

PROFESSIONAL COUNSELING CENTER, P.C.

**AN INTEGRATED ANNUAL
MANAGEMENT REPORT
FY 2024-2025**

&

**QUALITY IMPROVEMENT PLAN
FY 2025 - 2026**

CARING, COMPETENT, PROFESSIONAL SERVICES

April - 2026

PROFESSIONAL COUNSELING CENTER, P.C.

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

Table of Contents

Mission Statement and Service Principles

Past Year's Achievements and Accomplishments

- Management Report – Page 1-2
- Quality Improvement Report – Page 3-5
- Health & Safety Report – Page 6
- Accessibility Report – Page 7-10
- Labor Turnover Report – Page 11
- Policy Committee Report – Page 12
- Recipient Rights Report – Page 13-16
- Incident Report – Page 17-22
- Staff Enrichment Committee Report – Page 23
- Outpatient Outcome Report – Page 24-25
- Outpatient & Homebase Satisfaction Survey Results – Page 26-41
- IT Annual Report – Page 42
- Risk Management Addendum – Page 43-48
- HIPAA Security – Page 49-54
- Community Benefit Activities Report – 55-59
- Data Quality & Credentialing – Page 60-61
- Program Expenses 2024-25 – Page 62-63
- Outpatient Service by Payors 2024-25 – Page 64-66

Analysis of Current Service and Program Trends

- Needs Assessment/Community Review – Page 67-68
- Program Trends – Page 68-69
- Needs Assessment/Consumer Input OP & HB 2024-25 – Page 70-83
- Summary of Organizational Strengths & Weaknesses – Page 84-85

Focus on the Future

- Focus on the Future and Description of QI – Page 86
- Strategic Plan 2023-2026 – Page 87-92
- 2024-2025 Operational Plan /Goal Status Reports – Page 93-110
- Operational Goals 2025 – 2026 – Page 111-120

Individual Program Description

- Outpatient Program – Page 121-130
 - >Description
 - >Year End Report
 - >Demographics
- Home Based Services – Page 131-138
 - >Description
 - >Year End Report
 - >Demographics
- Family Preservation Program Annual Report (visit pccporthuron.com)
 - >Demographics – Page 139-141

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, 2024 to September 30, 2025

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 2024-2025

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 two hundred fifty-six (1256) 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-Eight percent (88%) said their symptoms have gotten better. This first measure was met. CCM scores for Fiscal Year 2024-2025 showed improved scores in Seventy-One percent (71%) 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 nine hundred and thirty-two (932 individuals requesting services, seventy nine percent (79%) were scheduled in fewer than fourteen (14) days, but eighty-eight point seven percent (88.7%) 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 2025.

Satisfaction Results: Of all respondents, ninety-nine percent (99%) responded that they were satisfied with PCC. This objective was met.

B. Home Based Services with Severely Emotionally Disturbed Children

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

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

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

Results: Of the nineteen (19) cases closed in 2024-25, eighty-seven point five percent (87.5%) were still living at home. This objective was met.

QI Section for Annual Report - FY 24-25
Quality Improvement Report
October 1, 2024 to September 30, 2025

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
10/8/2024	729	16	1	4
11/12/2024	721	15	0	6
12/10/2024	N/A	no pull	N/A	N/A
1/15/2025	712	15	2	6
2/11/2025	728	15	0	6
3/11/2025	719	15	1	7
4/8/2025	723	15	2	6
5/13/2025	724	16	4	8
6/10/2025	728	14	2	6
7/8/2025	N/A	no pull	N/A	N/A
8/12/2025	702	14	2	6
9/9/2025	712	13	2	5
Totals	720 ave	148	16	60

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, 148 cases were reviewed using this process. Of those cases reviewed 16 received a perfect score with no errors in any section (i.e., 10.8%). Of those cases requiring correction, 60 of the UR documents were corrected and returned within the two week window (i.e., 40.5%). The average number of open cases per month was 720, with a range of 702 to 729 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: Telehealth Training Provider Refresher Training and Quiz - Building Rapport and More (10/15/24), PCC/CARF/CMH Annual Training Grid reviewed and discussed (11/19/24), Health and Safety Training and Quiz (1/21/25), Person Centered Planning 101 Refresher training (2/18/25), HIPAA Reporting Process Refresher Training (2/18/25), Emergency Preparedness - Trauma Informed Care - Military Culture training (3/18/25), Recipient Rights Refresher training (4/15/25), Re-training of Complexity Code (90785) and CMH Crisis Code use (H2011) (5/20/25), Charlie Health In Service

(5/20/25), IPOS changes training (6/17/25), De-Escalating Dangerous Individuals refresh training (8/19/25), and PCC Utilization Review Issues over the past Fiscal Year plus condensed version of Documentation and Risk Management in Behavioral Health - Top Ethical Challenges training by Dr. Frederic Reamer (9/16/25).

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: 10/15/2024, 1/29/2025, 4/1/25, and 7/1/25. 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 three 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 refresher training in the use of telehealth services, entitled "PCC Telehealth Provider Training - Building Rapport and More!", was completed with outpatient and home based staff on (10/15/24) to enhance the experience for individuals served. As part of PCC's consumer satisfaction surveys, individuals identified that 82.8% preferred in person services, however, they very much appreciated the ability to receive telehealth services if in person services were not an option. PCC's policy continues to be that individuals requiring more intensive services are seen in person only. PCC has made progress in 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. 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 and medical director, providing these services for us two days per month. Dr. Daniel Wilhelm joined the PCC team in July of 2025, providing ADHD, ADD assessments and medication management services for children and teens, through college age. He provides services here on Mondays and Wednesdays for a total of eight (8) hours per week..

Psychiatric Peer Review, FY 24-25: One peer review was completed by our psychiatrist and psychiatric nurse practitioner during the months of March 2025 and April 2025. 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 two audits from St. Clair County Community Mental Health. Our First Quarter Record Review completed on (3/4/2025), was received on (6/18/25). Our overall compliance with this chart audit was excellent, greatly improved from last year's audit, with Outpatient at 94.9% (225/237), and with Home Base at 96.2% (152/158). Our compliance with our Second Quarter Record Review completed on (6/23/2025), received on (12/10/25), was also excellent, with Outpatient at 98.1% (155/158), and with Home Base at 98.7% (156/158). In the First Quarter Claims Verification Review Process, the PCC Outpatient Program had 51 out of 52 claims (99%) meeting all documentation requirements, while the PCC Home Based Program had 78 out of 78 claims (100%) meeting all documentation requirements. In the Second Quarter Claims Verification Review Process, PCC's HB and OP programs combined had 61 out of 61 claims (100%) meeting all of the documentation requirements. PCC has not yet received our record reviews nor our CVRs for the Third and Fourth Quarter.

Chart Review (CR) Period	Program Area	# Cases	# Items Reviewed	% Compliance
CR 1				
03/4/2025	Outpatient	3	225/237	94.9%
10/1/2024 to 12/31/2024	Home Base	2	152/158	96.2%
Totals		5	377/395	95.44%
CR 2				
06/23/2025	Outpatient	2	155/158	98.1%
1/1/2025 to 3/31/2025	Home Base	2	156/158	98.7%
Totals		0	311/316	98.42%
CR 3				
Not received	Outpatient	5	0/0	N/A
4/1/2025 to 6/30/2025	Home Base	3	0/0	N/A
Totals		8	0/0	N/A
CR 4				
Not received	Outpatient	0	0/0	N/A
7/1/2025 to 9/30/2025	Home Base	0	0/0	N/A
Totals		0	0/0	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: 2/9/2026

Professional Counseling Center, P.C.
HEALTH & SAFETY REPORT
October 1, 2024 – September 30, 2025

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

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

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

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

- Client had a medical emergency. EMS was called
- Client had a medication overdose. EMS was called, child taken to hospital
- Child was injured by a sibling. 911 was called.
- Client showed aggression at 1st meeting. Staff left.
- Minor came from bedroom smelling like weed. 3200 filed

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, 2024 through September 30, 2025

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. PCC's Disaster Recovery Plan was most recently updated on (8/12/25).

Identified Facility Barriers this past fiscal year:

1. The Health and Safety Committee met on (12/12/24) and shared that safety inspections were completed in the Port Huron Office in October 2024, along with Fire Extinguisher Inspections also completed in October 2024. The Marlette Office inspection has been scheduled.
2. (12/18/24) at 8:48 am, PCC staff were notified that Comcast continued to experience intermittent outages in the area of the PCC Port Huron office. On (12/20/24) at 10:15 am, staff were informed that the internet had been fully restored.
3. DTE truck reported to be outside of the building on Bard Street on (12/23/24) (they were putting a new heating unit in the building across the street, no concerns for PCC).
4. (1/15/25) Front desk provided advanced notice that Superior Heating and Cooling would be in the building on (1/17/25) between 8 and 9am to put in a new furnace. They are estimating roughly 6 hrs of work. The rooms affected will be upstairs (11, 13, and 14), 6, 8, and 9. We will have rooms that staff can use if you are too cold; we also have space heaters.
5. (2/5/25) Staff were notified not to use the sink in the upstairs historic building for now; it was being repaired.
6. (2/12/25) Staff were informed that SCC-CMH announced that they would close at 5pm. As noted in the PCC policy, PCC would also close at 5pm. OP Staff were informed to check their schedules in CareCloud, as the front desk would be calling their clients to see if they would like to hold telehealth sessions in lieu of the building closing. HB and FP staff were advised to use discretion on the weather and your safety.
7. On (3/14/25), DTE provided advanced notice of a potential power outage for (3/22/25); On (3/15/25), IT reported there there was no power outage on that date, as well as followed up on (3/21/25): "DTE reports no planned power outage for tomorrow, (3/22/25) Saturday...". On (3/22/25), PCC's IT Support Specialist also reached out to Port Huron PCC staff, "Hey all, I just stopped at the office just to make 100% sure there was no power outage and everything on the tech side would be ok for Monday morning. Everything looked good, so I just wanted to let everybody know it should be business as usual for Monday."
8. On (6/12/25) staff were informed that the front porch would be closed on (6/17/25) to allow for basic maintenance and painting. On (7/22/25) Port Huron staff were again told that the front porch was closed for painting, and provided with other areas to gather if needed. "The porch will be closed until Thursday morning to allow it to dry."

9. On (6/24/25) Port Huron staff were informed that "the fridge door on the right in the kitchen was left cracked open. No idea how long it was left like that but just as a heads up."
10. On (7/3/25), Port Huron staff were informed, "PCC will be purchasing a parking pass for you this year. The passes will be purchased on Monday, July 7th. The new gate (McMorran Lot) goes into operation on Wednesday, July 9th. Watch your mailbox for your new card." In follow-up on (7/10/25), PCC's HR Generalist informed staff: "Please let the Business Manager and I know if you are having any issues with your parking pass. Message from McMorran - Please let your staff know that when exiting they will need to scan their card and not drive through with the person ahead of them. Otherwise, it will still show that they have a car in the lot." On (7/16/25), the HR Generalist again reached out to staff: "How are the parking passes working out? Please let me know if you are having any issues." On (7/22/25), the HR Generalist notified staff that two additional parking passes would be made available at the front desk for FPP staff who needed to use them while on site at the Port Huron office.

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. A children's area has been created near the front office area to promote comfort and engagement of children who are participating in counseling services, or here with a parent or sibling. Reading books, seasonal coloring sheets, fidgets and other tactile objects have been placed at the children's table. Children's chairs are available to sit in. Child artwork has been hung on the walls (without identifying information, names on the back), to encourage self-esteem with self-expression. At different times during the year, children are encouraged to search the lobby for tiny figurines and allowed to pick one to keep.

Identified Environmental Barriers this past fiscal year:

1. PCC supervisors continue to promote a clean, safe area for staff and individuals served. Furniture that is worn or damaged is replaced. Offices are thoroughly cleaned and vacuumed twice per week by our cleaning staff. No barriers have been identified in this area.
2. PCC held a Christmas Door Decorating Contest for the month of December, with winners announced on (12/26/24).

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 2025 reflects that St. Clair County race and hispanic origin was represented as: White, Non-Hispanic 90.1%, Hispanic or Latino 3.43%, Black or African American alone 2.45%, Two or More Races 5.58%, Asian alone 0.52%, and American Indian or Alaska Native alone 0.44%. St. Clair County residents are also represented as: Women 50.02% (Men 49.98%), Veterans 7.3%, Adults Over the Age of 65 21.8% and Persons under 65 years of age with a disability 16.8%. Currently, PCC's staff reflects the following demographics: White 97.4%, Black 1.7%, Hispanic 0.9%, Female 85.47%, Male 14.53%.

Identified Attitudinal Barriers this past fiscal year:

1. The PCC Wellness Committees continued to provide informational bulletin boards, and healthy snacks and beverage events for all staff at both the Port Huron and Marlette locations. Some of these events included: Build Your Own Oatmeal Event (3/4/25), Massage Day Event (5/27/25), Hot Dog Cook-Out (6/25/25), Blueberry Ice Cream Social (7/8/25) and Blueberry Muffin Day (7/11/25), White Chocolate Day (9/22/25), and National Coffee Day (9/29/25).

2. The PCC Enrichment Committee provided fun events to engage and retain staff, including: A House Divided (U of M vs. MSU) gear wearing week and score guessing contest and Chili Cook Off (10/23/24), the PCC Christmas Party (12/13/24), and the Lion's Pride Gear on Mondays and Fridays (starting 1/8/25) to support the Lions in the NFL Post Season, until the Super Bowl. The Enrichment Committee and Wellness Committee merged in April 2025.
3. 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.
4. On (6/2/25), The PCC Enrichment Committee invited all to wear their work appropriate Pride gear to the office during Pride month; the email included a brief history of the event, as well as a link to the Blue Water Ally events page.
5. The PCC Enrichment Committee arranged for PCC staff and their families and friends to participate in the Santa Christmas Parade on Friday, (11/29/24), and the Rotary Parade in downtown Port Huron on Wednesday, (7/9/25).

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. During the last fiscal year there were 26 new staff hired and 27 staff who left employment with PCC.
2. (11/19/24) the PCC website was updated to ensure staff photos and bios were current and up to date. The PCC website has been a helpful tool in recruiting new staff.
3. PCC is aware of the Michigan Earned Sick Time Act (ESTA), effective February 21, 2025, requires employers to provide paid sick leave, generally at a rate of 1 hour for every 30 hours worked, allowing up to 72 hours of usage per year for most workers. It covers, with few exceptions, all employers and employee types, including part-time and temporary staff.

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. Staff receive continuing education in this area individually during supervision, and as a group during team meetings.

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. On July 10, 2025, McMorran installed a parking gate system, which began to charge the public for parking. PCC staff were issued parking passes that did not always work well in the beginning, but seem to be operating well currently. The McMorran website notes the following information about parking costs: Pay at Gate - McMorran North and South West Lots: On Non-Event Days - First hour free then \$2/hour, no re-entry; On Event Days - \$7 per day, no re-entry. McMorran South East Lots First hour free then \$2/hour, no re-entry. OR Pay Online McMorran North and South West Lots \$7 per day, no re-entry. This new system has caused some difficulty for individuals served.

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: 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.
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 (when internet connection is not available/reliable).
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 \$110 each annually to allow staff to park in the McMorran lot (cost is \$100 for parking, \$10 for the card)..

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. Solution: PCC administration continues to assess and establish a more competitive salary scale and benefit package.

Prepared by, Cynthia Willey-King, 2/11/2026

Professional Counseling Center, P.C.
LABOR TURNOVER REPORT
October 1, 2024 to September 30, 2025

During the fiscal year 2024-25 PCC hired twenty-five (25) people. The positions hired were:

- One Family Assistance Program
- Seven Family Assistance / In Home Programs
- Four Parenting Time Support Services
- One Family Reunification Program
- Two Families First
- One Family Skills
- One Home Base Aid
- Two FPP Support
- Two FTBS
- One OP Support
- One FRP/ FAP / LS
- Two OP-Therapist

Employee turnover (27) consisted of:

- Eight Resigned
- Five Another Job
- One Retired
- Three Personal Commitments
- One Pursuing Master Degree
- One Discipline Issues
- Three Health Issues
- One Relocated
- Three Not a good fit
- One Contingent employee not returning

We have consistently completed exit interviews (57%) with staff. Their comments reflect that “PCC is a great place to work; morale is high, good staff relationships, love working with families, flexible in schedules when needed. Salaries, fringes and advancement could be better.” 42% of the staff reported the best part of the job was the staff. 25% reported that the best part of the job was flexibility. 33% reported that the best part of the job was working with the families.

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, 2024 to September 30, 2025

The Policy Committee met three (3) times during the 2024-2025 fiscal year and have worked on the following areas listed below:

- The Committee finalized revisions and suggestions of Policy in the following: Chapter 1 Section 2 through Section 4. These changes/updates have been forwarded to all staff, policy books have been updated, and the intranet policies have been updated as changes occur.
- The Committee implemented one new policies: Non-Employee Network Access
- 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.

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

PCC - Annual Report, October 1, 2024 to September 30, 2025

RECIPIENT RIGHTS REPORT

- A. During the fiscal year 10/1/2024 to 9/30/2025, there was one (1) formal Community Mental Health client complaints received and no (0) informal inquiries:

09/24/2025 - # 6679:

Allegation #1: Right for Family Members to be treated with dignity and respect (7110).

Report of Investigative Findings of 10/23/2025 - SUBSTANTIATED

A Remedial Action Plan was submitted and approved on 10/29/25.

- B. For PCC's private client complaint process (for all other programs), eleven (11) were filed:

P-001-2025 - Alleged incident occurrence 01/15/2025; Discovered/Reported 1/16/2025

MCL 330.1748 - Confidentiality, Sec. 748

Staff member sent an inquiry email to an MDHHS worker who was not assigned to the case of the individual referred. He reported it to his supervisor as soon as it happened. His supervisor reported it to the HIPAA compliance officer.

Report of Investigative Findings of 01/16/2025 - SUBSTANTIATED

A HIPAA breach notification letter was sent to the individual served and their referring MDHHS referring worker on 1/30/25. The staff member received additional training in verifying emails prior to sending identifying information. No further action was requested or required.

P-002-2025 - Alleged incident occurrence 01/29/2025; Discovered/Reported 1/29/2025

MCL 330.1748 - Confidentiality, Sec. 748

Billing Specialist accidentally attached the wrong report to a contracted funding source for billing purposes. The funding source was notified to please destroy the document and the correct support document was sent. The Billing Specialist notified her Supervisor as soon as it happened, along with this HIPAA compliance officer.

Report of Investigative Findings of 01/29/2025 - SUBSTANTIATED.

HIPAA compliance officer provided education and training. HIPAA breach notice letters were sent to the individuals served and their referring workers on 02/18/2025. No further action was requested or required.

