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 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, Owner
Joy Reeder, CEO
Antoinette Daley, Financial Manager
Michelle Fissell, QA/QI Officer

Office Locations

Galion, Loudonville, Mansfield, Millersburg, 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

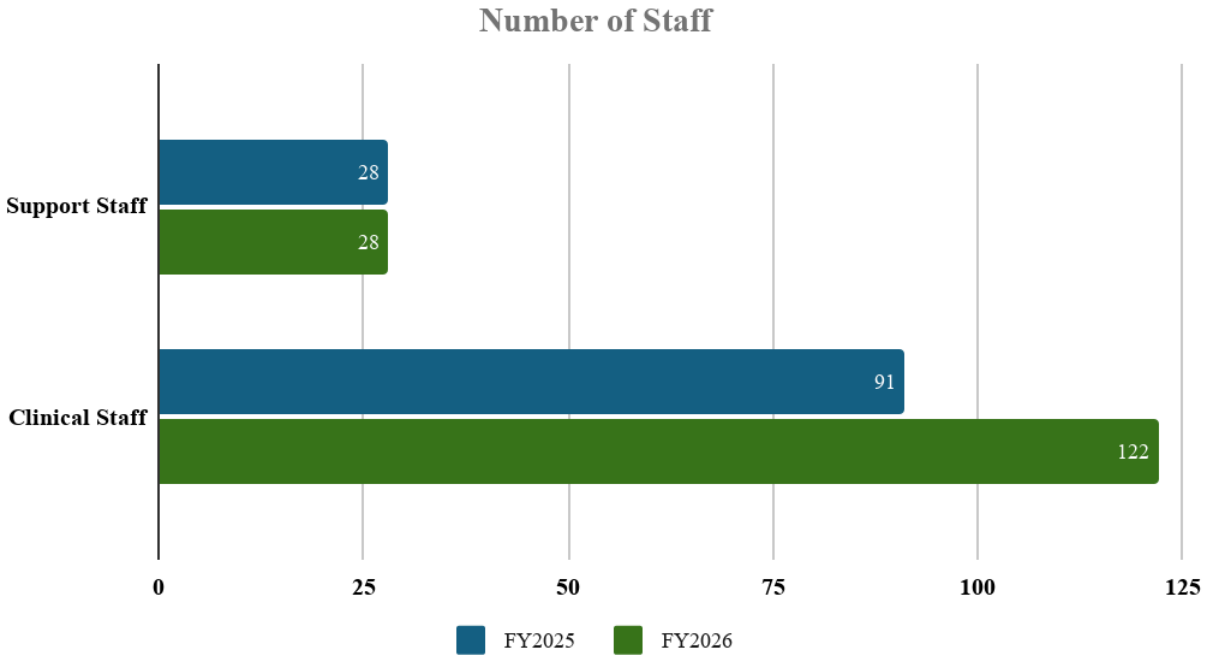
Substance Use Services:

