Annual Report
Fiscal Year
2016

Challenges, Insights, Achievements
and a Forecast of Next Fiscal Year.

COMTREA
Founded 1973
Fiscal Year 2016 has been a pivotal year for COMTREA with a new CEO joining the ranks as Dr. Stephen Huss retired after 44 years of service. The Board of Directors and staff of COMTREA welcomed the new CEO, Susan Curfman at the start of 2016. I hope that my level of enthusiasm transcends the written words of this annual report and inspires you as part of the community that COMTREA is a part of.

COMTREA is truly a unique agency in that it is both a community mental health center and a federally qualified health center. As a community mental health center, we serve our county’s most vulnerable citizens including adults and children living with mental illness and addiction disorders. As a federally qualified health center (FQHC), we provide comprehensive primary care and preventative care, including oral health and mental health, to persons of all ages regardless of their ability to pay or health insurance status. Together, these two designations allow COMTREA to serve as a safety net for all of Jefferson County, which is embodied in our mission statement “to be an innovative, effective, and responsive comprehensive health center which exists to serve those in need.”

One of the first steps completed as the new CEO was to assess the direction of COMTREA and alignment of all programs in the COMTREA umbrella of services relative to the mission of the organization. This was accomplished through a review and update of our strategic plan, which included over 65 external stakeholder surveys assessing knowledge of services, rating of performance along 13 dimensions of performance, and identification of unmet needs. This same information was obtained from our internal stakeholders (employees) with a full summary made available to senior staff, also called Leadership Council, and the COMTREA Board. The information obtained from the stakeholder surveys were foundational in the design of the Fiscal Year 2017 Strategic Plan. We conduct a strategic review with our senior leadership and our Board each quarter, intensively assessing the performance of key business lines. This strategy is built on six key pillars.

**PURSUIT OF EXCELLENCE** – As a leadership team and agency, we commit to the pursuit of excellence recognizing that it does not happen by accident but is the outcome of true intention, sincere effort, a well thought-out action plan, skillful implementation and the vision to see obstacles as opportunities. This focus and quest for excellence becomes quickly evident in the way we approach our work, lead our teams, meet the needs of our clients and meet the challenges of our day with purposeful actions.

**LEADERSHIP DEVELOPMENT** – Commitment to developing leadership, which is key to business success. Leadership training topics through the monthly lunch-n-learns included strength-based leadership, emotional intelligence, behavioral styles and stages of team development.

**CLIENT OUTCOMES** – The services provided during the period of July 1, 2015 through June 30, 2016 are described in detail in this report and give testimony to the outcomes achieved for the clients served. While the numbers are impressive, there remains the multiple testimonies that highlight the human side of our clients served.

- It was the older man in his mid-70's that had been living in his car for the past 2 weeks after losing his home and all his possessions in the flood. He came to the Arnold Flood Relief Center seeking additional blankets to keep warm with the Sunday evening temperatures predicted to drop to 5 degrees. Our staff heard this man’s story and immediately felt that this was not sufficient, thus they reached out for additional resources and secured a warm bed at a local hotel with food vouchers.
It was our staff reaching out to a father of young children who had forgone dental care for his severe toothache to buy Christmas gifts for his family. Now the pain had gotten severe yet he could not access any services as no dental office would treat him as an adult with Medicaid. COMTREA workers immediately got this father scheduled for dental care and treated him with high respect.

It was our staff reaching out to a young woman who was without prescription medications for her mental illness as the psychiatrist was no longer providing care due to loss of insurance. She was quickly provided resources through COMTREA to access the necessary medications and then scheduled for medical care to address other needs.

Situations like this are repeated each day in the COMTREA locations that we have the privilege of serving our clients and their families. Another important change in COMTREA to deliver excellence in clinical outcomes for our clients has been a reorganization in all three divisions with differentiation of operational and clinical resources.

INTEGRATION – People with mental and substance use disorders may die 20-30 years earlier than the average person due to untreated, chronic diseases such as hypertension, diabetes, obesity, COPD and other factors such as poor nutrition, smoking and inadequate physical exercise. The solution lies in integrated care and coordinated care provided between primary care, oral health care and mental health/substance use treatment. Specific steps taken in fiscal year 2016 include designation as a Primary Care Medical Home (PCMH), Care Coordinators that identify needs and connect the client with services both internal and external to COMTREA, screening programs for oral health needs and behavioral health support at each primary care site, open access centers for same day delivery of care, integrated work groups to address agency needs including but not limited to pain management, opiate prescription drug use, and cancellation & no show practices.

OPERATIONAL EFFICIENCY – The focus is on boosting operational efficiencies to reduce costs and improve client satisfaction with the following outcomes; including standardization of job roles for support personnel, reduction in intake forms, streamlined communications with clients through the patient portal and electronic health record education printouts, and time sensitive delivery of care with reduction of wait times when seeing the provider. The support of external consulting with DentaQwest and QUALIS have helped to drive both this focus and outcomes.

