



THE KEDZIE CENTER

January 2022





*Mural at Surge Billiards in Albany Park.*

# INTRODUCTION

In accordance with the Expanded Mental Health Services of Chicago NFP's agreement with the Governing Commission of the North River Expanded Mental Health Services Program and the requirements of the IL Community Expanded Mental Health Services Act (405 ILCS 22/), we are pleased to provide this report describing how The Kedzie Center has met the mental health needs of North River over the past fiscal year **(August 1, 2020 through July 31, 2021)** based on our ongoing needs assessments.

# OUR MISSION

The mission of the Kedzie Center is to provide accessible, culturally informed, quality mental health care to North River residents through the integration of clinical practice, education and evaluation, and the application of psychological insight to address community concerns, as informed by the community and in collaboration with local residents and partners.

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*Christian Paz, Albany Park muralist.*



# OUR CLIENTS & SERVICES

*Participants at our Winter Holiday Bike Event.*



During the second year of operations under COVID-19 restrictions, we continued to adapt to maximize our ability to reach all groups. Due to teletherapy as our primary mode, our largest group of clients were adults and teens. While we provided some child therapy remotely, we determined it best to strengthen parents' and teachers' abilities to support children during this time. As a result of teletherapy, family sessions took place with subsets of family members reducing the number of collaterals involved in treatment in some cases.

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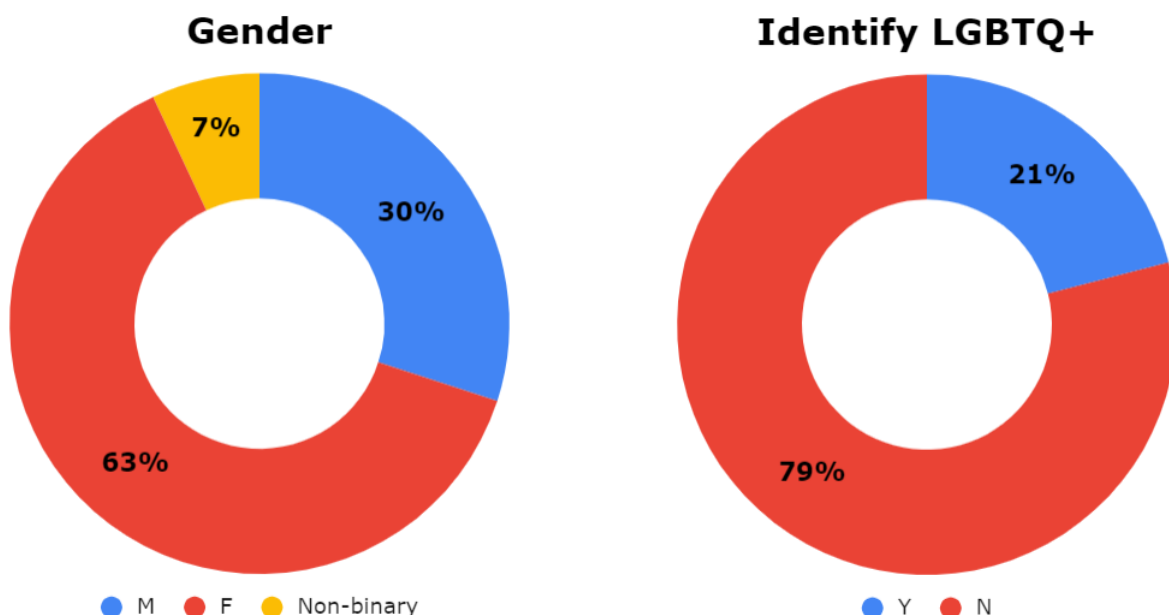
\*Collaterals refer to participants involved in treatment of the primary client.



We saw a slight relative increase in women and girl clients and plan to expand our group programming for male and non-binary clients. Twenty-one percent of our clients identify as LGBTQ+, reflecting, in part, a growth in confidence by our referral sources. We have noticed an increase in clients identifying as members of the LGBTQ+ community and a significant increase this past year. We are pleased to offer a safe space and non-discriminatory, gender affirming mental health care that acknowledges our clients' sexuality, gender identity and gender expression. Societal shifts in understanding and recognizing various gender identities, expressions and sexual orientations have increased their visibility and representation. As a historically underrepresented group, we know that many have experienced discrimination, rejection and harassment as well as stigmatization. These experiences place LGBTQ+ individuals at risk of developing a mental health disorder. We will continue to remain sensitive to the intersectional needs of our client population (e.g. their identities related to race, immigration status, gender identity, sexuality and ability).

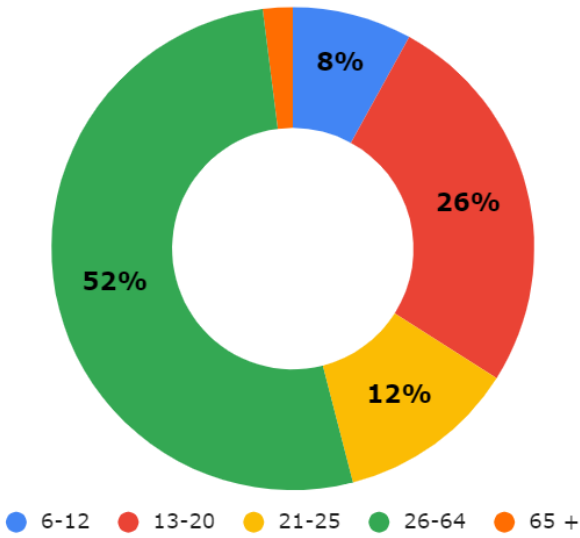
We continue to see a majority of Latino/x clients (62%) with the remainder of clients being of European, Asian, African-American and mixed ethnic origin. As we strive to provide culturally responsive care, we continue to develop our competencies and programming to meet the needs of our diverse community. Our clients continue to engage in therapy, primarily in English but also in Spanish, and some clients choose to engage in both languages, individually or as a family.

More than half of our clients have a Medicaid Managed Care plan while 28% of our clients are ineligible for insurance and seen for no fee. Fifteen percent have private insurance and the remainder have Medicare or traditional Medicaid.

