

Family Counseling Center, Inc.

Behavioral Health Services

FISCAL YEAR 2015 ANNUAL REPORT

**Person Centered Care to Promote Wellness
and Recovery**



www.fccinc.org

Greetings from the Interim Chief Executive Officer

Shawn Sando, MSW, MBA



On behalf of the Board of Directors and staff, I am pleased to present the Family Counseling Center (FCC) 2015 Annual Report. Throughout this report, you will find demographics, statistical data, outcomes measures and plans for FCC's future. As we move forward into 2016, our goal is to continually improve the excellence and diversity of care to meet the individualized needs of our client base.

Ultimately, we aim to learn from our stakeholders; especially those whose lives we impact the most, our clients, whose hopes and dreams continually drive FCC to excellence. Overall wellness of each person-served is our utmost goal.

Since 1976, Family Counseling Center has served as the behavioral health "safety net" for Southern Missouri. Care continues to be multi-dimensional, yet individualized. Our continuum of services and supports includes not only mental health and substance use disorder care but also prevention, crisis intervention, emergency room enhancement, education, health home and housing.

With my 22 years of service at FCC, I continue to embrace the opportunities and challenges to build upon our core foundation to better meet the unique needs of each person served. FY 2015 has been a year of restructuring our programs and protocols to more effectively achieve our mission. The Performance and Quality Improvement (PQI) leadership team's theme this year has been "Back to the Basics". After working with FCC's talented leadership team, we have collaboratively agreed that a focus on the organizational hierarchy, levels of supervision; as well as fundamental processes and clinical practices will be emphasized with particular attention to sustainability and stability.

The PQI team has embraced the Commission on Accreditation of Rehabilitation Facilities (CARF) ASPIRE to Excellence model as we set our priorities for the coming year. Relying upon qualitative (*i.e.*; *client psychosocial needs survey, satisfaction surveys, single-case studies, etc.*) and quantitative measures (*i.e.*; *client status reports, program evaluations, etc.*), the PQI team processed various "inputs" to develop our primary focus areas for the year. Central to our planning efforts are the principles of: (a) person-centered care, (b) evidence-based care, and (c) evaluation of efforts to measure the degree of success. The PQI team's primary mission is to help persons served achieve their unique recovery goals so that they may live successfully in the community of their choosing.

The team reorganized in 2015 with the following enhancements to our operating structure:

- ✚ Addition of two Clinical Officers to more fully develop PQI processes, work more closely with program directors, and provide more overall support to program staff in order to more effectively achieve FCC's mission. FCC's Clinical Officers at the publication of this report are:
 - Lisa Brooks, MA, LPC, Clinical Officer Mental Health Services
 - Melissa Weatherwax, BS, RSAP, MARS, Clinical Officer Substance Use Disorders

- ✚ Addition of Clinical Managers at each program to provide more frequent and relevant clinical supervision to program staff. It is expected that this will enhance clinical service delivery as well as allowing Program Directors to spend more time focused on the ongoing operations of their programs. Based on the development of this new role from previous stakeholder inputs, a survey was created and conducted using the Substance Abuse and Mental Health Services Administration's (SAMHSA) Tip 52, Clinical Supervision and Professional Development guide. The data informed the leadership team that our lowest areas of development (average score of 3, "Possibly") were as follows:
 - Staff have a common set of goals. A goal of the organization is that clinical supervision is valued and should be provided
 - Progress toward goals is monitored actively and does not wait for outcome evaluation. Ongoing monitoring is valued. Obstacles are identified and handled as an organizational challenge, instead of allowing a situation to deteriorate and be judged as demonstrating a lack of competence of particular staff members
 - Support for clinical supervision is appropriately generous. Allotment of time and resources is critical

Based on this feedback, the leadership team initiated a focus on clinical supervision practices, effective communication with program staff, and developed formal and informal mechanisms to monitor progress. The following key actions were initiated over the course of the year and continue to be ongoing:

- ✚ Supervision policies were updated to reflect a strong emphasis on the availability and purpose of supervision
- ✚ Initiated a year-long training program focused on clinical supervision using Tip 52
- ✚ Initiated quarterly Clinical Managers meetings to facilitate feedback, evaluation, and peer support
- ✚ Staff Orientation was modified to include FCC's principles of supervision

As a result of the analysis behind the Clinical Manager initiative, the team also identified the need to develop a Facility Manager role in residential settings to accomplish similar goals. Areas of emphasis include: staff development of treatment technicians; health and safety responsibilities; and assist the Program Director with the daily operations of each residential program.

During 2015, the leadership team selected the following key areas of change to impact programs and services of FCC based on stakeholder feedback and environmental analysis:

- ✚ **Person-centered Treatment Planning.** Treatment planning and review needs to be enhanced to better reflect and measure person-centered goals. A strong tie from the assessment to each individual progress note needs to be maintained to measure progress toward each person's recovery goals. The team is evaluating ongoing coaching efforts to assure plans are developed by the person; yet in a measureable as well as meaningful way. The goal is to make better use of treatment planning to measure and communicate progress with clients on their goals, as well as to potentially identify new goals and objectives.

- ✦ **Aftercare Planning.** Standardized after care planning that helps consumers transition from the treatment supports provided by Family Counseling Center to other supports that may be needed in the community to facilitate independent living. The goal is to initiate aftercare planning from day 1 to provide a seamless transition when services are discontinued that meet each client's unique needs.
- ✦ **Electronic Health Records (EHR).** The leadership team is committed to working more collaboratively with FCC's Information Technology department to complete the essential work of expanding our EHR capabilities. Adolescent substance use disorder programs are scheduled to go "live" with the new Avatar EHR by January 1, 2016.
- ✦ **Supervision.** Based on our follow-up survey; significant progress has been made since 2014. With the previously discussed addition of Clinical Officers, Clinical Managers and Facility Managers. Staff have more direct access to support and guidance. The challenge in FY 2016 will be shifting the readiness of staff from "preparation" to "action".
- ✦ **Care Access.** The team has evaluated the need for interim and more comprehensive community-based alternatives to care for those who are waiting to get into one of FCC's treatment programs. Plans are being developed to implement interim services with more resources for those who cannot immediately access care.
- ✦ **Primary Care Integration.** The integration of the Health Home program has created an enhanced awareness of the critical link between primary care issues and behavioral health issues. Clients need prescribers and practitioners that understand both disorders to use clinical strategies to help persons-served to achieve overall wellness. To this end, the Executive Team is evaluating collaborating for, or implementing, integrated primary care services in Kennett and Poplar Bluff.
- ✦ **Motivational Interviewing (MI).** Throughout FY 2015, all clinical staff have had the opportunity to learn more about MI through Relias on-line learning as well as in-person presentations by competent FCC staff. MI is a method that works on facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, person-centered intervention to elicit behavior change by helping persons to explore and resolve ambivalence. Our efforts to enhance core competencies around MI will continue in FY 2016. FCC has selected four staff who will participate in the Missouri Coalition for Community Behavioral Healthcare MI train-the-trainer 9-month collaborative.
- ✦ **Trauma.** Trauma-informed care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. FCC has a trauma implementation team comprised of six clinical staff. This team is part of a year-long learning collaborative through the Missouri Coalition for Community Behavioral Healthcare and the National Council for Behavioral Health. FCC's initial goal is to achieve a trauma-aware culture.

