

## Cornerstone AFC Outcomes Report 2024

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### Introduction

At Cornerstone AFC, we recognize that true organizational excellence requires not only the delivery of high-quality services but also a culture of accountability, transparency, and continuous learning. Guided by our mission, vision, and values, the Outcomes Report serves as both a reflection of our work in 2024 and a structured review of our organizational performance.

Aligned with **CARF's ASPIRE standards**—particularly Section **1.M: Performance Measurement and Management** and Section **1.N: Performance Improvement**—this report represents our ongoing commitment to monitoring measurable outcomes across multiple domains, analyzing those outcomes for relevance and impact, and using data-driven strategies to implement meaningful improvements in services, staff satisfaction, and organizational health.

The Outcomes Report is not intended to be a static record, but rather a **dynamic feedback tool** that promotes quality through systematic evaluation. Cornerstone has embraced a culture where results are reviewed, corrective actions are implemented, and progress is measured against clearly defined performance indicators.

The year 2024 was particularly notable as a period of **rebuilding and stabilization** following the lingering impacts of the COVID-19 pandemic and funding stagnation from contracting bodies. Despite these challenges, the organization experienced marked progress in infrastructure, workforce stability, and person-centered care delivery.

### 2024 Organizational Highlights

- **External Validation:** Cornerstone achieved significant rebounds in external reviews, confirming compliance and quality of service delivery.
- **Governance Strengthening:** Formation of a Board of Advisors to provide oversight, guidance, and accountability.
- **Financial Controls:** Hiring of an interim CFO and implementation of location-based budgeting and expense oversight.
- **Communication Infrastructure:** Expansion of communication systems through apps and enhanced staff engagement strategies.

- **Facility Maintenance:** Completion of deferred maintenance from the pandemic period, restoring environments to high standards.
- **Workforce Stability:** Recruitment and retention strategies led to more consistent staffing levels, reducing turnover and overtime burden.
- **Employee Benefits Expansion:** Introduction of retirement plans, improved health and mental health coverage, and increased base pay rates.
- **Staff Recognition & Engagement:** Implementation of staff appreciation activities and the development of merit-based raises.
- **Program Expansion:** Opening of two additional sites, including a semi-independent living program and a specialized residential home.
- **Compliance and Policy Strengthening:** Engagement of legal experts in labor law and licensing to refine policies, reducing organizational risk.
- **Community Engagement:** Membership in the local Chamber of Commerce to expand partnerships and visibility.

While these achievements demonstrate resilience and growth, challenges remain—particularly in **funding limitations** and the sustainability of wage structures within the current fiscal environment.

## Goal Performance 2024

Strategic Plan Goals (Aligned with CARF 1.M: Measuring Organizational Performance)

### Goal 1: Achieve CARF Accreditation for Community Housing in One Additional Entity by February 2025

- **Results:** This goal was not achieved due to fiscal barriers resulting from stagnant funding in 2023 and 2024. While accreditation remains a top priority, financial realities limited our ability to expand accreditation efforts.
- **Next Steps:** Goal carried forward to 2025 with renewed focus on identifying cost-saving measures that can reallocate resources toward accreditation readiness.

### Goal 2: Expand Contracting Agencies by Two

- **Results:** Goal achieved through contracts with Integrated Services of Kalamazoo and PACT. These partnerships broaden access and align with CARF's emphasis on increasing service access and community integration.

### **Goal 3: Ensure Referrals are Completed Within One Week of Receipt**

- **Results:** Goal partially achieved at 72.5% completion. Delays stemmed from new liaison team training needs. While short of the 100% target, the trend indicates improving capacity and staff readiness.
- **Corrective Action:** Additional training and process refinement scheduled for 2025 to ensure more timely admissions.

### **Goal 4: Improve Staff Performance and Feedback (Target: 100% satisfaction)**

- **Results:** Participation rose significantly (14 respondents in 2023 → 40 in 2024). Positive feedback increased from 40% to 57%.
- **Analysis:** While short of target, improvements indicate growing staff trust and willingness to engage.

*(Expanded Corrective Action Plan for Employee Surveys attached in Appendix A — aligning with CARF 1.N by translating staff feedback into targeted quality improvement initiatives.)*

### **Goal 5: Cross-Training for CEO Position (Succession Planning)**

- **Results:** Goal achieved. The addition of an interim CFO reduced the financial oversight burden on the CEO, and leadership development was enhanced. However, further financial literacy development for executive roles is still needed.

