

PROFESSIONAL COUNSELING CENTER, P.C.

AN INTEGRATED ANNUAL MANAGEMENT REPORT FY 2021-2022

&

QUALITY IMPROVEMENT PLAN FY 2022 - 2023

CARING, COMPETENT, PROFESSIONAL SERVICES

March - 2023

PROFESSIONAL COUNSELING CENTER, P.C.

An Integrated Annual Management Report FY 2021-2022 & Quality Improvement Plan FY 2022-2023

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MISSION STATEMENT AND SERVICE PRINCIPLES

Professional Counseling Center's Mission Statement

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

Who We Serve

We serve public and private clients in the Thumb Area of Michigan in St. Clair, Sanilac, Lapeer, Tuscola, and Huron Counties.

Professional Counseling Center Philosophy and Service Principles

- Professional Counseling Center's philosophy is that it's board, management, and service staff must be committed to excellence and stay true to the following "Service Principles"
- Individuals are actively involved in and determine the design and implementation of their service plan (person centered planning).
- Individuals have access to a system of comprehensive and integrated community-based services.
- Services promote natural and community supports including family, friends, and other resources.
- Services are appropriate to the individual's age, abilities, and life goals.
- Services demonstrate respect for the rights and dignity of all individuals.
- Services incorporate the culture and value system of the individual.
- Individual choice, satisfaction, safety, and positive outcomes are the focus of services.
- Individuals are offered the support and services necessary to be successful where they live, work, and play.
- Services are designed to foster communities where all members are included, respected, and valued.

General Areas of Service

- Individual, Family, Marital, and Group Therapy for mental health and substance abuse clients as well as Family Preservation service for at-risk families.

Professional Counseling Center, P.C.

MANAGEMENT REPORT

October 1, 2021 to September 30, 2022

Professional Counseling Center (PCC), considered by major funding sources, many local consumers and professionals to be one of the premiere private agencies for mental health services in St. Clair County, has been providing a wide range of intensive home based, outpatient mental health and substance abuse services to individuals and families since 1986. PCC provides Outpatient and Community Mental Health Home Based Services in St. Clair County and many DHHS Family Preservation Programs in all five counties of the Thumb (Huron, Lapeer, Sanilac, Tuscola and St. Clair). While PCC's service area is mostly rural, these counties have several small urban areas as well.

The mission of Professional Counseling Center is *"to provide the best outpatient, home based and family preservation services in a manner, which is respectful, confidential, and professional at all times"*.

In accordance with our mission, the outcomes system assesses the accomplishment of the program goals through measuring program performance in three key areas: effectiveness, efficiency, and consumer satisfaction. With the ultimate goal of customer satisfaction, the consumer surveys PCC uses measures consumers outcomes and satisfaction with service, and willingness to return to PCC for future services.

Performance of each program objective is targeted at a specific percentage benchmark or a specific measurable outcome. Achievement is expressed as a percentage of attainment or goal completion that is reported for each objective. Both program and client information are generated and are included in this report. This report addresses outcomes for all Outpatient and Homebased programs.

PROGRAM OBJECTIVES AND PERFORMANCE INDICATORS

A. Outpatient Mental Health and Substance Abuse Services 2021-2022

In-office and home-based services provide assessment and counseling services to individuals experiencing personal and emotional distress. Treatment is offered in family, individual, group, and couples counseling. In addition, psychiatric evaluations, medication evaluations, monitoring, and psychological testing are available. During the fiscal year, one thousand eight hundred eighty-one (1881) cases received outpatient counseling services.

Objective 1: To improve the level of functioning of individuals served as manifested by an improvement in functioning level and/or improvement in symptoms in at least sixty percent (60%) of clients. This will be measured through Client Outcome surveys and Functional Assessment Scores (FAS).

Effectiveness: Performance indicator: 1) Improvement as measured by the clients after discharge. Results: Outcome results for Outpatient: Sixty-Seven percent (67%) said their symptoms have gotten better. FAS scores for Fiscal Year 2021-2022 showed improved scores in Twenty-six percent (26%) of cases closed. This second measure objective was not met, however during COVID-19 clients were not always here at closing and clinicians did not use most recent one

completed. This should improve in FY 2022-2023

Objective 2: To keep waiting time for intake appointments low by having seventy percent (70%) of all intakes scheduled in fewer than fourteen (14) days.

Efficiency: Waiting time for intakes.

For one thousand four hundred seventy-nine (1479) individuals requesting services, seventy-two percent (72%) were scheduled in fewer than fourteen (14) days, but eighty-nine percent (89%) when client preference moved them over fourteen days (14). This objective was met.

Objective 3: To ensure that ninety percent (90%) of consumers are satisfied with counseling services.

Satisfaction surveys were given to all Outpatient during an entire week of February and August 2022.

Satisfaction Results: One hundred nineteen (119) surveys were completed and compiled for the two survey weeks. Of all respondents, ninety-nine percent (99%) responded that they were satisfied with PCC. This objective was met.

B. Home Based Services with Severely Emotionally Disturbed Children

The PCC contract with Community Mental Health (CMH) provides (SED) intensive home-based services to CMH authorized families with SED children. The programs' primary objective is to keep families intact and avoid placement of children into hospitals and long term specialized residential homes. Services provide a range from counseling and case management to concrete needs help, such as food, shelter, and other necessities.

Objective: To maintain intact families and have less than ten percent (10%) of the children served placed out of the home in mental health settings.

Effectiveness: Pre and post surveys are given to clients in the home-based program. These surveys include questions about out of home placement, risk of placement, problems/progress in school, information on the children in the home and satisfaction questions.

Results: Of the twenty-two (22) cases closed in 2021-22, eighty-nine percent (89%) were still living at home. This objective was met.

Quality Improvement Report October 1, 2021 to September 30, 2022

Outpatient case records were pulled and reviewed, one for each full-time clinician, and one for half of the part-time clinicians on the following dates: 10/12/21 (17 cases, N=1063), 11/16/21 (16 cases, N=1082), 12/16/21 (16 cases, N=1066), 1/11/22 (16 cases, N=1071), 2/8/22 (14 cases, N=1036), 3/8/22 (16 cases, N=1040), 4/19/22 (14 cases, N=1053), 5/9/22 (15 cases, N=1037), No Pull in June, due to CARF site audit 6/23/22 and 6/24/22 - three year re-accreditation was achieved, 7/5/22 and 7/28/22 (16 cases, N=1017 and N=1044), 8/9/22 (15 cases, N=1061), and 9/13/22 (15 cases, N=946). The letter N represents the total number of open cases in Care Cloud on the date that case records were available to be pulled. The website RANDOM.ORG was utilized by the team to provide a true random number generator used to generate the case number to be pulled for each staff member. The most recent new case number was used as the maximum value, with zero used as the minimum value. Reviewers were assigned to review cases on a rotation that varied, with a transfer to a different reviewer if there was a conflict of interest identified. In all, 170 cases were reviewed using this process. Of those cases reviewed 13 received a perfect score with no errors in any section (i.e., 7.65%). Of those cases requiring correction, 80 of the UR documents were corrected and returned within the two week window (i.e., 47%). The average number of open cases per month was 1043, with a range of 946 to 1082 open cases per month. Team training and supervision was scheduled both individually and in small groups to help staff reduce errors that were identified in the UR process. The staff training that occurred on 12/14/2021 was recorded and placed on the intranet for quick review when needed; training documents provided were scanned in as well.

The Utilization Management Committee continued to meet on a quarterly basis, using a hybrid of both virtual (via Google Meet) and in person, on the following dates: 9/13/2021, 12/13/2021, 3/14/2022, and 6/13/22. Overall quality improvement in services and in ensuring access to psychiatric care continued to be part of the items reviewed and addressed, along with brainstorming ideas to aid in recruiting and retaining quality staff, and implementing ideas to positively reinforce staff for their good clinical work (both direct and documentation) during these difficult and stressful times. An incentive program was implemented during this past fiscal year, to reward staff with perfect URs with an ecard and a \$10 gift card to their choice of several local restaurants. Those staff who returned their corrected URs within the two week window received a beautiful Jacquie Lawson e-card from co-owner and chief clinical director Regina Friedmann, thanking them for their good work and efforts to remain in compliance with their clinical documentation.

A retrospective study to assess satisfaction with telehealth services at PCC was started in August of 2022 with an anonymous satisfaction survey for individuals served in the outpatient and home based programs, and an anonymous satisfaction survey for individuals served in the family preservation program given in September of 2022. An initial review of the raw data obtained showed that most individuals who seek services at PCC continue to prefer in person sessions, but appreciate being able to still have a session via telehealth when needed. The study will be completed during the next fiscal year. In response to last year's retrospective study about the increased number of incidents reported related to increased aggressive behavior in individuals served, many PCC clinicians participated in the Positive Behavior Supports Training held on 9/28/2022 by St. Clair County Community Mental Health. Staff also individually sought training in the areas of motivational interviewing, and de-escalation techniques. PCC outpatient supervisors continue to focus on providing more evidence-based treatment strategy training for staff working with all individuals served, and most specifically with those who have diagnoses of ADHD, DMDD, PTSD, RAD and ODD.

Telehealth using the password protected and HIPAA secure Google Meet business platform continues to be utilized in the outpatient and home based program to continue to provide quality care to individuals served when face to face services are not possible. Telehealth informed consents and telehealth safety plans continue to be utilized and have been incorporated into the PCC intake paperwork. PCC continues to have a primary COVID-19 contact person, who has continued to stay up to date with and disseminate information regarding COVID-19 concerns, state regulations and availability of vaccines to all PCC staff. Email updates of this information continue to be sent out to all PCC staff as soon as new information becomes available by the CDC, MIOSHA, and the public health department. Telepsych services for

psychiatric care continue to improve access to psychiatric evaluation and medication management for the children we serve here at PCC. Dr. Karen Joseph continues to provide these services for us for four (4) hours each Thursday. Mr. Gerome Hess, our psychiatric nurse practitioner continues to provide face to face (and telehealth services when needed) for individuals we serve who are 16 years old and above. He continues to see those individuals for eight (8) hours every other Tuesday.

Psychiatric Peer Review, FY 21-22: Two peer reviews were completed by our psychiatrist and psychiatric nurse practitioner during the months of October 2021 and March 2022. In both sets of reviews, medications were prescribed appropriately for the conditions identified with the correct dosage noted. It was noted in both sets of cases that our psychiatric practitioners monitored the medications over the course of treatment and efficacy of the medications prescribed was documented, with any side effects noted and addressed. No adverse reactions or contradictions occurred in any of the cases during this time period.

During this fiscal year we received the following audits from St. Clair County Community Mental Health: First Quarter Claims Verification Review (4/4/2022), and Third Quarter Claims Verification Review (9/23/2022). Our overall compliance with these audits was very good, with Outpatient at 97% (65/67), Home Base 223 at 100% (55/55), and Home Base 232 at 100% (122/122).

CVR Period	Program Area	# Cases	# Claims	% Compliance
CVR 1				
04/4/2022	Outpatient	4	39/39	100%
10/1/2021 to	Home Base 223	1	24/24	100%
12/31/2021	Home Base 232	2	55/55	100%
Totals				
CVR 2				
not reviewed	Outpatient	0	0/0	N/A
1/1/2022 to	Home Base 223	0	0/0	N/A
3/31/2022	Home Base 232	0	0/0	N/A
Totals				
CVR 3				
9/23/2022	Outpatient	4	26/28	93%
4/1/2022 to	Home Base 223	1	31/31	100%
6/30/2022	Home Base 232	2	67/67	100%
Totals				
CVR 4				
not completed	Outpatient	0	0/0	N/A
7/1/2022 to	Home Base 223	0	0/0	N/A
9/30/2022	Home Base 232	0	0/0	N/A
Totals				

Staff training will continue on an ongoing basis to address areas of identified need from both internal and external audits, in addition to other important areas including utilizing COVID precautions in the provision of face to face services and in providing continued quality care via traditional and telehealth counseling services in all EHR platforms that PCC utilizes.

Professional Counseling Center, P.C.
HEALTH & SAFETY REPORT
October 1, 2021 – September 30, 2022

The Health and Safety committee met four (4) times this fiscal year.

During the year, every location conducted training drills on Tornadoes, Fire and Natural Disasters, Medical Emergencies and Hazardous Chemicals, Power Failures/Bomb Threats, and Workplace Threats and Violence.

Semi-annual self-inspections have been conducted at each site and follow-up action as needed. Annual external inspections were conducted at both PCC sites.

Incidents that have been reported for the Port Huron and Marlette offices are:

- Child cut hand on nail in carpet
- Client had medical emergency while in session
- staff cut finger at office
- staff fell on ice at office
- staff had medical emergency at office
- child became aggressive toward their parent during home visit
- staff twisted ankle at home visit requiring medical attention
- staff cut finger at home visit requiring medical attention
- client's parent had medical emergency at office
- staff cut arm on door frame at office
- child became out of control at home visit requiring police involvement

A heating and cooling company maintains yearly maintenance on all furnaces. Filters are changed every three (3) months by our maintenance department.

Building painting and maintenance, inside and out, has been completed. Both locations received new outdoor signage.

Floor plans are being developed for both locations for police/fire department.

Brochures/bulletins on safety were emailed to all employees.

Appropriate staff were trained and re-certified in First Aid and CPR as needed.

Professional Counseling Center, P.C.

ACCESSIBILITY UPDATE

October 1, 2021 through September 30, 2022

Overview

The purpose of this report continues to focus on identifying and removing any and all barriers that might impede the ability of the agency to provide access to services and employment. The primary objectives remain focused on enhancing the quality of life for individuals served, maintaining non-discriminatory employment practices, meeting statutory and regulatory requirements, meeting stakeholder needs and expectations, and reinforcing accessibility as a core value of Professional Counseling Center.

Facility Accessibility, Barriers and Solutions

PCC facilities in Port Huron and Marlette continue to remain in compliance with the Americans with Disabilities Act of 1990 and the 2010 update, Section 54 of the Rehabilitation Act of 1973 (P.A. 93-112), and the St. Clair County Community Mental Health Provider Manual.

Identified Facility Barriers this past fiscal year:

1. Dusk to dawn fixtures not working properly, providing inadequate night time lighting. Solution: Electrician's repaired/replaced during the week of (11/1/21)
2. The tree near the ramp created some hazard with limbs and debris at times near the doorway entrance. Solution: Tree trimmers removed the tree (11/4/21)
3. Basement storage area has reached capacity with materials causing potential tripping hazard. Solution: Materials were moved to PCC's secure warehouse for continued storage as needed (11/4/21, 12/15/21), with extra furniture donated to individuals served.
4. Loose handrails were observed in the breezeway between buildings and the Bard attic. Solution: Handrails were repaired/replaced (3/21/22).
5. Historic building 2nd floor door in need of repair or replacement. Solution: A new door was installed (3/31/22)
6. Front step of the outpatient entrance was crumbling and presented a tripping hazard. Solution: Stair was repaired during the week of (5/23/22).
7. New snow removal person is needed due to the former person no longer being available to provide services. Solution: A new provider has been secured to remove snow for Winter 22-23

Environmental Accessibility, Barriers and Solutions

PCC offices are tastefully decorated and welcoming for all individuals served. Children's services are provided in office space that has been designed for play therapy interventions, with play therapy tools being cleaned and sanitized regularly.

Identified Environmental Barriers this past fiscal year:

1. COVID-19 prevention remained a concern for staff and individuals served. Solution: Our COVID point person continued to remain vigilant in sharing the most up to date information with staff so we could provide services in the safest manner possible for all. Hand sanitizer was made available in the front office area and in individual offices; masks were made available as well.

Individuals served (and staff) continued to use telehealth (HIPAA compliant Google Meet Business platform) as an option if they were uncomfortable with receiving (and providing) in person sessions.

2. The front desk sometimes experiences crowding during peak business hours. Solution: Several therapists continue to offer services on the half hour to reduce congestion at the front desk.
3. Concerns with office spaces being at a temperature that is comfortable for the provision of services. Solutions: Storm windows were cleaned and placed to ensure adequate warmth for the fall and winter months (10/20/21); Thermostats are controlled in each building by the designated support staff who adjust for the time change and to ensure comfort for staff and individuals served (11/1/21).
4. Although not raised as a barrier or concern, six staff volunteered to deep clean the historic building (10/13/21), to freshen the area and make it more welcoming for both staff and individuals served.

Attitudinal Accessibility, Barriers and Solutions

Part of PCC's mission has always been to recruit and retain qualified staff who are representative of the specific cultures the organization serves at all levels of employment including leadership, management, direct services and support staff. U.S. Census Bureau data for 2021 reflects that St. Clair County race and hispanic origin was represented as: White, Non-Hispanic 93.9%, Hispanic or Latino 3.7%, Black or African American alone 2.5%, Two or More Races 2.4%, Asian alone 0.6%, and American Indian or Alaska Native alone 0.5%. St. Clair County residents are also represented as: Women 50% (Men 50%), Veterans 6.55% and Persons under 65 years of age with a disability 12.3%. Individuals served in the OP and HB program race were represented as: White, Non-Hispanic 84.41%, Hispanic or Latino 0.81%, Black or African American alone 5.85%, Native Hawaiian or Pacific Islander 0.11%, Asian alone 0.54%, American Indian or Alaska Native alone 0.92%, Other 0.22%, and Declined to Specify 7.15%. OP and HB program gender was represented as: Female 62.05%, Male 37.95%. Currently, PCC's staff reflects the following demographics: White 98%, African American 2%, Women 81.5%, Men 18.5%.

Identified Attitudinal Barriers this past fiscal year:

1. Increased awareness of the need to foster workplace belonging so that all staff and all persons served feel heard, seen, and accepted for their contributions and authentic self. Solution: Cultural Diversity training at hire and annually, with greater emphasis made to demonstrate on a daily basis in our treatment of others that all individuals, regardless of age, race, gender, religion, sexual orientation, socioeconomic status, and disability, deserve to be treated with competent professionalism at all times.
Solution: Agency wide emails that disseminate information about community activities and encourage participation in events that present opportunities for staff and individuals served to take part in initiatives that will promote diversity, equity and inclusion.

Employment Accessibility, Barriers and Solutions

PCC continues to abide by all federal and state laws with regard to equal opportunity in staff recruiting, hiring and promotion. PCC continues to conduct thorough background checks on all potential employees. PCC continues to be open to exploring and developing incentives to retain employees at all levels, including flexible scheduling, diversified payment models, varied staff benefit options (recently reducing the number of qualifying hours of employment to 20 hours per week), professional development and affordable clinical supervision for those staff with limited licenses.

Identified Employment Barriers this past fiscal year:

1. Recruiting and retaining staff to provide services in all programs. Solutions: A SCCCMH Provider Staffing Crisis Stabilization Recruitment Funding Grant was applied for (5/27/22) and awarded to PCC to host an Open House, which was held on (9/14/22), to showcase the agency and attract individuals to apply for positions available; training opportunities and more evidence based tools were also purchased with this funding.

Solution: A process to update the PCC Website was begun on (8/16/22) to include staff photos and bios along with videos made by the executive team and recent hires to promote PCC as a great place to work and grow.

Solution: A Breezy account was created on (8/23/22) to access social media to help recruit more staff and show off what a fun work environment PCC has.

Communications Accessibility, Barriers and Solutions

PCC continues to work hard to maintain open communication with individuals served, staff, referring agencies, other stakeholders and the general public. Anonymous satisfaction surveys for individuals served are administered a minimum of twice per year, staff receive an anonymous annual satisfaction survey (usually every Fall), and referring agencies and stakeholders are also encouraged to participate in an anonymous survey at least once per year. Information gathered from these surveys is used to enhance the strategic planning process.

Identified Communication Barriers this past fiscal year:

1. Although no barrier was identified in this area, PCC continues to maintain arrangements with SCCCMH to use their interpreters, TTY phones and/or their facilities if an impairment is such that it cannot be accommodated at our own office. PCC places the best interest of the individual served first, and may choose to refer individuals to other human service agencies prior to initiating services, if PCC cannot reasonably accommodate her/his/their needs.
2. Although no barrier was identified in this area, PCC continues to maintain an open door supervision policy so that staff may reach out to any available supervisor, across program lines, to process an urgent issue or concern. PCC also established a case consult group supervision process on the 2nd Wednesday of every month (6/8/22) for staff to meet to present challenging clinical situations and to receive feedback (ideas for creative interventions) and support from peers and supervisors alike.
3. Several incidents occurred where PHI was accidentally shared, parties were notified, corrective actions occurred. Solution: HIPAA compliance training via the KnowBe4 platform remains on the forefront of training staff to continue to provide high quality services and communicate with individuals served, while ensuring that their PHI is strictly protected and confidentiality is maintained.

Transportation Accessibility, Barriers and Solutions

PCC's main office is located within walking distance of the local bus station and is immediately adjacent to the main bus route. There is one clearly marked accessible parking spot at the front of the building, near the ramp entrance. There are several other free parking spaces in the front of the building as well, with eleven free parking spaces behind the building. PCC is located across the street from the McMorran parking lot, which sometimes charges a \$3 fee for parking when an event is occurring at the McMorran center.

Identified Transportation Barriers this past fiscal year:

1. Sometimes parking can be difficult during peak business hours, from 3pm to 8 pm, Monday through Thursday evenings. Solution: PCC purchased 40 parking passes for staff to use the north McMorran lot, to keep parking spaces around our building available for individuals served. Attempts have been made to encourage staff to see individuals on Fridays or Saturdays, utilizing telehealth as an option, and/or educating individuals served about other transportation options including those transportation services provided by their health insurance plans (such as with some Medicaid and Medicare health plans) and by the Council on Aging for seniors who receive outpatient services. This issue continues to remain an issue due to lack of parking that is free of charge and close to the agency. (Individuals are also encouraged to use McMorran parking lot when it's open and free to use.)
2. Sometimes health insurance plan transportation is unreliable. Solution: Conduct telehealth sessions with individuals who are unable to attend their session that day due to transportation using HIPAA protect Google Meet or Google Voice.

Financial Accessibility, Barriers and Solutions

PCC continues to strive for annual profitability, primarily as a means to help fulfill its mission to serve all area residents who need behavioral health services. Generally, profits earned are reinvested in the agency to help with that goal in mind.

Identified Financial Barriers this past fiscal year:

1. Sometimes individuals served fall behind in their copays or struggle with their deductibles. Solution: Individuals are encouraged to create an affordable payment plan with the credentialing and database specialist.
2. Sometimes individuals served do not pay their copays when engaging in telehealth services. Solution: The front desk staff will contact them to collect payment just prior to their session; the front desk will notify the therapist if there is a consistent payment issue so the therapist can be part of the resolution process and encourage payment for services as they are rendered, prior to a high balance owed being accrued. When the patient portal (Breeze) is fully operational during the next fiscal year, individuals served will be encouraged to make payments online.

Professional Counseling Center, P.C.
LABOR TURNOVER REPORT
October 1, 2021 to September 30, 2022

During the fiscal year 2021-22, PCC hired eleven (31) people. The positions hired were:

- One Home Base Therapists
- Four Home Base Assistants
- One Family Building Solutions
- Thirteen Parenting Time Support Services
- Three Life Skills & Family Assistance Program
- Three Clerical
- Three Family Reunification Worker
- One IT
- Two In Home

Employee turnover (28) consisted of:

- Eight Termination - Not Good Fit
- One Personal Reasons
- Nine Another Job
- Three Unknown
- Two Back to School
- Four Health Issues
- One Retired

We have consistently completed exit interviews with staff. Their comments reflect that “PCC is a great place to work; staff is supported, properly trained, flexible in schedules when needed. Salaries, fringes and advancement could be better.”

At this time, there are no specific plans to change the work environment.

Professional Counseling Center, P.C.
POLICY COMMITTEE REPORT
October 1, 2021 to September 30, 2022

The Policy Committee met five (5) times during the 2021-2022 fiscal year and have worked on the following areas listed below:

- The Committee finalized revisions and suggestions of Policy in the following: Chapter 1 section 4 through Chapter 2 Section 2. These changes/updates have been forwarded to all staff, policy books have been updated, and the intranet policies have been updated as changes occur.
- Policies and procedures are on the agency intranet with ongoing updates on a needed basis.
- Staff are encouraged to bring issues regarding policies to the committee or Management.
- Two new members have been added to the committee, our Human Resource Specialist as well as our Compliance Manager

PCC - Annual Report, October 1, 2021 to September 30, 2022

RECIPIENT RIGHTS REPORT

- A. During the fiscal year 10/1/2021 to 9/30/2022, there was one (1) formal Community Mental Health client complaint received:

10/21/2021 - #4704 - Services Suited to Condition - Boundaries
SUBSTANTIATED on 12/16/2021
Employee resigned on 10/29/2021 - no further action required

- B. For PCC's private client complaint process (for all other programs), thirteen (13) were filed:

#P001-2021 - 8/25/2021 - Confidentiality (included in FY 20/21 reports)
SUBSTANTIATED on 9/30/2021
Individuals notified on 10/5/2021; written notice placed in employee file

#P002-2021 - 11/17/2021 - Confidentiality
SUBSTANTIATED on 11/19/2021
Written notice placed in employee file

#P003-2021 - 12/1/2021 - Confidentiality
SUBSTANTIATED on 12/8/2021
Employee resigned on 12/8/2021; written notice placed in employee file.

