



***Person-Centered Recovery and
Wellness***

2016 ANNUAL REPORT



fccinc.org



40th

A N N I V E R S A R Y

Person-Centered Recovery and Wellness

A History of Service...

Striving for Excellence...



Shawn Sando, MSW, MBA Chief Executive Officer



On behalf of the Board of Directors and staff, I am pleased to present FCC Behavioral Health's 2016 Annual Report. This report comes as FCC celebrates 40 Years of service to the community. This past year, FCC has actively engaged the communities we serve to solicit feedback from a variety of stakeholders. Working collaboratively with our communities, FCC is focused on enhancing the quality and affordability of behavioral healthcare in Southern Missouri. If you have any feedback to share, please contact me anytime with your ideas of how FCC can improve care in our community: sando@fccinc.org.

For over 40 years, FCC Behavioral Health continues to be the behavioral health "safety net" for 19 counties across Southern Missouri. Since 1976, FCC has developed innovative behavioral healthcare resources in collaboration with the Missouri Division of Behavioral Health (DBH), the Missouri Coalition for Community Behavioral Healthcare, the National Council for Behavioral Health and other professional organizations to offer Southern Missourians the best quality behavioral health care possible. Accountable care is also important to FCC. To this end, FCC Behavioral Health is accredited by CARF International and is Certified by the Missouri Division of Behavioral Health.

Quality care is at the core of FCC's vision: **Person-Centered Recovery and Wellness**. To achieve this, FCC's Performance and Quality Improvement (PQI) team consists of leadership across the entire organization. PQI efforts are organized around the ASPIRE to Excellence model. ASPIRE stands for: **A**ssess the Environment; **S**et Strategy; **P**ersons Served and Other Stakeholders Input; **I**mplement the Plan; **R**eview Results; and **E**ffect Change (*CARF International*).

One area of strategic importance in the coming year is enhancing FCC's ability to deal with the growing opioid epidemic facing our nation. On an average day, **78 people die** from an opioid-related overdose in the U.S. The economic impact of the opioid epidemic is **\$55 billion** in health and social costs each year (U.S. Health and Human Services, 2016). FCC is creating new access to medication-assisted treatment (MAT) services and medically monitored inpatient detox (MMID) services to enhance care options that will save lives and reduce health costs.

U.S. Economic Impact of the Opioid Epidemic Each Year



\$55 Billion in Health and Social Costs



\$20 Billion in Emergency Department and Inpatient Care



78 People Die from an Opioid-related overdose each DAY



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Another critical strategic initiative in the coming year is to adopt a **Zero Suicide** philosophy of care and care management. In 2013, suicides outnumbered homicides by more than **2:1** in Missouri. More Missourians died by suicide than by motor vehicle accidents. Among Missouri's youth and young adults (ages 15-24), suicide was the **2nd leading cause of death**. In 2010, it was estimated that **22 veterans** died by suicide each day in America (MIMH, 2015). FCC Behavioral Health is committed to a Zero Suicide culture of care. This system-wide approach will close gaps and increase training related to screening, assessment, prevention, care and aftercare to enhance support to persons at-risk or who have survived a suicide attempt.

Finally, enhanced care for Missouri's veterans is a significant goal for FCC. FCC will actively seek new resources to provide outreach and engagement, clinical services and effective care coordination for veterans needing behavioral health care. About **1 in 5 veterans** returning from Iraq and Afghanistan have **post-traumatic stress disorder (PTSD)** or depression (NAMI, 2016). Veterans care is a public trust and responsibility. FCC is committed to enhancing access to, and care options for, our veterans.

This Annual Report is intended to provide an overview of FCC's achievements over the past year. I think you will agree, FCC has had a successful and impactful 2016. FCC's team of over **350 staff** has provided effective, quality behavioral healthcare to over **5,500 persons-served** across **19 counties**. FCC's Strategic Plan for 2017 builds upon our success – implementing several new and exciting changes to enhance the care FCC can offer.

I want to thank the hard working, talented team of professionals that choose to make FCC Behavioral Health a significant part of their career. I also want to thank the numerous community organizations who collaborate with FCC to meet the needs of persons-served across Southern Missouri. I especially want to thank each person who trusts FCC Behavioral Health for their behavioral health care needs. Even after 22 years with FCC, I remain motivated by the incredible resilience and spirit demonstrated by the people and families we have the privilege to serve.

To learn more about FCC Behavioral Health and our comprehensive array of behavioral health care programs, please visit us at: www.fccinc.org.

Thank you for choosing and trusting FCC Behavioral Health.

Sincerely,



Shawn Sando, MSW, MBA
Chief Executive Officer



2016 Strategic Plan Accomplishments

24-Hour Crisis Hotline: 1 (800) 356-5395



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2016 was marked by a significant change in FCC's leadership. The Board of Directors replaced the long-standing Chief Executive Officer on November 24, 2015. This change sparked a series of organizationally focused changes to build the organizations infrastructure to prepare for the significant changes facing the behavioral health field. Key accomplishments during 2016 include:

Corporate Identity



Leadership quickly identified the need for a re-branding of the organization to connect better with the various populations served. To this end, Family Counseling Center, Inc. began doing business as FCC Behavioral Health. This re-branding has also sparked a renewed sense of identity and connectedness for FCC's staff.

Vision

Leadership also recognized the need to develop a corporate vision that would in turn guide program mission statements. ***Person-Centered Recovery and Wellness*** was adopted in 2016 to guide FCC Behavioral Health.

Leadership

A series of policy revisions and hierarchical changes were developed and made to assure effective, efficient operations of FCC. The Board of Directors and Executive Team re-connected in formal and informal ways to enhance communication, improve decision making, and assure overall accountability. This quickly resulted in the re-building of the Human Resources and Finance Departments and the creation of a Compliance Department.

Employee Engagement and Recognition

Leadership initiated proactive engagement of staff to help people feel connected to FCC and recognized for performance. Several new initiatives were accomplished to impact overall staff morale:

- A performance-based 2% pay increase was done for staff across all eligible programs
- Flexibility was added to the dress code policy
- Monthly newsletter was re-initiated
- Annual staff recognition program was initiated
- Began quarterly staff recognition for several positions
- On-going "fun" days, contests, and community fundraisers to engage staff
- Holiday socials to help staff build connectedness

Certified Community Behavioral Health Center

This federal initiative will be a core strategic initiative as 2017 approaches. FCC is preparing our infrastructure and evaluating clinical programs to assess needs in order to be ready should Missouri be selected as a project state by the Substance Abuse and Mental Health Services Administration (SAMHSA). FCC's evaluation will be developed more in our 2017 Strategic Plan.

Community Collaborations

Leadership initiated community outreach in an effort to engage, or re-engage, other community-based providers to strengthen care and support for the people we serve. To this end, a number of collaborations were established: SEMO Behavioral Health, South Central MO Citizen's Advisory Board; U.S. Eastern District Probation Office, Three Rivers College, AR Northeastern College, Dunklin County Health Department, Pemiscot County Health Department, Ozarks Medical Center, Bootheel Counseling Services, Pemiscot Memorial Health Systems, Community Counseling Center, Institute for Community Alliances, and the Cape Girardeau County Mil Tax Board.



Assessment of Need

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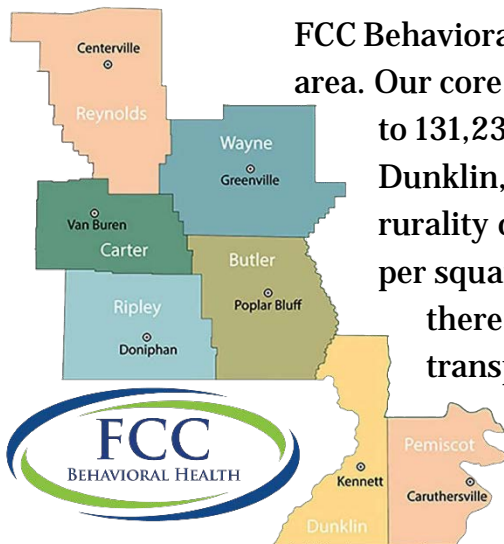
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FCC Behavioral Health's core service area is considered a rural, underserved area. Our core 7-County service area covers 4,433 square miles and is home to 131,230 Missourians. The core service area includes: Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, and Wayne Counties. The rurality of the area can clearly be seen in the fact that the population per square mile is 29.60 as compared to 87.1 for the State. As a result, there are simple, yet disabling problems such as a lack of transportation, lack of access to health and behavioral health care, and of course poverty. Poverty in the area is characterized with stress, unhealthy living conditions, isolation, poor nutrition, and at-risk behaviors.

Socio-Demographic Snapshot of FCC's Service Area

Age - 57.3% of the population is ages 18 to 64; 23.5% are under age 18; 6.5% are under age 5; while 19.2% are 65 and over. **Race and Origin** – 90.4% White; 8.1% Black; while 2.4% are of Hispanic origin. **Sex** - 51.1% of the population is female. **Veterans** – the area is home to 11,327 veterans representing 8.63% of the area's population. **Education** – 75.6% completed high school; while 11.2% have earned a Bachelor's degree or higher. The drop-out rate across the area is 1.4%.

Occupational

Primary industries in the area include health care and social assistance 15.6%, local government 11.9%, retail trade 11%, and manufacturing 9.3%. Agriculture remains a vital industry as the area is home to 2,490 farms.

Economic

The median household income is \$32,916 (as compared to the statewide average of \$47,764). The average unemployment rate is 7.3% (as compared to the state-wide average of 5%), with Pemiscot County reporting a rate of 9.1%. Poverty is a significant cultural and economic issue to the area. 25.3% of persons in the area live in poverty (as compared to the state-wide rate of 15.5%); with Dunklin County reporting a poverty rate of 29.8%. Tragically, 18.3% of residents under age 65 have a disability (compared to 10.2% state-wide) and 17.5% of the population under age 65 is without health insurance.



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Cultural and Linguistic Factors

The primary concentrations of minority cultures are found in Dunklin and Pemiscot Counties. African Americans living in the area are primarily residents of Pemiscot (26.9%) and Dunklin (10.4%) Counties. Persons of Hispanic origin are similarly found living in Dunklin (6.3%) and Pemiscot (2.4%) Counties. Access to Spanish translation, while infrequent, remains a care issue in Dunklin County.

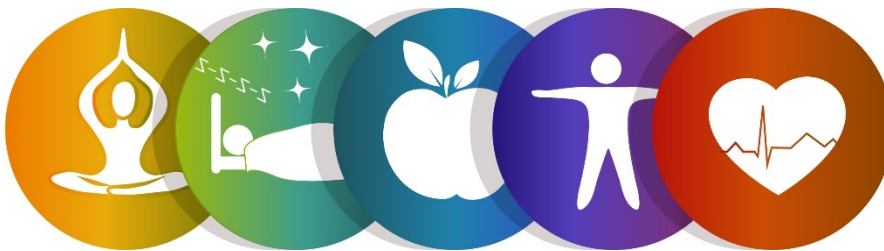
Homelessness, Housing and Transportation

Clearly, “rural is real.” In addition to the above noted socioeconomic implications, transportation and housing are significant issues across the service area. Only 0.3% of residents use public transportation as there is insufficient access. Available safe, affordable housing is also lacking with a rental vacancy rate of only 8.1%. Certainly, not all of those units would be considered safe, affordable options. According to the Missouri Housing Development Commission (MHDC), 52% of residents in the area have a housing cost burden indicating unaffordable housing in relation to income. Homelessness also remains a significant issue across the service area. The January 2016 point-in-time count reports 175 homeless persons living in the service area – primarily in Butler and Dunklin Counties.



