



USICH Report to Congress on Steps that can be Taken to Improve Access to Trauma-Informed Housing Services and Supports Across all Federal, State, and Local Homeless Services, Outreach, and Prevention Programs

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Trauma-Informed Care + Affordable Housing = Housing Stability

Introduction

In recent years, there has been increased awareness and understanding across the homelessness services system of trauma and its impact among people experiencing homelessness. Informed by best practices, communities are integrating trauma-informed approaches into all levels of service delivery within and across the array of programs and systems designed to address the needs of individuals and families at-risk of, experiencing, or exiting homelessness. This holistic or ‘whole-person’ approach includes supports and services that are essential to long-term housing stability and self-sufficiency.

Efforts to ensure that every individual and family has the safety and stability of home require a continued focus on aligning housing with services and supports that are tailored to each household’s unique strengths and needs. There is long-standing recognition that services and supports must be designed to respond to the prevalent trauma among people who have experienced homelessness, and also respond to the ongoing trauma that people experiencing or at-risk of homelessness face daily. However, communities and service providers may not always be equipped with the necessary tools or be informed of appropriate responses to address the needs of people who have a history of trauma.¹

The lack of awareness or understanding of how traumatic experiences can impact service delivery can prevent individuals from achieving program outcomes, especially around housing stability, education, employment, health and overall well-being. Along with the trauma of homelessness, a disproportionate number of individuals experiencing homelessness have endured other forms of traumatic stress, including adverse childhood experiences (ACEs).² ACEs refer to potentially traumatic events that can have lasting negative effects on health and well-being, including housing status. Examples of ACEs include child abuse and neglect, household mental illness, parental separation, and household substance abuse. As ACEs accumulate, there is an increased likelihood that individuals will struggle with adult housing instability and homelessness.³

Trauma-informed care provides a framework for organizational and individual service delivery across the homelessness services system that acknowledges and responds to the trauma experienced by all members of the household.⁴ Trauma-informed practices are policies, procedures, interventions, and interactions among clients and staff that recognize the likelihood that a person receiving services has experienced trauma or violence. For effective service delivery and stable housing placements, organizations and staff must understand the impact of trauma on individuals and families and learn how to effectively minimize its effects and respond appropriately with cultural awareness and competence, without contributing to further trauma.⁵

This report provides a high-level overview of what is currently known about efforts to implement trauma-informed care and housing services and supports to families and individuals that are currently or at risk of experiencing homelessness. It also includes current and proposed actions to further improve access to services across federal, state, and local homelessness services, outreach, and prevention programs.

¹Elizabeth K. Hopper, Ellen L. Bassuk, and Jeffrey Olivet. Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings. The Open Health Services and Policy Journal, 2009, 2, 131-151; http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf

² <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>

³ <http://www.phe.gov/Preparedness/planning/abc/Pages/homeless-trauma-informed.aspx>

⁴ http://www.traumacenter.org/products/pdf_files/shelter_from_storm.pdf

⁵ https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Defining Trauma-Informed Care

While many definitions of trauma have emerged over the last few decades, the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (**SAMHSA**) defines it as follows: *“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*

Trauma can be experienced individually and as part of a family, community, or larger social group. It can be passed down through generations and is exacerbated by historical and current structural and environmental factors that marginalize or oppress groups of people. In the past decade, it has become increasingly clear that addressing trauma requires a systems-level approach. Public education, prevention, early identification, effective trauma assessment, and individualized customized treatment are all necessary to break the cycle of trauma and violence. Significant progress has been made in creating organizational cultures based on knowledge of trauma and its impact (“trauma-informed approaches”), strategies to prevent or reduce rates of violence and trauma, and effective treatment interventions (“trauma-specific treatments”).⁶ Closely related to trauma is the concept of resilience, defined by The National Child Traumatic Stress Network (NTSCN, funded by SAMHSA) as the ability of an individual to recover and demonstrate effective adaptive skills following a potentially traumatic event.⁷ Depending on individual, family and community risk and protective factors, individuals may demonstrate resilience and be buffered from the experience of lasting harm.⁸

Trauma-informed care centers the impact or experience of trauma and guides the general organization and behavior of an entire system. Trauma-informed care does not have to be directly focused on delivering trauma-related services or treatments. Rather, it is an approach that is incorporated into the structure of a variety of practices, including assessment, primary care, mental health, addictions services and housing. The aim is to provide services in ways that are appropriate and welcoming for those who may have been affected by trauma.

