

PROFESSIONAL COUNSELING CENTER, P.C.

**AN INTEGRATED ANNUAL
MANAGEMENT REPORT
FY 2023-2024**

&

**QUALITY IMPROVEMENT PLAN
FY 2024 - 2025**

CARING, COMPETENT, PROFESSIONAL SERVICES

March - 2025

PROFESSIONAL COUNSELING CENTER, P.C.

An Integrated Annual Management Report FY 2023-2024 & Quality Improvement Plan FY 2024-2025

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MISSION STATEMENT AND SERVICE PRINCIPLES

Professional Counseling Center's Mission Statement

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

Who We Serve

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

Professional Counseling Center Philosophy and Service Principles

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

General Areas of Service

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

Professional Counseling Center, P.C.

MANAGEMENT REPORT

October 1, 2023 to September 30, 2024

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 2023-2024

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: Eighty-Three percent (83%) said their symptoms have gotten better. CCM scores for Fiscal Year 2023-2024 showed improved scores in Sixty-Nine percent (69%) of cases closed. This second measure objective was met.

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 Eight (1108 individuals requesting services, sixty-nine point nine percent (69.9%) were scheduled in fewer than fourteen (14) days, but eighty-two point three percent (82.3%) 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 2024.

Satisfaction Results: Of all respondents, ninety-two percent (92%) 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 2023-24, one hundred percent (100%) were still living at home. This objective was met.

Prepared by Dawn Roman
1/22/25

QI Section for Annual Report - FY 23-24
Quality Improvement Report
October 1, 2023 to September 30, 2024

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
10/19/2023	763	14	4	5
11/15/2023	735	14	2	6
12/12/2023	N/A	no pull	N/A	N/A
1/10/2024	686	14	0	5
2/13/2024	683	14	2	4
3/12/2024	697	14	2	4
4/9/2024	715	14	1	6
5/14/2024	748	15	1	6
6/11/2024	749	14	0	6
7/9/2024	N/A	no pull	N/A	N/A
8/13/2024	711	14	1	5
9/10/2024	685	15	1	7
Totals	717 ave	142	14	54

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, 142 cases were reviewed using this process. Of those cases reviewed 14 received a perfect score with no errors in any section (i.e., 9.86%). Of those cases requiring correction, 54 of the UR documents were corrected and returned within the two week window (i.e., 38.0%). The average number of open cases per month was 717, with a range of 683 to 763 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: Using a diagnosis that is "unspecified" on a limited basis, qualifying factors for adjustment disorders, creating measurable goals and objectives, and ideas to help staff to complete periodic reviews in a timely manner. Additional training requirements were added for our OP/HB staff for our SCC CMH contract including: Zero Suicide, Trauma Informed Care, Emergency Preparedness, the new

authorization request process, MichiCANS training (for individuals from birth to age twenty years old, replacing PECFAS and CAFAS), and Devereux Early Childhood Assessment DECA training (for individuals four weeks to six years old, replacing PECFAS).

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: 10/18/2023, 2/14/2024, and 5/1/24. The meeting scheduled for 8/7/24 was canceled due to a change in Dr. Naeem's schedule. 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). The incentive program that was implemented two years ago 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 services using the password protected and HIPAA secure Google Meet business platform continue to be utilized in the outpatient program to continue to provide quality care to individuals served when face to face services are not possible. A Retrospective Study regarding Telehealth Viability for PCC Programs was completed and reviewed, with most individuals served sharing that they prefer in person counseling services when possible, but truly appreciate the option of utilizing telehealth services when it is not possible to be seen in the office. Individuals requiring more intensive services are seen in person only. PCC continued to work toward the goal of telehealth expansion, in order to provide quality counseling services to individuals who are underserved in the five counties where PCC already has MDHHS contracts to provide Family Preservation Program services. The target date for this implementation is near the end of October, 2024. PCC will be investigating the potential to expand telehealth services statewide during the next fiscal year on or before September, 2025. The current EHR's Breeze platform allows for individuals to apply and register for telehealth counseling services completely online. Online payment for services is also available through the Breeze application. 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 two days per month. 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 23-24: One peer review was completed by our psychiatrist and psychiatric nurse practitioner during the months of February 2024 and August 2024. In both reviews, medications were prescribed appropriately for the conditions identified with the correct dosage noted. It was noted in both 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 three audits from St. Clair County Community Mental Health: First Quarter Claims Verification Review (3/20/2024). Our overall compliance with this audit was good, with Outpatient at 77% (40/52), Home Base at 100% (86/86). Our compliance with our Second Quarter Claims Verification Review (7/16/2024) was excellent, with Outpatient at 100% (50/50), and Home Base at 100% (65/65). Our compliance with our Third Quarter Claims Verification Review (7/16/2024) was also excellent, with Outpatient at 100% (53/53), and Home Base at 100% (121/121). As of 11/18/2024, no Fourth Quarter Reports were received. We were informed that we may not receive these reports due to "staff changes, turnover, and learning curves".

CVR Period	Program Area	# Cases	# Claims	% Compliance
CVR 1 03/20/2024 10/1/2023 to 12/31/2023 Totals	Outpatient Home Base	6 3 9	40/52 86/86 128/138	77% 100% 92.75%
CVR 2 07/16/2024 1/1/2024 to 3/31/2024 Totals	Outpatient Home Base	5 3 8	50/50 65/65 115/115	100% 100% 100%
CVR 3 07/16/24 4/1/2024 to 6/30/2024 Totals	Outpatient Home Base	5 3 8	53/53 121/121 174/174	100% 100% 100%
CVR 4 not received 7/1/2024 to 9/30/2024 Totals	Outpatient Home Base	0 0	0/0 0/0	N/A N/A

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

updated: 12/19/2024

Professional Counseling Center, P.C.
HEALTH & SAFETY REPORT
October 1, 2023 – September 30, 2024

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:

- Staff member with chest pains. Went to the ER.
- Client tooth went through the lip, and the parent picked up client.
- Parent pulled the fire alarm at a supervised visit. Police were contacted.

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.

Prepared by Whitney Ostrom and Dawn Roman

Professional Counseling Center, P.C.
ACCESSIBILITY UPDATE
October 1, 2023 through September 30, 2024

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. On (10/2/23) a concern was raised regarding paint fumes coming from the basement; the issue was addressed and resolved with the individual agreeing not to paint while staff and individuals served are in the building.
2. Work was completed on the Handicap Access Ramp (from 11/10/23 to 11/14/23) to address an issue related to slope and water drainage; to make it safer for individual use.
3. Water was shut off temporarily in the HB/FPP historic building on (11/14/23) to allow for a faucet repair in the staff bathroom.
4. On (11/28/23 and 11/29/23), staff were notified that the entrance door to the back parking lot from the historic kitchen had a broken handle, staff were asked to use the deadbolt to lock the and unlock the door until the door was completely repaired.
5. A notice was sent out on (12/7/23), commending staff for beautiful Christmas decorations, as well as reminding staff to use timers or to turn off/unplug lights due to potential fire hazard.
6. The Marlette building inspection has been completed on (12/14/23).
7. A new snow removal company has been hired to plow, shovel and salt, walkways and parking lots to ensure safety for all staff and individuals served (12/14/23).
8. A reminder was given to staff to be prepared to show their parking passes to get into McMorran lot free during the weekend of (1/4/24) due to the Silver Stick hockey tournament.
9. On Saturday (1/27/24), upon arrival at the PCC outpatient area at 10am, one staff member reported the front door was unlocked. The Co-Director noted that she knew the door was locked the night prior at 6/6:30pm. Supervisors addressed with staff the importance of checking that doors are locked upon leaving the agency.
10. On (2/15/24) an email was sent out to all staff to notify them where Narcan has been safely stored in the event of an overdose emergency, including one in the front office, one in the office manager's desk, one in the OP supervisor office, and one in the FPP clerical area.
11. On (2/22/24) an AT&T service outage was reported; staff were informed to connect to PCC wifi and/or being aware that telehealth with individuals who have AT&T as a provider may be impacted.
12. On (3/11/24), an email regarding the time change was sent out; staff were encouraged to change their office clocks, noting that Joe and/or Lew would change thermostat clocks. They were informed to direct any concerns to Joe or Lew.
13. On (4/12/24), the staff toilet near the lunch room was out of order briefly, but was repaired within the same day.

14. On (4/22/24), the upstairs administrative area bathroom sink was briefly out of order, then repaired by a service technician.
15. On (4/30/24), the Marlette office experienced a sewage back up, which was cleaned up by the front office staff.
16. On (6/18/24), there was a brief loss of power (power surge?), that briefly impacted our internet but was quickly restored.
17. Building inspections were scheduled to occur in June - with Joe and Lew inspecting the Port Huron locations, and Lynn inspecting the Marlette Office.
18. On (9/5/24), water was shut off for two hours with no bathrooms available. It was restored with no incident.
19. On (9/18/24) the back porch near the staff lunch room was "off limits" while being painted.

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 (3/29/24) staff were reminded to please help rinse and load dishes into the dishwasher, as well as take some time to unload the dishwasher when needed.
2. On (3/29/24) staff were also reminded to please take care of kitchen trash when they observe that the trash can is full, to please pull it, put a new trash bag in the trash can, and put the full trash bag outside into the dumpster when needed.
3. On (5/30/24) staff were informed that a new bulletin board was installed in the kitchen by the back door to post items/flyers/information on, instead of on the kitchen table. It is more hygienic to keep the kitchen table clear of items so it can be cleaned and used for staff eating meals.
4. On (9/25/24), our Co-Director emailed everyone thanking them for their patience while OP offices were being remodeled, reorganized, and/or rearranged. Jessica Fowler effectively utilized Marketplace to purchase new office furniture, while also selling items we no longer need.

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 2023 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 2.6%, Two or More Races 2.6%, Asian alone 0.6%, and American Indian or Alaska Native alone 0.6%. St. Clair County residents are also represented as: Women 50.0% (Men 50.0%), Veterans 5.66% and Persons under 65 years of age with a disability 12.5%. Currently, PCC's staff reflects the following demographics: White 95.7%, Black 3.1%, Hispanic 1.8%, Female 83.87%, Male 16.13%.

Identified Attitudinal Barriers this past fiscal year:

1. The PCC Wellness Committee continued to provide informational bulletin boards, a Norb SMILE Sunlight light bulb raffle (3/19/24), and healthy snacks and beverage events for all staff at both the Port Huron and Marlette locations.
2. All staff (and family and friends) continued to be invited to participate in the monthly Friday Food Truck items distribution events located at the PCCCS warehouse location at Birchwood Mall.
3. The new PCC Logo was created by a PCC staff member on (1/30/24).
4. On (3/1/24), staff were invited to volunteer to clean up and organize the storage unit at the mall on March 8th.

5. On (4/8/24), Regina sent an email to staff to remind them about the e-cards that she sends to all staff from her personal email address to celebrate birthdays, holidays, and other special occasions, so all can read and enjoy them.
6. On (6/3/24), The PCC Enrichment Committee invited all to wear their work appropriate Pride gear to the office during Pride month. She included a brief history of the event, as well as a link to the Blue Water Ally events page.
7. The PCC Enrichment Committee arranged for PCC staff and their families and friends to participate in the Rotary Parade in downtown Port Huron on Wednesday, July 17th.

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. Kudos given on (2/23/24) to the staff who update the PCC website and social media, as several new hires mentioned that they reviewed these prior to applying and interviewing for a job here. They also found the information on the intranet (policies, procedures, videos), etc. Another staff member (who worked at another agency prior to being hired at PCC) noted that it was very helpful to have staff photos on the website for referral purposes.
3. The Pryor+ membership continued for staff paid by PCC; a reminder was sent out on 10/3/23 to take advantage of this education opportunity.
4. OP Supervisor confirmed the location of the poster of Michigan Law prohibiting discrimination in the OP staff mailroom. (3/14/24).

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.

Transportation Accessibility, Barriers and Solutions

PCC's main office is located within walking distance of the local bus station and is immediately adjacent to the main bus route. There is one clearly marked accessible parking spot at the front of the building, near the ramp entrance. There are several other free parking spaces in the front of the building as well, with eleven free parking spaces behind the building. PCC is located across the street from the McMorran parking lot, which sometimes charges a \$5 - \$10 fee for parking when an event is occurring at the McMorran center.

Identified Transportation Barriers this past fiscal year:

1. Sometimes parking can be difficult during peak business hours, from 3pm to 8 pm, Monday through Thursday evenings. Solution 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 McMorran parking lot when it is free of charge, which is typically the case when no events are occurring in any of the McMorran 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 McMorran lot; PCC purchases 40 parking passes at \$50 each annually to allow staff to park in the McMorran lot.

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. As noted in the Employment section above, PCC continues to work to recruit and retain staff for a variety of positions. PCC administration continues to assess and establish a more competitive salary scale and benefit package.

Prepared by, Cynthia Willey-King, 1/9/2025

Professional Counseling Center, P.C.
LABOR TURNOVER REPORT
October 1, 2023 to September 30, 2024

During the fiscal year 2023-24, PCC hired twenty-five (25) people. The positions hired were:

- One and a half Home Base Therapists
- One Families Together Building Solutions
- Five Parenting Time Support Services
- Two Outpatient
- Five Life Skills, FAP & In Home
- Seven and a half SUD Family Assistance
- Two Family Skills
- One Family First

Employee turnover (28) consisted of:

- Four Termination - Not Good Fit
- One Health Reasons
- Eight Another Job
- Nine Unknown
- One Passed
- One Medical
- One Retired
- Two Personal
- One Relocated

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, 2023 to September 30, 2024

The Policy Committee met four (4) times during the 2023-2024 fiscal year and have worked on the following areas listed below:

- The Committee finalized revisions and suggestions of Policy in the following: Chapter 2 Section 1 and Section 2 through Chapter 1 Section 1. 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 two new policies: Cameras in the Workplace, Resignation
- 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 Front Office Manager.

Prepared by: Haylie Brennan-Lossing 12/26/2024

PCC - Annual Report, October 1, 2023 to September 30, 2024

RECIPIENT RIGHTS REPORT

- A. During the fiscal year 10/1/2023 to 9/30/2024, there were two (2) formal Community Mental Health client complaints received and one (1) informal inquiry:

01/18/2024 - #5745:

Allegation #1: Right to receive Mental Health Services with Dignity and Respect (7084)

Report of Investigative Findings of 03/08/2024 - NOT SUBSTANTIATED

No corrective action was required.

04/22/2024 - #5840

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

Allegation #2: Right to receive Mental Health Services free of Abuse Class II - Unreasonable Force (72222)

Report of Investigative Findings of 06/04/2024 for both allegations - NOT SUBSTANTIATED

No corrective action was required.

08/08/2024 - Informal Inquiry by CMH, No Number (Incident report was filed, # 14204160).

Allegation #1: Misuse of Therapeutic Relationship by Lending Money to an Individual Served; CMH Policy # 06-001-0005; PCC Policy # 02-01-030.

SCC CMH ORR viewed this incident as a Training Opportunity, with no official complaint filed at this time. Staff member was required to review PCC's Ethics policy again, with her supervisor, and to develop another intervention to use with the individual served.

- B. For PCC's private client complaint process (for all other programs), six (6) were filed:

ICR-001-2023 (Informal) - 12/12/2023

The right to be treated with dignity and respect (MCL 3330.1708.4)

Report of Investigative Findings of 01/17/2024 - SUBSTANTIATED

Program Director held a meeting with the Staff Member who took responsibility for his actions.

Individual served was transferred to a different PCC provider.

P-001-2024 - 05/06/2024

MCL 330.1748 - Confidentiality, Sec. 748

PCC Front desk staff verifying insurance information in OASIS for an Individual Served by PCC was given access by OASIS to a SCC CMH case record by accident. Staff reported to PCC HIPAA officer, who reported the OASIS EHR glitch to SCC CMH IT staff member.

Report of Investigative Findings of 05/06/2024 - SUBSTANTIATED

SCC CMH will investigate and resolve the issue internally.

P-002-2024 - 05/31/2024

MCL 330.1748 - Confidentiality, Sec. 748

Intake paperwork (Adult Health History Form) sent by registration staff to an individual seeking services contained another individual's information (i.e., was not a blank form).

Report of Investigative Findings of 06/03/2024 - SUBSTANTIATED.

HIPAA compliance officer provided education and training. HIPAA breach notice letters were sent to the individuals served on 06/03/2024. No further action was requested or required.

P-003-2024 - 06/02/2024

MCL 330.1748 - Confidentiality, Sec. 748

Front desk staff member reported receiving Express Scripts Faxes dated 05/15/2024 and 05/16/2024 for ten (10) individuals with "Important Patient Safety and Health Consideration" information about their prescriptions from a different counseling agency.

Report of Investigative Findings of 06/03/2024 - SUBSTANTIATED.

Psychiatric Administrator faxed the documents back to Express Scripts noting, "Prescriber does not see these individuals at this agency." No further action was required.

P-004-2024 - Alleged Occurrence 09/11/2023, Discovered/Reported 08/06/2024

MCL 330.1748 - Confidentiality, Sec. 748

Clinical case record review found a signature page for the wrong individual in another individual's case record. Child A's name was on the document, but Child B's parent signed the form. Upon investigating, it was noted that no Child's name was on the form when it was signed. It was mislabeled with the incorrect Child's name in error after the parent signature and scanned into the chart in error. No HIPAA violation had occurred.

Report of Investigative Findings of 08/06/2024 - NOT SUBSTANTIATED.

The incorrect document was removed from the chart and destroyed; the correctly labeled and signed signature page was scanned into the chart. No further action was required.

P-005-2024 - 08/19/2024

MCL 330.1748 - Confidentiality, Sec. 748

Friend of Court (FOC) worker reached out to OP Supervisor to inquire if a Child was receiving counseling services from a PCC Therapist. OP Supervisor checked the case record and no ROI was found to allow the sharing of information. FOC worker was notified that no information could be released to her about this individual.

