
Healing- Centered Illinois Task Force Report

Chaired by Illinois Lieutenant Governor Juliana Stratton

Final Report 2024



JULIANA STRATTON
OFFICE OF LT. GOVERNOR

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Executive Summary

In the last decade, there has been an increased awareness of trauma and its significant impacts on both individuals and communities. Research shows that trauma can be prevented with the right policies and support, and healing can be fostered. However, many current policies, systems, and practices often contribute to or even worsen trauma, compromising the well-being of our communities.

Fortunately, Illinois has insight and support of various sectors and communities who are actively redesigning policies to prevent trauma and promote healing. Illinois has made notable progress in creating healing-centered environments in institutions like schools, hospitals, and community organizations. Now, Illinois has positioned itself even further to enhance these efforts and fill critical gaps in support through a more equitable and systematic approach.

In 2023, the General Assembly passed legislation establishing the Healing-Centered Illinois Task Force (the “Task Force”), to advance Illinois’ adoption of a more trauma-informed and healing-centered justice system. Led by Lieutenant Governor Juliana Stratton, the Task Force officially launched in January 2024. Throughout the year, leaders from diverse backgrounds and communities dedicated their time and expertise to research and develop recommendations outlined in this report.

The Task Force focused on building upon existing trauma-informed and healing-centered initiatives in Illinois, while also drawing from successful national practices. It explored models for managing state-level initiatives, tracking progress, engaging communities effectively, supporting the workforce, transforming policies and systems, and implementing trauma-informed frameworks.

Through this comprehensive process, the Task Force identified key guiding principles and recommendations, to guide Illinois in its transformative journey.

Foundational Principles & Values

Best Practices and Alignment

Illinois is committed to a healing-centered transformation that incorporates best practices and aligns with local, state, and federal initiatives. The priority is community-driven healing efforts unique to Illinois, building on the existing work by state agencies and local communities.

Equity and Inclusion

Equity, accessibility, and inclusion will be at the forefront of all planning, implementation, and evaluation of healing-centered efforts in Illinois. This includes elevating community voices and lived experiences. To ensure everyone understands trauma and trauma-informed practices, Illinois will promote transparency and develop a shared vocabulary across different sectors and communities.

Prevention of Harm and Promotion of Healing

The state aims to prevent harm and support healing for individuals, families, organizations, communities, and systems throughout Illinois.

Recommendations

1. Raise awareness about trauma and healing-centered concepts through culturally responsive public awareness campaigns aimed at Illinois residents.
2. Enhance accountability and transparency by sharing progress on the state's healing-centered goals and outcomes.
3. Evaluate Illinois' challenges and successes in becoming a healing-centered state, focusing on the benefits of community-driven initiatives and proven treatment approaches.
4. Define desired outcomes and create inclusive well-being indicators to track progress toward healing goals.
5. Build support across all sectors by demonstrating the human and financial benefits of trauma-informed, healing-centered practices.
6. Implement unbiased evaluation methods and ensure diverse and relevant samples are used.
7. Engage an independent evaluation team, including community representatives, to review healing-centered efforts.
8. Expand workforce pipelines by valuing lived experiences and promoting internship and peer support models.
9. Develop accessible training programs that establish baseline knowledge of trauma-informed and healing-centered practices across all workforce levels, along with advanced sector-specific learning opportunities.
10. Create core training materials on trauma and healing-centered practices for individuals, communities, organizations, and agencies to foster a common understanding across Illinois.
11. Establish a coordinating body to oversee the implementation, expansion, coordination, and evaluation of statewide healing-centered initiatives.
12. Develop a timeline for implementation, focusing on state agencies to enhance healing-centered practices across systems.

13. Facilitate effective communication and information sharing across various sectors to promote collaboration.
14. Secure adequate funding to support statewide healing-centered initiatives and staffing adequately.
15. Explore Medicaid reform options to enhance funding and support for healing-centered screening and services.
16. Integrate trauma-informed and healing-centered principles into legislation, policies, and regulations, especially within state agencies and those receiving state funding.
17. Create trauma-response protocols that foster healing within agencies and communities.

This report also details the history of trauma-informed and healing-centered initiatives in Illinois, summarizing the Task Force’s findings and recommendations.

Dr. Shawn Ginwright—professor, activist, and researcher who coined the term “healing-centered engagement”—presents his work to the Task Force in Chicago, September 2024



Background

In recent years, Illinoisans have been reminded that our greatest strength lies in how we support and care for one another, especially through adversity. In 2020, when the COVID-19 pandemic impacted our state, individuals, families, and communities faced devastating challenges, including job loss, isolation, even losing loved ones, friends, and neighbors. The pandemic also revealed the deep and interconnected traumas we face, as well as longstanding health and socioeconomic disparities. Additionally, the movements for social and racial justice forced us to confront the significant racial inequities rooted in generations of structural trauma affecting communities of color.

Despite these challenges, people across Illinois responded with compassion and resilience. Amid the difficulties posed by the pandemic and social injustices, our state witnessed a rise in grassroots initiatives, including mutual aid networks, mental health support, and racial healing events. In these trying times, people came together, demonstrating the importance of collective healing. These shared experiences highlighted the urgent need for policy and systemic changes that prioritize safety and well-being for all.

The Task Force based its recommendations on these insights, focusing on the roots, prevalence, and consequences of trauma. It explored research on trauma and healing at individual, collective, and systemic levels and identified frameworks for achieving long-term transformation.

Understanding Trauma

The Substance Abuse and Mental Health Services Administration (“SAMHSA”) defines trauma as the result of events or circumstances that an individual experiences as physically or emotionally harmful or threatening. This type of experience can have lasting negative effects on a person’s mental, physical, social, emotional, or spiritual well-being. Trauma can affect individuals, generations, or entire communities (SAMHSA, 2023).

For decades, research has shown that the prevalence of trauma is linked to an increased risk of various health issues. When individuals are exposed to trauma without protective factors, it can lead to toxic stress in the body. Over time, this toxic stress can severely impact health, leading to a higher risk of disease and cognitive issues, especially when experienced in childhood (Center on the Developing Child, n.d.). Adverse Childhood Experiences (“ACEs”), which include abuse, neglect, and household stressors, can result in long-term consequences extending into adulthood, such as chronic diseases, mental health issues, substance abuse, and early death (Felitti et al., 1998; Anda et al., 2006). In Illinois, for example, at least 38% of children have experienced at least one ACE, while nearly 58.5% of adults report such experiences in their childhood (Illinois Department of Public Health, 2023; Zounffa et al., 2023).

A Matter of Equity and Public Health

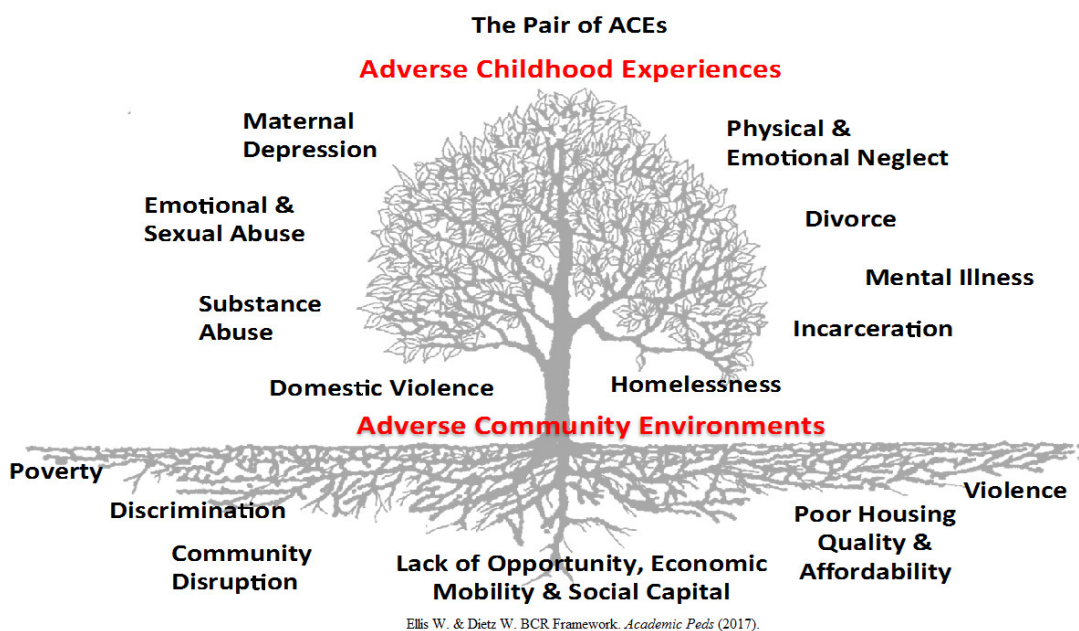
Research indicates structural factors, such as systemic racism, and historical experiences, like slavery and the Holocaust, can perpetuate trauma and amplify the impact of individual and household-level traumas. Structural and historical traumas significantly affect entire communities, particularly marginalized groups, including people of color, Indigenous communities, and LGBTQIA+ populations. The effects of these traumas can persist across generations (The Center for Collaborative Study of Trauma, Health Equity, and Neurobiology, n.d.).

Examples include policies and institutional practices that allocate essential resources for health and well-being unequally across communities. Discriminatory and oppressive policies create stressful, toxic conditions that can lead to trauma for community members while denying them the resources necessary for healing (Weisner, 2020). Stressors such as poverty, violence, pollution, and limited access to healthcare contribute to health inequities, resulting in higher rates of chronic diseases, mental health issues, and lower life expectancy (National Academies of Sciences, Engineering, and Medicine, 2017).

In Chicago, for instance, the life expectancy gap between white communities and communities of color can be as high as 17 years. This gap is directly linked to historical and ongoing structural inequities (Chicago Department of Public Health, 2020). Figure 1 illustrates “The Pair of ACEs” tree, demonstrating how individual ACEs and traumas are connected to adverse community environments (Center for Community Resilience, n.d.).

