



*Person-Centered Recovery and
Wellness*

2017
ANNUAL REPORT



fccinc.org



Resiliency, Individuality,
Serenity, Empowerment

Turning
Leaf



Serenity Pointe



Cooper Commons



THRIVE

clubhouse

Kennett

Poplar Bluff

Piedmont



24-Hour Crisis Hotline

1 (800) 356-5395

info@fccinc.org



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 2017 Annual Report. 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 41 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 DBH.

In our continual pursuit of quality and excellence, this past year FCC hired an additional 50 of clinical staff, opened four (4) new clinic locations, renovated two (2) facilities across the region and expanded our transportation fleet to 95 vehicles to enhance access to care. In addition, FCC initiated several new clinical programs during 2017:

- ✦ **Project WIN (Women in Need).** The Bootheel area has the highest infant mortality rates in Missouri. FCC in collaboration with the Missouri Foundation for Health is providing outreach, engagement, screening, assessment and care for women who are pregnant, or post-partum, with substance use disorders in order to reduce infant mortality and enhance the health of the family
- ✦ **Prolonged Exposure Therapy.** PTSD is a serious behavioral health condition for many veterans. Using technology-assisted methods, specially trained therapists teach veterans to gradually approach trauma-related memories, feelings, and situations that have been avoided since the traumatic event. By confronting these challenges, veterans can decrease their PTSD symptoms and live healthier lives
- ✦ **Medically Monitored Inpatient Detox (MMID).** To meet the growing challenges faced by the opioid epidemic in Missouri, FCC is developing 24-hour nursing care and physician supervision, evaluation, and withdrawal management for persons with substance use disorders in need of withdrawal management
- ✦ **Supported Employment Services.** Persons with behavioral health disorders can engage in meaningful work. FCC now offers individualized, person-centered services to assist person(s)-served in achieving their desired competitive and integrated employment outcomes
- ✦ **Eating Disorders Care.** Eating disorders are serious behavioral and physical health conditions with significant mortality rates. FCC in collaboration with the Missouri Eating Disorders Council is development of specialized interventions to serve the unique needs of persons with eating disorders using a multi-disciplinary care approach

To kick-off this new year, I am excited to announce that FCC Behavioral Health has been selected as one of 15 providers in Missouri to become a Certified Community Behavioral Health Clinic (CCBHC). This positions



FCC Behavioral Health Fiscal Year 2017 Annual Report

FCC Behavioral Health for the future of health care as we enhance our comprehensive array of services, create additional access to care, more effectively stabilize people in crisis, and provide quality care to those with the most serious, complex behavioral health disorders. FCC's approach to care will continue to emphasize recovery, wellness, trauma-informed care, and physical-behavioral health integration. As a result of the CCBHC demonstration project, FCC will strive to demonstrate that quality, accessible behavioral healthcare enhances quality of life, while reducing overall health care costs to Missourians.

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

Another area of strategic importance in the coming year is enhancing FCC's ability to deal with the growing opioid epidemic facing our community. FCC, in partnership with the Missouri Department of Behavioral Health (DBH), the Missouri Institute of Mental Health (MIMH), and community physicians is creating new access to medication-assisted treatment (MAT) services thru the Missouri Opioid State Targeted Response (STR) grant initiative from SAMHSA. Combined with coordinated interagency collaboration, policy change, and sophisticated evaluation, the Opioid STR project aims to transform the system of care for opioid use disorders in Missouri. FCC will participate in developing evidence-based protocols, accessing multimodal professional training

and consultation programs, and delivering effective and compassionate services to individuals in high need.

Finally, enhanced care for Missouri's veterans remains a significant goal for FCC. 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. To this end, FCC has new outreach and engagement services thru a collaboration with the Missouri Department of Health and Senior Services.

This Annual Report is intended to provide an overview of FCC's achievements and service to our communities over the past year. I think you will agree, FCC has had a successful and impactful 2017. FCC's team of over **350 staff** has provided effective, quality behavioral healthcare to over **5,200 persons-served** across **19 counties**. FCC's Strategic Plan for 2018 builds upon our success – implementing several new and exciting changes to enhance the care FCC can offer.

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



2017 Strategic Plan Accomplishments

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



FCC Behavioral Health Fiscal Year 2017 Annual Report

FCC Behavioral Health engages in a comprehensive strategic planning process each year to prioritize, communicate, and execute strategic initiatives across our organization. The Board of Directors, staff, community advisory boards, persons-served, and other stakeholders have opportunities to contribute to FCC's strategic goals.

FCC's goals have one foundational, guiding principle – to achieve FCC's vision: ***Person-Centered Recovery and Wellness***. To this end, FCC's Performance and Quality Improvement (PQI) team consists of leadership across the entire organization. FCC's Strategic Plan and 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*).

Key strategic initiatives during 2017 with 100% completion:

- ✚ FCC awarded certified community behavioral health clinic (CCBHC) designation
- ✚ Medically monitored inpatient detoxification (MMID) program approved at Stapleton Center
- ✚ Supported employment program initiated at Serenity Pointe to assist persons-served in preparing for, and securing employment
- ✚ Prolonged exposure therapy intervention implemented in the Butler County Behavioral Health Clinic
- ✚ Facility renovation for Cooper Commons intensive residential treatment services (IRTS) to improve access and efficiency of care
- ✚ Staff recognition program enhancements to build morale and improve connectedness
- ✚ AVATAR electronic health record (EHR) system foundation implementation
- ✚ Open Ripley County Behavioral Health Clinic

Key strategic initiatives during 2017 with less than 100% completion, but ongoing:

- ✚ Employee wellness program to promote a healthy lifestyle
- ✚ Leadership development program to identify and cultivate leadership potential at all staff levels
- ✚ Open Carter County Behavioral Health Clinic
- ✚ Open Wayne County Behavioral Health Clinic
- ✚ Open Reynolds County Behavioral Health Clinic
- ✚ Development of care models for persons with eating disorders
- ✚ Trauma-awareness initiatives
- ✚ Zero suicide initiatives



Assessment of Need

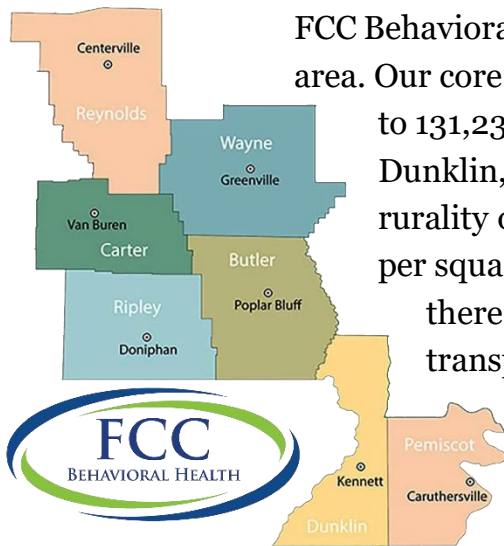
24-Hour Crisis Hotline: 1 (800) 356-5395



*FCC Behavioral Health crisis responders did an amazing job after the 2017 flooding that occurred throughout Southern Missouri. **205** individuals received immediate compassionate behavioral health care and hope as a direct result of the amazing efforts demonstrated by our crisis response teams.*



FCC Behavioral Health Fiscal Year 2017 Annual Report



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

Residents face increased barriers due to cultural attitudes that are formed by conservative, rural values and the belief that needing behavioral health services is a sign of weakness or moral failing. Stigma is a significant barrier to early, preventive care that often leads to a serious disorder before seeking help. The area also faces generational poverty that leads to poor health outcomes and a culture of avoiding behavioral healthcare.

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.



Service area counties are part of the Southeast region show elevated rates of poor health behaviors such as smoking cigarettes and using smokeless tobacco compared to other areas of the state. Additionally, counties lag behind the state in preventive measures such as vaccinations, colon breast and cervical cancer screenings. More residents also report being obese and one of ten residents report being diagnosed with diabetes. These risk factors have led to higher rates of heart disease, stroke, COPD, arthritis, kidney disease, depression, poor mental health and suicide.



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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.

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.



Populations-Served Data

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



FCC Behavioral Health Fiscal Year 2017 Annual Report

The services provided during the period of **July 1, 2016** thru **June 30, 2017** are described in this report. During the 2017 fiscal year, the agency served a total population of **5,215**; Total admissions were **2,416** and total discharges were **2,080**.

Average Statistics of Person(s)-Served



2,448 (47%) Male
2,767 (53%) Female
➤ **4% Females pregnant at admission**



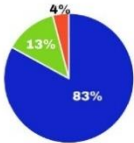
76% White/Caucasian
12% Black/African-American
11% Hispanic
1% Other



7% Children (ages 11 and under)
13% Adolescent (ages 12-17)
77% Adults, Non-Seniors (ages 18-64)
3% Seniors (ages 65 and over)



46% of adults completed high school or higher
➤ **2% completed a Bachelor's degree**
➤ **> 1% completed an Advanced degree**
➤ **< 1% completed technical school**



83% of adults live independently



66% of all person(s)-served are Unemployed



3% Veterans



5% Hard of Hearing/Impaired



78% report using Tobacco at Admission



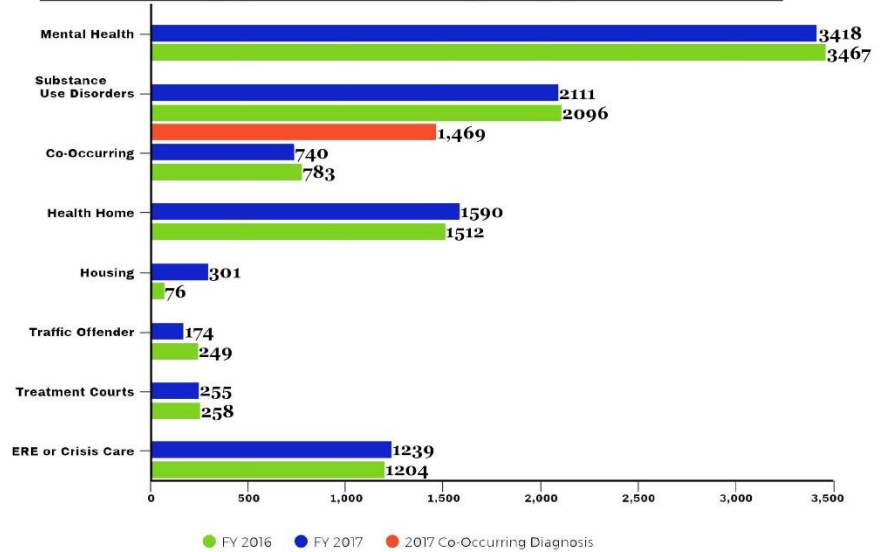
Average monthly income of Adult person(s)-served is \$789 per month (\$9,471 per year)



FCC Behavioral Health Fiscal Year 2017 Annual Report

No significant funding decreases occurred during FY2017. The funding outlook for FY2018 is likely to be one of opportunity as Missouri embarks upon the Certified Community Behavioral Health Center (CCBHC) and the Missouri Opioid State Targeted Response (STR) initiatives. However, with federal health reforms receiving significant discussion in Washington D.C., the outlook is speculative at best.