Report of Investigative Findings of 08/19/2024 - NOT SUBSTANTIATED.

No information was shared. No further action was required.

Prepared by:

Cynthia Willey-King, LMSW

Submitted On: 12/19/2024

**Professional Counseling Center
Incident Reports: 2023 - 2024**

Date	Category	Therapist Initials	Client Initials	Staff Action Appropriate? Yes or No	Quarter	Program	
10/3/2023	Verbal Aggression (S), with Threat to Harm others	SBS	001	Yes	1	OP	
10/18/2023	Physical Aggression (M)	TK, UN	002	Yes	1	OP	
10/20/2023	Elopement (F), Law Enforcement Involvement (L)	QR	003	Yes	1	HB	Risk Event
10/23/2023	Suicide Ideation/Threat/ Action (Q)	TP	004	Yes	1	OP	Risk Event
11/1/2023	Physical Aggression, Property Destruction (M)	HS	009	Yes	1	OP	
11/6/2023	Fall/Accident (H)	CC, DH	005	Yes	1	FPP	
11/15/2023	Behavior with/without Injury (D)	JL	006	Yes	1	HB	
12/10/2023	Death of Recipient (E)	AT, JM	007	Yes	1	FPP	Sentinel Event
1/4/2024 and 1/8/2024	Verbal Aggression (S), with Threat to Harm others	GH, TP	008	Yes	2	OP	
2/6/2024	Verbal Aggression (S), Physical Aggression with Property Destruction (M), Law Enforcement Involvement (L)	ASH	010	Yes	2	HB	Risk Event
2/6/2024	Verbal Aggression (S), Elopement (F), Law Enforcement Involvement (L)	KB, JG	011	Yes	2	HB	Risk Event
2/6/2024	Verbal Aggression (S), Physical Aggression with Property Destruction (M), Physical Management (N)	KB	011	Yes	2	HB	Risk Event
2/20/2024	Verbal Aggression (S)	KP	008	Yes	2	OP	

2/20/2024	Verbal Aggression (S), Law Enforcement Involvement (L) online	LS, CM, KAC	008	Yes	2	OP	Risk Event
2/28/2024	Physical Aggression (M)	ASH	012	Yes	2	HB	
3/12/2024	Suicide Ideation/Threat/Action (Q)	RF	013	Yes	2	OP	Risk Event
3/12/2024	Refused Medical Treatment - Other (T)	ASH	014	Yes	2	HB	
3/14/2024	Incident with Sibling needing Emergency Medical Care with Law Enforcement and EMTs involved with Sibling - Other (T)	ASH	012	Yes	2	HB	
3/22/2024, discovered 4/18/2024	Death of Recipient (E)	RF	015	Yes	2	OP	Not Sentinel Event due to presumed Natural Causes
4/22/2024	Fall/Accident (H)	MB	016	Yes	3	FPP	
4/29/2024	Sudden Medical Illness, Other (T)	BW	017	Yes	3	HB	
4/30/2024	Behavior (D), Physical Aggression Property Damage (M), Verbal Aggression (S)	ASH	014	Yes	3	HB	
5/3/2024	Law Enforcement Involvement (L)	MB	018	Yes	3	FPP	Risk Event
5/8/2024	Fall/Accident (H)	KM	019	Yes	3	OP	
5/15/2024	Behavior w/out Injury (D)	BW	017	Yes	3	HB	
6/6/2024	Law Enforcement Involvement (L); unknown child while client in session	BW	017	Yes	3	HB	Risk Event
6/11/2024	Law Enforcement Involvement (L)	HS	009	Yes	3	OP	Risk Event
7/11/2024	Fall/Accident (H); first aid provided by staff	ASH	006	Yes	4	HB	

7/12/24 PCC worker notified 7/15/24	Death of Recipient (E)	JH	020	Yes	4	FPP	Sentinel Event
8/8/2024	Fall/Accident (H)	CC, DH	021	Yes	4	FPP	
8/8/2024	Verbal Aggression (S), Behavior without injury (D)	ASH	006	No, policy addressed by Supervisor	4	HB	
8/14/2024	Other (T), police contact due to sibling	BW	012	Yes	4	HB	
8/21/2024	Verbal Aggression (S), Physical Aggression (M), Behavior without injury (D)	ASH	006	Yes	4	HB	Risk Event
8/27/2024	Law Enforcement Involvement (L)	JL	006	Yes	4	HB	
8/27/2024	Hospitalization due to Psychiatric Concern (K), Law Enforcement Involvement (L)	TL	022	Yes	4	FPP	
8/29/2024	Fall/Accident (H)	KB	023	Yes	4	HB	
9/2/2024	Verbal Aggression (S), Physical Aggression with Destruction of Property (M)	JG	010	Yes	4	HB	
9/2/2024	Verbal Aggression (S), Physical Aggression with Destruction of Property (M)	KB	024	Yes	4	HB	
9/9/2024	Verbal Aggression (S), Physical Aggression (M), Behavior without injury (D)	KB	025	Yes	4	HB	
9/20/2024	Elopement (F)	QR	026	Yes	4	OP	
9/22/2024	Fall/Accident (H), Law Enforcement & EMS Involved (L), Hospital due to suspected Injury (I) but released	JG	010	Yes	4	HB	Risk Event

9/25/2024	Fall/Accident (H), First Aid provided by staff	BW	027	Yes	4	HB

Quarter	Date Range	# of Events	Risk Events	Critical Events
1st Quarter	10/1/2023 to 12/31/2023	8	2	1
2nd Quarter	1/1/2024 to 3/31/2024	10	5	0
3rd Quarter	4/1/2024 to 6/30/2024	9	3	0
4th Quarter	7/1/2024 to 9/30/2024	15	2	1
TOTALS:		42	12	2

Reportable Events Table updated: 10/8/2024

of Individuals

Sentinel Events	2	Actively receiving 24/7 care; unexpected death, serious physical injury (loss of limb or function), serious psychological injury, or the risk thereof		
Critical Events	2	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	12	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	2	Sentinel Event while actively receiving 24/7 care		

Prepared by: Cynthia L. Willey-King, LMSW, Clinical Supervisor and Compliance Manager
 Updated: 10/8/2024

Professional Counseling Center, P.C.
STAFF ENRICHMENT COMMITTEE REPORT
October 1, 2023 to September 30, 2024

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

Port Huron Office:

- The staff Christmas Party was organized by both Management Team and SEC at the Dorsey House with a buffet meal, certificates of appreciation for years served were presented, a couple different games were played, and some mock awards were handed out by the Enrichment Committee.
- SEC organized fundraisers such as luncheons and activities (hot dog cook-out, chili cook off, cookie contest) where the proceeds go back to the staff through employee-only prizes given at the Christmas Party.
- Continued the Employee Spotlight board that showcases one to 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. We also offer stars for people to give those who have been selected shout outs to go on the board for the month the staff member is showcased.

Marlette Office:

- Marlette Enrichment Committee held a Meet and Greet with Lew Evenson/Soup Potluck provided.
- Planned a Marlette office Christmas Party for all Marlette Staff, food provided by the Pasta House with the help of PCC Management, and desserts provided by Enrichment staff were enjoyed by all.
- 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 a staff member. Venmo was added for the PCC store payment for those who do not have cash.
- 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 begun to organize some trainings to take place on the same day as their luncheons so more staff are able to attend.

Prepared by Haylie Brennan-Lossing and Lynn Rumptz
12/26/2024

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
9	0	1	0	0	2	0	0	0	12
75%	0%	8%	0%	0%	17%	0%	0%	0%	100%

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

Yes	No	Did Not Answer	Totals
10	1	1	12
83%	8%	8%	100%

TOTAL SURVEYS SENT
181

3. Since receiving services, my symptoms have improved.

Yes	No	Did Not Answer	Totals
10	1	1	12
83%	8%	8%	100%

TOTAL SURVEYS RETURNED
12

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

Yes	No	NO ANSWER	Totals
10	1	1	12
83%	8%	8%	100%

NA
0

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

Yes	No	NO ANSWER	Totals
11	0	1	12
92%	0%	8%	100%

OUTPATIENT POST OUTCOME SURVEY RESPONSES
FISCAL YEAR
OCTOBER 01, 2023 - SEPTEMBER 30, 2024

What was the most positive factor you received from services?

- Tasha was wonderful to work with. She was kind and compassionate. She helped me through the most difficult time in my life. I am truly grateful for her guidance.
- Loved Thermond, he helped me a great deal and I was a tough case.
- Heather is great. No complaints at all.
- Love Heather but went back to work full time in a very long time and still juggling my time to be able to continue services.
- Siobhan was amazing. She helped me so much.
- I really felt (and still do!) a great professional connection with Suzette. She had a great way of talking on my level and not showing judgment for my circumstances. She helped me immensely with my life and I will continue to use the skills she taught me. Her treatment got me through the most difficult time of my life.
- Tom was very easy to talk to and he gave fair assessments and alternative ways to think about things.
- Tasha was fabulous for both my girls.

What could have made services better?

- Did not like the NP Gerome Hess.
- Everything is fine, thank you.
- You stopped taking my insurance and now I can not see my therapist anymore. I was willing to pay cash but because I have insurance I couldn't.
- We got busy at the beginning of the school year and missed appointments. It would of been helpful if someone would of asked if they wanted to continue services instead of getting a termination letter.
- More evening hours.

General Comments:

Suzette and the office staff are wonderful. I have nothing but positive experiences with your facility. I have and will continue to recommend PCC to others.

1. Has there been any difficulty to getting services?

YES	NO	TOTALS
9	188	197
4.57%	95.43%	100.00%

Did Not Answer
0
0%

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

YES	NO	TOTALS
188	6	197
95.43%	3.05%	98.48%

Did Not Answer
0
0%

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

YES	NO	TOTALS
191	3	197
96.95%	1.52%	98.48%

Did Not Answer
3
2%

6. Are staff helping you reach your treatment plan goal

YES	NO	TOTALS
192	0	197
97.46%	0.00%	97.46%

Did Not Answer
5
3%

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

YES	NO	TOTAL
195	0	197
98.98%	0.00%	98.98%

Did Not Answer
2
1%

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
191	1	197
96.95%	0.51%	97.46%

Did Not Answer
5
3%

2. Are you getting the services you need

YES	NO	TOTAL
195	1	197
98.98%	0.51%	99.49%

Did Not Answer
1
1%

4. Do staff treat you with respect?

YES	NO	TOTAL
197	0	197
100.00%	0.00%	100.00%

Did Not Answer
0
0%

SURVEYS TURNED IN 197

**PROFESSIONAL COUNSELING CENTER
OUTPATIENT SATISFACTION SURVEY QUESTIONS
FEBRUARY 2024 & AUGUST 2024**

1. HAS THERE BEEN ANY DIFFICULTY TO GETTING SERVICES?

- Sometimes she's booked
- Sometimes take the bus - it's not always running on time
- Very easy and available
- Switching from Sandy this year, but making my schedule work for Heather - would prefer evenings but want to work with Heather
- Everything has been fine
- Transportation issues sometimes, had surgeries
- Usually anything I need they try their best
- Lisa is wonderful. Find a way to see or talk to me if needed
- Comes to me
- Availability can be a challenge if I don't book at least 2-3 weeks in advance
- I'm sick a lot (my fault)
- Insurance change and scheduling
- She (Heather) is great
- Only at the beginning and with my employer - not your fault - Kate was great to assist
- Sometimes, snowstorm, she canceled 2x, I've missed 1 or 2 time due to weather or car
- Wonderful services

2. ARE YOU GETTING THE SERVICES YOU NEED?

- Amanda does a great job connecting with me and communicating
- Siobhan is amazing
- "I love my Counselor"
- I went a month between visits in Dec/Jan and again in Jan/Feb, but with regular appts.
- Heather is amazing
- My daughter is doing much better
- Feels so safe here
- Sally is wonderful, love her and tell everyone
- Want more
- I wanted to see a psychiatrist and they wrote me a letter saying i can't even thou i have had death after death
- Improved a lot emotionally

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

- Complicated schedule
- So far
- Most times. She has a large caseload
- As long as I schedule well in advance
- She just has a busy schedule sometimes
- Scheduling can be difficult when trying to mix both therapists openings
- Sometimes it is tough to get the exact time but they work with me to make something work for both parties
- Most times as long as I plan it out
- Very accommodating
- I'm able to get weekly appts at the time I need!
- Very nice hours and availability, I appreciate it since I work all week.
- If I book far enough in advance, yes. If I do not try to book 2-3 weeks in advance, no.
- I think, I don't schedule them
- It's hard when we need a late appt due to school, but it's nice they let you schedule a few appts ahead of time.
- Sometimes it is difficult with school schedules
- More evening appointments
- After school hours are hard to get
- Staff always works with me to set appointments
- I understand She is very busy and with my own schedule it is challenging but we make it work
- She is flexible

4. DOES STAFF TREAT YOU WITH RESPECT?

- Everyone's nice ♥ you all!
- They're great
- They're great!
- Both secretaries know who I am and make me feel seen 😊
- Everyone has been very kind and always helpful
- Everyone is always super nice when I come in
- Absolutely! The staff is incredible
- The clerical staff are wonderful
- The staff is so friendly
- Staff has been great! Always welcomed with a smile and Amy has been so helpful!
- They are all so kind and helpful
- The staff I interact with is fantastic!
- Yes

- I love them
- Everyone is very kind and considerate
- They are fun and make jokes :)
- Staff is awesome
- I love the staff here!
- The staff is absolutely wonderful
- SO much respect from everyone
- Staff is amazing. Always friendly. Tina rocks
- Everyone is very lovely
- They are wonderful!
- They are wonderful :-)

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

- Child only
- Usually. What I am going through - goals are tough
- Don't remember (apparently yes)
- Completing today
- This is my second session with a new therapist, but historically? Yes

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

- My son seems to enjoy coming here and I have seen differences in him
- I do see improvements with my son
- Tries as hard as she can
- Only Second session
- Not really moving
- Amanda is the best therapist I have ever had!

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

- I wouldn't have stayed after changing therapists if i didn't feel like "this place" was helping
- I've been at this office for years now and I can't imagine leaving
- I have had 3 counselors here over the years, they were all very easy to talk to
- I like the professional service
- Absolutely!
- I always enjoy coming in and seeing the staff wonderful faces
- Suzette is an outstanding counselor
- The services that I receive help me to speak with someone/to express my feelings and to control my anxiety
- Heck yeah I am

- Yes, yes, yes, yes, yes, yes, yes, yes, yes, yes, yes
- Suzette is amazing and has been a huge help
- I have learned more about myself by talking to Heather than I have with my previous therapists combined.
- Psychiatrists are supposed to help you. I had death back to back and they told me NO!
- Wonderful and kind!

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

- The feeling of being listened to
- Having the services available has been extremely helpful and a good outlet for my thoughts & feelings
- Kindness of staff members and willing to accommodate
- I trust Suzette deeply, she is thoroughly knowledgeable regarding my background and needs
- How it helps my everyday life
- Personalized care & treatment plan
- My counselor listens to me
- I can be myself
- Having Cari listen not judge
- I enjoy feeling like someone is listening
- I don't feel so alone
- A listening ear
- I feel like I'm understood, like I'm being listened to
- Attentive listening, great feedback, respectful
- Be heard
- Staff - like Siobhan and Gerome
- Suzette is very easy to talk to and walk through any problems
- in -person psychiatrist
- I feel heard and a sense of relief by the time I leave my appointment
- Lots of services and programs for every need
- No judgment, I feel like I can be myself. I feel like I am gaining independence all over again
- The kindness and willingness to help
- Caring
- Everything is personalized to the individual
- My child really likes his therapist and is responding well
- Confidentiality
- The patience
- Friendly staff
- It is relative to my needs

- The connection and the communication. Also the support Amanda gives me!
- My son is very comfortable with Tasha, she makes it easy for him to open up to
- It really helps me unpack all my trauma
- Very helpful with managing anger & using new coping skills
- Someone to talk to
- Ease of getting into see Kelly when needed, help with getting meds right balance
- They have helped
- Quinn is very open and welcoming. We are working together to figure out goals and the right steps to get there
- Tom is very supportive and caring
- Honesty
- Looks forward to talking things out
- Caring
- Get along well with therapist
- Having a consistent appt time. Like being able to check in online.
- Good communication and a friendly environment
- We get along
- Convenient
- The environment is consistently welcoming and relaxed
- Info on how to start grieving right
- Siobhan goes above and beyond for me! ♥ She reaches out if she doesn't hear from me,
- She's helped me heal from things I've been working on for 10+ years and healed what other therapists broke. My counselor lets me lead my treatment, lets me be informed and involved in making treatment. She is professional, compassionate, educated and REAL
- Quinn goes above and beyond to help me reach my goals.
- The girls enjoy coming
- Compassion. Integrity. Great advice.
- I enjoy knowing someone is listening to me.
- Talking freely
- The understanding and care.
- My kids are comfortable with their therapist and feel they can share without worry
- Local and convenient
- Ease of access for appointments and compassion of providers
- Being able to talk about my issues
- Looking forward to coming, reward with free time at end
- It helps me to make tough decision that I normally wouldn't be able to make on my own
- The empathetic and caring nature of all the staff
- Amanda gets on my son's level and helps him to understand how others treat him and how he should react.
- Having a safe place and feeling like my problems matter

