

ANNUAL REPORT

2016



**Integrated
Family Services**
PLLC

*CONNECTING THE PIECES;
CREATING STRONGER
FAMILIES*

Serving Bertie, Beaufort, Camden, Carteret, Chowan, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Lenoir, Martin, Nash, Northampton, Pitt, Onslow, 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

Awards

- ✚ Integrated Family Services was the recipient of Trillium Health Resources Managed Care Organization **Exceeding Expectations Transforming Lives Award**. This award recognizes the provider agency that performs above and beyond the normal realm of services.

Public Service

- ✚ Provided financial support for the following community projects/organizations:
 - Toy Drive Hertford County Department of Social Services, Hertford/Northampton County Day Care Association
 - Little League basketball and football teams in Hertford and Pitt counties
 - Sycamore Hill Missionary Baptist Church Food Bank
 - East Carolina University's Social Work Priority Fund in the College of Health and Human Performance
 - Edgecombe Community for the completion of the Biotechnology and Medical Simulation Center

Performance Indicators

School Based Therapy was provided in the following school systems.

- ✚ Bertie County Schools: Middle, Bertie High, and Alternative School.
 - ❖ Bertie County end of year(2015-2016) Cumulative Review:
 - Goal: serve 40 students
 - Achievement: served 50 students
 - 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:
 - Goal: serve 40 students
 - Achievement: served 35 students; however the service was terminated before the end of the school year in June due to medical leave for the therapist.
 - Currituck County schools include: Currituck High, Currituck Middle, Moyock Middle, Shawboro Elementary, Moyock Elementary and Griggs Elementary.
 - ❖ Currituck County end of the year (2015-2016) Cumulative Review:
 - Goal: serve 30 students
 - Achievement: served 47 students

IFS served 3707 individuals in the following services. This is approximately a 23% increase from 2015.

- Mobile Crisis Management
- Foster Care: Therapeutic Foster Care, Intensive Alternative Family Treatment
- Outpatient Therapy

- Outpatient Psychiatric services
- Intensive in Home

Accessibility

- It's the goal of IFS to identify, remove and prevent barriers to treatment for the individuals served through education and collaboration with other agencies.
 - ✓ Facilitated presentation at Lenoir Memorial Hospital, "Adolescent Suicide Prevention and Intervention"
 - ✓ Facilitated a presentation on Mobile Crisis Management Services at Vidant Roanoke-Chowan Hospital
 - ✓ IFS featured in the National Behavioral Health: *When Family Comes First*
 - ✓ Facilitated Mental Health First Aid trainings
 - ✓ Participated in Community Awareness at Bertie STEM High School
 - ✓ IFS Clinical Director presented at the 2016 Collaboration of Care Conference. Facilitated a breakout session, "Crisis Prevention"
 - ✓ Facilitated a presentation: Mobile Crisis: An Alternative to the Emergency Department
 - ✓ IFS facilitated presentations focusing on warning signs, suicide intervention and suggestions for suicide prevention in observance of Suicide Awareness Prevention in Carteret and Onslow counties
 - ✓ IFS participated in the Onslow County Out of the Darkness Community Walk where we provided resource information on suicide awareness and prevention.
 - ✓ Facilitated *Mental Health 101 and Personality Disorders* training
 - ✓ IFS participated in Crisis Intervention Trainings for law enforcement officers throughout the IFS catchment area
 - ✓ IFS has been featured in several broadcasts and newspaper articles in an effort to raise awareness. These articles and links to the news can be found on www.integratedfamilyservices home page under the "News" tab.
 - ✓ IFS signed Memorandums of Understandings with following the community agencies for mental health and substance abuse services.
 - Pitt County Health Department
 - Hertford County Public Health Authority
 - Kids First, Inc.
 - New Hope Counseling Services, P.A.

