

**PATHWAYS COUNSELING & GROWTH CENTER  
SEMI-ANNUAL REPORT TO THE BOARD OF DIRECTORS  
CONCERNING AGENCY BUSINESS ACTIVITIES  
JUNE 30, 2008**

The purpose of this report is to present a description and explanation of agency business activities covering the period of time from January 1, 2008 to June 30, 2008. It is the practice of PCGC to evaluate program goals and progress in meeting strategic initiatives every six months. The report gives an account of the activities during this time period, the results of these activities and any recommendations for further action. The report represents PCGC's commitment to Continuous Quality Improvement (CQI).

**Quality Assurance/Quality Improvement**

R. Thompson, B. Thompson and A. Serrano (Administrative Manager) serve as the QA/QI team for the agency. Dr. Thompson serves as HIPAA Officer (HO). He conducts the monthly QA review of clinical cases and heads the annual pre-audit preparation process. Dr. R. Thompson oversees Quality Improvement (QI) activities. He serves as the Corporate Compliance Officer (CCO), the Client Rights Officer (CRO) and the Safety Officer (SO). Board member A. Hersman serves as the Assistant Safety Officer. Mr. Hersman helps to collect and process consumer satisfaction input. He is the liaison between management and clinical staff and the Board of Directors. Dr. B. Thompson serves as the Medical Officer (MO) and the Training Officer (TO). A. Serrano has critical support responsibilities in all of these areas and has special duties during emergency evacuations. Other staff plays supportive roles in the business activities of PCGC.

*Activity during the period: Dr. R. Thompson as CCO and in his role of Executive Director continued to direct the agency according to the policies and procedures set forth in the agency's Code of Regulations and CARF documents.*

*Results: PCGC continued its excellent operation. There were no incidents that compromised Corporate Compliance, the health and safety of staff and consumers or the rights of clients.*

*Recommendations: There were major recommendations for the overall operation of the agency. Specific recommendations for program areas are reflected later in this report.*

**Corporate Compliance Officer's Comments**

Executive Director Ralph Thompson, PhD, serves as the agency's Corporate Compliance Officer. The primary activities of the CCO in the period were to lead

staff in preparing for its annual Medicaid Audit and the annual financial audit by accountant Al Januzzi. In addition, the CCO monitored the daily handling of money coming into the agency through fees collected, donations received and foundation grants that were awarded.

**Activity during the period:** *Mr. Januzzi performed the annual audit according to the new fiscal year policy. There was an additional change in reporting the "Accounts Receivable" figure in the financial reports. Bookkeeper Joanne Schmauch made the change which now allows the AR figure to be included in the Balance Sheet of the financial reports.*

**Results:** *There is general satisfaction with the new Balance Sheet format. The LCBMH is pleased with this change, as is the director and the Board.*

**Recommendations:** *Continue to monitor the new fiscal year reporting in consultation with Al Januzzi and the LCBMH.*

### Annual Medicaid Audit

The annual Medicaid audit was conducted during this period.

**Activity during the period:** *The QA Officer (R. Thompson) and business office personnel continued to conduct monthly QA "internal" audits of clinical files. These were scrutinized for conformance to proper format and prescribed rules of documentation. Attention was given to issues of Medical Necessity and Quality. Monthly internal audits to prepare the agency's records for both the annual Medicaid audit and the annual financial audit.*

*Under the direction of Dr. R. Thompson, the QA Officer and the business office continued its quarterly routine of examining a random sample of 20 billing records that are reviewed to show the dates of service recorded in the clinical records match the dates of service in the billing records.*

**Results:** *Client files continue to be kept according to agency standards. Client files met requirements for Medical Necessity. The QA Officer and the business office did a quarterly review of a random sample of 20 client files assuring that the dates of service recorded in the clinical record match the dates of service in billing records. A new practice of involving therapists expedited the process and added an additional level of control. Therapists were given a master list of appointments and did the research of matching clinical and billing records. This research was examined by Dr. Thompson and the OAM verified as a "check and balance" on the original research.*

**Recommendations:** *Continue the practice of involving therapists in the research part of this activity.*

## Annual Financial Audit

Mr. Al Januzzi will conduct the second audit using a fiscal business year which will end on June 30, 2008.

**Activity during this period:** *There was no audit activity during this 6 month period. The Board of Directors decided to establish a "Rainy Day" fund as per Mr. Januzzi's recommendation and set up a savings account with National City Bank.*

**Results:** *Pathways signed a commitment to use Mr. Januzzi's services for the next audit period.*

**Recommendations:** *The Board of Directors will develop a plan on how to add money to the "Rainy Day" account.*

## Risk Management

The agency's Risk Management Program seeks to reduce the potential harm that could affect consumers and staff from hazardous working conditions, fires, safety conditions, major unusual incidents, and financial risks.

### Insurance Coverage

The agency continues to have its property and professional liability insurance with Philadelphia Insurance Company. The agency also holds a Director's and Officers policy with the same company. Professional liability coverage continues to be \$1 million-\$2 million with an umbrella of \$3 million.