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

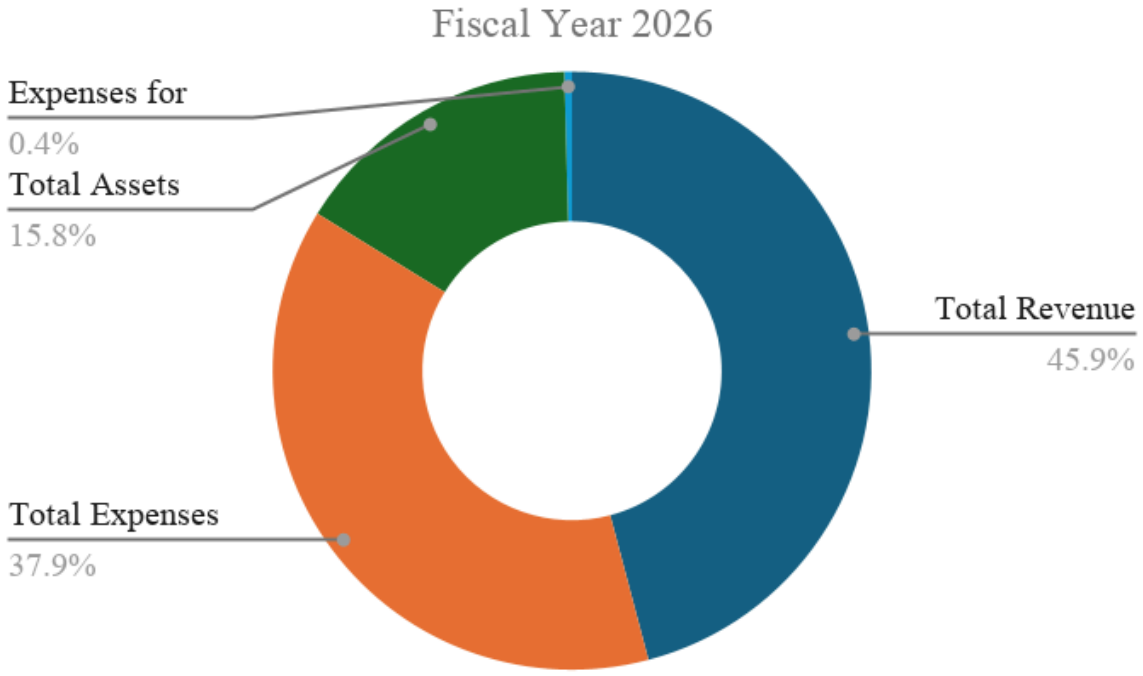
Community Services:

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

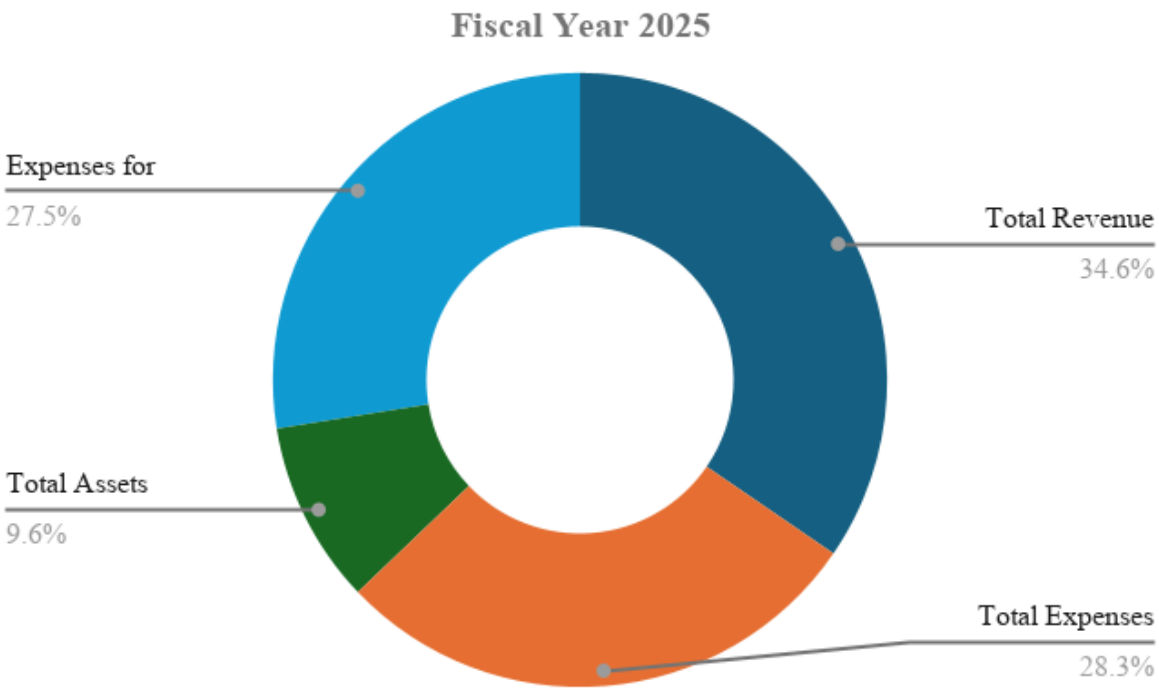

Clients Served
FY2026
3,673
FY2025
3,851
FY2024
4,207
0
1,000
2,000
3,000
4,000
5,000