Building Safety Concern - 1/14/2022 - Tripping Hazard
UNSUBSTANTIATED on 1/18/2022

#P001-2022 - 2/1/2022 - Confidentiality
UNSUBSTANTIATED on 2/1/2022
No further action required

#P002-2022 - 3/18/2022 - Confidentiality
UNSUBSTANTIATED on 3/21/22
No further action required

#P003-2022 - 3/23/2022 - Confidentiality
SUBSTANTIATED on 4/13/2022
Corrective action - Staff training on 4/13/2022

#P004-2022 - 4/11/2022 - Confidentiality
UNSUBSTANTIATED on 4/16/2022
No further action required

#P005-2022 - 6/23/2022 - Confidentiality
SUBSTANTIATED on 6/27/2022
Corrective action - staff training on 7/7/2022

Former Employee Request for Reimbursement - 6/28/2022 - Licensing Legal Fees
RESOLVED

#P006-2022 - 7/12/2022 - Confidentiality
SUBSTANTIATED on 7/14/2022
Individual notified on 8/1/2022; staff training on 8/1/2022

Access to Services Concern - 9/1/2022 - New Registration Required, Gap in Attendance
Individual chose to end services, refused to go through the intake process again.
UNSUBSTANTIATED on 10/3/2022

#P007-2022 - 9/26/2022 - Confidentiality
Another entity forwarded PHI Medical records to PCC in error on 9/26/22
PCC informed the entity then shredded the medical records
SUBSTANTIATED on 9/26/2022

Professional Counseling Center

Incident Reports: 2021 - 2022

Date	Category	Therapist Initials	Client Initials	Staff Action Appropriate? Yes or No	Quarter	Program	
10/12/2021	Verbal Aggression (S), Physical Aggression (M)	TW	001	Yes	1st	HB	Risk Event
11/3/2021	Emergency Medical Treatment (G)	EK	002	Yes	1st	OP	
11/16/2021	Sexual Behavior (T), Abuse Suspected (A), Hospital due to Psych (K), Physical Aggression (M), Law Enforcement Involved (L)	KB	003	Yes	1st	HB	Risk Event
12/8/2021	Behavior w/out injury (stealing) (D), Law Enforcement Involved (L)	LAK	001	Yes	1st	HB	Risk Event
12/15/2021	Physical Aggression (M), Verbal Aggression (S)	KP	004	Yes	1st	HB	Risk Event
12/16/2021	Physical Aggression (M)	KP	004	Yes	1st	HB	
12/17/2021	Suicidal Ideation/Threat/Action (Q), Behavior w/out Injury (D), Hospitalization Psych Concern (K)	LAK	005	Yes	1st	HB	
12/28/2021	Physical Aggression (M), Law Enforcement (L)	EG/LAK	001	Yes	1st	HB	Risk Event
1/11/2022	Physical Aggression (M), Behavior with Injury (D), Verbal Aggression (S)	KB	006	Yes	2nd	HB	
1/12/2022	Other (T) - Threaten Abandonment, PO & CPS Involved	LAK	001	Yes	2nd	HB	

1/13/2022	Verbal Aggression (S), Physical Aggression (M), Behavior w/out Injury (D)	KB	006	Yes	2nd	HB	Risk Event
1/13/2022	Physical Aggression (M), Behavior with Injury (D), Law Enforcement Involvement (L)	KB	006	Yes	2nd	HB	
1/13/2022	Behavior with Injury (D), Other (T) medication refusal	LAK	007	Yes	2nd	HB	
1/17/2022	Suicidal Ideation/Threat/Action (Q), Hospitalization Psych Concern (K)	TB	008	Yes	2nd	OP	Risk Event
1/26/2022	Other (T) - Child was assaulted by another child	LAK	001	Yes	2nd	HB	
2/8/2022	Suicidal Ideation/Threat/Action (Q), Hospitalization Psych Concern (K)	TB	009	Yes	2nd	OP	Risk Event
2/8/2022	Physical Aggression (M), Verbal Aggression (S), Law Enforcement Involved (L), Incarceration (B)	KB	006	Yes	2nd	HB	Risk Event
2/10/2022	Suicidal Ideation/Threat/Action (Q), Law Enforcement Involved (L)	VG	010	Yes	2nd	OP	Risk Event
2/23/2022	Verbal Aggression (S), Other (T) - Threatened School Staff, Law Enforcement Involved (L)	KB	006	Yes	2nd	HB	Risk Event
2/23/2022	Other (T) - Staff Injury	KP	KP	Yes	2nd	OP	
2/24/2022	Suicidal Ideation/Threat/Action (Q)	KB	011	Yes	2nd	HB	

2/28/2022	Physical Aggression (M), Law Enforcement (L), Incarceration (B)	KB	006	Yes	2nd	HB	Risk Event
2/28/2022	Suicidal Ideation/Threat/Action (Q), Hospitalization (Consult) Psych Concern (K)	KB	011	Yes	2nd	HB	Risk Event
3/1/2022	Abuse or Neglect (A)	EG/LAK	001	Yes	2nd	HB	
3/16/2022	Other (T) - Delusional Bx, Parent Contacted	EK	012	Yes	2nd	OP	
3/24/2022	Physical Aggression (M), Verbal Aggression (S)	SH	013	Yes	2nd	FPP	
3/30/2022	Physical Aggression (M), Other (T) Theft, Law Enforcement Involved (L)	LAK, TA, EG	001	Yes	2nd	HB	Risk Event
4/2/2022	Physical Aggression (M), Verbal Aggression (S), Elopement (F), Law Enforcement Involved (L)	LAK	005	Yes	3rd	HB	Risk Event
4/15/2022	Fall/Accident (H)	KP	014	Yes	3rd	HB	
4/18/2022	Fall/Accident (H) - Vehicle; Law Enforcement Involved (L)	SG	015	Yes	3rd	HB	
4/18/2022	Physical Management (N) by parent; Abuse/Neglect (A) - 3200 filed	SG	015	Yes	3rd	HB	Risk Event
5/2/2022	Suicidal Ideation/Threat (Q), Law Enforcement Involvement (L)	KAC, CM	016	Yes	3rd	OP	Risk Event
5/4/2022	Suicidal Ideation/Threat/Attempt (Q), Hospitalization due to Psychiatric Concerns (K)	TB	017	Yes	3rd	OP	Risk Event

5/4/2022	Suicidal Ideation/Threat/ Attempt (Q), Law Enforcement Involved (L)	SG, KP	018	Yes	3rd	HB	Risk Event
5/31/2022	Behavior without Injury (D), Verbal Aggression (S), Law Enforcement Involvement (L)	SG, KP	019	Yes	3rd	HB	Risk Event
5/31/2022	Suicidal Ideation/Threat/ Action (Q)	KP	018	Yes	3rd	HB	
6/1/2022	Behavior with Injury (D), Other (T) risk for self-harm, medical treatment	LAK	005	Yes	3rd	HB	
6/9/2022	Emergency Medical Treatment (G) - parent of individual served	TB	020	Yes	3rd	OP	Risk Event
6/10/2022	Assaulted by Peer/Other (C), Other (T) Suspended from school for the rest of the year	LAK	021	Yes	3rd	HB	
6/14/2022	Fall/Accident (H)	JZ	022	Yes	3rd	OP	
6/17/2022	Suicidal Ideation/Threat/ Attempt (Q)	SP	023	Yes	3rd	OP	
7/4/2022	Suicidal Ideation/Threat/ Attempt (Q)	CWK	024	Yes	4th	OP	
7/6/2022	Law Enforcement Involvement (L), Other (T) Fear for Child's Safety	SG, SN	025	Yes	4th	HB	Risk Event
7/16/2022	Assaulted by Peer/Other (C), Other (T) Daughter's Therapist not responsive	CWK	026	Yes	4th	OP	
7/22/2022	Physical Aggression (M) toward staff, Behavior without Injury (D)	KP	027	Yes	4th	HB	
8/2/2022	Abuse or Neglect (A)	SG, ASH	025	Yes	4th	HB	

8/3/2022	Hospitalization - Psychiatric (K), Law Enforcement Involvement (L), Physical Aggression (M)	SH	028	Yes	4th	FPP	Risk Event
8/4/2022	Suicidal Ideation/Threat (Q)	KR, CWK	029	Yes	4th	OP	
8/9/2022	Verbal Aggression (S), Suicidal Ideation/Threat (Q), Law Enforcement Involvement (L), Hospitalization - Psychiatric (K)	LAK	030	Yes	4th	HB	Risk Event
8/16/2022	Abuse or Neglect (A)	SN, ASH	025	Yes	4th	HB	
8/22/2022	Other (T) Negative Review of services on PCC social media	KDJ/LS	034	Yes	4th	OP	
8/30/2022	Verbal Aggression (S), Other (T) Negative Review of services on PCC social media	VG/LS	035	Yes	4th	OP	
9/3/2022	Physical Aggression (M), Suicidal Ideation/Threat (Q)	DZ	027	Yes	4th	HB	
9/7/2022	Physical Aggression, Property Destruction (M), Suicidal Ideation/Threat (Q), Physical Management (N) by Staff	KP	019	Yes	4th	HB	Risk Event
9/15/2022	Death of a Recipient (E) former individual served	BM	033	Yes	4th	FPP	Critical Event
9/16/2022	Suicidal Ideation/Threat (Q), Hospitalization due to Illness (I)	TB	031	Yes	4th	OP	Risk Event

9/20/2022	Physical Aggression, Property Destruction (M), Elopement (F), Law Enforcement Involvement (L), Suicidal Ideation/Threat (Q)	KB	032	Yes	4th	HB	Risk Event
9/23/2022	Law Enforcement Involvement (L), Other (T) Lock up - DTNW	LAK	030	Yes	4th	HB	Risk Event
9/29/2022	Verbal Aggression (S), Physical Aggression (M), Physical Management (N) by Parent	KP, JL	004	Yes	4th	HB	Risk Event
9/29/2022	Other (T) - Homicidal Threat, Hospitalization Psychiatric (K), Law Enforcement Involvement (L)	STS, KAC	036	Yes	4th	OP	Risk Event

1st Quarter	10/1/2021 to 12/31/2021
2nd Quarter	1/1/2022 to 3/31/2022
3rd Quarter	4/1/2022 to 6/30/2022
4th Quarter	7/1/2022 to 9/30/2022

Reportable Events Table updated: 10/12/2022

of Individuals

Sentinel Events	0	Actively receiving 24/7 care; unexpected death, serious physical injury (loss of limb or function), serious psychological injury, or the risk thereof			
Critical Events	1	Death (both by suicide and non-suicide, not natural causes), hospitalization due to injury or Rx error, receive EMT due to injury or Rx error, arrest			
Risk Events	29	Harm to themselves (or others) and are hospitalized or receive EMT, staff initiated police involvement, physical management, and/or unscheduled medical hospitalizations			
Events = MDHHS notification	0	Sentinel Event while actively receiving 24/7 care			

Professional Counseling Center, P.C.
STAFF ENRICHMENT COMMITTEE REPORT
October 1, 2021 to September 30, 2022

The Staff Enrichment Committee is in its seventeenth year at Professional Counseling Center. Throughout the year the committee organized:

- The staff Christmas Party was organized by both Management Team and SEC where a catered lunch was served, the office has a decorating competition, other games were played, and an award was given for best decorations
- SEC organized fundraisers such as bake sales and luncheons (hot dog cook-out, taco bar, May the 4th, Pi Day) where the proceeds go back to the staff through employee-only prizes given at the Christmas Party
- SEC organized a Staff Self-care Day where each staff was given a small gift and an opportunity to sign up for a 15 minute chair massage
- Started the Employee Spotlight board that will showcase two new staff members every month with their picture and a questionnaire they can fill out.
- Increased our membership with 4 new members
- Marlette started their own branch of SEC
- Marlette SEC held basket raffles (Self-care basket, vacation day basket, BBQ basket), and a lottery ticket raffle to help purchase Christmas gifts for staff
- Marlette SEC hosted several luncheons for staff such as Breakfast with the Bosses, a staff pot luck and a taco bar.

1. Stopped counseling services at PCC due to (Check all that apply)

Met my goals	Services needed were not available	No longer need/want services	Chose another provider	Financial Issues	Moved out of area	Dissatisfied with services	Unknown/Other	Did Not Answer	Totals
19 50%	3 8%	6 16%	0 0%	0 0%	0 0%	4 11%	1 3%	5 13%	38 100%

2. Since receiving services, I deal more effectively with daily life stressors.

Yes	No	Did Not Answer	Totals
26 68%	3 8%	9 24%	38 100%

TOTAL SURVEYS SENT
221

3. Since receiving services, my symptoms have improved.

Yes	No	Did Not Answer	Totals
27 71%	1 3%	10 26%	38 100%

TOTAL SURVEYS RETURNED
38

4. Since receiving services, I get along better with people.

Yes	No	Did Not Answer	Totals
25 66%	0 0%	13 34%	38 100%

NA
0

5. Overall, I am satisfied with the services I received from PCC.

Yes	No	Did Not Answer	Totals
33 87%	2 5%	3 8%	38 100%

OUTPATIENT POST OUTCOME SURVEY RESPONSES
OCTOBER 2021 - SEPTEMBER 2022

What was the most positive factor you received from services?

How nice and helpful the staff is.

Made a connection with my therapist that in turn made it easier to talk to her about what was/is bothering me,

Talk with a third party for ideas

Great connection with my therapist. I felt she understood my needs and goals.

My therapist was fantastic...very genuine person and seemed to really care about me personally and we worked together to get me to a better place mentally

Working with a therapist I really liked and connected with

Nothing

Working on my goals and having help from a professional

Staff is friendly and helpful

My therapist was professional and kind

Therapist was able to accommodate appointments

Really like telehealth services

What could have made services better?

Communication with parents

More late night appointments

My son wasn't putting in the work needed

No negative issues

More availability for children after school

Nothing

Stop canceling her appointment

I'm not done yet

Bigger waiting area and parking lot

Need more nighttime hours for kids

It was hard to get into my therapist as much as I wanted because her schedule was so packed.

General Comments:

We were very happy with the services we received at PCC. Due to the connection my granddaughter made with her therapist we are leaving to follow her so my granddaughter will continue her help.

We paused services until my son is ready to put the work in

I was very pleased with my therapist and support she gave me

I highly recommend therapy. During my almost 2 full years of seeing my therapist I have grown and become more confident and able to handle the daily stressors of being a divorced parent and having to deal with co parenting my children with my ex-wife

My daughter was not happy with all the cancellations and then you switched her therapist and the therapist canceled their first appointment and I just said never mind that's not fair to her

Basically I just can't balance things very well right now, I'll be back at some point I'm sure.

Counseling was overall a great experience.

PCC	FUNCTIONAL ASSESSMENT SCORES 21-22					Closed with no score, not open long enough, <4mo., or not done	GRAND TOTAL
MONTH	<u>NO CHANGE</u>	<u>UNKNOWN</u>	<u>IMPROVED</u>	<u>DECLINED</u>	<u>W/GAF</u>		
OCT	32	23	10	5	70	51	121
NOV	9	8	3	15	35	38	73
DEC	17	1	0	8	26	31	57
JAN	2	2	3	8	15	33	48
feb	9	7	16	2	34	98	132
MAR	11	7	10	4	32	51	83
APRIL	6	11	4	2	23	39	62
MAY	5	11	7	1	24	19	43
JUNE	8	5	11	3	27	47	74
JULY	5	12	4	7	28	27	55
AUG	5	14	18	4	41	31	72
SEPT	10	27	24	11	72	62	134
TOTALS	119	128	110	70	427	527	954
PERCENT	0.28	0.30	0.26	0.16	1.00	0	
TOTAL CASES CLOSED THIS YEAR							954

1. Has there been any difficulty to getting services?

YES	NO	TOTALS
8	111	119
6.72%	93.28%	100.00%

Did Not Answer
0
0%

2. Are you getting the services you need?

YES	NO	TOTALS
115	4	119
96.64%	3.36%	100.00%

Did Not Answer
0
0%

3. Can you usually get appointments at the times you want?

YES	NO	TOTALS
114	5	119
95.80%	4.20%	100.00%

Did Not Answer
0
0%

4. Do staff treat you with respect?

YES	NO	TOTALS
119	0	119
100.00%	0.00%	100.00%

Did Not Answer
0
0%

5. When putting together your treatment plan, did you participate in setting goals?

YES	NO	TOTALS
117	1	119
98.32%	0.84%	99.16%

Did Not Answer
1
1%

6. Are staff helping you reach your treatment plan goals?

YES	NO	TOTALS
119	0	119
100.00%	0.00%	100.00%

Did Not Answer
0
0%

7. Overall, are you satisfied with the services you receive?

YES	NO	TOTALS
118	1	119
99.16%	0.84%	100.00%

Did Not Answer
0
0%

Questions 8 and 9 on comment section due to not a yes or no question.

10. Would you recommend PCC to someone for counseling services?

YES	NO	TOTALS
118	1	119
99.16%	0.84%	100.00%

Did Not Answer
0
0%

SURVEYS TURNED IN
119

**PROFESSIONAL COUNSELING CENTER
CLIENT SATISFACTION SURVEY
OVERALL FY OUTPATIENT COMMENTS
February 2022 & August 2022**

1. HAS THERE BEEN ANY DIFFICULTY GETTING SERVICES?

- *Difficult to schedule appointments at times around school schedule.
- *Days don't line up or therapist is always booked.
- *None at all.
- *Tasha always works around our availability.
- *Tom is understanding of my schedule and accommodating.
- *Been a very easy process for new patients.
- *Insurance issues.
- *Did not get my first appointment until one month after first being needed.
- *Was able to get started right away.
- *Unable to afford, insurance has large deductible, PCC was able to get us in quickly.
- *Kinda, but not due to PCC, I have a difficult schedule.

2. ARE YOU GETTING THE SERVICES YOU NEED?

- *Yes I receive therapy that helps me.
- *As far as my children, yes. As far as myself, No (a therapist gave up to easy).
- *Very attentive service.
- *Very well.
- *Does wonderful with my child.
- *Love Lisa! She's the best!
- *I look forward to my appointments. All of them!
- *To my knowledge, yes. Counseling is for my son.
- *I love Ellen so much she has gotten me to feel so much better about myself and the office staff make it a pleasure to come in.
- *Not all of them.
- *Love my therapist (Ellen).
- *She is good (Tasha).
- *Due to cost, I may not be able to receive all the counseling needed.
- *Only just started services.
- *Long wait for a psychiatrist.

3. CAN YOU USUALLY GET APPOINTMENTS AT THE TIMES YOU WANT?

- *Only because I need after school appointments and sometimes they aren't available.
- *Yes and No. Maybe not so much on evenings during the week, but that is very popular.
- *Kaitlyn has been very flexible and understanding.
- *Difficult initially.
- *Open later than most places.

- *Staff has been very accommodating.
- *Scheduling two weeks out really helps.
- *My schedule doesn't always line up with my therapist (Linda) and I often find myself going weeks without service.
- *The whole team in the office works with me so well that I couldn't be happier.
- *The night appointments fill up fast!
- *Yes! Love this.
- *I like to come early, not late at night.
- *Can set them within an hour of our preferred time.
- *Never had an issue; always consistent with what works best for me.

4. DO STAFF TREAT YOU WITH RESPECT?

- *Always! Nice and helpful.
- *Very nice place, make you feel welcome.
- *Everyone I have met here is very friendly and helpful.
- *Tina is Da'Bomb! The rest of the staff is pretty amazing as well.
- *They even know me by name (whether that's good or not).
- *Always friendly.
- *All staff have treated me with respect.
- *Very Friendly.
- * Big Yes!
- *Tom is very kind, nice & respectful.
- *Darren is awesome!
- *Everyone is amazing.
- *Never had any issues with the staff.
- *Always friendly.
- *Yes and office staff is very helpful in getting my appointments and billing. Tina is great to work with.
- *They are always super nice and try to help the best they can.
- *They greet me by name and always have a smile for me.
- *Always friendly and welcoming.
- *All of the staff I have interacted with have been very pleasant and professional.

5. WHEN PUTTING TOGETHER YOUR TREATMENT PLAN, DID YOU PARTICIPATE IN SETTING GOALS?

- *Yes and very good help.
- *Took my concerns into play.
- *Yes I did, it was set for my needs.
- *Tom asked me what my goals were/are with therapy.
- *I did not (Mom) but am not sure if my daughter did.
- *Never have been excluded from my own goals.

6. ARE STAFF HELPING YOU REACH YOUR TREATMENT GOALS?

- *One day at a time.
- *Help find things to help keep anger at bay.
- *Sandy has been very attentive to my goals and assisting me greatly.
- *Yes I feel stress relieved after each session.
- *Still working on this.
- *Just started.
- *Everyone always asks if there is anything more they can do for me.
- *Kind of.
- *Best therapist (Siobhan) I've ever had. Very pleasant and understanding; I've watched myself grow tremendously.

7. OVERALL, ARE YOU SATISFIED WITH THE SERVICES YOU RECEIVE?

- *So far, for my children, yes.
- *Always been pleased with all counselors I have seen.
- *Absolutely
- *Not much advancement yet. Hoping psychiatrist will help.
- *Other than cost.
- *I absolutely love the treatment I am getting.
- *I very much love coming here, everyone has been a godsend.
- *All of the time; even when I am being challenged.

8. WHAT IS THE BEST THING ABOUT THE SERVICES YOU RECEIVE?

- *My son is always very happy when we leave. He is always in a good mood after.
- *I love the friendly staff.
- *I have a therapist who is fairly "close" in age and relatable. Makes treatment better.
- *Getting the balance & help needed with child behavior. An extra support.
- *Feels like staff cares, like they are family.
- *Everything.
- *The kindness.
- *The kids get to talk.
- *Support
- *My kid loves coming to see Suzette. Receives a lot of coping strategies.
- *I am able to speak with my therapist about anything.
- *Suzette is very engaging and easy to talk to?
- *Easy to arrange appointments.
- *I am already seeing a positive change.
- *I feel not only does she listen and understand but also cares.
- *Thomas is a great therapist. Listens, talks, and helps change.
- *I am actually able to make positive changes in my life, and talk about how I feel freely, and get over anxieties.
- *The caring and professional experience.

- *Being able to talk to someone.
- *Comfortable to talk.
- *Regina is down to earth and gets it.
- *Getting the help I need and being surrounded by people who care.
- *The fact that they listen and give me helpful tips.
- *I get to talk when I can't usually because I feel I will be judged.
- *The kindness and understanding I receive from my therapist Suzette.
- *Very helpful with anger and redirecting.
- *Helping me get relief from my anxiety and depression.
- *Bettering myself.
- *I feel like I am being heard about any issues I may be having.
- *Services are great.
- *That you can talk without judgment.
- *Helps my son.
- *Friendly faces.
- *The willingness of my provider to allow any form of self expression whoever it is needed, kindness.
- *The respect the staff give to you.
- *Building strength.
- *Homecare, Kelly Ann comes to me. The fact that I can call her anytime day or night.
- *It gives me new perspectives and makes me think.
- *The respect when walking in and the fact that staff makes me feel welcomed and cared for.
- *We like Laura.
- *My therapist is encouraging. I don't feel like she's judging me.
- *Having someone to talk to and helping to heal.
- *Appointment availability (hours).
- *They reach out to me and help out with all my questions.
- *We just began but she is very attentive to my son.
- *She is amazing for my daughter!
- *Getting everything out. Seeing Ellen puts me in a great mood.
- *Information on handling certain situations better.
- *Understanding and accepting.
- *Helpful, understanding, patient, kind.
- *I feel calmer and I do feel like I am part of something. I enjoy my talks. Yes I enjoy seeing my therapist. Front desk staff is great too.
- *Just started.
- *It has given me the ability to bring things out that have been locked away for almost fifty years.
- *Prompt appointments, caring, invested counselors.

- *She is a good therapist (Tasha).
- *Linda is super nice and makes me feel comfortable and like I can really open up.
- *Both Ellen and Tasha have been awesome with both kids.
- *I love my therapist and she is very helpful.
- *Abby is comfortable with Tasha and she makes it easier to open up.
- *Unsure
- *Ellen is the first counselor my daughter has liked and opened up to.
- *Having a therapist who shares the same beliefs that I do.
- *How I feel after leaving.
- *Feeling privacy
- *Talking to someone that understands helps my depression & anxiety.
- *Appointment times I am really getting the help I need with Sandy.
- *We Work on goals, work on myself and fix the many problems I face. I am respected and heard (Thermond).
- *I feel comfortable.
- *It is helping me a lot.
- *Ellen is very easy to talk to.
- *Being Heard.
- *It is helping my child.
- *When Cal has a bad attitude, Kristen recognizes it and plays a game to turn him around by explaining it.
- *Suzette is great with my child. They are always excited to come to counseling.
- *I find it very helpful (Sandy).
- *John and all the staff make you feel great when I leave.
- *The communication and making you feel welcomed and being respectful.
- *Very nice and pleasant staff.
- *I was able to get in and get help when I needed it.
- *When there was an issue it was resolved quickly and efficiently.
- *People treat me very nice.
- *Help dealing with anxiety & depression.
- *Feeling comfortable where I am and satisfied each time I leave.
- *Different from any other therapies I have been through.
- *Friendly staff.
- *It is helping me help myself.
- *Suzette is so easy to talk to. She genuinely listens and provides excellent feedback.
- *That we can receive services on the weekend with Laura.
- *Laura is very helpful and informative about service.
- *My son is able to open up with someone.
- *My therapist is very understanding and I feel very comfortable (Laura).
- *Positive relationship with therapist (Kristen).

- *Siobhan has been great, accommodating and caring.
- *Tasha helps me so much with getting my life back on track.
- *How easy and accessible it has been to make and reschedule appointments.

