

ADULT & child

Annual Report, 2012



87% of the homeless adults we served through
CTI, had a serious mental illness: 58%
of those had a known substance use dis-
order. 86% of consumers left treatment with a
positive education outcome.
93% of consumers aged 18+ were
successfully reunited with their
families or transitioned to independence. 86% of
our *foster kids* left our care to a permanent

877.882.5122



AdultandChild.org

Our Mission

We provide state-of-the-art services that empower adults and children to reach their full potential while effectively and efficiently managing community and center resources.

Our Vision

Our vision is to be viewed as a leader in providing evidence-based practices to meet the recovery needs of our consumers in our target markets.

Our Values

Dedicated to Mission and Recovery Focus
Value and Respect Our Staff
Solvency & Stewardship
Integrity & Ethics
Client Driven & Consumer Focused
State-of-Art Care
Partnering & Collaboration
Intrapreneurial



Sue Collins, Board President

Throughout my professional career as a RN, I have recognized the need for collaboration and integration across all health care systems. This relationship encourages and provides for consumer centered care allowing

all team members to facilitate the best possible outcomes for each consumer.

Recently, the U. S. Federal Government has encouraged joint efforts among health care providers to coordinate care and to reduce duplicity and inefficiency in service delivery. In an effort to participate in this opportunity, Adult & Child has begun to explore multiple collaborative ventures including an outpatient services office in partnership with Community Health Network and Johnson Memorial Hospital and the activation of a Due Diligence Committee to consider a possible merger with WindRose Health Network.

Each of these undertakings will enhance our ability to increase consumer access to primary and behavioral healthcare, better align ourselves with industry trends, and improve cost efficiencies.



Bob Dunbar, CEO

The recent Presidential election included considerable focus upon “health care reform” as well as “change”. Change, including transformation of our health care system, has been and will continue to be the norm for the foreseeable future.

Adult and Child’s governing board has approved a three year strategic plan that will position Adult and Child to take advantage of health care reform opportunities and to attain our mission to provide state of the art services that empower adults and children to reach their full potential. Adult and Child’s strategic plan calls for continued development and operation of best practice models of integrated primary and behavioral health care, particularly in collaboration with WindRose Family Health Network and Community Health Network.

We will expand our continuum of child and family focused child welfare and behavioral health services. We will expand focus to operate as an accessible preferred provider of solution focused brief behavioral health services inclusive of specialty services to children, adults, and older adults.

Adult and Child is investing in the future during a financial challenging time. However, we remain dedicated to the provision of accessible high quality behavioral health and child welfare services.



April

When we first featured April in our 2011 report, she was in treatment for Schizoaffective Disorder, Clinical Depression, and PTSD. Aside from her mental health diagnosis, she struggled with obesity, maintaining employment, found herself socially

isolated. In 2012, April elected to undergo bariatric surgery and focused more on her mental health recovery than ever before.

As a patient of Heartfelt Health Alliance, Adult and Child's integrated care program, April received primary and behavioral health care from the same team of providers. She has learned to better self manage her mental illness, she has adopted a healthier lifestyle, and she has gained immeasurable self confidence from her experience.

Today, April has lost 157 pounds, holds down a part time job, walks to work everyday, is taking driver's education, and is moving into her own apartment. She worked very hard to achieve better health and she took full advantage of the integrated services available to her through Adult and Child Center.



Robert

The father of 3 kids and worked full time when, in 2009, he witnessed the shooting death of his son. While he struggled to deal with this loss, over time the burden was simply too much and it began to seriously impact his ability to function.

In 2010, he lost his job and found himself in a downward spiral of unemployment and homelessness; most of his family ties had been severed and he was sleeping in vacant buildings without heat or electricity. As winter began to set in, he made his way to Wheeler Mission and found himself quickly engaged in a partnership between Wheeler Mission and Adult and Child Center Staff called Critical Time Intervention (CTI); a program which embeds staff in the area homeless shelters to provide support services based upon the unique needs of each individual. At the time, one of the major barriers to housing for Robert was employment, so Robert was introduced to Adult and Child's JobLinks Supported Employment Program and quickly began the drive to improve his homelessness.

After nearly 10 months living in the shelter, the submission of countless job applications, and numerous hours of introspection, Robert's life was about to change in a big way. His JobLinks coach had lined up a job interview with a local security agency...his first interview in months.





Jennifer

March 20, 2006. That is the day my whole life changed before my eyes. I was 12, attended Harshman Middle School #110, and I was in eighth grade. I lived with my grandmother and little cousin at the time. Growing up, my family would have been classified as “poor”. My whole life, we moved

place to place; I have been to over 8 different schools. In middle school, we lived in a two bedroom house in a not so good neighborhood. As a child, we never questioned how things were; we never asked why we had to go to food pantries instead of going to the grocery store; or why we heated water up on the stove to bathe. No matter how many days we would go without something nice to eat or new clothes to wear, we were the happiest kids. We always kept a smile. I knew I had to smile just to hide the tears of thinking what it felt like to have better things like everyone else.