Cultural Competency

Cultural Competence is the ability to deliver services in a manner responsive to the values, beliefs, and perception of a culture. This competency includes but is not limited to ethnicity, race, gender, sexual orientation, abilities, religion, class and age.

- ✚ Integrated Family Services, PLLC is committed to environments that respect the perspectives, beliefs, and differences of our consumers and staff.
- ✚ Integrated Family Services, PLLC will promote cultural diversity and competency to increase access to care and quality of service.
- ✚ Integrated Family Services, PLLC will communicate effectively with people to accommodate the consumer’s and staff’s cultural needs.
- ✚ Integrated Family Services, PLLC will actively recruit, hire, maintain, and promote persons from culturally diverse communities in leadership positions, management positions, direct service positions, and support service positions.

This data was collected from the Consumer Feedback Survey. This survey is completed by parent/legal guardian or consumers in receipt of services from Integrated Family Services. The survey data is collected during checkout using iPads for each office visits for outpatient/psychiatric services and during home-visits for Intensive in Home and Foster Care services. The survey data is collected ongoing for mobile crisis services due to the short-term of the services during the follow-up visit.

Outpatient Services Survey Results

Survey Outcomes
97% of the respondents reported their provider is always sensitive to their cultural background (race, religion, language, sexual orientation).
96% of the respondents would recommend their provider to someone else that needs mental health or substance abuse treatment.

Summary: This data is collected during check-out for outpatient/psychiatric appointments by the consumer or their guardian. There were 2607 surveys collected in 2015. There were 2980 surveys collected in 2016.

Mobile Crisis Management Survey Results

Survey Outcomes
99% I am satisfied with the mobile crisis management services.
96% The Mobile Crisis Worker(s) was sensitive to my cultural beliefs (race, religious, sexual orientation, etc).

Summary: This data is collected during the follow up visit of the mobile crisis management call. 498 surveys were collected in 2015 and 1057 in 2016. The survey data was collected from the consumer or their guardian.

Intensive in Home Satisfaction Surveys

Survey Outcomes
100% are satisfied with the service.
100% indicated the IIH team members are sensitive to their cultural background (race, religion, sexual orientation, etc.).

Summary: The data includes 20 responses for 2015. The data included 15 responses collected in 2016. The survey data was collected from the parents and guardians.

Foster Care Surveys

Survey Outcomes
53% indicated they were satisfied with the foster care services.
53% indicated the foster care staff is sensitive to their cultural background (race, religion, sexual orientation, etc.).

Summary: The data includes 15 responses collected during the months of February and October 2016. The survey data was collected from parents, guardians and primary stakeholders (i.e. foster parents).

