



# Family Life Counseling and psychiatric services

## Counseling that Makes a Difference

We have all encountered challenges in life, and we are all capable of overcoming those challenges, becoming more resilient, and taking the next steps to thrive. Our team of counselors are here to walk with you through your current struggles and help you find a way forward.

## About Us

We provide mental health and substance use treatment to children, teens, and adults in your community. Whether you need someone to listen, or you're looking for a program to help you decrease mental health disorders, cope with adjustments, access substance use help, or improve relationships with your partner or family, we can help!

## Governing Board Members & Administrative Team

Kaye Kahn, President  
Ken Brown, Secretary  
Tristan Gardener  
Don Daugherty

Steven Burggraf, Executive Director  
John Cochran, CFO & COO  
Michelle Fissell, QA/QI Officer

## Office Locations

Galion, Loudonville, Mansfield, Millersburg, Mount  
Vernon, Norwalk, Shelby, Willard

Children's Behavioral Health Center, Norwalk  
Play Therapy and Home-Based Counseling, Mansfield

# Services Provided

## Mental Health Services:

- Individual Counseling
- Couple & Marriage Counseling
- Family Counseling & Play Therapies
- Behavioral Health Urgent Care
- Survivor Programs
- Restorative & Parenting Programs

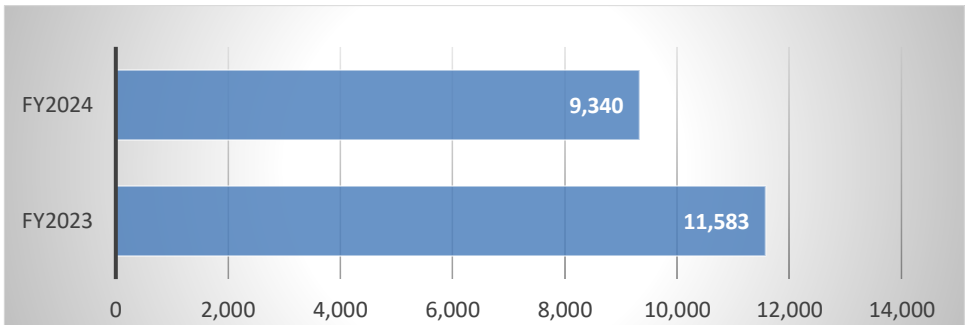
## Substance Use Services:

- Adult Outpatient Treatment
- Recovery Groups
- Peer Support Services
- Case Management
- Adolescent Outpatient Treatment
- Recovery Housing
- Resources for the Family

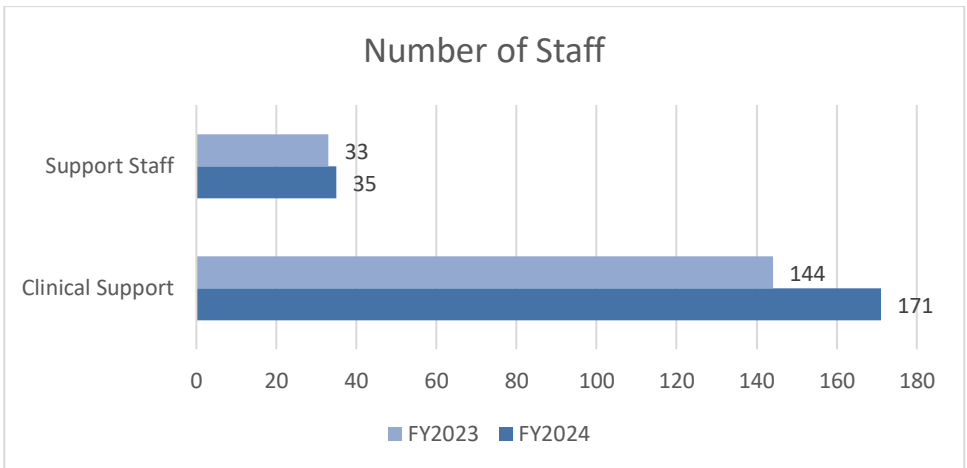
## Community Services:

- Community Involvement
- School-Based Services
- Referral Networks & Partnered Locations

