



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 are 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
Tristen Gardener
Don Daugherty

Steven Burggraf, Executive Director
Joy Reeder, COO
Antoinette Daley, Financial Manager
Michelle Fissell, QA/QI Officer

Office Locations

Galion, Loudonville, Mansfield, Norwalk, Shelby, Willard, and Home-Based Counseling

Services Provided

Mental Health Services:

Individual Counseling
Couple & Marriage Counseling
Family Counseling & Play Therapies
Case Management
Peer Support Services
Survivor Programs
Restorative & Parenting Programs

Substance Use Services:

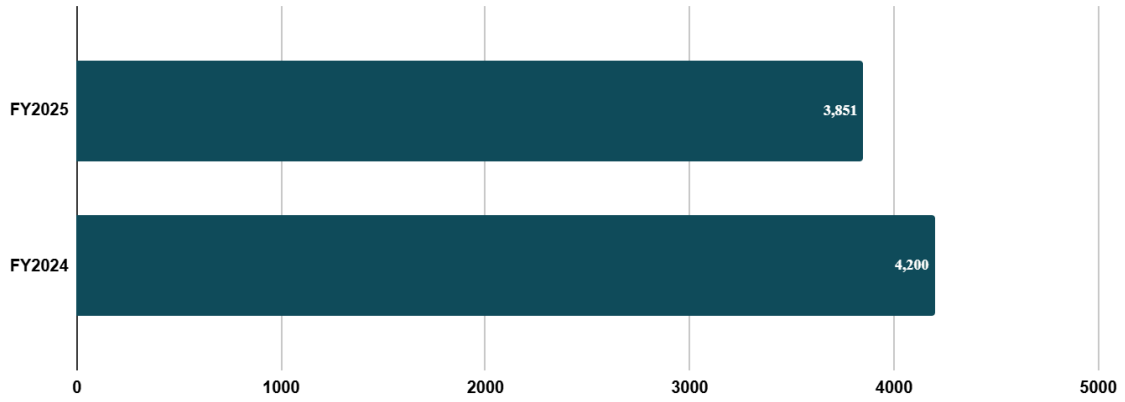
Adult Outpatient Treatment
Recovery Groups
Peer Support Services
Case Management
Adolescent Outpatient Treatment
Recovery Housing
Resources for the Family

Community Services:

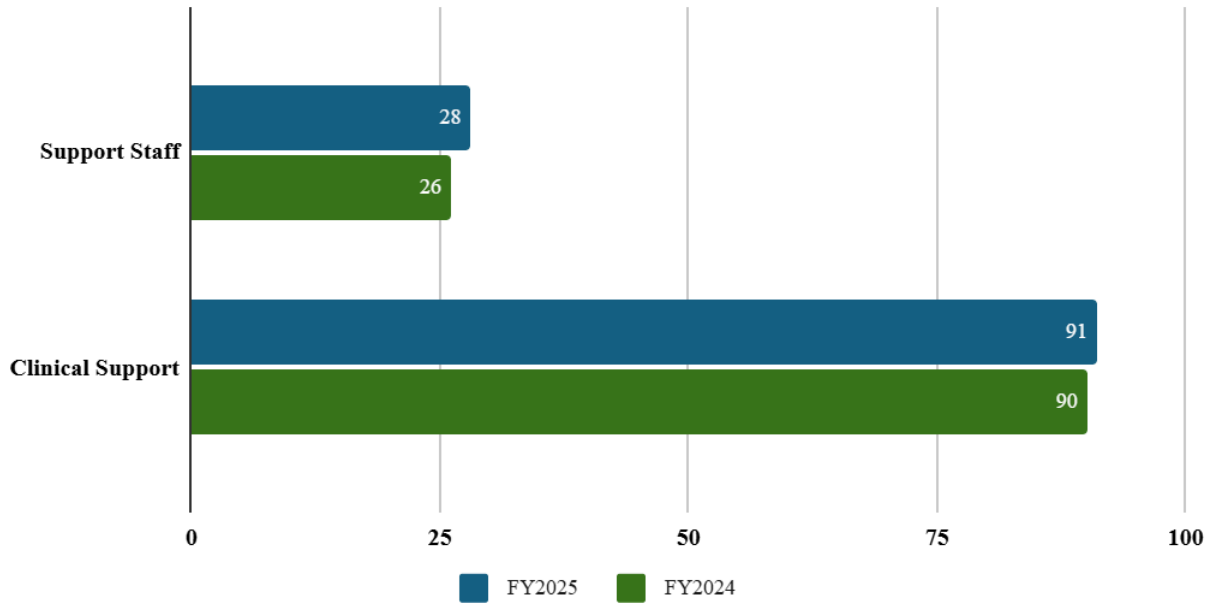
Community Involvement
School-Based Services
Referral Networks & Partnered Locations