Principles of Trauma-Informed Care

A systems-level approach organizes diverse stakeholders across multiple systems to use principles of trauma-informed care to work together toward the shared goal of reducing and preventing homelessness. SAMHSA describes six key principles of a trauma-informed approach.⁹ These principles apply to multiple types of systems and settings and can be adapted to the homelessness service system. This framework recognizes that housing

⁶ Chafouleas, S. M., Johnson, A. H., Overstreet, S., & Santos, N. M. (2016). Toward a blueprint for trauma-informed service delivery in schools. *School Mental Health*, 8, 144–162. DOI 10.1007/s12310-015-9166-8. (see: <https://files.eric.ed.gov/fulltext/ED575023.pdf>)

⁷ *Resilience and Child Traumatic Stress*. (n.d.). The National Child Traumatic Stress Network. https://www.nctsn.org/sites/default/files/resources/resilience_and_child_traumatic_stress.pdf

⁸ Anderson Moore, K., Murphey, D., Beltz, M., Carver Martin, M., Dym Bartlett, J., & Caal, S. (2016). *Child well-being: Constructs to measure child well-being and risk and protective factors that affect the development of young children* (Report No. 2016-61). Bethesda, MD: Child Trends

Center on the Developing Child (2015). *The science of resilience* (InBrief). Retrieved from <https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/>

⁹ Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. (Retrieved from: <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>)

provides a secure platform that supports recovery from trauma and homelessness and contributes to long-term stability:

1. **Safety.** People experiencing homelessness and program staff should feel physically and psychologically safe. Physical settings and interpersonal interactions should promote a sense of safety for every child, young person, family, Veteran, person living with a disability, or individual adult experiencing homelessness.
2. **Trustworthiness and Transparency.** Homelessness service systems and programs should operate and make decisions in ways that are transparent to everyone, building and maintaining trust with people experiencing homelessness, staff, and other stakeholders.
3. **Peer Support.** Peers are integral to establishing and maintaining safety and hope, building trust, enhancing collaboration, and using their lived expertise to help others with housing stability and other goals, like recovery and healing.
4. **Collaboration and Mutuality.** Value is placed on relationship, partnership, and leveling power differences between staff and consumers to promote shared power and decision-making across the program. There is recognition that everyone has a role to play in advancing trauma-informed approaches.
5. **Empowerment, Voice, and Choice.** The homelessness service system and organizations within it foster a belief in people's resilience and the ability of individuals and communities to heal from trauma. People's strengths and experiences are recognized, honored, and built upon. Consumers are supported in shared decision-making, choice, and goal setting to determine their own housing and service needs.
6. **Cultural, Historical, and Gender Issues.** Homelessness services systems and programs actively identify and address inequities and biases caused or perpetuated by their service delivery models. They promote access to culturally and gender-responsive services, leverage the healing values of traditional cultural connections, adapt programs, policies, and procedures to the racial, ethnic, and cultural needs of consumers, and recognize and address the impacts of historical trauma.

Existing efforts to prevent and end homelessness should be continuously assessed to ensure alignment with trauma-informed approaches that center individuals' and families' choices in how they engage in services and housing, the services they access, and program outcomes. These efforts must also prioritize access and connections to comprehensive workforce training and supports which should also be aligned with trauma-informed principles.

