



CITY OF CHICAGO

HEALING COMMUNITIES
*RECOMMENDATIONS TO BROADEN
CHICAGO'S TRAUMA RESPONSE*

DECEMBER 2019



Mental health
advocacy, education
and support.



LORI E. LIGHTFOOT
MAYOR OF CHICAGO



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EXECUTIVE SUMMARY

Since her first day in office, one of Mayor Lightfoot’s top priorities has been the development of a comprehensive trauma response strategy. We define “**trauma**” as incidents that shatter basic life assumptions, such as “the world is safe,” “people are good,” or “I am in control.” Trauma can result from a single impactful event, the accumulation of many events, or the absence of care that should have occurred but did not. Individuals impacted by trauma may experience feelings of powerlessness, fear, or hopelessness. Too many Chicagoans experience trauma due to violence in their communities.

Across the City, individuals and organizations are actively working to address trauma and to support those impacted by violence. Coordinating, elevating, and operationalizing this essential work is a crucial step in creating a strategy to expand and coordinate prevention, intervention, and post-vention support services for our City’s residents.

Since the beginning of Mayor Lightfoot’s administration, NAMI Chicago, in partnership with the University of Chicago Crime Lab and the Mayor’s Office, convened healthcare stakeholders on the West Side of Chicago, including outreach workers, community-based organizations, government agencies, funders, and healthcare providers, to understand current barriers, explore capacity to expand service offerings, and brainstorm solutions for a more coordinated regional trauma response. From these listening sessions, four recommendations have been identified for the Mayor’s Office to accomplish this goal:

1. Expand access to immediate mental health and trauma services at the scene of a traumatic event
2. Convene communities to address broad needs for those experiencing trauma
3. Address the unique needs of youth specifically
4. Promote resilient communities

In this report, we develop each of these core themes through specific recommendations for expanded services and support, coordination, training and education, and policy change. As we continue to prioritize community well-being and violence prevention, these recommendations will guide the development of policies and initiatives that will contribute toward holistically healing Chicago’s communities.

LETTER FROM THE MAYOR



Dear Chicagoans,

As your mayor, there is no higher calling or greater responsibility for me than restoring peace and safety in all of Chicago's neighborhoods. I am devastated by the impacts of violence in our communities and the lasting trauma that our residents experience as a result. But I am determined to make a difference.

In May, I came before our great city with a promise to continue to build Chicago together and leave it better, stronger, fairer and more prosperous than we found it. On my first day, I vowed as mayor to embark on new, respectful partnerships with our residents on the key issues in their lives.

Chicagoans of every neighborhood and background — from block clubs and faith groups to businesses and school communities — have joined us hand-in-hand in our multifaceted, comprehensive public health approach to reducing the violence in our city. This approach includes building up our response to the trauma faced by communities that experience violence. Our all-hands-on-deck strategy represents citywide coordination that not only centralizes our City resources and investments in neighborhoods with the highest need, but also addresses the root causes of violence.

This city has a fundamental obligation to guarantee public safety, allowing every resident regardless of zip code to live free from the fear of violence. And while we work toward reaching this goal, we are responsible for supporting residents when they do experience violence.

We've been building off this strategy since day one and will continue to do so every day going forward. We are building on our partnerships with mental health organizations, outreach organizations and healthcare providers in our effort to ensure neighborhoods experiencing violence have access to trauma services. There are countless individuals, including far too many children, who are suffering from undiagnosed and untreated trauma that is a common result of exposure to violence.

We'll continue our efforts to strengthen meaningful relationships between law enforcement and community. Forging these partnerships premised on mutual respect, accountability, and a recognition that the destinies of police and community are inextricably intertwined. One simply cannot succeed without the other.

Most importantly, I'll continue the vital conversations I have with this city's residents and community members every day to ensure that together, we can create a Chicago that is safe, fair, and equitable for all. Together, we can help our communities start to heal.

Sincerely,

Lori E. Lightfoot
Mayor of Chicago

LETTER FROM ALEXA JAMES



Mental health
advocacy, education
and support.

Dear Chicagoans,

With Mayor Lightfoot's administration, NAMI Chicago has been working with community partners, stakeholders, faith-based leaders, law enforcement, and school administrators on the West Side of Chicago to discuss how to address community violence and the resulting trauma. It has been an

incredible privilege to engage with all of these individuals and organizations. These communities are strong, well-coordinated, and committed to creating change and opportunity for the next generation.

This work is incredibly important, because we know how trauma negatively influences the mental and physical health of our communities. Research has shown that trauma affects the developing brain, impacts relationships, hinders attention, and can lead to poor health outcomes.