P-003-2025 - Alleged incident occurrence 01/29/2025; Discovered/Reported 1/30/2025

MCL 330.1748 - Confidentiality, Sec. 748

Two OP Therapists allegedly accessed the chart of an individual served by another therapist without an ROI and shared diagnostic information and the date of the next scheduled appointment with another individual within the same family unit.

Report of Investigative Findings of 03/06/2025 - SUBSTANTIATED.

HIPAA compliance officer met separately with the two staff involved in the presence of their supervisors (4/9/25, 4/30/25) and gave both Therapists written notices of the violation. Both

Therapists were required to receive additional training regarding what occurred and the family members were informed. No further action was requested or required.

P-004-2025 - Alleged Occurrence unclear, Discovered/Reported 01/30/2025

MCL 330.1748 - Confidentiality, Sec. 748

Clinical case record review found a Cross Cutting Symptom Measure (CCSM) form for the wrong individual in another individual's case record. Therapist reported to the front desk and the front desk supervisor. The document was removed and placed into the correct case record. No one else had observed this information, so no HIPAA violation had occurred. Report of Investigative Findings of 01/30/2025 - SUBSTANTIATED. Front desk staff received more education regarding confirming that documentation is scanned into the correct chart as it is completed, so any scanning errors can be prevented or corrected immediately. The incorrect document was removed from the incorrect chart; the CCSM form was scanned into the correct chart and then destroyed. No further action was requested or required.

P-005-2025 - Alleged Occurrence 02/20/2025; Discovered/Reported 2/20/25

MCL 330.1748 - Confidentiality, Sec. 748

Clerical Supervisor found a copy of a birth certificate for an individual served near the copy machine. Clerical Supervisor was able to locate the staff member who inadvertently left the document out in plain sight, discretely placed the document in the staff member's mail box with a note regarding where the document was found, and notified the staff member's Supervisor. No other staff were in the building when this occurred, so it is not clear if any other staff had seen this PHI.

Report of Investigative Findings of 02/20/2025 - SUBSTANTIATED.

Staff member received additional training regarding not leaving information with PHI where other staff or individuals served could potentially access/review it. No information was shared. No further action was requested or required.

P-006-2025 - Alleged Occurrence 05/23/24, Discovered/Reported 02/24/2025

MCL 330.1748 - Confidentiality, Sec. 748

Clinical case record review found that the Coordination of Care letter was sent to the incorrect PCP. The letter was inadvertently sent to a medical provider with the same last name as the PCP listed on the ROI. Both medical providers practiced out of the same office at the same address. Ideally the correct PCP received the letter, but it is unclear if that occurred. The case was closed at this office on 2/12/25. The HIPAA compliance officer informed the front desk staff Supervisor.

Report of Investigative Findings of 04/10/2025 - SUBSTANTIATED.

Front desk staff received more education regarding confirming that documentation is scanned into the correct chart as it is completed, so any scanning errors can be prevented or corrected immediately. The incorrect document was removed from the incorrect chart; the CCSM form was scanned into the correct chart and then destroyed. No further action was requested or required.

P-007-2025 - Alleged Occurrence 05/14/25; Discovered/Reported 05/14/25

MCL 330.1748 - Confidentiality, Sec. 748

Front desk staff received a phone call from an insurance company reporting that they received the medical records for someone other than the person's records they requested. The Medical Records staff noted that the records sent were for an unrelated individual with the same last name. The insurance company agreed to destroy the records that were incorrectly sent (within a 19 hour window). The correct medical records were then sent. Report of Investigative Findings of 05/14/2025 - SUBSTANTIATED.

A Breach notification letter was sent on 05/29/25 to the individual whose records were incorrectly released. A meeting was held with the Medical Records staff member and her Supervisor to address this concern and to provide education and training to prevent future recurrence. The staff member received a written warning on 6/5/25.

P-008-2025 - Alleged Occurrence 05/22/25; Discovered/Reported 05/22/25

MCL 330.1748 - Confidentiality, Sec. 748

Front desk received a phone call from an individual who requested her medical records, inquiring if what she received was "a sample" as they were not her records. The Medical Records staff noted that the records sent were for an unrelated individual. The Medical Records staff reached out to the individual who reported the error within the hour, apologized, and asked her to delete the email, thus destroying the incorrect record that was received. The individual served agreed to do so and was sent her records as requested. Report of Investigative Findings of 05/22/2025 - SUBSTANTIATED.

A Breach notification letter was sent on 05/29/25 to the individual whose records were incorrectly released. A meeting was held with the Medical Records staff member and her Supervisor to address this concern and to provide education and training to prevent future recurrence. The staff member received a written warning on 6/5/25.

P-009-2025 - Alleged Occurrence 05/22/25; Discovered/Reported 05/27/25

MCL 330.1748 - Confidentiality, Sec. 748

An attorney submitted an ROI for the medical records of the individuals he was serving. The Medical Records staff member reached out to the Therapist on 5/14/25 to notify her that the records were requested. The Therapist replied on 5/15/25, requesting that the records not be released until she could meet with the individuals served. On 5/22/25, the Therapist met with the individuals who withdrew their consent. When she informed the Medical Records staff member on 5/23/25, the Medical Records staff member stated that she already released the records on 5/22/25, because the family had signed the release. Report of Investigative Findings of 05/27/2025 - SUBSTANTIATED.

The Therapist met with the family to apologize for the records being released at the same time they were withdrawing their consent. This HIPAA officer, Medical Records staff member and her Supervisor met to discuss the occurrence and to change the way medical record requests were processed to prevent this from occurring again. The Medical Records staff member received a written warning on 6/5/25. The new process was implemented and has been very effective in preventing any further errors in medical records being released without consent.

P-010-2025 - Alleged Occurrence 07/08/25; Discovered/Reported 07/08/25

MCL 330.1748 - Confidentiality, Sec. 748

Staff member sent an email to an MDHHS worker who was not assigned to the case of the individual referred. She reported it to her Supervisor and this HIPAA officer as soon as it occurred.

Report of Investigative Findings of 07/08/2025 - SUBSTANTIATED

The staff member received additional training in verifying emails prior to sending identifying information. A HIPAA breach notification letter was sent to the individual served and their referring MDHHS referring worker on 7/30/25. No further action was requested or required.

P-011-2025 - Alleged Occurrence 8/12/25; Discovered/Reported 8/14/25

MCL 330.1708 - Dignity and Respect, Sec 708

Report of Investigative Findings of 08/26/25 - SUBSTANTIATED

A remedial action plan was submitted and approved on 9/9/25.

Prepared by:

Cynthia Willey-King, LMSW

Submitted On: 1/22/2026

**Professional Counseling Center
Incident Reports: 2024 - 2025**

Date	Category	Therapist Initials	Client Code	Staff Action Appropriate? Yes or No	Quarter	Program
10/8/2024	Behavior with injury to Self (D); Other, Staff to provide 1st Aid (T)	ASH	001	Yes	1st	HB
10/17/2024	Fall/Injury (H); Other, Staff provide 1st Aid (T)	BW	002	Yes	1st	HB
10/22/2024	Suicidal Ideation (Q)	TP	003	Yes	1st	OP
10/22/2024	Verbal Aggression (S); MDHHS and Law Enforcement Notified (L)	RS	004	Yes, MDHHS RW was notified	1st	FPP
10/25/2024	Fall/Injury (H); Other, Staff provide 1st Aid (T)	BW	005	Yes	1st	HB
10/31/2024	Fall/Injury (H); Other, Staff provide 1st Aid (T)	BW	002	Yes	1st	HB
11/11/2024	Suicidal Ideation (Q)	ASH	006	Yes	1st	OP
11/20/2024	Other: Suspicious Vehicle in McMorral Lot (T); Law Enforcement Notified (L)	CWK, KAC	007	Yes	1st	OP
11/27/24	Other: Unusual Behavior, Individual not coherent (T); Law Enforcement Notified by MDHHS (L)	TL	008	Yes, MDHHS RW was notified	1st	FPP
12/5/2024	Other: Exposure to Substance Use by Parent (T); Other: Reported Abuse/Neglect concerns to CPS (T/A)	BW	009	Yes	1st	HB

CPS 3200 Filed

1/22/2025	Behavior with Injury to Other (D); Physical Aggression (M), Verbal Aggression (S)	DZ	010	Yes	2nd	HB	
2/7/2025	Verbal Aggression - Threatening Other (S), Law Enforcement Involvement (L)	ASH	011	Yes	2nd	HB	
2/16/2025	Death of Recipient (E)	KD	012	Yes	2nd	OP	Natural Causes
2/28/2025	Suicide Attempt by OD (Q); EMS transport to Hospital (G)	RF	013	Yes	2nd	OP	Risk Event
3/2/2025	Elopement (F); Law Enforcement Involvement (L)	BW	014	Yes	2nd	HB	Risk Event
3/10/2025	Fall/Injury (H); Other, Staff provide 1st Aid (T)	BW	002	Yes	2nd	HB	
4/10/2025	Other, concerning statements, mental health emergency (T)	AH, TR	015	Yes	3rd	FPP	
4/15/2025	Suicidal Ideation (Q), Other, Homicidal Ideation (T)	LS	016	Yes	3rd	OP	
4/19/2025	Verbal Aggression (S), Law Enforcement Involved (L), Hospitalization Psychiatric (K)	BW, MCU	014	Yes	3rd	HB	Risk Event
4/25/25	Death of Recipient (E) by suicide	TP	019	Yes	3rd	OP	Critical Event
4/30/25	Suicidal Threat (Q), Behavior w/out Injury (D), Law Enforcement Involvement (L), Elopement (F)	JG	017	Yes	3rd	HB	Risk Event
5/2/2025	Suicidal Ideation (Q)	JG	017	Yes	3rd	HB	
5/6/2025	Suicidal Ideation (Q), Behavior with Injury (D), Hospitalization Psychiatric (K)	JG	017	Yes	3rd	HB	Risk Event

5/13/2025	Abuse, Sexual (A)	TB	020	Yes	3rd	OP	CPS 3200 Filed
5/16/2025	Suicidal Ideation, Threat (Q)	QR	021	Yes	3rd	OP	
5/19/2025	Other, walk in MH crisis, MCU called (T)	CWK	022	Yes	3rd	OP	MCU arrived to assist
5/22/2025	Elopement (F), Verbal Aggression (S)	JG	017	Yes	3rd	HB	
5/29/2025	Law Enforcement Involved (L), Other, Threatened by older sibling (T)	BW	023	Yes	3rd	HB	Risk Event
6/1/2025	Elopement (F), Law Enforcement Involvement (L), Other, Theft of Vehicle (T), Physical Aggression/Property Destruction (M)	JG	017	Yes	3rd	HB	
6/5/2025	Law Enforcement Involved (L), Other, Inappropriate Relationship (T)	KP	014	Yes	3rd	HB	Risk Event
6/6/25	Elopement (F), Law Enforcement Involvement (L), Hospitalization due to Medical Condition (I)	JG	017	Yes	3rd	HB	Risk Event
7/1/2025	Abuse or Neglect Suspected (A)	UN/TB	024	Yes	4th	OP	
7/3/2025	Other (T) called in crisis from hospital parking lot, MCU called	LM	026	Yes	4th	OP	Risk Event
7/8/2025	Abuse or Neglect Suspected (A); Suicidal Ideation/Threat (Q), MCU called, Hospitalized due to Psychiatric Concern (K)	TB/KP/CWK	025	Yes	4th	HB	

7/9/2025	Suicidal Ideation/Threat/Plan of Action (Q)	STSN	026	Yes	4th	OP	
7/15/2025	Abuse or Neglect Suspected (A)	KP/KAC	027	Yes	4th	HB	
7/22/2025	Elopement (F); Law Enforcement Involvement (L)	JG	017	Yes	4th	HB	Risk Event
7/23/2025	Emergency Medical Treatment (G)	SP/KAC	028	Yes	4th	OP	Risk Event
7/28/2025	Behavior without Injury (D), Law Enforcement Involvement (L)	KB	029	Yes	4th	HB	Risk Event
7/30/2015	Physical Aggression (M) with Destruction of Property, Emergency Medical Treatment (G), Hospitalization due to illness/injury (I)	RS	031	Yes, MDHHS RW was notified	4th	FPP	Risk Event
7/30/2025	Physical Aggression (M), Suicidal Ideation/threat/action (Q), Law Enforcement Involvement (L), Hospitalization due to Psychiatric Concern (K)	CL	037	Yes, MDHHS RW was notified	4th	FPP	Risk Event
7/31/2025	Behavior without injury (D), Physical Aggression (M), Verbal Aggression (S)	ASH	030	Yes	4th	HB	
8/1/2025	Behavior without injury (D), Physical Aggression (M), Verbal Aggression (S), Law Enforcement Involvement (L), Hospitalization Due to Psychiatric Concern (K), MCU involved	BW	014	Yes	4th	HB	Risk Event

8/6/2025	Emergency Medical Treatment (G), Law Enforcement Involved (L), Other (T) child dropped baby sister over baby gate	SH	035	Yes, MDHHS RW was notified	4th	FPP	Risk Event
8/11/2025	Verbal Aggression (S)	AD	038	Yes, MDHHS RW was notified	4th	FPP	
8/20/2025	Abuse or Neglect (A), Other - Unauthorized Use Substance (T)	AD	039	Yes, MDHHS RW was notified	4th	FPP	CPS 3200 Filed
8/24/2025	Emergency Medical Treatment (G), Hospitalization due to Medication Error (J), Accidental Overdose	LW	032	Yes, MDHHS RW was notified	4th	FPP	CPS 3200 Filed Critical Event MDHHS CIR 363 Filed
8/26/2025	Fall/Accident (H), Other (T) First Aid Provided	BW	002	Yes	4th	HB	
8/28/2025	Suicidal Ideation (Q)	TB/CWK	034	Yes	4th	OP	
8/29/2025	Behavior with Injury (D), Hospital Consult Psychiatric (K), MCU involved	KP	025	Yes	4th	HB	Risk Event
9/2/2025	Fall Accident without Injury (H)	BW	002	Yes	4th	HB	
9/2/2025	Elopement (F), Law Enforcement Involvement (L)	BW	033	Yes	4th	HB	Risk Event
9/14/2025	Physical Aggression (M), Law Enforcement Involved (L), CPS Involved	KP	035	Yes	4th	HB	Risk Event
9/26/2025	Fall Accident with Injury (H)	JG	036	Yes	4th	OP	
9/29/2025	Abuse or Neglect (A), Law Enforcement Involvement (L)	RR	040	Yes, MDHHS RW was notified	4th	FPP	CPS 3200 Filed Risk Event

9/30/2025	Abuse or Neglect (A), Verbal Aggression with Threat to Harm Others (S)	TR	041	Yes, MDHHS RW was notified	4th	FPP	CPS 3200 Filed Risk Event
-----------	--	----	-----	----------------------------	-----	-----	---------------------------

Quarter	Date Range	# of Events	Risk Events	Critical Events	Sentinel Events
1st Quarter	10/1/2024 to 12/31/2024	10	0	0	0
2nd Quarter	1/1/2025 to 3/31/2025	6	2	0	0
3rd Quarter	4/1/2025 to 6/30/2025	15	7	1	0
4th Quarter	7/1/2025 to 9/30/2025	24	13	1	0
TOTALS:		55	22	2	0

Reportable Events Table updated: 10/30/2025
of Individuals

Sentinel Events	0	Actively receiving 24/7 care; unexpected death, serious physical injury (loss of limb or function), serious psychological injury, or the risk thereof
Critical Events	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	22	Harm to themselves (or others) and are hospitalized or receive EMT, staff initiated police involvement, physical management, and/or unscheduled medical hospitalizations
Events = MDHHS notification	0	Sentinel Event while actively receiving 24/7 care

Prepared by: Cynthia L. Willey-King, LMSW, Clinical Supervisor and Compliance Manager
Updated: 12/11/2025

Professional Counseling Center, P.C.

STAFF ENRICHMENT COMMITTEE REPORT

October 1, 2024 to September 30, 2025

The Staff Enrichment Committee is in its twentieth 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, employee gifts were given, and a white elephant game was played.
- SEC organized fundraisers such as luncheons and activities (hot dog cook-out, wreath raffle, etc) where the proceeds go back to the staff through employee-only gifts given at the Christmas Party.
- SEC organized a Comfort Food Day for staff at no charge to take a break with homemade food and socialize in the staff lounge.
- Changed the Employee Spotlight board to a staff engagement board that is switched out every month with a different theme.

Marlette Office:

- In the spring, MEC members donated items for a Camping Raffle basket to raise money
- The MEC continues to run a store (snacks/pop) that has helped raise funds for activities, and purchased a few Christmas gifts for staff members to win. MEC members also donated items for a Christmas basket raffle.
- This fall, MEC had a self-care demonstration from Aimee Trudeau's daughter, Liz, with yoga and relaxation tips. A soup cook-off preceded the event, with Rena Herzog taking first place.
- The MEC planned a Marlette office Christmas Party for all Marlette staff, food provided by locally owned Liang's Garden, with the help of PCC Management, and desserts provided by Enrichment staff, which were enjoyed by all.

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 53%	0 0%	2 12%	0 0%	2 12%	0 0%	2 12%	2 12%	0 0%	17 100%

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

Yes	No	Did Not Answer	Totals
11 65%	0 0%	6 35%	17 100%

TOTAL SURVEYS SENT
304

3. Since receiving services, my symptoms have improved.

Yes	No	Did Not Answer	Totals
8 47%	1 6%	8 47%	17 100%

TOTAL SURVEYS RETURNED
17

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

Yes	No	NO ANSWER	Totals
1 6%	0 0%	16 94%	17 100%

NA
0

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

Yes	No	NO ANSWER	Totals
15 88%	2 12%	0 0%	17 100%

OUTPATIENT POST OUTCOME SURVEY RESPONSES
FISCAL YEAR
OCTOBER 01, 2024 - SEPTEMBER 30, 2025

Please identify any positive feedback regarding the counseling services you received.

- Tasha was wonderful to work with. She was kind and compassionate. She helped me through the most difficult time in my life, and I am truly grateful for her guidance.
- Excellent service at frontdesk, therapist was awesome...just the right amount of counseling to enable me to come up for air.
- Karmen was very helpful in helping me with the issues I was having at the time. I felt very comfortable with her. She listened to me and she explained and used visual ways of helping me comprehend and understand what my thoughts and emotions really meant. I was very comfortable with her and she assured me that if I ever had to come back, I could request her again. She was a great fit for me.
- Both Amanda and Keith are fantastic and helpful. Not only for myself but my son as well. I unfortunately missed too many appointments and was removed but I was making some major progress with Amanda and when my schedule lightens I would love to come back but I don't want to risk missing and being banned from PCC. I was just having trouble with my son at the time but Keith has helped tremendously!! Thank you
- Tom has helped me throughout the years to best curb my temptations and regain focus where it is best for me to succeed.
- Suzette is amazing. She helped me so much! I wish my insurance deductible/copay was not so high because I would have loved to continue with her.
- Amy was absolutely amazing and receptive with my son, Jack.
- Carmen helped me greatly.
- Sally is simply amazing. My son's behavior at school improved and his anger decreased. I will forever be grateful to Sally for helping my son and family.

