



EXECUTIVE SUMMARY FY22

Accomplishments, new opportunities, and unique challenges were all part of fiscal year 22. While the spread of Covid-19 lessened and restrictions were lifted, our services continued to be impacted by it. Staff and clients continued to contract Covid, though its reach was limited compared to last year. Telehealth services continued to be available for those clients who desired virtual contact, and its use will continue in the foreseeable future and perhaps indefinitely.

The average monthly caseload exceeded 5,000 clients, an increase of approximately 2% over fiscal year 21. An average of 201 new admissions were processed each month, and the yearly total for new admissions was 2,416. Clients ranged from young children to elderly adults.

The Center continued to work with a number of community referral sources, including the medical community, law enforcement, schools, children's services, the courts, developmental disability boards, other community agencies, self, and family/friends.

The Emergency Services team provided the 24/7/365 crisis intervention services for the two county area and served 1449 individuals during the fiscal year. This included 997 Hospital Prescreens, up 18.7% compared to the 840 in FY21. The majority of services were conducted face-to-face as the pandemic receded.

All other services offered by The Counseling Center continued throughout the fiscal year with the exception of Employment Services. This program was hard hit by the pandemic when employers did not offer the same opportunities for our clients, our services were provided virtually, and demand for the service decreased drastically. The difficult decision to close the program was effective April 30, 2022.

The biggest challenge that faced the organization was the behavioral workforce shortage. This is a well-documented local, statewide, and national problem. Less individuals are entering behavioral health fields and organizations such as the The Counseling Center are competing with entities such as hospitals, schools, and managed care companies that are able to offer higher salaries. Thus, throughout the year demand in many services exceeded our capacity to deliver services and cases were triaged accordingly. Flat funding from our major funders, Medicaid, and the Mental Health & Recovery Board, paired with the workforce shortage which limits our production capability, makes it difficult to keep pace with inflation.

Recruitment and retention efforts have been implemented and the Center has successfully increased efforts to attract practicum students and intern students, with the goal of retaining them as employees.

Financially, operating revenue exceed operating expense, creating a \$161,705 excess as additional America Rescue Plan Act revenues were recognized. Adjusted for loss on investments, the agency shows an excess of \$121,650.

A major initiative this year was preparation for our CARF survey, which was conducted in early June. The survey was successful and a three-year accreditation was achieved.

A clinical compliance audit conducted by the MHRB highlighted areas of success and improvement needs, and supervision protocols and training programs were devised to help staff become more successful in these efforts.

Our first event fundraiser was held in the Spring and was successful at raising funds to support our residential facilities. It is planned to be a signature annual event.

Through support of the MHRB, the organization is awaiting release of state capital grant project funds to build an 8-bed residential treatment facility and to renovate an existing residential site. It is anticipated that these projects will go forward in FY23.

Several new state initiatives are in the process of implementation. Multi-System Adults provides funds for those with a serious mental illness who meet particular criteria, as detailed in the Adult Community Psychiatric Treatment report. There are several new programs for youth. OhioRISE, administered by Aetna Better Health, will be the Medicaid funder for those youth requiring high levels of behavioral health services. Our staff are positioned to conduct the required assessments and work with state Care Management Entities to coordinate care for this population. The Center hopes to soon be designated as meeting fidelity requirements to implement Intensive Home-Based Therapy, and more details are available in the Specialized Children's Services Report. Finally, The Counseling Center will house the counties' Mobile Response Stabilization Service (MRSS), a crisis service targeted to youth, set to launch early in fiscal year 23.

Outcome data, consumer satisfaction, and referral source satisfaction continue to reflect positive individual changes for those we serve, and satisfaction with processes and services offered. These results are detailed in this report.

As always, The Counseling Center endeavors to go forward with a focus on our mission and commitment to provide quality behavioral health services to the residents of Wayne and Holmes Counties.

Respectfully submitted,

Karen D. Berry, Psy.D.
President/CEO