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<td>Coming Soon</td>
<td>33</td>
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There is an old proverb that the two greatest gifts we can give this world is our Love and our Labor. And if you can find something that combines both, you really have something special.

My 100+ colleagues and I at Habilitative Systems work hard providing the services to our brothers and sisters in need. But it doesn’t drain us. It lifts us up because we love the mission and love the community of people we serve.

This report provides a snapshot of the work we do every hour of every day to enhance the lives of the most vulnerable among us. It’s what Habilitative Systems is all about and always has been about.

In the last fiscal year, HSI provided services to more than 10,000 people on the West Side of Chicago. Across virtually every metric of impact we are helping our clients’ lives improve. It comes as no surprise that our client satisfaction scores are consistently above 90 percent. It’s because we are enhancing lives every day. Enhancing lives despite the COVID-19 pandemic, the opioid crisis, generational trauma and daily violence in the communities we serve.

The reason we are so effective is that HSI provides such a wide range of services. From employment training to substance use counseling, to residential services, to out-patient mental health, we are deeply involved in the complicated mix of services that make people well and whole. Our service portfolio is based on the knowledge that people’s needs are not singular or isolated. Well-being depends on a whole host of inputs, from mental health supports to job opportunities, to residential services. It all ties together to address the Social Determinants of Health (SDoH).

Further, the proactive intervention services we provide don’t just make moral sense, they make economic sense too. Our programs are delivered for just a fraction of the costs of incarceration or institutionalization. Think of this one example: The Illinois Sentencing Policy Advisory Council estimates that a single recidivism event for one person is $151,000. For that kind of money, HSI can provide services to many multiples of people.

The economic benefits to society of someone finding supportive employment or of someone getting off drugs, or having a place to live, provides a level of “return on investment” that is hard to replicate in any other sector of our economy. Affordable housing for our seniors and people with disabilities is valued in excess of $20,000,000. Those who think governments spend too much on social services should see what governments would spend if people didn’t have these services.

I’m so very proud of the work HSI has done over the last few years. In those areas we need to sharpen our effectiveness we are squarely focused on doing so. But you will find in these pages an organization with a proud history, a talented team, a connected donor base and a passion for lifting people out of the challenges that our imperfect nation put them in. It’s our labor of love and truly worthy of your social investment.

Sincerely,

Donald Dew
OUR PURPOSE
HSI is a multi-faceted human service agency that plays a substantial role in the articulation, development, and delivery of programs and services to improve the quality of life in target areas.

OUR MISSION
HSI uses a comprehensive multi-tiered approach that engages prevention, intervention, treatment, research, and care management to build healthy communities.

OUR VISION
Through a continuum of care approach, HSI is building healthy communities for underserved populations with disabilities and people living with an array of human services needs.

OUR CODE OF SERVICE VALUES
- Quality
- Loyalty
- Mutual Respect
- Integrity
- Common Unity
- Commitment
- Skilled Competence
- Positive Image
NUMBERS DON’T TELL THE WHOLE STORY. BUT THEY DO TELL PART OF IT.

- **92%** Overall HSI client satisfaction rate
- **85%** HSI’s SUD program participants who maintained sobriety
- **1,140** Clients Served in Core Programs
- **96%** Clients received their entitlement benefits through HSI case management
- **100%** Youth in HSI’s mental health program refrained from psychiatric hospitalization
- **95%** Medication compliance of clients in HSI’s outpatient mental health program
- **0%** Recidivism rate with our court involved youth in HSI’s outpatient mental health program
WHAT WE DO

CASE (CARE) MANAGEMENT SERVICES
Provides outreach and coordination-oriented services, which assist persons with the acquisition of entitlements, assessments, referrals, and service linkage internal or external to the organization, where appropriate, thus driving our continuum of care processes.

EMPLOYMENT AND TRAINING SERVICES
Provides community support, pre-readiness job training, pre-employment training, contractual, supported, and competitive employment services for persons with disabilities.

OUTPATIENT MENTAL HEALTH
Offers a range of services including prevention diversion and intervention services through a trauma-informed lens that includes intensive family-based intervention, care management and therapy/counseling services for youth and adults with mental health issues or those at risk.

RESIDENTIAL SERVICES
Provides supervised residential services for persons with developmental disabilities, mental illness and alcohol/substance abuse challenges; intensive and regular outpatient substance abuse treatment; and case management, assessment and referral, therapy and counseling services for these populations. In addition, HSI provides 120 units of Senior housing and 40 units of housing for people with disabilities.

