

**Family Counseling Service**

of the

**Finger Lakes, Inc.**



**2020**

*Annual Report*

Your Health.

Your Choices.

Your Life.

Help for Today. . .

. . . Hope for Tomorrow.



# Family Counseling Service of the Finger Lakes

## Who We Are

Family Counseling Service of the Finger Lakes (FCSFL) is a family service agency incorporated in 1962 as a non-profit agency in the state of New York, providing services to residents of Ontario, Seneca, Wayne and Yates Counties as well as providing regional trainings and consultation.

Family Counseling provides professional counseling, trauma therapy and other specialized services including domestic violence support and advocacy, Hispanic/Bilingual Family Services, Domestic Violence Accountability Program, LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) Services including education, support and advocacy, Employee Assistance Program support and a Community Schools program, a strategically-aligned network of programs, partnerships, and strategies that connect students, their families, and the community to needed supports.

FCSFL is a member of the Community & Family Services Association of New York State, NYS Council for Community Behavioral Health, New York State Coalition Against Domestic Violence and a member of the 2015-2016 Trauma Informed Learning Community through the National Council for Behavioral Health.

Our first priority is to recognize the dignity of all people and strive to provide the highest quality of service to those who come to us in need. Our mission is to provide counseling and supportive services to individuals, children and families to improve the quality of their life at home and in the community. Each employee contributes directly to the our ability to provide a safe, supportive and welcoming environment, ultimately impacting the quality of service we provide to the individuals, children and families we serve. FCSFL ensures every employee, regardless of title, is trained in the importance of and practice of trauma informed care.

We are committed to recruiting a diverse staff that reflects the communities we serve, and to provide training and support necessary to assure that our staff members have the knowledge, skills, attitudes and values necessary to provide quality services to all persons in a respectful manner. We uphold the principles of inclusion and diversity where staff and stakeholders feel supported, listened to, and respected.

FCSFL recognizes diversity as “the quality of being different or unique at the individual or group level. This includes work style, parental status, sexual orientation, gender orientation or gender, skin color, language, age, mental and physical abilities – and more. Even when people appear the same on the outside, they are different!” We recognize inclusion as a strategy to leverage diversity. Diversity always exists in social systems. Inclusion, on the other hand, must be created. In order to leverage diversity, an environment must be created where people feel supported, listened to, and able to do “their personal best.” Our Agency is committed to these principles at all levels of our organization, regardless of title or role.

Through the Finger Lakes Resiliency Network (FLRN), a trauma-informed learning community, we provide consultation, training and support to organizations committed to trauma-informed care and healing centered practices. The FLRN assists in transforming organizational culture through critical policy and practice changes, implementation of evidenced-based practices, expanded consumer and peer support roles, and expanded partnerships providing community-wide impact. Finger Lakes Community Schools promotes system transformation through the activation of typically “silo” school district funding and resources into a county and regional cross-sector collaborative infrastructure localized around a school building and district population.

FCSFL is unique in that it provides not only quality trauma-informed person centered direct care but is committed to creating buy-in, commitment and transformation of bigger system collaboration and reform that increases the depth, range and quality of people centered services across systems of care.

We are all faced with challenges in life and some challenges can be devastating. Without people around us to offer support when those challenges arise – it can bring people to some pretty dark places.....we truly need to become invested in ourselves and in one another. We need to take notice of the people around us, pay attention, and be available. FCSFL has fully embraced integrated care and the many benefits that accompany it, with therapists and advocates co-located within multiple Department of Social Services offices, Child Advocacy Centers, and school districts.

I am extremely proud of our entire FCSFL team and am happy to present this annual report that highlights their efforts.

