

# 2019 Trauma-Informed Chicago Summit Summary Report



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# Executive Summary

The Chicago Department of Public Health and the Illinois ACEs Response Collaborative held the first ever Trauma-Informed Chicago Summit on Thursday, September 12, 2019 at the University of Illinois at Chicago Isadore and Sadie Dorin Forum in Chicago, Illinois.

The 2019 Trauma-Informed Chicago Summit brought together people from across the city and multiple sectors to develop Chicago's vision for a trauma-informed city, build awareness of the trauma-informed movement, build and strengthen collaborations across the city, and celebrate Chicago's trauma-informed accomplishments. With over 500 attendees from a diverse range of sectors and community areas, the Summit demonstrated our shared commitment to promoting resilience, healing, and thriving in Chicago.

Attendees engaged in activities to develop a vision for a trauma-informed, resilient Chicago as well as to define the critical success factors. The vision highlighted building awareness of trauma, collaborating across communities and sectors, standardizing and mandating trauma-informed trainings, and changing policies and systems. Participants also envisioned the positive impacts of a trauma-informed Chicago both in the short and long-term, and defined several action steps to make their vision a reality.

Following the Summit, 243 attendees completed an evaluation that yielded especially positive reactions and feedback to the Summit. The majority of participants indicated that the Summit helped them understand and feel confident that they could help make Chicago a trauma-informed city. Attendees also offered recommendations to improve the next Trauma-Informed Chicago Summit including reshaping the event program, enhancing the content with additional presenters, topics, and types of activities, as well as encouraging more community voice and representation. As Mayor Lightfoot stated in her support of this work, "Our vision for a trauma-informed Chicago is one in which all Chicagoans have the support to thrive, regardless of challenges they face."



# Background Information

The impact of trauma on individuals and communities has been increasingly recognized across public health institutions, social service agencies, educational systems, government, and community advocacy groups. Experiences of trauma have lasting, adverse effects on an individual's functioning and mental, physical, social, emotional, and/or spiritual wellbeing<sup>1</sup>. Research shows a relationship between exposure to traumatic events, impaired neurodevelopmental and immune system responses, and health risk behaviors. Unaddressed trauma also increases risk for behavioral health disorders and chronic disease. In keeping with research findings about trauma's association with longer-term outcomes on health and wellbeing, there is profound connection, supported by research, between known adverse childhood experiences (ACEs) – experiences of abuse, neglect, and household dysfunction before the age of 18 – yielding these same effects on wellbeing<sup>2</sup>. ACEs cover a range of traumatic experiences in an individual's life and as a body of research, represent a powerful determinant of health that underscores the critical need to adopt trauma-informed approaches across every aspect of prevention, service delivery, and health management.

Addressing trauma requires a multi-pronged, multi-agency public health approach. This must be inclusive of public education and awareness, prevention and early identification, and must use effective trauma-specific assessment and treatment methods. In order to maximize the impact of these efforts, they need to be provided in an organizational context that is trauma-informed– that is, based on the knowledge and understanding of trauma and its far-reaching implications.

## Trauma-Informed Approaches

By recognizing that potentially traumatizing events can happen to anyone, of any age, anywhere, at any time, the goal is that **trauma-informed approaches** establish a foundation of safety, trustworthiness and transparency, peer support, collaboration and mutuality, cultural relevancy, empowerment, voice, and choice. Trauma-informed approaches, which can be implemented in any type of service or organizational setting or engagement, are strengths-based and grounded in an understanding of and responsiveness to the impact of trauma.

A program, organization, or system that is trauma-informed:

- **Realizes** the prevalence of trauma;
- **Recognizes** how trauma affects all individuals, communities, organizations, and systems;
- **Responds** by putting this knowledge into practice;
- **Resists** retraumatization; and
- Restores and builds **resilience** by supporting healing for all.

The emphasis is on building culturally competent relationships that are healing, hopeful, and honest, and that these relationships allow for peoples' advocacy, choice, and empowerment.

## Core Definitions

<b>Trauma</b>	Results from a current or historical event, series of events, or set of circumstances that is experienced by an individual or group as physically or emotionally harmful or life threatening and has long lasting adverse effects on the individual's or group's functioning and mental, physical, social, emotional, or spiritual well-being. <sup>3</sup>
<b>Trauma-Informed</b>	Knowing trauma can occur to anyone, of any age, anywhere at any time induced by any type of event.
<b>Trauma-Informed Interventions</b>	Treatments that are designed specifically to address the consequences of trauma and to facilitate healing
<b>Trauma-Informed Care</b>	Values-based orientation that shows an appreciation for the high prevalence of traumatic experiences in people who receive healthcare. Involves a thorough understanding of the neurological, biological, psychological, and social effects of trauma and violence on an individual.
<b>Resilience</b>	Not just one moment in time, but occurring across the lifespan, resilience is the process of living through, withstanding and adapting in the experience of adversity.
<b>Racial Equity</b>	When race can no longer be used to predict life outcomes and all outcomes for all racial groups are improved.
<b>Equity</b>	Achieved when every person can attain their full health potential without disadvantages because of social position or other socially determined circumstances.
<b>Cultural Humility</b>	The process of self-reflection and discovery to understand oneself and then others in order to build honest and trusting relationships. Considered a promising approach for trauma-informed practice.

## Trauma-Informed Cities

Building resilient and trauma-informed communities is essential for improving well-being, as the environments in which people live can be both sources of trauma but also places of healing and resilience in the face of adversity. Cities and counties across the

nation have been pioneering and leading the movement of integrating trauma-informed, resilience-building, and ACEs focused work in their city, state systems, and communities.

In May 2015, SAMHSA's community trauma initiative convened representatives from cities (Philadelphia, Kansas City, San Francisco, and Tarpon Springs), counties (Walla Walla, WA and Worcester, MA), and the Menominee tribe in Wisconsin for implementing innovative trauma-informed initiatives.<sup>4</sup> These communities shared their key strategies for becoming trauma-informed as well as key indicators of success, including multi-sector leadership, cross-sector collaboration, community initiatives, education, and funding. The Community Resilience Cookbook developed comprehensive and richly detailed stories of how additional towns, cities, states, and provinces have approached responding to the ACEs and becoming trauma-informed.<sup>5</sup> In addition, ACEs Connection established a national network that unites people, organizations, systems, and communities in the ACEs movement, and supports those who are implementing trauma-informed and resilience-building practices based on ACEs science.<sup>6</sup> ACEs Connection mapped their connected state-based and local community networks, as well as the U.S. Laws and Resolutions relevant to ACEs and trauma-informed work, from the first law enacted in 2011. Collectively, the movement to build trauma-informed cities has been an expeditious and collaborative effort towards transforming systems and is still growing today. Chicago's own journey to becoming a trauma-informed city has been deeply informed by these national efforts.

At a more localized level, the Illinois ACEs Response Collaborative (the Collaborative) at Health & Medicine Policy Research Group conducted an environmental scan of Illinois-based programs that address trauma and ACEs in 2016. Across 339 programs, the study found that although there has been evident progress in implementing direct service programs to clients already impacted by trauma, programs seeking longer term organizational or systems change to be trauma-informed and prevention focused were less prevalent. Critical factors for success in organizational change efforts included ongoing training and peer-learning opportunities. The study also highlighted the need for increased funding, more accessible trauma-informed trainings, research and evaluation, and importantly, leadership in the form of organizational conveners or learning collaboratives to spearhead change. These key findings supported the important role of both the Collaborative and the Chicago Department of Public Health (CDPH) in advancing organizational and systems change while also supporting the spectrum of trauma-informed care in Chicago.