# Clients Served



# Number of Staff



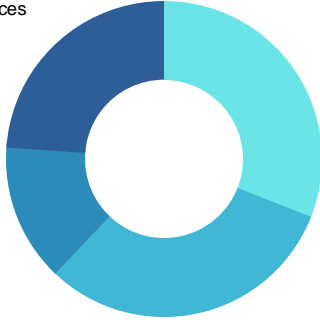
# Financial Data

## Fiscal Year 2024

Expenses for Program Services  
\$4,982,090

Total Revenue  
\$7,851,951

Total Assets  
\$2,589,073



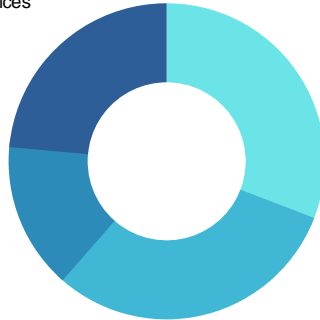
Total Expenses  
\$7,402,204

## Fiscal Year 2023

Expenses for Program Services  
\$4,935,750

Total Revenue  
\$8,301,261

Total Assets  
\$2,573,793



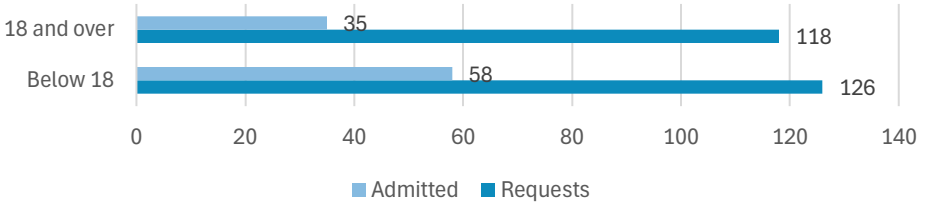
Total Expenses  
\$7,978,248

2024

Fourth Quarter Information

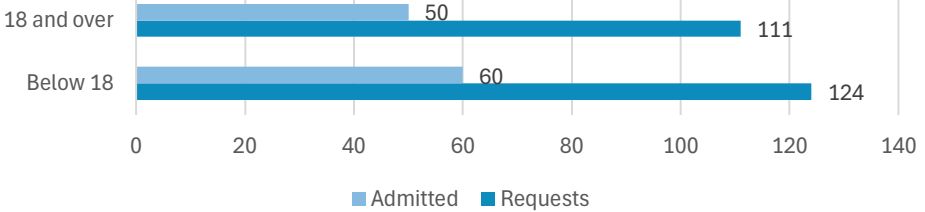
# 4th Quarter: Access to Mental Health Services

## April 2024



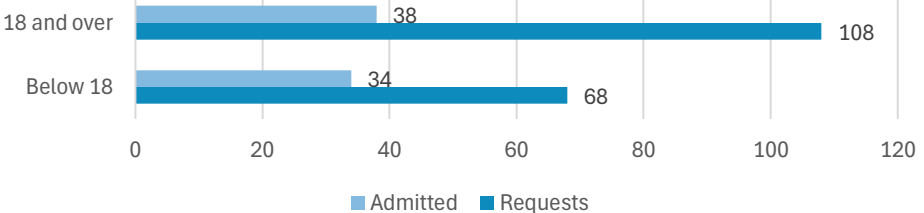
Clients below age 18 waited an average of 1 day for admission and clients 18 and over waited an average of 1 day. 84% of those under the age of 18 and 74% of those ages 18 and over were admitted in less than 14 days. 2% of those under the age of 18 and 3% of those ages 18 and over waited 30 days or more. The age category with the most admissions was ages 13-17 with 33 admissions. The biggest referral source was "Self" referral source.

