

ANNUAL REPORT 2015



**Integrated
Family Services**
PLLC

*CONNECTING THE PIECES;
CREATING STRONGER
FAMILIES*

Serving Bertie, Beaufort, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Nash, Northampton, Pitt, Pasquotank, Perquimans, Tyrrell, Washington and Wilson counties

MISSION STATEMENT



The mission of Integrated Family Services, PLLC is to assess, coordinate, monitor and provide a wide variety of comprehensive mental health services in a manner that promotes dignity, respect and empowerment to all consumers.

EXECUTIVE SUMMARY

Owners

Anthony J. Manley Rook MSW, LCSW, ACSW, LCAS, CSI

Mr. Manley-Rook works in the capacity of the Administrative Director of Integrated Family Services, PLLC. He has several years of experience in treating children and adults with emotional, behavioral, and substance abuse disorders. He received a Bachelor of Science degree in Criminal Justice, a Bachelor of Social Work degree and a Master of Social Work degree from East Carolina University.

Natasha C. Holley

MSW, LCSW, LCAS, CCS

Mrs. Holley works in the capacity of the Clinical Director at Integrated Family Services, PLLC. She has several years of experience in treating children and adults with emotional, behavioral, and substance abuse disorders. She received a Bachelor of Science degree in Social Work from Elizabeth City State University and a Master of Social Work degree from East Carolina University.

Vision

Integrated Family Services, PLLC is to be a unified and innovative organization that leads the state of North Carolina in offering the most comprehensive diagnosis, therapy and care management possible in support of a normal, safer and healthier life for all families.

Mission

The mission of Integrated Family Services, PLLC is to assess, coordinate, monitor and provide a wide variety of comprehensive mental health services in a manner that promotes dignity, respect and empowerment to all consumers.

Values

Integrity – We base our working relationships upon mutual trust, respect and unyielding integrity. We recognize that the reputation of Integrated Family Services is rooted in the sincere and ethical treatment of our clients and each other.

Teamwork – We value results that are achieved through joint efforts. We approach our work as a team focused on constructing an encouraging work environment that produces superior quality results for our consumers.

Diversity – We value the individual differences and contributions of each member of our organization. We embrace progressiveness, creativity, and the ability to adapt to change. We believe each associate is an essential and important resource.

Commitment to Excellence – We set high standards for quality in our work and hold ourselves accountable. We strive for continuous improvement and seek to use innovation and cutting-edge technology to work effectively among ourselves and with our consumers.

Service – We value our role as a service provider to eastern North Carolina and seek to be approachable, compassionate and precise in the delivery of our services.

ACCOMPLISHMENTS FOR THE YEAR

- ✚ IFS celebrated its 12th anniversary in February 2015
- ✚ Provided financial support for the following community projects/organizations: Toy Drive for Northampton County Department of Social Services, Hertford/Northampton County Day Care Association, Immanuel Kings Mentoring Program, Inc., Hertford County Pack-A-Backpack Campaign, Hertford County 2nd Annual Walk for Autism, and East Carolina University Social Work Priority Fund and sponsored Little League basketball and baseball teams in Hertford and Pitt counties.
- ✚ IFS was inducted into the East Carolina University Cornerstone Society. The Cornerstone Society at the College of Health and Human Performance (HHP) is composed of a group of generous donors that contribute a minimum of \$1,000 annually to the College between July 1st and June 30th each fiscal year. These contributions provide the foundation for the College's comprehensive fundraising plan by adding valuable resources for HHP unrestricted monies, student scholarships, graduate fellowships, technological upgrades, faculty awards, plus equipment and facilities enhancements.
- ✚ Received the Triple A Award (Awareness/Advocacy/Assistance) from Trillium Health Resources Managed Care Organization which recognizes providers that demonstrate exceptional public awareness and/or advocacy functions through prevention. IFS has been the recipient of this award for two consecutive years.
- ✚ Awarded a contract with Currituck County Schools to provide school-based therapy.
- ✚ IFS continued to provide school-based therapy in the following Bertie County Schools: Middle, Bertie High, and Alternative School.
 - ❖ Bertie County end of year(2014-2015) Cumulative Review:
 - 52 total referrals for the year with 35 students actually being served
 - 14% of parents participated in treatment on a consistent basis
 - 72% of the students demonstrated progress in accordance to academic success, behavior reports, and suspensions
- ✚ IFS continued to provide school-based therapy in the following Pitt County Schools: Creekside, Eastern, Lake Forest, Pactolus, South Greenville, Bethel, Alpha, Ridgewood, and W.H. Robinson.
 - ❖ Pitt County end of year (2014-2015) Cumulative Review:
 - 60 total referrals for the year with 40 students actually being served
 - 3 % of parents participated in treatment on a consistent basis
 - 34 % of the students demonstrated progress in accordance to academic success, attendance rates, behavior reports, and suspensions
- ✚ Several of the clinical staff received accreditation in Standard Triple P (Positive Parenting Program) and Teen Standard program.

