PARADISE PLAN

Rebuild Potrero: Practical, Realistic
and Desirable Ideas For
Social Enrichment

Prepared by KDG Enterprises, Inc.
and BRIDGE Housing Corporation

September 2014

ABOUT THE PARTNERS

BRIDGE HOUSING CORPORATION
BRIDGE Housing Corporation is a leader in the field of affordable housing with over 30 years of real estate development, property management, and asset/portfolio management experience. BRIDGE's mission is to strengthen communities by developing, owning, and managing high-quality, affordable homes for working families and seniors. Since its inception, BRIDGE has believed that an apartment with an affordable rent should be a stepping stone for advancement. Ranked among the most successful affordable developers in the nation, BRIDGE has developed over 14,000 homes.

HOPE SAN FRANCISCO (SF)
HOPE SF is the nation's first large-scale public housing revitalization project to prioritize current residents, while also investing in high-quality, sustainable housing and broad scale community development. In sites across San Francisco, HOPE SF will create thriving, mixed-income communities that provide residents healthy, safe homes and the support they need to succeed. Green buildings, better schools, new local businesses, and onsite resident services will transform these communities and provide opportunities to residents, who have struggled for generations.

KDG ENTERPRISES, INC.
KDG Enterprises comprises an experienced team of capacity builders who are adept at managing community processes that involve multiple partners. The KDG team understands the significance of building strong relationships among residents, the field team, and stakeholders in order to ensure collaboration, commitment at a deep level, and long-term participation. KDG has learned from more than 25 years of working at the national level that long-term, transformative community change is more likely to be sustained when there is a shared community vision, strong resident leadership, stable community institutions, viable community programs, and a high level of civic engagement.

HEALTH EQUITY INSTITUTE (HEI), SAN FRANCISCO STATE UNIVERSITY
Founded in 2006, The Health Equity Institute is a research institute at San Francisco State University that links science to community practice in the pursuit of health equity and justice. HEI is composed of a multi-disciplinary team pursuing original research on emerging health equity issues and partnering with communities to understand and address critical health equity issues.

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MESSAGE FROM THE PARADISE PLAN ADVISORY COMMITTEE

It has been an honor and a pleasure to represent Potrero Hill stakeholders in overseeing and advising the development of the PARADISE Plan for the Rebuild Potrero Initiative. As the PARADISE Plan Advisory Committee (PPAC), we took our charge very seriously to ensure that the community's voice was heard, valued, and utilized to develop the PARADISE Plan.

Our journey as the PPAC started in February 2013 with an orientation retreat where we discussed our role and committed to our responsibilities. All members of the PPAC have been dedicated to guiding the process to establish a program and service delivery strategy that will improve long-term social outcomes for families and children in the South Potrero neighborhood. During the course of this process, we helped develop a household needs assessment tool and advised on the manner in which the data was gathered. We also co-designed a community-wide event to reveal the results of the household needs assessment and ensure that the needs and desires of the community were accurately reflected. Finally, we advised the consultant team on how best to engage community-based organizations and other key stakeholders in an effort to assess program and technological capacity of strategic service and program partners.

The result of our work is the PARADISE Plan, a plan that will help South Potrero achieve outcomes in early childhood education, K-12 education, economic security, health and wellness, and public safety. These are the key areas that our household survey confirmed must be strengthened to help Potrero Terrace and Annex families create a brighter future.

As we sunset our committee, we are excited about the progress made to date and the work that still lies ahead for Rebuild Potrero and the implementation of the PARADISE Plan. We are committed to staying informed of the progress and look forward to seeing the vision of the PARADISE Plan come to fruition.

Thank you for entrusting us with the community vision over the last year and half. We are humbled by your trust and encouraged by your passion to make South Potrero a neighborhood where PARADISE can be a reality.

Sincerely,

PARADISE Plan Advisory Committee

Special thanks to those who served on the PPAC, including:

Andrea Bruss	Keith Goldstein	Urell Pease
Yael Chanoff	Donald Greene	Uzuri Pease-Greene
Kim Christensen	Patricia Gutierrez	Jasmine Rendleman
Jarekhye Covarubius	Helen Hale	Maulik Shah
Greg Ferrell	Tony Kelly	Kevin Williams
Monica Ferrey	Alma Madison	Kevin Wilson

MESSAGE FROM BRIDGE HOUSING

Since 2008, BRIDGE Housing Corporation has been committed to redeveloping Potrero Terrace and Annex public housing into a vibrant mixed-income community in which individuals, families, and seniors can thrive. The project involves more than reconstructing existing housing; it also includes a deep investment in the neighborhood, community, and individuals who live there.

Fulfilling the ambitious vision for the transformation of the Terrace and Annex requires a thoughtful, long-term plan for addressing community-wide challenges and supporting children, families, and seniors. The following PARADISE Plan offers this; true to its name, the Plan outlines positive, real, and desirable strategies for achieving a range of social outcomes. These strategies are organized into logic models that articulate commitments and action steps for impacting children, families, and the community. The models also identify measurement strategies for tracking progress towards goals and results, holding BRIDGE and its partners to the highest level of accountability.

We thank the PARADISE Plan Advisory Committee members for their hours of service and thoughtful input into the Plan. Through their hard work, the Plan is truly representative of stakeholders and reflects their needs, wants, and wishes for their community.

We believe the PARADISE Plan is a blueprint for success. More importantly, we believe that, together with our partners, we can implement programs and models that allow Potrero residents to change their life trajectory. Together, we can rebuild Potrero and create a community where all residents have an opportunity to achieve their full potential.

Sincerely,

Cynthia A. Parker
President and CEO

EXECUTIVE SUMMARY

In late 2012, BRIDGE Housing Corporation, in partnership with the residents of Potrero Terrace and Annex, consultants, and HOPE SF, embarked on a planning process to create a blueprint for improving outcomes for residents of Potrero Terrace and Annex, two large public housing sites in San Francisco, California.

The Practical And Realistic And Desirable Ideas for Social Enrichment (PARADISE) Plan is the product of an extensive research and community engagement process to investigate and offer recommendations to address the disparities facing public housing residents in key investment areas that include: (1) Early Childhood Education, (2) K-12 Education, (3) Economic Security, (4) Health and Wellness, and (5) Public Safety. It was conducted by KDG Enterprises, Inc., a local consulting firm that was engaged by BRIDGE Housing Corporation (the developer), and it was primarily funded by a planning grant from the U.S. Department of Housing and Urban Development (HUD) Choice Neighborhoods Initiative (CNI) program. The PARADISE Plan focuses on two public housing developments located in South Potrero [Potrero Terrace and Annex (PTA)] that are part of HOPE SF, an anti-poverty and housing development initiative which seeks to transform San Francisco's most distressed public housing into thriving mixed-income communities through holistic revitalization. For each of the investment areas noted above, the PARADISE Plan includes recommended strategies and actions that should be considered to move the community toward its transformation goal to be a safe and healthy neighborhood where families can improve their quality of life and reach their full potential.
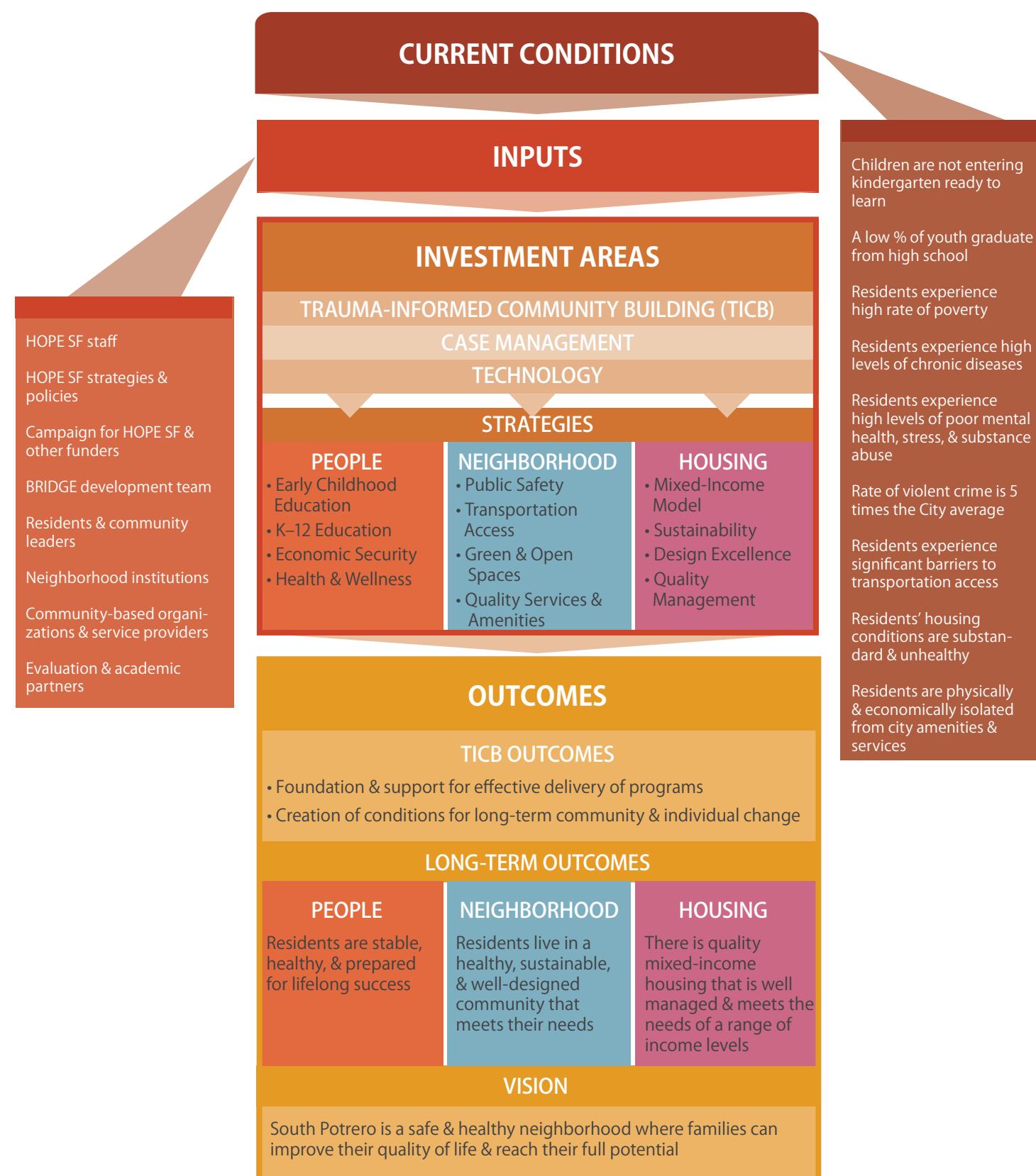
I. REBUILD POTRERO THEORY OF CHANGE AND LOGIC MODELS

The Rebuild Potrero PARADISE Plan is informed by the Rebuild Potrero Transformation Plan theory of change (see Figure 1) and three companion logic models (see Section III of this report), which are organized within three distinct content areas: People, Neighborhood, and Housing. The PARADISE Plan is part and parcel of the Transformation Plan, and its foundational elements rest within the theory of change and the People and Neighborhood logic models.

The PARADISE Plan includes recommended strategies and actions that should be considered to move the community toward its neighborhood transformation goal to be a safe and healthy neighborhood where families can improve their quality of life and reach their full potential.

FIGURE 1: Rebuild Potrero Theory of Change

CURRENT CONDITIONS

INPUTS

- HOPE SF staff
- HOPE SF strategies & policies
- Campaign for HOPE SF & other funders
- BRIDGE development team
- Residents & community leaders
- Neighborhood institutions
- Community-based organizations & service providers
- Evaluation & academic partners

INVESTMENT AREAS

TRAUMA-INFORMED COMMUNITY BUILDING (TICB)

CASE MANAGEMENT

TECHNOLOGY

STRATEGIES

PEOPLE	NEIGHBORHOOD	HOUSING
• Early Childhood Education • K–12 Education • Economic Security • Health & Wellness	• Public Safety • Transportation Access • Green & Open Spaces • Quality Services & Amenities	• Mixed-Income Model • Sustainability • Design Excellence • Quality Management

OUTCOMES

TICB OUTCOMES

- Foundation & support for effective delivery of programs
- Creation of conditions for long-term community & individual change

LONG-TERM OUTCOMES

PEOPLE	NEIGHBORHOOD	HOUSING
Residents are stable, healthy, & prepared for lifelong success	Residents live in a healthy, sustainable, & well-designed community that meets their needs	There is quality mixed-income housing that is well managed & meets the needs of a range of income levels

VISION

South Potrero is a safe & healthy neighborhood where families can improve their quality of life & reach their full potential

Children are not entering kindergarten ready to learn

A low % of youth graduate from high school

Residents experience high rate of poverty

Residents experience high levels of chronic diseases

Residents experience high levels of poor mental health, stress, & substance abuse

Rate of violent crime is 5 times the City average

Residents experience significant barriers to transportation access

Residents' housing conditions are substandard & unhealthy

Residents are physically & economically isolated from city amenities & services

II. SUMMARY OF PARADISE PLAN FINDINGS AND RECOMMENDATIONS

Goals, recommended strategies, and suggested actions for the five core investment areas of the PARADISE Plan are summarized below.

Investment Area 1: Early Childhood Education

GOAL: Children are prepared for kindergarten success.

Strategies and Actions

Strategy 1. Preschool Enrollment
> a. Action: Increase enrollment of PTA four-year-old children in Preschool for All programs

Strategy 2. Onsite Preschool
> a. Action: Design and build a high-quality preschool facility onsite

Strategy 3. Parenting Support and Education
> a. Action: Increase two-generation parenting support and education programs for South Potrero parents that strengthen adult capacities to improve child outcomes

Strategy 4. Prenatal Visitation
> a. Action: Develop partnerships with nearby high-quality prenatal programs to increase visitation for South Potrero pregnant and parenting mothers

Investment Area 2: K-12 Education

GOAL: Youth graduate from high school, college and career ready.

Strategies and Actions

Strategy 1. School Attendance
> a. Action: Determine barriers to attendance and implement solutions to address the main barriers

Strategy 2. Local School Enrollment
> a. Action: Assist PTA parents and guardians in completing the San Francisco Unified School District (SFUSD) enrollment application form to increase the likelihood of their being assigned a neighborhood school

Strategy 3. Out-of-School Time (OST) Programming (Afterschool and Summer)
> a. Action: Identify existing and new OST providers that can expand programming for neighborhood children

Strategy 4. High School Credit Recovery and California High School Exit Exam (CAHSEE) Preparation
> a. Action: Work with existing and new providers to offer programs for high school credit recovery and CAHSEE preparation

Strategy 5. Parental Involvement
> a. Action: Encourage and support parents and primary caregivers to become more active in their children's academic success through structured activities and education

Investment Area 3: Economic Security

GOAL: Families can pay their monthly bills and build their financial assets.

Strategies and Actions

Strategy 1. Job Skills Development and Financial Asset Building
> a. Action: Work with existing and new economic opportunity providers to offer more skills development training, education programs, and coaching for financial asset building for youth, adults, and seniors

Strategy 2. Job Placement and Retention
> a. Action: Increase awareness of and access to job placement and retention services in the neighborhood and elsewhere
>
> b. Action: Partner with the City and community-based organizations to increase the number of work-force programs available in PTA
>
> c. Action: Increase number of affordable child care slots (see Early Childhood Education Action 1a and 2a)
>
> d. Action: Increase transportation options from South Potrero to greater San Francisco

Strategy 3. Income Tax Credit Assistance programs
> a. Action: Recruit local organizations to offer yearly onsite tax preparation services

Strategy 4. Benefits Enrollment
> a. Action: Assess residents' eligibility for entitlement benefits to promote enrollment in all public benefits programs for which they are eligible

Investment Area 4: Health and Wellness

GOAL: Families are healthy and prepared to manage their own health and well-being.

Strategies and Actions

Strategy 1. Accessible Health Activities
> a. Action: Tap into the rich network of community assets to offer more fun, practical, and interactive health activities for children, youth, families, and seniors

Strategy 2. Food Security
> a. Action: Expand the community gardening program

Strategy 3. Healthcare Access and Utilization
> a. Action: Restructure San Francisco Department of Public Health's clinic assignment system to enable the nearby Potrero Hill Health Center to serve more PTA residents
>
> b. Action: Increase PTA residents' knowledge of where to access health care services (e.g., dental ,vision, etc.) that are not fully covered by government health programs
>
> c. Action: Increase transportation options from South Potrero to greater San Francisco

Strategy 4. Peer-to-Peer Support
> a. Action: Establish and ensure adequate program space is available for trauma-informed peer-to-peer health programs that promote holistic health and wellness (physical and mental health)

<u>Investment Area 5: Public Safety</u>

GOAL: Residents, especially children, can congregate and play safely outside.

Strategies and Actions

Strategy 1. Opportunities for Youth and Young Adults

  a. Action: Provide more recreation, education, employment, and other enrichment programs for youth and young adults

Strategy 2. Strong and United Community Leadership

  a. Action: Foster and increase number of strong community leaders through leadership development and emergency response training

  b. Action: Coordinate actions amongst all of SF SAFE watch groups on Potrero Hill

Strategy 3. Community-Police Partnership

  a. Action: Maintain consistent staffing of community police officers in the neighborhood

  b. Action: Improve police-community rapport through increased dialogue and training

  c. Action: Develop an effective public safety strategy in partnership with the San Francisco Police Department (SFPD), City Probation Departments, HOPE SF, community-based organizations (CBOs), and community members

III. KEY CROSS-CUTTING INVESTMENTS

Effective implementation of the PARADISE Plan requires investment in three other key areas: (1) Trauma-Informed Community Building (TICB), (2) Case Management, and (3) Technology. These three components create an ecosystem that will yield maximum individual, community, and systems impact across all core investment areas. Below is a brief description of each integral element.

Trauma-Informed Community Building
BRIDGE, along with San Francisco State University (SFSU), has developed a community-building model that understands and responds to the everyday and systemic challenges that PTA residents experience. Pervasive current and historical trauma demands a community-building approach that takes into account residents' emotional needs and avoids retraumatization triggers. TICB increases the community's readiness to engage in traditional community-building efforts, leading to sustainable individual and community change. It is also necessary to create the foundation and support for comprehensive programs and services.

Case Management
Since residents of PTA are challenged by multiple risk factors, including intergenerational poverty, poor living conditions, low academic achievement, and high levels of stress, case management is necessary to ensure families are accessing coordinated resources, supports, and services. The Case Management process includes a strengths-based needs assessment to better understand family members' mental health; drug and alcohol history; and social, emotional, and practical support needs. It also includes a peer-to-peer support approach in which volunteer peers offer residents ongoing psychosocial support.[1]

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1 Psychosocial support includes the following: supportive peer-to-peer listening, conversation, and companionship (emotional support); practical assistance (including shopping, errands, housecleaning, laundry, accompanying clients to medical or social services appointments, appointment reminders, etc.); participation in shared social and civic activities and events (movies, museums, parks, etc.); and other activities that promote quality of life.

Technology
The PARADISE Plan also calls for a significant investment in technology, so residents and program partners have an increased ability to access information and resources, and to provide and share data. To accomplish this, BRIDGE seeks to build an extensive and reliable broadband infrastructure, increase the technology capability of services providers through training and technical assistance, and create infrastructure and systems for data sharing among CBOs.

IV. POTENTIAL IMPLEMENTATION PARTNERS

The PARADISE Plan also includes recommended community-based organizations and program providers that can partner with BRIDGE Housing to fulfill the vision of the theory of change and logic models. These recommendations are based on an assessment of partner capacity by KDG Enterprises, Inc. (KDG) and Community Technology Network (CTN). Organizations were assessed on their organizational, technological, and programmatic capacity needs. See Figure 15 on pages 32 – 36 for a full list of recommended partners.

V. RECOMMENDATIONS FOR IMPLEMENTATION

The success of the PARADISE Plan is built on service partners working in an integrated fashion. While the logic models identify individual investment areas and strategies to address priority needs of PTA residents, the overarching vision is to provide a continuum of care that supports children and their families from birth through adulthood. Successful integrated services are built on rallying partners around a common vision: "South Potrero is a safe and healthy neighborhood where families can improve their quality of life and reach their full potential." This rally should begin with an onboarding and orientation of partners.

To build a common understanding of the goals, values, and purpose of the PARADISE Plan, BRIDGE Housing will create an onboarding and orientation protocol that includes:

- A summary of Rebuild Potrero, including its history, goals, work to date, and construction phasing plan for the redevelopment of Potrero Terrace and Annex.

- An overview of the PARADISE Plan and Rebuild Potrero theory of change and logic models,including a review of the rationale, components, priorities, and targets within each investment area and strategy.

- An overview of HOPE SF, including its history, values, and short- and long-term priorities and desired outcomes.

- An understanding of Trauma-Informed Community Building theory and practice.

- An introduction to Case Management.

- An introduction to existing peer organizations, programs, and services.

PARADISE PLAN

I. INTRODUCTION

A. REBUILD POTRERO

Rebuild Potrero – a project of BRIDGE Housing Corporation, a nonprofit housing developer – is a comprehensive revitalization effort to rebuild 606 units of distressed public housing and create another 1,000 new homes with a range of affordability, community facilities, open space, and social networks and services to improve the lives of current and future generations in the South Potrero neighborhood of San Francisco. When completed Rebuild Potrero will redevelop Potrero Terrace and Annex (PTA) public housing sites into a diverse, integrated new neighborhood; connect the South slope of Potrero Hill into the greater Potrero Hill and San Francisco community; and improve social outcomes for public housing residents and families.

Rebuild Potrero is part of a larger initiative, HOPE SF, led by the City and County of San Francisco, to transform San Francisco's public housing into thriving communities through holistic revitalization. The HOPE SF vision is to, "Rebuild the most distressed public housing sites, while increasing affordable housing and ownership opportunities, and improving the quality of life for existing residents and the surrounding communities." BRIDGE Housing was selected in 2008 as the master developer to lead the redevelopment of Potrero Terrace and Annex public housing. Once selected, BRIDGE began an extensive community engagement process to ensure the inclusion of resident and surrounding community member's voices in the redevelopment planning. The Rebuild Potrero Timeline (see Appendix A) is a graphic representation of this process, beginning in 2008 and projecting activities through 2015, the year construction is anticipated to begin.

This community engagement process produced (1) Resident Design Principles or Overall Goals (see Figure 2) to guide the planning process and (2) Design Goals (see Figure 3) to guide the reconfiguration and integration of PTA into the larger Potrero Hill neighborhood.

FIGURE 2: Resident Design Principles
• Create a safe, secure community
• Create a healthy, green, and sustainable community
• Provide well-designed and well-managed housing
• Provide well-designed community services and usable open space
• Preserve Potrero's positive attributes: place and views
• Build a strong community

FIGURE 3: Design Goals
• Promote a strong sense of community
• Encourage community gathering
• Provide destination uses
• Include a rich array of services and amenities
• Create a safe shared space for seniors
• Include a small retail component located on a perimeter street and/or at a major intersection

In addition to developing these guiding principles, the Rebuild Potrero team organized its redevelopment work into three key initiatives: (1) Housing Master Plan, (2) Community-Building Initiative, and (3) Human Capital/Social Services and Program Delivery Master Plan. The PARADISE Plan is a blueprint for how community building, programs, and social services will be delivered at PTA to support the redevelopment of housing and to realize the vision for Potrero.

As the Master Plan for Rebuild Potrero was in process, BRIDGE, Mayor's Office of Housing and Community Development, and San Francisco Housing Authority identified the need to create a complementary plan to meet the diverse social needs of public housing families. The U.S. Department of Housing and Urban Development (HUD) Choice Neighborhood Planning Grant, awarded to South Potrero in October 2012, funded the creation of the "PARADISE Plan"—a visionary blueprint for achieving child, family, and community outcomes in South Potrero. Named by residents, PARADISE stands for Practical And Realistic And Desirable Ideas for Social Enrichment.

The PARADISE Plan is an articulation of the People and Neighborhood logic models, which are part of the larger Rebuild Potrero Master Plan, also called the Rebuild Potrero Transformation Plan. The People and Neighborhood logic models outline clear strategies for impacting outcomes in five investment areas:

1) Early Childhood Education

2) K-12 Education

3) Economic Security

4) Health and Wellness

5) Public Safety

These areas were selected because they were identified as high priorities for the community by residents and stakeholders, and are supported by research as essential to community functioning and well-being. If these areas are effectively addressed, the PARADISE Plan vision will become a reality:

> "South Potrero is a safe, healthy neighborhood where families can improve their quality of life and reach their full potential."

The PARADISE Plan is organized to include:

• Methodology

• Rebuild Potrero Theory of Change and Logic Models

• Key Cross–Cutting Investments

• Core Investment Areas, including:
    Overview — Definition of the investment area and explanation of its importance, and data highlights and information from the Community Needs Assessment (e.g., PTA Household Survey and other baseline data from

numerous city and county sources) describing current conditions in PTA.

Goal — The intended result of the recommended strategies for the given investment area.

Strategies and Actions— A description of each recommended strategy that will contribute to the accomplishment of the overall goal, along with the specific action(s) to achieve each strategy. Strategies and actions reference programmatic goals that meet residents' needs as well as systems-level investments that impact the institutions that serve residents.

- Implementation Plan that outlines key recommendations for realizing the PARADISE Plan strategies and actions, including:

A summary of potential implementation partners and recommendations for partnership.

A summary of organizations' common systems and capacity needs that BRIDGE can address through Rebuild Potrero.
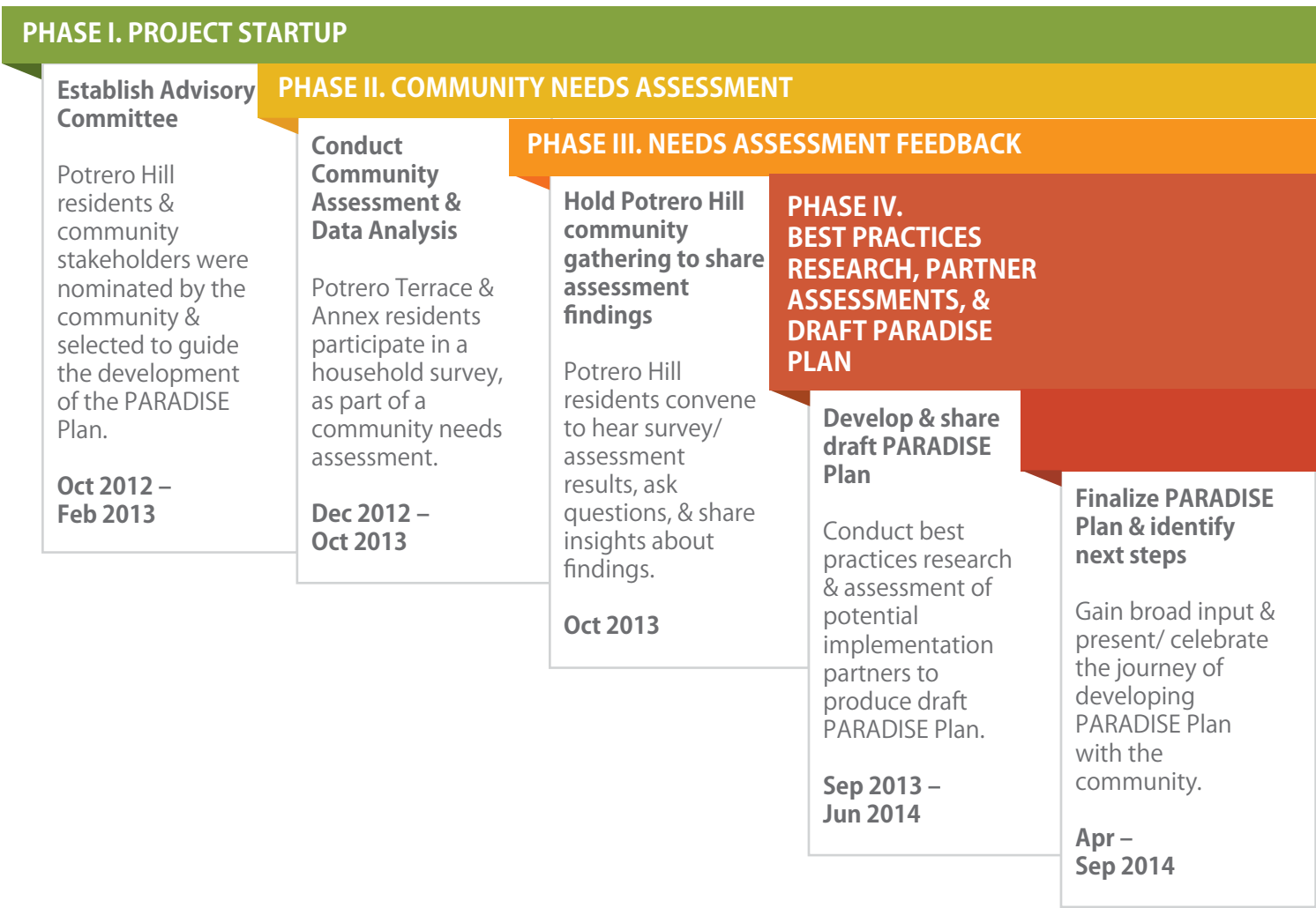
Concrete recommendations and priorities for engaging partners in implementation of the PARADISE Plan.