## May 2024



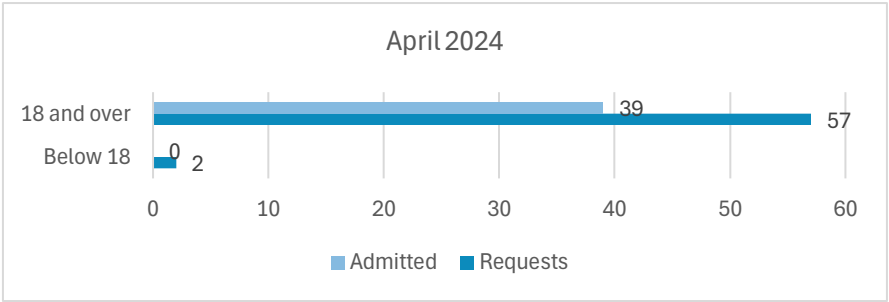
Clients below age 18 waited an average of 1 day to be admitted and clients 18 and over waited an average of 1 day. 77% of those under the age of 18 and 52% of those ages 18 and over were admitted in less than 14 days. 3% of those under the age of 18 and 10% of those ages 18 and over waited 30 days or more. The age category with the most admissions was ages 6-12 with 31 admissions. The biggest referral source was "Self" referral source.

## June 2024

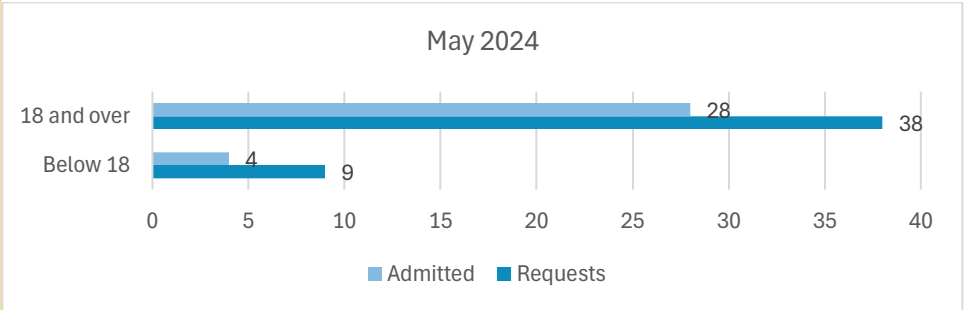


Clients below age 18 waited an average of 1 day to be admitted and clients 18 and over waited an average of 1 day. 79% of those under the age of 18 and 82% of those ages 18 and over were admitted in less than 14 days. 6% of those under the age of 18 and 0% of those ages 18 and over waited 30 days or more. The age category with the most admissions was 6-12 with 17 admissions. The biggest referral source was "Self" referral source.

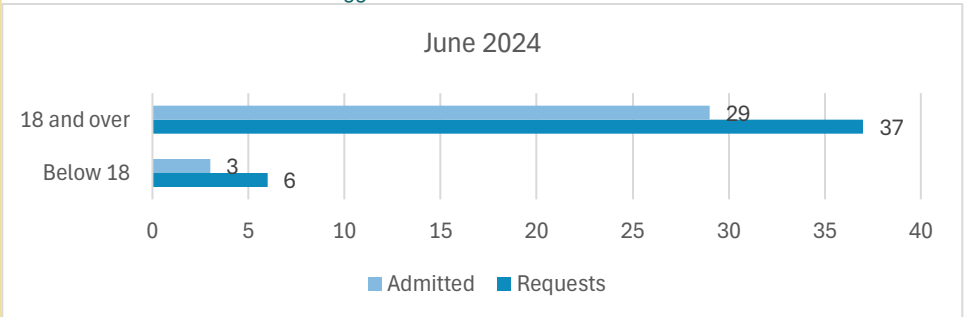
# 4th Quarter: Access to Substance Use Treatment



Clients below age 18 waited an average of 0 days to be admitted and clients 18 and over waited an average of 1 day. 100% of those under the age of 18 and 82% of those ages 18 and over were admitted in less than 14 days. 0% of those under the age of 18 and 0% of those ages 18 and over waited over 30 days for admission. The age category for most admissions was ages 25-34 with 13 admissions. The biggest referral source was “Other” referral source.



Clients below age 18 waited an average of 1 day for admission and clients 18 and over waited an average of 1 day. 75% of those under the age of 18 and 89% of those ages 18 and over were admitted in less than 14 days. 0% of those under the age of 18 and 0% of those ages 18 and over waited 30 days or more. The age category with the most admissions was age 25-34 with 11 admissions. The biggest referral source was “Other” referral source.