- ✦ The following trainings were provided for community agencies/organizations:
 - ❖ Youth Mental Health First Aid
 - ❖ Mental Health First Aid
 - ❖ Managing Challenging Behaviors in the Classroom
 - ❖ Mobile Crisis Management: An Alternative to Hospitalization
 - ❖ Mobile Crisis Management and Crisis Intervention Team (CIT): A Partnership
 - ❖ Elements of Crisis Intervention, and Prevention
 - ❖ Mobile Crisis Management (MCM)
 - ❖ Suicide Awareness and Intervention for Crisis Intervention Teams (CIT)
 - ❖ Suicide Prevention among LGBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) Youth

- ✦ The Mobile Crisis Management Director facilitated several Mental Health First Aid trainings in Eastern North Carolina.

- ✦ IFS' mobile crisis team has been featured on several occasions in local newspapers.
 - ❖ The Daily Advance (April 06, 2015-*Mobile Crisis Reducing Time Spent in ER*)
 - ❖ The Daily Advance (April 20, 2015- *School Life: Camden addresses suicide, looks to educate community*)
 - ❖ Rocky Mount Telegram (May 17, 2015-*Expo brings awareness to mental health resources*)
 - ❖ The Daily Advance (December 7, 2015 - *Mobile Crisis offers alternative in mental health emergencies*)
 - ❖ The Daily Advance (December 16, 2015 - *Agencies seek to avoid involuntary commitments*)

- ✦ IFS Critical Incident Stress Management Team became a member of the International Critical Incident Stress Foundation.

- ✦ Provided field placement for three interns from the Master of Social Work program at East Carolina University.

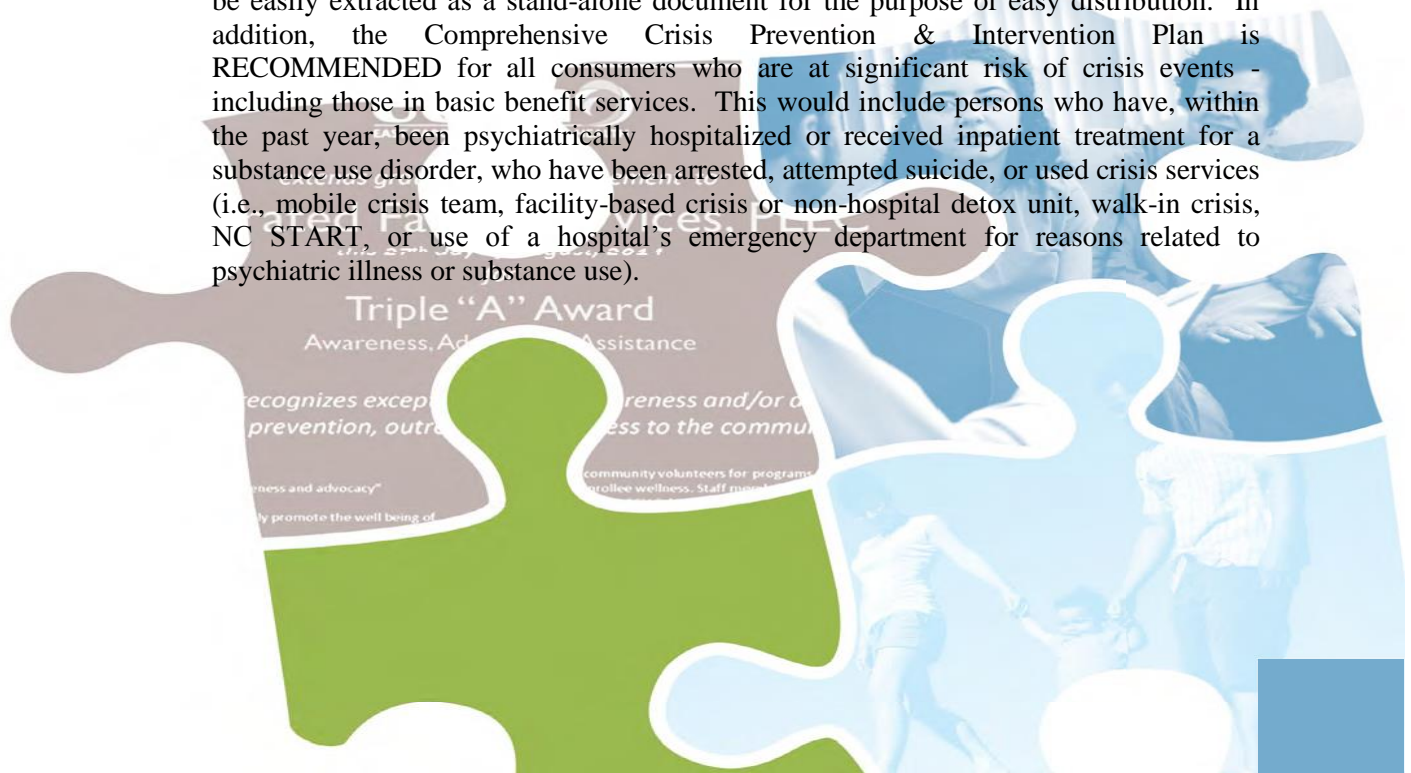
- ✦ IFS participated in two Routine Monitoring from Local Management Entities/Managed Care Organizations:
 - ❖ East Carolina Behavioral Health: Overall Compliance Score: 98.1%
 - ❖ Cardinal Innovations: Overall Compliance Score: 99.3%

