

# SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH CASE STUDY: STAFF VICARIOUS TRAUMA FROM FAMILY HOUSING INSECURITY

by the Children's Environmental Health Promotion Program and the Maternal, Child & Adolescent Health Section



**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

**ENVIRONMENTAL HEALTH**



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# INTRODUCTION



The population that we are talking about are very resilient. They are going to try their hardest not to be on the streets. Because they have children, right, and they will try really hard to, even if it's not the best by no means, it's still better than being on the streets. So, they will try really hard to stay there, even if it means supporting horrible housing conditions, constant stress, threat of eviction all the time, and paying a huge amount of their money for that box, or where ever they live. They will endure that because they prefer that than being out on the streets.”

The lack of affordable housing in the San Francisco Bay Area is something most everyone can relate to, but for some, housing is not only unaffordable; lack of housing causes trauma and ill health. Staff at the San Francisco Department of Public Health (SFDPH) are here to ensure that children and pregnant women can live securely in homes that promote health and wellbeing. When a patient's health suffers because of the stresses of paying rent, living in overcrowded conditions and unlicensed-for-occupancy living situations, it is the staff's desire to intervene by providing effective resources and referrals.

Staff work diligently to connect families to more appropriate housing, but they are tasked with an impossible mission. Limited housing stock and unaffordable rents do not meet the needs of their clients. Furthermore, staff do not have a mechanism to report on the overcrowding and unauthorized living spaces that they observe, without the risk of causing their patients to lose their homes. Home visiting field staff do not have a voice in policy discussions about the housing crisis and while public health nurses advocate for housing solutions for their individual patients, their job definition does not explicitly include advocating for City policy expanding affordable housing solutions.

Staff in these situations, particularly those witnessing these conditions during field work, experience vicarious trauma. This case study is meant to inform policymakers, including Public Health leadership, about the impact that the level of housing distress experienced by the families has on DPH staff.



