

ADULT&child

2013 Annual Report

Partners for health, inspiring hope and well-being



Bob Dunbar , Executive Director



With so many unfortunate and violent events making headlines, the introduction of mental health parity, and the on-going debates around Healthcare Reform, behavioral health prevention and intervention systems of care have been the subject of increased attention over the past year. In 1982, Adult and Child Center was created to support the mental health needs of our community and we continue to lead this charge today through community partnerships, innovative programming, and patient-centered care.

Beyond our core belief that Adult and Child staff are consumer partners in treatment, we believe in building strong relationships with community partners who enable us to holistically treat each child, adult, and family who need our support. A great example of these partnerships include our work with both WindRose Health Network and Community Health Network, which have enabled us to advance our primary care and behavioral health care integration services in multiple medical settings; thus expanding and improving access to behavioral health services in our community.

Adult and Child Center is dedicated to providing a community-based response to the behavioral and primary care needs of our community. As those needs change, we are prepared to continually adapt and lead the industry in the provision of an evidence-based response through prevention, early identification, and intervention services.

70%

of youth in juvenile justice systems have at least one mental health condition and at least 20 percent live with a severe mental illness

1 in 4 Adults experience mental illness in any given year.



Serious Mental Illness costs America

\$193,000,000,000

in lost earnings each year.

Sue Collins, Board President

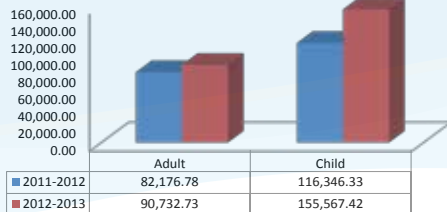


As our nation continues to focus on the delivery of affordable and high-quality health care, many health care providers are left trying to predict the future and navigate their practice toward an ever-changing destination. Among behavioral health providers, which is a specialty practice historically not aligned with major health care networks, the future is very exciting. Adult and Child Center had been navigating toward integrated primary and behavioral health care for nearly a decade through our partnership with WindRose Health Network and, more recently, with Community Health Network.

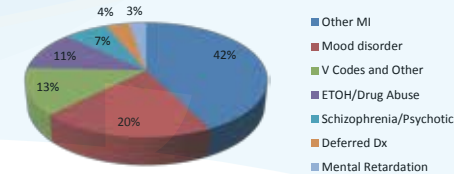
As our government continues to debate over the details of the Affordable Care Act, we believe a common thread will appear and we are very excited about it. The Parity Act required insurance plans to reimburse for mental health services in a fashion similar to that of primary care, which was a historical step in recognizing the importance of mental health services in holistic health. Recent trends in health care reimbursement programs appear to encourage health care networks to “better manage” the holistic health care needs of specific populations through the use of medical homes, shared savings plans, and Accountable Care Organizations.

As the transformation of health care continues, we believe behavioral health providers will play a significant role in working with primary care providers to effectively care for those with mental and physical illness, encourage holistic health, and decrease the early mortality rate experienced by people with serious mental illness.

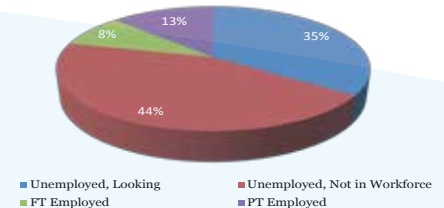
Consumer Contact Hours



Most Common Diagnosis Type Center-Wide



Adult Consumer Employment Status

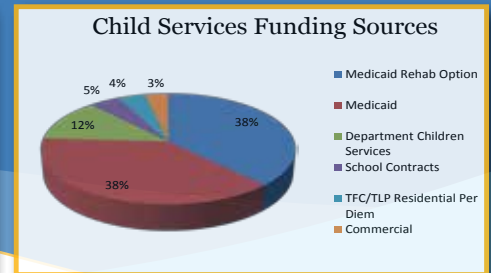
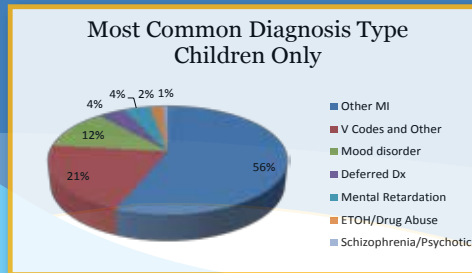
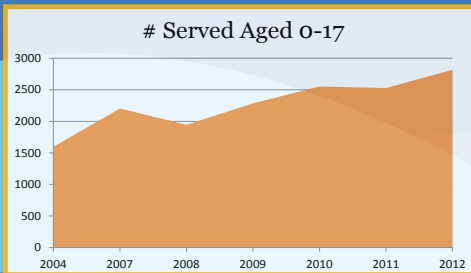


Stephanie Beasley Yoder, New Director of Child and Adolescent Services



In March 2013, Stephanie Beasley Yoder came to Adult and Child Center to lead our Child and Adolescent Service Line. Mrs. Yoder earned an MSW from IU and began her child welfare career as a Family Case Manager (FCM) with the Indiana Department of Child Services (DCS). She was quickly promoted to a Child Welfare Policy Consultant position at the Indiana DCS where she provided best practice consultation, provided guidance on administrative processes in local DCS offices, and trained regional staff on legislative changes. Mrs. Yoder later served as Policy and Program Manager, Deputy Director of the Marion County DCS Office, and Deputy Director of Field Operations for DCS.