- ✦ IFS' Foster Care department participated in four quarterly reviews from Rapid Resources for Families which monitors the Intensive Alternative Family Treatment service.
 - ❖ First quarter: Overall Compliance Score: 94.2%
 - ❖ Second quarter: Overall Compliance Score: 95.9 %
 - ❖ Third quarter: Overall Compliance Score: 98.18%
 - ❖ Fourth quarter: Overall Compliance Score: 99.6%

- ✚ IFS continues to provide the Quotient: ADHD system. This system provides evidence-based data related to the core symptom domains of ADHD (Inattention, Impulsivity, and Hyperactivity) for both children and adults. There were 87 tests provided in 2015.
- ✚ Provided mental health and/or substance abuse services to 2844 individuals which is approximately a 10% increase since 2014.
- ✚ Integrated Family Services also fosters an atmosphere for professional growth and development. Listed below are the accomplishments of individual employees.
 - ❖ Mobile Crisis Management Director was the recipient of East Carolina University School of Social Work Rising Star Alumni Award 2015
 - ❖ Mobile Crisis Management Director became certified to facilitate Mental Health First Aid and Youth Mental Health First Aid trainings
 - ❖ Clinical Director and a Therapist obtained credential to be Certified Clinical Supervisors by the North Carolina Substance Abuse Professional Practice Board
 - ❖ An employee obtained credential as Associate Licensed Professional Counselor
 - ❖ An employee obtained credential as Associate Licensed Clinical Addiction Specialist
 - ❖ Two employees passed the National Social Work exam and will be fully licensed as clinical social workers in the future.
- ✚ IFS was selected by Trillium Health Resources to be one of the three agencies to participate in the Comprehensive Health Assessment Teens (CHAT) pilot program. CHAT is a web based assessment tool designed to assess for mental health, substance use; family dynamics, social and educational needs of children and adolescents ages 12-18 years. Approximately 35% (55) of the assessments provided during the pilot program were completed at IFS. The overall results showed high levels of self-disclosure as well as an increase of 23% in 2015 from 2% from the previous year of adolescents that were diagnosed with co-occurring diagnoses.
- ✚ *IFS continue to align with the following goals of the North Carolina Crisis Solution Initiative.* The NC Crisis Solutions Initiative focuses on identifying and implementing the best known strategies for crisis care while reducing avoidable visits to emergency departments and involvement with the criminal justice system for individuals in behavioral health crises.
 - ❖ **Youth Mental Health First Aid:** *Mobile Crisis Management Director certified to facilitate Mental First Aid and Youth Mental Health First Aid trainings. The Mobile Crisis Management Director facilitated at least 9 Mental Health First Aid trainings throughout Eastern North Carolina. Mental Health First Aid is an evidence based curriculum that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders in youth and adults. Research has shown that those trained in Mental Health First Aid have greater*

confidence in providing help to others and are more likely to advise people to seek professional help.