NAMI Chicago is a mental health advocacy organization that promotes mental wellness, fights stigma, and works tirelessly to reform the mental health system. Exploring the relationship between violence and mental wellness is a priority for the organization, a focus we share with Chicago's current mayoral administration. We are privileged to be a part of a project that seeks to coordinate systems in communities, led by community members, in order to connect residents with services and to begin the healing process.

We know that when violence occurs, the ripple effect of trauma through a family and the community feels like a current. Across our city, trauma and violence are shattering lives every day. And deeply rooted trauma comes from more than violence; it comes from decades of disinvestment. We need to acknowledge that this sense of powerlessness in and of itself is traumatizing and that its impact is huge. But the power of healing cannot be disregarded, because healing also happens in our communities every day. Through mothers, fathers, pastors, mentors, friends - healing and progress are taking place.

What is needed now is support from government and funders to lift up the work being done in the community, by the community. Conversations with those living and working on the West Side clearly described the need to heal trauma and to build resilience. And the way we do that is by supporting the work that is already being done, so we can reach and support more people.

This includes supporting not only those impacted directly by traumatic events, but also those in the community that have experienced trauma as a snowball - built up little by little over time. Additionally, there is a role for the broader community: to better understand what trauma is, what support looks like, and how we can mitigate the experience of trauma in the future.

The recommendations below are a culmination of what we have heard over and over again from community stakeholders. They begin the discussion of our ideal future state and how to get there, based on programs that have evidence and data to confirm effectiveness. Each of the strategies can be seen as a building block to achieving our goal of healing communities.

Thank you to everyone who welcomed us into their space and shared their hopes, fears, and frank conversations about their lived experience. We look forward to continuing to support communities through NAMI Chicago's advocacy, to leverage these partners doing such life-changing work, and to show up for communities that have taught us what hope looks like and what meaningful partnership should be.

A handwritten signature in black ink that reads "Alexa James".

Alexa James
Executive Director, NAMI Chicago

MEETING WITH THE COMMUNITY: WHAT WE HEARD

In order to develop a comprehensive strategy to promote healing communities, many partners and community members from the West Side of Chicago came to the table to share their perspectives. Since Mayor Lightfoot took office, listening sessions and community meetings were held on the City's West Side to understand best practices, challenges, and opportunities to expand lessons learned across the city. This toolkit offers recommendations based on learnings from the West Side, although successes currently exist throughout the city and on the South Side as well. The themes from these conversations highlight the need to build on practices that are contributing to healing, and address where more work is needed.

WHAT'S WORKING:

Street Outreach violence interruption efforts, including:

- Quick response with victim services
- Connecting with families of victims and other relevant parties
- Fast information sharing
- De-escalation and preventing retaliation
- Communities Partnering 4 Peace (CP4P) facilitating collaboration between organizations
- Block-by-block care coordination (TR4IM)
- Night Walks (summer)
- Police engagement with community organizations

CPD response: Officers are successfully securing the scene, collecting evidence, and providing physical safety.

Neighborhood engagement: Neighbors, local stakeholders, and community leadership are involved in programming and response.

Regional coordination meetings: South and West Side coordination meetings that include CPD, CBOs, city agencies have allowed for open conversation about what is happening in police districts. These convenings support relationship building for sustainable and comprehensive services for victims and families.

Safe Passage Workers: Community workers maintain daily presence and support for youth and families and allow students and families to get to school safely.

Clinical care in the hospital emergency departments: A focus on patient-centered care has led to improvements in care from clinicians, especially in the Emergency Department

WHAT CHALLENGES EXIST?

Lack of trust: Relationships are strained between communities, providers, and police. There is often inconsistency in response.

Role clarification: The role of everyone on the scene is not always clear (street outreach vs. CPD, etc) which can hinder communication and action.

Barriers to care:

- Residents unaware and unengaged with services
- Stigma around mental health
- Accessibility of services (transportation, insurance)
- Language barriers

- Insufficient capacity
- Lack of specialized providers
- Neglect of youth services
- Substance use models not tailored for youth
- Language around victimization. Services may require people to assume “victim” label even if they don’t identify as a victim.

Coordination of care: All individuals impacted need to have their needs met in the immediate aftermath of violent incidents, with a clear pathway to long-term support.

Worker wellness:

- CPD mental health challenges around witnessing trauma
- Training and supporting outreach staff and providers
- Homicide scenes can reactivate trauma

RECOMMENDATIONS

RECOMMENDATION 1:

Expand access to immediate mental health and trauma services at the scene of a traumatic event.