“The Child and Adolescent service line has the honor to serve some of Indiana’s most vulnerable families and children. Our team provides vital supports to children and families through intensive services in the home, community and school. As our service line grows our attention is on ensuring that gaps in services for youth are addressed. All too often children and youth have complex needs that far exceed the abilities of any one community partner to meet. Adult and Child continues to partner to ensure that the diverse needs of children and families can be met. Partnerships with schools, DCS, probation, courts, primary health care networks, and other youth-serving organizations are opening more opportunities for children and families to be supported in their recovery in their own homes and communities.”



Our 2012-2013 Board of Directors

Sue Collins
 Steve Wohlford
 Mike Kolenda
 Nick Hopkins
 Jane Blessing
 James Carter
 Jerry French
 Tom Gaunt

Mark Loyd
 Carole McKinney
 Dawn Shimp
 Joseph Smedley
 Pam Thompson
 Kevin Tyra
 Joe Villanueva

Number of A&C Consumers Served

Consumer Age	FY 2012	FY2013
Age 1-17	2,817	3,229
Age 18-64	1,973	2,344
Age 65+	295	126
Totals	5,085	5,699

STRIVE
 for excellence



Kyla Romans



Susan Peterson

Peer
 nominated
 employee
 excellence
 award
 winners



Kim Gatten



Gina Henson



Mary Fisher



Beth Smith



Liz Stirn



Fred Privette



Jane Wiles



Misty Parks
 Employee of the year



Kathy Rinks



Foster Care

When children are removed from the care of their parents and temporarily placed in a foster home, nurturing foster families are a critical alternative to residential care settings. These foster families are trained and supported by Adult&child staff to provide a safe and caring temporary home while biological parents work toward reunification with their children. Adult and Child Center encourages diversity when licensing foster families and can typically fully license a motivated home in 3-6 months.



School Based

Early identification, prevention, and intervention are critical when dealing with behavioral health concerns in children. Adult and Child Center is currently working alongside teachers in over 100 area schools to ensure rapid access to behavioral health services for children and their families. These professionals are specifically trained to support children in an educational setting, they are respectful of confidentiality issues, and they often “bridge the gap” between the student, their family, and the educational system.



Transitional Living

For young adults who have lived in foster care or residential homes, the transition into adulthood can be very challenging. In fact, an estimated 30% of the nation’s homeless are former foster children. A significant percentage of foster kids remain in the foster care network as they reach the age of independence (18-24). This program supports the unique needs of this age group as they make difficult life, relationship, and vocational decisions which often determine “success” into adulthood.



R Residential Support

We are known for our strong clinical expertise, our use of evidence-based practices, and our strength in delivering trauma-informed care. We have developed partnerships with residential care providers in which our highly trained clinicians work side by side with residential technicians to optimize the treatment environment for youth who experience behavioral health challenges. This partnership also expands the continuity of care available for youth and families once the child is healthy enough to return home.



H Home Based

Typically utilized by families involved in child welfare services, this program provides supports intended to both preserve an “at risk” family and reunite a separated family. Providers typically meet with families in their homes and each family is “wrapped” with a full array of supports based upon their unique strengths, needs, and goals. Adult and Child providers work with families to achieve their goals and often provide a direct line of communication and advocacy between the Department of Child Services and the family.



C Child Intermediate

Part of building a strong behavioral health program is developing a full continuum of care which fits the ever-changing needs of each patient. Child Intermediate services provide a more typical outpatient-like service designed to both prevent a more intensive placement and provide a step down from more intensive services. These services are provided in an office setting and are often brief in scope and duration.

Adult Services



H Heartfelt Health Alliance

In partnership with WindRose Health Network, this team of behavioral and physical health care providers integrate the delivery of person-centered holistic health care. Nationally, adults with mental illness die 25 years younger than the general population and this program is designed to help people who experience co-occurring mental illness and chronic diseases like Diabetes, Asthma, COPD, or Hypertension live longer, and healthier, lives. This project is currently supported by SAMHSA.



H.O.P.E.

HOPE is a relatively new program at Adult and Child Center and is built upon the idea that, with education and support, consumers know how to best manage their illness. Through a combination of Illness Management and Recovery (IMR), Wellness Recovery and Action Planning (WRAP), and chronic disease management, adult consumers learn about their illness, gain confidence in managing their symptoms, and work with their peers to experience the joy of recovery.



T Transitional Living

This exciting program provides support for adults who experience mental illness and are able to live and work in the community with minimal support. Consumers typically live with a few peer roommates and have regular contact with staff, but live mostly unsupervised in their homes. As they begin to experience success in their lives, they are able to reduce or eliminate the frequency of staff support while remaining in their home with their established support network in place.