To give a little background about my parents, my father lived in Chicago. I have not made in person contact with him since I was a young child three or so if I can remember. He



was not away from my sister and me by choice but because he lost contact with us. I always day dreamed about how life would be if he was around. I would give anything to have a relationship with him.



Sherrelle

A proud single mother, Sherrelle found herself in an abusive relationship, using cocaine, and very depressed. She took a leap of faith when she and her daughter relocated to Indianapolis.

Unemployed and the sole provider, Sherrelle began working with Adult and Child Center to treat her depression, control her drug abuse habits, and gain long term employment.

In less than 5 months, she went back to school, earned her CNA license, began working full time in a skilled nursing facility, and is living with her daughter in their own apartment. Sherrelle has gained a level of self confidence she never thought she would have again. In Sherrelle’s video, it is very easy to tell she is very proud of herself for working her way out of a very unhealthy lifestyle, but she is most proud of her close relationship with her daughter.

Sherrelle credits the staff at Adult and Child for much of her success, but her dedication and personal drive to build a better life made all the difference.



Highlighted Programming for Children and Families

Therapeutic Foster Care: Nurturing foster families are a critical alternative to residential care settings when biological homes and/or families are not appropriate. These foster families provide a safe and caring support network while biological parents work toward reunification with their children.

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1/2 of all lifetime cases of mental illness
begin by age 14; 75% by age 24

School Based Services: Early intervention and prevention are critical in treating behavioral and emotional concerns. Schools play a central role in the healthy development of our children and we have partnered with 61 schools across multiple districts to provide face to face behavioral health support to teachers, students, and families.

Home Based Services: Typically utilized by families involved in child welfare services, this program provides family preservation and reunification services in the family home. The intent of this program is to prevent children from being removed from their home or to reunite a family after an out of home placement. Each family is “wrapped” with a full array of services based upon their particular strengths and needs.

Transitional Living Program: A significant percentage of foster kids remain in the foster care network as they reach the age of independence (18-21). Our staff are specifically trained to support the unique needs of this age group as they make difficult life, relationship, and vocational decisions.

Child Intermediate Services: Part of building a strong behavioral health program is developing a continuum of care which fits the ever changing needs of each patient. Intermediate services provides the more typical outpatient-like service designed to both prevent a more intensive placement and provide a step down from more intensive placements.

For a complete description of available

Highlighted Programming for Adults

Heartfelt Health Alliance: In conjunction with our Federally Qualified Health Center partner, WindRose Health Network, this team integrates the delivery of primary care and behavioral health care to address the needs of adults who experience co-occurring mental illness and chronic diseases like Diabetes, Asthma, COPD, or Hypertension. This project is currently supported by SAMHSA.

Senior IMPACT Program: Our staff are trained in the IMPACT model, an evidence based practice specific to the treatment of depression in older adults. Our partnership with CICOA helps to identify and engage home bound seniors while Peer Specialists provide generation sensitive supports.

HOPE Day Treatment: HOPE was developed on a peer facilitated, chronic disease self management, platform which provides disease specific group and individual education and support to improve the self management of co-occurring diseases.

Critical Time Intervention Team: Funded by federal PATH funds, and in partnership with Wheeler Mission, this Evidence Based Practice engages homeless individuals and families who show signs of mental illness and transitions them to long term medical, behavioral, housing, and stabilization services.

123 homeless adults were served
through our CTI team
74% received medical care, 49% gained long
term housing, 43% gained employment

Community Treatment Teams: Community based, multidisciplinary, teams who deliver multiple evidence based practices to support the recovery efforts of serious mentally ill adults.

JobLinks: A premier supported employment and Ticket To Work provider, JobLinks supports the employment goals of people with disabilities through job training, placement assistance, job coaching, and post placement support.

Community Partnerships

WindRose Health Network

WindRose, a Federally Qualified Health Center, is a long time partner in the delivery of integrated primary and behavioral health care to people with co-occurring behavioral and medical concerns. In the interest of providing better consumer care and streamlining resources, our agencies have jointly agreed to enter a due diligence process to investigate the potential benefits of merging agencies.

Valle Vista Health System

We have begun working with Valle Vista, a residential program on the southside of Indianapolis, to provide mental health support on their child residential unit. This partnership is expected to improve the clinical outcomes on the unit and expand access to services when consumers leave the inpatient setting.

Community Health Network Partnership

We have entered into a clinical agreement with Community Health Network with the intent to better address the mental health needs of those seeking outpatient therapy and psychiatric services on the southside of Indianapolis and Greenwood.

Indiana Department of Child Services

In an effort improve mental health services to children and families involved in child protective services, the Indiana State Department of Child Services (DCS) has led a statewide initiative to partner with agencies like Adult and Child. This partnership has led to increased communication, improved mental health prevention and intervention, and increased efficiency of state fiscal resources.