Figure 1: The Pair of ACEs Tree

Developed by the Center for Community Resilience



Addressing trauma is not only a sensible public health strategy but also a moral obligation. Organizations across Illinois have the opportunity to prevent trauma, promote healing, and protect public health by fostering positive environments through trauma-informed and healing-centered approaches. To create a more healing-centered Illinois, a comprehensive framework based on equity should transform socio-environmental conditions at various intervention levels, from individuals to society.

REFLECTIONS FROM A HEALING-CENTERED ILLINOIS TASK FORCE MEMBER

To effectively address the deep impacts of languishing and trauma that erode our individual resilience and community connections, we must shift from a solely medical model toward a more holistic approach that prioritizes healing for both individuals and communities. This means embracing methods that not only provide trauma-informed supports but actively fosters hope, connection, belonging, and well-being. By instilling, infusing, and reinforcing healing practices that nurture personal growth, strengthen relationships, and empower community networks, we can create environments where individuals and communities thrive.

Throughout our journey of developing the Illinois Healing Centered Engagement framework within the Healing Centered Task Force, our focus has been to build a foundation of support that elevates well-being and well-becoming, promotes thriving and a sustainable sense of wellness that benefits all Illinois residents. I look forward to the implementation of this work statewide.

Dr. Verletta Saxon — Deputy of Research and Child Well-Being, Illinois Department of Children and Family Services

Trauma-Informed Practices

Historically, interventions for trauma concentrated on addressing individual symptoms through clinical methods. However, researchers and practitioners have gradually expanded their focus to consider how organizational policies and practices can worsen trauma and hinder healing. This wider perspective highlights the need for systemic change to better support individuals who have experienced trauma. SAMHSA's six principles for a trauma-informed approach are frequently utilized as a framework for implementing organizational and systemic changes. (SAMHSA 2014, 2023).

SAMSHA’s Principles for a Trauma Informed Approach

Safety	Safety in physical settings and interpersonal interactions
Trustworthiness & Transparency	Operations are conducted and decisions are made with transparency, respect, and fairness so as to build and maintain trust
Peer Support	Support from those with lived experiences of trauma or, in case of children with history of trauma, their family members
Collaboration & Mutuality	Partnering, leveling of power differences between and among staff and clients
Empowerment, Voice, & Choice	Individuals’ strengths and experiences are recognized and built upon
Cultural, Historical, & Gender Issues	Organization moves beyond the cultural stereotypes and biases

Understanding Healing: Creating Well-Being Through Positive Experiences

Trauma can have damaging effects, but it can also be mitigated and even prevented by addressing the underlying causes. In 2018, Dr. Shawn Ginwright introduced the concept of healing-centered engagement, which advocates for a holistic approach to trauma that focuses on root causes. Public health experts support this healing-centered framework, arguing that the most effective way to improve health issues is to consider the environments where people are born, live, work, play, worship, and age, collectively known as the social determinants of health (Office of Disease Prevention and Health Promotion, n.d.).

Healing-centered engagement views trauma and well-being as functions of the environments where people live, work, and play. When people advocate for policies and opportunities that address causes of trauma...these activities contribute to a sense of purpose, power, and control over life situations. All of these are ingredients necessary to restore well-being and healing. (Ginwright, 2018)

Just as negative experiences and environments can lead to trauma and poor health outcomes, positive relationships, experiences, and environments can promote health, build resilience, and support well-being in individuals and communities (Center for Community Resilience, n.d.; Centers for Disease Control and Prevention [CDC], n.d.). Positive experiences, such as economic stability, access to safe housing, and after-school programs, not only promote health and well-being from the start but also serve as protective factors against potential trauma and toxic stress (Sege & Harper Browne, 2017; CDC, 2023).

Recent studies (Crouch et al., 2017; Bethell et al., 2019) indicate that positive experiences in childhood may counteract the effects of adversity in adulthood in a dose-response manner, highlighting the critical health implications of positive experiences throughout life.

A healing-centered approach challenges us to envision what creates well-being rather than merely focusing on reducing negative outcomes (Ginwright, 2018). As Dr. Ginwright stated in a presentation to the Task Force, “Oppression damages, erodes, destroys our capacity to dream beyond it. And what happens is, we believe that success is defined by lower levels of misery” (Ginwright, 2024).

Shifting to Healing-Centered Practices

Healing-centered approaches highlight the importance of policies, practices, and culture in creating supportive, nurturing environments. These approaches go beyond clinical or trauma-specific interventions to explore the root causes of trauma, promoting healing as a community benefit and shared responsibility. Dr. Ginwright’s Healing Centered Engagement approach outlines five principles for implementing organizational and systems transformation (Flourish Agenda, 2019).

Healing Centered Engagement CARMA Principles

Culture	The values and norms that connect us to a shared identity and community.
Agency	The individual and collective power to act, create, and change personal conditions and external systems.
Relationships	The capacity to create, sustain, and grow healthy connections with others.
Meaning	The profound discovery of who we are, why we are and what purpose we were born to serve.
Aspirations	The capacity to imagine, set, and accomplish goals for personal and collective livelihood and advancement.

Reflections from a Healing-Centered Illinois Task Force Subcommittee Member

Trauma-informed care is the cornerstone of my role as a nurse practitioner working with pediatric patients and individuals involved with the justice system. At the center of intersectionality, I experienced both compassionate healthcare and the lack of it as a patient. As a provider, I recognize what it means to provide healing-centered care and to develop compassion fatigue. My personal and professional experiences have deepened my understanding of systemic barriers and fueled my passion for driving change across systems. Advocating for communities as a provider on the HCITF Policy and Systems Change Subcommittee is an honor and a privilege. I am confident that the healing-centered policy changes we pursue will positively reflect the needs of our communities.

Re’Jahnique Matthews — DNP, APRN, CPNP-PC

State-Level Trauma-Informed Policy Initiatives in Illinois

Several recent and ongoing statewide initiatives align with the goals of the Task Force. While these efforts do not capture the full extent of work being done across the state, they exemplify the foundation that the Task Force can build upon to foster trauma-informed, and healing-centered transformation for all Illinoisans.

Lieutenant Governor Stratton and other members smile during a Task Force meeting, February 2024



Statewide Working Group: Action Plan to Address Childhood Adversity in Illinois

In 2020, the Illinois ACEs Response Collaborative established the Statewide Working Group to coordinate a response to childhood trauma in the state. After nearly a year of planning, the group released an action plan outlining five key areas for state action to address childhood adversity (Health & Medicine Policy Research Group [HMPRG], 2021).

Whole Child Task Force

In March 2022, the state’s Whole Child Task Force (“WCTF”) was established as part of the education reform package developed by the Illinois Legislative Black Caucus. The Task Force released a set of recommendations aimed at creating equitable, inclusive, safe, and supportive schools for all children (Illinois State Board of Education [ISBE], 2022). Implementation is currently underway for many WCTF recommendations, including the development of a trauma-responsive, healing-centered school certification called Resilience Supportive School Illinois (“RSSI”).

Children’s Mental Health Initiatives

In May 2022, the Illinois Children’s Mental Health Partnership (“ICMHP”) released a statewide plan outlining a five-year strategy to improve children’s mental health (ICMHP, 2022). In early 2023, the Children’s Mental Health Transformation Initiative, launched by Governor Pritzker in 2022, announced a blueprint for enhancing the state’s response to young people facing mental health challenges (State of Illinois, 2023).

Justice, Equity, & Opportunity (JEO) Initiative: The Trauma-Informed Illinois Working Group

In connection with these efforts, Lieutenant Governor Juliana Stratton’s Justice, Equity, and Opportunity (“JEO”) Initiative facilitated discussions with stakeholders, including representatives from the aforementioned initiatives, to identify next steps toward a trauma-informed and healing-centered Illinois. This led to the establishment of the informal Trauma-Informed Illinois Working Group (the “Working Group”) in 2021, which aimed to promote statewide coordination and alignment of trauma-informed policy and practice. Comprising representatives from various sectors across Illinois, including public health, behavioral health, education, legal, and governmental entities, the Working Group met regularly to strategize on transforming Illinois into a trauma-informed, healing-centered state. In 2022, the Working Group began exploring options to formalize and sustain these efforts through state government. The Working Group’s advocacy efforts culminated in the creation and passage of Senate Bill 646, known

as the Task Force for a Healing-Centered Illinois Act, which was signed into law on August 11, 2023. This law established the Healing-Centered Illinois Task Force to develop a plan for advancing the state toward becoming trauma-informed and healing-centered (State of Illinois, n.d.).

Additional Recognition by the General Assembly

In 2019, the Illinois General Assembly passed a resolution urging state entities and employees to become aware of evidence-based and trauma-informed care practices, tools, and interventions that promote healing and resilience in children, adults, and communities (101st General Assembly, 2019). In 2021, former Senator Cristina Pacione-Zayas supported a resolution to promote evidence-based care practices that focused on racial justice. This initiative aimed to provide trauma-informed and healing-centered approaches that create positive experiences and build resilience in individuals and communities. Former Senator Pacione Zayas later became a partner in the Working Group that advanced this effort. (102nd General Assembly, 2021).

Insights From Initiatives in Other States

Encouraged by the growing awareness of trauma over the past several decades, a nationwide movement has emerged to promote trauma-informed, healing-centered approaches within various programs and services. Several states, including Delaware, Hawaii, Massachusetts, Maryland, Pennsylvania, and Virginia, have initiated efforts to become trauma-informed and healing-centered. While approaches vary, they include establishing state offices, implementing statewide policies, and expanding funding to advance this work (Pathways to Resilience, 2023). For instance, in 2018, Governor John Carney of Delaware issued Executive Order 24 to make state agencies trauma-informed.