9. WHAT COULD MAKE SERVICES BETTER?

- *Staff to not give up so easily for someone who's suffering depression and PTSD.
- *Bipolar Support Group.
- *Parking
- *Texting during high stress periods.
- *Get in earlier when requested help & have a psychiatrist available all the time.
- *Lower cost of services, lower payment plans.
- *Nothing they are good the way they are.
- *The office needs more dogs, maybe have employees bring pets.
- *Therapist being on time for my appointments and get psychiatric evaluation.
- *More accepting of insurance plans.
- *None
- *More available night appointments.
- *I think it is good now.
- *At this time, I am satisfied with my service.
- *If Dr. Joseph listened better & more.
- *No current recommendations. Happy with services.
- *Fewer steps.
- *Parking
- *Appointments on Saturdays and late evenings for teens that go to school.
- *I always am left feeling heard and seen. My therapist and I have a good dynamic.

10. WOULD YOU RECOMMEND PCC TO SOMEONE NEEDING COUNSELING SERVICES?

- *Yes, they are good with children.
- *Always
- *100%, I already have attempted to do so, but people are stubborn sometimes.
- *I have.
- *I have in the past.
- *I have actually already recommended people to come here.
- *Way better than CMH, feels like I have a voice.
- *Already referred three people.
- *Not sure.
- *I already have recommended you to a few people.
- *Depends on the counselor.
- *Absolutely
- *I recommend it all the time.
- *My son and I have both received amazing services at PCC; Awesome staff.

1. Has it ever been difficult to get services?

YES	NO	TOTALS	Did Not Answer
39	1	40	
97.50%	2.50%	100.00%	3%

3. Can you usually get appointments at the times you want?

YES	NO	TOTALS	Did Not Answer
39	1	40	
97.50%	2.50%	100.00%	3%

5. When putting together your treatment plan, did you participate in setting goals?

YES	NO	TOTALS	Did Not Answer
40		40	
100.00%	0.00%	100.00%	0%

6. Do staff help you reach your treatment plan goals?

YES	NO	TOTALS	Did Not Answer
40		40	
100.00%	0.00%	100.00%	0%

Questions 8 and 9 on comment section due to not be a yes or no question.

10. Would you recommend PCC to someone in need of counseling services?

YES	NO	TOTALS	Did Not Answer
39	1	40	
97.50%	2.50%	100.00%	3%

2. Are you getting the services you need?

YES	NO	TOTALS	Did Not Answer
38	2	40	
95.00%	5.00%	100.00%	0%

4. Do staff treat you with respect?

YES	NO	TOTALS	Did Not Answer
40	0	40	
100.00%	0.00%	100.00%	0%

7. Overall, are you satisfied with the services you receive?

YES	NO	TOTALS	Did Not Answer
40		40	
100.00%	0.00%	100.00%	0%

SURVEYS TURNED IN

40

CLIENT SATISFACTION SURVEYS
2022 Compilation (Feb & Aug.) – HOMEBASE

QUESTIONS 8 & 9

8. What is the best thing about the services you receive?

- Helping my son.
- Reaching the goals
- If we have an emergency, we always get the help we need even after hours.
- Personal service, even in very difficult times.
- How patient my therapist is with my child
- My therapist
- I really like the convenience of them coming into the house.
- That my child is able to open up to their therapist.
- My therapist and HBA are the best.
- My therapist and HBA
- I have a place I can talk
- My therapist
- When my child actually applies what they are taught.
- The one on one communication
- My child and the therapist do well working together
- Coming to the house helps with transportation. It is someone else that my child can talk to and develop skills with.
- The therapist. Therapist is very personable, open-minded, and non-judgemental.
- I love seeing all the progress my kiddo is making!
- The Attention to my child
- Learning how to take a step back and think about best choice for the kids
- Getting the help needed for my child, all the hard work that is put in to help better/teach new skills to move forward.
- I get along with my therapist. I had her years ago when she was training. I feel comfortable with her so it makes my services go better
- That she is really good at dealing with what he needs.
- Home-based, convenient
- Progress my son is doing
- Therapist is good with my son, as well as the mental health assist
- That new goals and concerns can be worked on asap and adjustments can be made anytime.
- working with my daughter to understand sometimes to handle things better
- We love the therapist
- How comfortable my child is with his counselor.
- The openness and family connection. Therapy doesn't seem like a chore.
- Therapist is doing his very best to help my kiddo
- I love the flexibility. It makes it easy that I can get help in the comfort of my own home.
- Having the therapist to help
- Being able to talk to her anytime we need her.
- That my daughter isn't afraid to open up and that she likes her counselor
- Therapist and HBA

CLIENT SATISFACTION SURVEYS
2022 Compilation (Feb & Aug.) – HOMEBASE

9. **What would make services better?**

- More hours for my son.
- Respite service would be nice
- Any community services
- More workers like them.
- More time slots, weekends maybe.
- Nothing
- Maybe another hour with sessions or involvement with schools so I don't feel like I am battling them alone.
- Having HBA's last longer. All year round, no college students, no job hoppers, etc.
- N/A
- nothing
- I've learned a lot in the program I'm very satisfied and wouldn't change anything
- nothing
- Nothing comes to mind
- nothing
- more options for days & times for med reviews
- N/A, completely satisfied
- Not sure
- I don't have no complaints
- N/A
- Nothing now
- Never get rid of them

IT Annual Report Fiscal Year 2021-2022

The IT Team has completed many projects within this fiscal year. Several of these projects have been to increase security and functionality for staff. Some have been to get a better understanding of assets and the need to replace/retire current equipment as well as any needs that may occur for staff. Others have been more convenience type projects that help already existing systems in place be more efficient or useful.

- **Implementation of the new Intranet** - PCC was formerly using MyHub as an Intranet. With the move to Google, the IT team was able to use their app Sites to create our own intranet to cut IT costs.
- **Set up the new Marlette office** - The Marlette office moved in 2022. The IT team went to the new office and set up the technical infrastructure.
- Several new printers set up - Replacement of several retired printers that needed upgrading.
- **Expanded and installed new Wifi network** - With the addition of Google Voice, PCC Port Huron's Wifi was not able to consistently support all devices that were using it. A new Wifi system was implemented and has increased bandwidth.
- **Installation of cable locks on laptops** - To be more secure, the IT Team has installed cable locks on computers where people other than staff may be.
- **Lansweeper utilization to monitor equipment** - Lansweeper has been in place for quite some time, but not utilized. IT staff has begun using it to monitor equipment age, toner usage, update status and software profiles of each device.
- **Retirement plan for Computers started** - IT Staff compiled a list of all computer assets for PCC and, with the help of Lansweeper, determined the devices that were ready to decommission and have begun to change out older models as finances allow.
- **Training of new hires implemented** - One of the CARF standards stated that IT Staff should be training new hires on our systems which include software, hardware and security. The IT Team has implemented a training session of all new hires after they meet with Human Resources.
- **Intercoms installed in multiple locations** - An intercom system was purchased and implemented in various locations around the PCC building in Port Huron. The intercom has the ability to page and speak to the other intercoms in the building, increasing the safety and security of the PCC building.
- **Pager system for outpatient** - With the implementation of Google Voice, it was harder for outpatient clinicians to know when their clients had arrived. The IT Team installed a pager system where the clinician will take a pager when they arrive at the office. When their clients arrive, the front office staff page the therapist.
- **New, updated switches installed for the login server** - All internet cables to our server go through a switch. The old switch was retired and the new one installed with wall mounting instead of sitting on the shelf where it used to reside..

- **Implementation of monthly IT Team meetings** - IT Team meetings were implemented to increase communication as well as talk about team concerns as well as upcoming or current projects.
- **Update of the IT Manual both digitally and physical** - Policies and procedures were added to the manual, as well as updating of several reports, including the new HIPAA Security Risk Assessment
- **Replaced 5 computers that needed to be retired** - IT Team began the removal of several of the older model computers and replaced them with newly refurbished models that will be able to be upgraded to Windows 11.
- **Four new tablets purchased and prepared for the upcoming patient portal in Outpatient** - With the implementation of Breeze on the horizon, IT Team purchased four tablets that patients will use to check in. This will decrease scanning for the front office and reduce the use of paper in the office.
- **Implementation of Notion software used to keep track of IT tasks, projects, budgets and meeting notes** - New software that will help keep the IT department organized, on task and within budget.
- **Virtualized the Zentyal server** - Adds security and ease of access for PCC IT Consultant, Jamie Fogal.
- **Implementation of several privacy screens on monitors** - In places where monitors might be overseen, privacy screens were implemented to increase confidentiality and HIPAA compliance.

Prepared by:

Joanne Parr

IT Coordinator and HIPAA Security Officer

PROFESSIONAL COUNSELING CENTER

HIPAA Security Risk Assessment

Fiscal Year 2021-2022

The purpose of this Risk Assessment and Management Plan is to define and identify threats and vulnerabilities to Professional Counseling Center's data, persons served and staff. This document also contains the mitigation for each of these risks and vulnerabilities or a plan for mitigation. The scope of this assessment will be a yearly, ongoing evaluation of any risks identified at the time the assessment is completed as well as those identified throughout the year or as threats/vulnerabilities are made known to the HIPAA Compliance Officer, HIPAA Security Officer or Professional Counseling Center staff.

Risk: Hacking

The threat of hacking/ransomware is always a concern to this agency. Whether through phishing, malicious actors or harmful software, all are equally problematic for PCC if they get into our systems.

Mitigation:

PCC reduces some of these threats in a variety of ways. These include Electronic Health Records (EHR) systems for both our Outpatient clinicians and our Family Preservation staff. Our PHI is stored in the cloud and each staff member has a unique password to his/her account. Two factor authentication is also enacted on the Family Preservation software (Vtiger) and will soon be enabled for the Outpatient software (CareCloud). PCC's network is password protected as each user has their own individual login information and utilizes anti-virus software, Cylance, on all PCC owned computers.

Risk: Phishing

Phishing is the act of trying to get information out of users, usually passwords and account names, by emails that look either legitimate or are pretending to be someone else. It is a risk not only because someone could accidentally give their information to someone they shouldn't, but could give access to sensitive information to someone with malicious intent.

Mitigation:

Phishing test emails are sent to users monthly through our training platform, KnowBe4. Users are not only instructed to report the phishing emails, this platform also provides training to staff to help them identify suspicious emails.

Risk: Lost/Stolen equipment

There is always the possibility of staff losing equipment or equipment being stolen. With persons served in our halls and the challenge of our building being former homes, it is sometimes possible that rooms are not able to be monitored. PCC has multiple staff that go into the homes of persons served so it is possible that equipment could be lost.

Mitigation:

Within the office, PCC has installed cable locks onto computers in areas that are public. IT staff also monitor equipment with our asset tracking system, Lansweeper.

Risk: Staff Leaving Computers Unlocked/Unattended

When working on PCC's computers they do not lock by themselves. Staff sometimes forget to lock their computers when they are moving away from their desks which could have potential persons served information on it, as well as accounts that may be open such as our electronic health record (EHR) software.

Mitigation:

PCC's policies address this risk as well as our Statement of Understanding, which all staff sign acknowledging their understanding of the importance of security of PHI and HIPAA rules.

Risk: Weak Passwords or Reused Passwords

Some staff have not yet changed their passwords from the default IT password to get into their accounts. Some of those passwords are changed but are not strong passwords. Strong passwords should be at least 8 characters with numbers, uppercase and lowercase letters as well as symbols.

Mitigation:

PCC has policies in place that address password strength and the need to change them every 90 days. Some systems force changing of passwords while others do not. Users are also aware that they should not be saving their passwords within their browsers or in areas that are easily accessible to others.

Risk: Unauthorized access to administrator accounts

An administrator account is one that assigns new accounts as well as moderates the settings and activities of those accounts. These are the controlling accounts for all PCC software.

Mitigation:

Administrator accounts are required to have two factor authentication implemented on their accounts. This reduces the risk of account information being accessed by unauthorized persons.

Risk: Users Connecting to Non-approved Websites

Non-approved websites could contain harmful software that would infect a user's computer then the company's network or trick users into giving them important information like account details.

Mitigation:

The Statement of Understanding states that PCC has the right to monitor any usage of PCC equipment including browser history. If it is found that a user is visiting sites that are not authorized, they will be disciplined according to PCC policy.

Risk: Users Connecting to Public Wifi

Public Wifi is not secure and not password protected, therefore has a higher chance of hacking. Whether using a PCC device or their own, public wifi is unsecure and should not be used.

Mitigation:

Policy and Procedures state that users must never connect to a public Wifi network. Any work done for PCC must be on a secure (password protected) network. This is also in the Statement of Understanding that all staff sign.

Risk: Outdated Software

Regular updates for security and features are critical to the safety and stability of PCC's data and systems. If updates aren't maintained, it could lead to severe gaps in security that might be exploited.

Mitigation:

It is important to update software as many times there are security updates for each program. IT staff update computer operating systems monthly to ensure all of the latest updates are on each device.

Risk: Building Security

Building security pertains to physical security as well as the security of PCC's Protected Health Information (PHI). PCC's office is a combination of several buildings which were once homes. This poses special challenges due to the layout and work stations within the buildings.

Mitigation:

Clinicians are aware that they are to walk their persons served to the front office so they are not left unattended. The IT Department is also working on getting cameras installed and deployed in the hallways for added security.

Risk: IT Network Security

PCC's network allows users to log into PCC computers. While we do not have any information stored on our servers, an unauthorized user could still log onto our network if passwords were available to them.

Mitigation:

The network is password protected for each user. There is also a firewall at the router allowing us to access the internet via our provider, Comcast. Access to the network equipment is limited to a few administrators only.

Risk: Computer Security

Computer security entails not only keeping log-ins safe, but also taking precautions to make sure the equipment and network are as protected as possible when connecting to the internet.

Mitigation:

All PCC computers have Cylance installed on them. This protects from viruses and scans the computer for malware. All computers are password protected and cable locks were installed on computers in public areas.

Risk: Confidentiality and HIPAA

HIPAA and confidentiality are essential pieces of PCC. HIPAA ensures that patient information is kept private and secure. Confidentiality needs to be practiced by staff so that patient information is not publicly known or released.

Mitigation:

Staff at PCC is extensively trained in HIPAA and confidentiality. We have yearly training as well as a review of the rules and regulations of HIPAA. Staff must sign a Statement of Understanding showing their acceptance and knowledge of the rules and expectations of HIPAA and PCC. The HIPAA Compliance Officer tracks and records any HIPAA violations PCC might have and follows up as needed.

Prepared by:

Joanne Parr

IT Coordinator and HIPAA Security Officer

Risk Management Plan Addendum Annual Review FY 10/1/2021-9/30/2022

RISK CATEGORIES

1. Facility Safety

Identified Risks Resolved: Seven (7) potential risks were identified and addressed over the past fiscal year, including repairing the dusk to dawn fixtures, tree removal, clearing out a crowded storage area, securing stairway handrails, repairing/replacing a second floor door, repairing the concrete on the front entrance stair, and securing a new snow removal contractor.

Identified Potential Risk(s): Preparations are being made to potentially replace the decking of the ADA front entrance ramp from wooden boards to material that can withstand the impact of weathering over the seasons. In the winter months, salt used to melt ice causes undue wear on the wooden planks, which can lead to a potential tripping hazard.

Proposed Solution(s): Replace the wooden boards with a marine grade vinyl decking material with slip guards, or a similar weather resistant material.

2. Environmental and Workplace Safety

Identified Risks Resolved: Three (3) potential risks were identified and addressed over the past fiscal year, including COVID-19 safety protocol for staff and individuals served, crowding at the front desk during peak business hours, and office space temperature. Deep cleaning in the historic building was done by staff volunteers.

SCC CMH CPI training for HB staff was suspended from (1/24/22) to (4/5/22) due to concerns about COVID, but all PCC staff were able to receive training as needed during the fiscal year. In addition, thirteen (13) home based staff participated in Positive Behavioral Supports training on (9/28/22) in an effort to enhance skills used to de-escalate individuals served, to prevent/reduce incidents from occurring during the treatment process.

Intercoms were purchased and placed in key areas of the building on (4/11/22), to be used to locate staff for emergency purposes. Accident Fund Tips were sent out on a monthly to bimonthly basis including: Sprain and Strain Prevention (1/18/22), Severe Weather Clean Up (3/8/22), and Poison Ivy, Oak and Sumac (4/18/22). The Health and Safety Committee met on a quarterly basis throughout the fiscal year.

Identified Potential Risk(s): Nothing further at this time.

Proposed Solution(s): Nothing needed at this time.

3. Employment Practices

Identified Risks Resolved: Two (2) potential risks were identified and addressed within the past fiscal year, including the need to enhance cultural diversity training with a more in-depth focus on diversity, equity and inclusion (DEI) and workplace belonging, and in enhancing recruitment and retention of staff to provide services in all programs. New DEI training materials were reviewed for consideration during the next fiscal year. Additional recruitment and retention

options were put into practice, including utilizing the Breezy social media platform (8/23/22) to recruit staff, and securing addition funding from SCC CMH (5/27/22) to help fund enhancements to the PCC website (8/16/22) and help fund an agency open house (9/14/22).

Efforts were also made during this fiscal year to update, clarify and enhance the Fee Split Policy (11/11/21), update staff parking passes (11/29/21), and increase mileage reimbursement from 40 cents per mile to 44 cents per mile effective (2/1/22). More evidence based training was purchased as well.

Continuing to recruit and retain staff for all program needs, with a special focus in the area of securing more fully licensed OP therapists.

Proposed Solution(s): Continue to utilize the new resources put in place at the end of this fiscal year, into the new fiscal year, while continuing to brainstorm ideas to make PCC more competitive in the areas of compensation and benefits.

4. Contractor Management

Identified Risk(s) Resolved: On (8/2/22) some issues were raised related to our telehealth psychiatric provider related to scheduling appointments. Prior to that, on (2/28/22), the telehealth psychiatric provider expressed concerns with using the 1DocWay platform due to ongoing connectivity and technical issues and requested to use the Doximity platform instead; 1DocWay was continued as part of our contractual obligations with Genoa.

Ongoing efforts and negotiations to resolve these issues with Genoa facilitating and addressing contract concerns resulted in the former provider continuing to honor the agreement with current schedule until the new provider could be hired and trained (within the next fiscal year). The contract with Genoa was reviewed, updated and renewed on (9/15/22) to help resolve this issue, and prevent it from occurring in the future.

Identified Potential Risk(s): Nothing further at this time.

Proposed Solution(s): Nothing needed at this time.

5. Professional Standards Management

Identified Risk(s) Resolved: In May, 2022, a licensing issue arose for several LLPC staff who approached expiration. PCC supervisors worked with each staff to apply for and receive a one year extension, and encouraged staff to form study groups to help prepare for the licensing exam which was to be taken within that time frame.

The credentialing specialist for PCC identified the new social work licensing changes that became effective on (10/5/2021), to ensure all social work providers had licenses that were up to date in compliance with this change, as a result of LARA moving toward the new MiPLUS licensing system.

In the area of complaints, only one formal complaint was filed in this fiscal year. The staff member in question resigned from PCC prior to the investigation being completed. The complaint was substantiated when the staff member was no longer a PCC employee.

In the area of continuous quality improvement, a staff incentive program was created and implemented over this past fiscal year to reward staff who received perfect scores on their

utilization case review forms with a \$10 gift card. Staff also received recognition (e-card) for completing documentation correction within the required two week window.

Consumer satisfaction surveys conducted in February and August of 2022, reflected an overall satisfaction score with regard to services received of 99.16% in the outpatient program.

PCC received notice of substantial compliance related to three different audits during the past fiscal year. OPTUM/United Health Care conducted an onsite audit on (3/30/22), the CARF Re-Accreditation virtual audit was held on (6/23/22) and (6/24/22) (three year accreditation was re-approved), and a BCBS re-credentialing audit was averted due to receipt of CARF letter of substantial compliance on (7/26/22). Two SCC CMH chart audits were conducted on (4/4/22) and (9/23/22), along with the annual compliance audit (8/12/22), all resulting in substantial compliance.

Identified Potential Risk(s): A Meridian audit was initiated on (9/13/22), with materials provided to Meridian on (10/12/22). Nothing further has been identified at this time.

Proposed Solution(s): We are anticipating substantial compliance in this area as well, with potential areas for improvement to be noted. Nothing else is anticipated at this time.

6. IT Security

Identified Risk(s) Resolved: Due to notice of potential Russian cyberattacks (2/25/22) and other potential security threats related to increased incidents reported in the community at large, several IT policies and procedures were enhanced during this past fiscal year. Among those enhanced included: an updated IT contact list with protocols (2/16/22), an updated Disaster Recovery Plan (3/10/22), IT Department Training of New Hires (3/31/22), IT Technical Support Policy with Priority Levels (3/31/22), Telehealth Services and Training (revised and approved 5/23/22), and Remote Work (2022). A new IT staff person was also hired in December of 2021.

Increased education and training using monthly newsletters and the KnowBe4 platform continues to be very valuable in preventing phishing attacks and promoting internet safety and security. PCC staff have reported that they are enjoying the series that were utilized in the process, including Restricted Intelligence and The Inside Man.

SCC CMH implemented two factor authentication for the OASIS platform on (3/8/22), paving the way for PCC move toward two factor authentication for the CareCloud platform during the next fiscal year.

Identified Potential Risk(s): Nothing further at this time.

Proposed Solution(s): Nothing needed at this time.

7. Health Records Management - HIPAA and HITECH

Identified Risk(s) Resolved: Ten (10) potential concerns were reported related to confidentiality during the last fiscal year; Seven concerns were substantiated. Three of the seven substantiated concerns occurred with the same employee who received corrective action until the employee resigned two months later. Three more of the substantiated concerns resulted in notification of the individual(s) served regarding what PHI was breached, and more staff training occurred as a result. The last substantiated concern involved another agency

breaching the information, PCC notifying them of such, then PCC destroying the PHI that was received.

The KnowBe4 training platform has been very valuable in HIPAA and HITECH training as well, as staff enjoy the modules used and comply within the time window.

The annual audit of IT technology conducted by JFogal Consulting on (1/25/22) noted several issues that were addressed in 2021, including continued successful utilization KnowBe4 security awareness and HIPAA compliance training, the conversion of the entire agency to the Google Voice platform, two factor authentication for the FPP VTiger system and the refinement of the Lansweeper IT inventory management system. Items that still needed to be addressed during 2022 included PCC's cabling infrastructure at the main office, activation of the patient portal (which was in progress as of July 2022 through the end of this fiscal year), obtaining cable locks for computers in the OP area, obtaining security cameras for the OP area and exterior of the building, assessing the need for an emergency intercom system (resolved 4/11/22), and planning to upgrade the Wifi system to reduce internet service issues.

Identified Potential Risk(s): Nothing further at this time.

Proposed Solution(s): Nothing needed at this time.

8. Compliance and Ethics

Identified Risk(s) Resolved: On (6/24/22), the CARF reviewers identified the need to consolidate individual ethics policies and procedures into one unified booklet for training purposes and staff ease of use.

As part of the CARF QIP that was returned on (10/28/22), PCC will create a unified code of ethics policy that incorporates the current PCC ethics policies and procedures along with codes of ethics for professionals providing services. This unified code of ethics will be utilized for staff training and use during the next fiscal year.

The current credentialing and data specialist continues to forward required training materials for contract providers from the private insurance sector including McLaren Health Plan Model of Care Training (10/13/21), Meridian Cultural Competency (8/23/22), Meridian Fraud and Waste Management (8/23/22), Medicare Compliance and Model of Care Training (8/23/22), etc. The annual training grid for the entire agency as well as for SCC CMH contract compliance is completed during the month of November, this past year on (11/15/2021).

As a result of the information provided by the BCBS audit process in July, the BCBS Patient Bill of Rights was reviewed and updated on (7/27/22).

In order to ensure that all annual paperwork is completed in a timely manner for in person individuals served and those who prefer telehealth services only, the front desk assumed increased responsibility for reaching out to those receiving primarily telehealth services to ensure all documents including rights, consents for treatment, releases and coordination of care are updated within compliance guidelines (11/10/21 and 4/19/22).

PCC agency liability insurance was renewed through Acrisure LLC dba Robbins Group on (3/30/2022) through (3/18/23) for Professional Liability, and through (10/1/23) for Cyber Liability, in addition to commercial general liability, excess liability, and workers compensation and employers liability coverage.

Identified Potential Risk(s): Nothing further at this time.

Proposed Solution(s): Nothing needed at this time.

9. Financial Management

Identified Risk(s) Resolved: CareCloud Breeze patient portal preparation began during this fiscal year in July 2022, with a pilot program involving several individuals served. More preparation and training will be done to ensure a smooth transition once it is implemented during the next fiscal year.

Consistent late reimbursement issues were identified by billing staff regarding one of the payers affiliated with Cofinity Groups called Group Resources. It was decided to remove this payer from PCCs panel list as a result (3/21/22).

New ICD 11 codes went live on 1/1/22, but had not been updated within the CareCloud system. The credentialing specialist created a CareCloud case on (2/9/22), which was forwarded to the CareCloud products team for review and potential implementation.

The billing specialist identified a coding change in the SCC CMH contract effective (10/1/21) related to changing the billing code for annual assessments from H0031 to 90791. This information was provided to supervisors on (10/19/21) after the billing specialist coordinated the change with the SCC CMH billing team.

The credentialing specialist identified additional billing codes that could be used to increase revenue for services provided (8/3/22).

Identified Potential Risk(s): PCC staff continue to monitor concerns that may occur once the public health emergency (PHE) and the continuous enrollment requirement (CER) period ends. It is estimated that between 5.3 million and 14.2 million people could lose their Medicaid coverage at that time.

