

PROFESSIONAL COUNSELING CENTER

Public (Final)

October 1, 2023 through September 30, 2026

1. PCC MISSION STATEMENT

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.

2. PLANNING GOALS

- To refine the planning process as a framework for the ongoing development of strategic initiatives.
- To continue 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

Strategic Planning is once again conducted by a standing committee composed of a mix of director and management level staff. Additionally, the goal setting process again includes work groups across the agency, with goals and action steps of each defined in terms of the four categories listed below. These annual goals will be the Operational Plan working to execute this strategic plan.

- Workforce Development
- Information Technology
- Revenue and Expense / Stability and Growth
- Leadership and Agency Structure

The goal setting process will be managed by the Strategic Planning Committee and the management team, with goals assessed and approved by individual managers and reported and reviewed annually. Progress toward goals will be assessed by individual managers and reported to the committee on a quarterly basis for agency-wide distribution.

4. GOAL CATEGORY #1: WORKFORCE DEVELOPMENT

Workforce development planning will 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 cross training and succession planning?

As a comparatively small, local provider of human services, PCC has both advantages and disadvantages in the recruiting, development, and retention of staff. As we know, PCC offers compensation and benefits that are typically not as strong as those offered by larger human services employers like MDHHS and SCCCMH. On the other hand, working in a smaller, less bureaucratic and more service-focused organization clearly has appeal to many workers. PCC also offers many entry level positions where staff can gain extensive hands-on training. PCC offers the kind of schedule flexibility that is attractive to many workers, parents of small children and workers with other pressing responsibilities.

Workforce Development goals will target particular aspects of these strengths and weaknesses to develop strategies for improved recruiting success, essentially by leveraging advantages to PCC's benefit.

In the same way, another key question will be the issue of how compensation is determined. PCC currently assesses compensation within its various pay grades and levels by comparing them with 'benchmark' compensation provided by other employers. This approach has helped PCC stay at least somewhat competitive during the difficult recruiting periods experienced recently. The goal going forward will be to fine tune this process in order to find the 'sweet spot' – the rate of pay that, in light of PCC's non-compensation advantages – will be sufficient to encourage performance and discourage turnover across all grades and levels throughout the agency.

Another task for this group would be to continue to upgrade the way that clinicians are compensated. Virtually all clinicians in both the Outpatient and Home Based programs are now paid on a fee split basis, a change that has dramatically improved compensation and moderated turnover. The next task will be to explore ways to further incentivize performance, perhaps through variable compensation levels tied to hard number goals.

Finally, the processes for cross training and succession planning will be further refined. For example, retirement succession planning has until now been an ad hoc process. Formalizing it will allow for the inclusion of such measures as amending the annual performance evaluation process to include carefully worded explorations of individual employee plans. Creating a process for the internal assessment of key staff and key positions will be another area of focus. In other words, an effort will be made to get in front – and stay in front – on the ongoing challenges presented by the natural movements of staff within the agency. Continued gap analysis of the current workforce and the skills they possess today compared to the workforce and skills needed in the future. This will help inform the committee and leadership. The Strategic Planning Committee will assist managerial staff in developing their goals in this area.

5. GOAL CATEGORY #2: INFORMATION TECHNOLOGY

Information Technology Planning will address these key questions:

- How should PCC further develop its IT infrastructure to support service delivery in non-traditional locations (telehealth counseling, Family preservation program social workers, Home Based clinicians)?
- How will IT manage the security challenges presented by the changing technology, particularly the HIPAA concerns raised by remote work?
- How should PCC evaluate existing software (CareCloud, Vtiger, Google Workspace) to ensure that agency goals are still being served best by these systems?

An ongoing goal in the next few years will be to create seamless and secure processes for clinical staff and program workers who work outside the office, whether at home, on the road or in client homes. We expect that this will become a growing element of our service mix in the years ahead, and it will be important, both for worker productivity and effective service delivery, that our field based and home based IT processes work well for our staff. Obviously, changing technology will make this a project requiring a high degree of attention and flexibility.

In this same vein, the expanded development of casework outside the office will present many data security challenges. IT managers will want to work closely with our IT consultant to identify such challenges, and to address them promptly with senior management. To the extent that these will involve longer term equipment upgrades, staff development and training and security processes, the strategic planning and goal setting processes should be used to facilitate the necessary actions.

Similarly, 2 of PCC's key software programs need to be assessed in the coming three years. Both Care Cloud and Vtiger were implemented under different business circumstances. This doesn't mean that either of them is obsolete, but it does mean that there may be alternatives in the marketplace that could better serve PCC's needs. Family Preservation management staff in particular might

benefit from exploring/researching other software options. In any case, at the very least a process of assessment and exploration should be undertaken within the goal setting process, whether or not this leads to any decision to upgrade.

