

PROFESSIONAL COUNSELING CENTER, P.C.

**AN INTEGRATED ANNUAL
MANAGEMENT REPORT
FY 2022-2023**

&

**QUALITY IMPROVEMENT PLAN
FY 2023 - 2024**

CARING, COMPETENT, PROFESSIONAL SERVICES

March - 2024

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.

An Integrated Annual Management Report FY 2022-2023 & Quality Improvement Plan FY 2023-2024

Table of Contents

Mission Statement and Service Principles

Past Year's Achievements and Accomplishments

- Management Report – Page 1-2
- Quality Improvement Report – Page 3-5
- Health & Safety Report – Page 6
- Accessibility Report – Page 7-13
- Labor Turnover Report – Page 14
- Policy Committee Report – Page 15
- Recipient Rights Report – Page 16-17
- Incident Report – Page 18-26
- Staff Enrichment Committee Report – Page 27
- Outpatient Outcome Report and FAS scores – Page 28-30
- Outpatient & Homebase Satisfaction Survey Results – Page 31-46
- IT Annual Report – Page 47-48
- Risk Management Addendum – Page 49-54
- HIPAA Security – Page 55-58
- Community Benefit Activities Report – 59-64
- Data Quality & Credentialing – Page 65-66
- Program Expenses 2022-23 – Page 67-68
- Outpatient Service by Payors 2022-23 – Page 69-70

Analysis of Current Service and Program Trends

- Needs Assessment/Community Review – Page 71
- Program Trends – Page 72-73
- Needs Assessment/Consumer Input OP & HB 2022-23 – Page 74-80
- Summary of Organizational Strengths & Weaknesses – Page 81-82

Focus on the Future

- Focus on the Future and Description of QI – Page 83
- Strategic Plan 2023-2026 – Page 84-89
- 2022-2023 Operational Plan /Goal Status Reports – Page 90-113
- Operational Goals 2023 – 2024 – Page 114-127

Individual Program Description

- Outpatient Program – Page 128-137
 - >Description
 - >Year End Report
 - >Demographics
- Home Based Services – Page 138-145
 - >Description
 - >Year End Report
 - >Demographics
- Family Preservation Program Annual Report (visit pccporthuron.com)
 - >Demographics – Page 146-148

Professional Counseling Center, P.C.

MANAGEMENT REPORT

October 1, 2022 to September 30, 2023

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 2022-2023

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: Seventy-One percent (71%) said their symptoms have gotten better. FAS scores for Fiscal Year 2022-2023 showed improved scores in Fifty-One percent (51%) 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 2023-2024

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 one hundred seventy four (1174) individuals requesting services, sixty-three point ten percent (63.10%) were scheduled in fewer than fourteen (14) days, but seventy-seven point five percent (77.5%) 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 2023.

Satisfaction Results: One hundred eighty-six (186) surveys were completed and compiled for the two survey weeks. Of all respondents, one hundred percent (100%) 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 thirty-one (31) cases closed in 2022-23, one hundred percent (100%) were still living at home. This objective was met.

QI Section for Annual Report - FY 22-23
Quality Improvement Report
October 1, 2022 to September 30, 2023

Outpatient case records were pulled and reviewed on a monthly basis. Clinicians with caseloads of 50 or more individuals served are considered “Full Time”, while Clinicians with caseloads of 49 and under are considered “Part Time”. Full Time Clinicians have one random case pulled each month. Part Time Clinicians have one random case pulled every other month.

Date Pulled	N = Total Open Cases	Cases Pulled	100% Compliance	Edits w/in 2 weeks
10/11/2022	982	17	4	9
11/8/2022	980	17	2	6
12/14/2022	1066	17	4	6
1/10/2023	939	16	4	10
2/14/2023	1005	17	3	6
3/20/2023	1040	16	1	8
4/18/2023	938	17	3	6
5/18/2023	902	16	2	8
6/13/2023	878	16	3	6
7/11/2023	No Pull	0	0	0
8/8/2023	801	15	2	6
9/18/2023	780	13	0	6
Totals	937 ave	177	28	77

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, 177 cases were reviewed using this process. Of those cases reviewed 28 received a perfect score with no errors in any section (i.e., 15.82%). Of those cases requiring correction, 77 of the UR documents were corrected and returned within the two week window (i.e., 43.5%). The average number of open cases per month was 937, with a range of 780 to 1066 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 occurred during Outpatient Team meetings based on the results of the UR pulls above included: Clinical Assessments (6/20/2023), Treatment Plans (7/17/2023), Progress Notes (8/14/2023), and Periodic Reviews (9/18/23). Future training will be conducted regarding Discharge Planning and Independent Audit Results.

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: 10/10/2022, 1/9/2023, and 4/12/23. The meeting scheduled for 8/2/23

was canceled due to Dr. Naeem being unavailable. 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. The incentive program that was implemented during the prior fiscal year continued to be a success, resulting in an increase in 100% chart compliance scores. Staff who obtained a perfect UR score received 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.

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. Telepsych services for psychiatric care continue to improve access to psychiatric evaluation and medication management for the children we serve here at PCC. Dr. Uzma Naeem is our current psychiatrist, providing these services for us for four (4) hours each Wednesday. 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 22-23: Two peer reviews were completed by our psychiatrist and psychiatric nurse practitioner during the months of November 2022 and July 2023. 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 (4/11/2023), and Third Quarter Claims Verification Review (9/19/2023). Our overall compliance with these audits was very good, with Outpatient at 97% (88/90), Home Base at 100% (274/274).

CVR Period	Program Area	# Cases	# Claims	% Compliance
CVR 1				
04/11/2023	Outpatient	4	32/32	100%
10/1/2022 to 12/31/2022	Home Base	5	81/81	100%
Totals				
CVR 2				
not reviewed	Outpatient	0	0/0	N/A
1/1/2023 to 3/31/2023	Home Base	0	0/0	N/A
Totals				
CVR 3				
9/19/2023	Outpatient	6	56/58	96%
4/1/2023 to 6/30/2023	Home Base	3	193/193	100%
Totals				
CVR 4				
not completed	Outpatient	0	0/0	N/A
7/1/2023 to 9/30/2023	Home Base	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 providing continued quality care via traditional and telehealth counseling services in all EHR platforms that PCC utilizes.

Prepared by: Cynthia L. Willey-King, LMSW

1-31-24

Professional Counseling Center, P.C.
HEALTH & SAFETY REPORT
October 1, 2022 – September 30, 2023

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

During the year, every location conducted training drills on Tornados, 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:

- Client threw a shoe and hit staff in face. Also, bit the right arm of a staff member. Staff declined medical attention.
- Marlette worker was in car accident due to inclement weather. No injuries. Claim filed.
- Port Huron Staff slipped on ice entering the building. Staff went to the doctor and had a sprained wrist. Claim filed.
- Port Huron staff tripped on rug in breezeway and fell. No injuries reported. Claim filed.
- Port Huron FPP worker had a client attempt suicide – incident report completed.
- FPP client took pills and OD'd – 911 called and client was taken to the hospital.
- CMH HB client fell down PCC stairs. The parents took the client to the hospital.
- FPP client attempted suicide and was taken to the hospital.

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

Fire extinguishers are checked yearly by an outside source.

Building painting and maintenance, inside, has been completed in multiple offices.

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

The Homebased team and H & S Committee Lead was trained on Stop the Bleed.

Prepared by Whitney Ostrom and Dawn Roman

Professional Counseling Center, P.C.
ACCESSIBILITY UPDATE
October 1, 2022 through September 30, 2023

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. A safety issue was observed with no lights on in the morning in the OP hallway nor on the OP front porch. Solution: Circuit 16 in the basement was set once, tripped again, reset and stayed on. Co-Director of Admin asked to be informed if further issues arose (11/3/22).
2. On (12/27/22) A staff key access list was updated to ensure that all staff who needed access to the building outside of regular business hours could do so as well as lock up upon leaving.
3. On (12/27/22) snow removal service was delayed due to truck repairs; areas were plowed later in the day,
4. A safety issue was observed on (1/11/23) when the historic basement heater was found to be on and running at 7:30 am; last basement use was the night before at 5:20 pm. Solution: An email was sent out to staff and a note was posted by light switch as a reminder to turn off heaters as part of leaving the building and locking up.
5. 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 on (1/25/23). The PCC vendor list was updated.
6. On (1/31/23) staff were informed that the snow plow service will plow our lots during the late evening or in the early morning hours so no cars are in the lot, when there is 2" of snow or more. Opening front desk staff or early arrival staff were informed that they are responsible for sprinkling deicer on front steps, front sidewalk, handicap ramp, kitchen entry and steps if maintenance staff are unavailable.
7. On (3/4/23) due to the weather, PCC offices experienced a power outage. Staff were informed when the power was restored (3/5/23); it was observed that the snow had not been plowed.
8. On (3/9/23), several staff on the outpatient side of the building reported headaches. Solution: The maintenance staff checked all carbon monoxide detectors and found them all to be in working order. Several staff opened windows for a short period of time, resolving the issue. Windows were secured at the end of the evening.
9. On (3/14/23), the furnace in the 522 Superior building went out, leaving staff cold and without heat. Solution: A call was placed to Superior Heating to repair the furnace, as well as encouragement provided to use space heaters and wear heavy sweaters (3/15/23). Problems with the motor resulted in the furnace being replaced by Vincent Heating and Cooling (3/17/23).

10. A safety issue was noted on (4/5/23) with doors having been left unlocked in the building. Solution: Staff have been informed that this is an ongoing concern and were reminded to lock all doors before leaving the building in addition to using the sign in/out clipboard in the staff lounge after hours.
11. A safety issue was noted on (4/5/23) with an observation that the staff coffee pot had been left on while empty. Solution: Staff have been reminded to shut the coffee pot off after taking the last cup of coffee (if they do not make a new pot), and to check the coffee pot periodically throughout the day when they pass through the staff lounge.
12. It was observed on (4/6/23) that electrical issues were occurring within the building, with circuits tripping. Solution: Staff were informed to leave lamps and heaters unplugged until Stephen's Electric can come to the office to resolve the issue, which occurred on (4/10/23).
13. It was observed that water was leaking into OP area's front porch lights creating a potential hazard near the front entrance steps. Solution: Lights were replaced on (4/10/23).
14. Cameras were installed to enhance security for the buildings and safety for staff and clients. They will be mounted correctly and located outside to monitor entrances and exits, in OP hallways, registration area, kitchens and front office. (4/17/23).
15. It was observed on (4/24/23) that the furnace in the 522 Superior building was turned off with the fan set to "always on". Solution: An email was sent out reminding all staff to leave heating and cooling settings for office staff use only, with the fan set to "auto".
16. On (5/17/23) staff were notified that PCC would be replacing the wood deck (handicap ramp) with composite for no maintenance, no painting, etc. Staff was informed to make other arrangements for individuals served and delivery people who regularly use the ramp. Solution: This will reduce tripping/slipping hazards and make the building more accessible for persons who are physically challenged (i.e., wheel chairs, walkers, etc.). The process started on (5/26/23) and was completed on (6/5/2023).
17. It was observed that sometimes it was not clear which staff were in the building on the outpatient side, including not knowing which supervisors may be in the building to assist with an emergency. Solution: A white erase room board listing staff names, office numbers and noting "Checked in" and "Checked out" was installed in the front office on (5/30/23).
18. For safety reasons, on (6/23/23) staff were reminded that the front door was to remain locked when no clerical staff were available to staff the front desk area (due to vacation or illness).
19. Due to a major storm front that moved through the area on (7/21/23), creating a power outage, the office manager and OP program director notified all scheduled OP clients that sessions were canceled and PCC was closed to the public. Therapists who had power were allowed to provide telehealth sessions and do home visits when it was safe to do so. DTE was able to restore power on (7/23/23). Support staff cleaned out the refrigerators due to PCC having no power for several days; staff were notified.
20. On (7/24/23) it was observed that the front door and porch door were unlocked. Solution: Staff were emailed and reminded to please ensure that they lock the doors when they exit the building.
21. On (7/26/23) an alert was sent to all PCC staff to please be advised about the storms that were predicted for that day. They were reminded with the definitions of a *Tornado Watch* (Means that the weather conditions exist which may create a tornado) and a *Tornado Warning* (Means that a tornado has been sighted in the area). Staff were reminded that all building occupants should respond immediately to a Tornado Warning by proceeding to the tornado shelter area. If unable to reach that shelter area, occupants should proceed to an interior hallway location to avoid exposure to outside glass. Staff were reminded that the designated area in Port Huron is the basement of 540 Bard Street, and bathroom in the Marlette office. Visitors would be highly encouraged (but are not required) to remain in the protected area. A message would be posted on the front door letting people know that the office would be closed until the threat of

tornado/warning has been lifted. Clients who had an appointment, would be instructed to call to reschedule. Staff were also encouraged to stay safe out on the roads, and use discretion when doing home sessions.

22. On (7/27/23), the Co-Director of Administration conducted an assessment of the issues that arose as a result of the storm noting areas of concern as well as what went well:
 - (a) Areas of concern:
 - (i) Problems with lighting in the OP area - Solution: need more and better battery lighting, need to check the front door emergency sign.
 - (ii) Staff need training on using hot spots in emergencies like this - Solution: IT supervisor will discuss concerns during Leadership meeting and arrange to get front office staff and other supervisors trained to do this so they can access CareCloud EHR and client information.
 - (iii) Power is needed to maintain major appliances (refrigerators, furnaces, server) - Solution: Staff member is researching a generator that will adequately meet PCC needs.
 - (iv) Confusion regarding whether to keep or cancel sessions - Solution: It is left up to OP staff and supervisors (and the individuals served) to determine which sessions can be safely kept and which ones need to be rescheduled.
 - (b) Areas that went well:
 - (i) There was good emergency lighting in the HB and FPP areas, with flashlights that were accessible to staff.
 - (ii) The building was secure and individuals served and staff were safe.
 - (iii) Every individual served was able to be contacted with sessions held or rescheduled as needed; some staff were able to hold sessions after the storm had passed through.
 - (iv) Staff had offered to help pick up debris in parking lots where individuals served or other staff were blocked in by tree limbs.
23. On (7/29/23) The historic basement was assessed for water damage due to water entering the building through an egress window well and running down the basement wall. Solution: The window well was cleaned out and will potentially have a taller border installed.
24. Due to the end of the PHE, COVID signs were removed and stored on (7/29/23).
25. On (7/30/23) office staff were advised to check the thermostat weekdays and weekend settings, as it appeared that some of the thermostats were not set for a higher temperature on Saturdays and Sundays, to save on cooling expense and wear on the AC units.
26. On (8/3/23) and on (8/10/23) Bees/wasps were observed on the back porch employee entrance. Solution: Maintenance staff sprayed on both dates and will continue to monitor the situation.
27. On several dates (8/20/23), (9/5/23) and (9/7/23), a bat was observed in the historic basement (safely removed outside; with no injuries to people or the bat), in OP office #2 the bat was found to be deceased and removed without incident, and in the OP hallway (after a quick flight to check things out, the bat decided he needed no therapeutic interventions and fled the scene).

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. On several occasions, dirty dishes have been left in the sink in the staff lounge. Solution: Staff have been reminded to rinse dishes and place them in the dishwasher after using them. Staff are

encouraged to run the dishwasher if they find it full at the end of the day, and to put away the clean dishes the next morning when possible. (4/5/23).

2. Staff were informed that tasteful office decor has been inventoried (on 5/3/23) and stored in the 540 Bard building attic, so they may observe items that are readily available for use.
3. On (7/6/23) it was observed that several large pieces of furniture were placed in the hallway near stairs to the attic on the FPP side of the building. Solution: A request made for items to be taken to the storage unit.
4. A new lawn service began on (7/11/23).

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 2022 reflects that St. Clair County race and hispanic origin was represented as: White, Non-Hispanic 93.7%, Hispanic or Latino 3.8%, Black or African American alone 2.5%, Two or More Races 2.5%, Asian alone 0.6%, and American Indian or Alaska Native alone 0.5%. St. Clair County residents are also represented as: Women 49.8% (Men 50.2%), Veterans 6.01% and Persons under 65 years of age with a disability 12.6%. Currently, PCC's staff reflects the following demographics: White 98%, Black 1%, Hispanic 1%, Female 83%, Male 17%.

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: A provider of contract services was addressed for making another staff person feel uncomfortable; payments for services to that provider will be mailed and no longer picked up at the front desk.
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.
2. Many PCC Staff and their family members (26) participated in the Walk 2 Remember Walk 2 Prevent, suicide prevention awareness walk (10/9/22).
3. Increased stress in the workplace due to increased intensity of issues brought into counseling sessions; concerns for staff burnout while continuing to provide quality care. Solution: The Executive Team approved the creation of an outside work area for charting or connecting at lunch, to improve staff morale and productivity (5/17/2023).
4. PCC's annual staff satisfaction survey was sent out on (5/18/2023); due back by (5/31/23); initial results provided to management (6/13/23); 86.2% of staff who responded to the survey reported that they are overall satisfied with their job here at PCC, while 11.8% were neutral, and only, 2% of those who responded were dissatisfied..
5. On (6/12/23) Staff received an email with education regarding Pride history, and encouraged to wear Pride Gear for the rest of the month of June, 2023.
6. The Wellness Committee was established on (10/5/22), with the first meeting occurring (11/16/22). The Wholy Walk-amole Walking Group started on (6/26/23) - with 30 minute walks on Mondays at 2pm and Wednesdays at 9am, until they were paused over the winter months.
7. On (8/15/23), PCC staff were asked to volunteer to assist with Food Truck items distribution on a monthly basis, Fridays at 9am to assist in meeting the needs of individuals in our community. The distribution occurs at the Birchwood Mall behind the former Macy's store.

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.
2. A PCC recruitment video was created and shared on our intranet on 10/4/22 (by KeepSake Video).
3. The Pryor+ membership continued for staff paid by PCC; a reminder was sent out on 10/11/22 to take advantage of this education opportunity (renewed 9/15/22).
4. The Staff Satisfaction Survey results were completed on (6/13/23) and shared with management, providing a detailed snapshot of what is working well at PCC as well as what could be improved to help recruit and retain quality PCC staff.
5. PCC staff were encouraged to participate in the Blue Water International Parade (7/12/23). The theme for PCC was "Bee Kind to All Kinds". Many staff participated in this event.
6. The PCC Open House was held on (8/23/23), from 11 am to 2 pm

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.
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.
4. On (8/1/23), PCC front desk staff were given a reminder email, instructing them to answer phone calls live as much as possible, and if not possible, to return calls asap.

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 McMorrان parking lot, which sometimes charges a \$5 - \$10 fee for parking when an event is occurring at the McMorrان 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 1a: 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. Solution 1b: Individuals served are encouraged to park in the McMorrان parking lot when it is free of charge, which is typically the case when no events are occurring in any of the McMorrان buildings.
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.
3. Sometimes parking is a difficulty for staff as well as for individuals served. Solution: Staff who work from the main office daily are encouraged to obtain a parking pass from the HR generalist to gain access to the McMorrان lot; PCC purchases 40 parking passes at \$50 each annually to allow staff to park in the McMorrان lot. On (12/21/22) the staff parking pass list was updated to ensure that all staff who needed regular/daily access to the building would be able to park in the McMorrان parking lot at no cost to them. Staff who need parking less frequently are encouraged to pay the fee (if charged) and request approval for reimbursement from their supervisor using the monthly staff expense form.

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. Applications for the PCCCS Christmas Giving program were provided to staff on (10/2/22), with a return date of (10/29/22). The program serves children under 17 years of age who are in real financial need.
2. On (12/7/22), PCC staff began educating team members and individuals served regarding what may occur when the PHE ends. At that point in time, individuals served may lose their Medicaid coverage and be without health insurance to meet their basic needs. MDHHS began to notify individuals served (on 3/23/23) that the PHE would be ending soon and encouraged them to complete their renewal packets. Solution: PCC staff were informed of this concern and also encouraged individuals to renew coverage to help prevent a gap in services, many times in the months that followed, until the PHE ending date of (5/11/23).

