former President of the American Academy of Pediatrics.

Yet, according to the *Adverse Childhood Experiences Study [ACE Study]* conducted in the mid-1990's by the Center for Disease Control & Prevention and Kaiser Permanente, adverse childhood experiences are common, and the resulting health and behavioral health issues span a lifetime.

What are adverse childhood experiences [ACE's]? The ACE Study identified three types: abuse, neglect, and household dysfunction. Since this study, the list of ACE's has been expanded to include living in unsafe neighborhoods, food insecurity, homelessness, bullying, income insecurity, discrimination and racism.

The recently released report by the Center for Disease Control found that at least 60% of the population in America had at least one ACE, while 16% had four or more different types of traumatic experiences. Finally, children of different ethnicities do not experience ACE's equally. 61% of black children, 51% of Hispanic children, 40% of white children and 23% of Asian children experienced at least one childhood traumatic experience.

The physical and mental health toll of these traumatic experience is staggering; people who experienced trauma are 15 times more likely to commit suicide, 4 times more likely to become an alcoholic, or inject drugs, and 2.5 times more likely to smoke tobacco. In addition to the harm caused by these high-risk behaviors, ACEs are highly correlated with health issues including depression, heart disease, cancer, autoimmune disorders, chronic lung disease, liver disease and shortened life span.

ACES's and Homelessness:

According to the National Health Care for the Homeless Council and the National Network to End Family Homelessness, “the associations between high ACEs and negative health outcomes are consistently seen for all populations and socio-economic levels.”

As noted above, more than half of the general population experiences at least one ACE, over 25 percent experience two or more ACEs, and one in eight people experience four or more ACEs.

However, children living in poverty, including those experiencing homelessness, are more likely to carry high ACE scores, increasing their risk of developmental challenges and poor health and functioning. In fact, children who live below the Federal Poverty Line (FPL) are 5 times more likely to experience ≥ 4 ACEs than those who live in financially stable households.

Furthermore, research suggests that the health consequences of high ACE scores are often compounded by poverty, suggesting that children with high ACE scores who are also low-income experience worse outcomes in certain areas compared to people with high ACE scores who are higher income.

The graphic below clearly shows the relationship between toxic stress and the number of adverse childhood experiences and the chances of experiencing homelessness as an adult. As you can plainly see, the percentage of adults experiencing homelessness increases dramatically with each additional adverse childhood experience.

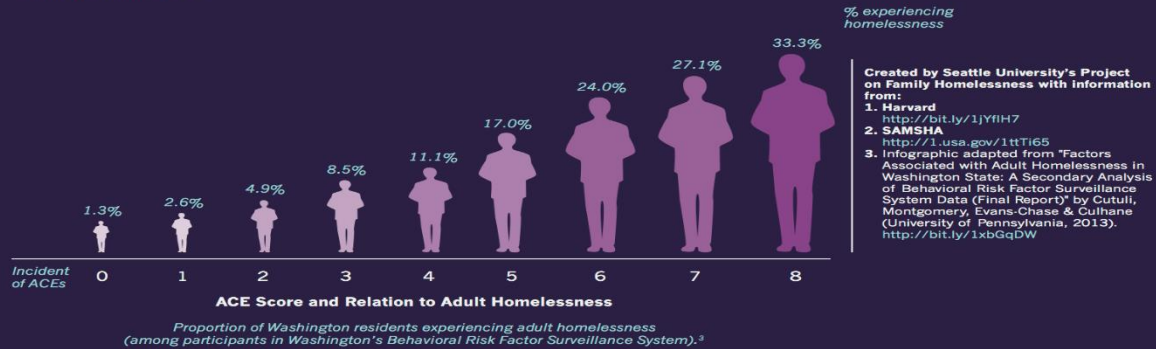
ACE SCORE AND RELATION TO ADULT HOMELESSNESS

What is toxic stress?

Toxic stress is long lasting stress over which the child has very little control. Involving the chronic elevation of stress hormones and a child's stress response system, it often occurs when a child must confront stressors without a safe, supportive adult to buffer their impact. It can be caused by abuse, neglect, and poverty and other ACEs.¹

What is an ACE?

Adverse childhood experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home. They can cause toxic stress and can lead to a variety of negative outcomes, including adult homelessness.²

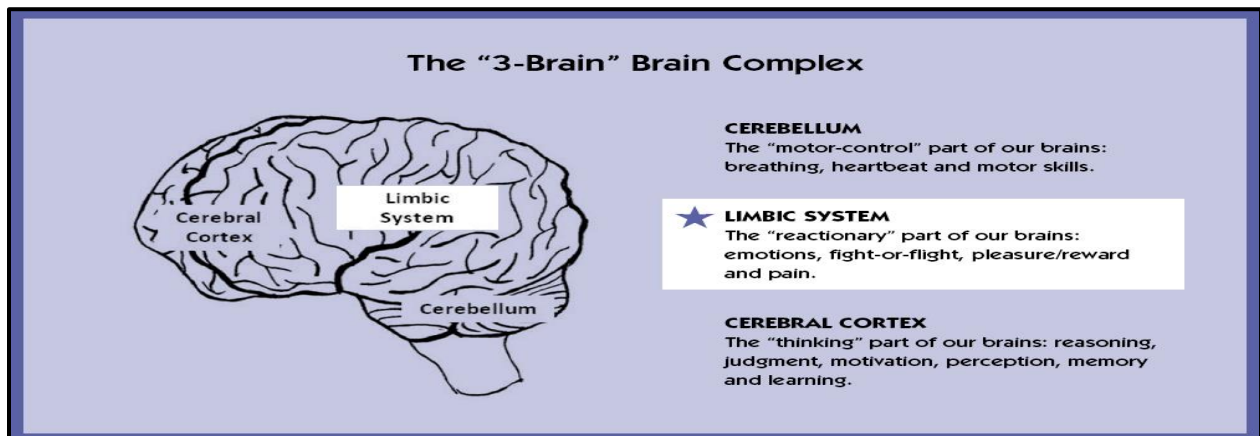


As childhood adverse experiences accumulate, so does the likelihood of struggling with adult homelessness.