COMMITMENT TO TARGETS – The introduction of metrics and use of key performance indicators has infiltrated the agency to monitor the performance of each division to internal targets modeled off of national and/or state benchmarks. Targets are set for outreach activities, clinical and quality measures, production and financial performance.

This strategy has served us well in fiscal year 2016 and provides a roadmap for our future. As we look ahead to fiscal year 2017, we believe that COMTREA is positioned for another strong year, while mindful of the more challenging legislative and fiscal environment in which we operate.

Sincerely,

Susan Curfman
President and Chief Executive Officer
## Fiscal Year 2016

### Income

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<tr>
<th>Source</th>
<th>Amount</th>
<th>% of Total</th>
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<td>DMH-ADA</td>
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<td>MIL TAX</td>
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<td>SALES TAX</td>
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<td>MEDICAID/MEDICARE</td>
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<td>GRANTS</td>
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<td>OTHER</td>
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**Total Income:** $25,191,574

### Expenses

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<th>Category</th>
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**Total Expenses:** $23,520,943

**Excess of Income over Expenses:** $759,548

### Grants

- $267,424 A Safe Place
- $379,523 Children’s Advocacy Center
- $442,485 Missouri Foundation for Health – Oral Health Expansion
- $1,509,491 HRSA – Federally Qualified Health Center
- $96,822 Missouri Primary Care Oral Health Expansion
- $434,556 Jefferson Memorial Community Foundation

### Net Assets

- **$15,041,735**

**Special Events**

- **$149,422**

**Gifts**

- **$73,762**

**Average Salary & Benefit per Employee**

- **$45,670**
Engagement is a key element of Fiscal Year 2016 in the area of Quality Management. COMTREA’s committed to excellence in serving our community by finding, integrating and then managing quality Bench Marks set by the Federal Government and State of Missouri has been an area of focus, in addition to those ongoing elements of Continuous Quality Improvement (CQI). The basic elements of CQI are, Biannual Consumer Surveys and feedback, Staff Satisfaction, Peer Reviews in all divisions and chart audits, both internal and external.

The Biannual Consumer Surveys continue to reflect satisfaction with the services, environment and providers. Challenged by two Board Members, who are also now on the QIQA Coordination Council, the interpretation of “Positive” was narrowed to only Great and Good instead of Great, Good and OK. Results of both consumer surveys continued to be positive with the highest scores in the area of provider services. The goal for all surveys is to score 90% or higher. Examples from the Biannual Consumer Survey (Jan and July) are below:

- How nice and helpful are the staff to you? Average 96.5%
- How satisfied are you with your provider listening to your needed? Average 93.25%.
- How happy are you with the overall service(s) you received? Average 93.50%.

The Staff Satisfaction Survey moved to Survey Monkey. The highest rated domain was relationship with clients, “My job is important because of what we do as an agency,” scoring 96.8, showing committed employees to the mission of the agency.

Other Quality Management Goals are Peer Reviews. One department, Behavioral Health/Substance Use (BH/SU) now has electronic reviews. There are 95 quarterly peer reviews in this department and growing. A team chosen from the QIQA Council from the adult and youth services separated peer reviews from chart reviews. Each provider is now reviewed for only the work they perform with the clients making the reviews meaningful and targeted for improvement if needed. Although the other departments are still doing paper reviews, the efficiency of electronic reviews will make this a top priority in the coming year.

This year all reviews, with the exception of BH/SU which is being developed, have been move to electronic spreadsheets for visibility to all providers. Five patient records are reviewed monthly, both front office staff and back office staff are reviewed and provide feedback. A great deal of credit goes to the Dental Department who pioneered the electronic chart review, providing a model for the other Departments.

External Auditors, from Resource Management Consultants (RMC), quarterly provide coding audits for Primary Care and Psychiatry. This year all providers were given one on one virtual training to help understand the new DMS-10 coding. Support for sixteen providers improved the quality of service to our patients with less coding errors for billing staff to correct.

The Clinical Quality program has gone from thirty quality measures for all functions of the Agency, Primary Care, Dental, Human Resources, and Finance to sixty-two quality measures. As COMTREA adds ways to better serve primary care patients, Primary Care Health Home and the ability to provide specialty services to our patients through the Accountable Care Organization, clinical quality measures increase. The monthly QIQA Coordination Council has meet the challenge in the past year and the level of engagement remains strong into the next year.

Sincerely,
Katy Murray, VP Quality Management/Corporate Compliance/ HIPAA Privacy

“Engagement is a key element of Fiscal Year 2016 in the area of Quality Management.”
We continue in our quest of fully integrated medical, dental and behavioral health care. Specific outcomes this year have included the following.