Clients below age 18 waited an average of 1 day to be admitted and clients 18 and over waited an average of 1 day. 67% of those under the age of 18 and 90% of those ages 18 and over were admitted within 14 days. 0% of those under the age of 18 and 0% of those ages 18 and over waited 30 days or more. The age category with the most admissions was age 25-34 with 12 admissions. The biggest referral source was “Other” referral source.

# Fourth Quarter, Information Review

## About us

Family Life Counseling makes arrangements to accommodate people of geographic, physical, and personal constraints. Counselors and case managers make every effort to meet the client where they are, whether it's in detention, in the home, in the school, or in the office. Geographically we are located in town with accessibility by bus, taxi, driving, and walking. Those who are out of town can be seen by a counselor and/or case manager coming to their home and/or telehealth is now an option for many clients. We do not discriminate against minorities or elderly. All clients are given a copy of client's rights and civil rights policies and are explained the system should they have concerns about their rights. We continue to track the reasons why referrals might not follow through with counseling and/or get set-up or scheduled properly in order to explore if there are ways to better the referral/scheduling process in order for clients to get treatment efficiently.

## Grievances

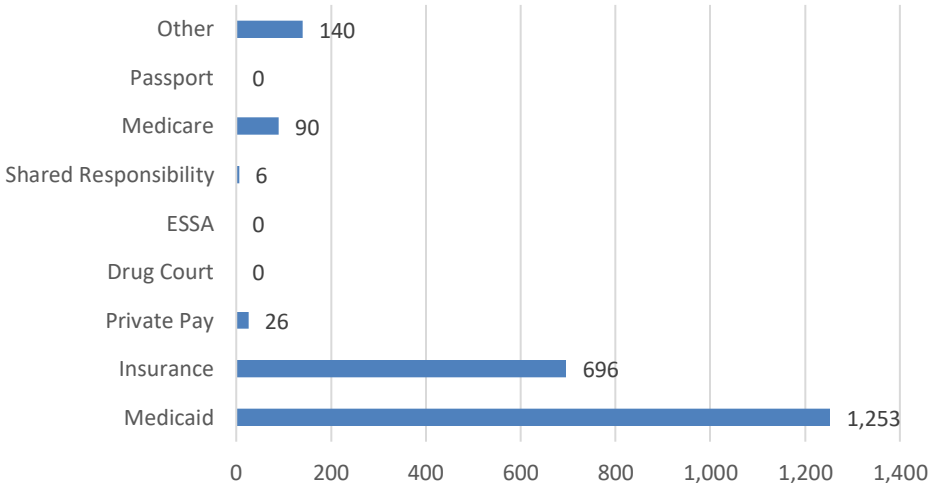
There was one grievance and three complaints filed this quarter that were handled as needed. There were no reportable MUI's and one internal MUI this quarter that were documented and addressed as needed.

## Risk Management & Safety

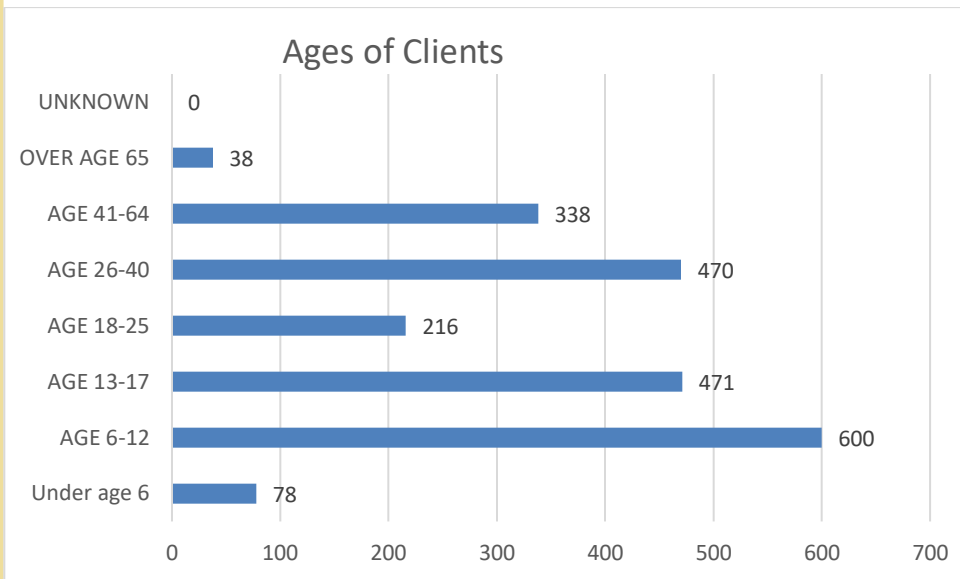
There was some minor risk management/safety issues as noted upon completion of the bi-annual safety inspections at each office. Safety inspections were completed this quarter. Several offices noted a few first aid kit items and/or disaster kit items needing replaced so this was either already completed or will be put on the next supply order.