SUBSTANCE USE SERVICES
Provides intensive and regular outpatient substance use counseling and prevention services to youth and adults and housing for persons recovering in a half-house for men and recovery home for women. Special initiatives also exist to serve persons who are homeless with substance use concerns.
## THE CLIENTS WE SERVE

<table>
<thead>
<tr>
<th>HSI Core Programs</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>600</td>
</tr>
<tr>
<td>Substance Use Disorder Services</td>
<td>391</td>
</tr>
<tr>
<td>Employment &amp; Training Services</td>
<td>79</td>
</tr>
<tr>
<td>Residential Services</td>
<td>70</td>
</tr>
<tr>
<td><strong>Total Clients</strong></td>
<td><strong>1140</strong></td>
</tr>
</tbody>
</table>

### Clients by Race
- 87% - Black
- 9% - White
- 4% - Other

### Clients by Ethnicity
- 5% - Hispanic
- 95% - Non-Hispanic

### Clients by Gender
- 42% - Female
- 58% - Male

<table>
<thead>
<tr>
<th>Special Initiatives</th>
<th>Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Tracing</td>
<td>7048</td>
</tr>
<tr>
<td>Outreach and Engagement</td>
<td>1370</td>
</tr>
<tr>
<td><strong>Total Clients</strong></td>
<td><strong>8418</strong></td>
</tr>
</tbody>
</table>

### Clients by Race
- 50% - Black
- 37% - White
- 10% - Asian
- 3% - Other/Not Reported

### Clients by Ethnicity
- 24% - Hispanic
- 76% - Non-Hispanic

### Clients by Gender
- 54% - Female
- 43% - Male
- 3% - Other/Not Reported
# The Effectiveness of Our Programs

## Alcohol and Other Drugs (substance use disorders)

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful Discharges</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Maintained Sobriety/Abstinence</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>Maintained Employment</td>
<td>35%</td>
<td>75%</td>
</tr>
<tr>
<td>Maintained Housing post discharge</td>
<td>65%</td>
<td>70%</td>
</tr>
</tbody>
</table>

## Case Management

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtained their entitlements</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Obtained supervised housing</td>
<td>18%</td>
<td>25%</td>
</tr>
<tr>
<td>Maintained abstinence</td>
<td>82%</td>
<td>90%</td>
</tr>
<tr>
<td>Obtained permanent housing</td>
<td>30%</td>
<td>22%</td>
</tr>
</tbody>
</table>

## Employment and Training

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease in Asymptomatic Behaviors</td>
<td>80%</td>
<td>85%</td>
</tr>
<tr>
<td>Improvement Towards Goals</td>
<td>83%</td>
<td>85%</td>
</tr>
<tr>
<td>Increase in Productivity</td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>Placed in Competitive Employment</td>
<td>2%</td>
<td>9%</td>
</tr>
</tbody>
</table>

## Outpatient Mental Health

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recidivism rate with court-involved Youth</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>96% Youth grade improvement</td>
<td>96%</td>
<td>98%</td>
</tr>
<tr>
<td>Youth refrained from psychiatric hospitalization</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Adults Refrained from psychiatric hospitalization</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Medication Compliance</td>
<td>97%</td>
<td>95%</td>
</tr>
<tr>
<td>Reduced symptomatology of psychosis</td>
<td>88%</td>
<td>88%</td>
</tr>
</tbody>
</table>

## Residential

<table>
<thead>
<tr>
<th></th>
<th>FY 21</th>
<th>FY 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>CILA DD Clients refrained from hospitalization</td>
<td>85%</td>
<td>89%</td>
</tr>
<tr>
<td>CILA Clients refrained from psychiatric hospitalization</td>
<td>90%</td>
<td>75%</td>
</tr>
<tr>
<td>CILA DD clients Decreased asymptomatic behaviors</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>MI clients refrained from hospitalization</td>
<td>95%</td>
<td>97%</td>
</tr>
<tr>
<td>MI/AOD Maintained abstinence</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>MI Clients obtained permanent housing</td>
<td>40%</td>
<td>25%</td>
</tr>
</tbody>
</table>
We ask our clients how satisfied they are with the services HSI provides. Our scores are not only impressive, they’re improving every year.