- Offer integrated services at two of the five clinical sites including Hickory Plaza and The Valley school-based clinic. This will be expanded to the three remaining clinical sites, which include High Ridge, Arnold and Festus in 2017
- Workgroup teams that include individuals from medical, dental and behavioral health care that are developing integrated clinical delivery systems for pain management, co-occurring conditions, prescription monitoring, and development of evidenced based practice guidelines for the top chronic care conditions
- Dental and behavioral health screenings by licensed staff in the primary care offices
- Attainment of Patient Centered Medical Home (PCMH), Level 2, which has at the core, integration of services
- Hired three additional staff that provide enhanced care coordination of individuals with multiple chronic conditions
- Information sharing through a new electronic medical record
- Standardization of work flow processes across medical, dental and behavioral health care and training with competencies
- Implementation of best practice regarding medication assisted treatment
- Implementation of outreach and patient engagement

Goals to move us further towards integration in 2017 include attainment of PCMH Level 3, telemedicine, renovation of existing space at the Arnold and Festus to add medical and dental care to the existing scope of behavioral health services, implementation of integrated care conferences to more fully meet the needs of clients who experience co-morbid conditions including a medical condition and a behavior health disorder, and training initiatives for integrated care with a focus on the whole person and social determinants of health (such as unreliable transportation, lack of housing, food insecurity, social isolation) that can exacerbate the medical and/or psychological condition of the patient.

**PCMH Definition**

“A health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.”

**Statistics**

- 1,318 Behavioral Health and Medical Patients
- 378 Dental and Medical Patients
- 408 Behavioral Health and Dental Patients
- 359 Behavioral Health, Dental and Medical Patients
Fiscal Year 2016 was a year focused on outreach and service engagement to our county residents who experience significant mental health and substance use disorders in combination with significant chronic health conditions.

As the Safety Net Service provider for the county, it is our duty to support and provide access to much needed behavioral health care and coordination of care to those residents who struggle with obtaining health care or even gaining access to affordable, quality behavioral, primary and oral health care.

Outreach has been hugely successful as we are able to talk with persons, families and loved ones and help them navigate access to care/provide advocacy when they are at their most vulnerable. Many of these persons do not have a regular health care provider as they have sought help from Urgent Cares, Emergency Departments or they have no care at all. We help link persons to behavioral health, primary and oral health care services. We also connect persons to Division of Social Services, housing supports, Medicaid applications/Marketplace applications and many other resources to meet their needs.

We continue to provide services/programs to many individuals with complex conditions ranging from those experiencing symptoms related to anxiety, grief, mood disorders, schizophrenia and severe depression.

Each individual is provided a free screening to assist them with identification of needs they have, and creation of an individualized treatment plan to direct their care and services. Services range from psychiatric evaluations/medication monitoring and follow up to specialized case management, intensive case management, individual and group therapy, as well as community support services and counseling for individual and family.

How we serve the people in our communities:

- Outpatient Therapy
- Psychiatric Evaluation
- CSTAR Programs - Substance Abuse Treatment
- SATOP Programs
- Hospital Linkage
- Disease Management
- Emergency Department Enhancement Programs
- Housing Assistance
- Domestic/Intimate Partner Violence and Court Services
- Divorce Education
- Victim and Court Advocacy
- Adult Drug Court Program
- Crisis Stabilization & Intervention
- Case Management
- Community Psychiatric Rehabilitation
- Integrated Services

Patient Demographics

4,399 Adult Behavioral Health Patients in Fiscal Year 2016
December 26th, 2015 through January 2nd 2016, Jefferson County experienced significant flooding and a Federal Disaster Declaration was made in response to the devastation the flooding caused in our area. Licensed Behavioral Health staff from COMTREA provided support for flood survivors at 3 Multi-Agency Resource Centers in House Springs and Arnold in January, where over 439 individuals received much needed emergency support. Jefferson County was one of the hardest hit counties in the state. Because of the devastation caused by the disaster, COMTREA was invited by the Missouri Department of Mental Health to participate in a FEMA funded grant, the Crisis Counseling Assistance and Training Program (CCP), along with Places for People and Crider Center.

The CCP grant, branded as Show-Me Hope Missouri, allowed COMTREA to hire a Team Leader and 4 full-time and 4 part-time Crisis Counselors to provide support to Jefferson County residents impacted by the disaster. These temporary staff were in place to begin services in March 2016. The grant provided extensive training throughout the year for all staff involved on how to best support individuals who have survived a disaster. The main focus of services included individual crisis counseling, basic support or educational contact, group counseling, public education, community networking and support, assessment, linkage, and referral, distribution of educational materials, and public service announcements. While other services were available to help with physical recovery following the flood, Show-Me Hope was designed to help support survivors’ emotional recovery. Through November, the Show-Me Hope staff have provided the following services:

- Individual Crisis Counseling Sessions – 300
- Group Counseling – 272
- Brief Educational or Supportive Contact – 1,558
- Hotline/Helpline Contacts – 56
- Community Networking or Coalition Building – 408
- Material Handed to People – 1,778
- Material Left at People’s Homes – 1,678
- Material Left in Public Places - 704

Show-Me Hope staff have been active in our community, serving as members of our Jefferson County COAD (Community Organizations Active in Disasters), participating in many community festivals, engaging First Responders, organizing story times at local libraries, educating on disaster preparedness and attending community meetings. A recent holiday decoration drive was a huge success. The crisis counselors meet regularly with survivors in their homes and repeatedly canvassed the affected areas to provide outreach. The counselors developed a strong understanding of community resources and served as a link to help connect survivors to other agencies as needed. The Show-Me Hope program has transitioned into a phase-down period, as the grant will end in February 2017. The crisis counselors are hard at work reaching out to survivors to discuss possible anniversary reactions and helping to make sure everyone is connected to long-term resources or other agency resources as needed. Throughout the program, the Show-Me Hope staff heard repeatedly how much the support has meant to the survivors as well as how much they appreciated knowing there was someone who cared during this difficult period in their lives.
Domestic Violence affects one in four women regardless of age, race, religion, nationality, educational background or economic status.