### **Goal 6: Resolve All Complaints Satisfactorily**

- **Results:** No formal grievances or complaints were reported in 2024, demonstrating the effectiveness of proactive conflict resolution and rights protection training.

## Corporate Compliance Plan Goals

### Billing Verification

- **Results:** 100% verification achieved for quarterly billing sample, ensuring fiscal integrity.

### Internal Financial Review

- **Results:** All claims reviewed were accurate, demonstrating robust financial accountability.

### Person-Centered Plan Training

- **Results:** Goal not met; quarterly trainings deemed impractical. Adjustments planned for 2025 to establish a more sustainable model.

### Fraud, Waste, and Abuse Awareness

- **Results:** Posters installed in all homes, achieving full compliance.

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## Cultural Diversity Plan Goals

### Staff Handbook in Multiple Languages

- **Results:** Achieved in Spanish and French.

### Resident Handbook in Multiple Languages

- **Results:** Achieved in Spanish and French; expanded to Mandarin in response to changing resident needs.

### Cultural Competency and Diversity Training

- **Results:** Goal not completed. Deferred to 2025 with commitment to enhancing staff knowledge, aligning with CARF's emphasis on culturally responsive service delivery.
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## Program Plan Goals

### Resident & Staff Meetings (Target: 80% Completion)

- **Results:** Achieved at 100%, ensuring consistent input from persons served and staff.

### Staff Knowledge of Resident Goals (Target: 95%)

- **Results:** Achieved at 89%. Barrier identified in EMR (ALIS) navigation. Corrective action includes the development of a learning tool for care coordinators to reinforce resident goal education.
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## Technology Plan Goals

### Mass Communication Implementation

- **Results:** Completed for management and corporate staff; full staff implementation remains in progress.

### Financial Systems Controls

- **Results:** Achieved. Controls improved budget management and expense oversight.

### Virtual Training Resources

- **Results:** Not achieved. Extended into 2025 strategic plan.
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## Quality Improvement Plan Goals (CARF 1.N: Performance Improvement)

- **Reduction of Dignity & Respect Violations:** Achieved through enhanced recipient rights training.
- **Improved Data Quality:** Ongoing—administration is collaborating with CMH partners to strengthen documentation practices.
- **Expanded Access to Affordable Housing:** Achieved via new semi-independent program and pending purchase of larger group home.
- **Stakeholder Satisfaction:** Surveys showed marked improvement, particularly in staff satisfaction.

## Characteristics of Persons Served

*(Tables maintained as in original draft, demonstrating CARF-required analysis of service population.)*

## Incident Report and Critical Trends

Cornerstone analyzed incident data for trends, in alignment with CARF 1.M. Findings were shared with staff and CMH partners to develop prevention strategies and individualized interventions. Patterns such as **medication refusals** and **physical aggression** were linked to opportunities for staff training and plan of service adjustments.

## Stakeholder Surveys

Consumer surveys demonstrated **100% satisfaction across all 20 domains** measured. This validates Cornerstone's commitment to person-centered care, environmental safety, autonomy, and rights protection. While corrective actions were not required, leadership identified opportunities to further enrich resident life through expanded activities and workshops.

## Conclusion

The **2024 Outcomes Report** demonstrates that Cornerstone AFC has not only stabilized after a difficult three years but has also laid the groundwork for sustainable growth and improvement. Aligned with CARF standards, Cornerstone has consistently measured its performance (1.M), critically reviewed results, and taken corrective action to enhance effectiveness, efficiency, access, and satisfaction (1.N).

Moving forward, the organization will:

- Carry forward unachieved goals into 2025 with refined strategies.
- Address systemic barriers such as stagnant funding through advocacy and resource reallocation.
- Enhance cultural competency initiatives to reflect the diversity of our community.
- Strengthen technology-based solutions for communication and training.

In sum, 2024 was a year of **renewal and forward momentum**. With a strong foundation in place, Cornerstone enters 2025 committed to continuous quality improvement, accountability to stakeholders, and the pursuit of excellence in service delivery.

**Amber Hernandez-Bunce, COO**