<table>
<thead>
<tr>
<th>Program Area</th>
<th>FY20</th>
<th>FY21</th>
<th>FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use</td>
<td>83%</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>Case Management</td>
<td>92%</td>
<td>88%</td>
<td>94%</td>
</tr>
<tr>
<td>Outpatient – Mental Health</td>
<td>91%</td>
<td>93%</td>
<td>95%</td>
</tr>
<tr>
<td>Employment and Training</td>
<td>82%</td>
<td>88%</td>
<td>89%</td>
</tr>
<tr>
<td>Residential</td>
<td>88%</td>
<td>90%</td>
<td>93%</td>
</tr>
<tr>
<td><strong>Agency Avg</strong></td>
<td><strong>89%</strong></td>
<td><strong>90%</strong></td>
<td><strong>92%</strong></td>
</tr>
</tbody>
</table>
KEY RESULTS

• Decrease in wait time for first appointment from 72 hours and 1 week to 24-48 hour. (Designated slots for intakes have also been allotted to expedite the timely triage of referrals and an overall reduction in wait time for service access.)

• Trending 90% from referral to first appointment within 24 hours of referral.

• 30% improvement from FY 2021 in Outpatient services for same day intakes.

• Improved Outreach and Engagement strategies yielded increase in referrals to programs.

• Productivity goals for staff has been directly linked to a minimum 5-hour billable workday.

• Ongoing monitoring by the Clinical Supervisors and Director of Quality Improvement and Monitoring has further added to greater efficiency in the timely documentation of billable services to third party entities.

• To further increase our capacity to serve, we have extended our outpatient mental health services to evening hours at our Englewood facility to accommodate those clients with jobs during the day.

• We have further implemented a 24-hour crisis hotline to address any mental health crisis that may occur and expanded our crisis services to include a mobile crisis team that will respond directly to the location of the person in need of services.

• Our work continues at our Triage and Wellness Center, in conjunction with the Bobby Wright Mental Health center to operate 24-hour operations to assess, stabilize and refer persons to our services who may otherwise placed in a psychiatric hospital or incarcerated.
KEY STRATEGIC INITIATIVES AND PERFORMANCE IMPROVEMENT AREAS

• Align HSI core clinical models and functions to create synergies and magnify impact for all those served.

• Ensure that racial and health equity inform HSI’s work throughout its programs and operations.

• Leverage HSI resources—including staff, relationships, networks, and assets—in a coordinated pursuit of systemic racism change and justice.

• Continued cultivation of collaborative violence prevention programs using evidenced-based modalities.

• Ensure justice involved returning citizens’ benefit through partnerships and collaborations to impact both recidivism and civic engagement.

• Establish a network of administrative and purchasing resources that utilize MBE/WBE contractors as back-office support to Community-Based Organizations.

• Ensure Data Analytics inform decision-making and metrics to improve outcomes.

• Ensure systems are cultivated to insure continued licensing, certification, and accreditation.

• Establish academic partnerships that promote Community-based research.

• Develop strategies to improve upon Behavioral Health Workforce Development.

• Align Behavioral and Public Health systems of care to an effort to impact Health and Behavioral Health Disparities.

• Cultivate community-based systems of care that address the disproportionate representation of African American children and adults in the Juvenile Justice, Child Welfare and Criminal Justice systems.

• Foster intergenerational systems of care that build resiliency and address generational trauma. This model will complement existing adult behavioral health services to include senior services offered by the organization and currently funded by HUD, Illinois Department of Human Services, Divisions of Mental Health, Developmental Disabilities and Substance Use Prevention and Recovery.
LOOKING TO THE FUTURE

As we look to our future, our strategic initiatives have taken an increasingly ambitious and intentional focus and continue to be influenced by our “Blueprint to Self-Sufficiency” Nine (9) Strategic Goals:

1. Improve Cash Flow
2. Increase Percentage of Private Funds
3. Maintain and Improve Human Resource Strategy
4. Improve/Further Establish Community Development Strategy
5. Develop and Implement Social Entrepreneur Strategy
6. Automate Client Record and Billing Systems (EHR) (IMPACT Assessment)
7. Maintain and Improve Program Effectiveness and Efficiency
8. Develop Research and Education Institute
9. Maintain and Improve Current Levels of Funding

As core areas of our plans have remained, the strategies ahead in the new planning process will be evidenced as the agency looks forward to embarking upon a new planning process, with funding support from the Illinois Criminal Justice Information Authority (ICJIA)

With more funds generated, HSI can continue its stellar service delivery to combat the effects of trauma and violence in our communities and address the social determinants of health. It is this approach that shall serve us well as we continue to build our collaborative partnerships and magnify our impact in targeted communities.
HSI has a deep and ongoing presence in the communities we serve. Connecting to the individuals and families where they live, work and play is important to making sure people know the kinds of services that are available.