3. On (2/9/23) Humana Medicare began heavily recruiting in this area, convincing PCC individuals to change their Medicare providers. Solution: Staff and individual served were educated about which options were available to continue receiving PCC services for OP mental health sessions (PPO plans). PCC credentialing staff resubmitted PCC's application to be a Humana provider, so individuals who selected HMO coverage could receive services as well.
4. SCC CMH staff sent notification of the PHE Ending on (5/11/23), along with the changes in coding for Telehealth services. Therapists were informed that they were no longer allowed to provide telehealth services for individuals who were located out of state (even if they remain Michigan residents and winter or go to college in other states), without holding a license for that state. Solution: PCC has complied with this notification for all outpatient and home based services.
5. On (8/7/23), PCC had determined it was no longer practical to continue a payer/provider relationship with Meridian Medicaid. This was a difficult decision, and many factors were involved. PCC would no longer participate with Meridian effective 10/3/23. Individuals served who were insured via Meridian Medicaid were assisted with transitioning to another provider in this area, while PCC shared that other Medicaid payers would continue to be accepted.
6. On (8/27/23) PCC Community Services requested assistance in organizing the warehouse at the Mall on August 29th from 11 am to 2 pm.
7. As noted in another section of this report, PCC continued to provide extra food to individuals in our community with the Food Truck distribution at Birchwood Mall.

Prepared by, Cynthia Willey-King, 2/21/2024

Professional Counseling Center, P.C.
LABOR TURNOVER REPORT
October 1, 2022 to September 30, 2023

During the fiscal year 2022-23, PCC hired twenty-one (21) people. The positions hired were:

- One Administration
- Three Home Base Therapists
- One Family Building Solutions
- Eight Parenting Time Support Services
- Three Life Skills, FAP & In Home
- Two Clerical
- One Family Skills
- Two Family First

Employee turnover (22) consisted of:

- Four Termination - Not Good Fit
- Three Personal Reasons
- Five Another Job
- Five Unknown
- One Back to School
- Two Move
- Two 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.

Prepared by Dawn Roman and Lew Evenson

Professional Counseling Center, P.C.

POLICY COMMITTEE REPORT

October 1, 2022 to September 30, 2023

The Policy Committee met four (4) times during the 2022-2023 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 1 through Chapter 1 Section 4. These changes/updates have been forwarded to all staff, policy books have been updated, and the intranet policies have been updated as changes occur.
- The Committee implemented several new policies: Workplace Relationships and Fraternization; Pregnancy and Post Partum Accommodations; Homebase Therapist and Homebase Assistant Collaborative Session; Joint Homebase Clinical Intervention; Mobile Device Policy; Contingent Employees; Remote Work
- 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.
- One new member has been added to the committee, our Business Manager.

Prepared by: Haylie Brennan-Lossing 12/14/2023

PCC - Annual Report, October 1, 2022 to September 30, 2023

RECIPIENT RIGHTS REPORT

- A. During the fiscal year 10/1/2022 to 9/30/2023, there were three (3) formal Community Mental Health client complaints received (one was determined not to be a RR complaint):

11/10/2022 - #5229:

Allegation #1: Mental Health Services Suited to Condition (7081)

Report of Investigative Findings of 1/12/2023 - SUBSTANTIATED

Corrective action implemented additional training (Ethics, Boundaries, SCCCMH Recipient Rights, etc.), review and sign NASW Code of Ethics attestation, write up placed in personnel file, further infractions will result in termination.

11/14/2022 - #5230

Allegation #1: Mental Health Services Suited to Condition (7081)

Report of Investigative Findings of 1/27/2023 - SUBSTANTIATED

Corrective action implemented additional training (Ethics, Boundaries, SCCCMH Recipient Rights, etc.), review and sign NASW Code of Ethics attestation, write up placed in personnel file, further infractions will result in termination.

1/6/2023 - CMH No Number (Incident number not provided; filed with SCCCMH on 1/27/23)

Allegation #1: Disclosure of Confidential Information (7480)

Allegation #2: Interfering with a RR investigation

Staff member was suspended without pay until SCC CMH investigation was completed.

Suspension was effective 1/31/23. Findings of 3/14/23 - No recipient rights issue occurred.

03/16/2023 - #5345:

Allegation #1: Dignity and Respect (7084)

Allegation #2: Mental Health Services Suited to Condition (7081)

Allegation #3: Disclosure of Confidential Information (7480)

Report of Investigative Findings of 4/26/23 - NOT SUBSTANTIATED for all three (3) allegations

- B. For PCC's private client complaint process (for all other programs), nine (9) were filed:

ICR-001-2002 (Informal) - 11/16/2022

PCC Policy 02-010030 - Personal Involvement with Persons Receiving Services

Report of Investigative Findings of 12/5/2022 - NOT SUBSTANTIATED

ICR-001-2023 (Informal) - 3/7/2023

The right to be treated with dignity and respect (Section 7084).

Report of Investigative Findings of 3/9/2023 - SUBSTANTIATED

Administrative Co-Director addressed the individual; process changed to prevent recurrence of any similar incident.

P001-2023 - 3/15/2023 and 3/21/2023

MCL 330.1748 - Confidentiality, Sec. 748

PCC Policy 02-01-030 - Personal Involvement with Persons Receiving Services

Report of Investigative Findings of 5/3/2023 - NOT SUBSTANTIATED for both of the allegations. Individuals were notified on 5/3/2023 by written notice via U.S. Mail.

ICR-002-2023 (Informal) - 5/3/23

Staff member was informed that someone may be filing allegations related to Insurance Fraud. No allegations were ever filed.

ICR-003-2023 (Informal) - 5/11/23

Staff member expressed concern related to a potential Tarasoff Law issue. [California's Tarasoff duty, or Duty to Protect, applies when a patient makes a threat to a psychotherapist of serious violence against a reasonably identifiable victim or victims.] Upon further discussion with the individual served, no such concerns were found to be present at this time.

P-002-2023 - 6/14/2023

MCL 330.1748 - Confidentiality, Sec. 748

PCP letter sent via EHR (CareCloud) process sent to the wrong PCP practice. Findings of 6/22/23 - SUBSTANTIATED. Clerical apologized, agreed to check the address on the ROI in the future (as CareCloud address for PCP was not current). HIPAA breach letter was sent to the individual served on 6/22/23. No further action was requested or required.

P-003-2023 - 7/12/2023

MCL 330.1748 - Confidentiality, Sec. 748

FPP staff member used public non-secure wifi in a public library to operate laptop to access case record for individual served. Staff member was reminded of HIPAA policy to only use secure connections and informed of consequences if this occurs in the future. No breach occurred as a result of this use. No further action was required.

P-004-2023

MCL 330.1748 - Confidentiality, Sec. 748

FPP staff member used public non-secure wifi in McDonalds to operate laptop to access case record for individual served. Staff member was reminded of HIPAA policy to only use secure connections and informed of consequences if this occurs in the future. No breach occurred as a result of this use. No further action was required.

P-005-2023

MCL 330.1748 - Confidentiality, Sec. 748

Staff member saved CPS record request documents to an internal Google drive that other staff members could potentially access. Staff member was informed of the error and moved the record to a more secure, private drive. No breach occurred as a result of this error. No further action was required.

Prepared by:

Cynthia Willey-King, LMSW

On: 02/21/2024

Professional Counseling Center Incident Reports: 2022 - 2023						
Date	Category	Therapist Initials	Client Initials	Staff Action Appropriate? Yes or No	Quarter	Program
10/7/2022	Other - Fire Department Dispatch Smoke in BK Play Area (T)	SG	001	Yes	1st	HB
10/13/2022	Behavior w/out Injury (D), Physical Aggression - 3x (M), Physical Management - 2x, 10 sec (N), Elopement - 25 min (F)	KP	002	Yes	1st	HB Risk Event
10/28/2022	Behavior w/out injury (D), Verbal Aggression (S), Physical Aggression (M),	SN	002	Yes	1st	HB
11/21/2022	Behavior w/out injury (D), Physical Aggression and Destruction of School Property (M), Suicidal Ideation (Q)	SG, KP	003	Yes, new safety plan created	1st	HB Risk Event

11/25/2022	Physical Aggression (M), Verbal Aggression (S), Law Enforcement Involved (L), Refusal to take Medication (T), Hospitalization for Psychiatric Concerns (K)	SG, KP	004	Yes	1st	HB	Risk Event
12/17/2022	Parent kicked child out of home (T), Child placed with friend, then other parent (T)	SG, ASH	004	Yes	1st	HB	
12/17/2022	Physical Aggression (M), Physical Management (N), Verbal Aggression (S)	SG	002	Yes	1st	HB	Risk Event
12/19/2022	Physical Aggression (M)	SG	002	Yes	1st	HB	
12/19/2022	Staff Assaulted by Client (C), declined medical treatment	SG	002	Yes	1st	HB	
12/19/2022	Elopement (F), Law Enforcement Involved (L), Placement at Harbor (T)	ASH, SG	004	Yes	1st	HB	

12/23/2022	Elopement (F), Law Enforcement Involved (L)	ASH	004	Yes	1st	HB	
1/1/2023	Parent kicked child out of home (T), Child placed with grandparent (T)	SN	005	Yes, 3200 also filed	2nd	HB	
1/13/2023	Death of Recipient - hit by a car (E)	JC	006	Yes, no PCC staff involved in incident	2nd	FPP-FTBS	Critical Event
1/27/2023	Fail/Accident of Staff Member (H)	TB, JM	N/A	Yes	2nd	FPP-FAP	
1/30/2023	Fail/Accident of Staff Member (H)	AM, AT	N/A	Yes	2nd	FPP-P2P	
2/1/2023	Death of Recipient - heart attack (E)	RF	007	Yes	2nd	OP	
2/12/2023	Death of Recipient - stroke (E)	RF	008	Yes	2nd	OP	
3/1/2023	Fail/Accident of Staff Member (H)	EK	N/A	Yes	2nd	OP	
3/5/2023	Suicidal Ideation/Threat/Action (Q), Hospitalization - Psych Concern (K)	DF	009	Yes	2nd	FPP-IHP	Risk Event

3/22/2023	Suicidal Ideation/Threat/Action (Q), Hospitalization - Psych Concern (K); Law Enforcement Involved (L)	TB, CWK	010	Yes	2nd	OP	Risk Event
4/5/2023	Suicidal Ideation/Threat/Action (Q), Hospitalization - Psych Concern (K)	NW	011	Yes	3rd	FPP-P2P	Risk Event
4/5/2023	Fall/Accident (H), Hospitalization - Illness/Injury (I)	KAC	012	Yes	3rd	HB	
4/10/2023	Elopement (F), Law Enforcement Involved (L), Physical Aggression (M), Suicidal Ideation/Threat/Action (Q)	HK	002	Yes	3rd	HB	Risk Event
4/10/2023	Abuse or Neglect of sibling (A)	LK	005	Yes - a 3200 was filed	3rd	HB	

4/10/2023	Suicidal Ideation/Threat/Action (Q), Law Enforcement Involved (L), EMT provided (G), Hospitalization Psych Concerns (K)	JL	013	Yes	3rd	FPP-P2P	Risk Event
4/11/2023	Abuse or Neglect other children (A)	BW	014	Yes	3rd	HB	
4/12/2023	Verbal Aggression (S), Physical Aggression (M), Behavior w/out Injury (D)	ASH	012	Yes	3rd	HB	
4/12/2023	Suicidal Ideation/Threat/Action (Q), Hospitalization Psych Concerns (K)	LK	015	Yes	3rd	HB	Risk Event
4/16/2023	Verbal Aggression (S), Law Enforcement Involved (L)	ASH	012	Yes	3rd	HB	
4/27/2023	Abuse or Neglect other children (A), Law Enforcement Involved (L)	BW	016	Yes	3rd	HB	
5/1/2023	Fall/Accident (H)	BW	017	Yes	3rd	HB	

5/2/2023	Behavior with Injury (D)	QR	018	Yes	3rd	HB
5/7/2023	Abuse or Neglect (A) - 3200 filed	SG	002	Yes	3rd	HB
5/8/2023	Fall/Accident (H)	ASH	019	Yes	3rd	HB
5/11/2023	Abuse or Neglect (A) - 3200 filed	SG	014	Yes	3rd	HB
5/11/2023	Other - potential duty to warn (T)	LK	020	Yes	3rd	OP
5/12/2023	Elopement (F) attempted from school	HK	002	Yes	3rd	HB
5/12/2023	Assaulted by Peer/Other (C) - Brother	SN/ASH	012	Yes	3rd	HB
5/18/2023	Behavior without Injury (D) - inappropriate touching; Arrested (B)	KM	021	Yes	3rd	OP
5/25/2023	Verbal Aggression (S), Physical Aggression (M), Hospital to Assess Psychiatric (K) - no admission	ASH	004	Yes	3rd	HB

6/13/2023	Verbal Aggression (S), Physical Aggression (M), Behavior with Injury to Others - sister, foster mother, PCC staff (D)	CC	028	Yes	3rd	FPP - PTSS	
6/13/2023	Suicide Attempt (Q), Hospitalization due to Psychiatric Concern (K)	QR	015	Yes	3rd	HB	Risk Event
7/6/2023	Suicide Ideation, Threat or Action (Q), Law Enforcement Involvement (L)	SP, CM	022	Yes	4th	OP	Risk Event
7/25/2023	Injury due to Sibling Aggression (H), Law Enforcement Involvement (L)	QR	018	Yes	4th	HB	Risk Event
8/2/2023	Fall/Accident (H)	JL	019	Yes	4th	HB	
8/10/2023	Suicidal Ideation, Threat, Action (Q), Hospital for Psychiatric Concern (K)	CWK	023	Yes	4th	OP	Risk Event
8/13/2023	Assaulted by Peer/Other (C) - Friend	CWK	024	Yes	4th	OP	

8/14/2023	Fail/Accident (H)	BW	025	Yes	4th	HB	
8/23/2023	Behavior - Animal Abuse (D)	BW	017	Yes	4th	HB	
9/3/2023	Behavior with Injury (D)	BW	017	Yes	4th	HB	
9/5/2023	Verbal Aggression (S) with Threats to Others, Mobile Crisis Unit Called (T)	TP	029	Yes	4th	OP	
9/5/2023	Behavior with Injury (D), Law Enforcement Involvement (L), Elopement (F)	QR	026	Yes	4th	HB	Risk Event
9/7/2023	Physical Aggression (M), Law Enforcement Involvement (L)	QR	026	Yes	4th	HB	Risk Event
9/9/2023	Physical Aggression (M), Suicidal Ideation, Threat, Action (Q), Hospitalization due to Psychiatric Concerns (K)	BW	027	Yes	4th	HB	Risk Event
	Quarter	Date Range	# of Events	Risk Events	Critical Events		

1st Quarter	10/1/2022 to 12/31/2022	11	4	0
2nd Quarter	1/1/2023 to 3/31/2023	9	2	1
3rd Quarter	4/1/2023 to 6/30/2023	22	5	0
4th Quarter	7/1/2023 to 9/30/2023	12	7	0
	TOTALS:	54	18	1
Reportable Events Table				
	updated: 2/6/2024			
	# 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	18	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		
Prepared by:	Cynthia L. Willey-King, LMSW, Clinical Supervisor and Compliance Manager			
Updated:	2/6/2024			

Professional Counseling Center, P.C.
STAFF ENRICHMENT COMMITTEE REPORT
October 1, 2022 to September 30, 2023

The Staff Enrichment Committee is in its eighteenth 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 dinner was served at a hall the committee secured, certificates of appreciation for years served were presented, a couple different games were played but mostly staff was encouraged to socialize freely.
- SEC organized fundraisers such as bake sales and luncheons (hot dog cook-out, taco bar, soup luncheons) where the proceeds go back to the staff through employee-only prizes given at the Christmas Party.
- Continued the Employee Spotlight board that showcases two new staff members every month with their picture and a questionnaire they complete to allow staff to get to know people they do not work closely with.
- Increased our membership with 2 new members.
- Marlette Enrichment Committee held a Chili Cook off contest where Lynn Rumpitz was named the chili queen 😊.
- This fall MEC had a soup pot luck that staff brought in their favorite homemade soups to share with their co-workers.
- The MEC has been running a store that has helped bring in funds for activities and each Marlette staff member was provided with a PCC sweatshirt purchased with these funds and beautifully crafted by Christina!

Prepared by Haylie Brennan-Lossing and Aimee Trudeau
12/15/2023

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
11	0	4					5	1	21
52%	0%	19%	0%	0%	0%	0%	24%	5%	100%

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

	Yes	No	Did Not Answer	Totals
	8	1	12	21
	38%	5%	57%	100%

TOTAL SURVEYS SENT
210

3. Since receiving services, my symptoms have improved.

	Yes	No	Did Not Answer	Totals
	15	3	3	21
	71%	14%	14%	100%

TOTAL SURVEYS RETURNED
21

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

	Yes	No	Did Not Answer	Totals
	3	0	18	21
	14%	0%	86%	100%

NA
0

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

	Yes	No	Did Not Answer	Totals
	16	2	3	21
	76%	10%	14%	100%

**OUTPATIENT POST OUTCOME SURVEY RESPONSES
OCTOBER 01, 2022 - SEPTEMBER 30, 2023**

Can you Identify any positive feedback regarding the counseling services you received?

- Working on my goals and having help from a professional.
- My first counselor was amazing and helped out a lot.
- Great experience overall.
- Linda was very helpful.
- Karmen was amazing.
- My therapist was amazing and she was helping me quite a bit in life.
- Received good insight and support making life choices.
- Mr. Pope is a incredible therapist, I would like to continue services. Been very busy with family issues.

Do you have any feedback with regard to improving the services you received?

- Counselors could call you back when you call them.
- Bigger waiting area and parking lot.
- Parking could be better.
- I didn't like being told I had "no reason to be so anxious" and then being told "I was getting "too emotional" when I was trying to explain myself.
- I called the number she gave me with no response. Why give a number if you're not going to call back?
- No, not really.

General Comments:

- Family friendly atmosphere.
- Last appointment was canceled by counselor due to illness and was not rescheduled by client nor counselor.
- I think it is unfair that you guys decided to stop taking medicaid especially for those patients that were already seeing a counselor.
- The setbacks caused by having to find a new therapist due to you guys no longer taking medicaid has been traumatic.

PCC	FUNCTIONAL ASSESSMENT SCORES 22-23				TOTAL	Closed with no score, not open long enough, <4mo., or not done	GRAND TOTAL
	<u>NO CHANGE</u>	<u>UNKNOWN</u>	<u>IMPROVED</u>	<u>DECLINED</u>			
OCT	2	17	12	5	36	29	65
NOV	2	2	12	0	16	30	46
DEC	1	3	9	1	14	17	31
JAN	1	0	4	3	8	20	28
feb	2	11	19	0	32	28	60
MAR	24	6	31	3	64	83	147
APRIL	0	3	6	1	10	9	19
MAY	1	0	0	0	1	1	2
JUNE	22	2	35	8	67	68	135
JULY	10	2	6	4	22	22	44
AUG	13	4	23	6	46	41	87
SEPT	6	4	22	5	37	21	58
TOTALS	84	54	179	36	353	369	722

PERCENT 0.24 0.15 0.51 0.10 1.00

TOTAL CASES CLOSED THIS YEAR

722

1. Has there been any difficulty to getting services?

YES	NO	TOTALS
2	184	186
1.08%	98.92%	100.00%

Did Not Answer
0
0%

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

YES	NO	TOTALS
182	4	186
97.85%	2.15%	100.00%

Did Not Answer
0
0%

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

YES	NO	TOTALS
185	1	186
99.46%	0.54%	100.00%

Did Not Answer
1
1%

6. Are staff helping you reach your treatment plan goal

YES	NO	TOTALS
186	0	186
100.00%	0.00%	100.00%

Did Not Answer
0
0%

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

YES	NO	TOTAL S
186	0	186
100.00%	0.00%	100.00%

Did Not Answer
0
0%

2. Are you getting the services you need

YES	NO	TOTAL S
186	0	186
100.00%	0.00%	100.00%

Did Not Answer
0
0%

4. Do staff treat you with respect?

YES	NO	TOTAL S
186	0	186
100.00%	0.00%	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
186	0	186
100.00%	0.00%	100.00%

Did Not Answer
0
0%

SURVEYS TURNED IN
186

**PROFESSIONAL COUNSELING CENTER
CLIENT SATISFACTION SURVEY
Outpatient Comments
FISCAL YEAR 10/01/22 - 10/01/23**

1. HAS THERE BEEN ANY DIFFICULTY GETTING SERVICES?

- *Process has been very easy, especially like the text reminder, be good to get same day.
- *She's been wonderful.
- *Sandy has been extremely helpful with helping me reach my goals. Life is better for knowing her.
- *Always able to find a way to work with our schedule.
- *Not enough available appointments unless you book ahead.
- *From the day I called to get services everyone has been fantastic.
- *She is Amazing.
- *Linda's been out sick, first replacement had a conflict of interest, only seen Sandy once before.
- *Awesome Service
- *No, She (Karmen) is extremely busy but worked her schedule to meet my needs.