II. METHODOLOGY

The PARADISE Plan is the product of an extensive community-based participatory research[2] process that required significant involvement and input from residents, community members, and other key stakeholders. Five phases were implemented to develop the PARADISE Plan as seen in Figure 4.

FIGURE 4: Developing the PARADISE Plan in Five Phases

PHASE I. PROJECT STARTUP

Establish Advisory Committee

Potrero Hill residents & community stakeholders were nominated by the community & selected to guide the development of the PARADISE Plan.

Oct 2012 – Feb 2013

PHASE II. COMMUNITY NEEDS ASSESSMENT

Conduct Community Assessment & Data Analysis

Potrero Terrace & Annex residents participate in a household survey, as part of a community needs assessment.

Dec 2012 – Oct 2013

PHASE III. NEEDS ASSESSMENT FEEDBACK

Hold Potrero Hill community gathering to share assessment findings

Potrero Hill residents convene to hear survey/ assessment results, ask questions, & share insights about findings.

Oct 2013

PHASE IV. BEST PRACTICES RESEARCH, PARTNER ASSESSMENTS, & DRAFT PARADISE PLAN

Develop & share draft PARADISE Plan

Conduct best practices research & assessment of potential implementation partners to produce draft PARADISE Plan.

Sep 2013 – Jun 2014

Finalize PARADISE Plan & identify next steps

Gain broad input & present/ celebrate the journey of developing PARADISE Plan with the community.

Apr – Sep 2014

The PARADISE Plan development process employed five research and engagement methods: (1) Community Forums, (2) Community Needs Assessment, (3) Best Practices Research, (4) Assessment of Local Community-Based Organizations (CBOs), and (5) Interviews with Key Informants. The following is a brief description of each method.

COMMUNITY FORUMS

The goal of the Community Forums was to provide opportunities for all stakeholders, especially Potrero Terrace and Annex residents, to participate at different commitment levels in the PARADISE Plan development process. There were three distinct forums: PARADISE Plan Advisory Committee (PPAC), Community Building Group (CBG), and General Community Meeting. A synopsis of each Community Forum is below in Figure 5.

FIGURE 5: Community Forums

Forum	Who are they?	How many?	Time Commitment	Meeting Frequency	Primary PARADISE Plan Duties
PPAC	• Main community body guiding development of PARADISE Plan. • Members included South and North Potrero Hill residents as well as local nonprofit, business, and government representatives.	18 members	16 months (February 2013 – June 2014)	Monthly	Provide input and feedback on: 1. Design of the household survey 2. Findings from the community needs assessment and best practices research 3. Design of the Implementation Partners Assessment 4. Draft of the PARADISE Plan
CBG	• Hundreds of community members have participated in Rebuild Potrero activities, workshops, and meetings. The most committed formed the CBG. • Members represent a cross section of the neighborhood.	Approximately 30 – 40 members	Optional two-hour meeting	Every other month	1. Gave Human Capital Master Plan its new name, PARADISE Plan 2. Nominated and selected PPAC members 3. Provided input and feedback on draft PARADISE Plan
General Community Meeting	• South and North Potrero Hill residents, primarily tenants of Potrero Terrace and Annex. • An open forum to keep community informed on project progress.	Approximately 60 attendees	No required time commitment	Once to twice a year	1. Provided input and feedback on findings from the community needs assessment 2. Provided input and feedback on draft PARADISE Plan

COMMUNITY NEEDS ASSESSMENT

The goal of the Community Needs Assessment was to understand the social service and program needs of South Potrero children, seniors, and families. The Needs Assessment consisted of three parts: (1) a household survey of Potrero Terrace and Annex residents focused on the target issue areas of the PARADISE Plan conducted by KDG Enterprises,

(2) San Francisco State University's mental health assessment of children and families living in HOPE SF communities, and (3) KDG's review of baseline data. The "current conditions" section of each investment area of the PARADISE Plan reflects the findings from the Needs Assessment. In addition, the findings of the Community Needs Assessment were presented to over 60 residents, CBO staff, and other stakeholders at a community meeting in October 2013. (See Appendix B: Summary of the Community Needs Assessment Findings.)

HOUSEHOLD SURVEY

The household survey began with question formulation, informed by reviewing San Francisco-based reports, general public housing literature, and social service reports as well as interviewing key stakeholders. After designing the survey, the project team undertook a data collection effort that included:

- Training survey administrators [Potrero Terrace and Annex residents and San Francisco State University (SFSU) Master of Public Health (MPH) candidates] and supervisors in data collection methods tailored to Potrero Terrace and Annex's geography.

- Surveying a random sample of Potrero Terrace and Annex residents in Spring 2013 (53% of households completed the survey).

- Producing a data entry/collection instrument (Excel macro workbook) enabling both simple and complex data analyses.

- Digitizing data and training data entry personnel.

MENTAL HEALTH ASSESSMENT

The mental health assessment entailed a literature review; interviews with residents, CBO staff, and key informants; data analysis; and presentation of findings and recommendations. Below are highlights from the literature review and interview stages.

- Literature review

    18 SFSU MPH students divided into three teams to review over 200 articles and reports on the mental health of children and families living in public housing across the U.S.

    From this collection, 118 articles and reports were chosen to inform the lessons learned

- Interviews

    With Residents
    - Site leaders identified and contacted residents
    - SFSU conducted 30 interviews from the four HOPE SF public housing sites: Sunnydale, Alice Griffith, Potrero Terrace and Annex, and Hunters View (See Figure 6 for more details)

FIGURE 6: Demographic Profile of Resident Interviewees

Ethnicity	Gender	Age	Children @ home	Sites
• 44% African American	• 7 Male	23 – 70 years old	52%	• 5 Alice Griffith
• 13% Latino	• 23 Female			• 6 Hunters View
• 7% Samoan				• 14 Potrero
				• 5 Sunnydale

With CBO Program Staff
- 23 interviews with staff from mental health programs (See Figure 7 for more details)
- Identified by Advisory Group and snowball sampling

FIGURE 7: List of Participating CBOs

Bayview Hunter's Point Behavioral Health Program	Bayview TLC Family Resource Center	Bayview YMCA – Family Resource Center
Black Infant Health Improvement Project	BRIDGE Housing	Community Behavioral Health Services (CBHS) Comprehensive Crisis Services
Children's System of Care (CSOC)	Comprehensive Child Crisis Services (CCCS)	Edgewood Center
Family Mosaic Project	SF Juvenile Probation	SF Police Department (SFPD)
Seneca Center	SF Human Services Agency (SFHSA) & Child Protective Services (CPS)	SF Department of Public Health (SFDPH)
Southeast Family & Child Therapy Center	Sunnydale YMCA	Urban Strategies

With Key Informants
- 28 interviews with key HOPE SF stakeholders (See Figure 8 for more details)
- Identified by Advisory Group and snowball sampling

FIGURE 8: List of Key Informants

Asian Perinatal Advocates (APA) Family Support Services	Bayview Hunter's Point Foundation for Community Improvement	BRIDGE Housing
First 5 SF	Mercy Housing	SF Adult Probation
SF Department of Children, Youth, & their Families (DCYF)	SFDPH	SF Housing Authority (SFHA)
SFHSA	SF Juvenile Probation	SFPD
Seneca Center	SF Mayor's Office	SF Office of Economic & Workforce Development (OEWD)
YMCA	Young Community Developers	

Baseline Data Review
KDG Enterprises culled data from approximately 30 sources including HOPE SF publications, general public housing documents, and other San Francisco-based social service reports to determine the baseline conditions of PTA residents.

ASSESSMENT OF LOCAL COMMUNITY-BASED ORGANIZATIONS

The goal of the Community Based-Organization (CBO) Assessment was to gauge the interest and programmatic/technological capacity of select organizations to be part of the implementation strategy to carry forth the goals and objectives of the Rebuild Potrero PARADISE Plan. Organizations initially invited to participate in the assessment already have a connection with and/or are serving residents of South Potrero. The reason for this approach is that it affords the community the opportunity to build on relationships with organizations that are already familiar. This initial approach does not preclude the development of future partnerships with other entities. (Note: Organizations were informed that participation in the CBO assessment did not guarantee funding.)

INTERVIEWS WITH KEY INFORMANTS

There were two goals to the interviews with key informants, who have expertise in one or more investment areas of the PARADISE Plan. The first goal was to build more awareness and knowledge of local and national initiatives that could serve as models or catalysts to the PARADISE Plan. The second goal was to identify potential implementation partners not currently serving the neighborhood.

BEST PRACTICES RESEARCH

The goal of the Best Practices Research was to glean promising, empirically-based practices from primary and secondary sources. The research involved a review of existing needs and assets data (e.g., San Francisco Department of Public Health, Learning for Action's HOPE SF Baseline Assessment, etc.), an understanding of residents' priorities and goals, and an awareness of the context of Rebuild Potrero (e.g., the current HOPE SF Initiative and political and social dynamics of San Francisco). It also included the Assessment of Local Community-Based Organizations and Interviews with Key Informants. As a whole, these sources informed the development of the PARADISE Plan's recommended strategies and actions.

The best practices were distilled to formulate a Rebuild Potrero theory of change (See Figure 9 on page 11), which seeks to articulate the ingredients for achieving long-term goals in South Potrero. In addition, logic models were developed for each transformation category as defined by HUD's Choice Neighborhoods Planning grant: People, Neighborhood, and Housing (see Figures 10 – 12 on pages 12 – 14). The goal of the logic models is to identify key investments in research-based or research-driven strategies that will likely yield short- and long-term outcomes. The logic models also identify key initiative investments, including Trauma-Informed Community Building, Case Management, and Technology (described later in section IV). The core investment areas of the PARADISE Plan lie within the People and Neighborhood logic models. A more detailed description of the Rebuild Potrero theory of change and logic models follows in the next section.

III. REBUILD POTRERO THEORY OF CHANGE AND LOGIC MODELS

The Rebuild Potrero theory of change lays out the desired outcomes and strategies for a holistic transformation of the South Potrero neighborhood. The theory of change articulates the concept for how to move from current conditions to this vision by leveraging inputs and implementing strategies that will achieve short- and long-term outcomes in the areas of People, Neighborhood, and Housing. All outcomes and strategies for these areas are organized into separate People, Neighborhood, and Housing logic models that will help guide the implementation of the Rebuild Potrero Transformation Plan and ensure that all partners are moving towards clearly delineated goals and data-driven outcomes.

The PARADISE Plan is part and parcel of Rebuild Potrero Transformation Plan, and its foundational elements rest within the Rebuild Potrero theory of change and the People and Neighborhood logic models.

COMPONENTS OF THE THEORY OF CHANGE

The theory of change consists of four parts:

- Current conditions: Data highlights and information from the Community Needs Assessment, which describe the present-day situation.

- Inputs: Organizations and individuals that contribute resources to create change in Potrero Terrace and Annex.

- Investment Areas/Strategies: Key investments that will facilitate the realization of the Rebuild Potrero vision.

- Outcomes: Desired results from the implementation of the recommended strategies.

COMPONENTS OF THE LOGIC MODELS

Each logic model is composed of three components:

- Strategies: Various approaches, including programs and services, for achieving outcomes across the lifespan of the project.

- Short-and long-term outcomes: Desired results for each strategy. Since the transformation project will last at least a decade, short-term outcomes are defined as three- to five-year outcomes.

- Long-term goal: Objective for each programmatic area (People, Neighborhood, and Housing), which describes the desired culminating or "big idea" target. This is a comprehensive, long-term intention that serves as a beacon for all strategies within an investment area.

Of note, the theory of change and logic models also include three cross-cutting key investments: Trauma-Informed Community Building (TICB), Case Management, and Technology. The following is a brief description of each. (A fuller explanation is provided in section IV.)

Trauma-Informed Community Building is envisioned as both a precursor to a successful Rebuild Potrero transformation effort and a practice that runs through the life of the project. TICB is not a discrete activity, program, or service; rather, it is a framework that reflects a value for engaging the community throughout the transformation of

South Potrero in a way that acknowledges cumulative effects of stress and trauma on individual, family, and community functioning.

Additionally, case management extends across all People, Housing, and Neighborhood strategies. Given that South Potrero residents, particularly residents of Potrero Terrace and Annex, are challenged by multiple risk factors, including intergenerational poverty, poor living conditions, low academic achievement, and high levels of stress, case management is necessary to coordinate all programs and services and ensure that families are accessing appropriate neighborhood assets, supports, and resources.

Lastly, technology is identified as a cornerstone of the logic model. Technology infrastructure is essential to effective service delivery, data sharing among implementation partners, and residents' access to information and resources. Throughout the PARADISE plan, specific technology infrastructure and capacity-building strategies are highlighted.

On the following pages in Figures 9 – 12, please find the Rebuild Potrero Theory of Change, People Logic Model, Neighborhood Logic Model, and Housing Logic Model.
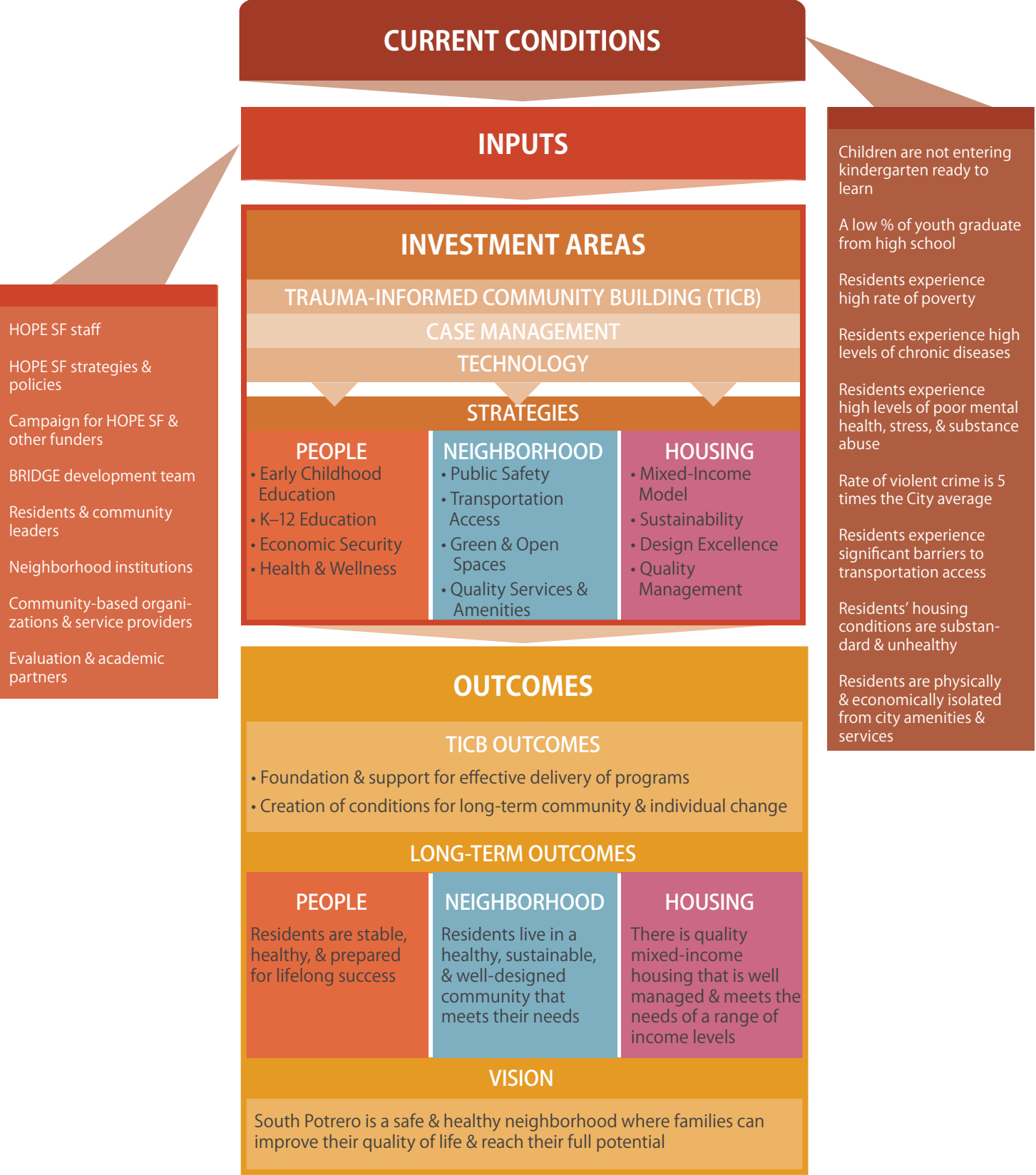
FIGURE 9: Rebuild Potrero Theory of Change

CURRENT CONDITIONS

INPUTS

INVESTMENT AREAS

TRAUMA-INFORMED COMMUNITY BUILDING (TICB)

CASE MANAGEMENT

TECHNOLOGY

STRATEGIES

PEOPLE	NEIGHBORHOOD	HOUSING
• Early Childhood Education • K–12 Education • Economic Security • Health & Wellness	• Public Safety • Transportation Access • Green & Open Spaces • Quality Services & Amenities	• Mixed-Income Model • Sustainability • Design Excellence • Quality Management

Inputs side box:
- HOPE SF staff
- HOPE SF strategies & policies
- Campaign for HOPE SF & other funders
- BRIDGE development team
- Residents & community leaders
- Neighborhood institutions
- Community-based organizations & service providers
- Evaluation & academic partners

Current conditions side box:
- Children are not entering kindergarten ready to learn
- A low % of youth graduate from high school
- Residents experience high rate of poverty
- Residents experience high levels of chronic diseases
- Residents experience high levels of poor mental health, stress, & substance abuse
- Rate of violent crime is 5 times the City average
- Residents experience significant barriers to transportation access
- Residents' housing conditions are substandard & unhealthy
- Residents are physically & economically isolated from city amenities & services

OUTCOMES

TICB OUTCOMES
- Foundation & support for effective delivery of programs
- Creation of conditions for long-term community & individual change

LONG-TERM OUTCOMES

PEOPLE	NEIGHBORHOOD	HOUSING
Residents are stable, healthy, & prepared for lifelong success	Residents live in a healthy, sustainable, & well-designed community that meets their needs	There is quality mixed-income housing that is well managed & meets the needs of a range of income levels

VISION

South Potrero is a safe & healthy neighborhood where families can improve their quality of life & reach their full potential

FIGURE 10: Rebuild Potrero – People Logic Model

CROSS-CUTTING INVESTMENT AREAS: TICB, CASE MANAGEMENT, TECHNOLOGY

INVESTMENT AREAS		Strategies	Indicators (3 – 5 years)	Indicators (6 – 10 years)	Goals
	Early Childhood	1. Preschool enrollment 2. Onsite preschool 3. Parenting support & education 4. Prenatal visitation	• Increase in # of affordable, high-quality preschool slots • Increase in resident pre-school enrollment & attendance.	• Children enter kindergarten at or above grade level on CA English Language Development Test (CELDT) • Increase in quality parent-child relationships	Children are prepared for kindergarten success
	K – 12 Education	1. School attendance 2. Local school enrollment 3. Out of School Time (OST) Programming 4. High school credit recovery & CAHSEE prep 5. Parental involvement	• Decrease in chronic absenteeism • Increase in local school enrollment • Increase in OST program attendance • Increase in motivation to learn • Increase in parental involvement	• Increase in high school graduation rate • Increase in rate of students testing proficient or advanced on state tests • Increase in # of students who pass CAHSEE subtests	Youth graduate from high school, college & career ready
	Economic Security	1. Job skills development & financial asset building 2. Job placement & retention services 3. Income tax assistance programs 4. Benefits enrollment	• Increase in # of residents accessing benefits • Increase in # of residents participating in a jobs program	• Increase in average annual household income • Increase in # of employed residents • Decrease in # of residents living in poverty	Families can pay their monthly bills & build their financial assets
	Health & Wellness	1. Accessible health & wellness activities 2. Food security 3. Healthcare access & utilization 4. Peer-to-peer support	• Increase in # of residents participating in health & wellness activities • Increase in access to organic produce • Increase in # of residents with a medical home • Increase in # of residents who have an annual physical & dental exam	• Decrease in # of residents reporting mental health or substance abuse challenges • Decrease in # of residents reporting major health issues • Decrease in acute hospitalization rate of residents with common chronic conditions	Families are healthy & prepared to manage their own health & well being

LONG-TERM GOAL: Residents are stable, healthy, and prepared for lifelong success

FIGURE 11: Rebuild Potrero – Neighborhood Logic Model

CROSS-CUTTING INVESTMENT AREAS: TICB, CASE MANAGEMENT, TECHNOLOGY

INVESTMENT AREAS

	Strategies	Indicators (3 – 5 years)	Indicators (6 – 10 years)	Goals
Public Safety	1. Opportunities for youth & young adults 2. Strong & united community leadership development 3. Community-police partnership	• Increased programming & employment for young people • Strategy for building community leadership around safety • Co-designed public safety strategy with SFPD et al	• Crime rates decrease & are less than or equal to SF rates • Increase in resident perception of safety	Residents, especially children, can congregate & play safely outside
Transportation Access	1. Street grid reconfiguration 2. Transportation options that meet a range of residents' needs	• Increase in neighborhood walkability score	• Increase in use of public transportation among residents • Streets are connected to San Francisco street grid	Residents have access to an integrated transportation system that provides a high level of mobility.
Green & Open Spaces	1. Open & green spaces are located throughout the community	• A Master Plan that includes increased usable green & open spaces • Building & maintenance of onsite community garden • Incorporation of look-out locations into Master Plan	• Increase in Park Evaluation Score • Increase in square footage of usable green & open space	Green & open spaces are easily accessible & available for enjoyment
Quality Services & Amenities	1. Coordinated, neighborhood-based services 2. Quality amenities in the community	• Increase in # of service providers in the neighborhood • Established agreements with & among service providers to share information & coordinate services	• Increase in # of neighborhood amenities (e.g. libraries, clinics) that residents use • Service partners share data to improve service quality & inform systems change	The neighborhood is rich with high-quality amenities & coordinated services that meet residents' needs

LONG-TERM GOAL: Residents live in a healthy, stable, and well-designed community that meets their needs

FIGURE 12: Rebuild Potrero – Housing Logic Model

CROSS-CUTTING INVESTMENT AREAS: TICB, CASE MANAGEMENT, TECHNOLOGY

INVESTMENT AREAS

	Strategies	Indicators (3 – 5 years)	Indicators (6 – 10 years)	Goals
Mixed-Income Model	1. Public, affordable, & market-rate housing 2. Distribution of housing types 3. Distribution of income ranges	• Completed Master Plan financial plan that supports mixed-income strategy • Market-rate housing achieves 95% average market rate rents/sales • Financial Plan includes distribution of units at 0%–60% Area Median Income (AMI)	• Increase in affordable & market-rate homes in the community • Construction of public, affordable, & market-rate units • Of units built, no more than 50% are of one type (public, affordable, or market)	Housing serves a range of income levels & creates opportunities for community interaction across income levels
Sustainability	1. Energy efficiency & consumption 2. Access & usage of public transportation 3. Maximized indoor air quality & exposure to day light	• LEED ND Planning Certification • Establishment of recycling program • Completed Potrero Neighborhood Transportation Plan by SF County Transportation Authority (CTA)	• New units operate at lower level of energy usage • Decrease % of waste going to landfill • Use of sustainable building materials	Neighborhood design is LEED certified, & new housing minimizes energy requirements & waste generation
Design Excellence	1. Design meets residents' needs 2. Units are indistinguishable by income 3. Safety through design 4. Efficient use of land & space	• Approval of floor plans by SFHA & resident review group • Approval of Master Plan • Inclusion of Crime Prevention Through Enivronmental Design (CEPTD)	• Constructed units meet City & BRIDGE design standards & goals	Housing design enhances the neighborhood character & meets the needs of the residents
Quality Management	1. Management plan supports families' relocation on & off site 2. Responsive management 3. Rule enforcement & consistency	• Average or above average Real Estate Asessment Center (REAC) scores • Resident satisfaction with relocation plan	• High resident return rate to PTA if temporarily relocated • High resident satisfaction with management	Housing is well maintained over time & cash flows to sustain improvements

LONG-TERM GOAL: There is quality mixed-income housing that is well managed and meets the needs of a range of income levels

IV. KEY CROSS-CUTTING INVESTMENTS

The successful implementation of the PARADISE Plan hinges on residents' readiness to engage in social services that support their stability and goals. Key to achieving this emotional readiness is having supportive opportunities for engagement. Trauma-Informed Community Building and Case Management are community-based strategies that support residents and increase the capacity of resident leaders and CBOs to meet the needs of South Potrero families. In addition, investments in the technology infrastructure of organizations serving Potrero ensure that residents and CBOs access timely information to meet resident needs. These three investments are embedded in all focus areas.

A. TRAUMA-INFORMED COMMUNITY BUILDING (TICB)

Description

Community building "…is the active participation of residents in the process of strengthening community networks, programs, and institutions."[i] An essential element of HOPE SF and Rebuild Potrero is a Community-Building Initiative to ensure ongoing resident involvement in all aspects of the change process. The Rebuild Potrero Community-Building Initiative has been underway since 2009 with the goal of building the capacity of residents to improve their quality of life and effect positive change in their community. The implementation of the Community-Building Initiative has involved residents at every step.

BRIDGE recognizes that the success of the Rebuild Potrero Community-Building Initiative is based on an integrated response to the systemic challenges faced by South Potrero residents. Pervasive current and historical trauma demands a community-building approach that takes into account residents' emotional needs and avoids re-traumatization triggers, which "traditional" models of community building may ignore or exacerbate. Just as a "trauma-informed approach" is now accepted as essential for effective service delivery to many individuals living in these communities [ii], a trauma-informed approach to community building is required to create sustainable improvements to their social and physical environment. As a result, BRIDGE, in partnership with San Francisco State's Health Equity Institute, has created a model of community building that recognizes the impact of pervasive trauma on a community and creates a process to address the resulting challenges to traditional community-building approaches. Through intentional strategies that de-escalate chaos and stress, build social cohesion, and foster community resiliency over time, TICB can increase the community's readiness to engage in traditional community-building efforts, programs, and services. The outcomes of effective TICB are the conditions for sustainable individual and community change. They are also the foundation and support for a coordinated program and service delivery system that can address individual and community needs such as mental and physical healthcare, educational attainment, economic self-sufficiency, public safety, and healthy child development.