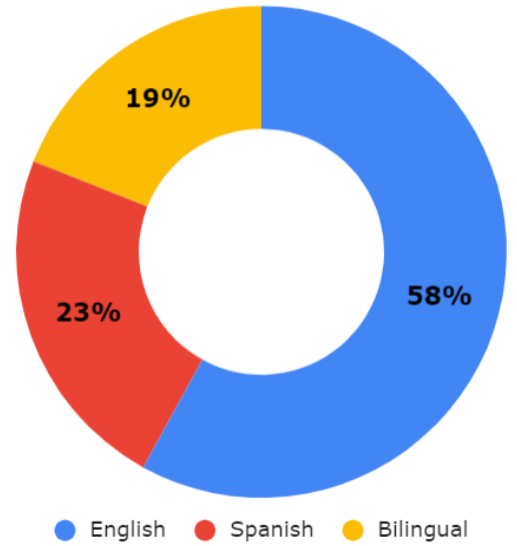


# Client Demographics\*

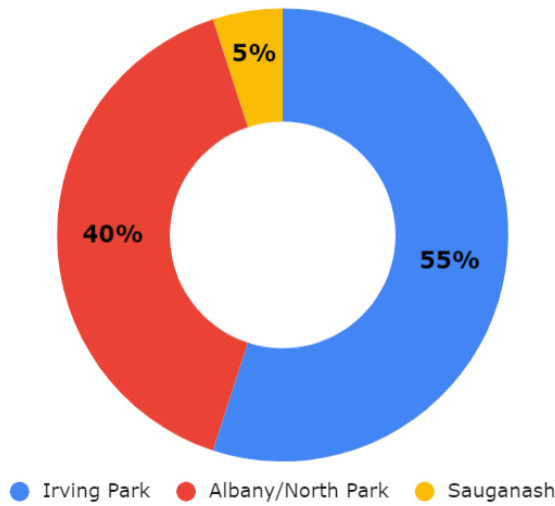
## Age



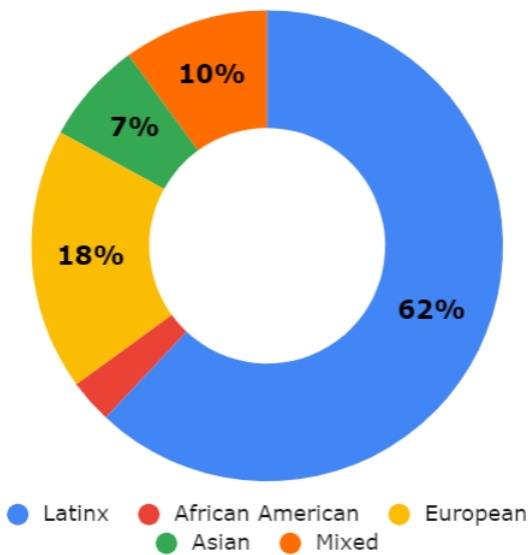
## Therapy Language



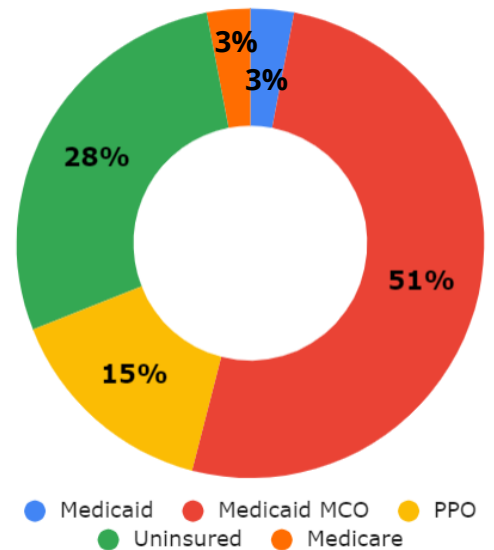
## ZIP Codes



## Ethnic Origin

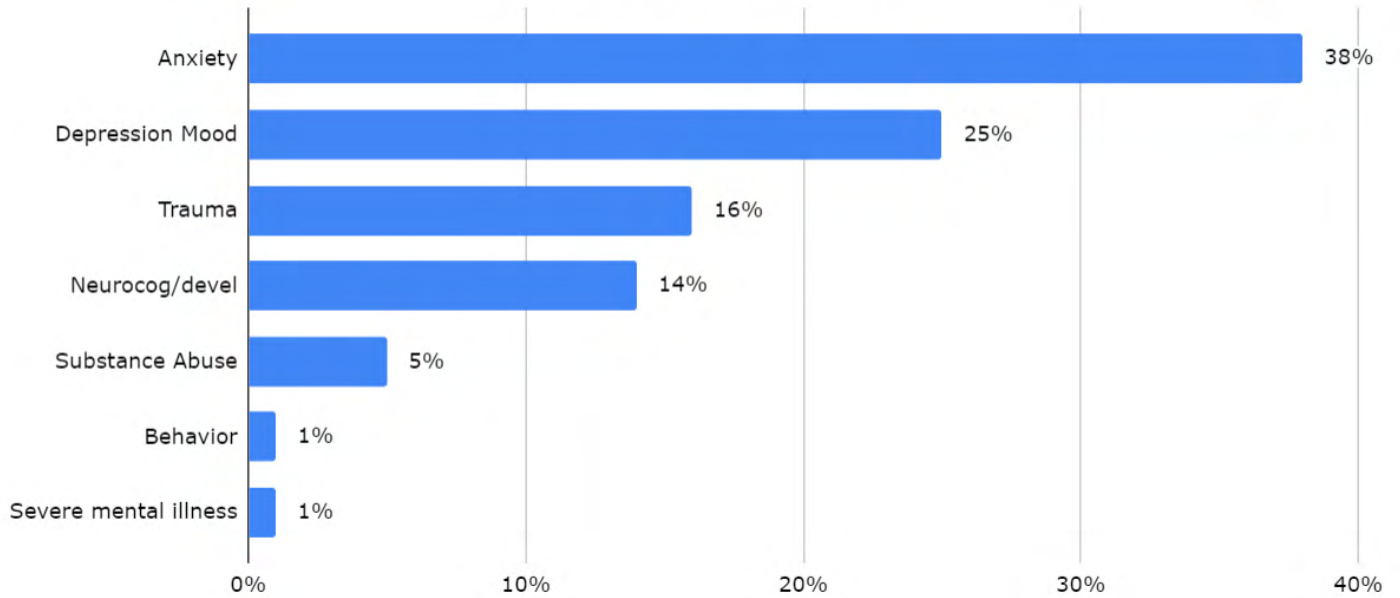


## Insurance

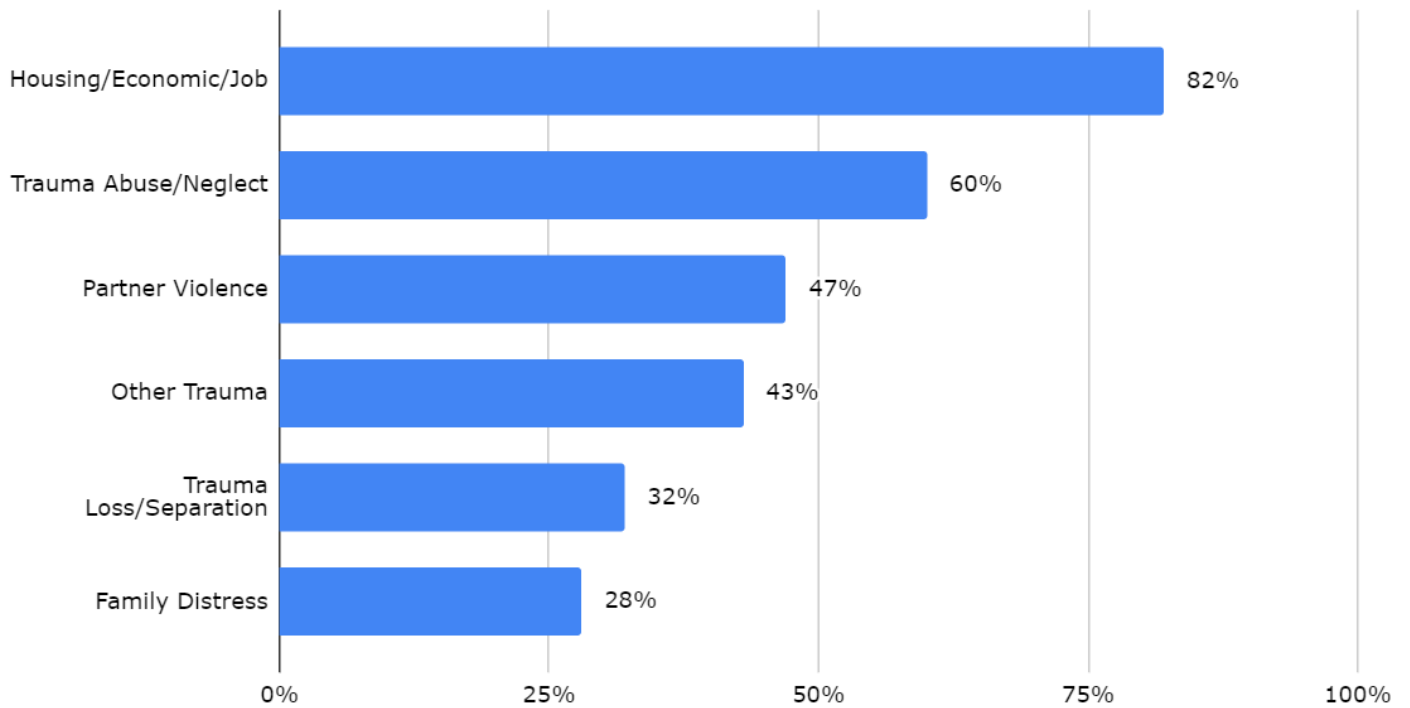


\*Descriptive data is reported for primary therapy clients only.

## Primary Diagnosis

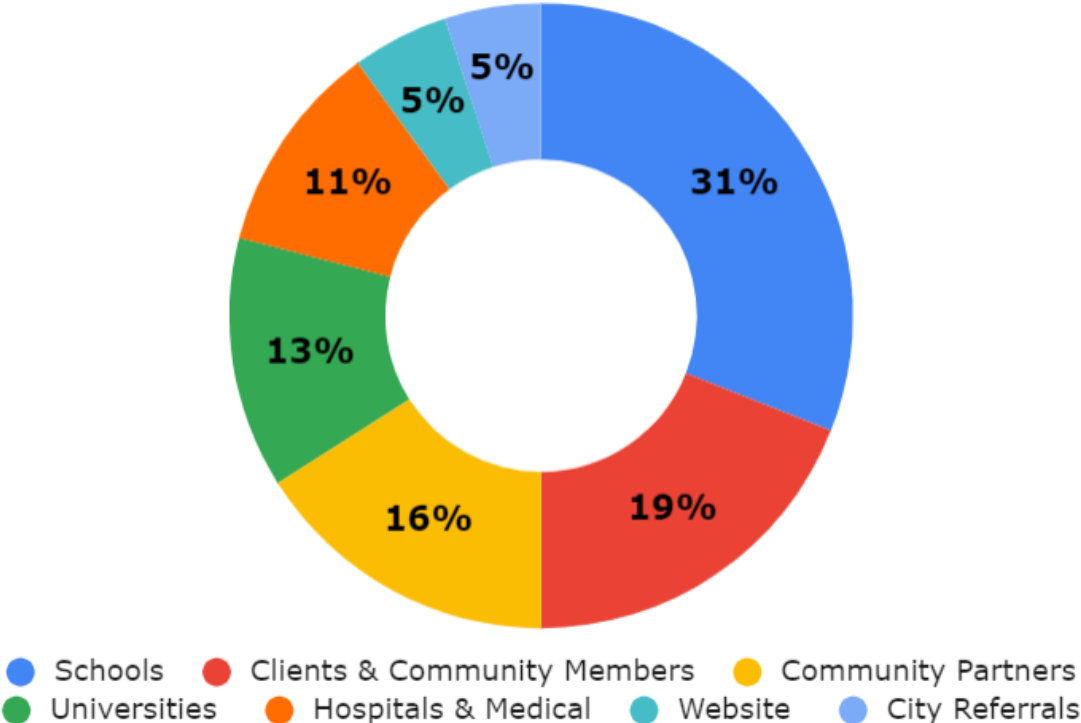


## Stressors Related to Treatment



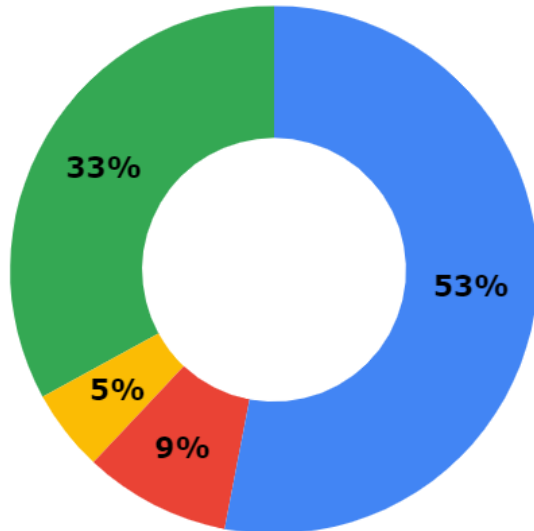
While our clinical encounters remained high (3,946), the number of clients and collateral clients were lower during the year for a number of reasons. One reason was that teletherapy was less appealing to collateral participation than in-person sessions. While we continued to offer family sessions, these were held with subsets and not always with all family members. With respect to new clients, while we retained current clients (as indicated by the percentage of active clients seen longer than a year, 70%) and accepted new clients, the rate of new clients was not as high as expected. Prospective clients called and attended workshops and screenings to be reassured that their symptoms were within a normative range for the many challenges posed by the pandemic. However, many of those inquiries were satisfied with brief consultation and support and did not result in new cases at the moment. We viewed this as a helpful resource to our neighbors during the pandemic and welcomed the opportunity to serve in this way. We will continue to monitor utilization. Indeed, national data indicate a 34% decline in the number of mental health services utilized by children under the age of 19, compared to the same time period in 2019, and 22% decline in the the number of mental health services utilized by adults aged 19 to 64 (Centers for Medicare and Medicaid Services, May 2021). The data further shows that utilization rates are beginning to recover and this is consistent with our experience.

