

Provide a brief overview of your organization. If you're applying as a fiscal sponsor, please briefly describe both your organization and the group you're sponsoring. (150 words maximum)

UROC's mission is to "link the University in vital public partnership to advance learning, improve the quality of life and discover breakthrough solutions to critical problems." We do this by transforming how universities and communities work together. Our community-university identified priorities are health and wellness, education/life-long learning, and community/economic development. We operate in two ways. First, through catalyzing engagement, our staff and facilities support members of the University and urban communities to work together in mutually beneficial partnership. Second, through direct engagement, UROC staff conduct projects that community partners ask us to work on with them. Topics include: juvenile sex trafficking, violence prevention, the impact of sex offender residence patterns on communities of color, asset mapping for health, research support for the Northside Achievement Zone, and the Northside Job Creation Team. UROC also serves as a convener and we work to be a good and responsive neighbor.

What is the problem that you're trying to solve with the process proposed in this application? Who identified the problem? How did you decide to work towards creating a new solution for this particular problem? (200 words maximum)

The Trauma Recovery Project (TRP) is a Northside initiated partnership to build thriving communities by reducing and preventing childhood trauma. It is an inclusive, participatory and strengths-focused process facilitated by UROC. Our goal is to surface wisdom, *from within North Minneapolis*, to develop innovative solutions to childhood trauma prevention/recovery. Trauma reinforces a cycle of generational poverty. Research shows that adverse childhood experiences (ACEs) negatively impact the developmental and educational trajectory of children into adulthood, resulting in lower income potential, higher rates of incarceration, disability, and lost human potential. Community trauma is linked to economic marginalization in a vicious cycle of structural conditions making it difficult for individuals, on their own even with supportive programming, to overcome poverty. To be clear, this is not the fault of people in poverty; it is structural and systemic. Trauma and marginalization are a foundation that undergirds and supports structural racism and poverty. The TRP is a fresh approach to trauma and poverty because it does not seek to create a program or provide service. Rather, it is a process to build collective understanding and shared community-based solutions. The TRP is the culmination of years of visioning between the Northside community and University of Minnesota.

How is the problem you've identified typically addressed in your field? Describe the current "status quo" approach and why something different is needed. (150 words maximum)

Business-as-usual in addressing childhood, historical and community trauma is to individualize the impacts of trauma and address each “symptom” through siloed responses across numerous disconnected systems. For example, childhood trauma is linked to difficulties in school, adolescent substance use, and mental/physical health problems. Schools deal with teaching. Treatment facilities deal with drugs. Practitioners “treat” health problems. Trauma is also linked to under and unemployment in adulthood. The response is job skills training. These individual impacts are magnified in communities with historical and community trauma. Thus, each potential impact has its own response; few come directly from impacted communities. Most services, supports, and institutions do not deal directly with historical and community trauma, which compounds these individual effects. This fragmented approach does not address root causes, community healing, and the whole-person/family. Therefore we are ineffective at breaking the cycles of trauma and building long-term community vitality in North Minneapolis, and elsewhere.

The Problem-Solving Process

4. In 500 words or less:

- a. Provide a short overview of the process you will use to pursue a breakthrough. (2-3 sentences)**
- b. Provide a bulleted list of key activities you are proposing during the grant term.**
- c. Explain why you've selected each of these activities. *If you are proposing work that begins in the "test and implement" stage of the innovation process, be sure to describe how you identified the idea you're seeking to test/implement***

Short Overview:

The TRP is a *process* of knowledge production through interconnected work groups with connection and commitment to the Northside. Families are at the core of this work. Common language and trust will seed community-rooted capacity for collectively created solutions rooted in multiple-forms of knowledge. The process may generate co-implemented research, community-wide practices and strategies, training and knowledge sharing, and lasting partnerships to support well-being.

Key Activities:

ACTIVITY 1: Convening work groups

- **WHAT:** Groups include community medical and mental health practitioners, UMN faculty/researchers, and the faith community. We will soon launch an education group and a youth group. With the Cultural Wellness Center, we convened families from the Northside. We currently involve over 100 people and 30 organizations. Each group produces knowledge. Framing questions were: How do you understand trauma? How does trauma impact community wellness? Next we will ask: How do we achieve wellness? How can all our children thrive? **Knowledge production is an outcome.**
- **WHY:** Each group has wisdom and skill for reducing childhood trauma and promoting healing. But this knowledge is not equally developed and recognized.

