Continuous Quality Improvement Plan

FY 2018-19

Christian Children's Home of Ohio
Encompass Christian Counseling
Encourage Foster Care & Adoption
Thrive Trauma Recovery

Section One

Introduction

One young boy in need set in motion a ministry in Wooster, OH that has provided hope and healing to hundreds of children whose lives have been shattered by abuse, neglect and abandonment.

In March of 1969, a serene 175-acre farm in Wooster became known as the Christian Children's Home of Ohio (CCHO) when members of the independent Christian Churches/Churches of Christ movement learned of a boy with no safe place to call home. Initially licensed as a foster/group home serving three to five children at one time, CCHO now has five cottages on its campus that are home to as many as 38 at-risk kids at once, confused and broken children who just need to know that they are loved, they are valued and they are safe.

The first residential cottage was built in 1975 to serve 10-12 teenagers in addition to the married couple who worked as live-in house-parents. That same year, the original office building was built, a space that has since been remodeled multiple times to meet the ever increasing and changing needs of the administrative staff. Cottage #2 was built seven years later, Cottage #3 opened in 1983, the Kids Cottage was built in 1991 and Cottage #4 opened in 2003.

In 1992, New Beginnings Christian Counseling was introduced as an outpatient program to serve individuals and families in the area. In 1995, CCHO introduced Poplar Ridge Stables, an equine therapy program that not only teaches the children the importance of responsibility and care for the horses, but also provides a number of physical and emotional benefits for riders who suffer from ADD/ADHD, autism, cerebral palsy, Down syndrome, sight and speech disorders, and a number of other health diagnoses.

CCHO became licensed as an adoption agency in 1997; in 2006, the organization received COA accreditation; and in 2009, Intensive Residential Treatment Program and Certified Trauma Therapy began.

Since then, New Beginnings has been rebranded to Encompass Christian Counseling and the foster care and adoption has been branded as Encourage Foster Care and Adoption. With support from dozens of churches, community organizations and a host of caring individuals along with the hard work of more than 150 employees and oversight from our Board of Trustees, CCHO exists to help people experience their worth in Christ as a licensed Child Care Agency by the Ohio Department of Jobs and Family Services. We are grateful and humbled by the work God has done through CCHO, and we can't wait to see what He does over the next 50 years!

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Philosophy of CQI

CCHO's philosophy of on-going quality improvement is to promote, monitor, and   implement changes in accordance with the stated mission and values of the agency. The agency vision is "to be the partner of choice, providing services that transform lives, families, and communities." The values that are to guide the agency are: Relentless Commitment, Selfless and Kind.

The Board of Trustees and the professional staff of the Christian Children's Home of Ohio, Inc. (CCHO) recognize the need for an ongoing comprehensive plan for continuous performance and quality improvement (CQI). This plan is designed to assess and evaluate the quality and effectiveness of services, identify service gaps, monitor compliance with regulating standards, and utilize opportunities to improve program and service delivery. Through systemic evaluation of important aspects of client care, the Christian Children's Home of Ohio is committed to a plan that will assist the organization in monitoring and adjusting its ongoing operations.

It is the responsibility of the agency President/Chief Executive Officer (CEO) to support and oversee the general operation of the CQI plan. The CEO delegates the authority for coordination and implementation of the CQI plan to the Director of Continuous Quality Improvement (CQI). The Director of CQI is responsible for participating in the weekly Executive Leadership Team meeting and presenting agenda items that represent the quality improvement initiatives and concerns of the agency as appropriate. The Director of CQI is also responsible for providing direction to and supervising the activities of the quality improvement sub-committees.

CCHO seeks to grow and develop as a Christian, non-profit agency by offering more evidence based services while remaining sensitive to the needs of the communities in which we are located. Quality improvement is integrated into client care through involvement of clinical staff on peer and case review committees, supervisory attention to both direct service and documentation, and on-going education and certification in clinical areas of need and in trauma informed care.

Quality improvement for administration, resource development, strategic planning, and advancement is directly supervised by the CEO through a weekly leadership meeting. The CEO is responsible to the Board of Trustees which is organized as a governance board.