- ❖ **Crisis Intervention Teams (CIT):** *The Mobile Crisis Management teams partnered with Trillium Health Resources and Eastpointe Local Management Entities-Managed Care Organizations to assist with the facilitation of several CIT trainings throughout eastern North Carolina. CIT programs are police-based pre-booking jail diversion programs that provide law enforcement officers the knowledge and skills they need to de-escalate persons in crisis. CIT programs emphasize access to treatment services rather than jail time for persons displaying signs of mental illness. Outcomes for both officers and the individuals in crisis are improved when communities work together in effective CIT programs.*
- ❖ **Tele-psychiatry:** *IFS has 2-4 tele-psychiatry stations in each location that consists of a 40 inch or larger high definition monitor and Polycom HDX 7000 series tele-conferencing equipment to project the audio and visual. The North Carolina Division of Health and Human Services defines tele-psychiatry as the use of two-way real-time interactive audio and video to provide and support psychiatric care when distance separates participants in different geographical locations.*
- ❖ **Crisis Prevention and Intervention Plan:** *The Assistant Clinical Director has provided training for all newly hire IFS direct care providers that are responsible for the development of person centered plans in 2015 on crisis prevention and intervention planning. The Comprehensive Crisis Prevention & Intervention Plan is designed to be one section of a Person-Centered Plan that can also be easily extracted as a stand-alone document for the purpose of easy distribution. In addition, the Comprehensive Crisis Prevention & Intervention Plan is RECOMMENDED for all consumers who are at significant risk of crisis events - including those in basic benefit services. This would include persons who have, within the past year, been psychiatrically hospitalized or received inpatient treatment for a substance use disorder, who have been arrested, attempted suicide, or used crisis services (i.e., mobile crisis team, facility-based crisis or non-hospital detox unit, walk-in crisis, NC START, or use of a hospital's emergency department for reasons related to psychiatric illness or substance use).*



Evidenced-Based Practices

Integrated Family Services utilizes the following evidenced based practices in the provision of quality care.

Triple P, Positive Parenting Program, is a parenting and family support system designed to prevent as well as treat behavioral and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential.

Together Facing the Challenge is an evidence-based curriculum of interventions utilized to decrease behaviors that warrant out of placement and support resilience in the lives of the Intensive Alternative Family Treatment (IAFT) consumer under the care of IFS. This model of care was developed to support existing agencies in enhancing their treatment in usual care practice. This evidence-based approach to providing treatment to consumers in IAFT provides practical direction about how to:

- ❖ Build therapeutic relationships
- ❖ Perform and teach cooperation skills
- ❖ Implement effective parenting techniques
- ❖ Prepare IAFT consumer for their future by teaching independence skills
- ❖ Provide ongoing assessment of effective IAFT Treatment parent's use of the interventions trained, as well as provide ongoing training and coaching for needed improvement.

Intensive Alternative Family Treatment

Intensive Alternative Family Treatment (IAFT) serves as an option for consumers between the ages of 7 and 18 years of age, who have had difficulty with past treatment options and who have significant behavioral and emotional challenges, and/or are at risk for hospitalization, and/or group home placement, and/or Psychiatric Residential Treatment Facility placement. This service can be provided in multiple community settings excluding 24-hour lock down facilities. Intensive Alternative Family Treatment is a 24 hours a day, 7 days a week service. The service uses highly trained treatment parents to provide support and therapeutic interventions to the consumer daily. There is face to face contact for the consumer and their family weekly, but more contact shall be given if necessary. This service is a family based option for consumer stepping down from (and diversion from stepping up to) restrictive care. IAFT empowers and prepares consumers to re-engage with their communities. The philosophy of this service reflects research that supports the premise that consumers remaining in their community yield more positive treatment outcomes than those who are placed in distant communities.

Intensive Alternative Family Treatment (IAFT)

Children and adolescents who may meet the requirements for Level III or higher services can be served by IAFT. This service is an option for children who have had difficulty with past treatment options and who have significant behavioral and emotional challenges or are at-risk for hospitalization or group home placement. Integrated Family Services will utilize highly trained professional parents that have been licensed as Therapeutic Foster Homes. In addition to receiving treatment in a nurturing and structured family environment, the children and adolescents will be linked with psychiatric services, outpatient services, crisis intervention, case management, and skill building.

Therapeutic Foster and Family Foster Care

Therapeutic Foster Care (TFC) provides services and supports for a child with a principal diagnosis of mental illness or serious emotional and behavioral disorders or substance-related disorders, and who may also have co-occurring disorders including developmental disabilities. TFC is not for a child with a sole developmental disability. This service is available for children to age 18. TFC must be delivered by a child-placing agency licensed by the North Carolina Division of Social Services. TFC provides a structured, supervised therapeutic and family environment with one or two foster parent(s). This TFC family is licensed by the Division of Social Services (DSS) and provides TFC under the direction and supervision of Integrated Family Services. The TFC family facilitates and strengthens the development of skill acquisition and use of interventions and supports that address therapeutic treatment, prevention, recovery, and behavior change consistent with age and development for each child served. TFC services are necessary to assist the child in improving and maintaining functioning across life domains. Skill acquisition in this setting will promote permanency placement for the child with his/her parents, relatives, a guardianship arrangement, an adoptive placement with the TFC family or another adoptive family, or an independent living arrangement.