ACTIVITY 2: Cross-Dialogue between and among groups

- **WHAT:** We will interweave the knowledge produced by each group through carefully orchestrated cross-dialogue between groups to build trust, clarify terms and perspectives, and create shared meaning and common language. This includes sharing documents and themes as well as meeting and talking. **Engagement in authentic conversation is an outcome.**
- **WHY:** Members of groups do not necessarily know or trust each other. We lack shared understanding and common cause. Our knowledge and action therefore occurs in silos. In this mode we do not get to root causes and shared solutions. Together we can activate more creative solutions and breakdown silos.

ACTIVITY 3: Community-wide visioning on wellness

- **WHAT:** We will engage Northside residents in a community visioning process around wellness. To do this we will engage with Kwanzaa Community Church and the Minneapolis Department of Health who conducted community listening around this topic in 2007-08. This visioning will create our collective Northstar. Where are we heading together? **A shared destination is an outcome.**
- **WHY:** While the work groups are broad and inclusive, we want our Northstar to grow from the Northside community; thus holding families at the core.

ACTIVITY 4: Community-wide events and convening

- **WHAT:** UROC convenes numerous public events. When possible these will align with the goals of the TRP (e.g. “Art for Healing: The Role of Creativity in Trauma Recovery,” April 10, 2014 with KFAI; “When Places Speak,” a photo exhibit created by a professor in the College of Design on sex trafficking, Dec. 13, 2014.)
- **WHY:** Events engage the broader public in the issue, bring new perspectives, and share our learning.

ACTIVITY 5: Documentation and Evaluation.

- **WHAT:** Document the process through journals, note taking, art, and more. We need to also evaluate our impacts.
- **WHY:** We will then be able to discern and disseminate common language and learning; as well as surface action areas and develop mutually beneficial partnerships.

WHO will you engage in problem-solving? *We are looking for processes that are inclusive: meaningfully engaging key stakeholders - thoughtfully identifying those needed to create the intended change and, whenever possible, including those directly affected by the problem.* (150 words maximum)

The TRP convenes interconnected work groups of critical constituencies in reducing childhood trauma. The Northside community started our work and the project is inherently inclusive. UROC hosted a public event featuring two of Desmond Tutu's daughters in conversation about working together on difficult problems to catalyze community-based solutions. Their perspective from South Africa formed a foundation through which we engaged people in the process. Each group will engage in knowledge production to surface their understanding of trauma and modalities of healing. The groups will then share and learn to create a common language. Most importantly, our process has built in many ways to engage families and residents of the Northside, to drive and vision the process; because they are those most directly affected by trauma. UROC will facilitate this process seeking maximum inclusion from all participants. We will use the Art of Hosting facilitation to help us do this work.

HOW will you work with other partners through the problem-solving process? *We are looking for processes that are collaborative: a true joint effort, with partners willing to share ownership and decision-making as they pursue an innovation together.* (150 words maximum)

Lack of mutual trust and shared understanding among knowledgeable stakeholders is a barrier to community well-being. Therefore, the TRP process uses intentional, structured and organic collaboration. There are over 100 people and 30 organizations working with the TRP. Work group leaders from the community, with support from UROC staff, facilitate meetings, set agendas, and document the process. Participating groups surface their own wisdom. This knowledge is valued equally among groups. **UROC and our partners, together, discern where and when true collaboration can and should be fostered.**

Some examples include: the faith group explored hidden stories of trauma in the bible and learned about trauma-informed care from Northpoint; researchers examined hidden harms in research by learning from families; all participants, including staff, foster self-care techniques. The TRP is a collaborative solution to reducing barriers, such as trust/mistrust, different languages, power, and race.

WHAT community assets and resources will you build on as you pursue a new solution to your community problem? *We are looking for processes that are resourceful: using existing resources and assets creatively to make the most of what a community already has.* (150 words maximum)

The entire project is rooted in the idea that communities have within them the resources to create their own healing process. **Our innovation is to create facilitation and convening processes that bring together multiple perspectives in a way that is mutually beneficial and respectful.** One key goal is that we build trust and mutual respect among all partners so that we can co-create solutions, whether the result is interventions, trainings, or research. The TRP is intentionally resourceful in that we value what is already in the community. Rather than developing something “new” we bring together what is already there. Solutions from within the community are inherently sustainable. This process provides a unique opportunity to bring together the strengths and wisdom among family, faith, practitioner, and research. We activate and value all modes of knowledge production that each group brings to address the sensitive issue of childhood trauma.

