

Christ Centered Homes, Inc.

Jackson/Hillsdale County Corporate Organizational Chart



*“Reflecting Highest Standards,
Improving All Services, Empowering
All Individuals.”*

Board of Directors

Reverend Ira Combs, Jr.
Anthony Raduazo
Gregory Crump
Vincent Adams
Dr. Jerry Wilborn
Richard C.
Philip Lower

Executive Director

Reverend Ira Combs, Jr.

Customer Advisory Council

Joanne Plato
Bill & Barbara Ross-(BR)
Howard & Marge Keller-(KK)
Sophia DelaCruz-(CD)
Virginia Kodelman-(S.W.)
Mr. & Mrs. James Madigan
Mrs. Jane Bird Mrs. Grant
Mr. Weiss Mrs. Tolley
Peggy Trotter John Behrman

Steering Committee

Reverend Ira Combs, Jr.

Lucinda Treadway Earnestine Clayton John Behrman Demetrice Lott Teresa Hamilton	Cheryl Howard Elizabeth Krebs Joann Plato Cherise Amos Mary Ahearn
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QI Support Team

Lucinda Treadway-Home Coordinator
Cheryl Howard-Home Manager
Mary Ahearn-Corporate Trainer
Elizabeth Krebs-QI Support
Earnestine Clayton-QI Support
John Behrman-Home Manager/ Safety Trainer
Joann Plato/QI Support/Home Manager

Quality Improvement Monitoring Team

Elizabeth Krebs	Earnestine Clayton	John Behrman	Joann Plato	Mary Ahearn
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Jackson/Hillsdale County Home Supervisors

Napoleon	Lansing	Spring Arbor	Brown	Second	Elm 1&2	Oakhill	Homecrest	CLS	West	Westwood	Mansion
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Mellisa Grant	Schronda Eubanks	Edna Wallace	Trina Davenport	Michael Soto	Dawn Johnson	Teresa Nealis	Rodney Reynolds	Christine Kent	Diana McAruther	Cheryl Howard	Barron Parker
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The Quality Improvement Monitoring Teams: Members of the monitoring-team are also home supervisors. Supervisors are allowed to monitor or conduct residential reviews, safety audits, fire drills, or master audits on the Facility/ home that they supervise. This means a monitor other than the supervisor is conducting the aforementioned inspection and testing the competency of staff. The Monitoring Work Team is found in the attachments/ Management Tools section of this Annual Report.

Facility	Total Consumers	# Dev. Disab.	# MI	Ambulatory	Non-Ambulatory	Gender Male	Gender Female	Race African-American	Race Latino	Race Caucasian
Wayne County										
Clippert	3	3		3		3		1		2
Dupage Blvd.	2	2		2		2		2		
Swan Harbour I	2	2			2		2			2
Swan Harbour II	2	2		2		2				2
Rocker	4	4		4		4		2		2
Calhoun County										
Grace	6	2	4	2	4	3	3			6
Jackson/Hillsdale County										
Brown	6	3	3	4	2	2	4			6
Napoleon	6	6		3	2	5	1	1		5
Lansing	5	5		5	1	5				5
Spring Arbor	5	5		5		3	2	1		4
Second Street	5	5		5		5		1		4
Homecrest Rd.	2	1	1	2		2				2
Oakhill	1		1	1			1			1
Elm	1		1	1			1	1		
Westwood	6	3	3	5	1	1	5			6
West	5	4	1	3	2	5				5
CLS Program	8	8		8		5	3			8
Lenawee County										
Forrister	6	6		5	1	4	2			6
Howell (Closed)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Marvin	5	5		4	1		5			5
Russell Road	5	5			5	2	3		1	4
Spielman Hgts.	6	6		6			6			6
Westhaven	6	6		2	4	2	4			6
Totals:	97	83	14	72	25	55	42	9	1	87

Quality Improvement Narrative Report by County
October 1, 2003 – September 30, 2004

Lenawee County

Due to fire evacuation concerns, the Lenawee County homes entered the new fiscal year, October 1, 2003, under a provisional contract from the Lenawee Community Mental Health Authority. A corporate monitoring team was assigned to address and rectify the identified problem areas as well as investigate any potential issues and implement solutions. After contracting with fire specialist consultants, Smits & Orlando, their recommendations have customized facilities based on the individual characteristics of the residents. Fire drills are conducted and an accurate representation is then submitted for review. A written evaluation as well as telephone conferences is provided in response. (See Attachments) Overall assessments of our programs led to basic alterations in other areas with the primary focus being staff and management training issues.

