



growth

FY 2016 ANNUAL REPORT

OUR MISSION

Trilogy's mission is to assist people in their recovery from mental illness by helping them discover and reclaim their capabilities and life direction.

OUR VISION

Trilogy's vision is to be the recognized leader in behavioral healthcare and the standard by which other providers measure their progress and success; an organization where each employee has a personal devotion to excellence in service and embraces the highest standards of ethics and integrity; where each person served takes pride in knowing that our organization provides the finest Recovery-focused services available; and, where each of our funding sources and contributors rests assured that they are getting the best possible return in services for each dollar invested in our organization.

TRILOGY, INC. LEADERSHIP

John Mayes, LCSW, CADC—*President and CEO*

Samantha Handley, LCPC, CSADC—*Vice President*

Richard Adelman, CPA, MBA—*Chief Financial Officer*

Dee Atkins, MS—*Chief Communications & Development Officer*

Susan Doig, LCSW, LPHA, CADC—*Chief Clinical Officer*





Dear Friends:

Last year, your support helped us to give care and hope to more than 3,000 people in need. Our efforts focused on three areas: 1) providing integrated primary and behavioral health services; 2) assessing the unmet and growing need for mental health services throughout the city of Chicago; and 3) expanding our services, service areas and locations. Following is a report on our progress during the past fiscal year.

The Human Face of Growth

We started a program for children and adolescents who suffer from trauma, so they can get the therapeutic support they need to become healthy adults. Our integrated health partnership with Heart Health Centers expanded, as we placed a behavioral health therapist in

two more of its clinics. In addition, Trilogy worked with the state of Illinois to become one of the first organizations to provide programs for people experiencing their first episode of mental illness, such as schizophrenia.

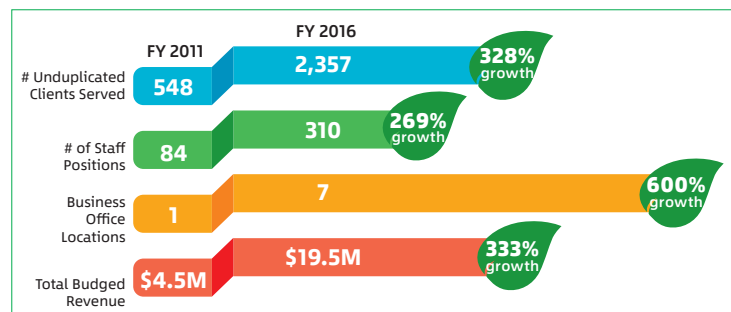
You will find more details on each of these new programs in this report.

We also opened offices in Brighton Park on Chicago's Southwest side. This will allow us to reach those living in underserved communities who need access to mental health care, and remodeling began for our children and adolescent program in Albany Park on the Northwest side.

This growth means we will be expanding our staff in the first part of next fiscal year.

How Growth Looks

We are very excited about the growth Trilogy has seen during the past four years, but more so because we've increased our capacity to better serve the people who need us. We are also mindful of the risks and hazards associated with rapid growth. That means we will concentrate on putting our resources where they will best serve our clients and support our dedicated staff. This will allow us to continue fulfilling our mission while serving more people.



Facing an Unclear Future—Together

As we write this letter, we again find ourselves without a state budget and facing erratic contract payments. The new administration in Washington has also threatened cuts to and replacement of the Affordable Care Act, a resource upon which many of those we serve depend.

It is difficult to operate a behavioral health organization in this environment, especially when you serve the people who are most in need. We especially appreciate your support during these difficult times. Thank you for truly helping us make a difference in so many lives!