C Community Treatment

Based upon an adapted Assertive Community Treatment model, these teams provide community-based support to adults with serious mental illness. The teams are uniquely trained to deliver evidence-based practices which have been proven effective in helping this population experience recovery from mental health and substance use disorders. These staff work collaboratively with homeless and emergency shelters, physicians, health care networks, job training programs, and other community resources.



C Critical Time Intervention

Funded by a PATH grant, and in partnership with Wheeler Mission, this evidence-based practice engages individuals who show signs of mental illness and who currently experience homelessness. The program staff are embedded in the operations of Wheeler Missions and actively work to identify and engage symptomatic individuals in services. Once engaged, the CTI team will spend 6-9 months working with the individual to access health care, stabilize medications, secure housing, and seek employment.

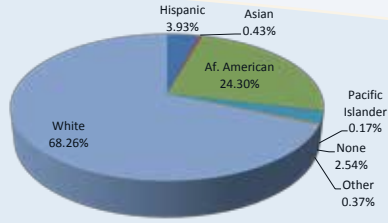


J JobLinks

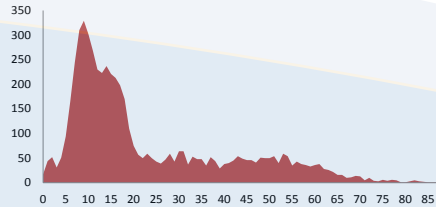
A supported employment and Ticket to Work provider, JobLinks works with unemployed individuals to identify and achieve their personal employment goals. Specializing in serving people with a variety of disabilities, JobLinks staff have developed a unique approach to employment and a network of employers who look to JobLinks for strong employees. Services often include job training, placement assistance, job coaching, soft skills development, and post-placement support.

Demographics and Outcomes

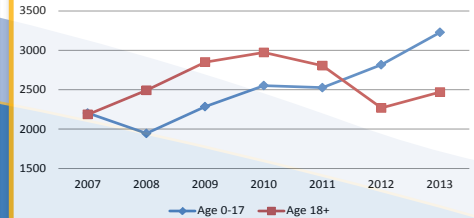
Consumers by Race



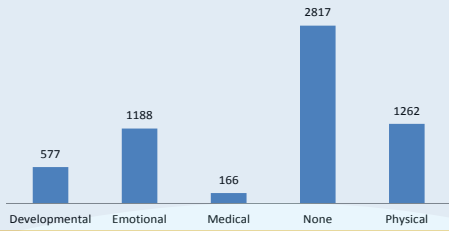
Age of A&C Consumers



Consumer Growth

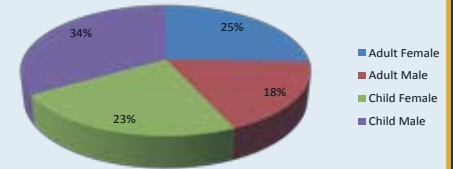


Centerwide Disability Types



ADULT&child

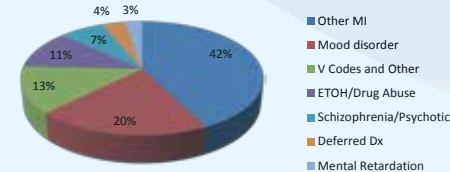
A&C Consumer Gender



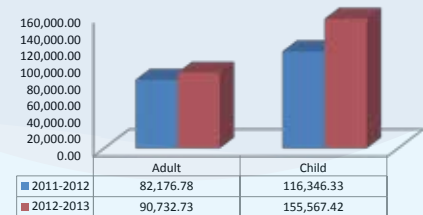
Agency Service Delivery Stats FY 2012-2013

5,699 Unique consumers
342,182 Encounters
256,609 Client hours

Most Common Diagnosis Type Center-Wide

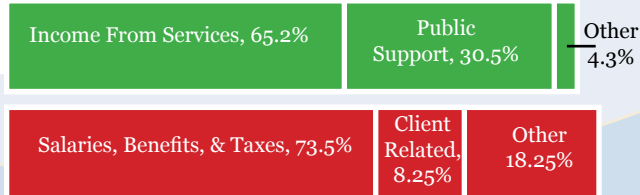


Consumer Contact Hours

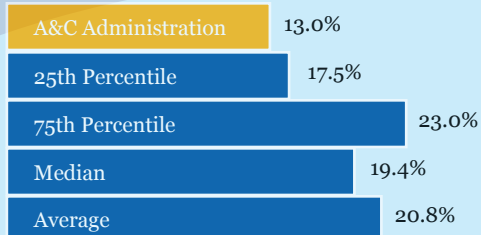


Agency Financials

A&C's Revenue and Expense Breakdown



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



Revenues	Amount
Net Revenue from Services & Per Diem	\$17,109,123
Public Support Revenue	\$8,059,283
Other Operating Revenue	\$1,212,373
Total Revenues	\$26,380,779

Expenses	Amount
Salaries and Benefits	\$20,987,979
Client Related Expenses	\$2,356,191
Other Expenses	\$5,222,566
Total Expenses	\$28,566,736

Net Income from Operations	(\$2,185,957)
Net Income from Non Operations	\$783,684
Net Income for mission	(\$1,402,273)

ADULT&child

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