Accomplishments, Goals and Barriers

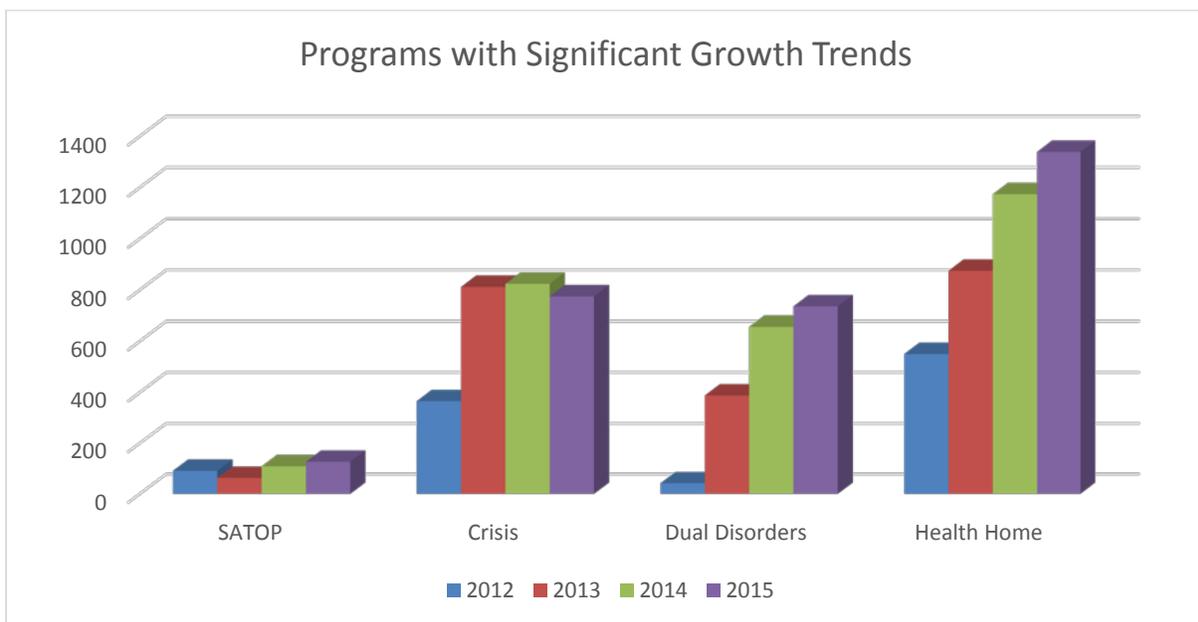
The services provided during the period of July 1, 2014 thru June 30, 2015 are described in this report. During the 2015 fiscal year, the agency served a total population of 4,980; a reduction of 4% from last year. Total admissions were 2,378 and total discharges were 2,092.

The slight reduction in persons-served was primarily a result of developing more specific admission criteria for mental health outpatient services in response to a decline in available funding. In addition, an increase in the availability of more intensive services resulted in some populations (ie; intensive residential treatment services) with longer lengths of stay.

Of those served:

- 3,456 (69%) were enrolled in a mental health program;
- 2,492 (50%) in substance use disorder programs;
- 127 (3%) served in SATOP (traffic offender) programs;
- 353 (7%) served in Drug Court programs;
- 111 (2%) served in Housing programs;
- 775 (16%) served in Crisis services;
- 1,339 (27%) served with Healthcare Home services

370 (7%) of persons-served received services in both a mental health and a substance use disorder program. Those enrolled in integrated dual disorders treatment (IDDT) were 736 (15%). Despite an overall reduction of 4% in persons-served, several programs have experienced significant growth.

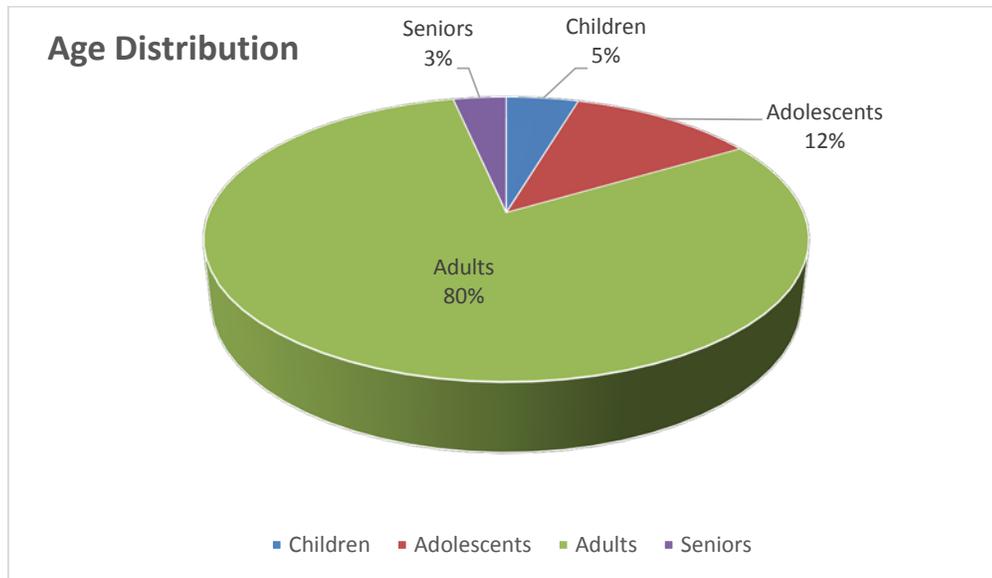


These program areas continue to emphasize ongoing outreach and engagement. Efforts continue to yield significant results in meeting the clinical needs of the populations FCC serves. Each of these program areas are critical to help persons effectively deal with their often chronic disorder(s); resulting in more efficient care management that reduces the healthcare costs per-person.

Consumer Demographics

The agency served 2,391 (48%) male and 2,577 (52%) female clients.

- 229 children (ages 11 and under) served;
- 590 adolescents (ages 12-17) served;
- 3,977 adults, non-seniors (ages 18-62) served;
- 188 seniors (ages 64 and over) were provided services.



The racial distribution of FCC’s population served in FY 2015 was:

- 85% White
- 12% Black
- 1% Hispanic
- 2% Other

The racial distribution is not significantly different from the previous year.