Health and Wellness

As a result of significant socioeconomic challenges common to the service area, wellness for many residents is challenging and coping can lead to maladaptive, at-risk behaviors. A lack of resources coupled with the various stressors of rural poverty is taking a human, social and economic toll.



Negative wellness outcomes during 2015 include: 15,508 hospitalizations and/or emergency room visits because of a primary and/or secondary

diagnosis for mental health disorders, alcohol use disorders, or drug use disorders reported across the area last year. Adults living in the area report, in the past 30-days (from 2015 survey), using the following substances: cigarettes 32.1%, alcohol 47.9%, marijuana 4.1%, abusing a prescription drug 4.8%, and using illicit drugs 2.8%. In addition, during 2015 the area reported: 606 DUI arrest, 1,058 drug arrests, and 1,839 domestic violence reports.



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Health consequences reported across the area during 2015 include: 29 suicides, 12 alcohol induced deaths, 39 drug induced deaths, 117 alcohol involved crashes, and 47 drug involved crashes. Preventable deaths from treatable diseases is also significant across the area (per 1,000): heart disease deaths 272.64, cancer deaths 231.56, and smoking attributable deaths 190.96. The service area has a tragic history of suicide rates (1999-2013) that is among the highest in the state with rates from 16.41 to 23.60 over the 14-year period.

Children living in the area also suffer tragic negative health outcomes. 37.2% of children in the area are living in poverty; while 69.3% of children receive free/reduced lunches. 60.1% of children in the area are enrolled in MC+/Medicaid. Negative children's outcomes include: 28% of mothers reported smoking during pregnancy; the area has a 9.5 (per 1,000) infant mortality rate (IMR) – the highest in Missouri, with Pemiscot County reporting a rate of 12.7. The IMR for African Americans in the area is 14.3. In addition, 10.3% of births in the area experience low birthweights; and there are 47.4 births to teens (per 1,000); with Dunklin County reporting a rate of 79.7.



Adolescents living in the area report, in the past 30-days (from 2015 survey), using the following substances: cigarettes 10.1%, alcohol 12.7%, marijuana 6.2%, and abusing a prescription drug 4.3%. Juvenile law violation referrals across the area are 25.09 (per 1,000), resulting in 457 out of home placements. Certainly one of the most tragic consequences facing children and adolescents is the child abuse / neglect cases reported at 63.24 (per 1,000) across the area. Service Delivery System.

Clearly, all of the factors facing the service area are relevant issues that FCC Behavioral Health incorporates into strategic planning to address service delivery needs in our communities. In rural areas, service delivery systems must incorporate a comprehensive, integrated approach. FCC Behavioral Health has embraced this by developing a local, comprehensive system of care that provides mental health care, substance use disorders care (SUD), and recovery supports across a continuum that provides for levels of care from intensive to maintenance based on client needs and preferences (See "Clinical Care" Section of this Report). In addition, to deal with the significant issue of transportation, FCC operates over 100 vehicles to provide transportation so person(s)-served can access behavioral health care.



Population-Served Data

24-Hour Crisis Hotline: 1 (800) 356-5395



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The services provided during the period of **July 1, 2015** thru **June 30, 2016** are described in this report. During the 2016 fiscal year, the agency served a total population of **5,232**; a **5%** increase from last year. Total admissions were **2,360** and total discharges were **2,025**.

Demographics of Person(s)-Served



2,458 (47%) Male
2,729 (53%) Female

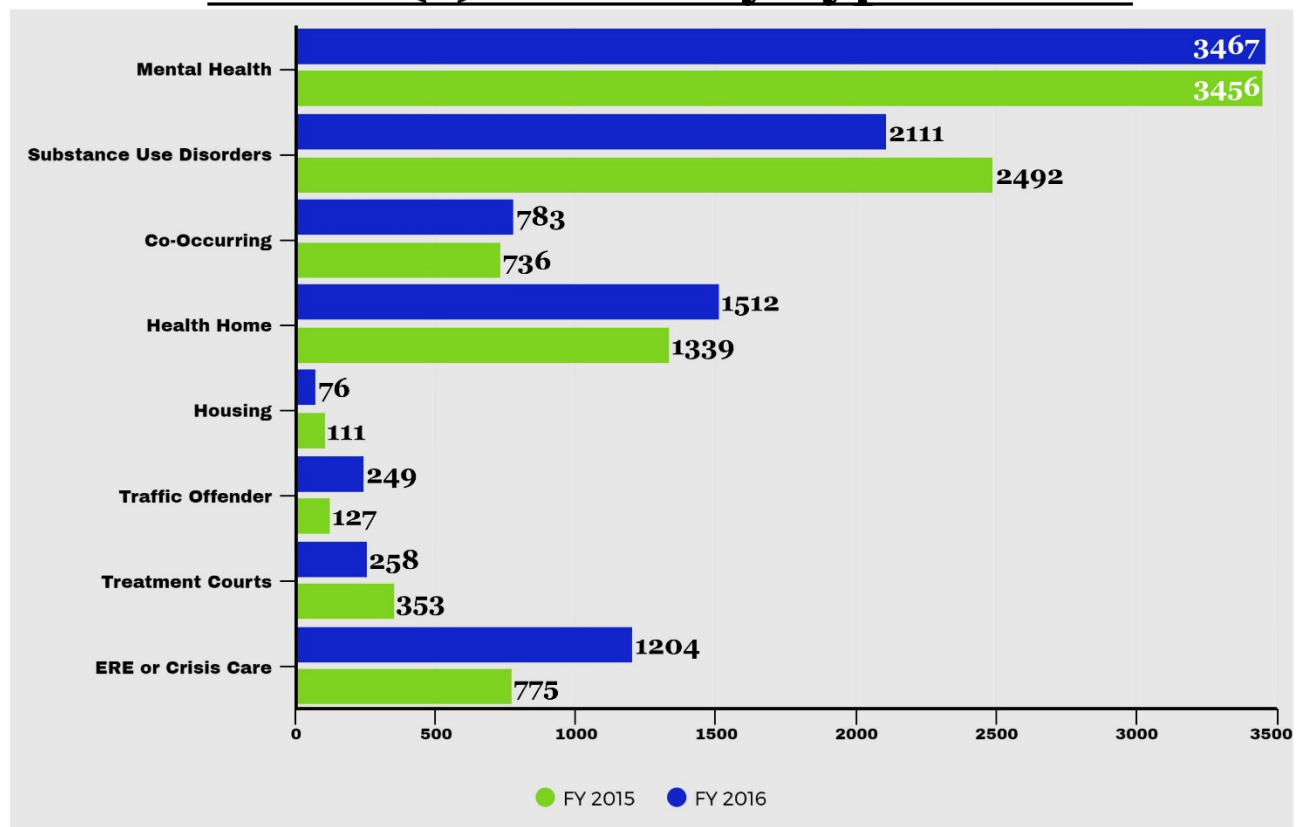


261 Children (ages 11 and under)
597 Adolescent (ages 12–17)
4,112 Adults, Non-Seniors (ages 18–62)
213 Seniors (ages 64 and over)



85% White
13% Black
1% Hispanic
1% Other

Person(s)-Served by Type of Care

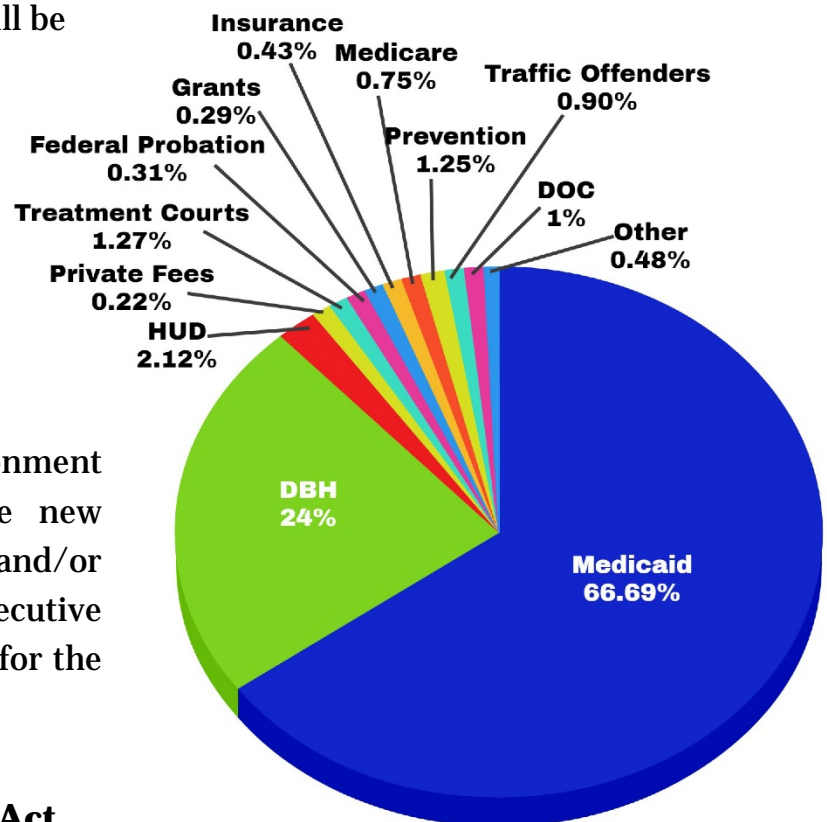


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No significant funding cuts occurred during FY 2016. However, FY 2017 will be a year of potential political change in Missouri, as well as, nationally. It is simply too difficult to anticipate potential government impacts to funding and care during a year that will may be characterized by significant political change.

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:

Payor Mix FY 2016



➤ **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 Perspective Payment System (PPS) Workgroup.

➤ **Infant Mortality.**

FCC has submitted a \$326,044 grant request to the Missouri Foundation for Health (MFH) to reduce infant mortality in Dunklin and Pemiscot Counties. These counties have significantly high rates of infant mortality – among the highest in the state. Strategic planning efforts have demonstrated a lack of available specialty care for women who are pregnant, or post-partum, in need of substance use disorders care. FCC's Project WIN (Women and Infants in Need) will provide outreach, engagement and access to care to achieve drug-free births, healthy birth weights and ultimately to reduce infant mortality in our community.