### Referral Sources



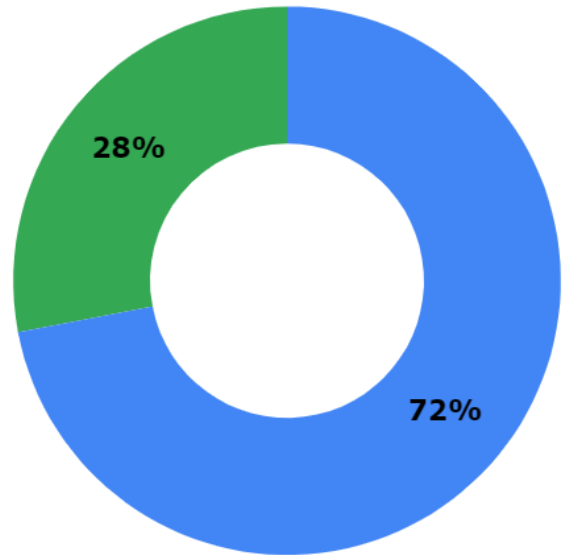


## Modality Types



● Individual Tx   
 ● Fam Tx Only   
 ● Couples Tx Only   
 ● More than one

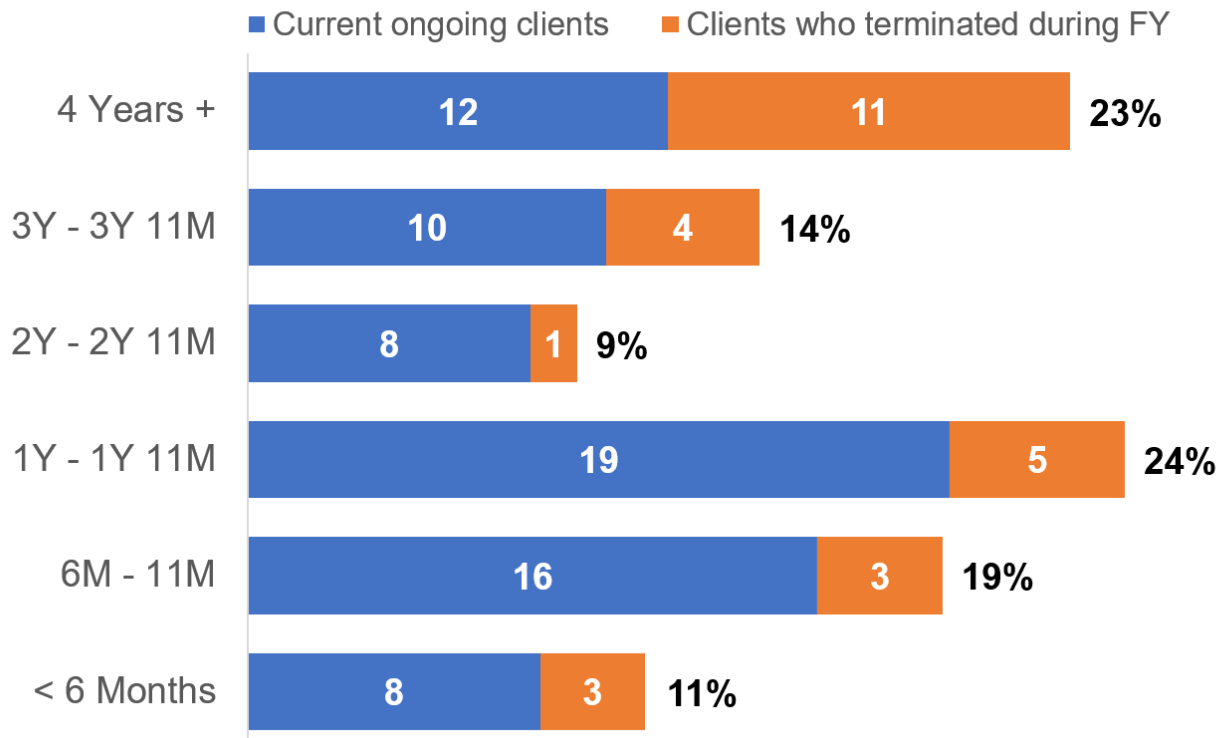
## Psychiatry Clients



● Adult   
 ● Child/Adolescent

## Length of Treatment

Percent of clients in FY2020-21



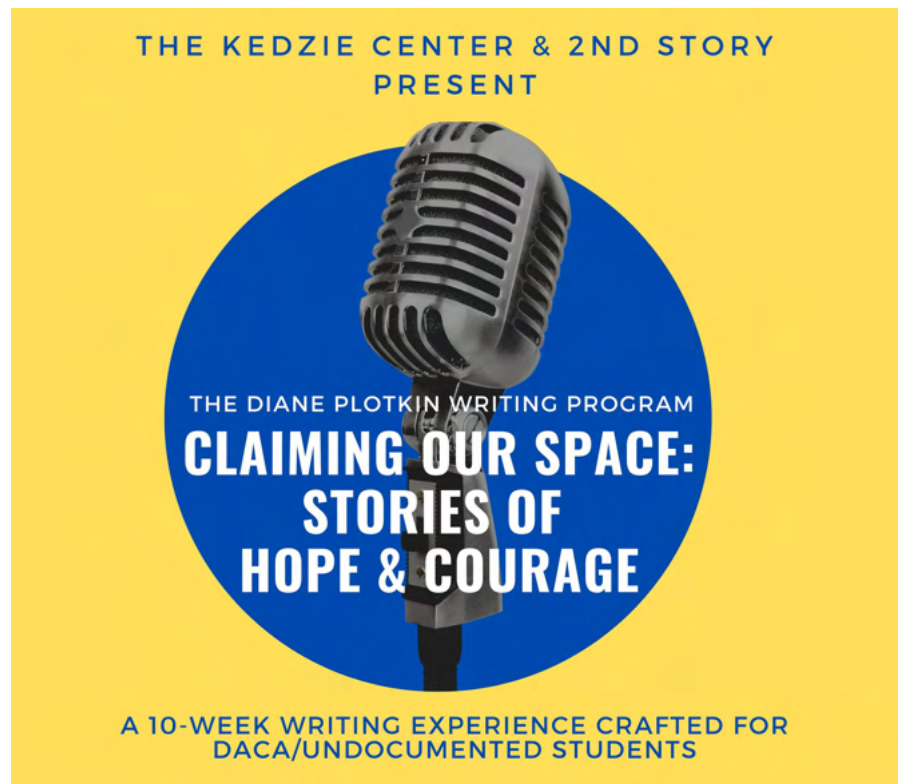


*Anti-Violence Chalk Walk with Israel's Gifts of Hope.*

In remote therapy, we offered a number of virtual group services interspersed with brief efforts to meet in person as we monitored the positivity rates in our community. We held another two cohorts of ***Claiming our Space: Stories of Hope and Courage with 2nd Story***. Twenty seven participants from local schools attended from September through November 2020.