Delaware has established a backbone organization called Trauma Matters Delaware and appointed a Statewide Trauma-Informed Care Coordinator to lead trauma-informed initiatives in the state (Family Services Cabinet Council, 2023; Heard, 2022). In 2019, Governor Tom Wolf of Pennsylvania issued the Protection of Vulnerable Populations Executive Order to address the needs of individuals who have experienced Adverse Childhood Experiences (“ACEs”) or other forms of trauma. This initiative includes several measures, such as integrating trauma-informed approaches across state systems. These efforts culminated in the creation of HEAL PA, a coalition of trauma experts and individuals with lived experience, tasked with implementing the state’s Trauma-Informed PA Plan (PA Office of Advocacy and Reform, 2022).

Early findings from these state initiatives demonstrate the promising potential for trauma-informed and healing-centered transformation at the state level. Drawing inspiration from the work of other states and previous efforts by the Whole Child Task Force, the Illinois Children’s Mental Health Partnership, and the Children’s Mental Health Transformation Initiative, Illinois is well-positioned to become a nationwide leader in trauma-informed and healing-centered change.



Dr. Mashana Smith, Dr. Lisa Masinter, and other Task Force members attend a meeting in Chicago, June 2024

Task Force Structure and Process

The Healing-Centered Illinois Task Force (the “Task Force”) was established by law on August 11, 2023 (Public Act 103-0545). The Task Force’s purpose, as defined by the Act, is to “advance the State’s efforts to become trauma-informed and healing-centered through better alignment of existing initiatives, common definitions and metrics, and strategic planning for long-term transformation.” Lieutenant Governor Juliana Stratton has been designated as the Chair of the Task Force, with administrative support provided by the JEO Initiative within the Lieutenant Governor’s Office (see Appendix A).

Task Force Membership

The Task Force is composed of members representing the state’s diversity and bringing expertise on trauma and healing from various backgrounds. The Act mandates representation from aligned statewide initiatives, the General Assembly, state agencies closely connected to populations that have experienced trauma throughout their lives, experts in trauma-informed policies and practices in systems and institutions, and community members with lived experiences (see Appendix B).

Task Force Objectives

According to the Act, the Task Force has the following objectives:

1. Recommend shared language and common definitions to enable the State to adopt trauma-informed and healing-centered practices across sectors. This will involve aligning definitions used in the Whole Child Task Force, the Children’s Mental Health Transformation Initiative, and the Illinois Children’s Mental Health Plan, with additions to address the lifespan perspective of the Task Force.
2. Ensure meaningful inclusion of young people, parents, trauma survivors, and residents who have engaged with Illinois systems or policies (such as child welfare and the criminal justice system) in Task Force discussions and decisions.
3. Identify current training capacities and needs to support healing-centered and trauma-informed environments within organizations, professional cohorts, educational institutions, and future practitioners, along with projecting the best ways to address these needs.
4. Design a process to identify necessary data to understand the dimensions of trauma in Illinois and the status of statewide trauma-related initiatives, while identifying relevant existing data sources.
5. Recommend a process for collecting and aggregating identified data, as well as developing a system to improve transparency and accountability by maintaining an accessible platform for aggregated data for various stakeholders, including the public.
6. Identify existing State resources currently invested in trauma-informed and healing-centered work, develop recommendations for aligning these resources, and propose strategies and recommendations to ensure ongoing or expanded stable funding for this work.
7. Determine if any administrative or legislative policy changes are necessary to advance the goals of making Illinois a healing-centered or trauma-informed State.
8. Recommend an overarching organizational structure to ensure coordination, alignment, and progress toward making Illinois a trauma-informed and healing-centered State.
9. Devise a set of benchmarks to measure success in advancing the State’s objectives to become trauma-informed and healing-centered, along with a process for evaluating these benchmarks.

Reflections from a Healing-Centered Illinois Task Force Member

I am deeply honored and grateful for the opportunity to join the Healing Centered Illinois Task Force Subcommittee. It is a privilege to work alongside such passionate and dedicated individuals, all committed to creating transformative healing opportunities within our communities and statewide. I look forward to contributing my experience and insights to help address the root causes of trauma and foster resilience, equity, and wellbeing across Illinois. Thank you for entrusting me with this responsibility. I am excited to collaborate in this important work.

Jennifer Wooldridge – Deputy Director of Operations, State CIT Coordinator, Illinois Law Enforcement Training & Standards Board

Task Force Meetings & Structure

The Task Force met monthly throughout 2024 in Chicago and Springfield. For members unable to attend in person, virtual participation was offered and approved by those present once quorum was established. The meetings were open to the public and included a period for public comments.

The Task Force aimed to be trauma-informed and healing-centered, ensuring inclusivity in its approach. The structure of the meetings encouraged connection, open discussion, and learning, with topics discussed in both large and small group formats. To enhance the shared learning experience, meetings featured peer presentations from Task Force members, trauma-informed experts, individuals with lived experiences, and colleagues from other states who have launched similar initiatives. In May, the JEO Initiative facilitated a Restorative Justice community-building circle at the end of a Task Force meeting to help members connect and ground themselves in the work.

The Trauma-Informed Illinois Working Group created an information booklet to guide the Task Force in completing its mission efficiently. This booklet included historical background, essential concepts, relevant research, and initial action plan guidance for the Task Force.

Subcommittee Structure

In June 2024, the Task Force established five subcommittees to focus on specific legislative objectives: **Community Engagement, Data and Evaluation, Implementation and Sustainability, Policy and Systems Change, and Workforce Development and Training**. Each subcommittee aligned their efforts with specific objectives and developed draft recommendations for the entire Task Force to consider. These recommendations were then combined and distilled into a single set for review.

These subcommittees included Task Force members as well as community members with relevant lived and professional experience. Each subcommittee appointed up to three co-chairs from among the Task Force and community members. They convened virtual meetings twice a month, during which they hosted presentations, conducted independent research, and participated in breakout and full discussions. The Community Engagement subcommittee held listening sessions with early childhood professionals, parent leaders, and representatives from disability and reentry communities to inform their recommendations. To facilitate learning among the subcommittees, each group documented their work and shared presentations on a SharePoint site managed by the Lieutenant Governor's Office.

Reflections from a Healing-Centered Illinois Task Force Subcommittee Member

It was an honor and privilege to work with some of the greatest minds that Illinois has to offer.

Raylan Gilford – Prison-Trauma Specialist

Presentation by Ing Swenson (Director of Behavioral Health, Center on Halsted) for the Task Force, June 2024



Subcommittee Objectives

One goal was shared across subcommittees:

- Recommend shared language and common definitions for the State to become trauma-informed and healing-centered across sectors by aligning language definitions included in the work of the Whole Child Task Force, the Children's Mental Health Transformation Initiative, and the Illinois Children's Mental Health Plan.
-

Community Engagement Subcommittee

- Ensure the meaningful inclusion in Task Force matters of young people, parents, survivors of trauma, and residents who have engaged with Illinois systems or policies, such as child welfare and the legal criminal system.

Workforce Development and Training Subcommittee

- Identify the current training capacity and the training needs to support healing-centered and trauma-informed environments among organizations, professional cohorts, educational institutions, and future practitioners and project how best to meet those needs.

Data and Evaluation Subcommittee

- Design a process identifying what data are needed to understand the dimensions of trauma in the State and the status of the trauma-related work in Illinois and identify current relevant data sources in Illinois.
- Recommend a process for collecting and aggregating such data identified, as well as a process for improving transparency and accountability by developing and maintaining a platform of aggregated data that is accessible to a range of stakeholders, including the public.
- Devise a set of benchmarks to measure success in advancing the State toward becoming trauma-informed and healing-centered and a process for measuring them.

Implementation and Sustainability Subcommittee

- Identify existing State resources that are being invested to support trauma-informed and healing-centered work, develop recommendations to align these resources, and propose an approach and recommendations to support ongoing or expanded stable resources for this work.

Policy and Systems Change Subcommittee

- Identify administrative or legislative policy changes that are needed to advance goals to make Illinois a Healing-Centered or Trauma-Informed State.

What We Learned: Challenges and Opportunities

Building a healing-centered Illinois is a significant change that requires a reimagining of our systems, policies, and practices. This approach moves away from the status quo and demands a willingness to embrace new methods, even if they differ from past practices. A healing-centered future focuses on nurturing potential rather than just managing harm. It recognizes that true healing is a shared responsibility, supported by our collective abilities and guided by the wisdom of our communities.

The Healing-Centered Illinois Task Force brought together diverse voices and perspectives to explore key areas for development and inform their recommendations. The insights shared here are based on existing research, lessons learned from other states, the knowledge of advocates engaged in trauma-informed, healing-centered work, and the lived experiences of those affected by trauma. These findings highlight both the challenges and opportunities for transforming Illinois into a trauma-informed, healing-centered state, utilizing sustainable approaches, aligned partnerships, and a shared vision.

Reflections from a Healing-Centered Illinois Task Force Member

I am grateful for the opportunity to participate in this purpose-driven work that promises to shift the trajectory of service and care for Illinois residents. Tomorrow can be different if we will it and work for it.