**Activity during this period:** *There was no activity in this area during this time period.*

**Results:** *There were no claims filled against the agency during the period. The agency's Risk Management Plan is largely responsible for this record as is the diligent staff of PCGC.*

**Recommendations:** *Continue to improve the agency's Safety Program through regular drills. Continue to solicit consumer and employee feedback on actual or potential threats. Immediately rectify discovered problems. Communicate with the landlord about situations that need attention.*

### Risk Management Plan Development

Leadership must continue to partner with the agency's landlord to improve safety conditions in the building. The Executive Director meets monthly with leadership

of the church to share information and problem-solve any threats. Specific improvements are also contained in the “Accessibility Status Report”.

**Activity during this period:** *The landlord considered allowing a separate 501(c)3 organization to occupy parts of our floor of the building. The organization (an organization for the homeless) was to use the floor for its business office and as space for its consumers to gather during the day. There would be a mixing of traffic between our two agencies.*

**Results:** *The Executive Director met with the landlord to discuss the proposal and submitted a list of reservations. Among the reservations was the issue of risk on a safety, privacy and confidentiality level. The landlord decided not to go forward with the plan.*

**Recommendations:** *The cooperation and understanding of the landlord is a testimony of the importance of maintaining a constant and consistent relationship with the landlord. The Executive Director continues to attend the church’s monthly staff meetings. Rapport with the landlord is maintained in this way and by other methods.*

#### Safety Equipment and Training

PCGC sees people of various ages from infants to senior adults. Consumers can have a variety of serious medical health problems in addition to psychological difficulties. The potential of a coronary accident is not out of the question. We would still like to get a defibrillator for the agency. Additional information on health and safety issues can be found in the Safety section of this document.

**Activity during this period:** *There was no activity in this area during this period. The personal “alert” alarms were tested and all were in working order.*

**Results:** *No progress was made toward the goal of getting a defibrillator.*

**Recommendations:** *This is still considered a worthy safety goal. We will seek other avenues for the purchase of a defibrillator such as a private donation.*

#### Clinical Assessment Safeguards

The agency’s clinical assessment philosophy believes that the agency, its staff and consumers are at a greater risk for harm depending on the mental stability of people accepted as clients.

**Activity during this period:** *PCGC continued the clinical practice of not accepting new clients who are either actively suicidal or are those in need of close psychiatric care. We don’t advertise that we are a crisis center. Intake*

staff will continue to refer to the Nord or Far West centers those people who are assessed as “unstable” or inappropriate for treatment at PCGC.

**Results:** *Part 1 of our new clinical forms was revised and a third page was added to address the concern. Risk is assessed and a recommendation is made in writing on Part 1 to indicate if a person is deemed clinically appropriate. We had a total of 23 intakes who were deemed as inappropriate for our services during this time period. Documentation was made on the intake form. A member of the clinical staff contacted these persons and explained to them the reason(s) for the disqualification. These individuals were given two other referrals for service.*

**Recommendations:** *Continue the established practice of risk assessment and referral.*

### **Conduct, Ethics and Disciplinary Activity**

The agency’s staff functions well together as a team. We have mutual respect for one another. The Executive Director expects each person to perform his/her duties with honesty, thoroughness and at a high standard of professionalism. Management has an “open door policy” which encourages employees to go to their immediate supervisor if there is a problem with a co-worker or a supervisor. Additional information on these areas can be found in the Employee Handbook.

**Activity during this period:** *Training events were planned and implemented which fostered positive working relationships among staff.*

**Results:** *There was no report of staff misconduct, breach of ethics or disciplinary action during this period.*

**Recommendations:** *Continue policies and the practice of having training events to nurture professionalism and team work*

### **Patient Confidentiality**

All staff at PCGC are well-trained in patient confidentiality. HIPAA standards guide our everyday business operations. Dr. R. Thompson serves as HIPAA Officer (HO) for the agency. He oversees the implementation of HIPAA standards and monitors our procedures to make certain they ensure privacy and confidentiality.

Private Healthcare Information (PHI) is stored and handled with great care. Records are kept in locked storage files. Computers utilize passwords. A “Checkout Log” is used anytime client files are removed and returned to the file cabinets. We position our computer screens so that consumers in the business office cannot read them.

**Activity during this period:** *Training events were scheduled during staff meeting times.*

**Results:** *There were no HIPAA violations reported during this period.*

**Recommendations:** *Continue periodic training in privacy and confidentiality.*

### **Client Rights Plan**

Dr. Thompson is the Client Rights Officer (CRO) for the agency. “Client Rights” refers to the rules that ensure consumers that they will be treated with dignity and respect. Consumers have the right to participate in setting treatment goals and agreeing to the type of services they receive. Consumers have the right to make a formal complaint against staff and the agency. PCGC conducts an investigation into every formal complaint and assists the consumer in using the process that is set up. The process begins with a consumer contacting Dr. Thompson. He will explain the grievance process and assist the consumer in using the process. Consumers are assured that there will be no retaliation for making a grievance. Consumers can appeal any decision made by an investigation. Additional information on Client Rights can be found in the Comprehensive Training Manual.