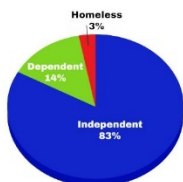
Average Statistics of Person(s)-Served



85% of all persons-served are Caucasian



82% of all persons-served are unemployed



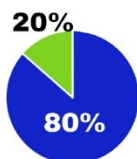
14% of Adults in a Dependent Living Situation

83% Independent

3% Homeless



80% of all persons-served are between the ages of 18 and 64



80% of children and adolescents were still in a home placement

20% were out of home placements



79% of all persons-served are between the ages of 18 and 64



53% of all persons-served are female

➤ **2% pregnant at admission**



47% of adults completed high school or higher

➤ **2% completed a bachelor's degree**

➤ **< 1% completed technical school**

➤ **< 1% completed an advanced degree**



3% are Veterans



3% are hearing impaired



The average monthly income of adult client is \$672 per month (or \$8,069 per year)



Philosophy of Care

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Ethical, Quality Practices

Core to service effectiveness is the agency's belief in a person-centered, strengths -based approach to treatment that promotes recovery and wellness. Individualized treatment plans are a primary, qualitative measure of service effectiveness on a micro-level. Each person-served 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.

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 Reconnection Therapy (MRT)
- Relapse Prevention Therapy (RPT)
- Integrated Dual Disorders Treatment (IDDT)
- Solutions Focused Therapy
- Integrated Health Care Coordination

Emerging Approaches

- Trauma-Informed Care
- Parent-Child Interactive Therapy (PCIT)
- Eating Disorders Care
- Suicide Awareness/Prevention
– Zero Suicide Initiative



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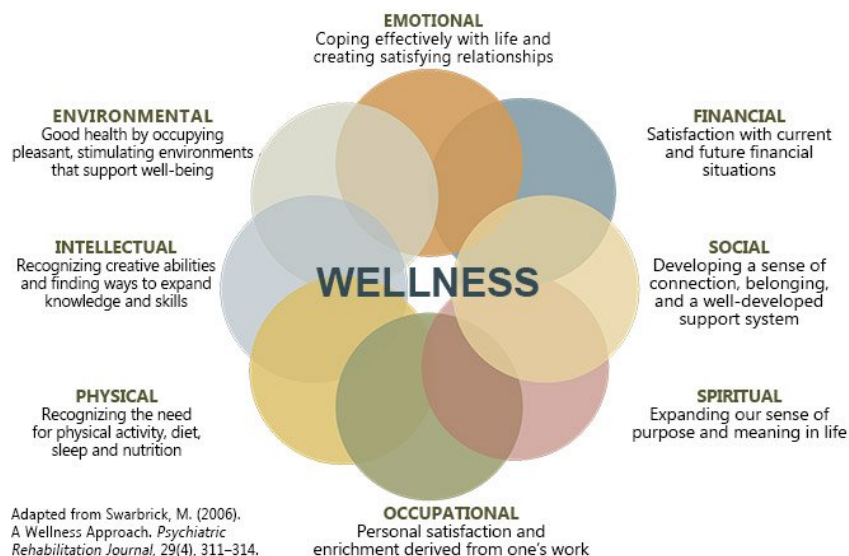
In addition to regular monitoring of various reports by the Performance and Quality Improvement Committee (PQI), the Executive Team, Clinical Managers Workgroup, and Residential Managers Workgroup annually review effectiveness of services during Strategic Planning. The Executive Team carefully assesses 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.

FCC 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 FCC Behavioral Health strives to empower person-centered recovery and wellness.



Adapted from Swarbrick, M. (2006).
A Wellness Approach. *Psychiatric
Rehabilitation Journal*, 29(4), 311-314.

OCCUPATIONAL
Personal satisfaction and
enrichment derived from one's work



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FCC Behavioral Health's 40th Anniversary



A map of Missouri divided into its 114 counties. Each county is labeled with its name. Some counties also have a small circle indicating a city or town. The counties shown are: Wright (Hartville), Texas (Houston), Reynolds (Centerville), Cape Girardeau (Jackson), Douglas (Ava), Howell (West Plains), Shannon (Eminence), Wayne (Greenville), Benton (Benton), Scott (Scott), Ozark (Gainesville), Oregon (Alton), Carter (Van Buren), Butler (Poplar Bluff), Stoddard (Bloomfield), Charleston (Charleston), Mississippi (Mississippi), Ripley (Doniphan), New Madrid (New Madrid), Pemiscot (Caruthersville), and Dunklin (Kennett). The map is color-coded by region: West (green, olive, orange), Central (purple, blue, teal), East (light blue, pink, teal), and South (yellow, orange, green).



Striving for Excellence...



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Administrative Offices

925 Highway VV | P.O. Box 71
Kennett, MO 63857
573-888-5925

1121 Homecrest Street
Kennett, MO 63857
573-888-2430

Behavioral Health Clinics

Dunklin County Clinic
935 Highway VV
Kennett, MO 63857
573-888-5925

Pemiscot County Clinic
915 Highway 84
Caruthersville, MO 63830
573-333-5975

Butler County Clinic
3001 Warrior Lane
Poplar Bluff, MO 63901
573-686-1200

Carter County Clinic
1011 Business Hwy 60
Van Buren, MO 63965

Psychosocial Rehabilitation Programs

975 Highway VV | P.O. Box 13
Kennett, MO 63857
573-888-0642

3001 Warrior Lane
Poplar Bluff, MO 63901
573-686-1328

306 Second Street
Piedmont, MO 63957
573-223-7649

Housing Services

SEMO Safehaven
1201 Ely
Kennett, MO 63857
573-888-5925

New Beginnings Apartments
3005 Warrior Lane
Poplar Bluff, MO 63901
573-776-6131

South Pointe Apartments
3101 Warrior Lane
Poplar Bluff, MO 63901
573-785-0560

Women's Substance Use Disorders

Serenity Pointe
20 South Spring #2
Cape Girardeau, MO 63703
573-651-4177

Adolescent Substance Use Disorders

Adolescent CSTAR
1109 Jones Street
Kennett, MO 63857
573-888-6545

Adolescent RISE
3411 Division Dr.
West Plains, MO 65775
417-257-9152

Adult General Population Substance Use Disorders

Stapleton Center
581 Hwy J. North | P.O. Box 441
Hayti, MO 63851
573-359-2600

Turning Leaf
1015 Lanton Rd
West Plains, MO 65775
417-256-2570

Substance Use Disorders Outpatient Offices

Dunklin County Offices
1075 South Jones St
Kennett, MO 63857
573-888-5925

1401 Laura Drive
Kennett, MO 63857
573-888-4900

1905 North Douglas
Malden, MO 63863
573-276-5257

Pemiscot County Offices

915 Highway 84
Caruthersville, MO 63830
573-333-5875

624 North Walnut
Steele, MO 63877
573-695-2950

New Madrid County Office

Courthouse Square
New Madrid, MO 63869
573-748-7990

Stoddard County Office

1719 Business 60
Dexter, MO 63841
573-624-3338

Ripley County Office

209 West Highway | Suite C
Doniphan, MO 63935
573-996-2204

Texas and Wright County Office

219 East 2nd Street
Mountain Grove, MO 65711
417-926-1529

Douglas County Office

203 South 2nd Street
Ava, MO 65608
417-926-1529

Ozark County Office

18 Courthouse Square
Gainesville, MO 65655
417-926-1529



Clinical Care

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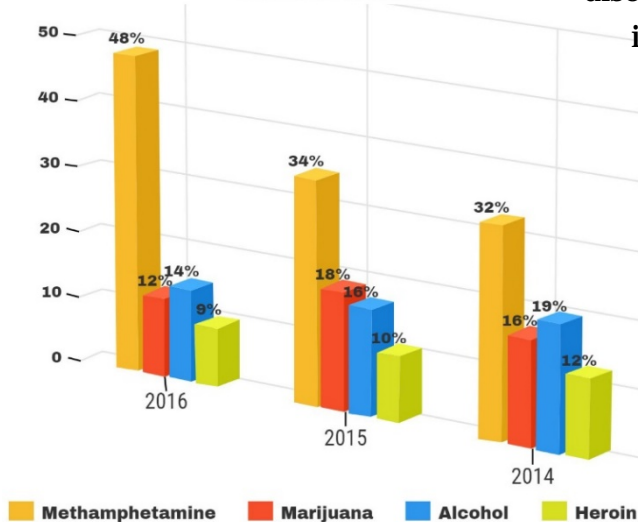
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Serenity Pointe Women's Substance Use Disorder's Care

FCC's Serenity Pointe provides substance use disorders care for over **330** women each year in a gender responsive setting. Priority access to care is given to women with substance use disorders who are pregnant, postpartum or have children in their physical custody.

Primary Substance Used at initial contact



Serenity Pointe provides a comprehensive array of care options to help women with substance use disorders to discover their unique path to recovery and wellness. Care options include day treatment, intensive outpatient, and outpatient. Residential and transitional housing supports are available for women needing a safe, supervised, environment during their care. Community housing resources are available to help women find safe, affordable community housing as well.

Serenity Pointe offers a number of specialty care options including:

- 90% receive Nursing Services
- 55% receive Trauma Care
- 30% receive Mental Health Co-Occurring Disorders Care
- 15% receive Medication-Assisted Treatment Services

Work promotes social acceptance, integration in the community, and gives individuals a sense of purpose, self-esteem, and self-worth. Work improves clinical outcomes and promotes recovery and wellness. To this end, Serenity Pointe strives to help women find meaningful employment as part of their recovery.

- **7%** of women served had employment at initial contact vs. 10% state-wide
- **47%** of women served has employment at completion of care vs. 20% state-wide



440,000 Babies
are Born Addicted
Each Year



11% Increase in Drug Addicted Babies over the past 5-Years



\$53,000 Average Cost of Care for Addicted Babies



100% Live, Drug-Free Births at Serenity Pointe N = 5



Estimated Savings \$265,000

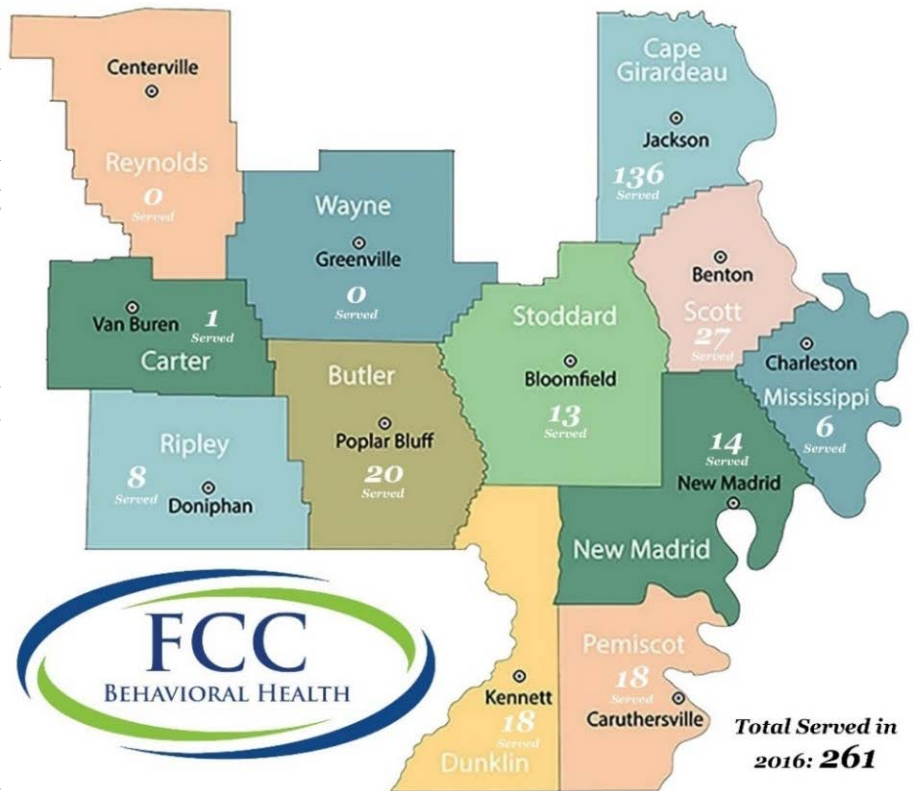


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FCC's Serenity Pointe is collaborating with Missouri Vocational Rehabilitation to begin an Individual Placement and Support (IPS) program to enhance our ability to help women find sustainable employment in the community.