Clients Served



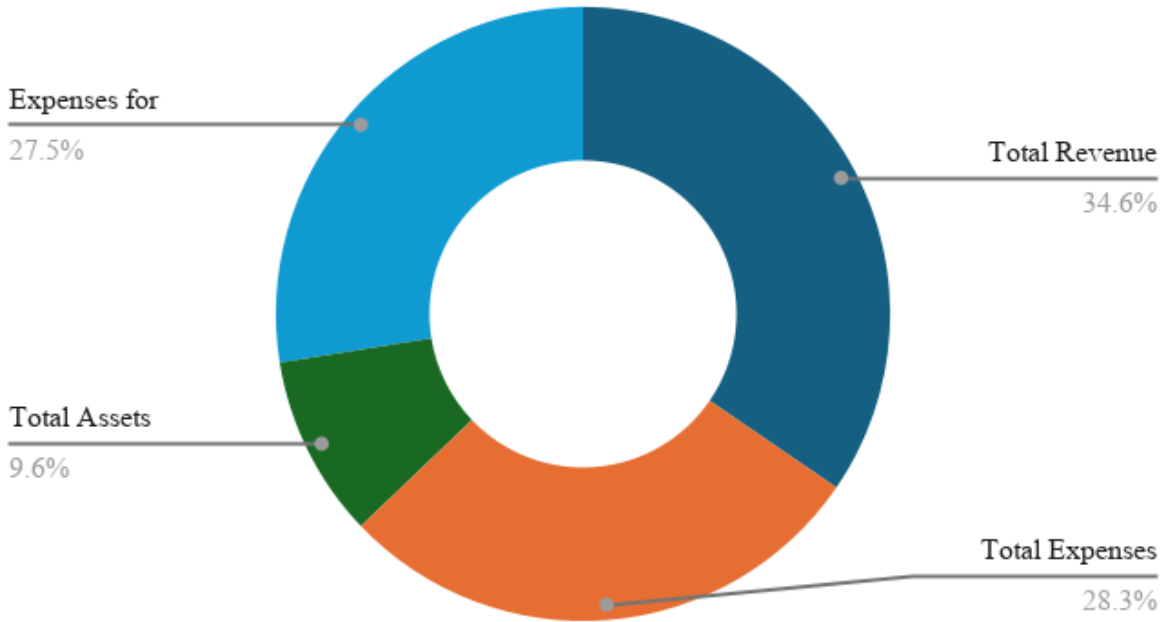
Number of Staff





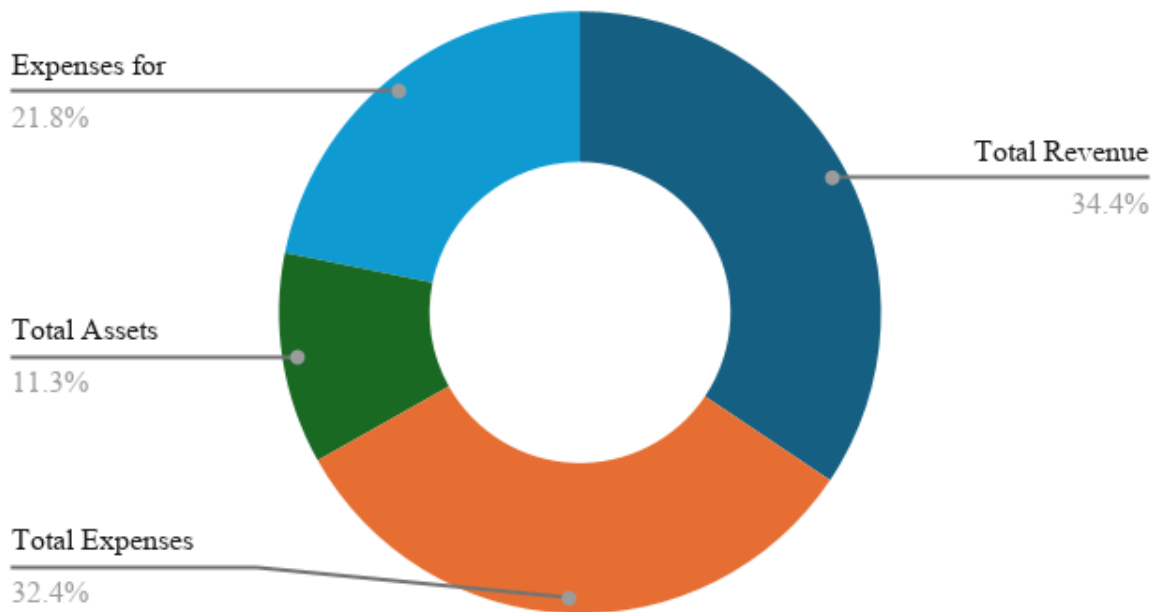
Financial Data

Fiscal Year 2025



Total Revenue: \$8,010,000; Total Expenses: \$6,561,900; Total Assets: \$2,224,727;