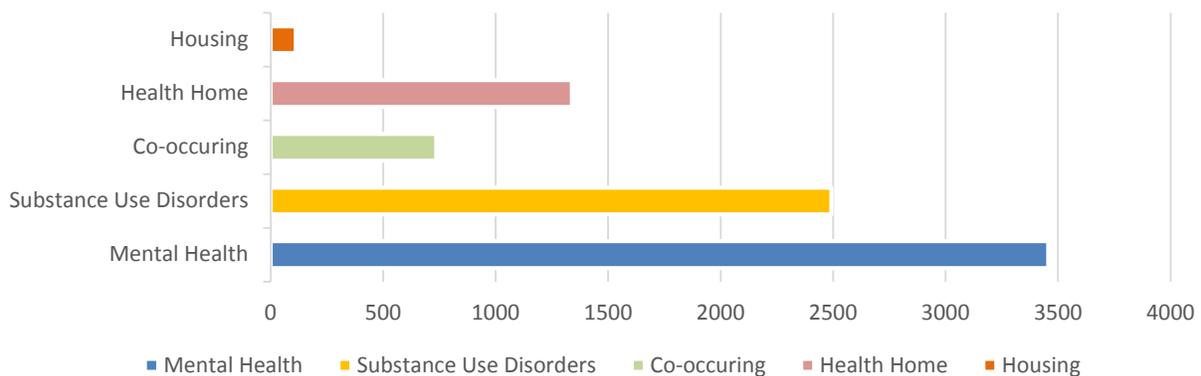
Population Statistics

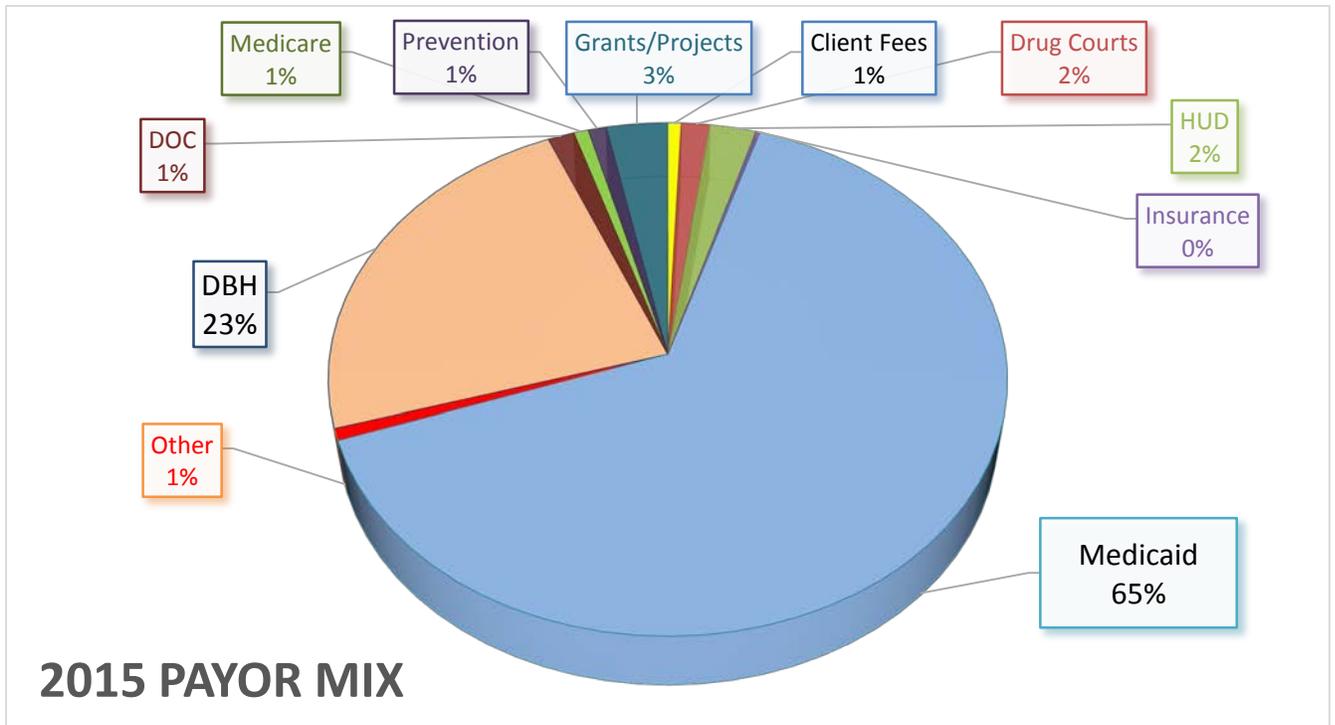
FCC serves a diverse population of persons for mental health and/or substance use disorder care. Clinical demographics of our persons-served last year are presented below.

Statistically:

- 52% of all persons-served are female
 - 3% pregnant at admission
- 80% of all persons-served are between the ages of 18 and 64
- 3% of adults are Veterans
- 3% are hearing impaired
- 85% of all persons-served are Caucasian
- 51% of adults completed high school or higher
 - 1% completed technical school
 - 2% completed a bachelor’s degree
 - < 1% completed an advanced degree
- 76% of all persons-served are unemployed or not in the labor force
- 31% of all adult persons-served are in a dependent living situation; 67% independent; 2% homeless
- 80% of children and adolescents were still in a home placement; 20% were out of home placements
- The average monthly income of adult client is \$572 (or \$6,860 per year)

Persons-served by Type of Care

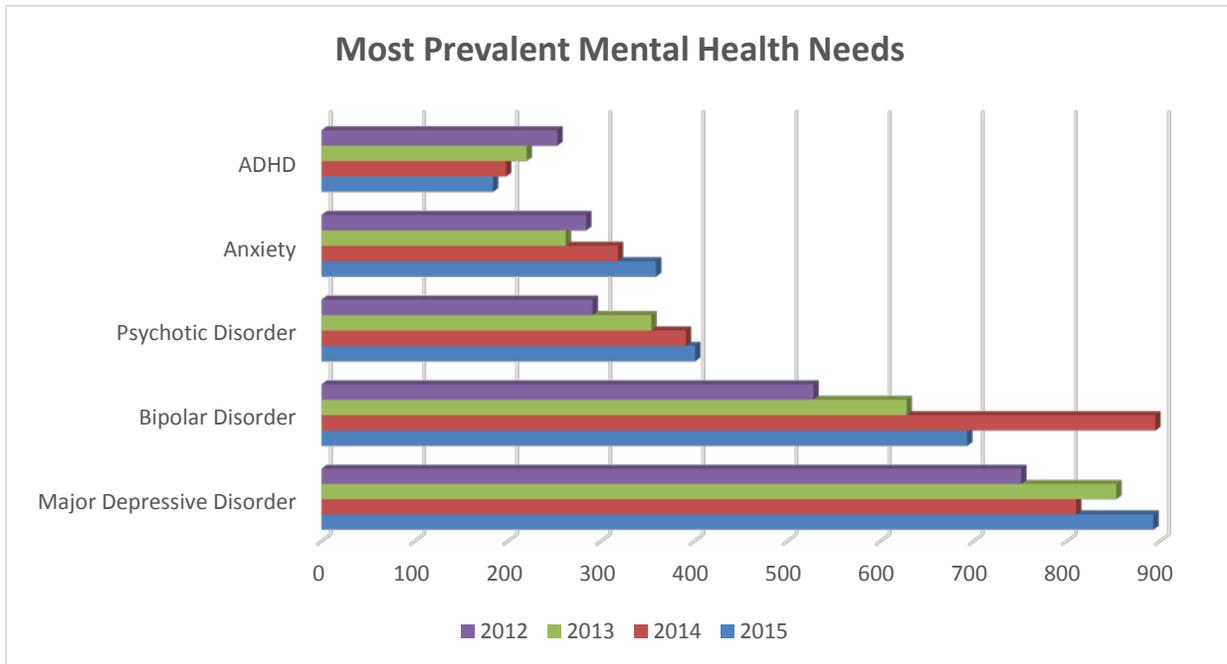




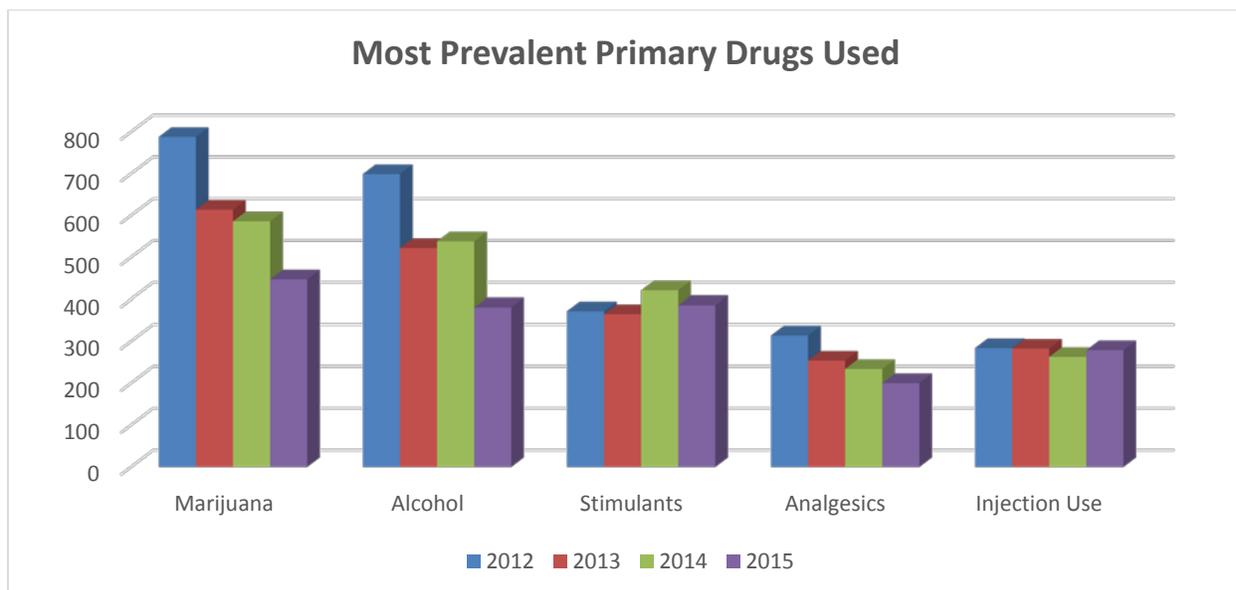
FCC continually assesses the environment for payor opportunities to initiate new clinical services as well as to enhance and/or expand existing care options. The Executive Team has several funding initiatives for the coming year:

- Excellence in Mental Health Act.** The State of Missouri was awarded a planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the amount of \$982,373 for the development of community behavioral health clinics. FCC continues to be actively involved in the state-wide initiative serving on the Steering Committee, Crisis Intervention Workgroup, Integrated Behavioral Health Workgroup, SPQM Workgroup and Costing Workgroup.
- 1115 Waiver.** FCC is an active participant in the 1115 Waiver Stakeholders Workgroup. The State’s proposed 5-year waiver will be budget neutral while providing clinical services to Missourians aged 19-35 who are identified through a behavioral health crisis.
- Federal Probation.** FCC was awarded a residential treatment services contract for federal probation and parole clients. Services will be provided at FCC’s Stapleton Center for federal offenders in need of substance use disorder treatment services.