*"This program had a huge impact on me. I am now inspired and feel encouraged to share my story wherever I feel safe. It was nice to meet other people with similar struggles as mine."*

**YADIRA**



*Claiming Our Space designed by Lauren Sivak.*

# CLAIMING OUR SPACE: STORIES OF HOPE & COURAGE

## PROGRAM OVERVIEW

92%

of participants felt affirmed, validated, heard, and supported by staff and peers

80%

of participants felt empowered to seek support resources and community support as needed

84%

of participants learned storytelling skills that they can apply to developing future stories

92%

of participants intend to keep writing and telling their story

### ABOUT THE PROGRAM

The Diane Plotkin Writing Program Claiming Our Space: Stories of Hope & Courage was a collaboration between The Kedzie Center and 2nd Story. Designed to respond to the increased stress and isolation reported by immigrant students due to ongoing uncertainty and changes in immigration policy, Claiming Our Space offered a space for healing, community, and storytelling for DACA (Deferred Action for Childhood Arrivals) and undocumented students in the Chicago area.

Over the course of ten weeks, students learned how to tell and shape their own personal stories in an empowering and healing way. They also learned to cope with their status through social support, storytelling and writing, and other forms of expression.

#### PROGRAM OBJECTIVES:

1. Enhance the participant's ability to express their feelings and create and tell their own story.
2. Increase their confidence, sense of belonging/connectedness, and perceived social support.
3. Increase their access to additional supports and resources.

### SCHOOLS REPRESENTED

The Diane Plotkin Writing Program Claiming Our Space: Stories of Hope & Courage served 27 students across 9 schools and universities. Of the students in the program, 6 were high school students and 21 were college students. The students were from the following schools:

CICS Northtown Academy  
Columbia College  
DePaul University  
North Park University  
Northeastern Illinois University  
Roosevelt High School  
Von Stueben Metro  
Wheeling High School  
Wilbur Wright College

*"Thanks to this program I have begun to reflect on my story and I realize that there is so much empowerment within it. I want to continue reflecting and developing my story."*

**SUSANA**

*"This program is a huge eye opener to me. It taught me to appreciate myself and my hard work."*

**KETZALY**

# Survivor's Circle

Through our **Survivor's Circle and Acute Trauma Outreach** programs, we continued to support family survivors of gun violence and survivors of various forms of trauma including gun violence, sexual and physical assault, domestic violence, and deaths related to COVID-19. Remote therapy, phone support, intensive case management and in-person events were offered throughout the year. Empowerment and advocacy continued to emerge as an important part of their healing process.

It is clear that the loss of a child to gun violence brings an indescribable grief comprehended only by those who share the experience. As is often said in Circle, *"it's a club no one would want to belong to."* Their shared reality, however, and the reassurance that while the pain won't go away, they will find a way to continue living is invaluable to new survivors. It is equally important for each person to know that their loved one is not forgotten but that they are remembered in the hearts of those who knew them and who will continue to learn their name. Unfortunately, a large part of their shared experience is that their legal cases remain unresolved so that they continue to wait for a sense of closure and justice. Survivors must find a way to extract meaning and closure in other ways.

The group has discovered that they find some healing in advocacy - that finding ways to improve the system so that other families will not have to endure the same pain is meaningful. They grieve the added pain of not being able to see, touch or hold their child from the crime scene to the morgue, of not being regularly updated about case developments, of being called in to watch traumatic video footage, years after the murder, without support, of enduring the judgments and accusations from police officers to the general public on social media; and of being subjected to requests from officials to make public statements while making arrangements to bury their child. It is all more than any parent should have to bear. The Circle has been ***"the one place we can be ourselves,"*** unapologetically, and without feeling judged for their grief.



*Survivor parents of Antonio (1979-2018).*



# Survivor's Circle

*"It makes me feel less alone on this journey."*

## PARTICIPANTS

The program has been working with 16 survivor families, including parents, adult siblings, and extended family members. These families have experienced their loss as recent as two months ago and as long as 6 years ago. They all say that, at times, it can feel "as if it was yesterday." A third of the families report receiving no initial support from anyone and a third report receiving support from friends and family only. Barely a third received any form of trauma or grief counseling.



*"It's helped to know that others share my pain."*

Improvements in emotional and general well-being due to Circle participation:

86%

report that the Circle "has helped me feel less alone, more understood."

83%

report improvement in depression, anxiety, and stress.

71%

report improvement in ability to function through the day; and improvement in family relationships.



The Aragon Family, founders of IGOH.

# Acute Trauma Outreach Program

Sponsored by the Chartis Foundation

For acute trauma survivors, this program improves access to care immediately after the traumatic event, ensuring that survivors can be seen readily and do not need to wait to begin services. They may start when they are ready with whatever level of service they are prepared to receive. This varies from family to family depending on a number of factors, such as the nature and outcome of the trauma, the age of the victim(s)/survivor(s), the relation to the victim(s) as well as the family's trauma history and their available support.

The Kedzie Center routinely provides care to trauma survivors after experiences of abuse, violence, and traumatic loss but it may take 1-3 years after the event before services are first sought. By that time, secondary adverse effects have occurred compounding the impact of the initial trauma on the entire family. Survivors who do not receive care and who experience further complications may develop more complex trauma symptoms. For example, the traumatic brain injury of a young person due to a gunshot wound can change the life of that family forever. Aside from the fear and grief that may persist, the family must make a significant adjustment to their daily life activities, reallocate their limited resources and renegotiate how to meet their needs as a family. The parent(s) of the victim must grapple with new demands while dealing with their own emotional response to this unexpected event and its life-altering consequences. Naturally, all of this - without support - can impair their ability to parent and nurture their other children who are also affected by the event. Often the young children in the home, become afraid to go out, return to school, or separate from their caregivers. Being available from the onset, allows the Survivor and the parent(s) to regroup, have support as they process their grief and adjust to their "new" way of life. Immediate support can mitigate the severity of impact on the family and can prevent an already painful situation from becoming worse. Without support, a caregiver can become so grieved and depressed that they cannot function adequately enough to maintain their health, employment, housing, and parenting role. Like many conditions, early intervention can improve outcomes for Survivors and their families - as well as reduce the impact on generations to come. As is often refrained, "hurt people, hurt people;" without intervention, unresolved grief and anger can contribute to future violence and retaliation.

During this fiscal year, new traumatic events have included deaths due to community gun violence, traumatic brain injury secondary to a gunshot wound, and witnessing gun violence. Ongoing cases involved the loss of a home due to a fire, the impact of a serious suicide attempt by a family member, the death of a sibling due to gun violence, sexual trauma, and critical care and loss related to COVID-19. Survivors have been able to receive care on the northwest side, in their native language, and without delays due to a waiting list. By identifying survivors of trauma immediately after the event, we have been able to shorten the length of time between the traumatic event and the onset of supportive services.

# Building the Beloved Community

In late 2020, under the sponsorship of the North River Commission, we were awarded a **Healing Illinois** grant by the Chicago Community Trust to offer racial healing conversations. Twelve sessions were facilitated by 12 guest co-hosts from January to April of 2021, engaging 150 adult and youth community participants. These conversations were well received, engaging and healing, giving our participants an opportunity to explore and process their feelings related to the inequities revealed by COVID-19 health and economic disparities and the exposure of violence. Our survey of participants revealed positive gains in their abilities to listen to one another, share their experiences, continue the conversations, and build community support and solidarity.