Principles

Underlying the TICB model are four principles that reflect the beliefs and practices of its resident-centered approach. The principles are not specific procedures but rather a set of values that influence all of the work.

Principle 1: Do No Harm

Be aware of past and current trauma and promote activities, programs, and services that avoid re-traumatizing individuals and the community. TICB recognizes mental health triggers in the community and consciously creates environments that de-escalate stress and provide opportunities for mental health support.

Principle 2: Acceptance

Meet residents where they are, accept the realities of the community conditions, and set expectations accordingly. All members of the community are welcome to participate, and TICB makes every effort to adapt activities to the realities of violence, mental health conditions, substance abuse, and other trauma-related issues.

Principle 3: Community Empowerment

Recognize the importance of self-determination to encourage community investment and that everyone can play a supportive role. Peer support, in particular, promotes a sense of hope and control, and validates individuals' actions as having meaning and value, which is necessary for visioning for the future and actualization of plans.

Principle 4: Reflective Process

Take a sustained approach over multiple generations to improve outcomes in a trauma-impacted community. TICB engages in an ongoing reflective practice that responds to new developments and knowledge, and is constantly adjusting to meet the needs of the community and the overall vision for the neighborhood.

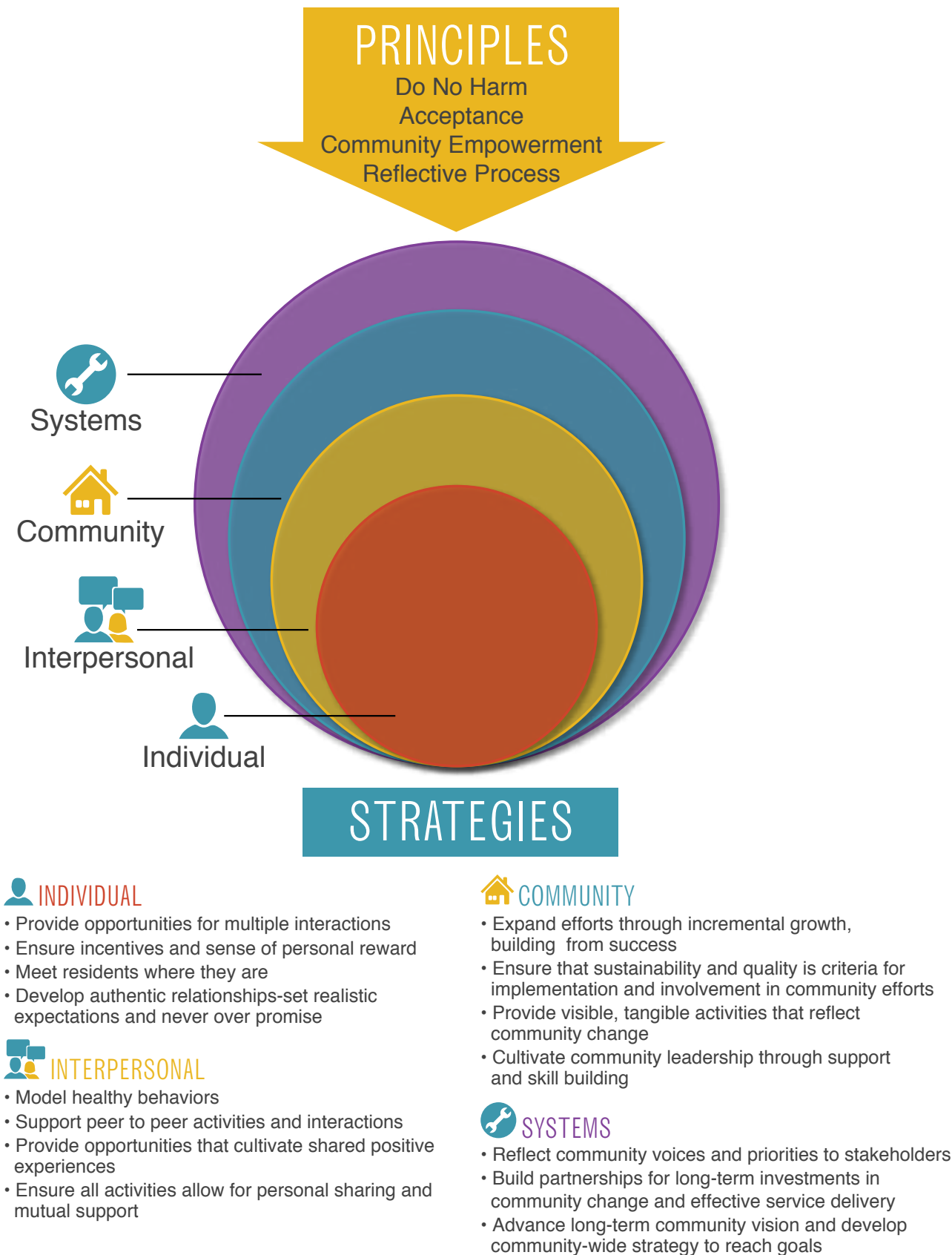### Why and How TICB is Integrated into the Rebuild Potrero Initiative

TICB is envisioned as both a precursor to a successful Rebuild Potrero effort and a practice that runs throughout the life of the project. TICB is not a discrete activity, program, or service; rather, it is a practice that reflects a value for engaging the community throughout the process in a way that acknowledges the cumulative effect of stress and trauma on individual, family, and community functioning, while always maintaining key underlying principles. TICB recognizes the impacts of sustained stress and trauma in all aspects of individual, family, and neighborhood well-being. Its strategies are framed by the social-ecological model, which portrays the interconnectedness of individuals with the social and environmental dynamics that influence them including interpersonal, community, and system factors. TICB proposes a set of intentional strategies at every level of the social-ecological model to have the greatest impact on community outcomes and to ensure the outcomes are sustainable. See Figure 13 on page 17 for an overview of TICB Principles and Strategies. For more information about the TICB Model, see Appendix C or connect to this link for the TICB white paper: http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf.

Though the TICB model does not prescribe a set of activities, the Rebuild Potrero Community Initiative includes a variety of ongoing community-building activities that put the TICB approaches into action. All activities are free and open to the entire community. These activities grew incrementally over time through resident demand and sustained participation levels. The TICB activities include:

- **Potrero Healthy Living Program:** Walking club three times a week, Zumba class twice a week, a monthly healthy living cooking workshop, meditation classes twice a week, and a weekly sober living support group.

- **Potrero Garden Program:** Two community gardens with family garden workdays twice a week, an apprentice jobs program, monthly kids' garden workshop, and adult gardening classes.

- **Healthy Generations Project:** A peer-to-peer program focused on protecting the developmental health of children ages 0-5 by providing parent workshops, parent/child activities, and daily walking school buses to Starr King Elementary School and Daniel Webster Elementary School. The Healthy Generations Project aims to help children build resiliency to Adverse Childhood Experiences.

- **Potrero Community-Wide Events:** Several times a year, community-wide events are held to bring the diverse communities of Potrero together for a shared positive experience and to build a sense of social cohesion. The community events are organized and implemented by event committees consisting of public housing residents, South and North Potrero community members, and other Potrero stakeholders.

FIGURE 13: TICB Principles and Strategies

PRINCIPLES
Do No Harm
Acceptance
Community Empowerment
Reflective Process

Systems
Community
Interpersonal
Individual

STRATEGIES

INDIVIDUAL
• Provide opportunities for multiple interactions
• Ensure incentives and sense of personal reward
• Meet residents where they are
• Develop authentic relationships-set realistic expectations and never over promise

INTERPERSONAL
• Model healthy behaviors
• Support peer to peer activities and interactions
• Provide opportunities that cultivate shared positive experiences
• Ensure all activities allow for personal sharing and mutual support

COMMUNITY
• Expand efforts through incremental growth, building from success
• Ensure that sustainability and quality is criteria for implementation and involvement in community efforts
• Provide visible, tangible activities that reflect community change
• Cultivate community leadership through support and skill building

SYSTEMS
• Reflect community voices and priorities to stakeholders
• Build partnerships for long-term investments in community change and effective service delivery
• Advance long-term community vision and develop community-wide strategy to reach goals

B. CASE MANAGEMENT

Description
PTA Residents are challenged by multiple risk factors, including intergenerational poverty, poor living conditions, low academic achievement, and high levels of stress. Case management is necessary to coordinate all programs and services and ensure that families are accessing appropriate neighborhood assets, supports, and resources.

Principles/Best Practices
This case management model is framed by four best practices:

• Trauma-informed approach

• Well-trained staff that understands the South Potrero population

• Psychosocial support

• Volunteer peer-to-peer support

The Rebuild Potrero Transformation Plan recommends a case management approach in which each resident will have the opportunity to engage with a dedicated case manager who will help them navigate systems, engage in services, and receive support, so they can improve outcomes for themselves and their families. The case canagement process will include a strengths-based needs assessment to better understand family members' mental health; drug management and alcohol history; and social, emotional, and practical support needs.

In addition, the case management model includes a strong peer-to-peer support approach. Residents will have the ability to sign up with a volunteer peer helper who will offer ongoing psychosocial and peer support. Experience indicates that many residents living in communities like South Potrero become increasingly isolated due to health issues, violence, loss of family members and friends, or lack of family support. Likewise, even when a client's health improves it can often be difficult to move from the feeling of isolation to more active participation in a social environment. Thus, an important component of this case management model is the flexibility to participate with families in outside social activities. Volunteer psychosocial support has therapeutic benefit but is not professional therapy. Rather, the model of peer-to-peer psychosocial support is built upon training volunteers to provide skilled and practical support, while maintaining clear boundaries.

Why and How Case Management is Integrated into the Rebuild Potrero Initiative

This dual model of case management – matching residents with a professional case manager and volunteer peer support – is efficacious and cost effective. The approach allows case workers to focus on providing a deep and skilled level of services to residents. Peer volunteers extend the case worker's caseload and provide practical and social support to residents on a regular basis.

All staff and volunteers receive training on a non-directive, client-centered mode of communication that is grounded in the skills of active listening, harm reduction, and compassionate presence. Possession of these skills enables clients to accept case management staff and volunteers as trusted advocates and non-judgmental peer supporters. The result is that staff and volunteers are uniquely positioned to facilitate action steps, such as assisting clients to develop and ask questions about healthcare/treatment options and helping clients to access information about social service resources, educational opportunities, or community-building events that may promote their sustained engagement in health-enhancing behaviors.

C. TECHNOLOGY

Description
Potrero Terrace and Annex struggles with digital access, resulting in limited or no access to technology by residents and service providers. Consequently, BRIDGE seeks to integrate technology infrastructure into Rebuild Potrero, increasing internet access and capacity for residents, supporting technology-based programming, and building the data capacity of service partners for data sharing and data management for program improvement. This work will be accomplished through an investment in broadband infrastructure, training and technical assistance to program partners, and development of a data system that all program partners will use to track impact and outcome metrics.

Why and How Technology is Integrated into the Rebuild Potrero Initiative
Neighborhood-serving nonprofits that participated in the CBO Assessment identified technology as a high-need area for capacity building. The needs include more and improved hardware and software infrastructure, so organizations have the equipment (e.g., computers, servers, etc.) they require to work more productively and also to get "real-time" client information. Key to this effort is training for staff on how to use technology effectively and efficiently. In addition, an investment in high-speed internet and infrastructure is needed to ensure hardware and software can run quickly and reliably. Internet access also allows staff to provide technology-based programming (e.g., computer lab) to residents who often lack digital access or skills. By taking these steps, CBOs would see improved service delivery, information management, and outcomes tracking.

Rebuild Potrero can support the development of technology infrastructure by embedding a technology strategy in the redevelopment. This strategy includes creating high-speed and Wi-Fi access throughout public areas, identifying and purchasing a common-outcomes tracking database for use by all service partners, and offering centralized training and product demonstrations to implementation partners.

All three investment areas – TICB, case management, and technology – will support implementation of the strategies and actions outlined in the theory of change and logic models. To ensure that TICB, case management, and technology are embedded in all aspects of program implementation, identified partners will be trained on each concept and receive technical assistance around how to incorporate the three investments into their work. The goal is to create an integrated service system in which all partners' individual work is tied to a collective approach to achieving outcomes.

V. CORE INVESTMENT AREAS

This section contains the PARADISE Plan's five core investment areas that fall within the People and Neighborhoods logic models. Each investment area includes:

- **Overview** – Definition of the investment area and explanation of its importance, and data highlights and information from the Community Needs Assessment (e.g., PTA Household Survey and other baseline data from numerous city and county sources) describing current conditions in PTA.

- **Goal** – The intended result of the recommended strategies for the given investment area.

- **Strategies and Actions** – A description of each recommended strategy that will contribute to the accomplishment of the overall goal, along with the specific action(s) to achieve each strategy. Strategies and actions reference programmatic goals that meet residents' needs as well as systems-level investments that impact the institutions that serve residents.

Investment Area 1: Early Childhood Education

A. Overview
Early Childhood Education is a term that refers to educational programs and strategies for children from birth to the age of eight. Due to the significant brain growth that occurs during early childhood, these years build the base for subsequent development and learning.[iv] Early learning programs can level the playing field for children from lower-income families in vocabulary and social and emotional development, while helping students to stay on track and stay engaged in the early elementary grades.[v] Furthermore,

> "Kindergarten readiness is not just a function of a child's cognitive skill development; it is also a function of their personal development and social behavior. Recent brain research indicates that the most important factors for long-term emotional and mental health are parental attention, calm environments, and loving, nonviolent interactions. These factors have been shown to enhance the brain's resiliency for handling life's challenges."[vi]

Unfortunately, too few PTA children are prepared to learn by the time they enter kindergarten:

- Roughly two out of every three children living in zip code 94107 (Potrero Hill) who were eligible for a child care subsidy in 2007 did not receive one, compared to one out of every two children city-wide.[vii]

- Only one in three (34%) children in surveyed households between the ages of 3 and 4 are enrolled in child care. [viii]

- PTA children who are not enrolled in child care are predominantly cared for by their biological parents (82%). [ix]

B. Goal
Based on the above information and statistics, the goal for the early childhood education investment area is: **Children have the cognitive, social, and emotional skills needed for kindergarten success.**

C. Strategies and Actions
Four key strategies and their corresponding actions will be implemented to achieve the early childhood education goal.

Strategy 1.   Preschool Enrollment
a. Action: Increase enrollment of PTA four-year-old children in Preschool for All[3] (PFA) programs
- Programmatic goals
  1. Increase preschool enrollment
  2. Increase awareness of programs
  3. Increase access to high-quality early education providers
- Systems-level investments
  1. Increase number of preschool slots and subsidies
  2. Develop a collaborative system for neighborhood-serving preschools to share referrals/resources/waiting lists for preschool and other supports

Strategy 2.   Onsite Preschool
a. Action: Design and build a high-quality preschool facility onsite
- Programmatic goals
  1. Increase access to high-quality early education
- Systems-level investments
  1. Increase number of preschool slots and subsidies
  2. Leverage investment in subsidized preschool programs such as Head Start, PFA, and others to serve as a foundation for secured funding to sustain the operations of a new facility

Strategy 3.   Parenting Support and Education
a. Action: Increase two-generation parenting support and education programs[4] for South Potrero parents that strengthen adult capacities to improve child outcomes
- Programmatic goals
  1. Create positive family dynamics
  2. Augment access to services and skills
  3. Support education and learning
  4. Empower parents to modify their behavior as early as possible in their children's lives
  5. Kindergarten readiness[x]
- Systems-level investments
  1. Seek funding to maintain and expand existing two-generation parenting support and education programs in PTA
  2. Provide and/or build adequate program space

* Quotes are predominantly from PTA residents as expressed during the PTA Household Survey or in community meetings. Some comments were made by other Potrero Hill community members and stakeholders at community meetings as well.

Strategy 4.   Prenatal Visitation
a. Action: Develop partnerships with nearby, high-quality prenatal programs to increase prenatal visitation for pregnant and parenting South Potrero women

3 The San Francisco Children and Families Commission's (First 5 San Francisco) Preschool for All (PFA) Program offers Universal Preschool for the City's children. The desire is for every child to have equal access to a high-quality preschool program. Funded by Proposition H, PFA is a citywide program that offers free and reduced-cost preschool for four-year olds who reside in San Francisco County, regardless of family income and includes both private and public preschools. (Source: First 5 SF, http://www.first5sf.org/programs/preschool-all.)

4 "Two-generation approaches focus on creating opportunities for and addressing needs of both vulnerable parents and children together."(Source: Ascend – Aspen Institute, http://ascend.aspeninstitute.org/pages/the-two-generation-approach#sthash.ygSRuWF5.dpuf.)

- Programmatic goals
  1. Promote children's health and development
  2. Strengthen families
  3. Improve family economic stability (e.g., defer subsequent pregnancies, allowing mothers to work to support family income)
  4. Reduce maternal stress
  5. Have positive effect on infant birth weight[xi]
- Systems-level investment
  1. Assist existing local, high-quality prenatal services providers with fund development to enable their delivery of a full range of programming to more clients

Investment Area 2: K-12 Education

A. Overview
Education facilitates upward mobility, so a young person's academic performance greatly determines their career and life trajectory. For a variety of reasons (e.g., absenteeism, low test scores, etc.), a low percentage of PTA youth graduate from high school. Several chronic absenteeism studies indicate that attendance rates are a good predictor of academic performance and likelihood of graduation.[xii] Research also shows that participation in high-quality Out-of-School Time (OST) activities helps improve "attendance, behavior, and coursework."[xiii]

Below are some statistics highlighting current conditions in PTA.

- In 2011, the number of five to twelve year olds (elementary and middle school-age youth) in PTA was 274. Fifty-three percent of these children were chronically absent.[xiv]

- Three out of four (75%) PTA students scored at Basic, Below Basic, or Far Below Basic in the Math and English portions of the California Star Test. [xv]

- During the 2010-11 school year, over half (52%) of Potrero Terrace and Annex students were not enrolled in any OST programs.[xvi]

- Only 55% of PTA residents have obtained a high school diploma or General Educational Development (GED) credential. [xvii]

B. Goal
Based on the above information and statistics, the goal for the K-12 education investment area is: **Youth graduate from high school, college and career ready.**

C. Strategies and Actions
Five key strategies and their corresponding actions will be implemented to reach the goal.

Strategy 1.   School Attendance
a. Action: Determine the barriers to attendance and implement solutions to address the main barriers
- Programmatic goals
  1. Increase school attendance
  2. Raise parent/caregiver awareness of the importance of attendance and education
- Systems-level investment
  1. Work in partnership with San Francisco Unified School District (SFUSD) to improve truancy notification rates and other mitigation measures

Note: Other programmatic goals and systems-level investments are dependent upon the identified barriers to attendance, and they will be added as deemed necessary.

Strategy 2. Local School Enrollment
    a. Action: Assist PTA parents and guardians in completing the SFUSD enrollment application form to increase the likelihood of their being assigned a neighborhood school[5]
      • Programmatic goals
        1. Increase capacity of parents and guardians to complete enrollment application
        2. Increase enrollment in local schools

      • Systems-level investment
        1. Work with SFUSD to make the enrollment application process more user-friendly (e.g., translated materials, assistance with completing application and compiling requested documentation, etc.)

Strategy 3. Out-of-School Time (OST) Programming (Afterschool and Summer)
    a. Action: Identify existing and new OST providers that can expand programming for neighborhood children

""Schools should offer afterschool tutoring. Students tutoring students."

      • Programmatic goals
        1. Foster academic achievement
        2. Promote engagement and task persistence
        3. Promote youth development
        4. Reduce and prevent youth crime during after school hours [xviii]
        5. Help students maintain their academic year gains and start a new academic year at grade level [xix]
      • Systems-level investment
        1. Engage more high-quality OST providers to serve at all local schools and community centers

"More sports for the children; have sports and cultural and social activities."

Strategy 4. High School Credit Recovery and California High School Exit Exam (CAHSEE) Preparation
    a. Action: Work with existing and new providers to offer more programs for High School Credit Recovery and CAHSEE Preparation
      • Programmatic goal
        1. Help vulnerable youth get back on track toward high school graduation

      • Systems-level investments
        1. Provide sufficient funding to adapt to the California Department of Education's new Common Core[6] curriculum
        2. Implement a district-wide approach to continue to find ways for high school youth who are falling behind to catch up and earn their diploma

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5 SFUSD has a choice system, which means parents/ guardians can apply to have their child attend any school in the District. Some of Potrero's local schools have specialized programs that draw students from outside the neighborhood. For example, Starr King Elementary has a Mandarin Immersion Program and Program for Autistic Students, and Daniel Webster Elementary has a Spanish Immersion Program. Also, the International Studies Academy, with grades 6 – 12, is a small school, and KIPP San Francisco College Preparatory is a public charter high school, which are appealing to parents and students who reside in and outside of Potrero.

6 Common Core State Standards: In 2010, more than 40 states adopted the same curriculum standards. These standards are called the Common Core State Standards (CCSS). The Common Core is a set of clear college- and career-ready standards for kindergarten through 12th grade in English, language arts/literacy, and math. Having the same standards helps all students get a good education, even if they change schools or move to a different state. Teachers, parents, and education experts designed the CCSS to prepare students for success in college and the workplace. (Source: California Department of Education, http://www.cde.ca.gov/re/cc/tl/whatareccss.asp.)

Strategy 5. Parental Involvement
    a. Action: Encourage and support parents and primary caregivers to become more active in their children's academic success through structured activities and education
      • Programmatic goal
        1. Bolster parental involvement through education, capacity building, and support

      • Systems-level investment
        1. Once a case management partner is identified, that organization will include as part of its intake process an assessment of each client's need for this type of extra support

Investment Area 3: Economic Security

A. Overview
Most adults living in PTA do not work, and lack of employment for residents leads to economic insecurity and impacts their ability, and oftentimes their desire, to look ahead to a brighter future. There are multiple reasons for the lack of work including, but not limited to, chronic health conditions, lack of education and skills, lack of transportation, lack of motivation, and difficulty overcoming barriers related to former incarceration or addiction. As a result, PTA residents experience a high rate of poverty.

Below are some statistics highlighting current conditions in PTA.

    • During the 2010-11 fiscal year, 64%, about two-thirds, of PTA families lived under the Federal Poverty Level (adjusted for family size). [xx]

    • The average annual household income in 2010-11 for PTA households was $14,028, [xxi] while the median income city-wide was more than $71,000. [xxii]

    • While 75% of PTA households under age 65 received at least one type of public benefit,[xxiii] some residents eligible for government assistance are not applying to the full array of entitlement programs. According to the household survey, benefits participation rates do not exceed 25% for any one benefit.

    • Fifteen percent (15%) of PTA Household Survey respondents are employed part time, and 13% are employed full time.

    • The 2013 PTA household survey found that 26% of adults are out of work and actively looking for a job. Adult residents cite a wide array of reasons as to why they are out of work. Among these reasons are: physical disability (29%) (primarily caused by back, neck, or shoulder injury and knee or leg pain), family obligations (10%), enrollment in training program (8%), and temporary illness (7%).

B. Goal
Based on the above information and statistics, the goal for the Economic Security investment area is:
Families can pay their monthly bills and build their financial assets.

"We recommend having free GED onsite education, with teaching not just showing movies. Offer incentives; provide childcare."

C. Strategies and Actions
Four key strategies and their corresponding actions will be implemented to reach the goal.

Strategy 1. Job Skills Development and Financial Asset Building
    a. Action: Work with existing and new economic opportunity providers to offer more skills development training, education programs, and coaching for financial asset building for youth, adults, and seniors
      • Programmatic goals
        1. Manage credit (e.g., creating a household budget and addressing debt)
        2. Increase income (e.g., obtaining a good job and receiving public benefits)
        3. Build savings and assets (e.g., first-time homebuyer programs and match-savings accounts)

4. Acquire education and training (e.g., computer skills) needed to secure a good job [xxiv]
- Systems-level investment
  1. Establish a nearby one-stop economic empowerment hub for low-income families located at a school or community center

Strategy 2. Job Placement and Retention
a. Action: Increase resident awareness of and access to job placement and retention services in the neighborhood and elsewhere
- Programmatic goals
  1. Raise awareness of job placement and retention services
  2. Increase usage of job placement and retention services
- Systems-level investment
  1. Continue and strengthen partnerships with Office of Economic and Workforce Development (OEWD) and other providers to improve outreach to residents

"[We should have a] Community Center supporting all ages with opportunities for employment – community focused."

b. Action: Partner with the City and CBOs to increase the number of workforce programs on or near the site
- Programmatic goals
  1. Increase access to job placement and retention services
  2. Increase usage of job placement and retention services
- Systems-level investments
  1. Work with OEWD and other CBOs to identify high-quality providers to bring to Potrero
  2. Establish a One-Stop Career Links Center [xxv]
  3. Ensure that wraparound retention services are available, especially for those individuals who have been out of the workforce for an extended period of time and for those who have never worked

c. Action: Increase number of affordable child care slots
- Programmatic goal
  1. Connect working parents and caregivers with affordable and convenient care
- Systems-level investments
  1. Refer to systems-level investments for Early Childhood Education Action 1a and 2a for details

d. Action: Increase transportation options from South Potrero to greater San Francisco
- Programmatic goal
  1. Increase transportation options for PTA workers
- Systems-level investment
  1. Work with San Francisco Metropolitan Transportation Authority (SFMTA) and San Francisco County Transportation Authority (SFCTA) to leverage funding to offer more transportation alternatives

Strategy 3. Earned Income Tax Credit (EITC) and Volunteer Income Tax Assistance (VITA) Programs[7]
a. Action: Recruit local organizations to offer yearly onsite tax preparation services

7 EITC is a benefit for working, low to moderate-income families that can help reduce families' tax penalties or result in a tax refund. VITA is a national program in which volunteers provide free tax return assistance to low-income, elderly, disabled, and those with limited English proficiency (LEP). Both programs are anti-poverty programs that seek to help low-income and working families keep their assets through special tax credits as they complete their tax returns. In 2012, the EITC lifted about 6.5 million people out of poverty, including about 3.3 million children. The IRS estimates that 25% of eligible taxpayers are not claiming their EITC. (Source: Internal Revenue Service, http://www.eitc.irs.gov/EITC-Central/abouteitc and http://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers.)

- Programmatic goals
  1. Increase number of residents completing a tax return
  2. Help low-income workers keep more of their assets
- Systems-level investment
  1. Identify local, high-quality EITC and VITA providers and space to offer tax preparation services

Strategy 4. Benefits Enrollment
a. Action: Residents will participate in assessment processes to identify and gain access to all public benefits for which they are eligible[8]
- Programmatic goal
  1. Once a case management partner is identified, that organization will include as part of its intake process an assessment of each client's benefits eligibility
- Systems-level investments
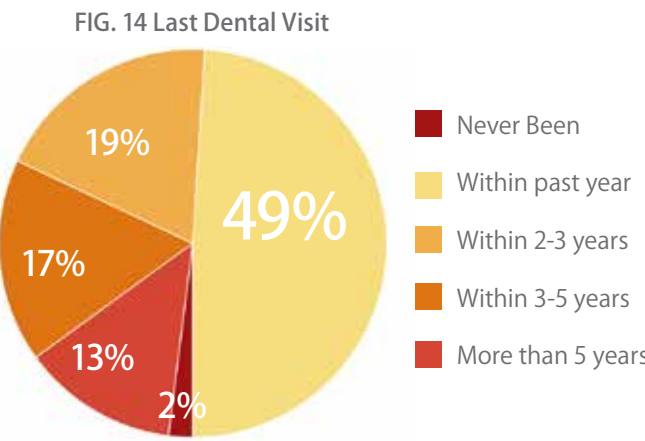 1. Work closely with entitlement programs administrators to facilitate resident enrollment

Investment Area 4: Health and Wellness

A. Overview
Many studies have shown that there is a direct correlation between economics and health outcomes (e.g., those who are financially secure have better health and wellness than those who live in poverty). PTA residents experience high levels of chronic disease and disability and compromised food access. In order for health and wellness to improve in PTA, there must be a focus on promoting wellness and preventing disease rather than waiting until disease occurs and impacts residents' ability to work and/or care for their children.