Quality improvement and accountability is incorporated into CCHO policies and procedures and is evaluated both internally and through accreditation bodies. At this time, CCHO is accredited by The Council on Accreditation (COA) and the Evangelical Council for Financial Accreditation (ECFA). CCHO is licensed by Ohio Department of Jobs and Family Services and Ohio Department of Mental Health and Addiction Services.

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Section Two - Stakeholder Involvement

CCHO relies upon stakeholder feedback and involvement for the CQI process. The following charts demonstrate how our stakeholders are able to provide feedback and data to the CQI process

See following 3 pages.

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Stakeholder Group: Clients

The clients of CCHO are the primary stakeholder group. They consist of residential clients, foster children, adoption children and mental health counseling consumers.

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Clients provide CCHO with satisfaction data from regularly scheduled ongoing surveys. They also provide outcome data through the use of each program's specific outcome measurement tool(s). Clients are also encouraged to provide feedback to their counselors, case managers and other workers.

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Clients receive information from CCHO through regular feedback from counselors and staff. They also have access to the Quarterly CQI Report which is posted on our website.

Stakeholder Group: Foster Homes

The foster homes at CCHO (Encourage) are a unique stakeholder group as they receive services as well as provide services to our foster children. We typically have around 30 foster homes.

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Foster parents complete an annual satisfaction survey. They also provide informal feedback to their case managers.

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Foster parents have access to our CQI Quarterly Report which is posted on our website.

Stakeholder Group: Community Members

Community members includes the general public as well as referral sources such as county children services departments.

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The community provides feedback through our websites that provides an opportunity to contact us and provide suggestions as well as through social media sites. We also get data through Referral Source Satisfaction Surveys.

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The community has access to all information that is posted on our websites, including the Annual Report, the CQI Quarterly Report and general information about the organization.

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Stakeholder Group: Funders

Funders refers to the State of Ohio Medicaid, private insurance providers, various counties who place children with us and donors.

Medicaid conducts an annual audit of our services as well as a random unannounced services review. The private insurance providers conduct random audits. The counties perform an annual "Agreed Upon Procedures" audit.

Funders have access to the CQI Quarterly reports and the Annual Report. If there is an issue identified in the audit, improvement plans are implemented and the funder receives a copy as well as the results. Donors receive a quarterly newsletter. Our Form 990 is publicly available. A IV-E Cost Report is sent to ODJFS.

Stakeholder Group: Board of Trustees

The Board of Trustees is a distinct group of community leaders which includes multiple disciplines that serve as a resource for the organization.

The Board of Trustees provides regular feedback to the organization through the President and CEO. They are actively involved in acting as a resource for major decisions.

The Board of Trustees receives regular reports from key members of the Executive Team on a monthly schedule. These include financial updates, an annual report as well as the Quarterly CQI Report.

Stakeholder Group: Executive Team

The Executive Team of the organization includes the following:

 President/CEO, Executive Vice-President, Director of Finance, Director of Human Resources, Director of Advancement and Marketing, Director of Children's Residential Center, Director of Regional Services and the Director of CQI.

The Executive Team meets weekly where they discuss needed areas of improvement and strengths. They also develop Improvement Plans for the organization, as appropriate. As with all employees, they also complete an annual survey.

The Executive Team receives results of improvement plans, results of surveys, results of client outcomes and CQI Quarterly Report.

Stakeholder Group: Director Level Staff

Although the Executive Team includes some key departmental directors, this group comprises of the next level of directors such as the Director of Facilities, IT Director, individual program directors and clinical directors.

Staff participate in an annual survey facilitated by "Best Christian Workplaces" and provide suggestions and feedback at a monthly "Cascading Messages" meeting. They also provide feedback on an ongoing basis to the Executive Team members they report to.

Director level staff receive regular feedback via a "dashboard" that reports their financial and programmatic performance. They also receive regular information and feedback at the monthly Cascading Messages meetings.

Stakeholder Group: General Agency Staff

General Agency Staff is comprised of all remaining staff including direct care staff, non-direct care program staff and administrative staff.

All staff participate in an annual survey facilitated by "Best Christian Workplaces". They are also given the opportunity to participate in CQI committees and also can contribute through an online improvement suggestion program.