Illustration: Thumy Phan



## 12 CONVERSATIONS

- Building the Beloved Community: Black and Brown Healing
- Healing for DACA/undocumented students
- Community Racial Healing Circle
- Anti-racism in the Latinx Community
- Youth Healing Circle
- Youth Healing from Racial & Gun Violence
- Holding Vigil for Adam Toledo
- Healing Conversation with Chicago Police

## PARTICIPANTS REPORT HEALING FROM RACISM:

- 84% by sharing their experiences and feelings with trusted others;
- 58% by practicing advocacy, solidarity, and activism;
- 21% by education, the healing arts, spiritual practices, celebrating their culture, and personal/group therapy.

## NEXT STEPS

- Quarterly Beloved Community Circles
- Quarterly Stakeholder Conversations about Equity

## OUTCOMES

- 79% of respondents strongly agreed/21% agreed that they were able to listen to thoughts/feelings of others about their experiences of racism and racial healing.
- 89% strongly agreed/11% agreed that they were inspired to have additional healing conversations based on their experience.
- 84% strongly agreed/16% agreed that they appreciated a safe space to talk about racism and racial healing.
- 68% strongly agreed/32% agreed they experienced support and solidarity in these conversations.



**Special thanks** to our sponsors Healing Illinois, Chicago Community Trust and Thomas Applegate and Liz Rice at North River Commission. Many thanks to our facilitators Erika Aguirre LPC, Emmanuel Andre Esq, Dalia Aragon, Linda Garcia Merchant, PhD, Jerine Griffith, PhD, Troy Harden PhD, Jacqueline Lazú PhD, June Parks PhD, Ida Roldan PhD, Radhika Sharma MPH, Rahul Sharma PhD, Angela Sedeño PhD, and Mary Trujillo PhD.





# School-Based Services

In the Spring of 2021, we launched programming under the 21st Century grant sponsored by the North River Commission. Through the Forge program, we will serve 3 elementary schools, **Albany Park Multicultural Academy, Bateman, and Palmer, and one high school, Von Steuben Metropolitan Academy**. In April, we began a series of eight virtual teen conversations, *Teen Talk*, with Von Steuben through June 2021. Topics included staying motivated during virtual learning, managing stress and self-care, healthy relationships, goal setting and future planning, and mental health and suicide awareness. Four accompanying workshops were offered to Von Steuben parents. Under this program, a series of virtual parent workshops was also offered at Bateman Elementary. We also partnered with **Communities in Schools, Roosevelt High School, Cleveland, Disney, Murphy, Volta Elementary and Northtown Academy** for consultation and parent workshops.

## RESUMING IN-PERSON LEARNING

JOIN US FOR A CONVERSATION ABOUT

1. PARENTS' AND STUDENTS' CONCERNS,
2. HOW TO SUPPORT YOUR STUDENTS' ANXIETY MANAGEMENT,
3. AND SUPPORTING GOOD HEALTH PRACTICES AND ROUTINES AT SCHOOL WITH FRIENDS.

ALBANY PARK MULTICULTURAL ACADEMY  
THURSDAY, JUNE 3, 2021 @ 4:30 PM  
LINK:  
[HTTPS://TINYURL.COM/APMAPARENTS](https://tinyurl.com/APMAPARENTS)

BILINGUAL PARENT WORKSHOP  
IN ENGLISH & SPANISH  
PRESENTED BY ANGELA SEDEÑO, PH.D.  
THE KEDZIE CENTER

## teen talk tuesday

- |  |   |
|--|---|
| <b>Tuesday, April 20th</b><br>3:30-4:30 PM | Staying Motivated During Virtual Learning - Eye on the Prize  |
| <b>Tuesday, April 27th</b><br>3:30-4:30 PM | Managing Stress & Self-Care                                   |
| <b>Tuesday, May 4th</b><br>3:30-4:30 PM    | Self-Awareness & Emotional Intelligence and Self-Care         |
| <b>Tuesday, May 11th</b><br>3:30-4:30 PM   | Social Awareness & Healthy Relationships                      |
| <b>Tuesday, May 18th</b><br>3:30-4:30 PM   | Pursuing Your Goals & Dreams- Tips for Planning Your Future   |
| <b>Tuesday, May 25th</b><br>3:30-4:30 PM   | Teen Mental Health & Suicide Awareness                        |
| <b>Tuesday, June 1st</b><br>3:30-4:30 PM   | Intro to Trauma - What it is and what helps                   |
| <b>Tuesday, June 8th</b><br>3:30-4:30 PM   | Getting Ready for the Fall and Making the most of your Summer |

Presented by: Angela Sedeño, Ph.D.  
The Kedzie Center  
Sponsored by FORGE

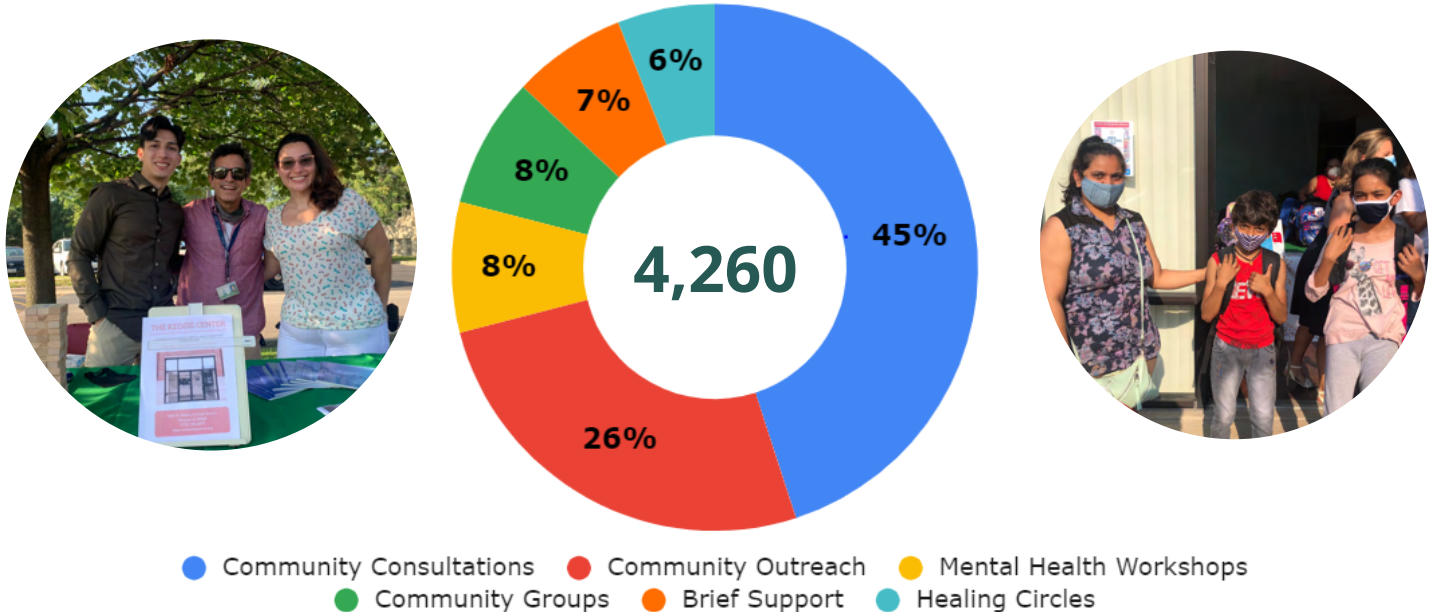
**All participants will need to register to receive a Zoom link!**  
<https://tinyurl.com/VonTeenTalk>





