



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

Art Haring, President

Kaye Kahn, Secretary

Merlin Briner

Nora Mason

Bruce Souder

Steven Burggraf, Executive Director

John Cochran, CFO & COO

Joy Reeder, QA/QI Officer

Office Locations

Danville, 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
- Psychiatric Services
- Behavioral Health Urgent Care
- Survivor Programs
- Restorative & Parenting Programs

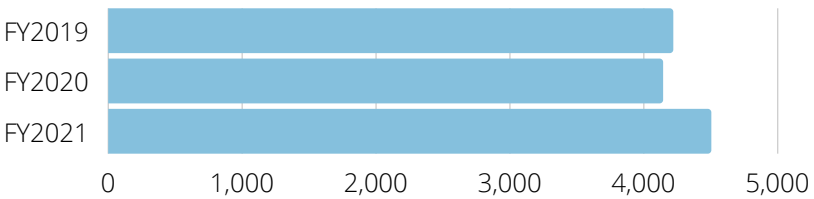
Substance Use Services:

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

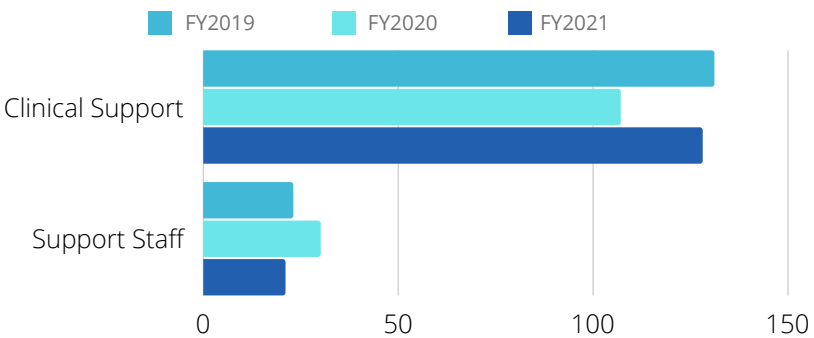
Community Services:

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

Clients Served



Number of Staff



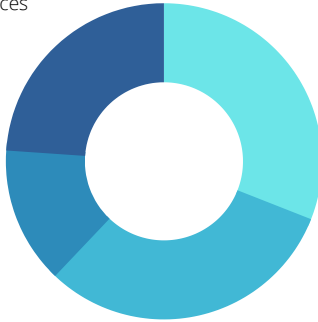
Financial Data

Fiscal Year 2019

Expenses for Program Services
\$4,192,732

Total Revenue
\$5,430,797

Total Assets
\$2,457,125



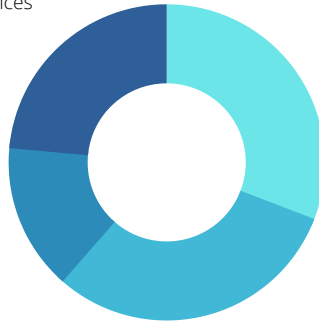
Total Expenses
\$5,458,296

Fiscal Year 2020

Expenses for Program Services
\$4,143,200

Total Revenue
\$5,421,719

Total Assets
\$2,640,106



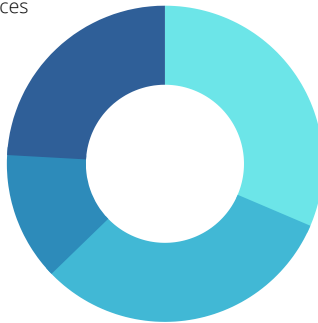
Total Expenses
\$5,380,842

Fiscal Year 2021

Expenses for Program Services
\$4,701,100

Total Revenue
\$6,122,876

Total Assets
\$2,561,645



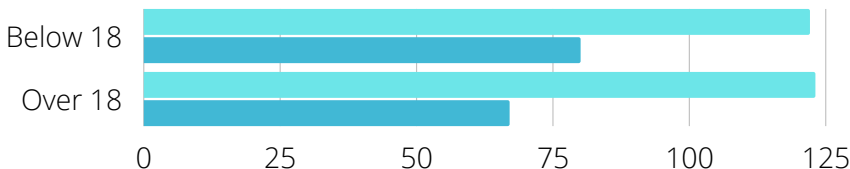
Total Expenses
\$6,107,106

2021
Fourth Quarter Information

4th Quarter: Access to Mental Health Services

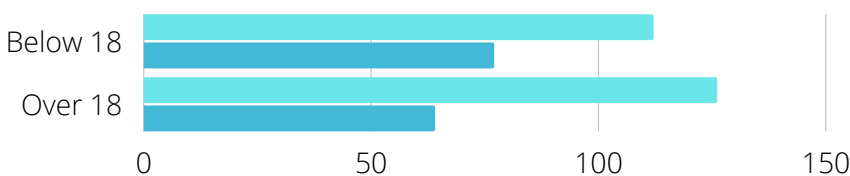
Requested Services Admitted to Services

April 2021



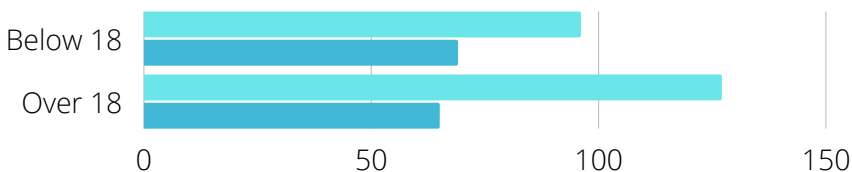
Clients below age 18 waited an average of 13 days for admission and clients 18 and over waited an average of 11 days. 64% of those under the age of 18 and 78% of those ages 18 and over were admitted in less than 14 days. 5% of those under age 18 and 6% of those ages 18 and older waited 30 days or more. The age category with the most admissions was 6-12 with 47 admissions. The biggest referral source was "other."

May 2021



Clients below the age 18 waited an average of 15 days to be admitted and clients 18 and over waited an average of 11 days. 74% of those under the age of 18 and 75% of those ages 18 and over were admitted in less than 14 days. 8% 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 13-17 with 33 admissions each. The biggest referral source was "family/friends."

June 2021

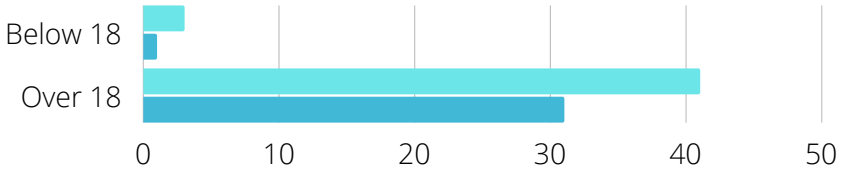


Clients below the age 18 waited an average of 12 days to be admitted and clients 18 and over waited an average of 9 days. 75% of those under the age of 18 and 86% of those ages 18 and over were admitted in less than 14 days. 10% of those under the age of 18 and 2% of those ages 18 and over waited 30 days or more. The age category with the most admissions was 6-12 with 37 admissions each. The biggest referral source was "other."

4th Quarter: Access to Substance Use Treatment

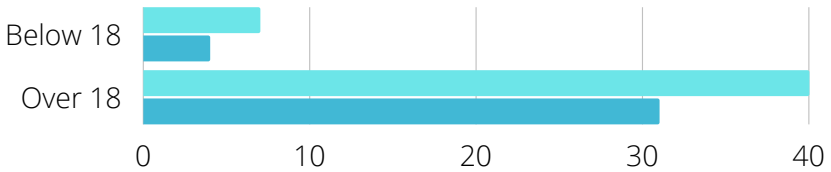
Requested Services Admitted to Services

April 2021



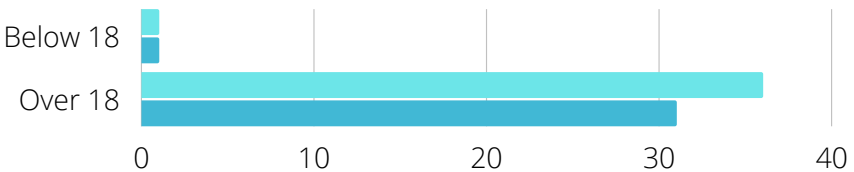
Clients below age 18 waited an average of 1 days for admission and clients 18 and over waited an average of 11 days. 100% of those under the age of 18 and 71% of those ages 18 and over were admitted in less than 14 days. 0% of those under age 18 and 3% of those ages 18 and older waited 30 days or more. The age category with the most admissions was 45-54 with 10 admissions. The biggest referral source was "self referred."

May 2021



Clients below the age 18 waited an average of 26 days to be admitted and clients 18 and over waited an average of 13 days. 75% of those under the age of 18 and 77% of those ages 18 and over were admitted in less than 14 days. 25% 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 25-34 with 6 admissions each. The biggest referral source was "other."