Expenses for Program Services: \$6,383,147

Fiscal Year 2024



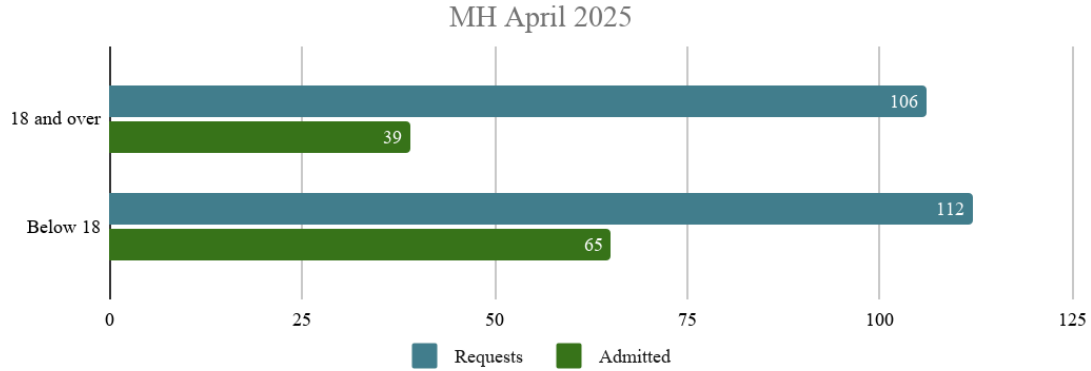
Total Revenue: \$7,851,951; Total Expenses: \$7,402,204; Total Assets: \$2,224,727;
Expenses for Program Services: \$4,982,090