Federal Efforts

Federal partners have developed many resources that support broad understanding and implementation of trauma-informed approaches. Below are examples of approaches implemented to address homelessness:

US Department of Education (ED)

There is well-documented understanding of the impact of trauma on learning and childhood development, as well as the long-term impact of traumatic experiences on educational outcomes. With regard to trauma and students experiencing homelessness, the Education for Homeless Children and Youth (EHCY) program administered by ED's Office of Elementary and Secondary Education (OESE), provides technical assistance for State Coordinators, local liaisons, and other school district staff through the National Center for Homeless Education (NCHE). ED and NCHE staff present on trauma-informed practices at national and regional conferences and through webinars. NCHE has

posted resources on trauma-informed care and trauma-specific services on its website, and contact information for NCHE, State Coordinators, and local liaisons can be found through this website.¹⁰

In 2018, ED supported development of a toolkit for schools focused on trauma-sensitive training. The Trauma-Sensitive Schools Training Package offers school and district administrators and staff a roadmap and tools for adopting an approach to addressing trauma and promoting resilience for everyone in the learning environment.¹¹ This training package was issued through the National Center for Safe and Supportive Learning Environments, which is funded under Title IV-A, the Student Support and Academic Enrichment program, authorized by the Elementary and Secondary Education Act of 1965 (ESEA).¹² As with EHCY, every State educational agency (SEA) has a coordinator for Title IV, and many LEAs receive subgrants to implement projects to improve student conditions for learning.¹³

US Department of Health and Human Services (HHS)

Across HHS, agencies have developed resources to strengthen implementation of trauma-informed approaches and practices across the array of services that impact and contribute to long-term housing stability and success. The Administration for Children and Families (ACF) partners with states and local programs to prevent family and youth homelessness. These partnerships help vulnerable and low-income youth and families avoid homelessness, access affordable housing, and provide the supports they need to succeed. [ACF's Resource Guide to Trauma-Informed Human Services](#) introduces the topic of trauma, including a discussion of why understanding and addressing trauma is important for human services programs, and a “road map” to identify other relevant resources.

Under the leadership of the Family and Youth Services Bureau (FYSB), the Runaway and Homeless Youth (RHY) Program provides critical funding to support street outreach, emergency shelters and longer-term transitional living and maternity group home programs to serve and protect young people at-risk of or experiencing homelessness. RHY grantees are required to complete training that strengthens understanding of special populations (sexual exploitation or sexual abuse, tribal youth, youth with disabilities, and many more), as well as trauma and the effects of trauma on youth. Similarly, FYSB’s Family Violence Prevention and Services (FVPS) Program administers the Family Violence Prevention and Services Act (FVPSA), the primary federal funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children. FVPSA grantees are also encouraged to incorporate trauma-informed practices across all services.

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children’s Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. The NCTSN is administered by SAMHSA. To accomplish the NCTSN mission, grantees and Affiliates work to:

- Provide clinical services
- Develop and disseminate new interventions and resource materials

¹⁰ See <https://nche.ed.gov/trauma/> for resources on trauma-informed services for students experiencing homelessness and <https://nche.ed.gov/data/> to find State Coordinator contact information and a link to SEA webpages with local liaison directories.

¹¹ Guarino, K. & Chagnon, E. (2018). Trauma-sensitive schools training package. Washington, DC: National Center on Safe Supportive Learning Environments. Available for download at <https://safesupportivelearning.ed.gov/trauma-sensitive-schools-training-package>

¹² More information on this program is available at <https://oese.ed.gov/offices/office-of-formula-grants/safe-supportive-schools/student-support-and-academic-enrichment-program/>

¹³ More resources on school-based counseling services and trauma-informed care and how to find SEA contacts is available through the national center for this program at <https://t4pacenter.ed.gov/StateEduAgencyProfile.aspx>

- Offer education and training programs
- Collaborate with established systems of care
- Engage in data collection and evaluation
- Inform public policy and awareness efforts