During FY 2015 some minor funding cuts did occur. Department of Corrections (DoC) funds for substance use disorder treatment was cut \$21,716. This resulted in the closure of the Charleston satellite office location. No significant cuts are projected for FY 2016. However, the Governor has announced that the provider rate increase will be reduced from 3% to 1%. FCC does not anticipate any impact to clinical services as a result of this reduction.



In Missouri, mental health remains a significant health problem. 210,000 adults (4.7%) have had serious thoughts of suicide in the past-year. 230,000 adults (5.1%) have had a serious mental illness in the past year. Only 47.4% of adults with mental illness received care within the past year. 47,000 adolescents (9.9%) had at least one major depressive episode within the past year. Of those who did receive care for mental illness, 66.7% of adults and 64.9% of children reported improved functioning from treatment services (SAMHSA 2014).



In Missouri, 307,000 adults (6.2%) were dependent on or abused alcohol within the past year. 120,000 (2.4%) were dependent on or abused illicit drugs during the past year. 42,000 adolescents (8.8%) reported using illicit drugs in the past month. 108,000 adolescents (15.1%) reported binge alcohol use in the past month. (SAMHSA 2014)

Philosophy and Effectiveness of Services

Ethical, Quality Practices

Core to service effectiveness is the agency's belief in a person-centered approach to treatment. Individualized treatment plans are a primary, qualitative measure of service effectiveness on a micro-level. Each consumer completes an individualized care plan in collaboration with their therapist and other members of their care team. The agency believes each individual's care plan is the most important measure of service effectiveness. Clinical staff receive ongoing training in the collaboration, development, and measurement of effective treatment planning.

- Strengths-based, Biopsychosocial Approach to Person-Centered Care that promotes resiliency and wellness

Medical Necessity of Services

- Diagnosis – signs/symptoms are clearly evident in the chart and made within the last year
- Disorder results in functional impairments
- Assessment – Clearly identifies diagnosis and functional impairments qualifying the diagnosis as well as consumer strengths and resources to build upon
- Treatment Plan – Goals and objectives clearly address functional impairments and consumer's recovery goals to deal with presenting problems
- Progress Note – Interventions clearly relate to treatment plan goals/objectives.

Evidence-based Care Approaches Used

- Motivational Interviewing (MI)
- Cognitive Behavior Therapy (CBT)
- Dialectic Behavioral Therapy (DBT)
- Moral Reconciliation Therapy (MRT)
- Relapse Prevention Therapy (RPT)
- Integrated Dual Disorders Treatment (IDDT)
- Suicide Awareness/Prevention – Crisis Interventions
- Solutions Focused Therapy
- Integrated Health Care Coordination

Emerging Approaches

- Trauma-informed Care
- Parent-Child Interactive Therapy (PCIT)

In addition to regular monitoring of various reports by the Performance and Quality Improvement Committee (PQI), the Executive Team, Clinical Managers Workgroup, and Facility Managers Workgroup annually review effectiveness of services during Strategic Planning. The Executive Team carefully assesses service effectiveness and gaps in services to enhance each program's ability to empower client recovery.

The agency recognizes the need to enhance our ability to conduct macro-level, quantitative analysis of service effectiveness. To this end, the PQI Committee is expanding upon client satisfaction surveys and external reviews (i.e.; Department of Mental Health Certifications, SBAR, etc.) to get a more comprehensive assessment of each program's effectiveness. Satisfaction surveys, focus groups and client-lead workgroups will continue to be a core source of direct input on program experiences and service effectiveness.

Family Counseling Center continues to examine ways to increase communication among programs and other community-based resources in order to increase client access to necessary recovery supports. Collaboration and coordination of resources allow persons to have more choices available to help them achieve their unique recovery goals. Many programs throughout the agency have connected with each other to assist in establishing seamless supports for persons-served. This connecting and communicating will continue to be encouraged through employee training and orientation.

In addition to assessment of current clinical practices, the routine dissemination of current trends and new interventions to help keep all staff abreast of developments in the behavioral health field. FCC remains prepared to modify care and training as needs and concerns arise as input is received from employees, families, and our clients who access services. Knowledge and communication are important as Family Counseling Center strives to empower person-centered recovery and wellness.

New Programs and Services

South Pointe Apartments

South Pointe, a joint venture between MACO Companies and FCC, is a proposed new construction apartment community which will be comprised of 48 two bedroom two bath apartments. The proposed location of this site is 3101 Warrior Lane, Poplar Bluff. This six acre site has easy access to both, Business 67 and U.S. Highway 67, giving residents easy access to shopping, employment, health care, schools, and entertainment.

The exterior of the apartments will be brick and vinyl. Each apartment will have a covered entrance and a rear patio or balcony. The apartments will be constructed utilizing high grade, low maintenance materials that will provide a clean, safe, and affordable living environment. The master bedroom will have its own bathroom facility while a second bath will be accessible from the hallway near the second bedroom. The kitchen will be equipped with a range, range hood, refrigerator, garbage disposal, and a laundry closet with washer and dryer hookup. High quality carpet will cover the floors in the bedrooms, hallway, and living room, while the kitchen and bathrooms will have vinyl flooring. Each apartment will have its own high efficiency furnace, central air conditioning, and well insulated water heater. The lawn areas will be landscaped and will include park benches, barbecue grills, and playground equipment for the enjoyment of the residents.

Five of the two bedroom apartments will be designated as “special needs” units. A person with Special Needs is a person who is physically, emotionally or mentally impaired or suffers from mental illness; developmentally disabled; homeless; or a youth aging out of foster care. The rents for these units is projected at \$190 per month. Seven of the two bedroom apartments will be set aside for people at 50% or less of the Butler County “area median income” and are projected to have rents at \$420 per month. The 36 remaining apartments will be restricted to residents at 60% or less of the Butler County AMI and are projected to have rents at \$495 per month.

Estimated completion of the project is July 31, 2016.

Disease Management Initiative

The Disease Management (DM) Project began as a two year collaborative initiative in November 2010 among the Missouri Department of Behavioral Health (DBH), MO HealthNet Division (MHD), the Coalition of Community Mental Health Centers, and contracted DBH Providers. The project targets high cost Medicaid recipients who have severe mental illness and chronic medical conditions. The DM project has saved the Missouri Medicaid program millions of dollars, and more significantly, improved the health and well-being of thousands of people in Missouri.

As a result of the success of the program, disease management was expanded in 2014 to individuals with high medical costs, chronic medical conditions and substance use disorders. Many individuals with substance use disorders have other chronic diseases, yet behavioral and physical health services have historically been delivered through separate systems with little cross-system coordination. The expanded DM program seeks to effectively and efficiently coordinate care management to reduce costs and improve health outcomes.

During FY 2015, FCC was able to staff a multi-disciplinary DM Team. The FCC DM Team consists of a full time Clinical Manager as well as four full-time outreach care coordinators. The DM team provides outreach and engagement, coordinates necessary services with an emphasis on community support/case management to coordinate and manage their medical and psychiatric conditions. The FCC DM Program currently has 336 people actively enrolled in services. Additionally, 295 people are being outreached for potential enrollment. The FCC DM Team provides services in the following counties: Dunklin, Pemiscot, Butler, Wayne, Howell, Wright, Reynolds, Stoddard, New Madrid, Ripley, Carter, Scott, Mississippi, Oregon and Shannon.

Programs and Services

Adult Community Psychiatric Rehabilitation (CPR)



The adult CPR centers are designed to comprehensively meet the wellness needs of seriously mentally ill adults, age 18 and older, with disabilities in social role functioning and daily living skills. The clinical team works closely with persons served in their home and a variety of community settings to provide a wide-range of counseling and case management services to promote recovery and wellness. In FY 2015, the programs served 1,195 persons. 103 (9%) received integrated dual disorder treatment and 213 (18%) received enhanced psychosocial rehabilitation interventions such as Illness

Management and Recovery (IMR).