Person(s)-Served by Type of Care



Nonetheless, FCC Behavioral Health continually assesses the environment for payor opportunities to initiate new clinical services as well as to enhance and/or expand existing care. To this end, FY 2018 will have several new funding initiatives as part of FCC's Strategic Plan:

Perspective Payment System (PPS) under CCBHC

FCC will shift all fee-for-service payments in our 7-county CCBHC service area to a PPS payment rate. This will create enhanced Medicaid-match potential and will stabilize much of the fluctuations associated with fee-for-service billing. In addition, since the rate is cost-based, the rate will allow FCC to be more competitive in the workforce to recruit and retain professional staff. The PPS rate is applicable to CCBHC services billed to the Missouri Department of Mental Health, clinic services billed to the Missouri Department of Social Services, and the three Managed Care Organizations (MCOs) in the State.

Neighborhood Assistance Program (NAP)

FCC has applied for a \$250,000 NAP grant, using 50% tax credits, to assist in the construction of a new STAR Integrated Youth Behavioral Health Clinic. This new facility will be located in Poplar Bluff on FCC's campus and anticipates serving over 2,000 youth and their families living in Butler, Carter, Reynolds, Ripley and Wayne Counties. In total, the project is estimated at \$1 million.

Primary Care Integration

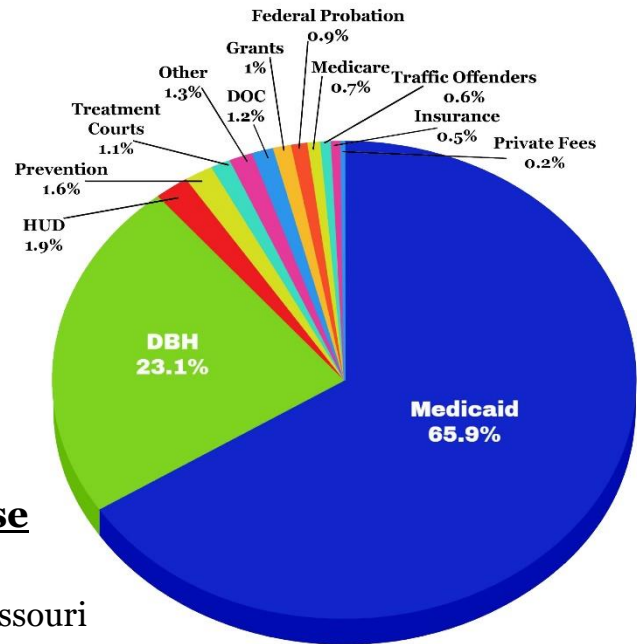
FCC and Missouri Highlands Health Care (MHHC) has collaboratively applied for a \$2.5 million, five (5) year SAMHSA grant to integrate MHHC's primary care services into FCC's



FCC Behavioral Health Fiscal Year

Butler County Behavioral Health Clinic. The collaborative will seek to enhance access to, and enhance access to, and coordination of, primary care and behavioral healthcare to improve patient outcomes. Persons with persistent and serious mental health issues die, on average, 25 years earlier than the general population due to preventable, chronic disease. This project seeks to reduce mortality and increase overall health and wellness.

Payor Mix FY 2017



Missouri Opioid State Targeted Response (STR)

FCC will be a participating provider with the Missouri Department of Mental Health (DMH) and the Missouri Institute of Mental Health (MIMH) to expand access to opioid use disorders care across our 19-county service area. Combined with coordinated interagency collaboration, policy change, and sophisticated evaluation, the Opioid STR project aims to transform the system of care for OUD in Missouri. This will be accomplished by developing evidence-based protocols, implementing multimodal professional training and consultation programs, and delivering effective and compassionate services to individuals in high need throughout the state.

Crisis Counseling Program (CCP) Grant

In response to historic flooding and severe storms from April 28 to May 11, 2017 the Show Me Hope CCP grant will fund psychological services to help build hope and resiliency for survivors. The Federal Emergency Management Agency (FEMA) awarded the CCP grant to the Missouri Department of Mental Health (DMH). DMH in turn awarded FCC Behavioral Health's proposal for \$62,237 to deliver immediate crisis counseling services to flood survivors in Butler, Carter, Dunklin, Pemiscot, Ripley, Reynolds and Wayne Counties.

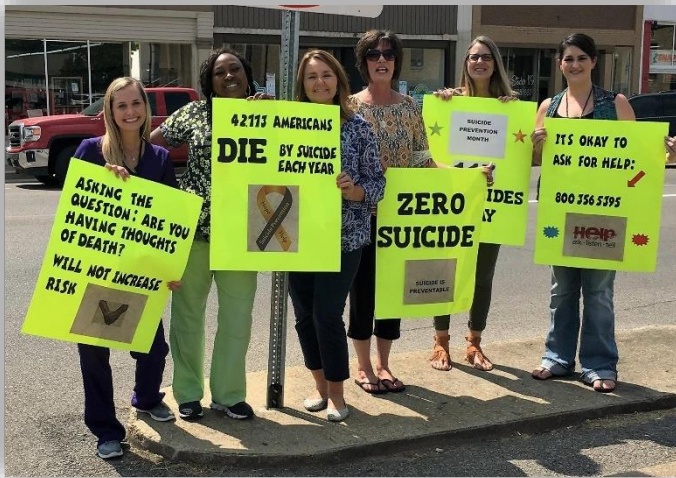
USDA Telemedicine Grant

FCC has applied to the United States Department of Agriculture (USDA) for a \$72,000 grant to expand FCC's telehealth access to Ripley, Carter, Reynolds and Wayne Counties. The grant is a 50/50 cash match to help FCC expand access and update existing telemedicine technology that is essential in the provision of psychiatry and medication-assisted treatment services across our rural service area.



Philosophy of Care

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



FCC Behavioral Health Fiscal Year 2017 Annual Report

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 Reconciliation 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



FCC Behavioral Health Fiscal Year 2017 Annual Report

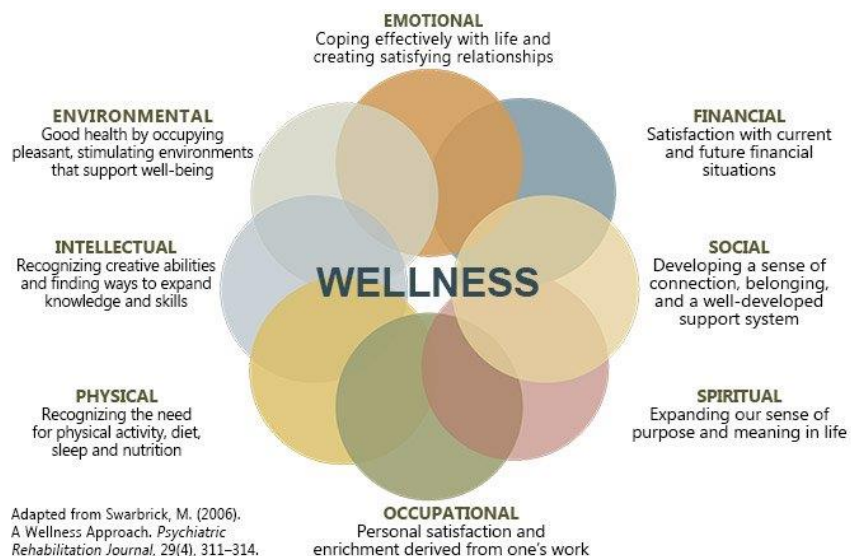
In addition to regular monitoring of various reports by the Performance and Quality Improvement Committee (PQI), the Executive Team, Clinical Managers Workgroup, and Residential Managers Workgroup annually review effectiveness of services during Strategic Planning. The Executive Team carefully assesses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