Proposed Solution(s): Continue to monitor the situation and encourage individuals served to contact DHHS to see if they are still eligible for coverage and/or what steps they may be able to take if they are not eligible once the PHE ends.

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2021 - September 2022

Administration and General

- Several PCC staff serve on the non-profit Board of Directors of PCC Community Services
- PCC staff, it's sister non-profit corporation, PCC Community Services, and volunteers do a Christmas Gift and Food projects
- Nineteen (19) employees participated in the Annual United Way Campaign in 2021
- Staff volunteers with United Way, 1 on Special Gifts Committee and 1 on Citizens Review Committee
- Port Huron Museum Board of Trustees
- AA Corrections Committee Chair
- PCC Donates to:
 - Save Our Neighborhoods and Streets
 - Child Abuse and Neglect Council
 - ARC
 - 4H Fair
 - SPERO
 - Mid City Nutrition
 - Deputy Sheriffs Association
 - Hunter Hospitality House
 - FOP #129
 - Sanborn Gratiot Memorial Home
 - CMH Players
 - Blue Water Safe Horizons
 - CMH Run for Recovery
 - Community Resource Fair Ad
 - CSCB Housing Summitt
 - Dive Team Auxiliary

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2021 - September 2022

Outpatient

Volunteers or Donate Financially:

Gleaners Food Bank
Hope Community College Leadership Group Strategic Planning
Goodwill
Salvation Army
Habitat for Humanity
Huron Valley Women's Correctional Facility – Prison Ministry
Sozo Healing Ministry
Little League Volunteer
Avoca Elementary Volunteer
4-H Club Leader
PHN
Flames Booster Club
UW CRC Member
CSCB
Mid City Nutrition Board Member
Child Advocacy Center MDT –(once a month meeting)
Suicide Prevention Committee
American Diabetes Association
PCCCS Christmas Adopt a Family
Henry Ford Live Organ Donor Family Support Group
Eva's Place Women's Shelter
Croswell-Lexington Athletic Department
Beauty is only skin deep
Outpouring
Operation Transformation
Our Lady of Mount Carmel
Samaritan's Purse
Detroit Conference United Methodist Church
United Way Campaign
CMH Children's Christmas gifts
Goodwill, Community fund racers run-walk 5Ks
Roof Sit – CAN Council
Great Start Project - Collaborative
PCCCS Christmas help
Keryx Prison Ministry

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2021 - September 2022

Family Preservation Division

Volunteer / Donate Financially

Paws, Awees & Claws
Imagination Library
United Way
St. Jude
KIDS
Salvation Army
Blue Water Humane Society
The Big Give
Blue Water Methodist Free Store
Help with Christmas project and adopted several families
Goodwill
Shelter
Beaumont Children's Hospital, March of Dimes, KIDS
Blue Water C/L Board member
Advisory Board Human Development Commission
Weekly basis – Catechist
EMHC and reader at St. Augustine Parrish
Giving Tree at Christmas and Easter
Monthly Marlette Food Drive volunteer
Great Start Collaborative, St. Clair County (participants)
PCC Community Services
Mid City Nutrition Fundraiser
St. Clair Co. Rescue Dive Team Volunteer
St. Clair Co. Health Department Volunteer
Leader of youth group and Sunday School
Huron Trauma Team
Tuscola Trauma Team
Community Collaborative Group for Huron
Huron for Youth placements - sub committee
High School Football Coach - volunteer
Building Sustaining Partners Collaborative (Tuscola)
Holy Trinity Donations
Donation St. Mary/McCormick
Statewide FFM Collaborative
Community Resource Fair
Thumb Blessing Boxes for Huron and Tuscola Counties
Rogel Cancer Center, University of Michigan Health
Protection and Advocacy for Individuals with Mental Illness Counsel
DHHS TDM Community Representative

Sanilac County Community Collaborative member
Volunteered at Mid City Nutrition
Hospice 5k River Run participants

**Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2021 - September 2022**

Home Base

Volunteer / Donate Financially:

Kids in Distress
Goodwill
United Way
Salvation Army
March of Dimes Week 2017
Donation of formula/diapers to PCC (for clients)
PCCCS Auction, volunteer and donate
PCC'S Food Pantry
St. Jude
Leukemia Foundation Donation
Red Cross Donation
Art Van Christmas Outreach
Food Drives
Community Mentor
Christmas Gift Donations at St. Clair Co. shelters
High School Football Coach - volunteer
Blood donations
Food and clothing donations to local homeless
Mentoring Teens

Data Quality & Credentialing Specialist

Annual Report FY 2021 - 2022

Collections

When a client's overdue balance exceeds \$100, the Data Quality and Credentialing Specialist contacts the client to make payment arrangements and, if necessary, create a payment plan. When terms of the payment plan are not met, multiple steps are taken (including a series of letters) to attempt to resolve the issue. When these efforts are unsuccessful, the balance due is turned over to the Port Huron Credit Bureau for collection.

In FY 2021-2022:

- 12 payment plans were created, resulting in payments of \$3,737.76
- 217 letters to clients were sent in efforts to resolve balances
- 67 cases were turned over for collection, resulting in payments of \$9,390.52

Chart Review

In an effort to support and supplement the UR process, client charts are reviewed on a regular, rotating basis. The goal is to confirm that all necessary client data is being collected and maintained in a correct manner and in the right location in the Care Cloud software. To ensure widespread compliance, the objective is to cycle through the entire case file in 24 months.

Key questions asked in the review process include:

- are key documents present?
- are all documents present and named correctly?
- are all clinical documents present and named correctly?
- is demographic and insurance information complete?
- is all pertinent medical information complete?
- are all necessary consents included?
- are telemedicine safety plans in place?

In FY 2021-2022:

- 443 number of account audits conducted
- 14 clinicians were included in these audits (goal = 50% of all clinicians)
- 14 Notices of Corrections were sent to clinicians

Credentialing

All providers of clinical services must be credentialed with all public and private payers. In addition to maintaining the CAQH profiles, the Data Quality and Credentialing Specialist ensures that each payer's own credentialing requirements are met. These include all commercial payers, EAP payers and CMH. Re-credentialing also must be done on a regular basis (usually every 150 days). All pertinent credentialing information must also be kept up to date in the Care Cloud software to facilitate direct payments from Care Cloud's commercial payer (Emdeon).

The Data Quality and Credentialing Specialist also serves as the PCC 'administrator' on the payer websites for purposes of managing profiles, attestations etc.

In FY 2021-2022:

15 – 25 clinical staff were credentialed/re-credentialed or required documentation due with commercial payers was completed

23 – 28 clinical staff were credentialed or re-credentialed with CMH

PROFESSIONAL COUNSELING CENTER P.C.

PROGRAMS

	<u>18-19</u>	<u>%</u>	<u>19-20</u>	<u>%</u>	<u>20-21</u>	<u>%</u>	<u>21-22</u>	<u>%</u>
10 PORT HURON OUTPATIENT	1467820	0.36	1525499	0.38	1636658	0.39	1639272	0.35
61 HOME BASE	822577	0.2	681606	0.17	674616	0.16	747480	0.16
DHHS TOTAL	1795019	0.44	1819322	0.45	1884761	0.45	2281614	0.49
<u>GRAND TOTAL</u>	<u>4085416</u>	<u>1</u>	<u>4026427</u>	<u>1</u>	<u>4196035</u>	<u>1</u>	<u>4668366</u>	<u>1.00</u>

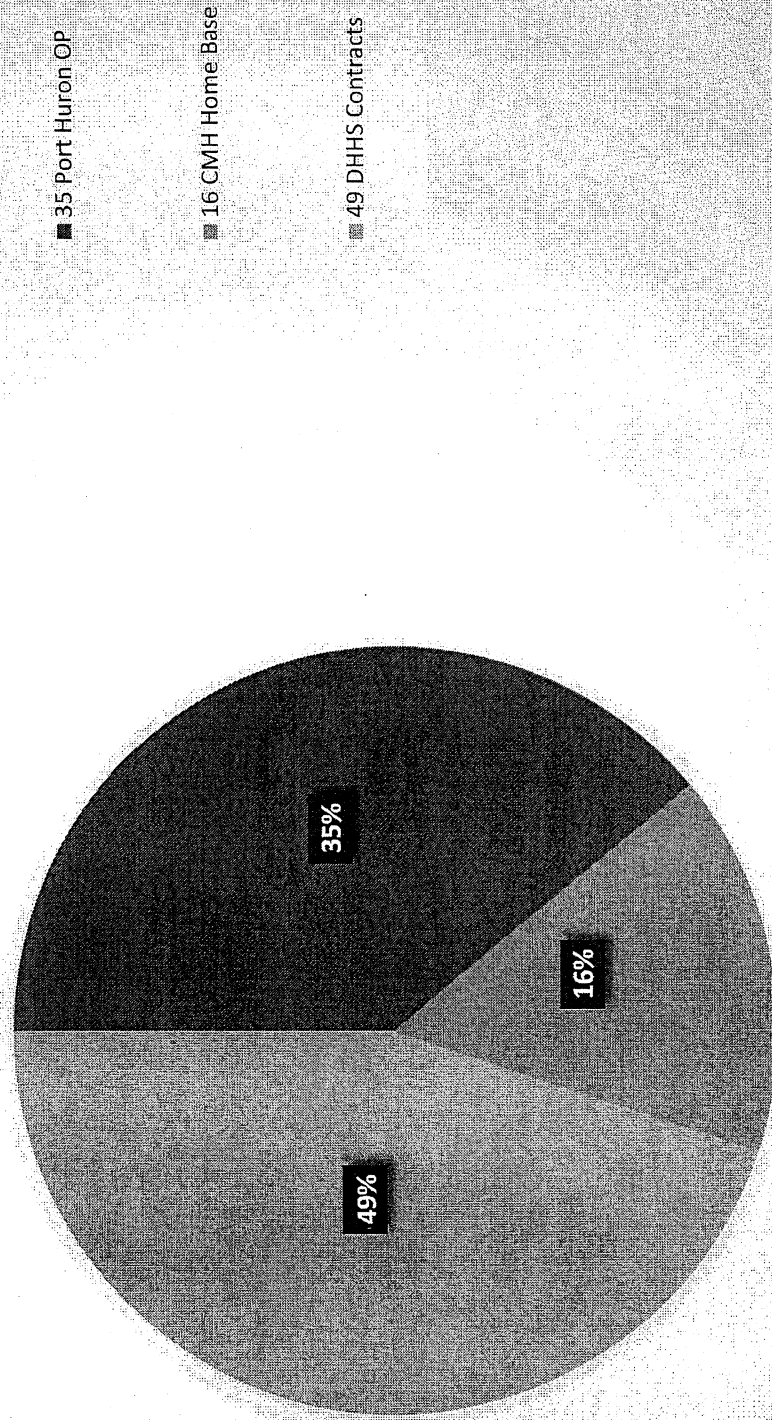
DHHS DETAIL

20 FAMILIES FIRST,ST. CLAIR COUNTY	354678	0.21	357563	0.20	429895	0.23	434715	0.19
22 FAMILIES FIRST,FOUR COUNTY	358453	0.21	373648	0.21	191858	0.10	251211	0.11
24 FAMILY REUNIFICATION#2							219164	0.10
25 FAMILY SKILLS,MAINTENANCE,HURON,TUSCOL	110933	0.07	122421	0.07	124372	0.07	104539	0.05
70 FTBS PATHWAYS,FIVE COUNTY	576667	0.34	621655	0.35	627109	0.33	663510	0.29
71 PARENT SUPPORT STCLAIR/SANILAC					26659	0.01	50050	0.02
73 FAMILY REUNIFICATION #1(WAS 5 CTY)	219193	0.13	235798	0.13	246669	0.13	250110	0.11
74 LIFE SKILLS,SANILAC COUNTY	58107	0.03	62026	0.03	72477	0.04	69389	0.03
75 LAPEER CO.PARENT SUPPORT					24700	0.01	46550	0.02
76 FAMILY ASSISTANCE STCLAIR/SANILAC					76841	0.04	124502	0.05
77 PARENT SUPPORT,HUON,TUSCOLA					64181	0.03	67874	0.03
TOTALS	<u>1678031</u>	<u>1.00</u>	<u>1773111</u>	<u>1</u>	<u>1884761</u>	<u>1</u>	<u>2281614</u>	<u>1.00</u>

jan.2023

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PROFESSIONAL COUNSELING CENTER EXPENSE COMPARISONS 2021-2022



2021-2022 Payments by Payer

<u>Payer</u>	<u>Category</u>	<u>Payer Totals</u>	<u>Total by Category</u>	<u>%</u>
STATE FARM AUTO CLAIMS	Automotive	\$ 5,079.50	\$ 9,953.26	0.66%
FARM BUREAU INSURANCE OF MICHIGAN	Automotive	\$ 1,584.00		
ALLSTATE INSURANCE CO	Automotive	\$ 1,263.04		
ESIS CENTRAL WC CLAIMS	Automotive	\$ 932.90		
ACCIDENT FUND INSURANCE COMPANY OF	Automotive	\$ 853.82		
AAA MICHIGAN	Automotive	\$ 240.00		
Automotive Total				
BLUE CROSS BLUE SHIELD OF MICHIGAN	Commercial Insurance	\$ 325,913.91	\$ 9,953.26	0.66%
BLUE CARE NETWORK CLAIMS	Commercial Insurance	\$ 65,589.51		
UNITED BEHAVIORAL HEALTH	Commercial Insurance	\$ 53,780.26		
PHP HAP	Commercial Insurance	\$ 26,183.85		
MCLAREN HEALTH PLAN	Commercial Insurance	\$ 24,327.61		
PRIORITY HEALTH	Commercial Insurance	\$ 23,892.18		
UNITED HEALTHCARE	Commercial Insurance	\$ 21,085.74		
TRICARE EAST	Commercial Insurance	\$ 11,952.72		
VARIPRO	Commercial Insurance	\$ 10,280.67		
HEALTH ALLIANCE PLAN OF MICHIGAN	Commercial Insurance	\$ 8,406.34		
AETNA U.S. HEALTHCARE	Commercial Insurance	\$ 7,652.97		
BEACON HEALTH OPTIONS	Commercial Insurance	\$ 6,904.00		
ASR HEALTH BENEFITS	Commercial Insurance	\$ 5,103.01		
UMR	Commercial Insurance	\$ 3,361.75		
LIBERTY MUTUAL	Commercial Insurance	\$ 1,929.82		
GROUP RESOURCES	Commercial Insurance	\$ 1,893.03		
CIGNA HEALTHCARE	Commercial Insurance	\$ 1,736.73		
COMPSYCH	Commercial Insurance	\$ 1,174.00		
TRUSTMARK HEALTH BENEFITS	Commercial Insurance	\$ 1,052.32		
CLAIM CHOICE ADMINISTRATORS	Commercial Insurance	\$ 1,051.31		
CIGNA BEHAVIORAL HEALTH	Commercial Insurance	\$ 990.40		
ALLIANCE HEALTH AND LIFE	Commercial Insurance	\$ 975.00		
United Healthcare Shared Services	Commercial Insurance	\$ 945.90		
MOTOR CITY WELFARE FUND	Commercial Insurance	\$ 810.14		
LUCENT HEALTH	Commercial Insurance	\$ 654.56		
AARP HEALTHCARE OPTIONS	Commercial Insurance	\$ 449.56		
HEALTH PLANS INC	Commercial Insurance	\$ 418.97		
ULLIANCE EAP	Commercial Insurance	\$ 300.00		
UNITED AMERICAN INSURANCE CO	Commercial Insurance	\$ 137.28		
PARADIGM	Commercial Insurance	\$ 135.80		
COFINITY	Commercial Insurance	\$ 106.50		
GEHA-ASA	Commercial Insurance	\$ 100.00		
ALL SAVERS PLANS	Commercial Insurance	\$ 94.59		
TRICARE FOR LIFE	Commercial Insurance	\$ 89.79		

2021-2022 Payments by Payer

Payer	Category	Payer Totals	Total by Category	%
BLUE CARE NETWORK	Commercial Insurance	\$ 0.00		
MERITAIN HEALTH	Commercial Insurance	\$ 0.00		
Commercial Insurance Total			\$ 609,480.22	40.47%
EAP PCC	EAP	\$ 6,235.00		
AUTO OWNERS CAREWORKS	EAP	\$ 811.01		
EAP Total			\$ 7,046.01	0.47%
MICHIGAN MEDICARE PART B	Medicare	\$ 49,498.91		
HUMANA INC.	Medicare	\$ 26,632.53		
MEDICARE PLUS BLUE	Medicare	\$ 13,137.77		
MCLAREN HEALTH ADVANTAGE	Medicare	\$ 8,044.96		
BCBSM MEDICARE PLUS BLUE PPO JVHL	Medicare	\$ 283.24		
HUMANA	Medicare	\$ 48.46		
Medicare Total			\$ 97,645.87	6.48%
SELF PAY	Private Pay	\$ 215,612.68		
Private Pay Total			\$ 215,612.68	14.32%
ST CLAIR CO CMH	Public Funding	\$ 58,104.68		
ST CLAIR CO DHHS	Public Funding	\$ 24,996.00		
SANILAC CO DHHS	Public Funding	\$ 1,262.00		
Public Funding Total			\$ 84,362.68	5.60%
MERIDIAN HEALTH PLAN	QHP	\$ 176,502.69		
MERIDIAN HEALTH PLAN OF MICHIGAN	QHP	\$ 141,188.88		
MCLAREN MEDICAID	QHP	\$ 47,634.39		
UNITED HEALTHCARE COMMUNITY PLAN	QHP	\$ 44,961.14		
BLUE CROSS COMPLETE CLAIMS	QHP	\$ 36,875.76		
MIDWEST HEALTH PLAN	QHP	\$ 8,883.10		
MICHIGAN MEDICAID	QHP	\$ 102.42		
HAP MIDWEST HEALTH PLANS	QHP	\$ 86.57		
UNITEDHEALTHCARE COMMUNITY PLAN CRS	QHP	\$ 0.00		
QHP Total			\$ 456,234.95	30.30%

2021-2022 Payments by Payer

<u>Payer</u>	<u>Category</u>	<u>Payer Totals</u>	<u>Total by Category</u>	<u>%</u>
VA CCN OPTUM	VA	\$ 25,451.29		
CHAMP VA	VA	\$ 44.86		
VA Total			\$ 25,496.15	1.69%
Grand Total		\$ 1,505,831.82	\$ 1,505,831.82	100.00%

Analysis of Current Service and Program Trends

Professional Counseling Center has, throughout its existence, provided quality services to its consumers, and continues to improve and enhance those services. The organization operates in five counties in the Thumb of Michigan. The dedication of the administration and staff is a key factor in the organization's ability to plan, implement, monitor, evaluate, and refine its service delivery system. Professional Counseling Center is currently serving people in St. Clair, Lapeer, Tuscola, Huron, and Sanilac Counties.

NEEDS ASSESSMENT/COMMUNITY REVIEW

The organization serves a diverse group of individuals and families who benefit from a wide range of services and supports within our community. The five counties we presently serve are all located within the Thumb area of Southeastern Michigan. The majority of the consumers we serve reside in St. Clair County. (Demographic percentages listed below are for St. Clair County)

- The racial and ethnic population is largely made up of Caucasian (94%) with smaller African American (2.6%), Hispanic (3.5%), Persons reporting two (2) or more races (2.3%), American Indian (.5%), and Asian (.6%) of the population.
- There is a moderate industrial base scattered throughout the region and a significant rural farming community in the Western and Northern areas. The vastness of the rural areas in these counties contributes to difficulties with regards to accessing resources. St. Clair County needs more low/no cost counseling, public transportation, safe sleep education, and foster care homes in southern St. Clair County.
- The southern and western portions of St. Clair County, as well as southern Port Huron, are a mixture of middle to low income and poverty level individuals.
- A smaller portion of the population is comprised of white-collar professionals who are employed by government and educational institutions, hospitals, and various private industries.
- There is also an exodus of laborers and professionals who commute outside the area for employment in Detroit and surrounding business and industrial areas.
- Preservation of the family unit is becoming increasingly more challenging as the number of divorces, single-parent families, and substance affected families is on the rise.
- Food banks are seeing a significant increase in demand, as well as WIC (Women, Infant, Children) has seen an increase in the need of food and dairy products.
- Uninsured in St. Clair County is about 6.3% of the population. 6.7% under age 65.
- More Affordable Housing in the area is a huge need. Lack of available housing and less rental homes.
- COVID-19 challenges for families – safety, education, childcare, maintaining employment, rent, Mortgages, mental health.

- Alcohol impaired driving deaths increased by 30% of all accident deaths are alcohol related.
- Lack of available housing – less rental homes
- Challenges specific to the industrial working class include:
 - Limited affordable housing options, more foreclosures, and sibling families living together
 - Non-traditional shifts and extended working hours, which often decrease the amount of quality family interaction
 - Childcare - lack of providers within reasonable proximity, limited availability of childcare during non-traditional hours, the cost of childcare and lack of childcare providers who offer transportation.
 - 4.4% unemployment for St. Clair County compared to 5.6% for State of Michigan
 - Affordable medical insurance coverage
 - Basic needs of food, clothing, and utility bills
 - Affordable social programs and activities for children
 - Substance Abuse, especially prescription misuse on the rise (Opioids/Meth)
 - Individuals with criminal records are un-hirable
 - Transportation options very limited in rural areas

PROGRAM TRENDS

- The trend toward managed care is virtually complete in the private and public sector. There is an expectation of accreditation and insurance panel membership. All behavioral services are expected to become cost-effective and have measurable quality outcomes.
- Staff serving families through PCC's Home Based program report continued increased levels of aggression, and less family support for services. Families are less engaged with their typical natural supports.
- Increased awareness of transgender youth needing mental health counseling
- Limited options for more intensive children services with the county and state
- Can't get our kids into inpatient hospital stays. Waiting days or weeks.
- Need for basic food, clothing, heat and housing seen in Family Preservation clients
- Domestic violence continues to contribute to the reason for referral to Family Preservation programs
- Families First program is dealing with a lot of heroin and meth use, addictions and risk of homelessness
- More groups are being requested for parenting issues and SUD issues
- Higher number of clients with substance disorder problems, including a larger number needing more intensive services such as inpatient treatment

- Limited funding for SUD inpatient treatment means more clients have an active drug or alcohol issue during treatment
- Funding sources are increasing the use of “Best Practice” treatment modalities to increase cost effectiveness and improve treatment outcomes
- There is an increased use of online services to interact with funding sources, including authorizing services and documentation of services
- Clinicians are increasingly being required to have specific credentialing/training to be privileged to provide services to certain populations (i.e. children, SUD, Trauma)
- St. Clair County Community Mental Health general fund cuts have resulted in restricted benefits for public clients resulting in less services
- Much higher deductibles and co-pays for families, which are hard to meet
- Outpatient clients are presenting with more severe mental health issues
- Use of marijuana by one or both parents – with recreational use this is very common and teen use is higher
- Medical marijuana cards and use of marijuana on the rise
- Texting as communication tool
- HIPAA Compliance demands
- Some Family Preservation programs need more resources to serve the increased demand
- Increased use of telehealth services
- Increase in environmental neglect cases
- Lack of homeless shelters in rural areas
- Transportation in rural areas limited
- Homebased – Family Preservation have long wait times for CMH services lack of available therapists (staff shortage)
- 31N Grant for schools has allowed for more school social workers. More mental health in schools

Trends Improving in St. Clair County:

- Children in out of home care improving – decreasing
- Birth to teens decreasing

Trends Worsening in St. Clair County According to Kids Count 2022:

- Less than adequate prenatal care
- Infant mortality

- Child deaths ages 1-15
- Confirmed Victims Child Abuse Neglect

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**PROFESSIONAL COUNSELING CENTER
OVERALL NEEDS ASSESSMENT/CONSUMER INPUT
OUTPATIENT
FEBRUARY 2022 & AUGUST 2022**

1. What services do you think are missing at the Professional Center that could help you?

- *I don't think I use the full extent of services available to me.
- *I don't know
- *I am sorry I don't know
- *I am happy
- *Video Counseling (John Sharkey)
- * Not sure; nothing comes to mind
- *More Doctors
- *None that apply to me
- *More specific mental illness professionals. Specialization in DID, Trauma, Schizophrenia, etc.
- *Maybe possibility of peer groups
- *I have not seen anything missing that could help. Very friendly and willing to take into consideration your input.
- *A clock in Sandy's room
- *Able to do med & therapy appointments the same day.
- *My needs are met.
- *Nothing really
- *A community resource office; there are flyers on the bulletin board but there should be a direct referral office.
- *I am receiving everything I need and the staff are always kind.
- *There are more services to help here than anywhere else, but maybe more family sessions.
- *Support group with other clients having the same issues.
- *It took over a month to see a psychiatrist; need more appointment times to see one.
- *Psychiatric
- *Maybe grant money to help subsidize costs for middle class families with large deductibles and/or families with more than one member receiving services.
- *Availability of a psychiatrist.

2. What services are available in our community, but there are not enough of them?

- *Not sure
- *I don't have time for community services.
- *Services through DHS
- *More counseling centers
- *Pediatric/Adolescent Mental Health resources
- *DV shelters and homeless shelters
- *Resources to help kids with school

- *Somewhere for children to go have fun and be safe. More community centers.
- *Counseling for every single person.
- *All mental health services are needed more than ever.
- *Counseling centers like this one with people like PCC.
- *Finding Housing; Food pantries.
- *Psychiatrists
- *Family
- *Drug Rehab
- *Psychiatrists
- *Therapists/mental health professionals in general.
- *Group socialization services in outside communities.
- *I feel like there needs to be more grief group therapy in our community.
- *Mental health lines.
- *Affordable mental health.
- *Mental health, food access, help for the homeless.
- *Psychologist services.
- *Availability of mental health services for all.
- *Inpatient mental health.
- *Homeless shelters, support for single moms, job services.
- *Free or low cost healthcare and mental healthcare if your income is low enough.
- *Dealing with the full effect of PTSD from military or trauma in civilian life.
- *Homeless housing.