2. ARE YOU GETTING THE SERVICES YOU NEED?

- *It has been a difficult couple of months in general and a bit rocky finding a new therapist to work with.
- *Heather is the only therapist I have ever been to that makes me feel so accepted and not judged.
- *Kelly Ann goes above.
- *Very good at matching me with a therapist.
- *Yes Regina makes me feel safe; she is awesome.
- *Excellent.
- *Kinda still need psychiatrist.
- *It's been mind expanding.
- *Yes appointment days are the best days; it recharges my kid!
- *Does some tricks to control anger at home.
- *Definitely have seen improvements.
- *Above and Beyond
- *Yes the staff has been extremely helpful
- *Venting, sharing concerns
- *Tom has been extremely helpful as I've been trying to come to grips with the worst year of my life.
- *Feel it's really helping
- *Cari is wonderful

*Since I've started coming here, Laura has helped me both in session and out.

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

*Working with new therapists and schedules so I can't get my preferred evening time but have been making it work.

*Always "they cater to me."

*Very Flexible.

*Times available great, availability with less than a week's notice not.

*Sometimes, more recently yes, but if I have to reschedule sometimes it is a farther out date, my ideal is weekly.

*Making these type of appointments is always a "negotiation" of schedules.

*Not always, but most times.

*We've had to be flexible at times but Amanda is worth it.

*Always find a day and time that works for us.

*Always

*Staff has been great helping schedule appointments around my daughter's school hours.

*I am flexible and so is she.

*Usually she is booked.

*I never have any issues with getting appointments.

*Usually already booked.

*Most of the time but our family schedule is packed.

4. DO STAFF TREAT YOU WITH RESPECT?

*Office staff is very friendly.

*Great staff.

*Everyone is extremely kind and polite.

*Love the staff, the front desk an office are very friendly and make me feel welcome.

*I've never felt disrespected. Great caring staff.

*Wonderful people.

*Great staff, I have fun with them.

*Zero complaints, been smooth, friendly and efficient.

*Everyone is really lovely.

*Always!

*Always kind and friendly.

*Absolutely very friendly staff.

*Always

*Feels like a family

*Have always been helpful

*Always friendly

- *Friendly, helpful
- *Everyone is very friendly!
- *Love giving them a hard time and they give it back to me; all are fun & friendly.
- *They are just great. Non Judgemental
- *Always I always feel like family
- *Laura and staff are always very sweet and welcoming

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

- *My son set his goals.
- *Feel very confident in what we did.
- *Almost to that stage of treatment.
- *By choice.
- *My biggest goal was to start trying to get a job and I have had many interviews since seeing Tasha.
- *Some difficulty with goals with Dr. Naeem.
- *We have and reached a few in just a short time.
- *Listened to what we were looking for.
- *I think my wife did.
- *Just completing today.
- *Common bonding and understanding

6. ARE STAFF HELPING YOU REACH YOUR TREATMENT PLAN GOALS?

- *So far yes.
- *They try as hard as they can.
- *Always listens to my concerns.
- *Always
- *Good at figuring out what best works for me.
- *Cooperative, caring, directing
- *Always pushing me to be a better me!

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

- *I have learned more about myself in six months with Heather than the last six years of therapy elsewhere.
- *Very Satisfied.
- *Yes, I think Suzette is very good with my son.
- *Extremely satisfied.
- *From Heather yes; TBD with Dr. Naeem.
- *Been working well with my child.
- *Sally is the Best!

*Heather's Great!

*Very

*Yes

*I feel she is helping me discover new coping skills.

*Absolutely

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

- Feeling like I'm actually being listened to and that I'm not just another statistic.
- I feel better about things after I talk with a therapist.
- My therapist is very helpful.
- Helping me move forward.
- Flexible scheduling, polite staff.
- Good open communication, encouraging, positive, reinforcement.
- Accommodation of appts, the understanding, the help I'm getting.
- The counselor is very skilled, and helpful.
- Being able to talk with them and no judgment.
- I always feel heard.
- Friendliness of counselors.
- She listens.
- Friendly, professional, and supportive staff :).
- I never feel judged and I'm comfortable here.
- I love Heather and she loves animals!!.
- Feeling in control of my life.
- Always prompt, and always friendly.
- Convenience. Suzette understands what I'm going through.
- I feel like I matter.
- Involving the parent to participate with the child.
- Staff is friendly and helpful. My therapist has my best interest in mind and tries to support me as best she can.
- I can talk about trauma and not feel bad about it.
- She helps with my anger.
- The friendly staff.
- Heather.
- Good match with counseling.
- Combination of both psychology(therapy) and medicine.
- I feel comfortable when I'm here and I'm able to say what's on my mind.
- Everybody is friendly and professional.
- Being able to talk through stuff and get some answers to deal with said situations is great.
- Great therapist and staff.
- How comfortable both therapists make us feel and how well they work with us.

- Listening, ability to talk freely. PCC works with VA community care.
- I feel very comfortable with Cari. No judgment.
- Adapting to changes and providing options.
- My therapist and the plans we create.
- Kind and caring staff. Helpful with my working schedule.
- Lisa is amazing.
- Candy.
- Regina is easy to talk to. No judgment.
- Being taken seriously.
- One on one counseling understanding my issues.
- When I leave after I feel good about our sessions.
- Help feeling better and being able to see someone for meds.
- How easy it is to feel comfortable.
- Validated and respected about my issues.
- The people.
- My son enjoys counseling.
- Optional medication treatment.
- How understanding she is.
- Unbiased solution focused help and normalizing issues.
- Didn't just throw pills at me without talking to me first.
- Understanding. Plans are reasonable and she is very helpful with ways to be encouraging and ways to help my child.
- My daughter is realizing she is a great person and can reach her goals.
- Heather is amazing!.
- I have learned more about myself in 6 months with Heather than the last 6 years of therapy elsewhere.
- Polite and courteous staff.
- My therapist is always available to me and calls me right back.
- Compassion and attentive.
- Counselors have been very helpful and trying to solve issues however need be.
- Suzette is very funny and helpful.
- Heather is very personable, flexible and willing to accommodate and advice.
- I get the help that I need that has overall got me in a better spot.
- The staff and my therapist are fantastic and I couldn't ask for anyone better.
- The welcomeness of the office.
- Prompt service, and patient people.
- Easy scheduling, location, my therapist and company.
- Daughter likes Suzette and she says she is funny.
- Easily accessible, and professional.
- Thus far the approach has been just right.

- The care and the effort put in by all staff.
- Lisa has gotten me to love coming in and has helped me become a stronger person.
- Being able to openly talk.
- It helps me to know there's a "light at the end of the tunnel" so to speak. In other words, "there's hope."
- My daughter really enjoys her visits.
- The best thing about services is that my daughter is getting the help she needs, and taking steps to get there.
- No matter the issue I always get the help I need concerning all programs and services.
- Friendly and professional staff.
- More confidence and peace of mind.
- I'm heard and listened to. Always get great advice and Sally is there for me anytime.
- I feel I'm getting the help I need, and a therapist that is working with me.
- Heather.
- I feel like I am making significant overall progress.
- Feeling of compassion from Heather.
- Nice persons.
- Being able to talk to one another.
- Cindy is great.
- Having someone to talk to.
- Open communication and willingness to try other ways to work with my child.
- My child looks forward to coming. Also, helps with anger control.
- My child feels comfortable coming in.
- My therapist.
- Treatment is working.
- The level of respect, and guided insight.
- Has been very helpful getting me through a hard time, always easy to get an appointment. Always kind when I'm here.
- The staff.
- The personalized attention to my goals.
- A safe place to unload.
- She is honest and caring.
- Dr. Karmen is very professional.
- Being able to talk to someone that can help.
- Available times. Heather is the best.
- I never knew how valuable it is to vent and get solid advice until coming here.
- Being able to smile again
- Everything
- Getting my son to open up.
- Suzette is an excellent therapist. Easy to talk to.

- Having friendly and trustworthy staff, professional staff.
- The friendly faces
- Communication regarding daughter's treatment
- It has made me a better and stronger person.
- Everyone has been very kind, understanding and helpful; I always feel comfortable.
- Friendly, openness, listening, applicable comments.
- She treats me like a person, as well as listens and understands me.
- How comfortable she makes me feel.
- I am getting the help I need and I am applying it in life.
- Listening, asking questions, suggestions on ways to try resolutions.
- I am able to make known my frustrations to someone.
- Working on a plan that fits me.
- Friendly and flexible
- I am getting the help I need.
- Face to face interaction
- Tom is and always has been extremely kind. He has helped me navigate everything I have been going through.
- Lots of friendly staff
- I love Suzette, she helps me with a lot and I feel secure with her.
- The staff at PCC is caring, funny and they make hard times better!
- I know that I can trust Heather and the staff; it is easy to discuss difficult subjects because of that trust.
- Just talking, It makes me feel better.
- I can be myself and talk things out.
- Respectful listening; thoughtful advice
- The ability to express myself.
- I am able to get the help I need.
- My therapist and the staff make me smile.
- Helping me get through life better.
- Chelsea enjoys speaking with Tasha and can understand what is said which helps me with Chelsea's needs.
- Everyone is there to help you receive the best care.
- Having the ability to have someone listen and not be judgemental.
- Friendly receptive staff
- Everyone is respectful, caring, kind, hard working and always looking out for you.
- My time feels valued each time.
- Being treated respectfully.
- The love and support of the staff.
- Everyone is always friendly.
- Everyone is helpful and friendly.

- The fact that the staff is so friendly and welcoming, overall my treatment has been extremely effective.
- I can function better in public with less anxiety.
- Getting the help I need.
- Therapists care about issues we are dealing with.
- Suzette keeps us informed and has a lot of positive suggestions to offer along with an open ear.
- I am able to talk and be listened to and pushed to actually do stuff in life.

9. WHAT COULD MAKE SERVICES BETTER?

- Playing games every once and awhile.
- Nothing comes to mind.
- I have no complaints.
- Online scheduling, or finding a way to schedule weekly.
- Be closer to Applegate where I live.
- More assignments.
- Having an established time/ day of the week appointment.
- I wish I didn't have to change insurance.
- More therapists, counselors, doctors, bigger building, more parking, and a 24hr helpline that has access to client's personal therapy. And more privacy when checking in ect..
- Nothing.
- I have no idea,I'm pretty satisfied as is.
- Just keep doing what you are doing.
- If my insurance provided more coverage.
- Clone Lisa!
- Services are great.
- I'm so happy with my services. I can't think of anything.
- I can't think of anything at this time.
- Nothing.
- More evening appointments.
- Nothing at this time.
- Popcorn always here.
- Lobby entrance is not adequate for privacy.
- All is good.
- Nothing, I wouldn't want anything to change.
- A miracle cure for childhood trauma.
- I have no concerns at the moment.
- Nothing it's good.
- I am pleased with how services are conducted.
- Day of text reminder.

- More interaction w/child and parent in the room.
- No thoughts come to mind.
- A second window for canceling appointments if needed.
- None.
- Nothing.
- More parking.
- I have no complaints.
- Online scheduling.
- Finance/ budget workshop
- Can't think of anything.
- Nothing at all, she is perfect!
- Nothing.
- Nothing I can think of.
- I think they are good.
- More availability
- Free Coffee!
- Play with toys forever
- Nothing I can think of. It seems that this facility provides enough services.
- More open times available.
- I have no complaints.
- Nothing I am so pleased.
- I don't have any immediate suggestions.
- My therapist does not always get letters for court to me in a timely fashion.

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

- I have recommended it to some of my friends.
- Cares about you , and tries their best to get you the help you need to move forward in life.
- My best friend started counseling here after seeing how much it's helped me.
- I have. My daughter also comes here.
- I actually have.
- Absolutely and already have.
- Absolutely!
- I always recommend people to call here.
- I have.
- I have.
- Already have referred several.
- Hands down yes.
- I have recommended PCC to a lot of people I know.
- We never had an issue!

- I have recommended PCC to several people.
- Yes.
- I'm very happy with the therapist I have.
- Have many times already.
- Staff is very friendly and listen.
- I have! Anytime someone is looking for a therapist I recommend PCC!
- This is my second time with Tom Pope. That says a lot.
- I wish many would.
- I definitely would. I might be getting my daughter in services soon.
- I actually have
- I already have and still do!
- I wish my son could be seen. We have been trying since October. Wish he could get started.
- I have recently referred.
- I have recommended five people so far.
- I recommend PCC frequently.

CLIENT SATISFACTION SURVEYS
2023 Compilation (Feb & Aug.) – HOMEBASE

QUESTIONS 8 & 9

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

- The quality care
- help with [REDACTED] at school
- I loved how each therapist took the time to really get to know [REDACTED]. He has blossomed so much since he began and I couldn't be happier with the tools both he and myself have gained.
- [REDACTED] helping [REDACTED]
- That staff is reactive to the needs of my child's mental health.
- Seeing an improvement in my child.
- Helping my child with coping skills.
- My son connects very well with his counselor and mental health assistant
- [REDACTED] is fantastic with connecting
- My son really loves [REDACTED] he connects well with her
- I have the right person helping my son she understands his needs([REDACTED])
- My daughter enjoys it
- Fun activities, be myself
- The extra help with working with school staff on the goals needed to help him succeed.
- It allows my son a person outside of the family to confide in.
- That they work with my family and we feel we can easily communicate our needs
- They help get me to parent session
- N/A
- [REDACTED] really cares about [REDACTED] and he is very knowledgeable and has a lot of patience and is really helping [REDACTED].
- Seeing the confidence grow in my child,
- That my son is talking.
- Ability to communicate with my child's therapist.
- Helping my son
- Helping my son
- Flexibility
- They're working well for my son and he is making great progress towards his goals.
- Quality, time, respect.
- I love how anytime we need anything our therapist is there for us. She's done an incredible job with our family.
- Kaiytlin is very supportive.
- Support with challenging circumstances and a safe place to process strong emotions.
- My son is getting the help he needs.
- Ability to speak with someone regarding behavioral issues. Trying to resolve them together.
- That they are home-based.

CLIENT SATISFACTION SURVEYS
2023 Compilation (Feb & Aug.) – HOMEBASE

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

- Nothing
- I can't think of anything right now.
- Maybe longer sessions
- Everything has been great for us I don't have any suggestions
- don't put someone in homebase that can't do their job!! and who can't help(■)
- I see ■ twice a week and ■ once a week. Nothing else
- Nothing they are great as is.
- Bringing miss ■ back
- N/A
- Nothing
- maybe not playing games all the time
- N/A
- Nothing
- We have been extremely happy which is a huge change from where we were previously.
- Nothing she is doing great.
- more resources/tools for addressing tough issues.
- HBA's ability to meet at hours outside of school.

CLIENT SATISFACTION SURVEYS
2023 Compilation (Feb & Aug.) – HOMEBASE

NEEDS ASSESSMENT/CONSUMER INPUT

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

- None
- none
- I wish there was a support group for parents of adopted kids, especially for adopted teens.
- More activities with other kids who are receiving services.
- I'm not sure
- PCC is doing a great job as it is as far as I am concerned
- Things for kids to do.
- None
- I don't know
- Group Social Time
- Big Brother Program
- Better communications with psychiatrist
- Nope
- more in the community would be nice
- None
- There are none I can think of
- No answer
- We are very happy. I don't think anything is missing.
- None
- Parent support for tough issues.

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

- Not sure
- Parenting support groups (with child care available)
- More school attached activities
- Group services for children to be involved with other children alike.
- Things for kids to do.
- Im not sure
- More community centers
- Social Groups
- Free after school programs available to low income children.
- No
- N/A
- N/A
- No answer
- The things that are missing in our aren't really the fault of PCC. We need short term beds for pediatric mental health patients who are in crisis and are in need of emergency stabilization across the state. Families are spending weeks living in emergency rooms with their children, which is not therapeutic and extremely traumatic.
- Everything is good.
- Resources for people fleeing abusive relationships. Housing assistance for homeless and abused people or families.

CLIENT SATISFACTION SURVEYS
2023 Compilation (Feb & Aug.) – HOMEBASE

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

- Not sure
- I'm not sure.
- school related activities with the community.
- None that I can think of
- black police men
- Outreach centers
- More Big Brother type services
- None
- services for pre-teens and teens to do. Family things to do other than movies.
- None that I can think of
- N/A
- No answer
- See answer to number 2.
- You offer enough services.
- Transitional housing for homeless and abused.

4. Other Comments:

- I have been with PCC a couple times and every time has been great! I have always worked with the nicest people that I feel connect with me and I have always had an abundance of help and I am beyond grateful that my son can get the help he needs as well and connecting with his counselors was the most important part for me and between [REDACTED] and [REDACTED] [REDACTED] could not be happier with his team.
- No
- None
- I would recommend [REDACTED] to any child! He really cares and does whatever he can to help [REDACTED]! We are very grateful for him!
- We are highly satisfied.
- none
- Brianna and Deb have both been phenomenal in working with my son. It has taken us YEARS to find what we have found with PCC. CMH could learn quite a few things from PCC, and they should!
- Our community has a long way to go to effectively assist in lifting up those in need.

IT Annual Report Fiscal Year 2022-2023

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 Website** - In conjunction with Kristopher Jackson of Prompt internet and the committee who worked on a new website, the team created a new website for PCC. The IT Team continues to do all updates and revisions to the site.
- **Patient Portal** - In collaboration with the billing department, our Outpatient Patient Portal, Breeze, was implemented. Allowing patients to make online payments and fill out paperwork digitally.
- **Installation of Digital Faxing** - SRFax was purchased as our new faxing system, eliminating the need for a physical fax machine in our offices and phone lines for faxing.
- **Zentyal support and Commercial Server** - Purchased Zentyal support services for our commercial server and moved all pcc devices onto the new server.
- **V-Tiger Signatures** - Completed installation of the signature module in V-tiger. This will allow all Family Preservation staff to acquire digital signatures from clients.
- **Diagnostic Tools** - Diagnostic tools have been uploaded to the Intranet for all clinical staff use.
- **Deployment of Mobile Devices for Family Preservation Staff:** Both teams in St. Clair County and Marlette for Families First and Family Reunification have been given laptops to use with client paperwork. This is an ongoing project and will be completed when all Family Preservation staff have been given mobile devices.
- **Cataloging and Tracking of Equipment** - The IT Team has implemented a software called SnipeIT so that we may assign devices and equipment to users. We are able to comment on the condition of an item as well as easily see to whom it was assigned.
- **Completed a Tentative Budget for the Fiscal Year** - A compilation of receipts, invoices and purchase orders were compiled and analyzed to create a rough budget that will continue to be analyzed with further data in the years to come.
- **Implementation of Scribe** - Implementation of the software Scribe which lets the IT team create step by step user guides for commonly used tasks and actions needed to perform user's work.
- **Creation of Scribe Library on the Intranet** - A library of content was created using the Scribe software and was implemented on the intranet for staff to use at their leisure.
- **Decommissioned Old Equipment for Destruction** - Multiple devices and equipment were disassembled and marked ready for destruction.
- **Security Cameras Installed** - Multiple security cameras were installed to increase security.

- **Completed Security Risk Assessment** - Using the Government SRA tool, a security risk assessment was conducted for PCC. The results are items that will be addressed in the future to make IT infrastructure and practices more secure.
- **Implemented Several Group Policies** - Implemented group policies on PCC's server that will allow for automatic updates and a machine activity limit that locks the computer screen after a period of inactivity.
- **Basement Reorganization** - Old equipment and devices were purged. Wiring and renovation of the server room completed.

Prepared by:

Joanne Parr
IT Coordinator and HIPAA Security Officer

Risk Management Plan Addendum Annual Review FY 10/1/2022-9/30/2023

RISK CATEGORIES

1. Facility Safety

Identified Risks Resolved: Twenty seven (27) potential risks were identified and addressed over the past fiscal year, including electrical repairs, heating and cooling repairs, installing security cameras (to monitor each building entrances and the OP hallway), replacing the handicap entrance ramp with more slip resistant composite decking, power outages, staff and consumer safety during a storm, removal of wasps/bees (exterior) and bats (interior) from the building and securing a new snow removal contractor.

Identified Potential Risk(s): Two themes were identified:

1. Concerns about safely being able to provide services in the PCC buildings during a power outage or severe storm. 2. Staff continue to need reminders to lock doors, turn off heaters, take care of dishes and trash removal at the end of the day.

Proposed Solution(s): 1. Preparations are being made to potentially obtain a generator to protect major appliances (refrigerator, furnaces, computer server, etc.) during a major power outage. 2. Increased staff training and awareness of their responsibilities in keeping the buildings locked and secure (especially after hours), in reducing fire hazards by shutting off and/or unplugging electrical appliances when leaving for the day (heaters, coffee makers, etc.) and in maintaining a sanitary environment (clean dishes, disposing of trash before the weekend, etc.) to prevent illness and critters.