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

- Improve parking

General Comments:

- In my several years going to PCC on and off I have found most therapists or at least those I have tried to be incompetent and/or offer very little guided skills to help clients ascertain solutions to the issue they seek. Fortunately services are now offered throughout other parts of St Clair County allowing for a wider range of professionals to choose from.
- I would recommend PCC to anyone who needs help with their mental health.
- Tom has let me know that his services are available as needed for me and knowing he genuinely cares about my success and focus towards my family

1. Has there been any difficulty to getting services?

YES	NO	TOTALS
11	273	286
3.85%	95.45%	99.30%

Did Not Answer
2
1%

2. Are you getting the services you need?

YES	NO	TOTALS
282	1	286
98.60%	0.35%	98.95%

Did Not Answer
3
1%

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

YES	NO	TOTALS
279	7	286
97.55%	2.45%	100.00%

Did Not Answer
0
0%

4. Do staff treat you with respect?

YES	NO	TOTALS
281	3	286
98.25%	1.05%	99.30%

Did Not Answer
2
1%

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

YES	NO	TOTALS
279	3	286
97.55%	1.05%	98.60%

Did Not Answer
4
1%

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

YES	NO	TOTALS
279	1	286
97.55%	0.35%	97.90%

Did Not Answer
6
2%

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

YES	NO	TOTALS
284	2	286
99.30%	0.70%	100.00%

Did Not Answer
0
0%

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

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

YES	NO	TOTALS
285	1	286
99.65%	0.35%	100.00%

Did Not Answer
0
0%

SURVEYS TURNED IN
286

**PROFESSIONAL COUNSELING CENTER
NEEDS ASSESSMENT/CONSUMER INPUT
OUTPATIENT COMMENTS
FISCAL YEAR 10/01/24 - 09/30/25**

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

- Group options for people who are struggling with mental health
- I'm very satisfied
- Nothing I can think of besides more CBT
- I like every service available to me so far, I have no complaints
- None that I know of
- More accessible psychiatry
- I think I am getting more than enough help
- Community liaison to help coordinate with other agencies as needed
- I think for our own personal needs services are met to the best of ability. My son struggles with eating and therapy has been helping improve his thoughts.
- Nothing
- Possibly access to alternative/supplemental kinds of treatment such as EMDR or ketamine therapy for example
- I don't have any ideas
- Eating disorder therapy
- I don't think there is anything else I need 😊 I am very satisfied with my services
- All of our needs are met
- More outreach in rural communities
- I cannot think of anything. The services here are amazing.
- Longer than 1 hour every now and then
- More diagnoses stuff, ex ADHD
- I need to find a Dr. for improved treatment but on my part not theirs
- I would love to learn more about support groups offered
- Autism assessments
- Massage
- Honestly, nothing in my case. I have gone through so much trauma in my life that for a year I have been unable to be aware of what has happened and know it's not my fault. Now I just need time getting past to live my life.
- Patient portals
- I don't think anything. We can find someone who fits our needs, make appointments when needed and have multiple reminder options
- None that I can think of
- Better parking
- Nothing. I think you are doing a great job
- Online appointment making

- I don't feel like anything is missing
- ADHD questioning/assessing
- Very easy to communicate with
- Everything is perfect! A+ for everyone!
- Counseling *WITH* my child that includes other family members
- Groups for teens
- None
- Domestic abuse counselor
- None that i know of
- Group sessions for social skills/behavior group, later evening sessions
- Honestly i can't think of anything
- More parking options
- Psychiatric services that prescribes adderall
- I have no idea. I was seeking marriage counseling
- Not really sure but I'm pleased with service
- Great Job
- I would say it could use a little less AC 😊
- I do not feel that I need any additional services at this time
- Better parking
- None that I know of
- It's perfect 🐾
- In person psychologist
- In person psychiatrist
- An in person psychiatrist
- Social anxiety services
- In-home treatment would greatly benefit our family, unfortunately is only offered for those who have state insurance. If Blue Cross was part of this program we would love to take part in it.
- Not really sure, I just come for therapy and that's what I get!
- It seems fine to me
- More access to psychiatrists
- License reinstatement/driving/DUI assessments/evaluation
- Nothing. Everything is perfect
- Therapy dogs
- I am very satisfied with the current services provided
- Support group for men
- At this time I don't think I know of any
- Maybe a newsletter as a source of information for things available in the community that could help people
- ADHD services

- I think you prove enough
- Nothing is missing. I get the help I need
- I'm doing good. I think that there are services that I don't know of
- I was informed that I was to be scheduled to meet with a psychiatrist. That has yet to happen, but I'm not quite in a rush. This response was simply to answer the question.
- More parking
- I am happy with the services provided
- Hedge maze gardens
- EMDR
- Support groups
- None that I am aware of
- Possible single mothers support group
- They seem to help us out when we need it
- Nothing. Every counseling session gets better
- I am satisfied
- More kid activities
- Drawing, coloring
- Just feel like I could go for a walk with who I see
- Nothing. Everything has been good
- Nothing. I find my sessions here very helpful
- Peer groups, support meetings
- Can't think of anything at the moment
- Diagnosis services
- Diagnosis services
- I think that more activities or books in the waiting room could lighten the atmosphere and make people comfortable
- Would like a list of different services available
- Psychiatrist for minors

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

- Support for addicts children
- I don't really know about any services of them not being enough of
- I feel we need more therapist in this town
- Shelters, mental health advocates for people who cannot afford the care they need
- NA/AA meetings
- None that I see
- I don't know - more democrats?
- Mental health services for everyone, especially children
- Psychiatrists that actually care

- Housing
- I believe mental health services in general are moving in a positive direction and can only continue to improve
- Nothing I can think of right now
- Shelters
- I have been very happy to see all the flyers on the board with notification about a wide range of services and also appreciated the coat and scarf drive
- Accessible mental health centers with no judgement for adolescents, teens. Maybe for the kids who don't know what it is or can't afford it.
- Clothing giveaways for children
- I don't go outside much, so I don't know
- Food pantries/banks and shelters
- Not many available where I live
- Community centers for kids and teens
- I wish there were more services like this one. People of Medicaid need more options like here
- Mental health assistance
- Therapy
- Kid centers
- More help for the homeless
- Support group, others who have challenging children w/ODD or support for bi-polar & families
- Parental support groups, OT
- Homeless shelters
- Food help
- Recovery therapy for everyone, not just paid. I know it can't be free, but i feel it makes things easier with more resources
- Food services for people that need them
- Soup kitchen
- Teen gatherings
- homeless/low income help/mental help
- School support stuff
- Not much really
- Mental health support groups for people with specific conditions like my bipolar
- I'm not sure
- Mental health services for youth that are easily accessible
- Resources for troubled youth
- Mental health services in the schools
- Domestic abuse centers/counselors
- Later evening sessions
- Possibly like mental health services related to personality disorders
- Minor children therapist for mental illness

- Breast cancer groups local
- I am not aware of services available in the community N/A
- There are not enough therapists
- Free counseling
- More activities for teenagers
- Back to school services for clothes and shoes
- Maybe connecting with patients who experience similar things
- Services for new mothers and information on them
- Services to help people find housing. Resources for people with severe mental health problems who can't work
- Honestly not sure. I was recommended PCC so I didn't look around much
- Homelessness
- Not sure, maybe grief support
- Help for families
- LGBTQ+ youth groups
- Mental health resources for men
- Youth therapy services
- Office closer to Capac
- Peer support groups for mental illness
- Psychiatrists (I'm told)
- I think we need more drives and other get-togethers to help people in need
- Groups/support groups for kids with special needs
- Can never have enough
- Access to more mental health services
- Access to mental health professionals for the struggling and/or unhoused
- Mental health
- Mental health help
- Support groups
- Homeless shelters, food give aways. Our churches have such beautiful Christmas sings at the holidays
- Help with children
- Foster care, mental health services
- Plenty
- More food give away or places to donate food you don't want
- Psychiatrist
- Online AA or NA communities
- AA meetings
- I think we have many great services in our community but there are not a lot of counseling centers or options
- Volunteer help for senior citizens

- Homeless shelters
- I think for the short time here things are good
- Support groups
- If by “community” it means Port Huron, then I feel the city is sparse of sufficient medical practitioner populace. This is simply through observation of wait times in waiting rooms of hospitals and appointment dates scheduled rather distant from one another. This to be an issue that spans beyond Port Huron, so the fault doesn’t seem exclusive to any one community.
- Support, teen groups
- Parks. Always need more parks
- Trauma therapy and EMDR therapy services
- Housing resources
- Mental therapy
- Affordable child care
- Women and men shelters
- Medical doctors
- Homeless shelters
- Getting to places with free services
- Financial resources for maintaining older properties as a home owner. Forestry, sidewalks, improvements
- Shelters for homeless
- Kid activities
- Community support groups
- Partial program
- Mental health - more about care, living situations
- On call safe people to talk to
- Food drives
- Homeless shelters, food aid
- Any services after work hours
- LGBTQ+ services
- Homeless help
- Where do I start....
- There could be more “safe spaces” or places for young people to go to feel safe and accepted

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

- No services are missing
- We need more social activities
- More shelters and free health care for those in need
- Job counseling

- Suicide prevention/help at adolescent age in hospital setting
- My therapist
- You guys have all of the above and beyond
- Mental health services for everyone, especially children
- Still psychiatrists
- Easier appointment opportunities
- Shelters for people
- Helping people get on their feet
- Food therapy
- OCD therapy
- Nothing, you guys are the best
- Transportation to and from appointments
- Possibly more help for homeless
- Shelters for homeless
- Homeless shelters
- Addiction treatment and affordable housing/financial aid
- Nothing for me. Hopefully others have ideas
- Transportation to services/doctors appointments
- More community outreach
- As a mother of a daughter that has mental health issues she has had to stop treatment for her bipolar and depression because she can't afford it. I think it would be nice to have affordable counseling options.
- Shelters
- More mental health help
- Support groups for different disorders
- Perhaps services for children that were exposed to alcohol/drugs in utero
- High needs playgroups/social group
- Battered womans help
- I don't know, more things for children I guess
- More free help for people that have mental disabilities, help for veterans
- Services to help out the homeless community, either with housing or with mental/drug problems
- Helping homeless
- Teen gatherings
- Homeless programs, low income help/mental health
- Resources for people in crisis, psych hospitals, facilities, etc
- More activities for young kids to participate in instead of playing on phones
- More info relating to neurodivergence
- I'm not really sure what is out there. Maybe more public advertising for people struggling with mental health and what they are for
- There aren't enough adolescence groups
- In patient programs for youth with mental health issues that are LOCAL
- Talk groups for teens

- More job training
- Domestic abuse centers
- Group sessions for social skills
- Possibly like mental health services related to personality disorders
- Therapist for minors
- Guided stoicism
- Also unsure of what may be missing N/A
- Maybe psychiatric
- I think there should be free healthcare
- Activities for children and teens
- I have found that there isn't much that is missing
- Recovery outreach and supports for families of addicts
- More help for the homeless and mentally ill. A lot of times people get sent to the hospital if they say they're going to harm themselves, but the hospital doesn't help much most cases
- More help for homelessness
- Children's services in schools & out
- The option of virtual therapy (if it's not offered)
- Positive posters
- Youth therapy services
- Resources for autistic adults
- I think your services are great they are very helpful to me
- More resources for homeless population
- Access to health care, food, mental health services
- More shelters and access to food and medical care
- Housing
- More help with mental health
- Mental health support groups
- Sometimes I fill out a postcard & mail it to a house and say I like the color of your front door. I love the way your yard is decorated. Something kind and encouraging
- Education on recognizing when others need resources/services
- More hands on activity like St Clair Library to learn different quirks like anxiety, depression, ADD, etc
- Food pantries
- More things to do
- Possibly outreach to know of the services provided
- More affordable health care services, like dentists, doctor and counseling
- ADHD services
- Cancer support groups, autism groups

- A more affordable way of getting help. I know many people who want/need to go or want to go to a therapist but simply can't afford it
- Legal or financial assistance for people who are considered making "too much" but cannot support themselves or find assistance
- Caregiving needs
- Maybe group therapy. People might feel more comfortable doing the session with others their age that relate
- Cheaper therapy
- Entry level jobs seem to be becoming sparse to the point of non-existence. Too many seem to require a certificate of sorts, past experience or are highly demanding (too demanding even). The aforementioned conditions seem to blur the metaphorical line between entry level and experience level jobs, resulting in employment difficulties
- Support groups
- More income based housing & supports for parent outside of CPS involvement
- Mental therapy
- Possible single mothers support group
- Places for teens to go and be safe and have fun
- Some more shelters
- Community centers
- Going on a walk outside
- Networking between all the services
- Making art
- More activities for the kids
- More support for unhouse individuals, homeless shelters, transportation aid
- Helping women find grants
- In person support (I know of people that are seeking groups/services that are not virtual only)
- Food and overnight shelters
- I think a service that helps people get medication for free or cheap would be very beneficial

4. Other comments

- PCC is a great place to have a nice peaceful counseling session. Absolutely recommend it to others.
- Great front staff 😊 Been seeing Suzette for years and am very happy with the care I've received
- PCC IS GREAT!!!
- I really enjoy my time here, and I have felt so much better since coming here
- Thank you for all you do for my family

- I love being here and receiving services
- You guys are doing great 😊
- I don't have anything else to really say. I like it here.
- I haven't been to counseling in a long time but I know when I did, I really loved it. It was really good for my soul.
- Mental health services for students
- PCC meets all of the needs of my family
- I don't need other services at this time. So I don't know what's needed for other people
- I truly do love it here, and I love the secretaries and therapists so man, I've had a lot of progress here, and hope to make more in the future.
- For the first time someone is listening to me
- Everyone is so friendly and very welcoming
- Best counseling services I ever had
- Everyone here is very kind, professional and helpful. I am very grateful for having this opportunity
- I've only been here twice. But I was here before for 10 months. Think I am doing really good.
- More parking
- More greenery is always good!
- I have really enjoyed and appreciated my time at PCC
- Everything I have experienced at PCC has been excellent, staff counselors, attention to details, absolutely wonderful!
- PCC is the best around! My grandchildren like it there
- Everyone is very pleasant and helpful. Always a pleasure.
- This is my second time here and I feel welcome
- You are doing a good job
- I am thankful to have the in person assistance available after virtual only assistance in the past
- Tina is amazing

1. Has there been any difficulty in getting services?

YES	NO	TOTALS	Did Not Answer
1 4.00%	24 96.00%	25 100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
25 100.00%	0.00%	25 100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
25 100.00%	0.00%	25 100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
25 100.00%	0 0.00%	25 100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
24 96.00%	1 4.00%	25 100.00%	0%

2. Do you feel you are getting the services you need?

YES	NO	TOTALS	Did Not Answer
25 100.00%	0.00%	25 100.00%	0%

4. Do the staff treat you with respect?

YES	NO	TOTALS	Did Not Answer
25 100.00%	0.00%	25 100.00%	0%

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

YES	NO	TOTALS	Did Not Answer
25 100.00%	0.00%	25 100.00%	0%

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

SURVEYS TURNED IN	
25	

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

NEEDS ASSESSMENT/CONSUMER INPUT

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

- Na
- I'm not sure.
- Group sessions for teens.
- Not sure
- I would like nutrition help + budgeting help, but not sure how to get that.
- Offer home based services for siblings who are in the home who need it. Not make them have to go somewhere else where the other system fails them.
- Nothing
- None
- N/A
- Not sure
- An update for parents? Idk if she is getting better? Or if she will have to see a councilor for the rest of her life?

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

- Na
- I don't know.
- Public transportation
- Food + clothing pantries maybe. Or like health/exercise places for family.
- Resources for children who are falling through the cracks because they have not yet reached a certain level of severity or are too severe.
- Respite services for caregivers
- N/A
- Short and long term residential care and respite workers
- It's fine
- Adult counseling services
- N/A
- Not sure

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

- Na
- There are probably services I don't know about.
- Safe places for teens to just hang out.
- Services for those who are falling through the cracks at other places but do not qualify .
- None
- Nothing
- None
- N/A

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

4. Other Comments:

- She really does a good job with my child
- Briana and Deb are a great team. My son loves them. They go above and beyond and they fight for what is right..

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

Questions 8 and 9:

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

- Getting to know my son better and himself learning the basics too
- Jason helps my son open up better than anyone else who has tried
- Home based. Flexible scheduling.
- Kristen is really good with . She's flexible and goes out of her way to help us.
- When there's a concern regarding treatment it gets talked about and addressed right away
- That Kristen really cares about and how been doing during each week and how is excited to see Kristen on the days she does therapy!
- Services are allowing my little boy to control his emotions a little more than in the past
- Times + Dates are workable. Kristen is good w/ the kids. Never know what she's thinking about us, I am curious.
- How far my child has come in such a short amount of time.
- The best thing about services is the fact that I know my child is safe. I know that Briana has his best interest in mind at all times. I know that my child respects her. I know that my child is in good hands.
- Our team goes above and beyond for us and our son
- How far my son has come
- Amy is great! We have learned so much from her in less than a year than we have from anyone else in 5 years
- We have home based services
- They come to the home so I don't have to worry about transportation.
- Brianna goes above and beyond for her clients and she's always been there when we needed her
- That she works with me and my son. She does her job very well. I am very happy with my services
- The fact my son is opening up more
- the progress [REDACTED] has made with school and his peers
- That they are helping my son get what he needs to develop better
- That my daughter has been showing improvement her therapist is just a really nice person my daughter is lucky to have her!
- My minor child is opening up with his feelings

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

9. What could make services better?

- Na
- NA
- Nothing comes to mind.
- Unsure at the moment
- Not sure. Maybe if me + could sit still.
- Don't ever let Briana go.
- Well what they talk about is confidential. But an update as to how [REDACTED] is doing would be helpful?
- everything is good
- Nothing
- N/A
- None

IT Annual Report Fiscal Year 2024-2025

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

- **Installed new firewall** - PCC installed a new and upgraded firewall to improve security.
- **Converted to SentinelOne instead of Cylance security software** - SentinelOne is a more complex software that allows the IT team to create reports, monitor, and scan devices remotely. It gives the IT team a greater ability to detect threats and mitigate them quickly.
- **Daily Virus scans are set up to run automatically in real time** - Daily scans of all devices give the IT team a greater ability to respond to potential threats more quickly than was possible before.
- **New equipment for improved internet** - The router was replaced to allow for continued and greater internet speeds.
- **Established a routine schedule for destruction of obsolete equipment** - A retirement schedule of old equipment has been set, and hard drives or sensitive materials will be shredded and destroyed by certified shredding services outside of PCC.
- **All new computers were equipped with PCC's new remote desktop software, AnyDesk** - PCC's old remote software, eHorus, was not viable for us any longer, so all old and new computers had AnyDesk installed to make troubleshooting easier for the IT Team, especially for our mobile workers.
- **Completion of the Windows 11 upgrade on all machines** - All of PCC computers have been upgraded to Windows 11 to ensure updated security patches going forward.
- **Completion of upgraded devices** - All outdated laptops have been replaced with newer models.
- **Started archival of CareCloud closed cases** - PCC's outpatient program is slated to implement a new electronic health records system in the coming year. To mitigate some of the time it takes to implement, closed cases are being archived into a Google Drive designated for this purpose.
- **Addition of hotspots** - Three hotspots were purchased for PCC's Port Huron office. This ensures that even in cases where an internet outage occurs, PCC's front office and clinicians can still function.