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

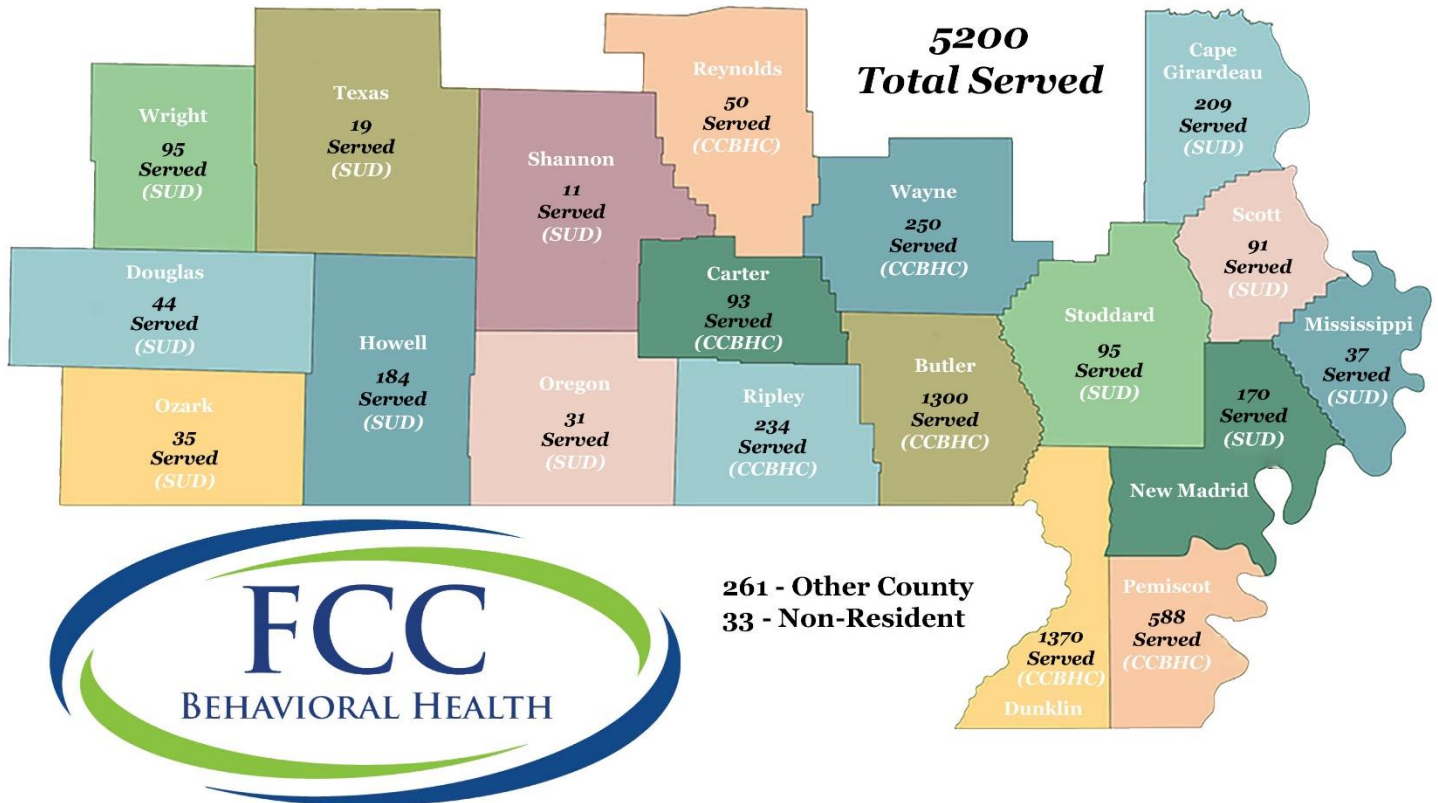
FCC Behavioral Health offer a wide array of behavioral healthcare including: Psychiatry, Mental Health Care, Substance Use Disorders Care, Health Home Services, Housing Assistance, Care Coordination, Prevention and Education Resources and a variety of specialized care options to meet the behavioral health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

fccinc.org



Access to Care

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



FCC Behavioral Health Fiscal Year 2017 Annual Report

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; PO Box 13
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
573-323-2171

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

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

Adult 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

Youth Psychosocial Rehabilitation Programs

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

2981 Kanell Road
Poplar Bluff, MO 63901
573-712-2902

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

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

Adolescent Substance Use Disorders

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

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

Women's Substance Use Disorders

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

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

Texas/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

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



*Department of the Year,
Food Services*



*Mental Health Program of the Year,
Community Mental Health Liaison*



*Emerging Program of the Year,
Project WIN*



*Supportive Services of the Year,
IPS*



*Substance Use Disorder Program of the Year,
Prevention*



*Behavioral Health Program of the Year,
Disease Management*





Disease Management



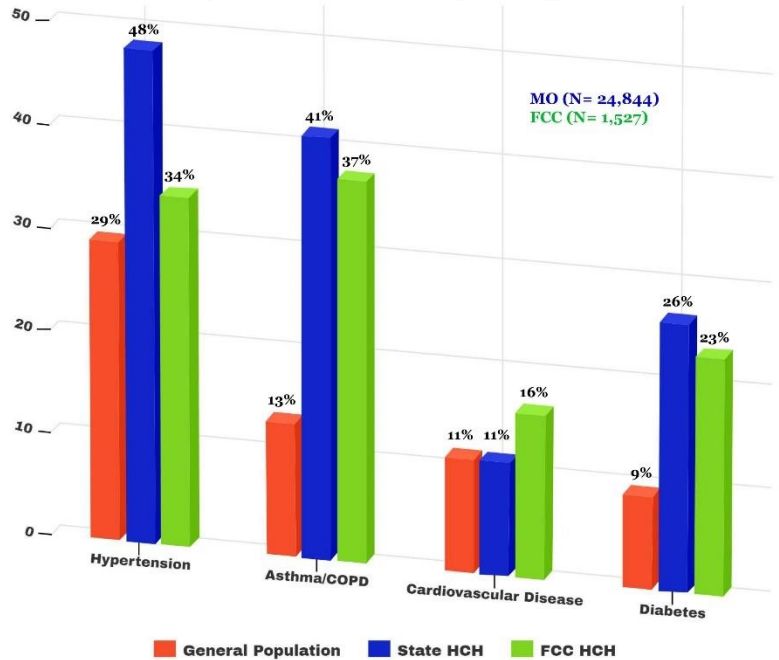
People with serious mental illness (SMI) die, on average, **25 years earlier** than the general population. This is a serious public health problem for Missouri and our nation.

Among persons with SMI, the “natural causes” of death include: cardiovascular disease, diabetes, respiratory disease, and infectious disease. Yet, these diseases are manageable with adequate access to care, coordination among care providers, and patient education.

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 effectively help people to manage these risk factors to improve overall wellness.

Co-Occurring Chronic Diseases

CAN be Successfully Managed



As of January 1, 2017 Persons Enrolled

Cost Savings

When Co-Occurring Chronic Disorders ARE Successfully Managed
Annual Average Net Reduction in Health Care costs AFTER PMPM rate of \$86.93



\$1.1 Million HCH

(\$98 PMPM Savings; N=1,527)

\$20.7 Million HCH

(N=29,357)



Total 5-Year Savings:
\$98 Million State-Wide

As of January 1, 2017 Persons Enrolled

Screenings, assessment and coordination of care is crucial to improving health outcomes while reducing health costs. Persons with SMI are more vulnerable to homelessness, trauma, unemployment, poverty, unnecessary incarceration, unnecessary emergency room visits, and social isolation.

Statewide, Missouri’s Behavioral Health Home participants experienced a **34% decrease** in ER visits over the past four (4) years and a **36% decrease** in hospital stay over the past four (4) years.



FCC Behavioral Health Fiscal Year 2017 Annual Report

FCC Behavioral Health is making a positive difference in the health and wellness of persons-served while reducing overall healthcare costs.

This year FCC Behavioral Health has served persons with disease management outreach, linking **42%** with behavioral healthcare. FCC's behavioral health home has enrolled **1,527** participants who are experiencing improved health outcomes.



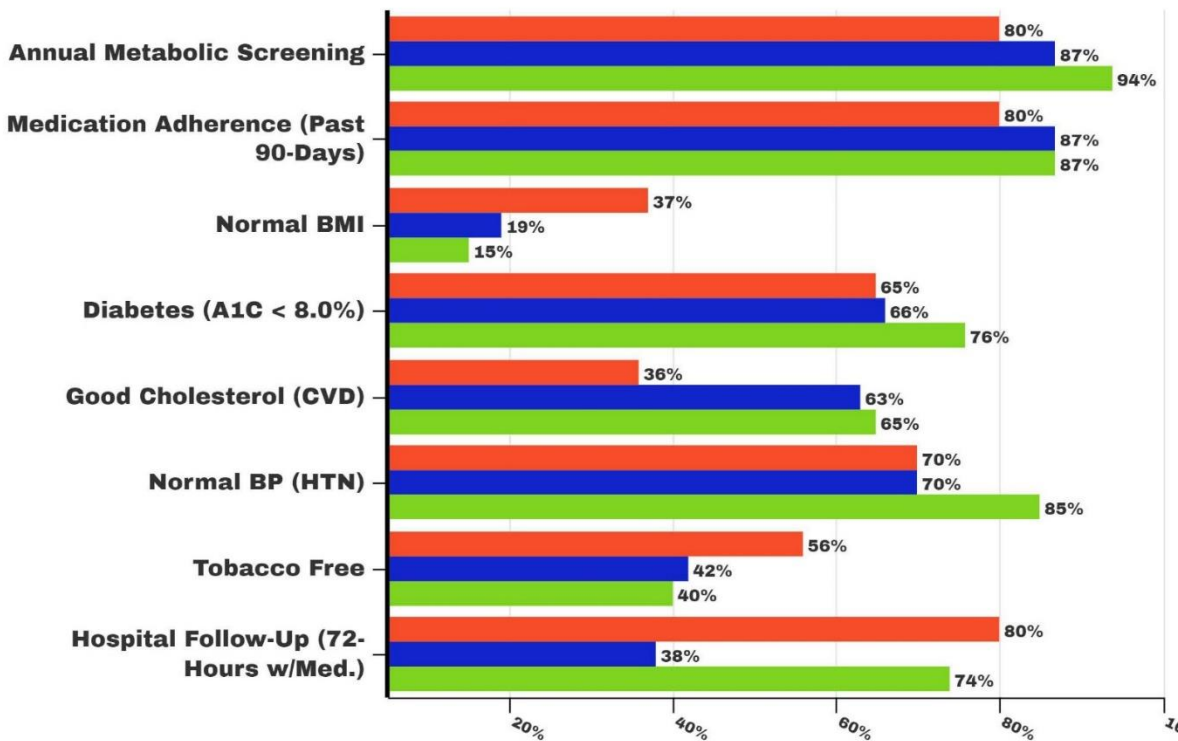
Small changes make a **BIG** difference:

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

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

OUTCOMES

Goals
MO (N= 24,844)
FCC (N= 1,527)



As of January 1, 2017 Persons Enrolled

For more information about FCC Behavioral Health's Disease Management or Behavioral Health home, please contact:

HCH Director: (573) 888-5925 Ext: 1226

HCH Director: (573) 888-5925 Ext: 1212

HCH Director: (573) 888-5925 Ext: 1224

DM Clinical Manager: (573) 888-5925 Ext: 7055

<http://fccinc.org/diseasemanagement>





Community Mental Health Liaison (CMHL) Initiative

FCC's CMHL Outcomes

In a mental health crisis, people are more likely to encounter police than to get behavioral health treatment. The majority of these individuals are not violent criminals, just lacking the resources and healthcare needed to live a healthy, productive life. FCC Behavioral Health's CMHL has teamed up with law enforcement in our seven (7) county service area to link these individuals with behavioral health treatment.