## HOUSING INSECURITY: AN ETHICAL DILEMMA

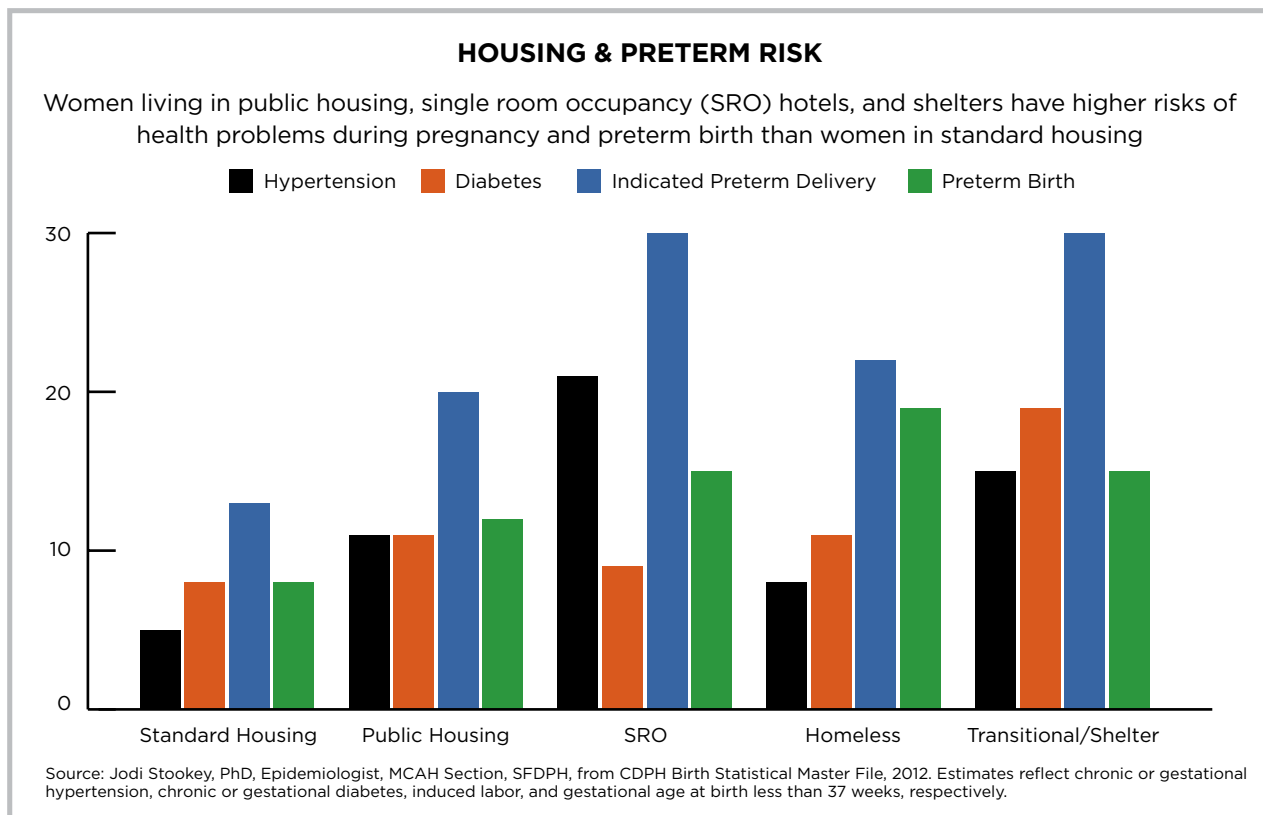


“It’s exactly what that word says, ‘insecurity’. It’s like every day you don’t have ease because you don’t know [sic] where you’re going to live tomorrow, and you’re hoping you can remain in this home or you’re praying that your financial situation has changed so that you’re able to afford a better place.”

—PUBLIC HEALTH NURSE

Staff at the Department of Public Health in San Francisco see housing insecurity daily, and many do not have a mechanism to report these problems. **Very frequently, staff care for families and children who live in inhumane and uninhabitable spaces, including severe overcrowding, and who face enormously high housing costs.** These poor housing conditions

hurt the health and well being of our most vulnerable community members: infants, young children, and pregnant women. Intervening when these families are in need is a complicated and challenging task. Many times, the circumstances of people’s housing situation can create ethical dilemmas for staff who then must make tough decisions that weigh heavily on them.



**As one Children’s Environmental Health Promotion inspector shared:**

[I]t [housing insecurity] does impact our work because we deal with sensitive cases, so we are the enforcement agency as well as social services and putting them in touch with resources to help them in anything they need; with food, transportation, programs with their kids, stuff like that. When it comes to the enforcement, we try to be sensitive and take care of them the best way that we can while still trying to provide aid to their housing situation. For instance, we go into places that are illegal, that have no heat, no kitchens even. I went into one place that didn’t have a stove but they bought a portable stove and they placed it up against the wall, but the place was illegal, and there were three families living in a small area in the basement and it really looked like a fire hazard, there were no fire alarms or carbon monoxide alarms, so I came back and we struggled with, [pause] we are not going to report this to the Department of Building Inspection because of the heat because, obviously, if there is no heat it is not a legal unit. But what’s more important, no heat or having a roof over your head. So that decision falls with us and we have to make a really tough call. We are trying to keep these families safe and doing what we feel is absolutely necessary ... So we’re faced with some very difficult situations and we have to take it home with us and it really is impactful for us on a daily basis with those situations especially seeing a family of four, five even, in one small room crammed with mold on the walls, cockroach infestations, mice infestations, and you certainly do everything that you can to cite the property owner to fix that but they [families with housing insecurity] also contribute [to the infestation problem] because of over-crowding, bad habits. And so you kind of get into the cycle of trying to fix it, but it’s not always fixable, but it is physically, emotionally and psychologically draining, and you go home, to your home which is better than the homes

that you see all day and you feel a sense of guilt, like how do these families live like this and I have all this space and I’m a family of two versus a family of four or five and they are paying significantly more than an average person for subpar living standards. And you just want to be able to help more.

Home visiting public health nurses are also witness to the housing conditions of their patients, and similarly find themselves making tough decisions, “but that’s the part about our job, right, we want to make sure they’re safe but at the same time if we do something, they might not have a place to live”. Because San Francisco has not sufficiently addressed housing insecurity, home inspectors and field nursing staff are left with an ethical dilemma: place a family at increased risk for losing their housing in an attempt to improve the living conditions of the family or minimally act without significant change. Families must have a clear pathway to stable housing, and staff must be able to support them without risk of additional harm or trauma.



## CREATING TRAUMA

Public health nurses who work with pregnant women with unstable or insecure housing, including homelessness, have unique challenges whose solutions are outside of the Public Health Department's domain. Living with housing insecurity directly influences whether pregnant women can take actions known to improve their health and the health of their pregnancy.

### One Public Health Nurse shares:

I think a lot of my formal role is around giving families evidence-based support and information so that they can make good decisions about their health that impact their birth outcomes and also the health of their children. But ... it's really hard to take that information and do something constructive with it when you don't have a basic right such as housing. You know things like showering more often to address the hygiene things that come with pregnancy to prevent infection, things like that. But even those kinds of basic practices are impacted by housing insecurity. That despite these women wanting to make really important changes to impact their health, they can't do that because there's nowhere for them to go and the places that are offered are often are not, you know, for me in my heart, not an appropriate place for pregnant women to be in. To get clean [from drugs], to have to go into an adult shelter where people often use drugs out in the open or my clients who are struggling with mental health issues or PTSD from trauma living on the streets or trauma that have to go to a single adult shelter where people are acutely mentally ill right, um, and that has really significant effects on the way that a woman takes care of the health of her pregnancy, it even also begins to impact her maternal role. All of those things are impacted by not having a safe place to live.