FCC's Serenity Pointe's target service area covers twelve (12) counties from FCC's location in Cape Girardeau. On-going outpatient care and peer support is pre-arranged, prior to discharge and coordinated with one of FCC's, or other providers, outpatient substance use disorder clinics near the persons' home.

With funding provided by the Cape Girardeau County Mil Tax Board, Serenity Pointe was able to provide 21 women with access to Medication Assisted Treatment (MAT), significantly improving treatment outcomes.



Women served from the target service area: 261 or 76%

Women served from outside the target service area: 82 or 24%

(26% St. Louis County, 11% Jefferson County, 9% Howell County)

Contact Information:

20 South Sprigg Street
Cape Girardeau, MO 63703

Access Coordinator: (573) 651-4177 Ext: 2201

Program Director: (573) 651-4177 Ext: 2202

<http://fccinc.org/serenitypointe>

Serenity Pointe





Behavioral Health Clinics (BHC) **Butler, Dunklin, Pemiscot Counties**

Mental health disorders are the leading cause of disability in the United States with over **61 million** Americans suffering from a mental illness. **1 in 10 adults** residing in Missouri has a serious mental illness (SMI). **40% of SMI cases** such as Major Depression, Schizophrenia, Bipolar Disorder, and Anxiety Disorders are generally untreated. Without treatment, these can lead to unemployment, increased hospital and emergency room use, incarceration, suicide, and early death due to chronic medical conditions. SMI can affect all areas of functioning including relationships, productivity, and safety.

Mental health concerns in children are becoming increasingly common and widespread as well. Approximately 20% of children and adolescents suffer from mental health problems that result in mild functional impairments, and an estimated 10% have moderate to severe impairments. Less than 50% of these children receive adequate (if any) services. Since emotional, behavioral, and social difficulties diminish the capacity of children to learn and benefit from the educational process, expanding access to youth mental health programs and services is critical for a child's long-term success.

Each year, FCC's Behavioral Health Clinic's serve over **3,800** people with comprehensive behavioral health services and interventions to meet the overall health and wellness of individuals served. FCC is committed to meeting the behavioral health needs of children, adolescents, and adults who are in crisis and/or those with a SMI.

FCC's BHCs assists individuals with:

- Clarifying values and setting goals
- Managing emotions, stress, and moods
- Increasing resources and supports
- Improving communication skills

Using Solution Focused approaches, FCC's BHCs help people:

- Improve daily activity skills
- Enhance relationships and connectivity
- Achieve work productivity and performance
- Manage their overall wellness goals

Annual Cost of Untreated Serious Mental Illness to the State of Missouri

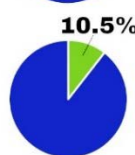


\$2.5 Billion



Indirect Expense

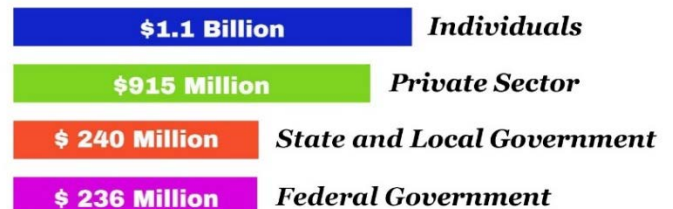
Absenteeism, Unemployment, Loss of Productivity



Direct Expense

Inpatient Care, Outpatient Care, Long-Term Care

Who pays for untreated mental illness?



FCC Behavioral Health Fiscal Year 2016 Annual Report

FCC's Solution Focused approach builds on an individual's personal skills, strengths, and resilience - with an initial focus on the present to develop strategies to achieve their goals. Each care plan is crafted to meet the unique needs of the individual to successfully begin the road to recovery. With a concentration on solutions, not problems, we are able to provide short, brief therapeutic sessions (typically 3 to 6 sessions) to quickly stabilize and help individuals to think and feel better.

Screening/Eligibility:

All individuals who present to FCC either in person or via telephone will be screened, which will address the presenting problem and determine the level of risk. Those who are eligible for services will receive a thorough assessment by a Qualified Mental Health Professional and will begin the treatment process. FCC's populations of focus include:

- Any individual in crisis (urgent/critical need, such as suicidal/homicidal ideations, self-harming behaviors, medical issues, etc.)
- Parent of any child enrolled in any of FCC's youth programs
- U.S. Military Veteran or immediate family member
- Any child who is 18-years-old or younger
- Adults 65-years-old or older
- Referrals from: Department of Corrections, Division of Behavioral Health, and any Administrative Agent

Contact Information:

Dunklin County Access Coordinator
935 Highway VV
Kennett, MO 63857
Contact: (573) 888-5925 Ext: 1011

Pemiscot County Access Coordinator
915 Highway 84 West
Caruthersville, MO 63830
Contact: (573) 333-5875 Ext: 2401

Butler County Access Coordinator
3001 Warrior Lane
Poplar Bluff, MO 63901
Contact: (573) 686-1200 Ext: 3201

Director: (573) 651-4177 Ext: 3217
<http://fccinc.org/bhc>



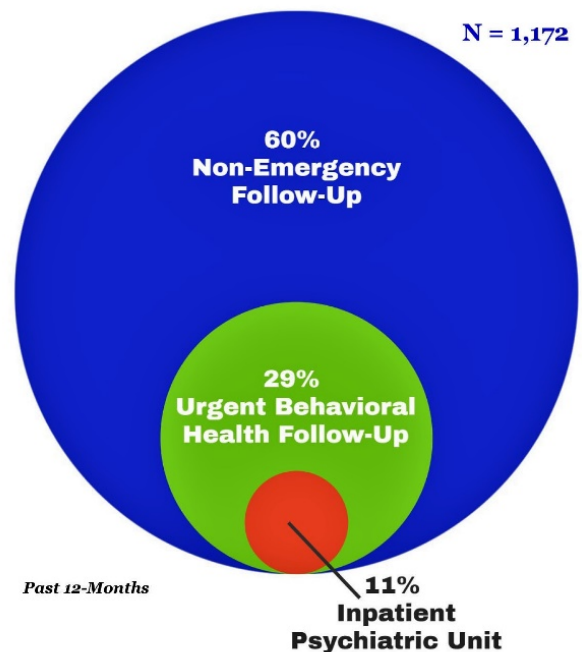


Access Crisis Intervention (ACI), Emergency Room Enhancement (ERE) and Suicide Prevention

1 in 4 Americans suffer from a mental illness.

Especially when untreated, mental health disorders can escalate to a behavioral health crisis. Over **100,000 Missouri residents** enter emergency rooms each year for mental or substance use disorders. Over the past year, FCC Behavioral Health has responded to **1,172 crisis calls** across Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley and Wayne Counties. In collaboration with the Missouri Department of Mental Health (DMH) and Behavioral Health Response (BHR), FCC Behavioral Health provides behavioral health crisis care **24-hours per day, 7 days per week**. FCC's crisis interventions often result in a more **effective clinical outcome**, as well as, a **significant savings** compared to unnecessary emergency room utilization or incarceration.

Crisis Intervention Outcome



Past 12-Months



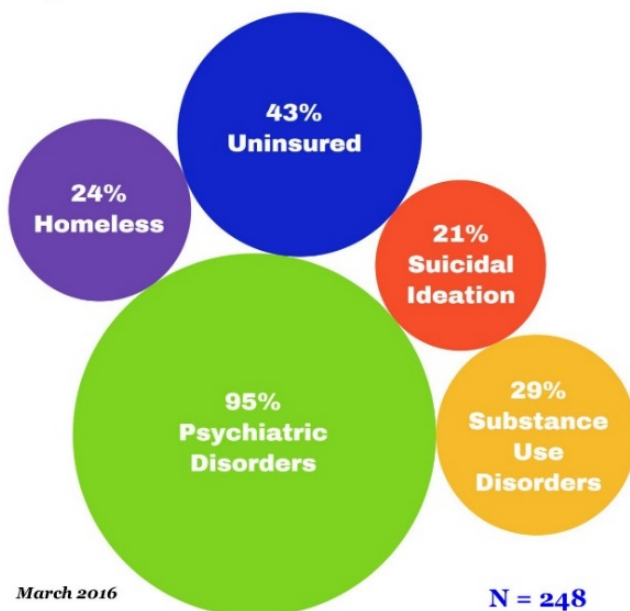
Average cost per Inpatient Day in Missouri
= \$2,096 (Kaiser)



Average cost of Emergency Room Visit
= \$1,223 (NIH)



ERE Client Snapshot



March 2016

Missouri has the **18th** highest suicide rate in the nation. In 2013, suicides outnumbered homicides by more than **2:1** in Missouri. More Missourians died by suicide than by motor vehicle accidents. Among Missouri youth, ages 15 to 24, suicide was the **2nd leading cause of death**. FCC Behavioral Health has adopted a **ZERO Suicide** concept and clinical practice to prevent suicide. Zero Suicide relies on a system-wide approach to improve outcomes and close gaps rather than on the heroic efforts of individual practitioners. The concept aims to improve care and outcomes for persons-served at-risk of suicide in health care systems. It represents a commitment to patient safety and support of clinical staff.



FCC Behavioral Health Fiscal Year 2016 Annual Report

Impacts at 90-Day Follow-up



75% Reduction in Hospital Use



59% Reduction in Homelessness



40% Reduction in ER Use



40% Decrease in Arrests



3% Increase in Employment

March 2016

FCC Behavioral Health, in collaboration with DMH and the Missouri Coalition for Community Behavioral Health has developed an Emergency Room Enhancement (ERE) project aimed at rapidly engaging and assessing persons in, or at-risk of, a behavioral health crisis. FCC's ERE project delivers flexible, responsive behavioral health care and coordination to reduce the need for unnecessary emergency room visits or hospitalizations.

To date, over **3,200** persons have received care and coordination thru FCC's ERE project. The project was designed to promote access to necessary care in order to promote overall wellness and stability in the community.

