

Strategic Plan 2026-2027

PUBLIC WEBSITE SUMMARY

Strengthening relationships and expanding access to quality, professional, specialized, and accessible care.

Plan period: July 1, 2026 to June 30, 2027. Progress reviewed quarterly and the plan reviewed at least annually.

A people-centered direction for 2026-2027

This public summary presents ARCC's strategic direction and measurable commitments for the year. It is designed for clients, families, personnel, school partners, referral sources, and community stakeholders. The full organizational plan also includes confidential operational, financial, workforce, and compliance information that is not published.

Our mission

At Arkansas Relationship Counseling Center, our mission is to strengthen relationships for those who choose to be entrusted to our care, regardless of cultural diversity, client obstacles, and client financial status, by empowering couples, families, and individuals through quality, professional, specialized, and accessible services.

How stakeholder input shaped this plan

- **Clients and families:** prioritized timely and affordable access, respectful and culturally responsive care, practical skills, clear information, family involvement, and continuity of services.
- **Personnel:** identified needs related to staffing, documentation workflows, training, role clarity, supervision, technology, and data support.
- **Schools and community partners:** emphasized responsive school-based support, reliable referrals, authorized coordination, behavioral-health education, and stronger partnership communication.

Our planning principles

People first. Access, service quality, communication, safety, and dignity remain central to decision-making. Goals are matched to available workforce and financial resources, and progress data may lead to updates before the annual review.

Strategic priorities: access, families, and workforce

1. Expand access and school-based services

Our commitment. Increase timely access to counseling while growing school-based services only when staffing, authorization, supervision, and safety supports are in place.

2026-2027 target. Increase the active school-based caseload by at least 20% over the validated June 30, 2026 baseline by June 30, 2027.

How we will measure progress. Active clients, referral-to-intake time, intake-to-first-service time, access within seven days, attendance, and retention.

2. Strengthen family engagement

Our commitment. Offer more opportunities for caregivers and families to participate when clinically appropriate, authorized, and consistent with the client's goals.

2026-2027 target. Provide at least 50 family-therapy sessions during the plan year and document a family-involvement opportunity at least quarterly for applicable active school-based cases.

How we will measure progress. Family-session volume, documented opportunities for involvement, barriers to participation, and caregiver feedback.

3. Build workforce capacity and language access

Our commitment. Recruit, develop, and retain qualified personnel while maintaining bilingual and interpreter support for the communities ARCC serves.

2026-2027 target. Maintain at least three Qualified Behavioral Health Provider positions, including bilingual capacity, and recruit the priority licensed school-based role by December 31, 2026, subject to financial feasibility.

How we will measure progress. Vacancies, time to fill, turnover, bilingual capacity, caseload-to-staff ratios, credentialing, and supervision compliance.

Strategic priorities: quality, stewardship, and technology

4. Improve quality, documentation, and outcomes

Our commitment. Use timely documentation, outcome measures, peer review, supervision, coaching, and performance data to support safe and effective care.

2026-2027 target. Achieve and sustain at least 95% completion of required clinical documentation within ARCC's established timeframe and implement an organization-wide monthly KPI dashboard by October 31, 2026.

How we will measure progress. Documentation and treatment-plan timeliness, outcome-measure completion, engagement, retention, no-show trends, and family-service volume.

5. Protect financial sustainability

Our commitment. Align hiring, technology, and program growth with service demand, reimbursement realities, cash needs, and the resources required to maintain quality care.

2026-2027 target. Reduce Medicaid claim denials to below 5% by December 31, 2026, complete monthly budget-to-actual review, and maintain a documented 12-month financial projection.

How we will measure progress. Denial and clean-claim rates, accounts receivable, collections, payer mix, revenue and expense variances, and operating sustainability.

6. Modernize technology and strengthen continuity

Our commitment. Select and implement technology that supports efficient services, useful reporting, privacy, security, accessibility, and reliable business continuity.

2026-2027 target. Complete a documented EHR and data-system decision by December 31, 2026, followed by phased implementation through June 30, 2027.

How we will measure progress. Implementation milestones, staff competency, reporting availability, downtime, privacy and security events, and backup and recovery testing.

Strategic priorities: whole-person support and accountability

7. Respond to barriers beyond the therapy room

Our commitment. Help clients connect with appropriate employment, education, transportation, healthcare, food, housing, benefits, and community resources when those needs affect treatment access or continuity.

2026-2027 target. Train relevant personnel by September 30, 2026, strengthen referral pathways, and begin monthly tracking of education, referrals, linkage, and service disruptions for affected clients.

How we will measure progress. Personnel training, needs identified, referrals made, successful connections, and patterns in service disruption.

8. Deepen partnerships, prevention, and specialty support

Our commitment. Continue collaboration related to schools, traumatic brain injury, youth relationships, bullying prevention, substance-use needs, anger management, family education, and crisis-resource awareness as needs and resources allow.

2026-2027 target. Conduct at least one community outreach activity and one family-engagement activity each quarter.

How we will measure progress. Events, attendance, referrals, partner feedback, group delivery, and connection to needed services.

9. Communicate clearly and remain accountable

Our commitment. Make relevant strategic priorities understandable and available to clients, families, personnel, and community partners while protecting confidential information.

2026-2027 target. Publish this public summary, review service information during intake, provide staff and partner updates, and revise the summary after material changes.

How we will measure progress. Website availability, intake-review checks, staff and partner distribution, stakeholder feedback, and documented updates.

How ARCC will measure, review, and share progress

A strategic plan matters only when it guides decisions and produces visible results. ARCC will use quarterly monitoring, annual review, and stakeholder feedback to determine what is working, where barriers remain, and what should change.

Quarterly review

- **Progress:** compare actual results with targets and identify the evidence that supports the result.
- **Impact:** review effects on clients, families, service access, service quality, and organizational functions.
- **Barriers and risks:** identify unintended effects, changing community needs, resource gaps, and corrective actions.

- **Ownership:** assign a responsible leader and completion date for each required action.

Annual and triggered review

At least annually, ARCC will review stakeholder input, progress toward each goal, workforce and financial assumptions, quality and risk information, technology needs, and changes in the regulatory or service environment. Leadership may revise the plan sooner when a major event affects access, safety, quality, staffing, finances, technology, or community need.

Public transparency

ARCC will share relevant progress with clients, families, personnel, schools, referral partners, and community stakeholders in formats appropriate to each audience. Confidential personnel, financial, payer, security, and competitive information will remain protected.

Your voice helps shape the plan. Clients, families, personnel, and community partners are encouraged to share feedback through ARCC's established survey, complaint, meeting, and communication channels.