

Report on Indicators:

Residential Community Housing

1. Goal: Residents will participate in community volunteer activities annually and be offered weekly community inclusion activities (*per choice and as clinically appropriate).

Objective: Increase access and participation in the residents' greater community.

Performance Target: Two community volunteer activities annually and two weekly community inclusion activities.

Volunteerism Activities: (7) Residential programs (Belle River, Charmwood, Michigan, River Bend 1, River Bend 2, Simpson, and Wells) and administration participated in at least (2) community volunteerism activities.

- a. Volunteer activities include United Way Campaign, Blue Jeans for A Cause (Blue Water Community Food Depot), Change for a Change (Hunter Hospitality House, Safe Horizons and Blue Water Area Human Society), Blue Water Community Food Depot Paper Ornament Drive, Community Resource Fair, Lake Huron Medical Center Golf Outing for Peoples Clinic, Fishing Unlimited, Port Huron High School Victory Day, stuffed Easter eggs for a church, CSCB Community Resource Fair, Salvation Army Bell Ringing, collected supplies for Hunter Hospitality House, sponsor, supported the Arc flower and pie sales, sponsored MYOI Christmas giving for Foster Care children, organized a Fun & Fitness Day with community partners that included a Food Truck.

- b. Community Inclusion Activities: individuals from all residential programs participated in community inclusion activities. Examples of activities include but are not limited to:

Restaurant and shopping outings, sensory rides, bowling, No Limits Fishing, concerts in the park, Detroit Tiger Baseball games, Port Huron Rotary International Day Parade, Goodells County Park picnic, beach, 4-H Fair, movies, Valentine's Day Party, Halloween party, Christmas Party, Powwow, Detroit Zoo, hockey game, dances, library, Christmas Parade, sensory rides, Earth Fair, fireworks, Farmer's Market, etc.

Individuals are offered the opportunity to access their greater community a minimum of two times per week. Staff assist individuals in making choices by encouraging participation in daily/weekly planning meetings, providing opportunities for unscheduled outings, providing information on community events/activities, posting event calendars, etc. The Community Activity Committee coordinated several activities to create more opportunities for individuals and staff to connect with one another.

We held our annual picnic at the Goodells County Park for individuals served. The event was a huge success and included games, prizes, lunch, and Hippy Dippy Ice Cream.

The Agency partnered with Jim and Terry MacMillan to provide an Agency Christmas Party at Alexander's Banquet Center for individuals served. The festivities included music, dinner and a visit from Santa and his Elves.

2. Goal: Minimize number of medication errors

Objective: Prevent injury to residents resulting from medication errors

Performance Target: Zero Medication Errors

Medication error rate – A total of eight medication errors occurred over the past year: (4 errors the previous year). The types of errors are illustrated in the chart below. None of the errors had the potential for an adverse drug event.

Location and Type of Error

| Location | Missed med | Higher Dose | Wrong Time | Wrong Med/Wrong Person |
|--------------------------|------------|-------------|------------|------------------------|
| Charmwood | | | | |
| Belle River | | 1 | | |
| Michigan | 1 | | | |
| River Bend 1 a. | | | | 1 |
| River Bend 2 b. c. | 1 | 1 | 1 | |
| Simpson | | | 1 | |
| Wells | | | | |
| CISD | 1 | | | |
| Totals | 3 | 2 | 2 | 1 |

The Agency will continue to implement strategies to reduce incidents of medication errors by, but not limited to, the following:

- i. Supervisors monitor staff administering medication.
- ii. Supervisors administer medication once per week.
- iii. Supervisors complete a monthly check of manual clicking vs scanning the barcode of the medication container. Medication must be scanned for the QuickMar system to alert staff if a medication is not scheduled or has not been administered.
- iv. Initial introduction/training for medication administration completed by SCCCMH.
- v. Annual medication administration recertification completed by SCCCMH.
- vi. Initial introduction/training for use of the Quick Mar System by the Agency Program Educator.
- vii. Annual employee performance reviews include review of glucose testing and insulin injections if applicable.
- viii. Strong disciplinary guidelines imposed on staff that makes a medication error.
- ix. Quarterly Zero Medication Error Reward.
- x. Internal medication audits completed by the Program Educator.

St. Clair County Community Integration Services

3. Goal: Quality Service Delivery

Objective: Utilization Management Reviews

Performance Target: 90% compliance.

Overall survey accuracy: 97.4%. However, the area of Service Delivery was only 87.5%. Area of concern was mainly related to medication management (proper copies of prescriptions, accurate medication labels and medication records). A plan of correction, including further education of staff was developed and will be monitored to ensure continued compliance.

Prevention: Alcohol & Other Drugs/Addictions

4. Goal: 100% of consumers will be given the opportunity to complete a Pre- and Post-test at the beginning and following completion of Alcohol & Other Drugs/Addiction classes.

Objective: Pre- and Post-tests will help the Agency improve the quality of services and increase knowledge of the participants. Results may determine the need to modify how the material is communicated to increase retained knowledge.