In 2016, CDPH released the Healthy Chicago 2.0 policy agenda which outlined critical issues and strategies to impact health equity across Chicago communities. This policy agenda was informed by feedback from a series of surveys, interviews, and meetings with community and systems leaders over a year long period. Among other systems change challenges, Healthy Chicago 2.0 called for the city to pursue a path toward



becoming trauma-informed, with the Public Health department leading with its own experience. CDPH launched their Trauma-Informed Transformation Project, that same year, to concretize efforts to establish the Public Health Department as trauma-informed, where staff would be educated about trauma, strategies to prevent the of transmission of harm, and positively impact staff, clients, customers, and residents. Along with the Collaborative’s environmental scan, CDPH also conducted a national scan of trauma-informed cities, public health departments, trainings, and webinars and conducted key informant interviews with public health teams in other cities like Baltimore, Boston, and San Francisco that have successfully implemented TI strategies. CDPH met with local partners, peer mentors, and technical assistance partners to learn about their trauma-informed practices. These efforts provided a general sense of the key tenets and ‘on-the-ground’ examples of needed trauma-informed systematic changes in the culture of public health. CPDH’s Office of Violence Prevention and Behavioral Health has called upon the deep partnerships it has maintained for more than 15 years with many partners and collaboratives that are working in the space, in order to advance trauma-informed transformation across the city and the state.

National efforts towards trauma-informed transformation coupled with locally identified needs and strategies for leadership and systems change has set the stage for Chicago’s journey to becoming a trauma-informed, resilient city.

## Chicago’s Story

Trauma-informed efforts in Chicago are grounded in service delivery and guided by an understanding of the effects of trauma on both individuals and communities. The **Chicago Department of Public Health (CDPH)** is a leader in trauma-informed transformation, with their overarching aims to ensure the health of all people and to create healing and safe environments.

Trauma-Informed Principles	CDPH Values Within Each Principle
<i>Safety &amp; Wellbeing</i>	Excellence, Informed Decision Making & Teamwork
<i>Trustworthiness &amp; Transparency</i>	Excellence & Teamwork
<i>Collaboration &amp; Mutuality</i>	Diversity, Excellence & Teamwork
<i>Responsive &amp; Restorative</i>	Diversity & Teamwork
<i>Developing Strength, Voice &amp; Choice in Others</i>	Diversity, Excellence, Informed Decision-Making & Teamwork
<i>Integrating Identity &amp; Context</i>	Diversity

CDPH's Trauma-Informed Transformation Project seeks to establish the Department as trauma-informed and aims to build a replicable model that could inform a similar process for other city agencies while positively impacting providers and families about the impact of trauma. These efforts involved trainings, policy changes, and environmental changes through the work of Project subcommittees. Notably, CDPH established a *champions committee* that trained staff as early adopters, a *messaging committee* to create awareness and disseminate information, an *assessment committee* to develop trauma-informed capacity of CDPH workplaces, a *clinical & training committee* to educate the workforce and develop curriculums, and a *policy committee* to analyze, streamline, and change CDPH policies to reflect trauma-informed values.

Since launching the Trauma-Informed Transformation Project, CDPH jointly authored and implemented a trauma 101 curriculum, educated more than 90% of their own workforce and established Trauma training as an onboarding expectation for staff, developed staff, clinical, and policy assessment tools, and began drafting a trauma-informed organizational toolkit. CDPH has also contributed efforts towards other city agencies implementing trauma-informed practices, which include Chicago Public Schools, Chicago Public Libraries, Chicago Park District, Chicago Transit Authority, Chicago Police Department, Department of Family and Support Services, the Department of Human Resources and the Chicago Housing Authority.

### **CDPH's Trauma-Informed Vision**

By incorporating trauma-informed approaches within an organization and across systems, we can more effectively care for the workforce and our consumers, support efforts to improve health outcomes, and address root causes such as racism and inequity while improving our workplace culture. We are all striving to create a workplace that will promote nurturing, healing, safe environments in which we can thrive.

### **The Health Department's Office of Violence Prevention and Behavioral Health (OVPBH)**

seeks to impact programs, policies, and practices to reduce violence and substance abuse risk factors and increase corresponding protective factors through training, policy advocacy, strategic partnering, health promotion, and model demonstration. Broad efforts of the OVPBH include:

- Promoting health equity, wellness, and public health data literacy
- Connecting community providers and system partners
- Advancing effective violence prevention and wellness focused policy and systems' change, and
- Managing violence and mental health support initiatives across the spectrum of prevention, intervention, trauma-informed response and resilience

OVBPH currently serves as the lead for the Health Department's trauma-informed practice transformation effort as well the parallel effort for the City of Chicago, and engages national experts and researchers to identify adaptable tools, curricula, campaigns and protocols towards this effort.

OVBPH has more than 20 years of experience in managing multi-component, cross-departmental, and community-wide strategic planning and programmatic initiatives related to early childhood, adolescent and adult health, trauma-informed family recovery services and violence prevention across the continuum of efforts. OVPBH routinely partners with the public schools, police department, area hospitals, city departments, community-based partners, and statewide systems change initiatives to address specific programmatic goals. In addition, OVPBH promotes messaging that guide community efforts to prevent and respond to violence and trauma and also convenes organizations towards cross-systems collaborations.

OVPBH's violence prevention work includes mental health support for child sexual assault victims and their families, mental health triage and service navigation for adults who are transported by Crisis Intervention Trained (CIT) police officers, Restorative Practices in schools and communities, and youth and social media focused Teen Dating Violence prevention , with parent and social media components, bullying and suicide prevention education,. OVPBH also manages capacity building and start up grants to programs including the Chicago Response and Recovery program, a citywide effort that deploys staff to assist families of homicide victims and a separate effort that provides trauma recovery support to torture victims. Lastly, the office is managing a grant that incubates an innovative approach to community conflicts and non-fatal injuries.

## Resiliency in Communities After Stress and Trauma

Trauma-informed work is more than improving service provisions and what you do for others; it involves a transformation that involves systemic and culture shifts in how we engage with others and live our lives. For that reason, community-level efforts are critical in becoming a Trauma-informed Chicago.

Individuals and families living in the communities most affected by broken systems disproportionately experience extremely high levels of stress and trauma.

Unsurprisingly, these communities also experience the negative health effects of trauma, namely higher rates of depression and anxiety. Yet there is often significant stigma around identifying and seeking help for mental health issues. Moreover, these communities are also among the most poorly supported and under-resourced. The City of Chicago acknowledges the need to address the root causes of violence and trauma, including lack of economic security and exposure to trauma, with a priority focus on

youth in these communities. There is no greater priority or more urgent challenge for the City of Chicago than the safety and education of its youth. Chicago has experienced several high-profile incidents of officer-involved shootings in recent years, in particular those of 17-year old Laquon McDonald, 25-year old Ronald Johnson, and 19-year old Quintonio LeGrier, which have traumatized African-American communities and served to underscore the profound lack of trust between within communities, systems and law enforcement.

