

Mental Illness Recovery Center, Inc.

2013 ANNUAL REPORT





MIRCI is a 501(c)3 nonprofit organization that assists individuals with mental illness to recover in the areas of their lives impacted by their illness through housing, behavioral healthcare, and assistance with obtaining and managing their disability income. **Approximately 94 cents on every dollar coming into MIRCI goes toward program services.**

MIRCI PROGRAMS

MIRCI provides services through several program offerings including:

REPRESENTATIVE PAYEE PROGRAM (Financial management for individuals in need of assistance in managing social security disability benefits.) 405 individuals served in 2013.

SUPPORTIVE HOUSING PROGRAM (Permanent housing program for individuals with mental illness, with on-site supportive and clinical services.) 95 served in 2013.

BENEFITS ASSISTANCE (Provides assistance to individuals in applying for and maintaining disability benefits.) 236 served in 2013.

SHELTER PLUS CARE PROGRAM (Housing program for homeless individuals and families who need intensive therapeutic services.) 172 adults and 24 children served in 2013.

HOMELESS OUTREACH PROGRAM (Provides access to behavioral healthcare and entry into Shelter Plus Care and SHP Homeless Housing Programs) engaged 208 individuals in 2013.

BEHAVIORAL HEALTHCARE, PSYCHIATRIST and ACT TEAM SERVICES served 239 adults in 2013.

2013/2014 MIRCI HIGHLIGHTS

- ◆ In 2013 MIRCI completed conversion to an Electronic Health Records and Practice Management System. This conversion was made possible through a partnership with Palmetto Health and grant funding from the Sisters of Charity Foundation and the Nord Family Foundation.
- ◆ In 2014 our *52 Windows – An Evening of Art* to benefit MIRCI raised over \$77,000 to support our housing and homeless programs. This year’s event, themed by local artist Lyssa Harvey, included a variety of media depicting “Windows to our Heart”.
- ◆ Local artist Lyssa Harvey, along with MIRCI’s Benefits Specialist Beth Argent, taught art classes to clients of MIRCI leading up to 52 Windows. Every piece of the client art was purchased during our first MIRCI Artist Reception.
- ◆ Once again MIRCI staff co-led the 2014 Point-in-Time Homeless Count for Richland County.
- ◆ MIRCI received a three year grant award in 2013 from the BlueCross BlueShield of South Carolina Foundation - \$50,000 per year, totaling \$150,000.
- ◆ MIRCI applied for and received a new HUD Continuum of Care for the Homeless grant to house an additional 20 chronically homeless individuals with mental illness using the national Housing First best practice modality.
- ◆ Beginning July 2014, MIRCI is the recipient of an annual \$250,000 grant from United Way of the Midlands to support our Homeless Outreach, Supportive Housing, Behavioral Healthcare, and Benefits Assistance.
- ◆ With the addition of Dr. Maggie Johnson, Psychiatric Nurse Practitioner, MIRCI now has behavioral health clinic services Monday through Friday.
- ◆ With the recruitment of Frances Everingham, LPC, MAC, LCAS, as MIRCI’s Clinical Director, our Behavioral Healthcare Services are reaching a higher standard of care. Already four clinicians are licensed in their fields of discipline and the remaining clinical staff members are being encouraged to pursue licensure in anticipation of increased industry standards and regulations.



United Way of the Midlands

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Client Experiences

Yolanda's Story

Yolanda H. has a history of depression and trauma back to her teenage years. In her twenties, she used substances as a coping strategy, but finally entered recovery fourteen years ago. She was able to find employment, and worked for a number of years as a CNA.

Yolanda had a baby boy in 2010. In infancy, he began having high fevers and, through many months of testing and visits with specialists, he was finally diagnosed with ADHD and an autism spectrum disorder. Despite the emotional and physical stress of caring for a child with special needs, Yolanda was able to maintain the balance of work and childcare. Divorce placed her in a difficult financial position, but she persevered, even when her depression crept in. She sought mental health assistance, and was able to regain enough stability to continue working.

Yolanda struggled to maintain her basic necessities. Work slowed, as she frequently needed time off to care for her son. Soon, she was placed on an as-needed schedule instead of a regular weekly schedule. Her supervisor had been as supportive as possible throughout her ordeal, but had to use available employees to cover the necessary shifts.

Yolanda was without income and forced to live with family members. Transitional living for a child with special needs is very difficult for everyone involved, and Yolanda soon found herself seeking resources from Salvation Army, having exhausted all other options. Yolanda was referred to MIRCI, and her application was expedited. She and her son moved into their two-bedroom apartment, and a disability application was entered the next week. Through MIRCI's Homeless Recovery Program, Yolanda now has access to housing, mental health treatment, and counseling without the pressure of worrying about finances during the transition. For so long, her son's acute needs came ahead of her own, so she is feeling relieved of the pressure of trying to balance a number of challenging issues. She recently shared with her case manager that upon getting her son ready for daycare, he said, "I don't want to go to daycare...I want to stay at my home". Out of the mouths of babes...

