

**COUNSELING CLINIC, INC.
MANAGEMENT REPORT AND STRATEGIC PLAN
2025/2026**

This summary highlights the activities, challenges, and outcomes of Counseling Clinic, Inc. (CCI) from January 2025 through December 2025 and established priorities for 2026. It reviews organizational planning efforts, core programs, services provided, goals and objectives, quality assurance activities, community needs, and the outcome management system, all in support of ongoing quality improvement. Goals and objectives are projected for 2026.

Counseling Clinic, Inc. (CCI) is a comprehensive community mental health center, which celebrated its 50th year anniversary in 2023. CCI is designated by the Arkansas Division of Mental Health Services to provide mental health services to the residents of Saline County. Saline County covers 723 square miles, with approximately 9.5% of its population living below the poverty level. According to the 2020 U.S. Census, the population increased to 123,416. The population in Saline County is 78.4% White, 8.4% African American, 6.9% Hispanic and .7% American Indian.

The mission of the Counseling Clinic, Inc. is to provide and promote comprehensive, effective, and affordable behavioral healthcare services to members of our community in ways that are Creative, Caring, and Individualized. We are a group of competent, caring individuals dedicated to providing accessible, ethical, and effective behavioral healthcare services. It is our belief that services be brief, focused on early intervention, and delivered in the least restrictive setting possible. Clients are actively involved in all aspects of the treatment process, and family involvement is encouraged. Community resources are accessed as needed to support comprehensive care. Services are provided without regard to age, gender, sexual orientation, social preferences, cultural orientation, race, color, physical status/disability, spiritual belief/religion, ability to pay for services, nation of origin, psychological characteristics, or involvement with the criminal justice system.

During the 2025 calendar year, enterprise-wide, 3566 consumers were seen for behavioral health services. This number is slightly down from the 3623 consumers seen in 2024.

Client Demographics (Enterprise-Wide)

Adult	Youth	Male	Female	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino	Native American
2231	1335	1675	1889	2747	520	14	8	128	15

2025 Outpatient Program Service Demographics

The Outpatient Program is the largest program of Counseling Clinic and the largest counseling provider in Saline County. Services are provided Monday through Friday, with extended hours of operation on Tuesday and Thursdays.

In 2025, 2800 consumers were seen in the outpatient clinic. This number is down from 2024 when 2898 consumers were seen. The average time between request for service and first appointment in 2025 was five (5) days. This met our goal of first-time appointment within 10 days.

Client Demographics (Outpatient Program)

Adult	Youth	Male	Female	Native American	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino
2032	768	1232	1566	12	2285	329	12	7	58

Of those seen enterprise-wide, 97 consumers declined to specify.

Pharmaceutical assistance is no longer a necessary service at Counseling Clinic, Inc. Due to the Affordable Care Act and Medicaid expansion, only very few consumers lack healthcare coverage. The ability to acquire medications is key to treating clients in the community and preventing hospitalization. In 2025 we had 1 consumer on the pharmaceutical assistance program.

CCI has a dedicated clinician who provides Intervention and Consultation on-site to a developmental disabilities' agency, Civitan. In 2025, fifteen (15) consumers received on-site services from CCI.

The Outpatient Clinic provided Parenting classes to sixteen (16) adults in 2025. These parents came to a total of 46 parenting classes throughout the year. Each parenting group program consists of 6 sessions, 120 minutes in duration. Consumers self-refer to this class or are referred by a therapist, DCFS or the court.

Anger Management was offered in 2025, and twenty-five (25) individuals received the service. Consumers participated in the program with a total of 46 groups. Each Anger Management Program consists of three consecutive sessions, 120 minutes in duration. Consumers self-refer to this group or are referred by the court.

Domestic Violence Intervention treatment was offered as a service to local courts and the prosecuting attorney's office. Often referred to by the courts, perpetrators of domestic abuse participate in a 26-week treatment group. Groups are 60 minutes in duration. In 2025, we had zero (0) consumers participate in the program, which is the same as the previous year.

CCI performs forensic evaluations for the judicial system as part of an obligation to Arkansas Department of Human Services, Division of Behavioral Health Services. Within 2 days of referral, an appointment must be scheduled for an evaluation. Within 30 days of receiving a request for a forensic evaluation, the consumer must be evaluated, the report compiled, and a recommendation submitted to the court regarding competency to stand trial. Counseling Clinic, Inc. has effectively and efficiently fulfilled this obligation for years. Our compliance rate for this performance indicator is 100%. In 2025 our forensic evaluator performed 41 evaluations for the state. We remain 100% in compliance with timely execution of these services.

Results of the 2025 outcomes were reviewed, analyzed, and changes made as needed to address areas of concern or for improvement of service delivery.

Outcome data for the Outpatient Treatment Services Program demonstrate effective service delivery, strong accessibility, and appropriate utilization of outpatient care. Crisis intervention services accounted for 0.06% of total outpatient services provided, remaining well below the established benchmark of less than 5%. This reflects effective early intervention, continuity of care, and successful engagement of consumers in routine outpatient treatment without escalating higher levels of care.

Accessibility is enhanced through the clinic's five-day-per-week walk-in outpatient clinic, allowing consumers to access services at the point where they are ready to engage in treatment. This model reduces delays between referral and intake, supports consumer readiness, and promotes persistence in treatment, contributing to improved engagement and outcomes.

Efficiency measures indicate that clinicians achieved 98% of the established productivity target, demonstrating effective scheduling practices and maximizing face-to-face clinical services while maintaining quality of care.

Consumer satisfaction results indicated 86% satisfaction, compared to the established goal of 90%. Interpretation of satisfaction outcomes considers that the number of consumers who voluntarily complete satisfaction surveys remains extremely low relative to the total number of consumers served, which may limit the representativeness of results.

Continuous Quality Improvement (CQI) Action Statement:

As part of the organization’s continuous quality improvement process, program leadership has identified increasing consumer participation in satisfaction surveys as an improvement opportunity. CQI actions include exploring additional methods for survey distribution, providing clear education to consumers regarding the purpose and value of feedback, and reviewing opportunities to offer surveys at multiple points during treatment. Satisfaction data, along with access, efficiency, and service utilization metrics, will continue to be monitored and reviewed to guide data-informed service enhancements in alignment with standards.

2025 Children and Youth Services Program Demographics: Youth Services School Based program consists of a team of therapists and Qualified Behavioral Health Professionals who split their time between seeing youth in the Benton School District and a small Outpatient caseload. In 2025, Youth Services served four hundred and fifteen (415) consumers, which decreased from 2024. The average time elapsed between request for service and first appointment was two (2) days in the Youth Service School Based Program which exceeded our goal for access.

Outcome data for Youth Services demonstrate effective stabilization, accessibility, and positive consumer outcomes. Referrals for school-based services remained consistent throughout the reporting period, indicating sustained community need and effective access to care. Crisis intervention services represented 1.5% of total services provided, remaining well below the established benchmark of 5%, reflecting effective early intervention and overall client stabilization.

Additionally, the total number of crisis interventions decreased by nearly 50%, further supporting improved stabilization of youth served and successful engagement in ongoing school-based and outpatient treatment. Efficiency targets were met and exceeded, with practitioners achieving 101% of the established face-to-face service goal. Consumer satisfaction outcomes exceeded expectations, with 92% satisfaction reported, surpassing the program goal of 80%.

Continuous Quality Improvement (CQI) Action Statement:

Program leadership will continue to monitor referral trends, crisis utilization rates, and service intensity to ensure sustained stabilization and timely intervention. CQI efforts include ongoing review of crisis-to-outpatient ratios, reinforcement of early identification and intervention strategies within school-based services, and continued monitoring of consumer satisfaction data to support service effectiveness and responsiveness. Outcome data is reviewed regularly and used to guide data-informed decision-making in alignment with standards.

Client Demographics (Children & Youth Services)

Male	Female	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino	Native American	Identified as Other
227	188		83	2	0	32	1	2

YSSB offers a wide array of services including services to the 0-5 population categorized as Infant Mental Health (IMH). Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Infant Mental Health (IMH) are examples of the Evidence Based Treatments available in Youth Services/YSSB. Substance Abuse Treatment for the local Juvenile Drug Court is an available service offered in the YSSB program. Case Management services are also offered in this program.