Prepared by:

Joanne Parr
IT Coordinator and HIPAA Security Officer

Risk Management Plan Addendum Annual Review FY 10/1/2024-9/30/2025

RISK CATEGORIES

1. Facility Safety

Identified Risks Resolved: Ten (10) potential risks were identified and addressed over the past fiscal year, including building maintenance issues, plumbing issues, 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. PCC's Disaster Recovery Plan was updated on (8/12/25).

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. Research is still ongoing to purchase a generator to protect major appliances (refrigerator, furnaces, computer server, etc.) during a major power outage. This is a project that was initiated two years ago. PCC was able to purchase three (3) hot spots during this past fiscal year to maintain internet connectivity when the internet goes down. The hotspots were placed throughout the agency. 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.

On (11/20/24) two OP Clinical supervisors investigated a car that was in the McMorran lot, left running with it's lights on for over an hour. They discovered a young man sleeping in the back seat. One of the supervisors knocked on the vehicle window while the other supervisor was on the phone with Port Huron Police (non-emergency line). The individual identified himself as waiting for the Prowlers (local hockey team) but was OK. Within 20 minutes of reporting the concern, the car had moved and the individual did appear to be meeting someone else in the parking lot, so all was well.

On 2/12/25 at 1:23 pm, OP Supervisor sent notice of the building closing due to inclement weather: "CMH just announced that they are closing at 5 PM, so as the policy states, PCC will follow this. OP Staff, the front desk will be calling clients to see if they would like to hold telehealth sessions, please look at your schedule to see before the scheduled appointment. HB and FP staff, please use your discretion on the weather and your safety. Thank you....be safe and stay warm!" Staff were again notified at 6:20 am that both the Port Huron and Marlette offices were closed again all day due to inclement weather. "Home visits are to be held only if you feel safe to do them. Other meetings such as Marlette management, cluster meeting and HIPAA Training will take place unless you hear otherwise. Thank you."

Accident Fund Tips were sent out on a monthly basis including: Five 5 Ways to Improve Your Well-Being at Work (1/22/25), MDHHS Influenza: How to Prevent the Flu and CDC: Is It a Cold or Flu? (2/24/25), Stay Attentive Behind the Wheel (4/3/25), CDC: About Measles (Rubeola), Live Well May 2025: How to Handle Allergy Season (5/15/25), Risk Connection: Stay Cool, Stay Safe (6/4/25), Live Well August 2025: Recognize Grief and Be Aware (8/21/25), and Live Well September 2025: Learn About Ovarian Cancer (9/10/25).

Refrigerator clean outs were scheduled (with one week advanced notice) for (1/23/25)

PCC's Business Manager, Lew Evenson, continued to maintain his training needed to provide CPR/First Aid for all PCC staff on (10/14/24) and several other dates as well. On (4/16/25) the HR generalist provided written notice to staff that CPR/First Aid classes were scheduled for the Port Huron office on (5/5/25), (5/12/25), (5/19/25), and (6/2/25). The Marlette office staff also had two training sessions scheduled for (6/4/25), and (6/11/25).

On (5/19/25) after an individual entered the PCC OP area upset and distraught, who was not a PCC individual served, evening office safety protocol was reviewed in Leadership Team and shared again with all front office staff, to encourage them to lock the front door when they are working alone and need to leave the area to use the restroom or check other areas of the building, and/or anytime they feel unsafe when limited staff are in the building. Staff safety is a priority.

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.

On (12/2/24), PCC began running payroll through Greenshades.

On (2/2/25) an error with W2's was identified by staff who received the wrong one and was resolved quickly by PCC HR Generalist.

On (4/30/25) PCC's HR Generalist forwarded documentation to the Management Team from Business Management Daily, titled "How to 'lawsuit proof' your next termination meeting", to ensure that team members are following legal and ethical protocol regarding employee termination.

On (5/19/25) PCC's HR Generalist shared an article to promote workplace wellness and staff retention: "The Business Case For Belonging: Why Leaders Must Prioritize Connection To Drive Performance"

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 2025, 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 (2/24/25) OP staff were notified by OP Supervisor: "I just wanted to take a moment to let you all know that a couple of therapists have received calls from a care advocate from Optum and they are looking to perform a case review of specific clients. You are able to call them back and schedule this at your convenience. The call take 15-20 mins, where they ask you specific questions regarding the case. You do need to have access to the chart, the most recent last couple of notes, as well as the most recent Clinical and TXP. We are asking that if you get a call to please call and set up time to complete this. Also please reach out to your supervisor if you have any questions or concerns about this case review. I did recently sit in on one of these calls and at the end they were able to provide some helpful information to pass along to the client and for the clinician. We do think that these are helpful and worth the time to complete for our clients."

The Credentialing, Data Quality and Aged Accounts Specialist reported that PCC participated in regular chart audits from multiple commercial insurance companies, and remained in full compliance with all of them.

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. PCC's original CARF accreditation expired on (6/30/25). Due to CARF scheduling issues, PCC received an extension through (12/31/25). As of this writing, PCC has remained fully accredited for the next three years (through June 2028) after a very positive site visit on (11/24/25) and (11/25/25).

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:

A concern was identified by our IT Technical specialist on (10/22/24) regarding the firewall being down on the PCC internet since the internet went out on (10/14/24). He had concerns that this would make PCC more vulnerable to cyber attacks and malware, etc. This HIPAA compliance officer (HSO) reached out to the IT Coordinator (also the HIPAA security officer- HSO) to inquire about plans to resolve the issue. This HCO received assurance from the HSO and Business Manager, that our IT consultant verified that there is no need for concern. "The only thing this is affecting is signing on to new equipment out of Marlette, which employees should not be doing without approval." This HCO thanked our IT team for consulting with our IT consultant and assuring that we are as safe and secure as possible.

IT Staff have continued to educate supervisors (12/3/24) and staff members to not use AI software, as it is not HIPAA compliant. New antivirus software uploads were also in progress at this time.

Internet outages were reported to PCC ahead of time, to ensure that they saved documents often while conducting business on the following dates: Comcast intermittent outages (12/18/24) [internet fully restored as of 12/20/24]; Comcast work completed (2/21/25); Comcast announced on (3/13/25) that they would be working on internet in our area from 10am to 4pm on (3/20/25);

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. The Annual

Planning (4/1/25), the McLaren Health Plan Culturally & Linguistically Appropriate Services (CLAS) Training and the McLaren Model of Care for Dual Eligible Special Needs Plan (D-SNP) Training (4/9/25), the United Health Care SNP Approval Model of Care Training for CY 2026 with MOC elements 1-4 (4/23/25), the HAP Medicare Dual Special Needs Plans (D-SNP) MOC training 2025 (4/29/25), etc. She also provided the Carelon Behavioral Health Provider Newsletter for Quarter 1 of 2025 (5/13/25). 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 (11/14/2024).

PCC reviewed and updated the Corporate Compliance Plan in December, 2024. Mike Caza approved it and signed it at that time.

PCC agency liability insurance was renewed annually through Acrisure LLC dba Robbins Group on (3/13/2025) providing coverage: through (3/18/26) for Commercial General Liability (\$1M/\$3M), Automobile Liability (\$1M), Excess Liability (\$2M/\$2M) and Errors and Omissions Professional Liability (\$3M); through (10/27/25) for Worker's Compensation and Employer Liability (\$500K), and through (10/1/25) for Cyber Liability (\$1M).

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 (11/26/24), OP Supervisors were able to meet with PCC's special project manager to receive education/training regarding how OP and HB program budgets are created.

On (11/26/24) a new OP contract (PACE) was being investigated for approval. Questions were answered and a BAA was drafted for potential use.

On (1/15/25) Managers were contacted with instructions to please inform their salaried staff that there was a payroll processing error involving the new Greenshades payroll system. On (1/23/25) Managers were informed that the issue with Greenshades had been resolved: "Staff that were overpaid received an email letting them know how much they were overpaid. It was explained to them that the amount they were overpaid will come out of the next pay period. This is the only way Greenshades could ensure all the accounts are accurate. Staff that were underpaid will see that money in their accounts in the next day or two."

On (1/27/25) The front office manager reached out to her team to thank them and recognize them for the work they are doing in verifying insurance coverage and collecting deductibles from individuals served for the new insurance year.

On (4/3/25) an incident occurred with an individual served being upset regarding their balance owed, feeling that they were "lied to" by registration about coverage for services. The office manager and registration staff confirmed that they encourage individuals to contact their insurance companies directly for coverage and costs, as PCC can only provide estimates through eligibility verification portals, and don't actually know what is covered by individual plans until we receive the EOBs back from the insurance companies. Education was provided to the front desk team, clinical supervisors and outpatient therapists..

Due to continued issues with payroll for salaried staff, PCC's HR generalist requested the following on (4/22/25): " Make sure all salary requests are processed by the 9th and the 25th of the month. This should ensure I have everything when I process the payroll. FYI - I have to process it several days before the pay date so that the money is in accounts by the pay dates."

PCC's annual audit by UHY was completed during the week of May 27, 2025. PCC's CEO notified management staff on (5/6/25) as an FYI and to "be available as needed."

On (9/10/25) the Billing staff noted increased rejections in Blue Cross Complete claims and discovered a coding change that impacted payment. She immediately worked to resolve the issue and

PROFESSIONAL COUNSELING CENTER

HIPAA Security Risk Assessment

Fiscal Year 2024-2025

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:

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

In the past, some staff did not change 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.
- IT meets with new hires and ensures that passwords are changed from default upon new hire orientation.

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.
- Our security software limits access to sensitive websites.
- Types of Websites (i.e. gaming) are also limited by our security settings.

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 has completed this process and all devices are up to 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.

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 has installed 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 enterprise anti-virus software 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 and some offices.

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 not in the office routinely. 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 encouraged to inquire about the identity of anyone found in restricted areas.

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, personal or PCC owned.
- PCC has equipped its mobile staff with laptops. This mitigates documents being saved on a personal computer as they are all given company devices. Outpatient clinicians use computers that are in offices with cable locks.

There were no security incidents for the 2024-2025 fiscal year at Professional Counseling Center. As always, PCC strives to be as compliant and secure as possible in the ever changing technological landscape. Continued research into ways of protecting our patient data and securing our facility and network are ongoing. Updates to our network and security are performed periodically and as needed to keep our data secure and private. PCC updated its firewall and security/malware software this year to a more secure platform that is customizable to meet PCC's needs more efficiently and thoroughly.

Prepared by:

Joanne Parr

IT Coordinator and HIPAA Security Officer

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2024 - September 2025
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 (13) employees participated in the Annual United Way Campaign in 2025
- 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
- FOP Lodge #129
- KIDS Christmas
- St. Clair Co. Agricultural Society
- PH Police Officers Association
- CMH Players
- BWSH Jeep Poker Run
- Membership CAN
- Blue Water Allies Center – Pride Event
- ARC Ad
- St. Clair Co. Deputy Sheriffs Assoc.
- CL Spirit
- Athletic Factory
- Mid City Nutrition Sponsor
- Sanilac Humane Society
- CAN Roof Sit
- United Way Centennial Event
- St. Jude
- Feeding America

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
- Habitat for Humanity PH
- Suicide Prevention Committee / Suicide Prevention Group
- Pride Event

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2024 - September 2025

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
- Crowell-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
- Pride Event Volunteer

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2024 - September 2025

Family Preservation Division

Volunteer / Donate Financially

- Paws, Awes & 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
- 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
- Mid City Nutrition – Board Member
- Hospice 5k River Run participants
- Athletic Factory Board
- Marwood Manor Annual Fundraiser – volunteer
- Unity in the Community Event – volunteer

Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2024 - September 2025

Family Preservation Division

- 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
- 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
- Keewahdin Elementary School – PTA member
- 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 – Member
- 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
- Six Feet Over's Lemon Aid Voting Committee (Suicide Post-vention program)
- Rural Community Health Workers Network of Michigan
- SCCCMH Recovery Summit – three separate presentations
- CMHAM 25th Annual SUD & Co-Occurring Disorder Conference
- YMCA Leprechaun Loop
- Michigan State parks Run for the Trees
- Love Inc. – Lapeer
- Human Development Commission Advisory Commission
- St. Vincent DePaul
- Toys for Tots
- Blue Water Safe Horizons: Halloween Event

**Professional Counseling Center, P.C.
PCC COMMUNITY BENEFIT ACTIVITIES
October 2024 - September 2025**

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
- 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 2024 - 2025

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 2024-2025:

17 payment plans were created, resulting in payments of \$5,177.29

93 letters to clients were sent in efforts to resolve balances

63 cases were turned over for collection in the amount of \$9,802.88

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 2024-2025:

462 number of account audits conducted out of 851, 54% completed

14 clinicians were included in these audits out of 27, 52% completed (goal = 50% of all clinicians)

14 Notices of Corrections were sent to clinicians

Credentialing

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

The Data Quality and Credentialing Specialist also serves as the PCC 'administrator' on the payer websites for purposes of managing profiles, attestations; due every 90 days for all commercial and government insurance, etc.

In FY 2024-2025:

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

19 - 25 approximately, clinical staff were credentialed or re-credentialed with CMH

PCC Expense History

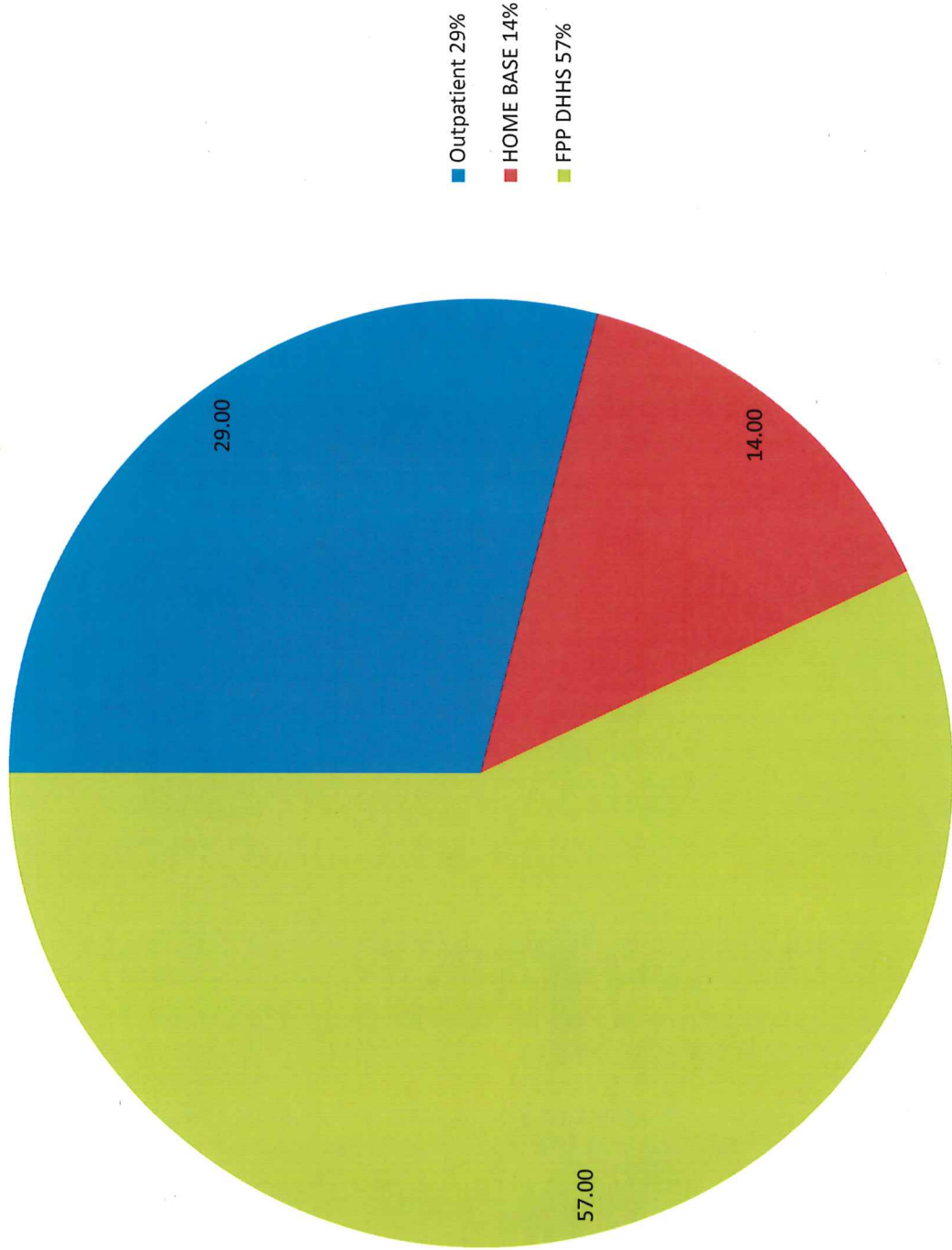
<u>PROGRAMS</u>	21-22	%	22-23	%	23-24	%	24-25	%
PORT HURON OUTPATIENT	1639272	0.35	1660873	0.33	1586099.89	0.32	1557701.15	0.29
HOME BASE	747480	0.16	812842	0.16	770161.22	0.16	766800.5	0.14
FPP DHHS	2281614	0.49	2490781	0.50	2600831.12	0.52	3072236.28	0.57
<u>GRAND TOTAL</u>	\$4,668,366.00	1.00	\$4,964,496.00	1.00	\$4,957,092.23	1.00	\$5,396,737.93	1.00