For years, community organizations have been supporting victims at the scene of a traumatic event or at the hospital emergency department, or intervening with those directly involved to stem violence. These efforts are critical to helping communities heal by focusing on those that are most directly impacted. There is a significant opportunity to build on these efforts and fill gaps to reach individuals in need of direct support.

HOW DO WE ACHIEVE THIS GOAL?

Build on current violence prevention efforts by expanding programming for response.

In order to appropriately serve our communities, programs that support individuals directly impacted by trauma must be expanded and challenges must be addressed.

To expand on such efforts, the following action steps have been identified:

1. Create a role in the Mayor's Office of Public Safety to address victim services. This individual will act as a coordinator and a convener.
2. Expand outreach service hours to 24/7 to address gaps when services aren't currently available. Data shows that most violent incidents happen during late night and early morning hours. Appropriately funding outreach during this time is critical to preventing violence and therefore trauma.
3. Utilize [NAMI Chicago's Helpline](#) to support case management services for those needing resources for mental health, primary health, housing, legal services, and other social service connections.
4. Establish regionally-focused convenings of hospital partners, outreach service providers, and law enforcement to eliminate barriers to services and care. Collaboration could include developing memoranda of understanding (MOUs) between hospitals and outreach service providers that allow for information-sharing to support continuity of care.
5. Develop a City-wide protocol for organizations who respond to the scene of a traumatic event to ensure consistency. Currently, there are multiple disparate avenues for trauma response. Creating specific procedures will ensure wider coverage and accountability.
6. Work with the Illinois Attorney General, State's Attorney, and Governor's office to advocate for changes to the Crime Victim Compensation (CVC) process, specifically addressing streamlining of the application process, reviewing city processes that impact CVC, and allowing for service expansion. Many organizations have done and are doing work in this area, and collaboration with these parties will help to move change forward.

Establish mechanisms for immediate and long-term access to mental health services.

There is a need in the community for access to specific mental health services after a traumatic event. However, community-based mental health capacity is limited. It is often challenging to find slots for services when the need is immediate and after initial services are rendered and long-term engagement is needed.

To address this, the following action steps have been identified:

1. Consider providing funding, through a City agency such as the Chicago Department of Public Health, for open-access slots reserved for those experiencing trauma to quickly connect to services.
2. Support approaches such as [Trauma-Informed Cognitive Behavioral Therapy](#), an evidence-based treatment approach shown to help children, adolescents, and their parents/caregivers overcome trauma-related difficulties. The treatment is designed to reduce negative emotional and behavioral responses following trauma. Efforts through national and state initiatives ([Cohen & Mannarino, 2008](#); [Sigel et al., 2013](#)) provide guidelines for how to use these tools in community settings.
3. Support the development of a pilot program that tests creative approaches to ensuring that individuals receive appropriate hand-offs between short- and long-term services. An example is the co-location of services to

provide basic referrals, such as hospitals partnering with outreach organizations to offer a wider array of services. Another strategy could be including tele-psychiatry at community-based social service providers in order to address capacity challenges, issues with transportation, and providing services in the location of choice for community members.

4. Continue providing community anti-stigma training that dispels myths around mental health and trauma, utilizing a [training model](#) that always includes the testimony and leadership of those with lived experience.
5. Through the city's expansion of 311, create a single entry for social service linkage and train trusted peer and community messengers on connecting to 311.
6. Fund provider outreach and engagement activities, and advocate for private and public insurance to reimburse these activities in the future. A critical component of connecting individuals to treatment is a strong relationship with a provider, which begins with time spent building trust before the individual ever begins clinical services. While these services do exist in the community, much of this work is self-funded by providers with very limited capacity, making it challenging to sustain. There is a need to push payers to cover essential outreach.
7. Consider seed funding through a City agency to
 - a. promote co-location of mental health and physical health services at [Federally Qualified Health Centers](#) (FQHCs) and
 - b. bring additional [child and adolescent mental health professionals to FQHCs](#) to fill gaps in needed services.

Offer training to providers and community leaders (such as Safe Passage workers, block club leaders, and faith leaders) to ensure consistency in response and services.

Many social service providers and community members already engage with individuals in the direct aftermath of a traumatic event. Ongoing training based on changing needs will help them continue to effectively support individuals and the community.