Therapeutic Foster Care Services are strength-based, support developmentally and functionally appropriate positive behavioral interventions, and work to sustain and improve resiliency factors in the child necessary for recovery. This service is built on the TFC family promoting trust by engaging the child and affirming each child's sense of self and regulation of emotions in relation to self and others.

Services and supports provided by the Therapeutic Foster Care family include:

- ❖ Interventions to build on each child's strengths for healthy developmental growth across life domains.
- ❖ Interventions to increase the child's knowledge of self in relation to others and improve a healthy role development and social skills in order to function successfully within the family setting, the community, and the schools.
- ❖ Interventions to develop healthy independent living skills.
- ❖ Interventions to improve and support the child's understanding of their health, mental health and substance related disorder.
- ❖ Interventions to improve functioning in life domains and self-management skills in coordination with the child's medical and behavioral health providers.

Intensive in-Home Services

Intensive in-home (IIH) service is a time-limited, intensive child and family intervention based on the clinical needs of the youth (through age 20 for Medicaid-funded service and age 17 for state-funded services). The service is intended to:

- ❖ Reduce presenting psychiatric or substance abuse symptoms.
- ❖ Provide first responder intervention to diffuse current crisis.
- ❖ Ensure linkage to community services and resources.
- ❖ Prevent out-of-home placement for the child.

IIH service is authorized for one child in the family and the parent/caregiver must be an active participant in the treatment. The team provides individualized services that are developed in full partnership with the family. These services includes a variety of interventions that are available 24 hours a day, 7 days a week, 365 days a year and are delivered by the IIH staff that maintain contact and intervene as one organizational unit. IIH services are provided through a team approach; however, interventions may be delivered by any one or more team members as clinically indicated.

Outpatient Therapy

Outpatient treatment is designed to meet the clinically significant behavioral or psychological symptoms or patterns that have been identified as treatment needs for an individual. Outpatient therapy is provided through scheduled therapeutic treatment sessions and may be provided to individuals, families, or groups in various settings. Individuals providing this service must have a Master Degree and are licensed in the state of North Carolina in the appropriate behavioral health discipline.

Comprehensive Clinical Assessment

A Comprehensive Clinical Assessment is an intensive clinical and functional face-to-face evaluation of an individual's mental health, developmental disability, or substance abuse condition to develop a formal report and treatment recommendations. This service can be provided in any location and is conducted by a team comprised of a licensed psychiatrist or psychologist and a licensed therapist. The assessment is the primary process by which a determination is made regarding the target population criteria and eligibility for enhanced benefit services.

Psychiatric Services

Psychiatric care is provided by a Psychiatrist or Family Nurse Practitioner to assess the individual's symptoms and determine a diagnosis, and appropriate plan for treatment. The Psychiatrist/Family Nurse Practitioner may recommend medications as part of the treatment and will prescribe and monitor the effectiveness of the individual's medication regimen.

Mobile Crisis Management Services

Mobile crisis services involve all support and treatment necessary to provide integrated crisis responses, crisis stabilization interventions, and crisis prevention activities 24 hours a day/7 days a week. Crisis intervention services are provided at any location in the community with the exception of jails and hospitals to reduce barriers to service delivery.

Services can be provided in the following counties: Beaufort, Bertie, Camden, Chowan, Currituck, Dare, Gates, Hertford, Hyde, Martin, Northampton, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Edgecombe, Lenoir, Nash, Greene, and Wilson. The service cannot be provided without consent for treatment or for transportation only.

Reclaiming Futures: A Partnership with the Division of Juvenile Justice Delinquency and Prevention (DJJDP)

Integrated Family Services, PLLC has been selected by the North Carolina Department of Public Safety: Division of Juvenile Justice Delinquency and Prevention (DJJDP) to provide mental health and substance abuse services. This is a comprehensive arrangement. The process includes: arranging an appointment within 7 days of receipt of the referral for the individual and providing the court counselor a copy of the completed assessment within 14 days of the referral date. Upon completion of the comprehensive clinical assessment, the individual is linked with one of the following services that best meets their needs: outpatient therapy, intensive in home, or psychiatric services. The DJJDP, Integrated Family Services, and restorative justice work as a team to coordinate treatment planning for the individual.