Family Life Counseling served 2,211 clients this quarter. There were 1,246 female clients, 960 male clients, 5 unknown (or left blank).

### Insurances of Clients



# Utilization Review - 4th Quarter



A random selection of Mental Health charts were reviewed for appropriateness of services. In general, documentation was good, but there were several notes for improvement. The Comprehensive Assessments were much improved, a few assessments were not completed in a timely manner, and a few charts needed outcomes completed. Treatment plans were all present; however, some noted the need for review. The most common need was for CA's to be completed and signed off on within a month of the assessment date.

IHBT charts were also randomly selected for review and overall had good documentation with some notes for improvement. The CA's were all completed, but some were not signed off on within 30 days of the assessment date. All treatment plans were present; however, some noted the need for review. All IHBT safety plans were present.

A random selection of Substance Use Disorder charts were reviewed for appropriateness of services. In general, documentation was good, but there were several notes for improvement. The Comprehensive Assessments were improved, a few assessments were not completed in a timely manner, and a few charts needed outcomes completed. Treatment plans were all present; however, some noted the need for review. The most common need was for CA's to be completed and signed off on within a month of the assessment date.



# Performance Improvement: Mental Health

## Area #1: Program Refinement

- Family Life has successfully maintained MRSS on call hours from 8am to 10pm, 7 days a week.
- Family Life has been invited to participate in a program partnered with RCCS specifically to aid with children who have been sexually abused. The roll out of this program is forthcoming but monthly meetings discussing specific cases with all entities involved have begun and have been beneficial.
- Through the establishment of the Wellness grant, Family life now is under contract with many schools and have case management and counseling staff on each day of the week in Ontario Schools, Shelby, Plymouth, Lucas Madison and others. With the ending of the school year approaching, contracts for next year are in discussion. Staff who have served children in schools have summer programming lined up to provide continuity of care for clients who wish to participate.
  - All school-based MOU's were finished up by the end of June.
- Consolidation of some programs and staff have taken place in an effort to increase the efficiency of the agency. This includes increasing the caseloads of existing staff and decreasing the amount of staff who are not meeting with the needed number of clients.

## Area #2: Clinician Development

- Family Life is continuing to look for new mental health counselors to serve clients who have been placed on a wait list. We have had some individuals contact our office looking for internships and we are excited to provide opportunities for these individuals to grow in the upcoming months.
- Weekly supervision continues to be provided in a variety of ways including Individual and Group settings. All dependently licensed clinical staff and QMHS staff participate in supervision throughout the weeks and months.
- A monthly meeting continues to be implemented to provide supervision for independently licensed clinicians to encourage fidelity to paperwork requirements as well as increase the effective service to our clients.

## Area #3: Other

- We have put together some encouragement opportunities, lists of counselor "favorites" at the 151 office so we can provide random acts of kindness and encouragement to staff
- Family Life has successfully implemented a new payroll system, Paycom, which has allowed for the more efficient processing of timesheets and paychecks for employees. It has also facilitated our ability to search for a hire new staff and has increase the efficiency of our HR department as well.