Staff inform their patients about evidence-based interventions to keep themselves healthy. But there is a discrepancy between the information staff provide and how women can implement that information in order to have good health outcomes. Staff are well aware their pregnant patients are economically unable to implement some of these practices, and it sends an unintended message: *you are not a good mom*. That is the exact opposite of what health care staff want their clients to think and feel about themselves. What results is the health care system perpetuating trauma among our most vulnerable and marginalized community members.

Yeah, I mean I think the fact that I have to come with my, like, evidence-based facilitator and tell the women that she should be showering every day and to protect her pregnancy, or that she should be gathering things for her baby like clothes and a stroller, you know and telling her that is what a good mom does, right, and knowing full well that that woman can't do that, you know, or like you know telling a woman, 'you know it's time to get off those drugs!', right, like 'those drugs are hurting your baby and look at all this evidence that shows that all the decisions that you are making are impacting the health of your baby', and I know full well that there are not [enough] resources for her to get off the streets right now. And that getting clean when you are living on the streets can be an impossibility, so, the evidence or the support that I'm giving her is making her feel shittery about her ability to be a good mom.

# VICARIOUS TRAUMA AMONG STAFF

**Interviewed staff across DPH all shared the same emotional sentiments: hopelessness, sadness, and guilt.** Service providers and clinicians consistently witness and hear about the struggles of their families, whose narratives are unchanging despite their diligent work; these staff are subjected to vicarious trauma. *Vicarious trauma* results from cumulative exposures to the graphic and traumatic situations of their patients, and this consistent exposure changes staff members' views of themselves, others, and the world [1,2]. In behavioral health and social work settings, health professionals who face vicarious trauma situations often are provided routine supervision sessions from a mentor which is intended to help mitigate some of the vicarious trauma experienced.

Maternal, Child and Adolescent Health has a system of reflective supervision in place to support public health nurse (PHN) home visitors with vicarious trauma, whereas Children's Environmental Health Promotion Program does not have this resource:

"Reflective supervision is the practice of staff members meeting regularly with an experienced supervisor to discuss their experiences, thoughts and feelings related to their work. It is a place where critical judgment is suspended so that staff are supported to explore their thoughts and feelings related to the challenging work with young children and families." ( Heller, SS, & Glickerson, L. (2009). *A Practical Guide to Reflective Supervision*. Washington D.C.: ZERO TO THREE.

- All PHNs in both the Nurse Family Partnership (NFP) and Field PHN teams have weekly individual reflective supervision sessions with their charge nurses, with a goal of providing support for the effects of vicarious trauma.
- All PHN staff and charge nurses have been trained in reflective practice. This is built into the NFP model, and was adopted by the Field team a year ago.

"Reflective practice aims to heighten and contain awareness of our own experiences, reactions and responses to better allow us to be open to others' experiences, reactions, beliefs, and responses. Reflection initiates a process of understanding — shifting from a reactive way of experiencing behavior and emotions to a responsive one." (Presentation by Kadija Johnston, San Francisco Infant Parent Program, 2018)

- Additionally, the charge nurses have been working with a behavioral health specialist for the last year to improve their reflective supervision practice.
- In April 2019 we have began a pilot with the Field team to replace one of the weekly reflective supervision sessions per month with a session with a behavioral health specialist, with a goal of improving support for secondary trauma. We plan to spread this to the NFP team soon.
- NFP and Field PHN teams have a planned all-day training on reflective practice scheduled for July of this year, again with the goal of supporting reflective work and the secondary trauma involved in the work we do.

Two symptoms of vicarious trauma most expressed by the staff interviewed for this case study: **feelings of hopelessness and worry that they are not doing enough for their patients** were expressed by every staff member interviewed for this case study.

**Staff comments below share their feelings within the context being unable to change their patients' living situations.**

*You feel guilty because there isn't more you could do. You exhaust what is available, but it's not enough. Or they [services available] don't serve the population that we see, for one reason or another. So what can we really do? What can San Francisco really do to really address the problem? To really find a solution to help these marginalized families who come to receive services and say "we're here, we're part of San Francisco and we deserve better."*

*When you really get to see a look in, it's defeating. And then even when we have a family so in need that their health is affected by their housing such as lead poisoning, we have three to five staff members trying to find temporary housing for this family and you can't even find that [housing]. It's so disheartening.*

*Whenever we hear this kind of story, we just want to rent out a room in our place or just adopt a family, you know, help them in some way. It is hard. I think the best way we have been dealing with it is if we just talk with one another like [with] social workers, nutritionist, but just being together and hearing stories. That's been helpful dealing with the vicarious trauma.*