New Beginnings of Ahoskie

New Beginnings of Ahoskie is a daughter company of Integrated Family Services, PLLC that focuses on DWI and substance abuse services. The services are comprised of DWI and substance abuse assessments and group/individual treatment.

Rural Initiatives Changing Communities Everyday, Inc. (RICCE)

RICCE, Inc., is the 502 (c)(3) non-profit entity of Integrated Family Services, PLLC.



CONSUMERS SERVED

Mobile Crisis Management Triage Data: (August-December 2015)

Attribute	Attribute Value	Consumer Count
Eligibility Criteria	The person and/or family are experiencing an acute, immediate crisis AND the person and/or family have insufficient or severely limited resources or skills necessary to cope with the immediate crisis.	1518
	The person and/or family member evidences impairment of judgment and/or impulse control and/or cognitive/perceptual disabilities.	413
	The person is intoxicated or in withdrawal and in need of substance abuse treatment and unable to access services without immediate assistance.	233
Safety Issues/ Emergency Severity	Danger to Others	233
	Danger to Self	673
	Needs mental health services	1365
	Rapid deterioration symptoms	191
	Situational Crisis	638
	Substance abuse primary	279
	Abuse occurring	16
	Abuse threatened	8
Presenting Problem	Anxiety	270
	Children in house	55
	Depressive Symptoms	349
	Disruptive Behaviors	131
	Drug Use	202
	Family Conflict	151
	Gun/Weapon used	8
	History of Self-Harm	39
	History of Suicide Attempt	38
	History of Suicide Ideation	103
	History of Suicide Threat	35
	History of Violence	102
	Intoxication	112
	Psychotic behavior	140
	Self-Harm	49
	Suicide Attempt	45
	Suicide Ideation	522
Suicide Threat	176	
Threatening Violence	161	
Risk Factors	Eviction/homeless	41
	History of Hospitalization	150
	Incarceration/legal	13
	Legal/Law Enforcement Referral	41
	No history of MH/SA treatment	86
	Risk for Hospitalization	828

CONSUMER DEMOGRAPHICS

Gender	Consumers Served
Female	1366
Males	1478

Age	Consumer Served
0-5	66
6-17	1540
18-40	1008
41-65	870
66 and up	93

Religious Affiliation		
Muslim	3	.3%
Jehovah Witness	8	.3%
Protestant	9	.3%
Catholic	62	1%
Other	277	10%
No Preference	438	16%
Not Reported	727	26%
Christian	1320	46%

Racial/Ethnic Groups		
Pacific Islander	1	.3%
American Indian	6	.3%
Asian (non-Pacific Islander)	6	.3%
Hispanic, Latino	72	2%
Other	175	6%
White (non-Hispanic/ Latino)	1172	41%
Black, African-American	1413	50%

Top 7 Axis I Diagnosis	
314.01 Attention Deficit Disorder of Childhood w/ Hyperactivity	320
F90.2 Attention-Deficit Hyperactivity Disorder, Combined Type	239
311 Depressive Disorder not elsewhere classified	222
313.8 Other/Mixed Emotional Disturbance child/adolescence	181
296.3 Major Depressive Disorder, Recurrent	160
309.8 Other Specified Adjustment Reactions	136
300 Anxiety Dissociative and Somatoform Disorder	108

Approximately 51% (1444) of the individuals served by IFS received Mobile Crisis Management services were served at least once. All individuals are triaged to determine if at least one of the above eligibility criteria was met. In addition, presenting problems and risk factors are determined during the triage process. Recipients of mobile crisis management service often present with multiple eligibility criteria, presenting problems, and risk factors. Priority is given to individuals with a history of multiple crisis episodes, psychiatric emergencies, and/or who are at substantial risk of future crises. The above data represents the mobile crisis management referrals received in the fourth quarter of 2015.