- I don't have to leave my house and therapist is more than qualified
- Knowing at the end of the day, Suzette and the staff want me to become the best me.
With that it pushes me to go the extra step
- My therapist. She's the best.
- How well I'm receiving the tools I need to better myself and my mental health.
- Probably Quinn being really good at her job
- Heather is always available when I need her
- Amanda, results
- No judgment
- Feeling better after
- Amy has helped so much mentally. She's helped me grow into a better person.
- The staff are all friendly and helpful
- Helped me create a better life
- I get to talk about my interests
- I feel better every time that I can talk about what I'm going through
- That my therapist and I are actively working through trauma instead of suppressing it.
- "She helps me through my problems, and doesn't just play games the whole time. We talk."
- As long as they can help, they always do.
- How easy and pleasant it is to deal with staff
- They work with my schedule
- Schedule Flexibility
- Just having someone to talk to and listen
- Regina
- Coping Skills
- Everyone is friendly and supportive
- Setting Goals and being able to mostly reach them
- Someone to help me work through my issues
- Tasha has great listening skills, and is great at assisting in reframing thoughts in a constructive manner
- My Therapist
- Nothing in particular, everything and everyone are the best
- It seems to be helping my son a lot
- 24 Hour ability to talk to therapist when needed, no matter what time
- Something I look forward to every week! Everyone is welcoming and friendly!
- Good times, Nice staff, Hopeful to get help
- Learning about myself, setting goals for myself and growing more confident in who I am.
- Sounding board + advice on situations

- I get to see my bestie, Suzette
- Knowing my daughter has a safe space
- We love Siobhan! She helps a lot!
- No judgment
- Super understanding and she remembers previous conversations to continue moving forward with treatment
- I've been feeling way better, And I have less anxiety
- My daughter feels comfortable with her sessions
- I like that Sandy gives me creative coping tools for my anxiety and depression
- Consistency
- Kindness
- Karmen is awesome
- The kids love their therapist
- Getting to talk to someone I can trust is on my side
- The techniques and skills
- My kid gets to see her "person"
- Getting to talk to somebody
- Helping me work through my depression and anxiety. Helped setting my needs
- Getting Services
- Being heard
- Having someone I trust actually listen
- Kaitlyn
- My therapist is very welcoming and made the process so easy
- Knowing someone is available to talk to me
- It helps
- The understanding and caring
- Lisa is the BEST!!
- Im given tools to help
- I've been able to deal with more difficult situations
- Venting to someone
- Someone to listen
- Friendly staff, appointment times
- I am seeing the services working for my daughter
- The staff are very nice and actually care
- Staff is awesome! Always helpful and friendly
- I feel listened to and the receptionists are friendly and helpful
- I feel like suzette really cares
- Everyone is very kind
- I generally feel cared about and seen, and taken seriously
- I have noticed a difference in my mood and mental health

- Confidential, comfortable setting
- My child is comfortable with Sandy. Sandy respects her boundaries but pushes her to move forward.
- Feeling like a safe place to talk and get guidance
- The entire staff is fantastic, I always feel that a weight is lifted off my shoulders when I leave.
- I'm getting therapy for the first time, and it's great
- Nice to talk with her
- Receiving validation and support with handling emotions and having a supportive person to talk to.
- The respect and hospitality, understanding of everything
- Flexibility, compatibility
- Having a connection and ease of texting for appointment changes
- Having someone to talk to
- Personal reflection and accountability, identifying patterns and changes
- I have grown so much and am becoming a mentally healthy person :)
- Heather's easy and understanding, guidance
- I feel people actually care. I also know that people are really knowledgeable
- My therapist is amazing. Amazing memory. Amazing listening skills
- Someone to talk to not directly related to situation
- Friendly service
- Heather's caring
- Deep relaxing service
- Personal, caring, respectful, can joke around
- Being able to talk to someone
- Seeing Amanda helps me alot. She is real with me and I confide in her
- The time with Suzette
- All of it
- The knowledge of content the counselor has!
- I feel like I can actually talk about things without judgment
- I feel heard and understood
- The excellent knowledge and assistance from Heather. She's helped me so much & i'm so grateful for her
- Sally is very open, approachable and down to earth

9. WHAT COULD MAKE SERVICES BETTER?

- All good
- An office animal 😊
- Services are fine
- More awareness of neurodivergent adults

- I can't think of anything!
- Free coffee/breakfast 😊 LOL
- Nothing
- So far so good
- Longer appointment times to get more done
- Not sure
- Nothing, service is great
- Don't like that the check in desk is right as you walk in and people stand very close to you
- Food 😊
- If there was more feedback to parents w/children
- Nothing I can think of
- Not sure yet, still newer
- No complaints
- Nothing
- More available doctor hours
- Nothing - it's been amazing so far
- If you served lunch (or dinner) 😊
- Honestly nothing really. Maybe working on being medicated.
- Longer sessions - LOL!
- More time, more than an hour
- Parking options - tough to do!
- I really wish the sessions were longer
- If my counselor wasn't so booked
- Not having issues with insurances, therapists
- Less paperwork or a box to check no change for annual paperwork
- Nothing. Everything has been so helpful!
- More options for therapists
- Give Tasha a raise,lol
- More candy
- Cheaper
- Free Cookies
- It has been well
- Nothing, or maybe some cake
- More evening appointments
- I think they've been great so far
- It's already good
- Not so expensive
- CANDY!!
- DR.

- Wish policy wasn't so restrictive on calling in
- Puppies!! (joking) but who doesn't love some cuddles.
- Services are exactly what I need, No changes
- New NP in house
- Nothing
- I can't think of anything at this time
- Not sure
- Nothing
- Can't think of a thing - counselors rushing thru the hallway (seldom, sometimes)
- A scone and a cup of tea w/milk and honey
- If the psychiatrist could understand I was going through a lot! I had no control over people dying!
- I don't know :-)
- Nothing. It is perfect the way it is
- Nothing, she's perfect

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

- All my family comes here
- Absolutely! Especially someone with kids. Tasha is amazing
- Yes, I have and will again
- Thank you Siobhan. You've helped me feel confident in overcoming limiting beliefs, find hope, set boundaries and always strive for what I deserve.
- I also have given the card to a friend that would like help
- This office has helped my children as well as myself so much. I don't think we would be OK without their help
- I do all the time
- I already have!
- I have
- I have set up services for my son
- Yes- Amanda has been incredible for my kiddo
- Tried but was told they couldn't help, so won't recommend again
- I recommend Sandy and PCC frequently
- I have recommended PCC to someone close to me
- I tell everyone to go to Sally
- I have actually
- I have referred friends and family
- I have already done so, They do not follow through
- I referred my friend here

1. Has there been any difficulty in getting services?

YES	NO	TOTALS	Did Not Answer
0.00%	28	28	0%
100.00%	100.00%	100.00%	0%

2. Are you getting the services you need?

YES	NO	TOTALS	Did Not Answer
27	1	28	
96.43%	3.57%	100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
28		28	0%
100.00%	0.00%	100.00%	0%

4. Do the staff treat you with respect?

YES	NO	TOTALS	Did Not Answer
28		28	
100.00%	0.00%	100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
28		28	0%
100.00%	0.00%	100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
28		28	
100.00%	0.00%	100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
26	2	28	0%
92.86%	7.14%	100.00%	0%

Questions 8 and 9 on comment section due to not being yes or no questions.

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

YES	NO	TOTALS	Did Not Answer
27	1	28	0%
96.43%	3.57%	100.00%	0%

SURVEYS TURNED IN	28
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Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 23-24 Compilation

Questions 8 and 9:

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

- helping understand my son
- That my son talks to them
- Amy
- Friendliness
- Briana is always on time . Briana has great communication skills with both my son and I. Briana is resourceful and if there is something that she does not know she puts forth effort to find out. I truly believe she wants what's best for my child.
- My son has been so much happier since seeing Brianna. They have developed a very good relationship and I hope to continue seeing him improve his goals.
- Brianna is wonderful, professional and attentive. Works with my child very well!
- Flexibility and convenience, communication is always on par
- Brianna understands my son and listens to me. She is a great team leader and really goes the extra mile for my child. He calls her his "homie" and really feels comfortable with her.
- Kaitlyn is very understanding and flexible.
- I love the approach he has with my son. I love that he taught him boundaries and life skills. He has helped with his confidence a lot
- One on one
- My daughter has been more emotionally aware.
- It's personalized and not in an office setting
- Accessibility, working together to set and achieve goals
- Good communication
- She comes to my house
- They scheduling is flexible and she does longer appointments which makes my happy
- That it is helping my son.
- Feeling like I'm not alone.
- Briana is always on time. Any needs that arise that we need any help with she always asks around about resources if she doesn't know. My son looks forward to going with her each week. She has been excellent at braking down the fortress of walls that my son has up.
- N/a
- Helping my son
- Our child having someone to talk to other than us and being able to have fun and cope with his trauma.
- Brianna and Deb understand my son and do whatever they need to do to help him succeed
- Seeing the improvements [REDACTED] has made working with Jason.
- Commitment
- Time for our daughter to connect with an impartial third party. Hope that she can clean something to help her as she grows into adulthood.
- The convenience of the therapist picking him up for sessions.

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 23-24 Compilation

9. What could make services better?

- nothing
- I think the services are great just the way they are.
- No comment
- My daughter has shown much improvement, however has expressed having difficulty connecting with her therapist. If she could meet with some others to see if she bonds with them I think it could be helpful.
- More opportunities for the parents to educate themselves on the specific challenges with their children.
- Wait times for medical appointments.
- I'm sad that CMH seems to have cut funding or made it harder for the therapists to get hours approved. PCC has been wonderful to work with but CMH is a barrier, as always. Luckily, I don't have to worry about dealing directly with CMH.
- Idk
- More parental support. More education on challenging behaviors like RAD and ODD. More support of the family as a whole

IT Annual Report Fiscal Year 2023-2024

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.

- **Completed distribution of Family Preservation Programs laptops** - All workers in family preservation programs have been assigned laptops for their work use. Devices in the office are still in the process of being replaced.
- **Implemented a new Clover machine** - for the front office to take payments. Increased the security of it by giving everyone their own login.
- **Two Factor Authentication set up for Google accounts** - This made accounts more secure, confirming the identity of the user logging into the account.
- **Began the process of switching all computers to a new remote software.(AnyDesk)**- Our old software was no longer adequate and needed replacing. This new solution should improve usability and efficiency.
- **Switched front office tablets from Android to iOS.**- Seems to fix most of the issues clients and support staff were having with them.
- **A new Comcast line and equipment was installed for improved internet performance.**
- **IT Basement organization and remodeling**
- **Implemented the Demarc policy for Google email**
- **Continued decommission of aging equipment** - Old equipment is being phased out as we replace it with newer models. All parts that have potential confidential information on them, such as hard drives, have been removed from old devices and are slated to be destroyed in the next fiscal year
- **Revisions to the Security Risk Assessment** - A new format was implemented this year that included risk severity and definitions of those severities.
- **Assigned all supervisors and support staff in FPP Microsoft Office** - The State of Michigan contracts all require Microsoft Office to access their Sharepoint program.
- **Completely removed the paper calendar for the conference room** - All staff are now using the Google Calendar set up for the basement conference room instead of using a paper copy.
- **LinkedIn profile set up** - While trying to make a greater and improved social media presence, IT has set up a LinkedIn profile.
- **New EHR Platform research** - Research has begun to find a new EHR system for outpatient to help improve efficiencies as well as satisfaction with clinician and support staff alike.

- **Began conversion to Windows 11-** Windows 10 will not have support updates past October 2025. All devices that can not be upgraded are currently being replaced.
- **Employment Application implemented on PCC website** - IT Implemented our employment application on the PCC website that can be submitted electronically.
- **Began testing VTiger upgrade** - Our current version of VTiger is not compatible with its security settings for our AWS server. A complete update and rebuild of our system is in process and IT is currently beta testing

Prepared by:

Joanne Parr
IT Coordinator and HIPAA Security Officer

Risk Management Plan Addendum Annual Review FY 10/1/2023-9/30/2024

RISK CATEGORIES

1. Facility Safety

Identified Risks Resolved: Nineteen (19) potential risks were identified and addressed over the past fiscal year, including building maintenance issues, plumbing issues, improving the handicap entrance ramp by adjusting it for improved slope and water drainage, securing a new snow removal contractor, reminders about safety protocol (turning off and/or unplugging decorative lighting, locking doors upon leaving the building, etc.), and issues related to power/internet outages.

Identified Potential Risk(s): Two themes remained concerns:

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. This is a project that was carried over from the prior year. PCC is also investigating purchasing a hotspot to maintain internet connectivity when the internet goes down. 2. Continue to provide 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 (decorations, 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 building and office cleanliness.

Accident Fund Tips were sent out on a monthly basis including: Winter Safety Tips for Remote Workers (10/10/23), Walk SAFE on Ice - Proper Footwear poster (11/15/23), Walk SAFE - Walk like a Penguin Poster (12/20/23), Stretch and Flex poster (1/24/24), The Dangers of Distracted Driving (2/21/24), Safe Lifting Techniques (3/19/24), Fire Extinguisher Safety (4/16/24), Prevent Heat Illness (5/23/24), Heat Illness - Know the Signs and Symptoms (6/18/24), and Respiratory Virus Guidance - Prevention (9/5/24). The Health and Safety Committee met on a quarterly basis throughout the fiscal year (March, June, September, and December).

PCC's Business Manager, Lew Evenson, received the training needed to provide CPR/First Aid for all PCC staff. On (9/26/23) CPR/First Aid classes were announced that were scheduled for October 16, 2023, and for November 13, 2023. Additionally, CPR/First Aid classes were announced on (8/19/24), to be provided on (9/9/24) and on (10/14/24) in the PCC Historic Basement.

A bed bugs issues was quickly identified and resolved (5/23/24, 5/24/24), with identified items removed from PCC and treated, telehealth provided to the individual served to ensure continued quality of care, and resources provided to the individual from multiple sources to help them remedy this concern in their home.

On (7/5/24), SCC-CMH sent out notice to Safety Sensitive Employees who transport individuals served, that they cannot be found with THC in their system while performing their duties or they will face disciplinary action. As a contract agency, PCC complies with this safety standard. PCC enforces several policies focused on the safe transportation of individuals served that address not driving under the influence of any substance, as well as no distracted driving.

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 improved PCC website and social media, improved enrichment activities with more community outreach to attract potential candidates by seeing PCC as a visible/fun presence in the community, and continued funding of continuing education for CEUs through the Fred Pryor Training opportunities. Reimbursement was also provided to fee split staff who completed the required extensive MichiCANS training in May, July, and August, to enable them to be ready for implementation by SCC CMH OP/HB contracts by 10/1/2024.

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: No Risks were identified in this area during the past fiscal year.

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, two formal complaints were filed by SCC CMH ORR in this fiscal year along with one informal inquiry. Two were NOT SUBSTANTIATED and the informal inquiry was viewed as a training opportunity. Regarding PCC's private complaint process, six were filed, four were substantiated and resolved; two were not substantiated.

Consumer satisfaction surveys conducted in February and August of 2024, reflected an overall satisfaction score with regard to services received in the outpatient program. Out of 197 individuals who responded to the surveys, 195 (99%) reported being satisfied with the services they received, 192 (97.5%) felt that staff were helping them to achieve their goals, and 191 (97%) would recommend PCC for counseling services for others.

On (11/4/23), the HB/OP Supervisor notified the Credentialing Specialist and other OP Supervisors, that effective (1/1/24) LPCs and MFTs in the State of Michigan were able to bill Medicare Part B and be reimbursed for approved services in accordance with Medicare reimbursement rates. On (4/11/24) PCC's credentialing specialist informed staff about her progress in credentialing LPCs for these services. "LPC providers are being credentialed as In-Network with Medicare and Medicare Advantage Plans. I have received approvals from the following insurances that you can give the LPC clients for: McLaren, Molina, HAP. Please make a note on your Commercial Panel List and eventually I will have the answers for the rest of them, still waiting for either confirmation from them or my approval letters."

PCC had substantial compliance related to three different audits during the past fiscal year. Three quarterly SCC CMH chart audits were conducted on (3/20/24), and (7/16/24, covered two quarters), along with the annual compliance audit (9/1/23), all resulting in substantial compliance.

On (6/11/24) PCC received a chart audit request from Humana; PCC was found to be in full compliance as a result of the chart audit.

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): With every audit, PCC anticipates substantial compliance with potential areas for improvement to be noted and incorporated into ongoing continuous quality improvement training practices. Nothing else is anticipated at this time.

6. IT Security

Identified Risk(s) Resolved:

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. An updated Security Awareness Proficiency Assessment (PCC Organization Score 70.1%, Industry Standard 65.6%) and Security Culture Survey (PCC Organization Score 70%, Industry Standard 74%) were completed by PCC staff during the Month of October, 2023, along with a review of the training, "Basics of Phishing". The Annual HIPAA training campaign for all staff began on (1/22/24) and was completed by 96% of the staff by (3/15/24). PCC staff have reported that they have continued to enjoy The Inside Man series. As of the Summer training campaign from (5/7/24) to (7/1/24), 95% of staff had completed Season 3, Episodes 7-12. The Inside Man series depicts the vulnerabilities inherent in IT systems, while also educating staff how important it is to prevent and report any breaches.

On (3/4/24) the IT department informed all PCC staff: "I wanted to let you all know that in a few months, we will be implementing 2 factor authentication on the Google accounts. Your account might already have this feature enabled if you are prompted through the Gmail app on your phone when you log into your Google account. We will send another reminder once we get closer to that time frame. If you have any questions, feel free to bring it to our attention."

PCC began implementation of two factor authentication for the Google business accounts on (4/2/24); an instruction guide related to this process was sent out on (4/5/24), along with offers to provide education and support individually as/if needed.

On (4/29/24), The IT Coordinator sent out the following notification: "I wanted to remind you that 2 Factor Authentication will be activated next Monday, May 6th. You should be prompted, after that date, when you log in to set up the service. You will be able to follow the steps from there that will be displayed. If you have any problems with the set up please contact us and we'll be happy to help. Thanks!"

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: Five (5) potential concerns were reported related to confidentiality during the last fiscal year; three concerns were substantiated. Two of the substantiated concerns were related to PCC receiving protected information from two other outside entities and PCC notifying those entities of the PHI breach immediately upon discovery. 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.