Through a grant from the Department of Public Safety, local fund raising efforts and other grants, COMTREA provides therapy to victims of domestic violence living at A Safe Place as well as to victims living in the community.

COMTREA provided residential services to 24 women and 31 children. There is also ongoing support services for 61 women and 121 children. These guests accounted for 5,717 nights of safety.

Through over twelve community based presentations/trainings, staff at A Safe Place provided domestic violence education to over 510 people; 4,113 hours of social service/ case management including medical assistance; 890 hours of children’s therapy and group counseling; 1,109 hours of individual therapy for the women in fiscal year 2016.

COMTREA received 1,798 hotline calls related to domestic violence. A Safe Place staff assisted 1,041 women with obtaining Ex partes and Orders of Protection and assisted over 384 women and children with other related services.

A Safe Place did have to refer out 939 families who needed safety due to the facility being at full capacity. Women and their children, who are victims of domestic violence, are staying longer in shelter due to the difficult economic times, lack of housing supports and transport.
**B.R.A.V.E.** is a unique program designed to assist active duty military, veterans, their families and caregivers in navigating the life challenges of repeated deployment cycles and the eventual transition back to civilian life.

**B.R.A.V.E. Program Components**
- **WARRIORS IN TRANSITION® 2.5 Day Experiential Learning Workshop**
- Eight Individual Counseling Sessions
- Graduation Ceremony
- Follow-up Mentorships & Horsemanship Programs

**B.R.A.V.E.** is
- Evidenced Based
- Veteran Focused
- Proven Methodology
- Creates a Safe Space for Self-reflection and Personal Growth
- Serving the Needs of The 17,000+ Veterans Living in Jefferson County
- Supported by the Jefferson County Veterans’ Court Judge(s) and the associated League of Mentors Association as a wraparound service to their program.

**B.R.A.V.E. TEAM Highlights of Fiscal Year 2016**
- July 2016 Program Was Approved
- Development Of
  - Brand – B.R.A.V.E.
  - Logo(s)
  - Marketing Posters
  - Business Cards
  - Tri-Fold Informational Pamphlet
  - Launched FaceBook Page
- Slow Rollout Marketing/Fundraising
  - Targeted Mass Mailing Donation
  - On-Line Purchase Of T-Shirts
  - Presented Program Information
    - Jefferson County Chamber Of Commerce
    - Festus Rotary Club
    - Judge Patricia Riehl Presiding Judge for Jefferson County Veterans’ Court and JCVC Mentors
- Supporting COMTREA Community Outreach Events
  - Trunk-N-Treat
  - Howliday Bales & Tails Bash
- Community Support
  - Facilitated Pilot WARRIORS IN TRANSITION® workshop for Veterans’ Court Mentors. They overwhelmingly approved, recommend and are in full support of the program as an ongoing wraparound service for the Veterans’ Court program.
  - Equine Assisted Psychotherapy group and individual sessions with adults and at risk youth.
- Future Funding Efforts
  - A Veterans’ Court Mentor volunteered to assist the COMTREA team in submitting a grant request through The Jefferson Memorial Fund. If approved the funds will be available June 2017.
In FY 2016 COMTREA made a commitment to improve the care we provide our clients who are contemplating suicide. The most vital difference we can make through our work is to save lives. We hope to make suicide a “never event.” To some this may sound audacious, but simply put, one life lost to suicide is one too many.

The work of caring for individuals at risk for suicide is challenging. COMTREA is committed to making sure our staff have the skills and confidence to treat these clients. COMTREA has adopted the Zero Suicide approach to suicide care; a comprehensive approach developed by the Suicide Prevention Resource Center and the National Action Alliance for Suicide Prevention. We believe this approach will improve the care and safety of our clients, thereby making our Agency a safer and more fulfilling place to work.

Zero Suicide will continue to promote awareness, provide education, and reduce stigma associated with suicide. The ZERO SUICIDE team includes representatives from behavioral health services, dental services, medical services, dietary services, and our front desk.

**Zero Suicide Facts:**

Did you know that suicide is the 2nd leading cause of death for people ages 10-34 (CDC 2014)  

The good news: The Zero Suicide Model believes these deaths are preventable and as this model is reaching more and more in the healthcare system, a large safety net is being created using best practices in order to achieve ZERO!