Olivette Ford's Take on Art Class

MIRCI clients have had the opportunity to take part in an art class at our Friendship Center. The art students have been making paintings correlating with the 52 Windows theme, giving them the chance to paint their unique perspectives on "Windows to our Heart".

The clients all have different levels and backgrounds in art. Some paint and draw in their spare time, others had never picked up a paintbrush prior to the MIRCI art classes, but they all have the love of art and MIRCI in common. One client, Olivette Ford said the love of art is in her genes stating, "My dad was a sketch artist and my sons are very talented artists. I was afraid, but this class has taught me to focus and talk about my situation and show it through art". Ms. Ford, a New Orleans native, moved to Columbia after living through the horrific events of Hurricane Katrina. Some of the paintings she has made for the class are influenced by this period in her life. She said that before this class, she used to "...come to tears when talking about Katrina but art has opened up something for me". New Orleans is still very near and dear to Ms. Ford's heart and she is so grateful to have had the chance to express herself and her experiences during Katrina through art, she said with a big smile on her face, "Never in my wildest dreams did I think I'd do it in paint. I never knew I could do it till I did it and now I can't stop. I am so grateful; it makes me proud that I can accomplish anything".

The paintings created during this 6 week art class were displayed at an Artist Reception, March 20th at the MIRCI Rosewood office, in a night to celebrate the MIRCI artists. These works were sold in a silent auction, with a 50/50 split between MIRCI and the client artists.

Office of Research and Statistics (ORS) Findings

Through a grant from the BlueCross BlueShield of SC Foundation in 2008, MIRCI contracted with the Office of Research and Statistics of the SC Budget and Control Board to create a data collection system and analysis process to confirm the reduction in emergency department visits and hospital admissions as a result of MIRCI's interventions. The findings through 2013 represent the sixth year of this analysis, and continue to demonstrate the reduction of emergency department visits and hospital admissions after enrolling in the housing and homeless programs of MIRCI. This on-going relationship with the Office of Research and Statistics allows MIRCI to continually evaluate the impact of its programs.

Summary of Findings

For the 161 clients linked to the ORS general hospital data system:

- The total number of inpatient hospitalizations for the cohort of 161 clients for the year subsequent to beginning MIRCI services dropped by almost 38% from the year preceding entry into MIRCI. Decreases in mental illness and substance abuse hospitalizations were the entire reason for the overall decline, from 60 discharges pre-enrollment to 20 discharges post-enrollment.
 - Considering Mental Illness/SA as the reason for the hospitalization, the number of hospitalizations dropped by 67%, pre- to post-entry into MIRCI.
 - Hospitalizations for physical illness and accidents actually increased, from 20 (pre-) to 30 (post-). This type of variation is not unexpected, as serious physical health problems such as cancer and heart disease can generate many hospitalizations by only a few clients.
- The number of emergency department visits dropped by 36% once the clients enrolled in MIRCI
 - Emergency department visits where mental illness was the reason for the visit dropped even more, by 54%. Unlike inpatient hospitalizations, ED visits for physical illness dropped by 30%.
 - Schizophrenic disorder was the most common mental illness reason for visiting the ED for a mental illness; these visits dropped by 59%.
- For the 156 clients linked to the ORS psychiatric specialty hospital database:
The number of inpatient hospitalizations dropped by 89% in the year following enrollment, from 27 to 3.

Monetary Savings: Considering all hospital services combined (inpatient general, inpatient specialty and emergency department visits), total charges for services in the year following MIRCI enrollment were \$1,738,626 less than charges for services in the year prior to MIRCI enrollment. Note: Because this analysis is longitudinal and spans clients enrolling in MIRCI over a 16-year period, health care charges have been adjusted to 2012 dollars using the GDP index for the latest year available. Inpatient general hospitalization decreases accounted for 56% of these savings, with ED visits and specialty hospital discharges accounting for 29% and 15% respectively.

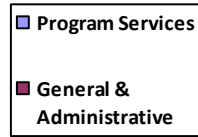
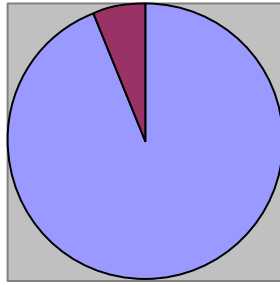
Discussion

The results of pre and post hospital and emergency department use analysis show substantial observed decreases once clients are assisted by MIRCI programs. Decreases are most dramatic for diagnoses of mental illness and substance abuse but are also reflected in the declining use of hospital emergency departments even for physical illness. MIRCI case management offers stability in medication adherence, life skills, and housing. The significance of their success is borne out in the substantial drop in expensive service utilization expressed in avoided hospital charges of over 1.7 million dollars.