To address this, the following action steps have been identified:

1. Continue the City's efforts to provide mental health awareness training on the West and South sides of the city, utilizing trainings that have been [evaluated for effectiveness](#).
2. Implement provider trainings and consider the following topics, among others:
 - a. trauma-informed approaches
 - b. best practices for prevention, intervention, and post-vention services
 - c. services appropriate for developmental age.

A wide range of materials to support these trainings are available at no cost from the [Substance Abuse and Mental Health Services Administration and the National Child Traumatic Stress Network](#).

RECOMMENDATION 2:

Convene communities to address broad needs for those experiencing trauma.

Promoting healing and connection for communities impacted by trauma requires the inclusion and empowerment of all community members. Community members have shared that strong and trusted relationships are key to this work. There is an opportunity to fold in new trusted partners to help expand capacity for support and connection. There are amazing organizations doing this work everyday. The hope is to expand this approach to other communities and organizations, scale up, and operationalize what is working.

HOW DO WE ACHIEVE THIS GOAL?

Establish regional working groups comprised of residents, faith leaders, and other stakeholders to engage in solutions-focused conversations about the changes desired by the community and to implement strategies to bring this change.

To address this, the following steps have been identified:

1. Identify local leaders who will convene working groups consistently. These may include already existing structures like block clubs, faith organizations, outreach and social service organizations, and others.
2. Promote utilization of tenants outlined in the [Self-Healing Communities model](#), a comprehensive model of building community capacity to reduce health issues and social problems. The model includes recognition that all humans bring wisdom and that transformational change is possible.
3. Connect working group members with current outreach and engagement efforts in order to reach more community members. By aligning approaches and collaborating, more individuals can be supported and connected with resources.
4. Ensure working group discussions focus on addressing specific needs, building credibility in the community, and using findings from community engagement to inform broader strategy and policy discussions.
5. Embed working group members in community-wide efforts to build resilience and to promote healing.

Train working group participants to understand trauma, the support resources available, and techniques they can use to help.

To address this, the following steps have been identified:

1. Provide working group members with trainings that allow them to:
 - a. understand how to identify what motivates people, which will help determine the most important community need;
 - b. have productive [conversations about mental health and trauma](#);
 - c. understand how to establish boundaries for themselves and ensure they are aware of the boundaries of others; and
 - d. address compassion fatigue, secondary trauma, and self-care.
2. Trainings should be ongoing and driven by what working group members identify as most needed.
3. Create linkages between working groups and local service providers to promote collaboration, to overcome barriers, and to identify gaps. This would allow working group members to offer individuals warm handoffs to needed services.
4. Create a process for working groups to request additional trainings on topics identified through their work.

Develop funding opportunities and grant programs to support implementing the ideas brought forward in the working groups.

1. Establish grants in partnership with government and philanthropy to fund place-based initiatives identified by the working groups.
2. Identify existing government services, business partnerships, and other programs that can be used to support the hyper-local community needs identified by the working groups.

RECOMMENDATION 3: **Address the unique needs of youth specifically.**

While trauma may impact anyone regardless of age, experiencing traumatic events in childhood has a long-lasting and substantial impact on an [individual](#). There are also unique opportunities to mitigate the impact of trauma for young people by building on natural supports such as [schools, mentors, and peers](#). Supporting young people can [increase resilience and protective factors](#) that can impact their lives forever.

HOW DO WE ACHIEVE THIS GOAL?

Continue investing in schools as settings for trauma prevention and reduction.

Efforts to integrate trauma-informed educational programming in Chicago schools are underway, with great progress

in building safe environments and connecting young people to care. We can continue to expand on this work by promoting programs that have the capacity to meet students' needs. For example, CPS is showing impressive results with a strong promotion of social-emotional learning in 335 schools to date, resulting in decreases in suspensions and conduct referrals.

To address this, the following steps have been identified:

1. Establish year-round trauma teams in schools. Coordinated planning is needed for response to traumatic events that impact students across the City. Using a crisis planning process similar to that of the [New York Department of Education policy](#), schools would identify on-ground support that can mobilize quickly after a traumatic event. These teams can be trained in psychological first aid and can assist with an intervention and post-vention protocol that will support the entire community.
2. Advocate for policies that expand access to school-based health services through sustainable funding mechanisms like insurance reimbursement and the [Health Resources and Services Administration](#). There are 33 such clinics in Chicago schools with a significant opportunity for expansion. [The School-Based Health Alliance provides quality indicators](#) to ensure that programs attend to core competencies associated with improved access to comprehensive health services, decreases in substance use, and increases in school attendance.
3. Fund programs that support [whole families](#) and promote evidence-based [parenting practices](#). These programs have been shown to mitigate the intergenerational effect of poverty on children's development.
4. Engage youth in the conversation through the Mayor's Youth Commission. As part of this group, youth can bring in issues related to healing trauma in communities for ongoing input and discussion.