3. What services do you think are missing in our community that might be helpful to others?

- *Children services when needed for mental health w/o saying they are suicidal.
- *More counselors
- *Not so much services missing as having resources available to everyone when they need help.
- *Don't think any services are missing. They pretty much have all the services that people typically use.
- *Homeless services
- *Counselors
- *Nothing else I can think of.
- *More awareness of mental health
- *Psychiatrists
- *Family
- *Inpatient Drug Rehab
- *Something like a Big Brother/Big Sister program.
- *Psychiatrists
- *Group services for socialization.
- *Financial help and guidance for young adults. Affordable housing for young adults.

- *Support groups.
- *Need more psychiatrists.
- *I think that there are many people with substance abuse disorders that need to be diagnosed and helped with.
- *Inpatient long-term mental health.
- *More services for the homeless.
- *More addiction services to help those that allow it to control their lives.
- *Food services; Saturday dinner; Sunday lunch.

4. Other Comments

- *I am happy with my service here.
- *Tasha is Awesome!
- *Staff need to remember not to share that they know people who come here.
- *Great
- *I hate surveys.
- *More visibility of available counseling services might help. Most people I talk to are not aware of PCC.
- *This facility is a great location and the ladies here are great.
- *Receptionists are very nice.

CLIENT SATISFACTION SURVEYS
2022 Compilation (Feb & Aug.) – HOMEBASE

NEEDS ASSESSMENT/CONSUMER INPUT

1. What services do you think are missing at Professional Counseling Center that could help you?

- No answers provided
- Respite services
- Resources for food and household items
- None
- Children's anger Management
- Nothing
- Seeing Doctor
- Possible weekend appointments
- Connect with schools
- N/A
- none
- I'm getting the services I need and want.
- Counselor dogs
- Getting kids together for play dates maybe?
- none, that I can think of.
- Nothing, they are doing great
- Nothing, I am completely satisfied with the service
- none I can think of
- Community based treatment
- None
- None that I am aware of
- I don't currently think any services are missing
- None
- N/A

2. What services are available in our community, but there are not enough of them?

- Teen activities
- Activities for special education, or emotionally impaired kids.
- Peer recovery
- Youth Programs
- Not sure
- Not sure
- Things for older tweens (11-14)
- Social groups with other kids
- Community lacks family values. nontraditional households due to lack of responsibility, immaturity, etc.
- N/A
- Gay programs
- Teen Parent Support
- Parenting classes/budgeting classes

CLIENT SATISFACTION SURVEYS
2022 Compilation (Feb & Aug.) – HOMEBASE

- Community outreach, youth beautifying public spaces, youth helping elderly
 - Mental health assistants
 - Yes there is enough
 - not sure
 - ?
 - None that I can think of.
 - Mental health services that are affordable.
 - I don't think any
 - Everything-Housing most
3. **What services do you think are missing in our community that might be helpful to others?**
- No answers provided
 - Inpatient psych treatment
 - School for children with behavior issues
 - Psychiatrists
 - Transportation to YMCA/SONS
 - More hospitals
 - Help for people who don't know these services exist
 - Teaching people how to coupon, make money stretch longer. How to save money for the future, how to invest and get out of debt.
 - N/A
 - Schools with daycares
 - See above
 - I think group counseling/support would be good for children to get together.
 - Nothing, I believe there is a helpful amount of services available.
 - not sure
 - None
 - Homeless and mental health service
 - None
 - a mental hospital
4. **Other Comments:**
- No other comments provided.
 - I appreciate the therapist and being a positive male person in my child's life. The therapist brought various activities and therapeutic games for the child.
 - Therapist was very accommodating with our very busy schedule. Thank you.
 - Therapist has done an outstanding job. Thank you.
 - Amazing job, highly recommend [REDACTED] to help any child and family. Love the services that PCC provides and their love and compassion in going above and beyond to help families
 - I am fully satisfied with the services that PCC provides. Thank you for all you do.

SUMMARY OF ORGANIZATIONAL STRENGTHS AND WEAKNESSES

Agency-Wide Strengths

- A positive image (reputation) in the community
- Quality services
- Diversity of staff skills and credentials
- Friendliness and flexibility of staff
- Quick response time for access to services
- Improved technology - Intranet
- The ability to work with a population of diverse consumers
- PCC encourages staff input, and staff feel empowered to provide feedback
- Staff report being supported by their supervisor(s)
- Positive peer to peer feedback
- Knowledgeable/expertise of staff in areas of their profession
- Strong advocacy for consumers/strong consumer relationships
- Agency offers opportunities for staff to work in other programs (transfers) to increase staff retention
- Supportive strength based approach with staff from management
- Enrichment Committee/Peer support
- Agency promoting training and personal growth
- Christmas project
- Supportive environment and willingness to help
- Provides staff with flexibility of schedule, treatment styles and techniques
- Commitment by management/leadership with employee focus, very professional staff, variety of disciplines, open door policy; fairness
- Improving long-term planning – Succession Planning
- Focus on IT planning for retirement of equipment and needs assessment
- Focus on IT upgrades
- Strong management staff in place
- Family oriented
- Collaborative efforts
- Leading & Managing change
- Longevity of leadership
- Staff Retention improving
- Breezy for hiring has increased responses

Agency-Wide Weaknesses

- Problems related to physical structure of facilities (crowded front lobby, parking issues)
- Recruitment of adult and SUD child psychiatrists who can navigate EHR system, and provide cost effective high quality services
- Cost of benefits
- Gaps in IT – updated technology
- Staff salaries compared to other agencies

Outpatient Strengths

- Strong Support among staff
- Quality (and functional) buildings and equipment
- Flexible staff
- Multiple funding sources
- Strength-based philosophy
- After-hours responsiveness
- Commitment to consumers
- Ability to work with a wide variety of problems
- Multiple referral sources
- Positive image in the community
- Friendly and efficient front office and support staff
- Consistently receive positive feedback from clients
- Multi-discipline
- One psychiatrist and a Nurse Practitioner
- Staff incentives – put in place
- Consistent communication, i.e., staff expectation, 6 day encounter, 100 day closing, outstanding balances, etc.
- Therapists who have trauma or play therapy certification
- Ability to provide quality telehealth services during the COVID-19 pandemic, with COVID-19 safe in person services being provided to those most vulnerable or in need
- Training web sites now available for staff
- Treasure chest now available for positive reinforcement for clients.
- Set up incentives for UR

Outpatient Weaknesses

- Sometimes neglect future planning
- Lack of time for developing and initiating new programs
- Lack of referrals from schools, courts and PCP's
- Groups are needed in the community and on site, but funding sources are limited
- Office space is limited
- Lack of availability of MA therapists
- LL therapists are having billing issues
- Need fully licensed therapist
- Comprehensive training schedule need to be created for onboarding
- Unable to compete with CMH's hiring rates

Family Preservation Strengths

- Strong knowledgeable Supervisors and Managers
- DHHS staff value and utilize input of FPP staff
- Dedicated experienced staff with mix of new staff
- Support staff
- Surveys had positive outcomes includes staff surveys, client, and DHHS staff
- Reputation – good rapport with referring staff
- Non-traditional hours for services are beneficial for those served
- Team effectiveness
- Marlette and St. Clair County staff involved in community activities and community collaboratives
- Adequate amount of support staff
- EHR for FP Programs
- Supervisors have an open-door policy
- Strive to honor flexibility of the model
- Effective program outcomes
- Amazing resource for the community
- Ability to connect to resources
- Family atmosphere
- Team collaboration
- Care for employees
- Adaptability
- Longevity of team
- Communication with support staff

Family Preservation Weaknesses

- Travel time cumbersome
- Staff turnover
- Low return of client and referring staff surveys
- Need tablets in the field
- Lack adequate funding to support competitive salaries
- Cumbersome changes
- MiSACWIS
- Trauma screens
- Pandemic specific
- Difficult to assess mental health (cancellations/challenges) due to the pandemic and to link clients to needed services
- Data collection
- Staffing Bachelor level Human Services degrees

Home Based Strengths

- Evidence based
- Great audit
- Committed, supportive team environment with strong leadership
- Terrific support staff
- Positive sense of humor with each other
- Balance autonomy with teamwork
- Ability to work with difficult children and multi-problem families
- Staff go the extra mile to help families stay together
- Able to link to community resources
- Strength based philosophy
- Family centered approach
- Good reputation in the community
- Ability to provide comprehensive services addressing all the needs of the client families
- Work well coordinating case with community services (i.e., schools, courts, DHHS, CMH)
- Provide case management to families
- Diversity in therapeutic interventions, very creative in approaches and in problem solving, variety in our work
- New focus on the use of IT to improve efficiency, performance and morale
- Improved compensation
- Staff incentives
- Multiple consistent training in Home Base for all staff
- Strong focus on Interventions that are evidenced based
- Ability to provide quality telehealth services during the COVID-19 pandemic, with COVID-19 safe in person services being provided to those most vulnerable or in need.
- Longevity of staff

Home Based Weaknesses

- Limited areas for private phone calls
- Travel time can be cumbersome
- Training and orienting staff is time consuming
- CMH paperwork is time consuming
- Only able to see 1 child per household
- Staff turnover / HBA
- Cannot provide sessions at school except for crisis
- Supervisor has the biggest team at PCC
- Decrease of referrals in the summer
- RR process is frustrating for managers, supervisors and direct service staff
- Increase in delays, ie wait list, for support services for HB clients, ie residential wait list of 18 to 24 months in St. Clair County
- Issue with MA staff coordinating with HBA's
- HBA's need clear direct roles from MA staff

Professional Counseling Center, P.C.

Introduction to PCC's Focus on the Future

FY 2022 -2023

PCC's strategic plan identifies goals, the strategies necessary to accomplish those goals and the internal performance management system used to monitor and evaluate progress. PCC involves senior leaders who are dedicated to planning and organizing the Strategic Planning process. PCC leaders engage in the planning process producing a document every three years that serves as the agency's road map . Operational goals are developed annually by the Executive Team and Management team to support the three year plan. The three year plan is reviewed and if necessary adjusted annually. PCC leaders commonly engage their teams, all PCC staff, as well as external stakeholders for feedback in the development and monitoring of the planning. PCC's goal and purpose is to provide the best possible outpatient, home-based, and family preservation services and to offer these services in a manner which is respectful, strength-focused, confidential, and professional at all times. PCC's quality improvement program and process is an ongoing effort to achieve measurable improvement to support efficiency, effectiveness, performance, accountability, and outcomes for quality services provided to those served.

Professional Counseling Center, P.C.

FOCUS ON THE FUTURE

FY 2022 - 2023

PHILOSOPHY OF THE QUALITY IMPROVEMENT PROGRAM

Supporting and improving the quality of life for our clients is the primary focus of Professional Counseling Center. We recognize that achievement of excellence in our service to our clients and enhancement of the environment in which we provide services is the responsibility of each and every employee. Professional Counseling Center is committed to systematic and continuous quality assurance and improvement of its process, function, and services. We encourage the people we serve, the community we serve, and our employees to assist us in our ongoing effort to improve both the effectiveness and efficiency of Professional Counseling Center's systems and services. This commitment is a reflection of the agency's purpose, mission, and values.

QUALITY IMPROVEMENT PROCESS

Professional Counseling Center is committed to systematic and continuous quality assurance and improvement of its processes, functions, and services.

Professional Counseling Center has authorized a Quality Improvement System to facilitate the ongoing process of assuring and improving both the effectiveness and efficiency of Professional Counseling Center's systems and services. This policy is in the Professional Counseling Center Policy Manual.

This Q.I. process names the Management Team as the Q.I. Committee with the following committees reporting to it:

1. Human Resource/Policy Committee
2. Health, Safety, and Accessibility Committee
3. Utilization Review Committee
4. Privileging and Credentialing (a function of the Management Team as a whole)
5. Staff Enrichment Committee
6. Technology
7. Referral Committee

Professional Counseling Center, P.C.
FY 2022-2023

OPPORTUNITIES FOR QUALITY IMPROVEMENT

Each year Professional Counseling Center develops specific goals to be the focus of our quality improvement process. These goals move us forward on our Strategic Plan 2020-2023. These goals directly relate to our mission statement, service principles, and quality improvement philosophy. In addition to these primary quality improvement goals, we also measure, monitor, and evaluate additional outcome and performance indicators chosen each year to meet agency, contract, and accreditation requirements and standards.

These goals, outcomes, and performance indicators are reviewed on a regular basis so that any needed remedial action can be implemented, and quality excellence can be maintained. We also wish to promote a safe, clean, pleasant, and comfortable environment for our clients by continually maintaining and improving our facilities and grounds.

We will continue to identify one week every six months to distribute satisfaction surveys to all outpatient and home based clients (except intakes) in order to allow clients to give us their feedback about Professional Counseling Center and its services. This feedback is given serious consideration and is used in our decision-making process.

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) and Financial Stability and Growth (3) as PCC's public plan. Leadership and Agency Structure (4) -will be touched on briefly in the plan, with a more in depth review saved for the Internal Plan document.

Management members would integrate annual operational goals and strategies to the above initiatives. 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 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.

Another task for this group would be to look at how clinicians are paid, with 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 the clinicians themselves. 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.

These considerations are only a few of the questions that would be taken up by this work group. Others would include how to improve our existing recruiting processes and how to better develop and implement cross training and succession plans.

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 group 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 group 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 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 group 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.

With so many areas of potential focus, it would be important to be very selective in choosing which goals to prioritize. That goal selection process would be the first matter of concern for this particular work group.

LEADERSHIP AND CORPORATE STRUCTURE

This work group would consist of members of the Executive Team, along with any staff invited by that group. The key questions will involve matters of a changed structure-and succession planning

- 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.
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 committee also completed a SWOT assessment session together.

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 two have been completed and were reviewed quarterly at Management Team meetings. Operational goals for year 3 are developed.

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. Strategic Planning Committee has increased focus on creating the next 3 year plan which started in October of 2023.

STRATEGIC PLANNING
PROFESSIONAL COUNSELING CENTER'S
OPERATIONAL PLAN

YEAR 2

10/01/21 - 9/30/22

Professional Counseling Center
OPERATIONAL PLAN
YEAR 2 DATE

STRATEGIC INITIATIVE 1: Information Technology

GOAL 1: Assess the current IT systems, staffing and security; invest in and deploy hardware that will create efficiencies and secure systems; IT staffing needs; create a security and awareness program including training users, ways to report suspicious behavior and collect data about our security awareness level.

OBJECTIVE #: 1

Acquire laptops, dependent upon funding availability, to provide Family Preservation with greater mobility. This would also provide more security as IT staff would monitor these devices for updates and malicious software.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
<ol style="list-style-type: none"> 1. Research and purchase laptops (funds permitting) 2. Meet with the program director to discuss roll out. 3. Deploy laptops and create an update schedule with each worker. 	<ol style="list-style-type: none"> 1. John, Joanne and Jamie 2. Joanne 3. Joanne and John 	<ol style="list-style-type: none"> 1. March 2022 2. March 2022 3. Sept 2022 	<ol style="list-style-type: none"> 1. Have a small portion of laptops ready to deploy. 2. Construct a timeline to have laptops deployed to workers. 3. At least one program of FPP set up with devices and successfully utilizing update schedules.

STATUS UPDATES: Joanne Parr

10/01/2021 - 12/31/21: No progress to report at this time.

1/1/2022 - 3/31/2022: Research done to get pros and cons of different operating systems. Topic brought to Management team, and they are discussing. Nancy Pfeifer is sending out a survey to other FPP program agencies to poll what they use for mobility.

4/1/2022 - 6/31/2022: It has been decided that PCC should stay with Windows machines for the sake of ease and consistency. No machines have been purchased for the FPP teams as of yet.

7/1/2022 - 9/30/2022: Discussions were had on the needs of workers in regards to mobile devices. Some laptops were purchased, but none deployed. Deployment will begin in the next fiscal year.

Strategic Initiative: Information Technology

OBJECTIVE # 2: Hire additional IT staff to assist with the growing technology needs of PCC and continue to cross train between current staff on both software and hardware systems.			
ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Hire additional staff to assist with help desk duties. 2. Train new staff on procedures and systems for IT. 3. Cross training between current IT staff.. <ul style="list-style-type: none"> a. Joanne will train John on creating accounts in various programs and Vtiger modifications. b. John will train Joanne on printer maintenance and adding computers to the network. 	1. Joanne 2. Joanne and John 3. John and Joanne	1. March 2022 2. Sept. 2022 3. Sept 2022	1. Have an additional person in the IT department to assist with support tickets. 2. New staff will have a good working knowledge of IT procedures and systems. 3. John and Joanne will be able to more effectively cover for one another when needed.

STATUS UPDATES: Joann Parr

10/01/2021-12/31/2021: Hired new IT Assistant, Jason Mahnke. John has taught Joanne how to add computers to the server and Joanne has shown John how to add new employees to our various systems.

1/1/2022 – 3/31/2022: The goal of hiring staff is complete. Cross training continues to progress. Jason is being taught systems and addition of new employees to our various programs; some systems still need to be taught. (ie. CareCloud and Vtiger)

4/1/2022 - 6/31/2022: Cross training continues. As Jason gets more familiar with our systems, he is finding new ways to help with issues that arise. Joanne will be training John and Jason in Breeze once the system is set up.

7/1/2022 - 9/30/2022: Breeze is not ready for deployment as of this writing. Next fiscal year will see the opening of the patient portal for outpatient and the usage of Breeze by clients and staff.

Strategic Initiative: Information Technology

OBJECTIVE # 3 : Create a Security Awareness and HIPAA training and testing program with measurable results.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Create a testing and training outline using the KnowBe4 platform.	1. John and Joanne	1. November 2021	1. A completed outline with training, testing and ongoing phishing campaign timelines.
2. Create the initial training and testing campaign and collect results for future comparison.	2. Joanne and Cindy	2. November 2021	2. Create a baseline result to create improvement in our security and HIPAA protocols.
3. Create an ongoing phishing campaign.	3. Joanne	3. March 2022	3. Establish continuous testing with targets to those who are most susceptible to clicking phishing emails.
4. Establish a monthly tips/safety newsletter	4. Joanne/ Cindy	4. Sept 2022	4. Keep everyone mindful of security and aware of harmful behaviors while online.

STATUS UPDATES: Joanne Parr

10/01/2021 - 12/31/2021: Training and use of KnowBe4 going well. We have had 3 trainings and one continuous ongoing phishing campaign. Jason Mahnke is sending out monthly newsletters/tip sheets.

1/1/2022 - 3/31/2022: Training continues and is ongoing. Monthly newsletters are sent. Reporting of phishing emails has dropped some and will be creating more training in next quarter.

4/1/2022 - 6/31/2022: We are currently looking at more training, especially for those that are falling prey to phishing emails. We have several staff who click on almost all phishing emails and need more training. More training will be within the next quarter.

7/1/2022 - 9/30/2022: Joanne and Cindy will be continuing to meet to discuss the best ways to have continuing education with current staff as well as create a module for new hires to thoroughly go through the rules and expectations of HIPAA.

OBJECTIVE 4: Evaluate and implement an improved inventory management system and process.			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	Outcomes
<ol style="list-style-type: none"> 1. Look at and evaluate Lansweeper 2. Make notation of oldest devices to retire 3. Implement process for rotating retirement schedule quarterly including extras for replacement while other devices are worked on. 	<ol style="list-style-type: none"> 1. Jamie, John and Joanne 2. John 3. John and Joanne 	<ol style="list-style-type: none"> 1. December 2021 2. March 2021 3. June 2021 	<ol style="list-style-type: none"> 1. All devices registering correctly on Lansweeper 2. Retirement of old devices 3. Have a working process and identification system of device replacement.

STATUS UPDATE: Joanne Parr

10/01/2021-12/31/2021: Jason was able to generate an aging report with good accuracy. There are still several computers not generating on the report but for the most part, we will be able to use this report to determine the retirement of older devices.

1/1/2022 – 3/31/2022: All equipment is now showing in the inventory software Lansweeper. We are able to monitor aging, ink/toner levels and machine performance.

4/1/2022 - 6/31/2022: Jason continues to monitor Lansweeper. We have used the information within it to help determine which computers need replacing and have begun the replacement program for computers within PCC.

7/1/2022 - 9/30/2022: A plan has been created to help the IT Team with computer replacement. The beginning of a 5 year plan has been implemented to replace all computers within the agency so that they will be able to be upgraded to Windows 11.

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 2 DATE**

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1: Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

OBJECTIVE #1: Develop a supervisor manual to utilize in training newly hired family preservation supervisors to assist with developing a consistent model of training.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
<p>Orientation checklist of required trainings</p> <p>1. training schedule on Google Drive and Intranet</p> <p>Ensure that access to all forms and resources is accessible to Managers and Supervisors.</p> <ul style="list-style-type: none"> a. contracts b. billing c. hiring process and training new staff d. evaluation process e. policy review f. staff discipline measures 	Aimee and Melissa	January 7, 2022	User friendly, supervisor training module for all new supervisors and resources for all supervisors.
<p>2. trainings and resources on Google Drive and intranet</p>	Aimee and Melissa	February 4, 2022	
<p>3. Pilot with Staff for feedback on additional items needed and/or removed</p>	Aimee and Melissa	June 3, 2022	

STATUS UPDATES: Aimee Trudeau and Melissa Deming

10/01/2021 - 12/31/2021: Have been reviewing additional resources and links to add to the training module. Working on making sure all links are user friendly and able to access on google drive. Once completed on the drive will explore how to implement it on the Intranet.

1/1/2022 - 3/31/2022: Continue to work on glitches with the links and additional links added for universal supervisor training. Did not complete by the date of February 4th for adding to the intranet. - Plan to complete information added to the intranet by June 3, 2022 and will have the pilot complete by August 5th. Feedback and corrections to be completed by September 30, 2022.

4/1/2022 - 6/31/2022: Links updated and completed. Decided to share documents in a pilot with other supervisors prior to adding to the intranet. Pilot will be completed by September 30, 2022 and if complete will add to the intranet for supervisor use.

7/1/2022 - 9/30/2022: Operational Goal is complete and was sent out for review with other supervisors and modifications are being made. Will add to the intranet via Joanne once modifications are completed. This goal proved to be more challenging than expected due to the differences in all Family Preservation programs. Hoping as we get it up and functional that other supervisors may be able to continuously add to it to make it more program specific as that was the hardest part to make cohesive across the board for all programs. Overall, what we have is a good start for the newer supervisors to refer to when they begin.

STRATEGIC INITIATIVE 2: Workforce Development

<p>GOAL 1: Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)</p> <p>GOAL 2: To ensure that PCC staff are trained and engaged in the Corporate Compliance Plan process in the areas of Utilization Management, HIPAA, and CARF, as evidenced by their training records and unannounced work site inspections conducted at least once per week.</p>				
<p>OBJECTIVE # 2A: To provide training to OP and HB staff in areas identified in the Utilization Management process, which continues to include monthly random case record reviews, quarterly UM committee meetings, and at least two retrospective studies per year. E-cards and/or gift cards will be utilized at least quarterly to recognize staff who stand out in this area.</p>				
<p>ACTION STEPS:</p> <ol style="list-style-type: none"> 1. Continue to review results of monthly case record reviews to identify trends or concerns in staff knowledge base that could benefit from additional training. Process this information with UR Team and UM Committee Members for input. 2. Review incident report data on a quarterly basis to identify trends or concerns in staff knowledge base that could benefit from additional training. Process this information with Management Team and UM Committee members for input. 3. Identify staff who have excellent and/or most improved reviews. Meet with Co-Director, Clinical Services, to consolidate and implement the recognition and rewards process. 4. Continue to meet with UR team to process and enhance reviewer rating reliability, identifying any rating inconsistencies as needed. 5. Meet with Program Manager to develop and follow through with scheduling staff training based on the training ideas that were documented in the UR Team meeting minutes of 9/8/2021. 				
<p>RESPONSIBILITY:</p> <p>Cindy Willey-King UR Team UM Committee</p> <p>Cindy Willey-King Management Team UM Committee</p> <p>Cindy Willey-King Regina Friedmann</p> <p>Cindy Willey-King UR Team</p> <p>Cindy Willey-King Lisa Stoneberg</p>				
<p>TIME FRAME:</p> <p>The 30th/31st of each month (URT)</p> <p>Quarterly (UM Co)</p> <p>12/13/2021 3/16/2022 6/16/2022 9/12/2022</p> <p>12/13/2021</p> <p>Every 3 to 6 months, as needed</p> <p>11/1/2021</p>				
<p>OUTCOME/KEY SUCCESS MEASURES:</p> <p>Updated UM case review spread sheet with tallies for both individual therapists and the entire OP department with concerns highlighted.</p> <p>Updated Incident Report Data spread sheet with tallies for OP and HB program, as well as combined, with concerns highlighted.</p> <p>Clear process developed and distributed to staff, informing them of criteria and timeframes.</p> <p>Team meeting minutes will indicate more consistency in rating overall.</p> <p>Training itinerary and date(s) with time offered in the day and evening so that most staff can benefit. Possibly record the training.</p>				

STATUS UPDATES: Cindy Willey-King, LMSW

10/1/2021 - 12/31/2021:

1. A total of 51 cases were pulled and reviewed by the UR team during this quarter on the following dates: 10/12/21, 11/16/21, and 12/26/21. A Utilization Management Committee meeting was held on 12/13/21, with all committee members present.
2. A total of eight (8) Incident Reports were filed during the time period. There was one (1) from the OP department, and there were seven (7) from the HB department. The quarterly report has been compiled and will be shared with the Management Team.
3. No progress has been made in this area. Data is compiled monthly, but the UR chair has not started the recognition/rewards component at this time.
4. UR rating team meetings were held on 10/19/21, 11/2/21, and 11/30/21, to prepare for the staff training that was held on 12/14/21.
5. Staff training was provided on 12/14/2021 both in person and virtually. Two attempts were made to record the training, but technical errors occurred that resulted in no success. Another attempt will be made to record it, so it can be uploaded to the intranet for staff to review at any time. Kelly Ann Cole created the slide presentation and the main handout for the training.