FCC's ERE Project is having a significant impact on the lives of Southeast Missourians struggling with behavioral health disorders. The Project is yielding significant outcomes that are leading persons to stability in the community while decreasing costs. Persons-served are motivated toward a path of recovery and wellness – not a continued path leading to disability.

FCC's ERE Project serves Butler, Dunklin and Pemiscot Counties.

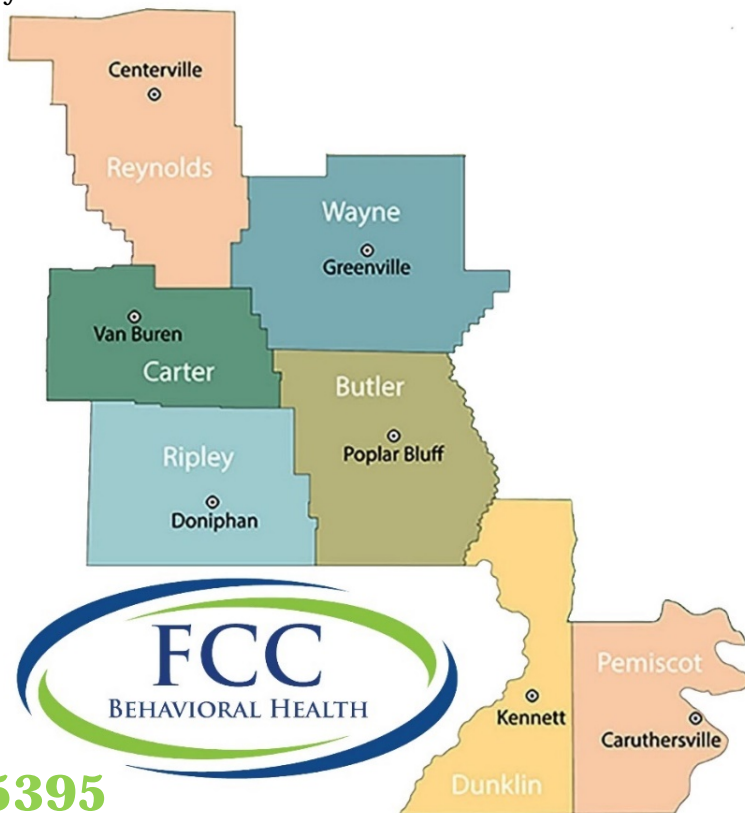
FCC's Crisis Team's serve Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley, and Wayne Counties.

Contact Information:

Director: (573) 651-4177 Ext: 3217

<http://fccinc.org/crisis>

If you, or someone you know, is experiencing a behavioral health crisis – please contact our 24-hour crisis hotline: **800-356-5395**

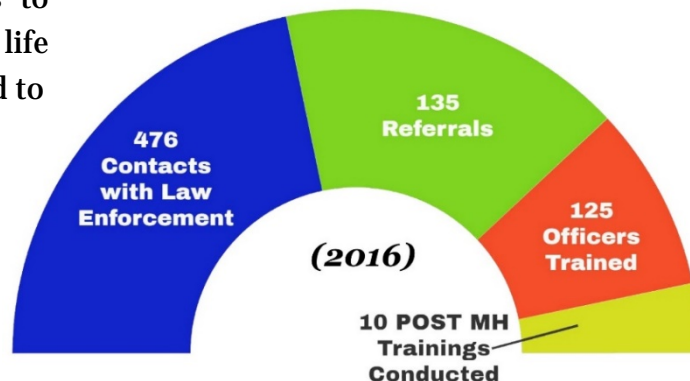




Community Mental Health Liaison (CMHL) Initiative

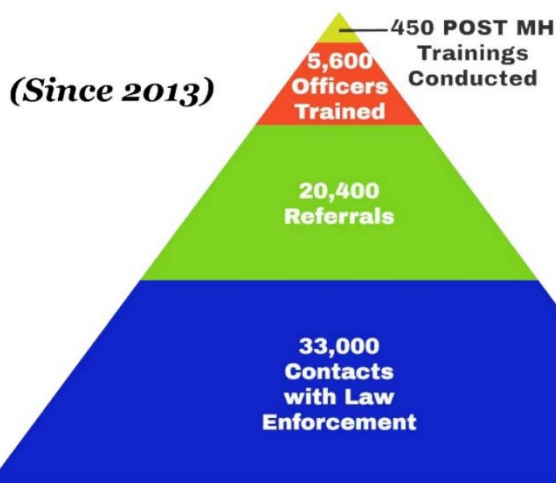
In a mental health crisis, people are more likely to encounter police than to get behavioral health treatment. Many of these individuals are booked into jail each year. Nearly **15%** of men and **30%** of women booked in jails have a serious mental health condition. The majority of these individuals are not violent criminals, just lacking the resources and healthcare needed to live a healthy, productive life. Once released from jail, many do not have access to services; therefore, do not make many life improvements. In order to address this issue and to increase access to care, FCC Behavioral Health's Community Mental Health Liaison (CMHL) has teamed up with law enforcement in our seven (7) county service area to link these individuals with behavioral health treatment.

FCC CMHL Outcomes



The goal of FCC's CMHL initiative is to form better community partnerships with 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. FCC's

CMHL State Wide Outcomes



CMHL follows-up with those referred by area law enforcement and courts to track progress and ensure success. Through FCC's program, people have access to the behavioral health care they need to get and remain well; while law enforcement officers get the behavioral health training and on-site support they need when dealing with difficult situations in the community.

FCC's CMHL has developed Crisis Intervention Teams (CIT) Councils in Dunklin, Pemiscot, Carter and Reynolds Counties. CIT teaches officer's de-escalation strategies and redirecting the

individual from the criminal justice system to the behavioral health care system. In turn, FCC assumes "custody" of the individual and provides directed and non-restrictive accessibility to a full range of care and social services options. CIT trained officers can significantly decrease injuries, death, and community dissent. In turn, persons with a mental illness are diverted to FCC Behavioral



FCC Behavioral Health Fiscal Year 2016 Annual Report

Health for treatment rather than to jail or to return to the streets with no help. Trained CIT officers carry on the normal duties of law enforcement, but are able to provide a specialist role when a potential mental health-related crisis is identified.

FCC's plan for the upcoming year is to incorporate CIT Councils in Butler, Wayne, and Ripley Counties.

FCC's Crisis Intervention Teams (CIT) Counties



FCC CMHL Contact Information:

Eric Snipes, MA, LPC
Cell: (573) 344-1155
Office: (573) 888-5925 Ext: 1022
Email: erics@fccinc.org





Disease Management

People with serious mental illness (SMI) die, on average, **25 years earlier** than the general population. This is a serious public health problem for Missouri.

Among persons with SMI, the “natural causes” of death include: Cardiovascular disease, Diabetes, Respiratory disease, and Infectious disease. Yet, these diseases are often manageable with adequate access to care, coordination among care providers, and patient education. The residents of Southeast Missouri with behavioral health disorders are no exception. FCC currently serves over **1,500** persons with behavioral health disorders with co-occurring chronic diseases: Hypertension 34%, Asthma/COPD 37%, Cardiovascular Disease 27%, and Diabetes 23%.

A number of modifiable risk factors place people with behavioral health disorders at higher risk of mortality, such as: smoking, substance use/ misuse, poor nutrition, obesity, lack of exercise, and unsafe sexual behavior. Education and behavioral interventions can effectively help people to manage these risk factors to reduce symptoms and improve health. FCC’s outreach teams and health home nurses, strive to help people manage their diseases to live longer, healthier lives.

Screenings, assessment and coordination of care is crucial to enhancing chronic health outcomes and reducing health costs. Persons with SMI are more vulnerable to homelessness, trauma, unemployment, poverty, unnecessary incarceration, unnecessary emergency room visits, and social isolation. Despite these challenges, innovative solutions exist.

FCC Behavioral Health is making an impactful difference in the lives of Southeast Missourians. Collaborating with the Missouri Department of Mental Health, Missouri Coalition for Community Behavioral Healthcare and local care providers, we are making a positive difference in the health and wellness of persons-served while **reducing** overall healthcare costs.

Cost Savings

Annual Average Net Reduction in Health Care costs AFTER PMPM rate of \$85.23



Small changes make a **BIG** difference:

1-point reduction in A1c = **21% reduction in diabetes deaths**

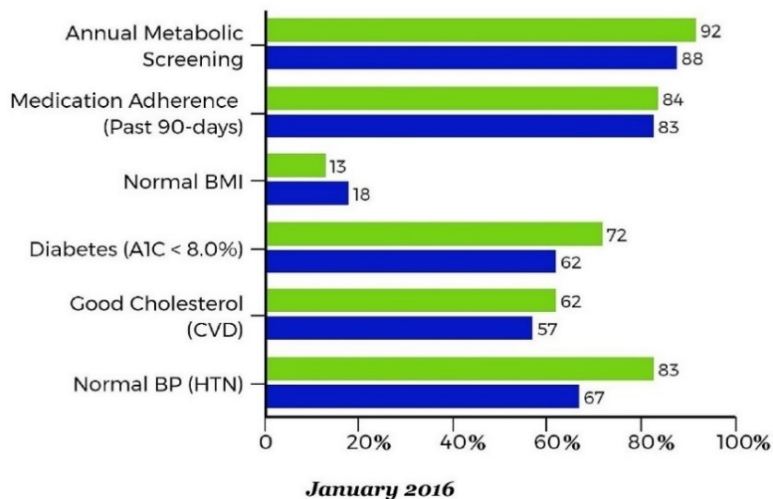
10% reduction in cholesterol = **10% decrease in cardiovascular disease**