FPP DETAIL

20 FAMILIES FIRST, ST. CLAIR COUNTY	434715	0.19	441814	0.18	411970.09	0.1584	427544.5	0.14
22 FAMILIES FIRST, FOUR COUNTY	251211	0.11	259369	0.10	264190.2	0.10158	295800.25	0.10
24 FAMILY REUNIFICATION#2	219164	0.10	249112	0.10	259135.23	0.09964	221093.94	0.07
25 FAMILY SKILLS, MAINTENANCE, HURON, TUSCC	104539	0.05	127052	0.05	149173.99	0.05736	177607.6	0.06
70 FTBS PATHWAYS, FIVE COUNTY	663510	0.29	646063	0.26	535197.72	0.20578	576488.79	0.19
71 PARENT SUPPORT STCLAIR/SANLAC	50050	0.02	55291	0.02	59625	0.02293	119681.01	0.04
72 In Home Family Services			119422	0.05	108359.89	0.04166	121703.45	0.04
73 FAMILY REUNIFICATION #1(WAS 5 CTY)	250110	0.11	262586	0.11	209960.85	0.08073	215650.7	0.07
74 LIFE SKILLS, SANILAC COUNTY	69389	0.03	96430	0.04	89071	0.03425	87853	0.03
75 LAPEER CO. PARENT SUPPORT / SUD 2024	46550	0.02	50752	0.02	261477.34	0.10054	496483.77	0.16
76 FAMILY ASSISTANCE STCLAIR/SANILAC	124502	0.05	106487	0.04	120921.85	0.04649	159015.51	0.05
77 PARENT SUPPORT, HUON, TUSCOLA	67874	0.03	76403	0.03	131747.96	0.05066	173313.63	0.06

TOTALS \$2,281,614.00 1.00 \$2,490,781.00 1.00 \$2,600,831.12 1.00 \$3,072,236.28 1.00

**Professional Counseling Center
Expense Comparisons
2024-2025**



Port Huron Out Patient Payments by Payer October 1 2024 - September 30 2025

Payer	Category	Payer Totals	Category Totals	%
LIBERTY MUTUAL	AUTOMOTIVE	\$ 1,952.93		
AAA MICHIGAN	AUTOMOTIVE	\$ 780.00		
AUTOMOTIVE			\$ 2,732.93	0.18%
BLUE CROSS BLUE SHIELD OF MICHIGAN	COMMERCIAL	\$ 472,335.30		
BLUE CARE NETWORK CLAIMS	COMMERCIAL	\$ 89,209.76		
PHP HAP	COMMERCIAL	\$ 23,278.52		
REGENCY EMPLOYEE BENEFITS	COMMERCIAL	\$ 16,250.13		
HEALTH ALLIANCE PLAN OF MICHIGAN	COMMERCIAL	\$ 13,155.02		
MOLINA HEALTHCARE	COMMERCIAL	\$ 12,778.74		
ALLIANCE HEALTH AND LIFE	COMMERCIAL	\$ 10,568.43		
UNITED HEALTHCARE	COMMERCIAL	\$ 10,400.89		
AETNA U.S. HEALTHCARE	COMMERCIAL	\$ 10,343.50		
TRICARE EAST REGION 2025	COMMERCIAL	\$ 6,071.16		
HEALTH EQUITY	COMMERCIAL	\$ 3,727.63		
ASR HEALTH BENEFITS	COMMERCIAL	\$ 3,201.81		
TRUSTMARK HEALTH BENEFITS	COMMERCIAL	\$ 2,760.00		
UMR	COMMERCIAL	\$ 2,401.74		
TRICARE EAST	COMMERCIAL	\$ 2,206.72		
SUNRISE PACE	COMMERCIAL	\$ 2,141.34		
BEACON HEALTH OPTIONS	COMMERCIAL	\$ 2,039.00		
MERITAIN HEALTH	COMMERCIAL	\$ 1,707.92		
VARIPRO	COMMERCIAL	\$ 1,582.91		
EHIM	COMMERCIAL	\$ 1,193.00		
CIGNA	COMMERCIAL	\$ 1,185.60		
CIGNA HEALTHCARE	COMMERCIAL	\$ 1,176.11		
United Healthcare Shared Services	COMMERCIAL	\$ 1,108.90		
COMPSYCH	COMMERCIAL	\$ 983.00		
MOLINA HEALTHCARE OF MICHIGAN	COMMERCIAL	\$ 761.65		
ZING CHOICE	COMMERCIAL	\$ 668.94		
CIGNA BEHAVIORAL HEALTH	COMMERCIAL	\$ 550.00		
TRICARE FOR LIFE	COMMERCIAL	\$ 229.33		
Lucent Health	COMMERCIAL	\$ 195.00		
THE LOOMIS COMPANY	COMMERCIAL	\$ 195.00		
HEALTH EQUITY	COMMERCIAL	\$ 169.05		
BLUE CROSS BLUE SHIELD OF ALABAMA	COMMERCIAL	\$ 163.60		
BEACON HOME CARE	COMMERCIAL	\$ 150.00		

Port Huron Out Patient Payments by Payer October 1 2024 - September 30 2025

Payer	Category	Payer Totals	Category Totals	%
OPTUM MANAGED CARE SERVICES	COMMERCIAL	\$ 45.60		
UNITED BEHAVIORAL HEALTH	COMMERCIAL	\$ 29.04		
COMMERCIAL			\$ 694,964.34	44.68%
EAP PCC	EAP	\$ 5,755.00		
EAP			\$ 5,755.00	0.37%
UNITED HEALTHCARE COMMUNITY PLAN	MEDICAID	\$ 111,346.45		
MCLAREN MEDICAID	MEDICAID	\$ 84,265.57		
BLUE CROSS COMPLETE CLAIMS	MEDICAID	\$ 46,037.93		
MCLAREN HEALTH PLAN	MEDICAID	\$ 43,159.57		
CARESOURCE OF MICHIGAN MEDICAID	MEDICAID	\$ 8,373.27		
UnitedHealthcare Community Plan	MEDICAID	\$ 164.47		
MEDICAID			\$ 293,347.26	18.86%
PRIORITY HEALTH	MEDICARE	\$ 41,444.80		
MICHIGAN MEDICARE PART B	MEDICARE	\$ 34,116.10		
HUMANA INC.	MEDICARE	\$ 27,990.07		
MEDICARE PLUS BLUE	MEDICARE	\$ 15,519.34		
WELL CARE	MEDICARE	\$ 3,741.78		
BLUE CARE NETWORK ADVANTAGE CLAIMS	MEDICARE	\$ 2,064.20		
MCLAREN HEALTH ADVANTAGE	MEDICARE	\$ 567.95		
UNITED HEALTHCARE MEDICARE COMPLETE	MEDICARE	\$ 45.00		
MEDICARE			\$ 125,489.24	8.07%
ST CLAIR CO DHHS	PUBLIC FUNDING	\$ 11,657.50		
ST. CLAIR COUNTY HEALTH DEPARTMENT	PUBLIC FUNDING	\$ 5,000.00		
PUBLIC FUNDING			\$ 16,657.50	1.07%
CMH OP	CMH	\$ 136,142.84		
CMH			\$ 136,142.84	8.75%

Port Huron Out Patient Payments by Payer October 1 2024 - September 30 2025

Payer	Category	Payer Totals	Category Totals	%
SELF PAY	SELF PAY	\$ 260,750.94		
SELF PAY			\$ 260,750.94	16.76%
VA CCN OPTUM	VA	\$ 19,691.90		
VA			\$ 19,691.90	1.27%
GRAND TOTAL		\$ 1,555,531.95	\$ 1,555,531.95	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 2025)

- The racial and ethnic population is largely made up of Caucasian (93%) then persons reporting two or more races being the highest percentage.
- 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.
- Family stability is increasingly impacted by compounding stressors, including changes in family structure, unmet mental health needs, and substance use challenges, which can strain caregiver capacity without adequate supports.
- 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.
- 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 need, especially if the renter has any type of eviction or criminal history.
- 5 County Thumb Area needs more foster care homes in their respective counties.
- Need Shelters in Thumb.
- Affordable Childcare is an issue.

- The Thumb area DV shelter is nearly always full with no beds available and there is a lack of BWSH also 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 required to have specific credentialing/training to be privileged to provide services to certain populations (i.e. children, SUD, Trauma.)
- Associate-degree workers routinely perform workloads equal to those in higher-credentialed roles.
- 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.
- Increased awareness of transgender youth needing mental health counseling.
- Increased aggression in young children (as young as 5 years old) resulting in suspensions.
- Limited options for more intensive children's 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.
- Education access is a major barrier for professionals seeking training and continuing education and for parents seeking education related to: Transgenerational trauma, Aggressive or high-needs children IEP/504 processes and advocacy.
- Need for food, clothing, heat, appliances (washer/dryer) and stable housing seen in Family Preservation clients.
- 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.
- Education, homework, and school engagement barriers for families due to limited internet

access. These challenges may be misinterpreted as noncompliance rather than access barriers.

- 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.
- Less Bachelor and Master level Human Services/Social Workers available in the field; difficulty hiring across all social work programs.
- 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

Prepared by Whitney Ostrom (typed by Dawn Roman)

**PROFESSIONAL COUNSELING CENTER
NEEDS ASSESSMENT/CONSUMER INPUT
OUTPATIENT COMMENTS
FISCAL YEAR 10/01/24 - 09/30/25**

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

- Group options for people who are struggling with mental health
- I'm very satisfied
- Nothing I can think of besides more CBT
- I like every service available to me so far, I have no complaints
- None that I know of
- More accessible psychiatry
- I think I am getting more than enough help
- Community liaison to help coordinate with other agencies as needed
- I think for our own personal needs services are met to the best of ability. My son struggles with eating and therapy has been helping improve his thoughts.
- Nothing
- Possibly access to alternative/supplemental kinds of treatment such as EMDR or ketamine therapy for example
- I don't have any ideas
- Eating disorder therapy
- I don't think there is anything else I need 😊 I am very satisfied with my services
- All of our needs are met
- More outreach in rural communities
- I cannot think of anything. The services here are amazing.
- Longer than 1 hour every now and then
- More diagnoses stuff, ex ADHD
- I need to find a Dr. for improved treatment but on my part not theirs
- I would love to learn more about support groups offered
- Autism assessments
- Massage
- Honestly, nothing in my case. I have gone through so much trauma in my life that for a year I have been unable to be aware of what has happened and know it's not my fault. Now I just need time getting past to live my life.
- Patient portals
- I don't think anything. We can find someone who fits our needs, make appointments when needed and have multiple reminder options
- None that I can think of
- Better parking
- Nothing. I think you are doing a great job
- Online appointment making

- I don't feel like anything is missing
- ADHD questioning/assessing
- Very easy to communicate with
- Everything is perfect! A+ for everyone!
- Counseling **WITH** my child that includes other family members
- Groups for teens
- None
- Domestic abuse counselor
- None that i know of
- Group sessions for social skills/behavior group, later evening sessions
- Honestly i can't think of anything
- More parking options
- Psychiatric services that prescribes adderall
- I have no idea. I was seeking marriage counseling
- Not really sure but I'm pleased with service
- Great Job
- I would say it could use a little less AC 😊
- I do not feel that I need any additional services at this time
- Better parking
- None that I know of
- It's perfect 🥰
- In person psychologist
- In person psychiatrist
- An in person psychiatrist
- Social anxiety services
- In-home treatment would greatly benefit our family, unfortunately is only offered for those who have state insurance. If Blue Cross was part of this program we would love to take part in it.
- Not really sure, I just come for therapy and that's what I get!
- It seems fine to me
- More access to psychiatrists
- License reinstatement/driving/DUI assessments/evaluation
- Nothing. Everything is perfect
- Therapy dogs
- I am very satisfied with the current services provided
- Support group for men
- At this time I don't think I know of any
- Maybe a newsletter as a source of information for things available in the community that could help people
- ADHD services

- I think you provide enough
- Nothing is missing. I get the help I need
- I'm doing good. I think that there are services that I don't know of
- I was informed that I was to be scheduled to meet with a psychiatrist. That has yet to happen, but I'm not quite in a rush. This response was simply to answer the question.
- More parking
- I am happy with the services provided
- Hedge maze gardens
- EMDR
- Support groups
- None that I am aware of
- Possible single mothers support group
- They seem to help us out when we need it
- Nothing. Every counseling session gets better
- I am satisfied
- More kid activities
- Drawing, coloring
- Just feel like I could go for a walk with who I see
- Nothing. Everything has been good
- Nothing. I find my sessions here very helpful
- Peer groups, support meetings
- Can't think of anything at the moment
- Diagnosis services
- Diagnosis services
- I think that more activities or books in the waiting room could lighten the atmosphere and make people comfortable
- Would like a list of different services available
- Psychiatrist for minors

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

- Support for addicts children
- I don't really know about any services of them not being enough of
- I feel we need more therapist in this town
- Shelters, mental health advocates for people who cannot afford the care they need
- NA/AA meetings
- None that I see
- I don't know - more democrats?
- Mental health services for everyone, especially children
- Psychiatrists that actually care

- Housing
- I believe mental health services in general are moving in a positive direction and can only continue to improve
- Nothing I can think of right now
- Shelters
- I have been very happy to see all the flyers on the board with notification about a wide range of services and also appreciated the coat and scarf drive
- Accessible mental health centers with no judgement for adolescents, teens. Maybe for the kids who don't know what it is or can't afford it.
- Clothing giveaways for children
- I don't go outside much, so I don't know
- Food pantries/banks and shelters
- Not many available where I live
- Community centers for kids and teens
- I wish there were more services like this one. People of Medicaid need more options like here
- Mental health assistance
- Therapy
- Kid centers
- More help for the homeless
- Support group, others who have challenging children w/ODD or support for bi-polar & families
- Parental support groups, OT
- Homeless shelters
- Food help
- Recovery therapy for everyone, not just paid. I know it can't be free, but i feel it makes things easier with more resources
- Food services for people that need them
- Soup kitchen
- Teen gatherings
- homeless/low income help/mental help
- School support stuff
- Not much really
- Mental health support groups for people with specific conditions like my bipolar
- I'm not sure
- Mental health services for youth that are easily accessible
- Resources for troubled youth
- Mental health services in the schools
- Domestic abuse centers/counselors
- Later evening sessions
- Possibly like mental health services related to personality disorders
- Minor children therapist for mental illness

- Breast cancer groups local
- I am not aware of services available in the community N/A
- There are not enough therapists
- Free counseling
- More activities for teenagers
- Back to school services for clothes and shoes
- Maybe connecting with patients who experience similar things
- Services for new mothers and information on them
- Services to help people find housing. Resources for people with severe mental health problems who can't work
- Honestly not sure. I was recommended PCC so I didn't look around much
- Homelessness
- Not sure, maybe grief support
- Help for families
- LGBTQ+ youth groups
- Mental health resources for men
- Youth therapy services
- Office closer to Capac
- Peer support groups for mental illness
- Psychiatrists (I'm told)
- I think we need more drives and other get-togethers to help people in need
- Groups/support groups for kids with special needs
- Can never have enough
- Access to more mental health services
- Access to mental health professionals for the struggling and/or unhoused
- Mental health
- Mental health help
- Support groups
- Homeless shelters, food give aways. Our churches have such beautiful Christmas sings at the holidays
- Help with children
- Foster care, mental health services
- Plenty
- More food give away or places to donate food you don't want
- Psychiatrist
- Online AA or NA communities
- AA meetings
- I think we have many great services in our community but there are not a lot of counseling centers or options
- Volunteer help for senior citizens

- Homeless shelters
- I think for the short time here things are good
- Support groups
- If by “community” it means Port Huron, then I feel the city is sparse of sufficient medical practitioner populace. This is simply through observation of wait times in waiting rooms of hospitals and appointment dates scheduled rather distant from one another. This to be an issue that spans beyond Port Huron, so the fault doesn’t seem exclusive to any one community.
- Support, teen groups
- Parks. Always need more parks
- Trauma therapy and EMDR therapy services
- Housing resources
- Mental therapy
- Affordable child care
- Women and men shelters
- Medical doctors
- Homeless shelters
- Getting to places with free services
- Financial resources for maintaining older properties as a home owner. Forestry, sidewalks, improvements
- Shelters for homeless
- Kid activities
- Community support groups
- Partial program
- Mental health - more about care, living situations
- On call safe people to talk to
- Food drives
- Homeless shelters, food aid
- Any services after work hours
- LGBTQ+ services
- Homeless help
- Where do I start....
- There could be more “safe spaces” or places for young people to go to feel safe and accepted

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

- No services are missing
- We need more social activities
- More shelters and free health care for those in need
- Job counseling

- Suicide prevention/help at adolescent age in hospital setting
- My therapist
- You guys have all of the above and beyond
- Mental health services for everyone, especially children
- Still psychiatrists
- Easier appointment opportunities
- Shelters for people
- Helping people get on their feet
- Food therapy
- OCD therapy
- Nothing, you guys are the best
- Transportation to and from appointments
- Possibly more help for homeless
- Shelters for homeless
- Homeless shelters
- Addiction treatment and affordable housing/financial aid
- Nothing for me. Hopefully others have ideas
- Transportation to services/doctors appointments
- More community outreach
- As a mother of a daughter that has mental health issues she has had to stop treatment for her bipolar and depression because she can't afford it. I think it would be nice to have affordable counseling options.
- Shelters
- More mental health help
- Support groups for different disorders
- Perhaps services for children that were exposed to alcohol/drugs in utero
- High needs playgroups/social group
- Battered womans help
- I don't know, more things for children I guess
- More free help for people that have mental disabilities, help for veterans
- Services to help out the homeless community, either with housing or with mental/drug problems
- Helping homeless
- Teen gatherings
- Homeless programs, low income help/mental health
- Resources for people in crisis, psych hospitals, facilities, etc
- More activities for young kids to participate in instead of playing on phones
- More info relating to neurodivergence
- I'm not really sure what is out there. Maybe more public advertising for people struggling with mental health and what they are for
- There aren't enough adolescence groups
- In patient programs for youth with mental health issues that are LOCAL
- Talk groups for teens

- More job training
- Domestic abuse centers
- Group sessions for social skills
- Possibly like mental health services related to personality disorders
- Therapist for minors
- Guided stoicism
- Also unsure of what may be missing N/A
- Maybe psychiatric
- I think there should be free healthcare
- Activities for children and teens
- I have found that there isn't much that is missing
- Recovery outreach and supports for families of addicts
- More help for the homeless and mentally ill. A lot of times people get sent to the hospital if they say they're going to harm themselves, but the hospital doesn't help much most cases
- More help for homelessness
- Children's services in schools & out
- The option of virtual therapy (if it's not offered)
- Positive posters
- Youth therapy services
- Resources for autistic adults
- I think your services are great they are very helpful to me
- More resources for homeless population
- Access to health care, food, mental health services
- More shelters and access to food and medical care
- Housing
- More help with mental health
- Mental health support groups
- Sometimes I fill out a postcard & mail it to a house and say I like the color of your front door. I love the way your yard is decorated. Something kind and encouraging
- Education on recognizing when others need resources/services
- More hands on activity like St Clair Library to learn different quirks like anxiety, depression, ADD, etc
- Food pantries
- More things to do
- Possibly outreach to know of the services provided
- More affordable health care services, like dentists, doctor and counseling
- ADHD services
- Cancer support groups, autism groups

- A more affordable way of getting help. I know many people who want/need to go or want to go to a therapist by simply can't afford it
- Legal or financial assistance for people who are considered making "too much" but cannot support themselves or find assistance
- Caregiving needs
- Maybe group therapy. People might feel more comfortable doing the session with others their age that relate
- Cheaper therapy
- Entry level jobs seem to be becoming sparse to the point of non-existence. Too many seem to require a certificate of sorts, past experience or are highly demanding (too demanding even). The aforementioned conditions seem to blur the metaphorical line between entry level and experience level jobs, resulting in employment difficulties
- Support groups
- More income based housing & supports for parent outside of CPS involvement
- Mental therapy
- Possible single mothers support group
- Places for teens to go and be safe and have fun
- Some more shelters
- Community centers
- Going on a walk outside
- Networking between all the services
- Making art
- More activities for the kids
- More support for unhouse individuals, homeless shelters, transportation aid
- Helping women find grants
- In person support (I know of people that are seeking groups/services that are not virtual only)
- Food and overnight shelters
- I think a service that helps people get medication for free or cheap would be very beneficial

4. Other comments

- PCC is a great place to have a nice peaceful counseling session. Absolutely recommend it to others.
- Great front staff 😊 Been seeing Suzette for years and am very happy with the care I've received
- PCC IS GREAT!!!
- I really enjoy my time here, and I have felt so much better since coming here
- Thank you for all you do for my family

- I love being here and receiving services
- You guys are doing great 😊
- I don't have anything else to really say. I like it here.
- I haven't been to counseling in a long time but I know when I did, I really loved it. It was really good for my soul.
- Mental health services for students
- PCC meets all of the needs of my family
- I don't need other services at this time. So I don't know what's needed for other people
- I truly do love it here, and I love the secretaries and therapists so man, I've had a lot of progress here, and hope to make more in the future.
- For the first time someone is listening to me
- Everyone is so friendly and very welcoming
- Best counseling services I ever had
- Everyone here is very kind, professional and helpful. I am very grateful for having this opportunity
- I've only been here twice. But I was here before for 10 months. Think I am doing really good.
- More parking
- More greenery is always good!
- I have really enjoyed and appreciated my time at PCC
- Everything I have experienced at PCC has been excellent, staff counselors, attention to details, absolutely wonderful!
- PCC is the best around! My grandchildren like it there
- Everyone is very pleasant and helpful. Always a pleasure.
- This is my second time here and I feel welcome
- You are doing a good job
- I am thankful to have the in person assistance available after virtual only assistance in the past
- Tina is amazing

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

NEEDS ASSESSMENT/CONSUMER INPUT

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

- Na
- I'm not sure.
- Group sessions for teens.
- Not sure
- I would like nutrition help + budgeting help, but not sure how to get that.
- Offer home based services for siblings who are in the home who need it. Not make them have to go somewhere else where the other system fails them.
- Nothing
- None
- N/A
- Not sure
- An update for parents? Idk if she is getting better? Or if she will have to see a councilor for the rest of her life?