2. Environmental and Workplace Safety

Identified Risks Resolved: Several potential risks were identified and addressed over the past fiscal year, including reviewing safety protocol for staff and individuals served to use during severe storms and power outages, and implementing a check in board in the OP front office so it is clear who is present in the building and which supervisors are available on site in the event of an emergency.

Accident Fund Tips were sent out on a monthly basis including: Winter Safety Tips for Remote Workers (10/10/22), Deer Safety Driving Tips (11/15/22), Cold Stress - Hypothermia and Frostbite (12/20/22), The Importance of Exercising and Stretching (1/24/23), The Dangers of Distracted Driving (2/16/23), Safe Lifting Techniques (3/16/23) & (4/19/23), Heat Illness - Know the Signs and Symptoms (5/22/23), Prevent Heat Illness (6/15/23), Fire Extinguisher Safety (7/19/23), Thunder Rolls and Lightning Strikes - Summer Weather Safety Tips (8/14/23) and Safe Lifting Techniques (9/18/23). The Health and Safety Committee met on a quarterly basis throughout the fiscal year (March, June, September, and December).

A notice was shared with staff (6/19/23) related to proper Lithium battery storage, noting that improper storage can result in fire hazard (ideal temp 50 F, ideal humidity 50%).

PCC's long time CPR/First Aid instructor (Dick Bosscher) announced his retirement from providing that training service on (8/16/23). HR began the search to replace him. It was identified that, in order to meet SCC CMH contract requirements, CPR/First Aid training can be entirely in-person or blended (in-person and online) but can't be solely online. The training also has to be from an approved provider. Approved providers include ASHI and Tri-Hospital EMS. PCC staff are allowed to attend SCC CMH training opportunities for a cost of \$50 per person. PCC's new Business Manager, Lew Evenson, will be trained to provide CPR/First Aid moving forward. On (9/26/23) CPR/First Aid classes were announced that were scheduled for October 16, 2023, and for November 13, 2023

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

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

3. Employment Practices

Identified Risks Resolved: Several potential risks were identified and addressed within the past fiscal year, including updating the personnel manual to include recent legislation related to the Lactation/PUMP act, and related to Workplace Fraternization. In an attempt to educate the public about all of the services PCC has to offer and the fun community events PCC participated in, PCC published the first quarterly agency newsletter on (10/12/2022). Active efforts continued in the areas of updating the PCC websites (1/25/23), adding a new recruitment video to the PCC website and intranet (3/8/23) and in attending many community events.

Exit interviews continue to identify potential improvements to PCC employment practices. A Stay Survey was conducted on (11/2/22), with finalized results provided to management on (12/6/22) and shared with all staff via the intranet on (1/3/23). Recruitment Incentives for staff who are able to recruit a new employee to join our team were put into place on (1/3/23), (1/12/23), with a bonus provided to those new employees who remain with us beyond the 90 day probationary period.

Identified Potential Risk(s): 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 (10/4/22) "PCC will continue to remain with the GENOA contract, as it is the best practice for PCC." Directive issued to front office staff to not suggest/discuss that the psychiatrist work directly for PCC, as it could constitute solicitation, which is a violation of our contract.

On (5/24/23) some issues were raised related to PCC's contracted Psychiatric Nurse Practitioner's prescriptions for controlled substances not being able to be filled at two local pharmacies. When the psychiatric assistant contacted the pharmacies, they informed her that there was no DEA number or supervising physician's name on the prescription. The IT Coordinator also reached out to the EHR for a solution. Solution: PCC's CEO reached out to the CEO of the contracted agency and obtained permission to include the NP's supervising physician on his prescriptions. Permission was granted.

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 the area of complaints, three formal complaints were filed in this fiscal year. Two were SUBSTANTIATED and one was NOT SUBSTANTIATED.

On (10/4/22), DSM-5-TR updates were forwarded by SCC CMH to PCC OP staff.

On (10/5/22), follow up was requested for the BCBS Bill of Rights that was drafted on (7/27/22) and approved by the Executive Team on (9/14/22).

Consumer satisfaction surveys conducted in February and August of 2023, reflected an overall satisfaction score with regard to services received in the outpatient program. Out of 180 individuals who responded to the surveys, 179 (99.4%) reported being satisfied with the services they received, 180 (100%) felt that staff were helping them to achieve their goals, and 180 (100%) would recommend PCC for counseling services for others.

On (6/28/23), Outpatient Clinical Supervisors met to review and update training related to clinical case record documentation. Training was provided during the monthly OP staff meetings and covered one document per month in detail: Clinical Assessments (6/20/23), Treatment Plans (7/17/23), Progress Notes (8/14/23) and Periodic Reviews (9/18/23). Future training will be offered regarding Discharge Summaries and other audit results.

PCC had substantial compliance related to three different audits during the past fiscal year. Three SCC CMH chart audits were conducted on (11/9/22), (4/11/23) and (9/19/23), along with the annual compliance audit (10/18/22), all resulting in substantial compliance.

On (8/24/23), it was brought to the PCC office manager's attention that the after hours crisis numbers were incorrect on the PCC message line. The message line was corrected to instruct/direct CMH clients to call 1-888-225-4447, and PCC clients to call 1-810-985-1101. Our IT staff corrected this on the same date.

PCC continues to remain up to date with current CARF standards and current licensing standards for all of our service providers issued by the State of Michigan.

Identified Potential Risk(s): 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:

IT Newsletters were distributed sharing the following information: Internet of Things - how to use the best security practices to ensure smart technology does not fall into the wrong hands (10/3/22), Information about why websites and services seem to be going down more frequently than they used to (11/1/22), and Learning about the Dark Web (12/1/22), .

LastPass (one of the world's most popular password managers) data breach was shared with PCC staff on (1/4/23) as a precautionary measure.

CareCloud BREEZE was implemented in the Fall of 2022. Although some of the data entry has been a struggle for people at times, the patient portal has been a source of steady revenue with individuals making payments for services online.

New servers were installed on (3/11/23); staff was informed well in advance and provided with IT assistance and support so no critical information would be lost in the migration and transition process.

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 The Inside Man S1, E1-6 and S1, E7-9 were both completed by 12/31/22, KnowBe4 training related to mobile devices, phishing, multi-factor authentication and phone phishing was conducted on (4/17/23), and training related to social engineering, connected devices, physical access was conducted on (8/7/23). Annual HIPAA training for all staff was conducted on (1/23/23).

PCC implemented two factor authentication for the CareCloud platform on (12/5/22),

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: Thirteen (13) potential concerns were reported related to confidentiality during the last fiscal year; Seven concerns were substantiated. One 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 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.

A HIPAA training grid was updated for new hires on (10/4/22), so they may complete the initial training and most up to date components of ongoing HIPAA training for the current FY.

On (6/7/23), IT staff informed PCC staff that the confidentiality notice has been automatically added to the end of staff email, so it no longer has to be manually placed in the signature section.

On (8/22/23), SCC CMH informed PCC that a new Corporate Compliance Poster was required to be posted throughout the building. This task was completed on the same date.

The annual audit of IT technology conducted by JFogal Consulting on (2/7/23) noted several issues that were addressed in 2022, including continued successful utilization KnowBe4 security awareness and HIPAA compliance training, upgrades to CareCloud Breeze software, implementation of two factor authentication, the continued refinement of the Lansweeper IT inventory management system, cable locks being installed on all laptops that may be vulnerable to theft, the building wide installation of an intercom system (providing enhanced safety and security), a new wifi network was added, and the Zentyal server was virtualized (adding security and improved ease of access for IT staff and consultants). Items that still needed to be addressed during 2023 included PCC's cabling infrastructure at the main office, obtaining security cameras for the OP area and exterior of the building, implementing two factor authentication for all PC's on the PCC Network, and electronic device signing should be researched for all staff providing in home services to clients in Family Preservation and home based programs.

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: As part of the CARF (visit 6/24/22) 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 into one unified booklet, along with codes of ethics for professionals providing services. This unified code of ethics was presented for review and feedback on (6/29/23). A final draft will be completed during the beginning of the next fiscal year and will be utilized for staff training.

A change in PCC Compliance Officer occurred on 10/26/22. On 11/15/22 notices posted throughout the PCC building updating this information.

The current credentialing and data specialist continues to forward required training materials for contract providers from the private insurance sector including McLaren Health Plan Culturally & Linguistically Appropriate Services (CLAS) Training (11/02/22), McLaren CLAS and Model of Care for Dual Eligible Special Needs Plan (D-SNP) Training (1/1/2023), Aetna Medicaid Cultural Competency Training (3/7/23), 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 (11/15/2022).

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). Follow up regarding implementation was initiated on (10/5/22).

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:

The CareCloud Breeze patient portal went live on (12/5/22) with prior staff training on (11/28/22). By (12/20/22), all individuals receiving outpatient services were strongly encouraged to start using Breeze for intake and annual paperwork completion.

Audio Only Telehealth - CMS stated that beginning January 1, 2023, CPT modifier "93" must be used for eligible mental health services provided using audio-only technology. All providers must also append Medicare modifier "FQ" for allowable audio-only Medicare telehealth services.

Medicaid Redetermination went into effect on (6/1/23), after the PHE ended on (5/11/23). Staff was provided with links and information from MDHHS to help individuals served renew their Medicaid to prevent loss of health insurance. Notifications were shared with staff several times including on (6/26/23), (7/13/23), etc.

A new full time business manager (MBA, BA in Computer Information Services) was hired on (8/16/23), as part of the leadership succession plan to ensure financial stability for PCC, as the current Co-Directors and Co-Owners reduce their time on site in preparation for retirement and a role as consultants/board members.

The Meridian Medicaid Contract was planfully ended effective (10/3/23); individuals served were given notice starting (8/7/23).

Identified Potential Risk(s): PCC staff continued to monitor concerns that may occur once the public health emergency (PHE) and the continuous enrollment requirement (CER) period ended (which officially occurred on 5/11/23). It was 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 become ineligible.

Prepared by Cynthia Willey-King on 2/22/24

Page intentionally
left blank

PROFESSIONAL COUNSELING CENTER

HIPAA Security Risk Assessment

Fiscal Year 2022-2023

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/their account. Two factor authentication is also enacted on the Family Preservation software (Vtiger) and 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. With the addition to cameras in the office, we will be able to look at recordings in cases of theft.

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 has installed security cameras in various locations throughout the building to monitor and report suspicious or negligent behavior. PCC has installed cameras throughout the building 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 are extensively trained in HIPAA and confidentiality. We have quarterly 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.

Risk: Confidential Documents Outside of the Office

It is sometimes necessary for documents of a sensitive nature to be outside of the confines of the office building. When clients need to sign paperwork, for instance, the worker/clinician must take it to them and bring it back to the office.

Mitigation:

PCC staff who are designated to take documentation out of the office are provided with locking briefcases to transport and store documents of a sensitive nature. It is also a PCC standard to not leave documents or briefcases unattended or in unoccupied cars.

Prepared by:

Joanne Parr

IT Coordinator and HIPAA Security Officer

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2022 - September 2023
Administration, IT, Accounting

- Several PCC staff serve on the non-profit Board of Directors of PCC Community Services
- PCC staff, its sister non-profit corporation, PCC Community Services, and volunteers do a Christmas Gift and Food projects
- Twenty Three (23) employees participated in the Annual United Way Campaign in 2022
- Staff volunteers with United Way, 1 on Special Gifts Committee and 1 on Citizens Review Committee
- AA Corrections Committee
- PCC Donates to and/or volunteers with:
 - Great Start RESA Summer Guide
 - Flames Booster Club
 - Run for Recovery - CMH
 - Dueling Pianos - Sanborn
 - Dementia & Alzheimer's Resource Community
 - FOP Lodge #129
 - American Red Cross
 - KIDS
 - St. Clair Co. Agricultural Society
 - Blue Water Recovery
 - PH Police Officers Association
 - CMH Players
 - Roof Sit - CAN Council
 - BWSH Comedy Show
 - Port of Hope - Ad
 - Membership CAN
 - Blue Water Allis
 - ARC Ad
 - BWSH
 - St. Clair Co. Deputy Sheriffs Assoc.
 - Port of Hopes
 - Tee off for Kids (CAN)
 - Robinson Tennis Tournament
 - Spero Golf (K of C)
 - Elks Sponsor
 - CAN Roof Sit
 - CL Spirit
 - Athletic Factory
 - GoodWill

- **Professional Counseling Center, P.C.**
- **PCC COMMUNITY BENEFIT ACTIVITIES**
- **October 2022 - September 2023**
- **Administration, IT, Accounting**

- Salvation Army
- Sanilac Humane Society – volunteer
- St. Jude
- Habitat for Humanity PH
- Suicide Prevention Committee / Suicide Prevention Group

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2022 - September 2023

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
Suicide Prevention Group
Teen Health Center Board

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2022 - September 2023

Family Preservation Division

Volunteer / Donate Financially

Paws, Awes & 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
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
Building Sustaining Partners Collaborative (Tuscola)
Holy Trinity Donations
Donation St. Mary/McCormick
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

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2022 - September 2023

Family Preservation Division

Volunteered at Mid City Nutrition
Hospice 5k River Run participants
Athletic Factory Board
Marwood Manor Annual Fundraiser - volunteer
Unity in the Community Event - volunteer
YMCA Jingle Run
Rotary Club Fundraiser Dinner
Women's Life Group of Lexington - volunteer
Tuscola County CAC - can and bottle drives
Revive Ministries in Cass City - volunteer/donate
Project HEAL, Lapeer
Court Appointed Special Advocate (CASA)
BWCA: Walk for Warmth
SCC Sheriff Dept - Donuts w/Deputies - donations/attendance
Roofsit 2023
Food Trucks
Great Start Collaborative - Sanilac County
Our Lady of Mt. Carmel Rummage Sale
Blue Water Safe Horizons – board member
Healing Hands Home
DHHS TDM Community Partner
Keewahdin Elementary School – PTA member

**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
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
Blood donations
Food and clothing donations to local homeless
Mentoring Teens
Middle School Cheer Coach

Data Quality & Credentialing Specialist

Annual Report FY 2022 - 2023

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 2022-2023:

14 payment plans were created, resulting in payments of \$6,068.18

199 letters to clients were sent in efforts to resolve balances

57 cases were turned over for collection, resulting in the amount of \$6,064.05

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 2022-2023:

448 number of account audits conducted

10 clinicians were included in these audits (goal = 50% of all clinicians)

10 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 2022-2023:

105 - 130 clinical staff were credentialed/re-credentialed or required documentation due with commercial payers was completed

32 clinical staff were credentialed or re-credentialed with CMH

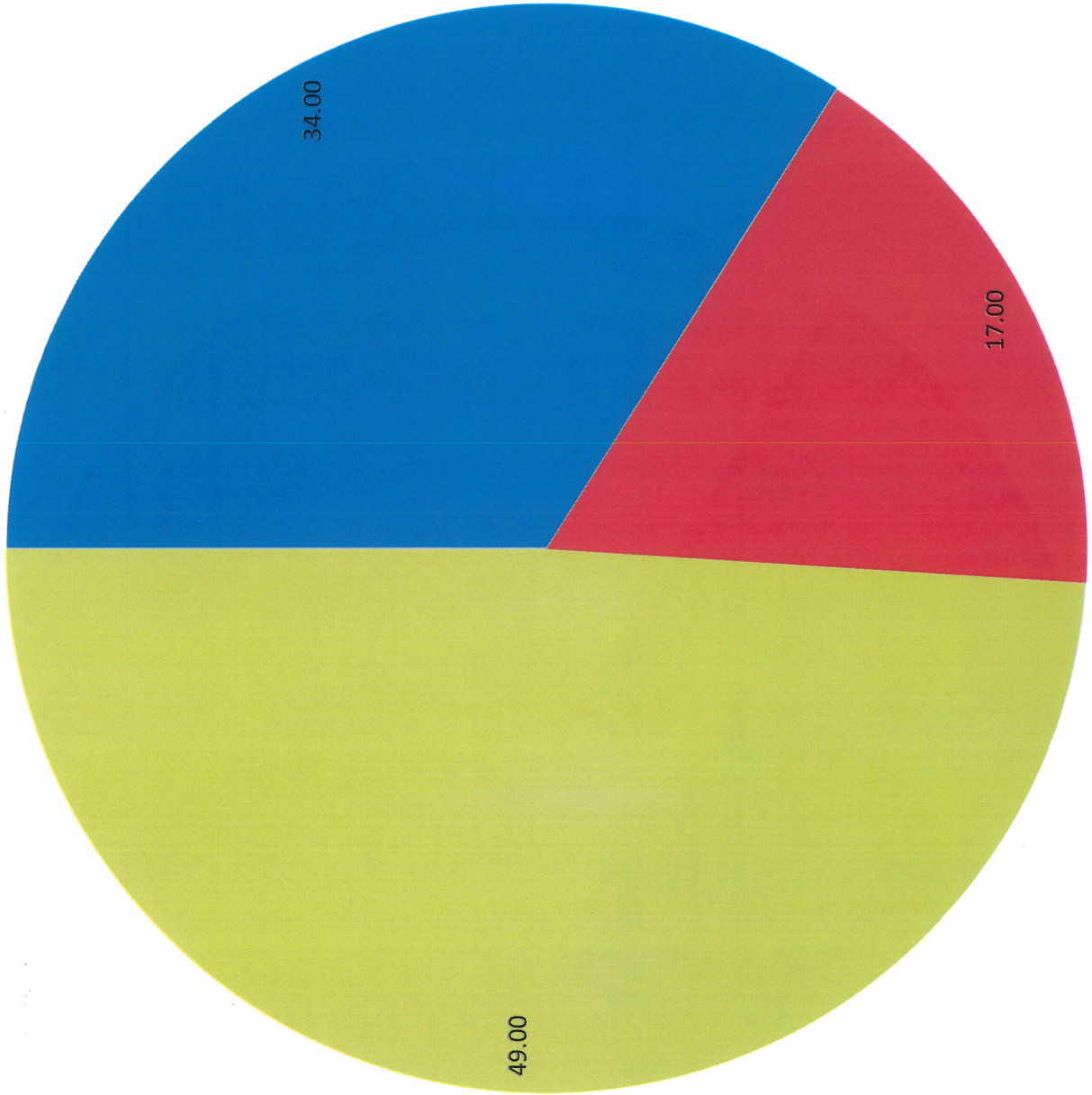
Expense History

<u>PROGRAMS</u>	19-20	%	20-21	%	21-22	%	22-23	%
10 PORT HURON OUTPATIENT	1525499	0.38	1636658	0.39	1639272	0.35	1660873	0.33
61 HOME BASE	681606	0.17	674616	0.16	747480	0.16	812842	0.16
DHHS TOTAL	1819322	0.45	1884761	0.45	2281614	0.49	2490781	0.50
<u>GRAND TOTAL</u>	4026427	1	4196035	1	4668366	1.00	4964496	1.00
DHHS DETAIL								
20 FAMILIES FIRST,ST. CLAIR COUNTY	357563	0.20	429895	0.23	434715	0.19	441814	0.18
22 FAMILIES FIRST,FOUR COUNTY	373648	0.21	191858	0.10	251211	0.11	259369	0.10
24 FAMILY REUNIFICATION#2					219164	0.10	249112	0.10
25 FAMILY SKILLS,MAINTENANCE,HURON,TUSCC	122421	0.07	124372	0.07	104539	0.05	127052	0.05
70 FTBS PATHWAYS,FIVE COUNTY	621655	0.35	627109	0.33	663510	0.29	646063	0.26
71 PARENT SUPPORT STCLAIR/SANLAC			26659	0.01	50050	0.02	55291	0.02
72 In Home Family Services							119422	0.05
73 FAMILY REUNIFICATION #1(WAS 5 CTY)	235798	0.13	246669	0.13	250110	0.11	262586	0.11
74 LIFE SKILLS,SANILAC COUNTY	62026	0.03	72477	0.04	69389	0.03	96430	0.04
75 LAPEER CO.PARENT SUPPORT			24700	0.01	46550	0.02	50752	0.02
76 FAMILY ASSISTANCE STCLAIR/SANILAC			76841	0.04	124502	0.05	106487	0.04
77 PARENT SUPPORT,HUON,TUSCOLA			64181	0.03	67874	0.03	76403	0.03
TOTALS	1773111	1	1884761	1	2281614	1.00	2490781	1.00

jan.2023

m.cazapcccxpchart

Professional Counseling Center
Expense Comparisons
2022-2023



2022 - 2023 Payments by Payer

Payer	Category	Payer Totals	Total by Category	%
AAA MICHIGAN	AUTOMOTIVE	\$ 330.00		
ACCIDENT FUND INSURANCE COMPANY OF	AUTOMOTIVE	\$ 3,376.09		
ALLSTATE INSURANCE CO	AUTOMOTIVE	\$ 1,440.91		
AUTO OWNERS	AUTOMOTIVE	\$ 1,287.00		
CORVEL CORP	AUTOMOTIVE	\$ 194.00		
FARM BUREAU INSURANCE OF MICHIGAN	AUTOMOTIVE	\$ 2,094.94		
STATE FARM AUTO CLAIMS	AUTOMOTIVE	\$ 3,492.00		
AUTOMOTIVE			\$ 12,214.94	0.82%
AARP HEALTHCARE OPTIONS	COMMERCIAL	\$ 785.66		
AETNA U.S. HEALTHCARE	COMMERCIAL	\$ 6,246.69		
ALLIANCE HEALTH AND LIFE	COMMERCIAL	\$ 135.51		
ASR HEALTH BENEFITS	COMMERCIAL	\$ 2,287.30		
BEACON HEALTH OPTIONS	COMMERCIAL	\$ 8,203.68		
BLUE CARE NETWORK CLAIMS	COMMERCIAL	\$ 92,451.49		
BLUE CROSS BLUE SHIELD OF MICHIGAN	COMMERCIAL	\$ 365,401.23		
CIGNA BEHAVIORAL HEALTH	COMMERCIAL	\$ 1,566.19		
CIGNA HEALTHCARE	COMMERCIAL	\$ 2,670.30		
CLAIM CHOICE ADMINISTRATORS	COMMERCIAL	\$ 933.59		
COMPSYCH	COMMERCIAL	\$ 851.00		
HEALTH ALLIANCE PLAN OF MICHIGAN	COMMERCIAL	\$ 9,632.48		
HEALTH PLANS INC	COMMERCIAL	\$ 1,939.41		
MCLAREN HEALTH PLAN	COMMERCIAL	\$ 22,393.26		
MERITAIN HEALTH	COMMERCIAL	\$ 634.78		
Meritain Health Minneapolis	COMMERCIAL	\$ 119.00		
MOTOR CITY WELFARE FUND	COMMERCIAL	\$ 792.88		
PHP HAP	COMMERCIAL	\$ 27,438.31		
PRIORITY HEALTH	COMMERCIAL	\$ 29,112.71		
REGENCY EMPLOYEE BENEFITS	COMMERCIAL	\$ 5,736.04		
TRICARE EAST	COMMERCIAL	\$ 9,135.41		
TRUSTMARK HEALTH BENEFITS	COMMERCIAL	\$ 1,200.60		
UMR	COMMERCIAL	\$ 2,682.09		
UNITED BEHAVIORAL HEALTH	COMMERCIAL	\$ 436.07		
UNITED HEALTHCARE	COMMERCIAL	\$ 19,211.02		
United Healthcare Shared Services	COMMERCIAL	\$ 189.18		
VARIPRO	COMMERCIAL	\$ 3,113.94		
COMMERCIAL			\$ 615,299.82	41.16%
AUTO OWNERS CAREWORKS	EAP	\$ 2,230.21		
EAP PCC	EAP	\$ 4,393.06		
EAP			\$ 6,623.27	0.44%