6mm/HG reduction in blood pressure = **41% decrease in stroke**



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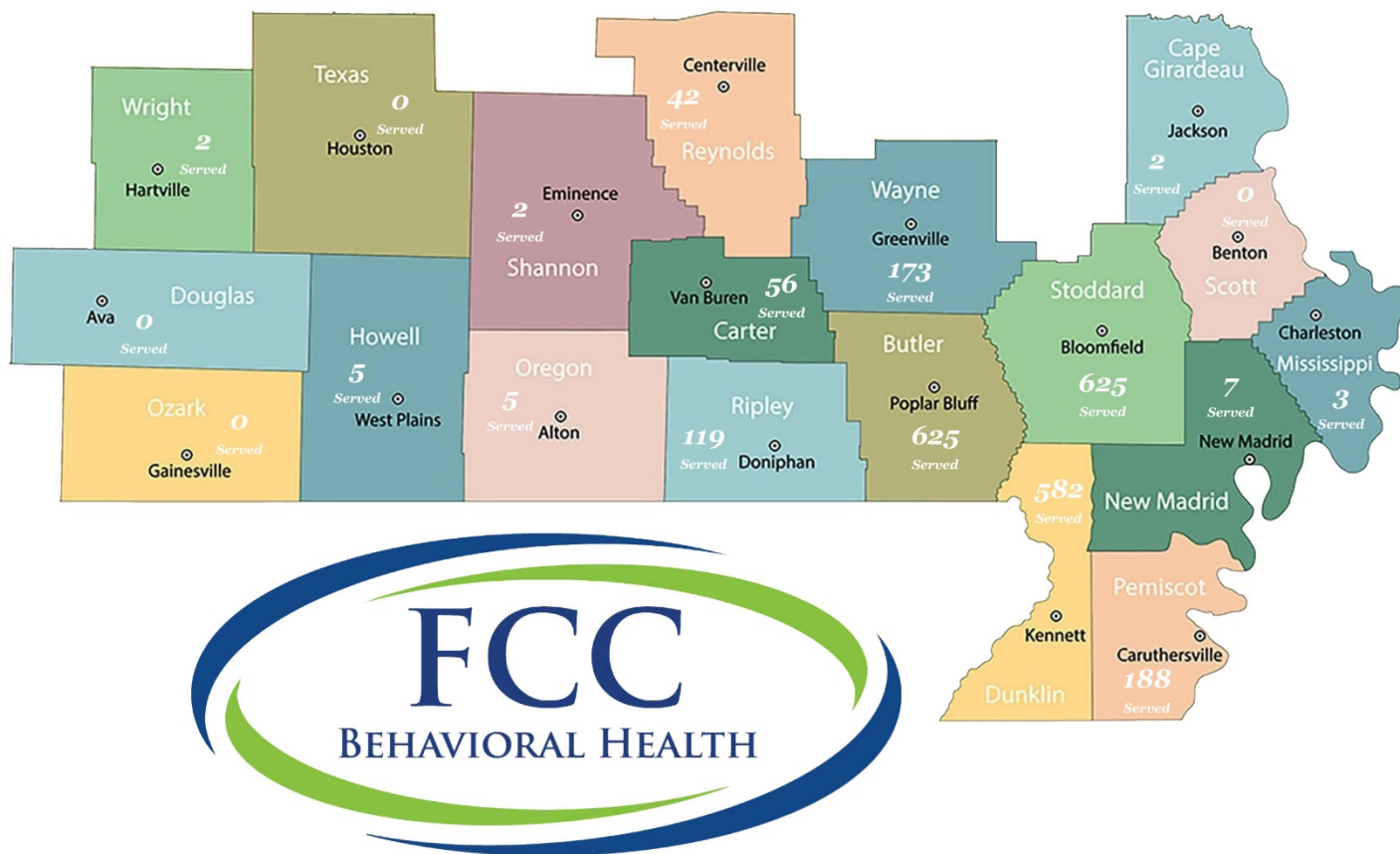
OUTCOMES FCC (N= 1,355) MO (N= 16,900)



FCC's Disease Management program (DM 3700 and Healthcare Home) currently has over **1,500** people enrolled for care using a per member per month (PMPM) reimbursement system.

On average, FCC's Healthcare Home program results in a **\$1.7 million** annual reduction in state Medicaid expenditures for persons-served after the PMPM rate of \$85.23.

State-wide the program is saving, on average, **\$31 million.**



Contact Information:

1075 Jones Street
Kennett, MO 63857

Director: (573) 888-5925 Ext: 1226
Clinical Manager: (573) 888-5925 Ext: 7055
<http://fccinc.org/diseasemanagement>



Youth and Adolescent Behavioral Healthcare Programs



1 in 5 children and adolescents has a mental health problem. **26.6%** of Missouri students grades 6–12 report using alcohol in the past month; while **7.8%** report using marijuana.

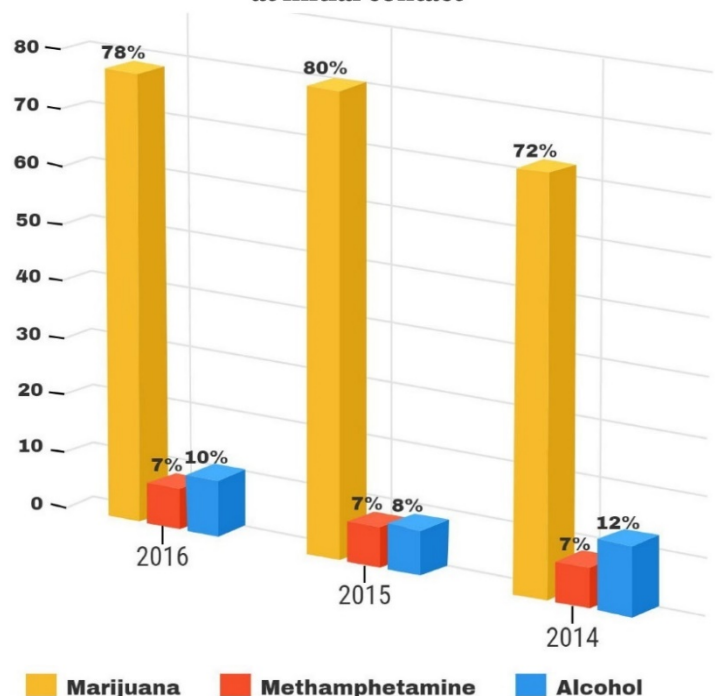
Behavioral Health problems lead to disturbances in thinking, feeling, and relating. The result leads to difficulties in coping with the ordinary demands of life. Just like adults, children and adolescents can have mental health and/or substance use disorders that interfere with the way they think, feel and act. When left untreated, these problems can lead to school failure, family conflicts, violence and even suicide.

Youth STAR – Kennett

FCC's Youth STAR (Steps Toward Achieving Recovery) program is committed to children, adolescents and their families experiencing behavioral health problems. FCC's Youth STAR program delivers integrated care for over **860** children and adolescents each year with mental health and/or substance use disorders. The program is designed to help youth with problems in social role functioning, daily living skills, family relationships, and educational functioning.

Clinical staff can work with youth and their families in the clinic, at home, or in a variety of community settings. A wide range of care options are available including outpatient, intensive outpatient, psychosocial rehabilitation, and for adolescents with substance use disorders, day treatment with (or without) residential care. Specialty care is also available for youth with co-occurring disorders or who need access to psychiatry or nursing services.

Primary Substance Used at initial contact



FCC Behavioral Health Fiscal Year 2016 Annual Report

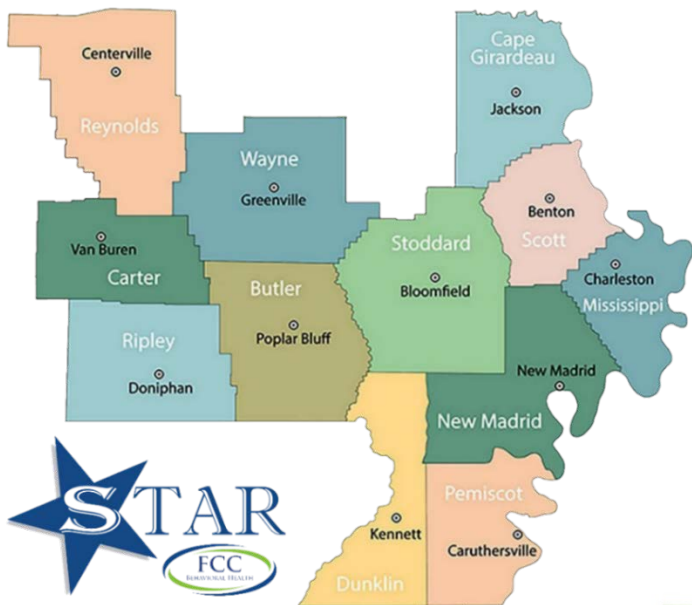
Interventions are done in partnership with the family to help manage behavioral symptoms, improve educational functioning and help guide youth away from disability and toward a healthy, independent lifestyle.

Adolescent RISE – West Plains

FCC's Adolescent RISE (**R**esiliency, **I**ndividuality, **S**erenity, **E**mpowerment) program provides specialized care to adolescents and their families experiencing substance use disorders. Each year, over **125** adolescents receive care from Adolescent RISE that helps adolescents to achieve recovery and wellness.

Care is delivered in a variety of ways to meet the needs of adolescents and their family. Care options include day treatment (with or without residential care), intensive outpatient and outpatient. Specialized care for co-occurring mental health problems, educational assistance, and gender-issues is also provided.

To help adolescents to re-engage in school, Adolescent RISE uses Chromebooks to help teach study skills and to stay caught up with lessons from their local school district. **67%** of adolescents increase their GPA at discharge.



Contact Information – Southeast:

1075 Jones Street
Kennett, MO 63857
Access Coordinator: (573) 888-5925
Ext: 1301
Director: (573) 888-5925 Ext: 1310
<http://fccinc.org/kennettstar>

Contact Information – Southwest:

3411 Division Drive
West Plains, MO 65775
Access Coordinator: (417) 257-9152
Ext: 2801
Director: (417) 257-9152 Ext: 2802
<http://fccinc.org/westplainsrise>





THRIVE

Rehabilitation Centers

1 in 10 adults living in Missouri has a serious mental illness (SMI). Without treatment, these can lead to unemployment, increased hospital and emergency room use, incarceration, suicide, and early death due to chronic medical conditions. **40%** of cases like Major Depression, Schizophrenia, Bipolar Disorder, and Anxiety Disorders are generally untreated. Overall the annual cost burden of untreated serious mental illness (SMI) to Missouri is estimated to be **\$2.5 billion**.

FCC's THRIVE Rehabilitation Centers provide quality behavioral healthcare to over **1,100** persons each year with serious mental illness (SMI). THRIVE's clinical team helps people with SMI to achieve their goals of a life characterized by independence and choice rather than dependence. We work closely with individuals and families to develop a care plan that leads towards recovery and wellness.

THRIVE Rehabilitation Centers are implementing the Clubhouse International Model in order to promote individual choice and to enhance the skills that people can learn in managing their wellness goals. A variety of coping skills, life skills and employment skills may be learned to empower independence and choice for each individual-served.

Eligibility

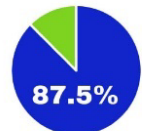
Individuals with chronic and serious mental health disorders who also have problems in social role functioning and daily living skills.

Services are provided to help individuals avoid psychiatric hospitalization and continue to live within the community. Care Coordinators monitor all aspects of individual's functioning to ensure services help the individual to be self-sufficient and independent.

Annual Cost of Untreated Serious Mental Illness to the State of Missouri



\$2.5 Billion



Indirect Expense

Absenteeism, Unemployment, Loss of Productivity

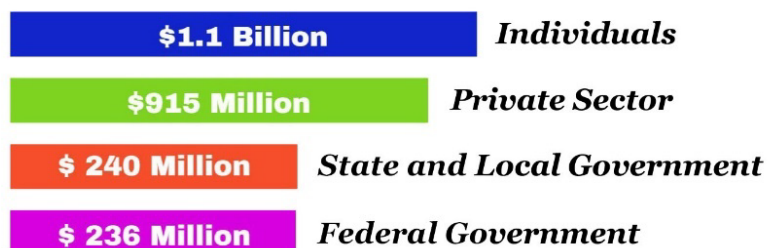
10.5%



Direct Expense

Inpatient Care, Outpatient Care, Long-Term Care

Who pays for untreated mental illness?