**Activity during this period:** *Client Rights issues were discussed periodically during staff meetings.*

**Results:** *There were no “Client Rights” grievances filed during this period.*

**Recommendations:** *Maintain vigilance in recognizing Client Rights violations and provide ongoing training for staff and Board. Begin the practice of documenting in case notes that privacy and confidentiality rights are discussed by the therapist with the client during the assessment phase of treatment.*

### **Cultural Competency Plan**

In order to serve the greater Lorain County community, PCGC takes into account a consumer’s cultural and ethnic background. Awareness of cultural needs helps our counselors do appropriate and effective therapy. The agency tries to develop a staff and Board who are culturally representative of our county.

**Activity during this period:** *Several attempts were made to recruit staff and Board representation from minority populations. Dr. Thompson consulted with the director of El Centro, the Hispanic organization in the mental health network, about the issue and he agreed to help us.*

*We held a cultural sensitivity training during one our weekly staff meetings.*

*Results: We had no success in recruiting either staff or Board members from minority populations.*

*Recommendations: Continue to seek opportunities to create a culturally-diverse treatment team and leadership team.*

### **Major Unusual Incidents (MUI)**

Incidents are any event that poses a danger to the health and safety of clients and/or staff or any visitor to the agency. Reportable incidents are those that involve consumers and includes: deaths, serious bodily injuries, alleged criminal acts, or alleged abuse or neglect. The Executive Director is the person to report such incidents to the Ohio Department of Mental Health (ODMH).

*Activity during this period: There was no activity during this period.*

*Results: There were no Major Unusual Incidents (MUI) during the period.*

*Recommendations: There are no recommendations for this area at this time.*

### **Safety Training**

The safety of staff, consumers and visitors is of prime importance to PCGC. The agency has a comprehensive plan to deal with a variety of emergencies, including fire, tornado, power failure, medical emergencies, behavior control, bomb threat, safety for disabled clients, and infection and hazardous waste control. Trainings are conducted on a scheduled basis throughout the year. Dr. Thompson serves as the Safety Officer (SO) with Board representative, Mr. Al Hersman acting as his assistant. We like having a consumer-Board member serve in this capacity.

The agency is well-equipped to deal with emergencies. Our television entrance system provides secured entrance into the building. Signage alerts occupants to emergency equipment and exits. Our intercom system in our telephones serves to notify all occupants if the need to evacuate the building develops. Staff practice various safety drills during the year. The Safety Officer makes monthly reports to staff on safety issues.

*Activity during the period: Normal training events were held during the time period.*

*Results: Training in fire, tornado, medical emergency, hazardous materials, bomb threat, and aggressive client were done during regular staff meetings. The Assistant Fire Marshall for the City of Elyria came to one meeting to train us in the use of fire extinguishers. Evacuation drills will also be conducted.*

**Recommendations:** *Continue with training exercises. Utilize professionals in the community for in-service training events. Pay employees to undergo advanced training in safety measures and first aid.*

### **Children/Adolescents Program**

The Children/Adolescent mental health program of services continues to children and adolescents between 1 and 17 years old. We provide individual therapy for children and adolescents in collaboration with their parents and/or significant others. The therapy “Play room”, established in 2006, continues its usefulness.

**Activity during this period:** *The therapy room continued to be used as a treatment tool and a vehicle of rewarding clients on achieving treatment goals. Therapists feel supported by having this room as a resource. The agency began to offer Saturday appointment times to children and adults.*

**Results:** *One of the therapists we hired left during this period to work at the Nord Center. The remaining therapist has been building a regular caseload. Our service hours to this population reached an all-time high. There was a very positive reaction*

**Recommendations:** *Continue to employ qualified staff therapists who can provide a range of expertise and experience. Continue to search for a counselor from a minority population.*

### **Adult Program**

The Adult Program of services is a mainstay for the agency. The adult program has stepped up its practice of referring to other community resources. PCGC’s adult counselors, by nature of the structure of our agency, often perform limited case management tasks. Counselors help to link clients with appropriate community resources for a variety of needs such as housing, employment, medical, dental, financial, legal, and educational needs. Several adult clients each year enroll to get their GED, a goal supported by therapy.

A unique feature of our Adult Program is the encouragement of appropriate clients to do some form of community service while they receive therapy. Performing community service is sometimes part of the “fee” paid by a sliding scale or pro bono client. Clients report that they feel they are “paying” for the treatment they receive. Frequently clients stay with their volunteer work once they have completed treatment. Many clients find the experience personally rewarding and find out that they have something important to contribute to others. Additionally, we find that doing community service is a therapeutic tool to help a client divert a focus on their “problems” as they work to meet the needs of others.