2025 Community Reintegration and DYS Program Demographics: In July 2025, Counseling Clinic launched a new Community Reintegration Program (CRI) designed to support court involved males ages 15-18 in transitioning from a higher level of supervision to greater independence. CRI provides intensive therapeutic care in small group home settings, as well as ensuring the provision of educational services to all clients in the program. The CRI program complies with all requirements of the home and community-based services under the Enhanced CSSP Agency Certification. The Community Reintegration Program is located in Haskell, Arkansas with 24-hour transitional level of care.

CCI has maintained a contract with the Division of Youth Services (DYS) for twenty-nine (29) years. This contract allows us to provide a range of services to youth involved in the court system that includes outpatient counseling, case management, electronic ankle monitor, intense supervision, drug testing, field evaluations, creation/monitoring of After Care plans for youth released from a DYS facility, Girls Circle and drug education class. Our DYS staff provides services in the office, court, community, homes, and schools. These After Care youth are still in DYS custody but are released to the community under intense supervision by CCI and Juvenile Court staff. After Care youth must meet with staff a minimum of once per month. Intense Supervision and Tracking youth are seen a minimum of three times per week. CCI serves Judicial District 7 and Judicial District 22. A total of four hundred and sixty-seven (467) consumers received services. The average time between request for service and first appointment was one (1) one day.

Client Demographics (DYS Program)

Male	Female	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino	Native American	Declined to Specify
310	157	283	122	1	1	36	2	22

2025 Second Chance Ranch Program Demographics: Second Chance Ranch is a program that is designed to work with youth who have experienced abuse, neglect, and/or family traumas. The program currently consists of 10 campus foster homes, 27 community foster homes, and 1 therapeutic foster home. The program is designed to help each youth overcome the obstacles that have taken place in life, and then to be able to move forward in a healthier fashion. In 2025, Second Chance Ranch was able to serve one hundred twenty-seven (127) consumers, five (5) adults and one hundred twenty-two (122) youth. The average time elapsed between request for service and first-time appointment was one (1) day which meets our goal.

Client Demographics (Second Chance Ranch)

Male	Female	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino	Native American	Identified Ethnicity as Other
53	74	67	39	0	0	19	0	2

Effectiveness:

The effectiveness outcome looks at the number of unplanned/discharging to a higher level of care events that took place over the year. In 2024 the percentage of unplanned discharges was 9%. For 2025 that rate decreased to 7.4%. This gives the impression that clinical services were provided to ensure fewer unplanned/discharging to a higher level of care events took place. Obviously, the desire is for this number to be zero but seeing the number decrease is a positive sign and demonstrates that effective management of crisis events and providing routine services has helped decrease the number of unplanned discharges.

Accessibility:

This outcome looks at the ability to get clients in to see the doctor/APN in a timely manner. This outcome has remained at 100% for an extended time now. Getting clients into the doctor does not appear to be an issue currently. For 2026 this outcome is going to change and will look at the time a chart is open and the time it takes to complete a diagnostic assessment. This will ensure that new clients that are placed in foster homes are getting services started in a timely manner. The new outcome will look to see if a diagnostic assessment is completed within a week of the chart being opened.

Efficiency:

This outcome looks at the productivity rate for the clinical staff at Second Chance Ranch. The goal of this outcome is to ensure that adequate/necessary services are provided to the client. In 2024 the annual productivity rate was 89%. This number stayed the same for the Second Chance Ranch clinical team in 2025. The Program Director is currently meeting with all clinical staff to review the first half of the fiscal year and to identify factors that impact staff toward achieving productivity requirements. There are plans to also meet more frequently with those that have low productivity rates and provide weekly feedback to better manage this number. Efforts will be made to streamline and correct factors that impact the clinical staff's ability to meet productivity numbers. If numbers continue to be low, then possible write up/coaching opportunities will take place.

Consumer Satisfaction:

This outcome looks at the overall satisfaction of the foster parents regarding services provided in 2025. The goal is to have overall satisfaction of at least 90%. In 2024 the overall satisfaction percentage was 93%. In 2025 that number went down one number to 92%. Both of those numbers exceed the objective. The consumer satisfaction survey was updated in 2026 to ask different questions that focused on effective communication and routine services. It will be interesting to see what the percentage is for January 2026. At this point, the desire is to have 100% satisfaction so review of surveys and efforts will continue to take place to ensure quality services are being provided to foster families and youth served.

2025 Substance Abuse Services Program Demographics:

The Alcohol and Drug Treatment Program accepts self-referrals as well as referrals from the courts, judges, attorneys, physicians, and hospitals. Individuals thirteen years old and older who need chemical dependency assessment and treatment are eligible for services from the outpatient Alcohol and/or Drug Abuse Program. Adolescents in the Juvenile Drug Court receive two groups weekly for six months. The CCI attends Juvenile Drug Court weekly. To accommodate the youth population, after-school treatment groups are provided.

In 2025, twenty-four (24) clients were seen for substance abuse services. This number includes adults and youth seen in Juvenile Court. In 2025, one-hundred and nineteen (119) adolescents were treated as part of the Juvenile Drug Court Program. In 2025, the Alcohol and Drug Treatment Program had a completion rate of 36% which continues to trend down over the years. Adjudicated minors are referred for alcohol and drug treatment from CCINC's Department of Youth Services program. In addition, CCINC provides

these services to court ordered adults. In 2025, the average time elapsed between request for service and first-time appointment was one (1) day which was a substantial improvement than in previous years for this program.

Effectiveness: Counseling Clinic receives most referrals for alcohol and drug treatment from the Juvenile Court system. Most of those youth are treated by Counseling Clinic's Department of Youth Services program. In 2024, the Outpatient Department saw a decrease in 2 FTE therapists who provided substance abuse assessments; therefore, one therapist provides those assessments and treatment for this population. In addition to treating those with drug and alcohol disorders, this therapist sees numerous other clients with behavioral and mental health disorders. There continues to be barriers to treating this group of clients as those with drug and alcohol use disorders remain difficult to engage. They often do not keep appointments and do not persist in treatment.

Outcome measures for the Alcohol and Drug Treatment Program reflect both the complexity of the population served and effective service delivery for consumers who complete treatment. Clinicians achieved 98% of the established face-to-face productivity goal, demonstrating consistent service availability and efficient use of clinical resources. Consumer satisfaction outcomes were strong, with 100% satisfaction reported among consumers who completed treatment, exceeding the established benchmark of 90%.

Treatment completion rates were 24%, compared to a target of greater than 50%. These results are understood within the context of the significant challenges associated with engaging individuals with substance use disorders, including ambivalence toward treatment, co-occurring mental health conditions, relapse risk, limited external structure, and environmental stressors. While the Department of Youth Services continues to support treatment completion among adjudicated youth through structured and mandated services, adult consumers in voluntary outpatient treatment settings frequently disengage or relapse prior to completion, contributing to lower completion rates. The provider has established defined timeframes for treatment completion, consistent with program design and clinical expectations.

Continuous Quality Improvement (CQI) Action Statement

As part of the organization's continuous quality improvement process, program leadership has identified treatment engagement and retention as a priority improvement area. CQI actions include ongoing review of referral-to-intake timelines, reinforcement of motivational engagement strategies, enhanced monitoring of attendance and early warning indicators for disengagement, and evaluation of service flexibility within established treatment timeframes. Outcome data related to completion, productivity, and satisfaction will continue to be reviewed regularly to guide data-informed adjustments and support improved engagement and treatment persistence in alignment with standards.

2025 Community Support Services Program Demographics: Individuals who are 18 years old or older, a resident of Saline County and are certified by a psychiatrist with a Serious Mental Illness are eligible for the Community Support Program. The goal of the program is to provide a support base for independent living and facilitate integration into the community at large. In 2025 Community Support Program, Stride House, served forty-two (42) consumers. The average time between request for service and first appointment was 1 day which exceeds our goal for timely service.