# Performance Improvement: Substance Use

## Area # 1: Program Refinement:

- Continuing to provide Tele-health services for those clients unable to come to the office of individual and group; allowing and adjusting for changes determined by MHRBS in regards to some of the grant funded clients being seen in-person only for group sessions.
- Continuing to work with the courts (Mansfield Municipal Court, Veterans Drug Court, Richland County Treatment Court). Continuing to process ATP funding requests for SATC and other specialty courts funding by MHRBS; implementation of Corrective Plan of Action for fulfillment of ATP funding requests determined on 1/26/2024.
- Peer Support Services continue to grow under the leadership of Brychelle Mullins LCDCII, LSW, as she meets with peer support staff regularly for training and development.
- Level Up Program Coordinator Lisa McManes, CPT is currently working with 8 clients. Funding for the next fiscal year (through June 30, 2025); was approved by the Mental Health Board.
- AOD Adolescent Program continuing to grow under the leadership of Herb Ross CDCA:
- Continuing to develop ongoing relationships with numerous local school systems.
- Ongoing reestablishment with Richland County Juvenile Court with Amy Bargahieser, Director of Detention. Sending weekly reports and bi-weekly phone calls.
- Meeting with adolescent clients as referred by RCJC on a weekly basis.
- Regarding MH and SUD services: development of the new CABHS (Comprehensive Adolescent Behavioral Health Services) program continues to be in process
- SOS 3.0 GPRA assessments and monthly reporting is now being managed by Amy Taylor in collaboration with OMHAS team and Angie Parker from Richland Co. Mental Health and Recovery Services. Tamika Jackson, CDCA is currently enrolled in the next SOS 3.0 GPRA Training this month and will start being able to also do assessments immediately upon completion.

## Area # 2: Clinician Development:

- Amy Taylor, LCDC III, LSW is currently the Director of SUD Services for the agency.
- Outcomes Measures change: Continuing to work on Ohio Outcomes and ASAM Continued Service Criteria form being completed every 3 months; this has changed as of October 1, 2022, and we have replaced the Ohio Outcomes with the PHQ-9 and GAD-7 in order to better gather aggregate data. Use of the ATOM-DA is no longer recognized or utilized as a current and acceptable assessment tool for SUD diagnoses.
- Providing bi-monthly staff meetings the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month at 1-3pm, upon which time Director Amy Taylor will provide updates and information regarding improvements in service delivery, as well as ongoing clinical development in terms of using clinical theories to provide exemplary client care to the special population of individuals seen at the 240 location.
- Amy Taylor, LCDC III, LSW will continue to provide onboarding, training, and supervision to those on her staff, as well as the other SUD locations for FLC. Currently supervising 8 staff members, they include CDCA's, support staff, and Level Up CPT Lisa McManes.
- Current SUD staff (Mansfield) have developed additional billing/revenue options; April of this year our staff will rotate offering "Sober Saturdays"—this will be a billable/sober support activity implemented by an SUD Group Facilitator and Co-Facilitator, as an optional group event. Clients will develop social skills, increase knowledge of sober support networks/benefits, and develop resistance to recurrent old behaviors by developing new healthy habits and interests that will keep clientele interested and excited about the recovery process.
- Pending approval of the MHRBS Board, Amy Taylor, SUD Director will take lead on completion of necessary coursework/competencies needed to provide the Gambling Treatment Program here at Family Life Counseling-- Awaiting information from the board in regards to covering the cost of the training.
- Clinicians are all currently working diligently on updating and preparing charts for upcoming CARF audit in September/October of this year.

# Performance Improvement: In Home Department

## **Area #1: Program Refinement:**

- IHBT: A major change to the IHBT team this quarter. Because of his internship and licensure requirements, RJ Pierce will now be a part of the IHCP team, providing case management services in the Richland County area. Once he starts back to school in August he will be eligible to reapply for his CT status. In an effort to be financially responsible as well as provide as wide an experience for RJ as possible, he will continue to work with IHCP (as a therapist once his CT is reinstated) and will also have the opportunity to work with Roger Higginbotham and the Play Therapy department and Herb Ross and the school-based programs. IHCP: We've had no changes this quarter in the IHCP team, other than RJ's status noted above. Case manager Angie Giorlando is investigating whether she will continue this Fall as part of the school-based team while continuing to see IHCP clients.

## **Area #2: Clinician Development:**

- We continue to work out clinician development concerns on an individual basis, and work on providing the best possible teaching and support to our staff.