CDPH has consistently employed a multi-disciplinary approach, building relationships across multiple types of providers to address the difficult issues facing our communities, including education, violence and mental illness. Additionally, we understand the value and necessity of including and leveraging power to community members who are critical in developing, leading and implementing advancements to becoming a Trauma-Informed, Resilient Chicago.

As Chicago communities of color, particularly African-American and Latino(x) communities, have experienced significant civil unrest, the Resiliency in Communities After Stress and Trauma (ReCAST) initiative supported by 5 year award from (spell out first) SAMHSA. ReCAST works communities to engage, heal, and prevent further trauma. The purpose of ReCAST is to work with Chicagoans in promoting resilience and supporting health in communities faced with trauma and civil unrest through the implementation of trauma-informed practices, violence prevention, and community-engagement activities. The overall goal of ReCAST is for communities, providers, and city entities to work together in ways that lead to strong relationships, increased resources, improved health, and sustain reductions in trauma throughout the city of Chicago.

Core ReCAST strategies are to:

- 1) Establish the ReCAST Center for Learning and Community Resilience to deliver training and support to agencies and individuals across the city on trauma-informed and restorative practices;
- 2) Provide Crisis Intervention Team training and mental health awareness for law enforcement and first responders;
- 3) Engage Community Ambassadors to work within communities to conduct research, promote resources, develop campaigns and facilitate workshops;
- 4) Implement Chicago Connects, a comprehensive resource directory with crisis text line;
- 5) Organize community-based participatory activities for youth and families addressing trauma related to its root causes and resilience in communities.

#### **ReCAST goals**

- 1) Promote well-being, resiliency and community healing through community engagement and community-based, participatory approaches.
- 2) Strengthen the integration of behavioral health services and other community systems to address social determinants of health that can contribute to health outcomes.
- 3) Create more equitable access to trauma-informed community behavioral health resources.

# The Journey to a Trauma-Informed Chicago

1998

CDPH issues its *Prevent Violence, Chicago!* Plan, calling for comprehensive, cross-sector engagement to address violence and its aftermath.

2002

*Chicago Safe Start* is funded by the US Department of Justice to create a citywide focus (including awareness, services and systems change) focused on the traumatic impacts of childhood exposure to violence (CEV), starting in the earliest years of life. CSS launched four clinical and community engagement sites addressing CEV and hosted the first annual CEV Awareness campaign in tandem with *Illinois Safe From the Start*, which supports CEV interventions in other parts of the state, eventually providing continuation funding to CSS sites.

2005

The *Illinois Childhood Trauma Coalition* was founded. ICTC is a voluntary statewide collaboration of organizations that are committed to applying a trauma lens to their efforts on behalf of families and children in the state. ICTC influences SAMHSA's definition of trauma and convenes statewide partners to advance policy and capacity building workforce trauma focused training and conferencing.

2007

The *Chicago Safe Start Incubator Summit* featured CEV prevention and response strategies across faith, substance use, daycare, domestic violence, and mental health sectors. Chicago Safe Start supported child friendly modifications in city clinics to welcome children and consider their needs as consumers. All staff training was provided to incorporate attention to stress, violence and trauma in public spaces.

2009

CDPH hosted the *Toward a Health Future Summit*, bringing national leaders to Chicago to address the impact of ACEs on the health outcomes of children, families and communities in Chicago.

2011

The *Illinois ACEs Response Collaborative* was founded. The Collaborative is a cross-sector movement that works to prevent trauma and promote thriving across the lifespan and to connect the issue of childhood adversity to the equity agenda in Illinois.

2012

*Strengthening Chicago's Youth's (SCY)* at the Ann & Robert H. Lurie Children's Hospital of Chicago was founded. SCY's mission is to build capacity among public and private stakeholders to connect, collaborate and mobilize around a public health approach to violence prevention.

2015

The Illinois Chapter American Academy of Pediatrics' *PROTECT (Promoting Resiliency of Trauma-Exposed Communities Together) initiative* was founded to mitigate toxic stress and trauma in early childhood. PROTECT enables statewide and systemic access to resources directed at trauma-exposed families and communities with hopes that their engagement will build resilience.

2016

CDPH launches the Healthy Chicago 2.0 policy agenda including the call for a Trauma-Informed Chicago and simultaneously launches its Trauma-Informed Transformation project.

Chicago Council passes the *Health In All Policies* resolution which included recommendations that created a foundation for training frontlines staff in city department on trauma and our need to respond.

*Resiliency in Communities After Stress and Trauma (ReCAST)* was a CDPH program funded to promote resilience in Chicago communities that have faced civil unrest through implementation of trauma-informed violence prevention and community engagement programs.

2019

Health & Medicine Policy Research Group and the Illinois ACEs Response Collaborative informed legislation that established Illinois's first *Trauma-Informed Awareness Day* on May 15<sup>th</sup>, with the Mayor's proclamation, to engage stakeholders across the State.

2020

**CDPH and the Collaborative held the first ever Trauma-Informed Chicago Summit on Thursday, September 12, 2019.**



## Why Now?

Chicago has learned much over the past two decades about the impact of trauma on individual and community health and how systems may contribute to the impact. Along with a growing national trauma-informed movement, Chicago's own public and private sectors have mobilized to identify ways to become more trauma-informed, to help those who have experienced trauma to heal, and to prevent trauma from happening in the first place. Moreover, a trauma-informed approach is not without focus on building resilience, healing, and the power of communities to generate positive change.



This commitment is evidenced by Healthy Chicago 2.0's overarching goal to becoming a trauma-informed city and continues as one of the guiding principles of CDPH's latest *Healthy Chicago 2025 Framework*: to employ a trauma-informed approach, in an effort to envision a Chicago in which all people and communities have power, are free from oppression, and are strengthened by equitable access to resources, environments, and opportunities that promote optimal health and wellbeing.

Collective efforts led by communities, government, and civic partners lead to the first city-wide trauma-informed summit, to build awareness, connect and collaborate, and develop a trauma-informed vision for Chicago's future.



# Trauma-Informed Chicago Summit

On Thursday, September 12, 2019, more than 500 individuals representing multiple sectors of trauma-informed work convened at the University of Illinois at Chicago Isadore and Sadie Dorin Forum in Chicago, Illinois to develop a vision and action plan for transforming Chicago into a trauma-informed city. Across the Summit, attendees spoke to changing the narrative of trauma in Chicago from one that pathologizes and criminalizes individuals towards one that focuses on building community resilience. The trauma-informed, resilient vision of Chicago's future involves not only an interrogation of the structural conditions that contribute to and exacerbate trauma, but also the delineation of a path toward healing so that Chicago's vibrant and dynamic communities can flourish.

## During the Summit:

- CDPH highlighted their trauma-informed training and policy development efforts and celebrated those who helped pave the way, including commemorating Dr. Carl Bell who pioneered foundational research on child and community trauma in Chicago.
- Summit Partners shared their trauma-informed work and facilitated Summit activities.
- Attendees worked in small groups to engage in visioning activities for trauma-informed Chicago.
- Attendees connected and shared solutions with others in the city dedicated to a trauma-informed future.
- Attendees created collective art pieces and celebrated youth performances.



**#TraumaInformedChi** was tweeted or retweeted 97 times by 84 unique accounts with a total reach of 19,145 followers.

Tweets with the hashtag were liked 283 times by a total of 154 unique accounts with a reach of 40,521 followers.