Below are some statistics highlighting current conditions in PTA.

- In 2003-2005 resident data for zip code 94107, which includes PTA, showed far higher rates of acute care hospitalizations for adult and pediatric asthma, diabetes, lung disease, and heart failure than San Francisco as a whole. These rates are more than double, and often triple, the rate for all San Franciscans. [xxvi]

- Only half (49%) of PTA survey respondents have been to dentist in the past year, and almost one-third (30%) have not visited in three years or more (see Figure 14).

- One-third (33%) of Potrero public housing residents are classified as disabled by the Social Security Administration's Supplemental Security Income program and/or the San Francisco Housing Authority. [xxvii]

- Zero percent (0%) of PTA residents and 22% of Potrero Hill residents live within a half-mile of a large retail food store (e.g., supermarket), compared to 65% of San Francisco residents. [xxviii]

- In reaction to ongoing fear and stress, many residents are forced to remain indoors, restrict children's play outside, turn inward, and become isolated. As a result, community connections suffer and mistrust between residents grows. [xxix]

FIG. 14 Last Dental Visit

- 49% — Within past year
- 19% — Within 2-3 years
- 17% — Within 3-5 years
- 13% — More than 5 years
- 2% — Never Been

Legend:
- Never Been
- Within past year
- Within 2-3 years
- Within 3-5 years
- More than 5 years

8 "A central goal of HOPE SF is to help residents move out of poverty. There are two ways of conceptualizing what it means to 'move out of poverty': economic self-sufficiency and economic well-being. Economic self-sufficiency is defined as the ability for a household to have a decent standard of living (supported by housing subsidies) but without dependence on other public benefits (cash transfers, food stamps, and public health insurance). Yet economic self-sufficiency is not a reasonable goal for every family. For some families the goal should be economic well-being, which entails a decent standard of living in which income is supplemented by public benefits in addition to housing subsidies (just as seniors' income in the U.S. is supported partly by Social Security and Medicare)." (Source: Learning for Action (LFA), HOPE SF Baseline Evaluation Report, June 2012, page 58.)

B. Goal
Based on the above information and statistics, the goal for the Health and Well-Being investment area is: **Families are healthy and prepared to manage their own health and well-being.**

C. Strategies and Actions
Three key strategies and their corresponding actions will be undertaken to reach the goal.

Strategy 1. Accessible Health Activities
   a. Action: Tap into the rich network of community assets to offer more fun, practical, and
      interactive health activities for children, youth, families, and seniors
   - Programmatic goals
      1. Promote wellness
      2. Support community building
   - Systems-level investment
      1. Leverage existing funding to expand offerings of health activities

> "I'm always happy. I'm healthy, go on walks with my son, and try to have as much time with him. Spending time with my son makes me happy every day."

Strategy 2. Food Security
   a. Action: Expand the community gardening program
   - Programmatic goals
      1. Increase access to organic fresh produce
      2. Contribute to positive physical and mental well-being of residents
   - Systems-level investments
      1. Leverage funding to expand existing community garden and create more
         edible gardens

Strategy 3. Healthcare Access and Utilization
   a. Action: Restructure San Francisco Department of Public Health's (SFDPH) clinic assignment system to
      enable the local clinic, Potrero Hill Health Center (PHHC), to serve more PTA residents[9]
   - Programmatic goals
      1. Increase percentage of PHHC patients' who are PTA residents
      2. Increase resident access to primary and dental care
   - Systems-level investment
      1. Advocate for a systems change at the San Francisco Department of Public Health, so more
         PTA residents can select PHHC as their medical home

   b. Action: Increase awareness of where PTA residents can find other health care services (e.g., dental,
      vision, etc.) that are often not offered or not fully covered by government health programs

> "Medi-Cal won't cover dental or glasses."

   - Programmatic goals
      1. Increase resident access to care not covered or partially covered by government medical
         insurance, especially dental and vision

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9 The PTA community is served by one neighborhood health center, the Potrero Hill Health Center. However, even though PHHC desires to serve more residents that live in the adjacent community, there are systemic challenges that hinder the Center's ability to directly increase the number of PTA residents that they serve. There is currently no "open" policy that allows for residents to "walk in" and register. Instead, there is a centralized intake system that often results in residents' being assigned to health centers that are not in their neighborhood, which can decrease utilization of health-care services if transportation challenges hinder their ability to get there.

2. Improve overall health and well-being through more comprehensive usage of medical
   services
- Systems-level investment
   1. Identify and leverage funding to support a case management agency to assist residents in
      assessing their health gaps and identifying medical providers that can meet dental and
      vision needs

   c. Action: Increase transportation options from South Potrero to greater San Francisco
   - Programmatic goal
      1. Improve ability to find affordable and convenient transportation for all medical needs
   - Systems-level investments
      1. Identify and leverage funding to support a case management agency to assist residents in
         assessing their barriers to health care assess
      2. Work with (SFMTA) and San Francisco County Transportation Authority (SFCTA) to leverage
         funding to offer more transportation alternatives
      3. Determine feasibility of partnering with Lift Hero, Uber, or Lyft to provide transportation

Strategy 4. Peer-to-Peer Support
   a. Action: Establish a trauma-informed peer-to-peer health program that promotes
      holistic health and well-being (physical and mental health)

> "Overall, I am healthy. It's just my allergies that mess with me. And also I have chronic PTSD."

   - Programmatic goals
      1. Provide health support and prevention tools to youth, adults, seniors, and families
      2. Enhance readiness for effective service delivery to PTA community
   - Systems-level investments
      1. Leverage funding to expand existing peer-to-peer health programs at PTA
      2. Secure new funding sources to add at least one new peer-to-peer program

Investment Area 5: Public Safety

A. Overview
Establishing public safety is among local government's fundamental obligations to its residents. The safety of one's person and security of one's property are widely viewed as basic human rights and are essential to the community's overall quality of life. When residents are not, and do not feel, reasonably safe, other critical local government functions such as economic development, government finance, public education, stable housing, and basic local government services become that much more difficult to provide. In short, a community's public safety reputation influences its appeal as a location to open a business or raise a family. [xxx]

As the Rebuild Potrero Initiative continues along the journey of transforming the place and the people, which includes recruiting new low-income and market rate homebuyers, public safety challenges must be addressed. The crime rate in the South Potrero neighborhood is significantly higher than the relatively low crime rate throughout San Francisco. A joint effort between the community and the police department must be implemented to begin to increase the public safety of the neighborhood and make it a place where families feel like they can raise their children and live comfortably and safely.

Creating a safe Potrero Hill is a priority for many in the community. Unfortunately, crime and violence are unacceptably high, which adversely impacts the entire Potrero community, especially youth and young adults.

Below are some statistics highlighting current conditions in PTA.

- Only half of respondents felt "safe" or "very safe" around the streets where they live (54%) and in neighborhood parks and playgrounds (49%). [xxxi]

- PTA's 2008-10 violent crime rate, 40.2 per 1,000 residents, was five times greater than the city-wide rate, 7.6 per 1,000 residents. [xxxii]

- Thirty-two percent of PTA Household survey respondents reported that joining gangs, cliques, or crews occurred frequently in PTA.

If Potrero could have a huge park for the kids, and be a drug free neighborhood for it to be more peaceful. [We could use] police 24/7, around the clock security surveillance."

B. Goal
Based on the above information and statistics, the goal for the Public Safety investment area is:
Residents, especially children, can congregate and play safely outside.

C. Strategies and Actions
Three key strategies and their corresponding actions will be implemented to reach the goal.

Strategy 1. Opportunities for Youth and Young Adults
a. Action: Provide more recreation, education, employment, and other enrichment programs for youth and young adults

"[Offer p]art-time work in the community for adolescents during vacation time."

- Programmatic goals
  1. Provide alternatives for young people
  2. Provide realistic opportunities for youth and young adults who engage in violent behavior, so they can stay the course in turning their lives around

- Systems-level investment
  1. Work with Department for Children, Youth, and their Families (DCYF), OEWD, other city agencies, and service providers to ensure adequate programming and funding for youth and young adult programs and services

Strategy 2. Strong and United Community Leadership
a. Action: Foster and increase the number of strong community leaders through leadership development and emergency response training

"Young people should also develop strategies to better their communication with the police."

- Programmatic goals
  1. Strengthen leadership and preparedness skills in areas such as advocacy, communication, and emergency response
  2. Increase number of residents receiving training and technical assistance

- Systems-level investment
  1. Ensure adequate funding is available for training and post-training technical assistance to guide residents in the application of new skills

b. Action: Coordinate actions amongst all SF SAFE watch groups on Potrero Hill
- Programmatic goals
  1. Improve coordination and unity among all SF SAFE groups in Potrero Hill

2. Strengthen relationships and trust among all members of all Potrero Hill SF SAFE groups
- Systems-level investment
  1. Ensure SF SAFE has adequate funding and staffing to support all its neighborhood watch groups

Strategy 3. Community-Police Partnership
a. Action: Maintain consistent staffing of community police officers in the neighborhood
- Programmatic goals
  1. Re-establish walking patrol
  2. Increase officer knowledge of community and its residents and community knowledge of its community policing officers
  3. Promote positive interaction and relationship building between officers and community members

- Systems-level investments
  1. Determine best location for Potrero police substation, which balances optimal policing and community building
  2. Coordinate with all relevant parties (Housing Authority, SFPD, etc.) to ensure substation is fully-functional and properly outfitted

"Police officers are scared of public housing residents- they assume we're perpetrators of crime as opposed to victims of crime."

b. Action: Improve community-police rapport through increased dialogue and training
- Programmatic goals
  1. SFPD and Potrero Safety Advisory Group (PSAG) – PTA's SF SAFE watch group – improve in key areas such as communications, emergency response protocols, and team/community building as a result of trainings
  2. General PTA resident population is better informed, skilled, and prepared as a result of trainings offered by PSAG in the above areas

- Systems-level investments
  1. SFPD, HOPE SF, and PSAG coordinate to make time and space for dialogue between SFPD and community residents at venues such as PSAG's resident forum and to ensure timely follow-up to each gathering
  2. SFPD, HOPE SF, and PSAG commit time and resources to conduct and participate in trainings and to ensure adequate funding for post-training technical assistance

c. Action: Develop an effective public safety strategy in partnership with SFPD, City Probation Departments, HOPE SF, CBOs, and community members
- Programmatic goals
  1. Integrate more employment and enrichment programs into the public safety strategy
  2. Increase cross-department and cross-sector collaboration on public safety

- Systems-level investment
  1. Ensure adequate resources to foster greater cross-department and cross-sector collaboration

VI. IMPLEMENTATION PLAN

Successful implementation of the PARADISE Plan is dependent on strong collaborative relationships among BRIDGE Housing, HOPE SF, the City Services Team (representing different city departments such as the Department of Public Health), service partners, and Potrero Terrace and Annex residents. Once Phase One of construction is completed, this team should also include Property Management and Asset Management to ensure linkages between services and housing. Cross-sector collaborations can be challenging, particularly with a politically, socially, and financially-complex project such as Rebuild Potrero. The Implementation Plan is a guide outlining strategies, priorities, and goals for seeing the PARADISE Plan through to its desired outcomes.

The Implementation Plan is organized into two sections. Section I includes a summary of potential implementation partners, including common systems and capacity needs. Section II provides concrete recommendations and priorities for engaging partners in implementation of the PARADISE Plan.

SECTION I: POTENTIAL IMPLEMENTATION PARTNERS

A. The Context of HOPE SF
Rebuild Potrero is one of several public housing redevelopment projects composing HOPE SF, San Francisco's city-wide initiative to transform the most distressed public housing into mixed-income, mixed-use developments. Launched in 2007 under then-Mayor Gavin Newsom and then-Supervisor Sophie Maxwell of District 10, the initiative seeks to integrate housing development, programs and services, and neighborhood improvements to create sustainable and positive outcomes for families. Under current Mayor Edwin M. Lee, the commitment to HOPE SF continues; Mayor Lee created a new cabinet-level HOPE SF Director position (filled by Tomiquia Moss) to build the infrastructure of HOPE SF and link the initiative to city departments and programs.

Under Ms. Moss's leadership, HOPE SF's five-year (2014-19) programmatic priorities include:

- Trauma-informed service delivery and community building
- Peer-to-peer programs to meet target social, educational, and developmental outcomes
- Youth development and leadership opportunities
- Family goal-setting to support economic outcomes and family economic stability (modeled after Crittenton Women's Union's Mobility Mentoring program)
- Family engagement and preschool opportunities to support early childhood education
- Case management to support individuals and families
- Resident leadership opportunities
- City-led improvements in HOPE SF neighborhoods
- Public safety in housing and surrounding neighborhoods

To meet these programmatic goals, Ms. Moss and her team have identified key initiative goals for 2014-2015:

- Clarify the roles, scope, goals, and outcomes for all HOPE SF stakeholders
- Build commitment for HOPE SF among city staff
- Evaluate work that has been done to date at existing HOPE SF sites
- Document existing best practices among HOPE SF sites and use these findings to refine strategic priorities
- Establish a Learning and Innovation Center to develop and research pilot programs, and to build capacity of institutions and organizations to implement best practices
- Work with HOPE SF stakeholders to prioritize programs for economic mobility and self-sufficiency

The current PARADISE Plan is aligned with these priorities and goals, particularly around programmatic priorities. However, the PARADISE Plan is also intended to be adaptive to changing community needs, city-wide opportunities, and HOPE SF priorities.

B. Recommended Implementation Partners
KDG Enterprises, Inc. (KDG) and Community Technology Network (CTN) were hired by BRIDGE Housing to identify potential partners, assess their interest in Rebuild Potrero, and understand their organizational, technological, and programmatic capacity needs. To accomplish this, KDG and CTN met with potential partners in an assessment that included a discussion of Rebuild Potrero and the PARADISE Plan and a face-to-face interview using a 25-item assessment tool (see Appendix D). All organizations were told that participation in the assessment did not guarantee selection into the partnership or funding. The vast majority of organizations that were contacted agreed to participate in the interview. Brief descriptions of recommended partners are presented in Appendix E.

The first wave of interviews targeted organizations that currently serve Potrero Hill in some capacity. These organizations were prioritized out of a desire to build on existing relationships and community investments. Additional organizations that could address unmet community needs or expand capacity were interviewed at a later date. The goal was to link potential partners to the specific strategies, goals, and outcomes of the logic model. Organizations that participated in the CBO Assessment were asked to review each logic model core investment area (Early Childhood Education, K-12 Education, Economic Security, Health and Wellness, and Public Safety) and identify the area(s) that were most closely aligned with their work in South Potrero. In addition, KDG matched organizations that did not participate in the assessment with investment areas. Figure 15 presents the PARADISE Plan investment areas, strategies, recommended partners, and a brief rationale for the recommendation.

FIGURE 15: Cross-walk of logic model investment areas, strategies, and recommended partners

Recommended Strategy	Recommended Partners	Rationale
Investment Area 1: Early Childhood Education		
Preschool Enrollment	• The Potrero Hill Neighborhood House (NABE) • First 5 San Francisco (First 5 SF) • Potrero Kids • Wu Yee Children's Services • SFUSD - Starr King Pre-K	• The NABE houses the local Head Start (HS) and Early Head Start (EHS) programs. • First 5 provides funding and technical assistance (TA) to Preschool For All programs. • Potrero Kids is a local provider receiving TA from First 5 as they seek to become a PFA site in Fall 2014. • Wu Yee operates the local HS and EHS programs. • SFUSD - Starr King Pre-K operates a local PFA site

Recommended Strategy	Recommended Partners	Rationale
Onsite Preschool	• First 5 • Good Samaritan Family Resource Center • Kai Ming Preschool	• First 5 provides funding and technical assistance to PFA programs. • Good Samaritan and Kai Ming have been successful at integrating different funding streams, types of programs (half day or full day), and cultures and ethnicities into successful programming.
Parenting Support and Education	• Healthy Generations Project (HGP) • Urban Services YMCA – Potrero Hill Family Support Center (FSC) • Homeless Prenatal Program (HPP)	• HGP, FSC, and HPP have programs that include parent engagement, support, and education that serve South Potrero children and families.
Prenatal Visitation	• HPP • San Francisco General (SFG) Hospital Maternal Health Program • UCSF Medical Center- Mission Bay, Prenatal Program	• HPP has provided prenatal services to South Potrero families for over 30 years. • SFG is a primary provider of prenatal services. • UCSF Medical Center opens Mission Bay hospital in Spring 2015.
Investment Area 2: K-12 Education		
School Attendance	• HGP • The NABE • SFUSD, Student, Family and Community Support Dept., Office of Pupil Services "Stay in School Coalition"	• HGP's walking school bus program is increasing attendance for Starr King and Daniel Webster Elementary students. • The NABE is implementing attendance accountability with youth attending afterschool programming. • SFUSD has published "Every Day, On Time Attendance Improvement Manual" for parents, teachers, and youth workers to use as a resource.
Local School Enrollment	• SFUSD schools: Starr King Elementary, Daniel Webster Elementary, KIPP SF Preparatory, International Studies Academy, and Downtown High School	• SFUSD enrollment staff and principals can support enrollment of Potrero public housing residents in local schools.
Out-of-School Time Programming	• The NABE • DCYF Out of School Time Initiatives • Potrero Hill Recreation Center • Boys & Girls Club	• The NABE is the primary local provider of out-of-school time (afterschool and summer) programming for South Potrero children and youth. • DCYF funds out-of-school time programming. • The Recreation Center provides targeted summer programming and afterschool enrichment programs. • Boys & Girls Club has a school-based site at KIPP College Preparatory in Potrero Hill.

Recommended Strategy	Recommended Partners	Rationale
High School Credit Recovery and California High School Exit Exam (CAHSEE) Preparation	• SFUSD, Credit Recovery Program • CAHSEE Khan Academy Prep (Online Program)	• SFUSD offers several key programs for credit recovery, including evening high school, online learning, summer school, San Francisco Community College transition studies, and Mission/Bayview School Improvement Grant schools. • Khan Academy has tutoring videos online for CAHSEE prep that can support South Potrero high schoolers' test preparation.
Parental Involvement	• The NABE • HGP • Potrero Hill FSC	• The NABE, HGP, and FSC work closely with Potrero Terrace and Annex parents through their education, afterschool, substance abuse, and other programming.
Investment Area 3: Economic Security		
Job Skills Development and Financial Asset Building	• San Francisco Office of Economic and Workforce Development (OEWD) • The NABE	• South Potrero residents can be enrolled in training programs through OEWD, including Healthcare Academy, CityBuild Academy, and the Hospitality Initiative. • The NABE receives funding to provide job training and placement for transitional age youth (TAY).
Job Placement and Retention	• OEWD • Potrero Hill FSC • The NABE	• OEWD, FSC, and the NABE currently have programs in place to assist South Potrero residents with job application and placement services. These organizations can also recommend other employment service providers.
Earned Income Tax Credit (EITC) and Volunteer Income Tax Assistance (VITA) Programs	• HPP	• HPP is a VITA site funded by the United Way's Earn it! Keep it! Save it! (EKS) program. They may be asked to co-locate services in South Potrero on select days during tax season to complete returns for residents to increase the level of EITC.
Benefits Enrollment	• Shanti Project	• The Shanti Project's staff and volunteers provide practical and emotional support to San Francisco's most vulnerable residents. Shanti could bolster residents' knowledge of and access to entitlement benefits.
Investment Area 4: Health & Wellness		
Accessible Health Activities	• Potrero Hill Health Center (PHHC) • SFG Hospital Community Wellness Program	• PHHC and SFG are the primary, local healthcare providers for South Potrero families. Both entities have formed partnerships with community wellness programs to encourage residents' access of preventative health activities.
Food Security	• Texas Street Farm • Family Resource Center Garden • San Francisco Community Challenge Grant Program (CCG)	• Texas Street Farm and Family Resource Center Garden located in Potrero Terrace and Annex are sources of fresh produce for residents. • CCG provides matching grants to local residents, businesses, non profits and other community groups to make physical improvements to their

Recommended Strategy	Recommended Partners	Rationale
		neighborhoods. CCG is a current funder of the existing community gardens in PTA.
Healthcare Access and Utilization	• PHHC • SFG Medical/Dental Services • UCSF Medical Center - Mission Bay	• PHHC and SFG provide primary care health services, including medical, dental, and behavioral health. • UCSF Medical Center- Mission Bay will provide pediatric primary care when it opens in Spring 2015.
Peer-to-Peer Support	• HGP • Potrero Hill FSC • Shanti Project	• HGP operates based on a peer-to-peer model, engaging community health leaders to achieve the program goals. • FSC has master's level, licensed therapists and counselors that provide individual and family counseling, facilitate support groups, and implement other interventions to address behavioral health challenges. • Shanti peer volunteers are trained in a non-directive, client-centered mode of communication that is grounded in the skills of active listening, harm reduction, and compassionate presence

Investment Area 5: Public Safety

Recommended Strategy	Recommended Partners	Rationale
Opportunities for Youth and Young Adults	• DCYF • Potrero Hill Recreation Center • The NABE • Boys & Girls Club • Omega Boys Club • OEWD	• DCYF provides violence prevention and intervention services to youth ages 10 – 25. • The Recreation Center provides targeted summer programming and afterschool enrichment programs. It has a specific focus/desire to ensure that there is quality programming for TAY in the Potrero Terrace and Annex. • The NABE is the primary, local provider of out-of-school time and summer programming for South Potrero children and youth. • Boys & Girls Club has a school-based site at KIPP College Preparatory in Potrero Hill. • Omega Boys Club is a nationally recognized youth development and violence prevention located nearby in Dogpatch. • South Potrero residents can be enrolled in OEWD training programs. OEWD also has programs to assist South Potrero residents with job application and placement services. They can also recommend other employment service providers.

Recommended Strategy	Recommended Partners	Rationale
Strong and United Community Leadership	• SF SAFE	• SF SAFE runs a resident leadership academy that can continue to train residents on how to prevent and decrease incidences of crime and violence in the neighborhood.
Community – Police Partnership	• SFPD • City Probation Departments • DCYF Violence Prevention Program • SF SAFE	• SFPD, City Probation Departments, DCYF, and SF SAFE are critically important partners to develop a comprehensive violence prevention program in South Potrero.

C. Systems and Capacity Needs of Potential Partners

i. Capacity Needs of Potential Partners

As part of the development of the PARADISE Plan, a variety of Potrero program and service partners were interviewed to assess their capacity to play an integral role in the Rebuild Potrero Transformation Plan and to meet specific goals identified in the Plan's logic models. Several common capacity needs emerged. These needs included:

a. Programmatic Needs

The majority of the assessed organizations identified resource needs as their primary concern. Increased funding, additional staff, and adequate permanent space for delivering programs were identified as top needs. In addition to more staff, community-based organizations identified training and staff development as a missing link that would increase staff's ability to serve residents effectively and responsively. As PARADISE Plan implementation begins, BRIDGE and HOPE SF can work together to leverage funding, create training and capacity-building opportunities, and strengthen partner organizations.

For Potrero, space is a particular concern; many PTA-serving organizations operate out of temporary space that is shared with other organizations. While some organizations have space outside of the Potrero neighborhood, transportation barriers make it difficult for residents to access services off-site. Programs that operate onsite or in the neighborhood are better able to serve more residents than programs based in other city neighborhoods. The Rebuild Potrero vision of creating a large central community center will offer valuable real estate to services partners.

b. Technology Needs

In addition to programmatic and organizational needs, organizations identified technology needs that support service delivery, information management, and outcomes tracking. These needs include improved hardware and software infrastructure, so organizations can get "real-time" client information. Key to this effort is training for staff on how to use technology effectively and efficiently. In addition, an investment in high-speed internet and infrastructure is needed to ensure hardware and software can run effectively. Internet access also allows staff to provide technology-based programming to residents who often lack digital access or skills.

Rebuild Potrero can support the development of technology infrastructure by embedding a technology strategy in the redevelopment. This strategy includes creating high-speed and Wi-Fi access throughout public areas, identifying and purchasing a common-outcomes tracking database for use by all service partners, and offering centralized training and product demonstrations to implementation partners.

In order to effectively implement the PARADISE Plan, BRIDGE can play a key role in providing or linking partners to capacity-building supports that enhance their ability to efficiently serve residents. Community Technology Network, a BRIDGE partner, can also provide technological support and infrastructure development to the collaboration and individual organizations.

ii. Systems Issues and Needs

Systems issues or needs may directly or indirectly impact the achievement of the PARADISE Plan goals. Highlighted below are two that were identified during the assessment of potential partners.

1. Mental Health of Children and Families Living in HOPE SF Communities

2. Transportation Barriers to Mobility and Pedestrian Safety

Mental Health of Children and Families Living in HOPE SF Communities

In 2013-14, the HOPE SF Health Taskforce, in partnership with the San Francisco State University Health Equity Institute, conducted a study to understand the mental health needs of residents living in HOPE SF public housing. "The Mental Health of Children and their Families Living in HOPE SF Communities" report was written to explore opportunities and barriers to supporting the mental health and well-being of residents across the HOPE SF sites. The assessment focused on mental health issues that are widespread in HOPE SF communities and manifest largely as conditions such as depression, anxiety, stress, fear, and other reactions to living in impoverished, isolated, and at times violent communities. The assessment did not examine issues related to severe mental health illnesses that are important but less pervasive in HOPE SF communities.

SF State conducted a two-part study that included (1) a literature review to better understand the causes and impact of stress, trauma, and substance abuse on children and families in public housing and strategies for supporting their mental health and well-being (MPH students read 200 articles and reports about mental health issues of children and families living in public housing across the United States) and (2) interviews/listening sessions with 30 residents, 23 mental health program staff, and 28 key stakeholders, where five questions were asked:

- How are mental health issues expressed, how do residents cope, and who do they trust and talk to?
- What are the weaknesses and strengths of current services?
- How can new strategies foster nurturing family relationships?
- What community-wide efforts can be used to support mental health?
- How can sustainability of strategies and programs be ensured?

The report highlights the impact of community violence and lack of safety on public housing residents' ongoing fear, stress, and mental health. As a result of violence, many public housing residents stay in their homes, which results in increased social isolation. Higher stress caused by community violence may also result in negative "acting-out" behaviors, including violent acts and substance abuse. These reactions, in turn, further negatively impact community safety and perpetuate the cycle of violence. Distrust of police compounds this cycle as residents are reluctant to contact the police to report community crime or violence.

For families and children living in HOPE SF public housing communities, meeting basic needs and dealing with stress through family-building activities and self-care can mitigate the impact of community violence on mental health. Larger community-building activities can also provide relief from stress as they give residents structured and positive opportunities to engage with their neighbors. In addition, organized activities outside of the neighborhood can provide relief from stress, fear, and violence, and offer a "change of scenery" for residents who often feel immersed in community challenges.

The report highlights the need for families to have easy access to ongoing support in order to cope with their daily stress. Current access barriers – such as transportation barriers or the shortage of neighborhood-based services – may cause families to seek care only during times of crisis. In addition, residents have low levels of trust of available programs, although they do see the programs as offering meaningful and relevant services. The low trust is compounded by the fact that HOPE SF residents see programs as uncoordinated and temporary. Low trust also stems from the general stigma of mental health and fear that families may be separated if care is sought.

The last finding is that limited and inflexible funding for place-based services in HOPE SF sites limits how much access residents have to community-based mental health programs. In general, unsustained funding has contributed to the view that there has been a consistent disinvestment from HOPE SF sites.

Recommendations were organized in five areas: "big picture", community engagement, program staff, community services, and individualized services. The specific recommendations are presented under each category. Those that are bolded indicate that the Rebuild Potrero Community-Building Initiative is already implementing work similar to what is suggested or that the recommendation is encompassed in the PARADISE Plan.