Some specific results of our reach.

112
Total Number of Events/Activities

5771
Email Blasts – Correspondence Opened

30
Types of Outreach Activities/Workshops Offered

15,753
Social Media/Local Newspaper People Reached

40
Number of Community Based Organization Partners

7441
Collateral Distributions

31
# Youth Reached Trained for Youth Community Health Workers

2717
Phone Conversations/Contacted

Example of our Community Engagement
THE HSI GENERATION Z HEALTH AMBASSADORS
We created a diverse panel of young people to ask them about what motivates their generation on the important issues of our time. Some of the values and behaviors learned about the newest adult generation are:

• Individual expression and avoidance of labels
• Mobilization for a variety of causes
• Efficacy of dialogue to solve conflicts
• Intuitive-related decision making
LIVES CHANGED
LIVES CHANGED

BRENDA WYATT
Brenda Wyatt is 60 years old and has seen her share of challenges.

She says she was stuck to drinking for over 30 years, all while raising her five sons. “I was a mean and ugly drunk living in my own filth and misery,” she said.

In March of 2022, she cried out to God. And He answered. After 28 days in detox at Loretto Hospital, Brenda entered into Tabitha House for long-term residential treatment.

“Two social workers at Tabitha House, Ms. Angie and Ms. Marcy, taught me how to love myself again,” she said.

Brenda credits the structure, discipline, and rules that the difference.

Brenda’s progress has been so good that she has just started a job back at Loretto, as a patient sitter, working on the very same floor (the 5th) that she was on at her very lowest point. Now she describes herself as a “new born preacher in Christ Jesus” – I lean to God for everything.”

“Thanks to God, I’m living a life of joy. I love me today. My boys are so proud of me. Everything has changed.”

NICOLE CROISSANT
In Nicole’s own words
“I’ve been fighting drug and alcohol addiction since I was very young.

My dreams were to marry my high school sweetheart, own my own home, have children and be working alongside my father and grandfather in our family-owned business. But life had different plans for me. With insecurity, abandonment issues, and mental health challenges, I turned to alcohol and then to drugs. My addiction turned me into someone I didn’t even recognize.

I never in a million years imagined that recovery would be possible for me until I got to Tabitha’s house.

Tabitha house offered me something that I’ve never had before in my life which was structure. I believe that structure, the groups, and the staff in
within Tabitha House, is the main reason why I’m where I’m at today in my life.

Being in Tabitha’s house reminded me of my dreams as a child. I’m grateful that I’m able to make some of them still come true.”

Tabitha’s house was a calling for me to do something different with my life; to help change someone’s story like mine, for the better. I remember the first day of getting to Tabitha’s house and the program manager, Ms. Angie, said to me “you’re going to be doing this kind of work one day, just you watch.”

She couldn’t have been more right. My stay at Tabitha house led me to work for HSI and within the clients at Tabitha’s house, the very place that saved my life.

On Dec. 18th I will have 3 years clean and sober. But I know I will have to continue to fight this battle for the rest of my life. Today, I am in such a great place in my life at 2 years and 8 months clean and sober! I’m beyond proud of the steps that I’ve taken to better myself, and my life! I’ve slowly started gaining back everything that I had lost, one day at a time!”

SEQUOIA TAYLOR

Sequoia Taylor’s high school was concerned. Her grades had suddenly dropped from “As” to “Ds”. The high school referred her to HSI’s Restorative Justice II program. During the screen and intake process the HSI staff recognized that Sequoia lacked socialization skills and displayed anger issues when communicating with adult figures. For a time, she stopped having meaningful conversations at all.

Over the next few years, she received the support from HSI’s Restorative Justice team. Despite Sequoia having a lack of family support, she became the first person in her family of eight siblings to graduate from high school and is currently attending National Louis University in Chicago, majoring in Education.

Sequoia said: “I have learned to believe in myself; my world is bigger than the street I live on. I have learned team building skills, and most of all I have learned how not to place blame on others and accept responsibility for my own actions, and I understand for me, my road to success is through education.”
**COREY JEANS**

Corey Jeans and his brother were suffering horrific neglect inside their home. When HSI CEO, Donald Dew, learned of their distress, he immediately went into action and worked to place them in a safer environment.