Number of Staff
Support Staff
28
28
Clinical Staff
91
122
0
25
50
75
100
125
FY2025
FY2026

Financial Data



Total Revenue: $7,249,006.37; Total Expenses: $5,990,696.05; Total Assets: $2,492,408.53;
Expenses for Program Services: $65,439.86

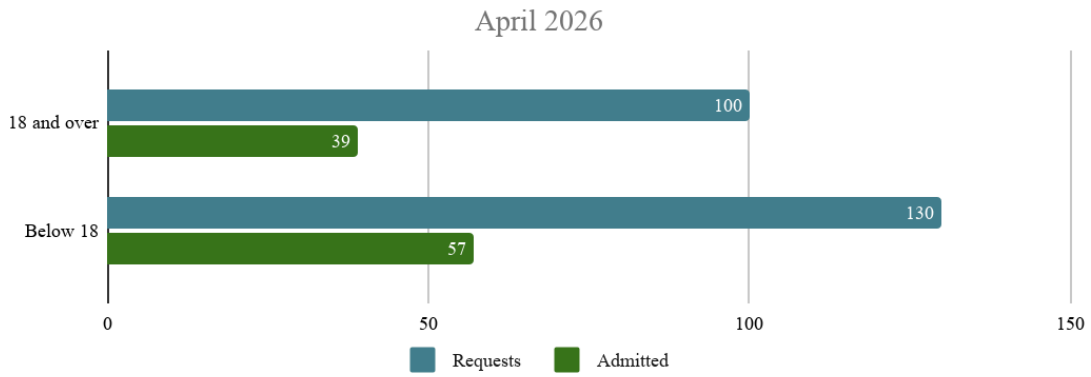


Total Revenue: $8,010,000; Total Expenses: $6,561,900; Total Assets: $2,224,727;
Expenses for Program Services: $6,383,147

