“Our radical community engagement work is centered in cross-sector collaborations that lead to lasting, meaningful, and most importantly – sustainable – community impact. We accomplish this by working hand in hand with organizations, systems, community groups and individuals. With diverse partners, who may be at different phases of trauma-informed development, the work can sometimes feel like a mess – but it is a mess that we are committed to and that, in the end, the community benefits from in ways we could never have accomplished alone.” - Logan Lynn, Chief Impact Officer, Trillium Group and Founder, Keep Oregon Well

Portland’s Core BCR Team
The Building Community Resilience process serves as a fundamental strategy and organizing platform to improve child health and wellness outcomes in Portland, and ultimately, throughout Oregon. Trillium Family Service is the backbone organization for the BCR Portland team. Trillium is Oregon’s largest provider of mental and behavioral healthcare for children and families and the state’s only provider offering a full continuum of children’s mental and behavioral health services. BCR Portland’s team includes 3 to PhD, a consortium of school-focused organizations in Portland that includes Trillium, Concordia University, Faubion School, a Portland Public School (pre-K – 8th grade), and recently expanded to include healthcare provider, Kaiser Permanente. The team’s newest partner, Oregon Public Health Institute, is helping to ensure the work is centered in undoing systemic oppression, promoting health equity and furthering the reach into communities not currently at the table. Portland’s BCR team also includes media and celebrity spokesperson organizations – Alpha Media, Learfield Sports, Skype Live Studio – that are key to the team’s strategies to catalyze a social movement around eliminating stigma around mental health, ending racism, and achieving equity.

The Community Context
The Pair of ACEs in the Greater Portland area present themselves in several ways. Displacement due to gentrification, particularly in historically minority communities, including North and Southeast Portland, are a cause of stress and community dislocation. Many longtime residents – who don’t have the resources to stay in gentrifying neighborhoods where rents have grown exponentially and the culture has changed drastically – are being forced to relocate far from their original homes or slipping into homelessness. Portland was recently found to be the most rapidly gentrifying large city in the nation according to a study by Governing Magazine. In response to the large numbers of families and individuals displaced

What is Building Community Resilience?
Building Community Resilience (BCR) is a national collaborative that seeks to improve the health and life outcomes of children, families, and communities. Teams in five cities across the country are using the BCR process and tools to help their communities not only ‘bounce back’ in the face of adversity, but bounce forward. Over the past three years, BCR teams have helped build and strengthen the buffers that can prevent negative outcomes associated with adverse childhood experiences (ACEs), particularly in the context of adverse community environments (ACEs)—the “Pair of ACEs.”

Teams use the BCR process and tools, including the Coalition Building and Communications Guide and the Partner Build Grow Action Guide to identify community strengths, to work in partnership with community, and to develop a shared understanding of adversities and goals. Using the BCR process, teams work to align large systems with one another—such as health care, city government, and education—and also with community-based partners, including parenting support services and grassroots health advocacy. Teams also develop strategies – from implementing trauma-informed practices to data sharing and advocating for policy change – that bolster strengths, fill gaps, and ultimately build child, family, and community resilience. The home of the national BCR collaborative is the Sumner M. Redstone Global Center for Prevention and Wellness at the George Washington University’s Milken Institute School of Public Health. The national BCR team at GW provides technical assistance, including strategic planning, facilitation of cross-sector information sharing, support for data and measurement, development of policy strategies, convening, and communications support.
by this massive disruption of neighborhoods, in 2015 the city was forced to declare a State of Emergency on Housing and Homelessness. The emergency declaration was necessary as demand for shelter outpaced the city’s ability to provide temporary housing. The emergency order lifted the ban on sidewalk camping and tent cities acknowledging that many families had nowhere else to turn. In addition to neighborhood disruption, this year Portland was the site of a violent hate crime that shocked the nation, but is only the latest incident in the state’s long-history of white supremacist activity and systemic racism. While these challenges exist, Portland also has essential strengths and assets that the local BCR coalition is lifting up and building upon including a strong human rights activist community, a state-wide trauma-informed care collaborative, and health-supporting policies such as a robust and innovative Medicaid system that supports trauma-informed practices.