*I wish I could do more, you know, situations like that. Or if a family has to settle in this, living in these conditions, because they have nowhere else to go, and they want to stay here and work here, their kids go to school here, you know, so there's times that I think about the families and you know I mean, it's upsetting it's depressing, but physically I don't get any kind of yeah, I don't have any kind of pain or you know or trauma, it's just more of um, it's just depressing, just really depressing.*

*To be honest I feel really hopeless, yeah, I feel hopeless for anybody who needs to move.*

*So I am an example of the vicarious trauma. I've been pushing and pushing and pushing, and I've got, you know, presentations that I file under my drive, how many times I've talked about housing insecurity in how many different places. You know at the Planning Department, First 5 Commission, NACCHO, the Health Director's ISC meeting, the DPH Chronic Disease Integration workgroup, you know five to ten times I've made these presentations. What does it mean? That everyone agrees with me and feels sad? Sounds like everybody is overwhelmed. Generally speaking, when you give people information, I just sent the DPH Health Impacts of Family Housing Insecurity brief to three people I just met at an event discussing cash supplements to improve birth outcomes ... and they were overwhelmed, just by our brief. And it was like, how come you don't know?! You are already in charge of all these children!*

**One staff member was affected so deeply that personal efforts were taken to address the issue:**

*It's [housing insecurity] something I think about constantly when I go home .... Then in terms of how it seeps into my personal life, I am now in a contract to buying a house, and even though it may be hard for me to make the payments, part of me wants to get this house so that I can either rent it out to families or rent out rooms to families who are living, let's say for example, in pantries. So, part of me is pushing to buy this house so I can provide people with opportunities because it's a major crisis right now and even as a public health nurse, my hands are tied, I don't know exactly how to help them, so I feel like, "okay I'll buy a house."*



While witnessing the physical conditions of these homes is very traumatic, working within the construct of the City's response to this issue is what ultimately brings about the vicarious trauma. In other words, staff are unable to do their jobs because the resources available do not meet their patient needs. Staff are forced to work in conditions where their unwavering efforts are minimized because of the way the system chooses to handle this problem.

For example, staff are given resources to help them understand the differences between housing access, housing rights and housing conditions, and where to go for each of those three things. The resources for affordable housing access are primarily through the DAHLIA lottery system, which has very limited resources for very low income families. If they are currently housed, no matter if it's a garage or laundry hookup area, they will not receive relocation services through the SF Department of Homelessness and Supportive Housing. The resources for housing rights are often comprised of small non-profit organizations that have partnered with the City to protect tenant rights, spending much of their staff time on eviction protection. These non-profits struggle to stay open; many fight against the same issues' families are dealing with, mainly expensive rent. To keep costs down, it is not uncommon to have volunteers as their main workforce. This severely limits the services the non-profits can provide:

*With one service agency staff refer to, the demand is so high, and the resources are so limited, patients are only allowed to see a housing counselor once a month for one hour. How is this set up any useful for anyone?"*

The resource to address housing conditions is the DPH Children's Environmental Health Promotion Program, thereby exposing another group of DPH staff to vicarious trauma.

**Here is what several DPH staff had to say about the struggles they face to resource every type of housing need experienced by their patients:**

*I think it makes me sad that people who want to be off the streets or in kind of more stable housing can't immediately transition into places like that. And that people who are wanting to improve their health by their ... making significant behavioral changes like quitting drugs and starting to get prenatal care ... that those changes are hard to make when you are not stable and you have to live on the streets and that more stable housing is not offered to pregnant women until much later in their pregnancy. And, I mean it makes me sad that where there is that motivation to change that we as a system [SFDPH] can't support that in a way to help these families be successful.*

*And that part, you know, makes me sad just as a person and also makes me feel, um, a sense of, um, complicity and responsibility; a little bit of guilt because I'm technically part of the system, you know, the Department of Public Health, and the city structure that prioritizes resources, right? I feel badly that I represent an agency that doesn't appear to prioritize the specific needs of pregnant women and parenting.*

*I mean, it makes me sad to see the struggle, you know ... So of course, I feel bad for them, and it affects me in the sense where um, I worry about them. Like 'okay what are they going to do?' you know we try to provide resources but it's like a dead end because of the um you know, the complications of the Mayor's Office of Housing, you know, there's all these restrictions, you either make too much or you make too little, you know all these rules and so there's really not a good outlet for them. If you know what I mean, there's not results. We don't have results for them.*

## TRAUMA-INFORMED SYSTEMS AND BEYOND

SFDPH has adopted the Trauma Informed Systems Initiative which is an organizational model used to cultivate healing environments that aim to reduce the impact of trauma by increasing organizational resilience and improving workforce experiences [3]. Trauma informed systems are invested in the transformation from systems that induce trauma to systems that sustain wellness and healing practices, ultimately functioning as a healing organization. SFDPH is committed to being trauma-informed. Sections such as Maternal, Child and Adolescent Health, are actively integrating trauma-informed practices

within its culture through staff trainings and are routinely evaluating its effectiveness. While the trauma-informed system is an effective model aimed at reducing trauma, it does not solve the fundamental issue staff are facing. Being committed to a trauma-informed system also means recognizing its' limitations and responding appropriately to their employees' needs. Although DPH has published a brief documenting the well-known public health impact of family housing insecurity, DPH staff are not yet able to advocate for an adequate affordable housing stock for their patients.