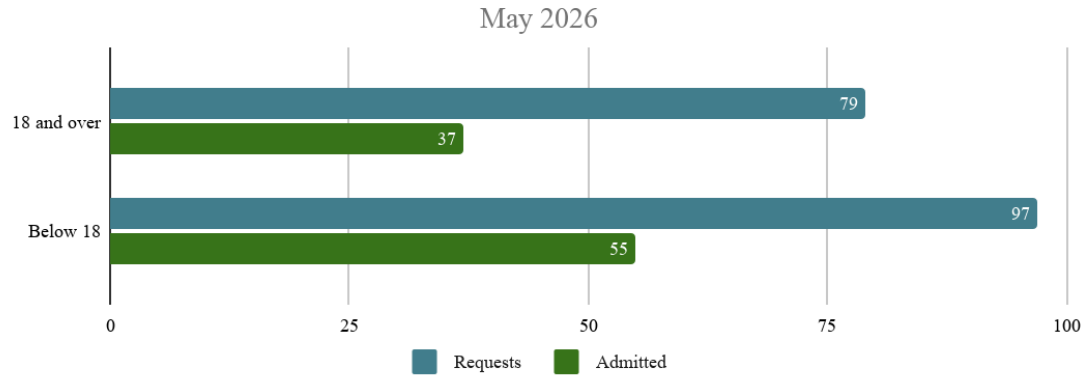
2026

Fourth Quarter Information

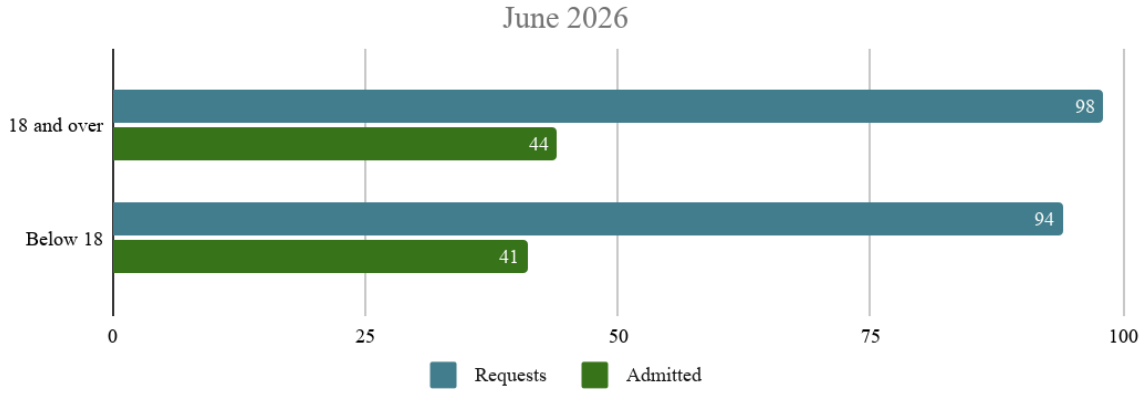
Access to Mental Health Services



Clients below age 18 waited an average of 7 days for admission and clients 18 and over waited an average of 9 days. 81% of those under the age of 18 and 77% of those ages 18 and over were admitted in less than 14 days. 5% 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 were ages 6-12 with 30 admissions. The largest referral source was the “Self” referral source.

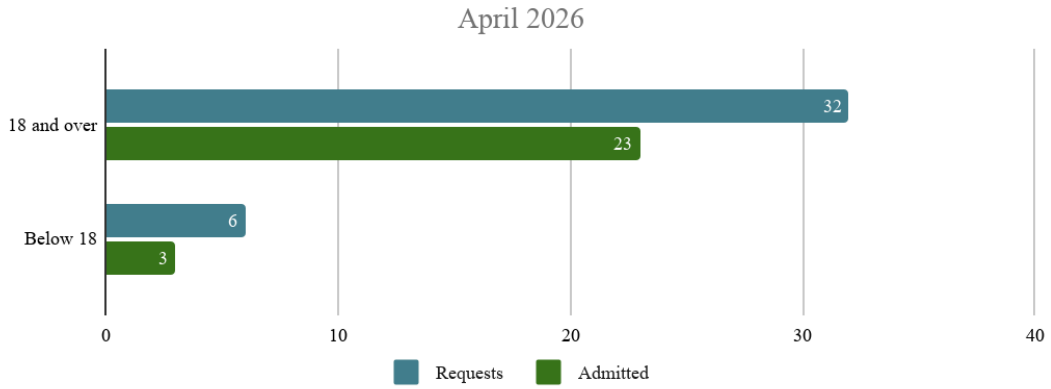


Clients below age 18 waited an average of 7 days to be admitted and clients 18 and over waited an average of 13 days. 73% of those under the age of 18 and 70% of those ages 18 and over were admitted in less than 14 days. 0% of those under the age of 18 and 5% of those ages 18 and over waited 30 days or more. The age category with the most admissions was ages 13-17 with 35 admissions. The largest referral source was the “Self” referral source.

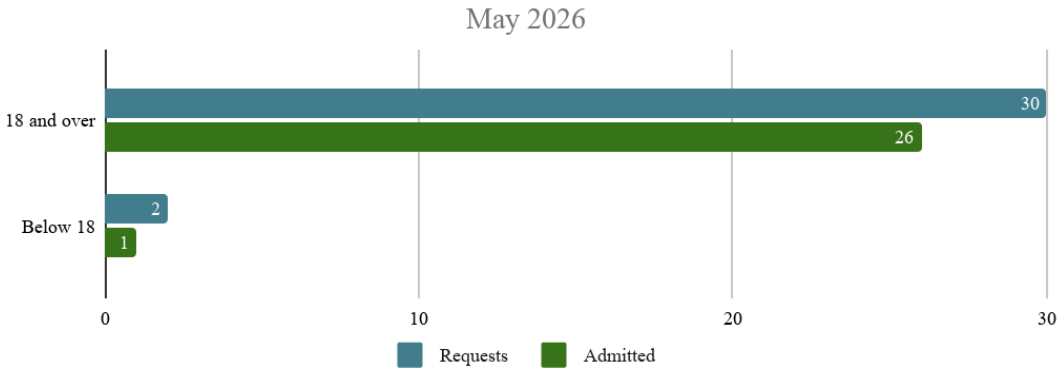


Clients below age 18 waited an average of 9 days to be admitted and clients 18 and over waited an average of 7 days. 85% of those under the age of 18 and 95% of those ages 18 and over were admitted in less than 14 days. 7% of those under the age of 18 and 0% of those ages 18 and over waited 30 days or more. The age category with the most admissions was 6-12 with 19 admissions. The largest referral source was the “Self” referral source.