Marlita White LCSW – Director, Office of Violence Prevention & Behavioral Health,
Chicago Department of Public Health

Healing is a Multi-level Process Grounded in Equity & Inclusion

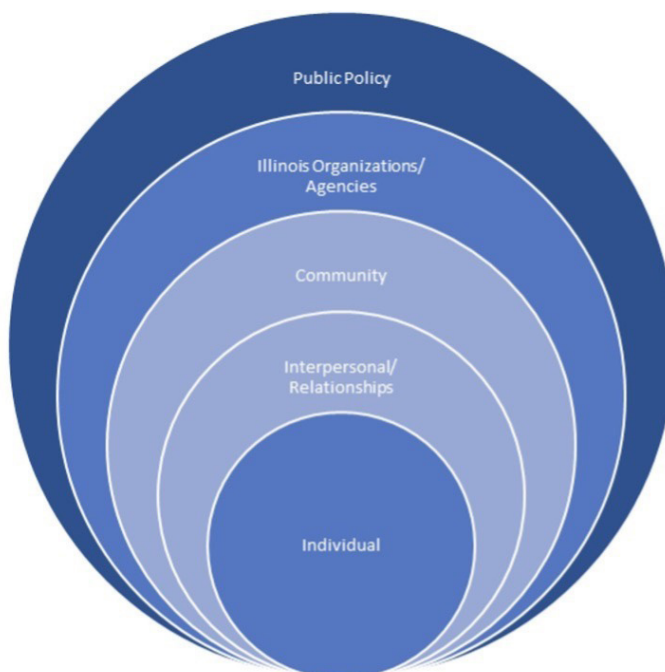
Healing is not just an individual experience. Like trauma, which operates on multiple levels, healing must also be approached holistically. A healing-centered approach aims to tackle the root causes of harm that hinder well-being. Similarly, a public health framework emphasizes the structural factors that contribute to trauma, using influence at various levels to disrupt these harmful patterns. Addressing structural and environmental factors, such as equitable economic policies, access to safe housing, and quality education, can create optimal conditions for healing and protect against future trauma and toxic stress for individuals at all life stages (Sege & Harper Browne, 2017; CDC, 2023).

“If trauma is collectively experienced, we must consider the environmental context that caused the harm. By only treating the individual, we address only part of the problem while leaving the harmful systems, policies, and practices intact” (Ginwright, 2018).

The Social-Ecological Model (“SEM”) is a valuable tool for guiding Illinois’ journey toward becoming healing-centered. The SEM illustrates how factors affecting health and well-being are interconnected across multiple levels: individual, interpersonal, community, organizational, policy, and societal. These levels influence each other and work together to shape population outcomes (CDC, 2022; Kilanowski, 2017). To promote healing, Illinois must develop interventions that address trauma at each of these levels.

Figure 2: The Social Ecological Model (SEM)

Adapted from Urie Bronfenbrenner’s ecological model of human development



Becoming Healing-Centered Requires Policy & Systems Change

The Action Plan to Address Childhood Adversity in Illinois highlights how systemic inequities have led to harmful policies over the years, causing long-term trauma for individuals, families, and communities. This has particularly impacted marginalized populations. In response, Illinois policymakers have made significant strides in recent years by supporting trauma-informed policies and practices. Efforts include raising awareness, passing legislative resolutions, and developing recommendations tailored to specific sectors and populations.

To further these initiatives, Illinois can adopt a standardized policymaking process that actively prevents harm. This involves critically reflecting on “well-intended” policies that may have unintentionally harmed marginalized groups. There are valuable opportunities to build on the current momentum and policy foundation to inspire a broad, statewide transformation that emphasizes trauma-informed and healing-centered approaches.

It’s crucial to enhance the system-wide capacity for reflection and to create mechanisms that allow for ongoing feedback from the communities being served. Regular reviews and mapping of policies will be necessary to achieve the overall goals of this initiative.

As noted, “The policymaking process itself can cause harm, especially when the voices and expertise of community members—those most affected by a policy—are marginalized and ignored” (HMPRG, 2021).

Supporting Healing Through Systems Transformation

The Illinois Children’s Behavioral Health Transformation Initiative serves as an example of how to restructure systems to be more trauma-informed and healing-centered. This Initiative examined the policies and processes families must navigate to access youth behavioral health resources across six state agencies. They discovered significant barriers that were so overwhelming that some parents even considered giving up custody to obtain care for their children. Currently, the Initiative is working to implement new processes and procedures aimed at improving access to services and shifting the responsibility of navigating the complex system away from families and onto the system itself (Weisner, 2024).

“It is imperative that we simplify the family/youth experience by absorbing complexity behind the scenes, so that the State takes responsibility for the administrative tasks of identifying funding and securing needed services, while families interface simply and easily with a single portal that provides clear information and navigational assistance.” (Illinois Department of Human Services, 2024)

Illinois policies should go beyond merely limiting re-traumatization. They must also foster and promote legislation that actively encourages well-being and healing opportunities throughout life. Such policies need to focus on creating supportive environments that individuals, families, and communities require to thrive and be healthy.

Reflections from a Healing-Centered Illinois Task Force Member

It has been my honor to serve with the Lieutenant Governor and her staff. Being a member of the task force meant being a voice for marginalized groups. The state government's efforts to become trauma-informed will assist with the healing process of those harmed by social policy in the past and prevent future harm of those in genuine need of assistance. I believe the HCTIF has done and will continue to do great work. I'm excited and prayerful for many successful outcomes.

Anquetette M. Perkins, PhD, LCSW, PMH-C

Positive Change is Led by Individuals & Communities with Lived Expertise

A key principle of a healing-centered approach is the importance of prioritizing the wisdom and expertise of individuals and communities who have experienced trauma and systemic oppression. Often, decisions made by governments and institutions negatively affect the well-being of individuals, families, and communities without involving them in the process. This lack of collaboration can lead to ineffective and harmful policies and practices.

Insights from Community Engagement Listening Sessions:

“[It] has to be recognized that there are communities, cities, and states that have borne disproportionate burden. Healing has to include a return of power to the people. One of the elements of how that's done is an element of transparency. There has to be transparency in whatever development and dissemination of policy that supports healing and the why of “why” this policy, why with parents? It needs to be engagement—important to have parent engagement to restore power to communities that have been disproportionately impacted.” (Healing-Centered Illinois Task Force Community Engagement Subcommittee [Community Engagement Subcommittee], 2024).

Barriers such as insufficient accessibility accommodations, a lack of translation and interpretation services, and limited low-tech engagement options can hinder genuine community participation and power sharing. To create a healing-centered Illinois, it is essential to involve those with lived experiences, particularly individuals impacted by systems. This involvement should be integrated into every stage of the process, from planning and design to implementation and evaluation.

Elevating the Lived Expertise to Improve Systems

The Illinois Department of Children and Family Service’s (“DCFS”) Statewide Parents Advisory Council (“SPAC”) elevates lived expertise to improve the Illinois Child Welfare System’s services and resources for parents. SPAC members are parents from across Illinois who are or have been involved with the child welfare system. They analyze the child welfare services offered to parents and develop recommendations to address service design, delivery, and access challenges. In addition to advising DCFS, SPAC educates the public and policymakers on the need for resources and services to support parents and their families (Illinois Department of Children and Family Services [DCFS], 2022).

Public Awareness & Engagement Drive Long-Term Success

The recent surge in conversations about trauma, fueled by movements for racial and social justice and the effects of COVID-19, highlights the need for ongoing dialogue in Illinois. The state should encourage these conversations and foster awareness about trauma to promote shared responsibility and collective action (HMPRG, 2021). This effort includes raising awareness of healing-centered language and concepts among policymakers and the general public. It is crucial to prioritize cultural responsiveness, ensuring that the language and ideas of specific communities are respected and honored. Additionally, accessibility must be a priority, with efforts focused on translation services, disability accommodations, and diverse methods of information sharing that meet community needs.

The Value of Peer-led Education and Healing

Community Anti-Violence Education (“C.A.V.E.”) is a peer-driven support group that promotes healing during incarceration. The Education Justice Project launched C.A.V.E. in 2010 in the Danville Correctional Center. Trained peer facilitators lead education and discussion sessions to help group participants understand and reflect on how unaddressed trauma can influence behaviors, health, and overall well-being. The program uses the evidence-based SELF (Safety, Emotions, Loss, Future) curriculum designed by Sandra Bloom to guide the conversations (Page, 2024).

“Much of educating people about trauma is simply giving them words for what they already know and helping them see patterns where no patterns existed for them before” (Bloom et al., 2021).

Fragmentation Limits Collective Impact

In Illinois, numerous state agencies, private institutions, community organizations, and grassroots initiatives are dedicated to supporting communities affected by trauma. However, these efforts often operate in isolation, which leads to fragmented changes and a reduced potential for long-lasting impact (HMPRG, 2021). While it’s important to recognize that healing-centered change is not a one-size-fits-all solution, the Task Force has identified a vital opportunity to enhance effectiveness and sustainability. By leveraging the combined strengths of these initiatives through a systematic, coordinated approach, supported by shared language and a common framework for healing-centered change, we can create a more impactful solution.

Reflections from a Healing-Centered Illinois Task Force Member

Community healing does not happen in a silo. It takes all stakeholders working together and coordinating services to lift up the whole person.

Jesse Lava – Special Assistant to the Director, Illinois Department of Healthcare and Family Services

Creating Shared Language

To unify efforts statewide, it’s crucial that common language and clear definitions are utilized. The Task Force has approved a set of definitions that expand on those previously established by the Illinois Children’s Mental Health Partnership and the Whole Child Task Force (see Appendix D). It’s important to recognize that language is always evolving, and no single terminology will resonate with all communities or populations. These definitions serve as a starting point and will undergo regular review and updates as our understanding of trauma and healing progresses.

Adopting a Shared Framework

To guide efforts towards a common goal, state systems and organizations need to operate from a shared framework. Strategic frameworks help establish the guiding principles behind trauma-informed and healing-centered approaches. A cohesive framework ensures that multi-sector and multi-dimensional initiatives are aligned towards the same vision while still allowing flexibility in specific strategies and actions.

The Data and Evaluation Subcommittee has developed a logic model for a healing-centered Illinois. This model serves as a starting point for a shared framework and outlines detailed goals, activities, and outcomes. Agencies can customize their action plans based on this template to meet their unique needs (see Appendix E).