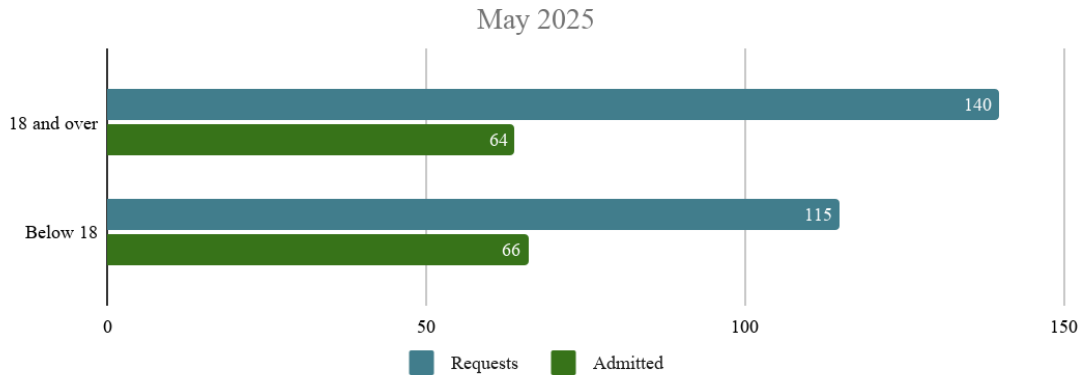
2025

Fourth Quarter Information

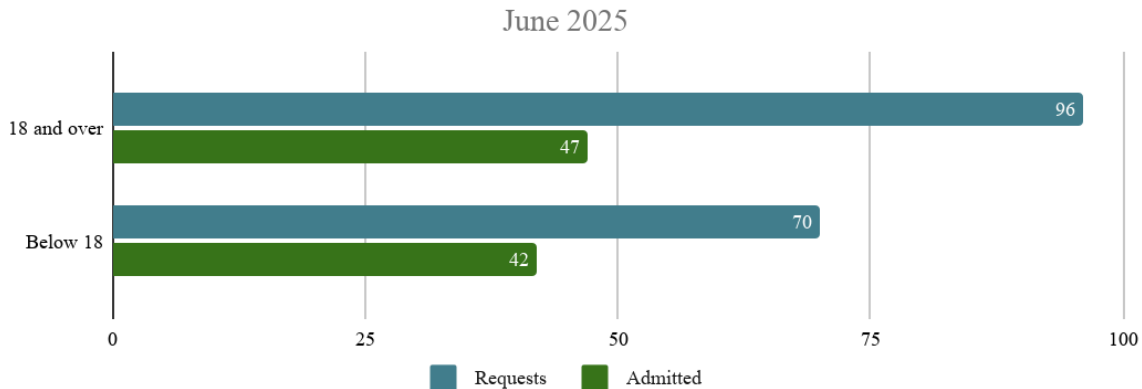
Access to Mental Health Services



Clients below age 18 waited an average of 1 day for admission and clients 18 and over waited an average of 1 day. 88% of those under the age of 18 and 82% of those ages 18 and over were admitted in less than 14 days. 2% 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 ages 6-12 with 31 admissions. The biggest referral source was “Self” referral source.

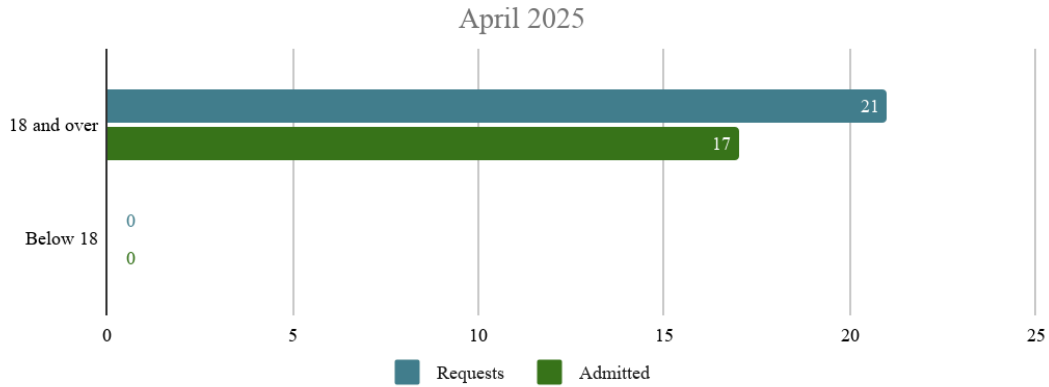


Clients below age 18 waited an average of 1 day to be admitted and clients 18 and over waited an average of 1 day. 92% of those under the age of 18 and 78% of those ages 18 and over were admitted in less than 14 days. 3% of those under the age of 18 and 6% of those ages 18 and over waited 30 days or more. The age category with the most admissions was ages 13-17 with 30 admissions. The biggest referral source was “Self” referral source.