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

Primary Presenting Need at Time of Referral

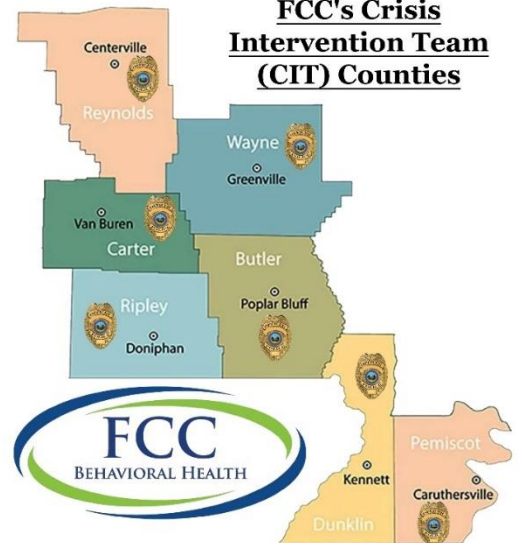
- Currently Suicidal** 20%
- Psychosis/Delusional** 33%
- Harm or Threat of Harm to Self or others** 7%
- Substance Use** 22%

(FCC June 2017)

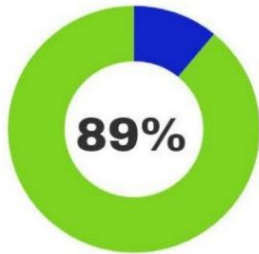
and courts, to save valuable resources that might otherwise be expended on unnecessary jail, prison, and hospital stays, and to improve outcomes for individuals with behavioral health issues. FCC's CMHL follows-up with those referred by area law enforcement and courts to track progress and ensure success. Through FCC's program, people have access to the behavioral healthcare 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 Team (CIT) Councils in Dunklin, Pemiscot, Butler, Ripley, Carter, Wayne 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. CIT trained officers can significantly decrease injuries, death, and community dissent. In turn, persons with a mental illness are diverted to FCC Behavioral 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.

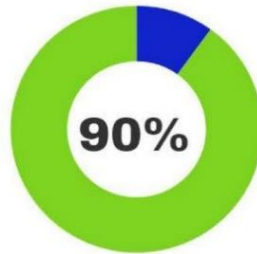
FCC's Crisis Intervention Team (CIT) Counties



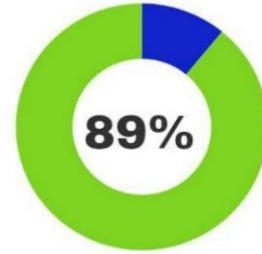
CMHL Referral Information



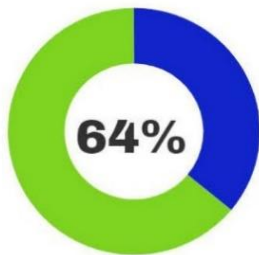
% of the referrals to CMHLs were **NOT** known to be receiving behavioral health services at the time of referral



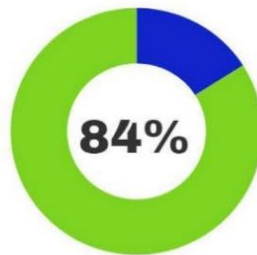
% of the referrals to CMHLs were **referred to community based services.**



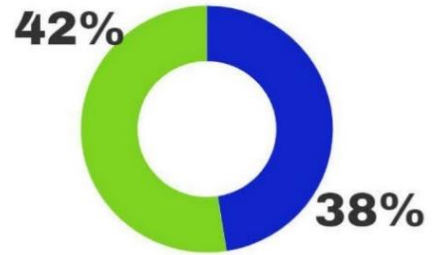
% of those referrals were **made to behavioral health treatment.**



% of the referrals have a behavioral health history or diagnosis of one or more of the following: depression, bipolar, schizophrenia, substance use disorder.



% of the referrals to CMHLs were **referred by the court system.**



42% of those referrals were **between the ages of 19-35.**

38% of those referrals were **between the ages of 36-55.**



*Crisis Intervention Team Officer of the Year,
Sheriff Richard J. Stephens of Carter County*

“The Missouri Community Mental Health Liaison Initiative has broadened not only mine, but the abilities of my organization and law enforcement in general. The inclusion of mental health liaisons throughout our communities has allowed law enforcement an enhanced ability to successfully interact with citizens affected by mental illness.”

- Richard Stephens, Carter County Sheriff

FCC CMHL Contact Information:

Eric Snipes, MA, LPC

Cell: (573) 344-1155

Office: (573) 888-5925 Ext: 1022

Email: eries@fccinc.org

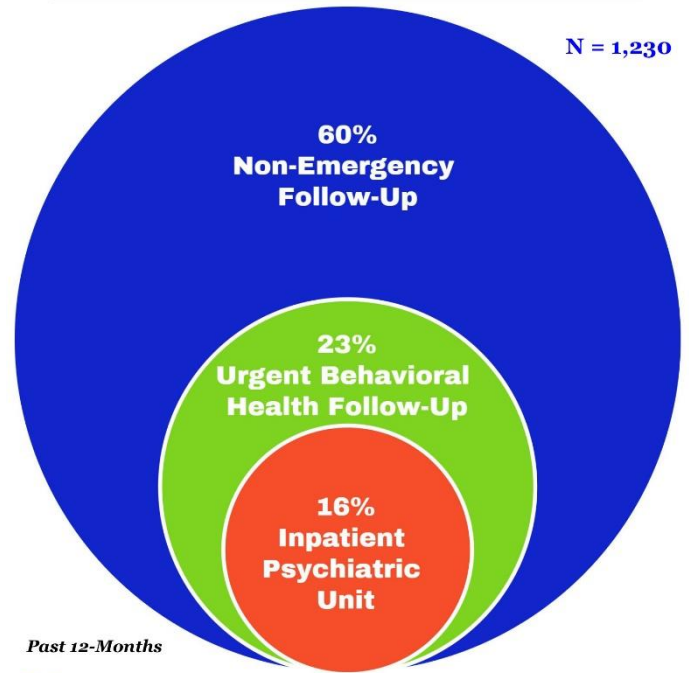




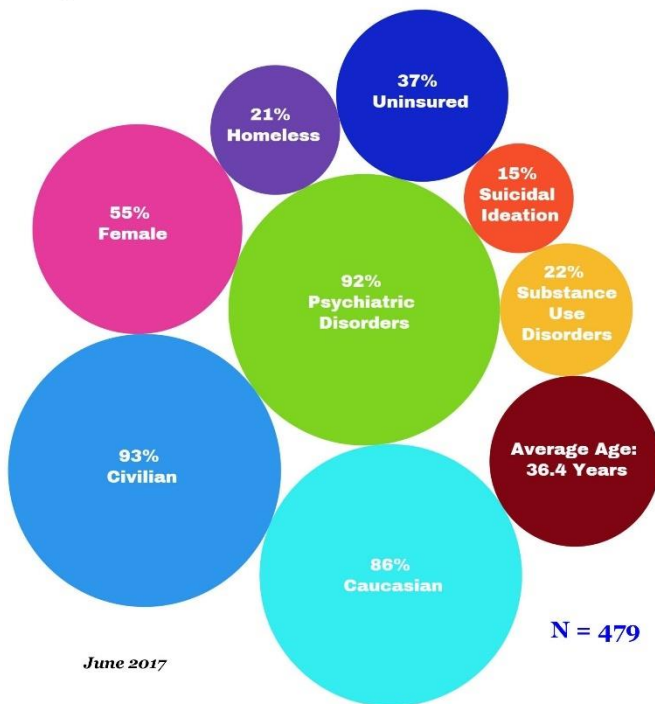
Access Crisis Intervention (ACI), Emergency Room Enhancement (ERE) and Suicide Prevention

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 **1,230 crisis calls** across Butler, Carter, Dunklin, Pemiscot, Reynolds, Ripley and Wayne Counties. In collaboration with 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



ERE Client Snapshot at initial contact



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



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

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 2017 Annual Report

Impacts at 90-Day Follow-up



**84 Days Reduction
Avg. in Hospital**



**85% Reduction in
Homelessness**



**1.1 Days Reduction
in ER Visits**



**36% Decrease in
Arrests**



**26% Increase in
Employment**

As of June 2017

For more information about FCC Behavioral Health's Disease Management or Behavioral Health home, please contact:

(573) 651-4177 Ext: 1023

<http://fccinc.org/crisis>

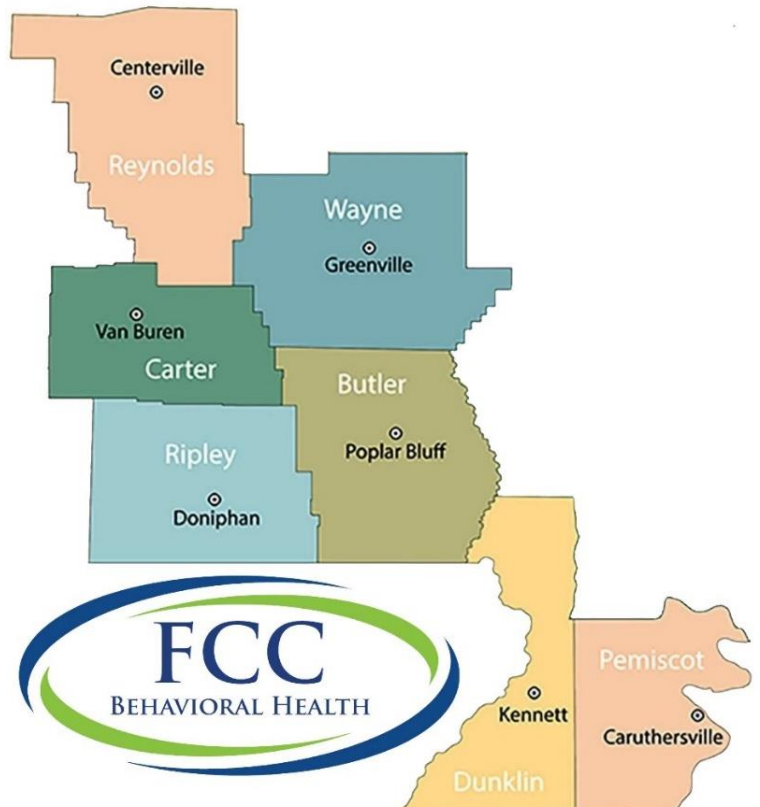
If you, or someone you know, is experiencing a behavioral health crisis – please contact our 24-hour crisis hotline:

800-356-5395

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 **479** 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.