# Key Partners

The 2019 Trauma-Informed Chicago Summit was made possible by the collaborative work of key partners that planned and organized the event and facilitated Summit activities to engage attendees and strengthen their connections.

**CDPH** and the **Illinois ACEs Response Collaborative** of the **Health and Medicine Policy Research Group** hosted and sponsored the Summit. Presentations included words of welcome by Health Commissioner, Allison Arwady, along with a viewing of the Trauma-Informed Chicago orientation video [<https://youtu.be/Blxh7AtgZac>], featuring comments by Mayor Lori Lightfoot. Other presentations included an overview of Chicago's 20-year journey to becoming trauma-informed that highlighted many of the changemakers who have contributed to the movement.

**National Louis University** and **Wisdom Exchange** facilitated table conversations around sharing ideas and strengthening connections and collective capacity among attendees at their tables.

Youth leaders from **VOYCE** facilitated a Connect to Collaborate bingo activity that had attendees engaging with one another in fun ways beyond their table conversations.

**Communities United** hosted a wellness center that provided attendees a peaceful, quiet space. This organization also engaged attendees in painting their vision for a trauma-informed, resilient Chicago on small canvasses for a collective art installation

Ann & Robert H. Lurie Children's Hospital of Chicago's **Center for Childhood Resilience** led the afternoon plenary and worked with Lurie's, **Strengthening Chicago's Youth**, along with **Illinois Collaboration on Youth** in facilitating table conversations around generating a vision for a trauma-informed Chicago.

In addition, **62 volunteers** from a variety of organizations across the city generously donated their time and efforts to facilitate table conversations and note taking throughout multiple sessions.



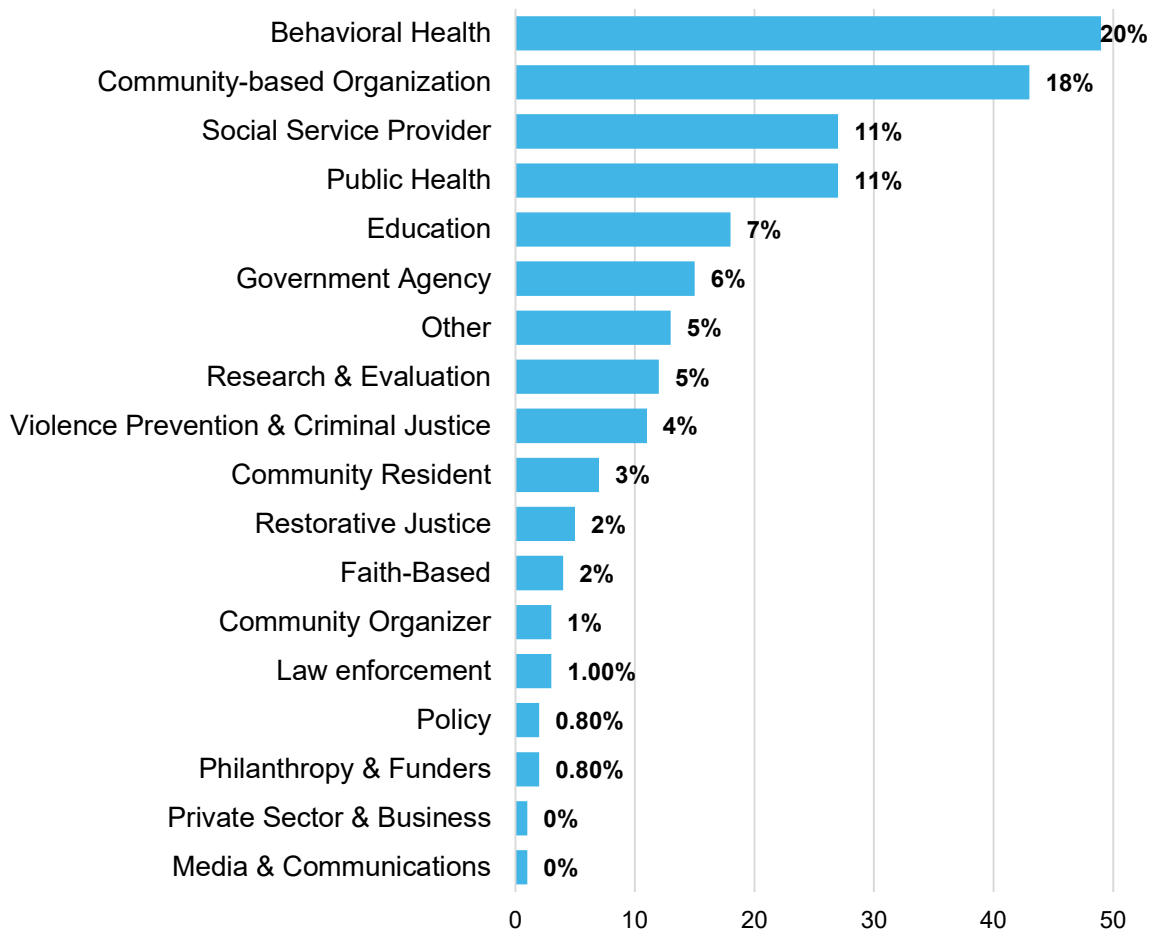
# Attendees

Approximately **526** individuals attended the day long Summit. Attendees were invited to complete an evaluation survey at the end of the Summit to offer feedback on the event.



**243** individuals (46% of total attendees) responded to the evaluation survey. Most (58%) were between the ages of 25 and 44 and represented more than 15 different sectors.