The annual audit of IT technology conducted by JFogal Consulting on (8/27/24) noted several issues that were addressed in 2023, including: implementation of two factor authentication (CareCloud and Google), the credit card machine was updated with a newer, more secure version of the same type, tablets to access the patient portal on CareCloud Breeze were updated from Android to iPad for improved

security, security cameras were installed and tested (monitored only as needed for privacy and security purposes), electronic signatures were made possible with the distribution of touch screen lap tops for all staff who work with families outside of the office, VTiger was also updated to capture client signatures. Also noted was the continued security of PHI via use of HIPAA certified cloud based software and servers for all PCC programs and services. Items that still needed to be addressed during 2024 included PCC's cabling infrastructure at the main office, implementing two factor authentication for all PC's on the PCC Network, and the development of a retirement and shredding schedule that can be executed at intervals convenient and sufficient to meet PCCs needs for disposing of old devices.

On (3/21/24) PCC staff were notified that SCC CMH was implementing a new Care Continuum Worksheet (CCW) embedded in the Biopsychosocial document in the OASIS system. On (4/30/24) SCC CMH UM Case Redesign training was provided by SCC CMH staff for all PCC staff who were credentialed in the OASIS system, to enable a smooth transition in this case record process change. CCW category grids and additional documentation was provided by Amy Kendall on 4/30/34 and 5/2/24.

On (3/27/24), SCC-CMH Administrative Coordinator for Contract Management J O'Dell informed PCC that the OASIS authorization process would be changing, effective (5/6/24), to include no back dating of authorizations for services. Authorizations could only be added by clinicians completing or amending treatment plans, and/or during the periodic review process.

On (4/4/24), SCC-CMH Administrative Coordinator for Contract Management, J O'Dell, informed PCC that a new screening tool, the MichiCANS, would be replacing the CAFAS/PECFAS tool by 10/1/24. All PCC staff who were credentialed to provide services for SCC CMH children, were required to receive MichiCANS training in April and May.

On (5/23/24), A reminder was sent out by the HB/OP Program Supervisor: "Hi team, I just wanted to send a reminder regarding the changes with authorizations that occurred on 5/20. If you have received a case where their BPS was completed before 5/20 and you are completing their IPOS after 5/20 you will need to complete a Care Continuation Worksheet (under the yellow services section in Oasis) BEFORE you complete the IPOS otherwise you will not be able to request authorizations. If you have questions on this please see me or your direct supervisor."

On (7/2/24) SCC-CMH sent a reminder to all staff to document when other staff and other individuals are present during CMH individual sessions.

On (7/15/24) SCC-CMH Program Director provided an updated communication noting that: "All of your staff need to complete the MichiCANS action planning training by the end of August and any supervisors will need to complete the supervisory training. The trainings are located under the EVENTS tab, in the Praed system. Let me know if you have any questions."

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: 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 and the McLaren Model of Care for Dual Eligible Special Needs Plan (D-SNP) Training (11/1/23), Aetna Medicaid Cultural Competency Training (3/15/24), etc. The Molina Model of Care 2024 Mandatory Attestation training was completed by PCC staff upon notification that was due on (8/14/24). The annual training grid for the entire agency as well as for SCC CMH contract compliance was completed during the month of November, this past year on (11/14/2023).

PCC agency liability insurance was renewed annually through Acrisure LLC dba Robbins Group on (3/30/2023) through (3/18/24) for Professional Liability, and through (10/1/24) 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:

On (11/16/23), OP Supervisors observed that UHC was taking back funds from over a year ago, without a prompt repayment. An investigation into this situation was initiated by the billing staff to identify and create a plan to remedy the situation.

On (12/11/23), PCC administration included the following memo to PCC OP staff in their payroll: "Dear OP Team, PCC Management would like you to know that we are still prioritizing and actively investigating the takeback/payback process with United Healthcare Community Medicaid and Meridian Medicaid Health Insurance plans. We are doing our best to remedy the situation so you are reimbursed in a timely manner at the correct reimbursement rate. We will keep you posted in this process as we reach a solution. In the meantime, please know how much we value all of you and appreciate your continued hard work and dedication in meeting the needs of the individuals and families we serve. Thank you for all that you do."

On (2/11/24), an affiliate of the BlackCat/ALPHV ransomware group breached Change Healthcare's network, then spent 9 days inside the network moving laterally and stealing data before ransomware was used to encrypt files. On (7/19/24), Change Healthcare filed a breach report with OCR concerning a ransomware attack that resulted in a breach of protected health information. Change Healthcare's breach report to OCR identifies 500 individuals as the "approximate number of individuals affected". This is the minimum number of individuals affected that results in a posting of a breach on the [HHS Breach Portal](#). Change Healthcare is still determining the number of individuals affected. The posting on the HHS Breach Portal will be amended if Change Healthcare updates the total number of individuals affected by this breach. HIPAA breach reports filed on the HHS Breach Portal may be amended as the breach report form allows a filer to file an initial breach report or an addendum to a previous report.

On (2/29/24) PCC staff were informed of the following: "Hello everyone, I'm writing to inform everyone about the pharmacy data breach and what it will look like for our clients/patients. There was a significant data breach with the pharmacies across the US. The pharmacies are not currently accepting any electronic prescriptions. They are accepting scripts via fax or the patients have to bring in a paper copy. They can accept fax/verbal orders for non controlled medications. If a patient is prescribed a controlled medication with us, they will have to get in contact with their PCP for a paper script. Controlled scripts have to be on a duplicate copy and we do not have those here. If your client reaches out to you about having difficulty with getting their medications, please have them reach out to me so I can assist. of the breach as it impacted pharmacies across the US; pharmacies were no longer accepting electronic prescriptions."

On (3/6/24) PCC administration sent out the following email to all staff: "We wanted to take a moment to let you all know that at the end of last month there was a cyber breach for Change Healthcare, a provider of revenue and payment cycle management that connects payers, providers, and patients within the U.S. healthcare system. As a result of this our typical claim reimbursement timelines may be affected as extra security steps are being taken nationwide to prevent additional cyber attacks. We are anticipating that this will affect the reimbursement rate for current claims and we may see a delay in the timeline in which claims are paid out. This is not due to a PCC or Carecloud issue but has affected behavioral and healthcare providers nationwide. We will continue to monitor and keep you updated as this progresses, and do everything we can on our end to problem solve around this issue."

On (4/10/24), PCC Program Director sent out the following email: "Hello OP staff. At the OP meeting we discussed the Health Care Corp Security Breach that occurred nationwide regarding insurance companies. We were told that some payments could be delayed because of the breach. Our management staff has been tracking our payments and we are seeing some delays in payments. Just wanted to give you the heads up. Please see your supervisor with questions, thanks Lisa"

On (5/2/24), PCC Program Director sent out the following email: "Good Afternoon to all outpatient therapists. We are continuing to wait for Blue Cross payments to be posted in our Care Cloud system. This is a problem that providers across the country are facing right now, and we still have no information as to when it might be resolved. Some of you received estimated payments for your March sessions. For the balance of these, as well as for April sessions, we will make our best estimate of the payments due to you based on several previous months. Once we have these estimates, your supervisor will review them with you. If you then have concerns that we are significantly overstating or understating your earnings, we will work with you to make the appropriate adjustment. Furthermore, if the Change Healthcare mess is not resolved by mid-May, we will begin the process of manual data entry to resolve the issue ourselves. This means that, one way or another, your May payments --- the money that you will receive in your June paychecks --- should accurately reflect the work you did in March, April and May, after being adjusted for the estimates.. I hope this is clear for everyone, but please see your supervisor if you have questions. And thanks to all of you for your patience and consideration as we work through this difficult problem, Sincerely, Lisa"

On (6/24/24) PCC Billing Staff identified the following to the Intake/Registration staff to reduce delays in claim processing: "We need to change the policy type for all BCN insurance to what is on their card (HMO, PPO, EXT) because all claims are still being routed to BCBS."

On (6/27/24) PCC Billing Staff informed administration: "We are still having issues getting BCN claims through the system they keep routing them to BCBS. I have noticed that Tricare claims are still stalled as well. I am still manually entering payments for UHC commercial and all McLaren. I have not had time to send out secondaries as of yet. I am currently working on May patient statements and then I will work on secondary claims if I have time before I leave for vacation."

Identified Potential Risk(s): PCC OP Supervisors, Billing and Accounting Staff continue to monitor fee split payment sheets and CareCloud reports to ensure that claims are being processed in a timely and efficient manner.

Proposed Solution(s): OP Supervisors continue to provide education to staff to ensure that are entering claim information correctly in the A&P section of the CareCloud EHR, with billing staff informing staff and supervisors of any errors found on a daily basis. Staff continued to notify the primary Biller and the Front Office Manager when telehealth sessions were completed, so the appropriate modifier could be added to each claim prior to billing.

PCC administration had provided estimated payments to staff, based on CareCloud system reports, when insurance payments lagged due to the Change Health Care breach and other situations which were outside of PCC's control, to ensure that staff would remain financially secure.

Prepared by Cynthia Willey-King on 1/14/25

PROFESSIONAL COUNSELING CENTER

HIPAA Security Risk Assessment

Fiscal Year 2023-2024

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.

The risks in this assessment are given severity levels based on the likelihood and severity of each risk. Some risks, depending on the severity will have a deeper impact on PCC and PCC operations than others thus given a higher rating. The ratings are as follows; Critical, High, Medium and Low. Each risk will be named, labeled with severity and its mitigation to reduce the chances and impacts of each vulnerability.

Severity level Critical:

Vulnerabilities that score in the critical range usually have most of the following characteristics:

- Exploitation of the vulnerability likely results in root-level compromise of servers or infrastructure devices.
- Exploitation is usually straightforward, in the sense that the attacker does not need any special authentication credentials or knowledge about individual victims, and does not need to persuade a target user, for example via social engineering, into performing any special functions.

Severity level High:

Vulnerabilities that score in the high range usually have some of the following characteristics:

- The vulnerability is difficult to exploit.
- Exploitation could result in elevated privileges.
- Exploitation could result in a significant data loss or downtime.

Severity level Medium:

Vulnerabilities that score in the medium range usually have some of the following characteristics:

- Vulnerabilities that require the attacker to manipulate individual victims via social engineering tactics.
- Denial of service vulnerabilities that are difficult to set up.
- Exploits that require an attacker to reside on the same local network as the victim.
- Vulnerabilities where exploitation provides only very limited access.
- Vulnerabilities that require user privileges for successful exploitation.

Severity level Low:

Vulnerabilities in the low range typically have very little impact on an organization's business. Exploitation of such vulnerabilities usually requires local or physical system access.

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.

Severity: High

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 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 for not only the network but also each EHR. PCC utilizes anti-virus, anti-malware 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.

Severity: Medium

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.

Severity: Low

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, SnipeIt. 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 staff sometimes forget to lock their computers when they are moving away from their desks which could have potential PHI on it, as well as accounts that may be open such as our electronic health record (EHR) software.

Severity: Low

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.
- PCC IT has recently implemented an automatic lock feature for all devices that will lock the screen after a predetermined amount of time.

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.

Severity: Medium

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.

Severity: Medium

Mitigation:

- Administrator accounts are required to have two factor authentication implemented on their accounts per PCC policy. 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.

Severity: Medium

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.

Severity: Medium

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.

Severity: Medium

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.
- PCC IT staff have been working diligently to update PCC devices to Windows 11 as Windows 10 will have security updates discontinued in October 2025. At the time of writing, PCC is on target to have all devices replaced by that date.

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.

Severity: Low

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.

Severity: Low

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.
- PCC is in the process of installing an additional firewall at entry to the login server as an additional security measure.

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.

Severity: Medium

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.
- PCC is in the process of researching additional security software for installation on all devices that connect to our network. Whether that is to replace Cylance or continue with the software as the most cost effective and secure option.

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.

Severity: Low

Mitigation:

- Staff at PCC are extensively trained in HIPAA and confidentiality. We have quarterly training for HIPAA and security as well as a review of the rules and regulations of HIPAA yearly. 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.

Severity: Low

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.

Risk: Unauthorized Persons

It is sometimes difficult, in an office environment, to determine who may be a person served and who is a threat to security. Some of our contracted positions make employees difficult to identify as they are frequently out of the office. Clients are even harder to recognize.

Severity: Low

Mitigation:

- Therapists are urged to walk clients to their offices and back to the front office once their sessions are complete.
- There is a sign in sheet for after hours clinicians/workers so they can be identified.
- Staff are urged to ask anyone in restricted areas who they are.

Risk: Documents Stored on Personal Computers

Documents containing PHI can be downloaded from both of PCC's EHR systems. It is a risk that those documents are stored on personal computers where not only could others in the household could potentially see them, but safeguards on the network the computer is connected to might not be as secure as it could be.

Severity: Low

Mitigation:

- PCC mitigates this risk by policy as well as each employee signing a Statement of Understanding. By signing this document, employees agree not to keep documents on their computers.
- PCC is in the process of assigning computers to each staff member, mitigating the concerns of documents residing on personal computers.

No security incidents were reported for the 2023-2024 fiscal year. PCC continues to strive to be as secure and compliant as possible while mitigating any risks that are reported to the compliance team throughout the year.

Prepared by:

Joanne Parr

IT Coordinator and HIPAA Security Officer

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2023 - September 2024
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
- Seventeen (17) employees participated in the Annual United Way Campaign in 2023
- 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:

Donates:

- Run for Recovery - CMH
- Dueling Pianos - Sanborn
- FOP Lodge #129
- KIDS Christmas
- St. Clair Co. Agricultural Society
- PH Police Officers Association
- CMH Players
- BWSH Comedy Show
- Membership CAN
- Blue Water Alley Center
- ARC Ad
- St. Clair Co. Deputy Sheriffs Assoc.
- Robinson Tennis Tournament
- CL Spirit
- Athletic Factory
- Mid City Nutrition Sponsor

Volunteers:

- Great Start RESA Summer Guide
- Flames Booster Club
- Dementia & Alzheimer's Resource Community
- American Red Cross
- Blue Water Recovery
- CAN Council – Dinner for Kids
- BWSH
- GoodWill
- 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 2023 - September 2024

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
- St. Jude
- No Kid Hungry
- Rivers of Living Waters Muskegon

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2023 - September 2024

Family Preservation Division

Volunteer / Donate Financially

- Paws, Awees & Claws
- Imagination Library
- United Way
- St. Jude
- KIDS
- Salvation Army
- Blue Water Humane Society
- Blue Water Methodist Free Store
- Help with Christmas project and adopted several families
- Goodwill
- 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
- 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 2023 - September 2024

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
- 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
- Blue Water Clubhouse
- Blue Water Community Action Hygiene Closet
- St. Clair County CMH Suicide Prevention Fund
- St. Clair County Health Department Advisory Board Member
- St. Clair County Opioid Advisory Committee Member
- CSCB Steering Committee Member
- CSCB Substance Use Prevention Treatment & Recovery Workgroup – Chairperson
- Port Huron Police Department Chief's Community Resource Champions – Member
- St. Clair County Community Health Improvement Plan Stakeholder – Member
- St. Clair County Overdose Fatality Review Team – Member
- Fort Gratiot Little League Baseball Coach
- BWROC Recovery Fest Volunteer
- Six Feet Over's Lemon Aid Voting Committee (Suicide Post-vention program)
- MDHHS Social Determinants of Health Summit
- Rural Community Health Workers Network of Michigan
- SCCCMH Recovery Summit – three separate presentations
- CMHAM 25th Annual SUD & Co-Occurring Disorder Conference
- YMCA Jingle Bell Run
- YMCA Leprechaun Loop
- SCCCMH Run for Recovery
- Michigan State parks Run for the Trees
- BWROC Strides for Recovery

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2023 - September 2024

Home Base

Volunteer / Donate Financially:

- Kids in Distress
- Goodwill
- United Way
- Salvation Army
- 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

Data Quality & Credentialing Specialist

Annual Report FY 2023 - 2024

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 2023-2024:

19 payment plans were created, resulting in payments of \$7,270.84

226 letters to clients were sent in efforts to resolve balances

63 cases were turned over for collection, resulting in the amount of \$8,262.96

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 2023-2024:

301 number of account audits conducted

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

9 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 2023-2024:

105 - 150 clinical staff or paperwork were credentialed/re-credentialed or required documentation due with commercial payers was completed