Corey, now 22 who has developmental disabilities, lives in HSI’s residential DD-CILA home where he has attended the community day program to receive vocational job training skills. That led to employment, working at one of the federal buildings in downtown Chicago.

Since he has been with HSI, he has graduated from Westinghouse H.S and has a job. He’s looking forward to a bright future. Corey has dreams of attending college and getting his own apartment. Corey’s story shows that someone can find light from the most troubled circumstances when social services are applied.

**WILLIE BROWN**

In January 2020, Willie Brown, an HSI client, was diagnosed with cancer. At first, he was confused. Then he refused to undertake the long arduous road of treatment. It was as if he had decided to give up right away.

But the doctor’s, HSI case workers and other HSI support staff stayed on him. Finally, he agreed to go through treatment for his cancer. It was a tough road. Because of the type of cancer he was fighting, Willie needed MRIs, and CAT scans, and other uncomfortable appointments. But the lowest point was when Willie’s HSI case manager, Mr. Clark, who he was very close to, died suddenly. The loss devastated everyone at HSI – including Willie.

His loss left all of us devastated, especially Willie. But through the encouragement of his HSI team, Willie fought through, saying “Mr. Clark would want me to finish.”

In all, Willie required 20 treatments. In between each treatment, he had a number of steps to complete. The HSI team was there helping him through the entire journey. Willie’s spirit was infectious it set the pace and tone for all who worked with him.
On August 12th, Willie completed his treatment and rang the bell of success three times.

**RICKY STENCIEL**

Growing up, Ricky Stenciel had no positive male role models in his life. His male family members were in and out of incarceration. When they were out, they didn’t provide Ricky with the guidance and support every young boy needs. Inevitably, this led Ricky to display defiant attitudes toward male figures. Other trouble followed.

Seeing Ricky as a student “at risk”, his school referred him to HSI’s Restorative Justice program. From here, everything changed in Ricky’s life. Through the mentorship and support he received at HSI, Ricky learned that there is another path in life than the one his male family members had pursued. Coach Blue, an HSI staffer for the Restorative Justice program, became a father figure to him, instilling discipline and encouragement.

Now, Ricky has developed key communication skills. He is focused and his demeanor has sharply improved. He is an active participant in HSI’s positive choice workshops and has worked the last two summers as a junior recreational leader at John Marshall High School. He plays on the Varsity Baseball team and was just recently voted captain of the Varsity Football team.

Ricky is now looking at his future: “I want to do something great with my life,” he says.

As one HSI staffer said it: “Ricky is the rescuer of his own destiny; he is well on his way to determining his future.”
1. **HSI MAIN OFFICE**  
415 S. Kilpatrick Ave.

2. **ELOIS MCCOY VILLAGE APARTMENTS**  
4650 W. Van Buren  
A sixty-unit housing facility for elderly persons, in need of affordable supportive living arrangements. The structure was built on a block square lot across the street from the organization’s main facility at 415 S. Kilpatrick. Funding for this project was obtained from HUD- Department of Housing and Urban Development, the Chicago Department of Housing and the Community Bank of Lawndale.

3. **ENOLA A. DEW APARTMENTS**  
4623 W. Gladys  
A 60-unit apartment complex designed to provide affordable, state of the art senior housing. The addition of this facility will add to the quality of life for the elderly in this community.

4. **VETERANS VILLAGE** (proposed)

5. **ROBERT LEFLORE HOUSE**  
4652 West Jackson  
Community Integrated Living Arrangement (CILA) group home for persons with disabilities. This CILA provides additional housing for this population and allow for placement in both a community based and lesser restrictive environment.

6. **TABITHA HOUSE**  
550 N. Pine  
A 28-bed recovery home for chemically dependent women who are in the recovery process. Women in this residential program receive individual and group
counseling and intensive case management services to develop and implement strategies to meet the objectives of independent and drug-free living. More permanent housing and employment are primary focuses while in the program.

7. WESTSIDE COMMUNITY TRIAGE AND WELLNESS CENTER
   4133 W. Madison Street
   The Westside Community Triage & Wellness Center is a strategic partnership between HSI, Bobby E. Wright Comprehensive Mental Health Center, and Cook County Health and Hospital System to mitigate violence and trauma on Chicago’s Westside. This serves as a neighborhood urgent mental health center. The Center serves as an oasis of wellness to provide screening/assessments, crisis intervention, intensive case management services, psychotropic medications, referrals, and follow up to all our clients and family members. The Crisis Line is accessible 24 hours/7 Days a week.