*Barbara Pierce-Morrow, MSM, CASAC, FDC  
President/CEO*



Community Partner

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# Healing Centered Services

Healing connections are crucial in developing resiliency and reaching goals in therapy and in your own life! At FCSFL, our professional staff provides individualized treatment experiences based on your needs, strengths and history. Healing centered approaches are used to provide evidence-based treatment to address trauma, abuse and/or loss. We have therapists trained in a wide range of therapeutic and healing centered modalities, including but not limited to the Neurosequential Model of Therapeutics (NMT), Trauma-Focused-Cognitive Behavioral Therapy (TF-CBT), Hypnotherapy, Directive and Non-Directive Play Therapy, Dance Movement Therapy, Creative Arts Therapy and Eye Movement Desensitization and Reprocessing (EMDR).

## *Trauma-Informed Care*

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families and staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

As a trauma-informed agency, we realize the widespread impact of trauma and understand potential paths for recovery. We recognize the signs and symptoms of trauma in clients, families, staff, and others involved with systems and respond by fully integrating knowledge about trauma into policies, procedures, and practices and thereby seek to actively resist re-traumatization.

FCSFL's core values and principles of trauma-informed care are:



- Safe, calm and secure environment with supportive care
- System wide understanding of trauma prevalence, impact & trauma-informed care
- Cultural competence
- Consumer voice, choice and advocacy
- Recovery, consumer driven and trauma specific services
- Healing, hopeful, honest and trusting relationships



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# Board of Directors

## 2019-2020

**Fred Brockway**, *President*

**Natalie Kanellis**, *Vice President*

### Ontario County

Fred Brockway

Sage Gerling

Natalie Kanellis

Joseph Rusinko

### Seneca County

Matthew Kelley

Carol VanHorn

### Wayne County

Michael Bricco

## Agency Staff

### President/CEO

**Barbara Pierce-Morrow, MSM, CASAC, FDC**

## Counseling Staff

Robert Adams, LMHC-P

Laura Alexander, MSW

Michele Bowersox, LMHC

Angela Burd, LMSW

Megan Cortese, LCAT, ATR-BC

Amy Dake, MA, R-DMT, LMHC-P

Holly Doe, LMHC-P

Amanda Everett-Smith, LMSW

Carrie Gardner, LMHC

Sarah Hamling-Stefanovic, LMHC

Caitlin Horrocks, LCAT, ATR-BC

Kelsey Jamieson, LMSW

Jennifer Julien, LMHC-P

Ky Kawolics, LMFT-P





Erin Larramendi, MS, LCAT

Ashley Lewis, LMSW

Allison McConnell, LCAT

Amanda Moore, MA, LMHC-P

Scott Ostrowski, LMSW

Adelaida Paliotti, LMSW

Mirandia Pipher, M.Ed.

Mishon Robinson, LMSW

Meghan VanHout, LMSW

Samantha VanHout, Ph.D.

Karl Warrington, LMSW

Dawn Weidner, LMSW, CASAC II

Michelle Whyte, LMSW

Sarah Woodworth, LMSW

## Advocacy Staff

Jamie Austin, MA

Lynda Avery-Blake

Amy Babiarz, BSW

Lindsay Betts

Jessica DeFazio, BA

Cassandra Heyl, MS

Heidi Knapp

Mitchel Leet, BA

Pamela Maglier

Marla McGinn, BS, QHP-P

Leslie Ohmann

Bryan Peck

Colin Peck, BS

Maria Peralta

Lindy Powers, M Ed.