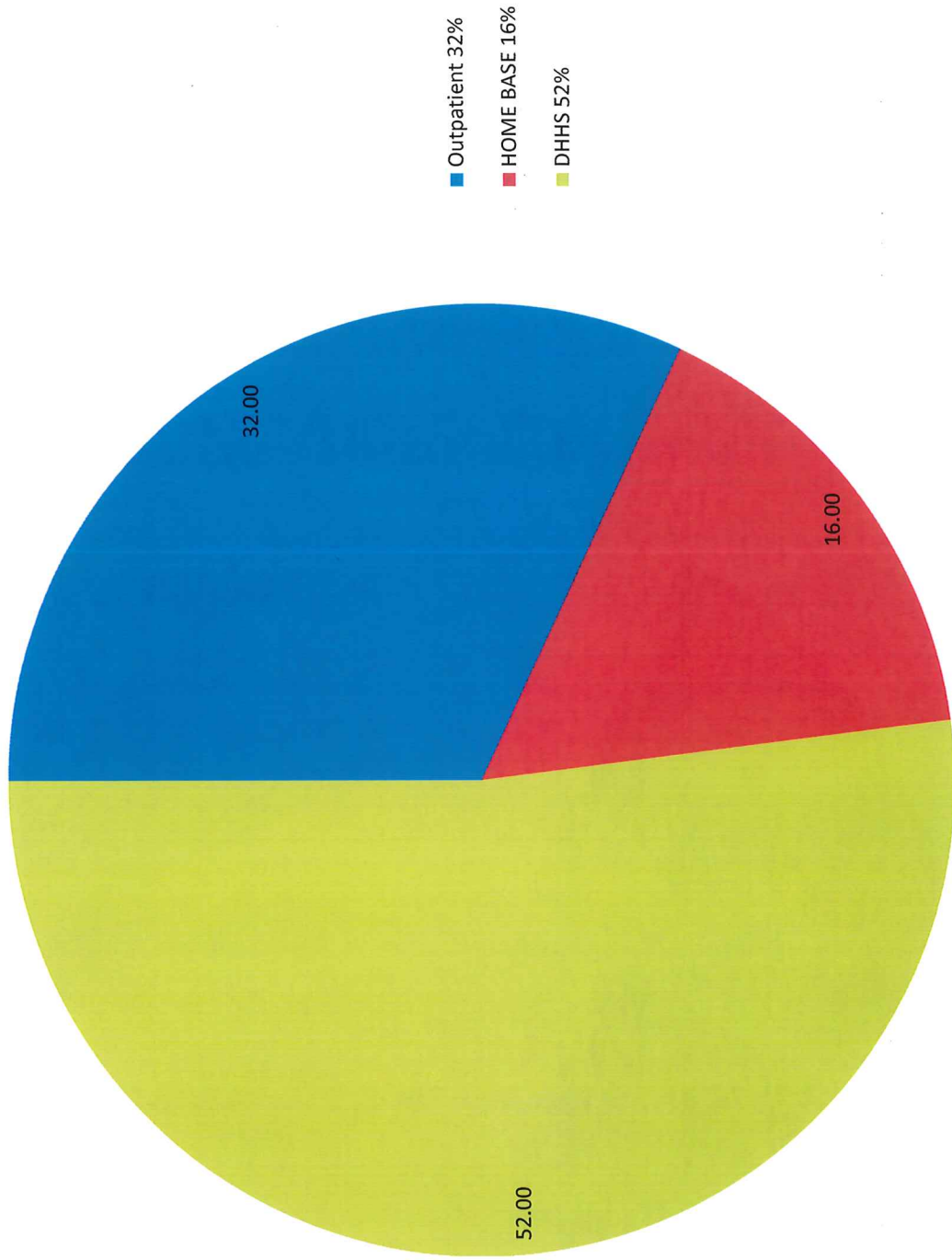
39 clinical staff were credentialed or re-credentialed with CMH

Expense History

<u>PROGRAMS</u>	20-21	%	21-22	%	22-23	%	23-24	%
10 PORT HURON OUTPATIENT	1636658	0.39	1639272	0.35	1660873	0.33	1586100	0.32
61 HOME BASE	674616	0.16	747480	0.16	812842	0.16	770161	0.16
DHHS TOTAL	1884761	0.45	2281614	0.49	2490781	0.50	2600831	0.52
GRAND TOTAL	4196035	1	4668366	1.00	4964496	1.00	4957092	1.00
DHHS DETAIL								
20 FAMILIES FIRST,ST. CLAIR COUNTY	429895	0.23	434715	0.19	441814	0.18	411970	0.1584
22 FAMILIES FIRST,FOUR COUNTY	191858	0.10	251211	0.11	259369	0.10	264190	0.10158
24 FAMILY REUNIFICATION#2			219164	0.10	249112	0.10	259135	0.09964
25 FAMILY SKILLS,MAINTENANCE,HURON,TUSCC	124372	0.07	104539	0.05	127052	0.05	149174	0.05736
70 FTBS PATHWAYS,FIVE COUNTY	627109	0.33	663510	0.29	646063	0.26	535198	0.20578
71 PARENT SUPPORT STCLAIR/SANLAC	26659	0.01	50050	0.02	55291	0.02	59625	0.02293
72 In Home Family Services					119422	0.05	108360	0.04166
73 FAMILY REUNIFICATION #1(WAS 5 CTY)	246669	0.13	250110	0.11	262586	0.11	209961	0.08073
74 LIFE SKILLS,SANILAC COUNTY	72477	0.04	69389	0.03	96430	0.04	89071	0.03425
75 LAPEER CO.PARENT SUPPORT / SUD 2024	24700	0.01	46550	0.02	50752	0.02	261477	0.10054
76 FAMILY ASSISTANCE STCLAIR/SANILAC	76841	0.04	124502	0.05	106487	0.04	120922	0.04649
77 PARENT SUPPORT,HUON,TUSCOLA	64181	0.03	67874	0.03	76403	0.03	131748	0.05066
TOTALS	1884761	1	2281614	1.00	2490781	1.00	2600831	1.00

Note: 75 Lapeer Co. Parent Support Changed to SUD in 2024

Professional Counseling Center
Expense Comparisons
2023-2024



2023-2024 Payments by Payer

Payer	Category	Payer Totals	Totals by Category	%
AAA MICHIGAN	AUTOMOTIVE	\$ 810.00		
ALLSTATE INSURANCE CO	AUTOMOTIVE	\$ 86.59		
LIBERTY MUTUAL	AUTOMOTIVE	\$ 3,427.66		
CORVEL CORP	AUTOMOTIVE	\$ 3,106.94		
FARM BUREAU INSURANCE OF MICHIGAN	AUTOMOTIVE	\$ 631.80		
AUTOMOTIVE			\$ 8,062.99	0.59%
AARP HEALTHCARE OPTIONS	COMMERCIAL	\$ 523.90		
AETNA U.S. HEALTHCARE	COMMERCIAL	\$ 10,774.26		
ALLIANCE HEALTH AND LIFE	COMMERCIAL	\$ 2,446.42		
ASR HEALTH BENEFITS	COMMERCIAL	\$ 2,937.75		
BEACON HEALTH OPTIONS	COMMERCIAL	\$ 5,872.48		
BLUE CARE NETWORK	COMMERCIAL	\$ 0.00		
BLUE CARE NETWORK CLAIMS	COMMERCIAL	\$ 120,442.64		
BLUE CROSS BLUE SHIELD OF MICHIGAN	COMMERCIAL	\$ 427,244.92		
CARELINK CLAIMS	COMMERCIAL	\$ 0.00		
CATLIZE HEALTH	COMMERCIAL	\$ 200.00		
CIGNA	COMMERCIAL	\$ 0.10		
CIGNA - NON-HAP MEMBERS ONLY - JVHL	COMMERCIAL	\$ 0.00		
CIGNA BEHAVIORAL HEALTH	COMMERCIAL	\$ 1,297.42		
CIGNA HEALTHCARE	COMMERCIAL	\$ 1,320.02		
COMPSYCH	COMMERCIAL	\$ 1,601.07		
GROUP RESOURCES	COMMERCIAL	\$ 710.02		
HEALTH ALLIANCE PLAN OF MICHIGAN	COMMERCIAL	\$ 5,873.80		
MERITAIN HEALTH	COMMERCIAL	\$ 1,309.62		
MOLINA HEALTHCARE	COMMERCIAL	\$ 2,157.77		
MOLINA HEALTHCARE OF MICHIGAN	COMMERCIAL	\$ 275.37		
MOTOR CITY WELFARE FUND	COMMERCIAL	\$ 291.61		
OPTUM IDAHO RMO	COMMERCIAL	\$ 191.45		
PHP HAP	COMMERCIAL	\$ 23,004.93		
PRIORITY HEALTH	COMMERCIAL	\$ 29,016.52		
REGENCY EMPLOYEE BENEFITS	COMMERCIAL	\$ 9,070.79		
THE LOOMIS COMPANY	COMMERCIAL	\$ 135.00		
TRICARE EAST	COMMERCIAL	\$ 10,117.06		
TRUSTMARK HEALTH BENEFITS	COMMERCIAL	\$ 2,259.19		
UMR	COMMERCIAL	\$ 401.73		
UNITED BEHAVIORAL HEALTH	COMMERCIAL	\$ 43.83		
UNITED HEALTHCARE	COMMERCIAL	\$ 13,044.37		
VARIPRO	COMMERCIAL	\$ 1,419.45		
COMMERCIAL			\$ 673,983.49	49.39%

2023-2024 Payments by Payer

Payer	Category	Payer Totals	Totals by Category	%
EAP PCC	EAP	\$ 6,525.00		
EAP			\$ 6,525.00	0.48%
BLUE CROSS COMPLETE CLAIMS	MEDICAID	\$ 42,393.83		
CARESOURCE OF MICHIGAN MEDICAID	MEDICAID	\$ 5,985.94		
MCLAREN HEALTH PLAN	MEDICAID	\$ 19,695.93		
MCLAREN MEDICAID	MEDICAID	\$ 64,871.10		
MERIDIAN HEALTH PLAN OF MICHIGAN	MEDICAID	\$ 37,741.20		
UNITED HEALTHCARE COMMUNITY PLAN	MEDICAID	\$ 68,053.86		
UNITHEALTHCARE COMMUNITY PLAN CRS	MEDICAID	\$ 139.78		
MEDICAID			\$ 238,881.64	17.51%
BCBSM MEDICARE PLUS BLUE PPO JVHL	MEDICARE	\$ 21.01		
BLUE CARE NETWORK ADVANTAGE CLAIMS	MEDICARE	\$ 520.04		
HUMANA INC.	MEDICARE	\$ 25,018.04		
MCLAREN HEALTH ADVANTAGE	MEDICARE	\$ 2,889.03		
MEDICARE PLUS BLUE	MEDICARE	\$ 7,477.63		
MICHIGAN MEDICARE PART B	MEDICARE	\$ 25,699.19		
WELL CARE	MEDICARE	\$ 2,526.63		
MEDICARE			\$ 64,151.57	4.70%
SELF PAY	PRIVATE PAY	\$ 229,409.49		
PRIVATE PAY			\$ 229,409.49	16.81%
ST CLAIR CO CMH OP	PUBLIC FUNDING	\$ 102,789.29		
SANILAC CO DHHS	PUBLIC FUNDING	\$ 1,607.50		
ST CLAIR CO DHHS	PUBLIC FUNDING	\$ 8,238.00		
PUBLIC FUNDING			\$ 112,634.79	8.25%
VA CCN OPTUM	VA	\$ 30,976.94		
VA			\$ 30,976.94	2.27%
Grand Total			\$ 1,364,625.91	100.00%

Analysis of Current Service and Program Trends

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

Needs Assessment/Community Review

The organization serves a diverse group of individuals and families who benefit from a wide range of services and 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 (93%) with smaller African American (3.6%), Hispanic (3.8%), Persons reporting two (2) or more races (2.6%), American Indian (.6%), 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, 11.7% of the population meets the poverty guidelines; Tuscola 12.7%; Lapeer 10%; Sanilac 15% per the Health Department Website. 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 Friend Of the Court (FOC) system/guidance and the divorce process.
- Available and affordable housing to rent in the area is a huge need.
- 5 County Thumb Area needs more foster care homes in their respective counties.

- Need Homeless Shelters in Thumb for men.
- Affordable Childcare is an issue.
- The Thumb area DV shelter is nearly always full with no beds available and there is a lack of homeless shelters for men.
- Primary Care Physicians (PCP's) are resistant to prescribe, primarily controlled substances.
- 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.)
- Delay in access to MDHHS services such as Medicaid, food assistance, and State Emergency Relief (SER), especially if a referral is needed and limited in-person services.
- Telehealth Services due to the need in the rural counties.
- 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 Individualized Education Program (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 (CMH) general fund cuts have resulted in restricted benefits for public clients resulting in less services; clients need to have severe mental health needs before qualifying for CMH.
- Difficulty hiring across all social work programs.
- Less Bachelor and Master 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.
- Lack of financial resources for security deposits for those who are not homeless.
- 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.
- MDHHS & SCCCMH moving towards MichiCans training tool which resulted in significant training for applicable staff.

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
- Coordination of care is effective in St. Clair County due to Community Services Coordinating Body (CSCB) engagement.

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

**PROFESSIONAL COUNSELING CENTER
NEEDS ASSESSMENT/CONSUMER INPUT
OUTPATIENT COMMENTS
FEBRUARY 2024 & AUGUST 2024**

1. WHAT SERVICES DO YOU THINK ARE MISSING AT PROFESSIONAL COUNSELING CENTER?

- Life coaching
- The doctors can listen better
- I would like to see therapy and counseling both at PCC
- Adult psychiatry
- More counseling services for youth in community & schools
- More resources for LGBTQ+ community, (especially youth)
- Adult child of divorce support group
- For my needs, everything is fine
- Personally I don't think I am missing anything
- ADHD services
- I have no thoughts on anything missing
- Maybe some groups, not sure what is out there at PCC. CMH should allow PCC clients to utilize their groups/resources because they contract with them.
- Again, like personally being on medication but that's about it. All good so far!
- Women's group
- Easier access to psychiatry services - most PCP's don't want to prescribe psychiatric medicines long term.
- I'm fairly new but maybe couples counseling
- Digital paperwork
- Someone to help with finances
- Psychiatric services for medical treatment of adult, anxiety, and major depression
- More children's programs/availability
- Candy
- On site psychiatrist for youth would be so helpful, also more counselors that help whole families
- Athletic training
- Counseling for blended families, families in transition. Counseling for parents of trans kids specifically
- Counseling and resources for parents of trans kids
- Women's group
- Psych doctor who can diagnose and prescribe
- Eating disorder specialist
- Therapy groups
- Nothing. I feel I am getting the help I need/want
- I feel all services are met
- Nothing that I have noticed
- Psychiatrist, Better NP

- I like what is already in place
- My needs are met. Thanks
- Unknown
- I will go through CMH to get a psychiatrist! I am very disappointed how they handled my situation and why I couldn't make it!
- Massage therapy - tactile/touch therapy
- None. I am getting just the right service

2. WHAT SERVICES ARE AVAILABLE IN OUR COMMUNITY, BUT THERE ARE NOT ENOUGH OF THEM?

- More services similar to PCC as well as physical outlets such as public exercise clubs/groups, workout activities
- Services for neurodivergent adults
- I'm not sure
- Homeless shelters/centers
- Mental health
- More counseling services for youth in community & schools
- Help for DV survivors/SA survivors; LGBTQ+ friendly hangout spots. Help for single parents. Financial help with home, bills, school
- Support groups! I'd love to start one!
- Mental health services in general
- Food kitchens for the homeless and those in need
- Therapy that does not have a waitlist/overbooked caseload. This is an issue friends of mine have at other counseling centers
- Peer recovery specialists, psychiatrists, therapists
- For younger children
- In general, just therapists maybe?
- Free stores
- Mental health and food/household item support
- Youth programs/activities
- Child mental health facility like inpatient and JDC
- Every service available for help is appreciated
- Services for homelessness
- Suicide prevention
- Good people. When setting goals, most of them are deemed important and therefore successfully reached.
- Psychiatrist X2
- Not enough for autism spectrum people
- Good people
- Men specific counseling for the divorced and men specific mental health care
- Easier access to healthcare and mental health services
- Food giveaways that are accessible to working families that just need a bit extra. Mental health services in schools
- More services for adults that struggle with ADHD/Autism

- Moms group
- Low cost mental health services for people that have INS and don't qualify for assistance (lower/mid class)
- Crisis help for juveniles
- Mental health services. Affordable (and proper) healthcare. Dental care
- Sexual Abuse support groups / Grief support groups
- Outreach on drugs. They are people too. Some just need to feel heard.
- Counseling centers (more of them)
- Mental Health Clinics
- Therapy in general
- Groups for Neurodivergent kids
- AA, YES
- Shelters, warming centers, food
- Help with the homeless - all aspects
- Unsure

3. WHAT SERVICES DO YOU THINK ARE MISSING IN OUR COMMUNITY THAT MIGHT BE HELPFUL TO OTHERS?

- See above! (physical outlets)
- Life coaching with adults w/special needs
- A service to bring awareness to resources available to those who need it
- support/help for foster families, victims or domestic violence and victims of sexual abuse
- I'm not sure
- Help with housing or repair costs
- A self love school. So many people don't realize the importance of loving yourself or what it means
- Options for groups of people to do that doesn't involve drinking/bars
- Adult psychiatry
- Women's shelters
- Different support groups
- Nothing at this time
- Be in schools with the counselors
- None really that I can think of.
- Teen community services - places to go and have fun
- Inpatient or outpatient drug and alcohol rehabilitation centers
- JDC locally
- Mental health services
- Having easy mental health services for struggling people
- Psychiatric services for treatment of adult ADD
- Mental Health + counseling. Many places have a waitlist
- I don't know I am 14
- More youth counseling & psychiatry
- Education on mental health and awareness in general
- Tactical Training

- Acceptance of people of that take or are in therapy, specially men
- More mental health services for school aged kids. Lots of trauma in our community even young kids are feeling the efforts.
- More counselors
- Group therapy sessions / support groups
- Eating disorder therapy/treatment/dietitian (closest is 65 miles away in Troy)
- Crisis help for juveniles especially in E.R.
- Psychiatric care
- Maybe some rage room? LOL
- And access to more affordable housing. Jobs that pay a liveable wage.
- Sexual abuse parent support group. Foster care / CPS parent group
- Same as 2. A safe place to feel that there is zero judgment on getting help with addiction
- Groups of people dealing with similar issues
- Psychiatry
- Help the homeless
- Podcasts from your center, if they are available, unaware - related to self help/care
- All Anon, NA, AA
- Massage therapy
- Walking therapy - walk and talk
- Support systems/groups

4. OTHER COMMENTS

- Great place 😊
- The staff at PCC are very welcoming. I look forward to coming here.
- Not sure. I am going to think about these.
- Such a demand for therapists and psychiatrists it seems. Wish schooling could be paid for or internships. I'm interning currently in my senior year BSW and there isn't ONE place in St. Clair County paying interns. I have to work 40 hours a week to live, 16 hours for BSW and 5 classes.
- Would 100 0/0 recommend PCC to anyone 😊
- Love this office - I only wish we could duplicate all of you to be everywhere 😊
- I like the place and never had an issue with anything. Super helpful and friendly!
- I really appreciate the work and help that PCC provides
- Everyone could always use someone to talk to. I believe that it's a blessing to be able to feel like you're not alone. I give thanks.
- "I really like Miss Amanda, I want her to be my counselor for a long time."
- The fact that you have to threaten self harm to get hemp is messed up!
- The pen is blue
- Amanda Rocks
- I am very happy with the services I am able to get here and the ability to get appointments I need.
- I think P.C.C. is amazing and I am fortunate to be able to afford services. I would recommend P.C.C. to everyone looking for services.
- P.C.C. is doing a fantastic job, I couldn't be happier with the help I have been receiving!