Results of the annual BCW survey are shared with all staff. They are also given regular feedback of their respective dashboard information at regular departmental meetings.

Stakeholder Group: Volunteers

Volunteers at CCHO primarily work special events for the community or special work days through their local church. Some assist with a variety of administrative duties.

Volunteers participate in an annual survey about their experience in volunteering at CCHO.

All volunteers have access to the quarterly CQI report on the website. This report includes summaries of all data and information collected.

Section Three – CQI Infrastructure

In the early years, CCHO had originally assigned the CQI duties to someone who had additional duties as well and was centralized in the Children's Residential Center (CRC). In 2006, CCHO received its first accreditation with COA and this model continued through its first reaccreditation in 2010.

In 2012, a single individual was given the CQI duties without distractions of other duties and the CQI department has evolved dramatically since then to its current make up of a full time CQI Director, a part time Assistant Director, and a part time CQI Coordinator. The Director of CQI is also a member of the Executive Team.

CCHO now enjoys a robust CQI culture which includes individuals at all levels, is sustainable, and dynamic.

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Section Three- CQI Infrastructure (Continued

The CQI Infrastructure has the Director of CQI as the central organizing figure. The Director of CQI is primarily in charge of the following functions:

- Organize the CQI committee structure by recruiting and maintaining appropriate staff level involvement.

- Work with select members of the Executive Team to encourage involvement from the Board of Trustees.

- Analyze data received from all programs and surveys.

- Facilitate committee work.

- Produce and distribute the CQI Quarterly Report.

- Develop and maintain, with stakeholder involvement, the CQI Plan.

- Serve as the primary point of contact for the Council on Accreditation during active cycles and in between.

- HIPAA Compliance Officer

- HIPAA Privacy Officer

- CMS Corporate Compliance Officer

- Client Grievance Officer

- Acts as the official agency records custodian

- Oversees an overall agency-wide atmosphere of continuous quality improvement

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Section Three- CQI Infrastructure (Continued)

The CQI committee structure is designed to gain input and data from multiple stakeholder groups and levels within the agency. The CQI committees currently include the following:
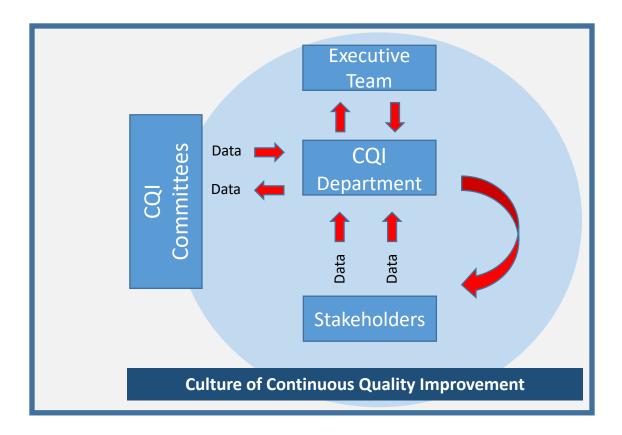
- Health and Safety Committee

- Peer & Case Review Committee

- Training Review Committee

- Steering Committee

- Utilization Review Committee

The CQI Committees generally meet on a monthly or quarterly basis. The main activities of the committees include the following:

- Review the data and create analysis summaries for the CQI department to identify trends, strengths and areas of concern.

- Review survey data from staff, clients, volunteers and other stakeholder groups.

- Review industry trends for possible new programs or improvements to current programs.

- Make recommendations to the Executive Team based on the information reviewed.

- Review health and safety related issues to identify possible areas for improvement.

- Review training needs and establish the training calendar.

- Review client files for compliance to established standards and regulations.

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Section Three – CQI Infrastructure (Continued)

Below is a chart that demonstrates the flow of information within the infrastructure of the Continuous Quality Improvement Program.