Interventions are designed to help persons served with chronic and persistent mental health disorders reduce psychiatric hospitalization and continue to live within the community. Caseworkers monitor all aspects of a person's functioning and insure that services are in place to develop the individual's self-sufficiency and independence. Services are provided in a group setting and focus on recovery and management of mental illness. Persons served can meet with a mental health therapist as needed. Psychiatry services are routinely scheduled at 2-3 month intervals with emergency visits available if needed.

Service array includes: Comprehensive assessment and evaluation services; Crisis Intervention; Community Care Coordinator; Physician; Tele Medicine; Consultation; Healthcare Home; Medication Management; Individual Therapy; Enhanced Groups; Psychosocial Rehabilitation. The Kennett Program also offers a co-occurring disorders program for individuals with addiction disorders. Self-management of symptoms is promoted using the IMR clinical framework. CPR services are provided in Kennett, Poplar Bluff, and Piedmont.

Using the Daily Living Activities Assessment Scale (DLA-20) to rate the clinical severity of symptoms and overall functioning, the program participants, on average experienced an improvement of symptoms from an average score of 39 (Major Impairment in 4 areas of functioning) to an average score of 47 (2 Serious Symptoms or Serious Impairments in Functioning) within one year of care. This is significant improvement for children served as overall functioning has been restored. The program team is evaluating interventions, psychosocial rehabilitation activities and access to care in an effort to raise DLA-20 scores. One particular area of enhancement is the availability of Peer Support Services and Illness Management and Recovery (IMR) interventions. The goal for FY 2016 is that the average DLA-20 score improves to 50 or higher within one year of care; and 60 or higher within two years of care.

Youth Community Psychiatric Rehabilitation (CPR)



Youth mental health programs offer the opportunity to work with trained staff in a variety of activities for youth designed to enhance and improve their ability to function more independently within the family and/or community. Program locations include Kennett, Caruthersville and Poplar Bluff.

During FY 2015, the programs served 378 children. Youth involved in the program have severe and persistent mental illness and/or severe emotional disturbance. The evidence-based services provided are individualized to meet the needs of youth and their families to promote recovery and wellness.

Care is tailored from a strengths-based approach to the individual's/family's needs and goals. Program staff are continuing to develop competencies in parent-child interactive therapy for children ages 6 and under, as well as continued collaboration with area schools to help children and youth attain enhanced wellness.



Using the Children's Global Assessment Scale (CGAS) to rate the clinical severity of symptoms and overall functioning, the program participants, on average experienced an improvement of symptoms from an average score of 40 (Serious Problems – major impairment in several areas and unable to function in one area) to an average score of 47 (Obvious Problems – moderate



impairment in most areas or severe in one area) within one year of care. This is significant improvement for children served as overall functioning has been restored. The program team is evaluating interventions, psychosocial rehabilitation activities and access to care in an effort to raise CGAS scores. The goal for FY 2016 is that the average CGAS score improves to 51 or higher within one year of care.

Mental Health Clinics

Mental health clinics in Kennett, Caruthersville and Poplar Bluff provide outpatient mental health, psychiatry, urgent care, crisis intervention, emergency room enhancement (ERE) and community mental health liaison (CMHL) services across a seven county service area that includes Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley and Wayne Counties.

During FY 2015, the clinics served 2,724 clients with 25,893 visits; or an average of 9.5 visits per person. The clinics are continuing to develop staff competencies around rapid mental health stabilization. Qualified mental health professionals in the clinics employ solutions-focused therapy, moral recognition therapy (MRT), and crisis/suicide intervention strategies with persons served. Outpatient staff strives to quickly help persons served to develop needed coping skills and provide assessment to link with longer-term services that may be appropriate.

Psychiatrists continue to provide medication management services to persons once therapy sessions are discontinued unless their primary care physician is able to provide such service.

Mental health clinic staff provide a critical public safety role to our communities with the provision of 24/7 mental health crisis intervention services. Family Counseling Center's 24/7 crisis response unit coordinates on-site, immediate crisis interventions for persons in crisis. A qualified mental health profession assesses the situation and immediately coordinates an appropriate response that may include: (a) learning and practicing immediate coping skills, (b) referral to next-day urgent care, (c) referral to inpatient psychiatric services, or (d) coordinating with legal personnel for involuntary commitments when necessary.

During FY 2015 FCC's crisis teams responded to 963 total crisis calls. Of these crisis contacts: 49% resulted in a non-emergency outpatient mental health clinic referral; 20% resulted in follow-up with an existing provider; 11% admitted to psychiatric inpatient hospital; 7% to next day urgent mental health care; 2% for urgent substance use disorders treatment; and 10% to other non-emergency community-based care providers. The efforts of the crisis team have diverted an estimated 89% of unnecessary emergency room visits with rapid response in the community.

Emergency Room Enhancement (ERE) Project



FCC's project delivers accessible, flexible, responsive behavioral health care options to promote wellness using community-based treatment interventions. FCC's project specifically seeks to address the following objectives:

- ✚ Engage target consumers into ongoing community-based treatment
- ✚ Coordinate overall wellness by addressing behavioral health, physical health, and basic needs to promote stable community-based living
- ✚ Reduce the need for hospitalizations
- ✚ Reduce the length of stay for hospitalizations as a result of non-clinical factors

ERE utilizes a community-based approach that seamlessly allows persons-served to move along a continuum of care to best meet their ongoing behavioral health needs of the target population(s):

- ✚ Persons with multiple ER visits in a relatively short period of time
- ✚ Persons with co-occurring disorders
- ✚ Persons who are not engaged in community behavioral health services and are not likely to engage in traditional services
- ✚ Persons with chronic medical conditions
- ✚ Uninsured/under-insured persons
- ✚ Persons who are homeless or have unstable housing situations

The project is a true community effort, partnering many providers to assure appropriate and seamless access to care. Services across the continuum include short-term, intensive response, and longer-term supports that promote self-sufficiency. Linkage options across this comprehensive continuum of care are illustrated below:



State-wide outcomes (*past 2 years*): Missouri has 7 ERE projects across the state working with 61 hospitals and health centers for people in behavioral health crisis. More than 2,236 people have received services thru the program. Of those served, 60% had a decrease in ER visits and hospitalizations (over the past 90 days); 70% decrease in homelessness; 54% decrease in arrests; 32% increase in employment; and 119% increase in care enrollment.

FCC's project participants experienced a 78% decrease in ER visits and hospitalizations (over the past 90 days); 56% decrease in homelessness; 70% decrease in arrests; and 140% increase in employment.

Community Mental Health Liaison (CMHL) Initiative

FCC's mental health clinic continues to provide a CMHL as part of Missouri's Strengthening Mental Health Initiative. The initiative seeks to form better community partnerships between Community Mental Health Centers, law enforcement, and courts to save valuable resources that might otherwise be expended on unnecessary jail, prison, and hospital stays and to improve outcomes for individuals with behavioral health issues.

Liaisons also follow-up with Missourians referred to them in order to track progress and ensure success. Through the CMHL program, people with behavioral health issues who have frequent interaction with law enforcement and the courts will have improved access to behavioral health treatment.

State-wide outcomes (*past 2 years*): Missouri's 31 CMHLs have made more than 21,500 contacts with law enforcement and court officials. Over 12,300 referrals to professional care have been made to improve behavioral health outcomes for those served. Over 280 trainings on behavioral health topics with more than 3,200 law enforcement officers trained.

FCC's Liaison Eric Snipes, MA, LPC, conducted 4 law enforcement trainings; made 446 law enforcement contacts; and referred 47 clients for behavioral health services during FY 2015. Eric has a significant number of law enforcement trainings scheduled for FY 2016.

Women's Substance Use Disorders Program



Family Counseling Center's Women's program offers residential and outpatient alcohol and drug addictions treatment services to women in a gender-responsive manner.

The core clinical principles are built upon client-centered and evidence based treatment approaches such as Motivational Interviewing, Relapse

Prevention Therapy and Cognitive Behavioral Therapy interventions to help consumers attain their recovery goals. Ongoing program enhancements include integrated dual disorders treatment (IDDT) services, and trauma-aware groups. One unique facet of the Women's CSTAR program is women can bring their dependent children with them to treatment as needed. This eliminates one of the most significant barriers to treatment for women.