Client Demographics (Community Support)

Male	Female	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino	Native American	Unknown Ethnicity
21	21	33	6	0	0	2	0	1

Overall satisfaction was 100% in 2025. Our Stride House Community Support Program has implemented several program changes to increase member led groups/activities and implemented new types of groups improving overall satisfaction.

Stride House would like to increase community activities in 2026. The State will transition Community Rehab Day Treatment services to a day rate, possibly relaxing some of the constraints the programs have felt.

2025 Crisis Intervention Services Program Demographics: CCI operates a 24-hour a day, 7-day-a-week emergency system for residents in Saline County. Services are aimed at the assessment and immediate stabilization of acute symptoms of mental illness and are available to any individual who makes contact with the emergency services system.

In 2025, two hundred fifty-five (255) crisis screenings occurred. Ninety (90) screenings occurred in the jail. Of those screened, eighty-three (83) were admitted to inpatient treatment services.

In 2025, CCI admitted no consumers to the AR State Hospital which is consistent with the zero consumers admitted in 2024 and 2023. In order to alleviate the demand for beds, the Arkansas Division of Behavioral Health Services made funds (Local Acute Care Funds) available to the CMHCs to contract with local private psychiatric hospitals. Funding is prorated according to each CMHC’s catchment area population. CCI contracts with Saline Memorial Hospital, Baptist Health-Little Rock, Bridgeway, Conway Behavioral Health, Jefferson Regional Specialty Hospital, Levi Hospital, Rivendell, and Riverview Behavioral Health to in effect provide managed inpatient care for indigents. The implementation of the Affordable Care Act continues to decrease the number of admissions using Local Acute Care funding. In 2025 fifty-seven (57) consumers were admitted to an inpatient facility using Local Acute Care Funds which represents an increase from previous years.

Outcome data for the Crisis Intervention Program demonstrates strong effectiveness in diverting individuals from restrictive levels of care while maintaining high consumer satisfaction.

During the reporting period, there were no admissions to the Arkansas State Hospital, meeting and exceeding the established performance goal. Additionally, less than 7% of all crisis intervention contacts resulted in admission to an acute psychiatric treatment setting, indicating effective crisis stabilization and appropriate use of community-based interventions.

Consumer satisfaction outcomes exceeded program benchmarks, with 100% of consumers surveyed reporting satisfaction with services received, surpassing the established goal of 75%. These results reflect timely crisis response, effective assessment and intervention, and a strong focus on consumer-centered care. Outcome data are reviewed by program leadership and incorporated into ongoing performance measurement and continuous quality improvement activities.

2025 Hot Springs CSSP Program Demographics: Our residential CSSP program in Hot Springs, AR provided services for adults with more complex diagnoses. A continuum of services provides an opportunity for progression from intensive to interdependence in the community. In 2025, The Hot Springs CSSP Program served seventy-six (76) consumers. The average time between request for service and first appointment was one (1) day, which was a major improvement toward meeting our goal of timely service.

Male	Female	White	African American	Asian	Hawaiian/Pacific Islander	Hispanic/Latino	Native American	Unknown
37	39	50	24	0	0	0	0	2

Results of the 2025 outcomes were reviewed, analyzed, and changes made as needed to address areas of concern or for improvement of Access and Efficiency.

CCI Hot Springs had an overall client satisfaction of 95% and met our Effectiveness objective to reduce hospitalizations by 10% annually. Hospitalizations were down 43% in 2025 despite transitioning to a Therapeutic Community Level 2.

We did not achieve our Access and Efficiency objectives this year. Only 87% of new admissions did not have a documented rehab day service within 3 days. This appears due to timeliness of the Master Treatment Plan. We will complete training on this issue with Mental Health Professionals. Our Bed occupancy for 2025 was 86%. We will continue with potential client interviews from referral sources and strive for 90% occupancy again.

2025 Community Housing Program

CCI's Community Housing Program is located in Hot Springs, Arkansas and provides a choice of housing options to individuals of all genders age 21 and older, who have serious and persistent mental illness and meeting established admission criteria. Housing services are designed to restore and/or improve functioning, build resilience, and support the integration of the client served in the community. Personal privacy, security, and safety are promoted.

- **Fairweather Manor and Oakhill Site-** Staffed 24 hours a day.
- **Group Homes-** Currently has 3 female group homes and 2 male group homes. Staff provide daily support in the homes and are available 24 hours.
- **Springwood HUD apartments-** Currently there are 12 HUD apartments. These are considered to be the least restrictive level of care. Clients continue to receive support from staff in order to be successful in this setting.

Results of the 2025 outcomes were reviewed, analyzed, and changes made as needed to address areas of concern or for improvement of service delivery.

In 2025, Counseling Clinic's community housing program was able to maintain 100% occupancy in our least-restrictive environment (apartments). However, we did not meet our bed occupancy goal of 90%. This is likely due to our continuous goal of transitioning clients to lower level of care or higher level of care (nursing homes, Level one care) if needed.

Clients showed high satisfaction with updates we've made in our housing and we have ongoing plans to continue with these updates in 2026.

CCI Accreditation

The Commission on Accreditation of Rehabilitative Facilities (CARF) accredits CCI/SGT programs. A CARF survey was conducted in October 2025. The programs reviewed for accreditation were: Community Housing/Mental Health (Adults), Community Integration/ Mental Health (Adults), Community Integration/Psychosocial Rehabilitation (Adults), Crisis Intervention/Mental Health (Adults), Outpatient Treatment/Alcohol and Other Drugs/Addictions (Adults), Outpatient Treatment/Alcohol and Other Drugs/Addictions (Children and Adolescents), Outpatient Treatment/Mental Health (Adults) and Outpatient Treatment/Mental Health (Children and Adolescents). Following the survey/site visit, the accreditation was renewed for three years. All previously accredited programs were re-credentialed through November 2028.

The 2025 CARF Survey resulted in the following recommendations:

- 1) As CCI provides services in locations that are not owned/leased or controlled/operated by the organization, it was recommended that the organization implement written procedures that address safety at the service delivery site for clients and personnel, including consideration of the any emergency procedures that may already be in place at the service delivery site, the physical environment, including accessibility, of the service delivery site, basic needs in the event of an emergency; actions to be taken in the event of an emergency; and provisions for communication by personnel while providing services regarding decisions to continue or discontinue services. A Quality Improvement Plan was submitted, and the recommendation has been implemented.
- 2) CCI maintains first aid equipment and supplies in multiple locations throughout its facilities, but it was observed during the facility tour that some supplies were expired. It was recommended that there be ready access at each location to first aid equipment and supplies. The organization might consider increasing the availability of naloxone throughout its facilities, including the new CRI program that opened earlier this year. A Quality Improvement Plan was submitted, and the recommendation has been implemented.

The Division of Provider Services and Quality Assurance renewed Counseling Clinic, Inc.'s (CCI) certification as a Behavioral Health Agency through May 2029. CCI remains in full compliance with State Community Mental Health Center standards and its contract with the Division of Mental Health Services. In addition, CCI maintains CSSP Enhanced Certification licenses for both the Hot Springs and Haskell program campuses, authorizing the provision of enhanced home- and community-based services under the Provider-Led Arkansas Shared Savings Entity (PASSE) program for Medicaid recipients with behavioral health, intellectual disability, or developmental disability service needs.

CCI Access

CCI is committed to promoting accessibility and removing barriers to service for the person served, stakeholders and employees. Creating seamless paths to treatment accessibility is a priority. To that end, barriers are monitored on an ongoing basis and the Accessibility Plan is reviewed yearly. Complaints, grievances, and incidences of ineligibility are viewed as opportunities to identify barriers and trends. Each client is given a "Bill of Rights" upon admission. The document includes sections on basic rights, procedures to make complaints, identification of the internal advocacy staff, information about Disability Rights, responsibilities of CCI to the client, summary of Rights of Confidentiality, and HIPAA regulations. Consumers' Rights are posted in each lobby.