2022 - 2023 Payments by Payer

Payer	Category	Payer Totals	Total by Category	%
BLUE CROSS COMPLETE CLAIMS	MEDICAID	\$ 33,551.72		
MCLAREN MEDICAID	MEDICAID	\$ 62,441.87		
MEDIVEST	MEDICAID	\$ 709.98		
Meridian Health Plan	MEDICAID	\$ 0.00		
MERIDIAN HEALTH PLAN OF MICHIGAN	MEDICAID	\$ 240,587.41		
MIDWEST HEALTH PLAN	MEDICAID	\$ 5,359.79		
UNITED HEALTHCARE COMMUNITY PLAN	MEDICAID	\$ 81,761.73		
UNITEDHEALTHCARE COMMUNITY PLAN CRS	MEDICAID	\$ 0.00		
MEDICAID			\$ 424,412.50	28.39%
BCBSM MEDICARE PLUS BLUE PPO JVHL	MEDICARE	\$ 115.52		
HUMANA INC.	MEDICARE	\$ 27,983.29		
MCLAREN HEALTH ADVANTAGE	MEDICARE	\$ 5,477.24		
MEDICARE PLUS BLUE	MEDICARE	\$ 10,997.28		
MICHIGAN MEDICARE PART B	MEDICARE	\$ 35,121.92		
MEDICARE			\$ 79,695.25	5.33%
SELF PAY	PRIVATE PAY	\$ 214,114.24		
PRIVATE PAY			\$ 214,114.24	14.32%
ST CLAIR CO CMH OP	PUBLIC FUNDING	\$ 85,024.54		
SANILAC CO DHHS	PUBLIC FUNDING	\$ 500.00		
ST CLAIR CO DHHS	PUBLIC FUNDING	\$ 13,719.00		
PUBLIC FUNDING			\$ 99,243.54	6.64%
VA CCN OPTUM	VA	\$ 43,202.60		
VA			\$ 43,202.60	2.89%
Total			\$ 1,494,806.16	1

BG 10-30-23

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 support within our community. The five counties PCC presently serve are located within the Thumb area of Southeastern Michigan. The majority of the consumers served reside in St. Clair County. (Demographic percentages listed below are for St. Clair County for 2022)

- The racial and ethnic population is largely made up of Caucasian (94%) with smaller African American (2.5%), Hispanic (3.8%), Persons reporting two (2) or more races (2.5%), American Indian (.5%), and Asian (.6%) of the population.
- 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. In St. Clair County, 11% of the population meets the poverty guidelines. 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.
- Challenges specific to the industrial working class include: Limited affordable housing; Non-traditional shifts/extended working hours; Lack of child care providers within reasonable proximity, limited availability of child care during non-traditional hours and high cost; Affordable medical insurance coverage/high co-pays.
- 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.
- Preservation of the family unit is becoming increasingly more challenging as the number of divorces, single-parent families, mental health and substance affected families rise.
- Food banks, pop-up pantries, use of the Food Depot and Mid City Nutrition Soup Kitchen are seeing a significant increase in demand, as well as WIC (Women, Infant, Children) has seen an increase in the need for food and dairy products, due to the increase in grocery costs.
- Legal assistance is needed to assist with tenant and renting rights/mistreatment by landlords; help with FOC system/guidance and the divorce process.
- Available and affordable housing to rent in the area is a huge need.
- St. Clair County needs more foster care homes in St. Clair County.

- The St. Clair County DV shelter is nearly always full with no beds available and there is a lack of homeless shelters for men.
- PCP's won't prescribe medication for mental health issues.
- Increase in anxiety post COVID-19.
- Transportation options are 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.
- 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.)
- 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.
- Delay in access to MDHHS services such as medicaid, food assistance, and SER, especially if a referral is needed.
- Increased awareness of transgender youth needing mental health counseling.
- Increased aggression in young children (as young as 5 years old) resulting in suspensions.
- Lack of juvenile beds in locked facilities for crimes, therefore juveniles not being held accountable.
- Limited options for more intensive children services with the county and state and lack of availability for inpatient services.
- Resistance from schools regarding implementing IEP/504/special accommodations for children who need them.
- Need for food, clothing, heat, appliances (washer/dryer) and stable housing seen in Family Preservation clients; This results in hygiene and basic needs not being met.
- Domestic violence continues to contribute to the reason for referral to Family Preservation programs.
- People are requesting groups being offered to teach on parenting issues and SUD issues.

- Higher number of clients with substance disorders, 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.
- St. Clair County Community Mental Health general fund cuts have resulted in restricted benefits for public clients resulting in less services; clients need to have severe mental health needs.
- Long wait times for CMH services lack of available therapists (staff shortage).
- Difficulty hiring across all social work programs.
- Less Bachelor level Human Services/Social Workers available in the field.
- Family Preservation contracts focusing more on Evidenced Based services.
- Outpatient clients are presenting with more severe mental health issues.
- Limited funding to assist with the housing crisis.
- Use of marijuana by one or both parents – with recreational use this is very common and teen use is high and teens vaping tobacco and marijuana.
- Texting as communication tool.
- Increased use of telehealth services for health appointments, recovery groups, and some therapy services.

Trends Improving in St. Clair County:

- Services available to people with Substance Use needs
- Due to limited transportation in some areas, the increase in telehealth is beneficial
- The number of child maltreatment victims (overall in Michigan) has decreased steadily since 2017; Children birth to 17 in out of home placement due to neglect/abuse has steadily decreased since 2019 in St. Clair County and child abuse/neglect confirmed victims have decreased in St. Clair County
- Birth to teens (under age 20) steadily decreasing in St. Clair County

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

- Less than adequate prenatal care
- Infant mortality
- Children living in crowded homes (more than 1 person per room)
- Difficulty securing housing due to a lack of available homes/apartments

Prepared by Whitney Ostrom

**PROFESSIONAL COUNSELING CENTER
NEEDS ASSESSMENT/CONSUMER INPUT**

Outpatient

FISCAL YEAR 10/01/22 - 10/01/23

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

- I think everything is good
- Not sure because what I was looking for was readily available.
- None so far; we are happy here.
- More available therapists.
- I am satisfied with my services.
- I can't really think of anything.
- I think enough services are provided in this facility.
- Autism specialists in general. I am content with current person, but that was something I was looking for when seeking counseling services at first.
- I think maybe being able to contact professionals outside of office hours would be beneficial but I also understand why that wouldn't be ideal at the same time.
- I have no complaints.
- None that I can think of.
- Not sure, I am satisfied so far.
- I don't believe any are missing at this time.
- Maybe videos to watch or books about what might help.
- Genuinely I think this center is amazing and always has top tier service.
- So far everything has been great.
- I have no idea honestly, I get what I need here.
- Options for marriage counseling
- guided exposure
- anger/rage room
- group sessions for health care workers
- "ability to snap your fingers and things just get fixed"
- good looking men
- anger management group
- group therapy for more uncommon issues (TTM)
- grief support groups
- mindfulness/meditation groups
- somatic therapy
- EMDR
- 60 minute sessions
- more handicap parking

- popcorn
- personalized home therapy
- different coping strategies to use at home
- books to read to help with what you are going through
- parenting sessions w/kids
- something to help teens and parents communicate
- personal finances
- better equipment for telehealth

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

- Therapists in general
- We need more mental health
- Sober living counseling (special education) classes, social events at libraries, community outreaches.
- Services for special needs.
- All of them
- I think there are enough facilities throughout the state that can provide certain services to anyone in need.
- Autism services
- Perhaps dealing with young children; trauma based interventions
- Mental health hospitals for adults & kids.
- More things to do to help mental health.
- Mental Health services
- There are enough it is the distance to get to them and also being able to locate the ones you need.
- Professional counseling with availability consistently.
- Therapists, many people don't realize insurance mostly if not completely covers those services.
- Veteran Programs
- Places that take Prime INS
- things for kids with learning disabilities
- school counseling for kids
- access for people that cannot afford services and/or no INS
- make PCC more public so that everyone is aware
- any and all mental health services
- Psychiatrists
- anger management
- free health/nutrition/exercise programs that are not only 9-5
- free exercise programs
- mental help for men and children (resources, outlets)

- financial aid
- affordable housing
- LGBTQ+ support groups
- senior activities for working seniors
- more counseling centers and therapists
- neurotypical resources
- longer service for children in treatment centers
- advertising for men to get rid of the stigma
- psychiatry
- late night appointments
- Library
- homeless resources/poverty prevention
- shelters for children and adults
- help with addiction
- soup kitchens
- more places for people to stay out of the weather
- children hospital placements/beds

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

- Drug helpers/therapists to help quit.
- Easier access to mental health services.
- More intervention programs to work with people of all ages.
- I don't think any services are missing.
- Autism for adults
- Support for parents before it gets bad.
- Mental health services
- None that I can think of.
- Good sobriety homes and resources.
- Groups that are promoted to talk about mental health.
- Sexual Assault Victims groups.
- Support groups for parents dealing with CPS.
- Knowing where to go to find other support groups or people with same issues.
- Art Therapy
- Teen classes (help them realize they can be different and exceed their goals)
- rage room
- the community members in need don't know where to look for help
- detox center
- more public guardians

- more therapists
- all mental health services
- parenting coursework
- gay bars
- homeless shelter
- “community aspect is lost; need something to bring people together that does not involve alcohol”
- 40-55 year old lady related get togethers (shopping, overnight trips, day trips, scrapbooking)
- community programs on understanding mental health and how to approach it
- somatic therapy
- yoga-trauma informed
- earth basal community groups
- services and support for dads to decrease the stigma
- fencing and polo classes
- mental health options that are affordable
- more therapy groups for kids
- more frequent food giveaways
- help for domestic violence victims
- child care
- food bank info
- infant resources
- youth services
- sports psychology

4. Other Comments:

- Love all the family faces and staff.
- Thank you for everything.
- Great place to get counseling.
- PCC does a fantastic job of offering services and being there for clients.
- Thank you for the help. Can't imagine getting through crisis without help.
- Supportive care for family members of alcoholics.
- Overall I am so happy with the service I receive , everyone is so beyond respectful, sweet, and welcoming. I really do love coming here.
- I have had a lot of positive improvement with my anxiety, depression and just dealing with life in a positive way.
- I would like to thank everyone for the treatment and continued treatment. I would not be here today without all of you.
- I think you do a splendid job

- The receptionists are awesome
- Keep up the good work
- Getting appointments is easy, seeing Gerome is a process but works great. Just happy with everyone here at PCC.
- Very satisfied with office and staff
- Awesome people here and not enough elsewhere
- Doing great ladies
- This place is amazing, keep up the great work.

NEEDS ASSESSMENT/CONSUMER INPUT

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

- None
- none
- I wish there was a support group for parents of adopted kids, especially for adopted teens.
- More activities with other kids who are receiving services.
- I'm not sure
- PCC is doing a great job as it is as far as I am concerned
- Things for kids to do.
- None
- I don't know
- Group Social Time
- Big Brother Program
- Better communications with psychiatrist
- Nope
- more in the community would be nice
- None
- There are none I can think of
- No answer
- We are very happy. I don't think anything is missing.
- None
- Parent support for tough issues.

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

- Not sure
- Parenting support groups (with child care available)
- More school attached activities
- Group services for children to be involved with other children alike.
- Things for kids to do.
- Im not sure
- More community centers
- Social Groups
- Free after school programs available to low income children.
- No
- N/A
- N/A
- No answer
- The things that are missing in our aren't really the fault of PCC. We need short term beds for pediatric mental health patients who are in crisis and are in need of emergency stabilization across the state. Families are spending weeks living in emergency rooms with their children, which is not therapeutic and extremely traumatic.
- Everything is good.
- Resources for people fleeing abusive relationships. Housing assistance for homeless and abused people or families.

CLIENT SATISFACTION SURVEYS
2023 Compilation (Feb & Aug.) – HOMEBASE

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

- Not sure
- I'm not sure.
- school related activities with the community.
- None that I can think of
- black police men
- Outreach centers
- More Big Brother type services
- None
- services for pre-teens and teens to do. Family things to do other than movies.
- None that I can think of
- N/A
- No answer
- See answer to number 2.
- You offer enough services.
- Transitional housing for homeless and abused.

4. **Other Comments:**

- I have been with PCC a couple times and every time has been great! I have always worked with the nicest people that I feel connect with me and I have always had an abundance of help and I am beyond grateful that my son can get the help he needs as well and connecting with his counselors was the most important part for me and between [REDACTED] and [REDACTED] [REDACTED] could not be happier with his team.
- No
- None
- I would recommend [REDACTED] to any child! He really cares and does whatever he can to help [REDACTED]! We are very grateful for him!
- We are highly satisfied.
- none
- Brianna and Deb have both been phenomenal in working with my son. It has taken us YEARS to find what we have found with PCC. CMH could learn quite a few things from PCC, and they should!
- Our community has a long way to go to effectively assist in lifting up those in need.

SUMMARY OF ORGANIZATIONAL STRENGTHS AND WEAKNESSES

Agency-Wide Strengths

- A positive image (reputation) in the community
- Quality services
- Diversity of staff skills and credentials
- Increased paid holidays
- Friendliness and flexibility of staff
- Quick response time for access to services
- Improved technology
- 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
- PCC encourages staff community involvement
- 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 / Food Giveaway / Warehouse
- 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
- HIPAA compliant
- Trained Staff in IT security
- 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

- Google phone service
- Difficulty recruiting specialized degrees
- Difficulty identifying new/young managers/supervisors
- Need bigger waiting area

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
- Flexible Scheduling
- Consistent communication, i.e., staff expectation, 6 day encounter, 100 day closing, outstanding balances, etc.
- Therapists who have trauma or play therapy certification
- Themed activity area for children in waiting area
- Training web sites now available for staff
- Treasure chest now available for positive reinforcement for clients.
- Set up incentives for UR
- Team approach
- Strong supervisory staff
- Lovely facility
- Making progress on competitive salaries

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
-
- Lack of availability of MA therapists – recruitment of
- Need fully licensed therapist
- Comprehensive training schedule need to be created for onboarding
- Unable to compete with CMH's hiring rates
- Managing multiple staff is difficult
- Parking area limited space only one handicap space

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 are experienced and qualified
- 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
- Strong proposal writing team
- Strives to seek new contracts to benefit community
- 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
- FPP has follow up policy with families served in some programs
- Longevity of team
- Communication with support staff
- Positive MDHHS state audits
- Flexible hours
- Computers for field staff

Family Preservation Weaknesses

- Staff turnover
- Low return of client and referring staff surveys
- Lack adequate funding to support competitive salaries
- Trauma screens
- Data collection
- Staffing Bachelor level Human Services degrees
- Limited community locations for parent/child visitation
- Not competitive salaries due to contract dollar limitations and staffing requirements
- MDHHS referrals in some programs inconsistent
- Thumb rural counties difficult connecting with staff in field

Home Based Strengths

- Evidence based
- 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
- Supervisor has own office – better for staff
- Improved compensation
- Staff incentives
- Multiple consistent training in Home Base for all staff
- Strong focus on Interventions that are evidenced based
- Longevity of staff
- Established a trainer and Assistant Supervisor

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
- 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
- HBA's need clear direct roles from MA staff
- Difficulty recruiting MA staff
- Time consuming to create groups
- Effectively managing policy & procedure for providers when communication is not consistent

Professional Counseling Center, P.C.

PCC's Focus on the Future and Description of Quality Improvement

FY 2023-2024

Professional Counseling Center's focus on the future is guided by the development of a strategic plan and an unwavering commitment to quality improvement. The strategic planning process entails the identification of goals, the formulation of corresponding strategies, and the implementation of an internal performance management system for progress monitoring and evaluation. Every three years, a comprehensive document serves as the agency's roadmap. The Executive and Management Teams align annual operational goals with the three-year plan, regularly reviewing and adjusting the plan. PCC involves teams, staff, and external stakeholders in feedback solicitation during both development and monitoring phases.

Quality Improvement/Philosophy/Opportunities for Improvement

PCC is committed to ongoing quality improvement by developing annual goals. They measure, monitor, and evaluate outcome and performance indicators to meet agency, contract, and accreditation standards. Regular reviews ensure remedial actions are taken for continuous improvement. A quality improvement program aims at measurable enhancements in efficiency, effectiveness, performance, accountability, and overall outcomes. PCC strives to provide high-quality services while adhering to principles of respect, strength-focus, confidentiality, and professionalism and maintains a safe, clean, and pleasant environment for clients. Satisfaction surveys are distributed biannually, and client feedback influences decision-making. The philosophy of the Quality Improvement Program emphasizes supporting and improving clients' quality of life. PCC encourages continuous improvement, involving clients, the community, and employees in the process. The agency is committed to systematic and continuous quality assurance and improvement of its processes, functions, and services.

The Quality Improvement Process involves the Management Team as the Q.I. Committee, overseeing various committees like Human Resource/Policy, Health, Safety, and Accessibility, Utilization Review, Privileging and Credentialing, Staff Enrichment, Technology, FPP Self Evaluation, Wellness, Public Relations, Leadership and Referral committees. The commitment reflects the agency's purpose, mission, and values.

By Nancy Pfeifer

PROFESSIONAL COUNSELING CENTER

PUBLIC

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 MDHS and SCCMH. 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.

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).

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. 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. 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 Mariette 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 structure and succession. Many of these questions were answered in the past 3 years. Others remain to be figured out.

- PCC is not entertaining offers to purchase. But what factors (financial and otherwise) would lead us to reassess that decision?
- With the owners transitioning into part time consulting 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

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: Amount of devices and cost was agreed upon by the executive team. The first batch of computers have been purchased and updated. Beginning deployment will start at the end of January starting with Families First teams.