## CURRENT PATHWAY (OR LACK THEREOF) FOR AFFORDABLE HOUSING

**The choices families and pregnant women can make are dependent on the opportunities and resources available to them.** Staff have spoken about the need for more affordable housing and resources dedicated to navigation of social and health care services.

**It's like winning the lottery, literally.** Many staff believe the current delivery of housing support is in dire need of attention as the vast majority of clients referred to DAHLIA (the Database of Affordable Housing Listings), Information, and Applications run by the Mayor's Office of Housing, are not selected to move in to the quite insufficient supply of affordable housing units, or they make too little income to even qualify for affordable housing opportunities.

**Here is an example from a public health nurse who works with pregnant mothers with children:**

I really don't have an answer about [how to address] the housing insecurity thing because the way the income, the income requirements, it's like a lot of my clients don't even qualify to apply for low income rental because they make too little money to qualify, so they are really stuck on where they are living. So, if the landlord asks them to move then they really have no place to go then except to go to out of town where they can pay the same amount of rent, ... so I just want to say that a lot of my clients don't even qualify for those things [affordable housing resources] because they make too little money.

**And even with the system creating affordable housing, the creation of housing units specifically for families is not a guarantee.** Staff are very eager to point out that many of their patients do not even meet the minimum qualifications to utilize this resource. And IF a family gets selected for housing, it does not mean housing will be awarded to them.

Families still have to meet additional criteria such as good credit, the “right” family size, and complete other extraneous paperwork before housing is awarded.

Staff are incredibly frustrated with the way housing is allocated, because it is inherently not suited to help families. For example, if you are a family of six who happened to win the housing lottery, but the only unit available is a two-bedroom, your family will not be eligible to live in that housing unit because it is “too small”. Your family may have been living in a 10 by 10-foot space, with no heat and rodent infestations but your current living conditions mean nothing to the DAHLIA system of allocating housing. The housing condition and health of an impacted family are not prioritized when the system decides whether or not your family can be housed through the lottery.

Fundamentally, there is no specific allocation of funding for affordable housing for families or pregnant women. Affordable housing is built without specifying if it is intended for families or for adults without children. The data for public view that tracks the production of affordable housing does not indicate the proportion of affordable housing production intended for family occupancy. Similarly, there is no way to determine accurately how many units were then allocated to families with children.

While San Francisco has conducted regular homeless point-in-time counts which captures those families that can be found outdoors, it does not count the number of families experiencing housing insecurity. Therefore, this information is not available to the Mayor’s Office of Housing, the Department of Homelessness & Supportive Housing or to Office of Community Investment and Infrastructure, the local redevelopment agency. Were it available, it could be used in setting goals and allocating resources. Bluntly, we don’t know how to accurately count family housing insecurity, and given the lack of data to make this population visible, the City has yet to create concrete goals and targets for the number of affordable family housing units needed. Overall, there is no

accountability for what proportion of family-serving affordable housing units should be built.

### As one long-time housing inspector shares:

That it’s [housing insecurity] extremely prevalent, that it’s everywhere that you look around, it’s behind the walls that you see in beautiful buildings, it’s an underground epidemic that is so sad when you realize that every time you see a new building coming up these buildings are not going to people that need them and every time that you hear the politicians say ‘oh vote for this for affordable housing’ and ‘this is going to provide affordable housing’ I never believe it because seeing the stipulations that our families face in finding adequate housing is just slim to none. These homes are not being provided to the families that need them and the true affordable housing that are going up from the Mayor’s Office of Housing and so forth, even those are not affordable for a lot of these families from minimum wage and so forth and there’s not enough of them. So there needs to be something done that can be done by providing more safe housing for families that are truly in need or limiting some stipulations of how you can get in [into housing] because you have to make a maximum and minimum [income] and it’s very difficult to fit in those brackets, and we are forcing the families to live this way [in conditions of housing insecurity].