CCI Annual Review of Accessibility Plan

The Annual Accessibility Report provides an assessment of the progress toward attaining optimal accessibility and the removal of barriers for persons served, personnel and other interested stakeholders at the Benton and Hot Springs sites of Counseling Clinic, Inc. The aim is to ensure that all services are accessible as specified by the Arkansas Division of Behavioral Health Services and CARF Standards. The Annual Review addresses the process of identifying and eliminating specific barriers or potential barriers. An *Accessibility Report Form* is available for use by stakeholders, persons served and personnel to document and report identified barriers. Any barriers that are potential health or safety hazards are reviewed by the H & S Committee. Specifically, barriers are identified in the following areas of the organization: architecture, environment, attitude, financial, employment, communication, technology, transportation, and community integration.

Cultural Competency, Diversity, & Inclusion Plan

CCI values the ability to understand, communicate with and effectively interact with people across cultures. To reflect this value, CCI has a cultural competency, diversity, and inclusion plan which focuses on persons served, personnel and other stakeholders. This plan considers culture, age, gender, sexual orientation, spiritual beliefs, socioeconomic status, language, and other relevant factors. CCI's commitment to cultural competence encompasses being aware of one's own world view, developing positive attitudes toward cultural differences, and gaining knowledge of different cultural practices and world views. Our organization requires training in Cultural Awareness & Humility for all employees, at hire and annually. In 2025, the Community Support Program (CSP) in Benton welcomed guest speakers from the community to lead open discussions on various topics during family support nights. The Hot Springs Program welcomed Leadership Hot Springs program participants for a tour of the facility and informational presentation on program details. Treatment team members at both the Hot Springs and Benton sites designed and led culturally diverse activities for clients to celebrate Black History Month and Juneteenth. Culturally diverse and age-appropriate books on inclusion were made available in the Youth Services building lobby. Members of Stride House Program independently lead groups during day treatment activity hours. *Full review of CCI's Cultural Competency, Diversity, & Inclusion Plan for 2025 is available upon request.*

Complaints Report 2025

CCI met our Business Goal of having less than 20 complaints in 2025. There were no grievances filed in 2025. There were two (3) complaints in 2025, which was a decrease from the 5 complaints received in 2024.

- Received a complaint through the CCI website regarding a Facebook post made by an employee on their personal page. The complaint stated that the post included personal statements about the employee's opinion on addiction and owning a firearm. An investigation was completed that included a review of the social media post and meeting with the employee. As a result of the investigation, there was no evidence of ethical violations found from the employee's post to the public platform. CCI's Human Resource Director reviewed the organization's Social Media Policy with the employee.
- Received a call from the wife of a client who wanted to express concern regarding the care of her husband. The wife reported that the husband reported side effects to medications months prior to the prescriber and at a recent appointment, whom they felt dismissed their concerns a both occurrences. A meeting was scheduled by the Outpatient Director with the prescriber to further discuss the client's treatment and reported concerns. The client was contacted directly to discuss medication options and scheduled for a quick appointment for medication check.
- Received a written complaint from a client expressing their dissatisfaction with an employee's conduct during work hours. The Program Director met with the client to obtain additional information and a separate meeting was held with the Human Resource Director and the employee as part of the investigation. Although no ethical violations were substantiated, additional training and coaching was provided to the employee and documented.

Ineligibility Report 2025

In 2025 there were 9 potential clients who contacted Counseling Clinic but were considered ineligible. This was due to the potential client being under the age of 5 or requesting testing services not provided. CCI is obliged to treat consumers from Saline County, which is our catchment area. CCI's Intake Dept staff have a comprehensive list of all the statewide CMHCs and are able to refer potential clients to their local CMHC for assessment and counseling.

CCI Committees/Departments

Finance Department

The **financial position** of Counseling Clinic Inc. is sufficient with ample resources and assets to support this strategic plan and our workforce currently. Counseling Clinic Inc. has few liabilities at the time of this report. A Community Reintegration program for males ages 14–18 was launched in June 2025. Ongoing reviews of processes and procedures aim to improve client outcomes while also supporting positive financial results for CCI.

Fiscal year 2025 ended with a surplus of net income exceeding expectations of the projected budget. Our cash flow improved from operations.

In October 2025, the Arkansas Department of Human Services released proposed service rates changes in accordance with Act 1023 of 2025 for several Home and Community Based services. These changes are scheduled to go into effect in the Spring of 2025 and pose concern for program viability due to rate reduction.

Our external audit was performed and there were no findings.

HUMAN RESOURCES Report for 2025:

CCI continues to do our best to employ the most qualified personnel available and supply them with the necessary information, tools, and support towards the development of an effective workforce. A thorough verification of background and credentials is completed before employment is offered, including Adult Maltreatment, Child Maltreatment, and State Criminal Record Checks. The National Practitioner Data Bank, Medicaid List of Excluded Individuals/Entities (LEIE) and Excluded Parties List System (EPLS) are also utilized for proper screening for service providers. Our Human Resources plans and conducts new employee orientation, along with onboard training and development. Each employee has their own individualized job description developed prior to hire and reviewed annually at the time of job performance evaluations. These job descriptions are reviewed and updated at any time job duties change.

Our policies and procedures are regularly reviewed and updated as needed in order to meet and exceed industry standards. A revised Personnel Manual was developed and policies can be reviewed and signed by employees through our electronic HR system, Kronos. Our Policy and Procedures Manual, Leadership Manual, Health & Safety Manual, and our Clinical Manual are all still easily accessed through the organization's Z Drive. We continue to have hard copies available located in the Administration Department under the care of the Executive Assistant to the CEO for onsite review or check out. Our Management Team meets weekly for short-term planning and to stay current on any staffing needs. We continue to have regular Strategic Action Planning Sessions to focus on long-term planning with the Management Team. We are constantly looking for ways to expand our services and provide our community with any services needed.

At the end of 2025, we had a total of 110 full-time employees, defined as at least 32 hours per week. Of those, 74 are located at the Home Office in Benton and 36 at the Hot Springs office. Benton has a total of 12 contract positions and Hot Springs has 2. Benton has 3 part-time employees and 8 PRN staff. Hot Springs has 5 part-time employees and 3 PRN staff. There are 13 clients who may work a few hours a week from time to time providing maintenance, lawn services, janitorial services, clerical services, and help in the kitchen.

ADMINISTRATION:

- Full Time:** (1) Chief Executive Officer
(1) Executive Asst to CEO
(1) Human Resource Director
(1) Director of Quality Assurance & Compliance

OUTPATIENT PROGRAM:

- Full time:** (1) Director of Outpatient Service
(2) Licensed Practical Nurse
(1) Certified Alcohol and Drug Counselor
(9) Masters Level Mental Health Professionals

- Part time:** (1) Masters Level Mental Health Professionals

- Full time:** (1) Medical Director
(1) Advanced Practiced Nurse
(1) Ph.D. Forensic Psychologists

COMMUNITY SUPPORT PROGRAM/EMERGENCIES:

- Full Time:** (1) Program Coordinator
(1) Licensed Masters Level Mental Health Professional
(3) Qualified Behavioral Health Providers (QBHPs)
(1) Cook

- Full Time:** (1) Medical Director

24-7 Emergency Services:

- (3) After Hours Screeners; (3) are full time MHP's
There are also (2) Program Managers who are scheduled as backup.