Did you know many clinicians feel unprepared to handle suicidal clients? 39% reported they don’t have the skills to engage and assist those at risk for suicide and 44% report they don’t have the training.  

The good news: COMTREA is ahead of the curve - 54.17% of employees reported knowing how to gather information, risk factors, and protective factors about suicide from clients. Being a part of the Zero Suicide Learning Collaborative will only help us increase this number!
COMTREA continues to have a very inclusive array of psychiatric services available for children and adolescents. Child psychiatry hours continue to be inadequate for the demand of our communities, and the search for a full-time child psychiatrist continues. Currently COMTREA has one child psychiatrist who provides 24 hours per week of services, and one full time pediatric, psychiatric Advanced Practice Nurse who provides medication management to our child population. During FY 2016 a total of 559 children and adolescents received care from our psychiatrist and/or Advanced Practice Nurse. These children and adolescents received a total of 2,982 psychiatric services which included 183 psychiatric evaluations.

COMTREA provided Targeted Case Management (TCM) services to a total of 25 children and adolescents who were in Hawthorn Children’s Psychiatric Hospital or Residential program, as well as children and adolescents who were placed in other psychiatric residential programs. Additionally, COMTREA provided CPR (Community Psychiatric Rehabilitation) Jr. services to 155 children and adolescents.

COMTREA’s psychiatric services for children and adolescents also include individual and family therapy provided by licensed therapists. During FY 2016, COMTREA therapists provided family and/or individual counseling to a total of 682 children and adolescents (22 of which received equine therapy services) for a total of 4,950 therapy services.

EARLY CHILDHOOD MENTAL HEALTH (ECMH) PROGRAM:
FY 2016 was the second year for COMTREA’s ECMH program which provides Early Childhood Prevention Education and Early Intervention services to children age zero to five living in St. Louis County. COMTREA was very pleased to receive a score of 91 out of 92 on its first fidelity audit for this program which was conducted in August of 2015. As a result, COMTREA received word from the St. Louis County Children’s Service Fund that they had decided to fund COMTREA up to another $250,000 for COMTREA’s ECMH program for another year!

Staff in COMTREA’s ECMH program provided the Ages and Stages – Social/Emotional Developmental Assessment to a total of 200 children during FY 2016. Staff also provided 662 “Classroom Dina Dinosaur School” prevention program lessons to children in Early Childhood programs, Head Starts, and Child/Daycare programs. In addition, staff provided 704 early intervention services including in-home therapy, case consultation, and case management to a total of 40 children and their families whose assessments indicated they had a need for early intervention. This is more than a 56% increase over the amount of services provided in FY 2015, the program’s inaugural year.
SUPERVISED ACCESS AND EXCHANGE (SAEP) & PROVIDING ACCESS TO VISITATION AND EXCHANGES THAT ARE RESPECTFUL AND SAFE (PAVERS)
During FY 2016 COMTREA’s SAEP provided therapeutic visitation and supervised (non-therapeutic) services to a total of 82 families. Services provided to these families included 81 supervised (non-therapeutic) visits and 541 therapeutic visits, for a total of 622 visits. COMTREA’s PAVERS program provided 402 supervised visits to a total of 44 families.

C-STAR (COMPREHENSIVE SUBSTANCE TREATMENT AND REHABILITATION) ADOLESCENT PROGRAM:
COMTREA’s collaboration with Jefferson County to provide residential adolescent substance use treatment services at the County’s Susan Nuckols Treatment site continued successfully this year. Funding from the United Way of Greater St Louis enriched the program by continuing to fund our family therapist, and to provide additional clinical resources for this population. During FY 2016, COMTREA provided residential substance use treatment services to an average of 8.0 adolescent males per day.

COMTREA’s Festus site for outpatient substance use services provided treatment to an average of 5.1 adolescent males and females per day during FY 2016. COMTREA’s Arnold site provided outpatient substance use treatment services to an average of 6.2 adolescents (male and female) per day for FY 2016; and an average of 2.7 adolescent males and females received outpatient substance use treatment services at COMTREA’s Northwest Valley site during FY 2016.

Also during FY 2016 COMTREA’s adolescent C-STAR Program completed a total of 140 assessments and admitted a total of 93 adolescent males and females. A total of 181 adolescent males and females were provided services through this program during FY 2016.

Motivational Probation Program:
COMTREA is proud to be the treatment provider for the Jefferson County Juvenile Office’s Motivational Program, which replaced the Jefferson County Juvenile Drug Court. During FY 2016, 3 adolescents received services through this program.

Of note for FY 2016: Marijuana continues to be the drug of choice for most of our clients, which remains unchanged compared to previous years. However, for FY 2016, we saw an increase in the amount of adolescents using methamphetamine. We also saw slight increases in the number of clients with parents who have/had their own substance use and/or mental health issues, or who have been incarcerated compared to FY 2015. In addition, there was a slight increase in the amount of adolescents with co-occurring disorders.
Trauma has become recognized as a widespread, harmful and costly public health issue. It has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation. It is an almost universal experience of people with mental and substance use disorders, and has been correlated to an increase in the risk for 7 out of the top 10 leading causes of death.