DATA MANAGEMENT needs improvement - ie LENGTH OF CASES

6. **GOAL CATEGORY #3: REVENUE & EXPENSE / STABILITY AND GROWTH**

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

- How does PCC structure its OP and HB staff in order to optimize the value of available staff hours, both for the clinicians and for PCC's revenue per unit of clinical service?
- How can PCC maximize its OP and HB referrals to make the best use of available staff time and office resources?
- How do we ensure that bids for SOM programs maximize the value of the contracts being pursued?
- How do we ensure PCC is visible and influential in the community to position PCC for strategic growth, impact, and financial stability (public relations).

With the decision to not participate with Meridian Medicaid – and assuming that this decision holds - a key strategic initiative has been undertaken. As our largest Medicaid provider, the loss of Meridian's client base will have a significant impact on our OP caseload and (consequently) on our OP revenue. At the same time, however, it also creates a unique opportunity to restructure OP operations around a smaller, less Medicaid-dependent staff, promises to marginally improve compensation for that staff, improves the likelihood of an improved revenue per unit picture and removes some of the near constant recruiting pressure currently being faced by OP management staff. Of course, none of this is certain, but at the very least it does present PCC with the opportunity to reimagine the OP operation, and to determine what further steps might be needed to make this change work for us. We will learn a lot during the early months of this transition, and the Strategic Planning Committee will need to be able to adapt to that knowledge. Therefore, an important part of the goal setting process in this area will be the ability to re-assess and react in a short time frame.

Closely related to this goal will be the question of how to 'replace' lost Medicaid referrals with new insurance referrals. It will be important to avoid a lot of clinician 'down time', particularly for our full time, long term staff. The fact that these therapists work on a fee split makes this need even more compelling. Strategic Planning will want to prepare target numbers and increase strategies to deal with a referral shortfall. One example of such a strategy may be to advertise for new clients, perhaps at the end of the calendar year. The goal setting process may help to determine what strategies are likely to bring the best results.

Maximizing the use of PCC's limited clinical office space will also 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 also look for ways

to improve utilization of existing office space, perhaps with premium payments for Friday and weekend usage. Will a change to more private insurance clients produce a need for evenings and weekend hours? Should we look at the Marlette office, both telehealth and in person?

- EAP Telehealth to be explored as an opportunity.

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 will 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. Moreover, if DHHS follows through with the expected changes to its base contract model, it will be more important than ever to get a good handle on our projected revenues and expenses, and to make each bid in accordance with each situation. Setting up the process by which PCC assesses each bid might itself be a worthwhile goal in such a situation.

Lastly, expense management is not seen as a pressing strategic initiative, mainly because PCC has generally done a good job of managing its non-payroll expenses. However, as noted above it is likely that there will be certain fundamental changes in PCC's revenue model, particularly in the 2023-24 fiscal year. These changes could present opportunities for cost savings, depending on the final form of the changes themselves. The Strategic Planning Committee will want to be on the lookout for such opportunities, should they arise.

7. GOAL CATEGORY #4: LEADERSHIP AND CORPORATE STRUCTURE

Since questions of leadership and corporate structure generally involve confidential information, the Strategic Planning Committee itself will set goals and initiatives in this category.

The key questions on this category involve matters of a potential sale, structure and succession. Many of these questions were answered in the past 3 years. Others remain to be figured out.

- Should PCC continue to entertain offers to purchase? Right now, we are not doing so. But what factors (financial and otherwise) would lead us to reassess that decision?
- What is our time line? Assuming that we want to entertain such offers eventually, when do we expect that to happen?
- With the owners transitioning into part time status and the key questions of leadership structure and staffing having been addressed, are there further steps - particularly in terms of job responsibilities and authorities – that need to be taken, especially at the M4 and M3 management levels (the levels just below director level)?

With most key structural and leadership questions having been answered, it will now fall to the Strategic Planning Committee to create a long term vision for the agency. As noted above, this vision will be somewhat dependent on how OP / Medicaid questions and FPP contracting questions get resolved, and upon the desire of the owners to maintain long term involvement with operations. The key questions, then, are more a matter of vision than of strategy.

8. PROCESS GOING FORWARD

- Nancy Pfeifer will continue to serve as 'point person' for the Strategic Planning Committee.
- The committee will meet quarterly to discuss strategic plans and review goals and goal progress