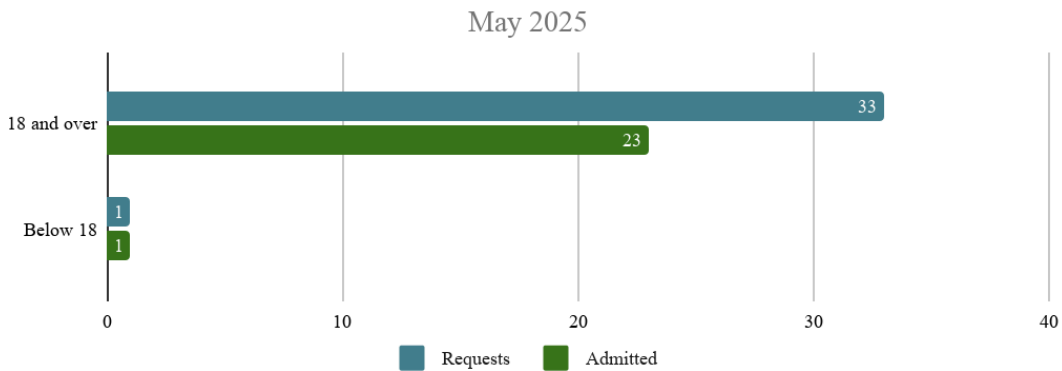


Clients below age 18 waited an average of 1 day to be admitted and clients 18 and over waited an average of 1 day. 90% of those under the age of 18 and 79% of those ages 18 and over were admitted in less than 14 days. 2% of those under the age of 18 and 2% of those ages 18 and over waited 30 days or more. The age category with the most admissions was 13-17 with 28 admissions. The biggest referral source was “Self” referral source.

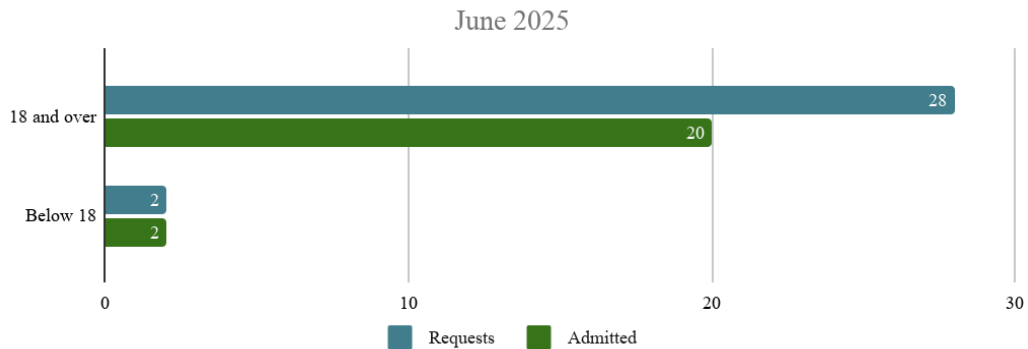
Access to Substance Use Treatment



Clients below age 18 waited an average of 0 days to be admitted and clients 18 and over waited an average of 1 day. 0% of those under the age of 18 and 94% of those ages 18 and over were admitted in less than 14 days. 0% of those under the age of 18 and 6% of those ages 18 and over waited over 30 days for admission. The age categories for most admissions were ages 25-34, 35-44, and 45-54 all with 4 admissions. The biggest referral source was “Mansfield Municipal Court/Probation Department” 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. 100% of those under the age of 18 and 96% 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 8 admissions. The biggest referral source was “Mansfield Municipal Court/Probation” 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. 100% 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 45-54 with 8 admission. The biggest referral source was “Self” referral source.

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.

Grievances:

There were three grievances and no complaints filed this quarter that were handled as needed. There was one reportable MUI and six internal MUI's this quarter that were documented and addressed as needed. One breach situation reportable to HHS.

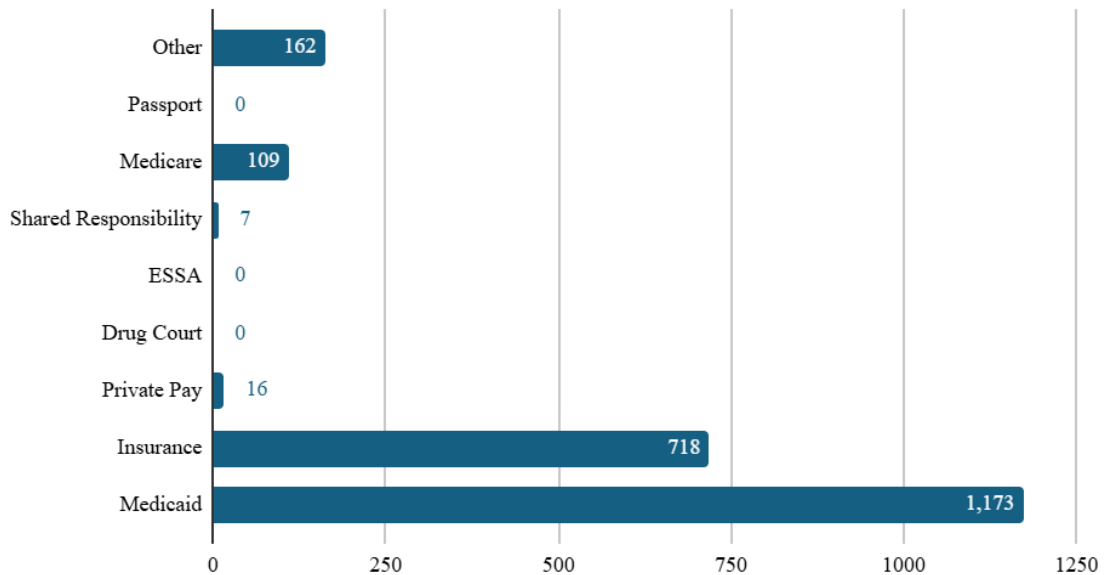
Risk Management & Safety:

There were 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.

Utilization Review

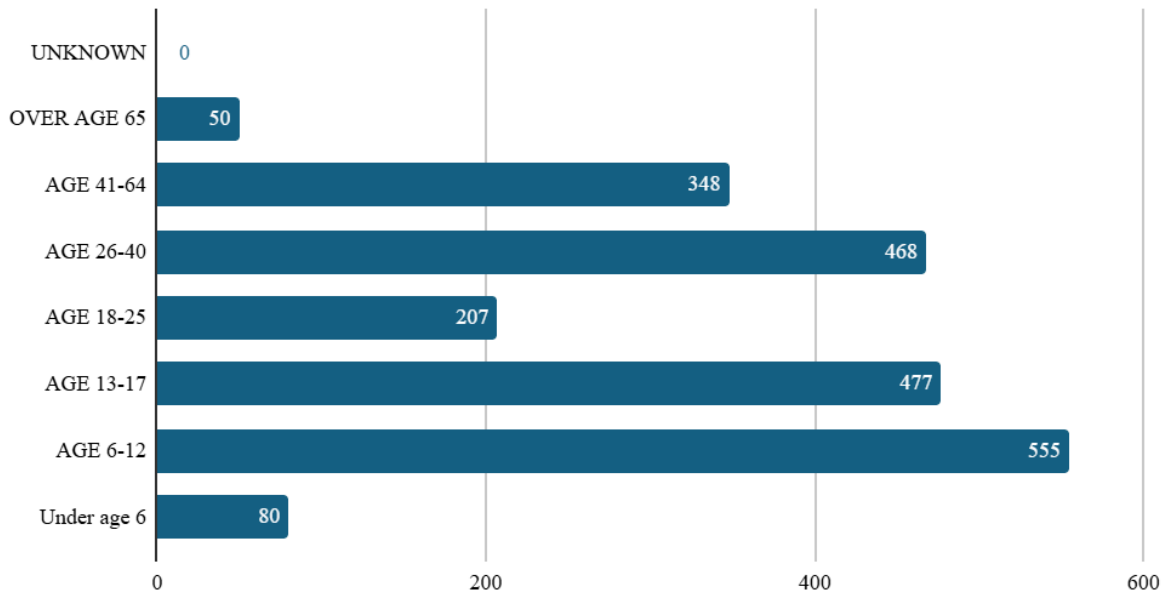
Family Life Counseling served 2,185 clients this quarter. There were 1,256 female clients, 922 male clients, 7 unknown (or left blank).

Insurances of Clients





Ages of Clients



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 in fairly good shape, 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 in fairly good shape, a couple 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.



Performance Improvement: Mental Health

Area #1: Program Refinement

- Family Life has successfully maintained MRSS on call hours of 8am to 10pm 7 days a week service. Additional staff have been hired to meet the increase in demand. FLC has been asked to reduce hours in Richland and Huron County to 8am to 8pm and this transition will be taking place in the near future.
- Through the establishment of the Wellness grant, Family life contract continues to be 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 Belleville. New contracts are in process for the coming school year.
- Family life has partnered with the Area Agency on Aging in Richland County to establish an in-home counseling for the aging population of Richland county. Two full time independently licensed clinicians are needed. One Full time staff member has already been trained and is currently providing this service to clients in this program.