YOUTH SERVICES PROGRAM:

- Full Time:** (1) Director of Youth Services
(4) Licensed Masters Level Mental Health Professionals

DYS AND CRI PROGRAM:

- Full Time:** (1) Director of Re-entry Services and DYS
(1) DYS/Cottages Office Coordinator
(19) Qualified Behavioral Health Providers (QBHPs)

(1) Licensed Masters Level Mental Health Professionals

Part Time: (2) Qualified Behavioral Health Providers (QBHPs)

PRN: (6) Qualified Behavioral Health Providers (QBHPs)

FINANCE/IT:

Full Time: (1) Chief Financial Officer

(1) Client Access/Clinical Records Supervisor

(1) Staff Accountant

(15) Support Staff

(1) Information Technology Analyst

(1) Systems Administrator

SECOND CHANCE RANCH:

Full Time: (1) Program Director

(2) Licensed Mental Health Professional

Contract: (2) Licensed Mental Health Professional

(5) Qualified Behavioral Health Providers (QBHPs)

TC PROGRAM-HOT SPRINGS OFFICE:

Full Time Staff:(1) Program Director

(1) Property Manager

(1) Kitchen Coordinator

(2) Support Staff

(1) Maintenance

(4) Licensed Mental Health Professionals

(2) RN

(23) QBHPs

(1) Mental Health Tech

(2) Cook

Part Time: (4) QBHPs

Contract: (1) Psychiatrists

(1) PMHNP

PRN: (1) QBHP

EXIT INTERVIEWS/TERMINATIONS:

We make every effort to take seriously any problems our staff might have throughout their employment and value their feedback when leaving our employment. We are constantly making efforts to ensure our staff's work experience is not only productive, but pleasant as well. We had a total of 30 employees, full-time, part-time, prn, and contract, leave employment with CCI in 2025. 20 staff left their employment at the Benton office; 2 completed an Exit Interview. They left for a variety of reasons including other employment, and relocation. Our Hot Springs office had 8 employees leave employment; 2 completed an Exit Interview. They also left for a variety of reasons including other employment and relocation. All Exit Interviews were reviewed by both the HR Manager and CEO for any negative trends that might need to be addressed. There were none found. The HR Manager and the CFO also review salaries every 2 years and if needed make recommendations to the CEO. We make every effort to make sure our salaries are in line with other CMHCs. These changes are made as funds are available and the market dictates.

COMMUNITY OUTREACH ACTIVITIES: In order to continue to decrease the stigma of mental illness, we encourage our staff to become involved in community activities. The clinic has maintained a long history of active participation in a large array of community activities. We also encourage staff involvement in their communities to promote their own mental health and wellness. The following is a list of activities in which we were involved.

Youth Oriented Activities:

- Angel Tree Program
- Teacher Appreciation
- Second Chance Ranch Fund Raising Banquet
- First Episode Psychosis Awareness
- Leadership Hot Springs Teens
- CASA Chili Cook Off

Adult and Senior Oriented Activities:

- Covid Booster Clinic
- Family and Friends Support Night
- Leadership Hot Springs Adults
- Guardian Angels Volunteer
- Flu Shot Clinic
- Annual Day of Sharing Family Event

CCI and Staff are active members of the following:

President of Rotary Club of Bryant

Bryant Kid's Closet Board of Directors

Treasure for the Christian Community Care Clinic

Hurricane Creek Federal Credit Union Supervisory Board

Board of Directors for Summit Community Care PASSE

AR Council for Behavioral Health Committee Members

STAFF DEVELOPMENT/CONTINUING EDUCATION:

CCI encourages professional educational development for all our staff with particular emphasis on those with licensure requirements. In August of 2025, clinicians were able to attend the 51st Annual Behavioral Health Institute, which was held in person in Hot Springs. To ensure employees have access to appropriate training and educational opportunities, all CCI employees are enrolled in Relias Learning, which is an online training program with over 1,200 courses covering aspects specific to intellectual and developmental disabilities and behavioral healthcare. By accessing the program, our employees have an opportunity to increase skillset, improve the quality of service, and CEUs. Additionally, the training program offers numerous courses for supervisors and managers. We continue to encourage our staff to attend many outside workshops that further their scope of practice and try to help with funding some of these and/or allowing time off as time and funds permit.

We have provided and periodically continue to provide onsite training opportunities which include but are not limited to the following:

- | | |
|--------------------------------------|---------------------------------|
| Fire Safety | CSSP Service Documentation |
| Rights of Persons Served | Corporate Compliance |
| Person and Family Centered Services | Therapeutic Communities |
| Childhood Development | Treatment Plans |
| Incident Reporting | Health & Safety Drills |
| De-escalation Techniques | Human Trafficking |
| Community Resources | Group Interaction |
| Crisis Intervention & Crisis Safety | NARCAN Training |
| Handle With Care | HIPPA & Artificial Intelligence |
| Medicaid Standards for Documentation | QBHP Certification Training |
| Credible EMR Training & Refreshers | IT & Security Training |

Risk Management

Risk Management is reviewed weekly at management meetings and at Strategic Action Planning meetings. A Risk Management Report is submitted at the end of the calendar year on all risk management issues with risk values assigned. The Executive Director and CFO are continually working directly with management to identify strategies per department for offsetting reduction in revenue by lowering overhead, providing additional services, and reducing expenditures.

- **HIPAA-** The Health Insurance Portability and Accountability Committee (HIPAA) was created in 2002 to address guidelines developed by the Health Insurance Portability and Accountability Act of 1996 which was enacted to ensure patient record privacy standards. Counseling Clinic, Inc. currently adheres to all HIPAA standards and guidelines. A monthly HIPAA audit report is run monthly for client charts and distributed to leadership and program managers. To reduce violation of confidentiality, staff also receive annual in-service training on HIPAA compliance.
- **Computer Security Team-** CCI's HIPAA Officer and IT Department are responsible for maintaining privacy and security of electronic medical record data. In 2025, the team met quarterly and submitted those minutes to the Quality Assurance Committee for review. An annual Security Risk Analysis was completed in 2025.

The Corporate Compliance Program, formally authorized by the Board of Directors, is responsible for preventing and detecting violations of the law pertaining to funding and ethical issues. The policy stipulates an assurance of no reprisal for employees who report concerns. A Corporate Compliance Officer is designated to conduct day-to-day oversight of legal and ethical compliance efforts. The process for accessing the Corporate Compliance Officer is clearly posted on the employee bulletin board. Staff receive in-service training at hire and annually on the Corporate Compliance Program. Our Corporate Compliance Officer completed monthly internal audit of activities throughout the year for but not limited to late entry of services, overlapping services, time of service/signature stamp, and adequate service documentation addressing concerns and errors with appropriate supervisors and staff. The Corporate Compliance Officer attends weekly management meetings, committee meetings, and has unimpeded access to the CEO and Board Members for close monitoring of the organization's day-to-day operations. A full review of CCI's annual Corporate Compliance Work Plan is available upon request.

Credible Forms Committee

The Forms Committee meets as needed to address changes, modifications, and/or additions to the electronic record. In 2025, the committee modified and updated forms as suggested by therapists or as result of changing requirements. Management requested Quality Compliance, IT and Billing staff created a new comprehensive Credible User Training manual to cover all the basic uses of Credible as well as detailed use of Clinical Forms. The team created the manual and conducted a 1-day refresher training course for program managers and supervisors to assist the trainers in new staff training.

Strategic Planning Committee

The senior management team meets weekly to address current issues of day-to-day business such as staff loads, quality of service, training needs, goal setting, and risk analysis. Twice a year, the CCI management team meets to develop, implement, and review the organization's Strategic Action Plan toward long-term planning and organizational needs. Recommendations are implemented with specific time frames. Tasks are assigned to specific individuals. In 2025, Strategic Action Plan meetings took place in May and November. Issues addressed were Therapeutic Communities, Property Updates, Staffing, Evaluating Grocery Pay for Group Homes, Outpatient/YS Future Goals & Accomplishments, Employee Recruitment, Employee Appreciation Initiatives, New Shift Differentials, FY Budget 2026, New CRI Program & Billing, Productivity, Clinical Coverage, CARF New Program Accreditation, Group Supervision Documentation in Credible, Community & Social Media Presence, Therapeutic Communities

Level 1, Interior Decorator for Benton Campus, FORP, Incentive Plan, Artificial Intelligence, Open Enrollment, and Analyzing Profitability & Viability of Possible TC1 and/or TC3.