Performance Indicator: Pre- and Post-test results will be collected and analyzed on a quarterly basis and reported to the Quality Improvement Committee.

Performance Target: On a scale of 1-5, 4+ consumers will report that services were helpful.

BDE – Basic Drug Education – Annual Results: 312 participants completed the program. Post-tests determined there was an average of 0.67% improvement in knowledge, attitude, and behavior. Participants reported the program was very helpful (4.75). 96% participants said they would use the information learned.

RSAT – Residential Substance Abuse Treatment (Jail/Huron House): 247 participants completed this program. Post-test determined there was an average of 0.84% improvement in knowledge, attitude, and behavior compared to pretests. Participants reported the class was helpful to very helpful (4.7). 95% participants said they would use the information learned.

Record Compliance (Utilization Review)

- a. Residential – The survey and data base were updated. Surveys were completed at Belle River, River Bend 1, Wells, Simpson, Charmwood and Michigan. Minor findings included ensuring Health Care Appraisal is filled out, guardian signature missing from IPOS, ensuring IPOS training is completed timely, completion of weekly supervisor medication counts, and missing copies of prescriptions. All items are being reviewed with the supervisor and corrected. It was noted the facilities were clean and tidy.

Unannounced reviews of resident allowance funds and petty cash were completed at each residential location. All funds balanced and were accounted for.

St. Clair County Community Mental Health conducted a contract compliance desk audit. We were 100% compliant in the areas reviewed.

- b. Prevention Services – Region 10 PIHP conducted a contract compliance audit. We were 94% compliant with all contract requirements. Areas needing a POC included ensuring the certificate of liability insurance is received by Region 10 and the annual COIA is completed accurately and timely.

Individual Focused Services

- a. Consumer Complaints - Substantiated Recipient Rights Violations (6)

Treatment Suited to Condition: 2 violations (Wells & Bethuy SLA)

Dignity and Respect: 2 violations (River Bend 2).

Neglect Class II – 2 violations (River Bend 2)

A plan of correction was developed to address each violation ranging from re-education/consultation to termination of employment. In addition, a representative from the office of recipient rights conducted site visits and re-training at staff meetings. Supervisors are

conducting unannounced visits two times per month and unannounced audits of resident allowance funds are completed each quarter by the Program Director/Administrators.

- b. Recognition/Staff Achievement – St. Clair County CMH selected the Simpson Road Team to receive the Rights Champion Team of the Year Award for their advocacy efforts. Staff were honored at the CMH Annual Awards breakfast in May. Ashley E. and SuAnn Mc. From River Bend 1 along with Tyanna H. from Wells were selected to receive individual CMH Rights Champion Awards for their teamwork and advocacy efforts. These staff were honored at a luncheon in July. The Michigan Road Group Home was selected to receive the 2024 CMH Professional Champion Award. This award honors those who work for an organization in our community and have provided exceptional support to individuals receiving CMH services. Staff were formally presented with this award during a dinner celebration at Alexander's Banquet Hall in October 2024.
- c. Satisfaction Survey Results – 56/66 consumer surveys were returned (10 were individuals who are non-verbal or unable to complete the survey). 96.% overall satisfaction with services. The lowest rating was question 3, Are you happy with the food available in the home, which is 92.2%. River Bend 2 had all the "no" answers to the food question with comments such as "less carbs and processed foods, more fish, fruit, and protein". And "Cook is always mean and cooks bad." That has been addressed with the Supervisors at River Bend. More comments about the food at River Bend 2, wanting more options, less of the same meals and healthier options. River Bend 2 will continue having menu meetings, offer healthy choices for snacks and meals. Suggestions for meal items such as fish and other healthy meats will be offered on the menu. Staff meetings with the kitchen to address any concerns will happen on a bi-monthly basis. Overall, very positive about the staff at the homes.

41 Guardian surveys were returned, 100% overall satisfaction. A lot of praise for staff at all the locations, using words such as amazing, wonderful, caring, and excellent. The homes were described as clean, organized, and well taken care of for the most part. There were a few comments about needing more communication and encouraging resident to be more active.

2 SLA/CLS out of 9 surveys were returned with 100% overall satisfaction and no comments were made.

Lots of positive comments were received from the surveys, i.e., staff are very helpful, great home with great staff, very happy with the support my client is getting, staff are caring and do a wonderful job.

Corporate Compliance Complaints: None reported.

Critical Incidents/Sentinel Events/Serious Accident or Illness: None reported.

Staff Training: Staff are now completing initial and annual recertifications for Medication Training at CMH. Medication training kits were updated to incorporate CMH training. QuickMar training is completed after staff complete CMH training. Drug Education training was updated to meet DOT requirements. CPR manikins were replaced. The new manikins use an app to provide feedback on chest compressions. A new Autism training segment was created for Wells and Michigan.