Big Picture
- Prioritize addressing violence and provide support when violence happens.
- Provide long-term, sustained investment in comprehensive, coordinated, and flexible services.

Community Engagement
- **Support community-building activities. Create safe spaces for families.**
- **Support outreach about mental health services, and demystify mental health care.**

Program Staff
- Address program staffing issues that impact resident access and staff effectiveness.
- Hire staff who understand community experiences and are sensitive to cultural norms.
- **Ensure consistent staffing, and minimize use of temporary staff and interns.**
- Support staff's emotional well-being, and provide trauma-related training.

Community Services
- **Support peer-to-peer mental health activities including peer navigation and community building.**
- Develop an onsite, inclusive Community Center that provides "embedded" mental health services.

Individualized Services
- **Provide case management to all HOPE SF families in need to promote sustained mental health.**

Transportation Barriers to Mobility and Pedestrian Safety

Transportation is another critical challenge for residents of South Potrero. In 2009, SFMTA canceled bus line #53, which residents used for movement across the site, down to San Francisco General Hospital, and to the Mission Street BART Station. Although this decision was made more than five years ago, residents still lament the loss of this transportation link.

Given that PARADISE Plan will be implemented by partner organizations and agencies that are located throughout San Francisco, it is important that residents' transportation limitations be addressed. Transportation consultants Fehr and Peers conducted a Transportation Needs Assessment for residents currently living in South Potrero. Through a review of current conditions and primary and secondary data sources, the following four overarching themes summarize the conditions:

Personal Security: Violent crime and the associated lack of security at the site hinder residents' ability to access transportation services. Residents are sometimes afraid to walk to and wait at bus stops, and bicycles cannot be left outside for fear of theft. The security problem is particularly acute at night as there is insufficient lighting, which disproportionally affects the travel of seniors and children. It is also particularly problematic for residents traveling on the less visible informal pedestrian paths throughout the site.

Steep Grades, Isolation, and Lack of Street Connectivity: The steep grades at the site and around its perimeter, and the resulting lack of street connectivity within the site and to the surrounding street network, are significant barriers to walking, bicycling, and overall travel. Seniors and persons with disabilities are particularly affected by the topography of the site. For example, the younger and more able-bodied residents frequently cut through the large blocks within the site, whereas seniors and the disabled may have to use the streets and sidewalks, and thus travel longer distances and on steeper hills to their destinations.

Access to Basic Goods and Services: Access is limited due to the absence of grocery stores, banks or credit unions, barbers and salons, dry cleaners, gyms, hardware stores, pharmacies, post offices, movie theaters, and farmer's markets within a half-mile of the site. The bus lines that serve the site do not meet residents' needs. For instance, residents used to rely heavily on the 53-Southern Heights bus route that offered access to the 16th Street/Mission BART station. They have not found an acceptable way to make up for the accessibility they lost when the route was discontinued.

Transit Accessibility: Anecdotal discussions with residents and the documents review suggest that Potrero residents may rely more on buses than the available commute mode share data indicates. As a result, factors that negatively affect bus service or access to buses, such as the security problem cited above, lack of transit-stop amenities, cuts or changes in service, and lack of information about bus service have a disproportionately negative impact on PTA residents' travel.

Improvements to transportation, access, and site circulation are an integral part of the neighborhood component of the South Potrero Transformation Plan, which includes identified locations for bus stops and doing strategic work with

SFMTA to formalize the bus routes that will be serving the neighborhood in the future. Additionally, BRIDGE secured two transportation grants to conduct a comprehensive Transportation Needs Assessment for Potrero Terrace and Annex and provide recommendations for improvements over the short and long terms.

The second transportation grant, a SFCTA Neighborhood Transportation planning grant, will pick up where the Fehr and Peers recommendations left off. The SFCTA grant will help to prioritize improvements that will benefit the entire South Potrero neighborhood and the broader Potrero Hill, and they can be implemented within the next one to three years. These improvements may include traffic-calming measures, formalizing and improving design for informal pathways on the south and north slopes side of Potrero Hill, a community-wide shuttle system, and/or other strategies.

SECTION II: RECOMMENDATIONS AND PRIORITIES FOR PARADISE PLAN IMPLEMENTATION

The following is a summary of key recommendations, priorities, and action steps for engaging partners around PARADISE Plan implementation. The success of the PARADISE Plan is built on service partners working in an integrated fashion. While the logic models identify individual investment areas and strategies to address priority needs of PTA residents, the overarching vision is to provide a continuum of care that supports children and their families from birth through adulthood. Successful integrated services are built on rallying partners around a common vision: "South Potrero is a safe and healthy neighborhood where families can improve their quality of life and reach their full potential." This rally begins with an orientation of partners.

A. Onboarding and Orientation of Partners

To build a common understanding of the goals, values, and purpose of the PARADISE Plan, BRIDGE Housing will create an onboarding and orientation protocol that includes:

- **A synopsis of Rebuild Potrero, including its history, goals, work to date, and construction phasing plan for the redevelopment of Potrero Hill Terrace and Annex.** This orientation should also include key talking points and frequently asked questions for partners. Once organizations are identified as a part of the larger Rebuild Potrero effort, they can serve as "message carriers" for the project.

- **An overview of the PARADISE Plan and Rebuild Potrero theory of change and logic models, including a review of the rationale, components, priorities, and targets within each investment area and strategy.** Accountability to results is essential for the success of the PARADISE Plan. Each partner should have an intimate understanding of the desired outcomes within each investment area and strategy. Partners' specific responsibilities to achieve outcomes should also be specified in their Memoranda of Understanding (MOUs) with BRIDGE Housing Corporation and HOPE SF. (More details on MOUs found later in report.)

- **An overview of HOPE SF, including its history, values, and short- and long-term priorities and desired outcomes.** Since Rebuild Potrero is a part of the city-wide HOPE SF, partners should understand how their work at Potrero links to the larger goals of HOPE SF and the work of peers at other sites. Individual partners should have an understanding of how their outcomes and responsibilities tie to HOPE SF priorities.

- **An understanding of Trauma-Informed Community Building theory and practice.** Trauma-Informed Community Building is a keystone model for Rebuild Potrero. The TICB framework represents a value, approach, and model for engaging residents with sensitivity to the trauma that they have experienced. BRIDGE Housing desires all partners to integrate the TICB framework into their programs and services.

- **An introduction to Case Management.** Case Management will be integrated into all core investment areas and strategies of the PARADISE Plan. Partners should understand the goals, content, and purpose of case management, and understand how they can connect residents to case management.

- **Knowledge of peer organizations, programs, and services.** Integrated services are essential to successful implementation, so partners will also be oriented to the history, work, and program models of other Rebuild Potrero partners. While peer sharing will continue through the life of the project, it is important that partners buy in to the importance of collaboration, mutual referrals, and integration with their peers.

B. "The Work" of Inaugural Partners

BRIDGE Housing is relying on inaugural partners – the initial organizations who agree to collaborate around the PARADISE Plan – to help develop key infrastructure and systems that support the goals of the Plan. While BRIDGE Housing serves as both the Master Developer and the lead driver of the PARADISE Plan, partner organizations can help refine the values, culture, and systems of the collaboration. They include:

- **Mission, Vision, and Guiding Principles.** While the PARADISE Plan explicates the desired outcome of the theory of change and logic models, partner organizations can create a mission and vision statements and guiding principles that orient the group to its common purpose. Guiding principles – such as accountability to results, integration of services, or transparency – will set the stage for holding partners accountable to each other, the community, and residents.

- **Data Sharing and Integration.** Given the importance of data for tracking impact, sharing results, and optimizing service to residents, inaugural partners should invest heavily in a system and protocol for sharing and using data. This work can also include creating a data dashboard – a monthly report that summarizes efforts-to-goals and allows leadership to track outreach and impact, and make data-driven decisions about how to improve the work. This dashboard also promotes transparency and mutual accountability.

- **Advocacy Goals around Systems Issues.** The success of the PARADISE Plan will be impacted by systems-level challenges or opportunities. As systems issues are identified, inaugural partners should create workgroups to meet with appropriate institutions to advocate for systems changes. While these systems issues will change over time, initial priorities could include engaging the police department in a community-wide safety strategy, working with the school district to promote enrollment of families in local schools, or working with the transportation agency to increase bus service to Potrero Terrace and Annex.

- **Branding and Communication.** Just as the PARADISE Plan was branded by residents, the service collaborators should also develop a brand and identity. A common name, logo, tag line, and collateral "look" communicates a unified "face" to residents.

- **Funding and Leverage Opportunities and Protocols.** Additional funding will be needed to enhance and expand the work of implementation partners. Since many partners have other service obligations and service areas, it is important that the collaboration articulates procedures and protocols for identifying, evaluating, pursuing, and managing initiative funding. Key to this is conducting an inventory of current funding that partners are accessing for Potrero Hill services. This assessment will help identify potential untapped funding sources and will prevent funding overlap or competition.

C. Proposed Governance Structure and Roles

Based on the structure and history of Rebuild Potrero, the following governance structure is recommended.

Co-Lead Partner and Lead Staff: BRIDGE Housing Corporation. As the Master Developer and facilitator of the PARADISE Plan and Rebuild Potrero Transformation Plan, BRIDGE has a natural role as a co-lead partner (with HOPE SF) and lead staff. As co-lead Partner, BRIDGE will work with HOPE SF to set the agenda and priorities for the implementation collaboration (with fidelity to the PARADISE Plan). As lead staff, BRIDGE will be responsible for staffing a Program Director, who organizes and chairs all meetings and provides daily management of the PARADISE Plan. This role is consistent with that of a "quarterback" – an organization that is the keeper of the vision and workplan for Rebuild Potrero. As Lead Staff, BRIDGE will also provide management infrastructure to support PARADISE Plan implementation, including fundraising/grantwriting, grant management, reporting, evaluation and data management, information technology, and communications.

Co-Lead Partner: HOPE SF. To ensure the connection of Rebuild Potrero and PARADISE Plan implementation with the city-wide initiative, HOPE SF will serve as a co-lead to BRIDGE. Staff will serve on any advisory boards or committees that oversee the implementation work.

PARADISE Plan Advisory Board. A PARADISE Plan Advisory Board will provide oversight of the PARADISE Plan and will have primary responsibility for guiding and altering the content and direction of the PARADISE Plan. BRIDGE will lead the creation of the guidelines, responsibilities, and structure of the advisory board (including how representatives are appointed or nominated, term limits, and decision-making power). The advisory will be composed of:

- 1 – 2 BRIDGE Housing (Co-Lead Partner, Lead Staff)
- 1 – 2 HOPE SF (Co-Lead Partner)
- 2 Residents of Potrero Terrace and Annex public housing
- 4 Representatives of Implementation Partner Organizations
- 1 Representative of the City Services Team
- 1 Representative of Property Management/Asset Management

D. Memoranda of Understanding (MOUs)

As organizations are on-boarded, individual MOUs should be created between organizations and BRIDGE Housing Corporation (as the Lead Staff for PARADISE Plan implementation). This MOU should articulate:

- A statement of the mission, vision, and guiding principles of Rebuild Potrero and PARADISE Plan implementation
- A description of BRIDGE Housing and each partner, including their organizational mission, vision, and purpose
- A description of the relationship, including mutual roles, responsibilities, and expectations
- A description of the governance and management of the PARADISE Plan, including roles, responsibilities, and expectations for participation
- A review of each partner's scope of work, including a program description, program activities, schedule, and target outputs and outcomes
- A description of the measurement and evaluation system, including the frequency and type of data reporting, accountability to results, and expectations for data-driven decision making
- A description of the relationship between Rebuild Potrero/PARADISE Plan implementation and HOPE SF, including expectations around partners' participation in city-wide efforts
- Branding and communication expectations for partners and BRIDGE
- Fundraising and grantseeking protocols and expectations for partners and BRIDGE
- The process for severing the relationship and partnership
- Mutual indemnification
- Expectations for insurance coverage, staff screening, and staff training relative to Rebuild Potrero and the PARADISE Plan implementation

Since many of these items will be created by the Inaugural Partners, BRIDGE Housing should draft an interim MOU.

In addition, BRIDGE Housing should execute an MOU with HOPE SF, including:

- A description of each organization's mission, vision, and purpose
- A description of the nature of the relationship, including expectations around partnership, communication, and participation
- Guidelines for altering the direction and content of the PARADISE Plan based on changing priorities for HOPE SF
- Mutual responsibilities regarding reporting, accountability, and participation in city-wide efforts
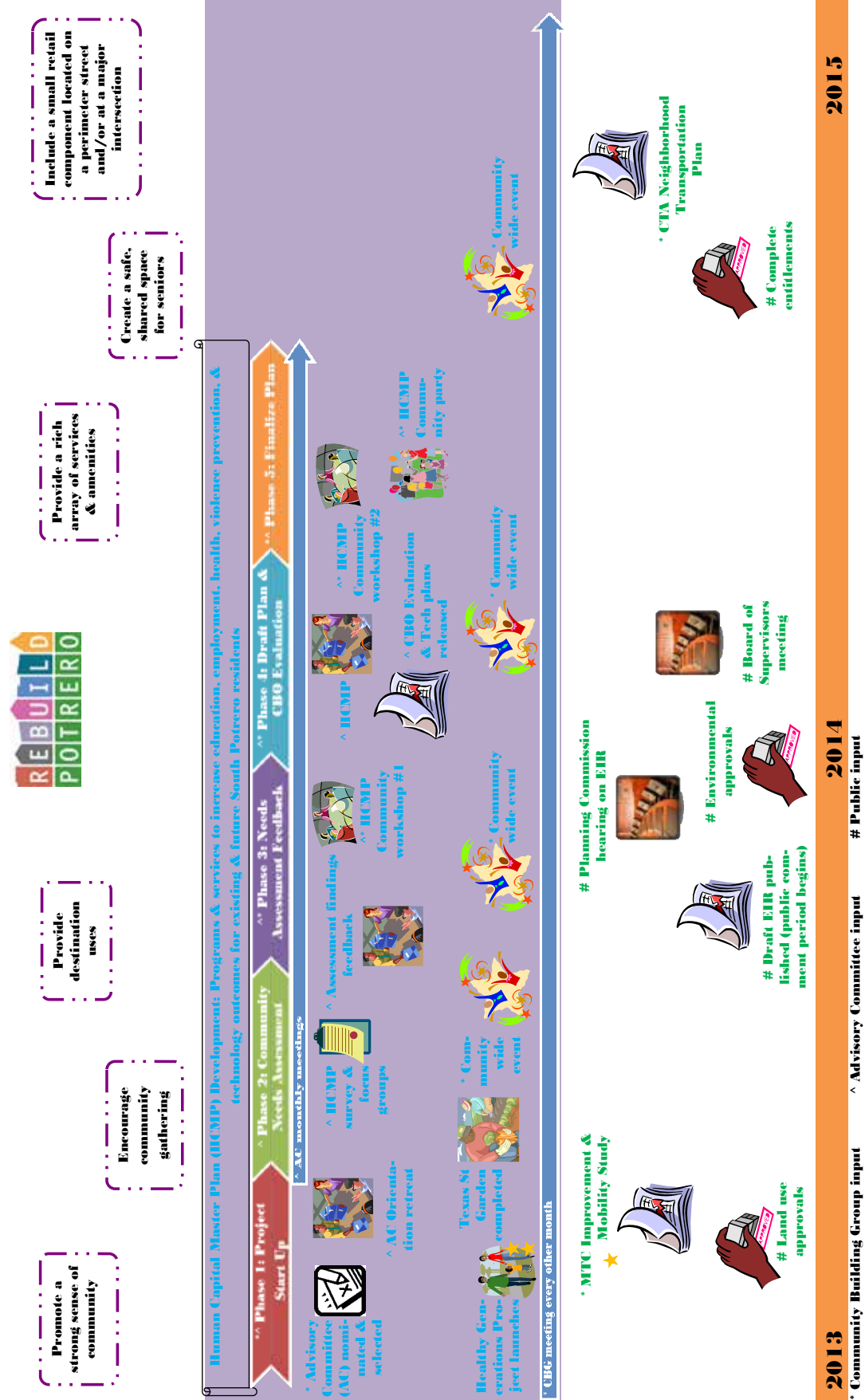
VII. CONCLUSION

The Rebuild Potrero Transformation Plan incorporates improvement strategies and investments to both the physical and social environment that will, over time, eliminate the sharp contrasts between Potrero Hill's north and south slopes. The Transformation Plan aims to build and strengthen the entire Potrero Hill community by integrating public housing and its residents into the social, economic, and physical fabric of the South Potrero neighborhood, the larger Potrero Hill area, and the economic region of the Bay Area.

The physical Master Plan for Rebuild Potrero reorients the streets of the Potrero Terrace and Annex housing sites to connect to the street grid, infrastructure and transportation network of the City. It also improves access to the physical assets in the community such as the local schools, parks, and community centers. In this way, Rebuild Potrero goes beyond the boundaries of the Potrero Terrace and Annex public housing and has intentional strategies to improve the larger target South Potrero neighborhood.

To complement the physical Rebuild Potrero Master Plan, there is a second, and equally important, plan to provide a comprehensive program and service strategy for meeting the diverse needs of public housing families and improving a range of social outcomes. The PARADISE Plan is a comprehensive blueprint for addressing myriad issues and challenges facing residents of Potrero Terrace and Annex. The plan also highlights the assets and strengths of the community. It builds on the strengths of community-based organizations and neighborhood-based institutions, who currently serve the community or desire to build a presence in South Potrero. The plan also reflects the strength of the residents; throughout the inception and creation of the PARADISE Plan, residents have guided the process and have voiced their vision and hopes for their community. The PARADISE Plan will serve as a beacon for achieving residents' aspirational vision: "South Potrero is a safe and healthy neighborhood where families can improve their quality of life and reach their full potential."

Rebuild Potrero Timeline — Social and Physical Environment goals with events from 2008 to 2012.

KEY

OVERALL GOALS

DESIGN GOALS

SOCIAL ENVIRONMENT

PHYSICAL ENVIRONMENT

* Indicates where residents & other stakeholders entered the Rebuild Potrero process

Overall goals:
- Create a safe, secure community
- Create a healthy, green, sustainable community
- Provide well-designed & well-managed housing
- Provide well-designed community services & usable open space
- Preserve Potrero's positive attributes: place & views
- Build a strong community

2008 | 2009 | 2010 | 2011 | 2012

Selected as master developer
Resident bus tour
Resident design meeting #1
Town hall meeting #1
Focus groups
Town hall meeting #2
Prelim Master Plan Presentation to residents
Town hall meeting #3
Plans & model review + BBQ @ Potrero Terrace
EIR Scoping sessions
Land Use & Environmental Review process begins
Open space workshops
Community Facilities workshop
Blocks A&B Design meeting #1
Blocks A&B Design meeting #2
Presentation to Land Use Committee

Community Building Day (CBD): FBU garden built
Garden committee established
HOPE SF Leadership Academy launches
Rebuild Potrero Community Building Group (CBG) begins
Community garden workshop
Neighborhood get-togethers
2nd Annual CBD & 1st Outdoor Movie Night
FBU Garden Workdays
Unite Potrero (UP): Community wide Get-Together
Walking Club begins
Meditation classes begin
Zumba starts
Sober Living workshops begin
UP: Community wide Walk
UP: Community wide Party
HUD awards BRIDGE Choice Neighborhood Initiative (CNI) Planning Grant

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Human Capital Master Plan (HCMP) Development: Programs & services to increase education, employment, health, violence prevention, & technology outcomes for existing & future South Potrero residents

Include a small retail component located on a perimeter street and/or at a major intersection

Create a safe, shared space for seniors

Provide a rich array of services & amenities

Provide destination uses

Create a strong sense of community

Encourage community gathering

Promote a strong sense of community

** Phase 1: Project Start Up
** Phase 2: Community Needs Assessment
** Phase 3: Draft Plan & CBO Evaluation
** Phase 3: Finalize Plan
** Phase 3: Needs Assessment Feedback

^ At monthly meetings

2013 | 2014 | 2015

* Advisory Committee (AC) nominated & selected
^ AC Orientation retreat
Healthy Generations Project launches
Texas St Garden completed
^ HCMP survey & focus groups
Assessment findings feedback
** Community wide event
** HCMP Community workshop #1
** HCMP Community workshop #2
^ CBO Evaluation & Tech plans refined
^^ HCMP Community party
** Community wide event
** Community wide event

* MTC Improvement & Mobility Study
# Land use approvals
# Draft EIR published (public comment period begins)
# Environmental approvals
# Planning Commission hearing on EIR
# Board of Supervisors meeting
* CTA Neighborhood Transportation Plan
# Complete entitlements

* Community Building Group input
^ Advisory Committee input
* CBG meeting every other month
# Public input

REBUILD POTRERO

REBUILD POTRERO COMMUNITY ASSESSMENT

EXECUTIVE SUMMARY

"It takes a whole village to raise a child"
Igubu and Yoruba Proverb

OCTOBER 2013

Overview

REBUILD POTRERO OVERALL GOALS

- Create a safe, secure community
- Create a healthy, green sustainable community
- Provide well-designed, well-managed housing
- Provide well-designed community services and usable open space
- Preserve Potrero's positive attributes: place and views
- Build a strong community

What we did

As part of the community assessment, we conducted a household survey to understand the needs of children, youth, and families living in Potrero Terrace and Annex (PTA). Survey questions were informed by reviewing San Francisco-based reports, general public housing literature, and social service reports. We also interviewed key stakeholders.

How we did it

After designing the survey, the project team undertook a data collection effort that included:

- Training survey administrators (residents and San Francisco State University students) and supervisors in data collection methods tailored to Potrero Terrace and Annex's geography.
- Conducting a random selection process of Potrero Terrace and Annex residents.
- Producing a data collection instrument (Excel macro workbook) enabling both simple and complex data analyses.
- Digitizing data and training data entry personnel.

What we learned

We asked residents to tell us about six (6) distinct areas of their lives: Health and Well-being, Education, Employment, Safety and Violence Prevention, Technology, and Transportation. A description of key findings for each survey section and general research findings follows.

Sections A and B: General demographics, household characteristics and education

Objective: Obtain a general understanding of PTA residents, their education levels, socioeconomic standing, and demographic profile. Key findings included:

- PTA residents belong to a wide array of ethnic groups: 58% African American, 21% Latino/a, and 6% mixed ethnicity. Other

groups represented in the survey include Asian and Pacific Islander.

Pie chart: Black/African American 58%, Latino/a, Hispanic 21%, Mixed race 6%, Asian 6%, Pacific Islander 5%, White 3%, Other 2%
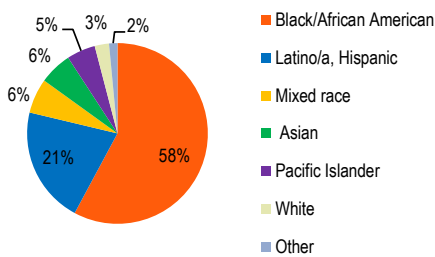
- English is the dominant primary language spoken in surveyed households (76%), followed by Spanish (17%).

Pie chart: English 76%, Spanish 17%, Other 8%
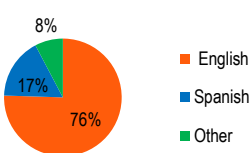
- Select resident population statistics

Number of on-lease residents		1280
Households	# of households	517
	Avg # individuals per household	2.5
	% of households with children	64%
Age	0-5	15%
	6-15	26%
	16-24	17%
	25-64	38%
	65+	4%

- Over 82% of PTA residents have lived in SF for more than 10 years; 38% have lived in public housing for over 10 years.
- Sixty-seven percent (67%) of survey respondents have completed high school.
- Forty percent (40%) of minors who attend school also attend an afterschool program, while 45% go home or to someone else's home afterschool.
  - The need to care for children after school, limits the training and/or job opportunities available to those caregivers. Increased attendance in afterschool
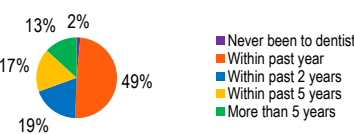
programs can both increase student's academic achievement and remove a barrier for adults looking to enter job training or get a job.

- The majority of families completing the survey eat dinner together every day (64%). Thus, despite the challenges that families at PTA face, basic family activities such as eating together are prioritized.

Section C: Physical health and mental health

Objectives: a) Acquire information about the current health status of PTA residents, health insurance coverage, and healthy habits and b) Determine current and future health care needs of Potrero Hill residents. Key findings were:

- Approximately six percent (6%) of respondents do not have health insurance.
- Eighty-six percent (86%) of PTA residents have had a routine medical checkup in the last 12 months.
- Nearly half (49%) of respondents have been to dentist in the past year, but almost one-third (30%) have not visited in five years or more.

Pie chart: Never been to dentist 2%, Within past year 49%, Within past 2 years 19%, Within past 5 years 17%, More than 5 years 13%

- When assessing their level of happiness on a 1-10 scale (1 being "always sad" and 10 "always happy"), three out of 5 respondents (59%) placed themselves near the top between 8 and 10.

Section D: Employment, public benefits, and personal finances

Objectives: a) Determine current employment levels and employment readiness and b) Determine use levels of checking and saving accounts. Key findings included:
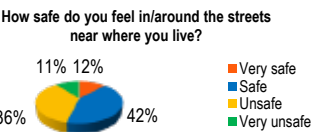
- Overall, 26% adults responding to the survey are out of work and looking for work.
- The two common forms of public benefits received by household members are Medi-Cal (24%) and Food stamps (22%). Other public benefits received include: CalWORKs (12%), Healthy SF (10%), SSI (9%), and WIC (7%). (Note: There is a slight discrepancy on the Medi-Cal figure. Half (50%) of surveyed residents also stated that Medi-Cal is their health insurance coverage.)
- While 46% of respondents have a checking and/or a savings account, female respondents (48%) have a slightly higher percentage of savings or checking accounts than males (44%).

## Section E: Safety and violence prevention

Objective: Determine how PTA residents perceive safety issues in their community. Key findings follow.

- Surveyed residents do not feel particularly safe around their streets or neighborhood parks. Only 54% and 49%, respectively, feel "safe" or "very safe" in those locations. The vast majority of residents (79%) feel "safe" or "very safe" in their homes.

How safe do you feel in/around the streets near where you live?
Pie chart: Very safe 12%, Safe 42%, Unsafe 36%, Very unsafe 11%

- Respondents believe that domestic violence is prevalent in the community.

Perception of frequency of domestic violence
Pie chart: Frequently 11%, Sometimes 45%, Rarely 26%, Never 9%, Don't know 8%
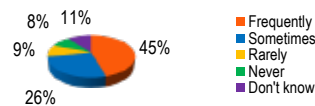
Section F: Transportation

Objectives: a) Determine means of transportation used by PTA residents and b) Assess future transportation needs. Key findings were:

- Only 30% of survey respondents currently own a car.
- Surveyed residents use public transportation (bus) as the most used mode of transportation (71%). Other modes included driving their own vehicle (21%) and carpooling (5%).
- Survey respondents would use public transportation more often if the following conditions applied: buses were cleaner, fares were less expensive, and more frequent stops were set up.

Section G: Technology

Objectives: a) Determine pathways of internet access and better understand internet usage patterns, b) Assess computer knowledge and ownership, and c) Determine levels of satisfaction with current Wi-Fi services provided by SF Housing Authority. Key findings were:

- Forty-one percent (41%) of respondents access the internet via cell phone; 32% do not use the internet at all.
- One out of four (25%) of surveyed residents do not know how to use a computer. One in three (37%) has only basic knowledge.

Pie chart: Don't know how to use computer 25%, Basic knowledge 37%, Intermediate 17%, Advanced 20%, Don't know or decline to answer 1%

- There is a high demand for a computer center in Potrero Terrace and Annex; 73% of respondents would use a computer center.