Developing a Framework for Well-Being at the Illinois Department of Child and Family Services

The Illinois Department of Child and Family Services (“DCFS”) is exploring how to promote well-being through a strengths-based and equity-centered approach in its work with children and families. To support this goal, DCFS’s Office of Research and Child Well-Being (“ORCW”) has developed shared definitions and a unified framework to guide the Department’s decisions regarding well-being.

ORCW defines well-being as the overall health, happiness, and prosperity of individuals. This definition covers various aspects of life, including:

- Physical health and safety;
- Education and cognitive health;
- Social, emotional, and mental health;
- Economic security; and
- Racial and ethnic equity.

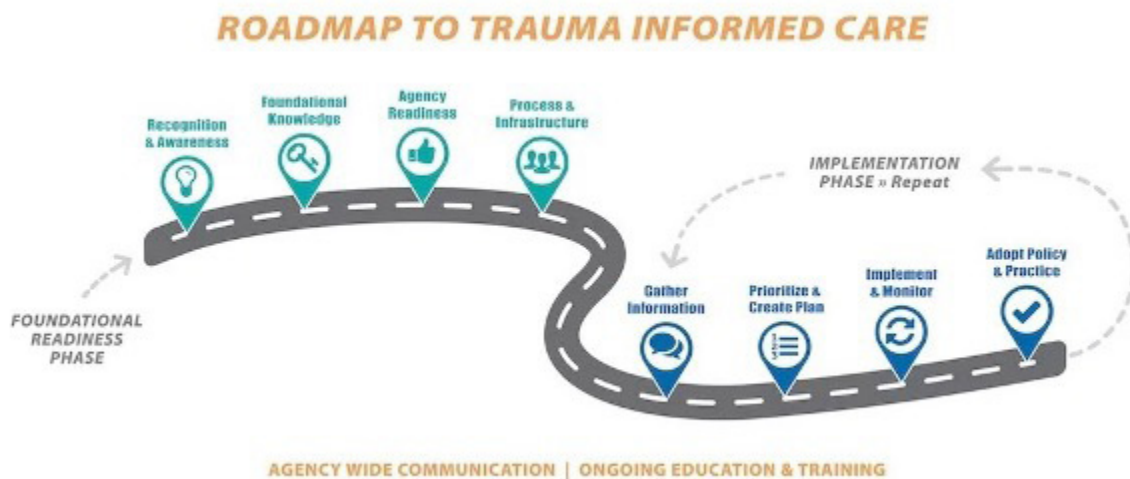
The ORCW emphasizes that well-being is a dynamic process facilitated by what they call “well-becoming.” This concept refers to the journey individuals take to grow into improved states of well-being. To nurture growth and achieve well-becoming, individuals need access to opportunities, resources, support, and relationships that help them meet their basic needs (IDCFS, 2023).

Transformation Requires Careful Planning & Adaptations Over Time

Committing to the Journey

The healing-centered journey is an ongoing process that requires continuous learning, adaptability, and improvement. Trauma Informed Oregon’s Roadmap for Trauma Informed Care (Trauma Informed Oregon, 2016) outlines a planning and implementation framework that organizations and systems can tailor to fit their specific service areas, resources, and goals.

Figure 3: Trauma Informed Oregon Roadmap



“Loops in the road reflect the ongoing nature of the work, which is best supported by continuing education and training for all staff and by agency-wide communication to model the transparency, collaboration, and authenticity that are hallmarks of trauma informed care” (Trauma Informed Oregon 2016).

As agencies develop their internal action plans, they need capacity-building support to effectively navigate this journey. This support may include technical assistance, access to assessment tools, peer learning opportunities, and other necessary resources. Moreover, agencies require a well-structured quality improvement process to measure their progress over time and to track and report on both internal and external activities.

Assessment & Capacity Building Support for IDHS Partners

The Illinois Department of Human Services (“IDHS”) has established a process to support planning and implementation that can serve as a model for agency-level transformation. IDHS collaborates with the Illinois Collaboration on Youth (“ICOY”) to assess and support trauma-informed transformation in youth-serving organizations funded by the agency. ICOY utilizes an evidence-based assessment tool designed to facilitate trauma-informed organizational change.

The Capacity Building Assessment Tool for Organizations (“CBAT-O”) enables organizations to evaluate their capacity to provide trauma-informed services, identify areas for growth, and recognize strengths to celebrate and sustain. Agencies use the data gathered from the assessment to create action plans tailored to their priorities and organizational culture, as well as to pinpoint their training and technical support needs. This assessment tool is administered annually to encourage policy and practice changes that reflect the evolving needs and priorities identified by the organization (Durbin et al., 2024).

Phased Rollout

Implementing a statewide healing-centered framework can be effectively achieved through a phased rollout. By starting this initiative with a select number of state agencies, the state can enhance feasibility and sustainability while gaining insights into what works and identifying areas for improvement. A gradual implementation process will also help build an evidence base for healing-centered interventions, encouraging support from other organizations and justifying ongoing investment.

Building a Healing Centered Workforce is Essential

Healing Starts from Within

A crucial aspect of this initiative is strengthening the workforce’s capacity to deliver healing-centered services. However, the healing of the individuals providing these services often receive insufficient attention. Long-standing challenges such as high staff turnover, unsustainable workloads, and inadequate compensation hinder workers’ ability to meet community needs and maintain their own health and well-being (HMPRG, 2018). Consequently, burnout and vicarious trauma are prevalent. A healing-centered approach requires dedicated efforts to create workplace environments that prioritize the healing of all participants in the system, including the workers themselves (Ginwright, 2018).

Workforce Training and Education

Awareness of trauma has increased significantly over the past few decades. However, trauma and its role in equitable service provision remain underacknowledged in both pre-service and in-service training and education programs for the workforce. As a result, service providers may inadvertently implement

harmful policies and perpetuate stigmatizing narratives about trauma. Pre-service training, education, and certification processes are critical opportunities to establish a broad foundational knowledge, and skills related to trauma, trauma-informed care, and healing-centered practices. Ongoing learning opportunities for the workforce reinforce this foundational knowledge and promote continuous development as research on trauma, healing, and potential solutions evolves (HMPRG, 2021).

Building a trauma-informed and healing-centered Illinois involves extending efforts beyond traditional service delivery settings. While the scope and intensity of initiatives will vary depending on organizational missions and staff roles, all workplaces—whether businesses, government entities, or community organizations—would benefit from ongoing training and education.

Offering Tiered Training & Educational Opportunities

Illinois' Resilience Education to Advance Community Healing ("REACH") Statewide Initiative provides targeted and broad-based learning opportunities to support the trauma-informed transformation of schools and school districts.

- **Targeted Support:** Staff from participating schools can join a REACH Community of Practice focused on specific aspects of trauma-responsive schools. These communities offer a platform for participants to share ideas, challenges, and successes. Facilitators assist members in translating the knowledge and insights gained through participation into actionable policies and practices.
- **Broad-based Support:** REACH's Learning and Resource Hub offers free, on-demand virtual learning and educational resources for school staff, educators, clinicians, parents, and caregivers. In partnership with the Illinois State Board of Education ("ISBE"), educators and school personnel who complete e-learning modules within the Hub can earn professional development hours (Center for Childhood Resilience, n.d.).

Expanding the Workforce Through Peer Support Models

In addition to the aforementioned challenges, a shortage of affordable and culturally responsive services, along with exclusionary practices in policies and systems, has made it difficult for community members to access necessary care. While traditional mental health services can be valuable, they often follow Western models of care that do not fully address the needs of racial-ethnic communities.

Illinois communities have a rich history of peer support through informal methods. This approach is effective for under-resourced communities and is a crucial aspect of healing-centered care that should be integrated into the state's healthcare system (COFI, 2024). Engaging individuals with lived experiences is essential for driving healing-centered transformations within any organization or system. Peer support interventions not only enhance community engagement but also tackle workforce and systemic barriers that restrict healing opportunities (SAMHSA, 2023).

Measuring & Sharing Progress Will Improve Transparency and Decision Making

Insights from Community Engagement Listening Sessions:

“To be healing, agencies need to be transparent. People want and need data to help communities do the advocacy work they need to do.” (Community Engagement Subcommittee, 2024).

Currently, Illinois lacks a standardized set of metrics and data to properly assess the scope of these challenges. Without this information, we miss opportunities to improve outcomes across the state (HMPRG, 2021). Other states are encountering similar difficulties in measuring trauma-informed and healing-centered efforts on a statewide level, which complicates the establishment of a cohesive system for data collection and evaluation, especially when it comes to assessing community outcomes and long-term impact. Findings from these states suggest that more work is needed to develop methods for gathering and analyzing data across agencies to track collective progress. Illinois must address these gaps to ensure accountability, transparency, and continuous improvement within communities.

Victoria Gwiasda, Mamie Cosey, and other Task Force members engage in breakout sessions during a meeting as Lieutenant Governor Stratton visits to gather insights and feedback, April 2024



Reflections from a Healing-Centered Illinois Task Force Subcommittee Member

We achieve the practices that we hold ourselves accountable for. Accountability requires data and ongoing reflection that challenges us to consider how we are actualizing the principles that we espouse.

Dr. Kimberly A. Mann, LCSW – Chair, Department of Social Work, Chicago State University

Measuring Community Well-Being: Hawaii’s Social Determinants of Health Dashboard

In 2024, Hawaii’s Office of Wellness and Resilience collaborated with the University of Hawai’i at Mānoa College of Social Sciences to gather data on community and workforce well-being in the state. This study is part of a broader initiative to create a social determinants of health dashboard, which will evaluate the quality of life for Hawaiians and inform policymakers to improve state outcomes. Community members will be invited to complete surveys assessing various aspects of well-being, such as neighborhood conditions, disaster preparedness, food security, housing, access to resources, education, employment, and both physical and mental health. Additionally, state employees will participate in a survey to collect baseline data on worker well-being and develop interventions for enhancing workplace environments. The collected data will be publicly available, allowing the state to track its progress and identify areas for ongoing improvement.