Build on programs that meet the needs of young people outside of the school setting.

Some young people may require additional support outside of a school setting, or may be disconnected from schools. Promoting age-appropriate supports in the community can help reach young people in other natural settings..

To address this, the following steps have been identified:

1. Fund programs that create safe spaces for youth in their communities. An example of such a program is [Beyond the Ball](#), where the approach is to gather people of all ages in a green space in the neighborhood to engage youth in structured programming and build community. This allows communities to reclaim and feel safe in public spaces, and at the same time allows youth to engage their peers through physical activity. This type of programming helps to build resilience around chronic stress and trauma over time.
2. Provide opportunities for young people to serve as peer supports. For example, programs like North Lawndale Peace Warriors and YMCA Urban Warriors train and develop youth leaders to educate their peers, raise awareness, and lead conversations around trauma.
3. Expand community efforts to stem violence and enhance the ability for individuals to contribute to safety in their communities, such as the Safe Passage program. Safe Passage has been shown to decrease [violent crime by 19 percent and property crime by 10 percent sustained over three years](#).

**RECOMMENDATION 4:
Promote resilient communities.**

Supporting communities in managing the stressors associated with community violence and trauma requires addressing multiple layers of need. While direct services for those most affected is incredibly important, these services are often stretched to their limits, leaving few resources to support the broader community. Therefore, another critical component is establishing holistic, community-wide approaches for support and engagement.

HOW DO WE ACHIEVE THIS GOAL?

Promote community-wide programs and resources for building resilient communities.

Research in Chicago and other urban communities shows that supportive community activities can lead to important reductions in crime and emotional distress. Activities that promote mutual trust and shared expectations among community residents can build capacity and willingness to intervene in the community on behalf of the common good

and are important in promoting positive youth outcomes. Especially critical is the need to create linkages between adults and youth and among families to promote a sense of support across generations.

To address this, the following steps have been identified:

1. Continue training and convening opportunities for community leaders to learn about trauma and how to provide support. Trusted adults and mentors provide an invaluable opportunity to create safe spaces in the community. This will expand on the work done by NAMI on the West Side.
2. Establish an education campaign that promotes awareness of community resilience and assets. Such a campaign will increase understanding of activities that foster informal relationships among residents and increase knowledge of formal services that [promote education and healing](#). There is evidence that both formal (e.g., [public libraries](#)) and informal (e.g., barber shops and beauty parlors) settings can improve access to programs and promote a community-wide sense of support and wellness.
3. Promote the inclusion of appropriate training and techniques to build resilience, reduce trauma, and practice self-care in Community Health Worker (CHW) programs. A recent [UIC study](#) found that CHWs in high poverty communities who practiced mindfulness experienced improvements in sleep and reductions in stress levels.
4. Expand medical-legal partnerships to help connect individuals to benefits and services and address the root causes of health disparities. A survey by the [Legal Services Corporation's Justice Gap Report of 2017](#) found that in the past year, 86 percent of the civil-legal problems reported by low-income Americans received inadequate or no legal help. It also found that 71 percent of low-income households experienced at least one civil-legal problem in the last year, including problems with health care, housing conditions, disability access, veterans' benefits, and domestic violence. Accessible legal support can help families to address issues that are contributing to overall stress and trauma.
5. Support efforts to increase access to safe and affordable housing in the community for individuals and families who are experiencing homelessness or are unstably housed.

NEXT STEPS

Each of the recommendations outlined in this report have been informed directly by impacted communities and those that work within them. But the work done on the West Side is only the beginning of a long-term commitment to addressing trauma in Chicago. Continued engagement around trauma response is needed on the West Side, and across the entire city. The next steps are to take action. NAMI Chicago and the Mayor's Office will work together to identify what recommendations can be immediately prioritized. The Mayor's Office will be developing an overarching public safety and violence prevention strategy, and these recommendations will inform areas of focus. As the City plans its 2020 budget, there will be consideration around how to connect some of these prioritized ideas with funding opportunities. The City of Chicago is fortunate to have so many organizations doing such critically important work, and the themes in this report will provide a pathway for coordination and elevation in order to heal our communities.

ACKNOWLEDGEMENTS

PARTNERS

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 ALSO
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 Cure Violence
 Enlace Chicago
 Family Focus Lawndale
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 Get In Chicago
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