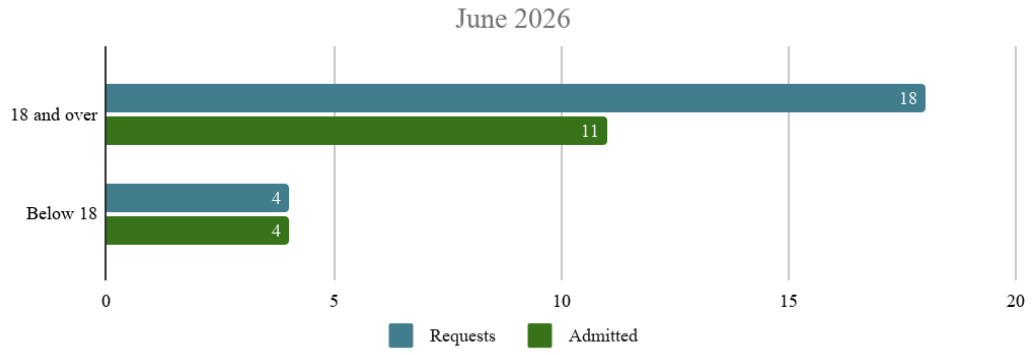
Access to Substance Use Treatment



Clients below age 18 waited an average of 6 days to be admitted and clients 18 and over waited an average of 3 days. 100% of those under the age of 18 and 100% 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 11 admissions. The largest referral source was the "Self" referral source.



Clients below age 18 waited an average of 17 days for admission and clients 18 and over waited an average of 7 days. 0% of those under the age of 18 and 77% 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 categories with the most admissions were ages 25-34 and 35-44 both with 8 admissions. The largest referral source was the "Self" referral source.



Clients below age 18 waited an average of 10 days to be admitted and clients 18 and over waited an average of 13 days. 100% of those under the age of 18 and 91% of those ages 18 and over were admitted within 14 days. 0% of those under the age of 18 and 9% of those ages 18 and over waited 30 days or more. The age category with the most admissions was age 35-44 with 7 admissions. The largest referral source was the "Richland County Common Pleas Court/Probation Department" 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:

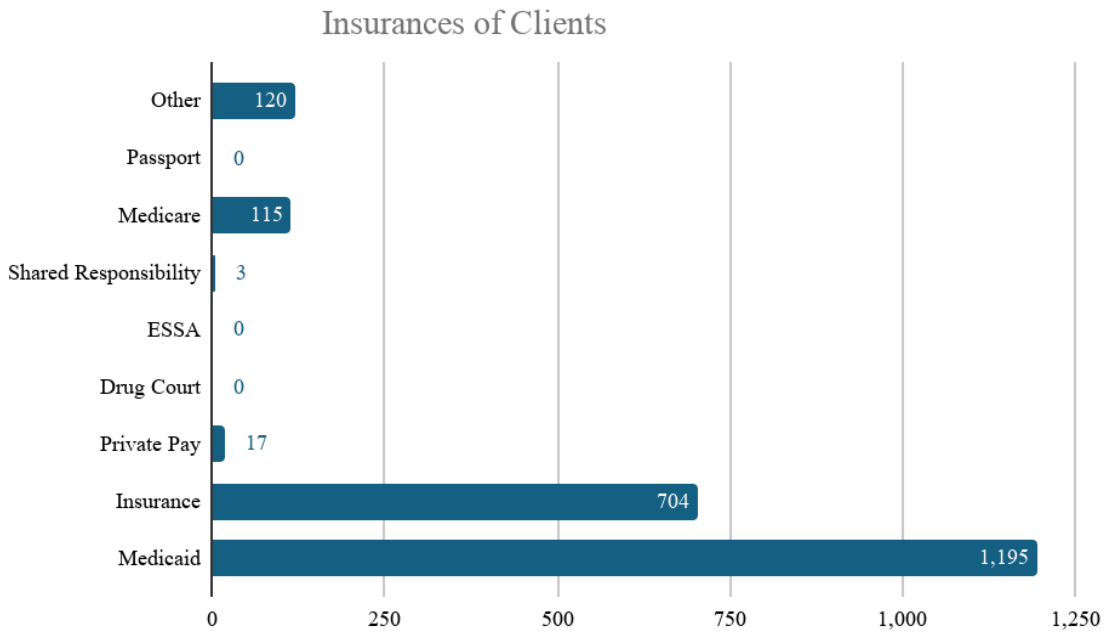
There were zero grievances and one complaint filed this quarter that were handled as needed. There were three internal MUI this quarter that were documented and addressed as needed. There were also four breach situations reportable to HHS.gov.