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

- Na
- I don't know.
- Public transportation
- Food + clothing pantries maybe. Or like health/exercise places for family.
- Resources for children who are falling through the cracks because they have not yet reached a certain level of severity or are too severe.
- Respite services for caregivers
- N/A
- Short and long term residential care and respite workers
- It's fine
- Adult counseling services
- N/A
- Not sure

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

- Na
- There are probably services I don't know about.
- Safe places for teens to just hang out.
- Services for those who are falling through the cracks at other places but do not qualify.
- None
- Nothing
- None
- N/A

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

4. Other Comments:

- She really does a good job with my child
- Briana and Deb are a great team. My son loves them. They go above and beyond and they fight for what is right..

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

Questions 8 and 9:

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

- Getting to know my son better and himself learning the basics too
- Jason helps my son open up better then anyone else who has tried
- Home based. Flexible scheduling.
- Kristen is really good with . She's flexible and goes out of her way to help us.
- When there's a concern regarding treatment it gets talked about and addressed right away
- That Kristen really cares about and how been doing during each week and how is excited to see Kristen on the days she does therapy!
- Services are allowing my little boy to control his emotions a little more then in the past
- Times + Dates are workable. Kristen is good w/ the kids. Never know what she's thinking about us, I am curious.
- How far my child has come in such a short amount of time.
- The best thing about services is the fact that I know my child is safe. I know that Briana has his best interest in mind at all times. I know that my child respects her. I know that my child is in good hands.
- Our team goes above any beyond for us and our son
- How far my son has came
- Amy is great! We have learned so much from her in less than a year then we have from anyone else in 5 years
- We have home based services
- They come to the home so I don't have to worry about transportation.
- Brianna goes above and beyond for her clients and she's always been there when we needed her
- That she works with me and my son. She does her job very well. I a very happy with my services
- The fact my son is opening up more
- the progress [REDACTED] has made with school and his peers
- That they are helping my son get what he needs to develop better
- That my daughter has been showing improvement her therapist is just a really nice person my daughter is lucky to have her!
- My minor child is opening up with his feelings

Professional Counseling Center
Client Satisfaction Surveys
Home Base FY 24-25 Compilation

9. What could make services better?

- Na
- NA
- Nothing comes to mind.
- Unsure at the moment
- Not sure. Maybe if me + could sit still.
- Don't ever let Briana go.
- Well what they talk about is confidential. But an update as to how [REDACTED] is doing would be helpful?
- everything is good
- Nothing
- N/A
- None

SUMMARY OF ORGANIZATIONAL STRENGTHS AND WEAKNESSES

Agency-Wide Strengths

- A positive image (reputation) in the community
- Quality services
- Diversity of staff skills and credentials
- Friendliness and flexibility of staff
- Quick response time for access to services
- Improved technology
- 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/Wellness Committee
- 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
- Strong person-centered philosophy and approach

Agency-Wide Weaknesses

- Problems related to physical structure of facilities (crowded front lobby/waiting room, parking issues)
- Recruitment of adult and SUD child psychiatrists who can navigate Electronic Health Record (EHR) system, and provide cost effective high quality services
- Cost of benefits

- Google phone service
- Difficulty recruiting specialized degrees
- Difficulty identifying new/young managers/supervisors
- Computer issues
- Health insurance concerns

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
- Psychiatric Evaluation and Medication Management Services
- Flexible Scheduling
- Consistent communication, i.e., staff expectation, 6 day encounter, 100 day closing, outstanding balances, etc.
- Therapist certification in the areas of trauma and EMDR
- 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)
- ADD/ADHD testing and medication management for Children through young adults

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
- Decrease in evening availability for sessions

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
- Returned 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
- Medical transport
- More high-risk referrals with mental health issues.
- Lack of funding assisting with housing, furniture and appliances.
- State trainings not available to local contract staff.

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
- Group offered to HB consumers children and adolescents

Home Based Weaknesses

- Travel time can be cumbersome
- Training and orienting staff is time consuming
- CMH paperwork is time consuming
- 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 2025-2026

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, Staff Enrichment, Technology, FPP Self Evaluation, Public Relations, Leadership and Referral committees. The commitment reflects the agency's purpose, mission, and values.

By Nancy Pfeifer & Whitney Ostrom

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 SCCMH. On the other hand, working in a smaller, less bureaucratic and more service-focused organization clearly has appeal to many workers. PCC also offers many entry level positions where staff can gain extensive hands-on training. PCC offers the kind of schedule flexibility that is attractive to many workers, parents of small children and workers with other pressing responsibilities.

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

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

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

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

5. GOAL CATEGORY #2: INFORMATION TECHNOLOGY

Information Technology Planning will address these key questions:

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

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

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

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

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

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

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

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

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

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

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

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

- EAP Telehealth to be explored as an opportunity.

The bid process for FPP contracts should be formalized to ensure that PCC is successful, both in earning contract bids and in gaining maximum benefit from them. This will entail improving the processes for rate determination, as well as reviewing the processes after the fact to assess the degree to which those processes were effective. Moreover, if DHHS follows through with the expected changes to its base contract model, it will be more important than ever to get a good handle on our projected revenues and expenses, and to make each bid in accordance with each situation. Setting up the process by which PCC assesses each bid might itself be a worthwhile goal in such a situation.

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

7. **GOAL CATEGORY #4: LEADERSHIP AND CORPORATE STRUCTURE**

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

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

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

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

8. PROCESS GOING FORWARD

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

**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: Whitney Ostrom and Aimee Trudeau

10/1/2024- 12/31/2024: FOIA reviews have not been completed. Staff training continues with Share point, MI. External Committee participation continues at 100%. The workgroup has not met this quarter.

1/1/2025 – 3/31/2025: FOIA reviews for unit rate/capacity have been compiled into a spreadsheet. Potential contract costs have been listed but not yet reviewed with Nancy/Lew. Supervisors will attend MFT in-house committee next quarter to review information provided by Mi Family Together program director from Orchards, and forms. External participation by Whitney and Aimee continues at 100% for all MFT meetings scheduled by the state and updates shared with management. Marlette managers explored PCC participation with other agencies, to fill any gaps (for proposal question.). The proposal writing group met several times during this quarter and engaged the group to include new members applying hands-on development of capabilities and continued to refine proposal writing by writing 2 proposals.

4/1/2025-6/30/2025: FOIA reviews for unit rates continue to be compiled into a spreadsheet for all contracts that are awarded in SIGMA. Supervisors continue to attend MFT committees monthly to stay informed on MFT changes/pilot updates, and share information with PCC staff. Supervisors have received 2 MI trainings (1 from Nancy, 1 from Whitney/Aimee.) The internal workgroup for MFT has not met recently, however updates have been provided to supervisors and staff re: MFT.

7/1/2025-9/30/2025: FOIA RFP information has been compiled in a file, along with other helpful MFT info for the bid writing team to review. The bid writing committee is writing the practice bid, and gaining clarification on areas that need to be addressed (collaboratives, community involvement, training needs.) Supervisors and direct staff have attended MFT Implementation meetings to gain information and staff continue to receive updates from their supervisors. This goal has been met.

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

10/1/2024- 12/31/2024: During the first quarter, 6 different EHR's have been reviewed. There is a 2nd meeting with Opus, the EHR System that is currently in the lead, due to it fitting the administration needs as well as the clinical side. The next step is to examine the financial costs to the agency.

1/1/2025-3/31/2025: Narrowing down of a final EHR has taken place. Another subcommittee has been established to focus on cost and implementation moving forward. Opus has given PCC a list of agencies that currently have their program and we will be calling to explore their satisfaction.

4/1/2025-6/30/2025: The narrowing down has taken place and there is a team that is currently reviewing the contract that OPUS has sent to us. They have found some issues within this contract and it has gone back to OPUS for clarification. Calls continue to be made to other agencies that have and are currently using OPUS. We are still on track for the committee to sign the actual contract within the next quarter and begin the behind the scenes process of implementation and integration of the new EHR system.

7/1/2025-9/30/2025: The contract with the new EHR OPUS is under review by our lawyers and is currently in negotiations with OPUS, as other issues were not corrected initially and went back for further review. While behind the scenes work is still being done to keep us on track from implementation in the early phase of the next fiscal goal year.

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	Kaiytilin 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	Kaiytilin 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	Kaiytilin Rumenapp & Kristen Patchel	One year	
Begin evaluating opportunities to facilitate group therapy under CMH OP contract	Kaiytilin Rumenapp & Kristen Patchel	One year	

STATUS UPDATES: Kaiytilin Rumenapp

10/1/2024- 12/31/2024: During the first quarter HB staff have successfully facilitated an 8 week group. They were able to utilize the previously established curriculum with some modifications due to the age of participants. HB staff worked to create an additional evidenced based curriculum for adolescents, with the plan to facilitate the group after the new year. One set of pre and post surveys have been collected, demonstrating positive feedback from group participants. Modifications were made to the group ROI and expectations to allow transportation of more than one participant in the same vehicle. CMH Recipient Rights Department approved these forms.

1/1/2025 – 3/31/2025: During the second quarter of this fiscal year HB staff successfully completed a second 8 week group utilizing a new curriculum for the adolescent population. Client participation and survey results demonstrated positive feedback surrounding the group and all participants expressed interest in participating in additional groups. A workgroup meeting was held this quarter to determine the next group segments and where additional curriculums would be beneficial. No progress has been made with facilitation of parent groups or evaluation of opportunities for group therapy under the OP contract.

4/1/2025-6/30/2025: During the third quarter of this fiscal year HB staff started a new round of an 8 week group with pre-teens. Due to inconsistencies in attendance the group ended early as it was not beneficial for the clients and team to continue without consistent involvement. The clients that had been consistent in attending the group sessions reported enjoying the group and are willing to participate in future groups. Another group was unable to be started due to not having enough clients for any one age group. A workgroup meeting was held this quarter to discuss future groups and possible different curriculum.

7/1/2025-9/30/2025: During the final quarter of this fiscal year homebase groups were not conducted. Due to a decrease in referrals and not having enough participants within the same age bracket, groups were not offered this quarter. Moving forward, homebase staff will continue to

offer and conduct 8 week segments of group as participants become available. Workgroup meetings will occur as needed. This goal has been completed but will continue to be monitored throughout the duration of the home based program.

**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:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Research steps to take if PCC were to migrate from Google accounts to Microsoft.	1. Joanne	1. 2nd Quarter	1. Solve questions of cost, including those of early withdrawal from the Wursta contract and data migration.
2. Estimate costs for migration and contract terms.	2. Joanne	2. 2nd Quarter	2. Complete a comprehensive report with all aspects of cost and migration.
3. Present findings to Executive Team	3. Joanne	3. 3rd Quarter	3. Present information to the executive team and have discussions to answer any questions. Research any unanswered questions.
4. Decision made to migrate to Microsoft or stay with Google	4. Exec Team/Lew/Joanne	4. 4th Quarter	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

10/1/2024- 12/31/2024: There is no progress on this goal at this time.

1/1/2025 – 3/31/2025: Looked at the cost of cancelling the Wursta contract. IT is heavily involved with the EHR committee that is looking at new EHR Systems for the Outpatient side of the building. This involvement might delay or postpone this goal as we get closer to selecting the new system and potential implementation of a new EHR.

4/1/2025-6/30/2025: No progress on this goal at this time.

7/1/2025-9/30/2025: This goal has been deferred until a later time.

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

10/1/2024- 12/31/2024: Multiple demos have been scheduled. The EHR committee had decided to hold two demos for each EHR reviewed, one of clinicians and one for support/admin. At the time of this writing, we are on our fifth EHR review.

1/1/2025 – 3/31/2025: This is a duplicate goal and will be discarded per Lisa

4/1/2025-6/30/2025: New Front Desk staff training has been the focus. Reviewed and updated medical records requests with Dorothy. Developed new station / process for psych assistant.

7/1/2025-9/30/2025: OM has cross trained for the PA position with Dr. Wilhelm. Progress is slow developing a procedure manual for all of Dorothy's assigned job responsibilities. OM continues to review and update procedures for effectively running the front office, registration and billing.

**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.

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.

STATUS UPDATES: Lee Anne McKelvey

10/1/2024- 12/31/2024: Progress has been made with developing a procedure manual for Dorothy's assigned job responsibilities outside of her actual billing tasks. Lee Anne worked closely with Kate & Stacey in Registration training for Telehealth Only procedures. Stacey has been trained to cover the front desk and assist in registration.

1/1/2025 – 3/31/2025: Progress continues to be made with developing a procedure manual for Dorothy's assigned job responsibilities outside of her actual billing tasks. Lee Anne continues to review and update front desk procedure manual when necessary.

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 September 1st, modified from 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 7/31/25; modified from 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	9/30/25; modified from 7/31/25	Action plan complete and/or celebration scheduled.

STATUS UPDATES: Cindy Willey-King

10/1/2024- 12/31/2024:

1. Dawn Roman uploaded the 2024 CARF Manual into our Google Drive on 10/3/24.
2. Cindy has not completed this yet. Cindy provided competency based Telehealth Provider Training on 10/2/24 for all OP staff providing that service. The average score was 86.8%, with most staff scoring 90%.
3. Cindy sent an email to management staff previously involved in the CARF process last time, with a chart of assignments on 12/17/24. We have not set any timelines for completion yet.
4. Not applicable until after the site visit. Our site visit window is now 5/1/25 through 6/30/25; excluding the problem dates of: 5/22/25 to 5/27/25, and 6/19/25 to 6/23/25.

1/1/2025 – 3/31/2025: CARF reached out to PCC on 2/12/25 to inform us: “We continue to experience a substantial increase in behavioral health organizations seeking accreditation. In an effort to better ensure timely scheduling of your survey, CARF is changing your current survey timeframe to August/September 2025. Please notify me of any specific dates to avoid in this new timeframe. The survey will be conducted under the 2025 standards manual, with 2024 fees. A complimentary PDF of the applicable 2025 manual will be emailed to you within approximately 14 days. Your

accreditation will remain active until the outcome of this survey is provided." The letter was provided on 2/12/25; Cindy forwarded a copy of this letter to SCC CMH Contract Manager Jennifer O'Dell, Corporate Compliance Privacy Officer Telly Delor, and Executive Director Debra Johnson on March 6th, 2025. Cindy modified the goal and objectives to reflect the change in the survey window.

1. PCC received the 2025 Behavioral Health Manual on 3/13/25. Cindy informed the Management Team and Dawn was able to upload the updated version into Manager Google Drive on 3/17/25.
2. No updates in this area.
3. No updates in this area.
4. Cindy requested "problem dates" from the Management Team and informed CARF of those dates on 2/20/25. Our current window for reaccreditation is from 9/8/25 through 9/30/25.

4/1/2025-6/30/2025: CARF reached out to PCC again on 5/30/25 to inform us that, despite their best efforts, they have been unable to confirm the September dates for our re-survey: "We now plan to schedule your survey in October/November." This Supervisor sent the list of dates that we are not available to survey to CARF, on 6/3/25. Potential dates for the re-survey to occur include: October 1st through 16th, November 3rd through 5th, November 10th through 14th, or November 24th and 25th. CARF will give us notice at least 30 days prior to the date that is scheduled. As of right now, it is scheduled to be in person at our Port Huron location.

1. This Supervisor requested a free copy of the 2025 Behavioral Health Workbook that we originally purchased to accompany the manual. We received it on 5/12/2025. Dawn was able to upload the workbook into the Manager Google Drive on 5/12/25.
2. This Supervisor has not yet identified any training that needs to be completed to be in compliance with current CARF standards (so are we are in compliance already). We will, however, be providing training regarding the Ethics of Good Documentation and UM chart findings at the August or September OP meeting.
3. This objective is currently in progress.
4. Due to the late survey date from CARF, this objective will be carried into the next fiscal year. Our temporary extension letter, provided by CARF on 5/30/25, was forwarded to SCC CMH on 6/2/25. It specified that our accreditation is extended through 12/31/2025 and will remain in effect until the outcome of the next survey. The official accreditation award letter should be issued no later than 1/30/2026. Any plan of correction would be due within the 1st or 2nd quarter of our next fiscal year.