Quality Assurance Report CCI

The Quality Assurance Committee convened for a total of four scheduled meetings (February, May, August, and November). The following are highlights from 2025 Quality Assurance meetings:

- No special meetings were called during 2025, and no exceptional reviews were conducted during regularly scheduled meetings.
- All Quality Assurance meetings included Program Directors/Supervisors, Compliance Officer, Consulting Psychiatrist, Crisis Services Coordinator, and Health Information Management Director. The HIM Director continued to complete the Level I audit with Program Directors/Supervisors completing Level II reviews for their respective programs prior to the meeting. These were turned in to the HIM Director and reviewed at the meeting by each director. Dr. Powell, Consulting Psychiatrist, reviewed the medical portion of each chart.
- The CRI Program began operation in June 2025. Quality reviews were implanted during the 3rd quarter meeting held August 6, 2025. Reviews were completed by Robert Bennett, CEO.
- To ensure all Emergency Services are being assessed and documented properly, the Crisis Services Coordinator prepared a report for each QA meeting. This report was presented by the Outpatient Director, and a copy is filed with the minutes from each meeting.
- Approximately 128 cases were reviewed during 2025 for regularly scheduled meetings. Level I and Level II results were presented at the meeting. A yearly total of 2303 TPR/MTP services were reported reviewed for 2025. All Program Directors/Supervisors reviewed 20 services per month and documented findings in Credible.
- Staff training regarding service documentation was provided by Krishna Watson, Compliance Officer. Training was provided to all CCI programs throughout the year.
- The committee was provided information regarding AFMC inspections, Medicaid and Medicare audits with results discussed throughout 2025.
- The CARF Accreditation Survey for CCI was conducted October 27, 2025 - October 29, 2025. CARF Surveyors presented no findings or recommendations concerning the Quality Assurance Committee and its practices.
- The minutes of the Computer and Security Team meeting continue to be incorporated into the QA minutes every quarter and are included in the minutes of each meeting.
- Compliance Officer, Krishna Watson, continually audited charts throughout the year for late entry, overlapping services, and documentation concerns, addressing findings with appropriate supervisors and staff.

Health and Safety Committee CCI Annual Review 2025

The Health and Safety Committee met as scheduled for both the Benton and Hot Springs campuses in 2025 to review issues which had emerged in the clinic and ensure resolution of these issues. Minutes of each meeting were documented and contained in the "Health & Safety Official Minutes" notebook kept by Chair of the Committees. An Incident and Accident Trend Analysis was completed for both locations in 2025 and can be found at the end of this report.

The Health and Safety trends for 2025 were the increased incidences of falls, client aggression, and medical emergencies. The falls seemed to be caused by human error and the client aggression/injury was a result of a new program launch in July 2025 where referrals demonstrate a higher acuity, resulting in increased occurrences of aggression. We experienced medical emergencies resulting in ambulances being called to transport clients from the programs. Medical emergencies occurring at the Benton and Hot Springs site could not have been predicted or prevented. Medical staff responded appropriately for initial assessment and contact

with local emergency responders. To address these trends, it was discussed with clients how to be careful and aware of their surroundings to help reduce/prevent falls. De-escalation training was provided to all direct service employees for the new CRI Program in Haskell.

- All Monthly and Quarterly Health and Safety Inspections on all properties were completed.
- All Monthly Health and Safety Emergency Drills were completed at each location.
- All Monthly Environmental Reports were completed at the Hot Springs location.
- All Annual and Semi-annual External Inspections done by paid outside vendors were completed.
- All Monthly Vehicle Inspections were completed. Thorough Quarterly Vehicle Inspections and documentation are in place.
- The annual site walk through was also completed and issues uncovered were resolved.
- CPR and First aid re-certifications are current and up to date.
- Medical staff documented review of Policies & Procedures on medication management.

Outcome Measurement System/Performance Improvement Analysis

The Outcome Measurement System monitors the quality of services provided by CCI by measuring effectiveness, efficiency, accessibility, and consumer satisfaction. CCI conducts nine types of Satisfaction Surveys: Outpatient Services, Crisis Intervention, Alcohol and Drug Program, Youth Services, Community Support Program, Referral Source, Post Discharge, Community Housing, and Employee Satisfaction Survey. Surveys are designed to give respondents an opportunity to rate services with anonymity. Comments and suggestions are encouraged. The findings of the outcome measurement system are used to assess program performance, identify community needs, identify barriers to accessibility, and provide program development direction.

Results of Surveys

Referral Source Survey CCI 2025

The Referral Source Survey was mailed in November 2025 to our list of community referral sources including physicians, law enforcement, schools, hospitals, court systems, and attorneys. A QR code was also made available as an electronic alternative. Surveys encouraged feedback from community referral sources on their level of satisfaction with services offered at CCI. Participants can score their satisfaction on overall quality of services, referral process, timeliness of CCI's response to questions/concerns, responsiveness to the needs of persons referred, and whether they would recommend CCI to others in the community. Unfortunately, we did not receive any surveys returned with feedback. This has been a reoccurring trend over the years, which is why we offered a QR code and email response option, rather than just the paper survey. The Self-Study Committee will further discuss barriers and new strategies for obtaining referral source feedback at the upcoming April meeting.

Employee Satisfaction Survey CCI 2025

Annually, surveys are distributed and made available to all CCI employees. The survey helps leadership understand how employees feel about their work experience so improvement can be made in various areas including engagement, performance, and workplace culture. During March of 2025, a total of 86 employees participated in the Employee Satisfaction Surveys. The results of the survey were reviewed by the Self Study Committee. There were noted trends of reported Communication and Attitudinal Barriers existing to greater employee satisfaction. Below are highlights from the employee surveys:

- 52.33% of employees strongly agreed that CCI does an excellent job of keeping employees informed about matters affecting them while 13.95% somewhat disagreed.

- 43.02% of employees strongly agreed that CCI employee benefits are excellent, while 3.49% strongly disagreed.
- 59.30% of employees strongly agreed that they get cooperation and support from others/peers, while 8.14% somewhat disagreed.
- 50% of employees strongly agreed that there are good opportunities for training and continuing education at CCI, while 32.56% somewhat agreed.
- 62.79% of employees strongly agreed that CCI has a good professional reputation while 9.30% were neutral.

Consumer Satisfaction Surveys are given twice a year to consumers in the Outpatient Clinic, twice a year to consumers in the Community Support Program, twice a year to Hot Springs CSSP consumers, twice a year to consumers in Youth Services, twice a year to consumers at Second Chance Ranch, upon discharge from the Alcohol and Drug Treatment Program, and as an ongoing survey with consumers of Crisis Intervention Services. Survey responses are reviewed by each department and collectively by the Self Study Committee to identify trends, barriers to access, and opportunities to make changes to improve services for consumers.

Outpatient and Youth Services Clinic Consumer Satisfaction Survey 2025

Surveys are administered to Outpatient and Youth Services Clinic consumers in April and October. Consumers responded to a questionnaire regarding their degree of satisfaction with services using a rating category of Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree, and N/A. In 2025, the Outpatient and Youth Services Program had a total of 187 consumers participate for the year, with 123 surveys in the Spring and 64 surveys in the Fall. Below are highlights from our 2025 Consumer Surveys:

Spring Highlights

- 70.73% of consumers strongly agreed with being satisfied with the ease of scheduling appointments while 2.44% strongly disagreed.
- 61.79% of consumers strongly agreed with being satisfied with the choice of therapist or case manager.
- 52.85% of consumers strongly agreed that their treatment plan was individualized and meeting their needs, while 9.76% were neutral.
- 40.65% of consumers strongly agreed with being satisfied with medication management while 13.01% were neutral. 4.88% strongly disagreed.

Fall Highlights

- 71.88% of consumers strongly agreed with being satisfied with ease of scheduling appointments while 7.81% strongly disagreed.
- 54.69% of consumers strongly agreed with being satisfied with medication management while 4.69% strongly disagreed.
- 62.50% of consumers strongly agreed with being satisfied with the comfort of our waiting rooms while 9.38% were neutral.
- 71.88% of consumers strongly agreed with being satisfied with the courtesy and helpfulness of staff while 6.25% were neutral.

Consumer Satisfaction Survey Community Support Program 2025:

40 total consumers responded to the survey in 2025, which is a slight increase from the previous year. Consumers responded to an electronic survey questionnaire placed on workstation computers in their day treatment area regarding their degree of satisfaction with services. Below are highlights from the 2025 Consumer Surveys for the Community Support Program located in Benton:

Spring Highlights (26 Survey Participants)

- 76.92% of consumers strongly agreed that the doctor listened to them, while 11.54% were neutral.
- 70.83% of consumers strongly agreed that their case manager helps with their problems, while 4.17% disagreed.
- 95% of consumers agreed that staff were respectful.
- Over 80% of consumers agreed that the Stride House program helps meet goals in life, while 19.23% were neutral.