The need to address trauma is paramount as an important component of health service delivery. And unfortunately, research shows that sometimes the very systems designed to aid those dealing with the effects of trauma may actually exacerbate trauma related issues. Therefore, in order to maximize efforts to address the impact of trauma, assistance needs to be provided in an organizational and/or community context that is trauma informed.

But what does it mean to be trauma informed?

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being. An individual who is suffering the effects of trauma may be highly sensitive to situations and/or circumstances that seem nonthreatening to others. Exposure to such situations or circumstances may trigger “a trauma response,” exacerbating trauma’s impact and comprising the healing process for the individual suffering its effects.

A program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in those it serves, families, staff, and others involved in the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

COMTREA’s Trauma Informed Journey

As the safety net for Jefferson County and its surrounding area, COMTREA recognizes that it is imperative to become a Trauma Informed Agency. Beginning in FY 2015 – 2016 COMTREA made the commitment to begin this journey and incorporated the expectation that it will become fully Trauma Informed into its Strategic Plan. As a trauma informed agency COMTREA are incorporating the following six principles into its approach:

Safety
Staff and the people COMTREA serves, whether children or adults will feel physically and psychologically safe. Understanding safety as defined by those served is a high priority for COMTREA.

Trustworthiness and Transparency
Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with persons served and their family members, among staff, and with others involved in the organization.

Peer Support
Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing.

Collaboration and Mutuality
Importance is placed on partnering and the leveling of power differences between staff and persons served, and among organizational staff from clerical and housekeeping personnel, to professional staff to administrators, demonstrating that healing happens in relationships and in the meaningful sharing of power and decision-making. COMTREA recognizes that everyone has a role to play in a trauma-informed approach, and reminds all that, “One does not have to be a therapist to be therapeutic.”
Empowerment, Voice and Choice
Throughout COMTREA and among the persons served, individuals’ strengths and experiences are recognized and built upon. COMTREA fosters a belief in resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. COMTREA is in the process of reorganizing operations and workforce development to foster empowerment for staff and those served alike. Persons served are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward. Staff are facilitators of recovery rather than controllers of recovery. Staff are empowered to do their work as well as possible by adequate organizational support. This is a parallel process as staff need to feel safe, as much as those receiving services.

Cultural, Historical, and Gender Issues
COMTREA actively moves past cultural stereotypes and biases, and offers access to gender responsive services, leverages the healing value of traditional cultural connections, incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served/ and recognizes and addresses historical trauma.

Summary
COMTREA recognizes that its drive to become a Trauma Informed agency is just beginning and there is still much to do. However, it is fully committed to this journey and has an uncompromising belief that reaching the epitome of trauma informed care is in the best interests of the COMTREA staff, persons served and the community at large.
The mission of the Children’s Advocacy Center of East Central Missouri (CACECM), a Division of COMTREA, is to stop child abuse and protect children through a coordinated community based response. The CACECM, which is accredited by the National Children’s Alliance, encourages the coordination of investigation and intervention services by bringing together professionals and agencies as a multidisciplinary team to create a child-focused approach to child abuse cases. The CACECM ensures that children are not re-victimized by the very system designed to protect them. Its staff encourages this collaborative effort by providing training and team-building opportunities for all multidisciplinary team members (including law enforcement, Children’s Division, juvenile officers, prosecuting attorneys and therapists) and any other child-serving company or organization within the ten-county service area.

The CACECM serves a 10 county region of Missouri which includes Jefferson, Crawford, Franklin, St. Francois, Ste. Genevieve, Washington, Iron, Madison, Gasconade and Osage counties. It is a child-friendly facility where the staff provides forensic interviews for alleged child abuse victims and family advocacy for these children and their non-offending caregivers. Collaborative relationships with the medical community ensure sexual abuse forensic examinations are provided locally. Referrals for therapy services are currently made to a network of professionals that provide services in the various counties the CACECM serves.

In addition to having developed this mental health network, the center also provides specialized training in the treatment of child abuse victims to members of the network in order to ensure the availability of qualified professionals to treat this specialized population. Of note and especially exciting is the news that the CACECM was awarded funding through VOCA (Victims of Crime Act) to hire clinicians that will be able to provide therapy services to children and families referred to the CACECM beginning in FY 2017.

During FY 2016, an overall total of 387 children were provided Forensic Interviews. Of these 387 children, 113 were from Jefferson County, equating to 29.2% of the CACECM’s interviews for FY 2016. The Farmington office provided Forensic Interviews to a total of 150 children and the Union office provided Forensic Interviews to a total of 124 children.