After achieving a level of success, evidenced by lifting of the provisional, certain programs began to show evidence of faltering. Monitoring was sporadic and staff felt unsupported. This was most apparent with the discrepancies at Marvin and Forrister between the internal Master Audits and the external Compliance Threshold Audits. A partial explanation is the length of time expiring between the two, which does not allow for accurate comparisons. Programs with strong competent managers did not experience these fluctuations. This situation perpetuated to the point where other secondary programs were forfeited. Administrative decisions were made to eliminate positions, to elevate persons of more accountability and to bring back a level of credibility to our facilities.

During the third (3rd) quarter we instituted a more direct line of communication to these programs. Management training and support have become more systematic. Staff training has become more systematic. After the initial home orientation each new employee must demonstrate their competency by achieving a 90% or higher average on an externally administered test/interview before they are considered a viable staff and can be scheduled. After a 90 day probationary period and then annually, each employee is required to take a proficiency test. Results of less than 90% require retesting. (See Attachments) Many of our processes have been more universalized and put on a schedule. Management now meets on a regular basis for the exchange of information. This allows for immediate feedback and analysis.

Compliance averages in fourth (4th) quarter remained consistent in most all facilities. The departure of long-term management at Russell Road resulted in a decrease in facility compliance. Specific training and quality improvement support was provided in response. While experiencing significant improvement in compliance averages, the Marvin drive facility closed out the year with percentages below the acceptable range of 80%. Management training as well as identified areas for improvement were provided to the staff.

Improvements have been made, and the general atmosphere is good. We are in the process of expanding our staff development as we recognize that it is the core of our success.

Wayne County

Wayne County homes have traditionally felt geographically isolated from our corporation. These facilities operate under a mental health authority with radically different requirements. This has created a disparity in correlating all standards. It has become increasingly difficult to translate this entire criterion. Managers often interpreted these in a more liberal fashion than a quality management person who possessed a more comprehensive base of knowledge. Recognizing this disparity, extensive training and support were provided to bridge this gap as evidenced by the close comparison of the third (3rd) quarter results.

Compliance averages for transitional facilities DuPage and Clippert increased dramatically, indicating a successful transfer of services to these new programs. Problems with the existing management at the Swan 2 facility resulted in lower compliance scores. The facility has a new manager and increased support from the Quality Improvement Monitor.

The master audit was revised to better reflect an accurate and comprehensive evaluation. All facility managers have been in-serviced on the accurate completion of this form.

Calhoun County

Grace home has benefited from consistency. Management has been long term. Staff retention has been among the highest in our corporation. The relationship between management and quality improvement has always been harmonious. This has fostered a work environment conducive to productivity. The internal Master Audit and external Compliance Threshold Audits are within acceptable compliance.

The home was struggling with medication errors at the beginning of the year. QI support and the Corporate Trainer worked with the manager in implementing medication procedures, training, and testing of the staff for competency. This has been successful.

Jackson County

Close proximity to our corporation with immediate access from support personnel has been a crucial factor to the success of these homes. The internal Master Audit and the external Compliance Threshold Audit reflect little discrepancies. The strong presence of the LifeWays system and the emphasis on self-determination reflect the current direction of mental health services. Christ Centered Homes, Inc. has responded with the opening of new facilities at Homecrest and Oakhill and the expansion of Elm Street. The fourth (4th) quarter compliance scores illustrate the success of these programs.

Recently concerns have been expressed regarding the fire evacuation processes at some facilities. Staff development as well as access to current written resources is in progress. Successful innovations from other counties are being modified to better serve these needs. Recognizing shortcomings in regards to the medication services, an annual re-certification process has been implemented. All employees must demonstrate competency in order to maintain med- passing privileges. This process also assigns a point system to each medication error. Any staff accumulating in excess of 5 points is mandated to attend medication review.

Systematic training for other identified areas of concern is under development. A regularly scheduled management meeting allows for administration and facility staff interaction and consistent implementation of quality improvement initiatives.

Hillsdale County

West Home has suffered from regular change of management. A person was put in position, not given adequate support and would ultimately fail. The staff had no definitive leadership or sense of direction. This scenario repeated itself, until the home was eventually put on a Provisional. The internal Master Audit would reflect great compliance. Each new manager had a vested interest to exhibit high percentages. Yet even with subsequent external audits showing discrepancy, no immediate effort was made to rectify the situation. Within the last few months, support personnel were replaced, new management has been trained and been given direct access to a support network. Regular and consistent training for the staff has been provided. Because of the success of Westwood Home, a sister-home program was instituted for support.

The success of these new programs is evidenced by the removal of the provisional. Acknowledgement of the staff both financially and emotionally has injected a new spirit. Both programs have recently transitioned residents to independent living programs.

The consistency of the compliance scores for at the West Home is indicative of the success of the quality improvement procedures instituted. Open communication and cooperation between the facilities has resulted in an increased level of awareness and subsequent support.