June 2021



Clients below the age 18 waited an average of 9 days to be admitted and clients 18 and over waited an average of 7 days. 100% of those under the age of 18 and 90% 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 35-44 with 7 missions each. The biggest referral source was "self referred."

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

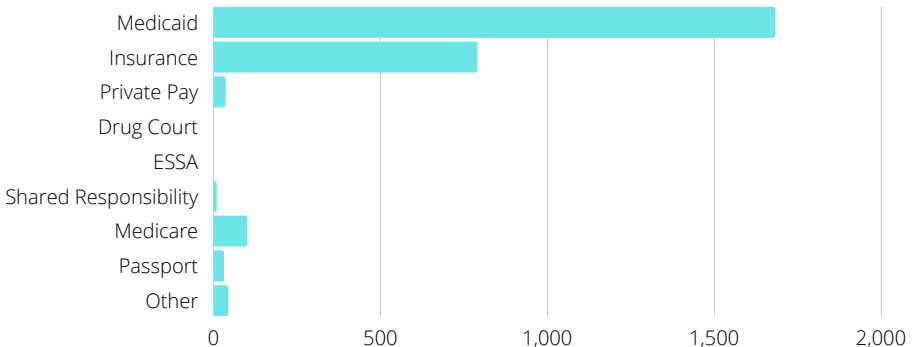
There was no grievances and four complaints filed this quarter that were handled as needed. There was no reportable MUIs this quarter to date and four internal incidents that were documented and/or addressed as needed. There is one unknown incident still pending as we are awaiting the coroner's report.

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. One office noted a crack/chip in lobby window; this will be reported to Bobby Orr and/or landlord to address if needed. This office also noted batteries missing in smoke detectors and outlets missing safety covers, so will add to supply list to replace. They reported a burnt out light in the basement, which will be reported to Bobby to replace.

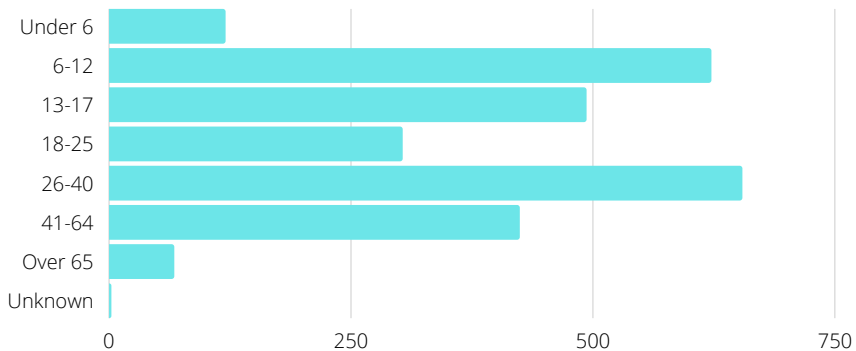
Family Life Counseling served 2,685 clients this quarter. There were 1,576 female clients, 1,103 male clients, 6 unknown.

Insurances of Clients



Utilization Review - 4th Quarter

Ages of Clients



A random selection of Mental Health charts were reviewed for appropriateness of services. In general, documentation was very good, but there were several notes for improvement. The DA's were documented well this time; there was one DA that still needed signed. Treatment plans were all present, except one chart in which the ISP was expired. However, several needed reviewed, needed signature forms and/or needed the original or review signed; one ISP was set for longer than a year. Three charts were due for annual updates; one needed initial paperwork and one needed clinician signatures on a couple of form and the ROI completed thoroughly. The most common need was for updated outcomes, which was noted in over half of the charts that were reviewed.

IHBT charts were also randomly selected for review and overall had good documentation with some notes for improvement. The DA's were all completed and thorough, but not signed in a timely manner. One chart noted the ISP not completed in timely manner. One chart did not meet the level of intensity of care for IHBT and one didn't have a safety plan. One chart noted the initial paperwork was late and the release was missing completion of one section. However, all Outcomes were up to date.

The Peer Review Report was completed on several of the Drug and Alcohol charts that had very good documentation but with a few notes for improvement. The DA's were completed and signed in each one of the charts and outcomes were current on all but one chart. All ISP's were present, but one was set for longer than a year but that can be fixed as it has not hit one year yet. Two ISP needs reviewed and one needed the MH goals added (AOD goal was present) and two needed signature forms.