Perception about PTA: Current resident assessments

To gain knowledge about how residents see themselves within their community, we asked questions about expectations of the revitalization plans and the future of Potrero. Key findings were:

I think things in my community are changing for the better

Observation	Percentage
Strongly agree	16
Agree	41
Disagree	35
Strongly disagree	4
Don't know or decline to answer	4

I have high expectations for changes in my community due to the revitalization plans

Observation	Percentage
Strongly agree	24
Agree	52
Disagree	18
Strongly disagree	3
Don't know	3

The plans for the future housing development take into account the best interests of Potrero Hill residents

Observation	Percentage
Strongly agree	19
Agree	49
Disagree	24
Strongly disagree	3
Don't know or decline to answer	5

Data sources: 1) Potrero Terrace & Annex Household Survey, KDG Enterprises, July 2013, 2) HOPE SF Baseline Evaluation Report, Learning for Action, June 2012, 3) *Transforming Residents and Communities: Safety, Service*

EDUCATION

"Develop a passion for learning. If you do, you will never cease to grow."

Anthony J. D'Angelo

BACK PACK GIVEAWAY

OCTOBER 2013

Preparing for Success

Kindergarten readiness, access to quality instruction, afterschool programs, low absentee rates, and parent involvement are part of the recipe for a child's academic success. Too few Potrero Terrace and Annex (PTA) children are graduating from high school prepared for either higher education or a career pathway.

Educational context for PTA children:

➢ Potrero Terrace and Annex children attend 73 different schools throughout San Francisco; only 28% attend local schools. This makes it difficult to create a school-based strategy to increase education outcomes for PTA children.

➢ In 2011-2012, 176 elementary school-aged children from PTA enrolled in San Francisco Unified School District (SFUSD). Forty-one (41) children attended Daniel Webster Elementary, while approximately 39 attended Starr King.

➢ Dominant languages of PTA students
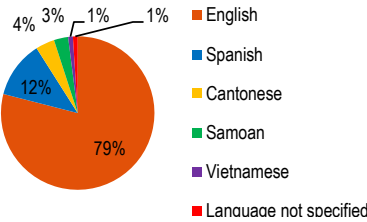
➢ Potrero Terrace and Annex has a young population. Approximately 41% of all residents are under 16 years of age, while 17% fall within 16-24 years of age, also known as transition-age youth (TAY). Comparatively, a mere 12% of San Francisco's population is under 16 years of age and 11% are TAY.

➢ Roughly two out of every three children living in zip code 94107 who were eligible for a child care subsidy in 2007 did not receive one, compared to one out of every two children citywide.

EARLY CHILDHOOD EDUCATION

A current challenge in Potrero Terrace and Annex is getting children enrolled in preschool. Studies have shown kindergarten readiness is extremely important for a child's academic success. Too few of our little ones are ready and prepared to learn by the time they enter kindergarten.

➢ Only one in three (34%) of children in surveyed households between the ages of 3 and 4 are enrolled in child care.

➢ Children from surveyed households not enrolled in child care are predominantly cared for by their biological parents (82%).

FAST FACTS

40%

Percent of school-aged children in surveyed households that attend afterschool programs; 45% go home or to someone else's home afterschool.

93%

Percent of survey respondents interested in mentoring programs for Potrero Terrace and Annex youth.

34%

Percent of children (0-4years old) living in PTA enrolled in child care; 66% are not enrolled in any child care program.

PTA ENROLLMENT IN SFUSD (2011)

375 students

GRADE BREAKDOWN
Pre-K – 8th grade: 66%
9th – 12th grade: 27%
13th grade: 1%
No Answer: 6%

Pie chart: English 79%, Spanish 12%, Cantonese 4%, Samoan 3%, Vietnamese 1%, Language not specified 1%

Quality Education?

Education continues to be the most effective strategy to help children, youth, and families climb out of poverty. However, instruction quality falls short for many PTA students.

Schools in Potrero Hill and the Eastern neighborhoods have significantly lower Academic Performance Index scores when compared to schools in Western San Francisco. There is relatively lower demand to attend neighborhood schools in Potrero Hill.

➢ SFUSD shows the greatest decrease (33%) in school-day attendance occurring between the 8th and 9th grades.

➢ Forty-nine percent (49%) of PTA students (4 – 17 years. of age) attended a summer program last summer.

The three top children's services needed in Potrero Terrace and Annex as reported by survey respondents are:
1) afterschool programs,
2) early childhood programs, and
3) physical activities.

➢ Survey respondents reported 99% of school-aged children in PTA are enrolled in school.

➢ Highest truancy rate for PTA students is in 9th grade (76%), followed by 11th grade (73%), 12th grade (67%), and 3rd grade (64%).

➢ In 2011, the number of 5-12 year olds (elementary and middle school-age youth) in PTA was 274. Fifty-three percent (53%) of these children were chronically absent.

➢ According to the 2013 PTA Household Survey, respondents stated that 94% of the time kids miss school is because they are sick or at a doctor's appointment.

➢ Three out of four (75%) of PTA students scored at Basic, Below Basic, or Far Below Basic in the Math and English portions of the California Star Test.

Walking School Bus: Every day, a walking school bus runs through the PTA neighborhood shepherding kids to school.
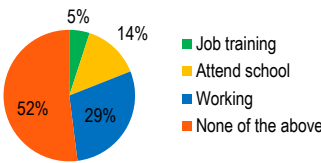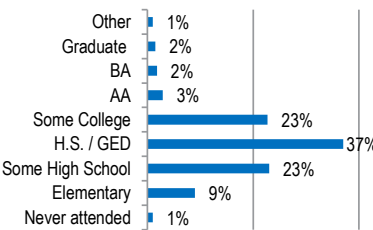
➢ In contrast, 68% of Potrero Hill students passed the CAHSEE Math, and 71% passed the English.

➢ SFUSD reported that 32% of public elementary school students attended an afterschool program in 2011.

"Education is the most powerful weapon which you can use to change the world."
Nelson Mandela

Highest level of education completed

Bar chart:
Other 1%
Graduate 2%
BA 2%
AA 3%
Some College 23%
H.S. / GED 37%
Some High School 23%
Elementary 9%
Never attended 1%

Life-long Learning

➢ Sixty-seven percent (67%) of survey respondents have completed high school and above.

➢ Between 85% and 90% of HOPE SF residents have not gone beyond high school.

Fourteen percent (14%) of adults in households we surveyed attend school, 29% are working, 5% are in job training, while 52% are not involved in any of these activities.

The top two higher education institutions attended by PH adults are City College of San Francisco (24%) and San Francisco State University (7%).

One of the top three priorities identified by respondents is job training (followed by food assistance and help paying bills). Job training continues to be a critical component in improving the social well- being for PTA residents.

Disability and low educational levels are two of the biggest barriers to moving out of poverty for adults and their families in Potrero Terrace and Annex. Twenty-nine percent (29%) of respondents reported disability as the primary reason for being out of work.

Pie chart: Job training 14%, Attend school 5%, Working 29%, None of the above 52%

ECONOMIC ASSETS & OPPORTUNITIES

For many PTA adults there is a shortage of programs and services that meet their job training, placement, and retention needs.

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Jobs, Jobs, Jobs: Challenges & Opportunities

Access to employment opportunities and retention of jobs that provide career pathways are key components of an economically healthy community. Potrero Terrace & Annex (PTA) residents face challenging barriers that impede their success in the workforce (e.g., low educational attainment, mental health issues, substance use, justice system involvement). These challenges also place high demands on organizations offering workforce development and skill-building programs.

The employment rate for PTA adults (ages 25-64) not enrolled in Supplemental Security Income (SSI) in 2010-2011, was 24%. The wages earned during 2010-2011 reflect low hourly pay, episodic employment, and jobs that often provide fewer than 40 hours of employment per week. This is consistent with the household survey data showing that 15% of respondents are employed part time and 13% are employed full time.

The average annual household income for Potrero Terrace and Annex residents is approximately $14,000. The median income citywide is more than $71,000 per household. This reflects a wide income gap.

Qualitative data suggests that residents are unlikely to report income when it is earned within a cash economy. However, activities such as braiding hair and selling cigarettes and candy out of the home are well-known ways to augment household income.

The 2013 PTA household survey found that 26% of adults are out of work and actively looking for a job.

These findings, together with data reported by the San Francisco Housing Authority regarding low wages, chronic underemployment, and the persistence of a cash economy provide a bleak employment picture. (Continued on next page)

FAST FACTS

26%
Percent of adults who are out of work and looking for work (female=21%, male=28%). Five percent (5%) are participating in job training programs.

13%
Percent of adults working full time. Fifteen percent (15%) are working part-time.

29%
Percent of adults with a checking account. Seventeen percent (17%) have a savings account.

HOPE SF

A primary goal of HOPE SF is to end the cycle of poverty for public housing residents. A critical part of HOPE SF's strategy for ending poverty is supporting residents to achieve greater employment success.

Potrero Terrace & Annex financial literacy class.

In addition, there is an undersupply of educational options for transitional age-youth (ages 18-25). It is clear that PTA adult residents are in need of effective training and educational programs at all levels.

For adults with multiple barriers to employment, there is an undersupply of services and programs that meet job training, placement, and retention needs. Additionally, workforce programs for the adults with multiple barriers rarely connect clients with educational services. Without increasing their educational attainment, most high-barrier residents will be stuck permanently in low-wage, low-opportunity jobs, and, thus, will not earn wages that will lift families above the poverty line. In

2010-11, 64% of PTA households were living below the federal poverty line.

On the job readiness ladder, approximately 64% of respondents place themselves between 6 and 10 (1=not prepared to 10=well prepared) with approximately 37% respondents believing they are fully prepared & ready to take a job.
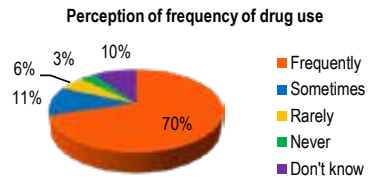
Adult residents cite a wide array of reasons as to why they are out of work. Among these reasons are: physical disability (29%), family obligations (10%), enrollment in training program (8%), and temporary illness (7%).
➢ Physical disabilities are the main reason why residents are out of work. This indicates that increasing employment for Potrero Terrace and Annex residents will require different approaches beyond traditional labor training remedies.
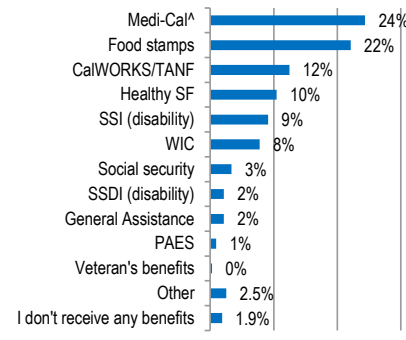
Substance abuse also impacts residents negatively and hinders their ability to keep a job that supports their families.
➢ PTA residents reported the following when asked how frequent drug use occurs in the neighborhood.
Moreover, residents rely heavily on public

benefits for everyday needs.

Benefit	Percent
Medi-Cal^	24%
Food stamps	22%
CalWORKS/TANF	12%
Healthy SF	10%
SSI (disability)	9%
WIC	8%
Social security	3%
SSDI (disability)	2%
General Assistance	2%
PAES	1%
Veteran's benefits	0%
Other	2.5%
I don't receive any benefits	1.9%

^Note: There is a slight discrepancy in survey responses. When asked "What public benefits do you receive?", 24% of respondents stated they received Medi-Cal However, 50% of surveyed residents also stated that Medi-Cal is their health insurance.

Utilizing a multi-pronged approach to assist residents become economically sustainable and reduce the unemployment rate in Potrero Terrace and Annex would increase the likelihood for job and economic success.

Perception of frequency of drug use

- Frequently — 70%
- Sometimes — 11%
- Rarely — 6%
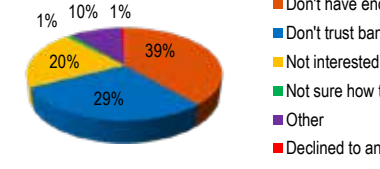- Never — 3%
- Don't know — 10%

Banking & savings: Room for improvement

Potrero Terrace and Annex residents have little access to banking services. The San Francisco Department of Public Health reported that only five percent (5%) of PTA residents are within a half-mile distance from a bank or credit union compared to 85% for all San Franciscans.

"Banking isolation" is part of the reason why 52% of residents from Potrero Terrace and Annex do not have a checking or savings account, a figure higher than the city and state averages.

Why do the majority of residents not have savings or checking accounts? PTA household survey respondents stated the following reasons:

- Don't have enough $ — 39%
- Don't trust banks with my $ — 29%
- Not interested — 20%
- Not sure how to open one — 10%
- Other — 1%
- Declined to answer — 1%

Consequently, young community members are not exposed early in life to the benefits of savings and checking accounts. Entire families are impacted by the lack of banking facilities, not just adults.

Other key research findings:

➢ Eighteen percent (18%) of all survey respondents are unable to work (female=15%, male=38%).

➢ Female respondents (48%) have a slightly higher percentage of savings or checking accounts than males (44%).

Data sources: 1) Potrero Terrace & Annex Household Survey, KDG Enterprises, July 2013, 2) HOPE SF Baseline Evaluation Report, Learning for Action, June 2012, 3) *Transforming Residents and Communities: Safety, Service Connection and Workforce*. HOPE SF 2012-2013 Evaluation. Learning for Action (LFA). June 2013, & 4) *Baseline Conditions Assessment of HOPE SF Redevelopment: Potrero Terrace and Annex.* San Francisco Department of Public Health Program on Health, Equity, and Sustainability. October 2009.

HEALTH & WELL-BEING

"Health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity."

World Health Organization, 1948

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Healthy Residents, Healthy Families?

The health and well-being of a community is determined by many factors, including: access to medical care, healthy food, open and safe spaces to congregate and play, good quality housing, regular exercise, and exposure to culture and art. How are Potrero Terrace and Annex (PTA) families faring?

➢ Half (50%) of surveyed residents rely on Medi-Cal for their health care needs.

➢ San Francisco General Hospital (27%) and Potrero Hill (PH) Health Center (21%) are the PTA community's main health care providers.

➢ Ninety-seven percent (97%) of children from surveyed households have a regular doctor or clinic they visit for their health care needs.

➢ According to the PTA survey, 35% of children rely on SF General for their health care needs, while 15% go to St. Luke's Hospital. Other institutions where children go for health care include: UCSF (11%), Kaiser (11%), and Potrero Hill Health Center (5%).

➢ Nearly half (49%) of respondents have been to dentist in the past year, but almost one-third (30%) have not visited in three years or more.

➢ Eighty-four percent (84%) of children have breakfast every day.

➢ Sixty-four percent (64%) of households surveyed eat dinner together as a family 7 days a week.

➢ Access to healthy food is important for maintaining good health. PTA is considered to be a food desert because it lacks nearby food markets offering high-quality food.

➢ Currently, 0% of PTA residents and 22% of Potrero Hill residents live within a half-mile of a large retail food store (e.g., supermarket), compared to 65% of San Francisco residents.

➢ A SF public housing report found that 58% of adults (ages 25-64) were classified as disabled, as well as 18% of transition-age youth (ages 18-24).

➢ Seventy-seven percent (77%) of survey respondents rated themselves as generally healthy. However, 2003-2005 resident data for zip code 94107, which includes PTA, showed far higher rates of acute care hospitalizations for adult and pediatric asthma, diabetes, lung disease, and heart failure than San Francisco as a whole. These rates are more than double, and often triple, the rate for all San Franciscans.

FAST FACTS

91%

Percent of PTA survey respondents who have health insurance, either public or private. However, 6% respondents do not have insurance.

86%

Percent of surveyed residents who have visited a doctor for a routine check-up in the last year; 94% within past two years.

29%

Percent of household survey respondents reporting a disability. Health problems are due to back and leg injuries and chronic illnesses such as asthma and diabetes.

INCREASED SOCIAL CONNECTIONS MAKE A DIFFERENCE

While increased community building alone will not solve HOPE SF sites' safety problems, increasing investment in community building should ultimately pay off in reduced crime and happier, healthier residents.

Never been to dentist — 2%
Within past year — 49%
Within past 2 years — 19%
Within past 3-5 years — 17%
13%

Mind, Body, Spirit

A sound mind is as vital as a strong, healthy body. Too often, multiple stressors such as poverty, low-quality housing, violence, and substance abuse have a cumulative negative effect on children, youth, and families. How do PTA families rate their level of stress, their ability to access social supports, and their participation in healthy living activities?

➢ In the household survey, residents rated their physical health on a scale of 1-10, 1 being "always sick" and 10 being "always healthy".
  ▪ Surprisingly, over half (54%) of survey respondents rated their physical health at the top end of the scale, between 8 and 10.

➢ Surveyed residents also rated their level of stress on a scale of 1 (always stressed out) to 10 (stress free).

10 — 19%
9 — 7%
8 — 11%
7 — 11%
6 — 8%
5 — 19%
4 — 7%
3 — 5%
2 — 3%
1 — 9%
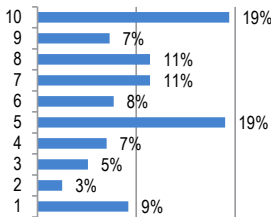
While one in five (19%) rated themselves a 10, the average rating was six (6).
  ▪ Nearly one-quarter (24%) are at the bottom end of the scale (1-4), indicating they experience a tremendous amount of stress in their lives.

➢ Over half (58%) of the survey respondents have never sought help for feeling tense or anxious.

➢ Based on the survey, the average resident happiness rating (1 being "always sad" and 10 being "always happy") was very high at eight (8). Three out of five respondents (59%) placed themselves near the top, between 8 and 10.

➢ While residents share a sense of optimism and happiness, violence and lack of safety are causes of tremendous ongoing stress and trauma for children and families in HOPE SF communities. According to a study conducted by San Francisco State University, these conditions result in widespread mental health issues for residents.
  ▪ PTA's violent crime rate is five times the city's incidence rate.

➢ There are 16 public art works **within a**

The walking club working out at a quick pace. For more info, contact Uzuri Pease Greene at (415) 368-4436 or check out your orange monthly calendar for dates and times.

➢ In reaction to ongoing fear and stress, many residents are forced to remain indoors, restrict children's play outside, turn inward, and become isolated. As a result, community connections suffer and mistrust between residents grows.

➢ When feeling down (sad), only one-third (34%) of surveyed residents reported seeking help.

➢ Three-quarters (73%) of survey respondents do not participate in any program related to their physical or mental health.

➢ There are two (2) acres of open space

Neighborhood Assets

Potrero Community Mural

Cultural spaces include amenities such as libraries, community centers, and public art. Potrero stands out from the other public housing sites in this regard.

half a mile of Potrero Terrace and Annex.

➢ PTA boasts at least two community gardens within the public housing site, and others are contained within ½ mile from the site.

➢ Potrero Hill residents are close to various community centers in the neighborhood. These include:
  ▪ Potrero Hill Family Resource Center
  ▪ Potrero Hill Neighborhood House
  ▪ Potrero Hill Recreation Center

➢ Current ratings of local parks' physical condition and maintenance are quite high (84%), and are comparable to citywide park ratings (87%).

per 1,000 residents in PH (2006).

In addition, the density of alcohol outlets near Potrero Terrace and Annex (15 per square mile) is lower than the citywide average (17.5 per square mile).

Currently, residents are actively involved in multiple healthy living activities including: Zumba, Gardening, Walking Club, Meditation, and the Community Building Group.

Potrero Terrace and Annex is situated on a hilltop with beautiful bay and city views, but despite its assets, it is still isolated from the surrounding Potrero Hill neighborhood (north/south divide) and the City: geographically, socially, and economically.

SMILES IN POTRERO HILL

SAFETY/ VIOLENCE PREVENTION

"Peace begins with a smile...."
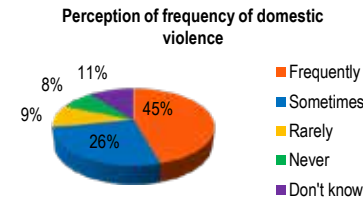
Mother Teresa

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Safety in the Neighborhood

Safety is a major concern for Potrero Terrace and Annex (PTA) residents. Unfortunately, crime and violence are unacceptably high, which adversely impacts youth, families, and the entire Potrero community.

Repeated exposure to violence can lead to negative health outcomes such as post-traumatic stress disorder, depressive behaviors, substance abuse/dependence, risky sexual behavior (including assault), and high levels of chronic diseases. The lack of a safe neighborhood also affects employment outcomes and engagement opportunities for children and families.

Survey respondents identified the following crimes as occurring most often in the Potrero Terrace and Annex neighborhood:
1. Drug consumption (70%)
2. Drug dealing (67%)
3. Shootings (65%)
4. Home Break-ins (58%)
5. Domestic violence (45%) (see below)
6. Car Break-ins (44%)
7. Assaults (41%)

Perception of frequency of domestic violence

- Frequently 45%
- Sometimes 26%
- Rarely 9%
- Never 8%
- Don't know 11%

➢ In 2007, the San Francisco Department of Public Health reported that nearly half (49%) of District 10 (Bay View, Visitation Valley, and Potrero Hill) residents felt "very unsafe" or "unsafe" in their neighborhood at night. Citywide, the rate is half; 25% of residents feel "very unsafe" in/or "unsafe" at night.

➢ Overall, the rates of violent crimes (i.e., physical and sexual assaults and homicides) and property crimes at HOPE SF sites greatly exceed San Francisco's citywide rates.
  ▪ Moreover, PTA's 2008-10 violent crime rate, 40.2 per 1,000 residents, was five times greater than the citywide rate, 7.6 per 1,000 residents.

➢ Twenty percent (20%) of the 2013 household survey respondents felt "unsafe" or "very unsafe" in/or around their home in Potrero Terrace and Annex.

FAST FACTS

30%

Percent of respondents who reported that police patrols of the neighborhood occurred rarely or never.

57%

Percent of respondents who believe neighbors frequently witness a crime but do not report it.

63%

Percent of respondents who believe squatters frequently live in the abandoned apartments.

BE PART OF THE SOLUTION

Without safe streets and safe homes, we cannot build a strong and healthy community. Join the PTA Safety Group and discuss ways to increase safety and peace in the neighborhood. For more information, contact SF SAFE at (415) 673-7233.
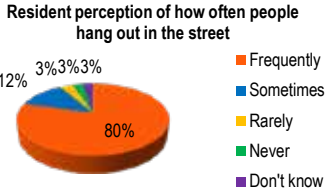

Physical & Social Environment

Potrero Terrace and Annex's geography, street design, and building structures currently inhibit physical and social connection within the project site and with nearby neighbors.

Residents observed that the north/south geographic divisions on site contribute to social divisions among residents. The long-term presence of vacant and boarded up units likely contributes to a sense of social isolation and disinvestment.

Thirty-two percent (32%) of survey respondents reported that joining gangs, cliques, or crews occurred frequently in Potrero Terrace and Annex.

In addition, hanging out on the street is commonplace in PTA (see graph). While this is not always related to gang or criminal activity, residents have expressed that a number of negative outcomes result from this behavior including, but not limited to:
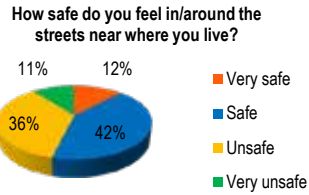➢ Harassment,
➢ Use of threatening and/or profane language, and
➢ Loud noise (e.g., music).

Resident perception of how often people hang out in the street

- Frequently 80%
- Sometimes 12%
- Rarely 3%
- Never 3%
- Don't know 3%

The mental impact on children with repeated exposure to the stress associated with unsafe conditions and violence are at increased risk for a variety of poor health outcomes. Work is needed in PTA to improve neighborhood conditions for families, especially children.

Residents are divided in terms of their sense of security.
➢ Only half of respondents felt "safe" or "very safe" around the streets where they live (54%) and in neighborhood parks and playgrounds (49%).
➢ The vast majority (79%) felt "safe" to "very safe" in their homes. A number of resident remarked that this sense of security comes from having a burglar alarm or neighbors in their immediate area look out for one another.

How safe do you feel in/around the streets near where you live?

- Very safe 12%
- Safe 42%
- Unsafe 36%
- Very unsafe 11%

Walking in numbers creates a sense of safety and community. Here a group of Potrero students are walking to school together. Even though safety is a concern, walking is the still the way most residents get around.

LIGHT AND LOVE

"Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that."

Dr. Martin Luther King Jr

Envisioning a New Community

Zumba class at the Potrero Hill Neighborhood House.

To offset isolation and fear, Rebuild Potrero has instituted a series of community building activities that offer opportunities for residents to engage, socialize, and create trust. Residents of diverse backgrounds come together in activities such as gardening, Zumba, meditation, walking club, and healthy living classes to enhance their social networks and access much needed activities.

The safety committee is meeting regularly to address safety concerns in and around the PH neighborhood. On average, 15 residents participate in this group.

Several nearby community facilities promote social interactions among residents living at and close to the project site.

Creating a safe Potrero Hill is a priority for many in the community. When asked during the survey what a safe PTA would look like, the following descriptions were provided:
➢ Well-lit streets
➢ Cameras and security
➢ More green spaces
➢ Safe places for children to play
➢ Less violence
➢ Police protection when needed
➢ More plants and flowers
➢ Less trash and nicer buildings

TECHNOLOGY

Potrero Terrace and Annex and the digital divide
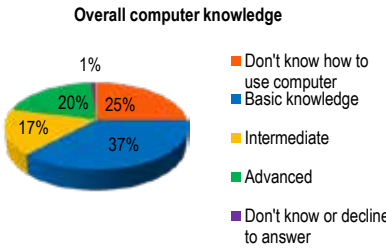
OCTOBER 2013

Is Potrero Hill Connected?

The **digital divide** refers to an economic inequality between groups in access to or knowledge of information and communication technologies. Internet access is best understood as a spectrum, ranging from people who have never been online, to those who have dial-up or sporadic access, to those who have broadband at home and at work.

Numerous studies have shown that the impact of this digital divide is most felt in low-income and communities of color. Children, youth, and families living in public housing are no exception. By understanding Potrero Terrace and Annex (PTA) residents' use of technology, internet access, and knowledge of computers, we are better informed to build future programming in Potrero Hill public housing that more effectively closes the technological gap.

Key Findings:

➢ Forty-one percent (41%) of survey respondents access the internet via cell phone, while 32% do not use the internet at all.

➢ According to the survey, the top three uses of the internet are:
  ▪ Email (14%)
  ▪ Social networking (13%)
  ▪ Job search (10%)

➢ Approximately 21% of survey respondents pay for their own Internet access, despite the free Wi-Fi offered by the SF Housing Authority.

➢ Half (53%) of respondents are dissatisfied with the free Wi-Fi provided by the Housing Authority.

➢ Sixteen percent (16%) of survey respondents did not know free Wi-Fi was available in Potrero Terrace and Annex.

➢ One out of every four surveyed residents (25%) does not know how to use a computer. One in three (37%) only has basic knowledge.

Overall computer knowledge

1%
20% 25%
17%
37%

- Don't know how to use computer
- Basic knowledge
- Intermediate
- Advanced
- Don't know or decline to answer

FAST FACTS

97%
Percent of survey respondents who own a phone. Two-thirds (67%) of respondents have a cell phone only, and one-quarter (26%) have both a cell phone and a land line.

44%
Percent of respondents who have a working computer at home. Twenty-seven percent (27%) of respondents stated they could not afford to buy a computer.

73%
Percent of surveyed residents who reported they would use a computer center if one were located in Potrero Hill.

WHO'S ONLINE?

Fifteen percent (15%) of American adults do not use the internet, and another nine percent (9%) use the internet but not at home.

The PTA household survey shows that respondents access internet mostly at home (83%), and pre-dominantly via their cell phone.