- Support groups without needing to be a member/client or for it to go through insurance.
Not everyone has insurance, or if they are in therapy it cannot be billed 2X.
- Lisa is the best counselor ever! I LOVE counseling because of her:)
- I enjoy working with Sally so much!

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 23-24 Compilation

NEEDS ASSESSMENT/CONSUMER INPUT

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

- none
- It would be cool if you guys had a therapy summer camp for the kids who are in distress and need help with social skills and or dealing with similar trama.
- It would be amazing if I you had a list of qualified respite providers that I could hire for weekends. I understand that's probably difficult to do and may not even be allowed. That's really all I can think.
- Parenting classes, especially for parents of teens
- None
- More parenting resources. Maybe even support groups for parents dealing with specific issues.
- Art therapy, group therapy for teens
- Nothing
- It would be beneficial if you could reach your services to other counties
- Idk
- Parenting workshops, support groups, and educational resources for those parenting children with more challenging and lesser known personality disorders.
- A staff psychologist who could perform physiological evaluations.

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

- Therapy summer camp for kids
- Easier availability to mental health care
- I live in Algonac, so I'm not sure what is available in Port Huron. Not much is available where I live, but we are happy with the services we get through PCC.
- Safe places for teens to just hang out
- Services for kids like my son who is falling through the cracks on certain things that are beneficial to him all because he does not qualify due to one incident.
- Home based services
- Idk

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

- More options for people who struggle with insurance
- Opportunity for after school activities for kids in therapy.
- It's hard for me to answer that due to my location, as stated above. On a state level, there are many gaps in the mental health system but I do feel more service providers that are doing what your office is doing would significantly reduce those issues.
- Resources and support for people leaving toxic or abusive relationships.
- Safe places for teens to hang out
- A registry for people who struggles with mental disabilities and physical so police and first responders are aware as soon as they see them.
- Group therapy
- Idk
- Parenting with a chronic illness support. Parenting adopted children/grandchildren support.

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 23-24 Compilation

4. Other Comments:

- Brianna has been a very good therapist to our son she has helped shape [REDACTED] and help him deal with his trauma in a very positive way. She goes above and beyond for him and also my husband and i as well. Im very grateful that she is here on this journey with us and i just hope that [REDACTED] will meet his goals and continue to improve.
- We are just so thankful we found you all.
- Idk
- We appreciate the therapists that work with our daughter. She has a very challenging diagnosis. We often feel helpless in dealing with her issues.

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
- PCC warm and inviting

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 Electronic Health Record (EHR) system, and provide cost effective high quality services

- 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; mental health/Behavioral issues
- 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
- Several staff trained in MichiCans and Devereux Early Childhood Assistance (DECA)
- Increase in telehealth services

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
- Limited office space
- Lack of availability of MA therapists – recruitment of
- Unable to compete with CMH's hiring rates
- Managing multiple staff is difficult
- Parking area limited space only one handicap space

- Cost of benefits

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
- Staff involved throughout the Thumb 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
- MDHHS recognizing FPP are not funded enough
- Ability to connect to resources
- Family atmosphere
- Team collaboration
- Care for employees
- FPP has follow up policy with families served in some programs
- Staff are trained in multiple programs
- Communication with support staff
- Programs focused more on Evidenced base practices
- Positive MDHHS state audits
- Flexible hours
- Computers for field staff
- State trainings have been streamlined

Family Preservation Weaknesses

- Staff turnover
- Low return of client and referring staff surveys
- Lack adequate funding to support competitive salaries
- Staffing Bachelor level Human Services degrees
- Limited community locations for parent/child visitation
- MDHHS referrals in some programs inconsistent
- Increase in safety risks due to aggressive clients

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
- Created group for HB consumers children and adolescents

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
- Decrease of CMH referrals
- Recipient Rights (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
- Difficulty recruiting MA staff
- 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 2024-2025

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 (Final)

October 1, 2023 through September 30, 2026

1. PCC MISSION STATEMENT

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

2. PLANNING GOALS

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

3. STRATEGIC PLANNING STRUCTURE

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

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

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

4. GOAL CATEGORY #1: WORKFORCE DEVELOPMENT

Workforce development planning will address these key questions:

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

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

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

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

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

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

5. GOAL CATEGORY #2: INFORMATION TECHNOLOGY

Information Technology Planning will address these key questions:

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

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

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

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

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

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

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

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

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

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

Maximizing the use of PCC's limited clinical office space will also be a matter for review. This would include building in a greater mix of telehealth services (which do not require PCC office space) to complement on site service delivery. This group would also look for ways

to improve utilization of existing office space, perhaps with premium payments for Friday and weekend usage. Will a change to more private insurance clients produce a need for evenings and weekend hours? Should we look at the 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 potential sale, structure and succession. Many of these questions were answered in the past 3 years. Others remain to be figured out.

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

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

8. **PROCESS GOING FORWARD**

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

**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:	RESPONSIBILITY:	TIME FRAME:	KEY SUCCESS MEASURES:
Assess prior FY contract outcome expectations that were not met; steps being taken to improve the outcome/expectation	FP supervisors	12/1/23	Improvement of staff performance through training and staff skills for engagement; Improved contract outcomes, contract and UR compliance; increased referral flow
Analyze specific UR areas for the big 3 programs to identify areas of needed improvement and success. Monitor data after improvement/education provided	Supervisors/PM of FRP, FTBS, FFM; Self-evaluation committee	6/1/24	Will have standard processes and structure, achieve results, and improve outcomes for clients and PCC.
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	FP supervisors; Self-evaluation committee	6/1/24	

STATUS UPDATES: Whitney Ostrom/Lynn Rumpitz

10/1/2023-12/31/2023: Write ups for contract outcomes that were not met were done by each supervisor with steps on how to strengthen the area for this FY. 4 areas were chosen to analyze (Protective factors, collaboration/client driven service, routine inquiry for DV, and safety planning) to ensure staff are doing these, and provide additional training through the year to strengthen areas.

1/1/2024-3/31/2024: URs have been completed and feedback provided to staff on areas of improvement and success. Themes are being documented and needed areas are being educated on by individual supervisors. The Self-evaluation committee continues to meet quarterly.

4/1/2024-6/30/2024: Q1 & Q2 stats analyzed to see if "outcomes not met" last year are improving this year, and overall 3 unmet outcomes are now being met, others all have steps in place for supervisors/staff. Q3 UR data was compiled and reviewed with the self-evaluation committee, and an improvement has been noticed in safety planning and routine inquiry completion. Supervisors have "ongoing education" areas they are

working on with staff. Monthly reports for all programs have been compiled to evaluate risk factors, # of cases enrolled and withdrawn, and ways to address withdrawals and educate staff on highest risk factors.

7/1/2024-9/30/2024: Quality improvement occurred by monitoring data from URs and unmet outcomes, throughout the year. All FPP supervisors monitored "unmet outcomes" from last FY and educated staff throughout the year on ways to improve these areas. UR data was compiled in 1 sheet and reviewed quarterly with the self-evaluation committee. Areas did show improvement, and supervisors focused on areas throughout the year if seeing a need for improvement. Staff skills improved resulting in better client outcomes.

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

10/1/2023-12/31/2023: The team was established by Lisa Stoneberg based on the expertise of members to focus on the needs of the agency with regards to a new EHR. Meetings will be coordinated with all members starting after the New Year for weekly meetings.

1/1/2024-3/31/2024: The team continues to meet bi-weekly and have subcommittees to focus on necessary items of importance within the EHR system.

4/1/2024-6/30/2024: During this quarter, the team continues to meet in subcommittees on a regular basis. Demo's have begun with various EHR that have been identified as possible interest and fit for the agency.

7/1/2024 -9/30/2024: The team continues to demo earmarked behavioral health EHR systems, on a regular basis. They have started with clinical demos and then moving on to billing demos to rule out systems that will not be effective for the agency.

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
<p>Establish a workgroup to meet at least once per month</p> <p>Create required forms and evidenced based curriculum for 8 week group</p> <p>Establish a schedule and referral process</p> <p>Notify CMH and update PCC website to include group therapy under the home based services section</p> <p>Notify current home base consumers/parent(s)</p> <p>Schedule and begin facilitating group therapy sessions</p>	<p>Kaiytlin Rumenapp & Kristen Patchel</p> <p>Kaiytlin Rumenapp & Kristen Patchel</p> <p>Kaiytlin Rumenapp & Kristen Patchel</p> <p>Kaiytlin Rumenapp & Kristen Patchel</p> <p>Kaiytlin Rumenapp & Kristen Patchel</p> <p>Kaiytlin Rumenapp & Kristen Patchel</p> <p>Kaiytlin Rumenapp & Kristen Patchel</p>	<p>November 2023</p> <p>February 2024</p> <p>March 2024</p> <p>April 2024</p> <p>April 2024</p> <p>June 2024</p>	<p>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.</p>

STATUS UPDATES: Kaiytlin Rumenapp

10/1/2023-12/31/2023: A workgroup has been established, meeting originally once per month with frequency increasing to weekly as of January. The workgroup has begun establishing a gaming group, creating a 16 week (phase 1 and phase 2) curriculum. The workgroup has also outlined an 8 week impulse control group from a pre-existing curriculum. The goal is to implement the impulse control group at the end of March/beginning of April.

1/1/2024-3/31/2024: The workgroup has continued to meet weekly since the new year. They have been able to establish one complete curriculum surrounding impulse control, as well as obtain a Life Skills curriculum to utilize as an adolescent group when there are enough clients available to attend. A third curriculum is in the process of being established involving DBT skill building and utilizing games as an intervention. Supervisory staff are working with CMH in efforts to obtain the ability to facilitate parent groups as well, currently this is not covered by our contract. The first group segment is scheduled to begin on 4/10/24 and will run for 8 weeks.

4/1/2024-6/30/2024: The workgroup continued to meet weekly while the 8 week group was being facilitated. The workgroup has since slowed to monthly until the next round of clients are available to participate in the group. Supervisor has contacted CMH regarding modifiers to conduct parent groups but has not received this amendment. Two homebase therapists successfully conducted one 8 week segment of group therapy. Pre and Post surveys completed by the participants demonstrated increased skill building and regulation tools. Some attendance issues arose with one group participant.

7/1/2024-9/30/2024: The workgroup was on pause during this review due to low referrals and staff case loads. The workgroup will continue next fiscal year with the goal of developing additional curriculums for age groups, diagnosis and area of need. This goal is complete.

Strategic Initiative: Financial Stability and Growth

<p>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.</p>			
<p>ACTION STEPS: 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. 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. Create a “hub” for outreach items/materials and assist staff when attending events. Create a PCC logo that is easily recognizable and usable for online platforms, outreach materials, and staff apparel.</p>	<p>RESPONSIBILITY Christina, Lynn, Public Relations Committee Christina, Lynn, Public Relations Committee Christina, Lynn, Public Relations Committee Christina, Lynn, Public Relations Committee</p>	<p>TIME FRAME 2nd, 3rd and 4th Quarter 2nd, 3rd, and 4th Quarter 1st and 2nd Quarter 1st and 2nd Quarter</p>	<p>KEY SUCCESS MEASURES Increase community awareness of PCC programs, events, and collaborations and grow the PCC social network. Increase positive Google reviews and social media engagement to improve PCC’s online appearance to collaborators as well as potential customers and applicants. Better prepare PCC staff for community engagement, have sign-up sheets, volunteers, and items prepared for outreach. 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

10/01/2023-12/31/2023 A Public Relations Committee(PRC) was formed and created goals and tasks for each member. The committee prepared several logo options for the agency, one of which was chosen by the executive team and will be incorporated into PCC’s website and social media in the next quarter. The PRC expanded the current website’s ability to guide patrons into writing positive google reviews for PCC by adding a section that links directly to google reviews. A QR code was created and will be posted throughout PCC buildings which links clients with a more direct option for leaving a google review. The PRC created a list of possible social media posts to increase PCC’s online presence and create a more dynamic experience for users. A sign up sheet for volunteers was created for staff to utilize when trying to find assistance for community events.

01/01/2024-3/31/2024 The PRC has incorporated the new logo into the PCC website and social media sites. Further implementation of this logo onto agency correspondence, apparel, and other miscellaneous items is being explored. A QR code linked with PCC's google reviews has been posted throughout the building, simplifying client access and enabling clients to write positive reviews of the services they have received. Business cards with this QR code are being priced to determine if it will be cost effective to provide these to family preservation clients. PCC's social media has increased posts about upcoming events and past PCC activities. A "hub" with outreach materials has been created and materials have been prepared and are ready to be distributed when needed.

04/01/2024-6/30/2024 The PRC has implemented a quarterly website review that will be completed by a member of the management team who is randomly selected by the committee. The PRC designed and purchased cards with PCC's google review QR code and has distributed them to members of management for their staff who have clients that do not enter the building. PCC's google reviews did see an increase after the QR code was posted throughout the offices. The PRC successfully provided swag items for the Port Huron Pride Event and ordered a new PCC banner that was displayed. The PRC has organized PCC's parade involvement and has ordered items to be disseminated during the event. The PRC has begun creating outreach videos to be posted on social media for each of the areas of service PCC provides. Several of these videos have been posted with positive results.

7/1/2024-9/30/2024. The PRC with the help of Jason Manke has reviewed and updated the company brochures for use. Dennille Horne has found a valuable place to have PCC's new logo embroidered on items for employees. PRC participated in the "All Hands on Deck-A century of Sailing" parade in Port Huron to promote PCC in our community with positive results.

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: Identify committee members to address the following steps and meet quarterly. 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. 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. 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 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 FPP leadership and PCC Financial personnel Brian, Lew, Whitney, Mike as committee members The identified Committee The Identified Committee The identified committee</p>	<p>TIME FRAME 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. Quarterly committee meeting notes</p>	<p>KEY SUCCESS MEASURES 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

10/01/2023-12/31/2023: This work group has met one time during the 1st quarter. Purpose of the group was discussed, a list of historical data indicators were prepared to leverage rate determination this spring for FPP contracts. FPP leaders and support staff to work on gathering data in the second quarter. No post review of SUD OR FTBS as time for data collection and analysis to early,

1/01/2024-3/31/2024: FPP operational goal workgroup met this quarter on Jan 30th. The group identified data that needs to be collected for bid writing and rate determination, explored Mi Together pilot preconference mtg questions and conducted wage discussions. The PCC proposal group financial staff and support staff, gathered and are utilizing collected data to project costs and potential rates with FPP contracts thereby leveraging historical data and trends to make informed financial decisions. Additionally, FOIA's on awarded contracts to other providers have been sought and reviewed to improve our processes and remain competitive. Rate Determination: PCC proposal group, specifically financial

members, continue enhancing the rate determination process to ensure that pricing is competitive and sustainable and are working to address new contract language relative to unit rates while working on new proposals. PCC FP Leaders are pursuing rate increases during extension year requests made by MDHHS on some contracts, somewhat addressing the issue of not being able to project cost of living into rate determination.

4/01/2024-6/30/2024: The FPP operational goal workgroup did not meet this quarter. Activities continued towards meeting this goal included: enhancing the rate determination process to ensure that pricing is competitive and sustainable. Program manager/supervisor and support staff have been given the task of compiling FIAO data PCC sought and received on Mi Family Together and this document continues to expand as staff monitor SIGMA awards given to other providers with new unit rate language and placing all data in the one document for review on services PCC has employed. A separate work group has been initiated to review FIOA proposals to educate other supervisors on what is to come.

7/01/24-9/30/24. This goal has been met. The committee convened once again in September: Conducted post contract reviews on FTBS changes and SUD contract which is operating very well both financially and in service delivery. This activity will continue with the Strategic planning committee and Executive team. Wage discussions focused on the State cost analysis information compared to PCC's current salaries. This effort will continue to be addressed at the strategic planning committee meetings and at the Executive Team. Planning for MiFT continues both internally and externally through committee involvement. Rate determination activities include enhancing Rate Utilization information gained through Sigma and monitoring current new contract unit rate language.

**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:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
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.	Joanne/Jason	First Quarter	Find a digital timeclock that is both functional and user friendly that will help payroll and not be difficult for staff.
Negotiate Pricing	Joanne	Second Quarter	Achieve a cost effective option for PCC.
Assist Payroll in setting up the system	Joanne/Jason	Second/Third Quarter	A seamless transition from paper to electronic inputs for payroll.
Train staff on using the new system.	Joanne	Third/Fourth Quarter	All staff will be proficient in the new system and able to navigate and input data into the system.

STATUS UPDATES: Joanne Parr
 10/01/2023-12/31/2023: Met with representative for Greenshades to discuss use of their platform for multiple functions including employee timesheets. PCC is in the planning phase of this goal.
 1/1/2024-3/31/2024: Dawn and Lew met with Greenshades several times to discuss questions and/or concerns regarding the software.
 4/1/2024-6/30/2024: Same as above.
 7/1/2024-9/30/2024: See above

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

10/01/2023-12/31/2023: All new computers are being assigned Windows 11 before they are deployed. At this point, all Family Preservation and Homebased Clinicians have Windows 11 devices.

1/1/2024-3/31/2024: Many new hires in the Family Preservation programs have delayed distribution of new computers in the office. All workers who work outside of the office have current and updated Windows 11 machines and IT hopes to begin upgrades in the office this coming quarter.

4/1/2024-6/30/2024: Continued new hires in Family Preservation programs have delayed in office distribution once again. IT has ordered first set of computers for in office use and plan to begin those upgrades this quarter.