# COMMUNITY ENGAGEMENT

## Community Encounters



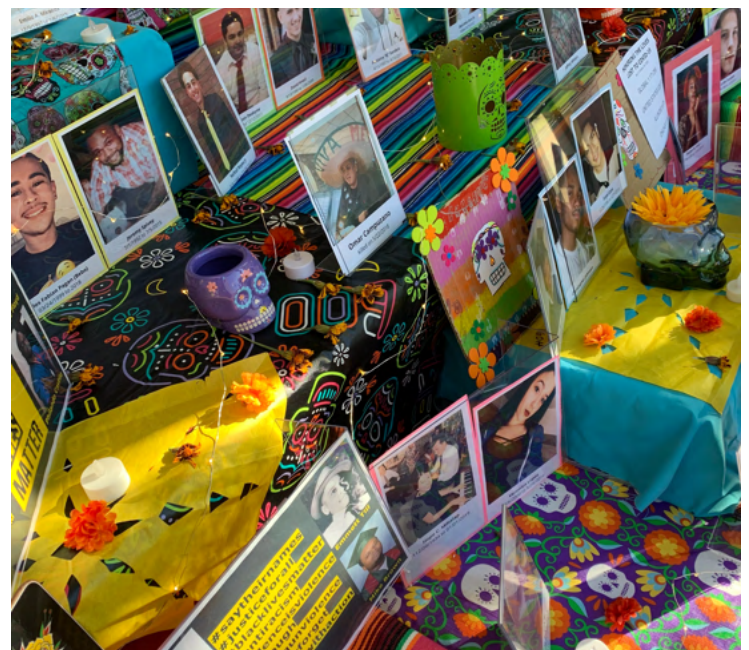
Community engagement during the pandemic increased to **4,260 community encounters** as parents, neighbors and community partners sought information about assessing and maintaining their mental well-being. We offered over **60 community workshops, groups and circles** virtually as well as provided phone and in-person support, as needed. Sample topics included a conversation about Mental Health in the Workplace with 2nd Story, youth suicide, domestic violence, developmental risk and protective factors, and mindfulness. We shifted to providing more well-being phone calls, virtual screenings with older adults, and as many in-person events as were feasible. We held our annual **Back to School event** with Israel's Gifts of Hope and gave away over 150 backpacks with school supplies for all grades from Kindergarten to college. More than 200 community members attended and received mental health information, cloth masks, and popsicles while waiting in line. We also spoke at community peace walks and memorials, hosted our annual Ofrenda memorial in late October, a virtual **On the Table event on Community Safety**, and our annual Holiday Bike Event (*sponsored by Abbott Diabetes Care*) in which 100 youth in our community received bicycles and were able to take photos with Santa.

# On The Table on Community Safety



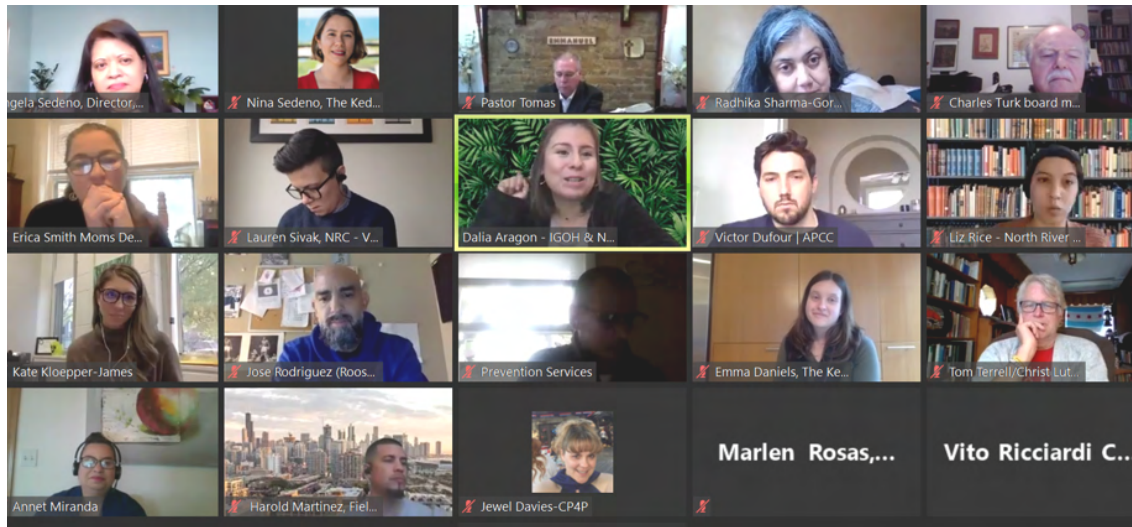
This October, our conversation focused on community violence intervention and began with an acknowledgement of a gang war with participants ranging from 15-25 (mostly under 21) in age. Hot spots (i.e., areas with an increase in shootings) were identified in the neighborhood and 11 murders were reported in our area at the time of the meeting. There was acknowledgement of a shortage of police officers and the pending welcoming of two new outreach workers assigned to Albany Park. The group discussed interventions such as **mentorship programs** targeting middle school youth and access to opportunities to develop positive interests. The group acknowledged victim and parent blaming by the public, especially on social media. Interventions were discussed for first time offenders and **collaboration with juvenile probation** and the court to intercede before behavior escalates. Risk factors were discussed and school personnel were encouraged to make such **referrals** for counseling and other community supports. There was a call for additional support services for Northside survivor families, often supported by Israel's Gifts of Hope and referred to The Kedzie Center. **Community service** was identified as an opportunity to mentor and develop relationships with youth within the community. **Paid internships and program stipends** were cited as effective in engaging youth. Such opportunities often give youth a sense of pride, purpose, and belonging to their community.

Hospital and street outreach workers from Community Partners for Peace (CP4P) described their holistic approach to reducing violence and retaliation through relationship building and meeting the needs of their participants. **Adult re-entry** was named as another need in order to reduce recidivism. Other recommendations included increased **parenting education for young fathers** and community conversations to better understand the factors that promote community violence.



Ofrenda Memorial, November 2020.