Bonnie Prater, AAS

Angela Ralston, BA

Edward Rose

Jacob Spina

Victoria Tanner

Tammy Thiel

Amanda Wilson, BA





## Community Services Staff

Alassandra Bonagura

Brenda Capozzi

Sophia Carter

Joseph Fantigrossi

Nicole Fess

Asia Marin

Jessica Orchard

Dianna Paige, BS

Jason Roscup

Chelsea Snyder, BA

Grete Steele, BS

## Administrative/Support Staff

Vanessa Cardona

Rebecca Emerson, BA

Pat Hurley-Trojan, MBA

Diana Johnson

Kari Johnson

Sharon Joslyn

Shae Morrow

Katie Ostrowski

Brian Rice, AAS, AS

Paul Robinson

Raquel Smolinski

Anne Thompson

Cathy Thurston, BSBA

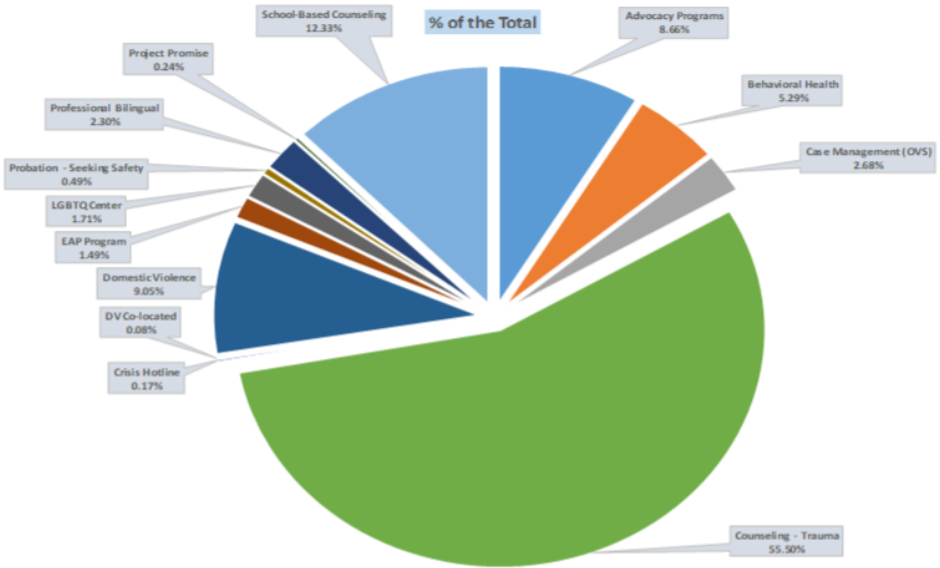
Denise Vandy, BS





# SERVICES REPORT 2020

## Hours of Service

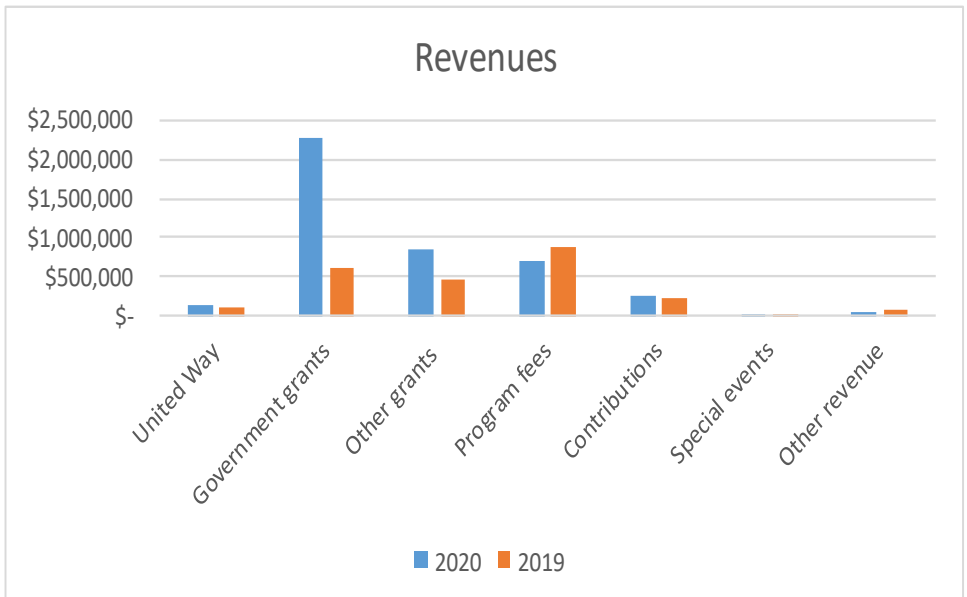


Counties Served	Hours of Service	Families	Individuals
Ontario	5,525	961	1,106
Seneca	944	122	142
Wayne	4,335	380	508
Yates	724	106	122
Other or Unknown County	1,422	203	208
<b>Totals</b>	<b>12,950</b>	<b>1,772</b>	<b>2,086</b>