## HEALTH OUTCOMES OF HOUSING INSECURITY SEEN BY STAFF

**Nurses and physicians interviewed noted how the condition of the home, specifically the lack of space and overcrowding, actively interferes with health, growth, and development, and places infants and young children at increased risk for harm:**

*I think the study was mentioning the focus is on 0-5 year old kids, so that's, as you know, the critical time for development, early development, and we notice for kids who have some sort of delay, even gross motor delay have, you know walk, crawl, it's been hard because they don't have the living space to be able to walk or crawl around it or run or develop their gross motor skills so that has been an issue as well.*

*[A] lot of my clients live in the in-law apartments and its really tight, it's really small. One of the babies actually got burned because the mom she was holding her baby, the mom she was super exhausted, the baby is premature, fussy, mom is just like super sleepy and while she was trying to, she just boiled the hot water and trying to make formula and that bottle tipped over and poured all over the baby's leg so really it's just like there isn't a lot of room in client's home to be able to make sure, you know, so they have to be extremely vigilant you know to be able to work in such small tiny spaces ... the only place they could let the baby play is in the kitchen area right near, you know, it's right next to the stove area and I was just kinda like, a little bit, like make sure you are very careful, make sure she doesn't cross the stove, but they don't use their oven but I'm talking about making sure the handle, if when the child gets older you know they can reach the handles, so things like that there is limited space for play and safety reasons and situations.*

**Staff also note that housing insecurity is not an independent phenomenon; other social determinates of health such as food insecurity, poverty, and neighborhood characteristics are linked.**

[F]ood insecurity, a lot of it is obesity issues, but a lot of family's lack access to a kitchen, or if they do they share it with others, and they don't feel comfortable using it in its capacity, so there's a lot of not eating well because of poor options; um a lot of fast food. And what else, a lot of behavioral issues from the kids. We've always had; the neighbors where the tenants called the police on the families, the kids are too loud, you know it's within reasonable hours in the day time um or because it's so over crowded all the kids have to wear ear phones and stare at the screen or the TV, tablet, so they are absolutely still and silent, so that's impacting a lot of issues too.



# CONCLUSION AND RECOMMENDATIONS

DPH staff work to promote the health and wellbeing of children and pregnant women. But while doing this job, DPH staff suffer vicarious trauma. This is due to the chronic sense of hopelessness they experience when witnessing the housing insecurity of the families they serve. The obvious strategy to reduce staff trauma would be to increase the amount of affordable housing for families, such as with the laudable purchase of a Mission District building to build 150 housing affordable units by the Mayor's Office of Housing and Community Development. A necessary first step to energize staff and affected families and pregnant women working towards the right to housing

security as a foundation for health would be for the Department of Public Health and the City to 1) Declare that housing insecurity (not just homelessness) is a public health concern, and 2) Provide an avenue, such as a housing-security coalition, for non-homeless, housing-insecure families, pregnant women and their service providers to provide their insights. Such a coalition can provide valuable input to help the City create realistic policies and solutions. Together as a community, the City can begin to build housing equity.

*Further case studies are presented in Appendices Case Study 1-6.*

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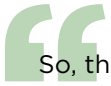
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# APPENDIX

## CASE STUDY 1



So, there's been a couple cases that um both good and bad. There was one case where a couple families living in an apartment, and they were paying the master tenant and we came in because they were tired of cockroaches, I believe, and sure enough it was a really bad cockroach infestation. You lift up the TV and they all scatter, and this is in their room and so these families are confined to their room because they can share the kitchen and bathroom, but they make their food and go back to their room so it's very difficult to eradicate pests like that because they have no other place to go. So it was a bad cockroach infestation and we cited the property owner to fix it, then next thing you know, the master tenant was not the one who called up; it was the subtenant, and so the master tenant ended up; he was taking their money for the rent and not giving it to the owner. So he ended up skipping town back to his country, even left his wife and child and the sheriffs came to evict them. I don't know if it was a result of our notice but certainly our notices can stir up a lot, especially between master tenant and sub tenant, so the sheriffs come and evict them, they got evicted, and my notice still stands so they still have to eradicate the cockroaches; but this poor family, we have no idea where they went. You don't necessarily get to follow up with these people either and you're left with not knowing, you know, [if] you did better harm than good, however you certainly can't leave a cockroach infestation without follow up so you have to try to eradicate that. This is the worst-

case scenario, that they get evicted. And then a similar story where the master tenant and sub tenant, the sub-tenant called us, and the master tenant was threatening to call ICE on the subtenant, and so they [subtenant] have a sense of fear. Certain things like that are very very disheartening because they don't have to put up with this, they do have a right to healthy housing but sometimes owners don't know about over-crowding and stuff like that so there are many cases like that, and most of them are illegal to this country and so they are very scared and don't necessarily know their rights but once someone, they find out we are available they try to call us, they get backlash for it. So it's definitely hard in that regard but there have been many successes where you know children have asthma and we take care of the mold for them or children having cockroaches crawl over them in the middle of the night and the owner won't do anything. They [owner] are made aware of it but they won't do anything and we come in and we lay the law down and they [owners] take action because they have no choice. So those are the best-case scenarios where we get to advocate for these families and help them obtain better living. Same with lead and lead levels. You know children that have been exposed to lead, we make sure that the painting is done right and ultimately you see children's blood lead levels go down and those are successes, for sure, because the owners wouldn't do it themselves. So those [cases] are icing on the cake for us. It keeps us going. **—A.G.**