Asking clinically appropriate clients to do community service fits within the Mission of PCGC. We try to help individuals achieve their full potential. We want clients to see themselves as a helpful part of a greater “community” and find relevant ways of helping meet the needs of others.

Over time PCGC clients have done community service in these and other settings: hospitals, Big Brother/Big Sister Programs, food banks, churches, blood banks, libraries, Little League, the Lorain County Metroparks, Meals on Wheels, and many others. Clients are encouraged to come up with their own ideas. Community Service is done privately and confidentially. PCGC doesn't serve as sponsor of our clients doing service and don't advertise the community service program. This eliminates any potential risk to the agency. Individuals don't have to say they are volunteering to “pay” for counseling.

PCGC Board, staff and management believe that this feature of our adult program helps clients to have a greater sense of dignity. Dignity and feeling valued are essential elements in helping people achieve mental health recovery and personal strengths to build resiliency.

***Activity during this period:*** *Services provided to adults was part of the 3,136 hours of total services provided during FY08. It was a banner year for the agency.*

***Results:*** *The majority of services to adults were to single adults. Pathways continued to perform a lot of relationship counseling as well. Consumers continued to request classes on anger management. The center maintained its practice of handling anger management through individual counseling.*

***Recommendations:*** *No recommendations are being made in this area at this time.*

### **Consumer Satisfaction**

PCGC provides services that are consumer-driven. This means that we are continually seeking input from our consumers and stakeholders about the quality of our services. This is done through “Client Satisfaction” questionnaires, “Telephone Surveys”, a “Suggestion Box” and by word of mouth comments made to staff.

Input from stakeholders is gathered in several ways. A part of the agency's web site is created to illicit consumer questions and feedback. Dr. Thompson attends monthly meetings with the staff of the agency's landlord, the First United Methodist Church. He has the opportunity to inform them of PCGC's programs and services. He learns about the needs of different age groups in that particular

church. He hears about the needs that parents have with their children. He learns about the needs of seniors.

Dr. Thompson attends community ministerial meetings where he gains input from clergy throughout the county. Dr. Thompson and other PCGC counselors are often asked to do workshops for churches. This provides staff with information on various needs of people in the community.

The Board of Directors of PCGC is also a source of input as stakeholders and from stakeholders. They provide valuable input on to the Executive Director on consumers needs for counseling. In addition to the Board members, PCGC gathers input through its two medical consultants. One physician is a pediatrician and the other is a doctor of internal medicine specializing in geriatric care.

Input gathered is evaluated and ideas acted upon which are deemed beneficial. Ideas and suggestions are screened for their appropriateness and if they will help the agency to meet a service need. Some ideas are not acted upon if they are not deemed suitable or practical. A sample of some of the input from consumers during the present time period includes:

- “It’s getting harder to come to my appointments because of gas prices.”
- “It would be nice if you had a doctor on staff who could give medications.”
- “Can you do counseling with children who have autism?”
- “Can you do something about the musty smell in the waiting room?”

Positive input includes:

- “Angela is very helpful and friendly on the phone.”
- “I wish I could come for counseling every day.”
- “I like getting candy after my counseling.”
- “My other counselor never really talked with me like my counselor here does.”
- “I like coming to a place where I can talk about my religious faith.”

*Management follows up on both positive and negative comments. The results or changes made due to consumer input have included:*

#### *Results:*

- *We are exploring the possibility of opening a branch in Lorain, which would give people in the county’s largest city easier access to Pathways.*
- *Pathways made a decision in the past to forego hiring a psychiatrist due to the expense involved.*
- *Pathways now has a counselor with experience in working with mildly autistic children and others with Pervasive Developmental Disorder.*

## **HIPAA**

HIPAA stands for the Health Insurance Portability and Privacy Act. This federal act sets forth basic standards for insuring the privacy of Personal Health Information (PHI). Management and staff work together to follow the various privacy and security standards that apply to our setting. Dr. Thompson is the HIPAA Officer and guides the agency in the interpretation and implementation of HIPAA standards.

**Activity during this time period:** *There were no HIPAA violations during this time period*

**Results:** *Training on HIPAA continued for new and existing staff.*

**Recommendations:** *No recommendations at this time.*

## **Personnel and Human Resources**

PCGC is serious in its commitment to support employees in their work and calling employees to live up to the work standards of the agency. The Board of Directors has established a HR Committee. This committee develops the Employee Handbook, conducts the annual evaluation of the Executive Director and sets policy for personnel related matters.

**Activity during this period:** *One performance evaluation was conducted during this time period. The Board of Directors recommended that a salary search be conducted to determine if PCGC remuneration levels compare positively with other like organizations. There were changes in the Office Assistant position. We are trying to gain some stability in this position. A salary search in this area revealed that we were underpaying in this position and this may be part of the problem with turnover that we have been experiencing.*

**Results:** *The Board agreed to obtain information that would assist us in evaluating salaries and benefits for our full time staff. New hires were oriented to the agency including training in safety measures. The pay for the office assistant was brought to within locally available standards.*

**Recommendations:** *The Board may consider becoming a member of the Ohio Council of Healthcare Organizations, a group that publishes salary information for professional and administrative positions in business and the behavioral healthcare sectors.*

## **Accessibility Status Report**

This part of the semi-annual report shows various projects completed and underway that makes access to agency services quicker and better for consumers and their families. The report uses the term “barrier” to reflect that there is a need. Some barriers have been “eliminated” while progress is being made on others.