John Mayes, LCSW
President and CEO

Stephen M. Fatum
Trilogy Board of Directors, Chairperson

Hope FIRST Is Changing Lives

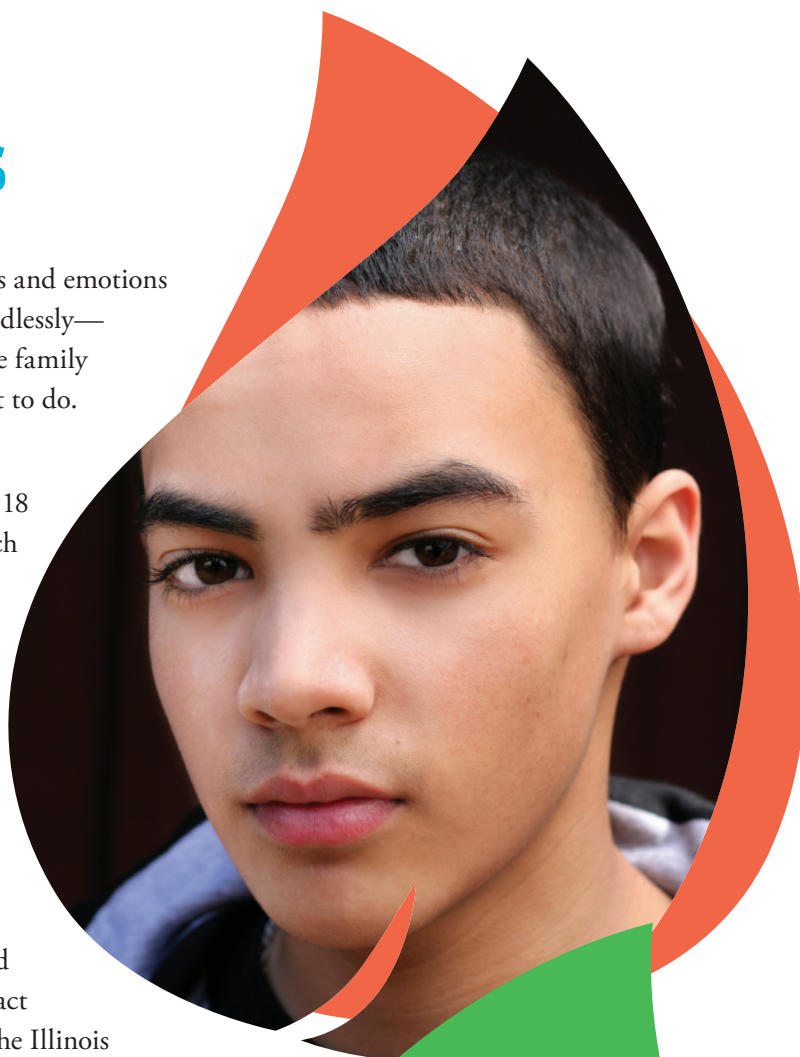
People with psychosis are so overwhelmed by thoughts and emotions that they lose touch with reality. They often suffer needlessly—waiting for months or years to receive treatment, while family members struggle to understand their illness and what to do.

Hope FIRST supports people ages 15 to 40 who have experienced their first episode of psychosis in the past 18 months. We focus on their recovery by identifying each person's goals, educating him or her about psychosis, and helping improve his or her overall quality of life. We use five different treatment approaches to do this: psychiatry services, individual therapy, family psychoeducation, employment services, and case management. To be in the program, someone only needs to commit to two of these services.

This approach was developed by the BeST (Best Practices in Schizophrenia Treatment) Center of Northeast Ohio Medical University. The Center found such success with this program that it was able to attract the interest of the Division of Mental Health within the Illinois Department of Human Services, as well as federal funding. In 2016, Trilogy was selected as one of 11 organizations in the state to implement Hope FIRST.

There is a great need for this program. Hope FIRST can intervene early, quickly reducing avoidable physiological hardships from medication, relationship stress, and the negative effects on education and employment. Early intervention may also help reduce the overall cost of a person's lifetime healthcare services. First episode psychosis programs have found great success all over the world. They are changing the way people view treatment of schizophrenia and other psychotic spectrum disorders.

Our staff was trained on the Hope FIRST model in August 2016, and Trilogy launched the program in September. Since then, we have reached out to community organizations that often see people who have their first episode of psychosis. This includes in-patient hospital units, health centers, mental health agencies, and educational institutions. About five organizations regularly call our referral line. At the end of 2016, we had 23 referrals and four people actively working with our staff.