8. MI CILA
   4234 W. Potomac
   Provides supervised residential services for adults that have a mental illness and/or developmental disability. The CILA is designed to meet the needs of the individuals and allow them to explore and achieve personal growth through access to community facilities and programs.

9. LEOLA SPANN HOUSE
   4732 West Ohio
   Provides transitional residential and support services to individuals diagnosed with serious mental illness, who are residents of nursing facilities as they transition to permanent supportive housing in accordance with the Williams Consent Decree. These individually based services include a community support team, case management, life skills and counselling.

10. CLARA HOPE HOUSE
    1049 N. Drake
    Provides residential housing in a community setting and an array of responsive services for 8 homeless adult mentally ill consumers with or without a co-occurring disorder of substance abuse and will help them achieve their highest level of self-efficiency.

11. DELORES EXUM HOUSE
    3421 W. Huron
    Community Integrated Living Arrangement (CILA) group home for persons with disabilities. This CILA provides additional housing for this population and allow for placement in both a community based and lesser restrictive environment.

12. HAZEL PHILLIPS HOUSE
    5027 W. Maypole
    Community Integrated Living Arrangement (CILA) group home for persons with disabilities. This CILA provides additional housing for this population and allow for placement in both a community based and lesser restrictive environment.
13. **NOLA BRIGHT HOUSE**  
4854 W. Fulton  
Community Integrated Living Arrangement (CILA) group home for persons with disabilities. This CILA provides additional housing for this population and allow for placement in both a community based and lesser restrictive environment.

14. **EMERGENCY HOUSING**  
915 N. Massasoit  
Provides supervised residential homelike environment for persons in crisis situations who suffer psychiatric illness and/or substance abuse. Services are available to persons who are unable to live independently, but do not require hospitalization.

15. **ARCH PROGRAM**  
2929 S. Wabash Avenue  
The ARCH Program (ACT Resources for the Chronically Homeless) overall goals were to bring about significant expansion of permanent supportive housing, coordination and maximization of mainstream resources, and expansion of evidence-based service strategies to meet the complex needs of persons who experience chronic homelessness. Housing is provided in both scattered site and clustered unit configurations. The team also works to connect consumers to mainstream resources and services in the community in which they live.

16. **URBAN BEHAVIORAL HEALTH SERVICES INSTITUTE**  
6845 South Western Avenue  
This outpatient Community Mental Health Center offers:  
- Individual, Group and Family Counseling  
- Case Management Services  
- Crisis Intervention  
- Psychiatric Evaluation  
- Medication Management
WESTSIDE COMMUNITY TRIAGE CENTER
The Westside Community Triage & Wellness Center is a strategic partnership between HSI, Bobby E. Wright Comprehensive Mental Health Center, and Cook County Health and Hospital System to mitigate violence and trauma on Chicago’s Westside. This serves as a neighborhood urgent mental health center. The Center serves as an oasis of wellness to provide screening/assessments, crisis intervention, intensive case management services, psychotropic medications, referrals, and follow up to all our clients and family members. The Crisis Line is accessible 24 hours/7 Days a week.

WESTSIDE COLLABORATIVE PROJECT (R3 PROJECT)
The Westside Community Triage & Wellness Center is a strategic partnership between HSI, Bobby E. Wright Comprehensive Mental Health Center, and Cook County Health and Hospital System to mitigate violence and trauma on Chicago’s Westside. This serves as a neighborhood urgent mental health center. The Center serves as an oasis of wellness to provide screening/assessments, crisis intervention, intensive case management services, psychotropic medications, referrals, and follow up to all our clients and family members. The Crisis Line is accessible 24 hours/7 Days a week.

TRAUMA-INFORMED CENTERS OF CARE (TICC)
HSI understands the role trauma plays in people’s lives and the traumatic stressors that impact individual’s decision-making. The program, funded by Chicago Department of Public Health/Mental Health, understand the impact of trauma on the individuals we serve and promotes cultural, and organization change in responding to the consumers/clients served as well as responding by integrating knowledge about trauma into practices, and settings. The Trauma-Informed Care program is a service delivery approach with the intention of promoting positive outcomes by emphasizing physical, psychological, and emotional safety and enhancing wellbeing by empowering individuals to define their needs and goals and make choices about their service needs.