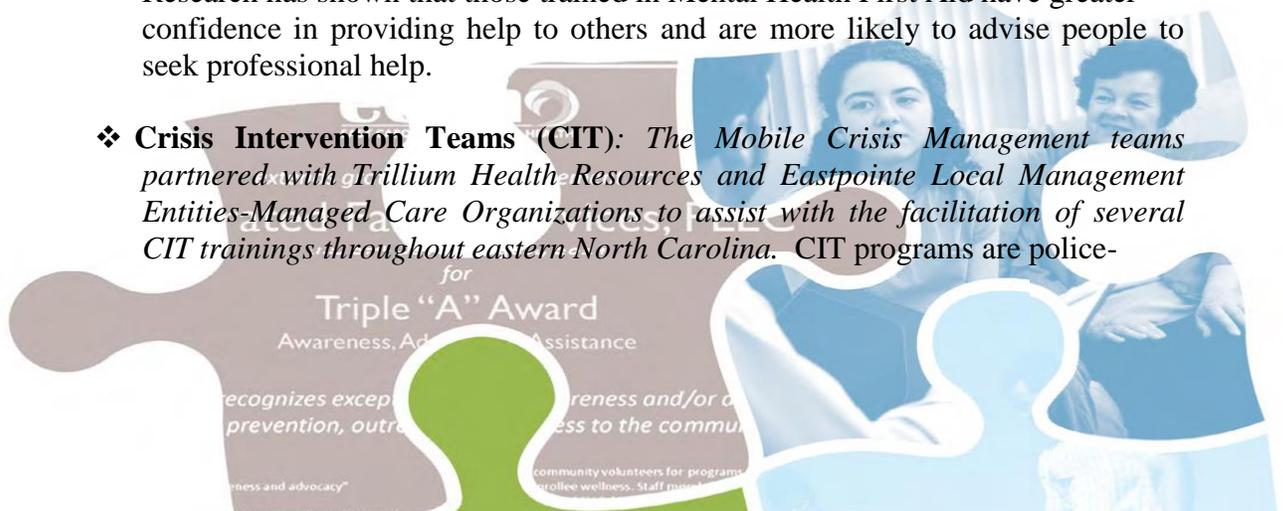
Strategic Planning

- ✚ IFS engages in ongoing strategic planning to meet the needs of the individuals served and ensure continuous quality improvement. The following goals were accomplished.
 - IFS added the following locations
 - 3383 Henderson Drive, Jacksonville NC
 - 3710-A John Platt Road, Morehead City NC
- ✚ IFS added a 2nd Intensive in Home team in Pitt County area.
- ✚ Implement technology to enhance diagnosing, emotional support, and process with treatment.

- Crisis Chat online emotional support, crisis intervention, and suicide prevention services was initiated to individuals within the Trillium Health Resources LME/MCO catchment area. All crisis chat specialists are trained in crisis intervention.
- All clinicians began entering the following screening tools results in the individual's assessment completed in the electronic medical records. The clinicians administer the screening tools during the initial assessment and every three months to monitor progress.
 - Patient Health Questionnaire 9 (adult depression)
 - Patient Health Questionnaire A (adolescent depression)
 - Generalized Anxiety Disorder 7 (adult anxiety)
 - SCARED kids anxiety
 - Vanderbilt Assessment tool for Oppositional Defiant Disorder, Conduct Disorder and ADHD
 - MAST- alcohol use
 - DAST- drug use
 - Mood Disorder Questionnaire
 - Trauma screening Questionnaire
- BHI-MV: Behavioral Health Index-Multimedia Version was initiated. As part of the initial appointment with the therapist, the consumer is given an opportunity to complete the BHI-MV utilizing an iPad or Android tablet. The BHI-MV is an evidenced based behavioral health assessment tool that asks questions about different areas of their life.
- IFS continued utilization of 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.
- *IFS continues 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 2016 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.

CONSUMER DEMOGRAPHICS

Gender	Consumers Served
Female	1930
Males	1777

Age	Consumer Served
0-5	53
6-17	1460
18-40	1153
41-65	937
66 and up	104

Religious Affiliation		
Jewish	1	.02
Muslim	6	.2
Jehovah Witness	14	.4
Refused to Answer	47	1%
Protestant	55	1.5%
Catholic	98	2.6%
Other	214	6%
No Response	368	10%
No Preference	478	13%
Not Reported	904	24%
Christian	1522	41%

Racial/Ethnic Groups		
Declined	1	.02%
Pacific Islander	4	.1%
Asian (non-Pacific Islander)	9	.2%
American Indian	12	.3%
Other	89	2%
Hispanic, Latino	105	3%
Unreported	160	4%
White (non-Hispanic/ Latino)	1650	45%
Black, African-American	1677	45.2%

Top 7 Axis I Diagnosis	
F90.2 Attention-deficit hyperactivity disorder, combined type	403
F32.9 Major Depressive Disorder, Single Episode, Unspecified	277
F41.9 Anxiety disorder, unspecified	131
F43.10 Post-traumatic stress, unspecified	166
F91.3 Oppositional Defiant disorder	126
F33.1 Major Depressive Disorder, recurrent, moderate	122
F43.20 Adjustment Disorder, unspecified	110