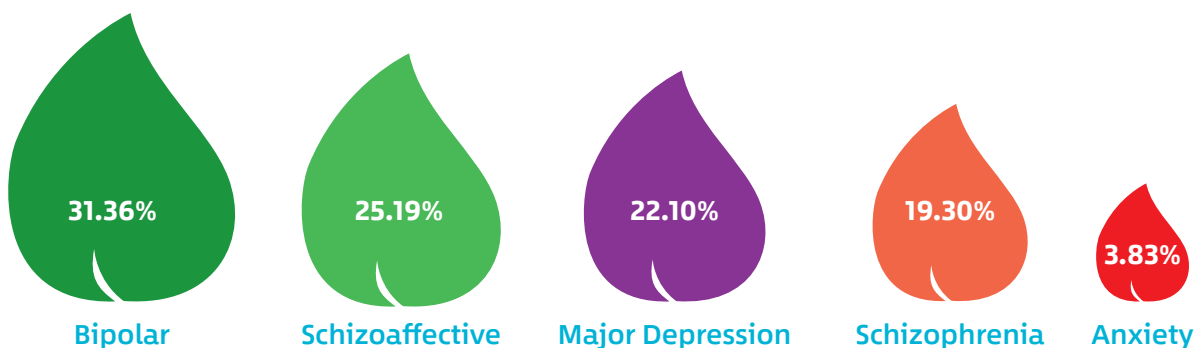
...changing
the way the
mental health
system treats
people with a
psychotic disorder.



Our first client was a 23-year-old who had been diagnosed with schizophrenia in 2016. This condition forced him to drop out of school and drastically cut hours at his part-time job. He initially worked with Trilogy's Assertive Community Treatment team, focusing on medication management. As part of Hope FIRST, he saw an employment specialist and case manager. Now, he is looking for part-time work that better suits his situation, and learning more about his illness. His family meets once a week with our team to work on communication and become better educated on psychosis and schizophrenia. These treatments are tailored to his needs and would not have been available without Hope FIRST.

This program is changing the way the mental health system treats people with a psychotic disorder. Focusing on early intervention treatment is a key component in their recovery. Hope FIRST supports these people by helping them to regain their independence and lead healthy, fulfilling lives.

PRIMARY MENTAL HEALTH DIAGNOSIS



New Child & Adolescent Program Fills an Unmet Need

These young people are among the most vulnerable. They have seen gang violence, abuse or exploitation. They often are in or coming out of foster homes, or have been exposed to the juvenile justice system. They have a traumatic past—and not much hope for a better future.

Trilogy's Impact Youth and Family Services program (Impact) is a lifeline to these individuals. We work together to help develop the skills and relationships they need to become healthy adults. This includes helping them to create and achieve their own personal goals and address mental and behavioral health issues—including substance use—so they can function better in their homes, schools and communities.

We offer individualized services in places that are familiar to our clients such as: clinics, primary care facilities and schools. This allows us to work closely with these community partners, to provide young people with comprehensive care.

Impact launched in July 2016. It began by serving youth in Rogers Park. We accepted referrals and started seeing clients at Heartland Health Center's Uptown clinic, and provided behavioral health services to Sullivan High School students through Heartland Healthcare's school-based clinic.

While the program is new, the need is an old one. The children and families we serve tell heartbreaking stories about how hard it is to get access to therapy. They mention barriers around locations, long wait times, insurance, etc. Working with our collaborators, Trilogy can fill these service gaps for Chicago's most at-risk youth, including those coming from families who may not be able to get traditional mental health services. We accept Medicaid and Medicaid MCOs.

This program already has touched and improved many children's lives. For example, the school-based health care clinic at Sullivan has provided more than 120 risk assessments, identifying and addressing risk factors that could positively affect students' abilities to reach their educational goals.



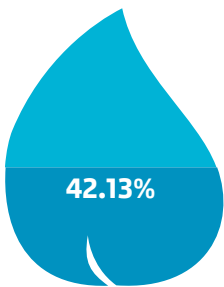
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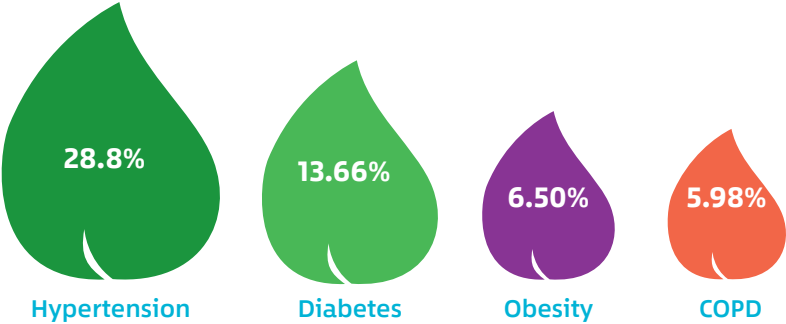
In 2017, we continued to expand. A clinic in Albany Park will open in the spring where experienced staff will provide assessment, treatment planning, and individual/family/group therapy and related services. The clinic is conveniently located near a Heartland site. We also plan to hire a child and adolescent therapist to work at Heartland’s Uptown and Lakeview sites. This clinician will provide assessment, treatment planning, and brief treatment to children and families. They will support child psychiatry and primary care staff in their treatment.