The CACECM held its annual Sweetheart Dance in Washington, which raised a total of $20,237.01 to go towards services. The annual golf tournament was held at the Union Hills Golf Course in Pevely this year and raised a total of $18,505.48. The “Friends of the CAC” organization in Farmington organized a dinner/dance fundraiser for our Farmington office which brought in a profit $6,462.69. CACECM t-shirt sales raised a total of $1,621.59. The CACECM again held the Pinwheels for Prevention Garden in Jefferson and Franklin Counties which allowed us to relay the message of sexual abuse prevention and net a profit of $158.00. Additionally, CACECM staff continued to participate in community activities such as health fairs to maintain partnerships and collaboration within the communities we serve.

FY 2016 saw a decrease in the total number of Forensic Interviews provided at the CACECM. In reviewing possible explanations for this decrease, it has become glaringly apparent that the CACECM is in desperate need of a third forensic interviewer. This was an issue that has been brought to the CACECM by Missouri Kids First and the Children’s Division with the Department of Social Services. Finding funding for a third forensic interviewer will be a primary focus for the CACECM during FY 2017.

The CACECM also provided Prevention education programs that teach children what to do if they are touched or approached inappropriately to a total of 5,530 children during FY 2016. In addition, prevention education presentations were provided to 55 adults on “warning signs,” which have been found to be helpful in teaching adults about what to look for, and how to help a child they suspect may be being victimized. Interventions such as these help bring these children into needed services such as our CACECM.
In FY16, COMTREA and the Missouri Department of Corrections ended their partnership on the Advanced Puppies for Parole Program. This situation presented a unique opportunity for COMTREA to develop its own program to serve the needs of Jefferson County residents. We had become very familiar with the many benefits of canine therapy through exposure to the Advanced Puppies for Parole Program.

After several brainstorming sessions “Tails with Tales” was born in May of 2016. COMTREA has created a volunteer-based program where individuals and their personal dogs receive training to visit schools, libraries, hospitals, nursing homes, rehabilitation units and many other types of facilities.

After months of writing program manuals, developing marketing materials, writing grant applications and drafting curriculum for training classes, we graduated our first two classes of volunteer/canine “Teams” in September and December. We have executed visitation agreements with 12 facilities. Our Teams are hard at work visiting residents in nursing homes, helping children with their reading skills in schools and libraries and sometimes just providing much needed companionship to those who need it the most.

Looking Ahead to Fiscal Year 2017

- We will continue to offer free services to facilities throughout Jefferson County. Our program is all about “Neighbors Helping Neighbors”.
- In Fiscal Year 2017 we will expand our Children’s Services to include the “No More Bullies™” Program for 3rd, 4th and 5th Grade Classrooms.
- We will explore the possibility of providing trained and certified service dogs and companion animals with a focus on veterans and children in Jefferson County.
- We will hold our first signature fundraising event on April 29th to increase awareness and raise funds to expand the program.
  The theme will be “Dog-aritaville”

“Every Dog Has A Story”
The medical division at COMTREA is committed to meeting the expectations of our patients in a holistic manner. We offer adult and pediatric medical services, well women exams, onsite waived laboratory tests and phlebotomy along with immunizations for adults and children and minor office based procedures utilizing the team approach. We provide these primary care services at High Ridge Family Health Center in High Ridge and Hickory Plaza Comprehensive Health Center in Hillsboro. In FY2016 we added another site at the Valley Middle School with the opening of our new School Based Health Center.

In FY2016 primary care at COMTREA has undergone a transformation, hiring a new Medical Director and creating two new positions, the Director of Healthcare Operations and Associate Vice President of Primary Care Heath Home and Chronic Disease Management who work together to implement our mission.

**3,489 Medical Patient Population**

Our goal is to provide high quality health care utilizing a PCMH team approach involving the patient, provider, and frontline staff, nursing staff/medical assistants, behavioral health consultant, care coordinator and nurse care manager. Quality care and performance improvement are emphasized and tracked monthly at our monthly Quality Assurance/Quality Improvement committee meeting. Restricting and contributing factors are discussed as we review our quality measures to develop action plans for improvement. We strive to address the social determinants of health that include but not limited to socioeconomic issues and we have programs to assist the uninsured patient with the purchase of medication. COMTREA’s goal is to improve the quality and life expectancy of our patient population.

Achievements and accomplishments in FY2016 are: achieving NCQA-Patient Center Medical Home level II recognition, participating in Medicaid MC+ Patient Center Health Home collaborative and opening a School Base Health Center at the Valley Middle School.

Treating the patient holistically is important and integrated health services in FY2016 are as follows: 1318 receiving medical and behavioral health services, 378 receiving medical and dental services and 359 patients receiving medical, behavioral health and dental services. Our goal is to increase the percentage of our patient receiving integrated health services by at least 20% in FY 2017.

In FY2017 COMTREA primary care division plans to participate in the Missouri Health+ Medicare Accountable Care Organization. Our goal is patient-centered management of chronic disease in an efficient, cost effective and safe environment resulting in a healthier patient population.
Oral Health Services

COMTREA began offering dental care in November 2013 in a school based health center within Valley Middle School, part of the Northwest School District and continues to increase access for dental care across Jefferson County.