Mobile Crisis Management Triage Data		
Attribute	Attribute Value	Consumer Count
Eligibility Criteria	The person and/or family are experiencing an acute, immediate crisis AND the person and/or family has insufficient or severely limited resources or skills necessary to cope with the immediate crisis.	2099
	The person and/or family members evidences impairment of judgment and/or impulse control and/or cognitive/perceptual disabilities.	665
	The person is intoxicated or in withdrawal and in need of substance abuse treatment and unable to access services without immediate assistance.	514
Safety Issues/Emergency Severity	Danger to Others	307
	Danger to Self	826
	Needs mental health services	1804
	Rapid deterioration symptoms	361
	Situational Crisis	513
	Substance abuse primary	543
	Abuse occurring	23
	Abuse threatened	16
	Anxiety	863
	Children in house	169
	Depressive Symptoms	917
	Disruptive Behaviors	525
	Drug Use	432
	Family Conflict	466
	Gun/Weapon used	11
	History of Self-Harm	104
	History of Suicide Attempt	152
	History of Suicide Ideation	336
	History of Suicide Threat	113
	History of Violence	125
	Intoxication	224
	Psychotic behavior	227
	Self-Harm	128
Suicide Attempt	58	
Suicide Ideation	654	
Suicide Threat	265	
Threatening Violence	206	
Safety Issues/ Risk Factors	Eviction/homeless	99
	History of Hospitalization	416
	Legal/Law Enforcement Referral	159
	No history of MH/SA treatment	285
	Risk for Hospitalization	1532

CONSUMERS SERVED

Approximately 53% (1963) of the individuals served by IFS received Mobile Crisis Management services at least once. All individuals are triaged to determine if at least one of the above eligibility criteria was met. In addition, the safety issues 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.

Mobile Crisis Service Areas	Mobile Crisis Service Calls
Albemarle Area (Camden, Currituck, Chowan, Pasquotank, Perquimans, Dare)	571
Beaufort Area (Washington, Beaufort, Martin, Tyrrell, Hyde)	326
Pitt Area (Pitt)	596
Eastpointe Area (Nash, Edgecombe, Greene, Lenoir, Wilson)	50
Roanoke-Chowan Area (Hertford, Bertie, Gates, Northampton)	332
Southern Area (Carteret, Onslow)	244
Total	

Mobile Crisis Service Area	Calls Diverted from Inpatient Facility
Albemarle Area (Camden, Currituck, Chowan, Pasquotank, Perquimans, Dare)	457
Beaufort Area (Washington, Beaufort, Martin, Tyrrell, Hyde)	220
Pitt Area Pitt	404
Eastpointe Area (Nash, Edgecombe, Greene, Lenoir, Wilson)	35
Roanoke-Chowan Area (Hertford, Bertie, Gates, Northampton)	229
Southern Area (Carteret, Onslow)	136
Total	

72% of the calls were diverted from inpatient facilities in 2016.

Services Array	Consumer Served
Outpatient	1464
Psychiatric	1933
Intensive in Home	55
Foster Care	19
Mobile Crisis Management	1963

New Admissions per Office Location	
Location	Consumers
Ahoskie	342
Elizabeth City	449
Greenville	787
Jackson	143
Jacksonville	139
Morehead City	73
Washington	162
Total	2095

The above data also indicates 18% increase in consumer admissions since 2015.