Area #2: Clinician Development

- All clinical staff were required to complete an in depth training on cyber security in an effort to increase compliance with client confidentiality and telehealth continues to be utilized on a greater scale.
- In partnership with the Area Agency on Aging, Family Life sent additional staff to a training on aging and treatment for the aging population during the quarter. In participation with the grant agreement, Family Life engaged in setting up billboard and radio advertisements for independently licensed clinicians. Referrals have begun to be received from AAA and are currently receiving services through trained staff at FLC.
- Requests continue to be received for internship and practicum assignments and Family Life is excited to provide learning opportunities for these individuals.
- 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. Each supervisor has been asked to present an area of their expertise and this has increased participation and education.
- All clinicians participated in an in depth HIPAA training required for this quarter in an effort to remain consistent with HIPAA compliance.

Area #3: Other

- There has been a change in leadership in the Mansfield 222 Marion Avenue location and the new Site Director at this location is now Jennifer Draper. Roger Higginbotham is no longer an employee at FLC as of this quarter.
- The Family Life Counseling Willard location has relaunched and we are excited to be providing services to that community again.
- The Family Life Counseling Mount Vernon location has closed due to a number of logistical and financial reasons. FLC remains committed to continuing to provide services to current clients from this office in other locations.
- Family Life Counseling continues to expand the use of our new HR and Payroll Software by utilizing the certification management function as well as streamlining our education resources for clinicians.
- Refinement to our payroll process was put into place after a weather delay caused a delay in paycheck disbursement. A new plan was put into place to ensure this is less likely to happen in the future.

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 MHRSB 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 MHRS; this process has been improved and all requests processed in a timely manner for this quarter.
- 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 Hyles Spillman, CPT is currently working with 9 clients. Funding for the next fiscal year (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 4.0 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 4.0 GPRA Training this month and will start being able to also do assessments immediately upon completion.
- Thinking For a Change (T4C) officially started mid-February –starting with only 3 participants, most recently last week with 8 in attendance. This is a 20-week group that combines cognitive restructuring theory and cognitive skills theory to help individuals take control of their lives by taking control of their thinking (Bush et al., 2011). The main goal is to effect change in thinking so that behavior is positively impacted. Thinking controls behavior! This group will not conflict with other SUD Outpatient groups, as it will be offered on Tuesday evenings from 5-7pm. Clients will be issued a certificate of completion that has already been approved by the Richland County Court System, as well as multiple other courts in the state of Ohio.

Area # 2: Clinician Development:

- Amy Taylor, LCDC III, LSW is currently the Director of SUD Services for the agency.
- The ASAM Criteria Fourth Edition (Crosswalk) Changes includes removing Dimension 4, Relapse Potential, from the crosswalk and adding dimension called Person-Centered Considerations (I have attached a copy of the graphed changes). Additionally, ASAM is now referring to Outpatient Treatment on the Continuum of Care as ASAM LOC 1.5 Outpatient (OP)/or 1.5 COE (if the client has a co-occurring disorder). FLC will still offer ASAM LOC 1.0 which is referred to now as Long-term Remission Monitoring; finally, ASAM LOC 2.1 has no changes involved, which is referred to as Intensive Outpatient (IOP). *ALL DIRECTORS AT LOCATIONS OFFERING SUD SERVICES, AS WELL AS MY OWN 240 STAFF, HAVE ALL BEEN MADE AWARE OF THESE CHANGES AND DISCUSSED/TRAINED ON WAYS TO DOCUMENT NEW CROSSWALK DIMENSION AND LOC CHANGES WITHIN AN ASSESSMENT.*
- Providing bi-monthly staff meetings the 2nd and 4th 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 Hyles Spillman. The newest member of the SUD team is Michael Maxwell, CDCA who is currently seeing 4 clients (FFS);



- planning to remain available most evenings and on a part-time basis.
- 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.
 - Clinicians are all currently working diligently on acquiring necessary CEU’s as they need to according to renewal dates for their licensures.

Performance Improvement: In-Home Department

Area #1: Program Refinement:

IHBT: We are preparing for our annual Medicaid review to ensure our Medicaid certification which will take place in October.

IHCP: We are losing RJ Pierce as he goes to Colorado (hoping he returns!) and we added Diana Campbell to the team as a case manager.

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: Referral Source Relations Development

Nothing additional to note.

Area #4: Areas needing discussion with the Executive Director

Nothing at this time.