Wheeler Mission

For several years, A&C has embedded a team of mental health professionals in Wheeler's homeless shelters to screen, identify, and engage homeless people with mental health issues using the Critical Time Intervention Model.

12% of older adults screened showed significant signs of depression

CICOA Partnership to Screen Senior Citizens

A partnership with CICOA allowed us to screen nearly 400 home bound seniors for depression. Those who screened positive for symptoms were referred for further assessment and treatment as necessary. **Roughly 12% of those screened showed significant signs of depression; compared to an estimated 5% of the general population**

Innovative Programming

Trauma Informed Care

Many of the individuals who seek behavioral health and social support services have histories of physical and sexual abuse and other types of trauma-inducing experiences; which often lead to mental health and substances abuse issues. Research has demonstrated people who have experienced trauma respond best under a Trauma Informed Care system. We are proud to have adopted trauma informed care in our approach to consumers and, as an agency, will continue to expand our ability to provide services which are sensitive to those who have experienced trauma.

90% of consumers in public behavioral health have experienced trauma

Indiana Department of Mental Health and Addictions

CA-PRTF project: As part of a four year federal demonstration grant, this project developed a community based network of wraparound providers to offer families with children who experience psychiatric symptoms consistent with a residential level of need an alternative to Psychiatric Residential Treatment Facilities (PRTF). This project successfully treated 583 Marion and Johnson County child consumers in their homes, rather than in residential facilities.

Primary Behavioral Health Integration

Research demonstrates people who experience Serious Mental Illness die 25 years earlier than their non-mentally ill counterparts. Those with co-occurring primary care diseases and serious mental illness also demand a disproportionate share of health care expenses, due in large part, to the symptoms and costs related to un-managed chronic disease. Our integrated care project is designed to address this issue by providing treatment through a multi-disciplinary team of primary care and behavioral health professionals and supporting the “whole person” through a disease self management model.

78% of our adult consumers reported a serious primary care concern

Peer Whole Health Action Management

WHAM is a SAMHSA supported whole health management program designed by peers, for peers. With 10 primary focus areas, A&C’s peer facilitators are specifically trained to engage and empower our consumers to take charge of their primary and behavioral health concerns.

2011 - 2012 Financials

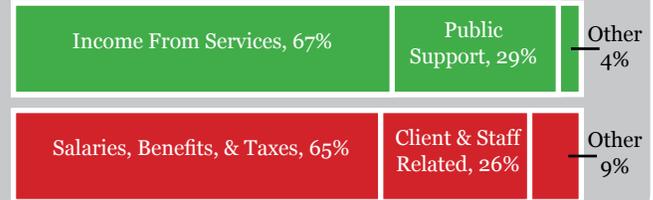
Revenues	Amount
Net Revenue from Services	\$18,734,318
Public Support Revenue	\$8,008,926
Other Operating Revenue	\$1,174,877
Total Revenues	\$27,918,121

Expenses	Amount
Salaries and Benefits	\$18,464,846
Client and Staff Related Expenses	\$7,478,756
Other Expenses	\$2,672,606
Total Expenses	\$28,616,208

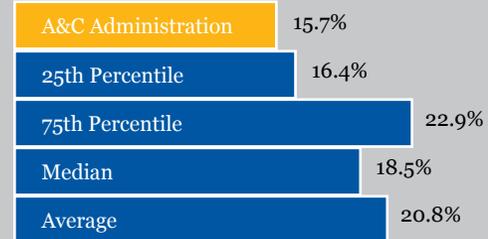
Net Income from Operations	(\$698,087)
Net Income from Non Operations	(\$68,842)
Net Income for mission	(\$766,929)

2012 Indiana Primary Health Care Association
"Special Exemplary Project" Award Winner

A&C's Revenue and Expense Breakdown



A&C's Administration rate compared to other Indiana Community Mental Health Centers



Our 2011-2012 Board of Directors

Sue Collins	Mark Loyd
Steve Wohlford	Carole McKinney
Mike Kolenda	Dawn Shimp
Nick Hopkins	Joseph Smedley
Jane Blessing	Greg Taylor
James Carter	Kevin Tyra
Jerry French	Joe Villanueva
Tom Gaunt	

Number of A&C Consumers Served

Consumer Age	FY 2011	FY2012
Age 1-17	2,527	2,817
Age 18-59	2,204	1,973
Age 60+	601	295
<i>Totals</i>	<i>5,332</i>	<i>5,085</i>

STRIVE
for excellence



David Shafer



Jim Dilger

Peer
nominated
employee
excellence
award
winners



Amy Stoll



Clara Conteras
Employee of the year



Brian Paul



Justin Willett



Morgan Price



Adam Brainerd



Joe Ashcraft



Abby Swift



Kimberly Brand

ADULT & child

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603 E Washington Street, Indianapolis
8320 Madison Avenue, Indianapolis
8404 Sear Terrace, Indianapolis
86 Drake Road, Franklin

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