Executive Team

CQI Committees

Data

Data

CQI Department

Data

Data

Stakeholders

Culture of Continuous Quality Improvement

Data is received from the stakeholders. The data flows from the stakeholders to the CQI Department. Members of the CQI Department reviews and summarizes the data so it can be presented to the Executive Team and the CQI Committees so that trends, strengths and challenges can be identified. Some of the data may be reported back to the stakeholder groups in the form of the CQI Quarterly Report. If a challenge is identified, the CQI Department works with the appropriate manager or department to develop an improvement plan. The improvement plan and data will be provided to the Executive Team for discussion and review.   With the Executive Team's approval, information will be reported back out to the stakeholders in a form that makes sense and is appropriate for the intended audience.
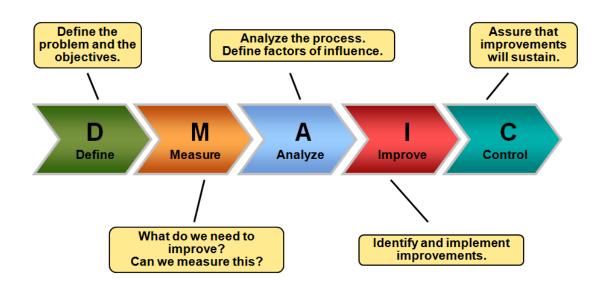
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Section Four – Change Model

"A project is a problem scheduled for solution."

-Joseph M. Juran

When data indicates that a change is needed, CCHO utilizes a Six Sigma DMAIC roadmap, as presented below.

DMAIC Roadmap

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Section Four – Change Model - Continued

This model is flexible enough to adapt to a multitude of situations and contexts. For larger projects, a Project Charter is beneficial as it creates a formal agreement of project scope, metrics, goals, schedule and team members. For smaller projects, although many of the same aspects are identified and followed, the need for a formal "charter" is not needed.

Define
During this phase of the DMAIC roadmap, our focus is defining what the scope and boundaries of the project will be. We define what the "defects" are, create a Project Charter for larger projects, estimate the financial impact and seek leadership approval.

Main Activities
- Gather data to quantify and support business opportunity
- Identify Stakeholders
- Identify team members
- Clarify project scope
- Identify expectations
- Develop team guidelines & ground rules
- Define project Y's

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Section Four – Change Model Continued

Measure

The measurement phase of the DMAIC roadmap asks the question, "How are we doing?" It "measures" our processes so that we are able to move into the next phase.

Main Activities

- Map processes with measurable inputs and outputs
- Develop operational definition & measurement plan
- Plot and analyze initial data
- Cause and Effect Matrix
- Collect other baseline data
- Begin Failure Modes & Effects Analysis

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Section Four – Change Model - Continued

Analyze

In the Analyze phase of Six Sigma, we seek to answer the question, "What is wrong?" We determine major sources of variation and potential failure modes that lead to client dissatisfaction. We also identify and validate the root causes.

Main Activities

- Stratify Process
- Stratify Data and Identify Specific Problem
- Identify Root Causes
- Validate Root Causes
- Comparative Analysis
- Hypothesis Testing
- Design of Experiments

Improve

In this phase is where we identify, evaluate and select the right improvement solutions. We want to ask the question, "What needs to be done?"

Main Activities

- Generate Solution Ideas
- Determine Solution Impacts: Benefits
- Evaluate and Select Solutions
- Develop Process Maps & High Level Plan
- Communicate Solutions to all Stakeholders
- Develop Pilot Plan & Pilot Solution

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Section Four- Change Model Continued

Control

Finally, in the control phase we implement our control plan and verify the long term capability thus continually improving the process. We ask the question, "How do we guarantee performance?"

Main Activities

- Determine if additional solutions are necessary to achieve the goal.

- Identify and develop replication & standardization opportunities.

- Integrate and manage solutions into the daily work processes.

- Integrate lessons learned.

- Identify Next Steps & plans for remaining opportunities.

See the next section for more detailed information on Improvement Plans.

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Section Five – Improvement Plans

Improvement plans play an integral role in CCHO's Continuous Quality Improvement Plan. At the core of this process are our Thematic Goals. Several years ago, our agency began a concerted effort to bring a culture of leadership development to CCHO. One of the authors who quickly became very influential to the executive team was Patrick Lencioni. Patrick Lencioni is not a fan of long term strategic plans stating that many are completed, put on a shelf, and never referenced again.