Modeling Transparency with the Children’s Adversity Index

Illinois State Board of Education (“ISBE”) to create a Children’s Adversity Index. This index will measure “community childhood trauma exposure across children aged 3 to 18.” ISBE is developing the index in partnership with various state agencies that collect or will utilize the relevant data. The law mandates that the index include indicators related to children’s community environments, such as exposure to violence and household factors like family separation due to incarceration. The index will be publicly accessible and will enable tracking of progress over time as well as comparisons between school districts and the state average (House Bill 0342, Public Act–103-0413).

The Whole Child Task Force recommended the index to better identify areas of need, assess resource adequacy, and inform policies and practices. Although its focus is limited to childhood adversity, it could serve as a model for improving transparency and data-driven decision-making (ISBE, 2022).

Long-Term Sustainability Requires Coordination and Dedicated Resources

Funding and Resources for a Healing-Centered State

Healing is an ongoing, long-term commitment. Building a future centered on healing requires consistent resources and infrastructure to sustain these efforts and achieve the generational impact that residents and communities in Illinois deserve. However, unstable funding, limited resources, and staff shortages have created significant barriers for organizations involved in this work (HMPRG, 2018). Additionally, the state lacks a method for tracking the availability and quality of existing resources, making it difficult to identify gaps. Therefore, a robust sustainability plan that identifies and addresses these resource needs is essential for enhancing Illinois' capacity to become a healing-centered state.

Establishing a Coordinating Body

To improve the effectiveness and efficiency of these initiatives, the Task Force recognizes the necessity of a permanent entity to implement the recommendations outlined in this report. A central body—whether in the form of an office, commission, or another structure—will support cross-sector coordination and ensure consistent, ongoing investments in these efforts (Pathways to Resilience, 2023). While organizations and agencies will develop and tailor their individual plans, a coordinating entity is vital for promoting collaboration, streamlining efforts, providing technical support, and evaluating the state's trauma-informed and healing-centered initiatives.

Other states have undertaken similar initiatives by establishing offices and commissions within state government to carry out this work. For example, Virginia created the Office of Trauma and Resilience Policy to align and coordinate trauma-informed, healing-centered efforts across state agencies (Virginia Department of Social Services, n.d.). In Hawaii, the passage of House Bill 1322 led to the formation of the Trauma-Informed Care Task Force, which eventually established the Office of Wellness and Resilience to advance trauma-informed, healing-centered approaches across state systems and services (Office of Wellness and Resilience, 2023).

Similarly, New Jersey established the Office of Resilience to inform policy decisions and practices from a healing-centered perspective (Office of Resilience, n.d.). In Maryland, the passage of House Bill 548 and Senate Bill 299 in 2021 resulted in the creation of the Commission on Trauma-Informed Care within the Department of Human Services to coordinate statewide efforts in delivering trauma-informed services to children, families, and older adults (Commission on Trauma-Informed Care, 2022). Moreover, in 2021, Massachusetts established the Center on Child Wellbeing and Trauma following a recommendation to the state legislature by the Childhood Trauma Task Force (Childhood Trauma Task Force, 2023).



Task Force members attend the inaugural meeting at Governors State University, January 2024

Transformative Journey in Illinois: Principles and Recommendations

The Task Force has outlined key principles and recommendations to guide Illinois in its transformative journey. Subcommittees are currently working on action steps to support the implementation of these recommendations. While these steps are still being developed, some examples are included in this report for context. A more detailed list can be found in Appendix F.

Foundational Principles & Values

The Task Force established foundational principles and values to guide the healing-centered journey in Illinois. These principles support all recommendations.

- 1. Best Practices and Alignment:** Illinois will base its healing-centered transformation on best practices, aligning with local, state, and federal initiatives. The focus will be on community-driven healing efforts, building on the existing foundation of healing work by state agencies and local communities.
- 2. Equity and Inclusion:** The state will prioritize equity, accessibility, and inclusion in planning, implementing, and evaluating healing-centered efforts. This includes amplifying community voices and valuing lived experiences. Transparency will be crucial, fostering a shared understanding of trauma, trauma-informed practices, and healing-centered engagement across Illinois.
- 3. Prevention of Harm and Promotion of Healing:** Illinois aims to prevent harm and promote healing throughout all stages of life for individuals, families, organizations, communities, and systems statewide.

Public Awareness & Education

The Task Force recommends initiatives to raise public awareness, provide education in communities, and promote transparency, with the goal of building knowledge, trust, and engagement in the journey toward healing and well-being.

Recommendation 1: Raise awareness about trauma and healing-centered concepts through culturally responsive public awareness campaigns aimed at Illinois residents.

Recommendation 2: Enhance accountability and transparency by sharing progress toward the goals and outcomes of the state's healing-centered initiatives.

Action steps proposed by Task Force Subcommittees include:

- Launch a comprehensive public education campaign on trauma-informed and healing-centered care.
- Foster awareness and acceptance of shared healing terminology within communities, ensuring accessibility through translations, disability accommodations, and tailored approaches for specific cultural groups.
- Create an easy-to-use dashboard that presents trauma and healing-related data in areas such as healthcare, criminal justice, education, and social services, while also tracking trauma incidents and state and local policy effectiveness.
- Organize interactive leadership and wellness workshops for community members and agency leaders, focusing on the benefits of collaborative decision-making with families, which can lead to cost savings, improved wellness outcomes, and reduced need for out-of-home placements or services.

Data & Evaluation

The Task Force recommends strategies for data and evaluation to continually guide, measure, and enhance the state's healing-centered initiatives.

Recommendation 3: Evaluate Illinois' challenges and successes in becoming a healing-centered state, focusing on the benefits of community-driven initiatives and proven treatment approaches.

Recommendation 4: Define desired outcomes and create inclusive well-being indicators to track progress toward healing goals.

Recommendation 5: Build support across all sectors by demonstrating the human and financial benefits of trauma-informed, healing-centered practices.

Recommendation 6: Implement unbiased evaluation methods and ensure diverse and relevant samples are used.

Recommendation 7: Engage an independent evaluation team, including community representatives, to review healing-centered efforts.

Action steps proposed by Task Force Subcommittees include:

- Defining overarching goals and desired long-term outcomes for a healing-centered Illinois.
- Developing a common set of benchmarks and a process for measuring the state's progress. Utilize the Data and Evaluation Subcommittee's logic model as a starting point.
- Identifying the necessary information and data to gain insight into trauma-informed, healing-centered work statewide. Include macro-level data to illustrate the overall impact of the state's efforts and micro-level data to showcase diverse approaches across various systems.
- Establishing a system for data collection, tracking, analysis, and reporting.
- Creating an independent entity, such as an academic institution, to evaluate the state's progress.
- Measuring the return on investment (ROI), including economic benefits, human capital returns, and community gains from trauma-informed, healing-centered practices, to inform funders and policymakers.
- Mandating all state-level agencies to undergo periodic evaluations to assess their implementation of healing-centered approaches in their operations and communities.

Workforce Development & Training

The Task Force stresses the importance of equipping the workforce with the necessary skills, resources, and support to effectively serve the community while also attending to their own well-being.

Recommendation 8: Expand workforce pipelines by valuing lived experiences and promoting internship and peer support models.

Recommendation 9: Develop accessible training programs that establish baseline knowledge of trauma-informed and healing-centered practices across all workforce levels, along with advanced sector-specific learning opportunities.

Recommendation 10: Create core training materials on trauma and healing-centered practices for individuals, communities, organizations, and agencies to foster a common understanding across Illinois.

Action steps proposed by Task Force Subcommittees include:

- Funding technical assistance for agencies focused on hiring and supporting peer support workers, including their supervision and continuing education.
- Expanding existing workforce pipelines in schools, youth and adult systems, and re-entry and recovery programs, while also supporting internship and peer mentorship initiatives.
- Increasing the availability of peer certifications to empower community members to access peer support.
- Ensuring training accessibility through translation, disability accommodations, and tailoring content to be culturally responsive.
- Establishing a baseline set of universal training programs for all workforce levels, including business, nonprofit, government, and professional sectors, to provide a fundamental understanding of trauma and healing-centered practices.
- Incentivizing ongoing training and skill development by connecting with continuing education programs.
- Developing a tiered approach to training that includes universal, targeted, and trauma-specific strategies.

Implementation & Sustainability

The Task Force recommends strategies for the effective implementation and long-term sustainability of healing-centered efforts across the state.

Recommendation 11: Establish a coordinating body to oversee the implementation, expansion, coordination, and evaluation of statewide trauma-informed, healing-centered initiatives.

Recommendation 12: Develop a timeline for implementation, focusing on state agencies to enhance healing-centered practices across systems.

Recommendation 13: Facilitate effective communication and information sharing across various sectors to promote collaboration.

Action steps proposed by Task Force Subcommittees include:

- Pursue legislation, an executive order, or other legal avenues to establish the coordinating body, granting it authority to allocate funds and supervise the efforts.
- Ensure each state agency designates a coordinator for healing-centered issues to work alongside the coordinating body and departmental leaders in implementing the state's healing strategy and tailoring policies to each agency's mission.
- Create agency action teams with action plans focused on making their systems more healing-centered and trauma-informed.
- Develop shared processes that enhance information sharing across agencies and encourage collaboration.
- Form governing boards, boards of directors, or steering committees in every state agency in Illinois, with at least 50% of members being community members with lived experience, to create healing-centered policies and practices through community-led decision-making.

Funding

The Task Force emphasizes the importance of adequate funding and resources to maintain healing-centered initiatives.

Recommendation 14: Secure adequate funding to support statewide healing-centered initiatives and staffing adequately.

Recommendation 15: Explore Medicaid reform options to enhance funding and support for healing-centered screening and services.