Performance Improvement: Mental Health

Area #1: Program Refinement

- Family Life's has been excited to adjust our COVID regulations but continue to meet clients as needed. We have followed the telehealth guidelines provided by the state and as of the beginning of June lessened the mandate to wear masks in the office setting. We are still offering telehealth services to those clients that request them and whose insurance is still continuing to cover this service. We are continuing to offer telehealth services through phone calls and zoom, but also offering more and more in-office appointments. Also, most of our drug and alcohol groups have resumed in-person meetings. Our counselors have done a great job of meeting the needs of our clients whether that is working from the office or home. We are working to develop more group services to help meet the increasing need for clients to be seen.

Area #2: Clinician Development

Weekly supervision continues to be provided in a variety of ways including Individual and Group settings. All clinical and QMHS staff participate in supervision throughout the weeks and months. We have started to introduce a new Family Systems therapy to our supervisors and will introduce our staff to this system in the coming months.

Area #3: Outcome Measures

- We continue to have client's complete outcomes on a quarterly basis as well as review their treatment plans, discussing how they are working toward reaching their goals.
- With our new EHR program we are working with clients to develop their counseling goals and focusing on these goals throughout treatment.

Area #4: Productivity

- We have seen an increase in the requests and need for counseling services as we have come through COVID. We have had to establish some waiting lists but are working through these lists as quickly as possible. Our staff have gone above and beyond to help meet the need for our clients.

Area #5: Other

- I think FLC has continued to do a great job navigating the difficult times the mental health field has faced throughout the last quarter. It is our desire to continue to check in with our staff and help them know the best ways to take care of themselves during the increased volume of client care. Working to find ways to provide encouragement to our staff.

Performance Improvement: Substance Use

Area # 1: Program Refinement:

Continuing to provide Telehealth services for those clients unable to come to the office. Continuing to work with the courts (Mansfield Municipal Court and Richland County Treatment Court) for assessments to be completed at the office and attending every 2 week treatment court. Continuing to coordinate with other offices (Shelby, Plymouth, Loudonville, Danville, Willard, Norwalk, Millersburg, Mt Vernon, Galion) to fax progress reports with those clients who have charges in Richland County,

Area #2: Clinician Development:

- Meeting with the AOD staff for clinical supervision every other Thursday discussing ethics, modalities of treatment to implement in treatment, mental health symptomology, monitoring caseloads. Meeting with CDCA staff every 2 weeks to review their caseloads and case conceptualization. Working with other supervisors in other locations to improving the consistency of AOD supervision at each site, Assistant Clinical Director of AOD services meeting at the satellite offices on regular basis to assure the uniformity of paperwork, documentation, and clinical skills of the AOD staff. Discussing in supervision with CDCA and monthly meetings with site directors that all CDCA's can talk about depression, anxiety, family issues, life stressors as long as it stays within the context of the sobriety and recovery for their drug and alcohol addictions, which needs to be reflected in the documentation in the progress note.

Area # 3: Outcomes Measures:

Continuing to work on Ohio Outcomes and ASAM Continued Service Criteria form being completed every 3 months

- Continuing to utilize ATOMs as the outcome measure which are to be completed at intake, 6 months and at termination.

Area #4: Productivity:

- Becoming more proficient in monitoring caseload and time management
- Attending weekly and bimonthly meeting, including meeting with probation officers and attending court.
- Continuing to develop an ongoing working relationship with Richland County Juvenile Court.

Performance Improvement: In Home Department

Program Refinement:

IHBT: IHBT continues to work at maintaining state/Medicaid fidelity and keeping up caseloads. Still working on recruiting staff; per our CWRU consultant, this is a statewide crisis of staffing and we took part in the Ohio surveys regarding hiring and retention and look forward to any recommendations. IHCP: We are thrilled to announce that case manager James Davis has completed his BSW and is scheduled to take his LSW exam on 7-29. Once he is licensed we will be moving him to in-home counselor for Richland County. James is also starting work on his MSW this fall. Sonja Coleman has slowly been reducing her CPST clients; currently she has only 1 and she will be working on her MSW soon.

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.

Area #3: Outcome Measures:

We are utilizing the FLCPS outcomes and tracking outcomes at case close.

Area #4: Productivity:

In-home services have certainly been impacted by the restrictions of Covid, but we are extremely proud of those counselors and case managers who continue to get productive hours! IHBT productivity for April was 101%; May was 94% and June was 101% (Richland and Crawford team totals combined).

Area #5: Referral Source Relations Development:

We are greatly benefiting from the IHBT consultation services from Case Western Reserve University and have plans to continue that service through FY 2022.