# FINANCIAL REPORT 2020

## REVENUE

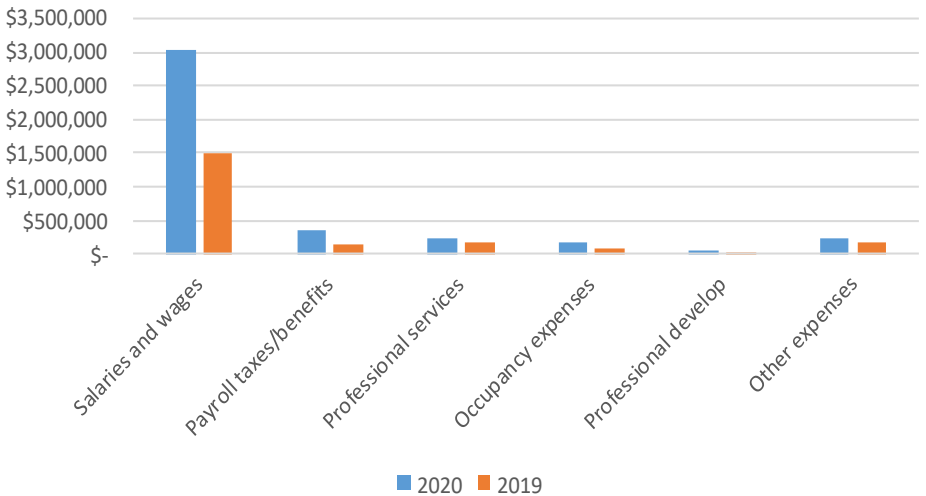
REVENUE	Jan - Dec 20	Jan - Dec 19
United Way	132,849.00	122,102.00
Governmental Grants	2,278,342.00	601,683.00
Other Grants	859,081.00	464,908.00
Program Fees	689,745.00	876,665.00
Contributions	249,742.00	233,542.00
Special Events	2,510.00	13,535.00
Other Revenue	57,992.00	70,171.00



## EXPENDITURES

EXPENDITURES	Jan - Dec 20	Jan - Dec 19
<b>Salaries &amp; Wages</b>	3,026,352.00	1,509,420.00
<b>Payroll Taxes/Benefits</b>	353,261.00	160,175.00
<b>Professional Services</b>	224,157.00	175,242.00
<b>Occupancy Expenses</b>	187,236.00	94,420.00
<b>Professional Development</b>	48,046.00	16,925.00
<b>Other Expenses</b>	249,845.00	169,275.00
<b>Total Revenue</b>	4,270,261.00	2,382,606.00
<b>Total Expenditures</b>	4,088,897.00	2,125,457.00
<b>Net Income: Surplus (Deficit)</b>	181,364.00	257,149.00

### Expenses





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## Our Transition to a Virtual World: Challenges & Successes

The arrival of COVID-19 significantly impacted FCSFL's method of service delivery in our LGBTQ, Advocacy and Counseling/Trauma Programs. In-person meetings became impossible beginning the week of March 23rd, 2020; however, we were able to quickly and effectively transition to virtual service delivery. Development of policies and procedures became a priority in an effort to provide the services we knew were needed in our communities while continuing to keep clients and staff safe.

For our LGBTQ program, efforts turned to creating a digital space for our youth support group, YANA, which had implications of security, confidentiality and accessibility. While we initially created a Google Hangout to meet community needs, we also launched a YouTube Channel called Queerantime on March 25th with the intent of bringing all-age accessible content like we normally share in meetings and presentations to youth and adults directly.

