

**Focus:** Heartland Alliance's READI Chicago

**Goal:** Share READI's data collection and evaluation methods to identify transferable lessons



## KEY TAKEAWAYS

**READI Chicago was created with foundation support in the wake of historical violence in Chicago in 2016, based on lived experience and data showing that relationships, jobs, and Cognitive Behavioral Therapy (CBT) are effective in reducing gun violence.**

**READI identifies men at highest risk of gun involvement, as victims or perpetrators, through hospital, police, and other data, UChicago's Crime Lab, and community referrals.**

- 80% of participants had been victimized, 34% shot at least once, 98% arrested, with an average of 18 arrests per person prior to joining READI
- READI control group was shot or killed 54x times more often than average Chicagoan
- Educational levels are low: many completed 10<sup>th</sup> grade, but not further and read at 6<sup>th</sup> or 7<sup>th</sup> grade level
- No mandated individuals or police referrals as focus is on building trust with community
  - Collaborate if beneficial to participants

**Once they have located individuals via methods like social media scan or court date, READI offers an immediate opportunity, a job.**

- Hire directly into Heartland Alliance
- Outreach requires ongoing coaching for individual to realize the opportunity
- Lack of trust may war with desire to move forward
- Not all accept opportunity immediately
  - Outreach must be relentless and allocate up to a year to engage an individual
- Success often long-term as circumstances change and men remember READI

**Recognizing the importance of ties to and overall health of the community, READI added services.**

- Supportive housing, food scarcity, and mental health needs
- Community organizing component allows men to engage civically
  - Effects shown in changed response to gun violence in the community, e.g. vigil organizing

**READI is part of a randomized control trial, with promising preliminary results, although ongoing evaluation constrains ability to change program.**

- 25% fewer shooting & homicide victimizations & arrests for READI offer recipients
- 40% less for participants
- Largest drop (57%) for community referrals; they also stay in program longer

**Street outreach is challenging work, often limited to existing relationships or incident involvement. Many programs are ineffective and unable to reach those truly at highest risk, even with trained and paid staff.**

- Funders often take work at face value as evaluation is difficult
- Combination of community referrals and other data sources is most effective
- Potential learning from telemarketers or hospitals on engaging difficult constituencies

**Supporting outreach workers themselves is important, as this is one of a few jobs available to people with lived experience, but they themselves are at risk if not supported.**

- Work can offer sense of purpose & identity; redemption for some
- Work also re-exposes them to the chronic issues, trauma, and maladaptive coping mechanisms of their community
- Important to offer a career pathway, to develop rather than "recycle" workers

**Consistent sources estimate that about 80-85% of system-involved people could return to society and lead productive lives, but inability to identify these people keeps everyone in the system.**

- For 80-85% chances of future incidents are low, given the right support systems
- Society is wary of risk however, so reducing risk via better identification could allow the non-dangerous earlier return to normal life