Fostering a Trauma-Informed Community
A key component of the Portland BCR work is addressing the Pair of ACEs by expanding trauma-informed approaches to individuals and systems that interact with children and families. Adopting trauma-informed practices involves understanding, recognizing, and responding sensitively to experiences of trauma, which include individual and community adversities such as exposure to abuse, parental incarceration or mental health issues, poverty, violence and community disruption.

Trillium initiated its trauma-informed work after observing the effects of institutional racism on children in their community. When asked why they chose racism as the first determinant of health to tackle, Trillium responded, “If we can figure out a way to talk as a staff and as colleagues about racism and how we interact with that, then all of the other ‘isms can follow.” Trillium’s work is grounded in Trauma Theory and the Sanctuary Model, which provides an understanding of trauma and its effect on individuals, families, organizations, systems, and communities. Their efforts are focused on energizing a social movement centered on the seven commitments of Sanctuary and creating an environment with an emphasis on physical, emotional, social and moral safety. Trillium used the Sanctuary Model to begin work with The People’s Institute for Survival and Beyond, a national collective of community organizers dedicated to undoing racism, with the goal of focusing on the traumatic impact of institutionalized racism in the state. In August 2017, Trauma Informed Oregon (TIO) led a learning session during one of the national BCR collaborative’s monthly calls with all five BCR teams to introduce TIO’s readiness and training tools. TIO is a statewide collaborative that promotes and supports trauma informed policies and practices across systems, from government to education.

Schools as a Hub for Wellbeing
As Kim Scott, CEO of Trillium Group puts it, “Years ago, we identified schools as being the future wellness hubs of our communities.” Trillium’s trauma-informed and Sanctuary work led it to join the 3 to PhD consortium, which includes Concordia University and Faubion School, a pre-K through 8th grade Portland Public School. Ninety percent of students at the Faubion School live in public housing or trailer parks, and roughly 20% of the population is homeless. 3 to PhD aims to create safer, healthier and more educated communities, working to support prenatal care through “pursuing one’s highest dreams.” The 3 to PhD efforts are designed to close the opportunity gap and help every child reach his or her greatest potential. A hallmark of the program’s focus is community engagement. Incorporating the BCR approach, the 3 to PhD partners have incorporated a culture of equity, safety and ‘radical inclusion’ of everyone in the broader school community that is boosting student outcomes – including a move to positive, instead of punitive, responses to student behavioral issues that has improved reading scores and reduced absenteeism. The school’s culture of self-care and collective support for students, teachers, and families has grown into a thriving community. In July 2017, Trillium Family Services continued expanding its school-based prevention approach into two new school districts just outside of Portland – Gladstone and Centennial.

Higher Education as Anchor Institution
The work of BCR partner Concordia University illustrates the critical role that colleges and universities can play as “anchor institutions” in their communities. Anchor institutions are rooted in communities and apply their varied resources to improve wellbeing in surrounding neighborhoods. In the case of Concordia, the university was able to use its financial, intellectual, and human resources – including students, faculty and staff – to support Faubion School and the broader community. Concordia’s role as an anchor institution recently culminated in the opening of the new “Faubion + Concordia” building in the fall of 2017 – that includes a 3 to PhD Kaiser Permanente Wellness Center; mental
and behavioral health care providers; a food club that accepts cash and electronic benefits providing a convenient outlet for school families to obtain nutritious, low-cost food; an early childhood education center; specially designed student “maker spaces” that encourage learning, experimentation and creativity, including for Science Technology Education Arts Mathematics (STEAM) education; one-on-one tutoring; and other supportive “wrap around” services. Concordia helped to raise capital for the new building, utilized the skills and passion of their students, faculty and staff to increase Faubion’s teaching & learning capacity, and develop 3 to PhD with the potential of becoming a national model.