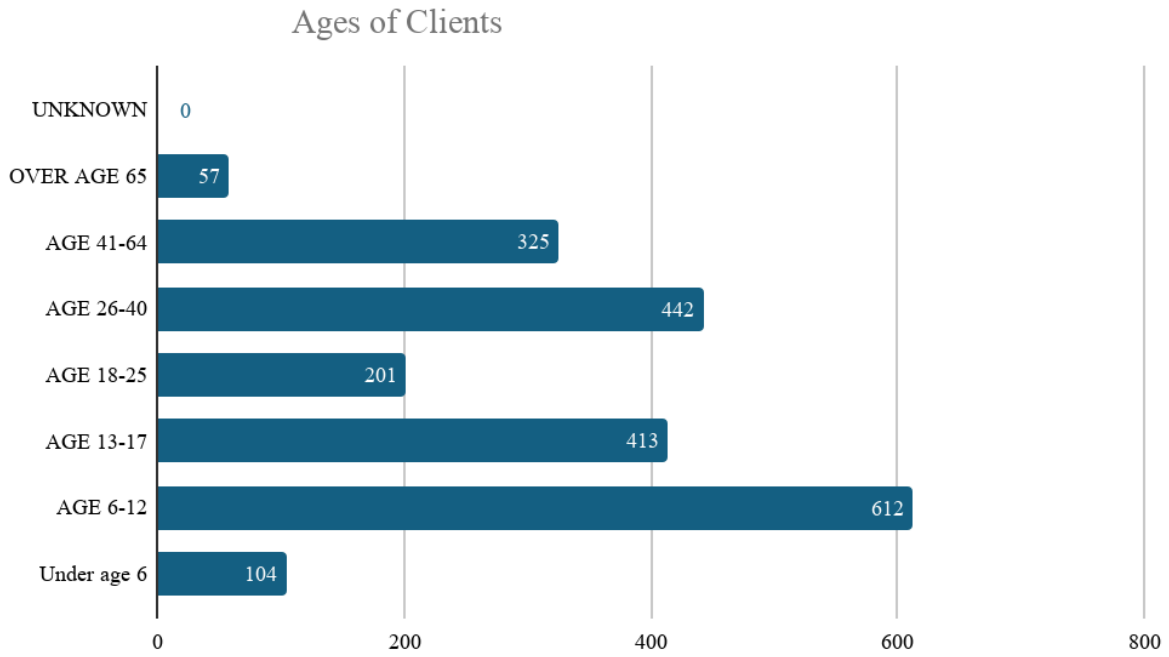
Risk Management & Safety:

The parking lot at our Shelby office is getting redone. Safety inspections and first aid kit checks were completed this quarter as well. 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 2,154 clients this quarter. There were 1,246 female clients, 907 male clients, 1 unknown (or left blank).





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.

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

- FLC had brought an interpreting service on board to assist clients who require it. At this time, the assistance will be provided primarily for Spanish speaking clients and it can also be used for in-home clients as needed.
- Family Life increased supervision for certain insurance providers in order to expand the amount of clients able to be seen.
- MRSS is continuing to be refined and adjusted due to changing requirements. MRSS clients are continuing to be utilized well in the community.