During FY 2015, the program served 497 women with substance use disorders care. 146 (29%) received integrated dual disorders treatment (IDDT) and 165 (33%) received trauma-aware psychoeducation services. 5 live births occurred during the year – with a 100% drug free status (3 in 2014; 2 in 2013; 2 in 2012; and 4 in 2011).

An exciting opportunity presented itself during 2015. Some of the women in the program participated in a follow-up documentary on the lives of families in rural America. This documentary on rural families is a follow-up from the original, award winning documentary film, *Rich Hill*, named from the film's focal location, Rich Hill, Missouri.



The original film is a look inside the homes and lives of small-town, rural America, where isolated kids confront heart-breaking choices, marginalized parents struggle to survive, and, despite it all, families cling to the promise of equal opportunity and a better life someday. The new documentary will focus on women with children and their unique struggles with trauma, substance use disorders, and domestic violence.

The following are services provided by the Women's Comprehensive Substance Treatment and Rehabilitation program: (a) Comprehensive screening, assessment, and intake, (b) Individual counseling, (c) Group education, (d) Group counseling, (e) Family therapy, (f) Community support services, (g) Co-occurring mental health therapy, (h) Trauma-informed interventions, (i) Nursing services, and (j) Housing coordination. The program also provides medication assisted recovery services to include the use of Suboxone, Naltrexone, and Methadone in collaboration with medical providers in the area.

Telepsychiatry is available for women in need of psychiatric evaluations and medication management as well. The average cost of care was \$3,578 per-person.

Women served during FY 2015 reported the following outcomes upon discontinuation from care:

FCC Women's Program

State

2014

 3% increase in employment	3%	4%
 7% increase in stable housing	13%	-2%
 75% increase in self-help / peer support	41%	80%

The program team is assessing strategies to increase stable housing options in collaboration with FCC's Housing Director and the DBH Regional Housing Workgroup during FY 2016.

Stapleton and Turning Leaf Adult Substance Abuse Treatment Programs



The Stapleton and Turning Leaf programs serve male and female clients 18 years and older. The Stapleton program is located in Hayti while Turning Leaf is located in West Plains. Outpatient office locations include: Ava, Caruthersville, Kennett, Malden, Mountain Grove, New Madrid, Poplar Bluff, Portageville, and Steele.

The programs provide outpatient, day treatment, social-setting detoxification, nursing and co-occurring mental health services. Various treatment models are used and include: Primary Recovery Plus, General Comprehensive Substance Treatment and Rehabilitation, Department of Corrections programs, Drug Court Programs and Substance Abuse Traffic Offender Program (SATOP).

Each person’s referral source, severity of symptoms and funding stream determine which program the person enters. The following are services provided by the programs: (a) Comprehensive screening, assessment, and intake, (b) Individual counseling, (c) Group education, (d) Group counseling, (e) Family therapy, (f) Community support services, (g) Co-occurring mental health therapy, (h) Nursing services, (i) Housing coordination, (j) medication-assisted treatment, and (k) peer support services.

The program staff are actively seeking ways to enhance the treatment experience of persons served to more smoothly transition clients from most to least intensity of service necessary for each individual. Primary clinical strategies include Motivational Interviewing, Relapse Prevention Therapy, Cognitive Behavior Therapy and Moral Reconciliation Therapy.



During FY 2015, the program served 1,195 adults for substance use disorders care. 518 (43%) received integrated dual disorders treatment (IDDT) and 35 (3%) received trauma-aware psychoeducational services. The average cost of care was \$2,090 per-person.

Adults served during FY 2015 reported the following outcomes upon discontinuation from care:

<u>FCC General Program</u>	<u>State</u>	<u>2014</u>
✚ -0.85% increase in employment	6%	0.59%
✚ 0.30% increase in stable housing	1%	-0.50%
✚ 40% increase in self-help / peer support	13%	-3%

The program team is assessing strategies to increase stable housing options in collaboration with FCC’s Housing Director and the DBH Regional Housing Workgroup during FY 2016. The program is planning to actively participate in FCC’s evaluation of vocational opportunities in our area over the course of the year as well.

Drug Courts

The programs provide treatment services for an array of area drug courts.

35th Circuit Judge: Phillip Britt Administrator: Julie Spielman
Kennett and Dexter

36th Circuit Judges: M. Prichett and D. Swindle Administrator: Debbie Swinford
Poplar Bluff and Doniphan

44th Circuit Judges: Venstra, Bock, and Carter Administrator: Jennifer Horn
Mountain Grove, Gainsville, and Ava

Department of Corrections (DoC)

The programs provide treatment services for an array of area DoC service needs.

23rd District Administrator: Melissa Bergman Kennett and Malden

31st District Administrator: Dan Martinez Hayti, Steele, and Caruthersville

14th District Administrator: Scott Schlosser New Madrid

Unites States Probation Office

Eastern District Federal Probation Nicole Vernier, Supervising U.S. Probation Officer

Adolescent Substance Use Disorders Program



The Adolescent programs offer residential, day treatment, and outpatient substance use disorders care for adolescents ages 12 to 17. Residential treatment centers are located in Kennett and West Plains. Additional outpatient offices are located in Cape Girardeau, Dexter, and Poplar Bluff.

Evidence-based clinical care is provided on an individualized basis and address the substance use and co-occurring needs of each adolescent served. Program enhancements over the past year include the addition of gender-responsive group counseling, co-occurring group education, trauma-aware group counseling, medication-assisted treatment options, SMART Recovery peer support groups, and utilization of psychiatry via telehealth.

During FY 2015, the programs served 325 adolescents with substance use disorders care. 107 (33%) received integrated dual disorders treatment (IDDT). The average cost of care was \$8,843 per-person.



Program outcomes during FY 2015 include:

<u>FCC Adolescent Program</u>	<u>State</u>	<u>2014</u>
✚ -23% increase in school enrollment	-8%	-7%
✚ 68% increase in self-help / peer support	17%	16%
✚ 56% GPA increased	na	48%

Program staff will be re-trained on the collection and data entry of outcomes measures as there appears to be some inter-reliability issues upon analysis of the data. However, working more effectively with area schools will be a focus area into FY 2016 to improve school enrollment retention and the number of students who increase their GPA to 75%.

Prevention Programs

Family Counseling Center's Prevention Regional Support Center (RSC) has been a source of positive development and change in prevention services delivery, research and education since 1993. Our Vision is to be the premier resource for substance use prevention and education: changing communities, saving lives, and building better futures. Our mission is to empower communities to combat substance use and its related problems with proven, practical resources, prevention education, information, community-based, environmental and advocacy strategies.

The Regional Support Center's goal is to provide communities with quality alcohol and drug prevention services in order to expand knowledge and understanding of drug use and its effects in order to build drug-free communities.

The Regional Support Center's substance abuse prevention services and specialized ability to create opportunities of collaboration, connects communities and individuals' ages 0 to 100 to prevention resources in meaningful ways to eliminate unmet prevention education needs and ultimately decrease drug use in Southeast Missouri.



The Regional Support Center targeted population area is Service Area 20 which includes Dunklin, Pemiscot, New Madrid and Mississippi Counties. Within these counties the Regional Support Center serves 8 community coalitions. The Regional Support Center also provides alcohol and drug prevention services to several other non-registered entities such as local schools, coalition task forces, churches and businesses.

Last year the Regional Support Center has been involved in over five hundred community activities. As an example, the Regional Support Center assisted community coalitions with grant applications for various local prevention activities that totaled over \$10,000.00 of additional prevention funding for the area. Also, the Regional Support Center uses several avenues to increase awareness and information on substance abuse and related topics. The RSC creates their own newsletters, fact sheets, awareness booths as well as orders printed materials from sites such as SAMHSA and NIDA. The RSC Facebook page has also become an avenue for distribution of substance abuse prevention related information and education. Using these avenues we are able to increase awareness, information and education to the masses.

In FY15 our approximate reach was 15,000 in Dunklin County, 8,000 in Pemiscot County, 8,000 in New Madrid County and 9,000 in Mississippi County. RSC provided 16 trainings (pre/post)- topics included evidence based prevention programming, Youth Mental Health First Aid, Peace Builders, Smokebusters Phase II, III, Marijuana legislation, media advocacy, marketing, using prevention programs, SPF, and Cultural Diversity in Prevention Work, drinking and driving, risky behaviors, Healthy Alternatives for Little Ones, Parenting Now, Too Good for Drugs. There were 1605 training participants in FY15.