TRANSPORTATION

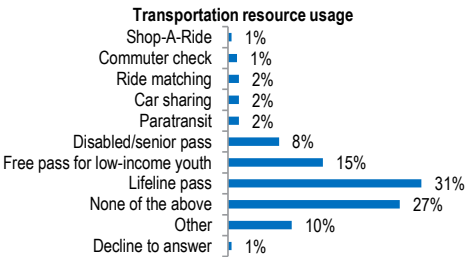**Potrero Terrace and Annex and transportation isolation**

OCTOBER 2013

Out and About

Access to transportation is extremely important to families in order to conduct their daily routines. Too often, however, transportation becomes a real challenge for children, youth, and families as they try to access community resources and be on time for school and work.

Key Findings:

➢ According to the survey, the majority of Potrero Terrace and Annex residents ride the bus to get where they are going.

➢ Despite a high bus utilization rate, 27% of respondents had never used any type of Muni or other transportation-related resources.
  ▪ Only 15% reported ever using free low-income youth passes.

Transportation resource usage

Resource	%
Shop-A-Ride	1%
Commuter check	1%
Ride matching	2%
Car sharing	2%
Paratransit	2%
Disabled/senior pass	8%
Free pass for low-income youth	15%
Lifeline pass	31%
None of the above	27%
Other	10%
Decline to answer	1%

➢ Survey respondents were clear that they would use public transportation more if:
  ▪ the wait at the bus stop were shorter,
  ▪ it went closer to places they want to go,
  ▪ you could reach final destinations with fewer transfers,
  ▪ it were cheaper,
  ▪ it were cleaner, and
  ▪ it were safer.

➢ About half (47%) of respondents reported having access to a car.
  ▪ The other half of respondents (52%) do not have access to a car at all.

➢ According to the 2000 U.S. Census, 78% of PTA households had at least one car available – a lower rate of car ownership than in the Potrero Hill neighborhood (85%), but higher than in the City overall (71%).
  ▪ Only 30% of survey respondents currently owned a car.

Without access to a car and limited public transportation options, residents experience "transportation isolation."

FAST FACTS

71%
Percent of respondents who utilize the bus for their everyday needs.

21%
Percent who reported driving a vehicle for their daily transport. Another five percent (5%) carpool.

5%
Percent of respondents that carpool or get a ride in order to get where they need to go.

BARRIERS TO WALKING OR BIKING IN PTA

- *Narrow sidewalks, or the complete lack thereof*
- *Lack of benches or other pedestrian amenities*
- *Traffic volume on some streets*
- *Absence of destinations within walking distance for residents to access jobs or meet daily needs*

TRAUMA INFORMED COMMUNITY BUILDING

A Model for Strengthening Community in Trauma Affected Neighborhoods

Weinstein, Wolin, Rose

TRAUMA INFORMED COMMUNITY BUILDING
A Model for Strengthening Community in Trauma Affected Neighborhoods

BRIDGE HOUSING CORPORATION
BRIDGE Housing Corporation is a leader in the field of affordable housing with over 30 years of real estate development, property management and asset/portfolio management experience. BRIDGE's mission is to strengthen communities by developing, owning, and managing high quality, affordable homes for working families and seniors. Since inception, BRIDGE has believed that an apartment with an affordable rent should be a stepping stone for advancement. Ranked among the most successful in the nation, BRIDGE has developed over 14,000 homes.

HEALTH EQUITY INSTITUTE, SAN FRANCISCO STATE UNIVERSITY
Founded in 2006, The Health Equity Institute (HEI) is a research institute at San Francisco State University that links science to community practice in the pursuit of health equity and justice. HEI is a multi-disciplinary team pursuing original research on emerging health equity issues and partnering with communities to understand and address critical health equity issues.

HEALTH EQUITY INSTITUTE

Weinstein, Wolin, Rose, May 2014

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ACKNOWLEDGMENTS

We would like to thank the following people for their contributions to this paper and the development and implementation of the Trauma Informed Community Building Model:

City and County of San Francisco
Alicia Crawford, BRIDGE Housing Corporation
Charmaine Curtis, Curtis Development
Jennifer Dhillon, Healthy Generations Project
Ken Epstein, San Francisco Department of Public Health
Faculty Writing Group, Health Equity Institute, San Francisco State University
Cynthia Gomez, Health Equity Institute, San Francisco State University
Anne Griffith, Enterprise Community Partners, Inc.
Lyn Hikida, BRIDGE Housing Corporation
Laura Mamo, Health Equity Institute, San Francisco State University
Tomiquia Moss, San Francisco Mayor's Office
Susan Neufeld, BRIDGE Housing Corporation
Cynthia Parker, BRIDGE Housing Corporation
Uzuri Pease-Greene, BRIDGE Housing Corporation
Ellie Rossiter, San Francisco Foundation
Julie Tinker Ward, Tinker Co.

And a special thank you to the residents of Potrero Terrace and Annex for their ongoing commitment to their community.

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I. INTRODUCTION

Across the country efforts to revitalize low-income and public housing are underway as part of large-scale community development initiatives that seek to alleviate poverty and improve neighborhoods. Community development is a continuous process of identifying community needs and developing the assets to meet those needs (Green and Haines, 2007). It is well recognized that community development of public housing sites requires extensive community building, which is the active participation of residents in the process of strengthening community networks, programs and institutions (Naparstek, Dooley & Smith, 1997). Federal housing programs such as HOPE VI and CHOICE Neighborhoods mandate community leadership as integral to revitalization efforts and have institutionalized this approach by requiring resident involvement in determining community needs and the development of local solutions. This widely supported community building approach seeks to acknowledge and tap into community assets and to prioritize community member voices and engagement. However, there is a growing understanding that trauma experienced by many low-income and public housing communities present a challenging context for these community building efforts.

Trauma is a set of normal human responses to stressful and threatening experiences (National Center for PTSD, 2007). Low-income and public housing residents may experience cumulative trauma resulting from daily stressors of violence and concentrated poverty, as well as historic and structural conditions of racism and disenfranchisement (Collins, et al., 2010). Public housing residents are over twice as likely as the general American population to suffer from gun violence (National Department of Housing and Urban Development [HUD], 2000). In addition, historical trauma due to a legacy of racism, residential segregation and oppression takes its toll on residents' emotional and physical well-being (Wilson, 1987). For many adults, children and families these conditions cause chronic stress and overwhelm residents' abilities to cope (Marmot, 2004; Substance Abuse and Mental Health Services Administration [SAMHSA], 2013).

Pervasive current and historical trauma demands a community building approach that takes into account residents' emotional needs and avoids re-traumatization triggers, which "traditional" models of community building may ignore or exacerbate. Just as a "trauma informed approach" is now accepted as essential for effective service delivery to many individuals living in these communities (SAMHSA, 2012), a trauma informed approach to community building is required to create sustainable improvements to their social and physical environment.

We present a model of Trauma Informed Community Building (TICB) that addresses the challenges trauma poses to traditional community building strategies. TICB strategies de-escalate chaos and stress, build social cohesion and foster community resiliency over time. The TICB model is based on BRIDGE Housing Corporation's experience doing community building work over the past five years in the Potrero Terrace and Annex public housing

MORE THAN
70 PERCENT
OF AFRICAN-AMERICAN CHILDREN WHO GROW UP IN THE POOREST NEIGHBORHOODS REMAIN IN THESE NEIGHBORHOODS

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site in San Francisco. The work in Potrero is part of San Francisco's HOPE SF initiative, a public-private partnership led by the San Francisco Mayor's Office to rebuild some of the most distressed public housing in San Francisco. The TICB model effectively takes into account the real-life experiences of low-income and public housing residents. Its application ensures that community building promotes community healing as part of housing transformation efforts.

TRAUMA INFORMED COMMUNITY BUILDING

Housing Development

Programs & Services

Community Building
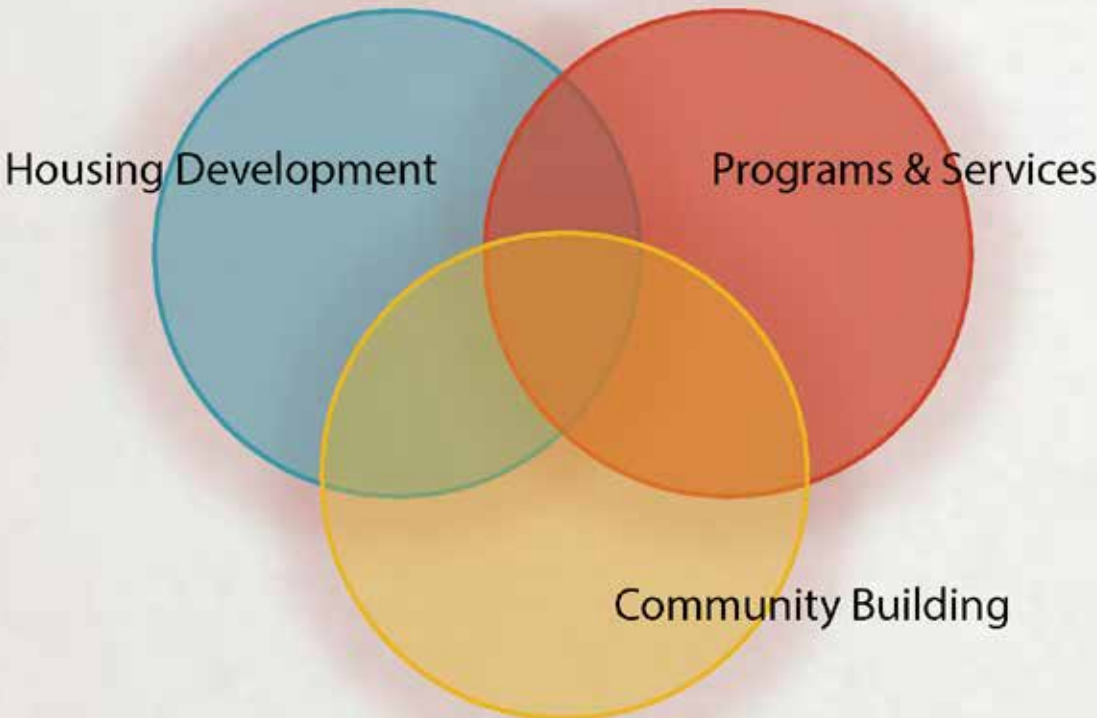
TRAUMA
- Violence
- Crime
- Poverty
- Isolation
- Poor Education

II. COMMUNITY BUILDING

In 1997, the U.S. Department of Housing and Urban Development (HUD) released Community Building in Public Housing: Ties That Bind People and Their Communities (Naparstek, Dooley & Smith, 1997) as a foundational document to promote community building as a central element in the transformation of public housing in the United States. HUD recognized that community building has been a successful approach to engaging residents and local organizations to improve community functioning and ultimately help residents to solve problems and achieve sustainable independence (Naparstek, Dooley & Smith, 1997). Unlike traditional programs and services, which direct interventions to the individual, community building is an engagement process for building social capital and the community's investment in its own future (Chaskin, 1999; McKneely, 1999).

The 1997 HUD report offered strategies to put residents at the center of revitalization efforts and encouraged developers, property managers, program staff and others to actively engage residents in the process of strengthening community institutions and programs. While there is no singular definition of community building, most emphasize resident-driven, asset-based approaches tailored to neighborhood scale and conditions (Kingsley, McNeely & Gibson, 1999). It is now widely accepted that community building efforts in low-income and public housing neighborhoods seek to counteract the deterioration of social structures and weakened formal and informal institutions that support the life of a community (Wilson, 1987). "Traditional" community building efforts share strategies to effect change, including: building social networks; engaging residents in planning and vision setting; and leveraging community capacity to solve collective problems.

IN **1997**
HUD RELEASED **COMMUNITY BUILDING IN PUBLIC HOUSING: TIES THAT BIND PEOPLE AND THEIR COMMUNITIES** AS A FOUNDATIONAL DOCUMENT TO PROMOTE COMMUNITY BUILDING

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III. TRAUMA AS CHALLENGE TO COMMUNITY BUILDING

CHALLENGES TO TRADITIONAL COMMUNITY BUILDING STRATEGIES

TRADITIONAL COMMUNITY BUILDING STRATEGIES	TRADITIONAL COMMUNITY BUILDING EXAMPLES	TRAUMA CHALLENGES TO COMMUNITY BUILDING
Build Social Networks. A thriving community has a strong social fabric, woven together by the connections between people. Building social networks is an essential piece of strengthening a community.	**Build Social Networks:** Bring people together for a community BBQ, party or potluck.	**Lack of trust and social cohesion:** Residents don't want to hang out with each other so they either don't show up or show up for the food and leave.
Engage residents in planning and vision setting. Community building efforts often turn to community members to envision solutions to community problems and determine community issues and priorities.	**Engage residents in planning and vision setting:** Conduct visioning exercises, focus groups, design charettes, asset mapping and needs assessments.	**Lack of stability, reliability and consistency:** Residents are tired of empty promises that don't result in tangible changes or that exist for only a short time so they don't participate in community building activities. **Inability to vision the future.** Residents are often overwhelmed by the realities of their current life and can't imagine how things will be different or trust that it will happen so they don't attend the planning activities or actively protest the project.
Leverage community capacity to solve collective problems Existing community groups may be enlisted to address community issues or new groups may be created to tackle common concerns.	**Leverage community capacity to solve collective problems** Establish resident driven projects and/or community driven "issue" committees.	**Disempowerment and lack of a sense of community ownership.** The community has faced years of disinvestment and a scarcity of resources from outside sources so residents don't believe that their participation will result in community change or long term funding. This also results in internal fighting between community stakeholders over small amounts of money. **High level of personal needs** Residents face daily stresses in their lives that make it hard for them to focus beyond their immediate needs. Therefore participating in community change is not a priority.
Collaborate with systems and organizations to improve social and community outcomes. As part of community building efforts, city agencies, local foundations and other institutions often seek out partnerships with community representatives and organizations to fund and implement programs and services that meet resident needs.	**Collaborate with systems and organizations to improve social and community outcomes.** Partner with community stakeholders to fund the implementation of a program that meets the needs of a specific resident demographic group.	**Depth and breadth of community needs** Due to historical disinvestment in the community, the needs of the community are extensive and the ability of community based organizations to meet those needs is limited by resources and capacity.

Weinstein, Wolin, Rose, May 2014

Ongoing trauma can have lasting adverse effects that compromise an individual's mental health and overall well-being (Luby, 2013; SAMHSA, 2012). Moreover, trauma manifests at the family and community level by altering social networks and reducing community capacity to collectively identify and address its problems and plan for its future. Trauma can also undermine "readiness" for individual and community change -- the extent to which community is prepared and inclined to take collective action on an issue (Oetting, et al., 1995).The trauma-related challenges laid out in the table are some of the barriers to traditional community building strategies and have been experienced by BRIDGE Housing at the Potrero public housing site.

CHALLENGE 1: LACK OF TRUST AND SOCIAL COHESION

Social cohesion is a critical element of community building that is absent when trauma has deteriorated trusting relationships. The experience of trauma resembles "a loss of confidence in the surrounding tissue of family and community, in the structures of human government and in the larger logics by which mankind lives..." (Erikson,1995). Isolating behavior and an inability to empathize with others are common reactions (Cook, Blaustein, Spinazzola and Van Der Kolk, 2005). Chronic trauma deteriorates coping mechanisms and damages healthy and trusting relationships (Collins, et. al., 2010; Ackerman, Kogos, Youngstrom, Schoff & Izard, 1999) while pervasive violence and physical isolation creates mistrustful relationships among neighbors (Vale, 2002). In communities with high rates of violence, many residents will not open their doors for strangers doing community building outreach, or attend community building events with other residents. Their reasoning is often real or perceived safety concerns, or an apprehension to interact with neighbors because of negative relationships or past drama (Wolin, et al., 2013).

Furthermore, the traumatic history of continual re-development and social resource cuts in distressed communities has created mistrust in government and service providers that could potentially play a central role in community building efforts. Instead, many residents view plans for revitalization or proposed programs and services with skepticism. Residents are more inclined to expect to lose their housing after the renovations, rather than believe that they will be able to move back into a renovated housing unit.

CHALLENGE 2: LACK OF STABILITY, RELIABILITY AND CONSISTENCY

Engaging and sustaining participation of residents in community building activities is difficult if their capacity is overwhelmed by their need to cope with trauma challenges and survive in poverty. A person who experiences trauma may feel the world is unstable and unreliable (Cook, et. al., 2005), so the new roles and activities proposed by community building have the potential to intimidate or overwhelm. Barriers to sustaining resident participation include trauma symptoms such as disturbances of attention, memory, cognition,

THE EXPERIENCE OF **TRAUMA** RESEMBLES "A LOSS OF CONFIDENCE IN THE SURROUNDING TISSUE OF **FAMILY** AND **COMMUNITY**

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impaired problem-solving, and behaviors that can impair rationale decision making ability (Lerner & Kennedy, 2000). As experienced in Potrero motivating residents to show up consistently and actively participate in ongoing activities is problematic, and traditional outreach tactics prove ineffective. Respecting traditional community organizing outreach principles—avoid oversaturating residents with multiple and disparate requests; "one touch, one ask"—would mean that solicitation methods would be too weak to get residents to attend and participate.

CHALLENGE 3: DISEMPOWERMENT AND LACK OF A SENSE OF COMMUNITY OWNERSHIP

Lacking a sense of community ownership or a desire to invest in the collective good are immediate barriers to traditional community building strategies of collaborative planning and vision setting. The experience of historical and chronic trauma, caused by concentrated poverty and systemic segregation, can result in disempowerment and decreased social capital and economic resources (Wilson, 1987). Disempowered communities experience limitations on their ability to access capital and resources through existing structures and networks, and lack control over their social and political environment (Wallerstein & Bernstein, 1994). As a result, a trauma affected, disempowered community may experience a loss of the sense of self-sovereignty, and instead develop a spectrum of reactions to outside groups, from obedience to aggression (Wesley-Esquimaux & Smolewski, 2004). At Potrero, and in many other public housing developments, as is often the case in public housing developments, residents have had negative relationships and experiences with housing management or public agencies; they may harbor resentment or feel remiss to personally invest in their public housing community. The community response to inequitable, traumatizing relationships becomes a barrier to stakeholder collaboration for community building.

CHALLENGE 4: INABILITY TO VISION THE FUTURE

While the involvement of residents in setting goals and strategies is a core principle of "traditional" community building (Naparsteck, et al., 2007), communities affected by trauma have fewer opportunities to invest in planning their future. Many public housing residents have faced persistent barriers to personal and economic growth. If they are also dealing with trauma, they may experience depression and related hopelessness as symptoms (Scher & Resick, 2005). On a practical level, new research shows that the everyday concerns of surviving in poverty create such a mental burden that there is little cognitive capacity available to plan and excel in other aspects of life (Mani, Mullainathan, Shafir & Zhao, 2013). Trauma's effect on cognitive skills make it difficult for a person to weigh future implications of current decisions, or manage changes in life circumstance, rules or expectations (Babcock, 2014; Mani, Mullainathan, Shafir & Zhao, 2013). Individuals and families with overwhelming life experiences may have trouble visioning the future, which inhibits them from taking action towards positive change and a better future (Bloom, 2007). In Potrero, as in many communities, maintaining resident engagement and investment in a long-term change process is an ongoing challenge.

CHALLENGE 5: BREADTH AND DEPTH OF COMMUNITY NEEDS

Community building progress depends on the strength of social support, which can only develop if individuals receive the support that they need to deal with their own trauma. Trauma can affect a person's self-concept, causing low self-esteem, shame, or guilt (Cook, et al., 2005), and inhibits many residents to step up in leadership roles. Many public housing residents deal with the instability and isolation of poverty in their daily lives. Their ability to schedule or be punctual is compromised by the obligation to meet daily needs for themselves and their families. Many adults in impoverished neighborhoods such as Potrero lack professional skills and the opportunities to acquire them, due to low educational attainment, poor overall health, substance abuse history or the variety of other access barriers related to poverty and institutionalized racism. Substance use issues are common in in Potrero and other trauma affected communities, further complicating issues of participation and engagement in activities. In addition, wariness of service settings and outsider professionals, as well as cultural and logistical barriers can deter families from accessing services and supports (de Arellano, Ko, Danielson & Sprague, 2008). Residents affected by trauma require a breadth and depth of resource and time intensive services to facilitate their participation in community building efforts.

The impacts of sustained trauma and persistent stress on a community result in challenges to traditional community building strategies. Fully understanding these challenges and how they impact a community's readiness for sustained neighborhood change is essential for community building efforts.
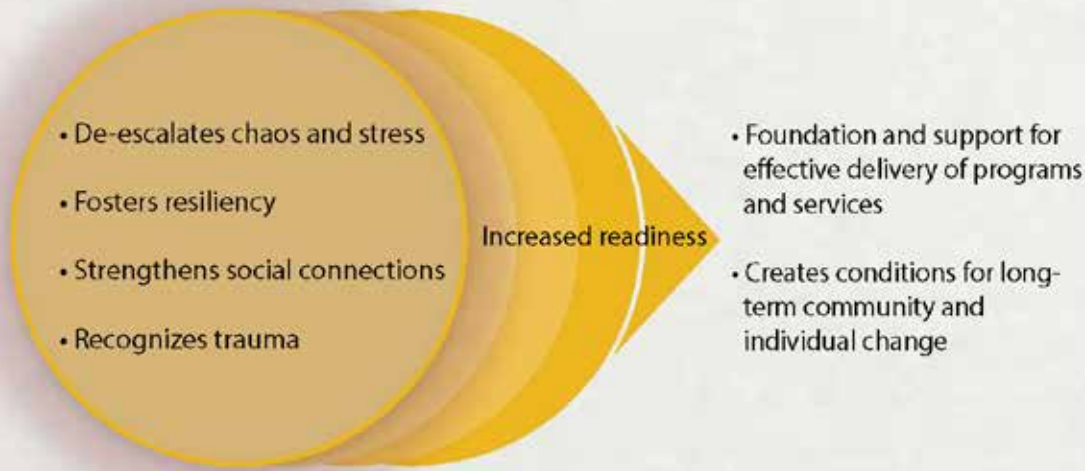
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IV. TRAUMA INFORMED COMMUNITY BUILDING

Trauma Informed Community Building (TICB) recognizes the impact of pervasive trauma on a community and creates a process to address the resulting challenges to traditional community building approaches. Through intentional strategies that de-escalate chaos and stress, build social cohesion and foster community resiliency over time, TICB can increase the community's readiness to engage in traditional community building efforts. The outcomes of effective TICB are the conditions for sustainable individual and community change. They are also the foundation and support for a coordinated program and service delivery system that can address individual and community needs such as mental and physical healthcare, educational attainment, economic self-sufficiency, safety, and healthy child development

TRAUMA INFORMED COMMUNITY BUILDING

TICB

- De-escalates chaos and stress
- Fosters resiliency
- Strengthens social connections
- Recognizes trauma

Increased readiness

OUTCOMES

- Foundation and support for effective delivery of programs and services
- Creates conditions for long-term community and individual change

Weinstein, Wolin, Rose, May 2014

A. TICB PRINCIPLES

The model for TICB can be applied to efforts in various types of neighborhoods and communities facing poverty, ongoing violence, isolation and limited resources. A program or intervention is trauma informed when it has an understanding of the ongoing impact of trauma on community members' lives, and when all aspects of its response aim to appropriately address their specific needs and avoid re-traumatization (Harris & Fallot, 2001). Trauma informed intervention models do not aim to treat trauma directly, but welcome community members, acknowledge their special needs, and have the capacity to identify trauma and its relation to other issues in their lives. Programs and services without a trauma informed approach may fail to engage community members, to sustain their participation or to provide them with positive outcomes. They may even create environments or interpersonal dynamics that are unsafe and disempowering, and risk triggering community members' trauma reactions (Harris & Fallot, 2008).

Underlying the TICB model are four principles that reflect the beliefs and practices of its resident-centered approach. The principles are not specific procedures but instead a set of values that influence all of the work.

PRINCIPLE 1: DO NO HARM: Be aware of past and current trauma and promote activities, programs and services that avoid re-traumatizing individuals and the community. TICB recognizes mental health triggers in the community and consciously creates environments that de-escalate stress and provide opportunities for mental health support. It is also important to acknowledge that traumatized communities face ongoing insecurities around the sustainability of programs, services and institutional relationships. Therefore TICB only engages in activities when financial sustainability and organizational structure is guaranteed for multiple years and is not only focused on short-term activities.

PRINCIPLE 2: ACCEPTANCE: Meet residents where they are, accept the realities of the community conditions and set expectations accordingly. TICB recognizes that residents in trauma affected communities cope in a variety of ways and participate in activities for a variety of reasons. All members of the community are welcome to participate and TICB makes every effort to adapt activities to the realities of violence, mental health conditions, substance abuse and other trauma related issues. In accord with understanding community readiness (Oetting, et al., 1995), TICB sets goals that allow residents to grow, but does not push them past their capacity or understanding of an issue. By accepting all community members where they are in their lives, TICB can set realistic expectations and goals for the long-term outcomes and community improvements.

PRINCIPLE 3: COMMUNITY EMPOWERMENT: Recognize the importance of self-determination to encourage community investment and that everyone can play a supportive role. Inclusiveness is core to community development in trauma affected neighborhoods, where generations have been marginalized from development processes and excluded from reaping the benefits. Community empowerment theory explains the importance of equitable participation and accountability among stakeholders to build community

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perception of ownership over change (Freire, 1970; Maton, 2008). The process of empowerment begins at any stage of readiness to ensure community members feel control over the change that they are experiencing. Peer support in particular promotes a sense of hope and control, and validates individuals' actions as having meaning and value, which is necessary for visioning for the future and actualization of plans.
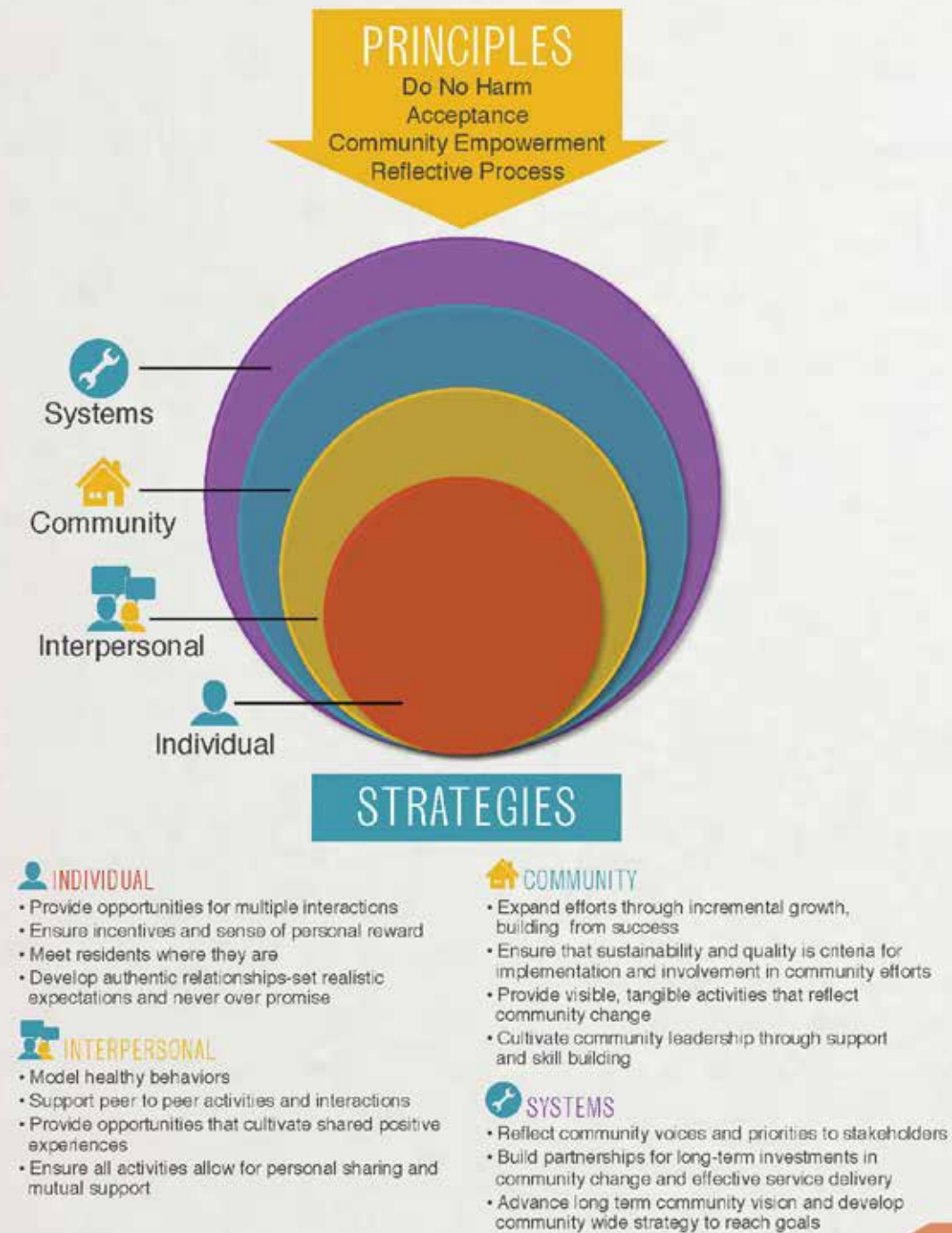
PRINCIPLE 4: REFLECTIVE PROCESS: Take a sustained approach over multiple generations to improve outcomes in a trauma impacted community. TICB engages in an ongoing reflective practice that responds to new developments and knowledge, and is constantly adjusting to meet the needs of the community and the overall vision for the neighborhood. It prioritizes working towards distinct community building outcomes, such as increased social cohesion, resilience and collective vision of change. Though its objectives should not be subsumed by larger community development goals, TICB provides a foundation for coordinated community development and the delivery of programs and services. TICB activities carry on throughout all the development phases. Once awareness of trauma is raised, TICB continues to incorporate the voice of residents into the planning of physical development and program and service design so that they address the root causes of trauma.

