

Everyone should have access to safe, affordable, quality mental health care when they need it-



In the city of Chicago, Chicago police officers are the primary responders to mental health crises.

Police should not be involved in mental health care.

The risk of being killed by police is **16 times greater** for people with untreated mental illness than for other residents.

FACT CHECK: [link to research/reports]

Every Chicagoan should have access to mental health care.

78.6% of the city lives in areas with less than 0.2 therapists per 1000 residents, while 21.4% live in areas with only 4.3 therapists per 1000.

FACT CHECK: [link to research/reports]

We need public infrastructure.

17% of private, city-funded mental health centers did not serve undocumented residents, and 25% did not serve people without insurance. Less than half offered free services.

click here to **learn more** about our research!

FACT CHECK: [link to research/reports]



So, how do we want the City of Chicago to respond if:

- you,
- a neighbor,
- a loved one

experiences a mental health emergency or are seeking resources?

we need Treatment, Not Trauma.



Why Treatment not Trauma?



— our guiding principles

() our campaign demands



The Collaborative for Community Wellness brings together mental health professionals, community-based organizations, and community residents to address the lack of mental health access and to redefine mental health to match the needs of the community.





our guiding principles

Trust: Public health cannot succeed without public trust and sustained funding.

Interwoven: Crisis response works best, and is needed least, when it is interwoven with sustained prevention systems based on supportive interpersonal relationships with people living at greatest risk of behavioral and mental health crises.

Quality Jobs: Income via dignified, meaningful and good quality jobs work are a key tool for enabling individual and collective well-being.

Community Controlled: Effective care is participatory, inclusive, and community-controlled.

Prevention support: Health systems should primarily focus on preventative support, while professionalized medical care should be a secondary system when health systems and first-line care is not enough. Public health systems and funding choices must reflect this.



our campaign demands



Halting the implementation of the city's police corresponder program that continues to send officers to mental health crisis emergencies.



Investing \$100 million for the creation of a city-wide non-police crisis response.



Using 988 as a city-wide 24-hour hotline to connect people with non-police crisis response units, building on the existing capacity of the Chicago Department of Public Health (CDPH) five public mental health clinics to prevent and respond to crisis situations.



Developing teams of social workers, paramedics, and peersupport workers who will respond to crises (instead of police) within the community and connect people to ongoing support through CDPH clinics to address social and mental health needs. This program would be similar to programs that already exist in other cities.



Reopening all our public mental health clinics.

Learn more about Chicago's existing mental health centers **here**!

Some FAQ (Frequently Asked Questions:

- who is Treatment not Trauma for?
- why not use the coresponder/multi-disciplinary response model?

have a question that isn't listed here? fill out the contact form below!



ways to get involved!

Learn more about the campaign:



Read the council order here

Find us in the news here

Take immediate action:

Join the TNT campaign

Use our social media toolkit



Get involved in community:



Share your story with us

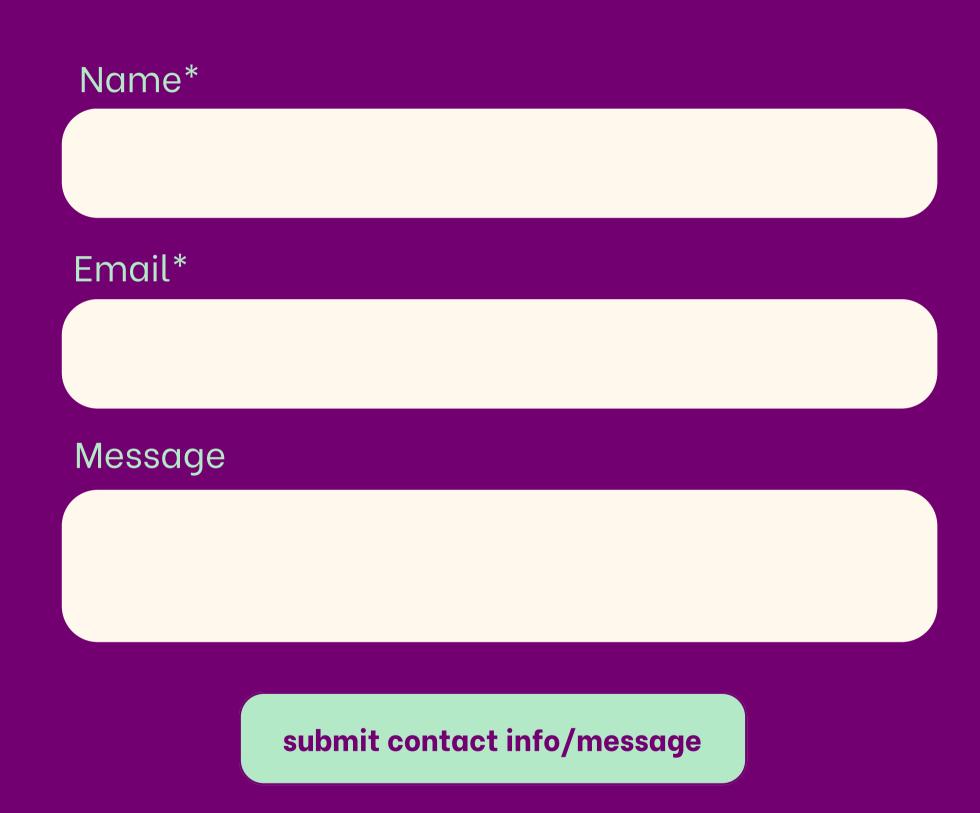
Join a healing village session

Share resources:

Donate to support us here

Let's Get in Touch!

Have any questions? Want to know about upcoming ways to get involved? Connect with us for updates and upcoming actions!











Thanks so much for reaching out!

We'll get back to you soon.