NTCSN has developed a robust inventory of resources and training programs to integrate trauma-informed services into all child-serving systems, including child protective services, health and mental health programs, child welfare, education, residential care, juvenile justice, courts, housing and homeless programs and programs serving military and veteran families.¹⁴

AMHSA's homelessness grant programs include a focus on trauma, recognizing that homelessness is traumatic and individuals and families experiencing homelessness often have significant histories of trauma. These grants and resource centers provide opportunities for training, treatment, and implementing individual and organizational trauma assessments.¹⁵

HHS SAMHSA-funded Addiction Technology Transfer Centers (ATTCs) and the Mental Health Technology Transfer Centers (MHTTCs) are committed to providing substance use disorder and mental health treatment providers with the knowledge and support they need to become trauma-informed organizations. Several resources and training opportunities are available at the [ATTC](#) and [MHTTC](#) websites.

Additional HHS resources include:

- **[SAMHSA's Treatment Improvement Protocol \(TIP\), Trauma-Informed Care in Behavioral Health Services \(TIP 57\)](#)**, which provides A Practical Guide for the Provision of Behavioral Health Services, An Implementation Guide for Behavioral Health Program Administrators, and A Review of the Literature.
- **[The HRSA-funded National Health Care for the Homeless Council](#)**, is a national organization working at the intersection of homelessness and health care. The Council recently published a trauma-informed change package online. The change package is available at <https://nhchc.org/research/publications/trauma-informed-organizations-change-package/>.
- **[SAMHSA and HRSA's Center of Excellence for Integrated Health Solutions](#)**, and search for resources on trauma. These resources are geared towards health, behavioral health and integrated care leadership, staff, and patients/consumers.
- **[HHS's Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach](#)**, which provides an overview of high rates of past trauma among people experiencing homelessness and tips for planning and delivering trauma-informed approaches to this group during a disaster.

US Department of Housing and Urban Development (HUD)

HUD encourages communities to work across federal and local agencies as well as the private sector to end homelessness across all populations—families with children, youth, and adults—including people with disabilities, people fleeing domestic violence, and people with other special needs. HUD is using lessons learned from current programs, including demonstration programs, to incorporate trauma-informed practices to help communities end homelessness across all populations.

¹⁴ <https://www.nctsn.org/trauma-informed-care>

¹⁵ <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/trauma>

Coordinated Entry: HUD is working with communities to increase attention to how different subpopulations are more vulnerable to the effects that homelessness has on their well-being. In order to help target resources to these vulnerable populations, the [Coordinated Entry Notice](#) (“Notice”) is designed to help communities identify key aspects of design, implementation, and management. The Notice is an opportunity for communities to compare their existing plans or practices and develop a set of policies and procedures to improve. The Notice also strongly encourages Continuums of Care to ensure that written policies and procedures reflect a person-centered, trauma-informed approach.

Continuum of Care Program: HUD’s Continuum of Care (CoC) Program [\(24 CFR part 578\)](#) promotes a community-wide commitment to the goal of ending homelessness, and provides funding for efforts by nonprofit providers, states, and local governments for homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness.

HUD’s FY 2018 and FY 2019 CoC Notices of Funding Availability (NOFAs) included a \$50 million Domestic Violence (DV) Bonus for projects targeted to serve people fleeing domestic violence, dating violence, sexual assault, or stalking, as defined in 24 CFR 578.3, and/or victims of human trafficking. Projects under the DV Bonus are required to demonstrate trauma-informed, victim-centered approaches. Including this funding opportunity in the CoC NOFA provided communities with an opportunity to integrate domestic violence programs into their overall planning more broadly than in the past. Disseminating lessons learned from the first two rounds of DV Bonus funding as they are available will add to our understanding of trauma-informed approaches and how they are facilitating access to housing and services.