1/1/2022 – 3/31/2022:

1. A total of 48 cases were pulled and reviewed by the UR team during this quarter on the following dates: 1/11/22, 2/8/22, and 3/8/22. A Utilization Management Committee meeting was held on 3/14/22, with all committee members present.
2. A total of nineteen (19) Incident Reports were filed during this quarter. There were five (5) from the OP department, thirteen (13) from the HB department, and one (1) from the FP program. The quarterly report has been compiled and will be shared with the Management Team.
3. On 3/8/22, an email was sent to OP management identifying clinicians with perfect charts reviewed (3 staff) for the first quarter. On 3/9/22, an email was sent to OP management identifying those clinicians who responded with edits within the two weeks requested (12 staff), also for the first quarter. An email was sent to OP staff on 3/21/22 thanking them for their hard work and describing the UR incentive program. Regina sent out e-cards on 3/24/22 and provided \$10 gift cards to those who received 100%. On 4/19/22, OP management was informed of clinicians who had perfect chart reviews (3 staff) and responded with edits within the two-week time period (15 staff) for this second quarter of reviews.
4. There were no UR rating team meetings held this quarter.
5. Another attempt to record the staff training occurred on 1/18/22, but technical issues continued, and video recorded with no sound. The recording session was scheduled again for 2/17/22 but canceled due to inclement weather. It is hoped that this recording can successfully be completed during the next quarter.

4/1/2022 - 6/30/2022:

1. A total of 31 cases were pulled and reviewed by the UR team during this quarter on the following dates: 4/19/22, and 5/9/22. No cases were pulled for the month of June due to preparation for the CARF re-accreditation survey which was scheduled for 6/23/22 and 6/24/22. A Utilization Management Committee meeting was held on 6/13/22, with three of the four committee members present.
2. A total of fourteen (14) Incident Reports were filed during this quarter. There were seven (7) from the OP department, eleven (11) from the HB department, and none (0) from the FP program. The quarterly report has been compiled and will be shared with the Management Team.
3. Two staff received 100% compliance with UR in April, with no one receiving this for May. Four staff returned their documents within the two week window in April and in the two week window in May. UR data was given to support staff to enter on 6/29/22; data entry was completed as of 8/1/22. Staff will be notified of incentive awards soon.
4. There were no UR rating team meetings held this quarter.
5. On 5/25/22, the attempt to record the OP training was postponed again due to an error in the SD card. The next (and hopefully final attempt) to record the training materials will occur on 8/3/2022.

7/1/2022 - 9/30/2022:

1. A total of 49 cases were pulled and reviewed by the UR team during this quarter on the following dates: 07/5/22, 08/9/22, and 9/13/22. The UMC meeting that was scheduled for 9/12/22 was rescheduled to 10/10/22 due to a scheduling conflict.
2. A total of eighteen (18) Incident Reports were filed during this quarter. There were six (6) from the OP department, ten (10) from the HB department and two (2) from the FP program. The quarterly report has been compiled and will be shared with the Management Team.
3. UR data was given to support staff to tally on 9/20/22. Twelve staff have returned their documents within the two week window so far. Documents for September were given to staff on 10/3/22 with request for review by 10/17/22.
4. There were no UR rating team meetings held this quarter.
5. The OP training (from 12/14/2021) was updated and recorded on 8/3/22; it is available for viewing via Google Drive.

STRATEGIC INITIATIVE 2: Workforce Development

OBJECTIVE # 2B: To provide training to all PCC staff to promote HIPAA awareness and compliance utilizing the KnowBe4 platform along with other training and reinforcement methods to make this process as fun and engaging as possible. Training will occur at minimum annually, with monthly reminders and/or “fun facts” regarding HIPAA, and mini rewards and/or recognition for demonstrated compliance.			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME:	OUTCOME/KEY SUCCESS MEASURES
1. Become more familiar with the KnowBe4 platform, including data generated during the phishing campaign, to identify the best training options available for all staff, as well as the staff who need it the most.	Cindy Willey-King Joanne Parr	11/4/2021 and ongoing	Reports of fewer “clickers” with staff able to identify phishing emails.
2. Research “fun facts” and/or additional ways to provide HIPAA information to staff in a way that they find helpful. Begin monthly reminders.	Cindy Willey-King	11/1/2021 and ongoing	Monthly reminders with positive staff feedback.
3. Meet with the Management Team to identify the rewards and recognition process, similar to 1A3, above.	Cindy Willey-King Management Team	12/13/2021	Clear process developed and distributed to staff, informing them of criteria and timeframes.

STATUS UPDATES: Cindy Willey-King, LMSW

10/1/2021 - 12/31/2021:

1. Joanne and Cindy met on 10/6/21 to start working on the phishing campaign using the KnowBe4 platform. The initial security assessment (Security Awareness Proficiency Assessment) was sent out to all PCC staff on 10/13/21, due back 10/20/21. Cindy and Joanne met with our KnowBe4 consultant on 10/25/21 to review the results and plan for further training. The second set of training sessions (ie., HIPAA Compliance Module for End Users, Security Awareness Foundations, Phishing: Don't Get Reeled In, Using the Phish Alert Button: Report Suspicious Emails and Creating Strong Passwords - Security Awareness Training) began on 11/1/21 and ended on 11/22/21. On 12/5/21, the Management Team was consulted for feedback to engage those staff who had not completed the training as planned. On 12/6/21, the Executive Team reached out to staff to strongly encourage them to complete the required training. Cindy and Joanne continue to meet every 2-3 weeks to address this objective.
2. Jason Mahnke started emailing all PCC the monthly newsletters on 12/8/21, with the first one focused on “5 Tips to Protect Yourself from Cybercriminals this Holiday Season”.
3. Cindy and Joanne created a certificate and valentine candy incentive/reward for the next quarter's campaign. Management approved this on 1/19/22.

1/1/2022 – 3/31/2022:

1. Joanne and Cindy continue to meet every 2-3 weeks to brainstorm training ideas utilizing the KnowBe4 platform. The next training campaign will begin sometime during the quarter.
2. Jason Mahnke sent out three monthly newsletters this quarter, addressing the following topics: 20 ways to block mobile attacks (sent 1/3/22); Don't become a victim! Kevin Mitnik Security Awareness Training (sent 2/1/22); and Security Awareness News - Hacking the Human, Social Engineering (sent 3/2/22). All were very informative.
3. Cindy and Joanne will continue to create certificates to staff completing training during next quarter, brainstorming another mini-incentive idea, which will be submitted to Management for approval.

4/1/2022 - 6/30/2022:

1. Joanne and Cindy continued to meet with a focus on both HIPAA training needs and CARF compliance for IT. The next training campaign will begin next quarter.
2. Jason Mahnke sent out two monthly newsletters this quarter, addressing the following topics: The HIPAA Rundown (4/4/22), and Browser Notifications (5/3/22).
3. Cindy and Joanne are scheduled to meet on 7/25/22 to plan the next training campaign and incentive ideas.

7/1/2022 - 9/30/2022:

1. Joanne and Cindy have continued to meet and process ideas related to staff who continue to "click" on phishing emails. There are three staff who continue to need additional training in this area.
2. Jason Mahnke sent out two monthly newsletters and a video this quarter, addressing the following topics: Vishing (voice phishing) on 7/11/22, Phishing - Click with Care on 8/1/22, and The Future of Passwords video on 9/1/22.
3. Two training campaigns were launched during this quarter. The August Campaign (launched 8/24/22) included the Restricted Intelligence series, Season 2 (Lost and Stolen Devices, CEO Fraud, PHI in Messages, Physical Security, PHI in Public Areas, and Working from Home) along with Social Engineering Red Flags (2022); 92% of staff have completed this training at this time. The September Campaign (launched 9/26/22) included a new series The Inside Man (Social Engineering, Social Media, Phishing Attacks, Document Disposal, Clear Desktop Policy, and Cloud Services), which showed how easily someone could possibly infiltrate an agency, get hired, and get access to sensitive information; 58% of staff have completed this training (as of 10/12/2022), which is scheduled to run until 10/26/2022.

OBJECTIVE # 2C: To prepare for the CARF Accreditation Audit by reviewing and updating policies, implementing any changes identified since our last audit, and training staff regarding any of those changes, prior to the CARF site visit which will occur in the Spring of 2022.				
ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME/KEY SUCCESS MEASURES:	
1. Continue to meet with Co-Director, Administrative Services every 2-3 weeks, to review CARF standards, identify any policies or processes that meet the standards, as well as those that may need to be updated.	Cindy Willey-King Mike Caza	Ongoing so completed prior to site visit; Spring 2022.	Updated policies and procedures as needed.	
2. Create and provide training to staff in any areas identified in the process above, as needed.	Cindy Willey-King	Ongoing so completed prior to site visit; Spring 2022.	Staff training logs	

STATUS UPDATES: Cindy Willey-King, LMSW

10/1/2021 - 12/31/2021:

1. Cindy and Mike met on the following dates this quarter: 10/5/21, 10/13/21, 10/27/21, 11/10/21, 11/23/21, and 12/15/21. An ADA site assessment was completed by Cindy and Joe Ziegler on 12/9/21; with the only identified issue to address being related to reposting handicap signage for the main office bathroom, which was completed.
2. As of this quarter, there have been no additional staff training needs identified.

1/1/2022 – 3/31/2022:

1. Cindy and Mike continued to meet every 2-3 weeks focusing on updating the Risk Management Assessment and the Accessibility Report through the end of February. The primary focus in March related IT related policies, with a focus on IT training and Telehealth training and security, which will continue during the next quarter. CARF has still not provided us with the virtual site visit dates.
2. An IT training component has been updated and added to the new employee orientation process, effective March, 2022

4/1/22 - 6/30/2022:

1. Cindy and Mike continued to meet in preparation for the CARF audit which occurred on 6/23/22 and 6/24/22. The Exit interview on 6/24/22 went very well, with all indications likely that a three-year accreditation will be approved.
2. In their exit interview on 6/24/22, the CARF reviewers identified the need for competency-based training at orientation and annually regarding health and safety procedures, and to reflect the specific needs of individuals served. More details will follow upon receipt of the CARF Accreditation Report.

7/1/2022 - 9/30/2022:

1. PCC's CARF full accreditation was renewed for three more years, thanks to the efforts of everyone involved. The CARF Accreditation Report was received on 7/28/2022, with the QIP report due back to CARF by 10/28/22. Areas to be addressed included: Leadership - Ethical Conduct, Health and Safety - Competency Based Testing, Workforce Development - Verification Items and Succession Planning, Program Service Structure - Evidence Based Training and Medication Use.
2. Updated training protocols are being developed based on the items noted above, to be implemented within the next fiscal year.

GOAL 1: Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)				
OBJECTIVE #3 : To increase access and use for all OP staff, both in hard copy and electronically, availability to a multitude of evidence based tools.				
ACTION STEPS: 1. To research the best EBP tools for the top 5-7 diagnoses typically used within the agency. 2. Create an access point within the agency and intranet for all staff of the best EBP tools.	RESPONSIBILITY: Lisa Stoneberg, Cari McNaughton, intern and Joanne Lisa Stoneberg, Cari McNaughton, intern and Joanne	TIME FRAME: End of 2nd Quarter of FY 2022 September 2022	OUTCOME: To find the most appropriate tools for agency use. To provide access to the tools to all OP staff.	

Status Updates: Kelly Ann Cole

10/1/2021-12/31/2021: Met and discovered the top 7 diagnoses for the agency. Coordinated with IT tech for the availability of space on the intranet and the process involved. Began research of test instruments (i.e.: cost, effectiveness of instruments, availability, etc.”

1/1/2022 – 3/31/2022: A binder was completed with EBP screening and assessment tools that is divided into diagnosis covering the following diagnosis: Major Depressive, Generalized Anxiety, Oppositional Defiance, Obsessive/Compulsive, Conduct, Suicidal Ideation, PTSD, Bi-Polar and Personality Disorders.

4/1/2022-6/30/2022: We began to research these tools. Evaluating the validity, cost and ease of use for clinicians to integrate into their sessions.

7/1/2022-9/30/2022: Continue to research the effectiveness of the tools and the user-friendly instruments that will meet the needs of PCC and clients. Due to the sheer number of EB tools, OP supervisors need to do more research in this area.

STRATEGIC INITIATIVE 2: Workforce Development

OBJECTIVE #4 : For the OP staff to increase the use of EBP into all cases			
ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
<p>1. For the supervisors to meet with their OP staff and train, encourage the use of and the expectations of them on the use of EBP within their case documentations</p> <p>2. To review random cases of OP staff for the accuracy and use of EBP within their documentation.</p>	<p>OP supervisors and Regina Friedmann</p> <p>UM committee</p>	<p>Starting Nov. 2021 and on-going</p> <p>Starting Nov. 2021 and on-going</p>	<p>To train staff on the use of EBP in key areas within their documentation.</p> <p>To encourage staff to use EBP's within their documentation</p> <p>To spot check cases within consultation for the use of EBP within the necessary documents.</p>

Status Updates: Kelly Ann Cole

10/1/2021 - 12/31/2021: An agency wide training occurred on 12/14/21 where the clinicians were informed of the EBP's that were being looked at and that they would be available to them within the year in both hard copy and electronic, to which they were excited to hear this information.

1/1/2022 – 3/31/2022: Cases continue to be audited. During the next quarter, OP monthly meetings will start, and the staff will be trained on the PCC's expectations for the use of supporting documents for the individual's diagnosis within their case records.

4/1/2022-6/30/2022: During this quarter the training video was completed and while OP monthly meeting began again, staff were educated on the need to accurately document the use of EBP within their case documentations. Cases continued to be audited throughout the quarter.

7/1/2022 - 9/30/2022: While cases continue to be audited throughout this quarter, PCC was able to purchase additional EB treatment planners. As well as homework planners, educational tools and training videos for all clinical staff to use throughout the treatment of PCC clients.

STRATEGIC INITIATIVE 2: Workforce Development

<p>Goal 1: sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)</p>			
<p>OBJECTIVE #5: Create a uniform training system for new and current staff to provide a thorough understanding of the HB program.</p>			
<p>ACTION STEPS:</p>		RESPONSIBILITY:	TIME FRAME:
<p>1. Assign Home base mentor who will be incorporated in new hire training for both HBT and HBA's.</p>		Kaiytlil Rumenapp & Whitney Ostrom	by 12/31/21
<p>2. Create updated training binder, provide to new and current staff</p>		Kaiytlil Rumenapp & Whitney Ostrom	by 3/30/22
<p>3. Update materials as CMH changes are made and/or information is obtained from case audits</p>		Kaiytlil Rumenapp	ongoing
<p>4. Conduct annual trainings on: BPS, IPOS, PN/CN, PR and DCS</p>		Kaiytlil Rumenapp & Whitney Ostrom	by 9/30/22
<p>5. Conduct intervention/topic trainings on areas of staff interest and/or need for growth and development in therapeutic practices</p>		HB Supervisors and staff	by 9/30/22
<p>6. Facilitate quarterly team building activities to improve upon the working relationships within the team, and assist in the developing relationships of new staff</p>		Kaiytlil Rumenapp	every quarter
<p>OUTCOME: Decrease in errors regarding paperwork or interventions. Staff will have access to the same training tools to reference when unsure of how to document or proceed on a case. Staff will have additional support in their mentor for when home base supervisors are unavailable. Improvements to staff morale and stress level when they have a thorough understanding of the program, paperwork and interventions to utilize with consumers.</p>			

Status Updates: Whitney Ostrom and Kaiytlil Rumenapp

10/1/2021 - 12/31/2021: Supervisory team has updated home base forms (Roles of Homebase, FIPA) and provided electronic versions of all paperwork. A new standard level of care was created, staff were trained and are in the early stages of implementation. Annual training on BPS and IPOS are scheduled for 3/17/22. Intervention training is scheduled for 2/17/22. The Homebase Christmas party was facilitated during this review period, staff also came together to donate towards the Christmas Project for the homeless in memory of Rebecca. A home base mentor has not been assigned at this time.

1/1/2022 – 3/31/2022: During case consult, Kaiytlil has addressed paperwork and documentation regarding proper documentation. Kaiytlil distributed a survey to explore what kind of recognition motivates staff to increase morale, along with implementing therapist incentives for hitting face to face hours every month. A training process for HBA's has been developed by Whitney and will be attempted with the new hire. Kaiytlil held the annual IPOS training on 3/17/22, an intervention training was done on 2/17/22, and Telly Delor taught Incident Report training on 1/20/22. A quarterly team building activity has not occurred yet. A home base mentor has not been assigned at this time.

4/1/2022-6/30/2022: A mentor has not been chosen at this time. Two interns will be joining the homebase team, each intern will be assigned to two therapists and follow two to three cases for an entire semester, then switch to joining cases with the other two therapists. This will provide more structure, follow through, case continuity and a concrete schedule for interns. This process will be adapted for new hires as well to improve initial training and relationship building with members of the team. The HBA's have started meeting monthly for their own consult which has assisted with their relationship building. 1 audit was completed, and the feedback was provided to the team during a consult. A team building activity has been scheduled for the entire team and will occur in September.

7/1/2022 - 9/30/2022: Kaiytlin has been reviewing HBT and HBA notes in Oasis and providing feedback to decrease errors. Staff were educated on Positive Behavior Supports as this was an area identified as a need related to the incident reports. Staff were also provided new intervention tools/treatment planners to utilize. A team building activity was done at Lisa's home in September. Goal met as of 9/30/22. Improvements in paperwork per audit scores, improved training practices and training binders, and increased team building has occurred throughout the year leading to a more cohesive team. Home base gained one new therapist and two home base assistants this year.

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1: sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)				
OBJECTIVE #6: Develop, maintain and monitor the overall functioning of established processes/procedures implemented to effectively operate the front office, registration, billing and collections.				
ACTION STEPS: 1. Lee Anne will maintain an accurate/updated version of the current Procedure Manual for documentation and reference purposes. 2. Lee Anne will regularly monitor/review/discuss processes and procedures with support staff and identify need for improvement and/or change. 3. Lee Anne will maintain regular communication with Terri, appropriate staff and management regarding developing/implementing process and procedure changes.		RESPONSIBILITY: Lee Anne McKelvey Oversees Goal Terri Westrick	TIME FRAME: This goal will continue to occur on an ongoing day-to-day basis.	OUTCOME: 1. The operation of the Front Office, Registration, Billing and Collections will run in an efficient/effective manner. 2. Support staff will have the knowledge to complete all processes and procedures accurately.

STATUS UPDATES: Lee Anne McKelvey

10/01/2021 - 12/31/2021: I have been working on reviewing & updating the Procedure Manual. I continue to monitor and address processes and procedures on a day-to-day basis with OP support staff.

1/1/2022 – 3/31/2022: Updating the procedure manual continues to be a work in progress (delayed due to training new staff). I continue to monitor and address processes and procedures on a daily basis with OP support staff.

4/01/2022 - 6/30/2022: The procedure manual has been updated and staff has been encouraged to review regularly. I continue to monitor and address any issues that arise regarding processes and procedures.

7/1/2022 - 9/30/2022: I continue to stress with staff the importance of following processes and procedures for an efficient/effective daily operation of the front office, registration and billing. I continue to monitor/review/discuss processes and procedures to identify a need for improvement and/or change. I continue to maintain an updated version of the procedure manual.

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1: sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)			
OBJECTIVE #7: CROSS TRAINING: Efforts will continue to be made with regard to cross training support staff in Front Office, Registration and Billing. Cross training allows for the completion of daily operational procedures on a timely basis in the event of a short and/or long-term absence of support staff.			
ACTION STEPS: 1. Identify tasks of high priority to be completed on a daily and/or timely manner in each department. 2. Assign staff best suited to be trained for identified tasks. 3. Coordinate/monitor training between support staff.	RESPONSIBILITY: Lee Anne McKelvey Tina Reckker Virginia Greau Darren Aiello Kate Pierce Dorothy Lams Morgan Rumenapp	TIME FRAME: Monitor and review progress on a monthly basis.	OUTCOME: The daily completion of high priority tasks in the front office, registration and billing will continue to operate effectively during unexpected employee absences.

STATUS UPDATES: Lee Anne McKelvey

10/01/2021 - 12/31/2021: Due to employee illness and the Holidays, cross training was a struggle. Tina Reckker was cross trained for the medical assistant position.

01/01/2022 - 03/31/2022: Significant staff changes (transitions) occurred during this period. Tina, Morgan, Darren, Virginia & Kate have all been training in new positions.

04/01/2022 - 06/30/2022: Darren Aiello has crossed trained as back up for the psychiatric assistant position and completing referrals for registration. Tina is doing very well as the psychiatric assistant. Virginia, Kate and Morgan continue learning and growing in their current positions.

07/01/2022 - 09/30/2022: Cross Training has continued to be a challenge for several reasons, such as: staff attendance (illness, personal, vacation), staff productivity (willingness to go above and beyond), staff strengths (staff lacking the skills to cross train in other positions).

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1: sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

Improve the Wage and Salary Grid to provide more useful information and better guidance to supervisory staff

OBJECTIVE #8: Create simplified wage and salary ranges that supervisory staff can use in setting hiring wages and salaries and making offers to candidates

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Get input from managers across groups and levels as to current hiring challenges	1. Brian G	1. December 2021	1. Improved decision making criteria
2. Formulate hiring ranges that attempt to address these challenges within the limitations of both the expense budget and existing pay scales	2. Brian G	2. January 2022	2. More realistic standards and processes for supervisor use
3. Formulate guidance for supervisors in determining how to make good offer decisions within individual ranges	3. Brian G	3. January 2022	3. More effective wage and salary decision making criteria
4. Submit recommendations to the Executive Team for review		4. January 2022	4. Better hiring decisions

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STATUS UPDATES: Brian Gavin

10/1/2021 - 12/31/2021:

November 19, 2021: PCC managers and supervisors were surveyed for their opinions on various compensation issues and challenges. Survey responses were compiled and analyzed for possible use in setting compensation policies.

November 20, 2021: An analysis of current wage and salary levels by Grade and Level was conducted in order to determine the cost of addressing significant shortfalls to grade and level averages among staff. Results were shared with the Executive Team, and certain adjustments were made to some staff wages, in line with the performance review process and current budget restraints.

1/1/2022 – 3/31/2022:

January 18, 2022: PCC's Executive Team assisted in outreach to CMH and DHHS for information on their compensation levels, models and practices. Responses are being compiled and analyzed for possible use in setting compensation policies.

January 31, 2022: A compensation model anchoring PCC wages and salaries to a fixed percentage of CMH and DHHS wages and salaries is currently being put together. A revised target date for completion is March 31.

April 12, 2022: Report completed and shared with the Executive Team. The report includes a benchmarking analysis for all employee groups and levels, and recommendations for further action. A one-page executive summary has been prepared. A meeting with the Executive Team to review the report in depth has been scheduled for April 26, 2022.

4/1/2022 - 6/30/22

April 26, 2022:

A meeting to review the compensation model took place on April 26. It was agreed that managers would use the new compensation model in assessing annual pay adjustments and new hire rates. It was further agreed to focus on those categories that seem to present the greatest challenges when rates are compared to benchmark rates, and to try to 'flatten' these categories to the extent possible within the limits presented by the wage compression issue. Finally, it was agreed that this approach to compensation management would continue to be used in assessing PCC compensation going forward and would be updated at least annually for this purpose.

07/1/2022 - 09/30/2022:

The Compensation Project was completed in the 3rd Quarter.

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1: sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)			
OBJECTIVE # 9 : To enhance and develop strategies to recruit qualified workforce candidates in an effort to quickly recruit the best possible candidates.			
ACTION STEPS: <ol style="list-style-type: none"> 1. Utilize turnover report to explore hiring and loss patterns 2. Update/modernize the PCC website with staff testimonials and more details for prospective applicants 3. Update current job ads to sound appealing and contain relevant information 4. Develop processes to increase effective use of social media platforms such as rating sites like google etc 5. Identify and analyze hiring platforms to find out which are most applicable to OP;HB;FPP (indeed, linked in, colleges, MI Works, job fairs) 6. Identify steps to use current staff to reach qualified talent (word of mouth), through rewards etc. 	RESPONSIBILITY: Whitney and Christina Whitney and IT Whitney and Christina Whitney and Christina	TIME FRAME: Dec 2021 Feb 2022 May 2022 September 2022 September 2022	OUTCOME: Broaden our outreach to potential applicants by using the most up-to-date methods of seeking staff, to ensure we have a qualified pool to choose from for each opening.