The Regional Support Center also has a specific initiative to reduce youth access to tobacco. The initiative includes one on one merchant education, yearly visits and hosting merchant trainings upon request. The RSCs goal is to ensure retailers understand the specific state law on tobacco, including the laws and fines for selling to minors but most importantly educate retailers on tobacco and their role in youth use of tobacco products. This year the Regional Support Center

has expanded their efforts by recruiting youth to work with the SYNAR efforts of the Prevention Department of the State of Missouri. In FY2015 the RSC visited 145 tobacco vendors, created and distributed four Tobacco Vendor Education Newsletters, and provided/hosted two Tobacco Merchant Vendor Trainings in the service area with 15 participants.

The Regional Support Center participates in a Statewide Prevention Network along with eleven other support centers. The goal of the Statewide Prevention Network is to create and maintain collaborative efforts of prevention throughout the State of Missouri. The RSC Director, Jessica Howard, served as Co-Chair to the network in FY15 and will become Chair of the Statewide Prevention Network in January of 2016.

The RSC has added a couple of great new services in the last few years. One of which is the Victim Impact Panel. The Victim Impact Panel (VIP) is a community-based meeting for victims/witnesses to describe the experiences they or loved ones have endured due to the actions of impaired drivers. Panel members along with a victim video explain how the crash has impacted their lives. DUI offenders can be required to attend the meetings as part of their court sentences. The panel aims to be non-judgmental and speaks about the consequences of drunken/drugged driving in an attempt to change behaviors and attitudes. Many communities use victim impact panels as one sanction against DUI offenders to increase impaired drivers' understanding of the consequences of their actions. VIPs can help put a "human face" on the tragic consequences of impaired driving. They provide a forum for victims to tell about the devastating emotional, physical and financial impacts that the incident has had on their lives and those of their families and friends. The RSC hosted 17 VIPs starting in 2013 reaching a total of 54 participants.



The Youth Mental Health Aid (YMHFA) Training is yet another of the RSC's expanded services. The Youth Mental Health First Aid Training Program is designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The RSC has provided seven YMHFA trainings starting in 2013 reaching a total of 99 participants.

Missouri School-Based Prevention Intervention and Resources Initiative (S.P.I.R.I.T.)

The Missouri Department of Mental Health, New Madrid County R1 School District, and Family Counseling Center collaborate to provide the Missouri School-Based Prevention Intervention and Resources Initiative. FCC's prevention team has conducted the Missouri School-Based Prevention Intervention and Resources Initiative since 2002. In 2012, FCC expanded SPIRIT to include portions of the Charleston School District.



Family Counseling Center works with the state contracted Missouri Institute of Mental Health (MIMH) to track the success of each program. In addition to the surveys Missouri Institute of Mental Health (MIMH) does each year, FCC started implementing our own pre/post surveys that allow us to see specific success, student growth in knowledge and can reveal when/if a change in programming is needed.

Our School-Based Prevention Intervention and Resources Initiative program is built to maximize every school-aged child's readiness to learn as a result of being free from the harmful effects of alcohol and substance abuse. Program goals include: (a) delay age of first use of alcohol, tobacco, and other drugs; (b) promote safety in classrooms by reducing the incidence of substance abuse and related acts of violence; (c) strengthen and support families; (d) intervene early with children at greatest risk for substance abuse; (e) refer children with substance abuse problems to appropriate treatment services; and (f) ensure that strategies for school-based services are cost-effective, with measurable goals and outcomes.

Our SPIRIT program began as quite small reaching three grades in Matthews Elementary, two grades in the New Madrid Middle School and one grade in New Madrid High School. Today we are reaching K-5 in Lilbourn, New Madrid and Matthews Elementary Schools, the entire New Madrid and Charleston Middle School, and 9th and 10th grades of the New Madrid High School and Charleston High School.

Intensive Residential Treatment Services



mental and physical health.

The Intensive Residential Treatment Service (IRTS) program works to empower individuals, with severe and persistent mental illness to develop skills and abilities that will allow them to live strong and productive lives within the community. Our goal is to collaboratively engage individuals to improve overall wellness by learning new skills, strengthening positive relationships, and managing both

The IRTS program has two sites, one at Cooper Commons in Hayti, Missouri and one at the Safehaven in Kennett, MO. The Safehaven IRTS program serves up to 8 adults, age 18 and older, who meet criteria for the CPR program and have demonstrated a need for intensive residential services through multiple hospitalizations, significant instability, and frequent use of outpatient mental health services. The program is 30 days long but extensions can be warranted if services needed cannot be met by continued less-intensive community-based services. Over the course of the year, the program served 52 persons – diverting unnecessary hospitalizations.

The Cooper Commons IRTS program serves up to 6 male adults, age 18 and older, who meet criteria for the CPR program and have been approved by the Department of Behavioral Health. Individuals may stay in the program as long as is clinically necessary. The program remained at full capacity for the duration of the year.

Services are geared towards providing evidence-based mental health and co-occurring treatment services in a structured and home-like environment with available staff 24 hours a day, 7 days a week, along with a Qualified Mental Health Professional, Registered Nurse, and Care Coordinator available during the week. Services offered include, individual therapy, group education, group therapy, community support, medication management, health and wellness groups, and additional services as needed on an individual basis.

Program staff are building competencies in Dialectical Behavior Therapy (DBT), trauma-informed care, and crisis management over the next year. Outcomes measures are being developed by the PQI team to evaluate program and individual impacts during FY 2016 as well.

Healthcare Home

Family Counseling Center’s Healthcare Home is a place where individuals can come throughout their lifetimes to have their health care needs identified-and the medical, behavioral, and related social services and supports they need-provided or arranged for in a way that recognizes all of their wellness needs as persons. Healthcare Home (HCH) services are offered at no additional cost and are an additional benefit available to MO Health Net (Missouri Medicaid) adult participants ages 18 and over, and youth participants ages 7-18 who meet eligibility criteria for membership. HCH team members work to coordinate with Primary Care Providers of our members and to encourage and coordinate all types of needed services. Our aim is to be a person-centered provider of health care services using evidenced based clinical interventions delivered by an interdisciplinary team of health care professionals, including nurses, physicians, and care coordinators.



Specific services offered are comprehensive care management including outreach and engagement, care coordination, health promotion and education, an annual health screening and metabolic screening, comprehensive transitional care, individual and family support services, prevention/intervention activities, development of a person-centered treatment plan, assistance with managing health conditions, access to a family physician and other health care providers, access to health education opportunities addressing smoking cessation, nutrition, and physical activity. Our goal is to integrate behavioral health needs with primary care needs, and take a “whole person” approach to enhance the recovery and overall wellness of persons served. Family Counseling Center’s Healthcare Home currently serves over 1300 members, with approximately 240 of those members coming from our Youth population.

State-wide, the program outcomes are significantly improving the health of Missourians while also reducing health costs. Community Mental Health Centers Healthcare Homes have saved Missouri \$31 million after one year. Persons enrolled have had 34.7% fewer emergency room visits than in the previous year. 88% have received a metabolic syndrome screening to monitor health status. The health of participants is continuing to improve as well:

- ✚ 46% increase in normal blood sugar levels (A1c < 8.0%)
- ✚ 41% increase in normal blood pressure for clients with hypertension (<140/90mmHg)

FCC’s outcomes for those served over the past year indicate significant health improvements as well:

<u>Outcome</u>	<u>Target</u>
✚ 93% metabolic screening rate	80%
✚ 74% diabetes control rate	60%
✚ 14% within BMI indicators	37%
✚ 38% no tobacco use	56%
✚ 92% asthma med. adherence	70%

The program staff are evaluating strategies to help persons-served to achieve more success with BMI and smoking cessation goals. Evidence-based approaches are being evaluated with the HCH team, psychiatry team, and community psychosocial rehabilitation teams. The Missouri Health Care Home programs (state-wide) received the American Psychiatric Association (APA) 2015 Gold Award for Community-Based Programs.

Housing Services

Family Counseling Center offers a variety of housing services for persons who are homeless. Our target population is homeless persons who suffer from mental health or substance abuse disabilities, especially those with co-occurring problems that often lead to chronic homelessness. Our housing programs fully comply with the Department of Housing and Urban Development's Equal Housing Opportunities.