Action steps proposed by Task Force Subcommittees include:

- Allocate funding for personnel and resources necessary for overseeing healing-centered work.
- Provide healing-centered agencies, communities, individuals, or programs with additional points in applications for Notice of Funding Opportunities (“NOFOs”) or other state and federal funding.
- Direct state funding to grassroots organizations and culturally specific healing initiatives, such as restorative justice circles and mental health counseling, in communities most affected by trauma.
- Investigate new Medicaid funding strategies through the Medicaid Advisory Committee and its subcommittees.

Policy & Protocols

The Task Force suggests the development of policies and protocols to promote healing-centered transformation within and between state systems and institutions.

Recommendation 16: Integrate trauma-informed and healing-centered principles into legislation, policies, and regulations, especially within state agencies and those receiving state funding.

Recommendation 17: Create trauma-response protocols that foster healing within agencies and communities.

Action steps proposed by Task Force Subcommittees include:

- Establish a clear definition of healing-centered policymaking by reviewing existing definitions offered by governments, researchers, advocates, and other stakeholders nationwide.
- Investigate “Health in All Policies” approaches adopted across the country to identify potential models.
- Create a toolkit for state agencies to assess policy implications for community healing.
- Evaluate existing state policies to pinpoint challenges and opportunities for advancing community well-being through healing.
- Involve community institutions and individuals with lived experiences in the policymaking process.
- Introduce and advocate for legislation that addresses the structural drivers and root causes of trauma while fostering prevention and well-being.
- Integrate healing-centered initiatives within the justice system, promoting restorative justice programs focused on healing and reconciliation rather than punishment, especially in Black and brown communities facing increased trauma from systemic violence.
- Develop standardized data-sharing protocols across agencies (while ensuring confidentiality and HIPAA compliance) to coordinate responses to trauma cases, allowing for early intervention and comprehensive care.

Conclusion & Next Steps

The recommendations in this report are a significant step toward making Illinois a place where all residents can reach their full potential. The Healing-Centered Illinois Task Force spent a year examining how trauma affects individuals and affirmed that while trauma is common, it does not have to determine our futures. With trauma-informed and healing-centered environments and support systems, we can prevent trauma and promote healing at every stage of life.

Illinois already has a strong foundation of trauma-informed and healing-centered programs, policies, and initiatives. Dedicated leaders, both professionals and those with lived experiences, are committed to this essential work. The state is prepared to develop a more coordinated and sustainable infrastructure to advance its trauma-informed and healing-centered transformation. This report serves as a blueprint, but the journey doesn't end here. A survey is being created to collect further insights and ideas from the public, and the Task Force Subcommittees are actively working on detailed action steps to implement the recommendations. Continued engagement and advocacy will be vital for the success of the trauma-informed and healing-centered movement.

With the submission of this report, the work of the Healing-Centered Illinois Task Force comes to a close.

Lieutenant Governor Stratton laughs with a Task Force member after a meeting in Chicago, March 2024





Task Force members Johnny Page and Dana Weiner after presenting to the Task Force in Chicago, July 2024

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Appendix A

Legislation Establishing the Task Force

SB0646 Enrolled

LRB103 03099 RJT 48105 b

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Task
5 Force for a Healing-Centered Illinois Act.

6 Section 5. Findings. The General Assembly makes the
7 following findings:

8 (1) The short-term, long-term, and multi-generational
9 impacts of trauma are well-documented and include
10 increased risk for reduced life expectancy, cancer,
11 cardiovascular disease, diabetes, smoking, substance
12 abuse, depression, unplanned pregnancies, low birth
13 weight, and suicide attempts as well as workplace
14 absenteeism, unemployment, lower educational achievement,
15 and lower wages.

16 (2) Trauma-informed and healing-centered principles,
17 policies, and practices can prevent and mitigate the
18 adverse health and social outcomes associated with trauma.

19 (3) Equitable strategies and a multisector approach
20 are needed to ensure that all residents at every stage of
21 life have the supports at home and in their communities
22 that build well-being, buffer against negative
23 experiences, foster healing, and make it possible to

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1 thrive.

2 (4) The State of Illinois is a national leader in
3 supporting trauma-informed strategies and is committed to
4 becoming a trauma-informed and healing-centered State.

5 (5) The State of Illinois has previously recognized
6 the impact of trauma on its residents' health and
7 well-being, including through Trauma-Informed Awareness
8 resolutions in 2019, 2021, and 2022, the creation of the
9 Whole Child Task Force in 2021, and the Children's Mental
10 Health Transformation Initiative established in 2022.

11 (6) The State of Illinois has public entities, such as
12 the State Board of Education, the Department of Human
13 Services, the Department of Juvenile Justice, the
14 Department of Public Health, and the Illinois Criminal
15 Justice Information Authority, non-governmental entities,
16 such as the Illinois Childhood Trauma Coalition and the
17 Illinois ACEs Response Collaborative, and public-private
18 entities, such as the Illinois Children's Mental Health
19 Partnership, leading efforts related to being
20 trauma-informed and healing-centered.

21 (7) Better coordination and alignment of existing
22 trauma-informed and healing-centered activities among
23 public and non-governmental agencies will lead to more
24 effective, equitable, and consistently high-quality
25 implementation of services and supports to Illinois
26 residents.

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1 (8) Designing a sustainable structure to support and
2 measure trauma-informed, healing-centered activities is
3 essential to long-term transformation and should take into
4 consideration the importance of providing ongoing training
5 and support to the multisector, multidisciplinary
6 workforce, as well as ongoing research to inform the
7 development and implementation of trauma-informed,
8 healing-centered policies, practices, and programs.

9 Section 10. Purpose. The Healing-Centered Illinois Task
10 Force is created to advance the State's efforts to become
11 trauma-informed and healing-centered through improved
12 alignment of existing efforts, common definitions and metrics,
13 and strategic planning for long-term transformation. The Task
14 Force shall have the following objectives:

15 (1) Recommend shared language and common definitions
16 for the State to become trauma-informed and
17 healing-centered across sectors by aligning language and
18 definitions included in the work of the Whole Child Task
19 Force, the Children's Mental Health Transformation
20 Initiative, and the Illinois Children's Mental Health
21 Plan.

22 (2) Ensure the meaningful inclusion in Task Force
23 matters of young people, parents, survivors of trauma, and
24 residents who have engaged with Illinois systems or
25 policies, such as child welfare and the legal criminal

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1 system.

2 (3) Identify the current training capacity and the
3 training needs to support healing-centered and
4 trauma-informed environments among organizations,
5 professional cohorts, educational institutions, and future
6 practitioners and project how best to meet those needs.

7 (4) Design a process identifying what data are needed
8 to understand the dimensions of trauma in the State and
9 the status of the trauma-related work in Illinois and
10 identify current relevant data sources in Illinois.

11 (5) Recommend a process for collecting and aggregating
12 such data identified, as well as a process for improving
13 transparency and accountability by developing and
14 maintaining a platform of aggregated data that is
15 accessible to a range of stakeholders, including the
16 public.

17 (6) Identify existing State resources that are being
18 invested to support trauma-informed and healing-centered
19 work, develop recommendations to align these resources,
20 and propose an approach and recommendations to support
21 ongoing or expanded stable resources for this work.

22 (7) Identify what, if any, administrative or
23 legislative policy changes are needed to advance goals to
24 make Illinois a healing-centered or trauma-informed State.

25 (8) Recommend an overarching organizational structure
26 to ensure coordination, alignment, and progress to make

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1 Illinois a trauma-informed, healing-centered State.

2 (9) Devise a set of benchmarks to measure success in
3 advancing the State toward becoming trauma-informed and
4 healing-centered and a process for measuring them.

5 Section 15. Membership. Members of the Healing-Centered
6 Illinois Task Force must represent the diversity of this State
7 and possess the expertise needed to perform the work required
8 to meet the objectives of the Task Force set forth under
9 Section 10. Members of the Task Force shall include the
10 following:

11 (1) One representative of a statewide coalition
12 addressing childhood trauma, appointed by the Lieutenant
13 Governor.

14 (2) One representative of a statewide collaborative
15 addressing trauma across the lifespan (birth through older
16 adulthood), appointed by the Lieutenant Governor.

17 (3) One representative from the Resilience Education
18 to Advance Community Healing (REACH) Statewide Initiative,
19 appointed by the Superintendent of the Illinois State
20 Board of Education.

21 (4) One member of the General Assembly, appointed by
22 the President of the Senate.

23 (5) One member of the General Assembly, appointed by
24 the Speaker of the House of Representatives.

25 (6) One member of the General Assembly, appointed by

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1 the Minority Leader of the Senate.

2 (7) One member of the General Assembly, appointed by
3 the Minority Leader of the House of Representatives.

4 (8) The Director of the Governor's Children's Mental
5 Health Transformation Initiative or the Director's
6 designee.

7 (9) The Director of the Illinois Criminal Justice
8 Information Authority or the Director's designee.

9 (10) The Director of Public Health or the Director's
10 designee.

11 (11) The Secretary of Human Services or the
12 Secretary's designee.

13 (12) The State Superintendent of Education or the
14 State Superintendent's designee.

15 (13) The Director of Juvenile Justice or the
16 Director's designee.

17 (14) The Director of Corrections or the Director's
18 designee.

19 (15) The Director of Children and Family Services or
20 the Director's designee.

21 (16) The Director of Aging or the Director's designee.

22 (17) The Director of Healthcare and Family Services or
23 the Director's designee.

24 (18) The Chair of the Illinois Law Enforcement
25 Training Standards Board or the Chair's designee.

26 (19) The Director of the Administrative Office of the

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1 Illinois Courts or the Director's designee.

2 (20) Up to 5 additional representatives appointed by
3 the Lieutenant Governor who have expertise in
4 trauma-informed policies and practices within health care,
5 public health, public education, the criminal legal
6 system, violence prevention, child welfare, human
7 services, adult behavioral health services, children's
8 behavioral health services, or law enforcement.