## CASE STUDY 2



Like I was telling you I'm fostering this dog and she's able to, I referred her to epiphany center which is a drug treatment facility center for women with babies and she couldn't take her dog and originally she had to go to L&D because somebody had hit her and I asked her, 'how can I support you?' and she said 'can you take care of my dog?' so I did it for a few hours and then she got into this program and she asked 'can you take care of the dog for a

little bit?' and it turned out I could and I didn't want the dog to be a barrier for her to go to the program, so I did and at the end she got kicked out of the program, she went to go live with her grandmother outside of the city, but she came back to live with her partner but she can't bring the dog with her, and they have been asked to leave the house, so this is something I can support her with that's connected. —M.G.

## CASE STUDY 3



So I have a client who the land lord sold the apt and so they were like scrambling, the landlord told them they had to move but the way they live they have a two bedroom and they have a, so including the baby is 6 [people] so my client and husband used to sleep in the kitchen area, so after they delivered the baby, the mom and dad gave their room to them so my client, her husband and the baby can have the room, and the mom and dad sleep in the kitchen area, and then they have a sister, so she has her own room, so that's also like um, they are trying to find a place where five to six people and trying to rent a place in SF is hopeless they can't afford, you know, because they were probably living there a long time, and I asked if they know about the rent board assistance, you know knowing their rights, and the sister-in-law said yes but the land lord he ended up giving them some forms to fill out basically helping them out and letting them know if the new landlord comes in they can't kick them out, so then they were protected. They were thinking about having to move to Sacramento, so a lot of our clients feel like they have to move out to a different place. I have another client, she lives in the Tenderloin, right at the block between Jones and Leavenworth. So right outside of her apt there is a lot of Homeless people hanging around on the streets, and in her, in the apt

that she lives in there is like a think like two bedrooms, she and her husband has a room, there's a bunk bed in the living room. So there is the mom, the mother in law, there's like my client's husband's sister, she has like one child or two children and they all live together, and the rent, it's like eight or nine hundred dollars right, they've been there for a long time but then it's also kind of illegal for them to live with that many people in there so I don't know. But that's the part about our job right we want to make sure they're safe but at the same time if we do something, they might not have a place to live. So in that place they are safe, there is nothing dealing with environmental health. It's a lot of crowding, social. So she was outside and some homeless guy was brushing up against her, she got so scared, she went back inside. So this has been her struggle, she is trying to get some exercise by going outside. Every time she goes outside she gets so scared from all these people walking next to her, making comments, or looking at her, making sounds, so she's just like she doesn't get out. And then so, we talk about you know the housing situation and she said that her and her husband are considering moving to Elk Grove or Brentwood, somewhere where she can feel safe and there is room for her to raise her child so a lot of them can't afford to stay in SF. —K.C



## CASE STUDY 4



It's a single parent and two school age kids, one is a 13-year old, no, 14-year old girl and the other is a 10, 10-year old boy. I met them maybe four years ago, um and they, at that time were living in San Francisco but had been lost to our clinic system and had been in and out and haven't been seen in a while. Um, the 9-year old has issues, he's obese, maybe the level of a 1st grader not doing well in school, he's eating things off the ground, he's having behavioral issues, um and since that time on it's been hard to engage with them whether it's no-shows to the clinic or you know food insecurity, having the mom stick to her own health issues and her own health care, and having her take the boy to school counseling or therapy and so forth. So for the past 4 years I think they've located 5 different times. Within San Francisco several times so that has meant switching schools but then at one point they had to go to Richmond uh and that was another switch in schools and mid-way through the school year had to come back uh and they were living in an RV and now uh currently, they are actually somewhat stable but in a homeless shelter, but that's probably their most stability. But you can tell that each visit we can get them in is, once they have a stable, a period of stability the boy seems to do a little bit better in terms of school, so it seems to be associated with that. Uh but with the disruption and routine and schools and all that it seems to worsen his, understandably. So right now what has tremendously helped actually we have a SFDPH case coordinator, uh she was somehow assigned to him, I don't know if it's through the school district or DPH somehow got a hold of this, um, she also has a background in therapy so she has been working really really closely with the family in like uh multiple reminder calls for appointments even accompanying them to appointments a lot of family navigation, and even with her help uh there's still some no-shows things like psychiatry appointments but it's actually much much better than before, um so that, that has

been a frustrating case in that I don't feel like we've helped the family at all, ah and it's still a long road ahead. I think we take the longer view there is optimism. **—E.C.**