## Sector Representation

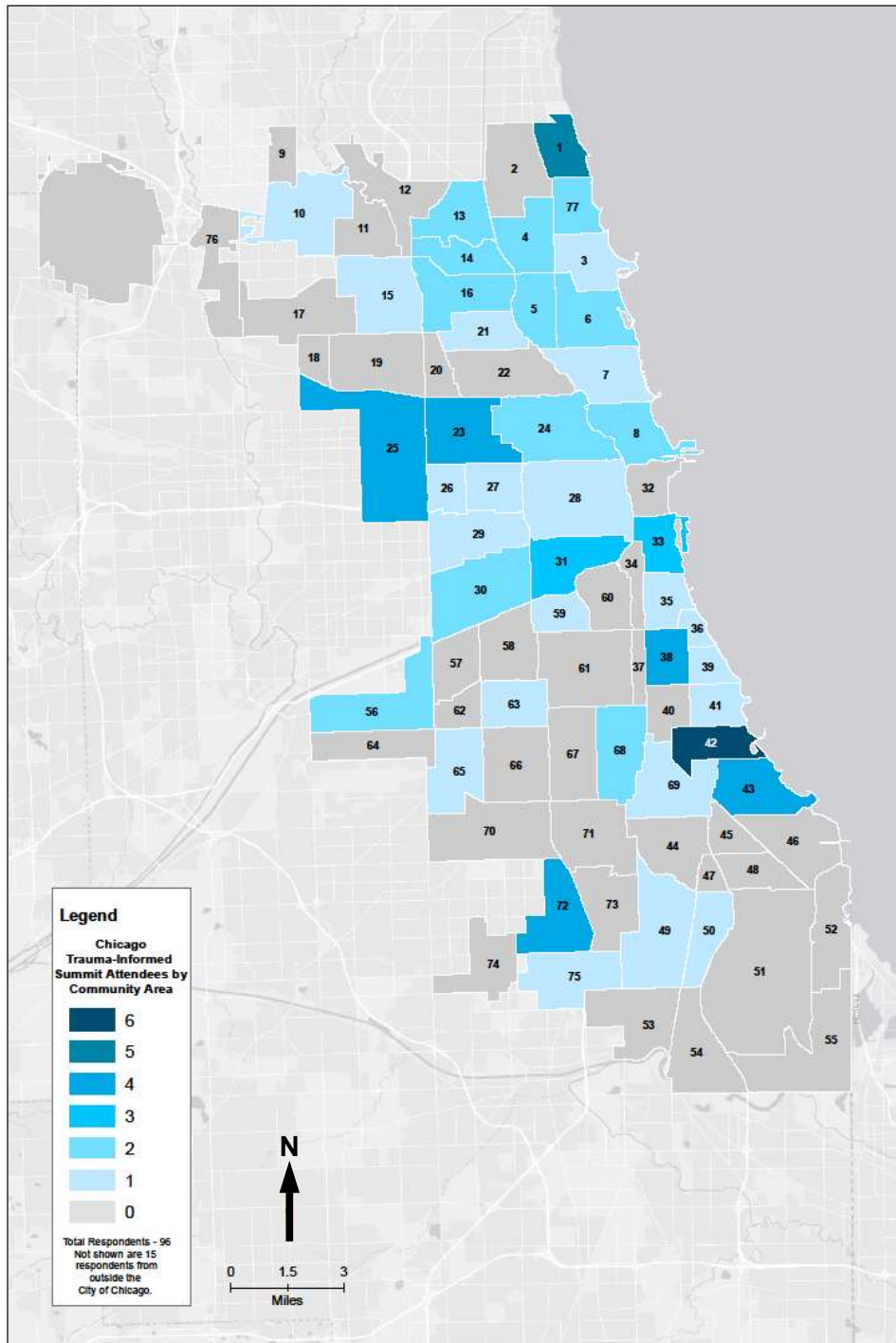


Number of Respondents (Total = 243)



### Community Representation:

Summit attendees represented a majority (53%) of Chicago's 77 neighborhoods<sup>1</sup>.



<sup>1</sup> Full list of Chicago Community areas included in appendix.

# Presentations

## Welcoming Remarks

Songstress Ella Rae of the Collaboraction youth theater opened the Summit with her song, “Happy Place”. She wrote this song to offer refuge to friends dealing with trauma. Following Ms. Rae, Lara Altman, Director of the Illinois ACEs Response Collaborative, welcomed guests. Dr. Allison Arwady, Commissioner of CDPH, along with Marlita White, Erica B. Davis, and Octavia Tyson, from the Office of Violence Prevention and Behavioral Health in CDPH offered additional opening remarks to set the stage for the Summit.



Ella Rae wrote “Happy Place” to offer refuge to her friends dealing with trauma.

## CDPH Advances a Trauma-Informed Approach

CDPH highlighted their efforts to advance a trauma-informed Chicago. CDPH developed trauma-informed trainings and policy changes, leading to multiple city agencies implementing trauma-informed practices. Additionally, CDPH is implementing three strategies through the Resiliency in Communities After Stress and Trauma (ReCAST) program: (1) promoting well-being, resiliency, and community healing, (2) creating more equitable access to trauma-informed resources, and (3) strengthening the integration of service systems to address social determinants of health. ReCAST staff and Community Ambassadors also facilitates collaborations with communities, organizations, health systems, schools, and various other agencies to engage in resource development, community engagement, public awareness, participatory research, and training.

## CDPH Partners with the Illinois ACEs Response Collaborative to Host the Summit

The Collaborative's mission is to catalyze a cross-sector movement to prevent trauma and promote thriving across the lifespan and to connect the issue of childhood adversity to the equity agenda in Illinois. To achieve this, the Collaborative provides capacity building around trauma-informed change, leads policy efforts at the local and state level, and disseminates research and best practices to support all those working towards a thriving and equitable state.

## CDPH Previews Healthy Chicago 2025

The Healthy Chicago 2025 preview highlighted ways to address structural and institutional inequities and living conditions to improve well-being among the city's inhabitants. One of the guiding principles in Healthy Chicago 2025 is for the city to employ a trauma-informed approach, and the vision for these efforts include transforming policies and processes to foster anti-racist systems, strengthening community capacity and youth leadership, improving systems of care for populations most effected by inequities, and furthering the health and vibrancy of neighborhoods most effected by inequities.



# Table Conversations

During the second half of the Summit, attendees worked in small groups to answer key questions: *What is our collective capacity to advance a trauma-informed approach?*  
*What is our Vision for a Resilient Chicago?*



Overall, there were 51 table conversations, each with approximately 8 attendees.

Each table included a facilitator and note taker who were responsible for encouraging attendees who have similar interests to learn and share about current trauma-informed practices and policies from each other. Summit attendees self-selected their table conversation, which were organized according to the following topic areas:

- **Restorative Justice Practices:** Addressing Loss, Harm & Forgiveness
- **Community Safety:** Building Partnerships between Residents & Law Enforcement
- **Faith Based Organizations:** Practices in Engaging with Community
- **First Responders:** Recognizing and Managing Secondary Trauma
- **Integrating Race, Equity, Trauma in Policy and Practice**
- **New Thinking / Innovation in Trauma-informed Care**
- **Implementing Reflective Supervision and Peer Support within Your Organization**
- **Becoming a T-I Organization:** What's Working? What's Needed?
- **Strengthening Community Engagement and Belonging**
- **Working Across Silos to Promote Health Equity**
- **Understanding & Addressing Historical Trauma**
- **Visual & Performing Arts to Promote Wellness**
- **Advocacy and Promoting Youth Voices**



## ***What is our collective capacity to advance a trauma-informed approach?***

During the first table conversation, attendees were prompted to think about the connections they were making, what they were learning from each other, and what actions they would take as a result. Although table topics varied, the conversations illustrated ways in which individuals around the table could connect and learn strategies to strengthen trauma-informed capacity, increase equity, and promote healing and wellness. To conclude the first table conversation, attendees were invited to share key insights and recommendations for trauma-informed leadership on pages that were posted around the room, for all attendees to view. From 72 total insights that were shared, several thematic recommendations emerged, from most prevalently mentioned, as indicated by larger text, to least prevalent:

<b>Trauma Awareness and Healing</b>	Build awareness of the complexities of trauma and acknowledge historical trauma for community healing, which involves listening to individual experiences.
<b>Collaboration and Systems Change</b>	Relationship building and collaboration across communities, sectors, and siloes is critical. Collaborative systems and structural change is needed to support trauma-informed work.
<b>Trauma-Informed Training</b>	Trauma-informed trainings should be standardized and mandated across sectors, to offer a common trauma-informed language and cross-cultural skills.
<b>Arts</b>	Arts is an important tool for healing, youth and community engagement, and restoration.
<b>Youth</b>	Youth voices matter, and youth-defined safe spaces, environments, and communities are needed.
<b>Resources</b>	There are complex needs that require more complex resources, which people need increased access to.
<b>Policy Change</b>	Policy change and buy-in are needed at multiple levels, particularly within the workplace. Policy change is just as important as advocacy.
<b>Faith Community</b>	The faith community should be trauma-informed specialists, to create safe spaces in the community.
<b>Equity</b>	Equity is a process, and should be assessed within organizations, data, and policy.
<b>Honoring Communities</b>	Communities that are impacted by trauma the most or have been often overlooked should be included and honored.
<b>Organizational peer support</b>	Reflective, trauma-informed supervision as well as peer and staff support are needed in organizations.
<b>Restorative Justice</b>	Restorative justice training and practices should be prevention focused and city-wide.