Youth Homelessness Demonstration Program: HUD’s Youth Homelessness Demonstration Program (YHDP), which to-date has collectively awarded \$151 million to more than 40 communities across the country, is another example of integrating the principles of trauma-informed care into program design and delivery. Young people with lived experiences of homelessness are involved in every phase of implementation, from reviewing and scoring grant applications, to providing technical assistance to selected communities. More importantly, these young people are compensated for their time and expertise in the same way that any other consultant would be compensated. Communities participating in YHDP must convene Youth Action Boards, comprised of youth who have current or past lived experience of homelessness, to lead the planning and implementation of the YHDP.

HUD sponsored [four webinars](#) for communities participating in YHDP, one of those webinars focused on [trauma informed care](#). These webinars provide an array of resources to YHDP recipients, including a deep-dive on [trauma informed care](#).

US Department of the Interior (DOI)

In FY 2016, the Department of the Interior’s Bureau of Indian Affairs (BIA), launched the Tiwahe Initiative, a 5-year demonstration project designed to demonstrate the importance of service coordination between programs within tribal communities and effective interagency collaborations. The goal was to build the capacity of tribes to address the interrelated problems affecting their communities including substance abuse, child abuse and neglect, poverty, family violence, unemployment and a high incidence of incarceration. A key aspect of this effort has been the acknowledgement of the impacts of trauma – including historical trauma – on American Indian and Alaska Native communities, as well as the unique strengths of these communities to address trauma and provide emotional, physical, and spiritual healing.

Indian Affairs is also directly involved in youth suicide prevention through the Bureau of Indian Education (BIE), which provides technical assistance and monitoring to ensure schools are compliant with intervention strategies

and reporting protocols to further ensure student safety. BIE's partnerships with other federal agencies, including HHS (SAMHSA and the Indian Health Service (IHS)) and ED, have enabled BIE to address the unique needs of students within these schools in the areas of mental and substance use disorders, including suicide.

US Department of Justice (DOJ)

The Department of Justice has targeted programs that fund services to victims of domestic violence and human trafficking—and often these programs serve individuals and families experiencing homelessness due to the violence and trauma they have faced. The connections between homelessness and family violence, conflict, and trauma are complex. Domestic violence creates vulnerability to homelessness, and this impact is seen predominantly for women and children, particularly for those who have limited economic resources and lack access to safe housing and social support connections.¹⁶ The risks and trauma associated with family violence contribute to lifetime impacts on health, stability, and opportunities for children and families.

To understand how the concept of a trauma-informed approach is both viewed and applied in addressing sexual assault, domestic violence, dating violence and stalking, the Office on Violence Against Women (OVW) commissioned a project to capture the national landscape of understanding about trauma-informed policies and practices for OVW stakeholders. The report, now available from the [Minnesota Coalition Against Sexual Assault](#), uses SAMHSA's definition of trauma-informed care.

DOJ's Office of Juvenile Justice and Delinquency Prevention (OJJDP) has also sponsored several studies on the role of trauma on youth as it relates to their involvement with the criminal justice system. Examples include:

- [Exposure to Violence, Trauma, and Juvenile Court Involvement: A Longitudinal Analysis of Mobile Youth and Poverty Study Data \(1998-2011\)](#) (July 2019)
- [Understanding the Role of Trauma and Violence Exposure on Justice-Involved LGBTQA and GNC Youth in Hennepin County, MN](#) (March 2019)
- [Violence Exposure, Continuous Trauma, and Repeat Offending in Female and Male Serious Adolescent Offenders](#) (September 2018)
- [A Longitudinal Investigation of Trauma Exposure, Retraumatization, and Post-Traumatic Stress of Justice-Involved Adolescents](#) (March 2018)

In December 2019, the DOJ Office for Victims of Crime (OVC) published a NOFA to support housing assistance for victims of all forms of human trafficking throughout the United States. The primary goal of this program is to provide safe, stable housing and appropriate services to victims of human trafficking, which includes the use of trauma-informed care principles. This program furthers the Department's mission by enhancing the field's response to victims of human trafficking. DOJ collaborated closely with HUD, HHS, and other federal partners on the design of this initiative and NOFA.