7/1/2024-9/30/2024: Outpatient computers have begun to be changed out or updated. We are on track for reaching our goal of 2025. This will be an ongoing goal of 2025 as well.

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

10/01/2023-12/31/2023: Library has been started and posted to the intranet for staff use. This will be an ongoing goal as new software and tutorials are needed.

1/1/2024-3/31/2024: More tutorials were added this quarter. Several tutorials were even created for clients on how to access and complete forms in Breeze.

4/1/2024-6/30/2024: Ongoing goal. Tutorials for all software that we use are posted on the intranet for easy access.

7/1/2024-9/30/2024: This goal is mostly complete. The IT Team will monitor in an ongoing manner to evaluate the relevance as well as the effectiveness of the current tutorials available, adding to them as new software is added or processes change.

**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
 10/1/2023-12/31/2023: A DHHS flow chart was created during this period, as well as Training folders with updates for new hires. In addition, google drive folders were created for both of these.

1/1/2024-3/31/2024: An on-boarding checklist was created and is being further developed. A list of rough estimates of payment for different insurances is being created, as well. In addition, a trainer cheat sheet is being developed to assist all supervisors to cover the same information

4/1/2024-6/30/2024: During this quarter, PCC has transitioned 2 new OP staff and had a trial run of their on-boarding procedure. Cindy Willey-King took the lead in training, with other supervisors as back up trainers. Feedback from these trainees will be taken into consideration for the next quarter.

7/1/2024 -9/30/2024: Cynthia Willey-King continues to be the lead supervisor for the new on-boarding process. New staff members report that this process is going well and they are finding that this is one of the better training programs that they have been through. Procedures will continue to be completed and reviewed as necessary.

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>			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
<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>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>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> <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>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>4. Cindy Willey-King</p>	<p>1. Every two to three months</p> <p>2. 1/15/2024</p> <p>3a. Monthly</p> <p>3b. TBD</p> <p>3c. 2/1/2024 8/1/2024</p> <p>4. Quarterly</p> <p>5. Monthly</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> <p>4. Data and training opportunities will be processed with the management team.</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.	5. Cindy Willey-King, PCC Policy Committee	5. Policy and procedure enhancement recommendations will be reviewed by the PCC Policy Committee for approval, prior to implementation and staff training.
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STATUS UPDATES: Cindy Willey-King, LMSW

10/01/2023 to 12/31/2023

1. HIPAA Security training was completed (10/1/23 through 10/31/23) for all staff. 89-91% of staff participated in this training. In the area of Security Awareness Proficiency Assessment, the agency received an average score of 70%. Human Firewall (everyone takes responsibility for protecting sensitive information) scored the highest at 86%. The top three areas for improvement include Incident Reporting (55%), Email Security (67%), and Internet Use/Passwords/Authentication (69%). PCC's security culture score is 73 (moderate) out of 100. HIPAA policies have not yet been consolidated into one policy.
2. Ethics Booklet edits are still in progress; they were received on 11/16/23. Date for completion of this task has been modified to 3/15/24.
3. a) Twenty eight (28) cases were pulled for review during this first quarter. Four (4) demonstrated 100% compliance, while six (6) were returned with corrections within the window given. b) No additional UR training was provided during this quarter. c) No progress on the Telehealth Retrospective Study has been made during this quarter.
4. Incident Report Data - Seven (7) incident reports were filed; 2 were Risk Events, 1 Sentinel Event in FPP (DHHS notified).
5. Slight changes were made to update the clinical supervision policy (# 01-04-022) according to the most updated CARF Behavioral Health Standard; the policy was updated and posted to the internet on 12/21/23. No other policy changes for CARF compliance have been needed during this quarter.

01/01/2024 to 03/31/2024

1. Annual HIPAA training through PCC and via KnowBe4 was completed (1/22/24 through 3/15/24), with 94% completing. HIPAA policies have not yet been updated and consolidated into one policy as of this writing.
2. Ethics Booklet edits have been completed. The booklet has been attached to the PCC policy as an exhibit effective 3/14/24.
3. a) Forty two (42) cases were pulled for review during this second quarter. Two (2) demonstrated 100% compliance, while nine (9) were returned with corrections within the window given. b) No additional UR training was provided during this quarter. c) No progress on the Telehealth Retrospective Study has been made during this quarter.
4. Incident Report Data - Ten (10) incident reports were filed: 5 were Risk Events, 0 were Critical or Sentinel Events. One Recipient Rights complaint was filed and investigated from 1/18/24 through 3/8/24 and was not substantiated by SCC CMH.
5. No updates regarding CARF standards occurred during this quarter.

04/01/2024 to 06/30/2024

1. The HIPAA policy (# 01-03-029) was amended, consolidated and reviewed by Lisa, Mike, Nancy and Haylie on 4/16/24. Dawn was included in the review for input and feedback on 5/6/24, as well as to contribute a cleaner version of the BAA which was adopted.

Haylie was given the most recent update on 5/21/24 to add to the PCC policy manual. The most recent KnowBe4 HIPAA training module, Inside Man S3, E 7-12 (from 5/7/24 to 7/1/24) reflected an 89% completion rate for PCC staff.

2. The Ethics Booklet was completed during the second quarter and attached to the PCC policy on 3/14/24.
3. a) Forty three (43) cases were pulled for review during this third quarter. Two (2) demonstrated 100% compliance, while twelve (12) were returned with corrections within the two week time window given. b) No UR training was conducted during this quarter. c) The Telehealth Retrospective Study was completed on 4/24/24 and shared with the UM management committee on 5/1/24.
4. Incident Report Data - Nine (9) incident reports were filed: Three (3) were Risk Events, None (0) were Critical or Sentinel Events. One Recipient Rights complaint was filed on 4/22/24, investigated by SCCCMH and was not substantiated as per SCCCMH on 6/4/24.
5. No updates regarding CARF standards occurred during this quarter. Our current CARF certification expires on 6/30/25. We will begin the process of recertifying sometime this October 2024, with a site visit planned/scheduled on or before the expiration date.

07/01/2024 to 09/30/2024

1. Accomplished during the third quarter, 5/21/24.
2. Accomplished during the second quarter, 3/14/24.
3. a) Twenty nine (29) cases were pulled for review during this fourth quarter. No cases were pulled during the month of July, due to staff vacation schedules. Two (2) demonstrated 100% compliance, while twelve (12) were returned with corrections within the two week time window given. b) No UR training was conducted this quarter. c) Accomplished during the third quarter on 5/1/24.
4. Incident Report Data - Fifteen (15) incident reports were filed: Two (2) were Risk Events, One (1) was a Sentinel Event. PCC staff were informed of the Sentinel Event by MDHHS staff. No FPP staff were directly involved in the tragic incident that had occurred. One HB incident report was given an additional review by CMH ORR on 8/19/24, but it was determined that having the staff member involved review PCC and CMH policy was sufficient to resolve the issue. No official RR complaint was filed.
5. The new CARF manual with 2024 standards was received at the end of September and uploaded into Google Drive by Dawn Roman on 10/4/24. Staff will soon begin the process of re-accreditation, as our current accreditation expires on 06/30/2025.

Strategic Initiative: Workforce Development

OBJECTIVE C: Create a detailed, step-by-step procedure manual for the Billing Department.			
<p>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.</p>	<p>RESPONSIBILITY Lee Anne McKelvey Dorothy Lams</p>	<p>TIME FRAME Throughout the 2023-24 fiscal year.</p>	<p>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.</p>

STATUS UPDATES: LeeAnne McKelvey

10/01/2023 - 12/31/2023: Discussed this goal with Dorothy. Due to Holidays, hiring/training, vacations, we will begin preparing outline in the second quarter.

01/01/2024-03/31/2024: In process of completing a task outline.

4/1/2024-6/30/2024: This goal has not been completed. This continues to be an objective worth completing; however, the security breach consumed a lot of Dorothy's time and energy. Again, vacation coverage and Sandy leaving the agency has required a lot of attention.

07/01/2024-09/30/2024 This goal has not been completed. This continues to be an objective worth completing over the next fiscal year.

**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:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Make lists of responsibilities that the current co-directors will retain (as owners) or relinquish to their successors.	Mike C Regina F	February 1, 2024	Full assessment of director level responsibilities
2. Based on these lists, formulate a structure for the future division of responsibilities for the new Co-Directors	Exec Team	March 1, 2024	Sound structure for the organization as it prepares for its new operational structure
3. Create job descriptions for owners and co-directors.	Brian G Lisa S Nancy P	May 1, 2024	Job descriptions that account for the seamless integration of all director level positions

STATUS UPDATES: Mike/Brian

10/1/2023-12/31/2023:

1. Lists for #1 action step completed early for MC; RF staying the same for now.
3. NP job description completed early (in Jan. 2024)

1/1/2024-3/31/2024

2. Future structure completed. Lisa Stoneberg and Nancy Pfeifer named Co-Directors as of 2/1/24. Mike Caza Consultant role duties completed and reviewed by Exec Team. Lisa Stoneberg job description update is in process.

4/1/2024-3/31/2024

3. Lisa Stoneberg job description completed
4. Mike Caza Consultant list updated

This goal is completed for FY 23-24

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 2
2024-2025**

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 develop 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: By September 2025, PCC will finalize all preparations necessary to compete in the State of Michigan's Mi Family Together program bid, ensuring PCC is ready to produce a comprehensive proposal for the FY 2026 submission.

ACTION STEPS:

1. FOIA review/Financial Planning: conduct a review of FOIA-relevant documents to inform financial strategies.
2. FOIA Review for proposal development: Complete an analysis of FOIA materials pertinent to the content and structure of the anticipated PCC proposal.
3. Staff training and Knowledge Dissemination: Share point, Mi, FAST, MFT spreadsheets etc.
4. Committee Participation: Maintain active participation in 90% of external committee meetings to stay informed of Pilot requirements and maintain alignment with MDHHS
5. Internal Workgroup Collaboration: Engaging the group to develop necessary capabilities and refine proposal writing.

RESPONSIBILITY:

- Lew/Nancy/Whitney
- Nancy/Lew and team
- Whitney/Aimee and team
- Whitney/Aimee
- Workgroup

TIME FRAME:

1. March 31, 2025
2. June 30th 25
3. Quarterly sessions
4. Ongoing
5. Ongoing quarterly.

OUTCOME:

- PCC achieves 80% readiness by September 2025 i.e. good understanding of program, costs, rates etc.
- All staff are trained and informed to PCC'S capabilities.
- Active participation in external committee meetings achieved .

STATUS UPDATES: Nancy Pfeifer

Strategic Initiative: Financial Stability and Growth

OBJECTIVE B : To assess the most effective EHR system for the workflow of OP staff as well as providing a more fluent telehealth workflow.			
ACTION STEPS: Continue to research and test cost effective Mental Health EHR systems	RESPONSIBILITY: EHR Committee Co-Chairs and subcommittee members for both clinical and support staff.	TIME FRAME: 1st and 2nd Quarters	KEY SUCCESS MEASURES: Viewing and sampling Demos to find a comprehensive EHR program to meet all OP needs.
Narrow down the option of a new EHR system for the agency.	EHR Committee to present to Executive Team	3rd Quarter	Executive Team to make the final call on which EHR is the most effective for the entire agency.
Begin the implementation process of integrating the newly chosen EHR system	EHR Committee Co-chairs	4th Quarter and into FY 25-26	To smoothly transition to a new EHR system that is more effective for the entire agency.

STATUS UPDATES: Kelly Ann Cole

Strategic Initiative: Financial Stability and Growth

OBJECTIVE C: To create additional HB group therapy curriculums to meet the variety of needs of individuals served under the HB program			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
Maintain a workgroup, meeting at least once per month	Kaiytlin Rumenapp & Kristen Patchel	One year	To increase the utilization of group therapy services under our CMH contracts. This will not only meet the clinician need for individuals served but will also increase revenue for PCC, decrease time needed to graduate from therapy services, and allow staff opportunities to challenge their clinical skills.
Review forms and survey data from each group that is successfully facilitated	Kaiytlin Rumenapp & Kristen Patchel	Quarterly	
Facilitate evidenced based group therapy quarterly	HB Therapists	Quarterly	
Collaborate with CMH to work towards ability to facilitate parent groups under the HB contract	Kaiytlin Rumenapp Kristen Patchel	One year	
Begin evaluating opportunities to facilitate group therapy under CMH OP contract	Kaiytlin Rumenapp & Kristen Patchel	One year	

STATUS UPDATES: Kaiytlin Rumenapp

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 2
2024-2025**

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: Assess the cost and viability of changing from Google Workspace to Microsoft 365 accounts for the entirety of PCC.

ACTION STEPS:

1. Research steps to take if PCC were to migrate from Google accounts to Microsoft.
2. Estimate costs for migration and contract terms.
3. Present findings to Executive Team
4. Decision made to migrate to Microsoft or stay with Google

RESPONSIBILITY:

1. Joanne
2. Joanne
3. Joanne
4. Exec Team/Lew/
Joanne

TIME FRAME:

1. 2nd Quarter
2. 2nd Quarter
3. 3rd Quarter
4. 4th Quarter

OUTCOME:

1. Solve questions of cost, including those of early withdrawal from the Wursta contract and data migration.
2. Complete a comprehensive report with all aspects of cost and migration.
3. Present information to the executive team and have discussions to answer any questions. Research any unanswered questions.
4. Complete discussion on change in software and make a decision. If a decision to change is made, reach out to Microsoft to begin the implementation process.

STATUS UPDATES: Joanne Parr

Strategic Initiative: Information Technology

<p>OBJECTIVE B : Continue to research an EHR (Electronic Health Record) system replacement for the outpatient program. Assess whether CareCloud is the most suitable software for our practice and evaluate other EHR systems for comparisons.</p>			
<p>ACTION STEPS:</p> <ol style="list-style-type: none"> Continued research of costs and features of various EHR Systems Schedule demonstrations to view the different features each different system offers for not only clinicians but also admin and office staff. EHR committee will submit its findings and recommendations to the Executive Team. 	<p>RESPONSIBILITY</p> <ol style="list-style-type: none"> Joanne Joanne EHR committee 	<p>TIME FRAME</p> <ol style="list-style-type: none"> 1st Quarter 1st-3rd Quarters 4th Quarter 	<p>Outcomes:</p> <ol style="list-style-type: none"> Add new information to the EHR Comparisons spreadsheet for each new system added. Schedule demos separately for both clinicians and admin/support staff for each system looked at so each has enough time to see features geared towards their jobs. A decision made on which EHR system is best suited for the outpatient program, even if that is CareCloud, will be made and further steps taken as needed.

STATUS UPDATES: Joanne Parr

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 2
2024-2025**

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: Office Manager will continue to monitor the daily operations of the Front Office, Registration & Billing with regard to the effectiveness of processes that are in place, the need to develop new (or update) processes and cross training staff for coverage of high priority tasks in the event of absence.

ACTION STEPS:

1. Review/update front office & registration procedure manuals regularly.
2. Continue to work with the Billing Specialist developing a procedure manual of all assigned job responsibilities.
3. Monitor the effectiveness of daily processes and procedures. Address/resolve any issues that arise.
4. The Office Manager will continue to gain the necessary knowledge to provide back-up coverage in Front office, Registration and Billing.
5. Identify high priority tasks that need to be completed in the event of staff absence and have alternative staff trained as back-up for specific tasks.

STATUS UPDATES: Lee Anne McKelvey

RESPONSIBILITY:

Lee Anne McKelvey

TIME FRAME:

Throughout the 2024-25 Fiscal year.

OUTCOME:

The success of the Outpatient Program depends largely on the daily operations of the Front Office, Registration and Billing. Effective operational processes and cross trained staff coverage will support such success.

Strategic Initiative: Workforce Development

OBJECTIVE B : Prepare for CARF site audit by ensuring that policies, procedures, and PCC practice standards are up to date with current requirements by June 30, 2025.				
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES	
1. Obtain and review 2024 CARF Manual for any changes in industry standards for Behavioral Health Services, and make recommendations to PCC Management regarding any changes that would be necessary/beneficial for PCC to consider as a result of that review.	Dawn Roman Cindy Willey-King	10/31/2024	Create an outline of any changes that need to be considered/made, which brief details of what may be helpful to bring PCC into compliance.	
2. Identify and provide any needed staff training to achieve full compliance with CARF 2024 standards.	Cindy Willey-King	11/01/24 through 06/30/25	Create a staff training action plan based on any gaps or needs identified, with time frames to accomplish compliance.	
3. Identify and complete tasks (with time lines) needed to prepare for CARF on site audit.	Cindy Willey-King	12/01/24	Create a task list with staff assigned to help prepare for an on site visit.	
4. Prepare a comprehensive plan of correction (if any corrections are identified); plan to recognize and celebrate PCC and staff compliance when we receive our updated accreditation notice.	Cindy Willey-King	7/31/25	Action plan complete and/or celebration scheduled.	