### **Attitudinal Barrier:**

**Description of the barrier:** Comments have been made by consumers and staff that the waiting room often smells bad. Though no consumer has ever said so, staff believes that some of the clients using the waiting room have poor personal hygiene. There is the potential for prejudicial behaviors to develop toward those thought to be the cause of the problem.

**Description of the proposed solution(s):** The Center will have the waiting room cleaned more often. Staff will address this issue in counseling with any clients who have excessive odor or come to counseling in noticeably dirty clothing.

**Description of the equivalent facilitation:** NA

**Person responsible:** Ralph Thompson

**Due date:** NA

**Completion date:** December, 2008

*Remarks: Staff believes that there is a need to talk with certain clients about their hygiene. Something also needs to be done about the condition of the waiting room.*

*Results: Counselors have spoken to their clients and requested that they come to sessions bathed and wearing clean clothes. The waiting room is being cleaned more often*

*Recommendations: Identify which rooms in the agency need to be redecorated and present a plan for this being accomplished.*

### **Service Program Barrier:**

**Description of the barrier:** The high cost of gasoline is making it hard for some clients to travel to the agency for appointments. As a result, some clients have ceased treatment or transferred to a different agency closer to their homes.

**Description of the proposed solution(s):** PCGC will look into various options, such as establishing a branch office in Lorain. This might make it easier for clients to attend counseling sessions.

**Description of the equivalent facilitation:** PCGC will encourage clients to plan to do other chores or errands on the same day as they have appointments.

**Person responsible:** Ralph Thompson, staff and Board.

**Due date:** NA

**Completion date:** January, 2009

***Remarks:** Establishing a branch office is a serious undertaking. PCGC wants to assess the need better and determine whether or not it is cost effective for the agency to go in this direction at this time.*

***Results:** Counselors are checking with their clients to ascertain how many of them are being effected by the high fuel costs. The office will document how many times they hear this concern being raised when potential clients call for services.*

***Recommendations:** No further recommendations at this time.*

**Architectural Barrier:**

**Description of the barrier:** There continues to be an absence of light alarms for individuals having a hearing impairment, and an absence of signs in Braille for individuals who have visual impairments.

**Description of the proposed solution(s):** The Center will provide light alarms and signs in Braille for individuals with hearing and visual impairments.

**Description of the equivalent facilitation:** Personal contact for emergencies

**Person responsible:** Ralph Thompson/landlord

**Due date:** January, 2009

**Actual completion date:** NA

***Remarks:** Landlord approached again about installing light alarms. Project is a lower priority even though landlord has replaced windows. Will follow up with landlord by September, 2008.*

***Results:** Landlord has not moved this priority up on the list as of the end of this period.*

***Recommendations:** PCGC will do research on the cost to purchase and install the lighting and signs and possibly negotiate sharing the cost.*

**Environmental Barrier:**

**Description of the barrier:** There is concern that the agency's air conditioning units are not functioning up to specifications.

**Description of the proposed solution(s):** PCGC will pay to have the air conditioning units inspected, cleaned and evaluated for any needed repair.

**Descriptions of the equivalent facilitation:** In case there is any down time needed for repair or replacement of A/C units, the agency will utilize room dehumidifiers to help with cooling.

**Person responsible:** Ralph Thompson/Office staff

**Due date:** April, 2008

**Completion date:** April, 2008

***Remarks:** PCGC chose to use the services of "Geisel Heating and Air Conditioning", the company that installed the units 21 years ago.*

***Results:** The units were inspected and cleaned. There was some exposure in the electrical wiring connecting the units. This repair was made. The units were turned on and were deemed in good working order.*

***Recommendations:** The Board needs to develop a plan for replacing the aging air conditioning units.*

**Aesthetic and Functional Barriers:**

**Description of Barrier:** The client waiting room and the business office need a complete make-over.

**Description of proposed solution(s):** First, there is a need to develop a decorating scheme. Cost must be estimated and a funding plan developed.

**Description of equivalent facilitation:** Replace what we can with donated items.

**Person responsible:** Ralph Thompson/Administrative Manager

**Due date:** January, 2009

**Actual due date:** NA

***Remarks:** The waiting room and the business office see the most traffic and use.*

***Results:** Several waiting room chairs and some office desks were purchased. Several good file cabinets were donated.*

***Recommendations:** The Board needs to develop an overall plan to address the ongoing need for furnishings and upkeep of the facilities.*

**Financial Barrier:**

**Description of Barrier:** Funding is limited to provide services to uninsured and underinsured persons who seek help from the agency.