Business Goals

1. **Staff Recruitment/Retention:** The retention rates are as follows: October 97.3 %, November 98.2%, December 99%, January 99%, February 99%, March 97%, April 100%, May 97.3%, June 99%, July 97%, August 97%, September 97%.

2024 annualized retention rate is 98.01% (2023 – 97.78%; 2022 -95.67; 2021 -95.85%; 2020 - 95.93%)

The following strategies were implemented toward recruitment and retention of staff:

1. Referral and sign on bonuses.
2. Three bonuses (March, June, September).
3. .85 hourly wage increase to all staff.
4. Participated in the Assisted Living Wage and Benefit Survey.
5. \$200.00 Christmas gift card.
6. Starbucks gift card for Valentines Day.
7. Recognize milestone work anniversaries (\$25 for each year of service).
8. \$25 Birthday gift card.
9. Offer UKG Wallet as an early pay option.
10. Recognize employee milestone years of service and birthdays on the I.M.P.A.C.T. Facebook page.
11. Recruit ads were placed on billboards and played on radio stations.
12. In September we celebrated Direct Support Professional Week with food, camp chairs with the I.M.P.A.C.T. logo, gift basket drawings, bonus, and a Sam's Plus Membership. Recognized and thanked staff on a community billboard and the I.M.P.A.C.T. Facebook page.

2. **Prevention Services (Alcohol & Drug Education)**: Continue to identify, promote, and implement evidenced-based programs addressing drug and alcohol misuse/abuse

*Support and encourage local collaborative efforts to increase awareness

*Prevention staff participate in coalition groups

Coalition – Participated in the Michigan Coalition Workgroup subcommittee supporting the Prevention Network 2024 R.I.C.H. Coalition conference in July. The event was held at the Suburban Collection Showplace and included keynote and roundtable speakers. I.M.P.A.C.T. Prevention staff participated as a roundtable speaker. CEUs were also offered.

The Coalition Workgroup met monthly to develop their purpose, vision statement, mission, toolkit collection and leadership. The focus of this group is to be a resource at the state level for prevention-based coalitions, development of trainings and best practices in a centralized location for SUD, Gambling and Suicide coalition services.

Active participation with the CSCB (both Adolescent work group and SUPTR sub-committee)

MYOI (Michigan Youth Opportunities Initiative) – The MYOI program serves youth in St. Clair, Sanilac, Macomb, Oakland, and Wayne Counties. Prevention staff conducted 46 community presentations on topics including relationship development, substance use prevention, mental health coping strategies and life skills.

Teen School Programs – Anger management classes were held at Port Huron High School during the school's RED 52 classes. Prevention staff completed training on a new evidenced based curriculum for high school students called Too Good for Drugs/Violence. The training was held in Chicago. The new program will be implemented in the 2024-2025 school year at Port Huron High School.

Class materials were updated for Responsible Thinking (formerly Thinking Matters), Basic Drug Education and Anger Management to ensure evidenced based curriculum is presented.

In March, I.M.P.A.C.T. held a virtual Townhall event that was livestreamed on Facebook by Thumbcoast TV. The topic was *Working together to help protect St. Clair County youth from the dangers of vaping and nicotine use*. Funding for this project was provided by Region 10 PIHP.

A Fun and Fitness Day community event for families was held in June at the Cleveland Elementary School. Several community agencies participated including the Port Huron Police, Port Huron Fire, Health Department, local NAACP, Tri Hospital EMS, St. Clair County Community Mental Health, and Love on a Leash. We received funding from the Community Foundation to support this event.

NON-SYNAR/SYNAR – (Youth tobacco access) NON-SYNAR retailer compliance violation rate target is 20% or less. In St. Clair County, 60 retailers were checked. 21.6% (13 retailers) would have sold tobacco to the underage inspector. The goal was not met. The 10 SYNAR compliance checks were not completed because the underage inspector was not available. The SYNAR checks were completed by another county within Region 10.

Vendor Education – 124 total establishments were provided tobacco vendor education with training materials that included YTA signs, birthdate signs, and information on how to properly check ID's and deny service to underage buyers.

The Agency also provided alcohol vendor education to 24 establishments.

3. **IT:** VMware licensing was renewed allowing for 4 total physical servers instead of 3. Veeam backup server licensing was renewed and allows for 20 total servers to be backed up. The new IMDATA app is now in production. Both the firewalls at Admin and Riverbend have been replaced by two new FortiGate 90G Firewalls.
4. **Capital Improvement Plan:** The following projects were completed at River Bend: replacement of the entrance doors, installation of new porch lighting, repaired the grade around the building, landscaped both courtyards which included an ongoing maintenance program. Work also continued on the bedroom update project. An additional \$10,000 principal payment was paid on the River Bend land contract.

At administration, the kitchen was relocated to another area so the Military Street lobby could be updated for Prevention services. Carpeting was replaced in 5 offices.

At 4100 Bethuy the yard was fenced in to restrict access to the pond. A bedroom floor was replaced.