<https://www.homelesshub.ca/blog/infographic-adverse-childhood-experiences-and-adult-homelessness>

ACE's and Neurological Development:

In order to understand the relationship of ACE's to neurological development, it is first important to understand the "three brain complexes" as depicted in the graphic below:



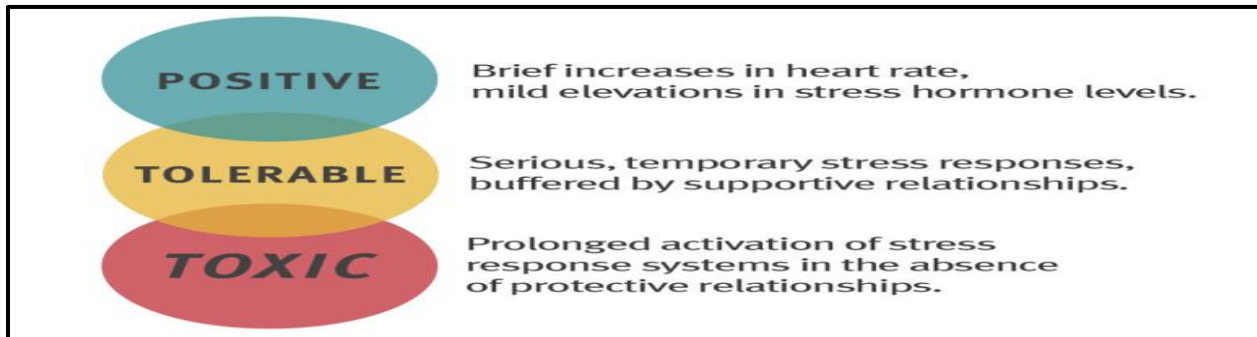
<https://www.acesconnection.com/blog/the-developing-brain-and-adverse-childhood-experiences-aces>

MRI studies have shown that the higher an individual's ACEs score, the less gray matter they have in key areas of the brain, including the prefrontal cortex (an area related to decision-making and self-regulatory skills) and the amygdala (the fear-processing center of the brain). Scientists have also found that when the developing brain is chronically stressed, as it is when one experiences a number of ACEs, the hippocampus (the area of the brain that processes emotion and memory, and manages stress) shrinks.

Thus, ACEs can impact brain development, which in turn impacts functions such as decision-making, self-regulation, fear-processing, memory and stress management. This understanding helps us to grasp the complexity of the effects of trauma.

3 Responses to Stress: Homelessness and Toxic Stress: *Fight or Flight*

Essentially there are three types of responses to stress.



<https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Trauma is the emotional, psychological, and physiological residue left over from heightened levels of **toxic stress** that accompanies experiences of danger, violence, significant loss, and life-threatening events.

The impacts of these ACEs are related to toxic stress, which is the repeated activation of the brain's fight-or-flight stress response system (within the Limbic System).

In other words, many homeless peoples' brains are wired to respond to danger and violence, either real or perceived, with a "fight or flight" response.

Bottom line – homelessness creates toxic stress: ACES vs Service Resistant:

The bottom line is that when people experiencing homelessness, many with multiple adverse childhood experiences as well as suffering from PTSD [Post Traumatic Stress Disorder], are approached by law enforcement or other outreach workers, it often creates a highly stressful situation – "toxic stress" - for our unhoused neighbors resulting in a "fight or flight" response, which is incorrectly interpreted as being "service resistant."

Additionally, services may be "refused" because the person experiencing homelessness was "retraumatized" by the agency they are being referred to and thus distrust the person making the referral that may be projected onto the entire "homeless system."

Trauma-Informed Approach:

SAMSHA [Substance Abuse and Mental Health Services Administration] defines a *trauma-informed approach* as "inclusive trauma-specific interventions, whether assessment or recovery supports, yet it also incorporates key trauma principles into the organization culture. It is essential to the context of care."

The Four R's in a Trauma-Informed Approach:

- *Realization:* the organization or system has a basic realization about trauma and understands how trauma can affect individuals, families, groups and communities;
- *Recognize:* people in the system can recognize the signs of trauma;
- *Response:* the organization or system responds by applying the principles of trauma informed care;
- *Resist re-traumatization:* systems recognize how organizational practices may trigger painful memories and re-traumatize consumers/clients with trauma history.

6 Key Principles of Trauma-Informed Approach:

1. *Safety*: the organization provides for the physical, emotional and psychological safety of people they serve;
2. *Trustworthiness and Transparency*: System operations are conducted with transparency with the goal of building and maintaining trust with consumers/clients;
3. *Peer support*: peer support and mutual self-help are key vehicles for establishing safety and hope;
4. *Collaboration and mutuality*: Importance is placed on partnering and leveling the power differences between staff and consumers/clients;
5. *Empowerment: Voice and Choice*: Consumers/clients strengths and experiences are recognized and built upon and supported in cultivating self-advocacy skills;
6. *Cultural, historical issues*: The system or organization actively moves past stereotypes based on gender, ethnicity, sexual orientation and gender-identity and offers services responsive to the ethnic, gender and cultural needs of consumers/clients served and recognizes and addresses historical trauma.

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