More recently, in March 2020, OVC published a funding opportunity, [Specialized Training and Technical Assistance on Housing for Victims of Human Trafficking](#), to support training and technical assistance (TTA) on housing for service providers that serve victims of all forms of human trafficking throughout the United States.

Finally, DOJ is a member of the National Domestic Violence Housing Technical Assistance Consortium (DVHTAC), which includes the Departments of Justice, Housing and Urban Development, Health and Human Services, and U.S. Interagency Council on Homelessness. The purpose of this federal collaboration is to provide national

¹⁶ Aratani, Y. (2009). Homeless Children and Youth: Causes and Consequences. National Center for Children in Poverty, Columbia University.

training, technical assistance, and resource development to help grantees and subgrantees build meaningful partnerships with local domestic violence programs, state domestic violence coalitions, and housing service providers with domestic violence programs to implement trauma-informed housing programming.

US Department of Labor (DOL)

DOL's Employment and Training Administration (ETA) works with Federal partners and nationally recognized experts in trauma-informed practices to provide technical assistance to promote trauma-informed practices into its workforce programs authorized under the Workforce Innovation and Opportunity Act (WIOA), Pub. L. 113–128. The key to much of this work is for WIOA Youth programs to develop strong partnerships with other organizations and systems in the community. Partnerships on the ground are necessary to connect youth with needed services that the workforce system may not always be able to provide directly.

- ETA has hosted a number of webinars and provided tools on building community partnerships in order to serve young people with a wrap-around approach. This includes promoting the "[Map My Community](#)" tool from the Interagency Working Group on Youth Programs (IWGYP).¹⁷
- ETA is working with DOL's Chief Evaluation Office to evaluate further incorporating resilience training and trauma-informed care into its programs. Understanding that trauma-informed approaches to youth workforce development is a priority, DOL looks for ways to identify program models in current and future studies that are effectively using trauma-informed care and review existing evidence on what practices show promise in achieving positive youth outcomes. Where possible, DOL leverages its learning agenda and evaluations to advance the evidence base on trauma-informed care in the context of youth workforce development programs. In 2016, DOL's Chief Evaluation Office contracted with Mathematica Policy Research to conduct an external review of the Job Corps program to assess promising practices for serving youth, including youth experiencing homelessness. The External Review of Job Corps: An Evidence Scan Report (March 2018) provided a high-level summary of the current research and evidence across more than 25 topics that are relevant to Job Corps and other programs serving youth populations. One chapter focused on "[c]reating a trauma-informed environment."¹⁸
- To support workforce system providers, the Workforce GPS initiative¹⁹ has established the Youth Connections Community of Practice (CoP), an online learning destination for public workforce system staff and partners who serve youth, including youth experiencing homelessness. Resources include fact sheets, strategies for program implementation and curriculum, as well as an evidence scan to assist practitioners in better [understanding and integrating trauma-informed care](#) in their work.

¹⁷ The IWGYP is composed of representatives from 21 Federal departments and agencies that support programs and services focusing on youth, including the Department of Labor. The partnership supports positive results for at-risk youth, including youth experiencing homelessness, by promoting enhanced collaboration in order to leverage existing resources and improve outcomes, disseminating information about critical resources, developing an overarching strategic plan for Federal youth policy, and managing a Federal website to promote effective community-based efforts.

¹⁸ *External Review of Job Corps: An Evidence Scan Report*, <https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/JC-EvidenceScan.pdf>.

¹⁹ WorkforceGPS is an online technical assistance website created to help build the capacity of the public workforce investment system. Sponsored by DOL's Employment and Training Administration, WorkforceGPS was developed specifically for workforce professionals, educators, and business leaders.