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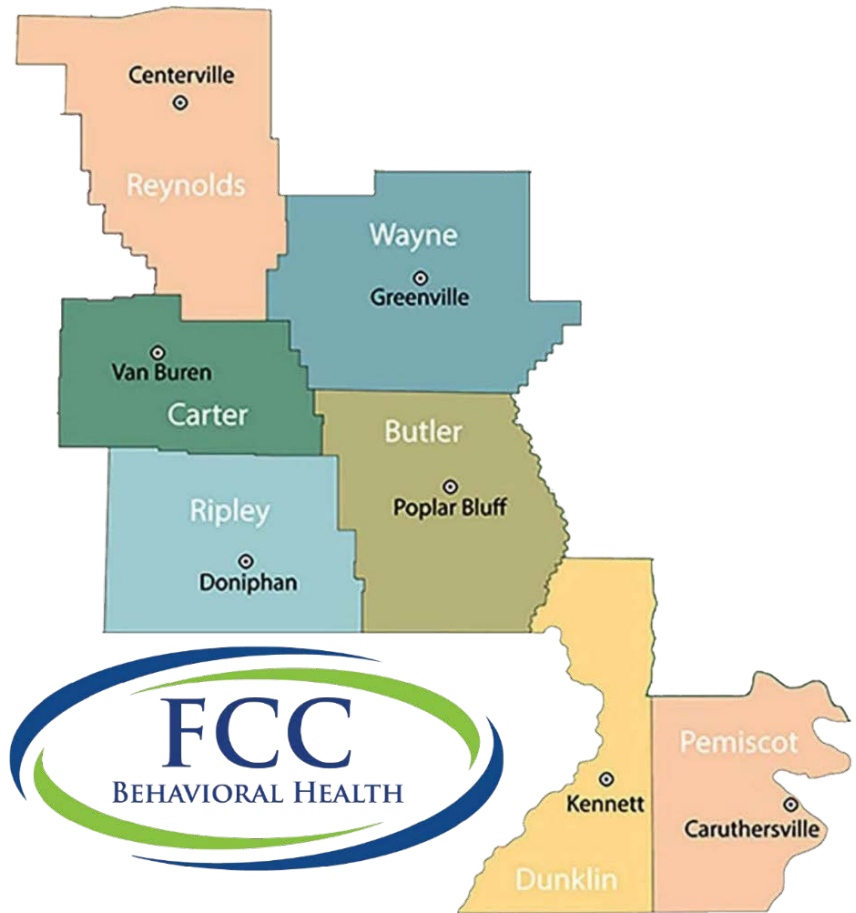
Contact Information:

Dunklin County Access Coordinator
935 Highway V V
Kennett, MO 63857
Contact: (573) 888-5925 Ext: 1201

Butler County Access Coordinator
3001 Warrior Lane
Poplar Bluff, MO 63901
Contact: (573) 686-1328 Ext: 3245

Wayne County Access Coordinator
306 Second Street
Piedmont, MO 63957
Contact: (573) 223-7649 Ext: 2002

Director: (573) 686-1328 Ext: 3229
<http://fccinc.org/adultcpr>



THRIVE


clubhouse
Kennett Poplar Bluff Piedmont





Adult General Population Substance Use Disorders Care

433,000 Missourians (adults) have a substance use disorder. **73%** suffer from alcohol dependence while **27%** suffer from illicit drug dependence. The impact of substance use to Missouri is substantial – an estimated **\$1.3 billion** annually. Societal costs in our state are estimated at **\$7 billion**. Substance use and misuse has a tremendous impact on the lives of Missourians, burdening individuals, families, and communities with the negative consequences including: property theft, motor vehicle crashes, school failure, low worker productivity, family dysfunction, and homelessness.

Opioid Epidemic

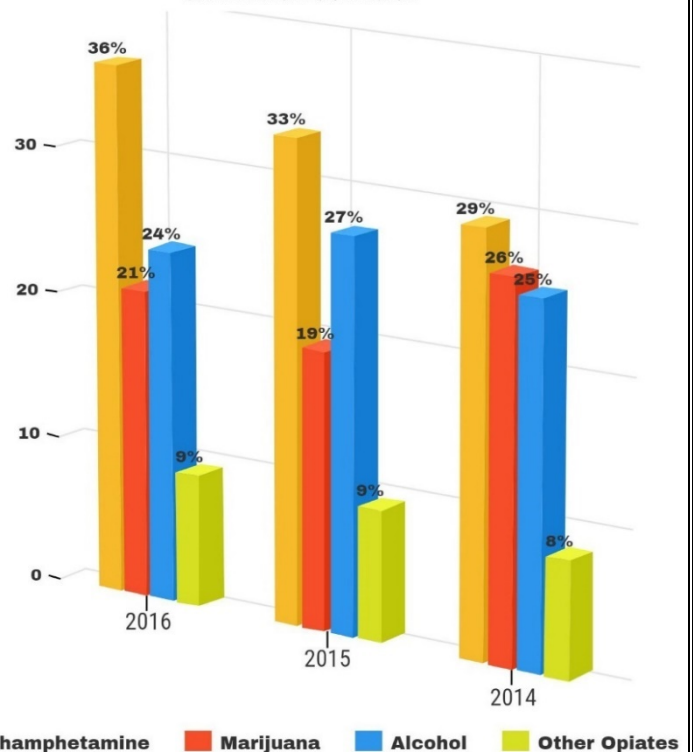
On an average day, **78 people die** from an opioid-related overdose in the U.S. The economic impact of the opioid epidemic is **\$55 billion** in health and social costs each year (U.S. Health and Human Services, 2016). FCC is creating new access to medication-assisted treatment (MAT) services and medically monitored inpatient detox (MMID) services to enhance care options that will save lives and reduce health costs.

FCC Behavioral Health is committed to providing effective evidence-based substance use disorder care to our community. Each year FCC serves **1,602** adults with substance use disorders care. A wide range of treatment options are available including day treatment (with or without residential care). Intensive outpatient and outpatient care. A person-centered care plan is developed that helps each individual to achieve their goals – in the most flexible way possible.

Stapleton Center

FCC's Stapleton Center provides a full-range of substance use disorders care for adults. The Primary treatment center is located in Hayti, Missouri with outpatient office locations in Kennett, Malden, Caruthersville, Steele, New Madrid, Dexter and Doniphan, Missouri. *Contact information for each office location is located on page 20.* Specialty care is also available for co-occurring mental health problems, medication-assisted treatment (MAT), traffic offender services (SATOP), and housing

Primary Substance Used at initial contact



FCC Behavioral Health Fiscal Year 2016 Annual Report

needs. FCC Behavioral Health is contracted to serve Federal Probation, State Probation and Parole as well as Area Treatment Court referrals throughout the area.

Contact Information:

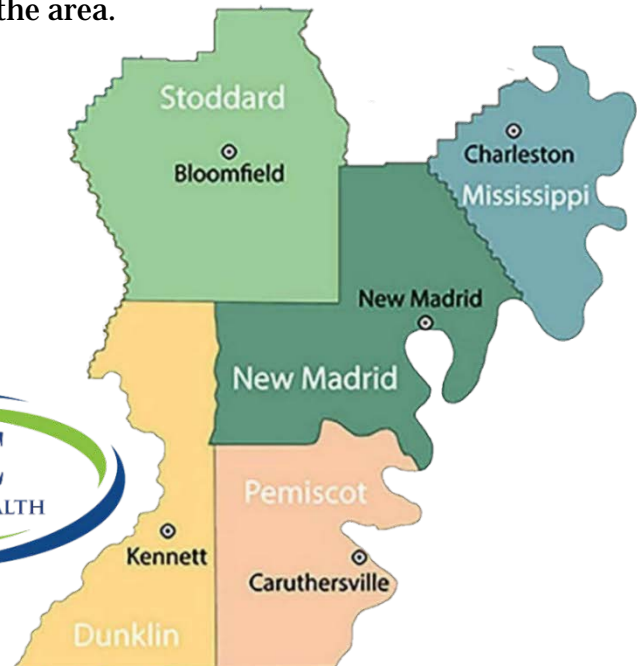
581 Highway J North

Hayti, MO 63851

Contact: (573) 359-2600 Ext: 2607

Director: (573) 359-2600 Ext: 2605

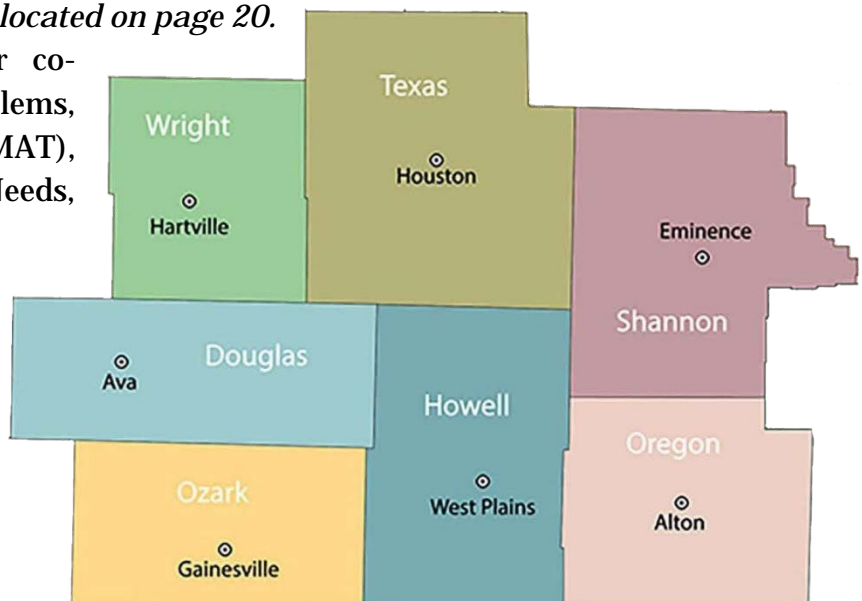
<http://fccinc.org/stapleton>



Turning Leaf Center

FCC's Turning Leaf Center provides a full-range of substance use disorders care for adults. The Primary treatment center is located in West Plains, Missouri with outpatient office locations in Mountain Grove, Ava, and Gainesville, Missouri. *Contact information for each office location is located on page 20.*

Specialty care is also available for co-occurring mental health problems, medication-assisted treatment (MAT), EMDR Therapy, Community Service Needs, and traffic offender services (SATOP). FCC Behavioral Health is contracted to serve Probation and Parole as well as Area Treatment Court referrals throughout the area.



Contact Information:

1015 Lanton Road

West Plains, MO 65775

Contact: (573) 359-2600 Ext: 3001

Director: (573) 359-2600 Ext: 3066

<http://fccinc.org/turningleaf>





Cooper Commons **Intensive Residential Treatment** **Services (IRTS)**

FCC's Cooper Commons assists individuals with serious mental illness (SMI) to develop coping skills, living skills, and employment skills in order to achieve their unique recovery goals. Cooper Commons is a positive step from dependency toward independently living a life characterized by choice and wellness.