Other things that have happened, I think I told you about the unsafe neighbors, it's to the point where there are two cases where we had to call CPS to help the family uh because they weren't being heard by the apt landlord about safety issues about the neighbors using substances or threatening them with racists comments or throwing things like damaging their property, things like that so we had to call CPS a couple of times to help the family uh advocate for the eviction of the neighbors or to relocate to a new home. Lately in the past month there have been two different cases where newly disclosed IPV, inter-partner violence, and sadly in many of these cases the woman or victim has to move out and becomes homeless or has unstable housing. One is currently living in Daly City, her son happens to have special healthcare needs, he has a syndrome, deafness, many UCSF specialty appointments, um and the mom is unable to be with him for the time being so it's frustrating to see that happen. In the other case she's now way out in West Contra Costa County in a shelter and so it's been hard for her to come to appointments and because of the insurance issue she can't [provide] behavioral support for her three year old who is showing behavioral issues because of the disruption, so yeah she's having some regression, and we are trying to help navigate how we are going to get her through to services even though she still has SF county insurance, things like that. Others, we work closely with a lot of immigrants newly arrived new commers where they are documented or undocumented, and housing is always a huge issue. I work in the Bridges clinic which is um, last year my colleague and I co-piloted it, it's specifically for newcomer immigrant children

to provide wrap around services, so it's kind of like a, what primary care should ideally be, you get to spend hours with one patient, and you can offer them connections through legal services, behavioral health support, and we actually have a family navigator, so if they need help or accompaniment to a certain place we can utilize that too. But housing has been an issue. This is where the overcrowding is mostly come into play, uh, a family of four or five will share one bed, if there is a bed, usually it's more of an issue splitting the living room space up

into couch, or the closet, uh more often than not, [inaudible] these immigrants are reuniting with relatives who have already been here but there's also a time pressure for them to find their own housing, uh there's a lot of evictions actually, a lot of pressure for their families to find their own housing and have asked them to leave, when you would think the family members would be more welcoming and I think it is so overcrowded and it's so stressful that, that it's challenging. —E.C.

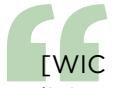
## CASE STUDY 5



Yeah um, this is not unique to this case but I had a client who was, she had you know as soon as she found out she was pregnant she was like I want to keep this baby and I want to do what I can to improve my life, you know, which included getting off of drugs and getting into stable housing and addressing some of the trauma of like having lost other children due to CPS removal and she identified that very early in her pregnancy, but based on kind of the structure of housing placement during pregnancy, um [she] spent a very long time living in a navigation center, which is like the City motel, is like a very vast improvement from being on the streets, which I agree, there is like a shelter but in terms of being able to change your life style, this is a very hard place to do that. So this woman really struggled with getting off of drugs while people around her were still using and really struggled to sustain positive life style changes while she was still kind of around the same element. And that you know because of how long she spent unable to get into stable housing and kind of start moving with her goals, um some of the same practices that she had before she got pregnant like using drugs and um and things like that persisted through the pregnancy and that when she finally got into family shelter it was kind of too late to ward off CPS and [inaudible] ward of the things she had experienced in previous

pregnancies and um and though this story, you know, now has kind of like a happy ending because she was just in the begging stages of being in treatment and things like that, that the trauma of going to deliver your baby and then doing that and having that baby be removed is like you know it is, it is an intense and hard thing to like come back from. I've just noticed from my clients it's really hard to stay clean and when dealing with those circumstances. I won't say if she had been offered housing right when she identified the motivation to get clean and change her life that, you know, the outcome would have been different but it could have been, and I find it just so [pause] like so [pause] like just so hard um to [pause] to try and sustain these kinds of changes when you have to live in [inaudible] and sometimes we assign this kind of moral failure on these women for consciously disregarding the risk that they are putting their child in by continuing to use drugs but then, not doing very much to support their efforts. That again is like, for me inside, that feels really sad, you know, that women do want to change but there are structures and systems in place that keep people complacent. It sucks. —D.I.

## CASE STUDY 6



[WIC family special visit], and it was a family living in the Tenderloin, and they literally did not have any carpet, it was all wood, and the child was playing around on the floor and there were dead roaches, cockroach carcasses it was like, yuck, and I was just so grossed out and so this poor child, he's like four or five years old and he's running around playing, touching you know on the floor, and mom is complaining about roaches but there's a pile of dishes in the sink, and I'm like 'why is she complaining about roaches, she doesn't even wash her dishes' but then you know, as we were talking to her we figured out that, we figured out that she was

like depressed, so she was going through some sort of depression, and then we found out she's having a lot of stuff going on in her life and so okay I see, she is depressed, she probably doesn't have the energy to wash dishes. It was just, that's one family and I look back and go 'oh that poor kid' I just felt so bad that they were living in that sort of condition, and mom is probably having a lot of, you know, emotional, mental stuff going on and um so I mean there's been some families and I've seen things like that and then I'm just, I go home and I'm just like 'wow that was just disturbing' so that was one of them. **—S.S.**

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