Mobile Crisis Service Areas	Mobile Crisis Service Calls
Albemarle Area (Camden, Currituck, Chowan, Pasquotank, Perquimans, Dare)	456
Beaufort Area (Washington, Beaufort, Martin, Tyrrell, Hyde)	302
Pitt Area (Pitt)	447
Eastpointe Area (Nash, Edgecombe, Greene, Lenoir, Wilson)	85
Roanoke-Chowan Area (Hertford, Bertie, Gates, Northampton)	307
Total	1597

Mobile Crisis Service Area	Calls Diverted from Inpatient Facility
Albemarle Area (Camden, Currituck, Chowan, Pasquotank, Perquimans, Dare)	351
Beaufort Area (Washington, Beaufort, Martin, Tyrrell, Hyde)	207
Pitt Area Pitt	317
Eastpointe Area (Nash, Edgecombe, Greene, Lenoir, Wilson)	82
Roanoke-Chowan Area (Hertford, Bertie, Gates, Northampton)	194
Total	1151

47 individuals which is less than 1% received Mobile Crisis Management services 3 times or more in 2015. The clinical team has identified barriers that led to these reoccurrences and have presented ideas to help address this concern. Overall, there has been a gradual increase in the calls for Mobile Crisis Management service (23%) and diversion (15%) from inpatient facilities from 2014 to 2015. 72% of the calls were diverted from inpatient facilities in 2015.

Services Array	Consumer Served
Outpatient	988
Psychiatric	1240
Intensive in Home	40
Foster Care	16
Mobile Crisis Management	1444

New Admissions per Office Location	
Location	Consumers
Ahoskie	343
Elizabeth City	393
Greenville	653
Jackson	134
Washington	193
Total	1716

There was a 12% increase in the consumers served in outpatient services since 2014. Outpatient Therapy and Psychiatric services are provided at all Integrated Family Services locations either face to face or via tele-psychiatry. The recipients served in foster service increased by more than 50% since 2014; however there was a slight decline with Intensive in Home service. Individuals are eligible for any service once the criteria as outlined in the service's policy and procedures have been assessed and documented in the individual's medical records. The above data also indicates 15% increase in consumer admissions since 2014.

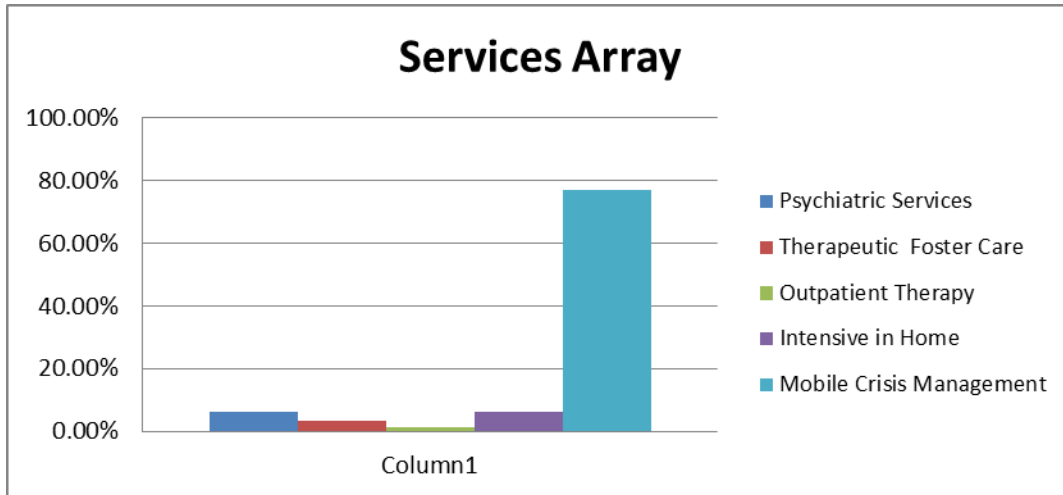
Outpatient and Psychiatric Services Appointments			
Service	Scheduled Appointments	Completed As Planned	%
Outpatient	9569	4796	50%
Psychiatric	6800	3524	52%

The attendance trend for psychiatric and outpatient service appointments in 2015 was consistent with 2014; however strategically IFS plans to improve attendance by at least 5% in 2016.