**Description of proposed solution(s):** To maintain existing funding streams (donations, fund raisers, foundation grants) and develop new funding streams (corporate money, money from trust funds). To secure a "Point of Service" contract with the Lorain County Board of Mental Health (LCBMH).

**Description of equivalent facilitation:** Offer services as funding allows.

**Person responsible:** Ralph Thompson

**Due date:** FY08

**Actual due date:** FY08

***Remarks:** PCGC was awarded its first Point of Service contract with the Lorain County Board of Mental Health. This contract gave the agency \$20,000.00 to provide counseling services to uninsured and underinsured residents of the county.*

***Results:** The agency utilized the entire contracted amount providing services by the end of January, 2008. We were able to get an additional \$15,000.00 to continue services for those existing clients. This money lasted until about the end of May. The agency was forced to provide services pro bono to a small number of clients under the end of the contract year on June 30, 2008.*

*In the meantime, the LCBMH was notified by the state that there may be budget cuts in POS money for FY09. PCGC was guaranteed money for only the first quarter of FY09 or about \$5,000.00. Fortunately, the budget cuts were not substantial. At the time this report was prepared, the LCBMH was recommending a contract for FY09 totaling \$30,000.00.*

***Recommendations:** This unpredictability of state funding underscores the need for PCGC to continue to seek additional funding streams for its sliding fee scale program. The state predicts further budget cuts in FY10.*

**Staff Composition Barrier:**

**Description of barrier:** Difficulty finding a qualified counselor with an African-American background

**Description of proposed solution(s):** Hire a qualified counselor with an African-American background.

**Description of equivalent facilitation:** Seek a qualified Board member.

**Person responsible:** Ralph Thompson

**Due date:** Ongoing, will be reviewed in September, 2009

**Actual due date:** April, 2006

***Remarks:** An experienced counselor is still unavailable as is an African-American office staff person.*

*Results: By the end of FY08, we still have not found any qualified counselors or office staff available to improve our multi-cultural composition.*

*Recommendations: Research will be done to see if we can discover an African-American or Hispanic counselor working in another agency who might want to do some additional counseling.*

**Communication Barrier:**

**Description of barrier:** There seems to be an increasing number of clients who either don't have phones or have cell phones as their only phone. We are encountering problems contacting clients when their cell phone is turned off or their phone isn't working due to non-payment for minutes. This makes it very difficult to contact clients in the event of needing to confirm or change an appointment time.

**Description of proposed solution(s):** Office staff and counselors need to ask clients to report any change in their phone numbers and give us a back-up phone number to use if we can't reach them on their phone.

**Description of equivalent facilitation:**

**Person responsible:** Ralph Thompson

**Due date:** May, 2008

**Actual due date:** May, 2008

*Remarks: Care must be taken to protect client confidentiality in using a secondary number in order to reach a client.*

*Results: This process has been successful during this time period.*

*Recommendations: Clients must give us written permission to call another number other than their own. We developed a short form for a client to sign, giving us their written permission to call such a number.*

**Case Management Services Barrier:**

**Description of barrier:** There are no Case Managers on staff to provide services to clients.

**Description of proposed solution(s):** Hire a case manager to assist counselors or contract out for this service.

**Description of equivalent facilitation:** Counselors will continue to serve this function, though in a very limited way.

**Person responsible:** Ralph Thompson

**Due date:** Ongoing  
**Actual due date:** Ongoing

**Remarks:** *Adding this service will be pursued during FY09.*

**Results:** *We investigated this possibility with the LCBMH and learned that we do not have the volume of work to warrant case management. We will continue to monitor this need.*

**Recommendations:** *No further recommendations at this time.*

**Information Management Barrier:**

**Description of barrier:** The agency does not have anyone on staff with an IT (Information Technology) background to help it do Performance Improvement and Outcomes research. PCGC must be able to participate in these areas in order to maintain compliance with the ODMH.

**Description of proposed solution(s):** Hire someone part-time to help in this area.

**Description of equivalent facilitation:** NA  
**Person responsible:** Ralph Thompson

**Due date:** April, 2008  
**Actual due date:** May, 2008

**Remarks:** *We wanted someone who would not mind working on behalf of a smaller agency that has a limited budget.*

**Results:** *PCGC was able to hire a former counselor, Denise Eacott, PhD, who agreed to work on PI and Outcomes research on a part-time basis.*

**Recommendations:** *If the idea of using part-time persons for specific projects is efficient and inexpensive, the idea might be utilized in seeking help in other areas. This would help to reduce the administrative load on the office and the Executive Director.*

**Equipment/Technology Barriers:**

**Description of barrier:** Outsourcing printing and copying needs is expensive. Our present copier is out-of-date and malfunctioning. New equipment is needed.

**Description of proposed solution(s):** Obtain new or newer equipment to replace older and less reliable equipment now being used by the business office staff.