HSI BULLYING AND SUICIDE PREVENTION NETWORK
Funded by the Chicago Department of Public Health, Office of Violence Prevention and Behavioral Health, the HSI Bullying and Suicide Prevention Network combines evidence-based prevention practices, social-emotional learning, and restorative practices models with a holistic continuum of wrap-around services to effectively serve at-risk youth within Austin, East and West Garfield Park, and North Lawndale communities.
COLLABORATIONS

COUNTING ON CHICAGO
HSI formed the Counting on Chicago Coalition with over 30 organizations, which employed over 250 outreach workers to encourage participation in the 2020 census. Counting on Chicago Coalition was the largest Illinois Census Regional Intermediary and largest grant recipient from the state of Illinois.

“Illinois Health Practice Alliance (IHPA)
HSI is a member agency that provides behavioral health services to attributed members of the Illinois Health Practice Alliance (IHPA), which was created to improve the integration of behavioral and physical health care in the state of Illinois. IHPA serves as a clinically-integrated behavioral health network currently serving Medicaid beneficiaries in collaboration with payors across Illinois.

Behavioral Health Consortium of Illinois
CountyCare works closely with the Behavioral Health Consortium of Illinois, a group of mental health and substance use providers that streamlines access and expands capacity for behavioral health care services at both the ambulatory and inpatient settings. Consortium providers cover a wide geographic area across Chicago and suburban Cook County.

“Our children and grandchildren will look back on this moment and take stock of how we did as a society. Did we stand up for the vulnerable? We certainly did. Thank you, collaborative partners, for your tireless effort. And a special thank you to our HSI Family.”
Donald Dew
PRAIRIE MANAGEMENT & DEVELOPMENT, INC.
Provides Property Management services to HSI’s 120 units of 202 senior housing and 40 units of 811 disability housing. Working closely with HSI case managers, Prairie Management Service Coordinators ensure there’s a seamless continuum of care for tenants and their families.

RUSH REGIONAL LEADERSHIP CENTER AGENCY FUNDING PROGRAM (RUSH Medical Center)
HSI was awarded funding as a subcontractor to provide DUI and other polysubstance use legal assistance services to persons citywide and support successful transition of its Substance Use service to an electronic health platform.

ILLINOIS HEALTHCARE TRANSFORMATION INITIATIVES
HSI is a founding member of two state-funded collaboratives to help close gaps in the healthcare and the social service delivery network on the West Side of Chicago. The following two organizations applied for grants as part of the Illinois’ Healthcare Transformation Collaboratives

**Wellness West** is a coming together of proven, mission-driven health care and social service providers who have deep experience serving the diverse communities of the West Side. Besides HSI, this partnership includes: Access Community Health Network, Ann & Robert H. Lurie Children’s Hospital of Chicago, Bobby E. Wright Comprehensive Behavioral Health Center, Cook County Health, Humboldt Park Health, The Loretto Hospital, Rush University Medical Center and Sinai Chicago.

**Collaborative Bridges** is a partnership of healthcare and human service providers designed to tackle the multi-faceted problems of untreated behavioral health illness. The collaborative is closing the gaps, now often fatal, among disjointed islands of service in the acutely underserved communities on Chicago’s West Side. Besides HSI, this group includes: Bobby E. Wright Comprehensive Behavioral Health Center, Community Counseling Centers of Chicago (C4), Hartgrove Behavioral Health Systems, Humboldt Park Health, The Loretto Hospital
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Cynthia M. Washington
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National Association of Health Services Executives

Tiffany A. White
President and CEO
Healing Touch Home Health

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President/CEO
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Chief Operating Officer

Jason House
Chief Financial Officer

Laura Pleasants, LCSW
Director, Quality Improvement & Monitoring

Della Akres
Executive Assistant

CURRENT AND PAST BOARD CHAIRS
## Statement of Financial Position June 30, 2021 (With Comparative 2020 Totals)

### Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2021</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$ 266,765</td>
<td>$ 435,030</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>629,602</td>
<td>1,822,653</td>
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<tr>
<td>Prepaid Expenses and Deposits</td>
<td>39,252</td>
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<tr>
<td>Other Assets</td>
<td>89,550</td>
<td>88,970</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td>1,025,169</td>
<td>2,385,905</td>
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<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed Assets, Net</td>
<td>1,514,863</td>
<td>1,589,527</td>
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<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>1,514,863</td>
<td>1,589,527</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$ 2,540,032</td>
<td>$ 3,975,432</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Total 2021</th>
<th>Total 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>$ 681,699</td>
<td>$ 1,430,660</td>
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<tr>
<td>Accrued Liabilities</td>
<td>372,820</td>
<td>347,506</td>
</tr>
<tr>
<td>Deferred Revenue</td>
<td>849</td>
<td></td>
</tr>
<tr>
<td>Notes Payable (Current Portion)</td>
<td>33,601</td>
<td>131,218</td>
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<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>1,088,969</td>
<td>1,909,384</td>
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<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
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<tr>
<td>Long Term Notes Payable</td>
<td>1,010,194</td>
<td>2,052,926</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,099,163</td>
<td>3,962,310</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Assets Without Donor Restrictions</td>
<td>440,869</td>
<td>13,122</td>
</tr>
<tr>
<td><strong>Total Liabilities and Net Assets</strong></td>
<td>$ 2,540,032</td>
<td>$ 3,975,432</td>
</tr>
</tbody>
</table>
### STATEMENT OF FINANCIAL POSITION JUNE 30, 2021
(With Comparative 2020Totals)

<table>
<thead>
<tr>
<th>OPERATING REVENUES</th>
<th>TOTAL 2021</th>
<th>TOTAL 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Support</td>
<td>$7,448,313</td>
<td>$8,224,662</td>
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<tr>
<td>Medicaid</td>
<td>34,185</td>
<td>14,471</td>
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<tr>
<td>Contributions</td>
<td>327</td>
<td>29,986</td>
</tr>
<tr>
<td>Client Fees</td>
<td>347,816</td>
<td>330,534</td>
</tr>
<tr>
<td>Other Service Contracts</td>
<td>1,796,280</td>
<td>1,746,312</td>
</tr>
<tr>
<td>Special Event</td>
<td>24,650</td>
<td>27,520</td>
</tr>
<tr>
<td>In-Kind</td>
<td>38,325</td>
<td>-</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>285,636</td>
<td>177,021</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING REVENUES</strong></td>
<td><strong>9,975,532</strong></td>
<td><strong>10,550,506</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPERATING EXPENSES</th>
<th>TOTAL 2021</th>
<th>TOTAL 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Expenses</td>
<td>1,753,239</td>
<td>1,232,461</td>
</tr>
<tr>
<td>Program</td>
<td>7,764,600</td>
<td>9,183,925</td>
</tr>
<tr>
<td>Fundraising</td>
<td>29,946</td>
<td>16,412</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td><strong>9,547,785</strong></td>
<td><strong>10,432,798</strong></td>
</tr>
</tbody>
</table>

| CHANGE IN NET ASSETS                | 427,747    | 117,708    |

| NET ASSETS AT BEGINNING OF PERIOD   | 13,122     | (104,586)  |

| NET ASSETS AT END OF PERIOD         | **$440,869** | **$13,122** |
SOURCES OF PUBLIC SUPPORT

- Illinois Department of Human Services; Divisions of Mental Health, Developmental Disabilities, Substance Abuse Prevention and Recovery
- Illinois Department of Healthcare & Family Services
- Chicago Department of Public Health
- Health Resources and Services Administration (HRSA)
- Cook County Justice Advisory Council
- Cook County Health
- Illinois Criminal Justice Information Authority

AFFILIATIONS WITH MANAGED CARE ORGANIZATIONS

- County Care
- Meridian
- Blue Cross Blue Shield
- Aetna
- Blue Cross Blue Shield of Illinois
- Meridian Complete
- Molina
- Medicaid/HFS
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Illinois Health Practice Alliance
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Mesirov Financial
Modern Process Equipment, Inc.
National Kidney Foundation of Illinois
NBC 5 Chicago
Network for Good
New Age Services
New Hope Community Service, Inc.
Next Level Health Partners
Old Second National Bank
Parson Partners
Peoples Gas and North Shore Gas
Proven Business Systems State Farm
Ralph G. Moore & Associates (RGMA)
Renaissance Financial Services
Riteway Huggins Construction Services
Rush University Medical Center
Safer Foundation
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THE HSI INTEGRATED WORK CENTER

The renovation of Habilitative Systems Inc. will provide excellent integration of production, assembly, and packaging services through its revamped Wesley Workshop. The design of its first floor will be integral in promoting a healthy and optimistic work environment for its labor force consisting of consumers with developmental disabilities and non-disabled individuals. Design elements include a creative manipulation of the ceilings and walls to create interesting lighting arrangements, as well as an implementation of wood and Earth tones. The entire renovation has been approached with the progressive mindset of the future of a healthy and supportive workplace that includes technology. Initial funding was made possible through a $500,000 Congressional Earmark by Congressman Davis.