The focus therefore, is on the Thematic Goals which are 3-12 months in duration and reflect immediate priorities identified by the Executive Team which they deem as vital for the agency to meet its purpose and mission. (Some agencies refer to these as annual plans.) Thematic Goals typically require interdepartmental cooperation and engagement as they are larger in nature. A thematic goal is…

- Singular. One thing has to be the most important.

- Qualitative. Specific numbers and measures will come later. Doing so too early can too narrowly prescribe what needs to be achieved.

- Temporary. It is achievable within a clear time boundary. Less than 3 months and it feels like a fire drill; too long and procrastination and skepticism tend to set in.

- Shared across the leadership team. "When executives agree on their top priority, they must take collective responsibility for achieving it, even if it seems that the nature of the goal falls within one or two of the executives' regular areas of ownership." *The Advantage, p. 121-22*

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Section Five- Improvement Plans Continued

All departments are then expected to have their own annual departmental goals which compliment the Thematic Goal. These departmental goals are Proactive Improvement Plans and each department is expected to always have one in place in an effort to continuously improve.

The second type of improvement plans are Corrective Action Plans. These plans are implemented when there has been an issue, audit result, or incident and action must be taken to address the problem. Proactive Improvement Plans then are preferred.

Regardless of whether the improvement plan is proactive or corrective in nature, the following are some guidelines that all are to follow:

- The improvement plan must address an area of opportunity that is not simply part of the program's or department's normal expectations. It should reflect an improvement that is not currently outlined in program expectations.

- There should be a clear and defined beginning and end.

- The improvement plan must be measurable.

- Improvement plans cannot be plans of maintenance but improvement.

- Improvement plans of any type can be developed at any time as needed. A copy must be provided to the Director of CQI for tracking and monitoring.

Section Six – Areas of Measurement

For each program at CCHO, there are four types of indicators that are collected: outputs, outcomes, quality indicators and administrative review.

Typically, outputs look at the productivity of a program or department. It provides an indication of how much service is provided. Outcomes focus on whether or not the services provided actually created the change that was targeted.

Along with the indicators for program performance, CCHO also measures the quality of services. A peer and case review of current open and closed cases is conducted each quarter to ensure that the quality of work meets expectations, necessary components are included and clients are receiving services in an ethical and appropriate manner. Results of reviews are included in the CQI Quarterly Report.

The administrative review is a review of processes for each department or program. During the process review, members of the CQI department along with the appropriate director/manager review data from the previous year and improvement plans. At minimum, at least one improvement plan (departmental goal) should be in place each year to improve an aspect of the department/service.

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Program/Operation: Outpatient Counseling

Outputs

Items Measured
Hours of therapy, hours of CPST, total # clients served, # of new clients, # of returning clients, % of NCNS.

Details
The outputs are measured on a monthly basis. These outputs are measured by each region.

Documentation
A monthly report or dashboard is an aggregate of the regional reports and reflects the total for the Outpatient Counseling Department.

Outcomes

Items Measured
Problem severity, functioning and achievement of treatment goals.

Details
Problem severity and functioning are measured on the Ohio Scales. Achievement of treatment goals are tracked within our EHR.

Documentation
The Ohio Scales outcomes are aggregated quarterly and reported in the CQI Quarterly Report.

Quality

Items Measured
Random Peer Reviews, case presentations, client satisfaction surveys and audits by funders.

Details
Performance on the Peer Review is measured each quarter. Client satisfaction data is measured using a self-administered Client Satisfaction Survey developed by CCHO. Funders conduct audits of client files and financial records.

Documentation
Peer review and client satisfaction survey results are reported in the CQI Quarterly Report along with select narrative feedback.

Admin

Items Measured
Internal reviews, departmental goals reviews and improvement plan reviews.

Details
Every year, the Director of CQI along with the Director of Regional Services, Program Directors and Clinical Directors review the processes of the program to ensure they are effective. New departmental goals are developed to improve current processes.

Documentation
Meeting minutes and written departmental goals/improvement plans provide documentation of this assessment occurring.

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Program/Operation: Foster Care & Adoption

Outputs

Items Measured
Hours of therapy, hours of CPST, # of new clients, total # clients, # of new foster homes and total # foster homes.

Details
The outputs are measured on a monthly basis.