STATUS UPDATES: Whitney Ostrom and Christina Agle

10/1/2021-12/31/2021: We reviewed how current jobs are posted and ways to post jobs in a more cost-efficient way than Indeed (Facebook communities; personal LinkedIn accounts) and how the current PCC website could be utilized to share job postings. We requested the PCC website receive an update so it can be shared for job openings and to be viewed by applicants. The website update was approved and is in process of being updated. We researched competitors in an effort to find "key" terms in their postings that may help us reach a more qualified applicant pool. We also researched salaries and benefits of other employers to determine how we compare to what they are offering potential employees to ensure we are offering close to the same. All FPP (except Family Skills) and HB job postings have been updated, and placed in a shared manager folder, with the new appealing and relevant wording that was found. The rating sites of google and glassdoor have been explored at supervisor's meetings and team consults, to encourage staff to have clients rate PCC, and to increase the awareness of how potential applicants review this before applying.

1/1/2022 – 3/31/2022: Data has been collected for which hiring platform is effective in recruiting staff, and that is Indeed. In addition to collecting online research and talking to current staff, a survey was created, and OP and HB therapists were polled, resulting in the findings that Indeed and LinkedIn were used most often. Researched various hiring websites and created a pro's and con's list to each site, evaluating the data that was collected. A recruitment bonus has been implemented for current staff to use word of mouth to bring in new hires and has been successful. Terms and wording have been explored to update job descriptions to make our listings more enticing to applicants. Explored turnover report and did not find a pattern at this time. Reviewed the updated website and have brainstormed possible additions to showcase PCC's positive work culture. Explored options to effectively use social media to increase potential applications (such as posting jobs on several FB community pages, alumni pages, and on personal LinkedIn page). Offline, other options were explored for hiring possibilities such as bulletin boards in the community, social groups, and other demographics. Asked staff in OP and FPP to encourage satisfied clients to rate our service on our google and Facebook pages, and OP made temporary business cards to prompt this.

4/1/2022-6/30/2022: A website redesign has been quoted and approved by management, by Kristopher Jackson, and a long-term plan has been decided for PCC to maintain the site in-house after. Website content has been selected and the staff testimonial video will be done soon (questions and staff selected) along with supervisor and therapist photos. A plan has been developed for how staff photos and the video will be done. PCC's work culture has been documented more on social media and staff continue to share job postings in free Facebook groups and on personal pages (Facebook, Instagram, and LinkedIn), leading applicants to PCC. A recruitment open house, with PCC promotional items is being scheduled, and the promotional items have been purchased, using the CMH Recruitment Crisis funds, of which a committee met multiple times to strategize how to best use the funding for recruitment and retention efforts. Dawn has found a new job posting platform to seek applicants, called Breezy, that CMH funding will pay for. One job posting (FRP) has been updated to reflect the true flexibility at PCC, and the interview questions are being updated per the policy committee.

7/1/2022 - 9/30/2022: We held a recruitment open house with PCC promotional items, which also increased staff morale. To promote the aforementioned open house and PCC's employment opportunities, a radio ad was created and aired weeks prior to the event. PCC's social media reach was broadened by the creation of a PCC Instagram page which many employees and clients have already begun to "follow". The PCC website is currently under construction and photos/bios of supervisors and therapists have been collected from the majority of staff. The staff testimonial video has been filmed and its committee will be meeting to complete final edits before its release on PCC's website, facebook, and instagram. The labor report was analyzed and PCC only had one person leave employment this period and there has been no turnover with Home Based Assistants since fee split pay has been implemented. A new hiring/recruitment website (Breezy) has been implemented and has brought in more resumes than Indeed, including Master level staff, which has been a long time struggle. Current staff continue to receive the recruitment bonus if they encourage someone to apply/work at PCC.

Professional Counseling Center OPERATIONAL PLAN YEAR 2 DATE			
STRATEGIC INITIATIVE 3: Financial Stability and Growth			
GOAL 2:(OVERARCHING GOAL)(Maximize OP and HB referrals to make best use of available staff time and office resources, better structure referral base to improve revenue per unit of clinical service), (OVERARCHING GOAL)			
*Develop formal strategies to maximize the value of SOM contracts being pursued.			
OBJECTIVE #1: Continue to develop a functional and useful self-evaluation process that will analyze the effectiveness of family preservation programs ensuring high quality service delivery with PCC's State of Michigan contracts.			
ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Revisit effectiveness of RW survey return processes previously established.	FP supervisors	January 2022 and ongoing	State of Michigan contracts are maximized due to the delivery of high quality services.
2. Review monthly data reports to determine what areas to focus on to support clearly identifying what is working well and what areas to improve upon	FP supervisors	March 2022	
3. Review the annual report and assure collecting valuable and useful data	FP supervisors	June 2022	
4. Provide collected data to Bid Writing Work Group	FP supervisors	September 2022	

STATUS UPDATES: Jessica Clift

10/1/2021 - 12/31/2021: Review contract performance expectations outcomes and assure processes for collecting the data accurately- Complete. Jessica Malburg-Life Skills/FAP/PTSS Supervisor and Christina Agle-FRP supervisor joined the group. Kaiylyn Rumenapp will no longer participate as she is no longer in family preservation.

1/1/2022 – 3/31/2022: The group continues to assess the referring worker surveys practices and how to get better and consistent results. All family preservation programs have started utilizing a survey via Google which has produced better results. Support staff are being utilized to provide a quarterly report regarding returned survey percentages. The group is also evaluating the FPP monthly report and tracking the top three populations that are being served with our FPP programs.

4/1/2022 - 6/30/2022: Family preservation supervisors continue to monitor referring worker surveys. The Google spreadsheet developed by this group has been proven to be effective and helpful as programs are seeing improved rate of return and supervisors also have the ability to see which referring workers are returning surveys. The group is beginning to evaluate outcomes from the DHHS monthly report and explore to improve those numbers. The last meeting was canceled and will be rescheduled in the near future.

07/01/2022 - 9/30/2022: Haylie Brennan-Lossing was added to the group. RW survey outcomes have increased as a result of monitoring and additional efforts made by FP supervisors and staff. The group is beginning to address most common risk factors from the DHHS monthly report and explore ways to increase FP staff's knowledge of the issue and also give them additional skills to better work with families regarding these specific risk factors. The first training addressing substance affected families is scheduled for 10-25-22. This goal will continue into next year.

**Professional Counseling Center
OPERATIONAL PLAN
2021/2022**

STRATEGIC INITIATIVE 4: Leadership and Corporate Structure

GOAL 1: Future structure, succession, and potential sale (OVERARCHING GOAL)

Successful Re-Accreditation from CARF

OBJECTIVE #1: Compliance of Accreditation from Funding Sources

ACTION STEPS:		RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Assign Primary Staff for CARF		Cindy Willey-King/ Mike Caza	Fall 2021	Review standings and assign primary areas
2. Assigned staff review and work on conformance to standards		Exec & Mgmt.	Fall 2021/ Spring 2022	Detailed list/responses to applicable standings
3. PCC is reaccredited		All	Summer 2022	Notice from CARF

STATUS UPDATES: Mike Caza

10/1/2021 – 12/31/2021: Cindy Willey-King, Executive Team and applicable Supervisors and Support Staff were assigned CARF sections to prepare.

1/1/2022 – 3/31/2022: CARF has not set the survey dates yet. It will be May or June. Progress has been made in all survey preparation areas.

4/1/2022 – 6/30/2022: CARF virtual survey was completed in June. It appears we did well and have some recommendations for improvement to work on. We are waiting for the official report.

7/1/2022 – 9/30/2022: CARF re-accredited PCC for 3 years. Plan of Improvement is being prepared for minor recommendations.

STRATEGIC INITIATIVE 4: Leadership and Corporate Structure

GOAL 1: Future structure, succession, and potential sale (OVERARCHING GOAL)			
Continued Assessment if Current Owners Should Sell PCC			
OBJECTIVE #2: Assess companies that have reached out to PCC			
ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1.Determine if any current employees, local people or agencies have an interest in owning or affiliating with PCC	Exec. Team/ B. Gavin	FY 21-22	Set up process to assess this.

STATUS UPDATE: Mike Caza

10/1/2021 – 12/31/2021: No activity on this goal for 1st quarter. Brief discussion to put this off for 6 months.

1/1/2022 – 3/31/2022: No activity on this goal for 2nd quarter. We have put off for 6 months.

4/1/2022 – 6/30/2022: No activity on this goal for 2nd quarter. We have put off for 6 months.

7/1/2022 – 9/30/2022: We have put this off indefinitely.

STRATEGIC PLANNING
PROFESSIONAL COUNSELING CENTER'S
OPERATIONAL PLAN
YEAR 3
10/1/22 – 9/30/23

Professional Counseling Center
OPERATIONAL PLAN
YEAR 3 UPDATE

STRATEGIC INITIATIVE 1: Information Technology

GOAL 1: Assess the current IT infrastructure; invest in and leverage technology that will create efficiencies and secure systems; IT staffing needs; enhance workforce communications and effectiveness. (overarching planning goal 3 Year)

OBJECTIVE #1: FPP programs will use PCC devices in the office and out in the community to improve their workflow, security, compliance, and safety. Staff will meet monthly with IT staff to ensure all updates are complete and the condition of the equipment is still optimal.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
<ol style="list-style-type: none"> 1. Create a budget per program for the number of devices needed. 2. Decide the order in which programs will get their devices. 3. Purchase devices 4. Run updates and connect to the network 5. Assign Devices 6. Schedule monthly follow ups with workers to run updates and check equipment condition 7. Quarterly update meeting with Nancy and Mike 	<ol style="list-style-type: none"> 1. Joanne 2. Joanne/ Mike 3. John 4. John/ Jason 5. Joanne/ Jason 6. Jason 7. Joanne 	<ol style="list-style-type: none"> 1. December 2022 2. February 2023 3. March 2023 4. June 2023 5. July 2023 6. August 2023 7. Quarterly 	<ol style="list-style-type: none"> 1. Have an idea of the added cost we will incur for purchasing new equipment. 2. Implement a strategy for rolling out devices per program. 3. Have devices on hand. 4. Devices will be ready to be assigned. 5. IT staff will meet with workers to go over the Mobile Device Agreement and what is expected of workers while using PCC devices. 6. Keep devices up to date with security and software as well as condition of equipment. 7. Keep managers informed and aware of progress and involved in problem solving, if needed.

STATUS UPDATES: Joanne Parr
10/1/2022 – 12/31/2022:

Strategic Initiative: Information Technology

OBJECTIVE # 2: Create an organized and defined catalog of IT equipment. The current system needs a more clearly defined identification process in place to help track location and users of equipment.

ACTION STEPS:	RESPONSIBILITY	TIME FRAME	OUTCOME:
<ol style="list-style-type: none">1. Evaluate current equipment2. Create a new naming system based on the type and quantity of each piece of equipment.3. Enter each piece of equipment into SnipeIT to keep track of where equipment is and who is using it/which room it is in.	<ol style="list-style-type: none">1. IT Staff2. IT Staff3. IT Staff	<ol style="list-style-type: none">1. March 20232. June 20233. July 2023	<ol style="list-style-type: none">1. Have a complete inventory of every piece of equipment.2. Rename each piece of equipment to get a better understanding of what the equipment is.3. Input every piece of equipment that PCC owns into the SnipeIT system to catalog and identify location of the equipment

STATUS UPDATES: Joanne Parr

10/1/2022 – 12/31/2022:

Strategic Initiative: Information Technology

OBJECTIVE #3: Conversion of Windows 10 to Windows 11 ensuring there are no compatibility issues between the two, the server, and software that is currently in use.

ACTION STEPS:	RESPONSIBILITY	TIME FRAME	OUTCOME:
<ol style="list-style-type: none"> 1. Convert IT Team's machines over to Windows 11 2. Attain volunteers for a small group of test computer conversion to Windows 11. 3. Install Windows 11 on all new incoming machines 	<ol style="list-style-type: none"> 1. IT Team 2. IT Team 3. IT Team 	<ol style="list-style-type: none"> 1. End of Fiscal Year 2023 2. End of FY 2023 3. End of FY 2023 	<ol style="list-style-type: none"> 1. Make sure conversion to Windows 11 is successful and no errors/bugs are present. 2. Find volunteers who would like to test out the new version of Windows to make sure there are no issues for other users. 3. Small groups of laptops will be purchased throughout the year and will immediately be upgraded to the new version of Windows.

STATUS UPDATES: Joanne Parr

10/1/2022 – 12/31/2022:

Professional Counseling Center OPERATIONAL PLAN YEAR 3 UPDATE			
STRATEGIC INITIATIVE 2: Workforce Development			
GOAL 1 : Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)			
Annual Operational Goal: To increase staff access and use of Evidence Based Practices within their documentation.			
OBJECTIVE #1: To increase access for all OP staff, both in hard copy and electronically, availability to a multitude of evidence-based tools.			
ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. To research the best EBP tools for cost effectiveness and ease of use for all clinicians at PCC	1. Lisa Stoneberg, Cari McNaughton, intern and Joanne	1. End of 2nd Quarter of FY 2023	1. To find the most appropriate tools for agency use.
2. Create an access point within the agency and intranet for all staff of the best EBP tools.	2. Lisa Stoneberg, Cari McNaughton, intern and Joanne	2. September 2023	2. To provide access to the tools to all OP staff.

STATUS UPDATES: Kelly Ann Cole

10/1/2022 – 12/31/2022:

Strategic Initiative: Workforce Development

OBJECTIVE #2: To increase team building with the OP staff.

ACTION STEPS:				RESPONSIBILITY	TIME FRAME	OUTCOME:
1. Team building activities will occur in each monthly OP staff meeting.				1. OP supervisors and Regina Friedmann	1. Starting Nov. 2022 and on-going	1. Staff will have a better overall attitude and will be more willing to go the extra mile for each other
2. OP staff will be incentivized when positive behaviors are observed, such as: compliance with time frames, helpful behaviors and perfect UR's, to name a few.				2. OP supervisors	2. Starting Nov. 2022 and on-going	2. Staff will have better accuracy with achieving time frames and increase accuracy within their documentation.

STATUS UPDATES: Kelly Ann Cole

10/1/2022 – 12/31/2022:

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1 : Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

Operational Goal: To ensure that PCC staff continue to be trained and engaged in the Corporate Compliance Plan process specifically as it relates to HIPAA Privacy and Security, Recipient Rights, PCC's Code of Ethical Conduct, Utilization Management and Continuous Quality Improvement.

OBJECTIVE# 3: To continue to provide evidence-based training during the onboarding process and annually to ensure that all PCC staff understand each of the components required to successfully perform their duties successfully within the laws and regulations prescribed in the policies and procedures identified above and in compliance with CARF accreditation recommendations.

OBJECTIVE# 4: To monitor and report on each of the above areas to ensure compliance with and adherence to the policies, procedures, rules an regulations included within.

ACTION STEPS:

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Continue to conduct HIPAA Privacy and Security Training via the KnowBe4 platform and utilizing additional valid training resources as needed/identified.	1.Cindy Willey-King, Joanne Parr, and Jason Mahnke	1. Bi-monthly	1. Staff will pass short quizzes based on the information learned, receiving certificates of completion.
2. Consolidate PCC's Code of Ethical Conduct policies into one user-friendly booklet; provide an annual training for staff (in person, virtually and/or develop a recorded version accessible on the PCC intranet).	2.Cindy Willey-King, PCC Policy Committee	2. 3/15/2023	2. Staff will pass a quiz based on the information learned, receiving a certificate of completion.
3a. Continue to conduct random case record reviews for the OP program to ensure quality services are being provided, adequately documented, and billed in accordance with contract and private payor requirements.	3a. Cindy Willey-King, UM Review Team, and UM Committee	3a. Monthly	3a. Staff will show improved outcomes on the UM document and in their case records overall.
3b. Provide one to two OP training opportunities based on the results of analysis of record review data	3b. Cindy Willey-King, UM Review Team	3b. TBD	3b. Staff will show improved outcome on the UM document and in their case records overall.

<p>3c. Two Retrospective Studies will be completed in the following areas to improve the quality of services overall as a result:</p> <ul style="list-style-type: none"> • Telehealth Satisfaction (All PCC programs) • CCSM Domain Scores as a Reflection of Progress in the Treatment Profess (OP Program) <p>4. Incident Reports and Recipient Rights Data will continue to be reviewed, tabulated, and analyzed, with opportunities for staff training developed based on outcomes observed.</p>	<p>3c. Cindy Willey-King</p>	<p>3c. 12/1/22 and 6/1/2023</p>	<p>3c. Studies will be shared with the management team.</p>
	<p>4. Cindy Willey-King</p>	<p>4. Quarterly</p>	<p>4. Data and training opportunities will be processed with the management team.</p>

STATUS UPDATES: Cindy Willey-King

10/1/2022 – 12/31/2022:

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1 : Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

OBJECTIVE #5: To improve communication, collaboration and involvement of home base assistants and home base therapists on shared cases.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
<ol style="list-style-type: none"> 1. Contact CMH regarding billing options for joint intervention of HBT and HBA 2. Create procedure to determine the frequency of joint HBA and HBT intervention 3. Train HBA on IPOS and PR to improve understanding of clinical treatment plan 4. Review CAFAS/PECFAS with HBA to improve understanding of assessment tool and impact on standard level of care 5. Facilitate joint supervision for HBA and HBT that share cases together to process treatment interventions 6. Monitor and promote weekly check in's between HBT and HBA regarding shared cases and interventions 	Kaiytlín Rumenapp	<ol style="list-style-type: none"> 1. December 2022 2. March 2023 3. June 2023 4. June 2023 5. All year 6. All year 	Improvements in interventions, cohesiveness of the treatment team and opportunities to incorporate differing perspectives as they relate to consumer's goals and progress towards those goals. Would improve the clinical services being provided and allow staff to approach a case as a united team.

STATUS UPDATES: Kaiytlín Rumenapp

10/1/2022 – 12/31/2022:

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1 : Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

OBJECTIVE #6: CROSS TRAINING: The Office Manager will focus on cross training support staff as back up for specific job positions and/or identified tasks within the Front Office, Registration and Billing Department.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
Office Manager will identify tasks of high priority that need to be completed on a daily and/or timely manner.	Lee McKelvey Tina Reckker Morgan	Progress will be reviewed on a quarterly basis.	Positions within the Front Office, Registration and Billing will have back up in the event of a short term or long-term employee absence.
Office Manager will identify and utilize employee strengths for cross training as a position back up or completing specific tasks.	Rumenapp Virginia LeBlanc Kate Pierce Dorothy Lams		
Office Manager will coordinate/monitor all cross training.			

STATUS UPDATES: LeeAnne McKelvey

10/1/2022 – 12/31/2022:

STRATEGIC INITIATIVE 2: Workforce Development

GOAL 1 : Sustain and invest in workforce talent such as improvement on compensation administration; enhance and develop processes for improving training, cross training and succession planning and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

OBJECTIVE #7: To increase staff retention through new processes as well as formalizing and monitoring existing processes.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
Develop a stay survey.	Management	11/01/22	Increased staff retention, increased knowledge of role and expectations and satisfaction in their role at PCC.
Stay Survey will be sent out to staff.	Nancy Haylie	11/15/22	A defined process is in place to retain staff.
Surveys will be aggregated and analyzed for areas of strengths and weaknesses.	Nancy/management	1/01/22	
Supervisors utilize onboarding handout (questions)	Management	Ongoingly	
Ongoing training will be conducted by supervisors and seasoned staff to enhance competencies in FP programs.	FPP Supervisors	Quarterly	
A Wellness Committee will be formalized and begin meeting every other month to increase satisfaction thereby increasing retention.	Wellness Committee	bi-monthly	

STATUS UPDATES: Whitney Ostrom

10/1/2022 – 12/31/2022:

Professional Counseling Center OPERATIONAL PLAN YEAR 3 UPDATE			
STRATEGIC INITIATIVE 3: Financial Stability and Growth			
GOAL 1: Maximize OP and HB referrals to make best use of available staff time and office resources, better structure referral base to improve revenue per unit of clinical service, develop formal strategies to maximize the value of SOM contracts being pursued. (OVERARCHING GOAL PLANNING 3 YEAR PLAN)			
OBJECTIVE #1: Utilize the current self-evaluation process to analyze data and address areas in need of improvement to increase effectiveness of family preservation programs ensuring high quality service delivery with PCC's State of Michigan contracts.			
ACTION STEPS: Create or establish processes to utilize statistics and trends to improve Utilize UR's to evaluate trends Utilize DHHS monthly report to evaluate trends Provide data collected to bid writing groups.	RESPONSIBILITY: Self-eval committee Self-eval committee Self-eval committee Self-eval committee	TIME FRAME: December and ongoing Ongoing Ongoing October 2023	OUTCOME: State of Michigan contracts are maximized due to the delivery of high quality services.

STATUS UPDATES: Jessica Clift
10/1/2022 – 12/31/2022:

Professional Counseling Center OPERATIONAL PLAN YEAR 3 UPDATE			
STRATEGIC INITIATIVE #4: Leadership and Corporate Structure			
GOAL 1: Formalize plans for the future organizational structure and management of PCC, especially pertaining to a plan for succession. OBJECTIVE #1: Assess the current responsibilities of the Co-Directors of Administration and Clinical Services to determine those areas in which they will, as agency owners, retain responsibility, and which areas they will devolve to succeeding directors, and use this determination to create job descriptions accounting for all areas of responsibility			
ACTION STEPS: 1. Make lists of responsibilities that the current co-directors will retain (as owners) or relinquish to their successors. 2. Based on these lists, formulate a structure for the future division of responsibilities, including the determination of the need for, and responsibilities of, a future business manager 3. Create job descriptions for owners and directors (and new business manager position, if so determined) 4. Set a timeline for completion of transition steps	RESPONSIBILITY: Mike C Regina F Exec Team Brian G Lisa S Nancy P Mike C Regina F	TIME FRAME: January 1, 2023 February 1, 2023 April 1, 2023	OUTCOME: Full assessment of director level responsibilities Sound structure for the organization as it prepares for its new operational structure Job descriptions that account for the seamless integration of all director level Planning able to move forward

STATUS UPDATES: Mike Caza/Brian

Strategic Initiative: Leadership and Corporate Structure

OBJECTIVES #2: In view of the newly established director level job structure set up in Objective #1, determine the optimum management level job structures, including the most effective reporting relationships and assignments of responsibility.

ACTION STEPS:	RESPONSIBILITY	TIME FRAME	OUTCOME:
	Lisa S Nancy P Brian G	July 1, 2023	Workforce Development completed and in operation. plan document
	Lisa S Nancy P Brian G	July 1, 2023	
	Lisa S Nancy P Brian G	July 1, 2023	
	Mike C Brian G	July 1, 2023	

STATUS UPDATES:

Professional Counseling Center, P.C.

OUTPATIENT PROGRAM DESCRIPTION

October 1, 2021 – September 30, 2022

OVERVIEW

Professional Counseling Center's Outpatient Program provides therapy on an outpatient basis to individuals, couples, and families of all ages, races, and nationalities. The core principles of the outpatient program are built upon the consumer being involved in all aspects of their treatment and building on their strengths. PCC respects the needs and background of each individual, providing services in a caring, professional manner with treatment goals that reflect specific strengths and needs.

A full range of outpatient services is provided, including individual, family and relationship therapy, as well as psychiatric assessment and medication monitoring. Psychological testing and assessment are also available. Services are available for all age groups including children, adolescents, adults and geriatric.

The Outpatient Program provides services to individuals with a wide variety of emotional mental health problems, including, but not limited to, mood disorders, relationship issues, ADHD, family issues, parenting, anger management, grief and loss, adjustment issues, physical and sexual abuse, trauma, depression, anxiety, substance abuse, school and behavioral problems, and PTSD. Additionally, case management services including advocacy, linkage and coordination with other community services are available. The intensity and duration of services are based on the specific needs and goals of the individual as developed in the treatment plan.

Services are generally provided in an office setting but may be provided in an individual's home based on specific needs of the individual/family. Outpatient services are available Monday through Thursday, 8:30 am to 9:00 pm, and Friday 8:30 am to 5:00 pm and Saturdays by appointment. Clinical staff is also available through the after-hours crisis line for emergency situations. With the COVID-19 pandemic, PCC provides both telehealth services as well as face-to-face services.

Specific populations, such as individuals with substance use disorders, are referred to clinicians with experience and education in dealing with those issues, as well as referred to self help programs such as AA and NA. Clinicians are credentialed annually by the agency to demonstrate experience and proficiency with those particular issues. Referrals are monitored on an ongoing basis to determine if there is sufficient staff available to provide services in any specific area. Parenting groups are held in the St. Clair County Intervention Center.

PHILOSOPHY

The philosophy of the outpatient program is that individuals are best able to determine their own needs and goals; that the therapy process should be geared to building on the individual's strengths and resources; and services are provided in a manner which is respectful, professional and utilizes practices which are evidence based and community accepted.

PROGRAM GOALS AND OBJECTIVES

Goal: To maximize the individual's independence and integration in the community in which they live, work and interact; to reinforce existing skills and strengths; to develop new/additional skills as needed to enhance the functioning and mental health of the individual, and to do so in a manner which is time and cost effective.

The Objectives are to:

1. Enhance individual and family functioning and quality of life in the areas of mental health, school and work functioning, inter- and intrapersonal relationships, and within the community
2. Increase the independence of the individual and help them grow beyond the problems which led to their seeking treatment.
3. Reduce symptoms or needs and build resilience.
3. Provide education regarding mental disorders and substance use disorder services available to treat them.
4. Link to community resources and other natural supports

SERVICES TO BE DELIVERED

A full range of services is provided, including individual, family, relationship, and group therapy, as well as psychiatric assessment and medication monitoring. Psychological testing and assessment are also available. Services are available for all age groups including children, adolescents, adults and geriatric.