In addition to many virtual conversations, we expanded our **presence on social media** to cover a range of mental health topics to respond to what we were hearing from our community. Topics addressed managing transitions and change, stress in relationships, self-care, social emotional learning, childcare, community violence, suicide prevention, seasonal affective disorder, election stress, coping with racism and stigma, the benefits of therapy and teletherapy, parenting during the pandemic, the benefits of play, burnout prevention, managing the holiday blues, anxiety, anger, uncertainty, depression, grief and trauma, and the use of mindfulness, affirmation, somatic healing techniques, gratitude, and time in nature to care for ourselves. We also acknowledged stress related to falling behind in school, homeschooling, adjusting to remote learning, living in a multigenerational home, and pandemic fatigue. Resources were shared regarding COVID-19 precautions and community spread, rental assistance, access to meal programs and food resources, and the eviction moratorium. As the pandemic continued, we remained acutely aware of the need for community-based health information and aid from trusted sources. We continued to provide bilingual health information and links to community resources as well as critical aid such as food and masks.



# CLINICAL TRAINING & TEAM SUPPORT

The Kedzie Center's training program remained accessible and thriving throughout the pandemic. Our sixth cohort of clinical interns was our first fully remote group. We were able to fully accommodate their training needs and hours. We trained four interns from The University of Chicago Crown School of Social Work, The Chicago School of Professional Psychology and The Institute for Clinical Social Work.

The core components of our clinical training model, relationships built on self-reflection, depth and insight, and cultural humility and responsiveness remained intact. We focused on creating an effective learning experience and providing a high level of care. We increased remote case consultation and supervision time throughout the week to develop relationships within the team and to facilitate support. We provided training and support on the ethical and responsible use of telehealth and considered how the prolonged health and economic impact of the pandemic increased the strain on our social systems, individuals, caregivers and health care professionals. As the pandemic continued, our team and students worked to help their clients through an experience they too were experiencing for the first time.

Consistent with our model of care, we recognize that our clients can only be supported to the extent that our clinical team is supported. Therefore, we increased our responsiveness to the needs of our team with additional support and flexibility. Nurturing the wellness of our interns and staff and strengthening a collaborative work culture became priorities this past year. In doing so, we enhanced our capacity to meet the ongoing mental health needs of our community, particularly those most affected by the COVID-19 pandemic.



# EQUITY & MENTAL HEALTH

As we facilitated community conversations regarding racial healing, we participated in our own training on racial healing and equity, expanding our own awareness and ability to serve our clients. We continued the work of reducing stigma, raising awareness, and increasing mental health access and responsiveness. All of these are equity practices that improve accessibility for all populations. Additional practices include engaging our community about current mental health needs, training and retaining culturally competent staff, prioritizing staff support, offering a range of programs, promoting programs in a variety of ways, utilizing evidence-based, culturally relevant programs and practices, collecting program data, and participating in resource sharing.

Indeed, equity is at the center of the mission of Expanded Mental Health Services of Chicago, NFP (EMHS) the founder of The Kedzie Center. From the beginning, its intention and mission has been to expand access to quality mental health in the community regardless of ability to pay. Access to quality care requires that all community members have a variety of ways to access care and that no one in the community be excluded from access to care. That may mean that they receive education, support, consultation or assistance in receiving the care that they need. Inherent in community mental health care is that individual mental health exists within the context of a community, and can be supported by community wellness. For this reason, we have strived to provide individual and family care as well as community wellness through education, dialogue, engagement and school- and community based care. This became readily evident during the pandemic when our mental health was strained by so many stressors and alleviated by community support and connectedness. As we all learned together, we were one another's lifelines for emotional support but also for food, health safety, and technology for some of our neighbors. In our community, those were disseminated by trusted community stakeholders and neighbors. We are grateful to have been among those trusted to do so. Supporting mental health and the deeper work of healing from trauma is challenging in the best circumstances, but even more difficult when that's not the starting point.

# PROGRAM CONTINUITY & COLLABORATION



On May 19, 2021, ***The Kedzie Center, a program of Expanded Mental Health Services of Chicago NFP*** was awarded an additional five years ***through July 2026 by the North River Expanded Mental Health Services Governing Commission***. We are grateful for the opportunity to continue to build our mental health program in service of the residents of Albany Park, Irving Park, North Park and Sauganash neighborhoods. We plan to continue developing programming that meets the diverse needs of our neighbors and building community partnerships. As we grow in our capacity to serve our community, we look forward to collaborating with the other Expanded Mental Health programs to contribute to the mental health network in the city.

# DONORS, GRANTS, & PARTNERS

## 2020-21 Fiscal Year Donors\*

Judy Abelson	Elizabeth Carlson	Kim Frost
Allison Ackerman	Alison Caverly	Joanne Gannett
Brienne Ahearn	Virginie Chan	Robert Gannett
Andrew Alcott	Chicago Sinai Congregation	Taiz Garcia
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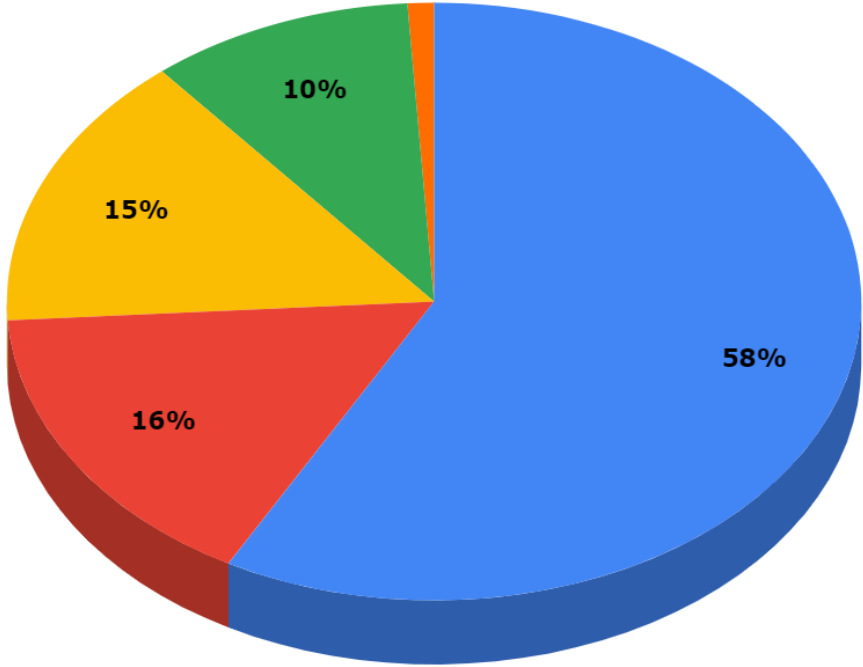
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● NREMHSF Funds ● Grants ● Billing Revenue ● Individual Donations ● Interest

**\*Program Expenses for FY 2020-21 were 92%.**

## Grants

- Andrew Applegate Foundation
- Blowitz-Ridgeway Foundation
- Charles & M.R. Shapiro Foundation
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*Awarded the Andrew Applegate Foundation grant on May 12, 2021.*



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## FY 2020-21

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Maya Jimenez-Waingort, BS  
Erik Larson, BA  
Manuela Molina-Hernandez, BA



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