Our services are rooted in Trilogy’s long history of providing individualized, affirming, and trauma-related services. We understand and work with our communities. We have a successful partnership with Heartland, allowing us to offer quality, comprehensive, integrated care. And we see people as individuals. This allows us to bring all of our resources together to support children, adolescents and their families in their journey of healing and hope.

**CO-OCCURRING
SUBSTANCE
USE DISORDER**



**COMMON CHRONIC MEDICAL
CONDITION DIAGNOSIS**



Williams and Colbert Programs Bring Adults Back to the Community

Adults with mental illnesses too often are shunted off to nursing homes. Many of them are capable of—and prefer to—live in homes in the community. But they need help to make a successful transition, and ongoing support to stay there.

Our Williams and Colbert programs provide mental health care as well as links to medical treatment. The people we work with meet with Trilogy staff to develop and implement a personalized treatment plan. Together, we continually assess this to measure their progress toward the ultimate goal: moving back into the community.

Our programs offer support for stable housing, and mental and medical care. The people we serve regain the power to have a good quality of life in a setting they choose. We help them to break negative stigma: showing that adults diagnosed with mental illness are equal community members and can contribute to society as well as anyone else.

Both programs are the result of lawsuits filed in Illinois. Williams resulted from one that claimed the state violated the Americans with Disabilities Act by segregating individuals with mental illness in institutes for mental disease. In 2010, Illinois implemented a plan that gave these people the right to live in community-based settings, and expanded the community-based service system to support them.

The Colbert lawsuit was filed for Medicaid-eligible adults with disabilities living in skilled nursing homes in Cook County. In 2012, an implementation plan was filed requiring the state to help these people move into the community.



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During the six years since Trilogy started its Williams Program, we have worked with more than 270 people to make this move. Since then, we have added in-home recovery support, occupational therapy, nurse practitioner care, and cluster and group home living settings. In addition, we offer direct peer-to-peer services, so these adults can form relationships and support each other.

In the first two years of our Colbert Program, we have helped more than 105 people move into the community. This program expanded to include a second transition team, occupational therapy, nursing care, outreach and engagement resident services, and initial resident review assessments.

Both programs provide more than transition assistance. They offer community-based services to support a person's goals, dreams and visions—to successfully live in a less restrictive environment. Trilogy helps individuals manage their mental and medical needs more independently, outside of a nursing home, and support them in having a higher level of self-determination.

**WILLIAM AND COLBERT
CLIENTS TRANSITIONED
DURING FY 2016**

**TOTAL CLIENTS
TRANSITIONED
THROUGH FY 2016**



Financial Highlights FY 2015-16

Revenues

Fee for Service, MCO and Self Pay	\$ 14,070,114
Federal, State and Local Grants	4,332,788
Misc., Foundation and Other Earned Income	994,426

Total Revenues & Financial Support	\$ 19,347,328
Percent Growth in Revenues	26%

Expenses

Outreach Services	\$ 6,291,849
Recovery Services	6,062,478
Outpatient Services	2,236,138
Psychiatric Leadership	1,078,125

Sub Total Program Services	\$15,668,590
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Fundraising Costs	\$ 195,498
General Admin Costs	3,325,196

Total Expenses	\$ 19,189,284
Percent Growth in Spending	22%

Surplus (Deficit)	\$ 158,044
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FY 2015-16 Demographics

CLIENTS BY AGE

18-25 yrs: 4.95%	36-45 yrs: 18.35%	56-65 yrs: 25.94%
26-35 yrs: 15.16%	46-55 yrs: 29.64%	> than 65 yrs: 6.16%

CLIENTS BY RACE/ETHNICITY

Black/ African American: 47.86%	Asian: 1.85%
White/ Caucasian : 37.10%	American Indian : 0.34%
Hispanic/ Latino: 10.73%	Native Hawaiian or Pacific Islander: 0.30%

CLIENTS BY GENDER

Female: 40.11%	Male: 60.14%
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2,321 Unduplicated Clients

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(\$10,000 and above)

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