B. TICB STRATEGIES

The TICB model does not prescribe a set of activities, but rather a set of intentional strategies that address the challenges that trauma poses to traditional community building efforts. TICB recognizes the impacts of sustained stress and trauma in all aspects of neighborhood well-being. It's strategies are framed by the social-ecological model, which portrays the interconnectedness of individuals with the social and environmental dynamics that influence them including interpersonal, community and system factors (McLeroy, Bibeau, Steckler, & Glanz, 1988; Stokols, 1992; Dahlberg & Krug, 2002). TICB proposes a set of intentional strategies at every level of the ecological model to have the greatest impact on community outcomes and to ensure their sustainability.

Weinstein, Wolin, Rose, May 2014

TRAUMA INFORMED COMMUNITY BUILDING

A Model for Strengthening Community in Trauma Affected Neighborhoods

PRINCIPLES
Do No Harm
Acceptance
Community Empowerment
Reflective Process

Systems

Community

Interpersonal

Individual

STRATEGIES

INDIVIDUAL
- Provide opportunities for multiple interactions
- Ensure incentives and sense of personal reward
- Meet residents where they are
- Develop authentic relationships-set realistic expectations and never over promise

INTERPERSONAL
- Model healthy behaviors
- Support peer to peer activities and interactions
- Provide opportunities that cultivate shared positive experiences
- Ensure all activities allow for personal sharing and mutual support

COMMUNITY
- Expand efforts through incremental growth, building from success
- Ensure that sustainability and quality is criteria for implementation and involvement in community efforts
- Provide visible, tangible activities that reflect community change
- Cultivate community leadership through support and skill building

SYSTEMS
- Reflect community voices and priorities to stakeholders
- Build partnerships for long-term investments in community change and effective service delivery
- Advance long term community vision and develop community wide strategy to reach goals

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INDIVIDUAL

In a trauma affected community, TICB focuses attention on appropriately engaging individual residents with various needs and capacities. First, stakeholders should express *acceptance of the experiences and circumstances of individuals,* no matter if they may pose a challenge to community building activities. Due to the nature of traumatic experience and symptoms, individuals may engage in seemingly unhealthy or destructive behaviors. However, this does not preclude them from having leadership qualities and being able to contribute to their communities over time. Next, it may take *multiple touches, or interactions* to recruit an individual to participate in an activity, engage with the overall community building process and eventually offer positive contributions to community change. Frequent touches must be intentional and authentic, to build credible relationships. To maintain individuals' long-term participation in the community building process *providing incentives and tangible rewards* for participation is key. Incentives bring community building beyond relationship building, to give residents a sense of accomplishment and self-efficacy, whether internal—like a sense of well-being—or external—like a gift card or other tangible reward. Finally, TICB takes great care that messaging and activities *do not over promise*, so that individuals do not feel disillusioned, or worse re-traumatized, by their commitment to a group and process that was misrepresented.

INTERPERSONAL

TICB activities aim to build interpersonal relationships and create channels of communication to ensure awareness of and participation in the ongoing community building process. Social cohesiveness is a resilience factor that can both protect residents from the impact of trauma, as well as contribute to the prevention of future triggers. TICB activities offer a way for residents and their families to leave their homes and enter a safe and welcoming environment where they can share a *positive experience* with their neighbors. Activities at the interpersonal relational level can be valuable simply by *creating opportunities for personal sharing and mutual support* that become positive shared memories, in addition to any other tangible outcomes. Another objective of trauma informed community building activities is that they *model healthy behaviors*, and develop family and community norms that perpetuate healthy behaviors. The sharing of positive norms and the awareness built by modeling them to the community, can support collective influence and engagement in the community building process. TICB *supports peer-to-peer strategies* as a model to increase social support and social cohesion. Peer-to-peer strategies involve community residents working to address community issues by serving as a source of information, bridge to services, advocate for community needs, facilitator of community action and organizer of community building activities.

Weinstein, Wolin, Rose, May 2014

COMMUNITY

Promoting collective action at the community level, in the face of barriers caused by trauma, requires an investment of time and effort that build trust in a collective process. In many trauma affected communities there is a collective memory of public programs and services that were ineffective or ended without delivering on promised benefits. At all stages, TICB aims to *provide visible, tangible activities that reflect community change.* Opportunities are provided for residents to play a role in decision-making, set the agenda, and reap the benefits of their collective actions. All stakeholders receive *regular and dependable communications* about past and upcoming community building activities and events, so that an inclusiveness sense of awareness is built around the process. Activities are designed to *cultivate community leadership through support and skill building,* to encourage a sense of ownership and to *ensure that sustainability is a criterion for implementation and involvement in community efforts.* TICB strategies plan for incremental growth so that the scope and trajectory of activities can *build on previous successes.*

SYSTEMS

TICB supports residents in identifying their needs, and *reflects community voices and priorities to stakeholders.* TICB builds the capacity of the community to incubate and advocate for the way that it wants community development to progress, and to inform the way that services should be designed appropriately for their community. It also *builds the capacity of service providers to build partnerships for long-term investments in community change and effective service delivery,* within a trauma informed service system. By encouraging *community feedback,* alongside frequent and transparent communication of the purpose and intention of all activities to all stakeholders, inclusive systems are developed that *advance long-term community vision and develop a community wide strategy to reach goals.*

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CONCLUSION

Using a Trauma Informed Community Building (TICB) approach requires only small shifts in perspective, expectations and activities to achieve the positive outcomes of community strengthening work. Together these adjustments that take into account the reality of community members' lives and emotional experiences make a powerful and necessary change in approach. It is the sum of the TICB strategies that make the long-term difference. Furthermore, using a trauma informed approach to community building paves the way for the effective delivery of individual, family and community services, as well as providing the foundation for a healthy, sustainable and thriving neighborhood. The system focused strategies of TICB – reflecting the voices of community members to system stakeholders and providing feedback to service providers – are a critical piece of ensuring that the revitalization of low-income and public housing and other trauma affected communities truly meets the needs of residents. Supporting the development and implementation of trauma informed services is an essential role for community building work and critical to the overall success of housing transformation efforts.

For housing developers TICB has significant implications for how comprehensive redevelopment efforts should be implemented in low-income, marginalized and sometimes violent communities. There is recognition that community "readiness" (Oetting, et al., 1995) is essential for the uptake and effectiveness of programs and services and in order to meet long-term neighborhood goals. Increasing the stages of readiness in public housing and trauma affected communities requires developers to prioritize community building as a first and essential step in their redevelopment efforts. However, TICB is not simply a step to be taken and then completed. TICB must continue over time to support residents' needs and sustain systemic community change. TICB emphasizes the need for community stakeholders to be present "for the long haul" and avoid the harm caused by an inconsistent or short-term presence.

An ongoing challenge to all community building activities, and in particular TICB, is securing financial support for activities that are largely outside the scope of "reimbursable" services or predevelopment housing costs. TICB calls for flexible funding that is long-term. These resources would be well spent as they are critical to ensure the effectiveness of all investments in programs and services and to meet the long-term vision of a thriving and revitalized community. It falls upon developers and the policy stakeholders in the transformation of public housing and other distressed communities to create funding streams to support TICB.

REFERENCES

Ackerman BP, Kogos J, Youngstrom E, Schoff K, Izard C. (1999). Family instability and the problem behaviors of children from economically disadvantaged families. Developmental Psychology, 35, 258-268.

Babock, E. (2014). Using Brain Science to Design New Pathways Out of Poverty. Boston, MA: Crittenton Women's Union.

Bloom, S. (2007). The Sanctuary Model of Trauma-Informed Organizational Change. The Source, 16(1), 12-14, 16. Berkeley, CA: The National Abandoned Infants Assistance Resource Center.

Chaskin, Robert J. (1999). Defining community capacity: A framework and implications from a comprehensive community initiative. Paper presented at the Urban Affairs Association Annual Meeting, Forth Worth.

Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions. Baltimore, MD: Family Informed Trauma Treatment Center. http://nctsn.org/nccts/nav.do?pid=ctr_rsch_prod_ar or http://fittcenter.umaryland.edu/WhitePaper.aspx

Cook, A., Blaustein, M., Spinazzola, J., & Van Der Kolk, B. (2005). "Complex trauma in children and adolescents". Psychiatric Annals, 35(5), 390-398.

Dahlberg, L. L., & Krug, E. G. (2002). Violence - a global public health problem (pp. 1-56). Geneva, Switzerland: World Health Organization.

de Arellano, M. A., Ko, S. J., Danielson, C. K. & Sprague, C. M. (2008). Trauma-informed interventions: Clinical and research evidence and culture-specific information project. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Erikson, K. (1995). "Notes on Trauma and Community," In Caruth C. ed. Trauma: Explorations in Memory. Baltimore: Johns Hopkins University Press.

Fallot, R.D. & Harris, M. (2008). Trauma-informed approaches to systems of care. Trauma Psychology Newsletter, 3(1), 6-7. Washington, D.C.: American Psychological Association

Freire, P. (1970). Pedagogy of the oppressed. New York: Herder and Herder.

Green, G. and Haines, A. (2007) Asset Building and Community Development, 2nd Edition. Thousand Oaks, CA: Sage Publications.

Harris, M. & Fallot, R.D. (Eds.) (2001). "Using Trauma Theory to Design Service Systems." New Directions for Mental Health Services Series. San Francisco: Jossey-Bass.

Kingsley, G. Thomas, McNeely, Joseph B., Gibson, James O. (1999). Community Building Coming of Age. The Urban Institute. (http://www.urban.org/comminity/combuild.htm)

1 7

Lerner, C., Kennedy, L. (2000). Stay-leave decision making in battered women: Trauma, coping and self-efficacy. Cognitive Therapy and Research, 24(2), 215-232.

Luby, J., Belden, A., Botteron, K., Marrus, N., Harms, M., Babb, M., Nishino, T. & Barch, D. (2013). The Effects of Poverty on Childhood Brain Development. JAMA Pediatrics. doi: 10.1001/jama-pediatrics.2013.3139

Mani, A., Mullainathan, S., Shafir, E., & Zhao, J. (2013). Poverty Impedes Cognitive Function. Science, 341(6149), 976-980.

Marmot, M. (2004). The Status Syndrome: How Social Standing Affects Our Health and Longevity. New York: Times Books/Henry Holt.

Maton, K. I. (2008). Empowering Community Settings: Agents of Individual Development, Community Betterment, and Positive Social Change. American Journal of Community Psychology, 41(1-2), 4-21. doi:10.1007/s10464-007-9148-6

McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education Quarterly, 15(4), 351-377.

McNeely, J. (1999). Community Building. Journal of Community Psychology, 27(6), 741-750.

Naparstek, A., Dooley, D., Smith, R., & United States Office of Urban Revitalization. (1997). Community building in public housing: Ties that bind people and their communities. Washington, DC: U.S. Department of Housing and Urban Development, Office of Public and Indian Housing, Office of Public Housing Investments, Office of Urban Revitalization.

National Center for PTSD (2007). Effects of traumatic stress after mass violence, terror, or disaster: Normal reactions to an abnormal situation. (Retrieved April 25, 2013 from http://www.ptsd.va.gov/professional/pages/stress-mv-t-dhtml.asp)

Oetting, E.R., Donnermeyer, J.F., Plested, B.A., Edwards, R.W., Kelly, K., & Beauvais, F. (1995). Assessing community readiness for prevention. The International Journal of the Addictions, 30(6), 659 - 683.

Ross, C., Mirowsky, J., & Pribesh, S. (2001). Powerlessness and the Amplification of Threat: Neighborhood Disadvantage, Disorder, and Mistrust. American Sociological Review, 66(4), 568-591.

San Francisco State University (2013). The Mental Health of Children and Their Families Living in HOPE SF Communities. San Francisco, CA: Wolin, J.

Scher C. & Resick P. (2005). Hopelessness as a risk factor for post-traumatic stress disorder symptoms among interpersonal violence survivors. Cognitive Behavior Therapy, 34, 99-107.

Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. American Journal of Health Promotion: AJHP, 10(4), 282-298.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). Adverse Childhood Experiences. In Prevention Training and Assistance. Retrieved March 1, 2013, from

http://captus.samhsa.gov/prevention-practice/targeted-prevention/adverse-childhood-experiences/1.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). Part I: Defining Trauma. In Trauma Definition. Retrieved March 27, 2014, from: http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx.

U.S. Department of Housing and Urban Development (HUD). (2000). In the Crossfire: The Impact of Gun Violence on Public Housing Communities. In HUD Archives. Retrieved March 27, 2014, from http://archives.hud.gov/news/2000/crossfir.pdf.

Vale, L. (2002). Reclaiming Public Housing: A Half Century of Struggle in Three Public Neighborhoods. Cambridge, Mass.: Harvard University Press.

Wallerstein, N. and Bernstein, E. (1994) Introduction to community empowerment, participatory education and health. Health Education Quarterly, 21, 141–148.

Wesley-Esquimaux, C. and Smolewski, M. (2004) Historic trauma and aboriginal healing. Ottawa: Aboriginal Healing Foundation.

Wilson,W.J.(1987).The Truly Disadvantaged. Chicago: The University of Chicago Press.

18

Name of Organization: _____

Contact Person: _____

Date of initial Interview: _____

SECTION A PROGRAM

1. Describe your current menu of programs.	
2. What is your vision for the future of programs as it relates to serving residents living in Potrero Hill and Annex?	
3. When your organization decides to change its scope of services, including increasing services to a targeted population, who is involved in the decision-making process?	
4. Of the five (5) PARADISE Plan strategy areas, please confirm the area(s) that are most aligned with the services you currently provide to Potrero Annex and Terrace residents; please include the name of the program where possible.	
5. What are the strengths that your organization brings to the targeted program area(s)?	
6. What would you need to have in place to provide better services to Potrero Hill Terrace and Annex residents?	
7. What would you need to be able to increase the number of families you service in Potrero Hill Terrace and Annex?	
8. What makes your work hard?	

9. Describe the funding mix that supports your work?	

SECTIONN B. DATA COLLECTION

1. Do you currently conduct program/ service evaluation? If so:	
a. What data do you track?	
b. How do you get the data?	
c. What tools do you use to store information?	
d. How do you enter/store information? (staff, contractor, etc.)	
e. Can you run reports?	
f. How often do you collect the data (Ad-hoc, monthly, quarterly, etc.)	
g. How does this tie back to the outcomes you are trying to accom- plish?	
2. What is the level of data collection?	
a. Individual (case management)	
b. Family Level	
c. Community/Neighborhood Level	
d. All of the above	
3. What type of data do you collect?	
a. Quantitative	
b. Qualitative	
c. All of the above	
4. Do you have any concerns about sharing data as part of this initiative? If so, what are they?	

SECTION C. TECHNOLOGY

1. Describe your current use of technology.	
2. What do you see as the highest area of needed improvement as it relates to your use of technology, including hardware, software, internet/network and staff training capacity?	
3. Do you have in-house technology capacity, or do you use a contractor to handle technology services?	
4. Of the residents you serve in Potrero Hill…	
a. Do they require assistance completing the tasks on the computer? • If yes, about how often and what assistance do they request? • Are you able to meet the need? • If no, why not?	
b. Do they request information about buying a computer or getting home internet access? • If yes, what information do you share?	
c. Have residents shared additional issues/challenges related to technology	
5. Please respond to the questions in the chart below according to the following scale:	1 = Poor 2 = Average 3 = Good 4 = Excellent

PURPOSE: To assess technology usage/capacity of the CNI proposed implementation partners

Rank the skill/knowledge level:
1=Poor   2=Average   3=Good   4=Excellent

Technology Categories	Program Director	Program Staff
File management: using a system to save and share files		
Basic maintenance & troubleshooting		
Office productivity: MS Office or Goo- gle docs		
Web browsing: search & Internet safety		
Emailing: etiquette, attaching files		
Online sharing and collaboration		

Database/data collection		
Anything else to add related to technology?		

SECTION D. ORGANIZATION/CONCLUSION

1. Given what you have heard about the PARADISE Plan, is your organization interested in serving as a proposed implementation partner?	
2. What questions or concerns do you have about the process or opportunity?	
3. What do you think is essential to ensure the success of your work as an implementation partner?	
4. Are you currently implementing any capacity building initiatives or activities?	
5. When you work with other stakeholders with a lot of moving parts, what do you need and what does the group need to be successful?	
6. Any final comments or questions?	

RECOMMENDATIONS/FOLLOW-UP:

(Note: * indicates a recommended partner that did not participate in the CBO assessment.)

1. Community-Based Organizations

Boys and Girls Club of San Francisco (BGSF)* – Offers an array of academic, enrichment, and sports programs to youth throughout San Francisco, including a summer camp at Camp Mendocino. Website: www.kidsclub.org.

Good Samaritan Family Resource Center - Offers an array of educational programs focused on kindergarten readiness, including licensed English-Spanish child care, early learning services, and early literacy programming. Website: http://goodsamfrc.org.

Healthy Generations Program (HGP) – A Potrero-based program that modifies parenting behaviors to encourage healthy brain development among children and to prepare them for kindergarten success. Website: not available

Homeless Prenatal Program (HPP) – Provides case management to pregnant and parenting women living in poverty. Website: http://homelessprenatal.org.

Kai Ming Head Start* — Provides free preschool services to income-eligible children ages three to five years old living in San Francisco. Services include comprehensive health, nutrition, family support, and parental education services. Website: http://www.kaiming.org.

Khan Academy* – Provides free online education and virtual tutoring for school-age youth and adults. Website: http://www.khanacademy.org.

Omega Boys Club* – Nationally recognized youth development and violence prevention organization that offers a youth training engagement program that emphasizes violence prevention (Stay Alive & Free) to adolescents. Website: http://stayaliveandfree.org.

Potrero Hill Family Support Center- YMCA Urban Services — Delivers family strengthening and support programs at the Potrero Hill Family Support Center. Website: http://www.ymcasf.org/urban.

Potrero Hill Neighborhood House (The NABE) — Provides "cradle-to-grave" services with an emphasis on youth and education. Programs include Head Start preschool, summer enrichment, and teen programming. Website: http://www.phnhsf.org.

Potrero Hill Recreation Center (The Gym) — Hosts an afterschool enrichment program for K-5th graders, Zumba classes, an open gymnasium, and other recreation programs for children, adults, and families. Website: http://sfrecpark.org/destination/potrero-hill-rec-center.

Potrero Kids* —Year-round, Spanish-English bilingual, dual-campus preschool operated by the Potrero Residents Education Fund (PREFund) at Daniel Webster Elementary School and in their Third Street center. Website: http://www.potrero-kids.org.

San Francisco Safe Awareness For Everyone (SF SAFE) — Works with communities via the San Francisco Police Department to create neighborhood watch groups, safety programs, and leadership training through the SF SAFE Academy. Website: http://sfsafe.org.

Shanti Project* — Provides professional case management and volunteer-based emotional and practical support to persons living with life-threatening or chronic illness. Website: http://www.shanti.org.

Wu Yee Children's Services* — Operator of the Potrero Hill Head Start and Early Head Start Programs. Wu Yee specializes in early child education, family support services, referrals to quality child care, and training and support for child care providers. Website: http://www.wuyee.org.

2. Public Agencies

Department of Children, Youth, and Their Families (DCYF) — Supports programs and activities that ensure children and youth are healthy, ready to learn, succeed in school, and live in safe and supportive families and communities. Website: http://www.dcyf.org.

Office of Economic and Workforce Development (OEWD): Workforce Development Division —Promotes economic development by providing employers with skilled workers and expanding employment opportunities for San Francisco residents. Job seeker services and training programs help residents enhance their skills to gain employment. Website: http://www.workforcedevelopmentsf.org.

San Francisco Children and Families Commission (First 5) —Funds a range of programs to support the developmental health and well-being of children ages 0-5. Programming includes preschool access for all four-year-olds in San Francisco County. Website: http://www.first5sf.org.

San Francisco Community Challenge Grant Program (CCG)* — Formerly known as the Neighborhood Beautification Fund, CCG provides matching grants to local residents, businesses, non-profits and other community groups to make physical improvements to their neighborhoods. Website: http://sfgsa.org/index.aspx?page=4264.

San Francisco Department of Health: Potrero Hill Health Center (PHHC) — Provides community-based primary health care to residents living in the Potrero Hill neighborhoods. Services include immunizations, cancer screenings, acute illness care, chronic illness care, prenatal and postpartum care, family planning, medical and social work services (including case management), and referrals to specialty and inpatient care services. Additional services include podiatry, nutrition education and consultation services, psychiatric consultation, substance abuse counseling and referral, diabetic teaching, and community outreach. Website: https://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/PotreroHlthCtr.asp.

San Francisco Department of Public Health: SF General Hospital and Trauma Center (SFGH) — Provides quality healthcare and trauma services. Website: http://www.sfdph.org/dph/comupg/oservices/medSvs/SFGH/default.asp.

San Francisco Police Department —Provides law enforcement to the city of San Francisco.
Website: http://www.sf-police.org.

San Francisco Unified School District (SFUSD) — Provides public education to San Francisco children in grades K-12, early childhood education, out-of-school programs, and transitional kindergarten. Website: http://www.sfusd.edu.

UCSF Medical Center* — Serves as the academic medical center of the University of California, San Francisco. The medical center's nationally preeminent programs include children's health, the brain and nervous system, organ transplantation, women's health and cancer. UCSF Medical Center is building three specialty hospital centered on children's health, women's health, and cancer treatment. The facility will open Spring 2015 in San Francisco's Mission Bay neighborhood. Website: http://www.ucsfhealth.org.

i Naparstek, Dooley, Smith, and Urban Institute/Aspen Systems Corporation. Community Building in Public Housing: Ties that Bind People and Their Communities. U.S. Department of Housing and Urban Development, Office of Public and Indian Housing, Office of Public Housing Investments, and Office of Urban Revitalization. April 1997. Pages 7 – 8.

ii Substance Abuse and Mental Health Services Administration (SAMHSA). "Part I: Defining Trauma." 2012. http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx. Accessed March 2014.

iii Weinstein, Wolin, and Rose. Trauma-Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods. San Francisco State University and BRIDGE Housing Corporation. May 2014. Pages 11 – 12.

iv United National Educational, Scientific, and Cultural Organization (UNESCO). "Early Childhood Care and Education." http://www.unesco.org/new/en/education/themes/strengthening-education-systems/earlychildhood. Accessed August 2014.

v U.S. Department of Health and Human Services, Administration for Children and Families. "President Obama's Early Learning Initiative." http://www.acf.hhs.gov/programs/ecd/early-learning-initiative, Accessed August 2014.

vi Hengyi Rao et al. Neuroimage. "Early Parental Care is Important for Hippocaimpal Maturation: Evidence from Brain Morphology in Humans." Volume 49, Issue 1. January 1, 2010. Pages 1144 – 1150.

vii San Francisco Department of Public Health. Baseline Conditions Assessment of HOPE SF Redevelopment: Potrero Terrace and Annex. Program on Health, Equity, and Sustainability. October 2009. Page 3.

viii KDG Enterprises, Inc. Potrero Terrace and Annex Household Survey. July 2013.

ix Ibid.

x Dhillon et al. Healthy Generations Project: Changing Our Minds, Our Health, and Our Future. February 2014. Page 4.

xi Olds, Henderson, Kitzman, Eckenrode, Cole, and Tatelbaum. "Prenatal and Infancy Home Visitation by Nurses: Recent Findings." The Future of Children. Volume 9. Number 1. Spring/Summer 1999. Page 44.

xii Learning for Action (LFA). HOPE SF Baseline Evaluation Report. June 2012. Page 132.

xiii Ibid., Pages 139-140.

xiv San Francisco Unified School District (SFUSD). 2011.

xv Ibid.

xvi LFA. HOPE SF Baseline Evaluation Report. June 2012. Page 140.
pg. 105

xvii Ibid. Page 106.

xviii Weiss, Little, Bouffard, Deschenes, and Malone. "The federal role of out-of-school learning: After-school, summer learning, and family involvement as critical learning supports." Harvard Family Research Project. February 2009.

xix Public Profit. Summer Matters: How Summer Learning Strengthens Students' Success. 2012.

xx LFA. HOPE SF Baseline Evaluation Report. June 2012. Page 55.

xxi Ibid.

xxii LFA. HOPE SF Baseline Evaluation Report. June 2012. Page 51.

xxiii LFA. HOPE SF Baseline Evaluation Report. June 2012. Page 55.

xxiv SparkPoint Centers. A Project of the United Way. www.sparkpointcenters.org/about . Accessed June 2014.

xxv LFA. HOPE SF Baseline Evaluation Report. June 2012. Page 111.

xxvi San Francisco Department of Public Health. Baseline Conditions Assessment of HOPE SF Redevelopment: Potrero Terrace and Annex. Program on Health, Equity, and Sustainability. October 2009. Page 13.

xxvii LFA. HOPE SF Baseline Evaluation Report. June 2012. Page 158.

xxviii San Francisco Department of Public Health. Baseline Conditions Assessment of HOPE SF Redevelopment: Potrero Terrace and Annex. Program on Health, Equity, and Sustainability. October 2009. Page 3.

xxix San Francisco State University. The Mental Health of Children and Their Families Living in HOPE SF Communities. Department of Health Education and Health Equity Institute. 2013.

xxx Plant and Scott. Effective Policing and Crime Prevention: A Problem-Oriented Guide for Mayors, City Managers, and County Executives. U.S. Department of Justice, Office of Community Oriented Policing Services. http://www.popcenter.org/library/reading/pdfs/mayorsguide.pdf. August 2009. Page 6.

xxxi KDG Enterprises, Inc. Potrero Terrace and Annex Household Survey. July 2013.

xxxii San Francisco Police Department. "Memo to BRIDGE Housing re: Part I Violent Crime: City of San Francisco, CA, and South Potrero Hill Police Service Area." April 27, 2012.