- To assist workforce development professionals in recognizing barriers to employment and to strengthen service delivery, ETA created “[The Case Management Toolkit: Preparing Youth for a Lifetime of Success](#)” in 2017. The Toolkit touches on the role a case manager plays in helping participants navigate traumatic experiences as they develop the youth’s Individual Service Strategy (ISS).

In addition, there are service providers that have prioritized trauma-informed care as part of their service model in recognizing the barriers to employment that can be triggered by traumatic experiences.²⁰

Ensuring workforce system providers understand the impacts of trauma is critical to achieving positive outcomes across job training and employment programs. Integrating trauma-informed practices into service delivery can help youth feel safe, supported, and engaged while participating in education, training and employment.

US Department of Veterans Affairs (VA)

Evidence continues to validate the high prevalence of trauma/ Post-Traumatic Stress Disorder (PTSD) among Veterans experiencing homelessness, and the increased risk for previously homeless Veterans who have experienced trauma, to experience homelessness again. Collaboration between VA’s National Center for PTSD (NCPTSD) and National Center on Homelessness Among Veterans (NCHAV) allowed for review of efforts that address trauma among Veterans experiencing homelessness, while simultaneously identifying needs for increasing education and support for VA homeless program staff, and all providers that serve Veterans experiencing homelessness.²¹

In FY 2014, NCHAV launched trauma-informed care for Veterans experiencing homelessness and began introducing the concept to providers. This process evolved through feedback with VA and community homeless Veteran teams and leaders, research review, and review of current models of trauma-informed care. In late FY 2014, [Trauma Informed Care: A Paradigm Shift Needed for Services With Homeless Veterans](#) was published. This report reinforced the evidence between trauma and homelessness and the need for further evolution of trauma-informed services for homeless Veterans. The Center also developed and published a [trauma-informed care fact sheet](#). [VA’s Trauma-Informed Care: Awareness and Education in Homeless Programs](#) links to a series of resources to support VA-funded homeless programs to serve Veterans using trauma-informed approaches.

In addition, NCHAV’s [National Education Series](#) provides research-informed webinars on a variety of topics related to Veteran homelessness and trauma-informed practices.

VA’s Homeless Patient Aligned Care Team (H-PACT) model is one specific example of the incorporation of trauma-informed approaches into service delivery. Located on the campuses of VA medical centers, community-based outpatient clinics, and Community Resource and Referral Centers, H-PACT clinics co-locate medical staff, social workers, mental health and substance use counselors, nurses, and homeless program staff. These professionals form a team that provides Veterans with comprehensive, individualized care. H-PACT teams are attuned to how housing insecurity and other social factors harm Veterans’ health overall, worsen sickness, delay care, and exacerbate homelessness. VA’s H-PACT approach ensures that a fully integrated team has awareness of factors contributing to homelessness among Veterans and can treat those issues.

Finally, the principles of trauma-informed care are woven into training for staff across VA’s homeless programs. For example, the HUD-VA Supportive Housing (HUD-VASH) Program Office conducts monthly clinical calls with HUD-VASH staff, which provide training in clinical subject matters to promote familiarity and use of these

²⁰ Heartland Alliance National Initiatives webinar on Integrating Trauma-Informed Care into Employment Services (April 2017); <http://nationalinitiatives.issuelab.org/resource/integrating-trauma-informed-care-into-employment-services.html>

²¹ <https://www.va.gov/homeless/nchav/models/NCPTSD.asp>

practices. The Supportive Services for Veteran Families, Grant and Per Diem, Health Care for Homeless Veterans, and H-PACT programs provide ongoing training and technical assistance to their grantees that includes trauma-informed care.

Recommendations for Consideration

USICH has begun to identify recommendations for consideration by Council member agencies to improve access to services across all federal, state, and local homelessness services, outreach, and prevention programs.