All residents at Cooper Commons have access to a comprehensive range of behavioral healthcare services as well as case management to link persons with other community-based care and resources. The on-site care team includes licensed therapists, nurses, care managers, and trained recovery support staff to help each resident to make steps toward independent living. Cooper Commons also has specialty care available for persons with co-occurring mental health and substance use disorders.

Short-Term Stabilization

Cooper Commons has four (4) short-term, stabilization beds with a 30-day average length of stay. This intensive, short-term behavioral health program provides an alternative to hospitalization or may be an effective step-down from hospitalization in order to promote stabilization. An individual's risk of suicide is highest upon release from a psychiatric hospitalization. Cooper Commons seeks to eliminate this risk for persons with a history of hospitalizations by providing intensive behavioral healthcare aimed at promoting coping skills and life skills that build upon each individual's resiliency.

Voluntary by Guardian (VbG) Program

Cooper Commons has six (6) long-term beds for persons with serious mental illness and are under the care of a guardian. Residents are provided access to comprehensive behavioral healthcare as well as 24-hour supervision, assistance with medication management, and on-going case management. Cooper Commons VbG wing offers private rooms to residents. The goal of Cooper's VbG program is to provide long-term stabilization and supports that lead to a less restrictive living environment based on the individual's needs and desires. Helping each individual to achieve their highest degree of independence is the primary goal of Cooper Commons.

Contact Information:

581 Highway J North
Hayti, MO 63851
Contact: (573) 359-2600 Ext: 1410
<http://fccinc.org/irts>



Suicide Warning Signs



These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

- ❖ Talking about wanting to die or to kill oneself
- ❖ Looking for a way to kill oneself, such as searching on-line for materials or means
- ❖ Talking about feeling hopeless or having no reason to live
- ❖ Talking about feeling trapped or in unbearable pain
- ❖ Talking about being a burden to others
- ❖ Increasing the use of alcohol, drugs or misusing medications
- ❖ Acting anxious or agitated; behaving recklessly
- ❖ Sleeping too little or too much
- ❖ Withdrawing, loss of interest or feeling isolated
- ❖ Showing rage or talking about seeking revenge
- ❖ Displaying extreme mood swings

Suicide Is Preventable

Call our 24/7 Crisis Line at 1-800-356-5395

With Help Comes Hope

FCC Behavioral Health offer a wide array of behavioral healthcare including: Psychiatry, Mental Health Care, Substance Use Disorders Care, Health Home Services, Housing Assistance, Care Coordination, Prevention and Education Resources and a variety of specialized care options to meet the behavioral health needs of Children, Adolescents, Adults and Families. For more information, visit our website at:

fccinc.org





Housing Services

FCC Behavioral Health offers a variety of housing services to persons who are homeless, at-risk of homelessness, or who need help in locating safe, affordable housing. FCC has a variety of housing supports and programs available across our service area.



PATH Outreach Services

FCC Behavioral Health's PATH (Project for Assistance to Transition from Homelessness) program offers immediate, temporary assistance to persons who are homeless, or at-risk of homelessness, with a behavioral health disorder. Assistance may include housing location, re-location, or rental assistance.

Contact Information:

1201 Ely Street
Kennett, MO 63857
Director: (573) 888-5925 Ext: 1409
<http://fccinc.org/housing>



Permanent Housing Programs

FCC's permanent housing programs are HUD funded project that provide on-going rental assistance to persons who are homeless with a disability. FCC has programs available in Dunklin, Butler, Pemiscot and Cape Girardeau Counties. Rental assistance is based on income according to HUD's guidelines.

Contact Information:

1201 Ely Street
Kennett, MO 63857
(573) 888-5925 Ext: 1401

20 South Sprigg Street
Cape Girardeau, MO 63701
(573) 651-4177 Ext: 2209

3005 Warrior Lane
Poplar Bluff, MO 63901
(573) 686-1200 Ext: 3241

Safe Haven

FCC's Safe Haven program, located in Kennett, serves homeless persons in Dunklin County. Safe Haven offers outreach, drop-in center, and permanent housing with 8 private apartments on-site. The facility is supervised 24/7, however, residents are free to come and go as they wish. An on-site case manager helps residents to access a wide range of community supports available to promote stabilization and safe, affordable housing.

Contact Information:

1201 Ely Street
Kennett, MO 63857
Director: (573) 888-5925 Ext: 1409
<http://fccinc.org/housing>



FCC Behavioral Health Fiscal Year 2016 Annual Report

New Beginnings

FCC's New Beginnings is a HUD funded, Section 811 program providing safe, affordable housing for persons with disabilities in Butler County. This 10-apartment complex offers private apartments on FCC's campus in Poplar Bluff. Case management is available to all residents to help link people with available community resources to help them live independently in the community.

Contact Information:

3005 Warrior Lane
Poplar Bluff, MO 63901
(573) 686-1200 Ext: 3241
<http://fccinc.org/housing>



South Pointe

FCC, in collaboration with MACO Companies, has a 48-apartment housing complex in Poplar Bluff. These two-bedroom apartments have easy access to shopping, employment, health care, schools and entertainment. Rent is based on income as applied using HUD's guidelines. While there are variances, the average rental is \$495 per month.

Contact Information:

3101 Warrior Lane
Poplar Bluff, MO 63901
(573) 785-0560





Prevention Programs

FCC Behavioral Health's Prevention Program 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.

Regional Support Center

The Regional Support Center's (RSC) 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 RSC provides 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 RSC targeted population area is Service Area 20 which includes Dunklin, Pemiscot, New Madrid, and Mississippi Counties.

Within these counties the RSC serves 8 community coalitions. The RSC 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 RSC has been involved in over five hundred community activities. As an example, the RSC 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 RSC uses several avenues to increase awareness and information on substance use 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 use prevention related information and education. Using these avenues, we are able to increase awareness, information and education to the masses. In FY16 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 presentations and trainings on multiple topics. Topics included evidence based prevention programming, Youth Mental Health First-Aid, Peace Builders, underage alcohol use, marijuana effects and legislation, media advocacy, marketing, using prevention programs, SPF, coalition building and



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assessment, cultural diversity, drinking and driving, risky behaviors, Healthy Alternatives for Little Ones, Parenting Now, Too Good for Drugs. There were 2635 training and presentation participants in FY16.

Tobacco Merchant Education

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. 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 FY2016, 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.

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 23 VIPs starting in 2013 reaching a total of 75 participants.

Youth Mental Health First-Aid

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 ten YMHFA trainings starting in 2013 reaching a total of 99 participants.



Contact Information:

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Website: <http://fccinc.org/prevention>
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S.P.I.R.I.T

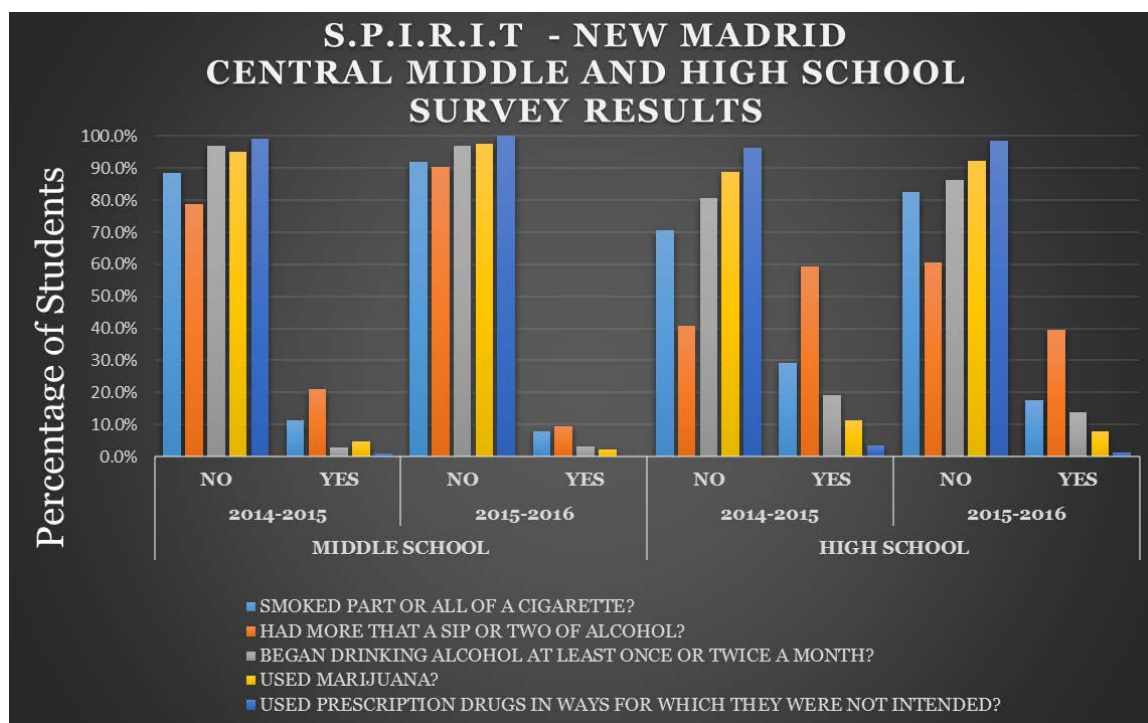
Missouri School-Based Prevention Intervention and Resources Initiative

The Missouri Department of Mental Health, New Madrid County R1 School District, and FCC Behavioral Health 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. In 2016, FCC will expand to the East Prairie School District.

FCC 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 use. 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 use and related acts of violence; (c) strengthen and support families; (d) intervene early with children at greatest risk for substance use; (e) refer children with substance use 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.



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Partnership For Success

The Partnership for Success (PFS) Grant focuses on Service Area 20. The purpose of the PFS Grant is to address substance misuse among youth in the southeast portion of the State of Missouri, specifically concentrating on prescription drug misuse and underage drinking of those ages 12 to 18 years of age.

Missouri has determined that priority is needed for prevention for prescription drug misuse and underage drinking due to an elevated prevalence in the Southeast Region of the State. Data has shown that the youth in many of these communities are at a substantially elevated risk when compared with other communities across the state and when compared to the state as a whole.

The PFS of FCC Behavioral Health works to decrease both underage drinking and prescription drug misuse through understanding the unique risk factors and behaviors in each of the communities we serve. Through building relationships in each community, we will gain a better understanding of the specific needs of each community. Currently in its first year of community implementation, the Partnership has placed 4 new permanent prescription drug drop boxes. These boxes allow the public to dispose of unused, unwanted or expired medications in order to ensure they are not misused. The PFS has also been instrumental in developing the “Be Under Your Own Influence” media campaign to encourage positive lifestyle choices for teens. The PFS has begun to implement several other evidence-based strategies through the PFS grant with plans to carry out more in the coming years.



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Malden, MO 63863

Caruthersville Police Department
1400 Ward Ave
Caruthersville, MO 63830

Steele Police Department
115 S Walnut St
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FCC Behavioral Health SafeHaven
1201 Ely Street
Kennett, MO 63857



Leadership

24-Hour Crisis Hotline: 1 (800) 356-5395



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