**Keep Oregon Well**

In addition to the programmatic work with 3 to PhD, Trillium leads a statewide public advocacy campaign aimed at reducing stigma and opening a conversation around mental and behavioral health, called Keep Oregon Well. This work is an extension of the commitment to build a trauma-informed community by resetting media and societal norms to foster more open engagement around factors associated with the Pair of ACEs. The Keep Oregon Well in Schools program kicked off with Trillium’s expansion into Gladstone and Centennial school districts in July 2017. Keep Oregon Well has opened a “Wellness Zone” in Portland that serves as a program space for advocates and volunteers and also has a store to help promote and distribute the work.

**The Role of BCR**

Prior to adopting the BCR process, Trillium launched a series of statewide convenings in 2014 that centered around ACEs, trauma informed care, and working across sectors that interact with and serve families and children. Realizing the utility and power of the BCR process, Trillium adopted it as an organizing platform in 2015, and organized a Social Impact Summit around it in 2016. This summit was the catalyst for what has become a broad network throughout Oregon that is beginning to use the Building Community Resilience process. In May of 2017, the core Portland BCR team organized a community conversation designed to engage about 50 local partners across a range of sectors – including government, social services, health care, community organizations, and media – around how to come together, pool resources and collaborate to improve health and other outcomes for children, families and communities.

**Partnering with the Public Health Sector**

As part of the [national BCR collaborative’s partnership with NACCHO (National Association of City and County Health Officials)](https://www.naccho.org/), the Portland BCR team is strengthening ties with local public health agencies and broadening connections throughout the state. A key activity of this national BCR partnership with NACCHO is using the Mobilizing Action through Planning and Partnership (MAPP) strategic planning process, which is facilitated by NACCHO. The national BCR collaborative is leveraging the new partnership and the MAPP process to establish and deepen links between local health departments, community, and the systems that serve community health. In June of 2017, partners at NAACHO helped the Portland BCR team – including the newest partner, Oregon Public Health Institute – as well as Multnomah County Health Department and about 35 additional stakeholders to map existing resources, coalitions, areas of focus, funding streams and also identify partners and community voices not yet at the table.

**Next Steps**

Keep Oregon Well is working to expand their community engagement model to other communities throughout the United States. Keep Oregon Well is in the process of launching curriculum for the brand new Keep Oregon Well in Schools program, which is currently being piloted in Gladstone and Centennial school districts with plans to expand in the 2017 – 2018 school year to other school districts across the state. Keep Oregon Well has also launched a conversation series dedicated to reducing stigma associated with mental illness through inviting influential speakers to share their lived stories of struggle and resilience at local community colleges. Trillium has in production several new multi-media public service announcements that highlight narratives of people who have experienced mental and behavioral health struggles, celebrating neurodiversity (the biologic variations in brain functioning) and ultimately reducing stigma.

The NACCHO MAPP process has helped the Portland BCR team begin to establish relationships with new partners. An essential part of this work will be partnering effectively with local health departments to bridge gaps between health care and the community. The Portland BCR team will continue to expand its work for broader geographic reach throughout the state. As our partnerships grow, community engagement strategies will expand to include new perspectives and community voices.
### National & State Prevalence of Adverse Childhood Experiences, Among Children 0-17 Years Old*

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences (ACEs)</th>
<th>Oregon</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child had 1+ Adverse Childhood Experiences</td>
<td>47.3%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Child had 2+ Adverse Childhood Experiences</td>
<td>22.4%</td>
<td>21.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nine Individual ACEs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat often/very often hard to get by on income</td>
<td>28.6%</td>
<td>25.5%</td>
</tr>
<tr>
<td>Parent/guardian divorced or separated</td>
<td>24.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Lived with anyone with an alcohol or drug problem</td>
<td>10.8%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Parent/guardian served time in jail</td>
<td>7.0%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Lived with anyone mentally ill, suicidal, or depressed</td>
<td>10.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Saw or heard violence in the home</td>
<td>6.1%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Victim of violence or witnessed neighborhood violence</td>
<td>3.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Often treated or judged unfairly due to race/ethnicity</td>
<td>2.8%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Parent/guardian died</td>
<td>2.0%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

### Household Food Insecurity

| Family sometimes or often could not afford enough to eat                  | 9.3%    | 6.9%     |
| Family could afford to eat, but “not the kinds of food we should”        | 26.3%   | 27.0%    |

* 2016 National Survey of Children’s Health

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