Dental services have expanded to being offered at COMTREA’s Hickory Plaza Comprehensive Health Center in Hillsboro, a mobile dental van (Tooth Ferry), and an additional school based dental office within the Fox School District.

COMTREA’s dental care team has grown from one dentist and two hygienist to seven dentists, six hygienists and a full support staff.

COMTREA continues to utilize a mobile dental van, the “Tooth Ferry” to provide screening services for children attending schools throughout Jefferson County and the Mothers and Children at the WIC (Women, Infant, and Children) Programs throughout Jefferson County.

COMTREA has provided screening services at seventeen schools to 3,843 children and 411 mothers and children at the WIC program.

The Mobile Access and Prevention (MAP) Dental Clinic

This growth could not have been accomplished without the ongoing support of local and state organizations which have contributed close to $880,000 dollars in grants to expand services, purchase equipment to our dental offices in 2016. With the recent expansion of the Valley dental clinic, and the addition of the MAP mobile clinic we expect to continue increasing access to care in Jefferson County.

COMTREA has provided dental care for:

14,332 Patient Visits

8,561 Patients

COMTREA’s dental team is actively involved in the community and participates in health fairs, school education programs, and back to school fairs which included the Jefferson College back to school fair in August offering dental screenings for every child coming to the event. It is COMTREA’s mission to increase awareness of the dental care needs for the children in and around the Jefferson County area.
Local fund raising is crucial to the Agency. While COMTREA has stable funding through both sales tax and property tax assessments, the funding is not adequate for the total programs delivered. Some funds are restricted (such as the sales and property taxes) and can only be used for certain activities. In addition, some programs like the Children’s Advocacy Centers, A Safe Place shelter for victims of domestic violence and their young children, the B.R.A.V.E. equine therapy program and Tails with Tales do not have stable funding streams and need local support from donations, grants and special event fund raising activities.

Local tax revenue provides about one third of the total operating expenses. In other words, for every one dollar collected locally, COMTREA delivers almost four dollars in services. This means that grants, donations and fund raising activities are always needed. In this fiscal year the efforts were particularly significant. A Mardi Gras Ball was held to raise funds for A Safe Place. A golf tournament and two dances were held to raise funds for the Children’s Advocacy Center. Our third Derby Day event was held at Bridle Ridge Acres to assist in the development of the equine therapy program. Jefferson County and the surrounding communities continue to be generous in their support of these life-changing programs.

**Ways to Give**

**Annual Giving**

Gifts made annually support the full range of services offered at COMTREA and the funds benefit the programs that need it the most.

- Unrestricted gifts, by check, credit card or securities may be a one-time donation or paid in monthly or quarterly installments.
- Restricted gifts made to any of the Agency’s programs support the donor’s specific interest may also be paid in installments.

**In-Kind Donation**

COMTREA receives in-kind donations of items such as toiletries and baby care items.

**Matching Gifts**

Donors can double or even triple donations through their employers. The Human Resources department of many companies provides information about employer matching gift programs.

**Tribute Gifts**

These contributions are made in honor or memory of someone special. Donate a memorial gift to remember someone or to celebrate a special occasion.

**Volunteer Opportunities**

COMTREA welcomes volunteers in a wide variety of roles. More information is available on the Agency’s website or by contacting our Volunteer and Community Outreach Manager at 636-931-2700 ext. 1146.

For more information, please contact our Marketing and Fundraising Department at (636) 232-2339.
Practice Sites

A Safe Place: Domestic Violence Shelter
1-877-266-8732

Dr. Stephen F. Huss Equine Learning Center
10533 Business Hwy 21; Hillsboro, MO 63050
(636) 232-2338

High Ridge Family Medical Center
324 Emerson Rd.; High Ridge, MO 63051
(636) 677-9977

Children’s Advocacy Centers:
116 N. Mill; Festus, MO 63028 (636) 586-1806
14 So. Washington; Union, MO 63084 (636) 584-0222
601 Maple; Farmington, MO 63640 (636) 756-4148

Drug Court
351 Main Street; Hillsboro, MO 63050
(636) 232-2303

Hickory Plaza Comprehensive Health Center
4 Hickory Ridge; Hillsboro, MO 63050
(636) 481-6040

Keaton Center
120 N. Mill Street; Festus, MO 63028
(636) 232-2323

Northwest Office:
1817 Gravois; High Ridge, MO 63049
(636) 376-0079

The Stu O’Brien Building (Administrative Offices)
227 East Main Street; Festus, MO 63028
(636) 931-2700

South Annex (Program and Human Resources)
222 North Mill Street; Festus, MO 63028
(636) 931-2700

South Office:
110 N. Mill; Festus MO 63028
(636) 931-2700

Suburban Office
21 Municipal Dr.; Arnold, MO 63010
(636) 296-6206

Susan K. Nuckols Program
Adolescent Residential Treatment
Program: 9501 Goldfinch; Hillsboro, MO 63050
(636) 321-0106

Valley Comprehensive Health Center
4300 Gravois; House Springs, MO 63051
(636) 321-0150

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