“For a long time, I used to think what more could I ask for? Now since you have been helping me, I see I can accomplish a lot more” - Dawn





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 also facilitates development of teams and coalitions that are capable of making changes in substance use patterns in their community. The RSC currently has 10 Missouri State Registered Coalitions and 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 **500** community activities. As an example, the RSC assisted community coalitions with grant applications for various local prevention activities that totaled over \$17,000 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 FY17, our approximate

reach was **15,000** in Dunklin County, **8,000** in Pemiscot County, **8,000** in New Madrid County and **8,000** in Mississippi County.



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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 assessment, cultural diversity, drinking and driving, risky behaviors, Healthy Alternatives for Little Ones, Parenting Now, Too Good for Drugs. There were **2,500** training and presentation participants in FY17.



Tobacco Merchant Education

The RSC 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 RSC has expanded their efforts by recruiting youth to work with the SYNAR efforts of the Prevention Department of the State of Missouri. In FY17, the RSC visited 145 tobacco vendors, created and distributed four Tobacco Vendor Education Newsletters.



Victim Impact Panel

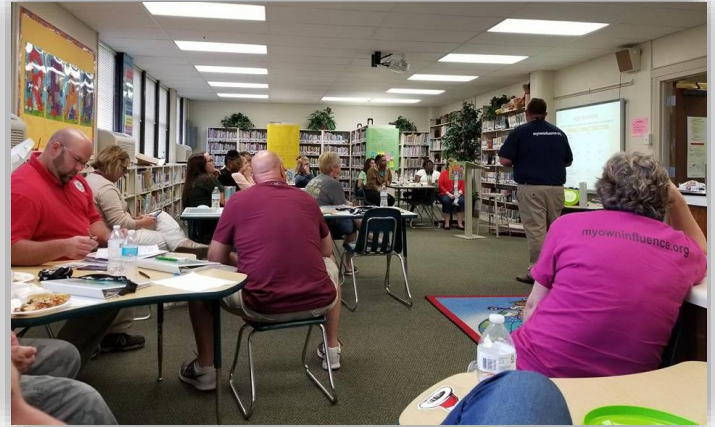
The Victim Impact Panel (VIP) is a community-based meeting for victims/witnesses to describe the experiences they or loved ones have endured due to the actions of impaired drivers. Panel members along with a victim video explain how the crash has their lives. DUI offenders can be required to attend the 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 **29** VIPs starting in 2013 reaching a total of **100** participants with a 98% participant satisfaction rate.



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Youth Mental Health First-Aid

The Youth Mental Health Aid (YMHFA) Training is yet another of the RSC's expanded services. The YMHFA 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 **11** YMHFA trainings starting in 2013 reaching a total of **120** participants.



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 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 2016, FCC expanded 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 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 MS and one grade in New Madrid HS. Today we are reaching K-5 in Lilbourn, New Madrid and Matthews Elementary Schools, the entire New Madrid and East Prairie MS, and 9th and 10th grades of the New Madrid High School. Total participation of **655** students in K-5, **515** in grades 6-8, and **105** in grades 9-12.

Contact Information:

Contact: (573) 888-5925 Ext: 1315

Website: <http://fccinc.org/prevention>

Facebook: @rsc2000fcc



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 to meet the specific needs in each of the communities we serve.

The Partnership has placed **4** 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. These boxes collected over **380** pounds of Rx Drugs and distributed **7,000** medication disposal bags. The PFS has also been instrumental in developing the “Be Under Your Own Influence” media campaign to encourage positive lifestyle choices for teens. Community participation involved **16** community events, **five (5)** “40 Development Asset” trainings and hosting **2** Rx drug awareness seminars.



<p>Malden Police Department 112 E Laclede Street Malden, MO 63863</p>	<p>Caruthersville Police Department 1400 Ward Ave Caruthersville, MO 63830</p>
<p>Steele Police Department 115 S Walnut St Steele, MO 63877</p>	<p>FCC Behavioral Health SafeHaven 1201 Ely Street Kennett, MO 63857</p>





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 issues 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

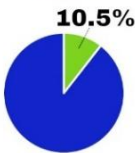
Annual Cost of Untreated Serious Mental Illness to the State of Missouri



\$2.5 Billion



Indirect Expense
Absenteeism, Unemployment, Loss of Productivity

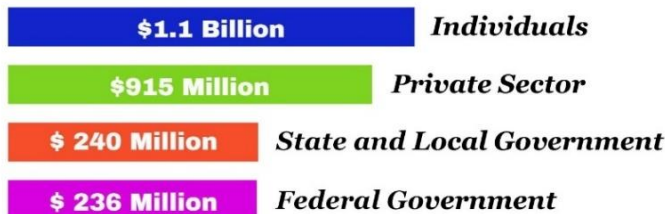


Direct Expense
Inpatient Care, Outpatient Care, Long-Term Care

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 **3,120** 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.

Who pays for untreated mental illness?



FCC's BHCs assists individuals with:

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

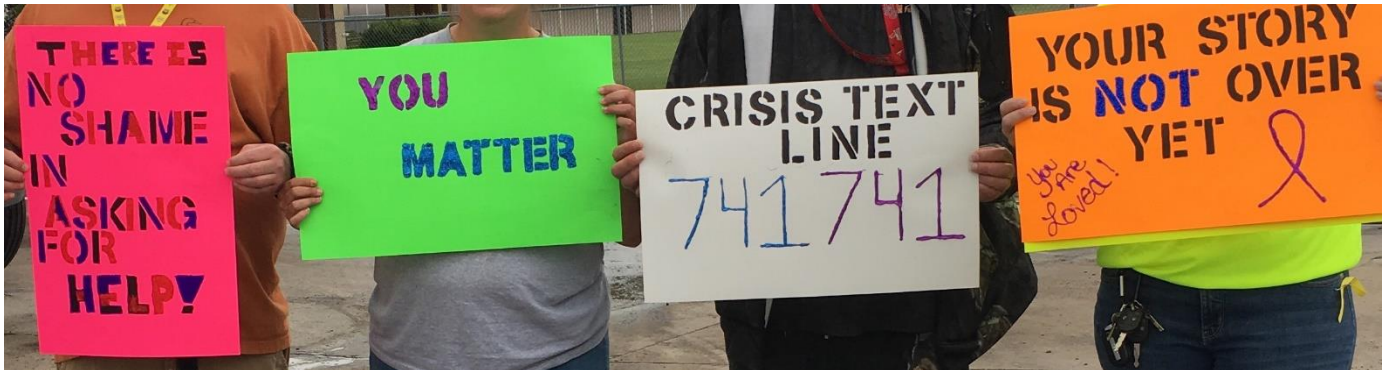


FCC Behavioral Health Fiscal Year 2017 Annual Report

Using Solution Focused approaches, FCC's Behavioral Health Clinic's help people:

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

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 (QMHP) and will begin the treatment process.

Contact Information:

Dunklin County – (573) 888-5925 Ext: 1011

Pemiscot County – (573) 333-5875 Ext: 2401

Butler County – (573) 686-1200 Ext: 3201

Carter County – (573) 323-2171

Ripley County – (573) 996-2203

<http://fccinc.org/bhc>





Project WIN

(Women and Infants in Need)

Infant mortality is the death of a child in their first year of life. Between 2002 and 2012, more than **6,200 Missouri babies** were lost before their first birthday. **One-third** of those deaths occurred in the Bootheel and St. Louis alone.

Dunklin County Infant Mortality (per 1,000 live births) **9.6**

Pemiscot County Infant Mortality (per 1,000 live births) **13**

Missouri Infant Mortality (per 1,000 live births) **6.6**



Missouri Foundation
for Health
a catalyst for change

1-Year Outcomes



100% Found Housing



100% Enrolled in Smoking Cessation



100% Enrolled in Medicaid



100% Live, Drug-Free Births
N = 15



100% Abstinence from Substance Use/Misuse



83% Normal Birth Weight



97% Enrollment Retention
90-Days



100% Improved GPA
(Those Attending High School)
N = 3

FCC's Project WIN team has established collaborations with a host of community partners to include health care providers, hospitals, schools, Children's Division, United Way, and provider groups. Our community is working together to identify women who are "in need" of care and support, leading women toward a healthier lifestyle for themselves and their babies.

Infant mortality is a complex issue, influenced by a variety of factors such as the health of mothers before and during pregnancy, premature birth, and socioeconomic status. These deaths take an emotional and financial toll not just on the grieving families, but on the community as a whole.

FCC Behavioral Health, in collaboration with the Missouri Foundation for Health, Bootheel Healthy Babies, Dunklin County Health Department and the Pemiscot County Health Department, is impacting this tragic public health problem in Dunklin and Pemiscot Counties. FCC's Project WIN seeks to reduce infant mortality by engaging women who are identified with, or at-risk of, substance use disorders. WIN began July 1, 2016 and has enrolled over 35 women.