STATUS UPDATES: Cindy Willey-King

Strategic Initiative: Workforce Development

<p>OBJECTIVES C: Create a training program that encourages employee growth and offers strategies for acquiring new knowledge and skills around career development.</p>			
<p>ACTION STEPS: Include other staff; direct program staff, supervisors, and program managers into initial and ongoing training. Build upon the initial orientation and ongoing training that is uniform to all staff</p> <ul style="list-style-type: none"> ● Staff attend other team meetings to present cases and gain feedback (HIPAA Compliant) Responsibility: FP Supervisors by 10/1/2025 ● Identify “experts” in areas to implement staff training for either new or ongoing training needs. Responsibility: FP Supervisors by 10/1/2025 ● Establish training areas each Supervisor/Support Staff is responsible for teaching Responsibility: FP Supervisor/Support Staff by 10/1/2025 ● Ensure each new employee is familiar with the PCC website and can navigate Google Drive to reviews trainings available Responsibility: FP Supervisors/Support Staff by 10/1/2025 ● Establish training with different program senior staff members to assist in training/teaching skills to help build relationships with co-workers and acquire resources and give further support 	<p>RESPONSIBILITY FP Supervisors and support staff</p>	<p>TIME FRAME 10-01-2025</p>	<p>KEY SUCCESS MEASURES New employee training plan in place involving other supervisors, support staff and co-workers. Staff will have a better understanding of programs that PCC offers and meet them during training or ongoing training. Staff retention improves with well trained staff</p>

STATUS UPDATES: Aimee/ Starla/ Dennille

Professional Counseling Center

OPERATIONAL PLAN

YEAR 2

2024 -2025

STRATEGIC INITIATIVE 4: Leadership and Corporate Structure

GOAL 1: Future structure, succession, and potential sale, long term vision for the agency to include all program performance. (OVERARCHING GOAL)

OBJECTIVE A: Revamp director level management and reporting responsibilities in the Outpatient and Family Preservation Programs in order to create an effective top-down managerial process and a seamless structure from senior management to ownership.

ACTION STEPS:

1. Create list of responsibilities/ job descriptions regarding key positions at PCC i.e. director roles, program management, program director, etc.
2. Based on list/descriptions formulate a structure for division of responsibility
3. Create new job descriptions for key positions at PCC and set timeline for completion of transition steps

RESPONSIBILITY:

Nancy/Lisa

Executive Team and Co-Directors

Executive Team Co-Directors Managers

TIME FRAME:

1/1/2025 – 4/1/2025

1/1/2025 – 7/1/2025

7/1/2025 – 12/31/2025

OUTCOME:

STATUS UPDATES: Lisa Stoneberg

Strategic Initiative: Leadership and Corporate Structure

OBJECTIVE B: Continue the transition of tasks and responsibilities from Mike Caza to Lew Evenson to be completed by _____			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
1. CMH Rates	1. Mike/Lew	January	Lew will now complete these tasks
2. Annual Report	2. Mike/Lew	February	
3. Audit analytics	3. Mike/Lew	March	
4. Review all bills and payments	4. Mike/Lew	April	
5. Transition A/P from Mary Fran to Lew	5. Lew	May	

STATUS UPDATES: Mike/Lew

Strategic Initiative: Leadership and Corporate Structure

OBJECTIVE C: Continue the implementation of the Greenshades payroll and HR management systems, and the subsequent transition of Accounts Payable, Insurances specific, from Mary Fran to Lew Evenson with a completion date of 06/30/2025.			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	KEY SUCCESS MEASURES
1) Complete implementation of Greenshades payroll/HR system	Lew & Dawn	03/31/2025	Management and employees have fully functionality within the Greenshades system
2) Complete implementation of Greenshades quarterly/yearly tax process	Lew & Dawn	06/30/2025	Taxes handled within company walls with the ability to provide answers to questions which may arise.
3) Complete transition of insurances Accounts Payable from Mary Fran to Lew	Lew	06/30/2025	Insurance Accounts Payable will be handled within company walls which will allow for better understanding of Agencies liability as well as cost

STATUS UPDATES: Lew Evenson

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, 2023 - September 30, 2024

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 17,320 sessions during the past year of this 4,089 were canceled or no showed for a total of 13,231 sessions.

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

- 1197 persons received services
- 100% reported consumer satisfaction of those that were returned
- 10% No Show/Late Cancel Rate
- 95% 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
- Updated Website
- Started a EHR Committee
- Several new chairs were purchased for offices

STAFF ACCOMPLISHMENTS

- 1.0 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), LOCUS & MichiCANs
- 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 and MichiCANS
- 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
- Children's waiting room/activity center continues
- OP reward box going
- All clinical resource centrally located for clinical staff to a more convenient area
- New adolescence/child psychiatrist/medical director
- LPC's able to take Medicare
- All CMH Child and Adolescent Clinical Providers were trained extensively in the MichiCANS
- 6 Clinicians were trained this year in the DECA or Tele Services
- LL's able to see additional Major insurances

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
- Global Insurance Breach that caused a delay of insurance reimbursements for 2-3 months

EXPENSES

- Expense for the Outpatient Program FY 2023-24 \$1,586,100
- Continued negative effects due to COVID-19 and client cancellations and staff illnesses

ANTICIPATED NEEDS

- Increase trauma certified children clinicians
- Need fully licensed MA staff
- Increase volume of sessions on Monday and Friday
- Review of EHR systems for mental health

Professional Counseling Center, P.C.

OUTPATIENT PROGRAM DESCRIPTION

October 1, 2023 – September 30, 2024

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 LOCUS and MichiCANS). 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 Michigan Child & Adolescent Needs & Strengths (MichiCANS) 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.

Client List by Age Group - 2023-2014

Client Age	Client Count	Age Group	Totals by Group
5	4	0-5	4
6	7		
7	17		
8	23		
9	25		
10	25		
11	29		
12	30		
13	31		
14	26		
15	38		
16	33		
17	25	6-17	309
18	23		
19	26		
20	21		
21	24		
22	28		
23	21		
24	17		
25	28		
26	25		
27	29		
28	15		
29	13		
30	19		
31	29		
32	30		
33	22		
34	14		
35	23		
36	17		
37	23		
38	25		
39	26		
40	36	18-40	534
41	14		
42	28		
43	29		
44	20		
45	22		
46	22		
47	21		
48	14		
49	14		
50	14		
51	17		
52	19		
53	17		
54	12		
55	12		
56	17		
57	16		
58	19		
59	11		

Client List by Age Group - 2023-2014

Client Age	Client Count	Age Group	Totals by Group
60	11		
61	16		
62	9		
63	10		
64	9		
65	8	41-65	401
66	6		
67	8		
68	8		
69	3		
70	5		
71	5		
72	1		
73	4		
74	1		
75	5		
76	3		
77	3		
79	3		
80	1		
81	1		
82	1		
83	2		
84	1		
86	1		
87	1		
99	1	66-99	64
Total	1,312		1,312

Applied Filters
DOS: Sunday 01 October 2023 to Monday 30 September 2024

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

Client List Summary by Gender October 1 2023 to September 30 2024

TOTALS	Female	Male	Unknown	Patient Count:
GENDER				832
GENDER				479
GENDER				1

Client List by Race and Ethnicity 2023 - 2024

White	1,068
Declined to Specify	160
Black or African American	60
Hispanic	12
American Indian or Alaskan Native	5
Asian	4
Other	3

Total	1,312
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Professional Counseling Center, P.C.

HOME BASED PROGRAM DESCRIPTION

October 1, 2023 – September 30, 2024

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. SCCCMH 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, 2023 to September 30, 2024**

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.

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

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

Consumer Outcomes

- 75% 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, 75% reported that Home Base Services were very helpful, with zero percent that did not answer.
- Average length of time in the program for cases closed in FY 23-24 was 17 months.
- For FY 23-24, at the beginning of services, 75% of parents reported thinking there was a risk of their child being removed from their home. By closing, 25% reported their children were not living in their home.
- At opening, 75% of consumers reported their family was getting along great or most of the time. Of those that completed the post-survey, 100% stated their family were getting along great or most of the time.
- 50% of the cases closed in FY 23-24 that responded to our survey reported that they were linked with community resources.
- At the time of closing, 50% in FY 23-24 reported an increase in the child's functioning at school.
- At opening, 25% of the consumers were seeing a psychiatrist and/or taking psychiatric medication. Of the cases that closed, 50% were seeing a psychiatrist and/or taking psychiatric medication.
- Average CAFAS/PECFAS score at intake was 108 (ranging from 70 - 170). Average CAFAS/PECFAS score at discharge was 77 (lowest score was 20). Average decrease in CAFAS/PECFAS score at discharge was 31 points.

Staff Accomplishments

- Hired two (2) part-time therapists and one (1) part-time home based assistants. Lost one (1) full time therapist and two (2) part time home based assistants.
- New staff attended training on Recipient Rights, Person-Centered Planning, Home Based Safety, and Non-Violent Crisis Intervention (CPI). All staff received training on Effective Interventions for working with Children and Adolescents with Emotional and Behavioral Problems, Positive

Parenting, Self Care, HIPAA training, LGBTQI, Anger Management, and Motivational Interviewing

- Continued collaboration and coordination of care with community resources such as DHHS, Juvenile Justice, Family Preservation, St. Clair County School Districts, Athletic Factory, Kids in Distress, Child Abuse and Neglect Council and Sheriff's Department
- Participated in Christmas for Families Project with PCC Community Services
- Provided Christmas stockings, gifts and non-perishables to 12 families in the homeless community
- Therapists have all been trained and certified in using the MichiCANS and DECA Assessments.

Current Service and Program Trends

- Utilized community resources for clients such as The Athletic Factory, 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 FY2023-2024: **\$770,161.22**

Totals		
Total cases served		44
Total closed		18
Race		
American Indian/Alaska Native		
Asian		
Black/African American (Non-Hispanic/Latino)		3
Black/African American (Hispanic/Latino)		
Black/African American, White, American Indian (Hispanic/Latino)		1
Black/African American, White (Non-Hispanic/Latino)		4
White (Non-Hispanic/Latino)		31
White (Hispanic/Latino)		4
White/American Indian		1
	TOTAL	44
Age		
4 years old		1
5 years old		4
6 years old		2
7 years old		3
8 years old		6
9 years old		4
10 years old		1
11 years old		4
12 years old		4
13 years old		1
14 years old		10
15 years old		2
16 years old		2
17 years old		
	TOTAL	44
Gender		
Male		12
Female		32
	TOTAL	44
Total Face to Face Contact		2420

PROFESSIONAL COUNSELING CENTER

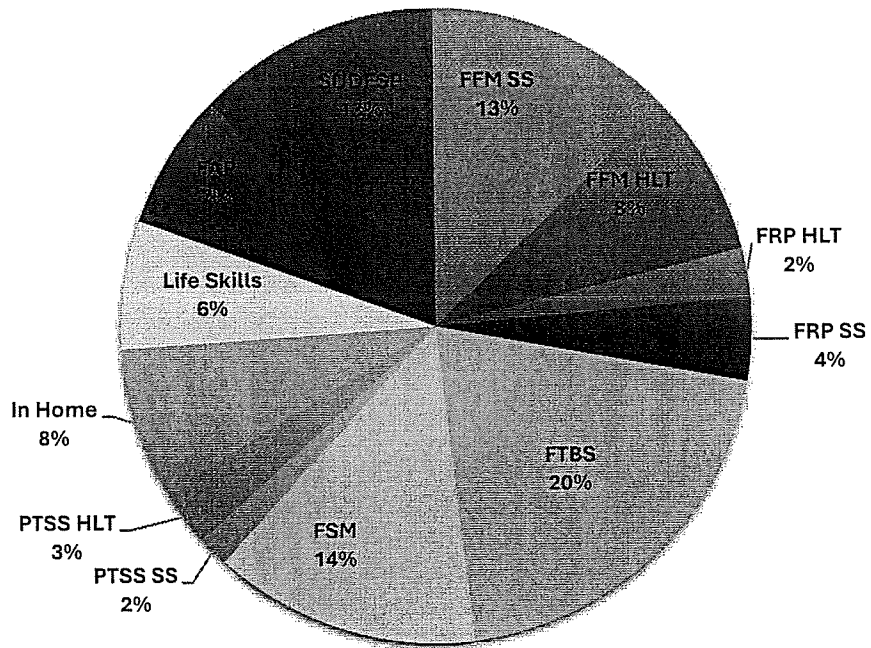
Family Preservation Demographics

2023-2024

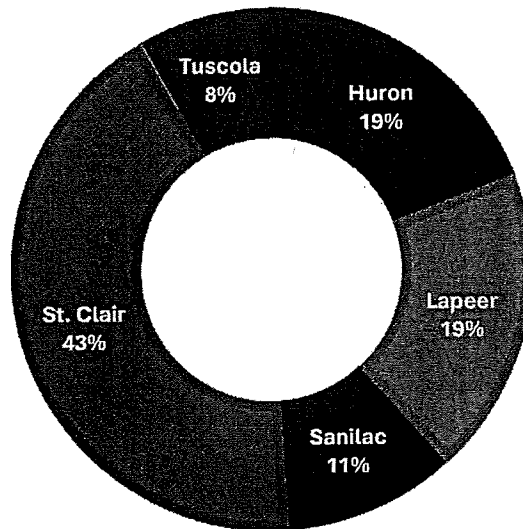
Total Number of Clients Served: 455

Average number of Children Served: 2.14

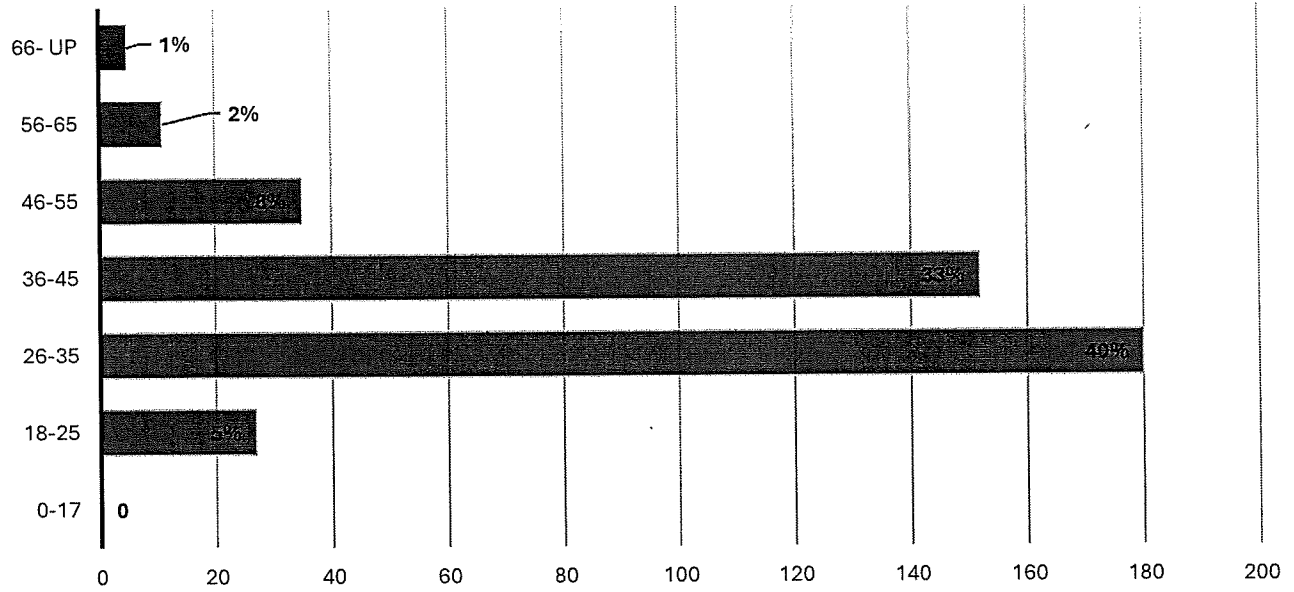
FP Breakdown by Program



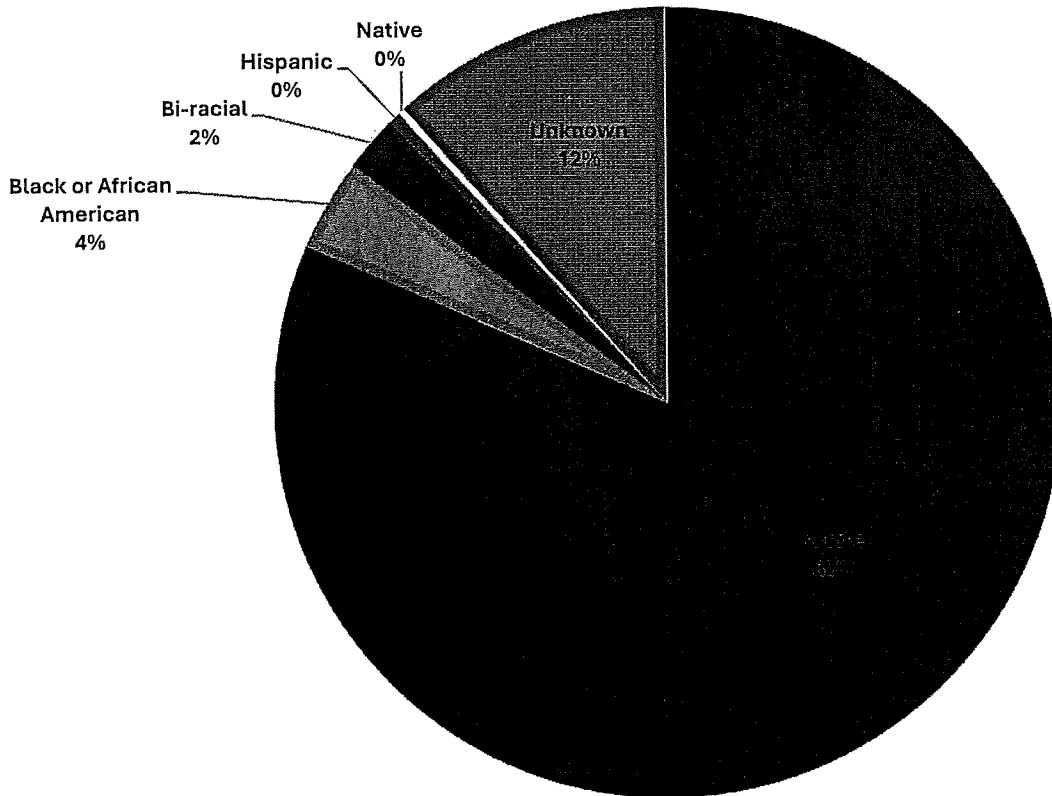
CLIENT BREAKDOWN BY COUNTY



BREAKDOWN OF CLIENTS BY AGE



CLIENT BREAKDOWN BY RACE



CLIENT BREAKDOWN BY GENDER