Outcomes and Innovation

We know that innovation takes time. In the questions below, we want to learn about both the intermediate progress you'll make during this grant term and the community innovation you ultimately imagine.

Intermediate progress:

Provide a bulleted list of key outcomes you anticipate by the end of the grant term. What will increase, decrease, improve, etc. because of the work you've proposed? (300 words maximum)

In short: the innovation of the TRP is deep, organic and grounded collaboration to develop shared meaning as a basis for shared action to reduce trauma. Collective understanding and a shared vision on how to reduce childhood trauma will increase.

Our intermediate outcomes are:

- Each group continues to describe the knowledge, perspective, and capacities they bring.
- Groups share their knowledge and perspectives and explore how different forms of wisdom can mutually support community healing.
- Residents set a Northstar vision of wellness. (Facilitated in partnership with Kwanzaa Community Church and the MPLS Department of Health).
- Transparent interaction builds trust. Trust seeds collaboration and innovation.
- Silos begin to crack and break, opening a space for collaboration around trauma.
- New solutions will emerge from those most impacted by trauma.
- Institutions, services and supports directed toward community-grounded and collaborative work to reduce ACEs, trauma, generational poverty and marginalization.

- Our process overall is animated by these questions:
 - What can we create together (or separately) that will support community healing?
 - Are there resources and practices that were helpful in the past that can be renewed and reinvigorated?
 - Are there policies and practices that are road-blocks to community healing?
 - How can we work together to change those policies and practices?
 - How can we create more support for things that are already working well?
- A Bush Foundation Innovation grant will provide material support to UROC to seed the following:
 - Funds for work groups and UROC to surface and document work group knowledge. The focus is understanding what is important to know about each group's perspective on trauma and recovery.
 - Provide broad community-wide training in the Art of Hosting to democratize the facilitation process.
 - Provide funds for a partnership between UROC, Kwanzaa Community Church and the Minneapolis Department of Health for the visioning process.
 - Hire an external evaluator.

The community innovation:

Your intermediate outcomes are building towards a community innovation - a breakthrough in addressing a community need that is more effective, equitable or sustainable than existing approaches. What is the breakthrough you imagine? What will be different? Why will it matter? (300 words maximum)

Trauma impacts all communities; but some experience a concentration of multiple forms of trauma. The primary focus of our work is with our immediate neighbors in North Minneapolis (the Northside). The breakthrough we imagine is that among participation in the TRP process we develop truly shared knowledge, trust, and commitment to work together even though that means we will all likely have to change how we work. The process is as important as outcomes that may flow from this process. The process is healing.

If the TRP is successful, we believe it will lay a foundation for collective and collaborative work to reduce and remediate childhood trauma. Convening and facilitating collaboration, engagement and partnership is part of UROC's core mission, our role as an anchor institution, and our commitment to being a "good neighbor" in the community. UROC and its partners in the TRP believe that the results of the TRP will be joint work that is substantively different than current efforts. There are many powerful and effective programs, services and supports around trauma. But they are siloed and therefore do not bring together multiple forms of knowledge and do not foster a catalytic tipping point of community capacity-building to reduce ACEs and trauma. The strengths, wisdom and capacity of community to heal itself are not yet being fully tapped. After convening and developing a common language we will work with the TRP members to develop joint projects and new collaborations that seek community transformation as well as support for individuals. Critically, this work will be led by community members, with

families at the core. We are also learning from the international community with support from Naomi Tutu and others. We hope our process and work will have wider applicability.

Does the proposed work seek to actively reduce structural and/or systemic gaps in access, outcomes, opportunities or treatment based on a person's race/ethnicity or economic standing?

If yes, how? (Optional, 150 words maximum). If your work does not actively work to address racial and/or economic disparities, you do not need to provide an answer to this question

The TRP is directed at the racial disparities of ACEs and the impact ACEs has on economic disparities. The Northside is diverse and young with a strong legacy of community leaders. It is the historic home of the African-American and Jewish communities in Minneapolis, as well as a home for many new immigrants. It is also disproportionately impacted by historical, structural and community trauma. Trauma is manifested in high rates of violence, substance abuse, out of home placement of children, and lost human potential. The community also has high unemployment and low educational attainment, which are structural human capital impediments to a thriving and self-sustaining local economy. The solution requires a recasting of the underlying assumptions embedded in the notion of lifting people out of poverty. The TRP is a process through which marginalized communities create their own prosperity and therefore greatly reduce or end poverty.