Partnerships to Promote System Governance and Performance Management

USICH and federal agencies have established shared and program-specific performance management plans to promote best practices as well as systems improvement and local coordination as part of a coordinated community response to prevent and end homelessness. Federal frameworks for governance and performance management provide communities with a blueprint for local coordination. Communities with a range of program funding sources should consider partnering to achieve common outcomes and locally driven goals for the provision of trauma-informed services that foster resilience and recovery. Federal agencies can support development of operational protocols to guide development and integration of locally driven measures. These partnerships will encourage providers at all levels to regularly assess program impact and overall performance, provide opportunities for improvement across individual and system-wide goals for achieving successful exits from homelessness.

Expand Community Capacity to Integrate Strengths-Based, Trauma-Informed Approaches as Part of a Coordinated Response

A coordinated community response to homelessness reflects key principles of trauma-informed care where there is a shared and collaborative approach to service delivery to ensure the needs of individuals and families are being met effectively and in ways that draw on their inherent strengths. Expanding community capacity to integrate trauma-informed approaches is essential to improving access to the array of housing and supportive services needed by individuals and families at-risk of and experiencing homelessness.

Supporting and Broadening Training: Consistent feedback from local stakeholders includes the importance of investments in and support for ongoing workforce development training across the continuum of homelessness services (i.e., from prevention and outreach through connections to permanent housing and supports) in understanding trauma and the principles of trauma-informed care, along with best practices for service delivery and interventions tailored to individual needs. Many service providers working in the domestic violence, early childhood, Veterans, and youth arenas are skilled and steeped in trauma-informed care. By building on the training already in place with these providers, communities can expand and integrate trauma-informed practices as part of a comprehensive and coordinated response to homelessness. Incentives could be incorporated into existing federal funding processes to identify existing community partners that are able to provide this specific training. This type of training may also be further incorporated as part of higher education curriculum across multiple human services disciplines (e.g., social work, health care).

Guidance for Homelessness Services Providers: For effective service delivery and stable housing placements, professionals must understand the impact of trauma on individuals, learn how to effectively minimize its effects without causing additional trauma, and understand how to build resilience in individuals and families. In addition to ongoing professional development and training, federal agencies can continue to disseminate information and provide technical assistance on how trauma-informed care can be integrated into all aspects of the homelessness

service system. These efforts can build and strengthen partnerships and connections to other service providers (e.g., victim service providers, behavioral health care, schools, etc.) that can support a coordinated response to homelessness that reflects trauma-informed approaches.

Centering the Expertise of People with Lived Experiences: At its core, trauma-informed care is centered on individuals and their experiences. As communities and organizations continue to integrate trauma-informed approaches into their overall service delivery, it is critical to ensure the voices of people with lived experiences of homelessness are centered and elevated. Establishing opportunities for decision-making, including the implementation of services, is an important element of any organizational effort to build capacity for operating under a trauma-informed framework. Federal agencies can support engagement of persons with lived experience through incentives in program funding for inclusion of consumer advisory boards (e.g., the Youth Homelessness Demonstration Program requires establishment of a Youth Action Board as part of the community plan).

Expand the Best Practices of Supporting Trauma-Informed Care

While there has been significant research to better understand the impact of trauma and traumatic experiences on individuals and the subsequent impact across a variety of domains, there is not a large body of research that addresses trauma-informed homelessness services. Recommendations include:

- Invest in research to assess the experiences of individuals receiving services from programs utilizing strengths-based, trauma-informed approaches.
- Pilot and evaluate social and economic interventions to strengthen families and reduce exposure to adverse childhood experiences (ACEs) and risk factors using a trauma-informed framework for service delivery. Interventions should be evaluated specifically on their effectiveness in preventing or reducing housing instability and homelessness, as well as uptake and scalability.

Conclusion

USICH and its Council member agencies are committed to supporting implementation of trauma-informed care principles across homelessness services systems, in close partnership with every level of government and the private, philanthropic, faith-based, and non-profit sectors. Through such efforts, we continue to maximize the use of federal resources, improve access to housing and services to support long-term housing stability, and advance our mission to prevent and end homelessness across America.