9 (21) Up to 3 representatives who have been impacted by
10 State systems, including the criminal legal system and
11 child welfare, appointed by the Lieutenant Governor.

12 (22) At least one representative from student and
13 youth counsels or advisory groups focused on advancing
14 awareness and resources for mental health and
15 trauma-informed services in diverse communities across the
16 State, appointed by the Lieutenant Governor.

17 (23) At least one representative from an organization
18 that brings parents together to improve mental health and
19 supports for children and families, appointed by the
20 Lieutenant Governor.

21 (24) One representative from a public-private
22 partnership to support children's behavioral health,
23 appointed by the Lieutenant Governor.

24 Section 20. Meetings. The Healing-Centered Illinois Task
25 Force shall meet at the call of the Lieutenant Governor or his

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1 or her designee, who shall serve as the chairperson. The
2 Office of the Lieutenant Governor shall provide administrative
3 support to the Task Force. Members of the Task Force shall
4 serve without compensation.

5 Section 25. Reports. The Healing-Centered Illinois Task
6 Force shall submit a report of its findings and
7 recommendations to the General Assembly and the Governor
8 within one year after the effective date of this Act. The Task
9 Force is dissolved, and this Act is repealed, one year after
10 the date of the report.

Appendix B

Task Force Membership

Task Force Membership

Lieutenant Governor Juliana Stratton

Matthew D. Buckman

Tiffany Burnett

Colleen Cicchetti

Mamie Cosey

Karen Crawford Simms

Lisa Daniels

Heather Dorsey

Senator Dale Fowler

Karen Galbraith

A. Gita Krishnaswamy

Victoria Gwiasda

Andrea Hall

Representative Maura Hirschauer

Jesse W. Lava

Sophia Manuel

Lisa Masinter

Johnny Page

Brian Pastor

Anquetette M. Perkins

Rosalia Salgado

Verletta Saxon

Mashana Smith

Aydin Tariq

Shaan Trotter

Robert Vickery

Representative Tom Weber

Dana Weiner

Marlita White

Cara Wiley

Jennifer Wooldridge

Appendix C

Task Force Presentations

Presentations to the Healing-Centered Illinois Task Force

January 30, 2024

History of Trauma Awareness in Illinois, Colleen Cicchetti, Ph.D., Executive Director of the Center for Childhood Resilience (CCR), Lurie Children's Hospital of Chicago

Overview of Trauma-Informed and Healing-Centered Practices, Kimberly A. Mann, Ph.D., LCSW, Research Consultant, Healing-Centered Illinois Task Force & Chairperson of the Department of Social Work, Chicago State University

February 27, 2024

Trauma-Informed/Healing-Centered State Initiatives Across the Country, Mayra Diaz, MPH, MSW, Policy Analyst for the Illinois ACEs Response Collaborative, Health & Medicine Policy Research Group

March 26, 2024

Planning for Action, Kimberly A. Mann, Ph.D., LCSW, Research Consultant, Healing-Centered Illinois Task Force & Chairperson of the Department of Social Work, Chicago State University

May 28, 2024

Cultivating Well Being, Dr. Verletta Saxon, Ph.D., LCPC, Deputy of Research & Child Well-Being, Illinois Department of Children and Family Services (DCFS)

June 18, 2024

Advocate Trauma Recovery Centers, Kim Müller, Ph.D., Director of the Trauma Recovery Centers (TRC), Advocate Health

Center on Halsted Behavioral Health Services, Ing Swenson, LCSW, CRADC, Director of Behavioral Health, Center on Halsted (COH)

July 16, 2024

Peer Driven Support Programs to Address Trauma & Start the Healing Journey, Johnny Page, Executive Director, ConTextos & Founder/former participant, Education Justice Project's Community Anti-Violence Education (C.A.V.E.) Program

Blueprint for Transformation: A Plan to Improve Illinois Children's Behavioral Health, Dana Weiner, Ph.D., Chief Officer for Children's Behavioral Health Transformation, Office of Governor JB Pritzker

August 6, 2024

Perinatal Mental Health and Well-Being, Anquetette Perkins, Ph.D., LCSW, PMHC, Assistant Professor of Social Work, Aurora University

September 25, 2024

Healing-Centered Systems Change, Dr. Shawn Ginwright, Professor of Practice, Harvard Graduate School of Education & Chief Executive Officer, Flourish Agenda, Inc.

October 29, 2024

From Aspiration to Implementation: The Massachusetts Childhood Trauma Task Force in Action (2019-2024), Audrey Smolkin, MPP, Executive Director of the Center on Child Wellbeing and Trauma, Office of the Child Advocate

Appendix D

Shared Definitions

Shared Definitions

Adverse Childhood Experiences (ACEs) potentially traumatic experiences that occur in childhood, including individual, community, systemic, and historical experiences. Examples of ACEs include abuse, neglect, incarceration of a household member, economic hardship, neighborhood violence, racism, and historical experiences, such as slavery and the holocaust.

Studies have linked ACEs to lasting consequences throughout the lifespan, including chronic diseases, reduced life expectancy, and socioeconomic challenges (CDC, 2023a; Cronholm et al., 2015).

Toxic stress the excessive or prolonged activation of the body and brain's stress response systems in the absence of adequate resources or support.

Toxic stress is produced through exposure to trauma at any point in the lifespan but is especially detrimental when it occurs in childhood. Exposure to toxic stress can result in the disruption of brain development, cognitive impairment, chronic diseases, and other long-term health consequences (Center on the Developing Child, n.d.).

Resilience a multi-level, fluid, dynamic process of adapting to stress and trauma (Denckla et al., 2020). Resilience is informed and cultivated by equitable, trauma-informed environments that provide the resources to achieve healing, well-being, and protection from future trauma (Center for Community Resilience, n.d.; Pinderhughes et al., 2015).

Healing-centered a holistic approach to trauma involving culture, spirituality, civic action, and collective healing. A healing-centered approach views trauma not simply as an individual isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively. The term healing-centered engagement expands how we think about responses to trauma and offers a more holistic approach to fostering well-being (Ginwright, 2018).

Lived Experience	the experience, knowledge, insight, and understanding that is gained by individuals as they encounter social, health, public health, or other issues that have a direct personal impact on their well-being. This knowledge is grounded in the person’s perspective, personal identity, and history and extends beyond their professional or educational experiences. This knowledge is not held by people who are indirectly impacted or not impacted by the issue. The knowledge gained through lived experience cannot be taught.
Individuals with Lived Experience	reference the full population of individuals who have lived experience of a social, health, public health, or other issue.
Lived Experience Experts	individuals with lived experience who are social change-makers who apply their expertise to inform the work of social purpose organization, to drive and lead social change, and/or to drive their social impact work. Social purpose organizations often rely on lived experience experts to serve as a ‘critical friend’, sharing their unique insight and understanding to improve policies and practices—especially in times of distress, address awareness or reduce stigma, improve equity, and support healing while reducing harm.

Illinois Children’s Mental Health Plan Terms and Definitions

Equity	“fair treatment, access, opportunity, and advancement of all people, while also striving to identify and eliminate barriers that have excluded individuals”
Diversity	“diverse representation across race, ethnicity, gender, ability, sexual orientation, gender identity, and socio-economic status”
Inclusion	“all voices must not only be represented but actively included in the process—in particular, the youth, families, and communities with lived experience”

Whole Child Task Force Definitions

Trauma	“Defined according to the three E’s: event, experience, and effects; individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, or emotional well-being (SAMHSA, 2014).”
Collective Trauma	<p>“A psychological reaction to a traumatic event shared by any group of people. This may include but is not limited to community violence, experiencing racism and discrimination, and the lack of the essential supports for well-being, such as educational or economic opportunities, food, health care, housing, and community cohesion.”</p> <p>“Trauma can be experienced by anyone, though it is disproportionately experienced by members of marginalized groups. Systemic and historical oppression, such as racism, is often at the root of this inequity. Of note, symptoms may vary at different developmental stages and across different cultural groups and different communities.”</p>
Trauma-Responsive Communities	<p>“Recognizes the trauma within their communities and leverage individual, family and collective strengths along with local resources, including schools, health and social service providers, and faith and civic organizations, to remove barriers and provide safe, supportive, empowered, trustworthy and collaborative environments that value the history, culture and diversity of all individuals within the community.”</p> <p>“This approach identifies multi-generational impacts and contributions, dismantles inequities embedded into community systems and policies, leverages peer relationships, and involves cross-agency and cross-sector collaboration in efforts to educate and build resilience with prevention, treatment, supports and social justice.”</p>
Trauma-Aware Schools/Districts	“Personnel demonstrate a foundational understanding of a broad definition of trauma (as defined by the WCTF) that is developmentally and culturally based and includes students, personnel and communities and recognizes the potential effect on biological, cognitive, academic and social-emotional functioning. Schools/Districts recognize that traumatic exposure can impact behavior and learning and should be acknowledged in policies, strategies, and systems of support for students, families, and personnel.”

**Healing-Centered
Schools/Districts**

“Acknowledge their role and responsibility to the community and to fully respond to trauma and promote resilience and healing through genuine, trusting, and creative relationships. Schools/districts should promote holistic and collaborative approaches that are grounded in culture, spirituality, civic engagement, and equity. This approach recognizes the inherent strength and supports agency within individuals, families and communities while engaging people in collective action that moves from transactional to transformational.”

Whole Child

“The Whole Child Approach means using a child-centered, holistic, equitable lens across all systems that prioritize physical, mental, and social emotional health to ensure that every child is healthy, safe supported, challenged, engaged, and protected.”

Appendix E

Logic Model 

Appendix E can be accessed online at <https://ltgov.illinois.gov/content/dam/soi/en/web/ltgov/documents/hcitr/final-report-appendix-e.pdf>.