1/1/2023 - 3/31/2023: Families First teams in both Marlette and Port Huron have gotten their laptops. We have had no negative feedback from the team. The second group of computer distribution has been delayed due to the shortage in availability for purchase of refurbished touch screen computers.

4/1/2023 - 6/30/2023: Family Reunification Program in both Marlette and Port Huron have had their computers distributed. Pathways will be the next program we will be working with to get set up with computers.

7/1/2023 - 9/30/2023: The Pathways team has received their computers. This goal will continue into the new fiscal year. There are a few smaller teams that still require laptops.

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 equipment 2. 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 Staff 2. IT Staff 3. IT Staff 	<ol style="list-style-type: none"> 1. March 2023 2. June 2023 3. 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: Naming system has been created and agreed upon by IT Staff. IT will be using the software SnipeIT to track and categorize new and existing equipment.

1/1/2023 - 3/31/2023: Implemented naming system for all new IT equipment. Each device is labeled with the label maker and entered into SnipeIT for tracking purposes.

4/1/2023 - 6/30/2023: Continuing to input new devices as they are replaced and implemented. Will be adding other items beyond computers in the future.

7/1/23 - 9/30/2023: The process when we receive new equipment is to immediately input them into SnipeIT and when they are given to staff, they are marked in the "Checked Out" section. This helps us keep track of who has what equipment. Laptops are the main asset this system is useful for, but we would like to continue it on with more equipment types. This goal is complete.

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: IT Staff are using Windows 11 currently and testing for any bugs or issues within the network before beginning to upgrade other devices.

1/1/2023 - 3/31/2023: IT Consultant, Jamie Fogal, suggested that IT team make support videos using their computers and software called Scribe to create tutorials for staff since Windows 11 is different from Windows 10.

4/1/2023 - 6/30/2023 - No update at this time.

7/1/2023 - 9/30/2023: New computers given out to team members from the Family Preservation Programs have been converted to Windows 11. We are slowly adding more to the network as new devices are handed out. This goal will continue into the next fiscal year.

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:

1. To research the best EBP tools for cost effectiveness and ease of use for all clinicians at PCC
2. Create an access point within the agency and intranet for all staff of the best EBP tools.

RESPONSIBILITY:

1. Lisa Stoneberg, Cari McNaughton, intern and Joanne
2. Lisa Stoneberg, Cari McNaughton, intern and Joanne

TIME FRAME:

1. End of 2nd Quarter of FY 2023
2. September 2023

OUTCOME:

1. To find the most appropriate tools for agency use.
2. To provide access to the tools to all OP staff.

STATUS UPDATES: Kelly Ann Cole

10/1/2022 – 12/31/2022: During this quarter the EBP tools have been added to the google drive and hard copies are in the mailroom file cabinet for all staff to have access to. During the next quarter staff will be informed on which tools are available and where to locate them.

1/1/2023 - 3/31/2023: During this quarter, staff were informed that the tools were available to them on the google drive, we continued to work with staff on training how and when to use them. During the next quarter more details will be given to staff at the monthly OP staff meetings and specific examples will be given.

4/1/2023 - 6/30/2023: During this quarter and continuing to the end of the year, staff will continue to be trained on the location of the tools and they will be given specific examples of how and when to use them within the google drive.

7/1/2023 – 9/30/2023: During the last quarter at the monthly outpatient meeting, staff were trained on the location of the EBP's and were informed on when and how they can use these tools. This Goal has been achieved.

Strategic Initiative: Workforce Development

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

ACTION STEPS:	RESPONSIBILITY	TIME FRAME	OUTCOME:
<ol style="list-style-type: none"> 1. Team building activities will occur in each monthly OP staff meeting. 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. 	<ol style="list-style-type: none"> 1. OP supervisors and Regina Friedmann 2. OP supervisors 	<ol style="list-style-type: none"> 1. Starting Nov. 2022 and on-going 2. Starting Nov. 2022 and on-going 	<ol style="list-style-type: none"> 1. Staff will have a better overall attitude and will be more willing to go the extra mile for each other 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: Team building activities began in November of 2022 at our monthly meetings and continue to this point. OP staff attended the annual Christmas staff party as well as they received a meal at December monthly meeting. Staff have also been receiving incentives with compliance on UR's. Staff were given incentives for working on Friday by the supervisor on a couple of occasions. During the next quarter more incentives will occur with regards to passing licensure exams and compliance with time frames.

1/1/2023 - 3/31/2023: Staff continue to receive incentives with compliance on UR's and team building activities continue as well. "Foodie Friday's" continue on a monthly basis for staff that work on Friday's. Staff received a cake for those 5 staff members who have passed their licensure exams this fiscal year.

4/1/2023-6/30/2023: As in the previous quarter, staff continue to receive incentives when they achieve compliance on the monthly UR's. "Foodie Friday's" continue, as well. Team building activities continue to occur at monthly staff meetings and will continue through the end of the year. In this last quarter, an outside area on the historic building side (what used to be known as the smoking area) was "spruced" up with new patio furniture for staff to use on nice days to have the opportunity to get some fresh air. The smoking area was relocated and was given a new umbrella and table and chairs, as well.

7/1/2023 – 9/30/2023: In this quarter, the agency has participated in the Blue Water Festival in the parade as well as PCC has held an annual Open House that all staff members were invited to attend and participated in. A staff member has been recruited to make "Emotional Support Pickles and Positive Potatoes" for staff members. PCC continues to update and upgrade individual offices by painting and deep cleaning offices. Team building interventions continue to be presented at monthly case consultations. This goal will be an on-going target for outpatient supervisors, but overall goal has been achieved.

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>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.</p> <p>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.</p> <p>OBJECTIVE# 4: To monitor and report on each of the above areas to ensure compliance with and adherence to the policies, procedures, rules and regulations included within.</p>			
<p>ACTION STEPS:</p> <p>1. Continue to conduct HIPAA Privacy and Security Training via the KnowBe4 platform and utilizing additional valid training resources as needed/identified.</p> <p>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).</p> <p>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.</p> <p>3b. Provide one to two OP training opportunities based on the results of analysis of record review data</p> <p>3c. Two Retrospective Studies will be completed in the following areas to improve the quality of services overall as a result:</p>	<p>RESPONSIBILITY:</p> <p>1.Cindy Willey-King, Joanne Parr, and Jason Mahnke</p> <p>2.Cindy Willey-King, PCC Policy Committee</p> <p>3a.Cindy Willey-King, UM Review Team, and UM Committee</p> <p>3b.Cindy Willey-King, UM Review Team</p> <p>3c.Cindy Willey-King</p>	<p>TIME FRAME:</p> <p>1. Bi-monthly</p> <p>2. 3/15/2023</p> <p>3a. Monthly</p> <p>3b. TBD</p> <p>3c. 12/1/22 and</p>	<p>OUTCOME:</p> <p>1. Staff will pass short quizzes based on the information learned, receiving certificates of completion.</p> <p>2. Staff will pass a quiz based on the information learned, receiving a certificate of completion.</p> <p>3a. Staff will show improved outcomes on the UM document and in their case records overall.</p> <p>3b. Staff will show improved outcomes on the UM document and in their case records overall.</p> <p>3c. Studies will be shared with the management team.</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>4. Cindy Willey-King</p>	<p>6/1/2023</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:

1. Two Training Campaigns were successfully completed during this first quarter: 9/26/22 through 12/31/22 - The Inside Man, S1, E1-6 (social engineering, social media, phishing attacks, document disposal, clear desktop policy, and cloud services) = 96% completed; and 11/7/22 through 12/31/22 - The Inside Man, S1, E7-9 (passwords, ransomware, travel security) and two trainings on Multi-Factor Authentication = 94% completed.
2. The consolidated code of ethics booklet is 40-45% complete.
3. 51 charts were pulled and reviewed this quarter, with five (5) staff earning 100% compliance, and ten (10) staff making corrections and returning their documents within the two week time frame. No OP training was conducted based on UR data this quarter. The Retrospective Study regarding Telehealth Satisfaction is 85% complete.
4. Incident report and recipient rights data has been tabulated for this first quarter; training opportunities will be discussed during the next quarter.

01/01/2023 - 03/31/2023:

1. The Annual HIPAA training initiated on 1/23/2023 is now 97% complete. A decision was made to offer training on a quarterly basis for employees who are up to date in their training. Joanne created a New Employee HIPAA training campaign with key training segments in one location, so new employees would obtain essential information without having to review all of the training materials previously covered. She implemented this on 2/22/2023. The next training will begin on 4/17/2023.
2. No progress has been made regarding the consolidated code of ethics booklet; it remains 40-45% complete.
3. 49 charts were pulled and reviewed this quarter, with seven (7) staff earning 100% compliance, and fourteen (14) staff making corrections and returning their documents within the two week time frame. No OP training was conducted based on UR data this quarter. Training to cover one critical document per month will occur starting on May 16, 2023 (the Clinical Assessment) for 10 minutes during the regularly scheduled OP meeting. The Retrospective Study regarding Telehealth Satisfaction remains 85% complete.
4. Incident report and recipient rights data has been tabulated for this second quarter and will be reviewed during the management meeting on 5/2/2023. Training opportunities will be discussed during the next quarter. On 4/12/23, Dr. Naeem asked to include IR/RR data at the quarterly UM committee meeting moving forward.

04/01/2023 - 06/30/2023:

1. The April KnowBe4 campaign initiated on 4/17/23 is 92% complete. Topics covered included: Mobile Devices, Need to Know, Connected Devices, Phishing, Multi-Factor Authentication, Phone Phishing. The next campaign is scheduled to begin on 8/7/23, in light of many staff taking vacation time in July.
2. The Ethics booklet draft was completed on 6/8/23 at 10:45 am and given to Mike Caza for review. Cindy and Mike reviewed and discussed the document on 6/29/23 at 9:00 am. After some edit work, the document was forwarded to Mike to share with Management on 6/29/23 at 1:05 pm.
3. 49 charts were pulled again this quarter, with six (6) staff earning 100% compliance, and nine (9) staff correcting and returning the URs received within the two week window. Cindy conducted a UR Training - Clinical Assessment Concerns, during the Outpatient meeting on 6/20/23. The Retrospective Study regarding Telehealth Satisfaction remains 85% complete.
4. Incident Report data was tabulated for this quarter with 21 incidents reported, 5 being Risk Events (Harm to self or others, hospitalized, receive EMT, staff initiated police involvement, physical management and/or unscheduled medical hospitalization). No training has been developed to address this at this time. Two Recipient Rights investigations (One CMH, One PCC) that started in March, were concluded this quarter, resulting in no substantiations. One HIPAA Breach occurred (6/14/23) due to a CareCloud non-updated directory issue. Breach letters were sent (6/22/23) to the party whose PHI was shared with the incorrect PCP office and to the party that informed PCC of the incident. No further training is required at this time.

07/01/2023 - 9/30/2023:

1. The August KnowBe4 campaign initiated on 8/7/23 through 9/15/2023 ended with a 90% completion rate. Topics covered included: Passwords/Third-Party Apps, External Devices/Physical Access, Social Engineering, Insider Threats, and Internet of Things/Connected Devices. The next campaign is scheduled to run from 10/1/23 through 10/31/23 to include a Security Awareness Proficiency Assessment and a Security Culture Survey.
2. The Ethics Booklet was forwarded by Mike to the Management Team for review on August 16 at 9:58am. Team members were encouraged to submit edit suggestions to Mike within the two weeks following. Cindy and Mike still need to schedule a meeting to review suggestions and finalize the product for agency wide use.
3. 28 charts were pulled for review this quarter; no cases were pulled for July due to many staff taking vacations. Two (2) staff earned 100% compliance, and eight (8) staff corrected and returned URs within the two week window. Cindy conducted the following three (3) UR trainings during the monthly Outpatient meetings: Treatment Plan Concerns (7/17/23), Progress Note Concerns (8/15/23) and Periodic Review Concerns (9/19/23). The Telehealth Retrospective Study remains only 85% complete.
4. Incident Report data was tabulated for this quarter with 11 incidents reported, 7 being Risk Events. No Recipient Rights investigations occurred this quarter. Four HIPAA Breach incidents were reported this quarter - two involved sensitive information stored on a shared agency drive, and two involved giving notice to staff about not using open internet connections that are available in public spaces. No additional training was provided during this quarter.

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: To improve communication, collaboration and involvement of home base assistants and home base therapists on shared cases.</p>			
<p>ACTION STEPS:</p> <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 	<p>RESPONSIBILITY:</p> <p>Kaiytlin Rumenapp</p>	<p>TIME FRAME:</p> <ol style="list-style-type: none"> 1. December 2022 2. March 2023 3. June 2023 4. June 2023 5. All year 6. All year 	<p>OUTCOME:</p> <p>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.</p>

STATUS UPDATES: Kaiytlin Rumenapp

10/1/2022 – 12/31/2022: During the first quarter I was able to contact CMH and confirm that time cannot be billed for joint staff intervention. I am currently in the early stages of creating the process regarding when and how joint clinical intervention (HBT & HBA) should occur. This will be finalized and reviewed with staff during the next quarter. During this quarter I have facilitated joint supervision when necessary, on cases that need additional support and processing. HBA and HBT have made improvements with maintaining weekly contact, and documenting within the Oasis chart. IPOS and CAFAS training with HBA will be planned for Q2 and Q3 of the fiscal year. I am meeting monthly with HBA to provide additional training and specific interventions associated with their role on the treatment team.

1/1/2023 - 3/31/2023: During this quarter two policies have been drafted and submitted to the Program Director, Program Manager and additional clinical supervisors for review. The policies and forms created are for joint home base sessions where more than one consumer is present and joint HBT/HBA sessions where both the home base therapist and home base assistant are participating in the same session with a consumer they share. This will create opportunities for improved communication and collaboration among team members while also providing improved clinical services to the children and families we serve. Joint supervisions between HBT and HBA have occurred as needed and have been beneficial in problem

solving on difficult cases. As of this review HBA's have not been trained on IPOS, PR, CAFAS/PECFAS. This will occur during the remainder of the fiscal year. I have begun training HBA's on the Social Work Code of Ethics during this quarter. HBT and HBA continue to facilitate weekly communication with one another via phone, email or in person.

4/1/2023 - 6/30/2023: During the third quarter policies were finalized for group sessions and joint HBT/HBA sessions. The policies were reviewed and provided to the home base team. Staff have utilized the joint HBT/HBA sessions appropriately. HBA consults have been paused due to conflict with scheduling a standing meeting. Assistant Home Base Supervisor, Kristen Patchel, was promoted and will establish a new consult and in depth training with HBA over the next quarter and into next fiscal year. A group therapy workgroup will be established during the next quarter to create a curriculum and any additional forms to begin conducting group therapy sessions during the next fiscal year.

7/1/2023 - 9/30/2023: During the fourth quarter policies were implemented for joint sessions and group sessions. HBA's have continued to attend sessions with home base therapists as outlined in the policy. Staff have expressed satisfaction with this process. Two home base therapists have facilitated group therapy sessions. Traditional groups were unable to be established this fiscal year. HBT and HBA communication continues to be an area of growth. Most staff have demonstrated the ability to work appropriately with their teammate and share all necessary information regarding their shared clients. HBA consult resumed in September, there was a gap due to scheduling conflicts.

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

STATUS UPDATES: LeeAnne McKelvey

10/1/2022 – 12/31/2022: Efforts were put forth to identify tasks of high priority and cross train staff to complete such tasks. Front office staff, Darren Aiello, resigned in November which caused an upset in the cross training process. Because of the Holidays and deductible season beginning in January 2023, it was decided to wait on hiring new staff during this busy time.

01/01/2023 - 3/31/2023: Morgan completed training in Registration and is now covering that position. Kate has been instructed to train Morgan for back up to her job duties, primarily insurance verifications. Sara Bartley has been trained for the Front Desk. Sara will be training as back-up to the Psych Assistant at a future date. There have been process changes in billing. Lee Anne will re-train with Dorothy for processing claims and posting payments for back-up when Dorothy is off on vacation. New hire is coming in May and will begin training for the front desk.

04/01/2023 - 06/30/2023: Due to office needs, did not hire new staff. Cross training continues to take place. Registration is in the process of creating a procedure manual. I have Plans to work with Dorothy to create a procedure manual for job responsibilities.

07/01/2023 - 09/30/2023: Cross training continues to be very challenging. Unexpected staff changes occurred again. Morgan Rumenapp submitted her resignation on 9.8.23. I am currently looking at staffing needs and back up for each department's job responsibilities and tasks.

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 Nancy Haylie	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/ management	11/15/22	A defined process is in place to retain staff.
Surveys will be aggregated and analyzed for areas of strengths and weaknesses.	Management	1/01/23	
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: The staff stay survey was developed and disseminated to all staff of PCC in November. The results were summarized and themes/needs within the agency were assessed. This was posted on the intranet for all staff to view on 1/3/23. The survey identified strengths and weaknesses to help improve staff retention and engagement.

FPP supervisors held a staff in-service/training in Port Huron of local SUD services in November, and in Marlette for Narcan and signs to look for by the Drug Task Force. A safety plan training is scheduled for January. The Onboarding handout has been revisited by the management team and will be revised.

1/1/2023-3/31/2023: The stay survey results were shared with all staff, reviewed by exec team, management team, and Strategic Planning and Committee. Staff feedback expressed satisfaction at PCC and significant knowledge of their role/expectations. The feedback will drive planning and quality improvement. 3 supervisors will be completing the finalized onboarding questions in the next period, as their new staff have been with PCC 3-6 months. Family preservation supervisors have coordinated ongoing training quarterly for staff (substance use and safety planning so far this year.) The safety planning training was assessed to rate effectiveness. 30 family preservation staff participated in person and virtually. Out of the 16

staff that completed both pre and post effectiveness surveys, 15 felt more confident in safety planning and 16 felt more confident in writing an infant plan of safe care. The Wellness Committee has been meeting regularly and has established 3 office locations in Port Huron and 1 in Marlette to share information for staff. 3 activities have been done already (Walk for Warmth, Jingle Bell Walk, Guys and Galentines Tea benefits at both PCC locations.) Family preservation has had limited turnover since the start of this FY.

4/1/2023 - 6/30/2023: 4 supervisors with new staff utilized the onboarding question handout via in person and via email and received positive feedback regarding the onboarding process at PCC in HB, OP, and FPP. Training continues to occur with FPP quarterly, Safe and Together Domestic Violence Refresher was the most recent and was attended by 18 staff/sups from PH/Marlette and was linked to Routine Inquiry writing and assessment taking. The Wellness committee continues to gain participation from both PH and Marlette staff, held a healthy breakfast in Port Huron, and started the Wholly WalkaMolie walking group which meets 2x week. It has been slow to gain participation. As of the most recent Labor Turnover report, as of May this FY we have had 14 staff leave, in FY 21/22, at the same time (May) we had a total of 23 staff leave.

7/1/2023 - 9/30/2023: The most turnover occurred during this period 7 of the 22 for the year, not one particular reason stood out when analyzed. The onboarding tool was not used during this period however the new staff have verbally expressed high satisfaction with their roles at PCC. The survey will be provided for them to complete. The supervisors continue to provide ongoing training to staff based on trends and needs, the next is scheduled in October. The Wellness Committee met monthly throughout the quarter getting their name/purpose more known to staff through boards and activities.

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: The committee continues to evaluate and monitor statistics collected from the MDHHS report that is used by FFM, FTBS and FRP. The committee held and organized substance abuse training from all family preservation staff. The need for this treatment was based on the risk factors taken from the monthly report. RW surveys have continued to improve in the larger FPP programs. Steps are being taken to evaluate why the larger programs are successful and how to implement these strategies into the smaller local contracts. Next meeting is set for March 2023.

1/1/2023 - 3/31/2023: The committee continues to evaluate and monitor statistics collected from the MDHHS report that is used by FFM, FTBS and FRP. The committee is monitoring UR trends and identifying needs for staff trainings. Quarterly family preservation meetings are being reinstated and will be utilized as an avenue to assist with providing additional trainings. The next meeting will be in May 2023 and a DHHS worker will be coming to enhance our knowledge of the Safe and Together initiative and improving routine inquiries. RW worker survey continues to be an area of focus and will be addressed with DHHS supervisors at our quarterly meeting in May with attempts to continuously improve the process. An in-depth look at RW surveys to determine the FTBS RW surveys are skewed. Next meeting will be held on June 8th.

4/1/2023 - 6/30/2023: UR trends and the DHHS monthly report identified a need for further training with the Safe and Together model to improve services to families affected by domestic violence. Training was held at DHHS by St Clair County DHHS staff for Marlette and Port Huron FPP staff. RW surveys continue to be monitored. FPP supervisors continue to meet DHHS supervisors to identify and address any trends/concerns.