Family Counseling Center's PATH (Project for Assistance to Transition from Homelessness) services are typically the first point of contact for persons in need of housing services offered by our agency.

Family Counseling Center's Permanent Housing Program (PHP) project provides permanent housing in the form of rental assistance to homeless persons with mental health, substance abuse, or co-occurring disabilities. Eligibility for the program consists of: documented homelessness, documented disability, and proof of income. This program serves four (4) counties (Butler, Cape Girardeau, Dunklin, and Pemiscot).

Southeast Missouri Safe Haven's mission is to provide innovative, safe, affordable, permanent housing, coupled with mainstream resources and supportive treatment services to chronically homeless persons who suffer from mental health and/or substance. We have a total of eight (8) residential units for persons who are chronically homeless.

New Beginnings 811. Through the Section 811 Supportive Housing for Persons with Disabilities program, HUD provides funding to develop and subsidize rental housing with the availability of supportive services for very low-income adults with disabilities. The Section 811 program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services. We have a total of ten (10) units for low-income disable residents of Poplar Bluff. We are currently at full capacity with an array of diverse populations.

From the Chief Administrative Officer

Randy Ray, MARS



I have had the opportunity to serve as an Executive Team Officer for Family Counseling Center for 23 years. I have been privileged to watch the agency expand tremendously and be able to continue to serve our community and consumers at the highest level. As the Chief Administrative Officer I continue to strive for excellence in all daily operations. From ensuring compliance to supervising our fleet services my departments put clients first while evaluating the needs of the agency.

Purchasing

The goal of the Purchasing Department is to provide quality products and services for the needs of the agency while evaluating and researching the best possible cost for the agency.

Food Service

Family Counseling Center's Food Service Departments number one goal is to provide a nutritious and great tasting meal at a reasonable cost per client. Under the Operations Manager, Seth Roso, the Food Service Department strives to enhance and enrich our client's dietary experience while they are receiving services through the agency. The average daily cost of meals per person in 2014 was \$6.45. Through efficiency and training, this amount was reduced to \$5.63 in 2015 – a savings of \$0.80 per person per day. While this doesn't sound like much it resulted in an overall savings of over \$75,000 this year.

Maintenance

The Maintenance Department handles all facility maintenance issues and concerns. The agency utilizes an electronic work flow solution to enable staff to report issues to the maintenance department for processing. The Facility Maintenance Supervisor, Alan Abbott is responsible for assessing and assigning the work.

Significant facility projects during 2015:

- Renovation of new adult psychosocial rehabilitation facility in Kennett
- Renovation of existing outpatient clinic in Kennett
- Renovation of both existing Adolescent group homes in Kennett
- Renovation of existing Adolescent kitchen area in Kennett
- Renovation of outpatient offices at Safe Haven in Kennett
- Renovation of new outpatient clinic in Caruthersville
- Site work for 811 apartments in Poplar Bluff

Human Resources

The Human Resources Department is responsible for overseeing all organizational leadership while ensuring compliance with all employment and labor laws. While upholding the high standards of Family Counseling Center, the Human Resources department advertises, selects, recruits, trains and rewards all employees. The Department also manages the agencies benefits packages and 403(b) retirement plans. Enhancements to the HR Department are being evaluated to streamline the vital functions provided.

Transportation



The Transportation Department continues to expand and evolve based on the needs of the agency and its consumers. As Family Counseling Center continues to expand its services and service areas, the Transportation Department has expanded its routes and schedules to accommodate our clients. The Department also monitors vehicle mileage, maintenance and safety needs to ensure our clients and staff are experiencing the highest level of comfort and care while in route to our locations. An overview of FCC's

fleet is below:

- 24 Care Coordinator vehicles for outreach, engagement and care coordination functions
- 15 support vehicles to reduce overall transportation costs by eliminating mileage for intra-agency travel as well as to out of town conferences and meetings. Also includes food services vehicles and information technology service vehicles.
- 30 vans to provide direct, client transport to psychosocial rehabilitation or substance use disorders treatment services

Areas of Development

Development of a more formal Corporate Compliance Department and Resource/Education Department are being assessed during FY 2016 to enhance FCC's ability to manage these critical administrative oversight functions in accordance with CARF and DBH certification standards.

From the Chief Financial Officer

Max Steyer, BS



I am pleased to serve as the Chief Financial Officer for Family Counseling Center. My sphere of influence covers the areas involving billing, accounting, and information technology. We are here to support the staff who provide the services that help our clients improve their lives.

Billing Services

The billing services team is responsible for the accurate and timely submission of claims for over 43,000 client services provided by FCC employees each month. Adapting and testing the MIS and Avatar EMR systems to meet the ever-changing coding, submission, and ANSI transaction requirements are needed to accomplish this. A prime example of this is the upcoming diagnosis system conversion from ICD-9 to ICD-10 and the corresponding DSM-IV to DSM 5 conversion. The billing team has created and been testing the new ANSI 837 claims file formats in preparation for the Oct 1, 2015 transition.

Information Technology (IT) Services



The expectations of what information technology (IT) can do to benefit the agency, employees, and its customers continues to grow. We have been working hard to provide day-to-day IT services and with the completion of the infrastructure upgrades we are able to provide the mesh network required for seamless VOIP telephone service agency wide. FCC strategic planning allows IT to research and review ways to continually adapt the IT department to meet future needs of the agency.

IT Goals over the course of the next year are to implement the following:

- Continued conversion to AVATAR platform
- Finalize conversion to QUANTUM accounting system
- Conversion of Google based email system to Microsoft Exchange

Finance and Accounting Services

The financial department has the great responsibility of providing complete and accurate reports to the staff, clients, and communities the agency serves. We ensure reliable financial record-keeping, transparency in our reporting and disclosure, and protection of integrity through our dedicated staff and strong protocols and internal controls.

The finance department continually seeks ways to maximize the return on assets, control costs and attain other funding sources in the anticipation of future economic downturns. To this end, starting in fiscal year 2016, FCC will begin accumulating a formal cash reserve fund the will be increased through a fixed monthly amount as well as with any “windfall” cash that is received that is outside the normal streams of cash inflow.

Family Counseling Center is required to conduct an annual independent Fiscal Audit of its financial reports. We endeavor to receive an Unqualified Audit Report each year. FCC also conducts quarterly internal audits of the highest risk areas identified by the independent audit team and any other areas identified by management as needing review. The implementation of internal audits of accounting control systems and process flows as well as the integrity of the transactions themselves will reinforce the accounting team’s push for excellence.

Family Counseling Center operates according to an annual fiscal budget and reports quarterly budget variances to the Board of Directors who request adjustments as deemed necessary. Family Counseling Center ended the Fiscal Year 2015, with over \$21M in revenue and just over \$21M in expenses. Any excess is utilized, or invested in the agency to continue program development and enhancements to address unmet needs of the persons we serve.



Fiscal Year 2015 KEY FISCAL INDICATORS

Program Revenues: \$21,323,406
 Program Expenses: \$21,445,131
 Excess (Loss): **-\$121,725**
 Margin: **-00.57%**

*Uncompensated Care: \$157,413

**This is care that is provided that could not be covered by any available fund source but reflects FCC’s commitment to the people of our communities.*

All numbers presented are unaudited and represent management’s good faith reporting

Programs and services are being evaluated to promote effectiveness and efficiency of care using sustainable methods that will also promote fiscal stability. Access to care remains a high priority and no changes will unnecessarily be made that limits or otherwise restricts access to care across FCC’s continuum.

Board of Directors
Fiscal Year 2016

Executive Committee:

- John Moyer, President
- Julie Lynn, Vice President
- Kim Capps, Treasurer
- Carl Williams, Secretary

Members:

- Coleen Pu, PQI Committee
- Bob Holder, Member
- Leah Mobley, Member
- Marsha Shivley, Member

To e-mail any of our Board Members, please send your correspondence to info@fccinc.org or mail to:

Family Counseling Center
ATTN: Board of Directors
PO Box 71
Kennett, MO 63857

CONTACT FCC

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- Randy Ray, CAO randy@fccinc.org (573) 888-5925, x1021

- Max Steyer, CFO max@fccinc.org (573) 888-5925, x1018

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