Fall Highlights (14 Survey Participants)

- 92.86% of consumers strongly agreed that the doctor listened to them.
- Over 86% of consumers agreed that the nurse listens/assists with their needs.
- Over 86% of consumers agreed that their case manager helps with their problems, while 7.14% were neutral.
- 100% of consumers agreed that appointment times were convenient.

Crisis Intervention Survey 2025

Due to continued low participation with crisis intervention electronic surveys, we now offer a paper survey directly to consumers at the conclusion of their contact with our Crisis staff. A total of 14 respondents participated in the crisis service surveys in 2025. It remains difficult to illicit survey participation from all clients in crisis or those that are seen as follow-ups. All respondents selected “strongly agree” for all questions, indicating a high level of satisfaction with crisis services and hospital follow up services provided.

Second Chance Ranch Consumer Satisfaction Survey 2025

25 consumers responded to the Second Chance Ranch Satisfaction Survey in 2025. The survey consists of 11 questions for foster parents to get a level of satisfaction of services provided to all the youth/children in their home. Below are highlights from the 2025 consumer surveys:

- Over 85% of foster parents agreed that the doctor/APN listened and heard their concerns, while 7.14% were neutral.
- Over 92% of foster parents agreed that Individual Therapy was helpful for the children in their home.
- Over 90% of foster parents agreed that Clinical Staff were available when children were having problems at school, while 7.69% were neutral.
- Over 85% of foster parents reported that services received have helped to improve or stabilize their child’s emotions/behaviors since initial treatment started.

Alcohol and Drug Satisfaction Survey 2025

The Alcohol and Drug Satisfaction Survey is given at the completion of the treatment program. Consumers respond to 15 statements ranking services on a five-point scale and have an opportunity to comment on their experience with the program. This survey helps identify any existing barriers to access Alcohol and Drug treatment. We had less than 5 consumers participate in the Substance Abuse survey in 2025. Though all of the surveys reflected strong satisfaction in multiple areas, such a small number of respondents does indicate a valid measure of the entire Alcohol & Drug Program. While low survey participation has been a trend for this program, we continue to explore ways to increase feedback from consumers. This population of clients tends to be difficult to engage in treatment.

Hot Springs CSSP Consumer Satisfaction Survey 2025

The Hot Springs program performs consumer satisfaction surveys twice a year. 108 consumers completed surveys in 2025. Consumers responded to an electronic survey questionnaire placed on workstation computers

in their day treatment area regarding their degree of satisfaction with treatment and community housing services. Below are highlights from the 2025 Consumer Surveys for the Hot Springs Program:

Fall Highlights (58 Participants)

- 79.31% of consumers reported being overall satisfied with the program, while 5.17% were not. 15.52% of consumers reported being somewhat satisfied.
- 81% of consumers reported they would recommend the program to others who need services, while 12% reported they would not.
- 91% reported being satisfied with the home/room in which they live.
- 62% reported being satisfied with the meals served to them, while 15.52% reported they were not satisfied.

Self-Study Committee

The Self-Study Committee is charged with the responsibility of maintaining the integrity of the outcome measurement system and modifying the system as/when needed to reflect the needs of the organization. The Self Study Committee meets twice annually in April and in October to analyze and manage data collected in Credible reports, from satisfaction surveys, and from client and stakeholder feedback to determine opportunities for improvement and recognize our successes. The following are improvement plans/actions for 2025:

- The organization continues to receive only minimal feedback from Substance Abuse and Crisis Services when distributing satisfaction surveys. Questions were revised on the Crisis Service Survey to reflect more of a rating on how the client feels/how helpful the CCI employee after the crisis service has been completed.
- The clinic continues to experience issues with long waits and concerns with scheduling. Our plan remains to offer the walk-in clinic, 5 days per week, for new clients and those experiencing a crisis. Although the waiting times for appointments may be two weeks, clients are offered to be waitlisted, and many are seen sooner than their scheduled appointment. The clinic maintains a mental health professional who is on-call 24 hours daily to provide crisis services for those who need it.
- Credible User Refresher Training was provided to all Program Directors and Managers to address employee requests for additional training on Credible workflows, service documentation, etc. Program Directors/Supervisors will add specific program specific training material to training binders to make available to all employees in their departments.
- The Hot Springs Program Director plans to distribute food service survey for clients to gauge overall satisfaction with current food service/supplier as decisions are made about whether to maintain current contract.
- The Second Chance Youth Ranch Program plans to explore use of a QR code to capture survey feedback from foster parents during home visits to boost response rates.

Counseling Clinic Goals and Objectives

To establish yearly goals and objectives for CCI, input is encouraged from a variety of sources including persons served, the community at large, the Board of Directors, CCI committees, employees, and management

staff. The CCI management team meets twice a year to develop, implement, and review the Strategic Action Plan. Recommendations are implemented with specific time frames. The senior management team meets weekly to address ongoing issues such as staff loads, quality of service, training needs, goal setting, and risk analysis. Suggestions are collected through anonymous surveys, questionnaires, staff meetings, and management meetings. Core programs establish yearly measurable objectives. A system of outcome measures determines success in achieving these goals.

The following is a presentation of results for the goals established for 2025 and goals identified for 2026 to address trends and challenges in the behavioral healthcare environment:

2025 Results

Outpatient Clinic Objectives for 2025:

1. Maintain a 95% satisfaction rating on client surveys. **Not met.**
2. The Outpatient Department will achieve a yearly productivity goal of 100%. **Not met.**
3. Hire a therapist to replace a vacant position. **Met**
4. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction. **On-going**

Alcohol & Drug Treatment Objectives for 2025:

1. Meet quarterly with the local Juvenile Probation Officers to ensure good communication and follow-up on referrals. **Met- DYS function now**
2. Continue to provide substance abuse treatment for those referred to adult substance abuse group. **Met**
3. Work with DYS Director to ensure Juvenile SA Groups are conducted by a mental health professional. **Met**
4. Ensure substance abuse treatment providers receive CEU requirements to maintain their scope of practice. **Met**
5. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction. **On-going**

Youth Services Objectives for 2025

1. The Youth Services Program will achieve a yearly productivity goal of 100%. **Met**
2. Work with the DYS Director to ensure the DYS Therapist is trained and providing services to “at-risk” children and families and meets 100% yearly service requirements. **Not Achieved**
3. Monitor and ensure that school-based therapists provide services to children on their caseload who have been assigned to Fusion. **Met**
4. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction. **On-going**

Second Chance Ranch Objectives for 2025: Results

1. Will monitor outcome measures of Effectiveness, Accessibility, Efficiency and Consumer Satisfaction in order to help youth/children severed have decrease in behavioral issues and/or negative emotions. **Achieved**
2. Work with clinical staff in order to meet productivity goals in order to prevent behavioral disruptions and unplanned discharges. **Not Achieved**
3. Work alongside schools in order to help youth/children function in an effective manner with a decrease in disruptive behaviors. **Achieved**
4. Work with DCFS, referring agencies, and community resources in order to ensure effective and quality placements in foster homes. **Achieved**

Community Support Program for 2025: Results

1. Monitor outcome measures for effectiveness, efficiency, accessibility, and consumer satisfaction. **Achieved**
2. Increase and maintain an average daily census of 28. **Not Achieved**-19 average daily census
3. Increase member engagement and participation by implementing changes to program, offer new methods to improve members' physical and mental health, and increase member lead therapeutic activities. **Achieved**. Members are involved with planning and implementing all holiday activities. This is discussed during member council meetings. Computer basics class, Intro to Spanish, craft activities, and self-care groups all led by SH members.
4. Implement more community integration activities in the community once daily RDS rate is implemented. **Not Achieved**. RDS rates not implemented in 2025

Crisis Intervention Objectives for 2025

1. For those clients who have been identified as urgent, and are at risk of decompensating, will receive a medication evaluation or medication check appointment within 5 business days. **Met**
2. Ensure that staffing ratios meet client demand during business and after business hours and an on-call therapist is hired to replace a vacated position. **Met**
3. Monitor Crisis Services and ensure the coordinator reaches 100% service requirement yearly. **Not met**
4. Meet quarterly with emergency services personnel to discuss policies, procedures, and deficiencies. **Met**
5. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction. **On-going**