**Description of equivalent facilitation:** None

**Person responsible:** Ralph Thompson and Angela Serrano

**Due date:** August, 2008

**Actual due date:** July, 2008

**Remarks:** *The Stocker Foundation has helped us in the past with new office equipment.*

**Results:** *The Stocker Foundation did not help after being approached. Money was used from a private donation to purchase a new printer/copier for everyday use in the office. A larger machine was donated to the center to help with larger bulk projects. This machine was cleaned and inspected but found to require too much money to repair for it to qualify for a service contract. It is working but could break down at any time. The new machine that we purchased is good for our general needs.*

**Recommendations:** *Continue to assess printing needs and make recommendations for additional equipment.*

### **Financial Audit**

A complete financial audit by a Certified Public Accountant is conducted at the end of each fiscal year. PCGC collaborates with the accountant in preparing and submitting financial and other documents needed to do the audit.

**Activity in this period:** *The current six month period marks the end of the current fiscal year.*

**Results:** *Documents will be gathered in August and submitted to the auditor for his review.*

**Recommendations:** *Continue to maintain our high standards in fiscal management.*

### **Strategic Plan Progress and Linkages to the Agency's Programs and Services**

The following report shows progress made toward the agency's strategic goals for 2005-2010. Progress toward reaching strategic goals depends on the development of the agency's policies, programs and procedure as stated earlier in this report. Likewise, the development of the agency's policies, programs and procedures will help the agency to achieve its strategic goals. Progress is seen as a "full circle" with key elements leading from one into another. The following information looks at each of the agency's strategic goals in light of the development of the agency's policies, programs and procedures.

Prime Objective: PCGC will be the #1 choice for people seeking Christian-based mental health services in Lorain County, Ohio.

Progress on 2005-2010 Objectives:

Goal #1 – PCGC will improve its reputation among professionals and consumers for delivering high quality services.

Strategies

- ✓ Consumers of PCGC's services will be repeat users and will refer their family and friends.
- ✓ Current referral sources will continue making referrals to the Center.
- ✓ The Center will add new referral sources.
- ✓ Consumers will report still feeling satisfied with the services they received when contacted three months post termination.
- ✓ Annual audits by LCBMH and the Center's CPA will show continued excellence and improvement.
- ✓ The annual LCBMH Customer Satisfaction Survey will show increased excellence.
- ✓ Attaining national accreditation through CARF will be a mark of excellence.

**Progress during this time period:**

- ✓ *Examination of intakes shows that current and former clients and/or family members are making referrals to the agency.*
- ✓ *The agency maintained its referrals from traditional sources such as the school systems, physicians, clergy, and other social service agencies.*
- ✓ *The administrative staff developed several databases to be utilized for marketing printed materials. We now have databases for school counselors, clergy, physicians, and several apartment complexes. We mailed several thousand pieces in this time period. We also have a bulk-mailing permit, which drastically reduces the cost of mailing materials.*
- ✓ *Follow-up calls to former clients indicate that many who were contacted are glad that they came to PCGC for counseling.*
- ✓ *The annual Medicaid Audit was strong and the annual financial audit gave PCGC a "clean bill of health."*

**Results:**

- ✓ *Our client composition continued to change during the first half of 2006-07 and continued to change. More clients have State insurance. These clients usually find us in their directory. We still see clients who have conventional insurance or are "self-pay".*
- ✓ *Traditional referral sources continue to make referrals to PCGC.*

- ✓ *We have developed referrals from the “Family Health Services” at the old St. Joseph Hospital in Lorain.*
- ✓ *We continued to score high marks on the Consumer Satisfaction Survey conducted by the Lorain County Board of Mental Health.*
- ✓ *We scored high marks in our annual Medicaid Audit conducted by the LCBMH.*
- ✓ *We continued our regular QA reviews as an internal audit of our cases.*

Goal #2 – PCGC will maintain current Center programs and assess unmet needs in the community for new program development.

#### Strategies

- ✓ Assess current programs to determine what needs they are meeting.
- ✓ Create programs for special populations like children, geriatrics and diverse cultures.
- ✓ Explore additional locations such as St. Joe’s Community Health Center in Lorain.

#### **Progress during this time period:**

- ✓ *The quality of current programs was maintained during this time period even with the addition of a new child therapist.*
- ✓ *Our new therapist increased our ability to serve clients with mild autism.*
- ✓ *We did not make any progress on establishing a branch office.*

#### **Results:**

- ✓ *Dr. Wax’s work continued during this time period and he plans to continue to use us for FY09. PCGC gets some modest income from renting him space.*
- ✓ *The gift from the Trust supplied toys and games for the renovated play room. The room is used for children’s therapy.*
- ✓ *We were given a lead on opening up a satellite office at the community college but have delayed developing this idea to allow us to recover from the CARF process and the loss of a key counselor at the end of 2006-07. A feasibility study will likely be done.*
- ✓ *The “Infant Therapy” program did very well during 2006-07.*

Goal #3 – PCGC will provide an environment that attracts highly competent staff and Board members.