Individual, couples, family, and group therapy services are available to provide education and skill development in the areas of communication, stress management, anger management, mood disorders, problem solving, conflict resolution, and substance abuse. Additionally, services may include specific interventions such as relaxation, desensitization, assertiveness training, boundary setting and visualization to deal with issues related to trauma and abuse. Services are provided using strength based, evidence-based approaches and accepted mental health treatment techniques which are supported by published practice guidelines and current research. These include but are not limited to Cognitive Behavioral Therapy, Motivational Interviewing and Dialectical Behavioral Therapy.

Referrals for psychiatric assessments for the use of psychotropic medication and medication monitoring are also available from one consulting psychiatrist and one Nurse Practitioner (NP).

INTENSITY and DURATION

Services are typically provided on a weekly basis initially, and then are adjusted based on the needs and wishes of the individual. If more intensive services are indicated, the intensity can be increased to 2-3 times weekly. If more intensive services are needed a referral to a more intensive program such as a home based program for children, partial hospitalization program or inpatient hospitalization would likely be considered.

PCC's outpatient services are designed to meet the goals and needs of the individual in a manner which is time and cost effective, maximizing the use of "homework" between appointments, use of natural and community supports, and utilizes the resources available to the individual. The duration of services is dependent on the individual's specific needs and desires as developed in their individualized treatment plan.

CRISIS INTERVENTION

Clinical staff is available during office hours to handle client crises. The office is open evenings to accommodate clients' needs and an after hours crisis line is available when the office is closed. Individuals/families will create a safety plan with their clinician if a crisis may arise and are educated on steps to take to avoid crises and what to do if one occurs.

STAFF

Clinical staff are masters or doctoral level clinicians with degrees in social work, guidance and counseling or psychology. Staff is licensed by the State of Michigan in their specific area, as well as being privileged and credentialed by the agency and other funding sources if required. The privileging and credentialing process requires that the clinician have specific training and experience in the areas for which they are credentialed. Staff is credentialed by the agency on a yearly basis. There may be specific training and continuing education requirements of the clinician's licensure and/or membership in a professional organization (e.g. American Psychological Association, NASW).

The psychiatrist is available for psychiatric input regarding evaluation, diagnosis, treatment and medication recommendations, medication monitoring and staff consultation. The psychiatrist is also an integral part of the agency staff in that they have input into agency policies and procedures related to medical and treatment issues.

TRAINING

All staff are required to complete the following training at least annually: Adverse Benefits Determination Notice, Communicable Diseases, Corporate compliance, HIPAA Privacy Training, Cultural Competency, Confidentiality/ Recipient Rights, Person Centered Planning, Safety (Fire Precautions, Crisis Management, Universal Precautions, Workplace Violence, and Emergency Procedures, Level/Auths, Transition/Discharge Planning and CAFAS/PECFAS). Staff who work with children ages 7-17 who are referred by the local community mental health are required to have at least 24 hours of child specific training annually as well as complete Child and Adolescent Functional Assessment Scale (CAFAS) and PECFAS training every two years. Staff who provide SUD services must be Certified Advanced Alcohol and Drug Counselor (CAADC) certification or the equivalent and must meet training requirements to maintain this credential.

CULTURAL DIVERSITY

All staff are expected to be aware and respectful of the individual's cultural, ethnic and religious background, as well any other background/social/environmental issues which may have influenced the individual. Whenever possible, staff is hired who reflect the cultural/ethnic composition of the community.

CASE MANAGEMENT

Case management services are provided by clinicians. Case management services include referrals to local advocacy groups, community resources, self help groups, other support networks, and are considered a core element of the treatment process. Additionally, information and education is provided to individuals through the dissemination of handouts and announcements regarding community services, programs, seminars, trainings, lectures and presentations to complement the services received at the agency. Individuals and families are strongly encouraged to utilize these educational services to enhance their knowledge and skills.

SUPERVISION

All clinical staff are provided with both clinical and administrative supervision. The goals of supervision are to monitor and enhance assessment and treatment skills, evaluate treatment effectiveness, determine needs for both personal and professional growth and skill development, provide input into ethical and legal aspects as well as administrative monitoring of compliance with agency policies and procedures and requirements of regulatory agencies and funding sources. The frequency and type of supervision is determined by the individual's experience, current level of skills, as well as requirements of licensing boards, regulatory agencies and funding sources. Each clinician is provided with feedback both on a regular, informal basis as well as through a formal review which occurs annually.

REQUIRED RESOURCES

The outpatient program utilizes 17 individual offices to provide private outpatient treatment as well as secretarial staff to assist clients and staff with administrative needs. A basement playroom, complete with toys, games, crafts, and other therapeutic play items is available at the PCC office for use by outpatient therapists.

A resource file is kept with both community and educational resources for clients and their families. This file contains information on housing, parenting, alcohol and drug usage, and listing of support group meetings available, i.e., AA, NA. Consumers and families are encouraged to attend educational seminars and activities put on by other community agencies.

The outpatient program maintains referral agreements with various other agencies and resources to facilitate the use of community resources. In addition, coordination with other agencies and resources is considered vital to maximize communication among the agencies/resources which are involved with an individual/family. These resources may include, but are not limited to, the individual's primary care physician, schools, rehabilitation services, social services, housing and occupational assistance organizations, and similar agencies. Additionally, the goal of this coordination is to advocate for the individual and to enable them to be an integral part of the process of meeting individual and family needs.

Professional Counseling Center, P.C.
INDIVIDUAL PROGRAM REPORT
OUTPATIENT PROGRAM
INTEGRATED MENTAL HEALTH AND
ALCOHOL AND DRUG PROGRAMS FOR CHILDREN, ADOLESCENTS, AND ADULTS
October 1, 2021 - September 30, 2022

PROGRAM DESCRIPTION

The Professional Counseling Center (PCC) Outpatient program provides assessment and counseling services to children, adolescents, and adults. Services include mental health and substance abuse counseling as well as psychological testing, psychiatric evaluations, parenting groups and medication evaluations and reviews. Most outpatient services are provided in the PCC offices; however, outreach counseling at consumer homes can be provided if needed and appropriate.

- Provided 19,405 sessions during the past year of this 2,195 were canceled or no showed for a total of 17,210 sessions.

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

- 1801 persons received services
- 99% reported consumer satisfaction
- 11% No Show/Late Cancel Rate

SPECIAL ACTIVITIES

- Participation in Child Advocacy Center MDT meetings
- Participated in Christmas for Families Project with PCC Community Services
- Participation in United Way Campaign
- Participation in Building Community Project
- Participation in CSCB
- New waiting room chairs
- Open House held in September 2022
- Updated Website
- Intercom system purchased for safety purposes

STAFF ACCOMPLISHMENTS

- 2.0 therapist hired this year
- All staff providing in-home care as well as clerical staff maintained their CPR and First Aid Certification
- New staff trained on Recipient Rights, Person-Centered Planning, and the Child and Adolescent Functional Assessment Scale (CAFAS-PECFAS)
- Staff have demonstrated continued improvement, 80% or higher, in UR scores of CMH cases
- Continuing to provide case management services to provide referrals/linkages for concrete services
- Staff providing child therapy services for CMH consumers were re-certified in CAFAS and PECFAS

- Agency wide HIPPA annual training for staff and Recipient Rights
- Staff improving on Agency wide billing and case closing expectations
- 2 (two) Therapist became fully licensed
- 90% of O.P. Staff are back to face-to-face sessions
- Staff received multiple bonuses
- Implemented case consult review
- Increase of milage rate to 40 cents

CURRENT SERVICE AND PROGRAM TRENDS

- Staff burnout and stress due to paperwork expectations and emergency epidemic fatigue
- CMH referrals were down for Outpatient and Homebase
- Multiple staff were on extended time off due to health issues, family member with terminal illness and personal reasons
- Increase in request for child and adolescents' services
- Increase of trauma case
- Moral issues with staff came due to other agencies offering higher salaries
- Limited License issue with billing insurances

EXPENSES

- Expense for the Outpatient Program FY 2020-21 \$1,636,658
- Continued negative effects due to COVID-19 and client cancellations and staff illnesses

ANTICIPATED NEEDS

- Continue to need more office space
- Continue to need more child therapists
- Patient portal/breeze implemented December 2022
- Increase trauma certified clinicians
- Need fully licensed MA staff
- Need new adolescence/child psychiatrist/medical director
- Increase volume of sessions on Monday and Friday

Client List Summary by Gender October 1 2021 - September 30 2022

TOTALS		Patient Count:	1,801
GENDER		Patient Count:	1,133
GENDER		Patient Count:	668
Female			
Male			

Executed By: Mr. Brian Gavin on 11/01/2022 9:40 AM

Client List Summary by Gender October 1 2021 - September 30 2022 Report for Professional Counseling Center

Page 1 of 1

Patient List Summary by Race and Ethnicity October 1 2021 - September 30 2022

TOTALS		Patient Count:	1,801
PATIENT RACE	American Indian	Patient Count:	1
PATIENT RACE	American Indian or Alaskan Native	Patient Count:	15
PATIENT RACE	Asian	Patient Count:	10
PATIENT RACE	Black or African American	Patient Count:	103
PATIENT RACE	Declined to Specify	Patient Count:	132
PATIENT RACE	Hispanic	Patient Count:	14
PATIENT RACE	Native Hawaiian or Other Pacific Islander	Patient Count:	2
PATIENT RACE	Other	Patient Count:	1
PATIENT RACE	White	Patient Count:	1,523

Clients by Age Group 2021-2022

Client Age	Client Count	Age Group	Totals by Group
4	2	0-5	8
5	6		
6	6		
7	19		
8	24		
9	33		
10	20		
11	37		
12	46		
13	52		
14	47		
15	51		
16	59		
17	56	06-17	450
18	55		
19	39		
20	37		
21	44		
22	31		
23	37		
24	25		
25	33		
26	34		
27	34		
28	33		
29	37		
30	39		
31	45		
32	30		
33	38		
34	25		
35	39		
36	35		
37	24		
38	26		
39	28		
40	28	18-40	796

Clients by Age Group 2021-2022

Client Age	Client Count	Age Group	Totals by Group
41	42		
42	20		
43	24		
44	29		
45	27		
46	18		
47	24		
48	20		
49	24		
50	26		
51	21		
52	18		
53	17		
54	15		
55	30		
56	17		
57	14		
58	14		
59	26		
60	8		
61	15		
62	12		
63	12		
64	11		
65	14	41-65	498
66	10		
67	3		
68	5		
69	8		
70	4		
71	2		
72	3		
73	5		
74	1		
75	2		
76	2		
78	2		
82	1		
84	1	66-85	49
Totals	1,801		1801

Professional Counseling Center, P.C.

HOME BASED PROGRAM DESCRIPTION

October 1, 2021 – September 30, 2022

OVERVIEW

The Home Based Program is an intensive, in-home, treatment program, for children, age four (4) through age seventeen (17), with Severe Emotional Disturbance (SED) and their families, funded exclusively for St. Clair County Community Mental Health authorized referrals. It is intended to reduce the need for out of home placement, by helping families whose treatment needs are chronic and intense in nature, who have not responded well to less intensive treatment approaches, and who require access to an array of mental health services.

Home Based Services are based on the child's needs with the focus on the family unit. The program utilizes a multi-systemic, strength-based approach to treatment and includes an assortment of intensive services and supports provided to the families in their homes and community. These services include individual, family and couples therapy, case management, coordination with community resources, support and advocacy in the schools, skill development, medication evaluation and monitoring, and crisis management/stabilization services. Services vary in intensity, application, and duration depending on the needs of the family.

Home Based Staff provide these services during traditional and non-traditional hours, accommodating the child and family's work and school schedule. Professional Counseling Center (PCC) contracts with St. Clair County Community Mental Health (SCCCMH) to use their after-hours crisis line when the office is not open.

ADMISSION CRITERIA:

This is a contract program through St. Clair County Community Mental Health (SCCCMH) and all clients must go through ACCESS screening to be open in PCC's Home Base Program. SCCCMMH completes a Biopsychosocial Assessment, and a Child Adolescent Functioning and Assessment Scale (CAFAS) for ages 7-17, or the Preschool and Early Childhood Functional Assessment Scale (PECFAS) for age 4-6, on each client and family to determine the need for Home Base Services.

1. To be eligible for Home Based Services the child has to have the following:
 - a. Diagnosable Behavioral or Emotional Disorder:
 - The child/adolescent currently has, or has had at any time in the past, a diagnosable behavioral or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the current version of the DSM or ICD, excluding those with a diagnosis other than, or in addition to: alcohol or drug disorders, a developmental disorder, or social conditions (V Codes).
 - b. Substantial Functional Impairment/Limitation of major life activities:

- An elevated subscale score of 20 or greater on at least two elements of the CAFAS or PECFAS; **OR**
 - An elevated subscale score of 20 or greater on one element of the CAFAS or PECFAS child/adolescent section, combined with an elevated subscale score of 20 or greater on at least one CAFAS or PECFAS element involving Caregiver/Caregiving Resources: **OR**
 - A Total Impairment score of 80 or greater on the CAFAS or PECFAS child/adolescent section.
- c. Duration/History of the Condition:
- Evidence of six (6) continuous months of illness, symptomatology or dysfunction: **OR**
 - Evidence of six (6) cumulative months of symptomatology or dysfunction in a 12 month period: **OR**
 - On the basis of a specific diagnosis (i.e., Schizophrenia), the disability is likely to continue for more than 1 year.
2. This service has been determined to meet Medical Necessity Criteria (see section on Medical Necessity Criteria, located in The Thumb Alliance Guiding Principles Chapter of the Medicaid Provider Manual).
3. Additional Clinical Considerations for Home Based Eligibility and Service Priorities:
- a. Child/Adolescent presents with significant disturbance in multiple domains (thought, behavior, mood, and social relationships.)
 - b. The disturbance is not amenable to a less intensive service, based on prior treatment failure and /or current severity of the disturbance
 - c. The family possesses sufficient commitment, motivation, and ability to participate in treatment and manage the child/adolescent safely
 - d. The disturbance requires ongoing assessment of both immediate risk of substantial harm to the child/adolescent, or others, and assessment of the need for 24 hour therapeutic care.
 - e. The child/adolescent needs exceed the family's resources
 - f. The child/adolescent engages in significant non-accidental self-harm, mutilation, or injury
 - g. The child/adolescent talks or repeatedly thinks about harming or killing self or wanting to die but has NO plan or sustained intent.
 - h. The child/adolescent's behavior is so disruptive or dangerous that harm to others is likely
 - i. The severity of illness and level of risk is such that home-based treatment is necessary to transition the child/adolescent from a 24 hour therapeutic environment.

PHILOSOPHY OF THE HOME BASED PROGRAM

PCC's philosophy is that children are healthiest in their home environment. To achieve permanence for children, while maintaining and strengthening the family unit, intensive services and support are provided using strength based and systems focused treatment. The program's goal is to help make the child's home environment as nurturing, safe, and

as well-balanced as possible, enabling high risk children to have a better chance of remaining within their home.

PROGRAM GOALS and OBJECTIVES

Goal: To prevent out-of-home placement and improve the overall functioning of the family unit

Objectives:

1. Keep families intact.
2. Reduce the reliance on placement in substitute care settings such as hospitals or residential treatment centers.
3. Improve the health and well being of the children and their families.
4. Reduce symptoms or needs and build resilience.
5. Link with community resources to enhance natural supports.

SERVICES TO BE DELIVERED

A full range of services are designed to prevent out-of-home placement and improve family functioning. These include individual therapy for client and parent(s), family therapy, couples therapy for parents, and skill building services for everyone in the family as needed. These services are provided using strength based, systems focused treatment. Whenever possible, evidence based approaches and published practice guidelines set forth by the APA, are utilized. Examples of some of these are Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), and Dialectical Behavioral Therapy (DBT), and Play Therapy. Other interventions can include, but are not limited to, teaching behavioral management skills, life skills, conflict resolution skills, communication skills, anger management skills, problem solving skills, decision making skills and crisis management skills

Home Based services also includes case management services such as helping to meet concrete needs, linking and advocacy with community resources, and working with the schools and court systems. Positive youth development services and medication management/monitoring are also a part of the home based program.

INTENSITY AND DURATION

Intensity of services varies family to family with a minimum of one hour per week, not to exceed 20 hours per week. Typical usage ranges from 4-8 hours per week, but is based upon the needs of the family and can vary week to week based upon family dynamics. Length of service is undefined, and dependent on client participation and progress toward goals, but is usually between 12 and 24 months.

CRISIS INTERVENTION

Crisis intervention services are available to every family in the program. A 24 hour crisis line is in place for after-hours emergencies. Each family completes a Crisis Plan form that identifies resources and what steps to take in the event of a crisis. Staff work non-traditional hours to accommodate families' needs. Services vary in intensity based on the needs of the family. For example, if a family is in crisis, services may increase in intensity until the crisis is resolved.

INDIVIDUALIZED TREATMENT PLANNING

All interventions are based upon an individualized treatment plan that is developed through a person centered planning process, conjointly with the therapist and family, outlining goals the child and family would like to achieve. This document is strength focused and identifies natural resources developed in collaboration with the identified child and family members and other agencies. It is designed to increase independence and maximize integration into the community. Progress is monitored at each session and documented on progress notes. Every 90 days a periodic review is completed where goals and objectives are officially reviewed for achievement or need for modification. Progress is also monitored through the use of the Child and Adolescent Functional Assessment Scale (CAFAS) for those ages 7-17, or through the Preschool and Early Childhood Functional Assessment Scale (PECFAS) for those ages 4-6, at intake and every 90 days from the date of the Individual Plan of Service.

STAFF

The counseling services are provided by licensed master's level therapists who have degrees in counseling, psychology, or social work. Case management, skill building and linking are provided by Home Base Assistants (HBAs), who are paraprofessionals with a minimum of a high school degree and experience working with children. Both therapist and HBA follow the goals and interventions outlined in the treatment plan with the therapist overseeing the work of the HBA. Both therapists and HBAs participate in clinical supervision with a qualified behavioral health practitioner (see below) as well as bi-weekly Case Consultation.

The therapists are privileged and credentialed both through PCC and SCCCMH on a yearly basis. The privileging and credentialing process requires that the clinician have specific training and experience in the areas for which they are credentialed. There may be specific training requirements based on the continuing education requirements of the clinician's licensure and/or membership in a professional organization (e.g. American Psychological Association, NASW).

PCC's staff psychiatrists and Nurse Practitioners provide psychiatric evaluations and medication monitoring if indicated. The psychiatrists are either board eligible or board certified psychiatrists. The psychiatrists are available for psychiatric input regarding diagnosis, treatment recommendations, and medication recommendations and monitoring. The psychiatrists are also an integral part of the agency staff in that they have input into agency policies and procedures related to medical and treatment issues.

CULTURAL DIVERSITY

All staff is expected to be aware and respectful of the individual's cultural, ethnic and religious background, as well any other background/social/environmental issues which may have influenced the individual. Whenever possible, staff are hired who reflect the cultural/ethnic composition of the community.

SUPERVISION

Both therapists and HBAs are provided clinical and administrative supervision weekly. The goals of supervision are to monitor and enhance assessment and treatment skills,

evaluate treatment effectiveness, determine needs for both personal and professional growth and skill development, provide input into ethical and legal aspects as well as administrative monitoring of compliance with agency policies and procedures and requirements of regulatory agencies and funding sources. Each clinician is provided with feedback both on a regular, informal basis as well as through a formal review which occurs annually.

POPULATION SERVED

Children, age 4 to age 17, determined to be Severely Emotionally Disturbed (SED), living within St. Clair County with their biological parent(s), or permanent legal guardian(s), or are in foster care with a plan for reunification, whom have gone through the screening process at SCCCMH and are open CMH consumers. See above for admission criteria.

REQUIRED RESOURCES

Home Based Services are provided in the client's home and/or in the community. Staff is expected to provide their own transportation and proof of insurance. Mileage reimbursement is provided to offset the cost of travel to and from the client's home and transporting the client/family as needed. Private office space is available at PCC's office if the home is not safe or unsuitable for whatever reason. A basement playroom complete with toys, games, crafts, and other therapeutic play items is available at the PCC office for use by Home Base Staff. Flexible funds are available for incidentals needed by the family. PCC Community Services, a nonprofit partner to PCC, offers families help with furniture, food and other concrete needs.

A resource file is kept with both community resources and educational resources for clients and their families. This file contains information on housing, parenting, and alcohol and drug usage, listing of support group meetings available, i.e., AA, NA. Clients and families are encouraged to attend educational seminars and activities put on by other community agencies. Additionally, information and education is provided to individuals through the dissemination of handouts and announcements regarding community services, programs, seminars, trainings, lectures and presentations to complement the services received at the agency. Individuals and families are strongly encouraged to utilize these educational services to enhance their knowledge and skills.

Coordination with other agencies and resources is considered vital to maximize communication among the agencies/resources which are involved with an individual/family. These resources may include, but are not limited to, the individual's primary care physician, schools, rehabilitation services, social services, housing and occupational assistance organizations, and similar agencies. Additionally, the goal of this coordination is to advocate for the individual and to enable them to be an integral part of the process of meeting individual and family needs.

Secretarial and administrative support is provided to monitor and ensure staff compliance with paperwork and administrative duties.

PCC – INDIVIDUAL PROGRAM REPORT
HOME BASED SERVICES
October 1, 2021 to September 30, 2022

PROGRAM DESCRIPTION

Professional Counseling Center's Home Based Program provides quality in-home therapy services to severely emotionally disturbed children and their families. These services assist the child and family members in making changes that allow the child to safely remain in the home.

- 48 families were served this year
- 15 cases were opened; 19 referred
- 21 cases were closed

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

Consumer Outcomes

- 88.89% of consumers who completed the program and the closing survey were still living at home at the time of closing.
- Of those who responded to our closing survey, 88.89% reported that Home Base Services were very helpful, with zero percent that did not answer.
- Average length of time in the program for FY 21/22 was 20 months.
- For FY 21/22, at the beginning of services, over eleven percent (11.11%) of parents reported thinking their child was at a medium to very high risk of being removed from their home. By closing, eleven percent (11.11%) reported their children were not living in their home.
- At opening, seventy-seven percent (77.56%) reported their family was getting along great or most of the time. Of the cases that closed in FY 21/22, seventy-seven percent (77.56%) stated their family were getting along great or most of the time.
- Sixty-seven (67 %) of the cases closed in FY 21/22 that responded to our survey, reported that they were linked with community resources.
- At the time of closing, forty-four percent (44.44 %) in FY 21/22 reported an increase in the child's functioning at school.
- At opening, thirty-three percent (33.33 %) of the consumers were seeing a psychiatrist and/or taking psychiatric medication. Of the cases that closed, fifty-five (55.56 %) were seeing a psychiatrist and/or taking psychiatric medication.
- Average CAFAS/PECFAS score at intake was 109 (ranging from 80-140), average CAFAS/ PECFAS score at discharge was 90 (lowest score was 30). Average decrease in CAFAS/ PECFAS score at discharge was 52 points.

Staff Accomplishments

- Hired one (1) part-time therapist and seven (7) part-time home based assistants. Lost one (1) full time therapist and five (5) part time home based assistants. PCC has maintained a staff of five (5) therapists and five (5) home base assistants.
- New staff attended training on Recipient Rights, Person-Centered Planning, Home Based Safety, and Non-Violent Crisis Intervention (CPI). All staff received training on Effective Interventions

- Hired one (1) part-time therapist and seven (7) part-time home based assistants. Lost one (1) full time therapist and five (5) part time home based assistants. PCC has maintained a staff of five (5) therapists and five (5) home base assistants.
- New staff attended training on Recipient Rights, Person-Centered Planning, Home Based Safety, and Non-Violent Crisis Intervention (CPI). All staff received training on Effective Interventions for working with Children and Adolescents with Emotional and Behavioral Problems, Positive Behavior Supports and Implicit Bias. Many staff participated in additional trauma training including TF-CBT and complex PTSD.
- Improved technology training and transition to Google Workspace
- Improved communication and coordination of care among team members through team building and resuming in person staff meetings and trainings
- Continued collaboration and coordination of care with community resources such as DHHS, Juvenile Justice, Day Treatment/Night Watch, Family Preservation, St. Clair County School Districts and Sheriff's Department
- Participated in Christmas for Families Project with PCC Community Services
- Provided Christmas stockings, gifts and non-perishables to families in the homeless community
- Therapists have all been trained and certified in using the CAFAS and PECFAS Assessment tools.

Current Service and Program Trends

- Utilized community resources for clients such as SONS, Kids in Distress, Day Treatment Nightwatch, The Harbor and DHHS
- Increased therapist and assistant coverage for vacations and illness
- Increase in severity of symptoms of clients
- Stabilized the percentage of children able to remain in their homes

EXPENSES

Expenses for Home Based Services FY2021-2022: **\$747479.80**

	FY 21.22	
# of Active Cases	46	
# Caes Closed	22	
# referred	18	
How many Openings		
	Oct	2
	Nov	0
	Dec	0
	Jan	1
	Feb	4
	Mar	2
	Apr	2
	May	3
	Jun	1
	Jul	1
	Aug	1
	Sep	0
	Total	17

Totals		
Total cases served		46
Total closed		22
Race		
Black or African American/non-hispanic, non-latino		5
Black or African American & White/non-hispanic, non-latino		3
White/non-hispanic, non-latino		36
White/American-Indian		1
White/Mexican		1
TOTAL		46
Age		
5 years old		1
6 years old		5
7 years old		1
8 years old		5
9 years old		0
10 years old		2
11 years old		4
12 years old		2
13 years old		8
14 years old		8
15 years old		6
16 years old		2
17 years old		2
TOTAL		46
Gender		
Male		33
Female		13
TOTAL		46
Total Face to Face Contact		2364