Hot Springs Program Objectives for 2025: Results

1. Monitor Outcome Measures of effectiveness, efficiency, accessibility, and consumer satisfaction and make needed program changes to address any identified areas. **Achieved**
2. Maintain census above 40 for Therapeutic Communities program. **Achieved**. Lowest census at 49
3. Staff will be trained annually in Handle with Care. **Not Achieved**. Refresher training not completed in 2025. Scheduled for April 2026. Staff were training in Non-Violent crisis intervention.
4. Provide community education by hosting Hot Springs Chamber of Commerce Leadership Adults and Teens. **Achieved**
5. Provide bi-annual opportunities for family involvement and training. **Achieved**
6. Complete flooring and room painting in all group homes. **Achieved**
7. Update furniture in community housing. **Achieved in group homes and ongoing.**

Finance Department Objectives for 2025: Results

1. Continue to implement process improvements through the clinic to maximize efficiency and financial results while providing excellent client care. **Achieved**
2. Continue to work with Program Directors and their staff to improve program viability and productivity measures. **Continued**
3. Work on process improvements with implementation of new DYS CRI Certification and services. **Achieved**

Business Function Objectives for 2025: Results

1. Will maintain monthly financial surplus. **Achieved.**
2. Annually contract with external financial auditor for review. **Achieved**
3. Will minimize risk by identification of potential risk and prevention tactics. **Achieved**
4. Will have less than 20 complaints/grievances. **Achieved**

Risk Management Objectives for 2025: Results

1. Continue to work with CSSP Program Director and applicable staff to ensure best program practices. **Achieved**
2. Provide onboard training on policy to all new employees and regular access for all employees. **Achieved**
3. The CEO and CFO will continue to attend program meetings to discuss best clinic practices, productivity expectations, and clinic activities. **Achieved**
4. Work with DYS CRI Program Director and staff to implement and ensure best program practices. **Achieved**
5. Will provide onboard and annual training to prevent violation of confidentiality and will use supervision to improve documentation of services. **Achieved**

Health and Safety Objectives 2025: Results

1. Will complete all drills according to timeline, completing an annual analysis and trend report of actual emergencies. **Achieved**
2. Will have annual walk through all departments to identify issues with physical plant. **Achieved**
3. Will create spreadsheets to analyze incidents and track trends. **Achieved**
4. Will review accessibility and identify issues. **Achieved**
5. Will ensure all annual, quarterly, and semi-annual inspections are completed in a timely manner. **Achieved**

Planning for 2026

Outpatient Clinic Objectives for 2026:

1. Maintain a 95% satisfaction rating on client surveys.
2. Achieve a yearly productivity goal of 100%.
3. Ensure ongoing documentation of progress by completing a random sample of 20 active outpatient records reflecting that 80% contain documentation of progress toward at least one identified goal within the most recent 90-day period.
4. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction on an ongoing basis.

Alcohol & Drug Treatment Objectives for 2026:

1. Train an additional therapist to provide substance abuse assessments.
2. Continue to provide substance abuse treatment for individuals referred to the adult substance abuse group.
3. Ensure substance abuse treatment providers receive required CEUs to maintain their scope of practice.
4. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction.

Youth Services Objectives for 2026

1. Achieve a yearly productivity goal of 100%.
2. Monitor and ensure that school-based therapists participate in yearly emergency response training.
3. By the end of Fiscal Year 2026, a random sample of 20 school-based service records will show that 95% include documented family sessions or attempts to schedule a family session with parents or guardians.
4. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction.

Second Chance Ranch Objectives for 2026:

1. Effectiveness: Continue with the objective of having less than 10% discharges to be unplanned or to a higher level of care.
2. Accessibility: This objective will change. New objective will be to have the Diagnostic Assessment to be completed within a week of the chart being opened.
3. Efficiency: This objective will remain. The objective will be for Second Chance Ranch combined productivity to be at 100%.
4. Consumer Satisfaction: This objective will remain the same. The objective will be to have a satisfaction percentage of 90% or above for the year.

Community Support Program for 2026:

1. Monitor outcome measures for effectiveness, efficiency, accessibility, and consumer satisfaction.
2. Increase and maintain an average daily census of 28.
3. Increase member engagement and participation by implementing changes to program, offer new methods to improve members' physical and mental health, and increase member lead therapeutic activities.
4. Implement more community integration activities in the community once daily RDS rate is implemented.

Crisis Intervention Objectives for 2026

1. Ensure that clients identified as urgent and at risk of decompensation receive a medication evaluation or medication check appointment within 5 business days.
2. By the end of Fiscal Year 2026, a random sample of 20 clients discharged from psychiatric stay or crisis services who wish to continue outpatient services, will show that 90% are scheduled for ongoing services within 7 days of initial contact.
3. Meet quarterly with emergency services personnel to discuss policies, procedures, and deficiencies.
4. Continue to measure effectiveness, efficiency, accessibility, and consumer satisfaction.

Hot Springs Program Objectives for 2026

1. Monitor Outcome Measures of effectiveness, efficiency, accessibility, and consumer satisfaction and make needed program changes to address any identified areas.
2. Maintain census above 50 for Therapeutic Communities program.
3. Staff will be trained annually in Handle with Care.
4. Provide community education by hosting Hot Springs Chamber of Commerce Leadership Adults and Teens.
5. Provide bi-annual opportunities for family involvement and training.

Community Housing Program Objectives for 2026

1. Monitor Outcome Measures of effectiveness, efficiency, accessibility, and consumer satisfaction and make needed program changes to address any identified areas.
2. Maintain census over 90% at all housing locations.
3. Update furniture at Oakhill.
4. Update bedding and bedroom art at Fairweather and Oakhill.

Community Reintegration Program Objectives for 2026

1. All staff will be trained annually on Handle with Care.
2. Maintain census at minimum of 90% capacity.
3. Ensure documentation is completed by end of shift daily for all staff.
4. Monitor Outcome Measure of Effectiveness, Efficiency, Accessibility, and Consumer Satisfaction.

DYS/CBP Objectives for 2026

1. Increase vocational services/supports in all three counties.
2. Maintain 95% satisfaction rating on client surveys.
3. Achieve 100% productivity rating for all CBP Aftercare Workers and QBHPs.
4. Monitor Outcome Measures of Effectiveness, Efficiency, Accessibility, and Consumer Satisfaction.

Finance Department Objectives for 2026:

1. Continue to work with Program Directors and their staff to improve program viability and productivity measures.
2. Keep AR within reasonable parameters to ensure adequate cash flow.

Business Function Objectives for 2026

1. Will maintain monthly financial surplus.
2. Annually contract with external financial auditor for review.
3. Will minimize risk by identification of potential risk and prevention tactics.
4. Will have less than 20 complaints/grievances.

Risk Management Objectives for 2026

1. Continue to work with all Program Directors and applicable staff to ensure best program practices.
2. Provide onboard training on policy to all new employees and regular access for all employees.
3. The CEO and CFO will continue to attend program meetings to discuss best clinic practices, productivity expectations, and clinical activities.
4. Will provide on-board and annual training to prevent violation of confidentiality and will use supervision to improve documentation of services.

Health and Safety Objectives 2026

1. Will complete all drills according to timeline, completing an annual analysis and trend report of actual emergencies.
2. Will have annual walk through all departments to identify issues with physical plant.
3. Will create spreadsheets to analyze incidents and track trends.
4. Will review accessibility and identify issues.
5. Will ensure all annual, quarterly, and semi-annual inspections are completed in a timely manner.

Summary

Counseling Clinic, Inc. is proud to provide professional counseling and therapy services to Central Arkansas and surrounding communities. We believe that people can and do recover from mental illness and addiction. Together, we focus on our clients' strengths. Through a global pandemic, funding cuts, and statewide clinician shortages, our organization chooses not to lose focus on its dedication to the behavioral healthcare needs of the community. This is accomplished through a team approach and active ongoing participation of the persons served with an overall goal to improve the quality of life of our clients. We are proud to have served the community for 50 years and will continue to strive for new and better methods of providing services.