#### Strategies

- ✓ Create a plan for Board and staff development.

- ✓ Create a performance management system that supports the organization's mission and goals.
- ✓ Create fair-minded policies, e.g., employee handbook, competitive pay structure and benefits.

***Progress during this time period:***

- ✓ *A Board member from the religious community was recruited.*
- ✓ *Efforts were made to recruit an attorney for the Board.*
- ✓ *Research was made for alternative health insurance for full-time employees.*

***Results:***

- ✓ *We added a clergy representative during this time period.*
- ✓ *We continued to search for a attorney Board member and have a promising prospect for a person from the financial sector.*
- ✓ *The Personnel Committee continued to function in its role during this period.*
- ✓ *The Board voted to do a salary review process to determine if we are offering competitive salaries and benefits for our full time staff.*
- ✓ *After reviewing the market for health insurance plans, it was decided to stay with our present coverage.*

Goal #4 – PCGC will develop a marketing program that will increase fundraising and enhance awareness of the Center in the community.

Strategies

- ✓ Increase awareness throughout the religious community by building relationships with clergy through time-limited tasks.
- ✓ Increase awareness by doing speaking engagements, using Christian radio and public television.

***Progress during this time period:***

- ✓ *Professional clergy relationships were nurtured for their importance in PCGC marketing its Mission (see Mission Statement) and goals. PCGC continues to nurture relationships with other area clergy and churches.*
- ✓ *PCGC explored to see if there is a need for mental health services for Muslim clients or clients from Far Eastern cultures.*
- ✓ *Board representatives researched the process of putting public service announcements on cable television.*

## **Results:**

- ✓ *We continued our contacts with churches through mailings and being available to clergy for consultation and doing workshops. Dr. R. Thompson led a workshop for a church on "Forgiving".*
- ✓ *We continued our efforts to recruit qualified Board members who represent a cross-section of the community.*
- ✓ *We learned the process for using cable television and now need to write the spots.*

Goal #5 – PCGC will maintain and enhance the financial viability of the Center.

## Strategies

- ✓ Increase counseling revenue to the Center by 10%.
- ✓ Improve payer mix.
- ✓ Review Fee Structure.
- ✓ Keep revenues in line with expenses.
- ✓ Explore benchmarks for productivity, e.g., expense-to-revenue ratios.
- ✓ Explore the creation of a reserve, an endowment fund and other new funding streams.

## **Progress during this time period:**

- ✓ *We reached an all-time high of 3,136 hours of counseling during FY08.*
- ✓ *PCGC was able to earn 90% of its operating costs through fees collected –a new high.*
- ✓ *PCGC utilized \$35,000.00 in county funds and another \$25,000.00 in foundation money providing counseling to clients on a sliding fee scale.*
- ✓ *Management is working with the Board treasurer, our bookkeeper and accountant to develop various benchmarks for productivity. Currently we keep track of the average cost for an hour of therapy and the average fee collected. This helps us know the amount of money needed from other sources, including donations, fundraising and corporate support.*
- ✓ *Productivity is shared with staff on a monthly basis. Staff members receive reports showing staff production in terms of counseling hours and fees collected. Counselors are expected to work with administrative staff in collecting co-pays and client out-of-pocket fees so that they don't extend beyond 90 days.*
- ✓ *The Executive Director believes that payment of fees is a therapy issue and, as such, clinicians need to include this issue in working with their clients.*
- ✓ *The Board and management continue to explore the development of a reserve fund and a separate endowment fund.*

## **Results:**

- ✓ *We continued marketing efforts through the use of our databases.*
- ✓ *The Board and staff continued to define various benchmarks for counselor productivity. We hope to seek donations from the community in the area of office supplies, which will help to reduce our office expenses.*
- ✓ *A goal for FY09 will be to develop a new Business Plan based on the updated Strategic Plan.*

## **Utilizing the Strategic Plan**

The current five-year Strategic Plan will help guide the direction and growth that PCGC takes in the next five years. The Plan will be utilized in the following ways:

- ❖ A formal review of progress on reaching our strategic goals was done in 2007 and a “Visioning Process” will be utilized in early FY09. This event will help us to sharpen the focus of the final two years of the 2005-2010 Strategic Plan.
- ❖ The Strategic Plan will continue to be used in guiding our marketing of services to the community.
- ❖ The Strategic Plan will continue to evaluate the outcomes and effectiveness of the agency’s programs and services.
- ❖ The Strategic Plan will continue to assist the agency in reaching its Mission and Vision.

## **Summary**

PCGC remains a quality provider of mental health services that is person-centered and consumer-driven. We have a commitment to continuous quality improvement in staffing, Board development, safety, programming, fiscal management, ethics, and human resources.

PCGC will work to improve its identification of community mental health needs and will develop appropriate services using input from staff, management, Board, consumers, and other stakeholders.

Pathways staff and Board passionately remain committed to its Mission and to making a positive difference in people’s lives.