Area #2: Clinician Development

- Family Life has issued education on the difference between PRS, TBS, CPST and IOP services due to the upcoming changes to service limitations coming from new Medicaid restraints.
- FLC is developing protocols and training to aid CPST workers in maintaining effective services due to the new service limits that are going to take effect to ensure the good treatment of clients.
- A plan for CPST supervision is going to be implemented on a more structured basis for all CPST staff.
- Clients Rights policy was updated, and education was given to clinical staff as well as given to current and new clients.
- Requests continue to be received for internship and practicum assignments and Family Life is excited to provide learning opportunities for these individuals.
- 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.

Area #3: Other

- FLC passed the Richland County Health Board and is doing well with following these standards and regulations while serving clients with excellence. FLC is working towards updating policies and procedures where needed after audit discussion.
- FLC has made improvements to the pay structure and has begun attaching more consistent raises with performance reviews. This will result in most employees receiving raises in the upcoming year, unless extenuating circumstances have arisen.
- Cyber security is continuing to be updated including training for staff on what to do if technology goes down while working. Other updates have also been implemented including moving all of our files to a more secure platform and implementing multiple step verification of logins to increase HIPPA compliance and cyber security.

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 3 clients. Funding has ended for the fiscal year for this grant and will not be renewed, however, Joy has informed me the FLC will continue the program for now managed through the agency's fund used to pay hourly employees.
- SUD 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.
- SUPRT-A/C assessments, formerly known as SOS 4.0 GPRA assessments--and monthly reporting still being managed by Amy Taylor in collaboration with OMHAS team and Angie Parker from Richland Co. Mental Health and Recovery Services.
- Thinking for a Change (T4C) officially started mid-February –starting with only 3 participants, most recently last week with 6 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.
- Clinician Brittney McCoy, CDCA now offers SUD clients a Faith-Based group (optional group, not mandatory per any ASAM LOC); this group is held Fridays from 9-11am (hybrid, both zoom and in person).
- Starting May 15, 2026, our agency is offering a peer lead support group called ***Bridges to Family.*** Lead by OhioStart Family Peer Mentor Amanda Redfern; this group will provide clients with education in the following core focus areas:
    - Building resilience to cope with recovery, life stressors, and other challenges.
    - Developing self-advocacy skills when working with child welfare agencies and service providers.
    - Strengthening coping skills and rebuilding community connections.
    - Utilizing peer support interventions to promote growth, connection, and empowerment.
    - Increasing confidence, accountability, and long-term recovery stability.

Area # 2: Clinician Development:

- Amy Taylor, LCDC III, LSW is currently the Director of SUD Services for the agency.
- New Standards for Adolescent and Transition-Aged Youth in The ASAM Criteria, Fourth Edition: Volume 2 -----select staff including Amy Taylor, Tamika Jackson, and Herbert Ross attending this virtual training to provide developmentally attuned standards for assessment, admission, and level-of-care decisions.

- 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.
- Clinicians Brittany McCoy and Amy Taylor (along with other clinicians from other locations) completed the self-paced SMART Recovery training/Certification. This process, funded by the Fletcher Group Inc., will include clinical implementation & evaluation of the 12-week SMART Recovery curriculum to outpatient clients working towards independence from their recurrent addiction lifestyle.
- 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; "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. Our first event will be held August 8th, at Nickelplate Beach in Huron (assuming we have enough clients sign up to attend).
- 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: Our intern, Destiny Trouten, graduated with her bachelor's degree in Social Work and PASSED her LSW exam! Her license became active, and she will be joining the IHBT team soon!

IHCP: Our case manager, Jeff Sengstock, had to have major surgery this quarter and currently is in rehab in Mansfield; we are unsure if he will be returning to the agency. In the interim, QMHS Angie Giorlando will be covering his caseload for the summer until she returns to working at Lucas schools in the Fall. In the interim, we are working to hire a new case manager. As Destiny Trouten will also be giving up her case management clients to join IHBT, the need is great to get someone new on board. The agency has implemented case management supervision for all agency case managers which I will be providing monthly.

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.