## What is our Vision for a Resilient Chicago?

In the second table conversation, attendees engaged in a backwards imaging activity to imagine a successful and thriving trauma-informed Chicago. Through guided facilitation at each table, attendees imagined points in time – 1 year and 5 years in the future – in which becoming a trauma-informed city has been wildly successful. Attendees discussed characteristics and recorded them on visioning worksheets, one of which was collected from each table. These responses were collected, analyzed, and organized into key thematic insights.



**One-year visioning:** Attendees developed a diverse set of recommendations that was relevant across sectors, populations, and types of strategies, which spoke to the complexity of their visioning. From 156 responses (frequencies reported in text below), several components of the 1-year visioning emerged:

**Trauma-informed trainings across sectors** (n=17), including mandated trauma-informed trainings for first responders and the Chicago Police Department (n=7) and other sectors (n=5).

**Established common language** for trauma-informed work (n = 13) and **increasing awareness**, which included more **education** around trauma-informed work (n = 6) and public awareness campaigns (n = 9). Less commonly reported suggestions included understanding historical trauma, using social media to raise awareness, and conducting research, evaluation, and asset mapping.

**Access to trauma-informed resources and social and mental health services** could be increased by creating a **central database and directory** of trauma-informed resources (n=6). Equitable access to resources (n=3) involves increasing funding (n=4), licensed clinicians and their referral capacity (n = 7), social workers in schools (n = 5), establishing trauma-informed spaces for self-care (n=4), and wraparound services.

**Collaboration** (n=8), including city-wide conversations around trauma-informed Chicago (n=3), more community engagement (n=2), and using a systems approach.

**Reduction in violence**, including less shootings and police violence (n=3) as well as less presence of Chicago police coupled with more community-based policing (n=3). Less commonly reported suggestions included gun control and improved community and police relations.

**Youth inclusion**, including specific programming, organizing groups, and opportunities for leadership (n=6).

**Policy change and implementation** (n=5), which should be transparent, focused on racial equity and justice, at both city and state levels, and impacting multiple sectors.

**Basic needs are met**, including economic justice, equitable transportation, food access, and affordable housing.



**Five-year visioning:** Although many of the recommendations in the 5-year visioning activity were aligned with what was suggested for 1-year, there were notably more ideas around the impact of trauma-informed work, and longer-term conditions of a trauma-informed city. From 112 responses (frequencies reported in text below), components of the 5-year visioning included:

**Implementation and impact** of a trauma-informed Chicago comprises of practices implemented from policies (n=5), reduction in violence (n=5), transformation of police departments (n=4), community spaces for healing (n=4), more diversity of practitioners and city leadership (n=3), and less chronic illness (n=2). Less commonly reported suggestions included restorative justice in the courts, equitable public transportation, quality school standards, increased lifespan of Black women and men, no more school closures, increase in minimum wage, and increase in quality of life.

**Increased funding** (n=9) and **resources for trauma-informed work**. Funding recommendations include using TIF funds and federal funding, whereas increased resources include neighborhood hubs for services (n=4), resources for trauma-responses and mental health services (n=6), as well as youth-specific access to resources (n=2). Additionally, cross-sector collaborative work should facilitate more integrated resources (n=5).

**Trauma-informed trainings and systems**, which consists of trauma-informed curriculums in schools (n=4), trauma-informed trainings for employee management (n=4), and mandated trauma-informed trainings (n=3) particularly for Chicago Police Department (n=4). Other suggestions included city departments having a trauma-informed practitioner on their teams, mandating all alderman take trauma-informed trainings, and that all health providers ask about ACEs.

**Research and evaluation** (n=3) for more **education and awareness** of trauma more generally (n=3), which involves an increase of data sharing, trauma-informed city and county assessments, and asset mapping. Raising awareness is encompassed by the suggestion of establishing common language for trauma-informed work (n=3) and utilizing media messaging and stories (n=2).

**Better community relations** and a focus on reinvestment and revitalization, which also involves transparency from city and elected officials in order to re-earn community trust (n=2). Community-focused approaches can include more advocacy, community delegates, growing outreach work, and community health workers in police departments.





**Critical Success Factors:** Following the backwards visioning exercise, attendees brainstormed the critical success factors, or the actions and steps needed to make a resilient trauma-informed Chicago a reality. Attendees were instructed to record the, “Must DOs, must HAVEs, must RESULTs, must WHENs, and must WHOs.” In other words, Summit attendees defined the components they felt were needed to achieve their vision. Frequencies of each category are reported below, including in text frequencies where appropriate.

## Must DOs

(n=70)

**Develop trauma-informed trainings** (n=9) and **education** (n=4), which includes conducting research (n=3) and sharing knowledge and information (n=2). Less commonly reported “must dos” included public awareness campaigns, mandating trainings, identifying trainers across disciplines, civic engagement education, and having skills and knowledge transfer within communities.

**Collaborate and connect** (n=6) across communities and sectors. Having youth at the table (n=4) and showing up to communities where they’re at (n=2) is important, and less commonly reported suggestions were accountability within organizations, simplifying bureaucracy, and building capacity of community organizations.

**Create policies that enforce practice** (n=2) for **action** (n=2) and advocacy. Examples include making voting more accessible (n=2), implementing self-care within work settings (n=2), paying people fair wages, speaking up and resisting.

**Investing in resources and services** (n=6), including community-based restorative justice services, rehabilitative services, wellness focused school curriculum, mobile food services, and basic needs.

## Must HAVEs

(n=100)

**Funding** (n=21) and **accessible resources** (n=6) are needed. Related needs include Higher wages (n=3), tax reform (n=2), dedicated time (n=2), technology, and wraparound services.

**Buy-in** (n=10) and the will to make change. This included accountability (n=3), policy change (n=4), people who are open to learning and growing (n=3), and culture changes within organizations (n=2). Less commonly reported related needs included courage, compassion, collective voices, cohesive communities, and a fully informed vision.

**Trauma-informed trainings** (n=3) and **skills** (n=2), including leadership (n=2), collaboration (n=2), best practices, and establishing a trauma-informed “code of conduct.”

**People** such as community ambassadors and peacekeepers (n=2), trained professionals and clinicians (n=2), advocates, youth leaders, coalitions, and healthy adults working with youth.

**Education and Awareness** (n=2), facilitated by evidence, data, and research (n=6) as well as communication platforms and marketing

## Must RESULTS

(n=70)

**Collaboration and Strategies**, from implemented policies (n=3), research-informed plans, cooperation, “de-silofication,” integration of information across sectors, structural and systems level change.

**Violence reduction** (n=5) and **safety** (n=3), encompassing gun control and better community and police relations.

**Increased resources**, including mental health services (n=2), treatment, continuum of care, increased funding, and support from the city.