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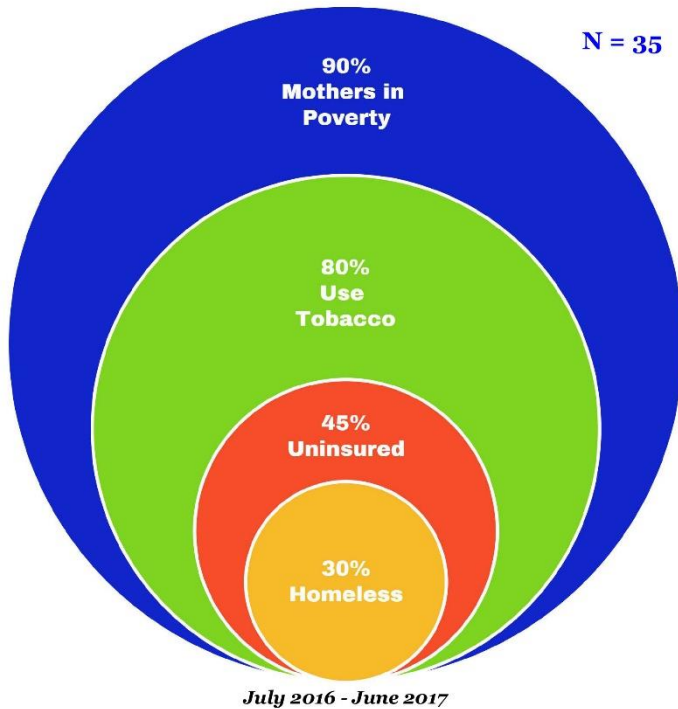


Once enrolled, women have access to care coordination for all of their needs: health, behavioral health, housing, transportation, and other social needs. Group and individual services are offered to promote mental and emotional health, abstinence of substance use/misuse, tobacco cessation, nutrition, caregiving skills and overall wellness.



Project WIN Snapshot at initial contact

N = 35



For more information, on FCC Behavioral Health's array of behavioral health programs and services, please visit:

www.fccinc.org



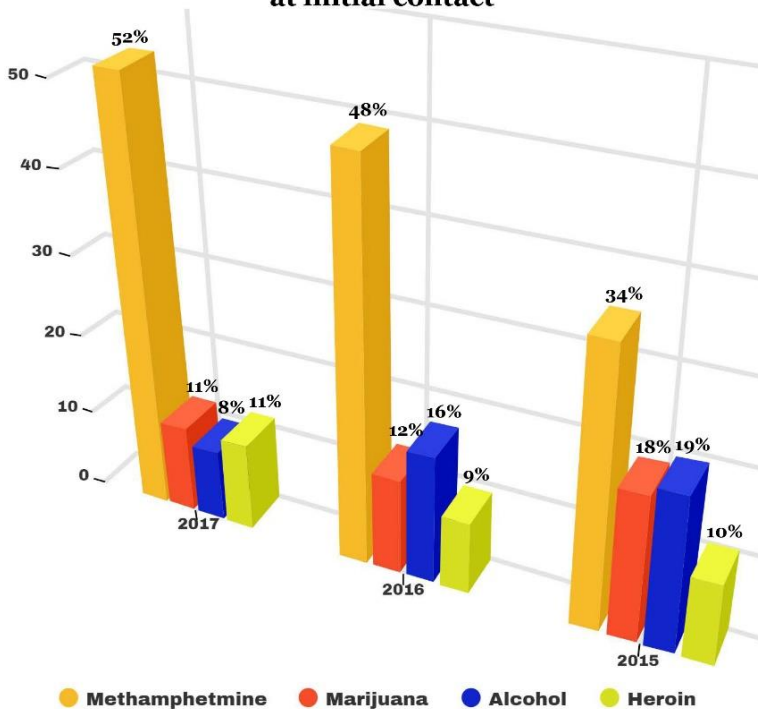


FCC's Serenity Pointe provides substance use disorders care for over **352** women each year in a single-gender setting. Priority access to care is to women with substance use disorders who are pregnant, post-

partum or have children in their physical custody. Women are less likely than men to obtain any treatment for substance use disorders over the lifespan. The stigma attached to substance use among women, which melds negative images of women's sexuality and their fitness as mothers, accompanied by social and familial ostracism, is often cited as a reason that women do not seek treatment. Moreover, when substance use is embedded in intimate-partner relationships, women may jeopardize their relationships if they seek treatment. Women who are victims of domestic violence are at increased risk of substance use. Divorce, loss of child custody, or the death of a partner or child can trigger women's substance use or other mental health disorders.







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.

Participation in specialty care options is encouraged by person(s)-served. Last year:

-  **89%** received Nursing Services
-  **55%** received Trauma Care
-  **32%** received Mental Health Co-Occurring Disorders Care
-  **21%** received Medication-Assisted Treatment Services



FCC Behavioral Health Fiscal Year 2017 Annual Report

Serenity Pointe now offers IPS supported employment. IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing. This evidence-based practice includes mainstream education and technical training to advance career paths.

- + **8%** of women-served had employment at initial contact vs. 8% state-wide
- + **44%** of women-served has employment at completion of care vs. 20% state-wide
- + **43 women** placed in competitive employment through the IPS Program

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.



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 = 9



Estimated Savings \$265,000



With funding provided by the Cape Girardeau County Mil Tax Board, Serenity Pointe was able to provide **58 women** living in Cape Girardeau County with access to additional Substance Use Disorders (SUD) care.



Contact Information:

Access Coordinator: (573) 651-4177 Ext: 2201
 Program Director: (573) 651-4177 Ext: 2222
<http://fccinc.org/serenitypointe>



Cooper Commons

Intensive Residential Treatment Services (IRTS)



*Our goal at Cooper Commons is to help individuals in their journey toward wellness and independent living through a **holistic and person-centered approach.***

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.



FCC Behavioral Health Fiscal Year 2017 Annual Report

Short-Term Stabilization

Admission Criteria – Individual needs a restrictive setting and is at risk of significant decompensation if intensive residential services are not received and

At least (1) of the following:

- ✚ History of two (2) or more inpatient hospitalizations in the past year
- ✚ Significant independent living instability
- ✚ Homelessness
- ✚ Increased alcohol and/or drug use
- ✚ Frequent use of services yielding poor outcomes

Program Details

Capacity: Four (4) Beds

Length: Average of 30-days



Long-Term Voluntary by Guardian (VbG) Program

Admission Criteria – Department of Behavioral Health authorization is required. Individual has a history of mental illness with ongoing risk of harm to self or others and

At least (1) of the following:

- ✚ Needs oversight for safety
- ✚ Needs immediate housing due to exacerbation of symptoms
- ✚ Difficulties with medication compliance
- ✚ Self-care and daily functioning is significantly impaired

Program Details

Capacity: Six (6) Beds

Length: Minimum of one (1) year



Contact Information:

581 Highway 61 J North Hayti, MO 63851

Contact: (573) 359-2600 Ext: 2602

<http://fccinc.org/irts>



Adolescent RISE West Plains



By the time they are seniors, almost **70%** of high school students will have tried alcohol, **50%** will have taken an illegal drug, nearly **40%** will have smoked a cigarette, and more than **20%** will have used a prescription drug for a nonmedical purpose.

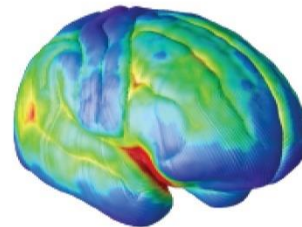


There are many reasons adolescents use these substances, including the desire for new experiences, an attempt to deal with problems or perform better in school, and simple peer pressure. Adolescents are “biologically wired” to seek new experiences and take risks, as well as to carve out their own identity. Trying drugs may fulfill all of these normal developmental drives, but in a way that can have very serious long-term consequences.

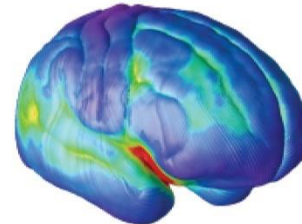
Most teens do not escalate from trying drugs to developing an addiction or other substance use disorder; however, even experimenting with drugs is a problem. Drug use can be part of a pattern of risky behavior including unsafe sex, driving while intoxicated, or other hazardous, unsupervised activities. And in cases when a teen does develop a pattern of repeated use, it can pose serious social and health risks, including:

- + school failure
- + problems with family and other relationships
- + loss of interest in normal healthy activities
- + impaired memory
- + increased risk of contracting an infectious disease (like HIV or hepatitis C) via risky sexual behavior or sharing contaminated injection equipment
- + mental health problems—including substance use disorders of varying severity
- + the very real risk of overdose death
- + involvement with the juvenile justice system

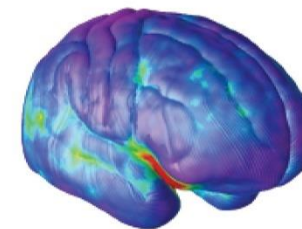
The brain is wired to encourage life-sustaining and healthy activities through the release of dopamine. Everyday rewards during adolescence—such as hanging out with friends, listening to music, playing sports, and all the other highly motivating experiences for teenagers—cause the release of this chemical in moderate amounts. This reinforces behaviors that contribute to learning, health, well-being, and the strengthening of social bonds.



Age 12
During adolescence, the brain goes through a lot of changes. Gray matter diminishes as connections between neurons are cut back.



Age 16
Because the brain is still developing, it is more sensitive to the effects of drugs.



Age 20
By adulthood, the changes caused by beginning drug use are less likely to “stick” and become hardwired as addiction.