Documentation
A monthly report or dashboard is provided to the Executive Team.

Outcomes

Items Measured
Problem severity, functioning and achievement of treatment goals.

Details
Problem severity and functioning are measured on the Ohio Scales. Achievement of treatment goals are tracked within our EHR.

Documentation
The Ohio Scales outcomes are aggregated quarterly and reported in the CQI Quarterly Report.

Quality

Items Measured
Random Peer Reviews, case presentations, client satisfaction surveys (completed by foster parents)and audits by funders.

Details
Performance on the Peer Review is measured each quarter. Client satisfaction data is measured using a self-administered Client Satisfaction Survey developed by CCHO. Funders conduct audits of client files and financial records.

Documentation
Peer review and client satisfaction survey results are reported in the CQI Quarterly Report along with select narrative feedback.

Admin

Items Measured
Internal reviews, departmental goals reviews and improvement plan reviews.

Details
Every year, the Director of CQI along with the Director of Regional Services and the Director of FCA review the processes of the program to ensure they are effective. New departmental goals are developed to improve current processes.

Documentation
Meeting minutes and written departmental goals/improvement plans provide documentation of this assessment occurring.

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Program/Operation: Home Based Therapy

Outputs

Items Measured
Hours of therapy, hours of CPST, total # clients served, # of new clients, #of returning clients, % of NCNS.

Details
The outputs are measured on a monthly basis. These outputs are measured by each region.

Documentation
A monthly report or dashboard is an aggregate of the regional reports and reflects the total for the Outpatient Counseling Department.

Outcomes

Items Measured
Problem severity, functioning and achievement of treatment goals.

Details
Problem severity and functioning are measured on the Ohio Scales. Achievement of treatment goals are tracked within our EHR.

Documentation
The Ohio Scales outcomes are aggregated quarterly and reported in the CQI Quarterly Report.

Quality

Items Measured
Random Peer Reviews, case presentations, client satisfaction surveys and audits by funders.

Details
Performance on the Peer Review is measured each quarter. Client satisfaction data is measured using a self-administered Client Satisfaction Survey developed by CCHO. Funders conduct audits of client files and financial records.

Documentation
Peer review and client satisfaction survey results are reported in the CQI Quarterly Report along with select narrative feedback.

Admin

Items Measured
Internal reviews, departmental goals reviews and improvement plan reviews.

Details
Every year, the Director of CQI along with the Director of Regional Services, Program Directors and Clinical Directors review the processes of the program to ensure they are effective. New departmental goals are developed to improve current processes.

Documentation
Meeting minutes and written departmental goals/improvement plans provide documentation of this assessment occurring.

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Program/Operation: Residential Center

Outputs

Items Measured
Number of hrs:
NRI; Ind. Therapy;
Group Therapy.

Details
Outputs are measured on a weekly basis.

Documentation
Weekly KPIs are reported to the Executive Team. They are also in the CQI Quarterly Report.

Outcomes

Items Measured
Ohio Scales
PTSD Scales
APATA
% of children moved to more, equal or less restrictive settings.

Details
Problem severity and functioning are measured on the Ohio Scales. Reactions to PTSD criteria are measured on the TLC PTSD Scale. Attachment potential are measured on the APATA. Movement to an equal or less restrictive setting reflects effectiveness of the program.

Documentation
All data is aggregated quarterly and reported in the CQI Quarterly Report.

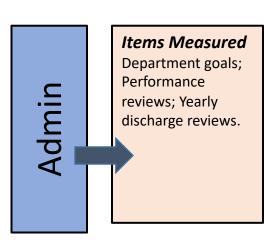### Quality

Items Measured
Peer review;
Clinical Coordinator review;
COA/ODJFS audits

Details
Peer reviews quarterly; clinical coordinator reviews upon intake, quarterly and upon discharge; periodic audits by COA/ODJFS.

Documentation
Peer reviews are reported in the CQI Quarterly Report. Clinical coordinator reviews are documented in files. Audits are documented by certification and accreditation.

Admin

Items Measured
Department goals;
Performance reviews; Yearly discharge reviews.

Details
Department goals are established annually; reviews are conducted periodically.