**Trauma-Informed Lens**, which means that everyone is trained (n=3), and also involves a universal certification of trauma-informed providers, comprehensive trauma-informed Health Department, normalization of the existence of trauma, reduced retraumatization, and an understanding of compassion fatigue and vicarious trauma.

**Thriving communities**, encompassed by culture change (n=5), community cohesion and control (n=4), equity (n=4), children flourishing, pop-up peace circles, improved school outcomes, youth programs, and increased voter turnout.

**Healing** (n=3), healthy relationships (n=3), empathy, love, and happiness.

## Must WHOs

(n=86)

**Individuals**, including all of the Summit attendees (n=17), civic leaders (n=4), parents and families (n=4), young people, and the mayor of Chicago.

**Communities** (n=11), **organizations** (n=3), and **governmental institutions** (n=2).

**Systems**, to encompass cross-sector collaboration (n=2), coalitions (n=2), and a qualified workforce.

**Sector specific agents of change**, including policymakers (n=6), faith-based leaders (n=2), business owners (n=3), funders (n=4), administrators (n=4), medical professionals (n=2), school officials and teachers (n=6), mental health professionals (n=5), marketing teams, law enforcement, and community health workers.

## Must WHENs

(n=42)

**Now** (n=12), **ongoing** with feedback (n=11), **as soon as possible** (n=6), and even **yesterday** (n=4). Other time frames included within one year (n=4), three years, 5 years, the 2020 election, and during the school year.



**Mentimeter Responses:** After recording responses on visioning worksheets, attendees at each table had the opportunity to share out their tables' responses in an engaged, real-time text-based activity. Using interactive software, Mentimeter, attendees used their phones to text their responses, which were then displayed in real-time for the entire summit audience to read and react to on the presentation screen. This final activity for the day was interactive and engaging.

## 1 Year Vision



## 5 Year Vision



There was more consensus on the 1-year vision than the 5-year vision, indicating Summit attendees may have had a stronger vision for immediate change. Similarly, there was less agreement on the “Must DO” critical success factor, indicated by the smaller, more disparate text below.

## Must DO:



For other critical success factors, there was more consensus as well as a great degree of overlap between the Mentimeter text-based responses and the visioning activity sheets.

## Must HAVE:

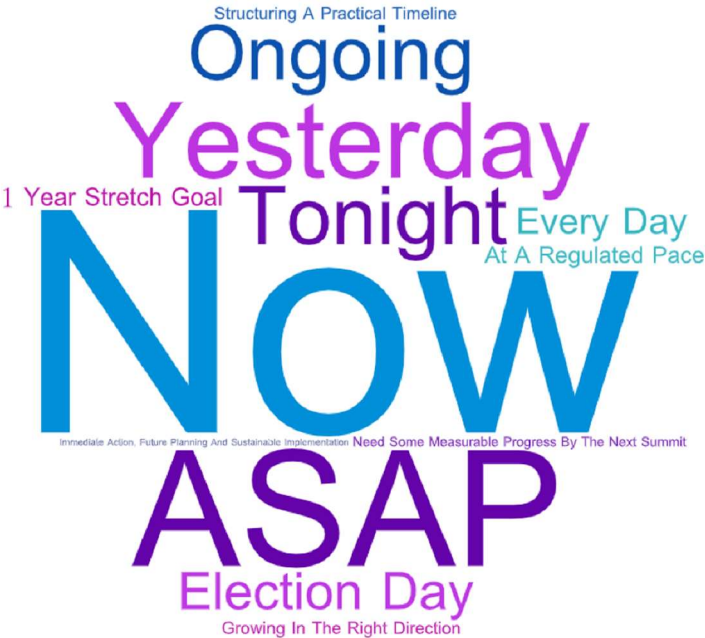


## Must RESULT:



Mentimeter word cloud findings depicted instances where attendees had a high degree of agreement, through more frequently reported responses, depicted by larger text. Yet for some aspects of the vision, attendees' ideas were more disparate, as indicated by smaller text and more ideas. Across the vision, it was clear that attendees believe action should happen immediately and the most important necessities for change included funding and buy-in. There was a diverse array of strategies reported however, indicating that a multi-sector and complex approach is necessary, which then yields to the equally diverse array of responses regarding the results of attendees' vision. These results align with a systems approach to trauma-informed transformation.

**Must WHEN:**



**Must WHO:**



# Evaluation Results

Of the over 500 Summit attendees, 243 completed an online evaluation survey following the end of the event. Reactions to Summit activities was especially positive.



Overall, participants were satisfied with the Summit, with 37% indicated that they were *very satisfied* and 49% indicated that they were *somewhat satisfied*.

Percent of participants with favorable responses	Agree or Strongly Agree
Summit objectives and purpose were clear.	81%
There was enough time to cover all topics on the agenda.	76%
There was an atmosphere of free expression.	93%
Presentations and activities were well organized.	71%
Information and material were presented in an interesting manner.	75%
Information and material were relevant and helpful.	82%
Information and material presented were culturally appropriate.	83%

In keeping with the objectives of the Summit, most participants also indicated that the Summit helped them to understand and feel confident about how they could make Chicago a trauma-informed city. Eighty-eight percent of participants indicated that they can apply the information shared during the summit in their practice or service setting.

Because I participated in this summit . . .	Agree or Strongly Agree
I have a better understanding of what a trauma-informed city can look like.	77%
I was able to identify concrete steps needed to move Chicago toward becoming a trauma-informed city.	75%
I feel confident in my ability to help Chicago become trauma-informed.	75%
I was able to connect with others who are interested in working to advance trauma-informed work.	93%

The Summit also provided an opportunity for participants to meet and connect with others who are working to advance trauma-informed work in Chicago



42% of participants connected with 1 to 5 new people, 35% with 6 to 10 new people, and 17% with 11 to 15 new people.

**Most Valuable Aspects:** When asked to describe the most valuable aspects of the summit, participants [53 out of 99 responding] noted the following:

- Collaborating and interacting to implement a trauma-informed city
- Generating concrete ideas that can inform personal and professional interactions
- Networking and listening to different perspectives about trauma
- Learning about trainings offered to support organizations trying to become more trauma-informed
- Understanding concepts like *trauma-informed* and *secondary trauma*
- Seeing how motivated people are to address trauma and its consequences
- Hearing what the City of Chicago and other organizations are doing to address trauma and its consequences
- Acknowledging that trauma is a complicated problem that might require multi-faceted solutions

**Applying Lessons Learned:** When asked what they would do differently in their practice or service setting as a result of their participation in the summit, participants [44 out of 99 responding] said that they would:

- Seek out training on trauma-informed care or service provision
- Transform services they provide to be more trauma-informed
- Identify evidence-based trauma-informed practices currently implemented
- Engage leadership or administration to help foster change
- Continue to reach out to and network with others in the trauma-informed space
- Increase community collaboration and learning
- Develop and implement policies to support a trauma-informed approach



**General Comments.** Participants were provided the option of reporting what else they would like known about their summit experience [41 out of 99 responding]. Most of the comments were positive, with respondents offering praise and indicating how much they enjoyed the Summit. The following are representative of sentiments expressed:



*“This summit was very well planned and allowed for great networking with different people, agencies, and programs.”*

*“It was very informational. I appreciate everyone’s kindness and willingness to talk openly.”*

*“Great conversation and collaboration. We had a very unique group [at my table]—multiple organizations and types of service industries represented which led to better conversation.”*

*“This was truly lovely and I learned so much about what others are doing and what I could be doing better and what my organization could be doing better to connect with the community.”*



## Notes for Next Time

Summit attendees offered feedback on the implementation of the event, both in the collected notes as well as in the evaluation form, in which 48 out of 99 attendees offered suggestions for improving the Summit when offered next year.