Initially, our LGBTQ program did not receive any engagement with Google Hangout, and through communications with former YANA members we were advised to consider Zoom instead, a medium many youth were already familiar with. Our LGBTQ program coordinators made the shift to Zoom meetings after a full month of virtual Pride activities ended and since then have been meeting weekly. Due to the increased suicide risk associated with pandemic isolation, we strengthened our relationship with the local Suicide Prevention Coalitions, as well as nationally-recognized The Trevor Project, modelling for youth the accessible support available 24/7 through their phone, text and chat hotlines. This type of swift adaptation became our practice to ensure service delivery across our agency would remain successful!

Even though our advocates and therapists know adaptability and flexibility come with their positions, COVID brought a whole new meaning to this! Our direct service staff are trained to build trusting relationships with clients, oftentimes in the midst of crisis and instability, but those are usually in person or through a hotline call – not through a computer screen. Although COVID did not drastically change the services we offer, the way we provided services certainly did. During COVID, domestic violence advocates would meet clients in person only during an emergency (e.g: fleeing and needing to be placed in shelter), while therapists maintained support through telehealth services and virtual platforms. Our Advocacy staff had to limit client transportation – although we did find most of the places survivors needed to get to were also not allowing face-to-face contact.





Survivors of trauma and/or victimization were not able to just “walk-in” for services as they used to. Advocates spoke to survivors mostly with virtual means, including cell phone, GoTo or Zoom meetings, which can be a barrier to building rapport and trust. This was not an ideal way to provide services to clients who already took an emotional risk to reach out for our services and then needed to take another step to access those services.

Advocates and Case Managers had to write family offense petitions for orders of protection virtually, which presents safety concerns for clients who may have been giving us the information while at home not knowing when the perpetrator would return. To counteract some of these barriers to safety, we implemented a chat platform that was posted on our website so a survivor could text if they needed help while in a compromising position and unable to safely speak over the phone. We also made sure we were regularly posting on our social media pages and website & informing other service providers we had no interruption in services and to continue to refer.

The implementation of Telehealth in the mental health field historically had been considered a convenience but during COVID it became necessary. Our therapists quickly recognized that, although convenient, there were new barriers and challenges associated with providing telehealth services, including providing and receiving signed HIPAA consent forms and authorization of services, maintaining engagement, continuity of care across settings and measuring success of services. Children, adults and adolescents initially demonstrated discomfort in this shift to a telehealth platform. Dysregulation was at an all-time high for many of our clients! We initially experienced a decline in referrals and kept sessions. This was new to not only our clients but our therapists. Given this challenge, our therapists got creative! We incorporated play and regulation strategies through our telehealth services. Trainings were sought out that provided new tools for telehealth services and maintained engagement while utilizing a telehealth platform.

Gradually, as it became safer, our organization developed rotating staff schedules, utilized cleaning and sanitation measures with corresponding policies to make it possible to see our most high risk clients in person. We are proud that as an organization we came together to develop the systems that allowed service delivery to continue for our clients. Our organization provided services to 2,086 individuals, maintained cross sector collaboration and overcame significant obstacles and barriers during a time of significant community need.



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# 2020 Donors & Sponsors

## Individuals

Carl & Heather Aten	James Krueger
Elizabeth Bihn	Richard Laude
Paul Blake	Jane Lynch
Joanne Bleakley	William Martz
Annaliese Bopp	Jennifer Morris
David Brind	Thomas & Susan Munson
Clair & Mary Britt	Robert & Judith Oaks
Fred Brockway	Richard & Susan Onze
Jennifer Cross	Matticio Ortho
Jane C. Crumlish	Elaine Ostrowski
James E. Dickson II	Katharine Ostrowski
Sandra Nielson Ditch	Anna Paige
Joseph Fantigrossi	Barbara Pierce-Morrow
Steven & Lauren Felker	Mary Regin
Tracey L. Fox	Joseph Rusinko
Rebecca Gamba	Leslie Schaus
Sage & Christopher Gerling	Cathy L. Thurston & Kerry Gorla
William & Jane Gerling	Carol & Schuyler VanHorn
Diana Johnson	Kelly Walker
Natalie Kanellis	Rita & Mark Wlodarczyk
Joel & Midge Kerlan	