Mental Illness Recovery Center, Inc.
Statement of Functional Expenses
For the year ended December 31, 2013

	Representative Payee	Housing Support	CoC-SHP	CoC - Shelter Plus Care	Clinical Services	CoC - Housing Support	MIRCI Group Homes	Total Program Services	General and Administrative	Fundraising	Total Support Services	Total Expenses
Salaries	\$ 65,045	\$ 71,141	\$ 86,420	\$ 62,209	\$ 496,318	\$ 162,324	\$ 631,580	\$ 1,575,037	\$ 101,494	\$ -	\$ 101,494	\$ 1,676,531
Payroll taxes	5,371	5,414	6,622	4,983	37,669	12,747	51,003	123,809	9,618	-	9,618	133,427
Fringe benefits	7,425	5,733	9,276	2,584	57,767	9,801	53,110	145,696	717	-	717	146,413
Total personnel	77,841	82,288	102,318	69,776	591,754	184,872	735,693	1,844,542	111,829	-	111,829	1,956,371
Professional fees	576	144	865	2,449	3,602	2,161	5,257	15,054	7,508	73	7,581	22,635
Insurance	2,107	3,727	3,636	4,887	22,788	8,861	29,791	75,797	12,372	-	12,372	88,169
Building expense	1,302	1,302	1,302	651	11,721	7,241	11,069	34,588	4,558	-	4,558	39,146
Utilities	916	834	1,111	575	18,275	1,698	13,874	37,283	3,397	-	3,397	40,680
Telephone	238	765	238	119	6,219	2,301	2,626	12,506	2,836	-	2,836	15,342
Office supplies	5,151	225	349	1,038	4,945	1,041	4,295	17,044	3,193	222	3,415	20,459
Postage	5,382	-	414	828	20	828	-	7,472	2,009	200	2,209	9,681
Vehicle expenses	-	3,243	1,745	6,872	20,073	11,988	20,822	64,743	480	-	480	65,223
Minor equipment and maintenance	536	437	293	919	11,653	767	12,109	26,714	6,139	90	6,229	32,943
Program service expense	-	107,781	152,774	614,401	125,013	240,629	41,811	1,282,409	-	-	-	1,282,409
Miscellaneous	884	576	348	1,996	10,140	1,223	8,850	24,017	29,984	21,981	51,965	75,982
Total expenses before depreciation	94,933	201,322	265,393	704,511	826,203	463,610	886,197	3,442,169	184,305	22,566	206,871	3,649,040
Depreciation	1,700	309	4,727	15,374	54,203	6,412	12,747	95,472	9,100	-	9,100	104,572
Total expenses	\$ 96,633	\$ 201,631	\$ 270,120	\$ 719,885	\$ 880,406	\$ 470,022	\$ 898,944	\$ 3,537,641	\$ 193,405	\$ 22,566	\$ 215,971	\$ 3,753,612

2013 Organizational Spending

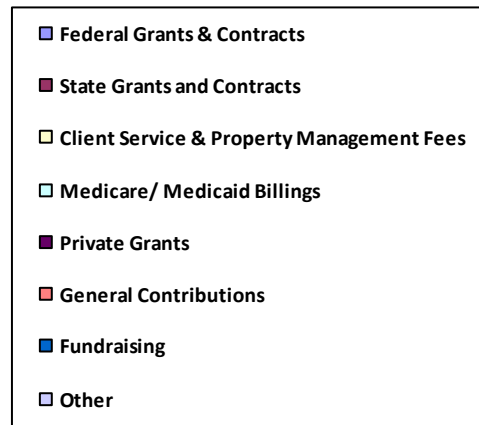
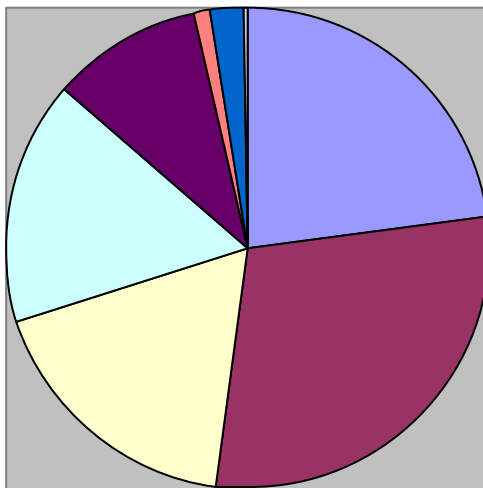


Category percentages of total organizational expenses are as follows:

Program Services – 94%
 General & Administrative – 6%

2013 Revenue by Funding Source

Federal Grants and Contracts	\$878,560
State Grants and Contracts	\$1,104,917
Client Services and Property Management Fees	\$699,406
Medicare/Medicaid Billings	\$622,125
Private Grants	\$381,083
General Contributions	\$47,643
Fundraising	\$78,039
Other	\$13,724



2013 Private Grants

Palmetto Health—\$147,750
United Way of the Midlands—\$133,333
BlueCross BlueShield of SC Foundation—\$50,000
Nord Foundation—\$25,000
Richland County—\$10,000
Sisters of Charity Foundation—\$10,000
TD Charitable Foundation—\$7,500
Janssen Pharmaceuticals, Inc.—\$5,000

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Windows to the Heart



Artwork from Client Artists for 52 Windows

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Mental Illness Recovery Center, Inc. (MIRCI)

3809 Rosewood Drive

Columbia, SC 29205

Phone: (803) 786-1844

Fax: (803) 754-7783