One central recommendation was changing the **structure of the event**. There was real value in the table conversations and visioning exercises, however they occurred over the course of the last three hours of the event. Multiple attendees noted that peoples' energy level dropped toward the end of the day and that some attendees left the Summit early, which could explain the less frequent response rates for the "Critical Success Factors" portion of the visioning activity that occurred last. Several attendees suggested adding more variety in presentation types or to alternate presentations with table conversations and the performances. Related recommendations included:

- Spend more time in breakout sessions and have less time dedicated to formal presentations.
- Implement more and smaller presentations or workgroups on specific topics.
- Conduct the visioning activities earlier in the day.

Other recommendations centered around **enhancing the content** that was presented at the Summit, with additional presenters, topics, and types of presentations:

- Invite more experts of different professions to talk about the current evidence base regarding trauma-informed practices and interventions.
- Include demonstrations of trauma-informed practices and explain why they are effective.
- Host a panel discussion with individuals who have been implementing trauma-informed approaches and who can share successes and challenges encountered.
- Have resource booths and wellness activities.
- Allow time for participants to take action at the summit (e.g., writing to representatives, joining a protest)

Lastly, several attendees suggested having **more community voice and representation**. As indicated on the map of attendees, many south side communities were not represented at the Summit. Additionally, although 20% of respondents represented community-based organizations, only 3% represented residents. Several attendees felt that more community representation and involvement would enhance next year's trauma-informed summit:

- Include more community or citizen voices as well as community health workers.
- Make more inclusive to Black LGBTQ+ youth population.

# Vision for a Trauma-Informed, Resilient Chicago



Over 500 individuals from across the city came together on September 12, 2019 to envision a trauma-informed, resilient Chicago. Here's what they said:

## Our collective capacity to advance a trauma-informed approach involves:

- Building awareness of what trauma is so that we can start healing;
- Collaborating across communities and sectors to advance effective practices for preventing and mitigating trauma;
- Standardizing and mandating trauma-informed trainings for city agencies and affiliated organizations; and
- Changing system policies and procedures to create trauma-informed workplaces and service delivery.

Our trauma-informed approach engages and honors youth and also recognizes how art is an important tool for healing, engaging community, and visioning change.





### In the short-term, a trauma-informed Chicago is one where...

- Trauma-informed trainings are accessible and implemented across sectors;
- Everyone is aware of the complexities of trauma and speaks a common language about trauma and its impact;
- Everyone can access trauma-informed resources and social and mental health services;
- Youth are included in programming and are provided opportunities for leadership;
- Policymaking is transparent, focuses on racial equity and justice and impacts multiple sectors; and
- There is less violence and more gun control.

### In the long-term, a trauma-informed Chicago is one where...

- Trauma-informed services receive more financial resources;
- Trauma-informed trainings are commonplace or mandated across sectors;
- Research, data, and evaluation informs programming improvements;
- City and elected officials are transparent about and engage community members in decision-making;
- Community reinvestment and relationships is prioritized;
- Individuals' basic needs are met; and
- Evidence-based trauma-informed programs are implemented and their impacts measured and felt.

## We will be successful in reaching our vision of a resilient Chicago if we:

-  **ACT NOW** By training city officials and relevant agency staff in trauma-informed approaches, collaborating across neighborhoods and sectors to promote effective strategies for preventing or mitigating trauma, and developing policies that reduce trauma risk and promote resiliency.
-  **INVOLVE** individuals (e.g., Trauma-Informed Chicago Summit attendees, civic leaders, youth, parents) and organizations representing a wide-range of city sectors (e.g., faith, health, education, law enforcement).
-  **PROVIDE** funding and equitable access to resources to support our trauma-informed programs and activities, buy-in from city and community leaders, a trauma-informed workforce, mentors and leadership opportunities for youth, and community readiness to address trauma as well as its precursors and consequences.
-  **DEMONSTRATE** that we have structural and systems level changes in place to support the implementation of effective strategies to prevent and mitigate trauma, reduced community and school violence, thriving neighborhoods and communities, resources for reducing trauma, a multitude of trauma-informed providers, and improved population well-being overall.

Our call to action involves making our vision for a trauma-informed, resilient Chicago a reality. CDPH will continue to work with partners and communities across the city to lead trauma-informed transformational work and encourages Summit attendees and Chicagoans at large to continue to engage in these efforts.

Our call to action is clear. Chicago needs organizations that relieve the burden and psychological distress of trauma and have the tools and resources to respond effectively and efficiently. It takes *everyone* to create and sustain the change that we seek. Now, let's get started.

- Chicago Mayor Lori Lightfoot



The Illinois  
ACEs Response  
Collaborative

Health & Medicine  
POLICY RESEARCH GROUP

# Appendix

Chicago Community Areas defined in Community Representation map of Summit attendees:

- |                       |                           |
|-----------------------|---------------------------|
| 1 Rogers Park         | 40 Washington Park        |
| 2 West Ridge          | 41 Hyde Park              |
| 3 Uptown              | 42 Woodlawn               |
| 4 Lincoln Square      | 43 South Shore            |
| 5 North Center        | 44 Chatham                |
| 6 Lake View           | 45 Avalon Park            |
| 7 Lincoln Park        | 46 South Chicago          |
| 8 Near North Side     | 47 Burnside               |
| 9 Edison Park         | 48 Calumet Heights        |
| 10 Norwood Park       | 49 Roseland               |
| 11 Jefferson Park     | 50 Pullman                |
| 12 Forest Glen        | 51 South Deering          |
| 13 North Park         | 52 East Side              |
| 14 Albany Park        | 53 West Pullman           |
| 15 Portage Park       | 54 Riverdale              |
| 16 Irving Park        | 55 Hegewisch              |
| 17 Dunning            | 56 Garfield Ridge         |
| 18 Montclare          | 57 Archer Heights         |
| 19 Belmont Cragin     | 58 Brighton Park          |
| 20 Hermosa            | 59 McKinley Park          |
| 21 Avondale           | 60 Bridgeport             |
| 22 Logan Square       | 61 New City               |
| 23 Humboldt Park      | 62 West Elsdon            |
| 24 West Town          | 63 Gage Park              |
| 25 Austin             | 64 Clearing               |
| 26 West Garfield Park | 65 West Lawn              |
| 27 East Garfield Park | 66 Chicago Lawn           |
| 28 Near West Side     | 67 West Englewood         |
| 29 North Lawndale     | 68 Englewood              |
| 30 South Lawndale     | 69 Greater Grand Crossing |
| 31 Lower West Side    | 70 Ashburn                |
| 32 Loop               | 71 Auburn Gresham         |
| 33 Near South Side    | 72 Beverly                |
| 34 Armour Square      | 73 Washington Heights     |
| 35 Douglas            | 74 Mount Greenwood        |
| 36 Oakland            | 75 Morgan Park            |
| 37 Fuller Park        | 76 Ohare                  |
| 38 Grand Boulevard    | 77 Edgewater              |
| 39 Kenwood            |                           |

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