7/1/2025-9/30/2025: This supervisor reached out to CARF on 9/18/25 to inquire about CARF site visit dates. At that point in time we received notice that our re-survey was in the process of being scheduled for sometime in November. On 10/8/25, this supervisor received notice that our survey would be conducted on site on November 24th and 25th. CARF site visit posters were displayed on 10/9/25. The Microsoft TEAMS invitation was sent to this Supervisor on 10/10/25.

1. No changes have been made since receiving the 2025 Behavioral Health Workbook in May 2025.
2. OP staff training in documentation ethics and UR results was provided in our OP meeting of 9/16/25. A prior training in providing treatment via telehealth had been provided on 10/2/24. We remain in compliance in this area.
3. CARF assignments were reviewed in the Leadership Team Meeting and Management Meeting. Joanne Parr created a shared Google Drive for individuals to upload documents to on 10/13/25. This will enable us to have copies of the required documents in our own confidential

file, to update as needed for future site visits. This supervisor created a CARF group email in order to update individuals as needed regarding our progress. Sections were to be completed for upload to TEAMS by 11/14/25. Joanne will oversee this process on 11/17/25.

4. The CARF visit will occur on 11/24/25 and 11/25/25. We are looking forward for the opportunity to learn more about ways we can continue to grow in providing quality services to our community and in ensuring the retention of the excellent staff that PCC has in all of our programs.

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/Lynn

10/1/2024-12/31/2024:

- Started to establish supervisors and support staff that will take certain areas of training. Implemented training with a current new hire.
- Utilized support staff to assist with general office orientation requirements.
- Identified and utilized senior staff that were experts in certain areas with training regarding V-tiger, activity logs, job shadowing and billing.

1/1/2025 – 3/31/2025:

- Implemented supervisors completing the orientation checklist, utilized the PCC intranet, and Greenshade instructions. Ensure new employees can access all their programs at orientation. Support staff are providing additional help.
- Continued using senior staff with the job training in Vtiger, activity logs, job shadowing and billing to improve new workers are confident in the field.
- Supervisors and support staff are collaborating on Onboarding guides to help new hires

4/1/2025-6/30/2025:

- Continuing to work on Onboarding guides
- Support staff is checking new hires logs for per entry for errors and giving guidance in using Vtiger, providing helpful hints to continue improvement
- Supervisors providing additional assistance and shadowing time to boost confidence in new workers
- Senior staff guidance has greatly enhanced new employees
- Program Manager Aimee Trudeau to assist with MI-training to supervisors

7/1/2025-9/30/2025:

- Lynn and Connie are continuing to work on the Onboarding guides and getting input from supervisors and staff in each program.
- Staff are being guided to reach out to coworkers (in any program) when it's recognized they can offer assistance in specific areas.
- Dennille and Aimee working on MI training during in person FTBS teams.
- Staff in various programs are alerting and linking all Marlette staff to valuable resources in the local areas.

**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:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Create list of responsibilities/ job descriptions regarding key positions at PCC i.e. director roles, program management, program director, etc.	Nancy/Lisa	1/1/2025 – 4/1/2025	
2. Based on list/descriptions formulate a structure for division of responsibility	Executive Team and Co-Directors	1/1/2025 – 7/1/2025	
3. Create new job descriptions for key positions at PCC and set timeline for completion of transition steps	Executive Team Co-Directors Managers	7/1/2025 – 12/31/2025	

STATUS UPDATES: Lisa Stoneberg
10/1/2024- 12/31/2024: During this report period job descriptions were reviewed and updated. Co-directors met and have begun assigned responsibilities.
1/1/2025 – 3/31/2025: During this reporting period, co-director Nancy Pfeifer has met with members of management and assigned new responsibilities. Supervisors have been informed who they will be reporting to in the future. Job descriptions for program manager and director are currently being worked on.
4/1/2025-6/30/2025: During this reporting period co-director Nancy Pfeifer reviewed and assigned continuing responsibilities and tasks. Nancy retired from PCC on 6/30/2025 and Lisa Stoneberg was named director, and a community announcement was made. Nancy will be hired as a consultant. Job descriptions continue to be worked on.
7/1/2025-9/30/2025: This goal has been completed in full. Lisa has transitioned into full time Director position with Nancy consulting as needed.

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 May 2025			
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 Caza /Lew Evenson

10/1/2024- 12/31/2024: No planned action this quarter

1/1/2025 – 3/31/2025: Starting the CMH/OP rate discussion with Mike the month of April. We will be reviewing the annual report after the Audit. Audit analytics to be reviewed during/after audit. Currently reviewing bills before Mike submits them for payment. The transition of A/P is part of reviewing the incoming bills, which we are in the process of now.

4/1/2025-6/30/2025: Mike and I are close to wrapping up work on the CMH rates and will be making a recommendation for an increase very soon. We are just wrapping up audit analytics with UHY, so will be reviewing/discussing the annual soon. I am still reviewing bills before they go to Mike for processing. A/P transition is moving slow due to issues within Greenshades.

7/1/2025-9/30/2025: CMH rate increase (8%) was approved, but we are holding off until the DCO contract is finalized. Mike and Lew have started the process of sending out “assignments” for the annual report. Lew has the audit analytics folder now and is saving documentation for next year’s audit. Lew is still reviewing bills before they go to Mike for processing. Transition of A/P is on hold until the agency hires a Bookkeeper/Accountant. Once hired, the transition of A/P will continue.

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

10/01/2024 – 12/31/2024:

- 1) Running payrolls with Greenshades. Almost ready to handle on our own
- 2) Just starting to work with Greenshades to understand housing of taxes
- 3) Does not start until 01/01/2025

1/1/2025 – 3/31/2025:

- 1) Management and employees appear to be functioning well within the system. There are still a few minor hiccups we are working through.
- 2) Issues with the general ledger has lead to a couple road blocks regarding taxes. Dawn is processing payroll taxes, but Mary Fran is working with Greenshades regarding quarterly/yearly taxes. Lew submitted W2s for employees
- 3) Again, due to issues with the general ledger, Mary Fran is still processing insurances as well as accounts payables. we are hopeful that this will be resolved by the end of May/June.

4/1/2025-6/30/2025:

- 1) Payroll appears to be going better and better, but we are not ready to discuss HR and onboarding with Greenshades yet.
- 2) Dawn is processing payroll taxes, but all other taxes are still with Mary FFran due to issues with Greenshades mapping and coding.
- 3) Still on hold due to Greenshades.

7/1/2025-9/30/2025:

- 1) Payroll is now Dawn and Lew (as back up). We have been transitioned to “support” for future issues. HR and Onboarding are still on hold until payroll is 100%.

- 2) Dawn and Mary Fran are processing taxes. Dawn is processing the payroll tax and Mary Fran is working diligently with Greenshades and feels she is closer to a resolution.
- 3) Insurance account transition on hold due to Greenshades issues and the possible hiring of a Bookkeeper/Accountant

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 3, 2025-2026**

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 #1: To finalize the implementation of a new EHR system to the OP side of the Agency.

ACTION STEPS:

1. Once a contract is signed with OPUS, formulate a committee to ensure the needs of the agency are met. Making sure that members will be cross trained in all areas of the new system.
2. Begin the implementation phase of training all necessary PCC staff members.
3. Go live with the new EHR system
4. Make sure that necessary and on-going training continues for all required staff members of PCC.

OUTCOME:

- This committee will be the first to actively learn the new EHR system and work out any necessary bugs as they are identified. Multiple committee members will learn multiple areas.
- During this 3-month period staff will be scheduled to train with a committee member to be prepared for the Go Live Date.
- The date that the agency plans to start using the new EHR system.
- Ensuring that the staff members have comfort with the new EHR system going forward.

TIME FRAME:

- 1st Quarter of FY 25
- 2nd Quarter of FY 25
- June 1, 2026
- 3rd and 4th Quarters of FY 25

RESPONSIBILITY:

- Kelly Ann Cole and Lisa Stoneberg
- Kelly Ann Cole and committee members
- Kelly Ann Cole and committee members
- Kelly Ann Cole and committee members

STATUS UPDATES: Kelly Ann Cole

Strategic Initiative: Financial Stability and Growth

<p>OBJECTIVES #2: Develop and implement standardized/streamlined documentation practices across Family Preservation Programs that improve program consistency, reduce administrative time through the use of technology (paperless processes), increase family engagement and participation of progress, and ensure PCC remains fully compliant.</p>			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	OUTCOME
1. Review/revise FPP workflows for referrals, service delivery, and closure to align with updated Family Preservation standards.	Whitney, Jess, Aimee	Dec 2025	Compliance with DHHS documentation and contract standards, PCC uniformity.
2. Implement (and train staff on) in-session paperwork completion strategies to reduce out-of-session documentation time.	FPP supervisors	Dec 2025	Significant reduction in out-of-session paperwork time per staff member.
3. Promote client participation in progress, educate/acclimate clients on how forms and client paperwork will be completed during sessions, on the computer.	FPP Staff	March 2026	Most of required file materials completed and stored digitally.
4. Digitize packets and forms to reduce errors, prevent lost paperwork and reduce clerical time.	Jess & Haylie or Joanne	March 2026	Improved time utilization across FPP.
5. Provide training on new digital documentation processes, e-signature use, google drive/google docs, and client collaboration techniques. Develop scribe tutorials for future use. (Train supervisors on first, then they train staff)	Supervisors, Haylie/Joanne	January 2026	Regularly review program data and staff feedback each quarter to evaluate how new systems and processes are working, and make improvements as needed.
6. Conduct quarterly check-ins to monitor documentation accuracy, compliance, and program consistency.	Supervisors	Quarterly	

STATUS UPDATES: Jessie Hadd

Strategic Initiative: Financial Stability and Growth

<p>OBJECTIVES #3: 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. Then, if awarded, planning for the change re: staffing configuration, Vtiger, expectation, DHHS communication</p>			
<p>ACTION STEPS: Attend meetings (data, forms, training, implementation team) and participate, learning about pilot feedback. Educate supervisors on MFT contract, changes in FP, and expectations and update staff Assign bid sections to start writing Develop formula to use for rate determination Utilize Power BI to track data from current contracts Explore use of billable hour expectation (FF hr vs all other time)</p>	<p>RESPONSIBILITY Whitney and Aimee Whitney, Aimee; supervisors Bid group Lew, Nancy, Whitney Whitney, Aimee, Lynn Whitney and Aimee</p>	<p>TIME FRAME As scheduled by DHHS As often as necessary By December By December By December By December</p>	<p>KEY SUCCESS MEASURES PCC achieves 80% readiness by the time the RFP is in SIGMA, early 2026. 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 . Multiple bid questions have draft written. PCC to have current data on usage of MFT (# of clients, follow ups, days, risk)</p>

STATUS UPDATES: Whitney Ostrom

Professional Counseling Center
 OPERATIONAL PLAN
 YEAR 3 2025-2026

STRATEGIC INITIATIVE 2: 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 #1: Complete the cleanup and conversion of data from CareCloud to Opus. Begin and complete the implementation of Opus and the training of front office, registration and clinical staff.

ACTION STEPS:

1. Continue to copy inactive client accounts from CareCloud to Google Drive before going live with Opus.
2. Meet with Opus to begin implementation, discuss timelines and training.
3. Implementation
4. Training Staff

RESPONSIBILITY:

1. Jason, Joanne, Terri
2. Jason, Joanne, Terri
3. Jason, Joanne, Terri
4. Joanne

TIME FRAME:

1. End of 2nd Quarter
2. End of 3rd quarter
3. 4th Quarter
4. 4th Quarter

OUTCOME:

1. All inactive accounts will be copied to the Carecloud drive in Google Drive before implementation of Opus starts.
2. Have meetings and training completed so the Opus implementation team can train staff.
3. All accounts and documents will be transferred into patient charts.
4. All staff trained on the system; accounts live and implementation successful.

STATUS UPDATES: Joanne Parr

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 3, 2025 -2026**

STRATEGIC INITIATIVE 3: 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 #1: Continue to transfer more of Mike’s responsibilities to Lew.

ACTION STEPS:	RESPONSIBILITY:	TIME FRAME:	OUTCOME:
1. Annual Report	Mike/Lew	Throughout the fiscal year for the 1-3.	Lew is completing his portion for 1-3 and Bookkeeper is hired.
2. Audit Analytics	Mike/Lew	#4 to be completed by June 30th, 2026.	
3. Bills/Payments	Mike/Lew		
4. Hire Bookkeeper	Mike/Lew		

STATUS UPDATES: Lew Evenson

Strategic Initiative: Leadership and Corporate Structure

<p>OBJECTIVES #2: In 2026 continue to develop leadership and succession planning that strengthens internal leadership capacity, increases readiness for future key role transitions, and fosters continuous learning for recently promoted leadership roles and potential leaders.</p>			
<p>ACTION STEPS: Create Leadership Resource Hub: Centralize learning materials, coaching guides etc, in an easily accessible digital platform. Review/revise leadership competencies in annual evaluation to reinforce accountability and growth. Be more intentional with this form and introduce it to potential leaders. Etc. Encourage leadership learning by assigning emerging leaders to lead organization wide initiatives or tasks. Create a plan for critical roles and identify potential successors or identify recruitment efforts</p>	<p>RESPONSIBILITY Executive Team</p>	<p>TIME FRAME Ongoing 2025-26 May 2026 Ongoing 25-26</p>	<p>KEY SUCCESS MEASURES The organization will strengthen its leadership pipeline by implementing a leadership development hub, identifying emerging leaders Recently promoted leaders will receive leadership coaching, resulting in improvement in leadership competency as measured by internal evaluations or performance reviews.</p>
<p>Host a one day 'retreat' / seminar for these individuals to talk about big picture stuff (future of the agency, industry challenges, team building, generate ideas etc.) Presentations on topics of strategic planning, change management, leadership styles, emotional intelligence and leaders. (Pryor learning opportunities in these areas)</p>		<p>September 26 September 26</p>	<p>Ongoing 25-26</p>

STATUS UPDATES: Lisa Stoneberg/Whitney Ostrom

**Professional Counseling Center
OPERATIONAL PLAN
YEAR 3, 2025 - 2026**

STRATEGIC INITIATIVE 4: 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 #1: Ensure quality of client care by completing CARF audit preparation, participating in the site visit (10/1/25 to 11/30/25), and by following up with any action plan that may result if/as needed.

ACTION STEPS:

1. Continue to coordinate audit preparation work by connecting with CARF BH Team and communicating actions/updates to PCC management team regarding site visit scheduling.
2. Help organize site visit by assisting with creating audit day schedule for both reviewers, providing them needed materials, and answering any questions they may have.
3. Develop and follow up with any action plan that may result upon completion of the site visit, to ensure any compliance issues are resolved within the time frame provided by CARF.

RESPONSIBILITY:

- | | | |
|--|--|--|
| Cindy Willey-King
Dawn Roman
PCC CARF Team | Cindy Willey-King
Dawn Roman
PCC CARF Team | Cindy Willey-King
Dawn Roman
PCC CARF Team |
|--|--|--|

TIME FRAME:

- | | | |
|--|--|--|
| By site visit date,
no later than
11/30/25 | By site visit date,
no later than
11/30/25 | Within 90 days of
accreditation
decision, which is
roughly 6-8 wks
after site visit. |
|--|--|--|

OUTCOME:

- | | | |
|--|--|---|
| PCC will be ready to participate in the CARF site visit by the scheduled visit date. | Site visit schedule will be prepared with supports in place to ensure a smooth audit process for CARF reviewers and PCC CARF Team. | Action plan, if applicable, will be developed and executed within the specified time frame. |
|--|--|---|

STATUS UPDATES: Cindy Willey-King

Strategic Initiative: Workforce Development

<p>OBJECTIVES #2: Improve employee performance and retention by working with staff to boost morale and compliance with current and upcoming program requirements, including contract changes, electronic paperwork and billing processes. Program supervisors and support staff will develop a process to motivate and prepare staff for requirements and upcoming changes.</p>			
<p>ACTION STEPS:</p> <ol style="list-style-type: none"> Supervisors and support staff will be transparent with staff of upcoming changes to the contracts and job expectations. Supervisors and support staff to create and implement effective training and tools that meet the contractual needs. (MI training, offline work in Google Docs, new V Tiger) Supervisors and support staff to monitor and recognize high performers and designate them as a point person for other staff who need extra support. Supervisors to reward high performers/most improved staff. 	<p>RESPONSIBILITY</p> <p>Supervisors Dennille, Michelle, Lilly, Starla, Lynn and Aimee</p>	<p>TIME FRAME</p> <p>November 30th 2025</p> <p>December 11th, 2025</p> <p>December 31st, 2025</p> <p>December 11th, 2025</p> <p>December 11th, 2025 December 31, 2025 (quarterly thereafter)</p>	<p>OUTCOME:</p> <p>Staff will feel included and aware of specific changes to their job processes.</p> <p>Provides opportunities for staff to feel prepared before the changes are fully implemented.</p> <p>Improve staff performance and satisfaction with employment, reducing turnover.</p> <p>Give staff self-confidence and recognition. Staff will be comfortable using their new skills and continual learning.</p>

STATUS UPDATES: Aimee Trudeau

Strategic Initiative: Workforce Development

OBJECTIVES #3: Improved access to evidenced based clinical training and/or certifications for current PCC HB staff			
ACTION STEPS:	RESPONSIBILITY	TIME FRAME	OUTCOME
1. Poll staff re: areas of interest or need in regards to clinical training	Kaiytlin Rumenapp	Q1	Improve evidenced based practices within the home base team, leading to more effective clinical services. Promote additional learning for staff in their area of interests. Assist staff in moving towards further clinical expertise and/or certification.
2. Research evidenced based training offered via in person, webinar or recorded.	Kaiytlin Rumenapp	Q1	
3. Receive approval and purchase 1-2 evidenced based trainings for HB team to complete	Kaiytlin Rumenapp	Q2	
4. Coordinate and schedule trainings to complete as a team	Kaiytlin Rumenapp	Q3	
5. Evaluate use of evidence based training post completion	Kaiytlin Rumenapp	Q4	
6. Poll staff at end of fiscal year re: benefit of receiving additional training	Kaiytlin Rumenapp	Q4	

STATUS UPDATES: Kaiytlin Rumenapp

Strategic Initiative: Workforce Development

<p>OBJECTIVES #4: OP 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 of staff for effective coverage of high priority tasks in the event of the assigned staff's absence (i.e. vacation, out sick, long-term illness, employment termination)</p>	<p>RESPONSIBILITY Lee Anne McKelvey</p>	<p>TIME FRAME Throughout the 2025-26 Fiscal year.</p>	<p>OUTCOME The daily operational success of the Outpatient Program which provides quality services to our clients.</p>
<p>ACTION STEPS:</p> <ol style="list-style-type: none"> 1. Review/update front office & registration procedure manuals on a regular basis. 2. Continue to work with the Billing Specialist (Dorothy) to develop a procedure manual that outlines PCC's billing process. 3. Continue to work with Dorothy to develop a procedure manual that details all her assigned job responsibilities. 4. Monitor the effectiveness of the daily operational tasks for the outpatient program. Address/resolve any issues that arise. 5. The Office Manager will continue to gain knowledge to provide back-up coverage for front office, registration and billing. 6. 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 UPDATE: LeeAnne McKelvey

Professional Counseling Center, P.C.