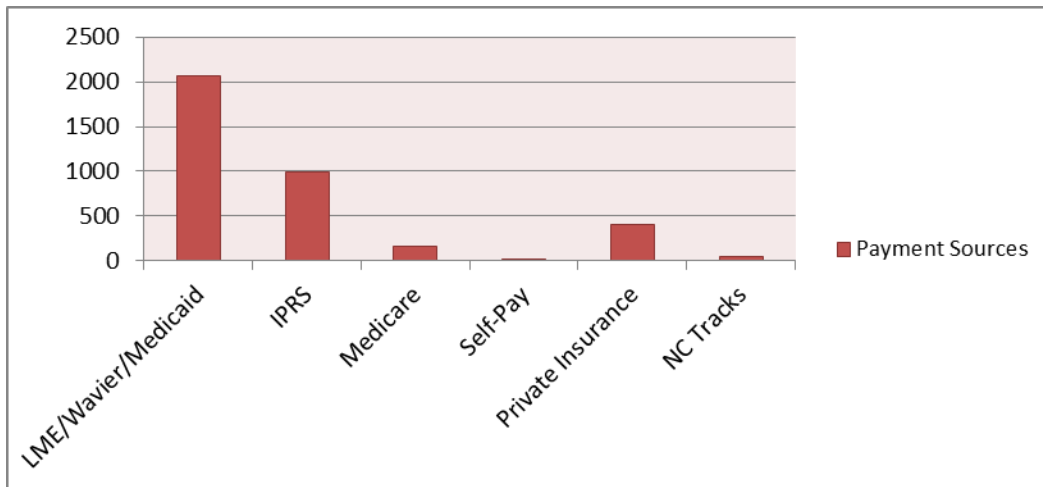
Psychiatric/Detox Admissions	
Inpatient Facility	# Admissions
Psychiatric	170
Detox	63

The data indicates the quantity of consumers linked with psychiatric and detox facilities for inpatient treatment in the fourth quarter of 2015.

REVENUE



Mobile Crisis Management continues to produce the highest gross in revenue; however there was also an upward trend in overall revenue generated from psychiatric services, therapeutic foster care and outpatient therapy since 2014. There was a slight decrease for Intensive in Home (2%) since 2014 which is consistent with the reduction in consumers served since 2014. In addition, 87% of the claims were paid with 12% of the claims adjusted which is a slight decrease since 2014 with 89% of the claims paid and 11% in adjustments.



The overall percentages for individuals with the above payment sources are consistent with 2014 data with the exception of a 6% increase in the individuals eligible for IPRS funds.

CONSUMER SATISFACTION

The survey data collection system assesses consumer/guardian satisfaction with the services rendered by Integrated Family Services. This is part of the ongoing continuous quality improvement process. The survey data is collected electronically bi-annually using iPads during office visits for outpatient services and during home-visits for Intensive in Home and Foster Care services; however survey data is collected ongoing for mobile crisis services due to the short-term of the services during the follow-up visit. The questionnaire gathers information about the consumers/guardians overall satisfaction with services received, compliance with cultural /ethnic needs, impact of services on daily life, performance in school/work, and overall performance of the workers.

FOSTER CARE SERVICES	
100%	indicated the foster care worker arrives on time and prepared for sessions.
100%	they were included in the person centered planning process.
100%	reported they felt better because of foster care treatment.
100%	indicated their behavior has improved in the home, school, and community.
91%	indicated the foster care staff is sensitive to their cultural background (race, religion, sexual orientation, etc.).
100%	indicated they were satisfied with the foster care services.
91%	indicated they knew how to file a complaint.
The data includes 11 responses collected during the months of February and October 2015.	

MOBILE CRISIS MANAGEMENT	
98%	The Mobile Crisis Worker met with me within 2 hours of calling the hotline.
98%	I am satisfied with the mobile crisis management services.
96%	I was given information about my rights.
96%	I am better able to deal with crisis because of mobile crisis management services.
98%	Mobile Crisis Management provided me with a copy of my crisis plan.
93%	The Mobile Crisis Worker(s) was sensitive to my cultural beliefs (race, religious, sexual orientation, etc.).
This data includes 659 responses collected during the follow up visit after the de-escalation of the crisis. There was 84% increase in survey collection since 2014.	

OUTPATIENT/PSYCHIATRIC
98% My provider is prepared for my sessions.
97% My provider is available for my scheduled appointments
91% I feel the treatment is helping me get better.
96% My provider is sensitive to my cultural beliefs.
98% My provider talks to me in a way I understand.
96% I would recommend my provider to someone else that needed mental health or substance abuse treatment.
This survey is completed by parent/legal guardian or consumer during checkout after completion of each office visit. This survey assesses overall satisfaction with individual performance of the provider seen during that visit. This data represents 4700 responses.

INTENSIVE IN HOME
100% indicated the team member scheduled their visit at least one week in advance.
100% indicated the IIH team member arrive at their home on time and ready for each session.
100% participated in the person centered planning process.
100% reported the team explained their diagnosis, symptoms, and treatment options.
70% reported improvement in behavior in school, home, and community.
95% reported they know what to do in a crisis.
100% are satisfied with the service.
100% indicated the IIH team members are sensitive to their cultural background (race, religion, sexual orientation, etc.).
100% indicated they knew how to file a complaint.
The data included 20 responses collected in 2015. The overall results were consistent with the outcomes for 2014 with the exception of a decline in the reported improvement in consumer behavior.