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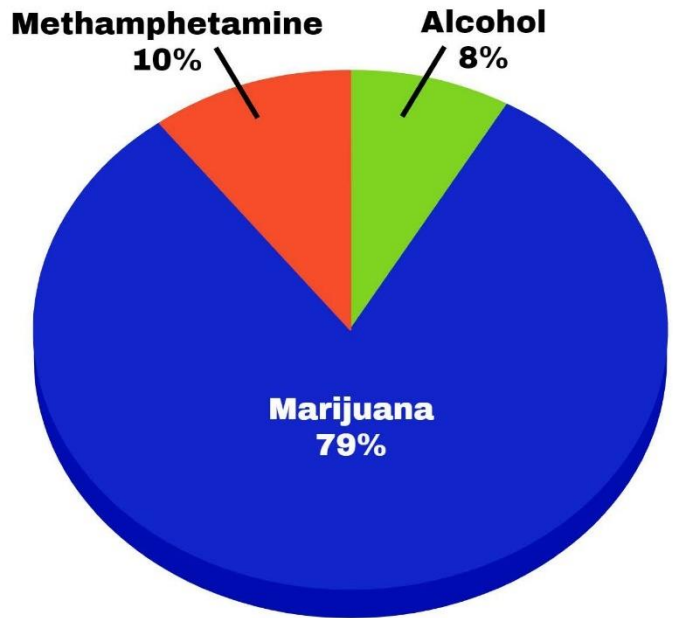
Drugs, unfortunately, are able to hijack this process. The “high” produced by drugs represents a flooding of the brain’s reward circuits with much more dopamine than natural rewards generate. This creates an especially strong drive to repeat the experience.

The development of addiction is a vicious cycle. Chronic drug use not only realigns a person’s priorities but also may alter key brain areas necessary for judgment and self-

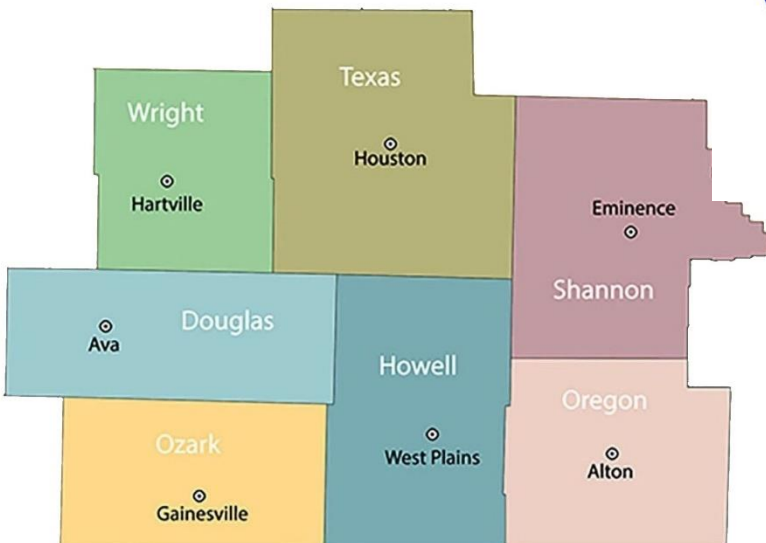
control, further reducing the individual’s ability to control or stop their drug use. This is why, despite popular belief, willpower alone is often insufficient to overcome an addiction. Drug use has compromised the very parts of the brain that make it possible to “say no.”

The Adolescent RISE (**R**esiliency, **I**ndividuality, **S**erenity, **E**mpowerment) program in West Plains, MO provides specialized substance use disorders care to adolescents ages 12-17 and their families. Care is delivered in a variety of ways and settings to meet the individualized needs of the adolescents and their families. Every year over **125** adolescents are provided care that helps achieve overall wellness and recovery.

Primary Substance Used at initial contact



(FCC June 2017)



Contact Information:

Access Coord.: (417) 257-9152 Ext: 2801
 Director: (417) 257-9152 Ext: 2802
<http://fccinc.org/westplainsrise>





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 assisted **233** individuals in need of immediate, temporary assistance whom were homeless, or at-risk of homelessness, and with a behavioral health disorder. Assistance includes 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 provides on-going rental assistance to persons who are homeless with a disability. FCC assisted **57** residents throughout 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, served **11** 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.



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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>

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 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.



Contact Information:

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



THRIVE



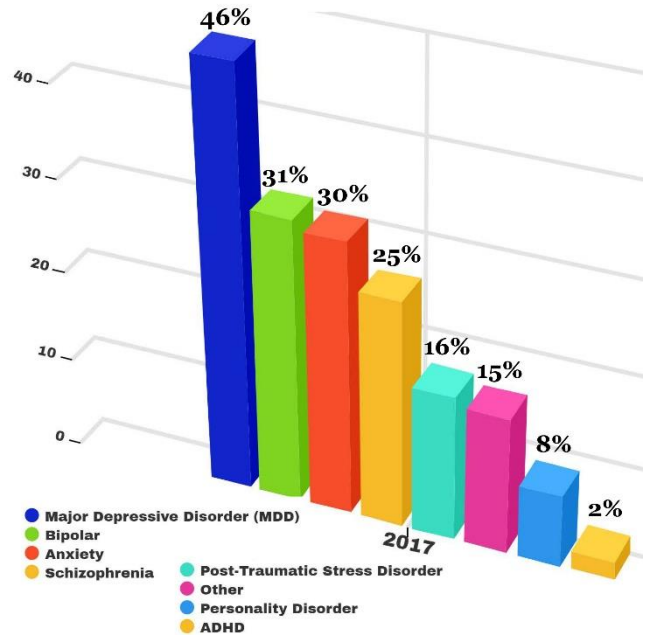
THRIVE

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 **1,133** 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.



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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/thrive>



Adolescent/Youth STAR

Kennett, Poplar Bluff, Caruthersville



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.

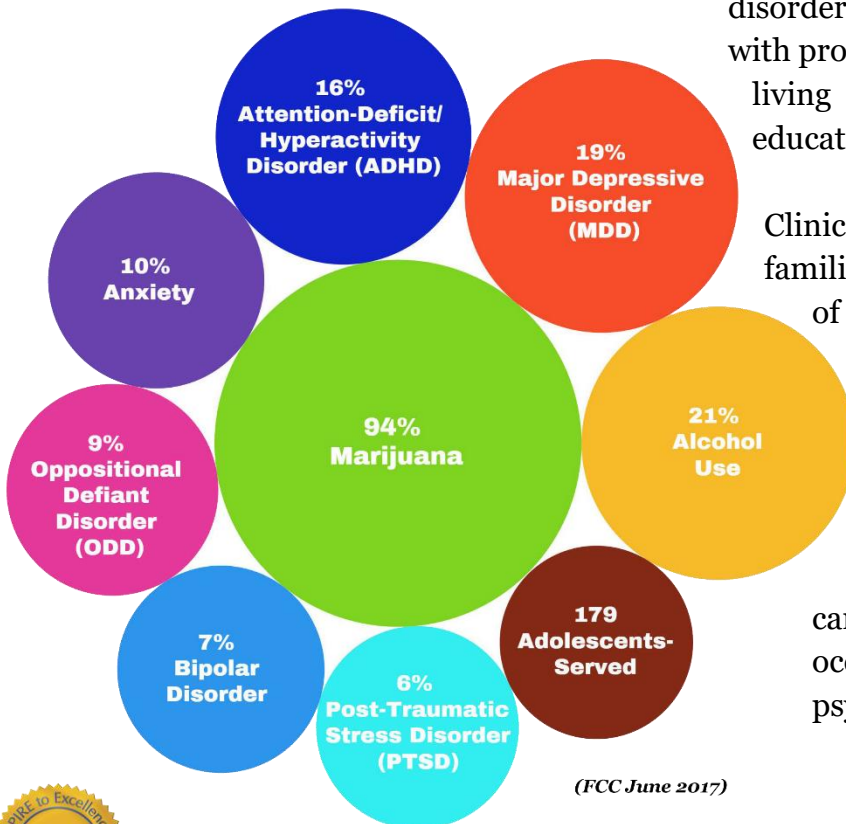
Behavioral Health problems lead to disturbances in thinking, feeling, and relating. The result leads to difficulties in coping with the ordinary demands of life. Just like adults, children and adolescents can have mental health and/or substance use disorders that interfere with the way they think, feel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



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 **533** children and adolescents each year

Adolescents Ages 12-17

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.

(FCC June 2017)



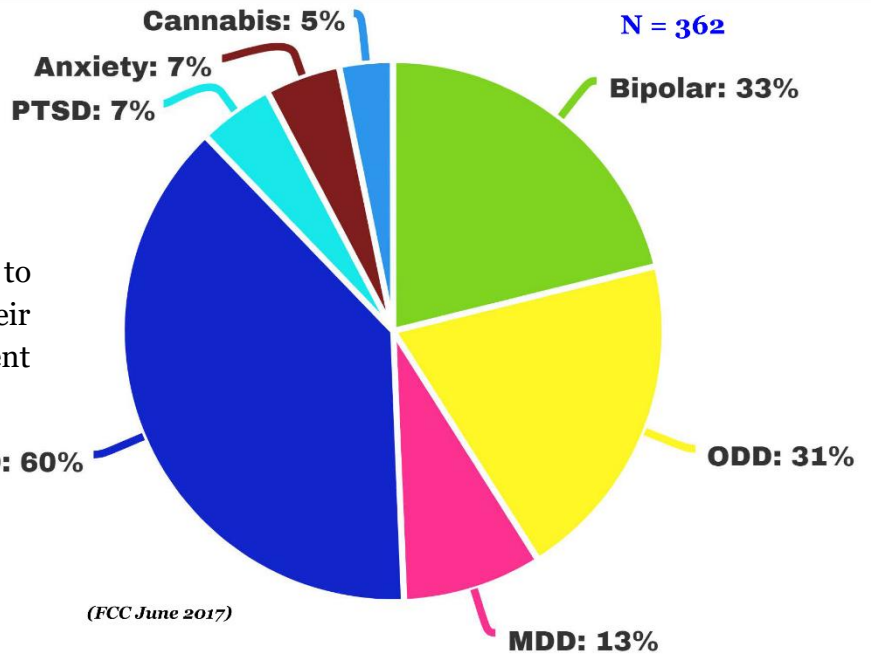
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Interventions are done in partnership with the family to help manage behavioral symptoms, improve educational functioning and help guide youth away from disability and toward a healthy, independent lifestyle.