OUTPATIENT PROGRAM DESCRIPTION

October 1, 2024 – September 30, 2025

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 utilize 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 as 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.

CASE MANAGEMENT

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

SUPERVISION

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

REQUIRED RESOURCES

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

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

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

Professional Counseling Center, P.C.

INDIVIDUAL PROGRAM REPORT

OUTPATIENT PROGRAM

INTEGRATED MENTAL HEALTH AND

ALCOHOL AND DRUG PROGRAMS FOR CHILDREN, ADOLESCENTS, AND ADULTS

October 1, 2024 - September 30, 2025

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 17,353 sessions during the past year of this 4,391 were canceled or no showed for a total of 12,962 sessions.

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

- 719 persons received services
- 88% of those that responded and answered 100% of clients feel like they are able to deal with daily life stressors more effectively.
- 7% No Show/Late Cancel Rate, a 3% decrease since last year
- 95% no difficulty getting services
- 98% 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 and the Family Preservation office space was restructured.
- Updated Website
- Started a EHR Committee and narrowed down to 1 new EHR system
- Began Historic Home Beautification Process
- 2 new contracts signed; Beacon and PACE

STAFF ACCOMPLISHMENTS

- 2.5 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, LOCUS & MichiCANs and all necessary contract training
- Staff have demonstrated continued improvement, 80% or higher, in UR scores of CMH cases

- Coordinating with JDC for best practice of clients and use of PCC doctors.
- 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 MichiCANS
- Agency wide HIPPA annual training for staff and Recipient Rights
- Staff improving on Agency wide billing and case closing expectations
- Warming 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
- Adolescence/child psychiatrist/medical director continued and hired a child Medical Doctor that specializes in AD/HD and dual diagnosis
- LPC's able to take Medicare and several insurance that previously could not take
- Started exercise programs for local law enforcement.
- Signed new contract to increase referrals for OP ie. Pace.

CURRENT SERVICE AND PROGRAM TRENDS

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

EXPENSES

- Expense for the Outpatient Program FY 2024-25 \$1,557,701

ANTICIPATED NEEDS

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

Prepared by Kelly Ann Cole, typed by Dawn Roman

Port Huron Out Patient Summary by Age October 1 2024 - September 30 2025

Client Age Client Count Age Group Totals by Group %

5	1	0-5	1	0.08%
6	2			
7	14			
8	18			
9	22			
10	22			
11	18			
12	23			
13	26			
14	29			
15	28			
16	34			
17	25	6-17	261	20.78%
18	23			
19	22			
20	29			
21	18			
22	21			
23	26			
24	22			
25	16			
26	25			
27	25			
28	30			
29	15			
30	14			
31	22			
32	18			
33	30			
34	20			
35	13			
36	17			
37	26			
38	28			
39	22			
40	25	18-40	507	40.37%
41	22			
42	17			
43	28			
44	31			
45	17			
46	24			
47	18			
48	20			
49	15			
50	14			
51	10			
52	10			
53	24			
54	17			
55	13			
56	13			
57	13			

Port Huron Out Patient Summary by Age October 1 2024 - September 30 2025

58	13			
59	21			
60	14			
61	8			
62	13			
63	14			
64	6			
65	9	41-65	404	32.17%
66	8			
67	8			
68	12			
69	6			
70	5			
71	5			
72	4			
73	5			
74	4			
75	3			
76	4			
77	4			
79	1			
80	2			
81	4			
83	2			
84	2			
85	1			
86	1			
90	1			
100	1	66-100	83	6.61%
Total	1,256		1,256	100%

Port Huron Out Patient Summary by Race and Ethnicity October 1 2024 - September 30 2025

	<u>Count</u>	<u>%</u>
White	1,099	87.5%
Declined to Specify	79	6.3%
Black or African American	55	4.4%
Hispanic	14	1.1%
Asian	5	0.4%
American Indian or Alaskan Native	4	0.3%
Total	1,256	100.0%

Port Huron Out Patient Summary by Gender October 1 2024 through September 30 2025

Female
Male
Unknown

	Count	Percentage
Female	784	62.4%
Male	471	37.5%
Unknown	1	0.1%
	1,256	100.0%

Professional Counseling Center, P.C.
HOME BASED PROGRAM DESCRIPTION
October 1, 2024 – September 30, 2025

OVERVIEW

The Home-Based Program is an intensive, in-home treatment program for children aged four (4) through twenty (20) 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 tailored to the child's needs, with a 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 schools; skill development; medication evaluation and monitoring; and crisis management/stabilization services. Services vary in intensity, application, and duration depending on the family's needs.

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 complete an ACCESS screening to be eligible for PCC's Home-Based Program. SCCCMMH completes a Biopsychosocial Assessment, a Michigan Child and Adolescent Needs and Strengths (MichiCANS) for ages 4-20, and the Devereaux Early Childhood Assessment (DECA) for ages 4-6 for each client and family to determine the need for Home-Based 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

- 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 the immediate risk of substantial harm to the child/adolescent, or others, and the assessment of the need for 24-hour therapeutic care.
 - e. The child/adolescent's 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 through strength-based, 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 is designed to prevent out-of-home placement and improve family functioning. These include individual therapy for the 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 these include Cognitive Behavioral Therapy (CBT), Motivational Interviewing (MI), Dialectical Behavior 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 include case management, such as helping meet concrete needs, linking and advocating with community resources, and working with schools and court systems. Positive youth development services and medication management/monitoring are also a part of the home-based program.

INTENSITY AND DURATION

The intensity of services varies family to family, with a minimum of 1 hour per week and a maximum of 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 family's needs. 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 on an individualized treatment plan developed through a person-centered planning process, jointly 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, 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 in progress notes. Every 90 days, a periodic review is conducted to assess goals and objectives for achievement or modification. Progress is also monitored

using the Michigan Child and Adolescent Needs and Strengths (MichiCANS) for ages 4-20 and the Devereaux Early Childhood Assessment (DECA) for ages 4-6 at intake and every 90 days from the date of the Individual Plan of Service.

STAFF

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

The therapists are privileged and credentialed by PCC and SCCCMH on an annual 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, medication recommendations, and monitoring. The psychiatrists are also an integral part of the agency staff, as they provide input on agency policies and procedures related to medical and treatment issues.

CULTURAL DIVERSITY

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

SUPERVISION

Both therapists and HBAs receive weekly 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. Each clinician is provided with feedback on a regular, informal basis as well as through a formal annual review.

POPULATION SERVED

Children, age 4 to age 20, 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, who 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 are 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 the family needs. PCC Community Services, a nonprofit partner to PCC, offers families help with furniture, food, and other concrete needs.

A resource file contains both community 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 are 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 and resources 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, 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, 2024 to September 30, 2025**

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.

- 40 families were served this year
- 15 cases were opened; 10 referred from CMH intake department; 5 individuals were transferred from PCC OP department or CMH (OP/HB)
- 19 cases were closed

PAST YEAR'S ACCOMPLISHMENTS/ACHIEVEMENTS

Consumer Outcomes

- 87.5% 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 25% reporting that it was somewhat helpful.
- Average length of time in the program for cases closed in FY 24-25 was 11 months.
- For FY 24-25, at the beginning of services, 37.5 % of parents reported thinking there was a risk of their child being removed from their home. By closing, 87.5% reported their children were living in their home.
- At opening, 33.33% of consumers reported their family was getting along great or most of the time. Of those that completed the post-survey, 75% stated their family were getting along great or most of the time.
- 50% of the cases closed in FY 24-25 that responded to our survey reported that they were linked with community resources.
- At the time of closing, 87.5% in FY 24-25 reported an increase in the child's functioning at school.
- At opening, 66.67% of the consumers were seeing a psychiatrist and/or taking psychiatric medication. Of the cases that closed, 37.5% were seeing a psychiatrist and/or taking psychiatric medication.
- 100% of consumers receiving psychiatric services reported being very satisfied with psychiatric services.

Staff Accomplishments

- Hired one (1) part-time therapist and one (1) part-time home based assistant. Lost 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
- 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

EXPENSES

Expenses for Home Based Services FY2024-2025: \$766,800.50

Totals

Total cases served	40
Total closed	19

Race

American Indian/Alaska Native	0
Asian	0
Black/African American (Non-Hispanic/Latino)	2
Black/African American (Hispanic/Latino)	1
Black/African American, White, American Indian (Hispanic/Latino)	0
Black/African American, White (Non-Hispanic/Latino)	4
White (Non-Hispanic/Latino)	29
White (Hispanic/Latino)	3
White/American Indian	1

TOTAL 40

Age

4 years old	1
5 years old	5
6 years old	4
7 years old	2
8 years old	2
9 years old	4
10 years old	2
11 years old	4
12 years old	4
13 years old	2
14 years old	6
15 years old	3
16 years old	1
17 years old	0

TOTAL 40

Gender

Male	26
Female	14

TOTAL 40

Total Face to Face Contact 2275

PROFESSIONAL COUNSELING CENTER

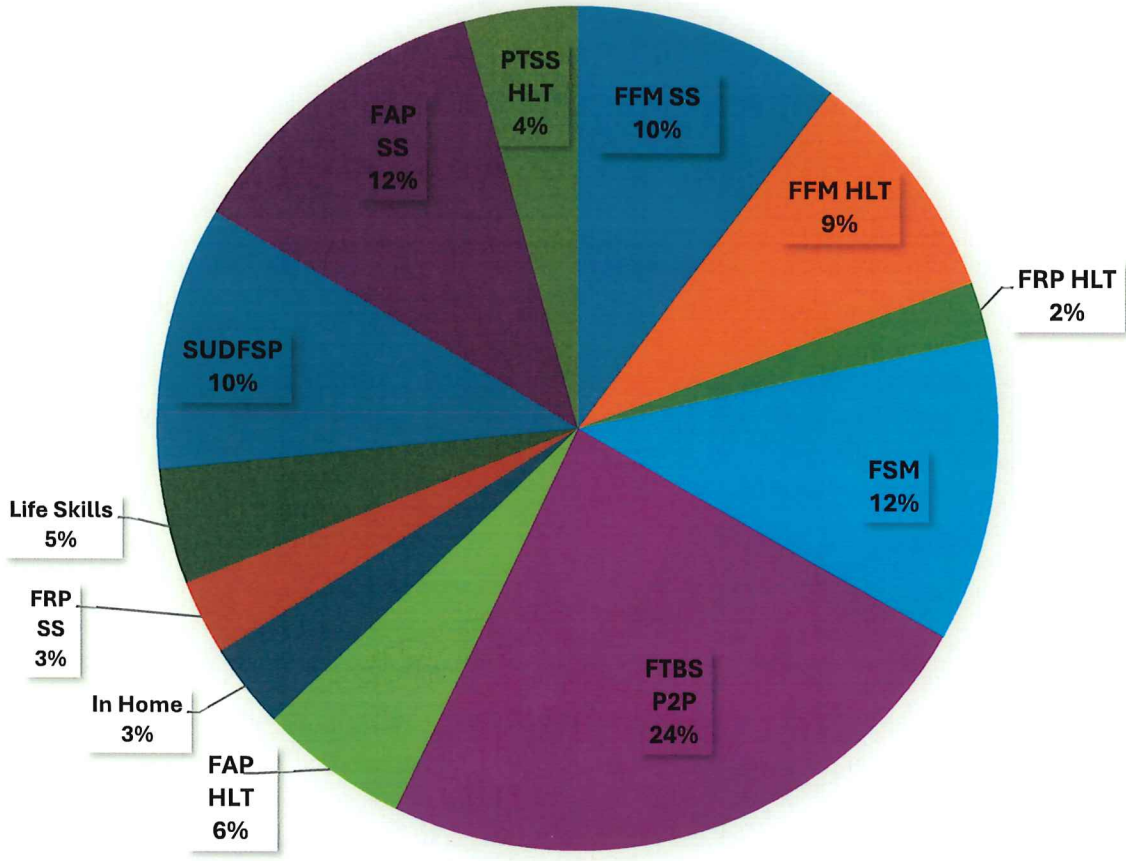
2024-2025

Family Preservation Demographics

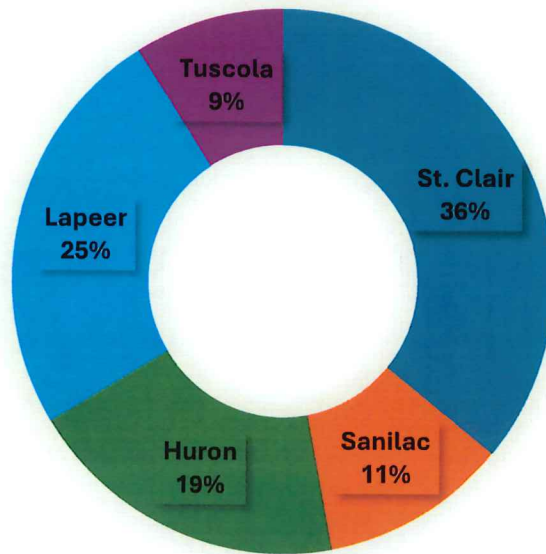
Total Number of Clients Served: 455

Average number of Children Served: 2.24

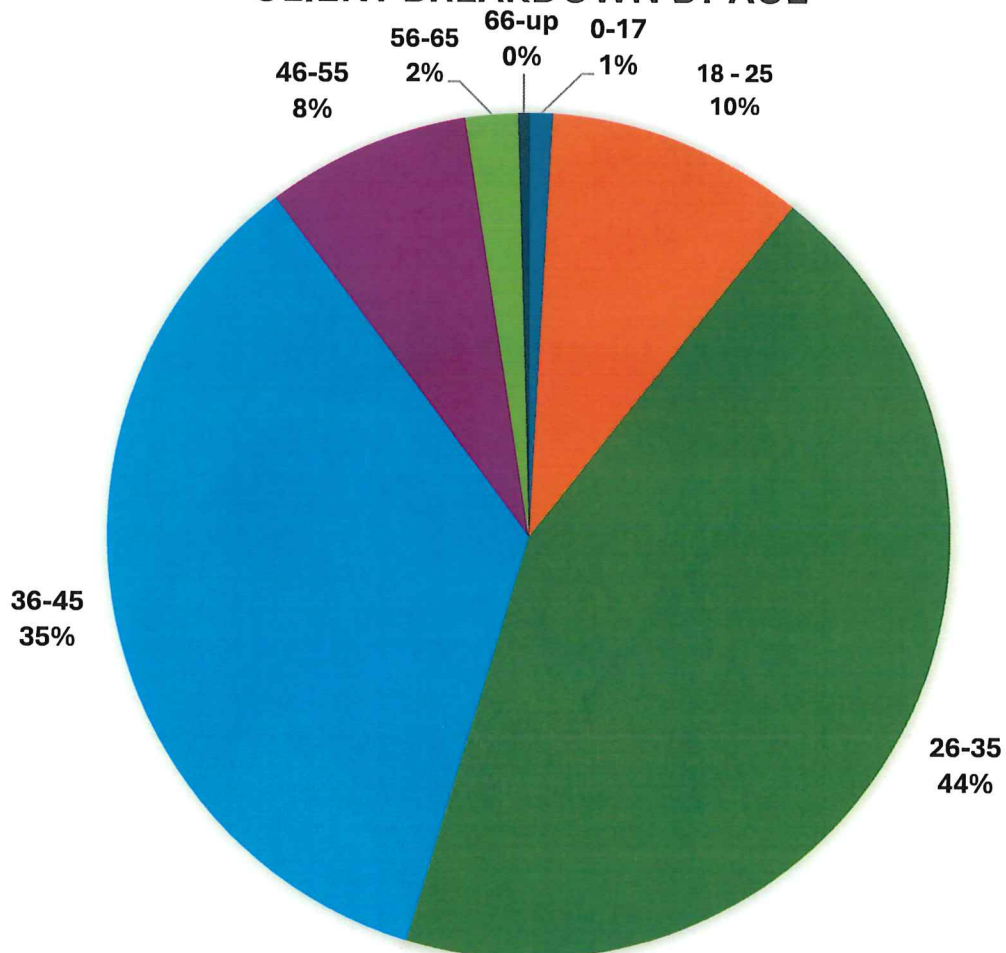
FP Breakdown by Program



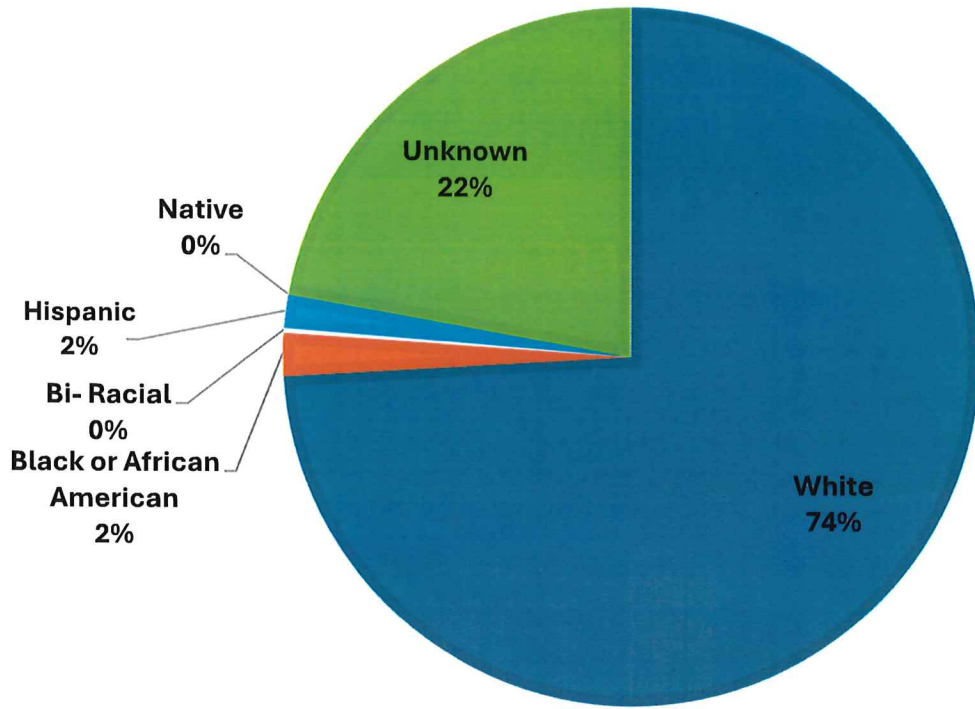
CLIENT BREAKDOWN BY COUNTY



CLIENT BREAKDOWN BY AGE



CLIENT BREAKDOWN BY RACE



CLIENT BREAKDOWN BY GENDER