7/29/2023 - 9/30/2023: Supervisors report that routine inquiries and safety planning has improved over the past year due to the Safe and Together training provided by St. Clair County DHHS and also Safety Planning training provided by DHHS trainer, Brenna Cavanaugh. Monthly report trends identified substance affected families to be a common trend amongst the families served in the FPP. Efforts are being made to establish training on indicators of substance use and common trends in our area. RW worker surveys have increased some but could still use improvement. 4th Quarter UR reports will be reviewed next fiscal year to assist in developing goals for the upcoming year.

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)
 *use formal strategies to maximize the value of SOM contracts being pursued.

OBJECTIVE #2: PCC to engage in the Family Preservation Hybrid Model development process with the SOM and to ensure PCC utilizes internally developed strategies for the writing of proposals for all contracts due for bid FY 2022-2023.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
<ol style="list-style-type: none"> Assign Family Preservation supervisors/program managers and other applicable PCC leadership to participate in subcommittee groups identified by the state re: Family Preservation Hybrid Model by October 2022 Develop a reporting process on the information gathered from each subcommittee meeting i.e. routinely scheduling internal committee meetings. Participate on all subcommittees and Review the information provided such as assessment tools and practices presented by the SOM as part of the prospective model. Research the program's effectiveness and prior users' experience utilizing the model, how it was successfully implemented, and what resources are necessary to do so. Prepare feedback to the State of Michigan re; the Hybrid Mode when requested: Engage the proposal writing committee preparing to complete any proposals for contracts being pursued. 	Family Preservation Management	10/01/22 10.15.22 Ongoing Ongoing As needed/ongoing As needed/ongoing	<p>PCC is knowledgeable about all new future opportunities within the SOM regarding Family Preservation.</p> <p>PCC has contracts that are successful in helping meet the agency's mission, preserving families and maximized financially.</p>

Status Update: Nancy Pfeifer/Christina Agle

10/1/2022 – 12/31/2022:

- FAMILY PRES LEADERS HAVE BEEN ASSIGNED TO 5 WORK-GROUPS. Each group met one time except for the 2GEN approach meeting 2x. The groups are: 1) 2GEN APPROACH (Christina, Nancy, Whitney). 2) Therapy (Kaiytlin, Starla, Whitney, Aimee, Jessica. 3) Assessment (Laurie, Christina, Whitney. 4) Parent Mentor (Laurie Morgan.). 5. Utilization/Billing (Mike, Nancy, Starla and Whitney back up). PCC staff attended an in person meeting in Lansing which provided detailed information on the 2GEN Approach.

2. Reporting meetings have not been necessary due to most groups having not met and have nothing to report. The 2GEN group information is shared at both Management meetings (i.e. Marlette, Port Huron) and shared at Executive Mtg as well as Strategic Planning Committee meetings.
3. PCC staff have reviewed all materials sent by the SOM regarding the 2 GEN approach and have participated in a brief overview provided by Ascend.
4. PCC has been actively involved in researching the 2GEN approach and has sought information from the State of Colorado; as well as researching available information online.
5. Not required during this first quarter
6. The proposal writing group has not reconvened and it seems to have been determined that PCC will not be writing any proposals for current contracts this fiscal year. a FOIA (freedom of information) has been completed requesting the last competitor's bid and can be reviewed by group members for continued learning.

1/1/2023 – 3/31/2023:

1. Completed
2. Completed: An internal reporting process has been created identifying PCC staff who will be responsible to produce notes from their group meetings and then sharing with the larger group.
3. 3, 4, & 5

The 2GEN group:

met 2x this quarter. PCC participated (Whitney, Christina, Nancy). 2/21/23 Tiffany Day of Aspen provided more info on 2GEN. TN and FL reported on their progress with 2GEN. Explored strategies for silo busting and creating awareness such as a landing page/resource library. Info provided for Aspen Forum on Children and Families which might help educate. Some PCC family preservation leaders signed up for the forum.

Whitney and Nancy participated in two additional collaborative meetings with the State of Colorado; 1/16/23 with Chelsea Hall Director of Family and Community Engagement. She provided information on Colorado's progress in implementing the 2gen approach. Additionally, she linked Whitney and Nancy to Core Services leaders which are Colorado's Family Preservation services. This meeting occurred on 2/03/23. Core services in Colorado have not adopted contract language to include 2GEN. Whitney prepared and provided feedback to the core group in Michigan.

Assessment group:

2/16/23 Laurie Morgan/Whitney Ostrom attended. Explored a "homegrown" assessment tool based off the Arizona Self Sufficiency Matrix (ASSM). Explored validity ratings as a problem if developing a "homegrown" tool. 2 people from the Core group, familiar with the ASSM and other tools including the North Carolina Family Assessment Scale (NCFAS), were assigned the task of researching an assessment tool applicable to children and adults.

The State of Michigan Family Preservation leaders on the 2GEN approach have created another small task group whereupon Christina was invited to be a part of "because of her experience in other States and because she gives good feedback".

4/01/2023 - 6/30/2023:

1. & 2. : PCC staff continue participating in all operating state groups and reporting back to Leadership re the MiFlex initiative. Christina Agle, who is a part of the Task Force, developed a survey to go out to the State of Michigan in an effort to gather feedback for the development of a new Family Preservation structure.
3. Completed and, in addition, PCC staff (3) watched a video to learn about an potential assessment tool (NCFAS)
- 4,5 completed
6. not applicable at this time.

7/01/2023 - 09/30/2023:

PCC staff continue participating in the MI-FLEX 2gen (Nancy, Whitney and Christina) and Task Force group. MiFlex Project timeline and key deliverables are as follows; the plan is to have RFP written by Nov 2023, so pilot award winners start Oct 2024; pilot sites- families currently getting a FP service will transition into MiFlex/2gen and current FP programs will stop. Oct 1 2026 is when non-pilot areas will see the MiFlex program; next spring other county bids (2 yr contracts) will go out.

Assessment group; Evaluating current core training for changes for miflex core-to include additions of FAST assessment tool and MI- see what can stay from current core; lastly, Renaming this program in process.

The Task Force (Christina Agle) continues to meet every other week to advise the State of Michigan on this program, and the 2Gen Core Group meets monthly to engage with as many providers as possible. The groups need to have final contract recommendations to MDHHS no later than February 1, 2024, and then the pilot regions will be bid out, with an October 1, 2024, start date in select counties.

PCC leadership (Nancy, Mike, Lew, Whitney, Brian) participated in a stakeholder session providing feedback while the state conducted a cost analysis of family preservation services.

This goal has been met yet other objectives will be invested in for FY 2023-24.

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

10/01/22-12/31-22: Draft of both co-director's duties in process - not completed yet. Executive Team members are to review this draft for feedback.

1/1/2023 - 3/31/2023

- Draft revised job duties lists have been done for Mike Caza, Regina Friedmann, a Business Manager and reassigned duties for N. Pfeifer, L. Stoneberg, Cari McNaughton, Kelly Ann Cole, Cindy Willey-King and Dawn Roman.
- Potential Business Manager is being interviewed. Phase in and training of a Business Manager is tentatively set for mid-summer to fall with full time expected by 10/1/23.
- Work continues on revised duties lists over the next quarter.

- Mike Caza and Mary Fran Caza will continue in their roles through the end of 2023 for training and consulting with the new Business Manager.
- Mike Caza and Mary Fran Caza will evolve to consulting roles in 2024 and will reassess this in 2024.

4/-01/23 - 6/30/23

New Business Manager Hired PT June. Expected to go full-time 9-01-23. He is in orientation period until then (June-August).
Job description for key staff noted in Jan-March status report are completed

7/1/23 - 9/30/23

Business manager went full time in August 2023 and is in training ongoing
Steps 1-4 completed except #3 to be done in FY 23-24

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:
1. Considering the new responsibilities established in Objective #1, modify or create job descriptions for next level (M4) managerial staff	Lisa S Nancy P Brian G	July 1, 2023	Workforce Development completed and in operation. plan document
2. Assess the status of all managers currently on staff and determine the which are the best 'fit' for each of the job descriptions	Lisa S Nancy P Brian G	July 1, 2023	
3. Assess the skill sets of lower level managers in preparation for unexpected turnover. Identify candidates and consider retention strategies.	Lisa S Nancy P Brian G	July 1, 2023	
4. If a Business Manager role has been identified as part of the plan going forward, determine a recruiting strategy in accordance with the established timeline	Mike C Brian G	July 1, 2023	

STATUS UPDATES:

10/01/22 - 12/31/22: No action taken in the first quarter.

1/01/23 -3/30/23:

- 1 & 2. Next level managers have been assessed and are currently being included in the assignment of duties and asked to update job descriptions.
3. Managers have been assessed for their career aspirations and plans in order to address workforce development and succession planning as a retention strategy.
4. A business manager has been identified as part of PCC's succession planning. A strategy of interviewing potential candidate(s) includes development of job description, key PCC staff to interview candidate, ongoing opportunities for candidate to learn the operations and assure a good fit for both the agency and candidate.

4/01/23 - 6/30/23:

1. Continue to develop/complete job descriptions for Next Level managerial staff

2. Actions steps 2,3 and 4 are completed

7/01/23 - 10/31/23

1. The above action steps have been completed. However one action step remains in process: Continue to develop/complete job descriptions for Next Level managerial staff.

Professional Counseling Center
OPERATIONAL PLAN
YEAR 1, 2023-2024

STRATEGIC INITIATIVE 1: Revenue and Expense/Financial Stability and Growth

GOAL 1: Maximize OP and HB referrals to make best use of available staff time and office resources to include telehealth, better structure referral base to improve revenue per unit of clinical service, addressing and developing strategies around the loss of Meridian on our revenue and capitalize on the opportunities it presents, continue developing formal strategies around the continuous changes in Family Preservation Services to maximize the value of SOM contracts being pursued to include rate determination, post assessment of contracts. Lastly, with likely changes expense management opportunities such as taking advantage of cost savings measures can be a focus. (OVERARCHING GOAL)

OBJECTIVE A: Utilize the current self-evaluation committee to drive continuous quality improvement, based on data

ACTION STEPS:

Assess prior FY contract outcome expectations that were not met; steps being taken to improve the outcome/expectation

Analyze specific UR areas for the big 3 programs to identify areas of needed improvement and success. Monitor data after improvement/education provided

Evaluate stats from monthly report and case stat sheets using environmental factors, number of days, withdraws, early closures, ways to lower potential referral list/waitlists

RESPONSIBILITY:

FP supervisors

Supervisors/PM of FRP, FTBS, FFM; Self-evaluation committee

FP supervisors; Self-evaluation committee

TIME FRAME:

12/1/23

6/1/24

6/1/24

KEY SUCCESS MEASURES:

Improvement of staff performance through training and staff skills for engagement; Improved contract outcomes, contract and UR compliance; increased referral flow

Will have standard processes and structure, achieve results, and improve outcomes for clients and PCC.

STATUS UPDATES: Whitney Ostrom/Lynn Rumpitz

Strategic Initiative: Financial Stability and Growth

OBJECTIVE B: To assess the most effective EHR system for the workflow of OP staff.

ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
Create an EHR committee	<u>Lisa Stoneberg</u>	1st Quarter	Establish an effective team to consistently meet and explore all options.
Research cost effective mental health EHR systems	EHR Committee	2nd and 3rd Quarter	To find the most cost effective and efficient EHR system that is meant for a mental health facility.
Test the EHR systems and report finds back to the Executive Team.	EHR Committee	4th Quarter	To find the best option and report to those who will make the final decision.

STATUS UPDATES: Kelly Ann Cole/ Cari McNaughton

Strategic Initiative: Financial Stability and Growth

OBJECTIVE C: To create and implement group therapy services for home based consumers			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
Establish a workgroup to meet at least once per month	Kaiytlin Rumenapp & Kristen Patchel	November 2023	Group therapy has been listed as an area of need each year on PCC satisfaction surveys. This would not only fill some of that need but would bring in increased revenue for PCC and staff as with the new billing modifier PCC will be able to bill for up to 4 clients at once, each at the full CMH rate. This will increase the utilization of the basement space. This could lead to increased referrals for clients who are looking for individual and group therapy as part of their treatment plan.
Create required forms and evidenced based curriculum for 8 week group	Kaiytlin Rumenapp & Kristen Patchel	February 2024	
Establish a schedule and referral process	Kaiytlin Rumenapp & Kristen Patchel	March 2024	
Notify CMH and update PCC website to include group therapy under the home based services section	Kaiytlin Rumenapp & Kristen Patchel	April 2024	
Notify current home base consumers/parent(s)	Kaiytlin Rumenapp & Kristen Patchel	April 2024	
Schedule and begin facilitating group therapy sessions	Kaiytlin Rumenapp & Kristen Patchel	June 2024	
	Kaiytlin Rumenapp & Kristen Patchel		

STATUS UPDATES: Kaiytlin Rumenapp

Strategic Initiative: Financial Stability and Growth

OBJECTIVE D: PCC will provide staff and the community an accurate depiction of the agency, its work, culture, and community involvement through social media, outreach, and events via a new Public Relations Committee.

ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
<p>Improve online engagement by creating social media campaigns that enhance company recognition. Increase the amount of likes, shares, and comments or posts within 6 months.</p>	<p>Christina, Lynn, Public Relations Committee</p>	<p>2nd, 3rd and 4th Quarter</p>	<p>Increase community awareness of PCC programs, events, and collaborations and grow the PCC social network.</p>
<p>Manage comments on all platforms to ensure quality assurance. Implement a positive PR response in a timely manner by monitoring Facebook/Google/Indeed assessing potential risks in 3 months.</p>	<p>Christina, Lynn, Public Relations Committee</p>	<p>2nd, 3rd, and 4th Quarter</p>	<p>Increase positive Google reviews and social media engagement to improve PCC's online appearance to collaborators as well as potential customers and applicants.</p>
<p>Create a "hub" for outreach items/materials and assist staff when attending events.</p>	<p>Christina, Lynn, Public Relations Committee</p>	<p>1st and 2nd Quarter</p>	<p>Better prepare PCC staff for community engagement, have sign-up sheets, volunteers, and items prepared for outreach.</p>
<p>Create a PCC logo that is easily recognizable and usable for online platforms, outreach materials, and staff apparel.</p>	<p>Christina, Lynn, Public Relations Committee</p>	<p>1st and 2nd Quarter</p>	<p>Incorporate a PCC logo into all outreach information and grow PCC's image and immediate identification to consumers, collaborators, and applicants.</p>

STATUS UPDATES: Christina Agle/ Lynn Rumpitz

Strategic Initiative: Financial Stability and Growth

<p>OBJECTIVE E: Continue to improve the formalization and effectiveness of the FPP (Family Preservation Programs) contract bid process to successfully secure contracts. Explore improvements in administrative processes within the execution of these contracts in order to maximize the benefits derived from them.</p>			
<p>ACTION STEPS:</p> <p>Identify committee members to address the following steps and meet quarterly.</p> <p>Revenue and Expense analysis and monitoring: Utilize collected data to project revenues and expenses associated with FPP contracts. Leverage historical data and trends to make informed financial decisions.</p> <p>Develop methodology to make realistic wage projections and build this into future bid models, focusing on what are likely to be the actual costs of labor over the course of the contract(s), not simply what would be required at the time of the bid.</p> <p>Rate Determination: Continue enhancing the rate determination process to ensure that pricing is competitive and sustainable. Develop and use a 3 year expense projection model</p> <p>Post-Contract Review: Implement a systematic post-contract review process to evaluate the effectiveness of each contract, and identify areas of improvement. Regularly analyze the performance of existing contracts to assist with improving the bid process. Learn from past experiences. Explore the use of the fee split model in the new SUD program.</p>	<p>RESPONSIBILITY</p> <p>FPP leadership and PCC Financial personnel Brian, Lew, Whitney, Mike as committee members</p> <p>The identified Committee</p> <p>The Identified Committee</p> <p>The identified committee</p>	<p>TIME FRAME</p> <p>By the end of the fiscal year, PCC aims to have an enhanced formalized bid process in place which will result in a measurable increase in the success rate of not only securing contract bids, as well as quantifiable improvements in the financial benefits realized from these contracts.</p> <p>Quarterly committee meeting notes</p>	<p>KEY SUCCESS MEASURES</p> <p>By formalizing the FPP contract bid process, improving rate determination, and proactively adapting to changes, PCC can increase its competitiveness, secure contracts more effectively, and derive maximum value from its contract engagements.</p>

--	--	--	--

STATUS UPDATES: Nancy Pfeifer, Brian Gavin, Lew Evenson

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 1, 2023-2024**

STRATEGIC INITIATIVE 1: Information Technology

GOAL 1: Assess the current IT infrastructure; invest in and leverage technology that will create efficiencies, seamless and secure systems for clinical staff and program workers who work from home or in the clients home; assure data challenges are addressed, longer term equipment upgrades, current software assessed ie Care Cloud and Vtiger and explore possible alternatives that could serve PCC better.

OBJECTIVE A: Research and implement a digital timeclock to streamline Payroll using technology. The goal is to decrease time spent chasing staff timesheets, ease of tracking vacation and sick time benefits and more accurate calculations regarding employee time.

ACTION STEPS:

Research different software packages for the most cost effective option, keeping in mind ease of use for both payroll staff and staff inputting data. Also taking into account the accounting software and whether we want something compatible with Great Plains or a system entirely different.

Negotiate Pricing

Assist Payroll in setting up the system

Train staff on using the new system.

RESPONSIBILITY:

Joanne/Jason

Joanne

Joanne/Jason

Joanne

TIME FRAME:

First Quarter

Second Quarter

Second/Third
Quarter

Third/Fourth
Quarter

OUTCOME:

Find a digital timeclock that is both functional and user friendly that will help payroll and not be difficult for staff.

Achieve a cost effective option for PCC.

A seamless transition from paper to electronic inputs for payroll.

All staff will be proficient in the new system and able to navigate and input data into the system.

STATUS UPDATES: Joanne Parr

Strategic Initiative: Information Technology

OBJECTIVE B: Complete the Windows 11 computer upgrade for all PCC devices to ensure compliance with the discontinuation of Windows 10 support in 2025			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
Evaluate which computers are in need of the transition to Windows 11.	Jason	First Quarter	The outcome of this evaluation is to determine the amount and time needed to complete a company wide upgrade.
Upgrade computers a few at a time so as to not overwhelm the server and to monitor for any problems that might arise from having two versions of Windows running at the same time.	IT Team	Ongoing	All PCC computers will run Windows 11 before the end of 2023.
Monitor for any problems to ensure a smooth upgrade transition.	IT Team	Fourth Quarter	PCC devices will run Windows 11 seamlessly with no issues to users or the system.

STATUS UPDATES: Joanne Parr

Strategic Initiative: Information Technology

OBJECTIVE C : Build a tutorial library for staff to help utilize technology better and have a deeper understanding of how to use PCC software and processes.			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
Get feedback from supervisors and staff on what tutorials are needed.	Joanne	First Quarter	IT will get a better idea of the types of tutorials that are needed and wanted by PCC Staff.
Create tutorials, at least one for each program/software.	Joanne/Jason	Second/Third Quarter	Create tutorials for previously identified areas of concern or when something is a common mistake and needs to be addressed.
Post to the intranet	Joanne/Jason	Second/Third Quarter	Post tutorial to the intranet so they can be accessible even when not in the office.
Monitor for needed modifications due to process or software changes.	Jason	Fourth Quarter	Monitor the status of the guides to make sure there are no software changes that need to be modified due to usage or updates within software packages.

STATUS UPDATES: Joanne Parr

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 1, 2023-2024**

STRATEGIC INITIATIVE 1: 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/gap analysis and enhance and develop strategies to recruit and retain staff essential to our mission. (OVERARCHING GOAL)

OBJECTIVE A: To create a positive and seamless onboarding process for OP staff.

ACTION STEPS:

Create an OP training log with step by step processes to include paperwork, systems, expectations, etc.

Incorporate and review all current PCC onboarding procedures and streamline into an effective outpatient training manual for supervisors.

Implement for all new OP staff and obtain feedback on the process.

RESPONSIBILITY:

OP Supervisors

OP Supervisors

OP Supervisors

TIME FRAME:

End of 2nd Quarter

End of 4th Quarter

End of 4th Quarter

OUTCOME:

To create an effective step by step procedure for all new staff members

To take all effective tools and to have all supervisors train new staff with the same effective material.

To self-audit the process and tweak as needed.