Outpatient and Psychiatric Services Appointments			
Service	Scheduled Appointments	Completed As Planned	%
Outpatient	13109	5995	46%
Psychiatric	8640	4282	49%

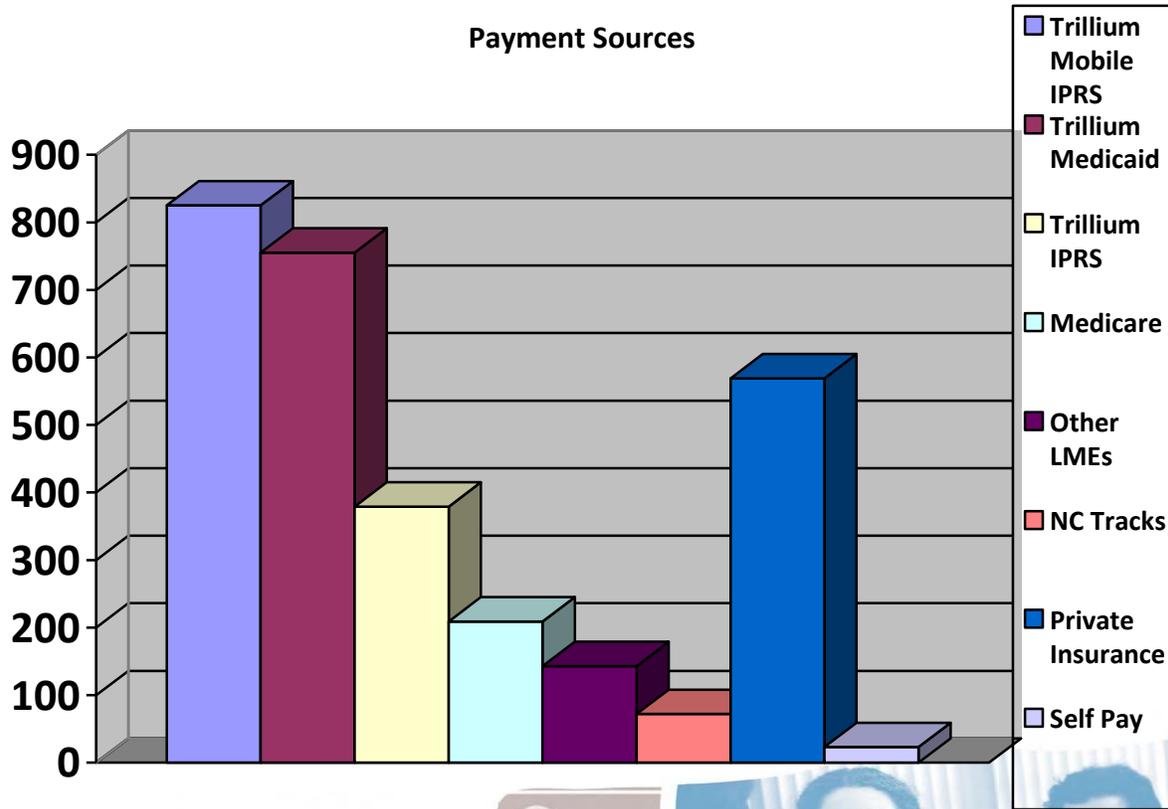
There was a slight decline in overall attendance for both psychiatric and outpatient in comparison to 2015.

Psychiatric/Detox Admissions	
Inpatient Facility	# Admissions
Psychiatric	348
Detox	191