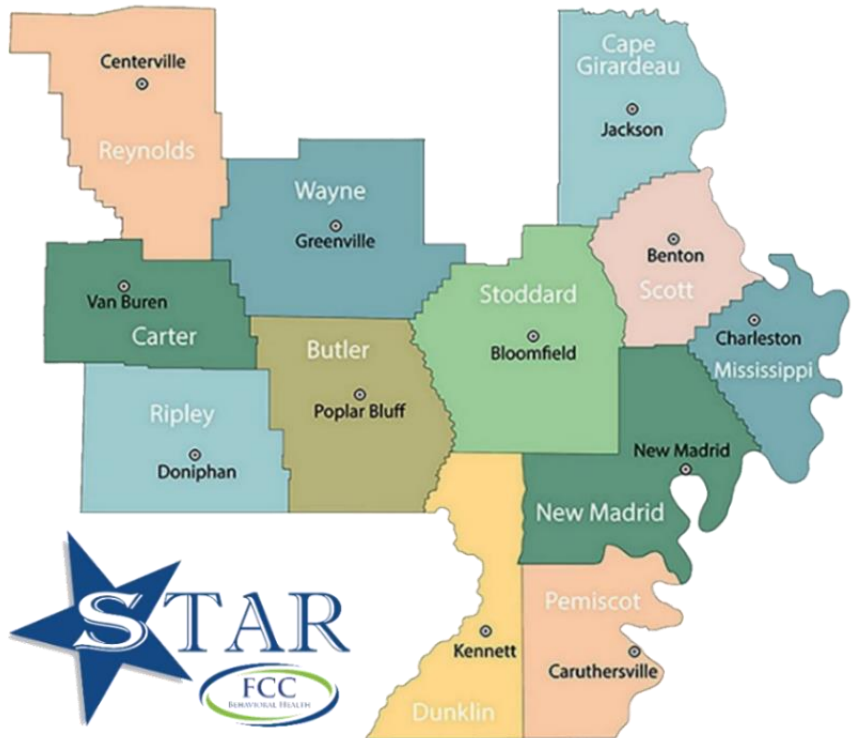
Care is delivered in a variety of ways to meet the needs of adolescents and their family. Care options include day treatment (with or without residential care), intensive outpatient and outpatient. Specialized care for co-occurring mental health problems, educational assistance, and gender-issues is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



Youth Ages 12 and Under



To help adolescents to re-engage in school, Adolescent STAR 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:

Adolescent STAR Program

Kennett - (573) 888-5925 Ext: 1301
<http://fccinc.org/adolescentstar>

Youth STAR Programs

Kennett - (573) 888-0642
 Caruthersville - (573) 333-5875
 Poplar Bluff - (573) 712-2902
<http://fccinc.org/youthstar>



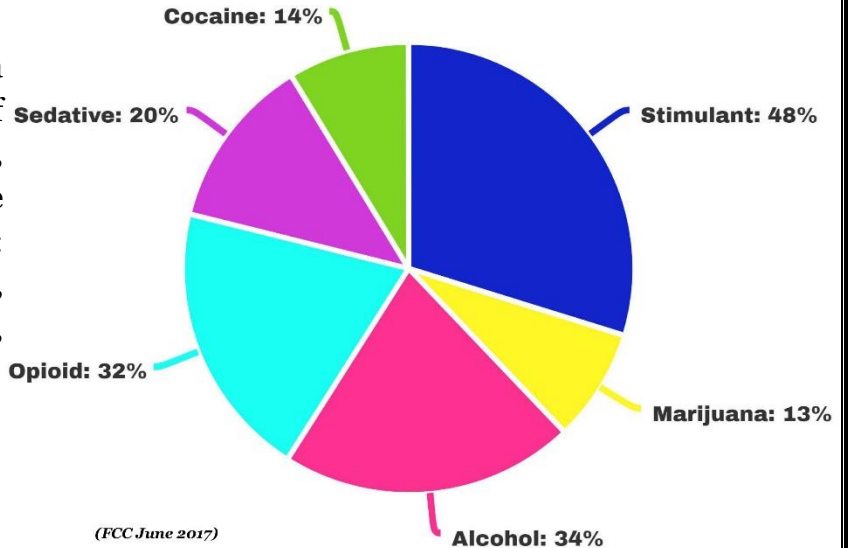


Adult General Population Substance Use Disorders Care

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.

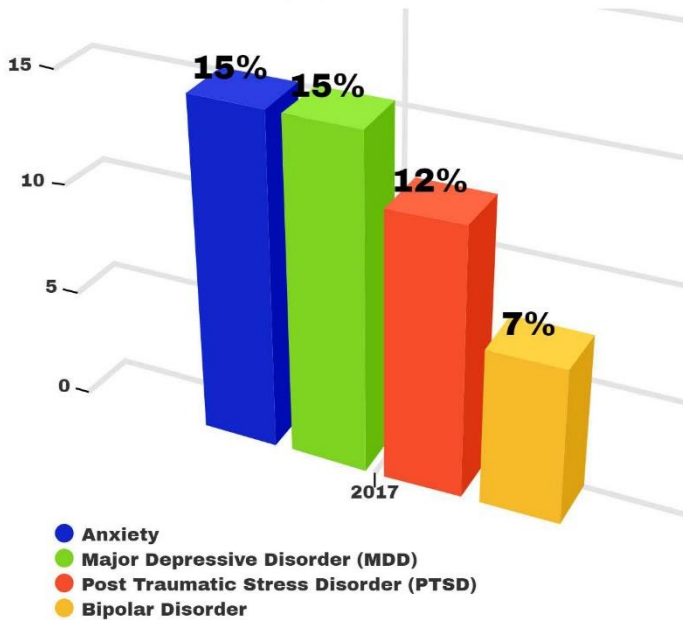
Primary Substance Used at initial contact



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.

Mental Health Diagnosis at initial contact



FCC Behavioral Health is committed to providing effective evidence-based substance use disorder care to our community. Each year FCC serves **1,461** 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.



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Stapleton Center

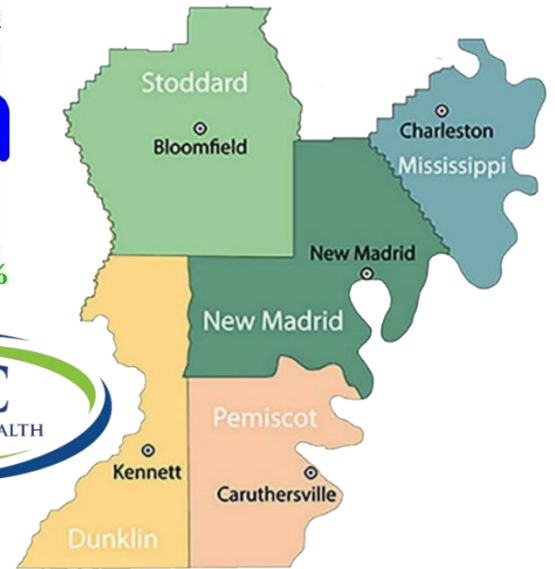
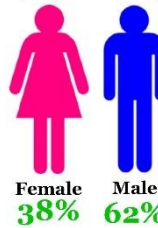
FCC's Stapleton Center provides a full-range of substance use disorders care for adults. The Primary treatment center is located in Hayti, Missouri with outpatient office locations in Kennett, Malden, Caruthersville, Steele, New Madrid, Dexter and Doniphan. Specialty care is also available for co-occurring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

Making the Difference



Turning Leaf Center

Turning Leaf



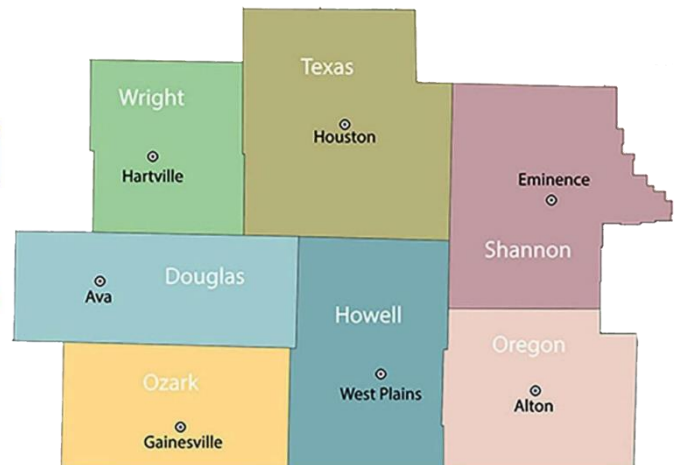
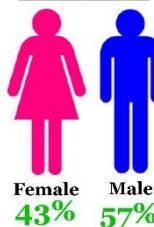
FCC's Turning Leaf Center provides a full-range of substance use disorders care for adults. The Primary treatment center is located in West Plains, Missouri with outpatient office locations in Mountain Grove, Ava and Gainesville. Specialty care is also available for co-occurring mental health problems, 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: 3003
<http://fccinc.org/turningleaf>

Making the Difference



Leadership

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



Mark Stringer, Director Department of Mental Health; Melissa Weatheroux, COO FCC; Eric Greilens, Governor of Missouri; Shawn Sando, CEO FCC



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Alex Sellers
Gerry Smith
Ashley Mayberry-Volner
Desi Bean

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Back (L to R): Desi Bean, Ashley Mayberry Volner, Carl Williams, Kim Capps
Front (L to R): John Moyer, Alex Sellers, Collen Pu
Not Pictured: Leah Mobley, Gerri Smith

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

**FCC Behavioral Health
ATTN: Board of Directors
PO Box 71
Kennett, MO 63857**



Executive Leadership



Shawn Sando
Chief Executive Officer
sando@fccinc.org
(573) 888-5925 Ext: 1007



Charley Phebus
Chief Financial Officer
Charley.phebus@fccinc.org
(573) 888-5925 Ext: 1122



Tracy Ellis
Chief Compliance Officer
tracy.ellis@fccinc.org
(573) 888-5925 Ext: 1017

General Information: info@fccinc.org
FCC Website: www.fccinc.org

FCC Facebook: @fccinc.org
RSC 2000 Facebook: @rsc2000fcc

24/7 Crisis Hotline: (800) 356-5395





R.I.S.E.

Resiliency, Individuality,
Serenity, Empowerment

Turning
Leaf



Serenity Pointe



Cooper Commons



THRIVE

clubhouse

Kennett

Poplar Bluff

Piedmont



24-Hour Crisis Hotline

1 (800) 356-5395

info@fccinc.org