## Corporate


AmazonSmile	Kiwanis Club of Canandaigua
Billsboro Winery	L M Sessler Excavating & Wrecking
Bond, McDonald & Lehman, Inc.	Monica's Pies
Bricco Plumbing & HVAC	Neighbor to Neighbor
Canandaigua Kiwanis Foundation	Penn Yan Elks Lodge
Climbing Bines Craft Ale	RallyUp.com
Community Bank NA	Rochester Area Comm. Foundation
David Anderson Farms	S & B Jewelers
Downtown Deli	Seneca Food Foundation
Elderlee, Inc.	Seneca7
FF Thompson Hospital	The Cracker Factory
Finger Lakes Partners LLC	The Presbyterian Church in Geneva
Foxers Electrical Contractor	United Way Cayuga County, Inc.
GAMMA MU Foundation	United Way of Greater Portland
Geneva Community Health	Vance Metal Fabricators
Geneva Human Rights Commission	Vaping Bad II
Iron Smoke Distillery	Walmart
Kinney Drugs	Wayne County Action Program



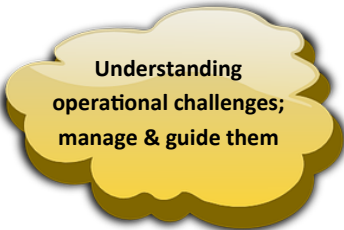
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## **Contributions made by Our Volunteer Board Members**




**Establishing & maintaining the mission of the agency**




**Understanding operational challenges; manage & guide them**




**Supporting & encouraging staff**



**Preparing a strategic plan**




**Reviewing & attesting to the financial circumstances of the Agency**



**Leading capital improvements**



**Supported transition & navigation of policy through the pandemic**



**Learning & supporting programs & trauma informed approaches**



**Coordinating, supporting & attending fundraising events & activities**





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## Pandemic Based Services



Because of the pandemic, FCSFL needed to focus on how we could better meet the immediate and emerging needs of those we serve. Our staff got creative in how and where they connected to community. As an Agency, we too got creative in how we provided support to our workforce and their many challenges in the midst of the pandemic. As you can see from the pictures, engagement differed upon need! Our communities, those we serve and our staff proved the most resilient and determined and many successes were had!

A screenshot of a Zoom meeting. The main part of the screen shows a presentation slide with a blue header and a yellow bar. The slide text reads: "ADVERSE CHILDHOOD EXPERIENCES (ACÈS) &amp; THE POWER OF RESILIENCE". Below the text is the logo for "Family Counseling Service of the Finger Lakes" and the names "Scott Ostrowski, LCSW" and "Lindy Powers, M.Ed.". On the right side of the screen, there is a vertical grid of seven small video windows showing the faces of the meeting participants. The names of the participants are visible below their respective windows: Joseph Fanigro..., Katie, Scott, Chelsea Spill..., Grete Zietke, and Holly.



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# Our Locations

## Main Office

671 South Exchange Street  
Geneva, NY 14456

## Phone\*

(315) 789-2613

## Email

[familycounseling@fcsfl.org](mailto:familycounseling@fcsfl.org)

## Website

[www.fcsfl.org](http://www.fcsfl.org)

\*For more information or to schedule an appointment at any of our locations, please call our Main Office.

## Branch Offices

### Ontario County

514 South Main Street  
Canandaigua, NY 14424

### Seneca County

115 Fall Street  
Seneca Falls, NY 13148

### Wayne County

150 Van Buren Street  
Newark, NY 14513

6692 Middle Road  
Sodus, NY 14551

### Yates County

263 Lake Street  
Penn Yan, NY 14527



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