Documentation
Departmental goals are documented in the CQI report while reviews are documented in supervision notes.

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Program/Operation: Equine Therapy

Outputs

Items Measured
Hours of group and individual therapy; number of NCNS; number of injuries.

Details
Outputs are measured on a monthly basis.

Documentation
A monthly report or dashboard is presented to the executive team.

Outcomes

Items Measured
- Ohio Outcomes Scales
- Bio-feedback

Details
Bio-feedback sessions should demonstrate an improved high coherence ratio and reported monthly in a dashboard; Ohio Scales are reported quarterly.

Documentation
Dashboard reported to executive team monthly and Ohio Scales outcomes reflected in the CQI Quarterly Report.

Quality

Items Measured
- Peer Review
- Client Satisfaction Surveys
- ODJFS File Reviews
- Internal safety inspection of equipment
- EAP Trauma Therapy Certified

Details
Peer review is conducted quarterly; ODJFS review is conducted bi-annually; Satisfaction surveys are conducted annually; equipment inspections are conducted monthly; EAP Certification is maintained.

Documentation
Peer reviews and satisfaction surveys are included in the CQI Quarterly Report. Equipment inspections are kept in a Safety Log maintained by Director. EAP certificate is on file.

Admin

Items Measured
- Internal review of cost/productivity
- Departmental goals review
- Improvement plans review

Details
Fiscal review with Director of Finance; departmental goals reviewed annually; improvement plans reviewed periodically.

Documentation
Departmental goals are documented in the CQI Quarterly Report. Corrective Action Plans are reviewed and presented to the executive team quarterly.

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Program/Operation: Administration

Outputs

Items Measured
Average number of days of cash on hand, average staff turnover and actual compared to budget.

Details
The average number of days of cash on hand is measured on a monthly basis as well as the actual spending/revenue versus the budget. Staff turnover and retention are measured on an annual basis.

Documentation
Weekly KPIs are reported to the Executive Team.

Outcomes

Items Measured
Sustainability of the agency in the community.

Details
While specific outcomes for the organization are not present, the overall outcome is for the agency to remain a strong source of support for those in need in the communities served.

Documentation
An annual report is published reflecting the overall health of the agency.
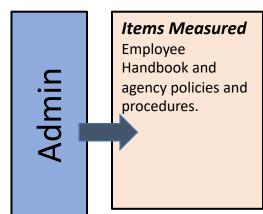
Quality

Items Measured
Compliance with ODJFS regulations, ECFA standards and COA standards.

Details
CCHO undergoes an ECFA accreditation every year, an ODJFS recertification every two years and a COA reaccreditation every four years.

Documentation
An ECFA certificate, ODJFS certificate and a COA accreditation certificate serve as documentation.

Admin

Items Measured
Employee Handbook and agency policies and procedures.

Details
The Employee Handbook and all policies and procedures are housed in Microsoft SharePoint. The CQI department has these on a regular schedule to be reviewed by the appropriate staff.

Documentation
"Reviewed Date" and "Revised Date" on each document as well as internal SharePoint logging serve as documentation.

Contact Us

If you suspect fraud, waste, or abuse, you must report it to CCHO's Compliance Officer. The Compliance Officer is the Director of Continuous Quality Improvement. The Compliance Officer chairs the Compliance Committee which is charged with the authority and responsibility of operating and monitoring the compliance program. The compliance committee has in place internal monitoring and auditing procedures to monitor compliance and assist in the reduction of identified problem areas.

To report suspected fraud, waste, or abuse, or to ask questions about CCHO's Fraud, Waste, & Abuse Program, you can contact the Compliance Officer in any of the following ways:

- Phone: 1-330-345-7949, ext. 2374

- E-Mail: CQI@ccho.org

- Mail: Christian Children's Home of Ohio, c/o CQI Department

        2685 Armstrong Rd., Wooster, Ohio 44691

You may also use the above contacts for the following:

If you are a client and wish to file a grievance against any representative of CCHO or its family of ministries;

Or

If you would like to report a possible HIPAA privacy violation;

Or

Simply have a suggestion on how we can improve how we serve others.

I look forward to hearing from you,

John H. Smith, MACC, LPC

Director of Continuous Quality Improvement