STATUS UPDATES: Kelly Ann Cole/Cari McNaughton

Strategic Initiative: Workforce Development

<p>OBJECTIVE B : 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.</p>			
<p>ACTION STEPS:</p>			
<p>1. Consolidate PCC's HIPAA Policies into one policy. Continue to collaborate with PCC IT staff to conduct HIPAA Privacy and Security Training via the KnowBe4 platform and utilizing additional valid training resources as needed/identified.</p>	<p>1.Cindy Willey-King, Joanne Parr, and Jason Mahnke</p>	<p>1. Every two to three months</p>	<p>KEY SUCCESS MEASURES</p> <p>1. Staff will pass short quizzes based on the information learned, receiving certificates of completion.</p>
<p>2. Finalize PCC's Code of Ethical Conduct booklet; create and provide annual training for staff (in person, virtually and/or develop a recorded version accessible on the PCC intranet).</p>	<p>2.Cindy Willey-King, PCC Policy Committee</p>	<p>2. 1/15/2024</p>	<p>2. Staff will pass a quiz based on the information learned, receiving a certificate of completion.</p>
<p>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.</p>	<p>3a.Cindy Willey-King, UM Review Team, and UM Committee</p>	<p>3a. Monthly</p>	<p>3a. Staff will show improved outcomes on the UM document and in their case records overall.</p>
<p>3b. Provide one to two OP training opportunities based on the results of analysis of record review data</p>	<p>3b.Cindy Willey-King, UM Review Team</p>	<p>3b. TBD</p>	<p>3b. Staff will show improved outcomes on the UM document and in their case records overall.</p>
		<p>3c.</p>	

<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"> • Complete the Telehealth Satisfaction study that was initially started last FY (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>5. Continue to review the CARF website and materials received to update PCC policies and procedures and to provide staff training needed to be in compliance with current accreditation standards.</p>	<p>3c.Cindy King</p> <p>4. Cindy Willey-King</p> <p>5.Cindy Willey-King, PCC Policy Committee</p>	<p>2/1/2024 8/1/2024</p> <p>4. Quarterly</p> <p>5. Monthly</p>	<p>3c. Studies will be shared with the management team.</p> <p>4. Data and training opportunities will be processed with the management team.</p> <p>5. Policy and procedure enhancement recommendations will be reviewed by the PCC Policy Committee for approval, prior to implementation and staff training.</p>
--	---	--	---

STATUS UPDATES: Cindy Willey-King, LMSW

Strategic Initiative: Workforce Development

OBJECTIVE C: Create a detailed, step-by-step procedure manual for the Billing Department.

ACTION STEPS:

Create a Billing Department procedure manual in collaboration with the Billing Specialist.

Prepare an outline of each specific task that is completed by the Billing Specialist.

Work from that outline to create a written step-by-step process for each specific task identified.

Organize all tasks and their processes together via hard copy binder and internet access via a shared drive folder.

RESPONSIBILITY

Lee Anne McKelvey
Dorothy Lams

TIME FRAME

Throughout the 2023-24 fiscal year.

KEY SUCCESS MEASURES

PCC staff will be able to step in and complete the daily operations of the Billing Department in the absence of the Billing Specialist.

Cross training for Front Office, Registration and Billing has been very challenging due to staff turnover. The procedure manual would be very helpful managing long-term absences and/or resignation.

STATUS UPDATES: LeeAnne McKelvey

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 1, 2023 -2024**

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 A: 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 for the new Co-Director
3. Create job descriptions for owners and co-directors.

RESPONSIBILITY:

Mike C
Regina F

Exec Team

Brian G
Lisa S
Nancy P

TIME FRAME:

February 1, 2024

March 1, 2024

May 1, 2024

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 positions

STATUS UPDATES: Mike/Brian

Professional Counseling Center, P.C.

OUTPATIENT PROGRAM DESCRIPTION

October 1, 2022 – September 30, 2023

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. 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 are 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 service 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, 2022 - September 30, 2023

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 17,921 sessions during the past year of this 1,895 were canceled or no showed for a total of 16,026 sessions.

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

- 1881 persons received services
- 100% reported consumer satisfaction
- 11% No Show/Late Cancel Rate
- 98% no difficulty getting services
- 100% staff treated with respect

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
- 3 offices updated
- Open House held in August 2023
- Updated Website
- Started a Public Relations Committee

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
- Giving tree implemented during the holiday
- 90% of O.P. Staff are back to face-to-face sessions
- Children's waiting room/activity center created
- OP reward box up and going
- All clinical resource centrally located for clinical staff
- New adolescence/child psychiatrist/medical director
- LPC's able to take Medicare

CURRENT SERVICE AND PROGRAM TRENDS

- Decrease of referrals overall
- CMH referrals were down for Outpatient
- Multiple staff were on extended time off due to health issues, family member with terminal illness and personal reasons
- Increase of trauma case
- Morale issues with staff came due to other agencies offering higher salaries
- Limited License issue with billing insurances
- Difficulty hiring

EXPENSES

- Expense for the Outpatient Program FY 2020-21 \$1,639,272
- Continued negative effects due to COVID-19 and client cancellations and staff illnesses

ANTICIPATED NEEDS

- Increase trauma certified clinicians
- Need fully licensed MA staff
- Continue to need more therapists
- Increase volume of sessions on Monday and Friday
- Review of EHR systems for mental health

Prepared by Cari McNaughton, typed by Dawn Roman

Patient List Summary by Race and Ethnicity October 1 2022 - September 30 2023

TOTALS		Patient Count:	1,507
PATIENT RACE	American Indian or Alaskan Native	Patient Count:	9
PATIENT RACE	Asian	Patient Count:	8
PATIENT RACE	Black or African American	Patient Count:	71
PATIENT RACE	Declined to Specify	Patient Count:	212
PATIENT RACE	Hispanic	Patient Count:	8
PATIENT RACE	Native Hawaiian or Other Pacific Islander	Patient Count:	2
PATIENT RACE	White	Patient Count:	1,191
PATIENT RACE	Other	Patient Count:	6

Applied Filters
DOS: Saturday 01 October 2022 to Saturday 30 September 2023

Selected Options
Format: Summary
Grouping: GENDER
Sorting: No Sort

Cifent List Summary by Gender October 1 2022 to September 30 2023

TOTALS	Female	Male	Unknown	Patient Count:
GENDER				1,507
GENDER				941
GENDER				564
GENDER				2

Clients by Age Group 2022 - 2023

Client Age	Client Count	Age Group	Totals by Group
5	3	0-5	3
6	11		
7	9		
8	21		
9	22		
10	32		
11	24		
12	22		
13	35		
14	53		
15	43		
16	42		
17	40	6-17	354
18	45		
19	27		
20	32		
21	32		
22	32		
23	20		
24	30		
25	26		
26	27		
27	26		
28	26		
29	33		
30	29		
31	35		
32	32		
33	23		
34	28		
35	28		
36	22		
37	35		
38	27		
39	25		
40	19	'18-40	659

Clients by Age Group 2022 - 2023

Client Age	Client Count	Age Group	Totals by Group
41	29		
42	29		
43	19		
44	17		
45	30		
46	23		
47	14		
48	21		
49	16		
50	18		
51	23		
52	15		
53	11		
54	13		
55	18		
56	24		
57	16		
58	12		
59	9		
60	20		
61	7		
62	13		
63	12		
64	15		
65	8	41-65	432
66	10		
67	10		
68	2		
69	7		
70	7		
71	4		
72	1		
73	2		
74	5		
75	3		
76	2		
77	1		
79	2		
83	1		
85	1		
86	1	70-86	59
Totals	1,507		1,507

Professional Counseling Center, P.C.

HOME BASED PROGRAM DESCRIPTION

October 1, 2022 – September 30, 2023

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, 2022 to September 30, 2023**

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.

- 59 families were served this year
- 33 cases were opened; 28 referred
- 31 cases were closed

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

Consumer Outcomes

- 100% 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, 100% reported that Home Base Services were very helpful, with zero percent that did not answer.
- Average length of time in the program for FY 22/23 was 15 months.
- For FY 22/23, at the beginning of services, over thirty-three percent (33.33%) of parents reported thinking their child was at a medium to very high risk of being removed from their home. By closing, zero percent (0%) 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 22/23, seventy-seven percent (77.33 %) stated their family were getting along great or most of the time.
- Sixty-six (66.66 %) of the cases closed in FY 22/23 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 22/23 reported an increase in the child's functioning at school.
- At opening, fifty-five percent (55.56 %) of the consumers were seeing a psychiatrist and/or taking psychiatric medication. Of the cases that closed, thirty-three percent (33.33 %) were seeing a psychiatrist and/or taking psychiatric medication.
- Average CAFAS/PECFAS score at intake was 114 (ranging from 100 -130), average CAFAS/PECFAS score at discharge was 50 (lowest score was 10). Average decrease in CAFAS/PECFAS score at discharge was 57 points.

Staff Accomplishments

- Hired three (3) full-time therapists and one (1) part-time home based assistant. Lost two (2) full time therapists and one (1) part time home based assistant.
- 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, HIPAA training, Anger Management, and Motivational Interviewing

- Improved onboarding and new hire training
- Improved communication and coordination of care among team members through team building and in person staff meetings and trainings
- Continued collaboration and coordination of care with community resources such as DHHS, Juvenile Justice, Family Preservation, St. Clair County School Districts and Sheriff's Department
- Participated in Christmas for Families Project with PCC Community Services
- Therapists have all been trained and certified in using the CAFAS and PECFAS Assessment tools.
- Trained and educated two full time clinical interns

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 FY2022-2023: **\$812842**

Totals		
Total cases served		61
Total closed		31
Race		
Black or African American/non-hispanic, non-latino		7
Black or African American & White/non-hispanic, non-latino		4
White/non-hispanic, non-latino		42
African America/Mexican		1
White/American-Indian		1
Whit/Hispanic		1
White/Mexican		5
	TOTAL	61
Age		
5 yearrs old		4
6 years old		2
7 years old		3
8 years old		8
9 year olds		4
10 years old		3
11 years old		3
12 years old		5
13 years old		5
14 years old		10
15 years old		8
16 years old		4
17 years old		2
	TOTAL	61
Gender		
Male		43
Female		18
	TOTAL	61
Total Face to Face Contact		3028

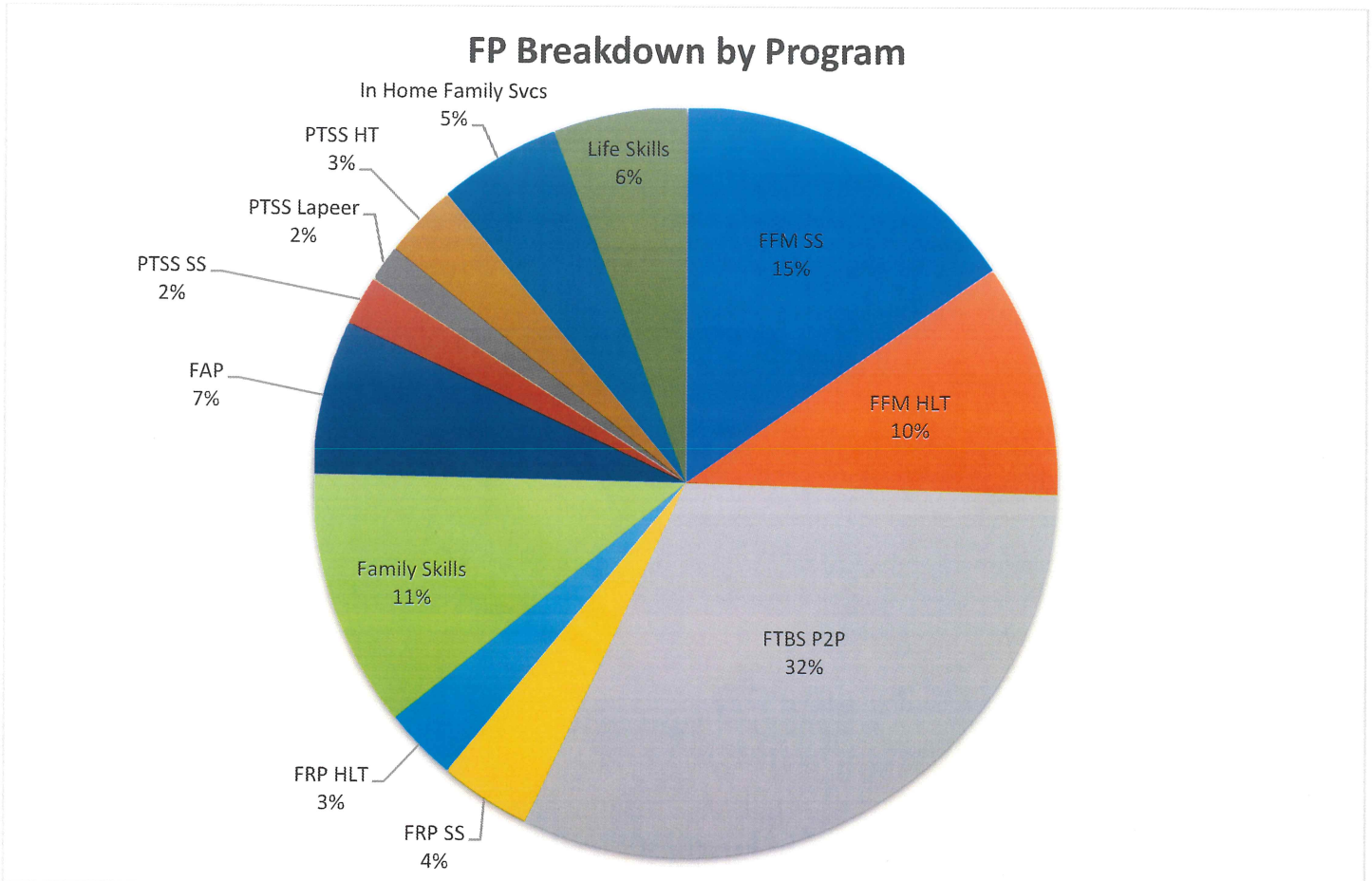
PROFESSIONAL COUNSELING CENTER

Family Preservation Demographics

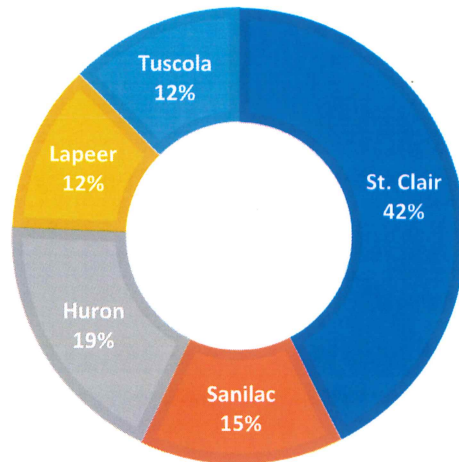
2022-2023

Total number of clients served: 377

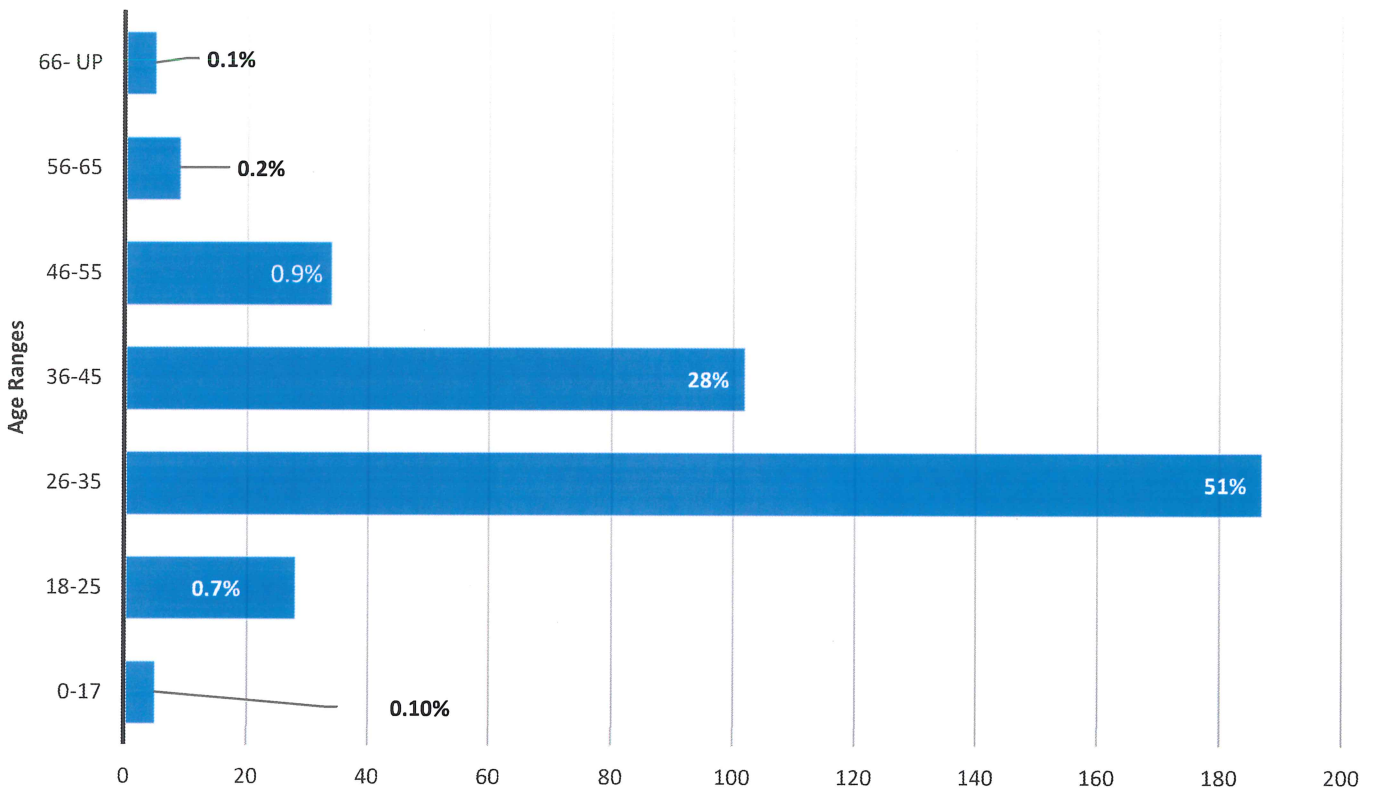
Average Number of Children Served per client: 2.33



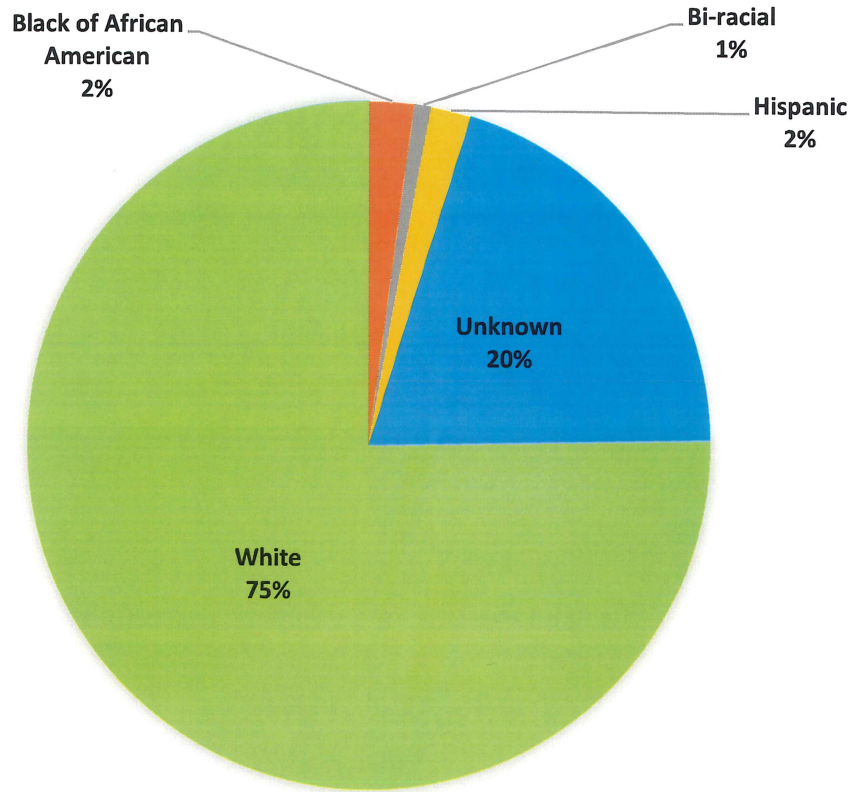
CLIENT BREAKDOWN BY COUNTY



Breakdown of Clients by Age



CLIENT BREAKDOWN BY RACE



CLIENT BREAKDOWN BY SEX