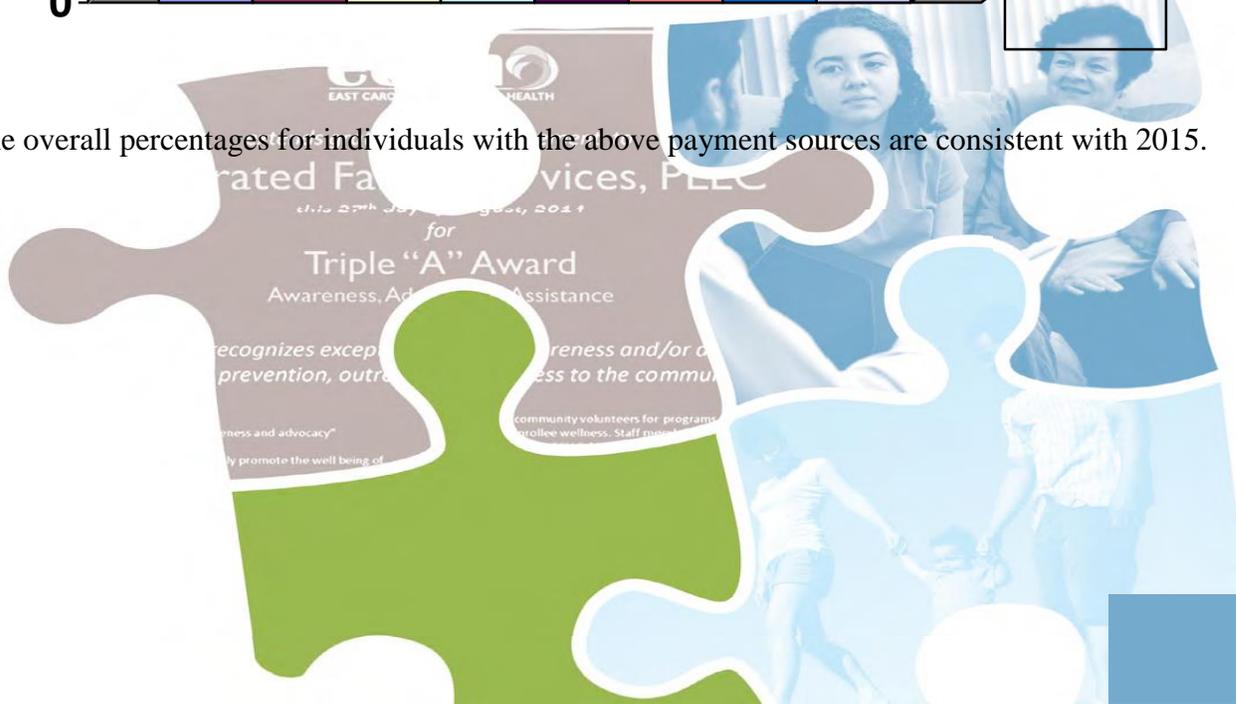
The data indicates the quantity of consumers linked with psychiatric and detox facilities for inpatient treatment in 2016. .



Integrated Family Services accept numerous payment options for services rendered; therefore minimizing the financial barrier of accessing treatment.



The overall percentages for individuals with the above payment sources are consistent with 2015.



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	
73%	indicated the foster care worker arrives on time and prepared for sessions.
73%	they were included in the person centered planning process.
47%	reported they felt better because of foster care treatment.
60%	indicated their behavior has improved in the home, school, and community.
53%	indicated they were satisfied with the foster care services.
53%	indicated they knew how to file a complaint.
The data includes 15 responses collected during the months of February and October 2016.	

MOBILE CRISIS MANAGEMENT	
99%	The Mobile Crisis Worker met with me within 2 hours of calling the hotline.
99%	I am satisfied with the mobile crisis management services.
95%	I was given information about my rights.
92%	I am better able to deal with crisis because of mobile crisis management services.
96%	Mobile Crisis Management provided me with a copy of my crisis plan.
This data includes 1068 responses collected during the follow up visit after the de-escalation of the crisis. There was 114% increase in survey collection since 2015.	

OUTPATIENT/PSYCHIATRIC
97% of the respondents reported their provider is always prepared for their session.
97% of the respondents reported they felt they were getting better because of treatment.
97% of the respondents reported their provider always talks to them in a way they can understand.
96% of the respondents would recommend their provider to someone else that needs 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 is represents 2977 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.
69% reported improvement in behavior in school, home, and community.
100% reported they know what to do in a crisis.
100% are satisfied with the service.
92% indicated they knew how to file a complaint.
The data included 16 responses collected in 2016 which is a 20% decrease since 2015. The overall results were consistent with the outcomes for 2015 with the exception of a decline in the reported improvement in consumer behavior.