

PROFESSIONAL COUNSELING CENTER

3 year Strategic Plan Summary (public)

10/01/20 - 9/30/23

1. PCC MISSION STATEMENT

To provide the best possible outpatient, home-based and family preservation services possible and to offer these services in a manner which is respectful, strength focused, confidential, and professional at all times.

2. Primary committee planning focus/goals included:

- To create a framework for the ongoing development of strategic initiatives that support the agency mission statement.
- To broaden the involvement of staff in charting the future of the agency
- To satisfy the requirements for CARF accreditation
- To build on strengths
- To take advantage of opportunities
- To minimize weaknesses, challenges, threats (critical issues)
- To create value to the agency

3. STRATEGIC PLANNING STRUCTURE

The Strategic Planning committee identified four (4) key initiatives during a strategic planning process: Information Technology, Workforce Development, Financial Stability and Growth and Leadership and Agency Structure.

The agency co-directors recommend prioritizing the initiatives as follows:

Information Technology (1), Workforce Development (2), Financial Stability and Growth (3) as PCC's public plan. Leadership and Agency Structure (4) to be addressed through the Executive Team.

Management members would integrate annual operational goals and strategies to the above initiatives. Any committees could be developed to include staff from various workforce areas (OP, HB, FPS, Management, support staff) to provide a broader perspective. The plan would cover three (3) years and will include continuous monitoring for progress and updating.

Below is an outline:

INFORMATION TECHNOLOGY

Information Technology Planning would address these key questions:

- How should PCC further develop its IT infrastructure to support service delivery in non-traditional locations (telehealth counseling, Family preservation staff, Home Based clinicians)?
- How should PCC better distribute IT tasks across the organization, decreasing dependence on a small number of staff? Should we hire skilled staff, make use of current staff with aptitude for IT? Should PCC consider outsourcing selected IT tasks, such as copier leasing?
- How should PCC regularly evaluate existing software to ensure that agency goals are still being served best by these systems?

One of the major tasks in the next few years will be to create seamless and secure processes (HIPPA) for staff who work outside the office, whether at home, on the road or in client homes to improve worker productivity and effective service delivery.

A chief task of this committee will be to anticipate and react to the various challenges that Google Suite services will bring

WORKFORCE DEVELOPMENT

Workforce development planning would address these key questions:

- What strategies should PCC employ to recruit and retain the professional and support staff essential to our mission?
- How does PCC improve compensation administration to achieve both improved workforce efficiency and high staff satisfaction?
- How does PCC formalize its existing processes (or develop new ones) for improved training, cross training, and succession planning?

Another key question would be the issue of how compensation is determined. For example, one approach would be to track PCC rates of pay as a percentage of salary levels paid by these larger employers. If we knew that our advantages allow us to retain staff while paying only 90% of the rates paid by competitors --- but that we lose staff when paying only 80% --- it would point to a clear strategy for salary administration. Other approaches would also be analyzed.

Another task for this group would be to look at how clinicians are paid. A focus on converting clinicians from salaried compensation to fee split compensation. This approach has proven to be a good move for both PCC and staff. It will be important that we not simply 'lock in' fee split percentages. There may be a variety of possible approaches --- rates of pay tied to volume goals, premiums for non-traditional hours, incentives tied to work at home, etc. --- are a few examples of this.

Compensation administration with our salary grid allows for comparison of rates of pay across various worker categories. However, a process needs to be created that formalizes the use of this tool, to ensure that managers across the different programs are advancing rates of pay in similar patterns, using similar analyses.

FINANCIAL STABILITY AND GROWTH

The Financial Stability and Growth Group would address these and other questions:

- How can PCC maximize its OP and HB referrals to make the best use of available staff time and office resources?
- How does PCC better structure its referral base to improve its revenue per unit of clinical service?
- What strategies should be employed to ensure that bids for SOM programs maximize the value of the contracts being pursued?

Key questions for this area could be how best to create a base of clients – a referral base – reducing reliance on low end payers like Medicaid and Beacon Health, while improving referrals from high end payers like Blue Cross and CMH. This group could also consider whether referrals from demographic groups such as military veterans should be pursued more broadly.

This initiative could analyze the payment process, and whether PCC is getting the maximum rates per unit of service delivered from individual payers. This would entail development of a rate research, review, and negotiation strategy to address issues with payers. It would include a review of rates currently being paid for specific clinical services, notably psychiatric services, which continue to generate a net loss for the agency.

Maximizing the use of PCC's limited clinical office space could be a matter for review. This would include building in a greater mix of telehealth services (which do not require PCC office space) to complement on-site service delivery. This initiative would look for ways to improve utilization of existing office space, perhaps with premium payments for weekend usage.

Collections issues would be another area for attention. For example, eliminating barriers to the use of the electronic patient portal could be the job of this work group.

The bid process for FPP contracts should be formalized to ensure that PCC is successful, both in earning contract bids and in gaining maximum benefit from them. This would entail improving the processes for rate determination, as well as reviewing the processes after the fact to assess the degree to which those processes were effective.

LEADERSHIP AND CORPORATE STRUCTURE (revisions made 6/2021)

This initiative would consist of members of the Executive Team, along with any staff invited by that group. The key questions will involve matters of a further structure, succession, and potential sale.

- How should PCC assess any offers to purchase; that is, what factors (financial and otherwise) will be determinative?
- Should PCC consider inviting selected staff to invest in the business, buildings, or both?
- Is there a strategy through which the owners might achieve their goals with a conversion of PCC to non-profit status?
- What is the status of current succession planning, and are such plans still viable?

4. PROCESS TO DATE

The Strategic Planning Committee has completed these steps.

1. Five (5) extensive brainstorming sessions between the following committee members; Lisa, Karen, Nancy, and Brian have been held and one (1) session with the Executive Team to develop this plan.
2. SWOT Assessment Survey was completed by staff and is compiled/summarized below. This information was utilized to identify some of the key initiatives. The Strategic Planning committee also completed a SWOT assessment session which helped to provide information below.

Strengths;(top 3).

- Flexibility of management
- Supportive agency
- Dedicated employees

Weaknesses: (top 3)

- Pay scale
- Building structure – good use of space
- Staff turnover

Opportunities: (top 3)

- Group work, networking, collaboration
- Expansion of current services (grant writing, teleconferencing, rate increases, use of weekends)
- More training for specialty areas

Threats: (top 3)

- Demands of contract agencies
- Staff turnover due to pay benefits, staffing in rural areas
- Challenges with the bidding process, new providers moving into the area.

Operational goals for year one have been completed and were reviewed quarterly at Management Team meetings. Operational goals for year two are in the second quarter for review as of 4/30/22

Stakeholder survey has been revised and completed for year one.

NEXT STEPS:

1. Seek continued input from management members, staff, clients and stakeholders
2. Conduct annual review of progress on 3 year plan and revise as needed annually. Last reviewed and revised by Committee 4/06/22.